

Piedmont Community HealthCare, Inc.
2316 Atherholt Rd., Lynchburg, VA 24501

AMENDMENT

As of the effective date of the Certificate of Coverage, this amendment becomes part of your Certificate of Coverage and amends your Schedule of Benefits. It is issued in exchange for payment of premium to Piedmont on your behalf.

Schedule of Benefits

Prescription Drugs

Deductible

Allowable Charges for Covered Services for prescription drug services are subject to your Deductible. This means that Piedmont applies the Allowable Charges for covered prescription drug services that you receive, both as an Inpatient or and Outpatient, toward your Deductible in the same manner as Piedmont applies Allowable Charges for other Covered Services, provided that the claims for the services are submitted in the manner that the Certificate of Coverage requires. The Certificate of Coverage explains your Deductible and our claims submission requirements. When your Deductible is satisfied, you pay the Copayments listed in the next paragraph for covered Outpatient prescription drug services.

Copayments or Coinsurance for Outpatient Prescription Drug Services

Once you satisfy the Deductible, you pay the following Copayments or Coinsurance for the covered Outpatient prescription drug services that you receive for the remainder of the period to which the Deductible applies (typically a Calendar Year):

Retail 30 (up to 30-day or 100 unit supply)	Tier 1 – Generic	\$15 Copayment
	Tier 2 – Preferred Brand Name	\$40 Copayment
	Tier 3 – Non-Preferred Brand Name	\$55 Copayment
	Tier 4 – Specialty ¹	\$125 Copayment
Retail 90 (90-day or 300 unit supply)	Tier 1 – Generic	\$30 Copayment
	Tier 2 – Preferred Brand Name	\$80 Copayment
	Tier 3 – Non-Preferred Brand Name	\$110 Copayment
	Tier 4 – Specialty ¹	Not Available
Mail Order 90 (90-day or 300 unit supply)	Tier 1 – Generic	\$0 Copayment
	Tier 2 – Preferred Brand Name	\$80 Copayment
	Tier 3 – Non-Preferred Brand Name	\$110 Copayment
	Tier 4 – Specialty ¹	Not Available

¹ Specialty Drugs must be purchased from the Pharmacy Benefit Manager's Specialty Pharmacy, unless another Pharmacy or its intermediary has sent previous notification to plan or PBM of its agreement to accept reimbursement for its services at rates applicable to the PBM's Specialty Pharmacy.

Note: If you use an Out-of-Network retail pharmacy, you may have to pay the full cost of the drug up-front and your reimbursement from Piedmont depends on the following circumstances; In-Network benefits are provided at point of sale for prescriptions filled at a pharmacy that is not an In-Network

Provider if that pharmacy or its intermediary agrees in writing to accept the same reimbursement terms as a pharmacy that is an In-Network Provider. Otherwise, prescriptions filled at a pharmacy that is an Out-of-Network Provider will be reimbursed to you up to the amount that would have been paid to an In-Network Provider pharmacy (less your applicable Copayment, Coinsurance, and Out-of-Network Deductible).

Note: The cost-sharing payment for a covered prescription insulin drug is limited to a \$50 maximum per 30-day supply, and any deductible is waived.

Out-of-Pocket Limit

Allowable Charges that you pay for covered prescription drug services are applied toward your Out-of-Pocket Limit. This means that we will apply the Allowable Charges that you pay for covered prescription drug services, both as part of the Deductible or as a Copayment, toward your Out-of-Pocket Limit in the same manner that we apply the Allowable Charges that you pay for other Covered Services, provided that the claims for the services are submitted as the Certificate of Coverage requires. The Certificate of Coverage explains your Out-of-Pocket Limit and our claims submission requirements. When you (or your other family members, if a Family Unit Out-of-Pocket Limit applies) reach the Out-of-Pocket Limit, covered prescription drug services are paid at 100% of Allowable Charges for the remainder of the period to which the Out-of-Pocket Limit applies (typically a Calendar Year).