**Appendix A**

**Services Proposed Checklist**

THIS FORM MUST BE RETURNED WITH YOUR PROPOSAL SUBMISSION - Include in Section 2

We have provided a proposal for the following service(s):

\_\_\_ Fully Insured Group Medical

\_\_\_ Third Part Administrative Services (TPA)/Administrative Services Only (ASO)

\_\_\_ Pharmacy Benefit Management Services

\_\_\_ Stop Loss Insurance

\_\_\_ Employee Assistance Program

\_\_\_ Chronic Disease Management for Diabetes and Related Medical Supplies

\_\_\_ Telehealth Services

\_\_\_ Wellness

\_\_\_ COBRA Administrative Services

\_\_\_ Health Spending Account Services