



PHARMACY BENEFITS MANAGER 2026 ANNUAL REPORT  
FOR CALENDAR YEAR 2025

During the 2022-2023 Legislative session, the Iowa Legislature passed revisions to [Iowa Code Chapter 510C](#). The revisions expand the reporting obligations to require Pharmacy Benefits Managers (PBMs) to report information on all third-party payors as defined in [Iowa Code section 510B.1](#). As required in Iowa Code 510C, all PBMs licensed in Iowa must file an annual report with the Insurance Commissioner by February 15th that contains the following data for the prior calendar year:

- a. The aggregate dollar amount of all rebates received by the pharmacy benefits manager.
- b. The aggregate dollar amount of all administrative fees received by the pharmacy benefits manager.
- c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefits manager.
- d. The aggregate dollar amount of all rebates received by the pharmacy benefits manager that the pharmacy benefits manager did not pass through to the third-party payor.
- e. The aggregate amount of all administrative fees received by the pharmacy benefits manager that the pharmacy benefits manager did not pass through to the third-party payor.
- 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 third-party payor clients with whom the pharmacy benefits manager was contracted, the highest and the lowest aggregate retained rebate percentages.

As of April 15, 2026, there were forty-nine PBMs licensed in Iowa. Five PBMs surrendered their license in 2025, at the time of the preparation of this report, fifty-two PBMs submitted complete annual reports for calendar year 2025. One PBM is finalizing their reports; they will be published by the Iowa Insurance Division (IID) upon completion.

Sixteen PBMs provided reports without any detail and explained that they did not do business with any third-party payors in Iowa in 2025. A few PBMs had limited detail in their reports due to having business models that, for example, provide services only to other PBMs, work with workers compensation companies or other entities that are not third-party payors.

Of those PBMs that reported data, many showed increases of varying amounts to rebates and administrative fees received. Some PBMs reported significantly different annual numbers in their reporting of third-party payor administrative service fees and rebates received. Additional information would be needed to confirm the reasons for the changes reported.

The PBM reports are attached.

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	A & A Services, LLC dba Sav-Rx Prescription Services
Address:	224 N Park Ave
City, State, Zip:	Fremont, NE 68025
Phone Number:	402-753-2800
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p><b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$1,248,355.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$224.19
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 third-party payor for its business in Iowa.	\$185,719.66
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 third-party payor for its business in Iowa.	\$0.00
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	14.88%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	15.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	100.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/11/2026
Contact:	Ronda Thiessen Name Licensing Coordinator Title gov@savrx.com Email 402-753-2839 Phone
Submitted by:	Christy Piti Name President Title
Verified by:	Alexis Cox Name Head of Regulatory Compliance Title
Verified by:	Ronda Thiessen Name Licensing Coordinator Title

<b>Iowa</b>					
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>					
Company Name:	Alius Health, LLC				
Address:	PO Box 1710				
City, State, Zip:	Westerville, OH 43086				
Phone Number:	740-661-4463				
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>					
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$17,495.08				
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00				
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$253,990.99				
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 third-party payor for its business in Iowa.	\$15,335.08				
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00				
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	87.65%				
g1. <b>(lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	72.00%				
g2. <b>(highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	100.00%				
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>					
<b>Attestation</b>					
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>					
Late Filing Fee:	\$0.00				
Select:	Agree				
Date Submitting Filing in OPTins:	1/27/2026				
Contact:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Elizabeth Thomas Name</td> <td style="width: 40%;">Compliance Officer Title</td> </tr> <tr> <td>ethomas@aliushealth.com Email</td> <td>740-661-4463 Ext. 106 Phone</td> </tr> </table>	Elizabeth Thomas Name	Compliance Officer Title	ethomas@aliushealth.com Email	740-661-4463 Ext. 106 Phone
Elizabeth Thomas Name	Compliance Officer Title				
ethomas@aliushealth.com Email	740-661-4463 Ext. 106 Phone				
Submitted by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Elizabeth Thomas Name</td> <td style="width: 40%;">Compliance Officer Title</td> </tr> </table>	Elizabeth Thomas Name	Compliance Officer Title		
Elizabeth Thomas Name	Compliance Officer Title				
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Robyn Satterfield Name</td> <td style="width: 40%;">Chief Operating Officer Title</td> </tr> </table>	Robyn Satterfield Name	Chief Operating Officer Title		
Robyn Satterfield Name	Chief Operating Officer Title				
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Joseph Favazzo Name</td> <td style="width: 40%;">Chief Executive Officer Title</td> </tr> </table>	Joseph Favazzo Name	Chief Executive Officer Title		
Joseph Favazzo Name	Chief Executive Officer Title				

