

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
and
EYEMED VISION CARE, LLC

AGREEMENT NO. C000580

AMENDMENT NO. 1

This Amendment to Agreement No.C000580 ("the Agreement") is entered into by the NEW YORK STATE DEPARTMENT OF CIVIL SERVICE ("DCS") and EYEMED VISION CARE, LLC, ("the Contractor"), referred to collectively as "the Parties".

WHEREAS, Section 2.2.0 of the Agreement states that the Agreement is subject to amendment(s) only upon mutual consent of the Parties, reduced to writing and approved by the Office of the State Comptroller of the State of New York; and

WHEREAS, an Award for Interest Arbitration between the State of New York and Council 82 (Agency Law Enforcement Services Unit) requires New York State to administer a covered laser vision correction benefit for eligible enrollees effective January 1, 2007; and

WHEREAS, an Award for Interest Arbitration between the State of New York and Council 82 (Security Supervisors Unit) requires New York State to administer a covered laser vision correction benefit for eligible enrollees effective March 31, 2007; and

WHEREAS, EyeMed Vision Care, LLC maintains, directly or through a third-party vendor, a network of qualified ophthalmologists throughout New York State and contiguous states to provide discounted laser vision correction services to eligible enrollees and dependents; and

WHEREAS, the Governor's Office of Employee Relations has clarified that the provision of post-cataract aphakic lenses is a covered benefit for all employee groups with the exception of the Graduate Student Employee Association;

THEREFORE, the Parties agree as follows:

1. Exhibit D to the Agreement is deleted, and a new Exhibit D – Schedule of Participating Provider Fees, dated January 1, 2007 is added to the Agreement.
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ii. Exhibit G to the Agreement is deleted, and a new Exhibit G - Summary of Benefit Variances by Employee Group, dated January 1, 2007, is added to the Agreement.

iii. A new Section 6.15.3 is added to the Agreement to read as follows:

6.15.3 The Contractor will administer a covered laser vision correction benefit for eligible Enrollees through the laser vision correction network. The covered benefit includes a pre-operative evaluation, laser vision correction surgery, and necessary follow-up visits. As part of its administrative duties for the covered laser vision correction program, the Contractor will:

6.15.3a Verify that charges for the covered laser vision correction benefit are limited to Employees who appear as eligible in the Contractor's enrollment system on the date that such eligibility is verified prior to the eligible Employee's utilization of the benefit;

6.15.3b Review provider billings for reasonableness of usual and customary pricing, accuracy, and correct application of the Plan discount and Enrollee cost;

6.15.3c Submit a summary invoice to DCS on a monthly basis;

6.15.3d Consult with the DCS regarding coverage recommendations as new laser vision technologies are developed; and

6.15.3e Actively recruit qualified ophthalmologists into the laser vision correction network throughout New York State.

Any performance standards and guarantees contained in this Agreement shall not apply to the laser vision correction network and services.

iv. Sections 8.3.0 and 8.4.0 of the Agreement are redesignated as Sections 8.4.0 and 8.5.0

V. New Section 8.3.0 is added to the Agreement to read as follows:

8.3.0 On a monthly basis, the Contractor will bill the DCS a discounted global fee for covered laser vision correction services received by eligible Enrollees. The discounted global fee shall be a pass-through from the participating laser vision correction provider, and shall equal the usual and customary fee charged by the provider less fifteen percent (15%) or five percent (5%) off promotional pricing (whichever is the lower cost), less the Enrollee cost.

VI. All other terms of the Agreement shall remain the same.

VII. This Amendment shall be deemed effective January 1, 2007.

Contractor: EyeMed Vision Care, LLC
Contract Number: C000580

Agency Certification: "In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all exact copies of this contract."

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE

Date: February 16, 2007

By:

Name: Daniel E. Wall

Title: President

EYEMED VISION CARE, LLC

Date: February 8, 2007

STATE OF Ohio)
) ss:
COUNTY OF Warren

On the 8th day of February, 2007, before me personally came [REDACTED], to me known, and known to me to be the person who executed the above instrument, who, being duly sworn by me, did for him/herself depose and say that he/she is the Sr. Vice President of EyeMed Vision Care, LLC the corporation or organization described in and which executed the above instrument; and that he/she signed his/her name thereto.

