ATTACHMENT 17



Summary of Contact Lenses Covered by the Plan RFP entitled: "New York State Vision Plan Services"

Offeror Name:			

Contact Lens Description	# of Lenses	Copayment for PEF,
	Provided to	M/C & unrepresented (\$25 or \$45)
	Enrollees	(\$25 or \$45)
Soft, Daily Wear lenses:		
Diamed Deplessment		
Planned Replacement:		
Disposable:		
	1	