

STATE OF IOWA

KIM REYNOLDS GOVERNOR

ADAM GREGG LT. GOVERNOR DOUG OMMEN COMMISSIONER OF INSURANCE

PHARMACY BENEFIT MANAGER 2021 ANNUAL REPORT FOR CALENDAR YEAR 2020

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

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

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

The PBM reports are attached.

lowa 2021 Annual Pharmacy Benefit Manager Report			
Company Name:	A & A Drug Co. dba Sav-Rx Prescription Services		
Address:	224 N Park Ave		
City, State, Zip:	Fremont, NE 68025		
Phone Number:			
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2	
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$86,831,318.16	
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00	
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the mager.	\$780,320.47	
	ar amount of all rebates received by the pharmacy benefit manager that the manager did not pass through to the health carrier.	\$23,445,301.71	
	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".	27.00%	
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 15.00% the lowest aggregate retained rebate percentages.			
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.			
For any zero entries please attach a statement explaining the zero entry.			
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of 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 \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/10/2021			
Contact:	Ronda Thiessen Name	Licensing Coordinator Title	
	Email	Phone	
Submitted by:	Christy Piti Name	CEO/Owner Title	
Verified by:	Ronda Thiessen Name	Licensing Coordinator Title	
Verified by:	Lisa Quincy Name	VP Title	

lowa 2021 Annual Pharmacy Benefit Manager Report			
Company Name:	Alius Health, LLC		
Address:	63 Commerce Park Drive		
City, State, Zip:	Westerville, OH 43082		
Phone Number:			
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2	
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$3,213.14	
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.	\$1,180.00	
	ar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$2,505.16	
	ount of all administrative fees received by the pharmacy benefit manager enefit 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".			
	all health carrier clients with whom the pharmacy manager was contracted 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.			
For any zero entries please attach a statement explaining the zero entry.			
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of 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 \$0.00 Select: Agree Date Submitting Filing in OPTins: 1/28/2021			
Contact:	Elizabeth Thomas	Compliance Officer	
	Name	Title	
	Email	Phone	
Submitted by:	Elizabeth Thomas Name	Compliance Officer Title	
Verified by:	Robyn Satterfield Name	COO Title	
Verified by:	Joseph Favazzo Name	CEO Title	

lowa 2020 Annual Pharmacy Benefit Manager Report			
Company Name:	Alluma, LLC		
Address:	290 E. John Carpenter Freeway, Suite 2055		
City, State, Zip:	Irving, TX 75062-2710		
Phone Number:			
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2	
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00	
b. The aggregate dol 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:	2/5/2021	
Contact:	Kimberly Rieve Name	Complaince Manager Title	
	Email	Phone	
Submitted by:	Kimberly Rieve Name	Compliance Manager Title	
Verified by:	Trudy Wade Name	Director Finance, PBM Title	
Verified by:	Priyesh Patel Name	VP & General Manager, Alluma Title	

Iowa 2021 Annual Pharmacy Benefit Manager Report AmWINS Group Benefits, LLC Company Name: 50 Whitecap Drive Address: North Kingstown, RI 02852 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 \$4,009.00 manager. b. The aggregate dollar amount of all administrative fees received by the pharmacy \$0.00 benefit manager. c. The aggregate dollar amount of all health carrier administrative service fees \$0.00 received by the pharmacy benefit manager. \$314.00 d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health \$0.00 e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the 7.83% 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. 15.00% g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. For any zero entries please attach a statement explaining the zero entry. Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/15/2021 Contact: Compliance Analyst **Lucas Spaulding** Name Title **Email** Phone Submitted by: Lucas Spaulding Compliance Analyst Title Name President Verified by: Scott King Name Title Chied Financial Officer Verified by: **Scott Purviance** Name Title

