

This Rider is attached to and made part of the Certificate of Coverage and may expand or restrict the benefits set forth in your UPMC Health Plan Certificate of Coverage. See the Certificate of Coverage for the details of the terms of coverage for your health benefit plan. In the event that the terms of your Certificate of Coverage conflict with this Rider, the terms of this Rider control.

The following section of your Certificate of Coverage is hereby modified as follows:

**In the section titled “Eligibility for Coverage,” under the “What happens to your coverage if you lose eligibility?” subsection, the following subparagraph, which read:**

Once enrolled, each covered person must continue to meet the applicable eligibility criteria identified in this Policy to continue to be covered under this plan. In the event that a dependent becomes ineligible for coverage under this plan due to divorce or legal separation or reaching the maximum age (for children), coverage under the plan shall terminate; however, the dependent may apply within sixty (60) days of loss of eligibility for conversion coverage or an individual policy as a separate policyholder, without evidence of insurability.

**is amended by this Rider to read:**

Once enrolled, each covered person must continue to meet the applicable eligibility criteria identified in this Policy to continue to be covered under this plan. In the event that a dependent becomes ineligible for coverage under this plan due to divorce or legal separation or reaching the maximum age (for children), coverage under the plan shall terminate; however, the dependent may apply within 60 days of loss of eligibility for conversion coverage or an individual policy as a separate policyholder, without evidence of insurability. Graduate Students with an Academic Appointment (Graduate Student Assistants, Graduate Student Researchers, Teaching Assistants, Teaching Fellows) may be eligible for COBRA. The Consolidated Omnibus Budget Reconciliation Act, known as COBRA, offers a temporary extension of health coverage in certain instances in which coverage would otherwise terminate. Please contact the University of Pittsburgh Dedicated Member Services team at UPMC Health Plan (1-888-499-6885) for more information or to find out if you are eligible.

The remaining provisions in the Eligibility for Coverage Section of your Policy remain unchanged.

**The following benefits shall be modified, as set forth below. If you are not sure if a service is covered under your benefit plan, call the University of Pittsburgh Dedicated Member**

**Services team at UPMC Health Plan (1-888-499-6885). In the event that the terms of your Policy conflict with this Rider, the terms of this shall control.**

**The following benefits, listed in Section V, Exclusions in your Policy is revised by adding to Section IV, ,Covered Services under your benefit plan:**

- Private Duty Nursing
- Bariatric Surgery
- Pregnancy Termination (Abortion)

**Your Medical Schedule of Benefits is revised to include the following benefit as a Covered Service under the Other Medical Services section:**

- Private Duty Nursing
- Bariatric Surgery
- Pregnancy Termination (Abortion)

Please see your Schedule of Benefits to determine any cost sharing or Benefit Limits applicable to these Covered Services.