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Alluma, LLC
Address:	290 E John Carpenter Freeway
City, State, Zip:	Irving, TX 75062
Phone Number:	972-830-0000
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$100.00
Select:	Agree
Date Submitting Filing in OPTins:	2/17/2026
Contact:	Amber Larsen Name
	licensing@allumaco.com Email
	Compliance Manager Title
	612-248-0710 Phone
Submitted by:	Amber Larsen Name
	 Title
Verified by:	Byron Jobe Name
	President Title
Verified by:	David Berry Name
	Secretary Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Amwins Group Benefits, LLC
Address:	50 Whitecap Drive
City, State, Zip:	North Kingstown, RI 02852
Phone Number:	4013723403
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/16/2026
Contact:	Larissa Newman
Name	VP, Compliance
Title	
Email	4013723403
Phone	
Submitted by:	Larissa Newman
Name	VP, Compliance
Title	
Verified by:	Samuel Fleet
Name	President, Group Benefits
Title	
Verified by:	Scott King
Name	President
Title	

<b>Iowa</b>									
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>									
Company Name:	Benecard Services, Inc.								
Address:	3131 Princeton Pike, Bld 5, Suite 105								
City, State, Zip:	Lawrenceville, NJ 08648								
Phone Number:	888-907-0070								
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p><b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>									
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$8,282.85								
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00								
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$129,011.74								
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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%								
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%								
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%								
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>									
<b>Attestation</b>									
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>									
Late Filing Fee:	\$0.00								
Select:	Agree								
Date Submitting Filing in OPTins:	2/10/2026								
Contact:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name</td> <td>Maria Minelli</td> <td style="width: 40%;">Title</td> <td>Licensing Manager</td> </tr> <tr> <td>Email</td> <td>pbf_licensing@benecard.com</td> <td>Phone</td> <td>609-434-5109</td> </tr> </table>	Name	Maria Minelli	Title	Licensing Manager	Email	pbf_licensing@benecard.com	Phone	609-434-5109
Name	Maria Minelli	Title	Licensing Manager						
Email	pbf_licensing@benecard.com	Phone	609-434-5109						
Submitted by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name</td> <td>Richard Terranova</td> <td style="width: 40%;">Title</td> <td>Treasurer</td> </tr> </table>	Name	Richard Terranova	Title	Treasurer				
Name	Richard Terranova	Title	Treasurer						
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name</td> <td>Richard Terranova</td> <td style="width: 40%;">Title</td> <td>Treasurer</td> </tr> </table>	Name	Richard Terranova	Title	Treasurer				
Name	Richard Terranova	Title	Treasurer						
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name</td> <td>Jeffrey Shea</td> <td style="width: 40%;">Title</td> <td>President</td> </tr> </table>	Name	Jeffrey Shea	Title	President				
Name	Jeffrey Shea	Title	President						

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Capital Rx, Inc
Address:	1 World Trade Center Fl 49 St D
City, State, Zip:	New York, NY 10007
Phone Number:	888-617-6521
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$3,872,800.37
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$77,553.55
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$10,334,275.50
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/12/2026
Contact:	Robin Hutsko Name licensing@cap-rx.com Email Licensing Manager Title 888-617-6521 x 1454 Phone
Submitted by:	Robin Hutsko Name Licensing Manager Title
Verified by:	Anthony J. Loiacono Name CEO Title
Verified by:	Lloyd Fiorini Name General Counsel Title

**2026 Annual Pharmacy Benefit Manager Report (for CY 2025)**

Company Name:	CarelonRx, Inc.
Address:	220 Virginia Avenue
City, State, Zip:	Indianapolis, IN 46204
Phone Number:	757-681-7755

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

**For all zero entries, you MUST attach a statement explaining the zero entry.**

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$667,334.38
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$91,308.59
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$424,453,537.80
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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%

**For all zero entries, you MUST 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 statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.

