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

Annual Deductible	$0/Person $0/Family Unit	
Retail 30 (up to 30-day or 100 unit supply)	Tier 1 – Generic Tier 2 – Preferred Brand Name Tier 3 – Non-Preferred Brand Name Tier 4 – Specialty[1]	$15 Copayment $50 Copayment $85 Copayment 20% Coinsurance up to $300 maximum per script
Retail 90 (90-day or 300 unit supply)	Tier 1 – Generic Tier 2 – Preferred Brand Name Tier 3 – Non-Preferred Brand Name Tier 4 – Specialty[1]	$38 Copayment $125 Copayment $213 Copayment Not Available
Mail Order 90 (90-day or 300 unit supply)	Tier 1 – Generic Tier 2 – Preferred Brand Name Tier 3 – Non-Preferred Brand Name Tier 4 – Specialty[1]	$38 Copayment $125 Copayment $213 Copayment 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.

"Generic Drugs" means non-brand drugs (including specialty drugs and therapeutic biological products), sold

at a lower cost. A generic drug is the therapeutic equivalent of a brand name drug, i.e. contains the same active ingredients and is identical in strength, concentration, and dosage form.

"Preferred Drugs" are brand name drugs (including specialty drugs and therapeutic biological products) listed on the formulary as 2nd tier drugs. These drugs have been reviewed by a Pharmacy and Therapeutics Committee to insure high standards for clinical efficacy and safety. These are the lower cost brand name drugs in a therapeutic category.

"Non-Preferred Drugs" are brand name drugs (including specialty drugs and therapeutic biological products) listed on the formulary as 3rd tier drugs. These drugs are classified as higher cost drugs in a therapeutic category. Non-preferred products are usually those for which there is a preferred alternative or generic option available.

"Specialty Drugs" are higher cost, injected, infused, oral or inhaled medications (including therapeutic biological products) that are used to treat chronic or complex illnesses or conditions and are on the formulary as 4th tier drugs. Specialty drugs may have special handling, storage and shipping requirements, such as temperature control. Specialty drugs may require nursing services or special programs to encourage patient compliance. The specialty pharmacy will fill only 30-day retail and mail order prescriptions; 90-day retail and 90-day mail order prescriptions are Not Available.