

ATTACHMENT 18



**Department of
Civil Service**

**Participating Provider/Laser Vision Correction
Surgery Fee Schedule and Administrative Fee Form
RFP entitled:
“New York State Vision Plan Services”**

Offeror Name: _____

	Year 1	Year 2	Year 3	Year 4	Year 5
EXAMS					
Examination					
Occupational exam					
FRAMES					
Basic Frame					
Standard Frame					
Enhanced Frame					
LENSES					
Basic Plastic Single Vision Lenses					
Basic Plastic Bifocal Lenses					
Basic Plastic Trifocal Lenses					
Glass					
Polycarbonate Lenses					
High Index Lenses					
Photochromic Single Vision Lenses - Glass					
Photochromic Multi-Focal Lenses - Glass					
Photochromic Lenses - Plastic					
Plastic Progressive Lenses					
Ultraviolet Coating					
Tint					
Scratch Resistant Coating					

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	Year 1	Year 2	Year 3	Year 4	Year 5
CONTACT LENSES					
Contact Lens Dispensing, established patient					
Contact Lens Dispensing, new patient					
Contact Lenses - Disposable					
LASER CORRECTION SURGERY					
Custom Intralase					
Custom Wavefront Lasik					
Photorefractive Keratecpomy (PRK)					
Traditional Intralase					
	Year 1	Year 2	Year 3	Year 4	Year 5
Administrative Fee (per Enrollee per month fee) Enrollees are defined as the policyholders, not their dependents.					

The Department will not accept fees with any variables or contingencies. An Offeror must fill in quotes in the space provided. The Department will not accept modifications to this attachment.