lowa 2021 Annual Pharmacy Benefit Manager Report			
Company Name:	Benecard Services, Inc		
Address:	3131 Princeton Pike, Bld 2B, Ste 103		
City, State, Zip:	Lawrenceville, NJ 08648		
Phone Number:			
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2	
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$418,850.57	
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00	
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00	
	ar amount of all rebates received by the pharmacy benefit manager that 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	
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.			
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.			
For any zero entries please attach a statement explaining the zero entry.			
	Attestation		
have been audited a	in the field below, I certify, under penalties provided by the laws of Iowa, the nd are made in good faith for the period indicated. To the best of the authorise belief this submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission in the submission in the submission is a true, correct and correct all the submission in the	norized submitter's knowledge,	
	Late Filing Fee	\$0.00	
	Select:	Agree	
	Date Submitting Filing in OPTins:	2/2/2021	
Contact:	Maria Minelli	Licensing Manager	
	Name	Title	
	Email	Phone	
Submitted by:	Maria Minelli Name	Licensing Manager Title	
Verified by:	Michael A. Perry	President	
vernicu by.	Name	Title	
Verified by:	Richard Terranova	Treasurer	
	Name	Title	

	lowa 2021 Annual Pharmacy Benefit Manager Report		
Company Name:	Caremark, L.L.C.		
Address:	2211 Sanders Road		
City, State, Zip:	Northbrook, IL 60062		
Phone Number:			
The	ourpose of this form is to report the information required by Iowa Code s	ection 510	C.2
a. The aggregate dollar	amount of all rebates received by the pharmacy benefit manager.	\$0.00	
b. The aggregate dollar manager.	amount of all administrative fees received by the pharmacy benefit	\$0.00	
c. The aggregate dollar pharmacy benefit mar	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	
	int 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	ed 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, etained rebate percentages.	0.00%	
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%	
For any zero entries please attach a statement explaining the zero entry.			
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of 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:		\$0.00
	Select:		Agree
	Date Submitting Filing in OPTins:		2/11/2021
Contact:	Karen S. Llano	Paralegal	
	Name	Title	
	Email	Phone	
Submitted by:	Karen S. Llano	Paralegal	
	Name	Title	
Verified by:	John M. Conroy Name	President Title	and Treasurer
Verified by:	Thomas S. Moffatt Name	Vice Presi Title	dent and Secretary

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

lowa 2021 Annual Pharmacy Benefit Manager Report			
Company Name:	CaremarkPCS Health, L.L.C.		
Address:	9501 E. Shea Blvd.		
City, State, Zip:	Scottsdale, AZ 85260		
Phone Number:			
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2	
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$141,209,216.38	
b. The aggregate dol manager.	ar amount of all administrative fees received by the pharmacy benefit	\$11,772,509.92	
c. The aggregate doll pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the anager.	\$979,356.15	
	ar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$750,108.81	
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$185,501.85	
	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.53%	
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% the lowest aggregate retained rebate percentages.			
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.			
	For any zero entries please attach a statement explaining the zero e	entry.	
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment			
	Late Filing Fee	\$0.00	
	Select:	Agree	
	Date Submitting Filing in OPTins:	2/11/2021	
Contact:	Karen S. Llano	Paralegal	
	Name	Title	
	Email	Phone	
Submitted by:	Karen S. Llano	Paralegal	
	Name	Title	
Verified by:	John M. Conroy Name	President and Treasurer Title	
Verified by:	Thomas S. Moffatt Name	Vice President and Secretary Title	

	lowa 2021 Annual Pharmacy Benefit Manager Report		
Company Name:	CaremarkPHC, L.L.C.		
Address:	695 George Washington Highway		
City, State, Zip:	Lincoln, RI 02865		
Phone Number:			
The p	ourpose of this form is to report the information required by Iowa Code s	ection 510	C.2
a. The aggregate dollar	amount of all rebates received by the pharmacy benefit manager.	\$0.00	
b. The aggregate dollar manager.	amount of all administrative fees received by the pharmacy benefit	\$0.00	
c. The aggregate dollar pharmacy benefit man	amount of all health carrier administrative service fees received by the lager.	\$0.00	
	amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00	
	nt 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 retained paragraph "d" by the o	ed 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, etained rebate percentages.	0.00%	
	II health carrier clients with whom the pharmacy manager was a staggregate retained rebate percentages.	0.00%	
For any zero entries please attach a statement explaining the zero entry.			
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of 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: \$0.00			
	Select:		\$0.00 Agree
	Date Submitting Filing in OPTins:	2	2/11/2021
Contact:	Karen S. Llano	Paralegal	
	Name	Title	
	Email	Phone	
Submitted by:	Karen S. Llano	Paralegal	
Submitted by.	Name	Title	
Verified by:	John M. Conroy Name	President Title	and Treasurer
Verified by:	Thomas S. Moffatt	Vice Presi	dent and Secretary
	Name	Title	

