

**“EXHIBIT B”**

**FINANCIAL TERMS**

**I. ADMINISTRATIVE EXPENSES:**

A. Administrative Fee*:	\$8.00 per Paid Claim
B. Monthly Minimum:	N/A
C. Rebates:	100% Rebates Passed-Through to Customer
D. TPA Coordination Fee:	\$1.00 per Paid Claim

**II. ELECTIVE EXPENSES:**

A. Ancillary Services (if utilized)	
i. Explanation of Benefits:	\$3.00 plus postage, shipping, and handling
ii. Coverage Determination Notices:	\$3.00 plus postage, shipping, and handling
iii. Mailed Welcome Materials:	Cost plus postage, shipping, and handling
iv. Non-standard Member Materials:	Cost plus postage, shipping, and handling
v. Coverage Redetermination Appeals:	Cost
vi. Third Party Override Coordination Fee:	\$50 per override
vii. Disengagement Assistance Services	
a. Additional Files	\$1,500 per additional file
b. Custom Formatting for Additional Files	\$150 per hour
c. Not Otherwise Specified	\$150 per hour
viii. Compliance Services	TBD
ix. Other Unspecified:	TBD
B. Elective Services (if utilized)	Cost
i. Retiree Drug Subsidy	
ii. Employer Group Waiver Plan Administration	
iii. Medication Therapy Management	
iv. Independent Medical Reviews or Coverage Redeterminations	
v. Third Party Audit Services	
vi. Pharmacy Benefit Consulting	
vii. Other Ancillary Services	
viii. Consolidated Appropriations Act Reporting	TBD

*\*There will be an adjustment to any fee in the event that Customer's actual Plan participation decreases below ninety-percent (90%) of the expected Plan participation which, as of the Effective Date of the Agreement, is 380 Members.*