The purpose of this Summary of Material Modifications is to inform you of a change that has been made to the Marathon County Flexible Benefit Plan. This change has affected the information previously provided to you in the Plan's Summary Plan Description. The Summary Plan Description is modified as described below effective as of 01/01/2013.

BENEFITS

Health Care Reimbursement Account

The entire annual amount you elect to contribute for the Plan Year for the Health Care Reimbursement Account less any reimbursements already disbursed will be available for reimbursement. The maximum amount you may contribute each year is $2,500.