My commission expires: 4/28/09

Approved as to form:

Approved:

Andrew M. Cuomo
ATTORNEY GENERAL

NYS OFFICE OF THE STATE COMPTROLLER

FEB 28 2007
By: Lorraine J. Reno
Date: LORRAINE J. RENO
SEN. CH. ATTORNEY

APPROVED
DEPT. OF AUDIT & CONTROL
MAR 27 2007
Dennis P. Ryan
FOR THE STATE COMPTROLLER

**NYS Vision Plan
Schedule of Participating Provider Fees**

Payments for products and services received at a participating provider location for each year of the five(5) year contract beginning January 1, 2007, are as follows:

Type of Service	
Examinations	
Occupational Examinations	
Dispensing Fees	
Contact Lens Dispensing Fee - Standard Fit & Follow-Up (1)	
Contact Lens Dispensing Fee - Premium Fit & Follow-Up (2)	
Basic Frames - up to \$80 retail allowance (3)	
Standard Frames - \$80.01 to \$100 retail allowance (3)	
Enhanced Frames - \$100.01 to \$130 retail allowance (3)	
Single Vision Lenses	
Bifocal Lenses	
Trifocals	
Post Cataract Lenses (4)	
Contacts	
<i>Lens Options (in addition to base lens price):</i>	
Blended segment bifocals	
Photosensitive glass single vision lenses	
Photosensitive glass multivision lenses	
Photosensitive plastic single vision lenses	
Photosensitive plastic multivision lenses	
Progressive Addition multifocals	
Polycarbonate lenses -adults	
Polycarbonate lenses - dependent children under age 19	
High index lenses	
Scratch resistant coating	
Tints	
Ultraviolet coating	

- (1) Contact lens fitting fee includes two (2) follow-up visits. Standard contact lens fitting applies to spherical clear contact lenses in conventional and planned replacement styles.
- (2) Contact lens fitting fee includes two (2) follow up visits. Premium contact lens fitting applies to all lens designs, materials and specialty fitting other than standard.
- (3) Flat fee will be charged based on the retail price of frame dispensed.
- (4) Post cataract lenses are limited to covered enrollees and dependents with no interocular lens.

NYS Vision Plan
Summary of Benefit Vi ces by Employee Group

Exhibit C
F 1 of 2

Employee Group	Waiting Period New employees	< age 19 Dependent Annual Benefit?	Domestic Partner Coverage?	Splitting of Benefits Allowed?	Eligible for Upgrade Program?	Eligible for Occupational Vision Program?	Eligible for Medical Exception Program?	Eligible for Laser Vision Correction?
Council 82 -Security Supervisor Unit (settled)	28 days	Yes	Yes	90 day window at Participating Provider	Yes	Yes	Yes - enrollee or dependents, annual benefit	Yes - Enrollee (Funded Benefit - 10% enrollee cost up to \$200 maximum once every five years) Dependent (Discount Benefit) effective 3/31/07
Council 82 -Security Supervisors Unit (unsettled)	28 days	Yes	Yes	90 day window at Participating Provider	Yes	No	Yes - enrollee or dependents, annual benefit	No
NYSCOPBA (Settled)	56 days	Yes	Yes	90 day window at Participating Provider	Yes	No	Yes - enrollee or dependents, annual benefit	Yes - Discount Benefit
NYSCOPBA (Unsettled)	56 days	Yes	Yes	90 day window at Participating Provider	Yes	No	Yes - enrollee or dependents, annual benefit	No
M/C & unrepresented (includes PE's)	28 days	Yes	Yes* *PE on an individual group basis	90 day window at Participating Provider	Yes	Yes - Rx sunglasses not allowed	No	No
PBA - Troopers	56 days	Yes	Yes	90 day window at Participating Provider	Yes	Yes (includes Rx Sunglasses and Prescription Lens Respirator Inserts) (2)	No	No
PBA - Supervisors	56 days	Yes	Yes	90 day window at Participating Provider	Yes	Yes (includes Rx Sunglasses and Prescription Lens Respirator Inserts) (2)	No	No
PIA	28 days	Yes	Yes	90 day window at Participating Provider	Yes	Yes (includes Rx Sunglasses and Prescription Lens Respirator Inserts) (2)	No	No
PEF	56 days	Yes	Yes	No	Yes	Yes - Rx sunglasses not allowed	Yes, enrollee or dependents, annual benefit, includes occupational for enrollees	Yes - Discount Benefit
Council 82 -Agency Law Enforcement Services Unit	56 days	Yes	Yes	90 day window at Participating Provider	Yes	No	Yes - enrollee or dependents, annual benefit	Yes - Enrollee (Funded Benefit - 10% enrollee cost up to \$200 maximum once every five years) Dependent (Discount Benefit) effective 1/1/07
GSEU (1)	0 days	No	Yes	No	No	No	No	No

