

KIM REYNOLDS
GOVERNOR

DOUG OMMEN
COMMISSIONER OF INSURANCE

ADAM GREGG
LT. GOVERNOR

**PHARMACY BENEFIT MANAGER 2021 ANNUAL REPORT
FOR CALENDAR YEAR 2020**

During the 2019-2020 Legislative session, the Iowa Legislature passed, and Governor Reynolds signed, Iowa Code 510C into law. This legislation requires pharmacy benefit managers (“PBM”) licensed in Iowa to file an annual report with the Insurance Commissioner by February 15th of each year. PBMs are required to report the following data as it relates to the prior calendar year:

- a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.
- b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.
- c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.
- d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier.
- e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier.
- f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph “d” by the dollar amount in paragraph “a”.
- g. Across all health carrier clients with whom the pharmacy manager was contracted, the highest and the lowest aggregate retained rebate percentages

As of February 15, 2021, there were forty-three PBMs licensed in Iowa. Thirty-nine PBMs submitted annual reports for calendar year 2020. One PBM was newly licensed in 2021 and did not have information to report from 2020. Three PBMs did not submit a report and have not responded to inquiries about not doing so; for these PBMs, the Iowa Insurance Division is considering its enforcement authority authorized pursuant to Iowa Code 510C.4.

The PBM reports are attached.

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: A & A Drug Co. dba Sav-Rx Prescription Services
 Address: 224 N Park Ave
 City, State, Zip: Fremont, NE 68025
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$86,831,318.16

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$780,320.47

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$23,445,301.71

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 27.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 15.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 100.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/10/2021

| | | |
|----------|----------------|-----------------------|
| Contact: | Ronda Thiessen | Licensing Coordinator |
| | Name | Title |
| | | |
| | Email | Phone |

| | | |
|---------------|----------------|-----------------------|
| Submitted by: | Christy Piti | CEO/Owner |
| | Name | Title |
| Verified by: | Ronda Thiessen | Licensing Coordinator |
| | Name | Title |
| Verified by: | Lisa Quincy | VP |
| | Name | Title |

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name:
 Address:
 City, State, Zip:
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier.

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier.

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee

Select:

Date Submitting Filing in OPTins:

| | | |
|----------|---|---|
| Contact: | <input type="text" value="Elizabeth Thomas"/> | <input type="text" value="Compliance Officer"/> |
| | Name | Title |
| | <input type="text"/> | <input type="text"/> |
| | Email | Phone |

| | | |
|---------------|--|---|
| Submitted by: | <input type="text" value="Elizabeth Thomas"/> | <input type="text" value="Compliance Officer"/> |
| | Name | Title |
| Verified by: | <input type="text" value="Robyn Satterfield"/> | <input type="text" value="COO"/> |
| | Name | Title |
| Verified by: | <input type="text" value="Joseph Favazzo"/> | <input type="text" value="CEO"/> |
| | Name | Title |

**Iowa
2020 Annual Pharmacy Benefit Manager Report**

Company Name: Alluma, LLC
 Address: 290 E. John Carpenter Freeway, Suite 2055
 City, State, Zip: Irving, TX 75062-2710
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$100.00

Select: Agree

Date Submitting Filing in OPTins: 2/5/2021

| | | |
|----------|------------------------|-----------------------------|
| Contact: | Kimberly Rieve Name | Compliance Manager Title |
| | | |
| | Email | Phone |

| | | |
|---------------|------------------------|---------------------------------------|
| Submitted by: | Kimberly Rieve Name | Compliance Manager Title |
| Verified by: | Trudy Wade Name | Director Finance, PBM Title |
| Verified by: | Priyesh Patel Name | VP & General Manager, Alluma Title |

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: AmWINS Group Benefits, LLC
 Address: 50 Whitecap Drive
 City, State, Zip: North Kingstown, RI 02852
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$4,009.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health \$314.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 7.83%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 15.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete

Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/15/2021

Contact: Lucas Spaulding Compliance Analyst
 Name Title
 Email Phone

Submitted by: Lucas Spaulding Compliance Analyst
 Name Title

Verified by: Scott King President
 Name Title

Verified by: Scott Purviance Chied Financial Officer
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Benecard Services, Inc
 Address: 3131 Princeton Pike, Bld 2B, Ste 103
 City, State, Zip: Lawrenceville, NJ 08648
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$418,850.57

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/2/2021

Contact: Maria Minelli Licensing Manager
 Name Title
 Email Phone

Submitted by: Maria Minelli Licensing Manager
 Name Title

Verified by: Michael A. Perry President
 Name Title

Verified by: Richard Terranova Treasurer
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Caremark, L.L.C.
 Address: 2211 Sanders Road
 City, State, Zip: Northbrook, IL 60062
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/11/2021

Contact: Karen S. Llano Paralegal
 Name Title
 Email Phone

Submitted by: Karen S. Llano Paralegal
 Name Title

Verified by: John M. Conroy President and Treasurer
 Name Title

Verified by: Thomas S. Moffatt Vice President and Secretary
 Name Title

Footnote: Caremark, L.L.C. does not contract with insurers. Please see CaremarkPCS Health, L.L.C.'s PBM report.

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: CaremarkPCS Health, L.L.C.
 Address: 9501 E. Shea Blvd.
 City, State, Zip: Scottsdale, AZ 85260
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$141,209,216.38

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$11,772,509.92

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$979,356.15

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$750,108.81

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$185,501.85

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.53%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 26.56%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/11/2021

Contact: Karen S. Llano Paralegal
 Name Title
 Email Phone

Submitted by: Karen S. Llano Paralegal
 Name Title

Verified by: John M. Conroy President and Treasurer
 Name Title

Verified by: Thomas S. Moffatt Vice President and Secretary
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: CaremarkPHC, L.L.C.
 Address: 695 George Washington Highway
 City, State, Zip: Lincoln, RI 02865
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

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Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/11/2021

Contact: Karen S. Llano Paralegal
 Name Title
 Email Phone

Submitted by: Karen S. Llano Paralegal
 Name Title

Verified by: John M. Conroy President and Treasurer
 Name Title

Verified by: Thomas S. Moffatt Vice President and Secretary
 Name Title

Footnote: CaremarkPHC, L.L.C. does not contract with insurers. Please see CaremarkPCSHHealth, L.L.C.'s Iowa PBM report.

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Costco Health Solutions, Inc.
 Address: 999 Lake Drive
 City, State, Zip: Issaquah, WA 98027
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

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Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/11/2021

Contact: Heather Cimuchowski Research Analyst
 Name Title
 Email Phone

Submitted by: Heather Cimuchowski Research Analyst
 Name Title

Verified by: Christopher Pierce AVP
 Name Title

Verified by:
 Name Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: DST Pharmacy Solutions, Inc.
 Address: 210 West 10th Street
 City, State, Zip: Kansas City, Missouri 64105
 Phone Number: [Redacted]

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$639,660.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$55,797.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$55,797.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 8.72%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 4.67%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 11.96%

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$100.00

Select: Agree

Date Submitting Filing in OPTins: 2/12/2021

Contact: Marsha Smitherman Sr. Contracts/Compliance Administrator
 Name Title
 [Redacted] [Redacted]
 Email Phone

Submitted by: Marsha Smitherman Sr. Contracts/Compliance Administrator
 Name Title

Verified by: Chad Weydert Dir., Bus. Systems Analysis
 Name Title

Verified by: [Redacted] [Redacted]
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Elixir Rx Solutions, LLC dba Elixir

Address: 2181 East Aurora Road

City, State, Zip: Twinsburg, OH 44087

Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

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Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/5/2021

Contact: Jennifer Asewicz
Name

Regulatory Affairs Administrator
Title

Email

Phone

Submitted by: Jennifer Asewicz
Name

Regulatory Affairs Administrator
Title

Verified by: Jordan Bradford
Name

Senior Staff Accountant
Title

Verified by: Scott Gonia
Name

Senior Director, Fin. Reporting
Title

**Iowa
2021 Annual Pharmacy Benefit Manager Report**

Company Name: Employee Health Insurance Management, Inc
 Address: 26711 Northwestern Hwy., Suite 400
 City, State, Zip: Southfield, MI 48033
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

