

AMENDMENT NO. 2
RFP NO. 604355-17
VISION CARE SERVICES FOR THE SELF-FUNDED BENEFIT PLAN

THIS AMENDMENT is made and entered into this _____ day of _____ 2022, by and between CLARK COUNTY, NEVADA (hereinafter referred to as “COUNTY”), and EYEMED VISION CARE, LLC (hereinafter referred to as “PROVIDER”).

WITNESSETH:

WHEREAS, the parties entered into an agreement under RFP Number 604355-17, entitled “Vision Care Services for the Self-Funded Benefit Plan” dated September 29, 2017 (hereinafter referred to as CONTRACT); and

WHEREAS, the parties desire to amend the CONTRACT.

NOW, THEREFORE, the parties agree to amend the CONTRACT as follows:

1. Page 1, 2nd Paragraph,

ORIGINALLY WRITTEN:

“WHEREAS, PROVIDER has the personnel and resources necessary to accomplish the PROJECT within the required schedule and with a budget allowance not to exceed \$737,387 annually; and”

REVISED TO READ:

“WHEREAS, PROVIDER has the personnel and resources necessary to accomplish the PROJECT within the required schedule and budget; and”

2. Page 1, Section I: Term of Contract, 1st Sentence,

ORIGINALLY WRITTEN:

“COUNTY agrees to retain PROVIDER for the period from January 1, 2018 through December 31, 2018, with the option to renew for four (4), one-year periods subject to the provisions of Sections II and VIII herein.”

REVISED TO READ:

“COUNTY agrees to retain PROVIDER for the period from January 1, 2018 through December 31, 2018, with the option to renew for seven (7), one-year periods subject to the provisions of Sections II and VIII herein.”

3. Page 1, Section II: Compensation and Terms of Payment, 1st and 2nd Sentences,

ORIGINALLY WRITTEN:

“COUNTY agrees to pay PROVIDER for the performance of services described in the Scope of Work (**Exhibit A**) for the not to exceed fee of \$737,387 annually. COUNTY’S obligation to pay PROVIDER cannot exceed the not to exceed fee amount.”

REVISED TO READ:

“COUNTY agrees to pay PROVIDER for the performance of services described in the Scope of Work (**Exhibit A**), in accordance with the Monthly Premiums contained herein. COUNTY’S obligation to pay PROVIDER cannot exceed the Monthly Premiums.”

4. Page A-5, Section I: Monthly Premiums, as revised per Amendment No. 1, shall be replaced in its entirety with below:

MONTHLY PREMIUMS FOR PPO PLAN	1/1/22 – 12/31/22	1/1/23 – 12/31/23	1/1/24 – 12/31/24	1/1/25 – 12/31/25
EMPLOYEE ONLY	\$4.10	\$4.10	\$4.10	\$4.10
EMPLOYEE + SPOUSE	\$6.50	\$6.50	\$6.50	\$6.50
EMPLOYEE + CHILD(REN)	\$6.65	\$6.65	\$6.65	\$6.65
EMPLOYEE + FAMILY	\$10.27	\$10.27	\$10.27	\$10.27

MONTHLY PREMIUMS FOR EPO PLAN	1/1/22 – 12/31/22	1/1/23 – 12/31/23	1/1/24 – 12/31/24	1/1/25 – 12/31/25
EMPLOYEE ONLY	\$3.69	\$3.69	\$3.69	\$3.69
EMPLOYEE + SPOUSE	\$5.85	\$5.85	\$5.85	\$5.85
EMPLOYEE + CHILD(REN)	\$5.99	\$5.99	\$5.99	\$5.99
EMPLOYEE + FAMILY	\$9.24	\$9.24	\$9.24	\$9.24

Except as expressly amended herein, the terms and conditions of the CONTRACT shall remain in full force and effect.

COUNTY:
COUNTY OF CLARK, NEVADA

PROVIDER:
EYEMED VISION CARE, LLC

By: _____
JESSICA COLVIN
Chief Financial Officer

By: Natasha D'Sa
NATASHA D'SA
Vice President, Sales and Account
Management

Reviewed As to Form by EyeMed Legal:

Brenda Thomann

APPROVED AS TO FORM:
STEVEN B. WOLFSON, District Attorney

By: Elizabeth Vibert
ELIZABETH VIBERT
Deputy District Attorney