

SUMMARY OF MATERIAL MODIFICATIONS No. 5

This modification is made effective **January 1, 2012**, 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** “**Coinsurance Percentage**” and **adds** “**Calendar Year Out-of-Pocket Maximums**” on the Schedule of Benefits.

	PATIENT LIABILITY		PAGE
	IN NETWORK	OUT OF NETWORK	
<u>Calendar Year Out-of-Pocket Maximums:</u> - Single Plan - Family Plan	\$1500 \$3000	\$2000 \$4000	<u>Excludes</u> calendar year deductibles. <u>The In and Out of Network Out-of-Pocket maximums are mutually satisfying.</u>
MEDICAL BENEFITS	PLAN LIABILITY		GENERAL PLAN LIMITS
	IN NETWORK	IN NETWORK	
Coinsurance Percentage	70%	60%	<u>The percentage the Plan pays of the first \$5,000 per individual or \$10,000 per family of eligible expenses per calendar year after satisfying the deductible, then 100% thereafter to the end of the calendar year unless otherwise specified.</u>

Note: The deductible and coinsurance are integrated for both in and out of network services. The In-Network coinsurance percentage will apply to “Emergency Medical Services” if the person is unable, due to his or her condition, to receive treatment from a participating provider. See Article IX for definition of Emergency Care.

The following text **removes** “**\$5.10 Coinsurance Limit**” and **adds** “**\$5.10 Out-of-Pocket Maximum**” on the Schedule of Benefits.

~~S5.10 COINSURANCE LIMIT~~

~~When eligible expenses incurred in a calendar year and paid under this Plan reach the Coinsurance Limit as shown in the Schedule of Benefits, then eligible expenses shall be paid at 100% for the rest of that calendar year. The Coinsurance Limit does not include ineligible charges.~~

S5.10 OUT-OF-POCKET MAXIMUM

There are limits on how much the employee will have to pay per individual, or per family, in allowable medical expenses per calendar year. The Schedule of Benefits specifies what the out-of pocket maximum excludes. Once the out of pocket maximum has been met, this Plan pays 100% of eligible expenses for the rest of that calendar year. The Out-Of-Pocket Maximum does not include the calendar year deductibles.

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CITY OF RAPID CITY

(Authorized Signature)

(Date)

(Printed Authorized Signature)

(Title)