Late Filing Fee:

Select:

Date Submitting Filing in OPTins:

Contact:	Lindsey Hammett Name	Compliance Consultant Title
	CarelonRxBMLicensing@carelon.com Email	407-622-7960 Phone
Submitted by:	Lindsey Hammett Name	Compliance Consultant Title
Verified by:	Amy Mulderry Name	President Title
Verified by:	Vincent Scher Name	Treasurer Title

<b>Iowa</b>		
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>		
Company Name:	Caremark, L.L.C.	
Address:	9501 E. Shea Blvd., MC024	
City, State, Zip:	Scottsdale, AZ 85260	
Phone Number:	(480) 314-8319	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>		
<b>a.</b> The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.		\$0.00
<b>b.</b> The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.		\$0.00
<b>c.</b> The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.		\$0.00
<b>d.</b> The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.		\$0.00
<b>e.</b> The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.		\$0.00
<b>f.</b> The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".		0.00%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.		0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.		0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>		
<b>Attestation</b>		
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>		
	Late Filing Fee:	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/12/2026
Contact:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
	Karen.Llano@CVSHealth.com Email	(480) 314-8319 Phone
Submitted by:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
Verified by:	Thomas S. Moffatt Name	Assistant Treasurer Title
Verified by:	Joshua C. Cole Name	Assistant Treasurer Title

<b>Iowa</b>		
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>		
Company Name:	CaremarkPCS Health, L.L.C.	
Address:	9501 E. Shea Blvd., MC024	
City, State, Zip:	Scottsdale, AZ 85260	
Phone Number:	(480) 314-8319	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>		
<b>a.</b> The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.		\$7,544,475.62
<b>b.</b> The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.		\$613,817.55
<b>c.</b> The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.		\$77,605,647.39
<b>d.</b> The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.		\$0.00
<b>e.</b> The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.		\$20,631.32
<b>f.</b> The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".		0.00%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.		0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.		0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>		
<b>Attestation</b>		
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>		
Late Filing Fee:		\$100.00
Select:		Agree
Date Submitting Filing in OPTins:		2/25/2026
Contact:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
	Karen.Llano@CVSHealth.com Email	(480) 314-8319 Phone
Submitted by:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
Verified by:	Thomas S. Moffatt Name	Vice President & Secretary Title
Verified by:	Joshua C. Cole Name	Assistant Treasurer Title

<b>Iowa</b>		
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>		
Company Name:	Caremark PhC, L.L.C.	
Address:	9501 E. Shea Blvd., MC024	
City, State, Zip:	Scottsdale, AZ 85260	
Phone Number:	(480) 314-8319	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p><b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>		
<b>a.</b> The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.		\$0.00
<b>b.</b> The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.		\$0.00
<b>c.</b> The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.		\$0.00
<b>d.</b> The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.		\$0.00
<b>e.</b> The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.		\$0.00
<b>f.</b> The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".		0.00%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.		0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.		0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>		
<b>Attestation</b>		
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>		
	Late Filing Fee:	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/12/2026
Contact:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
	Karen.Llano@CVSHealth.com Email	(480) 314-8319 Phone
Submitted by:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
Verified by:	Thomas S. Moffatt Name	Assistant Treasurer Title
Verified by:	Joshua C. Cole Name	Assistant Treasurer Title

