

**State:** Virginia **Filing Company:** Piedmont Community Healthcare HMO, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** 2021 PCHC HMO, Inc. Explanation of Benefits - Individual  
**Project Name/Number:** /

## Table of Contents

### User Usage Agreement

#### Attachments

Usage Agreement

[Usage Agreement.pdf](#)

#### Form Attachments

(ex. Form Name      Form Number      Attachment Name)

*PCHC HMO Explanation of  
Benefits*

*PCHPEOB01*

[PCHPEOB01\\_v3\\_Final\\_3-16-2021\\_Landscape.pdf](#)

#### Supporting Document

(ex. Supporting Document Name      Attachment Name)

#### Attachments

Certification of  
Compliance/Readability

[EOB\\_PCHC\\_HMO\\_Inc\\_2021\\_CertOfCompliance\\_v2\\_2021-03-01\\_Signed.pdf](#)

Product Checklist

[EOB Checklist PCHC HMO IND\\_lhexplanofben.pdf](#)

*Previous Version, Redlined  
Version, and John Doe Version*

[IPEOBR01.pdf](#)

*Previous Version, Redlined  
Version, and John Doe Version*

[PCHPEOB01\\_v5\\_Redlined\\_3-16-2021\\_Landscape.pdf](#)

*Previous Version, Redlined  
Version, and John Doe Version*

[PCHPEOB01\\_v3\\_John Doe\\_3-16-2021\\_Landscape.pdf](#)

Variables List

[VariablesList\\_PCHPEOB1\\_HMO\\_v1\\_2-25-2021.pdf](#)

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## Filing at a Glance

Company: Piedmont Community Healthcare HMO, Inc.  
Product Name: 2021 PCHC HMO, Inc. Explanation of Benefits - Individual  
State: Virginia  
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02I.005D Individual - HMO  
Filing Type: Form  
Date Submitted: 03/03/2021  
SERFF Tr Num: PDHP-132733916  
SERFF Status: Assigned  
State Tr Num: PDHP-132733916  
State Status: Review Pending  
Co Tr Num:  
  
Effective On Approval  
Date Requested:  
Author(s): Steve Morton, Jeff Falls, Felicia Campbell  
Reviewer(s): Greg Lee (primary)  
Disposition Date:  
Disposition Status:  
Effective Date:

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## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact:	Filing Status Changed: 03/03/2021
	State Status Changed: 03/03/2021
Deemer Date: 06/02/2021	Created By: Steve Morton
Submitted By: Steve Morton	Corresponding Filing Tracking Number:
	State TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
State Sub-TOI: HOrg02I.005D Individual - HMO	
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Exchange Intentions:	This EOB will be used for Individual On-Exchange purposes as well as Off-Exchange purposes (if we should ever have an Off-Exchange enrollee).
Filing Description:	

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Piedmont Community Healthcare HMO, Inc. (NAIC #15791)

Piedmont Community Healthcare HMO, Inc. is filing for your formal approval a revised Explanation of Benefits form (Form# PCHPEOB01) for all HMO business that will be offered in the State of Virginia upon approval by the Bureau of Insurance. The previous form (IPEOBR01) was approved on 10/12/2010 under SERFF filing VRGN-126857862. This form and form # will be used to produce EOBs for all lines of business, Individual, Small Group, and Large Group; this is why the normal suffix of “.HIX” to show Exchange participation is not present.

The main revisions made to the form are:

1. Logo change;
2. Electronic Service Requested vs. Forwarding Service Requested;
3. Accumulators Description is bracketed language for In-Network vs. Out-Network use;
4. Appeal Rights language was modified;
5. Exception Codes are bracketed language;
6. Added language notifying members of potential balance billing from out-of-network providers;
7. Orientation changed from Portrait to Landscape;
8. The full licensed name of the company and the address of the home office were added to the top left of the form.

No other regulatory body has withdrawn approval of the form for any reason. All other appropriate filing documents have been attached to the SERFF filing under Supporting Documentation. This form does not fit into the normal parameters for requiring Flesch scoring so no readability scoring was performed.

