

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: Applied Underwriters, Inc.
 Address: 10805 Old Mill Road
 City, State, Zip: Omaha, NE 68154
 Phone Number: (402) 342-4900

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: 5/7/2020

Contact: Jeffrey Silver Vice President/Secretary
 Name Title
 jeffreysilver@silver-law.net 402-342-4900, ext 4141
 Email Phone

Submitted by: Tricia Ahern Insurance Acct. Supervisor
 Name Title
 Verified by: Jeffrey Silver Vice President/Secretary
 Name Title
 Verified by: Steven Menzies President/Treasurer
 Name Title

**Iowa
2020 Annual Pharmacy Benefit Manager Report**

Company Name: Independent health's Pharmacy Benefit Dimensions, LLC
 Address: 511 Farber Lakes Drive
 City, State, Zip: Buffalo, New York, 14221
 Phone Number: (716) 635-4956

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: Denzel Moore
 Name
 Email
 Contract Manager
 Title
 Phone

Submitted by: Denzel Moore
 Name
 Contract Manager
 Title
 Verified by: Keith Held
 Name
 Director, Revenue & Contracts
 Title
 Verified by: Denzel Moore
 Name
 Contract Manager
 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

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

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
2020 Annual Pharmacy Benefit Manager Report

Company Name: MedOne, LC
 Address: 1590 University Ave
 City, State, Zip: Dubuque, IA 52001
 Phone Number: 888-884-6331

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:	<input type="text" value="Anishka Jayaswal"/> Name	<input type="text" value="Legal Counsel"/> Title
	<input type="text" value="ajayaswal@medone-rx.com"/> Email	<input type="text" value="563-588-8748"/> Phone

Submitted by:	<input type="text" value="Molly Ties"/> Name	<input type="text" value="Controller"/> Title
Verified by:	<input type="text"/> Name	<input type="text"/> Title
Verified by:	<input type="text"/> Name	<input type="text"/> Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: MedTrak Services, LLC
Address: 10895 Lowell Avenue, Suite 100
City, State, Zip: Overland Park, KS 66210
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. \$2,242,493.33

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 \$1,138,572.41

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". 50.77%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 25.33%

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: \$100.00

Select: Agree

Date Submitting Filing in OPTins: 5/22/2020

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:	Mitch Kempker	VP Operations & General Counsel
	Name	Title

Verified by:

Tadena Simpson

Assistant General Counsel

Name

Title

IA2020PBMAAnnualReportV1

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.

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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.

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Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Linda Rutledge"/>	<input type="text" value="Licensing Specialist"/>
	Name	Title
	<input type="text" value="licensing@nbfsa.com"/>	<input type="text" value="336-608-3245"/>
	Email	Phone

Submitted by:	<input type="text" value="Linda Rutledge"/>	<input type="text" value="Licensing Specialist"/>
	Name	Title
Verified by:	<input type="text"/>	<input type="text"/>
	Name	Title
Verified by:	<input type="text"/>	<input type="text"/>
	Name	Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

Company Name: OnePoint Patient Care, LLC
 Address: 8130 Lehigh Avenue
 City, State, Zip: Morton Grove, IL 60053
 Phone Number: 847-583-5676

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 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. \$1,185,300.12

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". 100.00%

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

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Late Filing Fee \$100.00

Select: Agree

Date Submitting Filing in OPTins: 4/15/2020

Contact: Derek Schnack Chief Financial Officer
 Name Title
dschnack@oppc.com 847-583-5676
 Email Phone

Submitted by: Derek Schnack Chief Financial Officer
 Name Title
 Verified by: Peter A. Speranza Vice President
 Name Title
 Verified by:
 Name Title

Iowa
2020 Annual Pharmacy Benefit Manager Report

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 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 \$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 Licensing Coordinator
 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:

Address:

City, State, Zip:

Phone Number:

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

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Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Cindy Ten Pas"/>	<input type="text" value="Director of Compliance"/>
	<input type="text" value="Name"/>	<input type="text" value="Title"/>
	<input type="text" value="compliance@serveyourx.com"/>	<input type="text" value="414-410-8107"/>
	<input type="text" value="Email"/>	<input type="text" value="Phone"/>

Submitted by:	<input type="text" value="Cindy Ten Pas"/>	<input type="text" value="Director of Compliance"/>
	<input type="text" value="Name"/>	<input type="text" value="Title"/>
Verified by:	<input type="text" value="Theodore J. Boylan"/>	<input type="text" value="Senior Vice President"/>
	<input type="text" value="Name"/>	<input type="text" value="Title"/>
Verified by:	<input type="text" value="Sharon R. Murillo"/>	<input type="text" value="President/CEO"/>
	<input type="text" value="Name"/>	<input type="text" value="Title"/>