

**514.1 Applicability — definitions.**

1. A corporation organized under [chapter 504, Code 1989](#), or current [chapter 504](#) for the purpose of establishing, maintaining, and operating a nonprofit hospital service plan, whereby hospital service may be provided by the corporation or by a hospital with which it has a contract for service, to the public who become subscribers to this plan under a contract which entitles each subscriber to hospital service; or a corporation organized for the purpose of establishing, maintaining, and operating a plan whereby health care service may be provided at the expense of this corporation, by licensed physicians and surgeons, dentists, podiatric physicians, osteopathic physicians, osteopathic physicians and surgeons or chiropractors, to subscribers under contract, entitling each subscriber to health care service, as provided in the contract; or a corporation organized for the purpose of establishing, maintaining, and operating a nonprofit pharmaceutical service plan or optometric service plan, whereby pharmaceutical or optometric service may be provided by this corporation or by a licensed pharmacy with which it has a contract for service, to the public who become subscribers to this plan under a contract which entitles each subscriber to pharmaceutical or optometric service; shall be governed by [this chapter](#) and is exempt from all other provisions of the insurance laws of this state, unless specifically designated in [this chapter](#), not only in governmental relations with the state but for every other purpose, and additions enacted after July 1, 1939, shall not apply to these corporations unless they are expressly designated in the additions.

2. For the purposes of [this chapter](#):

a. “*Health care*” means that care necessary for the purpose of preventing, alleviating, curing, or healing human physical or mental illness, injury, or disability.

b. “*Provider*” means a person as defined in [section 4.1, subsection 20](#), which is licensed or authorized in this state to furnish health care services.

c. “*Subscriber*” means an individual who enters into a contract for health care services with a corporation subject to [this chapter](#) and includes a person eligible for mandatory medical assistance or optional medical assistance as defined under [chapter 249A](#), with respect to whom the department of health and human services has entered into a contract with a firm operating under [this chapter](#).

[C39, §8895.01; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §514.1]

[83 Acts, ch 27, §11](#); [83 Acts, ch 96, §157, 159](#); [84 Acts, ch 1122, §3](#); [86 Acts, ch 1180, §3](#); [96 Acts, ch 1034, §68](#); [2003 Acts, ch 108, §96](#); [2004 Acts, ch 1049, §191](#); [2004 Acts, ch 1175, §394](#); [2007 Acts, ch 22, §86](#); [2013 Acts, ch 138, §76](#); [2014 Acts, ch 1026, §114](#); [2023 Acts, ch 19, §1191](#)

Subsection 2, paragraph c amended