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Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/10/2021

Contact: Matthew Satovsky General Counsel
 Name Title
 Email Phone

Submitted by: Matthew Satovsky General Counsel
 Name Title

Verified by: Matthew Satovsky General Counsel
 Name Title

Verified by: Pamela Janson Licensing Manager
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Express Scripts, Inc.
 Address: 1 Express Way
 City, State, Zip: St. Louis, MO 63121
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$12,218,567.67

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$1,330,959.59

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$1,317,235.34

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$40,141.26

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$13,724.30

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.33%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 33.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/12/2021

Contact: Kara Fucello Product Manager
 Name Title
 Email Phone

Submitted by: Kara Fucello Product Manager
 Name Title

Verified by: Kara Fucello Product Manager
 Name Title

Verified by: Tou Yang Business Analytics Manager
 Name Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name:

Address:

City, State, Zip:

Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier.

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier.

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

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Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:
 Name Title

 Email Phone

Submitted by:
 Name Title

Verified by:
 Name Title

Verified by:
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Fairview Pharmacy Services, LLC d.b.a. ClearScrip
 Address: 2550 University Ave W, Suite 320N
 City, State, Zip: St. Paul, MN 55114
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$50,430,791.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$4,755,982.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$12,066,688.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 23.93%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 20.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/15/2021

Contact: Alyssa Poehls Manager, Compliance and Licensing
 Name Title
 Email Phone

Submitted by: Jessica Mullen Business Coordinator
 Name Title

Verified by: Alyssa Poehls Manager, Compliance and Licensing
 Name Title

Verified by: Cheryl Koenen VP of Finance
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Health E Systems, LLC
 Address: 5404 Cypress Center Drive, Suite 350
 City, State, Zip: Tampa, FL 33609
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$32,812.66

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/14/2021

| | | |
|----------|---------------------|--------------------------------------|
| Contact: | Sandy Shtab Name | AVP Advocacy and Compliance Title |
| | | |
| | Email | Phone |

| | | |
|---------------|----------------------------|-----------------------------------|
| Submitted by: | Tracy Euler Name | Compliance Manager Title |
| Verified by: | Matt Hewitt Name | EVP, PBM General Manager Title |
| Verified by: | Stephanie Narvades Name | Chief Financial Officer Title |

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Humana Pharmacy Solutions, Inc.
 Address: 500 W. Main Street
 City, State, Zip: Louisville, KY 40202
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$1.25

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/15/2021

Contact: B.J> Stivers Sr. Compliance Professional
 Name Title
 Email Phone

Submitted by: Michelle Burton Compliance Administrator
 Name Title

Verified by: Brian Wehneman Director, Risk Management
 Name Title

Verified by: Bryan Duke Director, Pharmacy Contracting
 Name Title

**Iowa
2021 Annual Pharmacy Benefit Manager Report**

Company Name: Independent Health's Pharmacy Benefit Dimensions, LLC.
 Address: 511 Farber Lakes Drive
 City, State, Zip: Buffalo, NY 14221
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier.

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier.

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee:

Select:

Date Submitting Filing in OPTins:

Contact: Dante Fuscardo Reg. Compliance Analyst
 Name Title
 Email Phone

Submitted by: Dante Fuscardo Reg. Compliance Analyst
 Name Title

Verified by: Keith Held Director Contracts and Revenue
 Name Title

Verified by: Denzel Moore Contract Manager
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: IngenioRx, Inc.
 Address: 220 Virginia Avenue
 City, State, Zip: Indianapolis, IN 46204
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$1,615,177.91

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$707,441.66

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$10,537,006.50

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 100.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 100.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/4/2021

Contact: Allyson Getlein Staff VP, Migrations
 Name Title
 Email Phone

Submitted by: Shannon Kwok Regulatory Affairs Analyst
 Name Title

Verified by: Kathleen S. Kiefer Secretary
 Name Title

Verified by: Sidney Owen Hunt Assistant Secretary
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Magellan Rx Management, LLC
 Address: 8621 Robert Fulton Drive
 City, State, Zip: Columbia, MD 21046
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$5,176,406.26

