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**		
Calendar Year Out-of-Pocket Maximums: - Single Plan - Family Plan	$1500 $3000	$2000 $4000	**Excludes** calendar year deductibles. The In and Out of Network Out-of-Pocket maximums are mutually satisfying.	
MEDICAL BENEFITS	**PLAN LIABILITY**		**GENERAL PLAN LIMITS**	
	IN NETWORK	**IN NETWORK**		
Coinsurance Percentage	70%	60%		
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 "S5.10 Coinsurance Limit"** and **adds "S5.10 Out-of-Pocket Maximum"** on the Schedule of Benefits.

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.

CITY OF RAPID CITY

_____   _____
(Authorized Signature)   (Date)

_____   _____
(Printed Authorized Signature)   (Title)