


## ATTACHMENT 25

 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <p><b>Department of Civil Service</b></p> </div>	<p><b>Guaranteed Average Unit Cost and Administrative Fee Quote Form- RFP entitled: "Mental Health Substance Use (MHSU) Disorder Program"</b></p>
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	Year 1	Year 2	Year 3	Year 4	Year 5
Inpatient GAUC					
Outpatient GAUC					

**Instructions:** Offeror is to provide their total Guaranteed Average Unit Cost for both Inpatient and Outpatient services for plan primary claims. Quoted amounts can change for each year.

	<b>Fee Quote</b>	<b>Basis</b>
<b>Monthly Administrative Fee Quote(1)</b>	_____	<u>Per Enrollee Per Month</u>

(1) The Offeror's quoted fee will be for the duration of the contract as set forth in 6.2.2 of the RFP.