(1) \$15.00 copayment for routine eye exam available at a participating provider only

(2) Prescription Lens Respirator Inserts are in addition to standard Occupational Vision Benefit, effective 10/1/05

NYS Vision Plan
Summary of Benefit Differences by Employee Group

	Council 31 - AL/ESU	Council 62 - SSU Settled & Unsettled	GSEU	M/C & unrepresented	NYSCOPEA Settled & Unsettled	PBA-T	PBA-S	PEF	PIA
Frames:									
Basic - up to \$80 retail allowance	X	X	X	X	X	X	X	X	X
Standard \$80.01 to \$100 retail allowance	X	X	No	X	X	X	X	X	X
Enhanced \$100.01 to \$150 retail allowance	Upgrade	Upgrade	No	X	Upgrade	Upgrade	Upgrade	Upgrade	Upgrade
Lenses:									
Glass	X	X	X	X	X	X	X	X	X
Plastic	X	X	X	X	X	X	X	X	X
Single Vision	X	X	X	X	X	X	X	X	X
Bifocal	X	X	X	X	X	X	X	X	X
Bifocal-blended segment	X	X	No	X	X	X	X	Upgrade	X
Progressive addition	X	X	No	X	X	X	X	Upgrade	X
Trifocal	X	X	X	X	X	X	X	X	X
Polycarbonate	Upgrade (1)(7)	Upgrade (1)(7)	No (1)	X	Upgrade (1)(7)	Upgrade (1)(7)	Upgrade (1)(7)	Upgrade (1)(7)	Upgrade (1)(7)
High Index	X	X	No	Upgrade	X	X	X	Upgrade	X
Polaroid	Upgrade	Upgrade	No	Upgrade (6)	Upgrade	Upgrade	Upgrade	Upgrade (6)	Upgrade
Photosensitive glass	X	X	No	X (6)	X	Upgrade	Upgrade	X (6)	Upgrade
Photosensitive plastic	X	X	No	Upgrade (6)	X	Upgrade	Upgrade	Upgrade (6)	Upgrade
Prescription Lens Respirator Inserts	No	No	No	No	No	X	X	No	X
Post cataract	X	X	No	X	X	X	X	X	X
Contact lenses:									
Soft, daily wear	X	X	X	X (3)	X	X	X	X (3)	X
Planned replacement	X	X	X	X (3)	X	X	X	X (4)	X
Disposable	X	X	X	X (3)	X	X	X	X (4)	X
Contact lens allowance - conventional	\$105 (2)	\$105 (2)	\$105 (2)(5)	\$105 (2)	\$105 (2)	\$105 (2)	\$105(2)	\$105 (2)	\$105 (2)
Contact lens allowance - disposable	\$105 (2)	\$105 (2)	\$105 (2)(5)	\$125 (2)	\$105 (2)	\$105 (2)	\$105 (2)	\$125 (2)	\$105 (2)
Finishes:									
Fashion tints	X	X	No	X	X	X	X	X	X
Ultraviolet coating	X	X	No	X	X	X	X	X	X
Sunglasses	X	X	No	X	X	X	X	X	X
Reflection Free	Upgrade	Upgrade	No	Upgrade	Upgrade	Upgrade	Upgrade	Upgrade	Upgrade
Scratch Protection	X	X	No	Upgrade	X	X	X	Upgrade	X

- (1) Polycarbonate lenses are available as a covered benefit to dependent children, at a \$15 charge to the Plan.
- (2) Contact lens allowance is for materials only.
- (3) Subject to contact lens copayment of \$25 for conventional lenses.
- (4) Subject to contact lens copayment of \$45 for disposable and planned replacement lens.
- (5) GSEU contact lens benefit is for standard fit only. There is no benefit if a premium fit is required.
- (6) Photosensitive and Polaroid lenses are not available under the occupational vision benefit.
- (7) Standard polycarbonate lenses are a covered benefit for monocular patients and patients with prescriptions higher than +/- 6 diopters.