

RESOLUTION NO. 2009-160

RESOLUTION APPROVING MATERIAL MODIFICATION NO. 4 TO THE CITY OF RAPID CITY MEDICAL AND DENTAL PLANS.

This modification is made as of **January 1, 2010**, by the **City of Rapid City** to the **City of Rapid City Medical and Dental Plans**. All other terms and provisions of the Plan remain unaltered and in effect.

Distribution of the attached amendment will be handled in the following manner:

_____ **The Plan Administrator will be responsible for distribution.**

_____ First Administrators, Inc. will provide a formal copy of the amendment to the Plan Administrator for distribution.

_____ First Administrators, Inc. will provide the Plan Administrator with _____ copies of the amendment for distribution.

_____ Other: _____

The following text **replaces** the “**Dental Schedule of Benefits**” of the “**Schedule of Benefits**” section in the Summary Plan Description.

DENTAL SCHEDULE OF BENEFITS

DENTAL BENEFITS	PLAN PAYS	YOU PAY	GENERAL PLAN LIMITS	PAGE
Dental Benefits	50%	50%	Deductible waived. Limited to \$1,500 per calendar year per participant.	

CITY OF RAPID CITY

Alan Hanks, Mayor

ATTEST:

Jim Preston, Finance Officer