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$530,700.65

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$189,211.22

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$530,700.65

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/21/2021

Contact: Lexy French Sr. Paralegal
 Name Title
 Email Phone

Submitted by: Lexy French Sr. Paralegal
 Name Title

Verified by: Kathleen Bagnuolo Sr. Director Pharmacy Rebate
 Name Management
 Title

Verified by: Jennifer Coplin Director, Commercial Pharmacy
 Name Rebate Operations
 Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: MaxorPlus, Ltd.
 Address: 320 S. Polk Street, STE 200
 City, State, Zip: Amarillo, TX 79101
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/13/2021

Contact: John Allen Director, Legal Operations
 Name Title
 Email Phone

Submitted by: Abigail Green Compliance Associate
 Name Title

Verified by: Michael Ellis CEO
 Name Title

Verified by: John Allen Director, Legal Operations
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: MedImpact Healthcare Systems, Inc
 Address: 10181 Scripps Gateway Court
 City, State, Zip: San Diego, CA 92131
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$19,762.80

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$1,527,855.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/8/2021

Contact: Lisa Smith Regulatory Compliance Manager
 Name Title
 Email Phone

Submitted by: James Gollaher CFO
 Name Title

Verified by: James Gollaher CFO
 Name Title

Verified by: Frederick Howe CEO/President
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: MedOne, LC
 Address: 1590 University Ave
 City, State, Zip: Dubuque, IA 52001
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/25/2021

Contact: Anishka Jayaswal Legal Counsel
 Name Title
 Email Phone

Submitted by: Molly Ties Controller
 Name Title

Verified by: Name Title

Verified by: Name Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: Navitus Health Solutions, LLC
 Address: 361 Integrity Drive
 City, State, Zip: Madison, WI 53717
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$757,923.55

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$100.00

Select: Agree

Date Submitting Filing in OPTins: 2/15/2021

Contact: Rachel Breger Staff Attorney
 Name Title
 Email Phone

Submitted by: Rachel Breger
 Name Title
 Verified by: David Fields President/CEO
 Name Title
 Verified by: Peter Beste CFO
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: OptumRx, Inc.
 Address: 2300 Main Street
 City, State, Zip: Irvine, CA 92614
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$40,236,315.86

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$3,488,735.19

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$2,170,216.54

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$2,794,004.14

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 5.39%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 87.43%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/10/2021

Contact: Dawn Root Name Licensing Manager Title
 Email Phone

Submitted by: Dawn Root Name Licensing Manager Title

Verified by: Karen Peterson Name Secretary Title

Verified by: David Oberg Name Assistant Secretary Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: PerformRx, LLC
 Address: 200 Stevens Drive
 City, State, Zip: Philadelphia, PA 19113
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier.

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier.

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please attach a statement explaining the zero entry.

Attestation

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Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact: Maureen Bonnes
 Name
 Email

Submitted by: Maureen Bonnes
 Name
 Verified by: Michele Patterson
 Name
 Verified by:
 Name

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Procure Pharmacy Benefit Manager, Inc
 Address: 2650 SW 145th Avenue
 City, State, Zip: Miramar, FL 33027
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$46,527.30

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$46,527.30

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$100.00

Select: Agree

Date Submitting Filing in OPTins: 3/4/2021

Contact: Barbara Rambo CFO
 Name Title
 Email Phone

Submitted by: Joyce Coulter Legal Assistant
 Name Title

Verified by: Debbie Wolf VP Legal
 Name Title

Verified by: Barbara Rambo CFO
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Progyny, Inc.
 Address: 1359 Broadway, Second Floor
 City, State, Zip: New York, NY 10018
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/11/2021

