

## SUMMARY OF MATERIAL MODIFICATIONS No. 1

This modification is made as of **December 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 print the attached amendment for distribution.
- \_\_\_\_\_ First Administrators, Inc. will provide one copy of the attached amendment for the Plan Administrator to print and distribute.
- \_\_\_\_\_ First Administrators, Inc. will print \_\_\_\_\_ copies of the attached amendment for distribution.
- \_\_\_\_\_ Other: \_\_\_\_\_

The following text **replaces** the **heading** found in the first section of the **“Schedule of Benefits”** located within the current Summary Plan Description.

Claims must be received within 12-months of the day the covered charges are incurred.				
MEDICAL BENEFITS	PATIENT LIABILITY		GENERAL PLAN LIMITS	PAGE
	IN NETWORK	OUT OF NETWORK		

The following text is **added** to the 1<sup>st</sup> paragraph found in **“S10.01 Procedures for Filing a Claim”** within the current Summary Plan Description.

Claims must be received within 12-months of the day charges are incurred.

The following **replaces** **“Office Visits”** in the **“Schedule of Benefits”** within the current Summary Plan Description.

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. Excludes office surgeries.	
<b>Preferred Provider Network:</b> Various discounts applied to eligible claims submitted by participating providers. Provider list is available, as a separate document, at no charge from the employer.				

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

MEDICAL BENEFITS	IN NETWORK	OUT OF NETWORK	GENERAL PLAN LIMITS	PAGE
Surgery - Inpatient - Outpatient - Office	70% 70% 70%	60% 60% 60%	Subject to deductible and coinsurance.  Deductible and Office Visits Co-pay are 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 text **replaces** the 7<sup>th</sup> paragraph found in “**S4.02 Prescription Drugs**”  
 within the current Summary Plan Description.

Section 1.09 “Pre-Existing Conditions” will not apply to this prescription drug benefit.

### CITY OF RAPID CITY

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 (Authorized Signature)

\_\_\_\_\_  
 (Date)

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 (Printed Authorized Signature)

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 (Title)