<b>Iowa</b>		
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>		
Company Name:	Centene Pharmacy Services, Inc.	
Address:	7700 Forsyth Blvd.	
City, State, Zip:	Clayton, MO 63105	
Phone Number:	646.303.3450	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$6,656,452.00	
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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%	
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>		
<b>Attestation</b>		
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>		
Late Filing Fee:	\$0.00	
Select:	Agree	
Date Submitting Filing in OPTins:	2/16/2026	
Contact:	Shanie Stein Name	Senior Health Policy Analyst Title
	shanie.stein@centene.com Email	646.303.3450 Phone
Submitted by:	Shanie Stein Name	Senior Health Policy Analyst Title
Verified by:	Margie Hartman Name	Compliance Officer Title
Verified by:	Kenneth Koshorek Name	VP Associate General Counsel Title

<b>Iowa</b>									
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>									
Company Name:	Cigna Health and Life Insurance Company								
Address:	900 Cottage Grove Road								
City, State, Zip:	Bloomfield, CT 06002								
Phone Number:	770.261.3251								
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>									
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00								
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00								
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%								
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%								
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%								
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>									
<b>Attestation</b>									
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>									
Late Filing Fee:	\$0.00								
Select:	Agree								
Date Submitting Filing in OPTins:	2/16/2026								
Contact:	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Nichole Campbell</td> <td style="width: 40%;">Sr. Reporting Manager</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td>Nichole.Campbell@cignahealthcare.com</td> <td>770.261.3251</td> </tr> <tr> <td>Email</td> <td>Phone</td> </tr> </table>	Nichole Campbell	Sr. Reporting Manager	Name	Title	Nichole.Campbell@cignahealthcare.com	770.261.3251	Email	Phone
Nichole Campbell	Sr. Reporting Manager								
Name	Title								
Nichole.Campbell@cignahealthcare.com	770.261.3251								
Email	Phone								
Submitted by:	Nichole Campbell Name Sr. Reporting Manager Title								
Verified by:	Pattie Monroe Name Director Reporting Title								
Verified by:	Gloria Perrotta Name Sr. Director Reporting Title								

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	DST Pharmacy Solutions, Inc.
Address:	1055 Broadway Blvd, 4th Floor
City, State, Zip:	Kansas City, MO 64105
Phone Number:	(833) 252-1679
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$1,253,938.80
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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/11/2026
Contact:	Marsha Smitherman Name Senior Contracts/Compliance Administrator, Contracts & Compliance Title
	DSTPharmacy-Licensing@sscinc.com Email (833) 252-1679 Phone
Submitted by:	Marsha Smitherman Name Senior Contracts/Compliance Administrator, Contracts & Compliance Title
Verified by:	Alison Wells Name Assistant Vice President, Compliance Title
Verified by:	Mark Cone Name Vice President & Chief Compliance Officer Title

<b>Iowa</b>	
<b>2025 Annual Pharmacy Benefit Manager Report (for CY 2024)</b>	
Company Name:	EmpiRx Health, LLC
Address:	155 Chestnut Ridge Rd.
City, State, Zip:	Montvale, NJ, 07645
Phone Number:	201-777-6971
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$292,269.60
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$2,033,177.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$2,033,177.00
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 third-party payor for its business in Iowa.	\$243,558.00
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 third-party payor for its business in Iowa.	\$50,500.00
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	83.33%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	83.33%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$100.00
Select:	Agree
Date Submitting Filing in OPTins:	2/13/2026
Contact:	Ayanna John Name
	Reporting Analyst Title
	Licensing@empirxhealth.com Email
	201-777-6971 Phone
Submitted by:	Ayanna John Name
	Reporting Analyst Title
Verified by:	Abigail Green Name
	Licensing Manager Title
Verified by:	Rand Greenblatt Name
	CFO Title

