

PLAN AMENDMENT NO. 3

This modification is made as of the 1st day of **January, 2008**, by **City of Rapid City** to the **City of Rapid City Healthcare Plan**.

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 January, 2008
by the 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 replaces the "Prescription Drug Benefits" in the
Schedule of Benefits on page 5 in your Benefit Book.

PRESCRIPTION DRUG PROGRAM BENEFITS

PRESCRIPTION DRUG BENEFITS	PATIENT'S LIABILITY	GENERAL PLAN LIMITS	PAGE
Prescriptions Out of Pocket Maximums (per calendar year)	\$3,000	Once you meet the prescription out of pocket maximum, this Plan pays 100% of the allowable expenses for prescriptions.	-
Note: Prescription drugs are not subject to medical deductible or coinsurance.			
Retail Prescriptions	25% co-pay per prescription	Up to a 30 day supply.	25
Maintenance Prescriptions	25% co-pay per prescription	Up to a 90 day supply.	
Mail Order Prescriptions	25% co-pay per prescription	Up to a 90 day supply.	

City of Rapid City

(Authorized Signature)

(Date)

(Title)