



Office of State Procurement Contract Certification of Approval

This certificate serves as a confirmation that the Office of State Procurement has reviewed and approved the contract referenced below.

Reference Number: 2000506234

Amendment Number: 14

Vendor: DENTALQUEST USA INSURANCE CO DENTALQUEST

Description: DentaQuest USA Insurance Company, Inc.

Approved By: PAMELA RICE

Approval Date: 01/09/2025 16:24:31

AMENDMENT TO
AGREEMENT BETWEEN STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH

Amendment #: 14
LAGOV#: 2000506234
LDH #:

Agency Name... Bureau of Health Services Financing
(Regional/ Program/ Facility) Medical Vendor Administration
AND
DentaQuest USA Insurance Company, Inc.
Contractor Name

Original Contract Amount \$355,700,072.00
Original Contract Begin Date 1/1/2021
Original Contract End Date 12/31/2023
RFP Number: 3000013043

AMENDMENT PROVISIONS

Change Contract From: From Maximum Amount: \$494,251,215.00 Current Contract Term: 1/1/2021 - 12/31/2024

CF-1
11) Termination Date: 12/31/2024
12) Maximum Contract Amount: \$494,251,215.00
13) Estimated Amounts by Fiscal Year: FY21: \$56,689,544.00; FY22: \$116,780,460.00; FY23: \$128,734,874.00; FY24: \$129,604,869.00; FY25: \$62,441,468.00.

Change Contract To: To Maximum Amount: \$614,091,379.00 Changed Contract Term: 1/1/2021 - 12/31/2025

CF-1
11) Termination Date: 12/31/2025
12) Maximum Contract Amount: \$614,091,379.00
13) Estimated Amounts by Fiscal Year: FY21: \$56,689,544.00; FY22: \$116,780,460.00; FY23: \$128,734,874.00; FY24: \$129,604,869.00; FY25: \$120,911,649.00; FY26: \$61,369,983.00

Justifications for amendment:

Revisions contained in this amendment are within scope and comply with the terms and conditions as set forth in the RFP.

In accordance with section 1.3 of the contract, LDH is extending the contract for twelve (12) additional months at the same rates, terms, and conditions of the initial contract term. This amendment extends the contract through December 31, 2025.

This Amendment Becomes Effective: 12/31/2024

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH

Secretary, Louisiana Department of Health or Designee

DocuSigned by:
Brett Bostrack 12/18/2024
CONTRACTOR SIGNATURE DATE
PRINT NAME Brett Bostrack
CONTRACTOR TITLE Senior Vice President

DocuSigned by:
Kimberly Sullivan 12/18/2024
SIGNATURE DATE
NAME Kimberly Sullivan
TITLE Medicaid Executive Director
OFFICE Bureau of Health Services Financing

PROGRAM SIGNATURE DATE
NAME