<b>Iowa</b>					
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>					
Company Name:	Express Scripts, Inc.				
Address:	One Express Way				
City, State, Zip:	St. Louis, MO 63121				
Phone Number:	800-282-2881				
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>					
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$5,995,568.40				
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$463,300.54				
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$1,206,349.80				
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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$282,607.69				
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. <b>(lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%				
g2. <b>(highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%				
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>					
<b>Attestation</b>					
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>					
Late Filing Fee:	\$0.00				
Select:	Agree				
Date Submitting Filing in OPTins:	2/13/2026				
Contact:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Kara Fucello Name</td> <td style="width: 50%;">Sr. Product Manager Title</td> </tr> <tr> <td>Kara.Fucello@evernorth.com Email</td> <td>800-282-2881 Phone</td> </tr> </table>	Kara Fucello Name	Sr. Product Manager Title	Kara.Fucello@evernorth.com Email	800-282-2881 Phone
Kara Fucello Name	Sr. Product Manager Title				
Kara.Fucello@evernorth.com Email	800-282-2881 Phone				
Submitted by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Kara Fucello Name</td> <td style="width: 50%;">Sr. Product Manager Title</td> </tr> </table>	Kara Fucello Name	Sr. Product Manager Title		
Kara Fucello Name	Sr. Product Manager Title				
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Kara Fucello Name</td> <td style="width: 50%;">Sr. Product Manager Title</td> </tr> </table>	Kara Fucello Name	Sr. Product Manager Title		
Kara Fucello Name	Sr. Product Manager Title				
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Tou Yang Name</td> <td style="width: 50%;">Business Analytics Manager Title</td> </tr> </table>	Tou Yang Name	Business Analytics Manager Title		
Tou Yang Name	Business Analytics Manager Title				

**Iowa**  
**2026 Annual Pharmacy Benefit Manager Report (for CY 2025)**

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  
**For all zero entries, you MUST attach a statement explaining the zero entry.**

**a.** The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.

**b.** The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the **manufacturer** that is not a rebate for its business in Iowa.

**c.** The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa.

**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 third-party payor for its business in Iowa.

**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 third-party payor for its business in Iowa.

**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 third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.

**g2. (highest)** Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.

**For all zero entries, you MUST 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 statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.

Late Filing Fee:

Select:

Date Submitting Filing in OPTins:

Contact:  Admin Assistant  
 Name  Title  
 Email  Phone

Submitted by:  Admin Assistant  
 Name  Title  
 Verified by:  President  
 Name  Title  
 Verified by:  CFO  
 Name  Title

<b>Iowa</b>									
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>									
Company Name:	Healthcare Highways Rx, LLC dba CerpassRx								
Address:	5904 Stone Creek Dr, Ste 120								
City, State, Zip:	The Colony, TX 75056								
Phone Number:	972-830-2730								
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>									
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00								
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00								
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%								
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%								
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%								
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>									
<b>Attestation</b>									
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>									
Late Filing Fee:	\$100.00								
Select:	Agree								
Date Submitting Filing in OPTins:	3/23/2026								
Contact:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Brittany Brodie</td> <td style="width: 50%;">Paralegal</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td>bbrodie@lucyrx.com</td> <td>972-830-2730</td> </tr> <tr> <td>Email</td> <td>Phone</td> </tr> </table>	Brittany Brodie	Paralegal	Name	Title	bbrodie@lucyrx.com	972-830-2730	Email	Phone
Brittany Brodie	Paralegal								
Name	Title								
bbrodie@lucyrx.com	972-830-2730								
Email	Phone								
Submitted by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Brittany Brodie</td> <td style="width: 50%;">Paralegal</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> </table>	Brittany Brodie	Paralegal	Name	Title				
Brittany Brodie	Paralegal								
Name	Title								
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Elisa Muller</td> <td style="width: 50%;">Chief Compliance Officer</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> </table>	Elisa Muller	Chief Compliance Officer	Name	Title				
Elisa Muller	Chief Compliance Officer								
Name	Title								
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Lankford Wade</td> <td style="width: 50%;">CFO &amp; Treasurer</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> </table>	Lankford Wade	CFO & Treasurer	Name	Title				
Lankford Wade	CFO & Treasurer								
Name	Title								

**Iowa**  
**2026 Annual Pharmacy Benefit Manager Report (for CY 2025)**

Company Name: Health E Systems,LLC  
 Address: 5404 Cypress Center Drive, Suite 210  
 City, State, Zip: Tampa, FL33609  
 Phone Number: 813-367-2944

