

**DCS and NYSIF PRESCRIPTION DRUG PROGRAMS
 Claims Administration Fee(s) Quotes (1)
 Period 1/1/2014 - 12/31/2018**

<u>Claims Administration Fees (2)</u>	<u>Quote</u>	<u>Basis of Charge</u>
DCS Program Primary Total DCS Program Primary Claims Admin Fee	<input type="text"/>	<u>Per Each Final Claim Paid</u>
EGWP Medicare Primary Total EGWP Medicare Primary Claims Admin Fee	<input type="text"/>	<u>Per Each Final Claim Paid</u>
New York State Insurance Fund Program Total NYSIF Program Claims Admin Fee	<input type="text"/>	<u>Per Each Final Claim Paid</u>

- (1) These quotes are made in accordance with the requirements of Sections IV and V of the RFP.
 The quotes must be guaranteed for the period 1/1/2014 -12/31/2018.
 Changes to these quotes not under the control of the Offeror may be negotiated solely at the Procuring Agencies' discretion.
- (2) Refer to Exhibit IV.A for a listing of Program Services applicable to each Claims Administrative Fee component.