

SUMMARY OF MATERIAL MODIFICATIONS No. 2

This modification is made as of **January 1, 2009**, 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 **replaces** the **“Office Visits”** benefit in the **“Schedule of Benefits”** within the Summary Plan Description.

MEDICAL BENEFITS	PATIENT LIABILITY		GENERAL PLAN LIMITS	PAGE
	IN NETWORK	OUT OF NETWORK		
Office Visits <i>(Includes Chiropractic Care)</i>	\$20 co-pay per visit then 70%	\$20 co-pay per visit then 60%	Deductible applies. X-ray and lab charges are not subject to the co-pay. Deductible waived for office surgical procedures if surgery meets criteria set forth in Section 5.15	

The following **replaces** the **“Outpatient Surgery”** benefit in the **“Schedule of Benefits”** within the Summary Plan Description.

MEDICAL BENEFITS	PATIENT LIABILITY		GENERAL PLAN LIMITS	PAGE
	IN NETWORK	OUT OF NETWORK		
Surgery - Outpatient - Office	70% \$20 co-pay per visit then 70%	60% \$20 co-pay per visit then 60%	Deductible waived if surgery meets criteria set forth in Section 5.15. Surgeries not meeting criteria of Section 5.15 are subject to deductible and coinsurance.	

The following **replaces** the **“S5.15 Outpatient Surgery”** section within the Summary Plan Description.

S5.15 SURGERY

Surgeries that meet the following criteria are not subject to deductible:

- A. Surgery must be performed on an office or outpatient basis. “Outpatient” is defined as a total time at the facility not to exceed 23 hours and the charge for such service is less than an overnight charge in the same care facility.
- B. This benefit will not apply if complications from the office or outpatient surgery procedure require extended hospital care. “Extended hospital care” shall mean the patient was admitted to an overnight care facility or the patient stay was extended for more than 23 hours at the outpatient care facility.

(Please note: Observation exceeding 23 hours will be considered an inpatient admission and must be pre-certified. See Article III of this Plan for proper direction in obtaining utilization review.)

CITY OF RAPID CITY

(Authorized Signature)

(Date)

(Printed Authorized Signature)

(Title)