The purpose of this form is to report the information required by Iowa Code section 510C.2  
**For all zero entries, you MUST attach a statement explaining the zero entry.**

**a.** The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa. \$36,799.00

**b.** The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the **manufacturer** that is not a rebate for its business in Iowa. \$0.00

**c.** The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa. \$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 third-party payor for its business in Iowa. \$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 third-party payor for its business in Iowa. \$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 third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

**g2. (highest)** Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages. 0.00%

**For all zero entries, you MUST 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 statements 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: 1/21/2026

Contact: Tracy Euler Manager,Advocacy and Compliance  
 Name Title  
 teuler@healthsystems.com 813-367-2944  
 Email Phone

Submitted by: Jennifer Davis Advocacy and Compliance Analyst  
 Name Title

Verified by: Matt Hewitt EVP, PBM General Manager  
 Name Title

Verified by: Stephanie Narvades Chief Financial Officer  
 Name Title

**Iowa**  
**2026 Annual Pharmacy Benefit Manager Report (for CY 2025)**

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  
**For all zero entries, you MUST attach a statement explaining the zero entry.**

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the **manufacturer** that is not a rebate for its business in Iowa.

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa.

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 third-party payor for its business in Iowa.

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 third-party payor for its business in Iowa.

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 third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.

**g2. (highest)** Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.

**For all zero entries, you MUST 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 statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.

Late Filing Fee:

Select:

Date Submitting Filing in OPTins:

Contact:    
 Name Title  
   
 Email Phone

Submitted by:    
 Name Title

Verified by:    
 Name Title

Verified by:    
 Name Title

**Iowa**  
**2026 Annual Pharmacy Benefit Manager Report (for CY 2025)**

Company Name: Independent Health's Pharmacy Benefit Dimensions, LLC  
 Address: 511 Farber Lakes Drive  
 City, State, Zip: Buffalo, New York 14221  
 Phone Number: (716) 635-7862

The purpose of this form is to report the information required by Iowa Code section 510C.2  
**For all zero entries, you MUST attach a statement explaining the zero entry.**

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa. \$17,550.79

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the **manufacturer** that is not a rebate for its business in Iowa. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa. \$97,233.84

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 third-party payor for its business in Iowa. \$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 third-party payor for its business in Iowa. \$2,083.00

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 third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. **(highest)** Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages. 0.00%

**For all zero entries, you MUST 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 statements 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: 2/12/2026

Contact: John Doyle PBM Contract & Regulatory Compliance Manager  
 Name Title  
pbdcontracts@pbdrx.com (716) 635-7862  
 Email Phone

Submitted by: John Doyle PBM Contract & Regulatory Compliance Manager  
 Name Title

Verified by: Timothy Flanagan VP-Chief PBM Data & Systems Operations Officer  
 Name Title

Verified by:    
 Name Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Interchange Rx, LLC
Address:	2431 E 61st Street, Suite 300
City, State, Zip:	Tulsa, OK, 74136
Phone Number:	888-901-2092
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$11,304.15
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$68,061.90
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$11,304.15
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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	100.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	100.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/10/2026
Contact:	Debbie Redwine Name Director of Compliance Title compliance@pdcrx.com Email 888-901-2092 Phone
Submitted by:	Paul Hagen Name President Title
Verified by:	Jaymie Wilson Name COO Title
Verified by:	Eduardo Contador Name Director of IT Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Kroger Prescription Plans, Inc.
Address:	1014 Vine Street
City, State, Zip:	Cincinnati, Ohio 45202
Phone Number:	800-917-4926
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p><b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$71,596,748.58
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$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 third-party payor for its business in Iowa.	-\$522,354.87
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 third-party payor for its business in Iowa.	\$0.00
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	-0.73%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	-41.91%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	88.35%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$100.00
Select:	Agree
Date Submitting Filing in OPTins:	2/19/2026
Contact:	Michael Perez Name
	Regulatory Lead Title
	KPPnotices@kroger.com Email
	800-917-4926 Phone
Submitted by:	Michael Perez Name
	Regulatory Lead Title
Verified by:	Michael Henschke Name
	Pricing Strategy Manager Title
Verified by:	Justin Binik-Thomas Name
	Contract Management Manager Title