The company has reviewed the enclosed policy form and certifies that, to the best of its knowledge and belief, the form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

## Company and Contact

### Filing Contact Information

Steven Morton, Sr Mgr Govt Programs	steve.morton@pchp.net
2316 Atherholt Rd	434-947-4463 [Phone] 260 [Ext]
Lynchburg, VA 24501	

### Filing Company Information

Piedmont Community Healthcare HMO, Inc.	CoCode: 15791	State of Domicile: Virginia
2316 Atherholt Rd	Group Code:	Company Type: Healthcare
Lynchburg, VA 24501	Group Name:	Insurance
(434) 947-4463 ext. 217[Phone]	FEIN Number: 47-3163409	State ID Number:

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<b>State:</b>	Virginia	<b>Filing Company:</b>	Piedmont Community Healthcare HMO, Inc.
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<b>Product Name:</b>	2021 PCHC HMO, Inc. Explanation of Benefits - Individual		
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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Piedmont Community Healthcare HMO, Inc.
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## Correspondence Summary

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	PCHC HMO Explanation of Benefits	Steve Morton	03/23/2021	03/23/2021
Supporting Document	Previous Version, Redlined Version, and John Doe Version	Steve Morton	03/23/2021	03/23/2021

SERFF Tracking #:

PDHP-132733916

State Tracking #:

PDHP-132733916

Company Tracking #:

State:

Virginia

Filing Company:

Piedmont Community Healthcare HMO, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

2021 PCHC HMO, Inc. Explanation of Benefits - Individual

Project Name/Number:

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## Amendment Letter

Submitted Date:

03/23/2021

Comments:

3/23/2021 - Due to an objection received on our group EOB filing, we have updated the previously submitted version here with the revised version. Revisions made included:

1. Return mailing address at top right changed from Piedmont Community Health Plan to Piedmont Community Healthcare, Inc. and Piedmont Community Healthcare HMO, Inc.
2. Same revision made under Appeal Rights.
3. The following statement removed under Additional Information - "If the criteria above is not met or you receive services outside the state of Virginia, you may still be subject to "balance billing"."

Changed Items:

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	PCHC HMO Explanation of Benefits	PCHPEOB01	OTH	Revised	Previous Filing Number:	VRGN-126857862		PCHPEOB01_v3_Final_3-16-2021_Landscape.pdf	Date Submitted: 03/23/2021 By:
					Replaced Form Number:	IPEOBR01			
Previous Version									
1	PCHC HMO Explanation of Benefits	PCHPEOB01	OTH	Revised	Previous Filing Number:	VRGN-126857862		PCHPEOB01_v2_Final_3-2-2021.pdf	Date Submitted: 03/03/2021 By: Steve Morton
					Replaced Form Number:	IPEOBR01			

No Rate Schedule Items Changed.

SERFF Tracking #:

PDHP-132733916

State Tracking #:

PDHP-132733916

Company Tracking #:

State:

Virginia

Filing Company:

Piedmont Community Healthcare HMO, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

2021 PCHC HMO, Inc. Explanation of Benefits - Individual

Project Name/Number:

/

## Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	Previous Version, Redlined Version, and John Doe Version
<b>Comments:</b>	<p>3/23/2021 - Due to an objection received on our group EOB filing, we have updated the previously submitted version here with the revised version. Revisions made included:</p> <ol style="list-style-type: none"> <li>1. Return mailing address at top right changed from Piedmont Community Health Plan to Piedmont Community Healthcare, Inc. and Piedmont Community Healthcare HMO, Inc.</li> <li>2. Same revision made under Appeal Rights.</li> <li>3. The following statement removed under Additional Information - "If the criteria above is not met or you receive services outside the state of Virginia, you may still be subject to "balance billing"."</li> </ol> <p>1. Copy of previous Explanation of Benefits form with Form # IPEOBR01 approved on 10/12/2010 under SERFF filing VRGN-126857862.</p> <p>2. Copy of Redlined Version of revised form showing revisions made.</p> <p>3. Copy of John Doe Version of revised form showing revisions made.</p>
<b>Attachment(s):</b>	<p>IPEOBR01.pdf</p> <p>PCHPEOB01_v5_Redlined_3-16-2021_Landscape.pdf</p> <p>PCHPEOB01_v3_John Doe_3-16-2021_Landscape.pdf</p>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Previous Version, Redlined Version, and John Doe Version</i>
<b>Comments:</b>	<p><i>1. Copy of previous Explanation of Benefits form with Form # IPEOBR01 approved on 10/12/2010 under SERFF filing VRGN-126857862.</i></p> <p><i>2. Copy of Redlined Version of revised form showing revisions made.</i></p> <p><i>3. Copy of John Doe Version of revised form showing revisions made.</i></p>
<b>Attachment(s):</b>	<p><i>IPEOBR01.pdf</i></p> <p><i>PCHPEOB01_All_Redlined_Changes_3-2-2021.pdf</i></p> <p><i>PCHPEOB01_v2_John Doe_3-2-2021_Final_IND.pdf</i></p>



