

**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 on your behalf.

All references to “Calendar Year” in your Evidence of Coverage are hereby changed to “Plan Year.”

The following is substituted for **Calendar Year** in **Section I: Definitions**:

Plan Year means the period from the employer’s initial effective date of the health plan through the renewal date of the health plan or the lesser part of that period during which the Subscriber is enrolled under this Evidence of Coverage.