



Contract Number

23-453 A1

SAP Number

Human Resources Department

Department Contract Representative Sandra Wakcher
Telephone Number (909) 387-9676

Contractor EyeMed Vision Care, LLC
Contractor Representative Pegah Firozi
Telephone Number 310-848-3531
Contract Term 07/29/2023 – 07/31/2028
Original Contract Amount _____
Amendment Amount _____
Total Contract Amount _____
Cost Center _____
Grant Number (if applicable) _____

AMENDMENT NO. 1 TO CONTRACT NO. 23-453:

IT IS HEREBY AGREED AS FOLLOWS:

This Amendment No. 1 to Contract no. 23-453, entered into as of May 19, 2026, hereby amends the terms of the Contract between San Bernardino County (County) and EyeMed Vision Care, LLC (EyeMed) as follows:

1. Section D is hereby amended by deleting the section in its entirety and inserting the following in lieu thereof:

D. TERM OF CONTRACT

This Contract is effective as of July 29, 2023 and expires July 21, 2028 for active employees plans, and is effective as of July 29, 2023 and expires July 31, 2028 for COBRA plans, but may be terminated earlier in accordance with the provisions of this Contract.

2. All other terms and conditions of Contract No. 23-453 remain in full force and effect.
3. This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by

facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

IN WITNESS WHEREOF, the San Bernardino County and the Contractor have each caused this Contract Amendment to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

▶

Dawn Rowe, Chair, Board of Supervisors

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____

Deputy

EYEMED VISION CARE LLC

(Print or type name of corporation, company, contractor, etc.)

By

▶

(Authorized signature - sign in blue ink)

Name: Jeremy Pereira
(Print or type name of person signing contract)

Title: Vice-President of Account Management

(Print or Type)

Dated: _____

Address: 4000 Luxottica Place

Mason, Ohio 45040

FOR COUNTY USE ONLY

Approved as to Legal Form

▶

Jose Mendoza, County Counsel

Date _____

Reviewed for Contract Compliance

▶

Gina King, Assistant Director, Human Resources

Date _____

Reviewed/Approved by Department

▶

Leonardo Gonzalez, Director, Human Resources

Date _____