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

	lowa 2021 Annual Pharmacy Benefit Manager Report	
Company Name:	Costco Health Solutions, Inc.	
Address:	999 Lake Drive	
City, State, Zip:	Issaquah, WA 98027	
Phone Number:		
The _l	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 ma	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar 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%
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee Select:	
	Date Submitting Filing in OPTins:	1/11/2021
Contact:	Heather Cimuchowski	Research Analyst
	Name	Title
	Email	Phone
Submitted by:	Heather Cimuchowski	Research Analyst
	Name	Title
Verified by:	Christopher Pierce Name	AVP Title
Verified by:		. -
	Name	Title

lowa 2020 Annual Pharmacy Benefit Manager Report			
Company Name:	DST Pharmacy Solutions, Inc.		
Address:	210 West 10th Street		
City, State, Zip:	Kansas City, Missouri 64105		
Phone Number:			
The _l	purpose 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.	\$639,660.00	
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$55,797.00	
c. The aggregate dolla pharmacy benefit ma	or amount of all health carrier administrative service fees received by the nager.	\$0.00	
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$55,797.00	
	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".	8.72%	
	I health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 4.67%	
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	11.96%	
	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:	2/12/2021	
Contact:		ontracts/Compliance Administrator	
	Name	Title	
	Email	Phone	
Submitted by:	Marsha Smitherman Sr. Co	ontracts/Compliance Administrator	
	Name	Title	
Verified by:	Chad Weydert Name	Dir., Bus. Systems Analysis Title	
Verified by:		THE STATE OF THE S	
vernieu by.	Name	Title	

	lowa 2021 Annual Pharmacy Benefit Manager Report	
Company Name:	Elixir Rx Solutions, LLC dba Elixir	
Address:	2181 East Aurora Road	
City, State, Zip:	Twinsburg, OH 44087	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dollar manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit ma	or amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	ount 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 retai 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%
	For any zero entries please attach a statement explaining the zero e	entry.
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 \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/5/2021		
Contact:	Jennifer Asewicz Name	Regulatory Affairs Administrator Title
	Email	Phone
Submitted by:	Jennifer Asewicz Name	Regulatory Affair Administrator Title
Verified by:	Jordan Bradford Name	Senior Staff Accountant Title
Verified by:	Scott Gonia Name	Senior Director, Fin. Reporting Title

	lowa 2021 Annual Pharmacy Benefit Manager Report	
Company Name:	Employee Health Insurance Management, Inc	
Address:	26711 Northwestern Hwy., Suite 400	
City, State, Zip:	Southfield, MI 48033	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code 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 ma	•	\$0.00
	ar 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 retai 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%
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
	For any zero entries please attach a statement explaining the zero e	entry.
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,		
	belief this submission is a true, correct and complete report including all t Late Filing Fee	
	Select:	·
	Date Submitting Filing in OPTins:	2/10/2021
Contact:	Matthew Satovsky	General Counsel
	Name	Title
	Email	Phone
Submitted by:	Matthew Satovsky Name	General Counsel Title
Verified by:	Matthew Satovsky	General Counsel
vermed by.	Name	Title
Verified by:	Pamela Janson	Licensing Manager
	Name	Title

lowa 2021 Annual Pharmacy Benefit Manager Report			
Company Name:	Express Scripts, Inc.		
Address:	1 Express Way		
City, State, Zip:	St. Louis, MO 63121		
Phone Number:			
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2	
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$12,218,567.67	
b. The aggregate dol manager.	lar amount of all administrative fees received by the pharmacy benefit	\$1,330,959.59	
c. The aggregate doll pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the anager.	\$1,317,235.34	
	lar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$40,141.26	
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$13,724.30	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".			
	all health carrier clients with whom the pharmacy manager was contracted eretained rebate percentages.	, 0.00%	
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.			
	For any zero entries please attach a statement explaining the zero e	entry.	
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	\$0.00	
	Select:	: Agree	
	Date Submitting Filing in OPTins:	2/12/2021	
Contact:	Kara Fuccello	Product Manager	
	Name	Title	
	Email	Phone	
Submitted by:	Kara Fuccello Name	Product Manager Title	
Verified by:	Kara Fuccello Name	Product Manager Title	
Verified by:	Tou Yang Name	Business Analytics Manager Title	

