



KIM REYNOLDS
GOVERNOR

DOUG OMMEN
COMMISSIONER OF INSURANCE

ADAM GREGG
LT. GOVERNOR

**PHARMACY BENEFIT MANAGER 2020 ANNUAL REPORT
FOR CALENDAR YEAR 2019**

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, 2020, there were forty-four PBMs licensed in Iowa. Twenty-nine PBMs submitted annual reports for calendar year 2019; fifteen did not and offered no explanation for not doing so. Of those that did submit reports:

- a. Eight provided full and complete reports.
- b. Nine provided partial reports with at least one but not more than four reporting categories. Eight PBMs offered no explanation for the incomplete report. One PBM indicated that it only works with Workers Compensation companies, not with health carriers, so had no information to report. One PBM submitted two reports with the first report showing greater numbers than the latter report.
- c. Nine PBMs filed a report with none of the information in “a” through “g” above, only demographic and company contact information were provided. Six of these PBMs offered no explanation for the incomplete report. Two indicated they did not work with health carriers; one indicated it only worked with ERISA plans.
- d. Four PBMs asked for an extension in time to submit the report with three of the four submitting a report with no detail. The fourth PBM did not submit a report.

For those PBMs that did not submit a report or submitted a partial report, the Iowa Insurance Division will review and consider its enforcement authority authorized pursuant to Iowa Code 510C.4.

The PBM reports are attached.

Iowa
2020 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: 402-753-2800

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. \$81,508,833.21

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. \$685,556.32

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. \$22,708,726.08

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". 27.86%

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%

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: 3/6/2020

Contact: Ronda Thiessen Licensing Coordinator
 Name Title
 gov@savrx.com 402-753-2839
 Email Phone

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

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: Alius Health, LLC
 Address: PO Box 71
 City, State, Zip: Worthington, OH 43085
 Phone Number: 740-661-4463

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. \$1,671.32

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. \$10,107.90

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. \$1,562.40

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". 93.48%

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%

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: 1/23/2020

Contact:	Elizabeth Thomas	Compliance Officer
	Name	Title
	ethomas@aliushealth.com	740-837-4641
	Email	Phone

Submitted by:	Elizabeth Thomas	Compliance Officer
	Name	Title
Verified by:	Joseph Favazzo	Chief Executive Officer
	Name	Title
Verified by:	Robyn Satterfield	Chief Operating Officer
	Name	Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: AmWINS Group Benefits, Inc.
 Address: 50 Whitecap Drive
 City, State, Zip: North Kingstown, RI 02852
 Phone Number: 401-734-4154

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. \$18,280.00

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%

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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: 2/13/2020

Contact: Lucas Spaulding Compliance/Contract Analyst
 Name Title
 compliance.amwingsb@amwins.com 401-734-5957
 Email Phone

Submitted by: Lucas Spaulding Compliance/Contract Analyst
 Name Title
 Verified by: Samuel H. Fleet President
 Name Title
 Verified by: Scott Purviance Chief Executive Officer
 Name Title

Iowa
2020 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: 888-907-0070

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. \$4,034,254.08

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$754,626.95

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$928,444.42

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%

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Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/11/2020

Contact: Maria Minelli Name Licensing Supervisor Title
 pbf_licensing@benecard.com Email 609-219-0400 ext 5059 Phone

Submitted by: Maria Minelli Name Licensing Supervisor Title
 Verified by: Michael Perry Name President Title
 Verified by: Donald Schell Name Director Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: CaremarkPCS Health, L.L.C. (amended filing will be submitted on the first week of April, 2020")
Address: 9501 E. Shea Blvd.,MC024
City, State, Zip: Scottsdale, AZ 85260
Phone Number: 480-314-8319

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%

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Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/12/2020

Contact: Karen S. Llano Paralegal
Name Title
karen.llano@cvshealth.com 480-314-8319
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
2020 Annual Pharmacy Benefit Manager Report

Company Name: CaremarkPCS Health, L.L.C. (" amended filing will be submitted on the first week of April, 2020")
Address: 9501 E. Shea Blvd.,MC024
City, State, Zip: Scottsdale, AZ 85260
Phone Number: 480-314-8319

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%

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Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/12/2020

