

**AMENDMENT NO. 4**  
**CONTRACT FOR DENTAL SERVICES AND COVERAGE BETWEEN**  
**FLORIDA HEALTHY KIDS CORPORATION AND**  
**MANAGED CARE OF NORTH AMERICA, INC.**

This Amendment No. 4, entered into between the Florida Healthy Kids Corporation (“FHKC”) and Managed Care of North America, Inc. (“Insurer”) amends the Contract No.: 2021-300-03 for Dental Services and Coverage between FHKC and Insurer (“Contract”).

WHEREAS, the Contract allows for amendments by mutual written consent of the Parties; and

WHEREAS, the Parties desire to amend the Contract as provided in this Amendment, to be effective July 1, 2024.

NOW, THEREFORE, in consideration of the mutual promises and agreements herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. Section 2.3, Service Area and Premiums, is hereby revised by inserting the following language after the table therein:

Region	PMPM Premium Rate
1	\$17.96
2	\$17.44
3	\$11.52
4	\$16.32
5	\$13.10
6	\$16.53
7	\$13.32
8	\$15.31
9	\$16.33
10	\$17.13
11	\$18.96

2. Except as expressly amended hereby, the Contract shall remain in full force and effect in accordance with its provisions.
3. This Amendment No. 4 sets forth the entire understanding between the Parties with regard to the subject matter of the Contract and supersedes all other agreements, negotiations, understanding, or representations, verbal or written, between the Parties regarding the Contract.
4. In the event of any conflict between the Contract and this Amendment No. 4, the terms of this Amendment No. 4 shall govern.

5. This Amendment No. 4 may be executed in counterparts, each of which shall constitute an original and all of which together shall constitute the same document.

IN WITNESS WHEREOF, the Parties have caused this Amendment No. 4 to be executed by their undersigned officials as duly authorized.

**FOR  
FLORIDA HEALTHY KIDS CORPORATION:**

Signed: \_\_\_\_\_

Name: Ryan West

Title: Chief Executive Officer

Date: \_\_\_\_\_

*May 7, 2024*

**FOR  
PLAN: MANAGED CARE OF NORTH  
AMERICA, INC.**

Signed: \_\_\_\_\_

Name: \_\_\_ Colleen Van Ham \_\_\_\_\_

Title: \_\_\_ Chief Executive Officer \_\_\_

Date: \_\_\_\_\_

*Colleen Van Ham*