



STATE OF DELAWARE
DEPARTMENT OF HUMAN RESOURCES
STATEWIDE BENEFITS OFFICE

09/17/20

ISSUED BY: Laurene Eheman
RFP and Contract Manager, Statewide Benefits Office
302-739-8331

SUBJECT: **AWARD NOTICE**
CONTRACT NO. DHR21001-Vision_Ins
Request for Proposal for Group Vision Insurance

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KEY CONTRACT INFORMATION

1. CONTRACT PERIOD

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The contract shall be valid for a three year period beginning July 1, 2021 and ending June 30, 2024. It may be renewed for two one (1) year periods through negotiation between the contractor and State Employee Benefits Committee. Negotiation may be initiated no later than ninety (90) days prior to the termination of the current agreement.

2. VENDOR

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Vendor Name: EyeMed Vision Care, LLC Address: NBC Tower – 4000 Luxottica Place, Mason, OH 45040 Primary Contact Name: Sherry Bowling, Sr. Natl Acct Executive Phone: 513-765-3933 Email: sbowling@eyemed.com Contact Laurene Eheman, RFP and Contract Manager, Statewide Benefits Office, 302-739-8331, laurene.eheman@delaware.gov FSF Number:
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3. PRICING

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This is an employee-pay-all plan. See the Statewide Benefit Office website at www.de.gov/statewidebenefitsoffice for premium rates. Prices will remain firm for the term of the contract years.

ADDITIONAL TERMS AND CONDITIONS

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4. AGENCY'S RESPONSIBILITIES

The State Employee Benefits Committee (SEBC) shall give prompt written notice to the Contractor whenever the Agency observes or otherwise becomes aware of any development that affects the scope or timing of the Contractor's services. As stated in the contract, the SEBC has several remedies available to resolve non-performance issues with the Contractor. If the issue is a part of the contract, the Agency must then contact the contractor, discuss the reasons surrounding the default and establish a date when the contractor will resolve the non-performance issue.

For all other Terms and Conditions, please refer to the contract.