ATTACHMENT 33

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service	**Summary of Contact Lenses Covered by the Plan - RFP entitled: "New York State Vision Plan Services"**

Offeror Name: _____

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