RFP #RX-2018-1

"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

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: **RxBenefit2018RFP@cs.ny.gov**.