



Exhibit A-2

LIBERTY Dental Plan of Florida, Inc. Provider Agreement
 Child Medicaid Fee for Service Programs Addendum
 General Dentist and Specialist

This Child Medicaid Fee for Service Programs Addendum (the “Addendum”) to the LIBERTY Dental Plan of Florida, Inc. Provider Agreement (the “Agreement”) between LIBERTY Dental Plan of Florida, Inc. (“LIBERTY”) and the legal entity or individual qualified and licensed to practice dentistry in the state of Florida as defined in the Agreement and as specified on the signature page of this Addendum (“Dentist”) is meant to supplement the Agreement. Except as expressly modified by this Addendum, the Agreement remains in full force and effect and all capitalized terms in this Addendum (which are not otherwise defined) shall have the meaning ascribed to them in the Agreement. LIBERTY and Dentist agree as follows:

1. *Reimbursement/Compensation.* LIBERTY shall pay Dentist certain Fees for covered Services (whose procedural codes are expressly listed below) that are rendered to eligible Members by qualified dentists in the contracted facilities of Dentist in accordance with the terms of the Agreement. For purposes of this Addendum, “Fee” is defined as the amount of the applicable fees listed below minus the amount of any applicable Member copayment.

Code	Description of Services	Fee
	DIAGNOSTIC	
D0120	Periodic oral evaluation – established patient	\$22.29
D0140	Limited oral evaluation – problem focused	\$11.89
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$23.78
D0150	Comprehensive oral evaluation – new or established patient	\$23.78
D0190	Screening of a patient	\$10.40
D0191	Assessment of a patient	\$10.40
D0210	Intraoral – complete series of radiographic images	\$47.56
D0220	Intraoral – periapical first radiographic image	\$5.95
D0230	Intraoral – periapical each additional radiographic image	\$4.46
D0240	Intraoral – occlusal radiographic image	\$11.89
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$35.67
D0251	Extra-oral posterior dental radiographic image	\$35.12
D0270	Bitewing – single radiographic image	\$8.92
D0272	Bitewings – two radiographic images	\$13.38
D0274	Bitewings – four radiographic images	\$16.35
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$47.56
D0330	Panoramic radiographic image	\$44.59
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	\$47.56
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$10.40
D0470	Diagnostic casts	\$32.70
	PREVENTIVE	
D1110	Prophylaxis – adult	\$26.75
D1120	Prophylaxis – child	\$20.81
D1206	Topical application of fluoride varnish	\$16.35
D1208	Topical application of fluoride – excluding varnish	\$16.35
D1330	Oral hygiene instructions	\$8.92
D1351	Sealant - per tooth	\$19.32
D1510	Space maintainer – fixed - unilateral	\$107.01
D1515	Space maintainer – fixed - bilateral	\$173.90
D1550	Re-cement or re-bond space maintainer	\$25.27
	RESTORATIVE	
D2140	Amalgam – one surface, primary or permanent	\$46.08

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Code	Description of Services	Fee
D2150	Amalgam – two surfaces, primary or permanent	\$60.94
D2160	Amalgam – three surfaces, primary or permanent	\$75.80
D2161	Amalgam – four or more surfaces, primary or permanent	\$90.66
D2330	Resin-based composite – one surface, anterior	\$50.53
D2331	Resin-based composite – two surfaces, anterior	\$57.97
D2332	Resin-based composite – three surfaces, anterior	\$65.40
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$107.01
D2390	Resin-based composite crown, anterior	\$107.01
D2391	Resin-based composite – one surface, posterior	\$46.08
D2392	Resin-based composite – two surfaces, posterior	\$60.94
D2393	Resin-based composite – three surfaces, posterior	\$75.80
D2394	Resin-based composite – four or more surfaces, posterior	\$90.66
D2710	Crown – resin-based composite (indirect)	\$114.45
D2721	Crown – resin with predominantly base metal	\$126.34
D2740	Crown – porcelain/ceramic substrate	\$338.88
D2751	Crown – porcelain fused to predominantly base metal	\$338.88
D2920	Re-cement or re-bond crown	\$25.27
D2930	Prefabricated stainless steel crown – primary tooth	\$101.07
D2931	Prefabricated stainless steel crown – permanent tooth	\$101.07
D2932	Prefabricated resin crown	\$101.07
D2933	Prefabricated stainless steel crown with resin window	\$126.34
D2940	Protective restoration	\$26.75
D2950	Core buildup, including any pins when required	\$96.61
D2951	Pin retention – per tooth, in addition to restoration	\$2.97
D2954	Prefabricated post and core in addition to crown	\$78.77
	ENDODONTICS	
D3110	Pulp cap – direct (excluding final restoration)	\$19.32
D3120	Pulp cap – indirect (excluding final restoration)	\$16.35
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$74.32
D3221	Pulpal debridement, primary and permanent teeth	\$44.59
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	\$64.59
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$111.47
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$126.34
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$219.97
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$282.40
D3330	Endodontic therapy, molar (excluding final restoration)	\$349.28
D3331	Treatment of root canal obstruction; non-surgical access	\$74.32
D3333	Internal root repair of perforation defects	\$46.08
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$124.85
D3352	Apexification/recalcification – interim medication replacement	\$83.23
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$166.47
D3410	Apicoectomy – anterior	\$111.47
D3430	Retrograde filling – per root	\$37.16
	PERIODONTICS	
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$156.06
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$66.88

