

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

Claims Administration Fees (2)

DCS Program Claims (3)

Retail, Mail, Specialty Pharmacy Network, and Vaccination Network - Claims Admin. Fee

<u>Quote</u>	<u>Basis of Charge</u>
<input type="text"/>	<u>Per Each Final Paid Claim</u>

Medicare Rx Program Claims

Retail, Mail, Specialty Pharmacy Network, and Vaccination Network - Claims Admin. Fee

<input type="text"/>	<u>Per Each Final Paid Claim</u>
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New York State Insurance Fund Program

Retail, Mail, and Specialty Pharmacy Network - Claims Admin. Fee

<input type="text"/>	<u>Per Each Final Paid Claim</u>
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- (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 -12/31/2023. 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