

PLAN AMENDMENT NO. 1

The **City of Rapid City Healthcare Plan** is hereby modified and the attached text may be printed on a revision page for insertion into the **City of Rapid City Healthcare Plan**:

Please check the following that apply:

- _____ **City of Rapid City** will print the attached amendment for distribution.
- _____ First Administrators, Inc. will print _____ copies of the attached amendment for distribution.
- _____ The Plan Administrator will notify Participants of the changes in some other manner.
- _____ Other: _____

This modification is made as of the 1st day of April, 2009, by **City of Rapid City** to the **City of Rapid City Healthcare Plan**. All other terms and provisions of the Plan remain unaltered and in effect.

The following text is **added** to the end of the **“Individuals Losing Other Coverage”** section in the **“Special Enrollment Periods”** section of your Summary Plan Document.

This Plan will also permit a current employee or dependent who is eligible, but not enrolled, to enroll for coverage under the terms of this Plan if the current employee or dependent lost eligibility under Medicaid or Children’s Health Insurance Program (CHIP).

The current employee must request enrollment into this Plan not later than 60 days after the event, as described above.

For an eligible current employee or dependent who has met the conditions specified above, this Plan will be effective no later than the first day of the first calendar month as long as the written request for enrollment is made within the required days from loss of coverage.

The following text is **added** to the **“Dependent Beneficiaries”** section in the **“Special Enrollment Periods”** section of your Summary Plan Document.

This Plan will provide for a dependent special enrollment period during which the person may be enrolled under this Plan as a dependent of the current employee (and, if not otherwise enrolled, the current employee, spouse and/or other eligible dependent may be enrolled at the same time) if:

- the current employee or dependent becomes eligible for a new premium assistance subsidy plan under Medicaid or Children’s Health Insurance Program (CHIP).

This dependent special enrollment period will be a period of 60 days beginning on the date of eligibility. [Flexible spending plans and high deductible health plans are not eligible for this special enrollment period.]

If a current employee requests enrollment for a dependent during the dependent special enrollment period, the coverage for the dependent will become effective as of the first day of the month after the request for enrollment is received.

City of Rapid City

(Authorized Signature)

(Date)

(Printed Name)

(Title)