**RFP #RX-2017-1**

**“Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and New York State Insurance Fund Prescription Drug Programs”**

# Questions Template

| **Question****Number** | **RFP****Page #** | **Section and Sub-Section Reference** | **Question** |
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Offerors are requested to use the Questions Template table above in submitting questions. Offeror’s questions must be submitted to the Pharmacy Benefit Services Procurement Manager at the address specified in Section II.A.6 of this RFP, with an electronic copy (in Microsoft Word format) of the Offeror’s questions sent to the Pharmacy Benefit Services Procurement Manager’s attention at: **RxBenefit2017RFP@cs.ny.gov**.