lowa 2020 Annual Pharmacy Benefit Manager Report		
Company Name:	FairosRx, LLC	
Address:	1800 S Washington Suite 100	
City, State, Zip:	Amarillo, TX 79102	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code	section 510C.2
a. The aggregate dolla	ar 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 ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager that manager did not pass through to the health carrier.	\$0.00
	ount 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 retai paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	II health carrier clients with whom the pharmacy manager was contracte retained rebate percentages.	d, 0.00%
	III health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	Attestation	
have been audited a	n the field below, I certify, under penalties provided by the laws of Iowa, nd are made in good faith for the period indicated. To the best of the aut belief this submission is a true, correct and complete report including all	thorized submitter's knowledge,
	Late Filing Fe	\$100.00
	Selec	t: Agree
	Date Submitting Filing in OPTins	2/11/2021
Contact:	Laura Porterfield	Executive Assistant
	Name	Title
	Email	Phone
Submitted by:	Laura Porterfield	Executive Assistant
	Name	Title
Verified by:	Bogdan Stanca Name	Senior Director, Financial Planning Title
Varified by:		
Verified by:	Steve Smith Name	President Title

IA2020PBMAnnualReportV1

	lowa 2021 Annual Pharmacy Benefit Manager Report	
Company Name:	Fairview Pharmacy Services, LLC d.b.a. ClearScrip	
Address:	2550 University Ave W, Suite 320N	
City, State, Zip:	St. Paul, MN 55114	
Phone Number:		
The r	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$50,430,791.00
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$4,755,982.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$12,066,688.00
	ount of all administrative fees received by the pharmacy benefit manager enefit 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".	23.93%
	II health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	l, 0.00%
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
For any zero entries please attach a statement explaining the zero entry.		
	Attestation	
have been audited ar	n the field below, I certify, under penalties provided by the laws of Iowa, t nd are made in good faith for the period indicated. To the best of the auth belief this submission is a true, correct and complete report including all t	horized submitter's knowledge, fees plus any late payment
	Late Filing Fee	\$0.00
	Select:	: Agree
	Date Submitting Filing in OPTins:	2/15/2021
Contact:	Alyssa Poehls Name	anager, Compliance and Licensing Title
	Email	Phone
Submitted by:	Jessica Mullen Name	Business Coordinator Title
Verified by:	Alyssa Poehls Name	Manager, Compliance and Licensing Title
Verified by:	Cheryl Koenen	VP of Finance

lowa 2021 Annual Pharmacy Benefit Manager Report		
Company Name:	Health E Systems, LLC	
Address:	5404 Cypress Center Drive, Suite 350	
City, State, Zip:	Tampa, FL 33609	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$32,812.66
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the mager.	\$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.		
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
	For any zero entries please attach a statement explaining the zero e	entry.
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	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	1/14/2021
Contact:	Sandy Shtab	AVP Advocacy and Compliance
	Name	Title
	Email	Phone
Submitted by:	Tracy Euler Name	Compliance Manager Title
Verified by:	Matt Hewitt Name	EVP, PBM General Manager Title
Verified by:	Stephanie Narvades Name	Chief Financial Officer Title

	lowa 2021 Annual Pharmacy Benefit Manager Report	
Company Name:	Humana Pharmacy Solutions, Inc.	
Address:	500 W. Main Street	
City, State, Zip:	Louisville, KY 40202	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	ar 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 ma	•	\$1.25
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	ount 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 retai paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	II 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%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
have been audited a	n the field below, I certify, under penalties provided by the laws of lowa, tond are made in good faith for the period indicated. To the best of the authorise belief this submission is a true, correct and complete report including all to	norized submitter's knowledge, fees plus any late payment
	Late Filing Fee	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/15/2021
Contact:	B.J> Stivers	Sr. Compliance Professional
	Name	Title
	Email	Phone
Submitted by:	Michelle Burton Name	Compliance Administrator Title
Verified by:	Brian Wehneman Name	Director, Risk Management Title
Verified by:	Bryan Duke Name	Director, Pharmacy Contracting Title