Contact: Karen S. Llano Paralegal
Name Title
karen.llano@cvshealth.com 480-314-8319
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
2020 Annual Pharmacy Benefit Manager Report

Company Name: CaremarkPhC, L.L.C. ("amended filing will be submitted on the first week of April, 2020")
Address: 695 George Washington Highway
City, State, Zip: Lincoln, RI 02865
Phone Number: 480-314-8319

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%

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Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/12/2020

Contact: Karen S. Llano Paralegal
Name Title
karen.llano@cvshealth.com 480-314-8319
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
2020 Annual Pharmacy Benefit Manager Report

Company Name: Costco Health Solutions, Inc.
 Address: 999 Lake Drive
 City, State, Zip: Issaquah, WA 98027
 Phone Number: 425-313-8100

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%

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Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/14/2020

Contact:	Heather Cimuchowski Name	Research Analyst Title
	hcimuchowski@costco.com Email	425-313-8156 Phone

Submitted by:	Kirsten Touma Name	Admin. Assistant Title
Verified by:	Christopher Pierce Name	AVP Pharmacy Title
Verified by:	 Name	 Title

**Iowa
2020 Annual Pharmacy Benefit Manager Report**

Company Name: Envision Pharmaceutical Services, LLC
 Address: 2181 East Aurora Road
 City, State, Zip: Twinsburg, OH 44087
 Phone Number: (954) 767-2634

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%

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Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/11/2020

Contact: Jennifer Asewicz Regulatory Affairs Administrator
 Name Title
 legalregulatory@envisionrx.com (954) 767-2634
 Email Phone

Submitted by: Jennifer Asewicz Regulatory Affairs Administrator
 Name Title
 Verified by: Jordan Bradford Senior Staff Accountant
 Name Title
 Verified by: Scott Gonja Senior Director
 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.

Attestation

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Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Jon Hendricks"/> Name	<input type="text" value="Compliance Manager"/> Title
	<input type="text" value="PBMLicensing@envolvehealth.com"/> Email	<input type="text" value="480-317-4609"/> Phone

Submitted by:	<input type="text" value="Jon Hendricks"/> Name	<input type="text" value="Compliance Manager"/> Title
Verified by:	<input type="text" value="Tricia Dinkelman"/> Name	<input type="text" value="VP of Tax"/> Title
Verified by:	<input type="text" value="Drew Asher"/> Name	<input type="text" value="President & CEO"/> Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: Express Scripts, Inc.
 Address: 1 Express Way
 City, State, Zip: St. Louis, MO 63121
 Phone Number: 800-282-2881

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. \$2,580,775.53

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$387,363.25

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$339,270.45

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. \$186,136.73

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. \$48,092.80

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 7.21%

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. 19.90%

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: 2/14/2020

Contact:	Katie Dooley Name	Product Manager Title
	kmdooley@express-scripts.com Email	314-684-5178 Phone

Submitted by:	Katie Dooley Name	Product Manager Title
Verified by:	Katie Dooley Name	Product Manager Title
Verified by:	Tou Yang Name	Business Analytics Manager Title

**Iowa
2020 Annual Pharmacy Benefit Manager Report**

Company Name: Fairview Pharmacy Services, LLC dba ClearScrip
 Address: 2550 University Ave West Suite 320N
 City, State, Zip: St Paul MN 55114
 Phone Number: 612-672-6551

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. \$44,697,322.00

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. \$4,734,706.00

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. \$10,823,827.00

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". 24.22%

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%

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: 2/18/2020

Contact: Alyssa Poehls Name Manager, Compliance Title
 apoehls1@fairview.org Email 612-672-6551 Phone

Submitted by: Alyssa Poehls Name Manager, Compliance Title
 Verified by: Kimberly Halva Name Secretary Title
 Verified by: Cheryl Koenen Name VP, Finance & PBM Dev Title

Iowa
2020 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: 813-367-2944

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. \$15,148.41

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%

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Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/9/2020

Contact:	Sandy Shtab	AVP Advocacy&Compliance
	Name	Title
	sshtab@healthsystems.com	813-868-2264
	Email	Phone

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

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: IngenioRx, Inc.
 Address: 220 Virginia Avenue
 City, State, Zip: Indianapolis, IN 46204
 Phone Number: 833-822-0261

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%

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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: 1/17/2020

