

DCS and NYSIF PROGRAMS PRESCRIPTION DRUG PROGRAM
Claims Administration Fee(s) Quotes (1)
Period 1/1/2019 - 12/31/2023

<u>Claims Administration Fees (2)</u>	Quote	<u>Basis of Charge</u>
DCS Program Claims (3) Retail, Mail, and Specialty Pharmacy Network - Claims Admin. Fee	<input type="text"/>	Per Each Final Paid Claim
Medicare Rx Program Claims Retail, Mail, and Specialty Pharmacy Network - Claims Admin. Fee	<input type="text"/>	Per Each Final Paid Claim
New York State Insurance Fund Program Retail, Mail, and Specialty Pharmacy Network - Claims Admin. Fee	<input type="text"/>	Per Each Final Paid Claim

Amended July 17, 2017

(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 1/1/2019 -12/31/2024. 2023

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.

(3) Non-Medicare Rx Program Claims