	lowa 2021 Annual Pharmacy Benefit Manager Report	
Company Name:	Independent Health's Pharmacy Benefit Dimensions, LLC.	
Address:	511 Farber Lakes Drive	
City, State, Zip:	Buffalo, NY 14221	
Phone Number:		
The p	ourpose of this form is to report the information required by lowa Code s	ection 510C.2
a. The aggregate dollar	amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dollar manager.	amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit man	amount of all health carrier administrative service fees received by the pager.	\$0.00
	amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	nt 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 retained paragraph "d" by the	ed 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, etained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero en	ntry.
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: \$0.00		
	Select: Date Submitting Filing in OPTins:	ű
	Date Submitting Filling III OF IIIIs.	1/20/2021
Contact:	Dante Fuscardo	Reg. Compliance Analyst
	Name	Title
	Email	Phone
Submitted by:	Dante Fuscardo Name	Reg. Compliance Analyst Title
Verified by:	Keith Held Name	Director Contracts and Revenue Title
Verified by:	Denzel Moore Name	Contract Manager Title

lowa 2021 Annual Pharmacy Benefit Manager Report		
Company Name:	IngenioRx, Inc.	
Address:	220 Virginia Avenue	
City, State, Zip:	Indianapolis, IN 46204	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$1,615,177.91
b. The aggregate dollar manager.	ar amount of all administrative fees received by the pharmacy benefit	\$707,441.66
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$10,537,006.50
	ar amount of all rebates received by the pharmacy benefit manager that 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
	ned 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, 100.00% the lowest aggregate retained rebate percentages.		
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
For any zero entries please attach a statement explaining the zero entry.		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee	\$0.00
	Select	<u> </u>
	Date Submitting Filing in OPTins:	2/4/2021
Contact:	Allyson Getlein	Staff VP, Migrations
	Name	Title
	Email	Phone
Submitted by:	Shannon Kwok Name	Regulatory Affairs Analyst Title
Verified by:	Kathleen S. Kiefer Name	Secretary Title
Verified by:	Sidney Owen Hunt Name	Assistant Secretary Title

lowa 2021 Annual Pharmacy Benefit Manager Report		
Company Name:	Kroger Prescription Plans, Inc.	
Address:	1014 Vine Street	
City, State, Zip:	Cincinnati, OH 45202	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	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.		
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
	For any zero entries please attach a statement explaining the zero e	entry.
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 \$0.00 Select: Agree		
	Date Submitting Filing in OPTins:	1/13/2021
Contact:	Emily Schubeler Name	Operations Admin. Asst. Title
	Email	Phone
Submitted by:	Emily Schubeler Name	Operations Admin. Asst. Title
Verified by:	Kevin Favro Name	Senior Vice President Title
Verified by:	Julie Hulgin Name	Operations Manager Title

Iowa 2021 Annual Pharmacy Benefit Manager Report Magellan Rx Management, LLC Company Name: 8621 Robert Fulton Drive Address: Columbia, MD 21046 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. \$5,176,406.26 b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit \$530,700.65 manager. c. The aggregate dollar amount of all health carrier administrative service fees received by the \$189,211.22 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 \$530,700.65 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. For any zero entries please attach a statement explaining the zero entry. Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment Late Filing Fee \$0.00 Select: Agree Date Submitting Filing in OPTins: 1/21/2021 Contact: Lexy French Sr. Paralegal Name Title Phone Email Submitted by: Lexy French Sr. Paralegal Name Sr. Director Pharmacy Rebate Verified by: Kathleen Bagnuolo Management Name Director, Commercial Pharmacy Verified by: Jennifer Coplin Rebate Operations Name Title

lowa 2021 Annual Pharmacy Benefit Manager Report		
Company Name:	MaxorPlus, Ltd.	
Address:	320 S. Polk Street, STE 200	
City, State, Zip:	Amarillo, TX 79101	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dollar manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that 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
	ned 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.		
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
For any zero entries please attach a statement explaining the zero entry.		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of 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	\$0.00
	Select	Agree
	Date Submitting Filing in OPTins:	1/13/2021
Contact:	John Allen	Director, Legal Operations
	Name	Title
	Email	Phone
Submitted by:	Abigail Green	Compliance Associate
	Name	Title
Verified by:	Michael Ellis Name	CEO Title
Vanifical box		
Verified by:	John Allen Name	Director, Legal Operations Title

