lowa 2020 Annual Pharmacy Benefit Manager Repor				
Company Name:	Applied Underwriters, Inc.			
Address:	10805 Old Mill Road			
City, State, Zip:	Omaha, NE 68154			
Phone Number:	(402) 342-4900			
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2		
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00		
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00		
c. The aggregate dolla pharmacy benefit mar	r amount of all health carrier administrative service fees received by the nager.	\$0.00		
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00		
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00		
f. The aggregate retain paragraph "d" by the o	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%		
	health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%		
	I health carrier clients with whom the pharmacy manager was st 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:	5/7/2020		
Contact:	Jeffrey Silver	Vice President/Secretary		
	Name	Title		
	jeffreysilver@silver-law.net Email	402-342-4900, ext 4141 Phone		
Submitted by:	Tricia Ahern Name	Insurance Acct. Supervisor Title		
Verified by:	Jeffrey Silver	Vice President/Secretary		
,	Name	Title		
Verified by:	Steven Menzies	President/Treasurer		
	Name	Title		

Iowa 2020 Annual Pharmacy Benefit Manager Repor Independent health's Pharmacy Benefit Dimensions, LLC Company Name: 511 Farber Lakes Drive Address: Buffalo, New York, 14221 City, State, Zip: (716) 635-4956 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 \$0.00 manager. c. The aggregate dollar amount of all health carrier administrative service fees received by the \$0.00 pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that \$0.00 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 \$0.00 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". g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% 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. **Attestation** By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, 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: 5/14/2020 **Denzel Moore** Contact: **Contract Manager** Name Title denzel.moore@pbdrx.com (716) 635-4956 **Fmail** Phone Submitted by: **Denzel Moore Contract Manager** Name Title Verified by: Keith Held Director, Revenue & Contracts Title Name Verified by: **Denzel Moore** Contract Manager Name Title

Iowa 2020 Annual Pharmacy Benefit Manager Report Magellan Rx Management, LLC Company Name: Address: 8621 Robert Fulton Drive Columbia, MD 21046 City, State, Zip: Phone Number: (410) 953-4719 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 \$3,888,272.37 manager. b. The aggregate dollar amount of all administrative fees received by the pharmacy \$341,286.62 benefit manager. c. The aggregate dollar amount of all health carrier administrative service fees \$291,856.50 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the health e. The aggregate amount of all administrative fees received by the pharmacy benefit \$341,286.62 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". g1. (lowest) Across all health carrier clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all health carrier clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. **Attestation** By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, 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: \$100.00 Select: Agree Date Submitting Filing in OPTins: 8/11/2020 Contact: Lexy French Sr. Paralegal Name Title abfrench@magellanhealth.com (410) 953-4719 **Email** Phone Submitted by: Lexy French Sr. Paralegal Name Title Kathleen Bagnuolo Sr. Director Pharmacy Rebate Management Verified by: Name Jennifer Coplin **Director, Commercial Pharmacy Rebate Operations** Verified by: Title Name

lowa 2020 Annual Pharmacy Benefit Manager Repor				
Company Name:	MedOne, LC			
Address:	1590 University Ave			
City, State, Zip:	Dubuque, IA 52001			
Phone Number:	888-884-6331			
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2		
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00		
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00		
c. The aggregate dolla pharmacy benefit mar	r amount of all health carrier administrative service fees received by the nager.	\$0.00		
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00		
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00		
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%		
	I health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%		
	II health carrier clients with whom the pharmacy manager was st 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:	5/11/2020		
Contact:	Anishka Jayaswal	Legal Counsel		
	Name	Title		
	ajayaswal@medone-rx.com Email	563-588-8748		
	Litian	Phone		
Submitted by:	Molly Ties	Controller Title		
Verified by:	Name	Huc		
verified by.	Name	Title		
Verified by:				
	Name	Title		

