

**Previously Reviewed Services Contracts Report** Amend Service **Contract Period** Item# **Vendor Name** Contract No. **Method of Procurement** No. Type 4600051408 CONNECTYOURCARE INC 04 Request for Proposal **TGS** 33 8/20/2018 To 12/31/2024 **Original Contract Current Annual Original Total Updated Total Amendment Amount** Amount **Contract Amount Projected Amount Projected Amount** \$1,675,722.60 \$2,775,722.60 \$0.00 \$3,910,019.40 \$3,910,019.40 Agency # **Agency Name Division** 0914 Statewide Shared Services **Contract Summary** FSA/HSA, CAFETERIA PLAN, & COBRA SERVICES Purpose for Amendment FSA/HSA, CAFETERIA PLAN, & COBRA SERVICES Reason for Amendment No material change