Iowa 2021 Annual Pharmacy Benefit Manager Report MedImpact Healthcare Systems, Inc. Company Name: 10181 Scripps Gateway Court Address: San Diego, CA 92131 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. \$19,762.80 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 \$1,527,855.00 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. For any zero entries please attach a statement explaining the zero entry. Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment Late Filing Fee \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/8/2021 Contact: Lisa Smith Regulatory Compliance Manager Name Title Email Phone Submitted by: James Gollaher CFO Name Title James Gollaher CFO Verified by: Title Name Frederick Howe CEO/President Verified by: Name Title

	lowa 2021 Annual Pharmacy Benefit Manager Report	
Company Name:	MedOne, LC	
Address:	1590 University Ave	
City, State, Zip:	Dubuque, IA 52001	
Phone Number:		
The _l	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 ma	•	\$0.00
	ar 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%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee	
	Select:	
	Date Submitting Filing in OPTins:	1/25/2021
Contact:	Anishka Jayaswal	Legal Counsel
	Name	Title
	Email	Phone
Submitted by:	Molly Ties	Controller
	Name	Title
Verified by:	Name	Title
Varified by	Name	Tiue
Verified by:	Name	Title

lowa 2020 Annual Pharmacy Benefit Manager Report		
Company Name:	Navitus Health Solutions, LLC	
Address:	361 Integrity Drive	
City, State, Zip:	Madison, WI 53717	
Phone Number:		
The p	purpose 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.	\$757,923.55
b. The aggregate dolla manager.	ir amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	,	\$0.00
	ar 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 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:	2/15/2021
Contact:	Rachel Breger	Staff Attorney
	Name	Title
	Email	Phone
Submitted by:	Rachel Breger	
	Name	Title
Verified by:	David Fields Name	President/CEO Title
Marifferd I		
Verified by:	Peter Beste Name	CFO Title

lowa 2021 Annual Pharmacy Benefit Manager Report		
Company Name:	OptumRx, Inc.	
Address:	2300 Main Street	
City, State, Zip:	Irvine, CA 92614	
Phone Number:		
The	purpose of this form is to report the information required by lowa Code so	ection 510C.2
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$40,236,315.86
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$3,488,735.19
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the mager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$2,170,216.54
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$2,794,004.14
	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	5.39%
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% the lowest aggregate retained rebate percentages.		
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
	For any zero entries please attach a statement explaining the zero e	entry.
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	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/10/2021
Contact:	Dawn Root	Licensing Manager
	Name	Title
	Email	Phone
Submitted by:	Dawn Root Name	Licensing Manager Title
Verified by:	Karen Peterson Name	Secretary Title
Verified by:	David Oberg Name	Assistant Secretary Title

	lowa 2021 Annual Pharmacy Benefit Manager Report	
Company Name:	PerformRx, LLC	
Address:	200 Stevens Drive	
City, State, Zip:	Philadelphia, PA 19113	
Phone Number:		
The ¡	ourpose of this form is to report the information required by Iowa Code s	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.	ir amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	•	\$0.00
	ar 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%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
have been audited ar	n the field below, I certify, under penalties provided by the laws of lowa, and are made in good faith for the period indicated. To the best of the authorise this submission is a true, correct and complete report including all	norized submitter's knowledge, fees plus any late payment
	Late Filing Fee	
	Select	_
	Date Submitting Filing in OPTins:	2/1/2021
Contact:	Maureen Bonnes	Corporate Paralegal
	Name	Title
	Email	Phone
Submitted by:	Maureen Bonnes	Corporate Paralegal Title
Montflood by the	Name	
Verified by:	Michele Patterson Name	Director, Rebate Admin. Title
Verified by:		
,	Name	Title

