



**ADDENDUM #18**

**RFP #FY 2018-2019-004 CITY OF HALLANDALE BEACH GROUP MEDICAL WITH PHARMACY, MEDICAL GAP PLAN, DENTAL, VISION, EMPLOYEE ASSISTANCE PROGRAM, FLEXIBLE SPENDING ACCOUNT AND COBRA ADMINISTRATION**

Please ensure you check the City’s website for the latest addendum released for this project. Below finds the link to the City’s website: [www.cohb.org/solicitations](http://www.cohb.org/solicitations).

**Firm must provide this form signed by an authorized officer of your Firm to acknowledge receipt of ADDENDUM #18 and provide with your Firm’s response.**

**PLEASE NOTE:**

**QUESTION # 1.**

For **City of Hallandale Beach**, I had asked during our question period for the City to provide the ADA codes they would like us to use for Question 69 (listed below with their response). They did not provide ADA codes and the MMR team said they cannot fill out the question without the actual ADA codes (see email below). Please let me know how you would like to proceed.

QUESTION #54.

For question 69 in the Dental Questionnaire, please provide the ADA codes associated with the listed dental procedures.

ANSWER #54.

Regarding question 69, we are requesting that each proposer complete the ADA codes that your company has within each of the areas.

In the chart below, provide information regarding contracted rates and employee cost sharing for the City of Hallandale Beach. (Assuming Florida zip codes starting with 330 and 331):

ADA Code	Description	PPO Allowable	DMO Employee Copay
	Periodic Oral Evaluation		
	Radiographs – 2 films		
	Radiographs – 4 films		

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	Adult Prophylaxis			
	Child Prophylaxis			
	Amalgam – 1 Surface			
	Amalgam – 2 Surface			
	Amalgam – 3 Surface			
	Composite Resin			
	Porcelain with Gold Crown			
	Porcelain with Non-precious Metal Crown			
	Porcelain with Semiprecious Metal Crown			
	Crown Gold Full Case			
	3 Root Canal Therapy			
	Osseous Surgery per Quadrant			
	Periodontal Scaling			
	Fixed Bridge/Porcelain Gold Crown			
	Fixed Bridge/Porcelain Semiprecious Crown			
	Extraction, Complete Bony Impaction			
	Orthodontic: Global Rate for Normal Adolescent Case			

**ANSWER # 2.**

ADA Code	Description	PPO Allowable		DMO Employee Copay
D0120	PERIODIC ORAL EVALUATION - Establish Patient			
D0220	INTRAORAL - PERIAPICAL-FIRST RADIOGRAPHIC IMAGE			
D0230	INTRAORAL - PERIAPICAL-EACH ADDITIONAL RADIOGRAPHIC IMAGE			
D1110	PROPHYLAXIS CLEANING - ADULTS			
D1120	PROPHYLAXIS CLEANING - CHILD			

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D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT			
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT			
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT			
D2330	RESIN - BASED COMPOSITE - ONE SURFACE ANTERIOR			
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL			
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL			
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL			
D3310	ROOT CANAL - ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)			
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUAD			
D4342	PERIODONTAL SCALING AND ROOT PLANING, ONE TO THREE TEETH, PER QUADRANT - LIMITED TO 4 QUADRANTS DURING ANY 12 CONSECUTIVE MONTHS			
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL			
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL			
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)			

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D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION - ADULTS INCLUDING COVERED DEPENDENT ADULT CHILDREN FROM AGE 19 TO 25			
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**PLEASE NOTE RECEIPT OF ADDENDUM #18 BY SIGNING BELOW AND INCLUDE WITH YOUR FIRM'S SUBMISSION.**

**I ACKNOWLEDGE RECEIPT OF ADDENDUM #18:**

Company:	
Name:	
Title:	
Signature:	
Date:	

Sincerely,



Andrea Lues, Director, Procurement Department