

AMENDMENT #1 TO
PROFESSIONAL SERVICES AGREEMENT
BETWEEN
FIDELITY SECURITY LIFE INSURANCE COMPANY, A MISSOURI CORPORATION
AND
EYEMED VISION CARE, LLC
AND
THE STATE OF DELAWARE, OFFICE OF MANAGEMENT AND BUDGET

This document (hereinafter referred to as "Amendment #1") shall serve to amend the original Professional Services Agreement for vision plan program administration effective July 1, 2011 (hereinafter referred to as "Agreement") between the State of Delaware, Office of Management and Budget ("State") having its principal place of business at 500 W. Loockerman Street, Suite 320, Dover, Delaware 19904 and Fidelity Security Life Insurance Company, a Missouri corporation and EyeMed Vision Care, LLC, with offices at 400 Luxottica Place, Mason, OH 45040 ("Contractor"),

WHEREAS, State and Contractor hereby desire to amend the Agreement to extend the term of the contract for one additional year and provide revised pricing as specified herein;

NOW THEREFORE, in consideration of the representations and mutual covenants herein undertaken, effective, July 1, 2014 unless otherwise stated herein, the parties agree as follows:

1. The term of the contract as set forth in Section 2.1, shall be extended for a term of one year commencing on July 1, 2014 (the "Effective Date") and expiring June 30, 2015 (the "Extended Term").
2. The first and second pages of Appendix A – State of Delaware EyeMed Access Plan H, Fixed Fee, Voluntary, Option 1 and State of Delaware Option 1 are hereby deleted and replaced with the attached pages.

Except as modified by this Amendment, all other terms and conditions of the above referenced Agreement will remain unchanged and in full force and effect.

STATE OF DELAWARE
OFFICE OF MANAGEMENT AND
BUDGET

Original on File

By: _____
Authorized Signature

Title: Director, HRM + Benefits

Date: 7/15/14

FIDELITY SECURITY LIFE INSURANCE
COMPANY

Original on File

By: _____
Authorized Signature

Title: Vice President

Date: June 18, 2014

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EYEMED VISION CARE, LLC

By:

Original on File

Authorized Signature

Title:

Senior Vice President

Date:

7-2-14





State of Delaware
EyeMed Access Plan H, Fixed Fee
Voluntary
Option 1

Version 6

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary	\$10 Copay	\$35
Exam Options:		
Standard Contact Lens Fit and Follow-Up:	Up to \$55	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	N/A
Frames:		
Any available frame at provider location	\$0 Copay; \$160 Allowance, 20% off balance over \$160	\$45
Standard Plastic Lenses		
Single Vision	\$20 Copay	\$25
Bifocal	\$20 Copay	\$40
Trifocal	\$20 Copay	\$55
Lenticular	\$20 Copay	\$55
Standard Progressive Lens**	\$85	\$40
Premium Progressive Lens**	See attached Fixed Premium Progressive price list	\$40
Lens Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0 Copay	\$5
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0 Copay	\$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photocromatic / Transitions Plastic	\$75	N/A
Premium Anti-Reflective	See attached Fixed Premium Anti-Reflective Coating price list	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses		
(Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$160 allowance, 15% off balance over \$160	\$105
Disposable	\$0 Copay; \$160 allowance, plus balance over \$160	\$105
Medically Necessary	\$0 Copay, Paid-In-Full	\$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Monthly Rate		
Subscriber	\$6.30	
Subscriber + Spouse	\$9.94	
Subscriber + Child(ren)	\$10.14	
Subscriber + Family	\$16.36	

All plans are based on a 24-month contract term and 24-month rate guarantee.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

** Standard/Premium Progressive lenses not covered - fund as a Bifocal Lens

Additional Discounts:

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com.

The contact lens benefit allowance is not applicable to this service.

Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group

Rates are valid for groups domiciled in the State of DE.

Fees quoted are effective 7/1/2014

Rates assume 100% employee contribution for employees and dependents

Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York

Policy number VC-19/VC-20, form number M-9083

Plan Exclusions:

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care;
- 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Original on File

attach this document to the group application and sign here:

6/20/14

Signature

Date

TCO

State of Delaware

Option 1

Progressive Price List*	Member Out-of-Pocket (Includes Lens Copay)
Standard Progressive	\$85
Premium Progressives as Follows:	
Tier 1	\$105
Tier 2	\$115
Tier 3	\$130
Tier 4	\$85, 80% of charge less \$120 Allowance
Anti-Reflective Coating Price List*	Member Out-of-Pocket
Standard Anti-Reflective Coating	\$45
Premium Anti-Reflective Coatings as Follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Out-of-Pocket
Photochromic (Plastic)	\$75
Polarized	20% off Retail Price
EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.	

If State of Delaware has chosen this benefit design, attach this document to the group application and sign here:

Original on File

Signature

Date

6/20/17

For a current listing of brands by tier, go to:

<http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf>