

PLAN AMENDMENT NO. 6

This modification is made as of the 1st day of **January, 2009**, 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, 2009**,
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 "**Pharmacy Benefit Manager**" is **replaced** on the
"**Plan Specifications**" page in the current Summary Plan Description.

PHARMACY BENEFIT
MANAGER

National Pharmaceutical Services
1-800-546-5677
A current listing is available on the
internet at www.pti-nps.com

The following text **replaces** "**Routine colorectal cancer screening**" in
the "**Schedule of Benefits**" in the current Summary Plan Description.

MEDICAL BENEFITS	IN NETWORK	OUT OF NETWORK	GENERAL PLAN LIMITS	PAGE
Colonoscopy / Sigmoidoscopy	70%	60%		

The following text **replaces** the "**Limited Wellness Benefit**" in the
"**Schedule of Benefits**" in the current Summary Plan Description.

MEDICAL BENEFITS	IN NETWORK	OUT OF NETWORK	GENERAL PLAN LIMITS	PAGE
Limited Wellness Benefit	100%	60%	Deductible waived. Limited to \$200 maximum paid per calendar year.	

The following **“Mammogram”** benefit is **added** to the **“Schedule of Benefits”** in the current Summary Plan Description.

MEDICAL BENEFITS	IN NETWORK	OUT OF NETWORK	GENERAL PLAN LIMITS	PAGE
Mammogram Screening	70%	60%	Limited as follows: <ul style="list-style-type: none"> - Age 35 to 39: one baseline - Age 40 to 49: one every two years - Age 50 and older: one every year 	

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

MEDICAL BENEFITS	IN NETWORK	OUT OF NETWORK	GENERAL PLAN LIMITS	PAGE
Nursing Facility Benefits	70%	60%	Semi-private room rate. Limited to 60 days in any 5-year period.	

The following **“Prostate Cancer Screening”** benefit is **added** to the **“Schedule of Benefits”** in the current Summary Plan Description.

MEDICAL BENEFITS	IN NETWORK	OUT OF NETWORK	GENERAL PLAN LIMITS	PAGE
Prostate Cancer Screening	70%	60%	Covered for the following diagnoses: <ul style="list-style-type: none"> - Family History - Age 45-49 based on medical necessity - Age 50 and older, one every year. 	

The following text **replaces** the **“Radiation Therapy and Chemotherapy”** benefit in the **“Schedule of Benefits”** section in the Summary Plan Description.

MEDICAL BENEFITS	IN NETWORK	OUT OF NETWORK	GENERAL PLAN LIMITS	PAGE
Radiation Therapy/Chemotherapy				
- Inpatient	70%	60%		
- Outpatient	70%	60%		
- Office	70%	60%		
- Home	70%	60%		

The following text **replaces** **“S5.17 Baseline Mammography Benefit”** section in the Summary Plan Description.

S5.17 MAMMOGRAPHY BENEFIT

Baseline low dose mammography services are limited to one (1) baseline mammogram for females ages thirty-five (35) to thirty-nine (39), one every two (2) years for ages forty (40) through forty-nine (49), and one every year for ages fifty (50) and above.

The following sentence is **removed** from “**S5.27 Newborn Hospital Expenses**” section in the current Summary Plan Description.

~~Charges for routine immunizations will not be considered eligible expenses.~~

The following text **replaces** the “**S5.31 Limited Wellness Benefit**” section in the current Summary Plan Description.

S5.31 LIMITED WELLNESS BENEFIT

An annual routine physical examination for participants and covered dependents will be paid as stated in the Schedule of Benefits. Benefits include immunizations, physician fees, x-ray and laboratory fees. Charges that **exceed** the maximum allowable amount, as stated in the Schedule of Benefits, for an annual physical examination will **not** be payable.

Benefits are not payable for flu shots, pre-marital examinations, dentistry, eye refractions, fitting of glasses, or expenses incurred while confined in a hospital or to the extent of any payment for a charge under any other benefits of the Plan.

The following text **replaces** item “**(46) Routine services**” in the “**General Exclusions**” section in the current Summary Plan Description.

(46) Routine services. Routine services such as, but not limited to, premarital exams, exams and screening procedures for family history, and pregnancy tests, except as specifically provided in this Plan.

City of Rapid City

(Authorized Signature)

(Date)

(Title)