Iowa 2020 Annual Pharmacy Benefit Manager Report MedTrak Services, LLC Company Name: Address: 10895 Lowell Avenue, Suite 100 Overland Park, KS 66210 City, State, Zip: 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 \$2,242,493.33 manager. \$0.00 **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 \$0.00 by the pharmacy benefit manager. \$1,138,572.41 **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 50.77% 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 25.33% 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. 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: \$100.00 Select: Agree Date Submitting Filing in OPTins: 5/22/2020 Contact: Jennifer Asewicz Regulatory Affairs Administrato Title Name legalregulatory@envisionrx.com 954-767-2634 Email Phone Submitted by: Jennifer Asewicz Regulatory Affairs Administrato Title Name Verified by: Mitch Kempker **VP Operations & General Couns** Name Title

Verified by: Tadena Simpson Assistant General Counsel
Name Title

lowa 2020 Annual Pharmacy Benefit Manager Repor				
Company Name:	NBFSA, LLC			
Address:	221 Executive Park Boulevard			
City, State, Zip:	Winston Salem, North Carolina 27103			
Phone Number:	336-608-3245			
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2		
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00		
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00		
c. The aggregate dolla pharmacy benefit man	r amount of all health carrier administrative service fees received by the nager.	\$0.00		
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00		
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00		
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%		
	I health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%		
	II health carrier clients with whom the pharmacy manager was st 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:	5/13/2020		
Contact:	Linda Rutledge	Licensing Specialist		
	Name	Title		
	licensing@nbfsa.com	336-608-3245		
	Email	Phone		
Submitted by:	Linda Rutledge	Licensing Specialist		
Varified by	Name	Title		
Verified by:	Name	Title		
Verified by:				
·	Name	Title		

Iowa 2020 Annual Pharmacy Benefit Manager Repor OnePoint Patient Care, LLC Company Name: 8130 Lehigh Avenue Address: Morton Grove, IL 60053 City, State, Zip: 847-583-5676 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. \$1,185,300.12 b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit \$0.00 manager. c. The aggregate dollar amount of all health carrier administrative service fees received by the \$0.00 pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that \$1,185,300.12 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 \$0.00 that the pharmacy benefit manager did not pass through to the health carrier. 100.00% f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 100.00% 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. Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, 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: 4/15/2020 Derek Schnack **Chief Financial Officer** Contact: Name Title dschnack@oppc.com 847-583-5676 **Fmail** Phone Submitted by: Derek Schnack Chief Financial Officer Name Title Verified by: Peter A. Speranza Vice President Title Name Verified by: Title Name

Iowa 2020 Annual Pharmacy Benefit Manager Repor				
Company Name:	Pharmaceutical Technologies, Inc. dba CastiaRx			
Address:	13660 California St.			
City, State, Zip:	Omaha, NE 68154			
Phone Number:	(402) 965-8800			
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2		
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00		
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00		
c. The aggregate doll pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the anager.	\$0.00		
	ar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$0.00		
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00		
	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%		
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% the lowest aggregate retained rebate percentages.				
	all health carrier clients with whom the pharmacy manager was est 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:	5/8/2020		
Contact:	Carrie Snyder	Licensing Coordinator		
	Name	Title		
	PBMlicensing@diplomat.is	810-768-9021		
	Email	Phone		
Submitted by:	Carrie Snyder Name	Licensing Coordinator Title		
Verified by:	Karen Peterson	Secretary		
	Name	Title		
Verified by:	Kirsten Hines Name	Assistant Secretary Title		

Iowa 2020 Annual Pharmacy Benefit Manager Repor Serve You Custom Prescription Management, Inc. dba Serve You Ry Company Name: 10201 W. Innovation Drive, Suite 600 Address: Milwaukee, WI 53226 City, State, Zip: 414-410-8100 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 \$0.00 manager. c. The aggregate dollar amount of all health carrier administrative service fees received by the \$0.00 pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that \$0.00 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 \$0.00 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". g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% 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. **Attestation** By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, 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: 5/12/2020 Cindy Ten Pas **Director of Compliance** Contact: Title Name 414-410-8107 compliance@serveyourx.com **Fmail** Phone Submitted by: Cindy Ten Pas **Director of Compliance** Name Title Verified by: Theodore J. Boylan Senior Vice President Title Name Verified by: Sharon R. Murillo President/CEO Name Title