RFP 40DHHS-S2832  
COST

STATE SPONSORED DENTAL PLAN

FOR

RYAN WHITE CONSUMERS

Vendor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendors are to provide the following tiered cost schedule:

Dental

|  |  |
| --- | --- |
| **Consumers Enrolled** | **Per Person Cost** |
| 100 |  |
| 250 |  |
| 500 |  |
| 1200 |  |
| 2500+ |  |