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D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$320.67
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$204.16
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$169.44
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$71.34
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$29.73
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$14.86
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$77.29
	PROSTHODONTICS (REMOVABLE)	
D5110	Complete denture – maxillary	\$460.75
D5120	Complete denture – mandibular	\$460.75
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$245.24
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$245.24
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$468.18
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$468.18
D5410	Adjust complete denture – maxillary	\$20.81
D5411	Adjust complete denture – mandibular	\$20.81
D5421	Adjust partial denture – maxillary	\$20.81
D5422	Adjust partial denture – mandibular	\$20.81
D5510	Repair broken complete denture base	\$65.40
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$57.97
D5610	Repair resin denture base	\$65.40
D5620	Repair cast framework	\$69.86
D5630	Repair or replace broken clasp - per tooth	\$83.23
D5640	Replace broken teeth - per tooth	\$57.97
D5650	Add tooth to existing partial denture	\$62.42
D5660	Add clasp to existing partial denture - per tooth	\$77.29
D5730	Reline complete maxillary denture (chairside)	\$93.64
D5731	Reline complete mandibular denture (chairside)	\$93.64
D5740	Reline maxillary partial denture (chairside)	\$93.64
D5741	Reline mandibular partial denture (chairside)	\$93.64
D5750	Reline complete maxillary denture (laboratory)	\$167.95
D5751	Reline complete mandibular denture (laboratory)	\$167.95
D5760	Reline maxillary partial denture (laboratory)	\$167.95
D5761	Reline mandibular partial denture (laboratory)	\$167.95
D5820	Interim partial denture (maxillary)	\$163.49
	PROSTHODONTICS, FIXED	
D6985	Pediatric partial denture, fixed	\$245.24
	ORAL AND MAXILLOFACIAL SURGERY	
D7111	Extraction, coronal remnants – deciduous tooth	\$40.13
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$40.13
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$59.45
D7220	Removal of impacted tooth – soft tissue	\$92.15
D7230	Removal of impacted tooth – partially bony	\$114.45
D7240	Removal of impacted tooth – completely bony	\$117.42
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$121.88

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Code	Description of Services	Fee
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$80.26
D7260	Oroantral fistula closure	\$249.70
D7261	Primary closure of a sinus perforation	\$178.36
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$40.13
D7280	Surgical access of an unerupted tooth	\$202.14
D7283	Placement of device to facilitate eruption of impacted tooth	\$175.38
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$66.88
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$83.23
D7472	Removal of torus palatinus	\$260.68
D7473	Removal of torus mandibularis	\$260.68
D7510	Incision and drainage of abscess – intraoral soft tissue	\$69.86
D7520	Incision and drainage of abscess – extraoral soft tissue	\$99.58
D7880	Occlusal orthotic device, by report	\$385.07
D7881	Occlusal orthotic device adjustment	\$52.91
D7970	Excision of hyperplastic tissue - per arch	\$124.85
	ORTHODONTICS	
	Primary Dentition: Teeth developed and erupted first in order of time.	
	Transitional Dentition: The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.	
	Adolescent Dentition: The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.	
	Adult Dentition: The dentition that is present after the cessation of growth that would affect orthodontic treatment.	
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$564.79
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$564.79
D8090	Comprehensive orthodontic treatment of the adult dentition	\$564.79
D8210	Removable appliance therapy	\$160.52
D8220	Fixed appliance therapy	\$497.91
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$96.61
D8670	Periodic orthodontic treatment visit	\$77.29
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$158.87
D8692	Replacement of lost or broken retainer	\$93.64
	ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$19.32
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$61.84
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$41.62
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$61.84
D9248	Non-intravenous conscious sedation	\$59.45
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$26.75
D9420	Hospital or ambulatory surgical center call	\$83.23
D9920	Behavior management, by report	\$35.67

2. **Eligibility.** All payments made pursuant to this Addendum are based on Member eligibility at the time services are rendered and on current plan benefits, subject to all limitations and exclusions specified in applicable plan documents.
3. **Claims.** Dentist is encouraged to submit all claims subject to this Addendum within one hundred and eighty (180) days after the date such services were rendered; provided, however, that Dentist agrees to submit claims within the

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time period required by any applicable claims timeliness laws, regulations or rules. Late submissions by Dentist that do not comport with applicable claims timeliness laws, regulations or rules may, in the sole discretion of LIBERTY, be rejected by LIBERTY.

4. *Term and Termination.* This Addendum shall become effective as of the date specified below by LIBERTY as the "Effective Date" and shall remain in effect until the earlier of either termination of the Agreement in accordance with the terms of the Agreement or termination of this Addendum in accordance with the terms herein. LIBERTY may terminate this Addendum at any time with or without cause by providing at least sixty (60) days' written notice to Dentist.

The parties have executed this Addendum as of the Effective Date written below:

("Dentist"):

LIBERTY Dental Plan of Florida, Inc. ("LIBERTY"):

Authorized Signature

Signature

Print Name

Print Name

Title

Title

Date

Effective Date

Dental Office Address

City, State Zip

Medicaid Individual #

Medicaid Group # *(if applicable)*