

Form B

Cost Proposal

Request for Proposal Number 4562Z1

Description	Initial Contract Term			First Renewal Option	Second Renewal Option
	Year 1	Year 2	Year 3	Year 4	Year 5
	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price
Initial Set-Up Fee (One-Time only Charge on First Billing)					
Administrative Flat Fee of Paid Healthcare Network Claims					