

BLACK HILLS/COLORADO ELECTRIC UTILITY COMPANY, LP

d/b/a BLACK HILLS ENERGY

105 South Victoria

Pueblo, Colorado 81003

Colo. PUC No. 9

Third Revised Sheet No. 7

Cancels Second Revised Sheet No. 7

RESIDENTIAL SERVICE (CONTINUED)
ELECTRIC

RATE DESIGNATION – RS-1

RATE CODE – CO860/CO861/CO862/CO863/CO864/CO875/CO885

Special Terms and
Conditions:

Service supplied under this schedule is subject to the terms and conditions set forth in the Company's rules and regulations, and extension policy on file with the Public Utilities Commission of the State of Colorado.

1. Multiple Dwelling Units: RATE CODE – CO861 Where two (2) or more dwelling units are served through one (1) meter, this rate shall be applicable by multiplying the above minimum charge and energy blocks by the number of dwelling units.

2. Motors: Service for single-phase motors in excess of 7-1/2 H.P. will be supplied only at the option of the Company.

M

RESERVED FOR FUTURE USE

T

Advice Letter No.	Decision or Authority No.	
Signature of Issuing Officer /s/ Fredric C. Stoffel	Issue Date	
Title Director- Regulatory	Effective Date	

BLACK HILLS/COLORADO ELECTRIC UTILITY COMPANY, LP

d/b/a BLACK HILLS ENERGY

105 South Victoria

Pueblo, Colorado 81003

Colo. PUC No. 9

Original Sheet No. 7A

Cancels Sheet No.

RESIDENTIAL SERVICE (CONTINUED)
ELECTRIC

RATE DESIGNATION – RS-1

RATE CODE – CO860/CO861/CO862/CO863/CO864/CO875/CO885

Special Terms
and Conditions
(continued):

3. Medical Exemption Alternative Rate: RATE CODE – CO864. The Medical M,T
Exemption Alternative Rate is applicable to Schedule RS-1 Energy Charge
during the year.

To qualify under the Medical Exemption Alternative Rate, a customer must:

- a. Have a household income of less than or equal to two hundred fifty percent (250%) of the federal poverty guidelines.
- b. Have certification of a qualifying medical condition and/or use of essential life support equipment. The certification must be from the office of a currently licensed physician in good standing in the state of Colorado. The certification must clearly set forth: (i) the name of the customer, or individual, whose medical condition and/or use of life support equipment, is at issue; and, (ii) the state of Colorado medical identification number, phone number, name and signature of the physician or health care practitioner acting under a physician's authority that is certifying the existence of a qualifying medical condition and/or use of use of essential life support equipment.

Advice Letter No.	Decision or Authority No.	
Signature of Issuing Officer /s/ Fredric C. Stoffel	Issue Date	
Title Director- Regulatory	Effective Date	

BLACK HILLS/COLORADO ELECTRIC UTILITY COMPANY, LP

d/b/a BLACK HILLS ENERGY

105 South Victoria

Pueblo, Colorado 81003

Colo. PUC No. 9

Original Sheet No. 7B

Cancels _____ Sheet No. _____

RESIDENTIAL SERVICE (CONTINUED)
ELECTRIC

RATE DESIGNATION – RS-1

RATE CODE – CO860/CO861/CO862/CO863/CO864/CO875/CO885

Special Terms
and Conditions
(continued):

To enroll in the Medical Exemption Alternative rate, a customer must:

N

- a. Initial enrollment period: notify the Company's third-party administrator in writing, on a form provided by the third-party administrator, of the customer's intent to be billed under the Medical Exemption Alternative Rate Plan for twelve (12) consecutive months commencing no later than two (2) months after the customer's attestation of household income eligibility and medical certification are submitted to, and verified by, the third-party administrator.
- b. Renewal: customers with qualifying medical conditions lasting longer than one year may remain continuously enrolled in the Medical Exemption Alternative Rate but must submit an attestation to the Company's third-party administrator, every three (3) years, as to the continued qualifying medical condition, the current address of residency, and the household income eligibility.

The Company retains the right to use reasonable means to verify the authenticity of a medical certification but will not contest the medical judgement set forth in the certification.

M,T

"Essential life support device" as used herein, means any medical device used in the home to sustain life or which is relied upon for mobility, as determined by a physician currently licensed and in good standing in the state of Colorado.

N

"Qualifying medical condition" as used herein, includes heat-sensitive medical conditions including, but not limited to, multiple sclerosis, epilepsy, quadriplegia, and paraplegia, or the need for the use of an essential life support device, as determined by a physician licensed in the state of Colorado.

Advice Letter No.	Decision or Authority No.	
Signature of Issuing Officer /s/ Fredric C. Stoffel	Issue Date	
Title Director- Regulatory	Effective Date	