lowa 2021 Annual Pharmacy Benefit Manager Report			
Company Name:	Procare Pharmacy Benefit Manager, Inc		
Address:	2650 SW 145th Avenue		
City, State, Zip:	Miramar, FL 33027		
Phone Number:			
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2	
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$0.00	
b. The aggregate dol manager.	lar amount of all administrative fees received by the pharmacy benefit	\$46,527.30	
c. The aggregate dol pharmacy benefit m	lar amount of all health carrier administrative service fees received by the anager.	\$0.00	
	lar amount of all rebates received by the pharmacy benefit manager that it 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.	\$46,527.30	
	nined rebate percentage as calculated by dividing the dollar amount in e 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.			
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.			
	For any zero entries please attach a statement explaining the zero e	entry.	
	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:	3/4/2021	
Contact:	Barbara Rambo	CFO	
	Name	Title	
	Email	Phone	
Submitted by:	Joyce Coulter	Legal Assistant	
	Name	Title	
Verified by:	Debbie Wolf	VP Legal	
	Name	Title	
Verified by:	Barbara Rambo Name	CFO Title	

lowa 2021 Annual Pharmacy Benefit Manager Report			
Company Name:	Progyny, Inc.		
Address:	1359 Broadway, Second Floor		
City, State, Zip:	New York, NY 10018		
Phone Number:			
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2	
a. The aggregate dolla	ar 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 ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00	
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00	
	ount of all administrative fees received by the pharmacy benefit manager mefit 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.			
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.			
	For any zero entries please attach a statement explaining the zero e	entry.	
	Attestation		
By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment			
	Late Filing Fee	\$0.00	
	Select:	Agree	
	Date Submitting Filing in OPTins:	2/11/2021	
Contact:	Zakiya Boyd	Associate General Counsel	
	Name	Title	
	Email	Phone	
Submitted by:	Victor Martinez	Licensing Analyst	
	Name	Title	
Verified by:	David Schlanger	CEO	
Manife II	Name	Title	
Verified by:	Jennifer Bealer Name	General Counsel/Secretary Title	

Iowa 2021 Annual Pharmacy Benefit Manager Report **RxAdvance Corporation** Company Name: Address: 136 Turnpike Road Southborough, MA 01772 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 \$0.00 **b.** The aggregate dollar amount of all administrative fees received by the pharmacy \$247,820.45 benefit manager. c. The aggregate dollar amount of all health carrier administrative service fees \$2,043,459.00 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 \$0.00 manager that the pharmacy benefit manager did not pass through to the health 0.00% f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00% g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00% g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. For any zero entries please attach a statement explaining the zero entry. **Attestation** By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/1/2021 **VP of Compliance** Contact: Heather Johnson Title Name **Email** Phone Aksana Simanava Manager of Compliance Submitted by: Name Title Verified by: Heather Johnson **VP of Compliance** Title Name Verified by: Aruna Wickremeratne **Chief Administrative Officer** Name Title

lowa 2021 Annual Pharmacy Benefit Manager Report			
Company Name:	Scrip World, LLC		
Address:	10150 S. Centennial Parkway, Suite 450		
City, State, Zip:	Sandy, Utah 84074		
Phone Number:			
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2	
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$53,431,806.00	
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00	
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the mager.	\$4,904.00	
	ar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$38,416,703.00	
	ount of all administrative fees received by the pharmacy benefit manager enefit 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.			
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.			
For any zero entries please attach a statement explaining the zero entry.			
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of 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 \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/14/2021			
Contact:	Cheryl Kelly Name	Prod/Reg Approval Spec. Title	
	Email	Phone	
Submitted by:	Cheryl Kelly Name	Prod/Reg Approval Spec Title	
Verified by:	Mark Morgan Name	Assistant Secretary Title	
Verified by:	Jenni Losel Name	Assistant Secretary Title	