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<b>Product Name:</b>	2021 PCHC HMO, Inc. Explanation of Benefits - Individual		
<b>Project Name/Number:</b>	/		

## Form Schedule

Lead Form Number:									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		PCHC HMO Explanation of Benefits	PCHPEOB01	OTH	Revised	Previous Filing Number:	VRGN-126857862		PCHPEOB01_v3_Final_3-16-2021_Landscape.pdf
						Replaced Form Number:	IPEOBR01		

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NAP</b>	Network Access Plan
<b>NOC</b>	Notice of Coverage	<b>OTH</b>	Other
<b>OUT</b>	Outline of Coverage	<b>PJK</b>	Policy Jacket
<b>POL</b>	Policy/Contract/Fraternal Certificate	<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
<b>PRC</b>	Provider Contract/Provider Addendum/Provider Leading Agreement	<b>PRD</b>	Provider Directory

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<b>Product Name:</b>	2021 PCHC HMO, Inc. Explanation of Benefits - Individual		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Certification of Compliance/Readability
<b>Comments:</b>	Please see attached.
<b>Attachment(s):</b>	EOB_PCHC_HMO_Inc_2021_CertOfCompliance_v2_2021-03-01_Signed.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Product Checklist
<b>Comments:</b>	Please see attached.
<b>Attachment(s):</b>	EOB Checklist PCHC HMO IND_lhexplanofben.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	VA Plan Schedule Comparison
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Previous Version, Redlined Version, and John Doe Version
<b>Comments:</b>	<p>3/23/2021 - Due to an objection received on our group EOB filing, we have updated the previously submitted version here with the revised version. Revisions made included:</p> <ol style="list-style-type: none"> <li>1. Return mailing address at top right changed from Piedmont Community Health Plan to Piedmont Community Healthcare, Inc. and Piedmont Community Healthcare HMO, Inc.</li> <li>2. Same revision made under Appeal Rights.</li> <li>3. The following statement removed under Additional Information - "If the criteria above is not met or you receive services outside the state of Virginia, you may still be subject to "balance billing"."</li> </ol> <p>1. Copy of previous Explanation of Benefits form with Form # IPEOBR01 approved on 10/12/2010 under SERFF filing VRGN-126857862.</p> <p>2. Copy of Redlined Version of revised form showing revisions made.</p> <p>3. Copy of John Doe Version of revised form showing revisions made.</p>
<b>Attachment(s):</b>	IPEOBR01.pdf PCHPEOB01_v5_Redlined_3-16-2021_Landscape.pdf PCHPEOB01_v3_John Doe_3-16-2021_Landscape.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Variables List
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Piedmont Community Healthcare HMO, Inc.
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<b>Comments:</b>	Please see the attached Variables List that explains bracketed variable language used in the Explanation of Benefits form.
<b>Attachment(s):</b>	VariablesList_PCHPEOB1_HMO_v1_2-25-2021.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

PDHP-132733916

State Tracking #:

PDHP-132733916

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Product Name:

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/03/2021		Form	PCHC HMO Explanation of Benefits	03/23/2021	PCHPEOB01_v2_Final_3-2-2021.pdf (Superceded)
02/23/2021		Supporting Document	Previous Version, Redlined Version, and John Doe Version	03/23/2021	IPEOBR01.pdf PCHPEOB01_All_Redlined_Changes_3-2-2021.pdf (Superceded) PCHPEOB01_v2_John Doe_3-2-2021_Final_IND.pdf (Superceded)