

## AMENDMENT NO. 3 RFP NO. 604355-17 VISION CARE SERVICES FOR THE SELF-FUNDED BENEFIT PLAN

THIS AMENDMENT is made and entered into this \_\_\_\_\_day of \_\_\_\_\_\_2024, 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, Section I: Term of Contract, 1st Sentence, as revised by Amendment No. 2,

#### **ORIGINALLY WRITTEN:**

"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."

### **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 ten (10), one-year periods subject to the provisions of Sections II and VIII herein."

2. Page A-11, Section I: Monthly Premiums, as revised per Amendment No. 2, add the following:

#### Self-Funded PPO

MONTHLY	1/1/26 -	1/1/27 -	1/1/28 —
PREMIUMS FOR PPO	12/31/26	12/31/27	12/31/28
PLAN			
EMPLOYEE ONLY	\$4.35	\$4.48	\$4.48
EMPLOYEE +	\$6.89	\$7.10	\$7.10
SPOUSE			
EMPLOYEE +	\$7.05	\$7.26	\$7.26
CHILD(REN)			
EMPLOYEE +	\$10.89	\$11.22	\$11.22
FAMILY			

# Clark County EPO

MONTHLY	1/1/26	1/1/27 -	1/1/28 —
PREMIUMS FOR EPO	12/31/26	12/31/27	12/31/28
PLAN			
EMPLOYEE ONLY	\$3.91	\$4.03	\$4.03
EMPLOYEE+	\$6.20	\$6.39	\$6.39
SPOUSE			
EMPLOYEE+	\$6.35	\$6.54	\$6.54
CHILD(REN)			
EMPLOYEE +	\$9.79	\$10.08	\$10.08
FAMILY			

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

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COUNTY OF CLARK, NEVADA

By:

JESSICA COLVIN Chief Financial Officer

APPROVED AS TO FORM:

STEVEN B. WOLFSON, District Attorney

By:

JASON B. PATCHETT Deputy District Attorney PROVIDER:

EYEMED VISION CARE. LLC

JASON ROME

Senior Vice President

Reviewed As to Form by EyeMed Legal:

Brendashomana