lowa 2021 Annual Pharmacy Benefit Manager Report			
Company Name:	SMARTSCRIPTS PBM LLC		
Address:	1010 W Madison Street		
City, State, Zip:	Washington, IA 52353		
Phone Number:			
The	purpose of this form is to report the information required by Iowa Code se	ection 510C.2	
a. The aggregate dolla	ar 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 ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00	
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00	
	ount of all administrative fees received by the pharmacy benefit manager mefit manager did not pass through to the health carrier.	\$0.00	
f. The aggregate retai paragraph "d" by the	ned 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.			
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.			
	For any zero entries please attach a statement explaining the zero e	entry.	
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 \$0.00 Select: Agree Date Submitting Filing in OPTins: 1/28/2021			
Contact:	Todd Thompson Name	CEO Title	
	Name		
	Email	Phone	
Submitted by:	Andrew Willems	VP	
	Name	Title	
Verified by:	Todd Thompson Name	CEO Title	
Verified by:	Sam Zoske	VP	
vernieu by.	Name	Title	

lowa 2021 Annual Pharmacy Benefit Manager Report			
Company Name:	TRHC TPA, LLC (f/k/a Pharmastar, LLC)		
Address:	2503 N Hillcrest Pkwy		
City, State, Zip:	Altoona WI 54720		
Phone Number:			
The	purpose of this form is to report the information required by Iowa Code so	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.	lar 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	
	lar 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 edollar 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.			
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.			
	For any zero entries please attach a statement explaining the zero e	entry.	
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 \$0.00 Select: Agree Date Submitting Filing in OPTins: 1/26/2021			
Contact:	Alyssa Grant Name	Consultant Title	
	Name	Title	
	Email	Phone	
Submitted by:	Alyssa Grant Name	Consultant Title	
Verified by:	Brian Adams Name	Secretary Title	
Verified by:	Calvin Knowlton Name	CEO Title	

lowa 2021 Annual Pharmacy Benefit Manager Report			
Company Name:	True Rx Management Services, Inc		
Address:	7 Williams Bros. Dr.		
City, State, Zip:	Washington, IN 47501		
Phone Number:			
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2	
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$556,514.00	
b. The aggregate dol manager.	lar 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	
	lar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$59,817.00	
	ount of all administrative fees received by the pharmacy benefit manager enefit 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, 8.90% the lowest aggregate retained rebate percentages.			
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.			
For any zero entries please attach a statement explaining the zero entry.			
	Attestation		
By selecting agree in the field below, I certify, under penalties provided by the laws of 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	\$0.00	
	Select:	Agree	
	Date Submitting Filing in OPTins:	2/9/2021	
Contact:	Michael D Chestnut, Esq	General Counsel	
	Name	Title	
	Email	Phone	
Submitted by:	Michael D Chestnut, Esq. Name	General Counsel Title	
Verified by:	Jesse K. McDonald, PharmD Name	Chief Operating Officer Title	
Verified by:	Jenna Kaylor Name	Director of Bus. Reporting Title	

lowa 2020 Annual Pharmacy Benefit Manager Report		
Company Name:	Ventegra Inc., A California Benefit Corporation	
Address:	450 N Brand Blvd, Suite 600	
City, State, Zip:	Glendale, CA 91203	
Phone Number:		
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.	\$3,755.49
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$13.15
c. The aggregate dolla pharmacy benefit mar	•	\$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.	\$13.15
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.	, 0.03%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.03%
	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:	3/15/2021
Contact:	Ann Wilson Name	Special Projects Title
	Email	Phone
Submitted by:	Ann Wilson	Special Projects
·	Name	Title
Verified by:	Nama	Title
Vanified by	Name	Title
Verified by:	Name	Title

lowa 2021 Annual Pharmacy Benefit Manager Report		
Company Name:	WellDyneRx, LLC	
Address:	500 Eagles Landing Drive	
City, State, Zip:	Lakeland, FL 33810	
Phone Number:		
The p	purpose of this form is to report the information required by Iowa Code s	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 ma	•	\$0.00
	ar 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%
	For any zero entries please attach a statement explaining the zero e	entry.
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	\$0.00
	Select:	: Agree
	Date Submitting Filing in OPTins:	2/15/2021
Contact:	Kumarie Jagnarain	Senior Legal Specialist
	Name	Title
	Email	Phone
Submitted by:	Kumarie Jagnarain	
	Name	Title
Verified by:	Phillip P. Bisesi	SVP & General Counsel
	Name	Title
Verified by:	Name	Title