Contact: Zakiya Boyd Associate General Counsel
 Name Title
 Email Phone

Submitted by: Victor Martinez Licensing Analyst
 Name Title

Verified by: David Schlanger CEO
 Name Title

Verified by: Jennifer Bealer General Counsel/Secretary
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: RxAdvance Corporation
 Address: 136 Turnpike Road
 City, State, Zip: Southborough, MA 01772
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$247,820.45

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$2,043,459.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all

Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/1/2021

Contact: Heather Johnson VP of Compliance
 Name Title

Email Phone

Submitted by: Aksana Simanava Manager of Compliance
 Name Title

Verified by: Heather Johnson VP of Compliance
 Name Title

Verified by: Aruna Wickremeratne Chief Administrative Officer
 Name Title

**Iowa
2021 Annual Pharmacy Benefit Manager Report**

Company Name: Scrip World, LLC
 Address: 10150 S. Centennial Parkway, Suite 450
 City, State, Zip: Sandy, Utah 84074
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$53,431,806.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$4,904.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$38,416,703.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 71.90%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 100.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/14/2021

| | | |
|----------|----------------------|----------------------------------|
| Contact: | Cheryl Kelly Name | Prod/Reg Approval Spec. Title |
| | | |
| | Email | Phone |

| | | |
|---------------|----------------------|---------------------------------|
| Submitted by: | Cheryl Kelly Name | Prod/Reg Approval Spec Title |
| Verified by: | Mark Morgan Name | Assistant Secretary Title |
| Verified by: | Jenni Losel Name | Assistant Secretary Title |

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: SMARTSCRIPTS PBM LLC
 Address: 1010 W Madison Street
 City, State, Zip: Washington, IA 52353
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/28/2021

Contact: Todd Thompson CEO
 Name Title
 Email Phone

Submitted by: Andrew Willems VP
 Name Title

Verified by: Todd Thompson CEO
 Name Title

Verified by: Sam Zoske VP
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: TRHC TPA, LLC (f/k/a Pharmastar, LLC)

Address: 2503 N Hillcrest Pkwy

City, State, Zip: Altoona WI 54720

Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/26/2021

| | | |
|----------|--------------|------------|
| Contact: | Alyssa Grant | Consultant |
| | Name | Title |
| | | |
| | Email | Phone |

| | | |
|---------------|-----------------|------------|
| Submitted by: | Alyssa Grant | Consultant |
| | Name | Title |
| Verified by: | Brian Adams | Secretary |
| | Name | Title |
| Verified by: | Calvin Knowlton | CEO |
| | Name | Title |

**Iowa
2021 Annual Pharmacy Benefit Manager Report**

Company Name: True Rx Management Services, Inc
 Address: 7 Williams Bros. Dr.
 City, State, Zip: Washington, IN 47501
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$556,514.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$59,817.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 10.75%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 8.90%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 23.60%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/9/2021

Contact: Michael D Chestnut, Esq. General Counsel
 Name Title
 Email Phone

Submitted by: Michael D Chestnut, Esq. General Counsel
 Name Title

Verified by: Jesse K. McDonald, PharmD Chief Operating Officer
 Name Title

Verified by: Jenna Kaylor Director of Bus. Reporting
 Name Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: Ventegra Inc., A California Benefit Corporator
 Address: 450 N Brand Blvd, Suite 600
 City, State, Zip: Glendale, CA 91203
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$3,755.49

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$13.15

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$13.15

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.03%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.03%

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$100.00

Select: Agree

Date Submitting Filing in OPTins: 3/15/2021

Contact: Ann Wilson Special Projects
 Name Name Title
 Email Email Phone

Submitted by: Ann Wilson Special Projects
 Name Name Title
 Verified by: Name Title
 Verified by: Name Title

**Iowa
2021 Annual Pharmacy Benefit Manager Report**

Company Name: WellDyneRx, LLC
 Address: 500 Eagles Landing Drive
 City, State, Zip: Lakeland, FL 33810
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.00

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/15/2021

Contact: Kumarie Jagnarain Senior Legal Specialist
 Name Title
 Email Phone

Submitted by: Kumarie Jagnarain
 Name Title

Verified by: Phillip P. Bisesi SVP & General Counsel
 Name Title

Verified by:
 Name Title