

**RESOLUTION TO AMEND
THE CITY OF RAPID CITY HEALTHCARE BENEFIT PLAN
PLAN AMENDMENT NO. 22**

The **City of Rapid City** hereby amends its Healthcare Plan adopted July 1, 1990, restated March 1, 2002, with such amendment being effective January 1, 2004 at 12:01 a.m. standard time.

The Plan shall be amended as follows:

On the *Plan Specifications* page the Hospital Pre-Certification Company, Preferred Provider Organization Network, and Pharmacy Network shall be **replaced** with the following language:

HOSPITAL UTILIZATION REVIEW
COMPANY

OHARA
Sioux Falls, South Dakota
1-605-361-1071 or
1-800-363-4272

PREFERRED PROVIDER
ORGANIZATION NETWORK

In South Dakota and Iowa:

Wellmark Select
1-800-627-6118
A current listing is available on the Internet at
www.wellmark.com.

Outside South Dakota or Iowa:

Beech Street Network
A current listing is available on the Internet at
www.beechstreet.com.

PHARMACY NETWORK

Medco Health
1-800-711-0917
A current listing is available on the Internet at
www.medcohealth.com.

The balance of the *Plan Specifications* page shall remain as previously adopted.

The last paragraph of Section 4.02 "Prescription Drugs" shall be **replaced** with the following language:

To obtain prior authorization, you or your health care provider must request the prior authorization by calling or writing to the Pharmacy Benefit Manager with the following information:

- name and age of patient;
- participant's name, group number, and identification number;
- name of drug and dosage;
- The reason the drug should be covered, and
- The length of time the drug should be covered.

When a pharmacy that is not participating in the network is used, the participant must file the claim directly with Medco Health. Nonparticipating pharmacies do not agree to accept payment arrangements. This means that you may not be reimbursed for the full amount you pay nonparticipating pharmacies. You are responsible for any difference between the billed charge and the maximum allowable fee. A Prescription Drug Reimbursement Form must be completed and is available from the Plan Administrator.

Section 4.06 "Pre-Existing Conditions" and Section 10.10 "Coordination of Benefits" will not apply to this prescription drug benefit.

Passed this _____ day of _____, 2003.

THE CITY COUNCIL

Jim Shaw, Mayor

Finance Officer