

**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.

Exclusion # 87. of Section VI: What is Not Covered (Exclusions) is amended to read as follows:

Surgical and other services/supplies to correct near-sightedness and/or far-sightedness, including radial keratotomy (RK) and Lasik refractive surgery. Annual routine vision examinations are covered when additional coverage (Vision Rider) is purchased by the Employer. The following vision services are not covered:

- Eyeglass lenses, frames, or contact lenses, unless listed as covered in this booklet, including special lens coatings and non-prescription lenses.
- Safety glasses and accompanying frames.
- Sunglasses and accompanying frames.
- Vision orthoptic training.

The following language is added to Paragraph KK. Vision Services of Section V: What Is Covered:

Benefits are available for one routine eye examination each calendar year. Covered Services are subject to a \$20 office visit copayment.