Contact:	Allyson Getlein Name	Staff VP, Migrations Title
	allyson.getlein@ingenio-rx.com Email	804-354-7972 Phone

Submitted by:	Todd Patriquin Name	Regulatory Affairs Analyst Title
Verified by:	Janice Chu Name	Pharm Rebates Program Director Title
Verified by:	Sidney Owen Hunt Name	Assistant Secretary Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: Kroger Prescription Plans, Inc.
 Address: 1014 Vine Street
 City, State, Zip: Cincinnati, OH 45202
 Phone Number: 513-762-1014

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. \$3,022.90

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$3,413.58

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$3,413.58

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. \$3,413.58

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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/10/2020

Contact: Emily Schubeler Operations Admin. Asst.
 Name Title
emily.schubeler@krogerhealth.com 513-762-1418
 Email Phone

Submitted by: Emily Schubeler Operations Admin. Asst.
 Name Title
 Verified by: Kevin Favro Senior Vice President
 Name Title
 Verified by: Julie Hulgin Operations Manager
 Name Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: MaxorPlus, Ltd.
 Address: 320 S. Polk Street, STE 200
 City, State, Zip: Amarillo, TX 79101
 Phone Number: 806-324-5400

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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/31/2020

Contact:	Leah Bailey Name	General Counsel Title
	lbailey@maxor.com Email	806-324-5400 Phone

Submitted by:	Megan Bunch Name	Compliance Associate Title
Verified by:	Michael Ellis Name	CEO Title
Verified by:	 Name	 Title

Iowa
2020 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: 858-566-2727

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. \$4,005.73

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. \$379,667.05

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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/14/2020

Contact: Lisa Smith Name Reg Compliance Manager Title
 licensing@medimpact.com Email 858-790-7152 Phone

Submitted by: Dale Brown Name President Title

Verified by: Dale Brown Name President Title

Verified by: Frederick Howe Name CEO Title

**Iowa
2020 Annual Pharmacy Benefit Manager Report**

Company Name: MeridianRx, LLC
 Address: 1 Campus Maritus, Suite 750
 City, State, Zip: Detroit, MI 48226
 Phone Number: (313) 324-9027

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. \$28,861,067.00

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. \$121,551,555.00

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. \$3,131,616.00

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". 10.85%

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%

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:

Date Submitting Filing in OPTins: 2/14/2020

Contact:	Charles E. Baker Name	Asst. Secretary Title
	licensing@mhplan.com Email	(313) 324-9027 Phone

Submitted by:	Tiffany Durham Name	Sr. Legal Specialist 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: 608-729-1646

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. \$432,060.10

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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/14/2020

Contact: Rachel Breger Staff Attorney
 Name Title
 Rachel.Breger@Navitus.com 608-729-1646
 Email Phone

Submitted by: Rachel Breger 608-729-1646
 Name Title
 Verified by: Peter Beste CFO/Treasurer
 Name Title
 Verified by: Paul Page General Counsel/Secretary
 Name Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: OptumRx, Inc.
 Address: 2300 Main Street
 City, State, Zip: Irvine, CA 92614
 Phone Number: (888) 445-8745

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. \$14,690,247.27

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$1,158,638.84

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. \$1,101,278.02

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. \$1,101,278.02

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 7.50%

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. 69.66%

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: 2/11/2020

Contact:	Dawn Root	Licensing Manager
	Name	Title
	ORxDOILic@optum.com	262-377-5225
	Email	Phone

Submitted by:	Dawn Root	Licensing Manager
	Name	Title
Verified by:	Karen Peterson	Secretary
	Name	Title
Verified by:	Kirsten Hines	Assistant Secretary
	Name	Title

**Iowa
2020 Annual Pharmacy Benefit Manager Report**

Company Name: PerformRx, LLC
 Address: 200 Stevens Drive
 City, State, Zip: Philadelphia, PA 19113
 Phone Number: 215-937-8000

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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/14/2020

Contact: Maureen Bonnes Corporate Paralegal
 Name Title
mbonnes@amerihealthcaritas.com 215-937-7389
 Email Phone

Submitted by: Maureen Bonnes Corporate Paralegal
 Name Title
 Verified by: Michele Patterson Director of Rebate Admin.
 Name Title
 Verified by:
 Name Title

