VISION SERVICE PLAN
PLEASE ATTACH TO YOUR
GROUP VISION CARE PLAN

AMENDMENT TO GROUP VISION CARE PLAN

To be attached to and made part of Group Vision Care Plan Number 00106067 issued to COUNTY OF SANTA CLARA.

EXCEPT as specifically amended herein, said Plan shall remain in full force and effect.

IT IS HEREBY AGREED Group Vision Care Plan shall be Amended effective June 17, 2019 – June 28, 2020 and to the Group Vision Care Plan Electronic Signature language shall be amended as follows:

Unless otherwise prohibited by law or County policy, the parties agree that an electronic copy of a signed contract, or an electronically signed contract, has the same force and legal effect as a contract executed with an original ink signature. The term "electronic copy of a signed contract" refers to a transmission by facsimile, electronic mail, or other electronic means of a copy of an original signed contract in a portable document format. The term "electronically signed contract" means a contract that is executed by applying an electronic signature using technology approved by the County.

IT IS FURTHER AGREED that Exhibit B Schedule of Premiums shall be attached hereto.

IN WITNESS WHEREOF, VSP and Group have executed this Amendment as of the date first referenced above.

VISION SERVICE PLAN

COUNTY OF SANTA CLARA

By: Kate Renwick-Espinosa
Signature: ____________________________________
Title: President, VSP Vision Care
Date: 4/17/2020

By: ________________________________
Signature: ________________________________
Title: ________________________________
Date: ________________________________

Approved as to Form and Legality by Deputy County Counsel 4/28/2020
VISION SERVICE PLAN
SCHEDULE OF PREMIUMS
VSP Choice Plan

VSP shall be entitled to receive premiums for each month on behalf of each Enrollee and his/her Eligible Dependents, if any, in the amounts specified below:

$ 9.94 per month for each eligible Enrollee (includes coverage for Eligible Dependents)

NOTICE: Upon expiration June 28, 2020, this Agreement may, at the County’s option, be extended for two additional one-year periods at the premium noted in Exhibit B. The premium under this Plan is subject to change upon renewal (after the end of the Plan Term or any subsequent Plan Term), or upon change of the Schedule of Benefits or a material change in any other terms or conditions of the Plan.