

**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 of premium to Piedmont by you or on your behalf.

The following subparagraph is added to Section V: What is Covered in your Evidence of Coverage:

Piedmont covers the treatment of **morbid obesity** through gastric bypass surgery or other methods recognized by the United States Government's National Institutes of Health as effective for the long-term reversal of morbid obesity. Reimbursement is made in accordance with the same formula or formulae by which reimbursement is made for other medical and surgical procedures. This coverage for morbid obesity has durational limits, Deductibles, Copayments, and Coinsurance factors that are no less favorable than for physical illness generally. Piedmont does not restrict access to surgery for morbid obesity based on dietary or any other criteria not approved by the National Institutes of Health. For the purposes of this subparagraph, the term "morbid obesity" means, for a Member, (a) a weight that is at least 100 pounds over or twice the ideal weight for frame, age, height, and gender as specified in the 1983 Metropolitan Life Insurance tables; (b) a body mass index ("BMI") equal to or greater than 35 kilograms per meter squared with comorbidity or coexisting medical conditions such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes; or (c) a BMI of 40 kilograms per meter squared without such comorbidity. As used herein, "BMI" equals weight in kilograms divided by height in meters squared.

The following is substituted for exclusion number eighty-eight (88.) of Section VI: What is Not Covered (Exclusions):

87. Services for **weight loss** or **weight control** and related services, except as listed under Morbid Obesity in the Covered Services section.