**Iowa
2020 Annual Pharmacy Benefit Manager Report**

Company Name: Pharmastar, LLC
 Address: 2503 N. Hillcrest Pkwy.
 City, State, Zip: Altoona, WI 54720
 Phone Number: (888) 298-7770

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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/30/2020

Contact: Alyssa Grant Consultant
 Name Title
 alyssa@pattoncompliance.com (850) 323-0144
 Email Phone

Submitted by: Alyssa Grant Consultant
 Name Title
 Verified by: Robert W. Tanner CFO
 Name Title
 Verified by: Peter C. Farrow CEO/Sole Manager
 Name Title

**Iowa
2020 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: 800-662-0586

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. \$87,730.00

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. \$87,730.00

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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/13/2020

Contact: Barbara Rambo CFO
 Name Title
 brambo@procarerx.com 678-248-3112
 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
2020 Annual Pharmacy Benefit Manager Report**

Company Name: Progyny, Inc.
 Address: 1359 Broadway, Second Floor
 City, State, Zip: New York, NY 10018
 Phone Number: 646-933-4493

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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/10/2020

Contact: Zakiya Boyd Associate General Counsel
 Name Title
 legal@progyny.com 646-933-4493
 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
2020 Annual Pharmacy Benefit Manager Report

Company Name: RxAdvance Corporation
 Address: 2 Park Central Drive
 City, State, Zip: Southborough, MA 01772
 Phone Number: 508-804-6900

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. \$ 17,427.24

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

Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/14/2020

Contact:	Aksana Simanava Name	Compliance Specialist Title
	licensing@rxadvance.com Email	508-804-6900 Phone

Submitted by:	Aksana Simanava Name	Compliance Specialist Title
Verified by:	Aruna Wickremeratne Name	Chief Administrative Officer Title
Verified by:	Heather Johnson Name	VP of Compliance Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: RxAdvance Corporation
 Address: 2 Park Central Drive
 City, State, Zip: Southborough, MA 01772
 Phone Number: 508-804-6900

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. \$44,427.92

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

Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/14/2020

Contact:	Aksana Simanava Name	Compliance Specialist Title
	licensing@rxadvance.com Email	508-804-6900 Phone

Submitted by:	Aksana Simanava Name	Compliance Specialist Title
Verified by:	Aruna Wickremeratne Name	Chief Administrative Officer Title
Verified by:	Heather Johnson Name	VP of Compliance 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.

Attestation

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Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Cheryl Kelly"/>	<input type="text" value="Legal Assistant"/>
	Name	Title
	<input type="text" value="cheryl.kelly@meritain.com"/>	<input type="text" value="716-319-5067"/>
	Email	Phone

Submitted by:	<input type="text" value="Cheryl Kelly"/>	<input type="text" value="Legal Assistant"/>
	Name	Title
Verified by:	<input type="text" value="Mark Morgan"/>	<input type="text" value="Assistant Secretary"/>
	Name	Title
Verified by:	<input type="text" value="Jenni Losel"/>	<input type="text" value="Assistant Secretary"/>
	Name	Title

**Iowa
2020 Annual Pharmacy Benefit Manager Report**

Company Name: SMARTSCRIPTS PBM LLC
 Address: 1010 W Madison Street
 City, State, Zip: Washington, IA 52353
 Phone Number: (844) 597 6278

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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/4/2020

Contact: Todd Thompson CEO
 Name Name Title
todd@smartscripts.com (844) 597 6278
 Email Email Phone

Submitted by: Andrew Willems VP of Business Development
 Name Name Title
 Verified by: Todd Thompson CEO
 Name Name Title
 Verified by: Sam Zoske SRVP
 Name Name Title

Iowa
2020 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: 866-921-4047 ext. 2000

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. \$344,014.12

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. \$302,187.53

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. \$36,867.75

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". 10.72%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 4.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 13.00%

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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/13/2020

Contact: Michael D. Chestnut, Esq. General Counsel
 Name Title
 michaelc@truerx.com 866-921-4047 ext. 2000
 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: Jesse K. McDonald, PharmD Chief Operating Officer
 Name Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: WellDyneRx, LLC PLEASE SEE SUPPORTING DOCUMENT
 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. \$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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/14/2020

Contact: Name Title
Email Phone

Submitted by: Name Title

Verified by: Name Title

Verified by: Name Title