

**NYS Vision Plan
Monthly Administrative Fees and Communications Fee Schedule**

	2012	2013	2014	2015	2016
Proposed Monthly Administration Fee Per Enrollee (1)					
For all groups excluding SEHP	_____	_____	_____	_____	_____
For SEHP Only	_____	_____	_____	_____	_____
Communications Fee (2)	\$ _____	N/A	N/A	N/A	N/A

Instructions:

- (1) Quote, in the space provided your proposed monthly administrative fees for the respective years and enrollee groups.
The fee will be multiplied by the number of enrollees in the respective groups to arrive at the aggregate administrative expense due the vendor.
- (2) Quote, in the space provided the proposed aggregate Communications Fee to be paid in year one for services indicated in Section IV.B.4.a of the RFP.

Note: Fees must be expressed in fixed dollar amounts.