§ 58-53-1. Definitions.
As used in this Article, the following terms have the meanings specified:

1) "Group policy" means a group accident and health insurance policy issued by
   an insurance company and a group contract issued by a service corporation or
   health maintenance organization or similar corporation or organization.

2) "Individual policy" or "converted policy" means an individual health
   insurance policy issued by an insurance company or an individual contract
   issued by a service corporation or health maintenance organization or similar
   corporation or organization.

3) "Insurance" and "insured" refer to coverage under a group policy, individual
   policy or converted policy on a premium-paying basis, and do not include
   coverage provided by reason of a disability extension.

4) "Insurer" means the entity issuing a group policy or an individual or converted
   policy.

5) "Medicare" means Title XVIII of the United States Social Security Act as
   added by the Social Security Amendments of 1965 or as later amended or
   superseded.

5a) "Member" or "employee" includes an insured spouse or dependent of a
    member or of an employee.

6) "Premium" includes any premium or other consideration payable for coverage
   under a group or individual policy.

7) "Reasonable and customary" means the most frequently used level of charge
   made for the supplies or for a specific service in the geographic subarea in
   which such supplies or services are received, of like kind or by physicians, or
   other practitioners, with similar qualifications. (1981, c. 706, s. 1; 1983, c.
   142, s. 1; 1997-259, s. 10.)