

Piedmont Community Healthcare HMO, Inc.
2316 Atherholt Rd., Lynchburg, VA 24501

EVIDENCE OF COVERAGE
AMENDMENT

As of the effective date of the Evidence of Coverage, this amendment becomes part of your Evidence of Coverage. It is issued in exchange for payment to Piedmont on your behalf.

HMO HDHP/HSA Preventive Drug List Rider 4

Federal law and the ACA requires certain drugs to be covered under the Preventive Care benefit at \$0 cost-sharing under most plans. The IRS and Treasury Department have also allowed Health Plans to create a list of additional drugs used to treat certain chronic conditions that may be purchased by individuals on High Deductible Health Plans (HDHPs)/Health Savings Accounts (HSAs) outside of the plan deductible. These drugs have been found useful in preventing disease or illness and are considered preventive in this application by the IRS.

The HMO HDHP/HSA Preventive Drug List Rider 4 benefit waives the HDHP/HSA deductible for drugs on the Piedmont HDHP/HSA Generics/Brand Preventive Therapy Drug List and allows these drugs to be purchased In-Network at a \$10 Copayment for Generics and a \$30 Copayment for Brand drugs for a Retail 30 supply (up to 30-day or 100 unit supply). Piedmont also allows these drugs to be purchased In-Network at a \$20 Copayment for Generics and a \$60 Copayment for a Retail 90 or Mail Order 90 supply (up to 90-day or 300 unit supply).

Please note that this drug list is updated monthly and drugs may be added or removed.