**Iowa**  
**2026 Annual Pharmacy Benefit Manager Report (for CY 2025)**

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  
**For all zero entries, you MUST attach a statement explaining the zero entry.**

- a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.
- b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the **manufacturer** that is not a rebate for its business in Iowa.
- c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa.
- 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 third-party payor for its business in Iowa.
- 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 third-party payor for its business in Iowa.
- 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 third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.
- g2. **(highest)** Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.

**For all zero entries, you MUST 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 statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.

Late Filing Fee:

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Laurel Wala"/> Name	<input type="text" value="Gen Counsel, Sec'y &amp; CCO"/> Title
	<input type="text" value="compliance@lithiarx.com"/> Email	<input type="text" value="(262) 317-9648"/> Phone
Submitted by:	<input type="text" value="Michelle Pribyl"/> Name	<input type="text" value="Sr Legal Specialist"/> Title
Verified by:	<input type="text" value="Laurel Wala"/> Name	<input type="text" value="Gen Counsel, Sec'y, &amp; CCO"/> Title
Verified by:	<input type="text" value="Matt Lewis"/> Name	<input type="text" value="Chief Commerical Officer"/> Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	MaxorPlus, Ltd. dba VytlOne
Address:	5525 Granite Parkway, Suite 800
City, State, Zip:	Plano, TX 75024
Phone Number:	806-324-5400
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$665,882.71
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$4,551,905.32
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$117,613.90
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 third-party payor for its business in Iowa.	\$0.00
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	17.66%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	11.71%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	94.75%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/10/2026
Contact:	Lacey Hall Name Director, PBM Licensing Title PBMLicensing@maxor.com Email 806-324-5400 Phone
Submitted by:	Lacey Hall Name Director, PBM Licensing Title
Verified by:	Victoria Naranjo Name Licensing Associate Title
Verified by:	Leah Bailey Name General Counsel Title

**Iowa**  
**2026 Annual Pharmacy Benefit Manager Report (for CY 2025)**

Company Name: MedImpact Healthcare Systems, Inc.  
 Address: 10181 Scripps Gateway Court  
 City, State, Zip: San Diego, CA 92131  
 Phone Number: 858-566-2727

The purpose of this form is to report the information required by Iowa Code section 510C.2  
**For all zero entries, you MUST attach a statement explaining the zero entry.**

**a.** The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa. \$7,835,946.71

**b.** The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the **manufacturer** that is not a rebate for its business in Iowa. \$0.00

**c.** The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa. \$74,569,755.47

**d.** The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa. \$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 third-party payor for its business in Iowa. \$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 third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

**g2. (highest)** Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages. 0.00%

**For all zero entries, you MUST 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 statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.

Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/13/2026

Contact:	Jennifer Johnson	VP, Corporate Licensure & State Regulatory Reporting
	Name	Title
	Licensing@medimpact.com	(858) 566-2727
	Email	Phone

Submitted by:	James Gollaher	CFO & Secretary
	Name	Title

Verified by:	James Gollaher	CFO & Secretary
	Name	Title

Verified by:	Frederick Howe	CEO & President
	Name	Title

<b>Iowa</b>									
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>									
Company Name:	MedOne, L.C.								
Address:	1590 University Ave								
City, State, Zip:	Dubuque, IA 52001								
Phone Number:	563-588-8748								
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>									
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$12,567,843.27								
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00								
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$3,648,211.02								
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 third-party payor for its business in Iowa.	\$339,838.24								
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 third-party payor for its business in Iowa.	\$0.00								
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	2.70%								
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%								
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	83.24%								
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>									
<b>Attestation</b>									
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>									
Late Filing Fee:	\$0.00								
Select:	Agree								
Date Submitting Filing in OPTins:	2/10/2026								
Contact:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name</td> <td>Jim Loder</td> <td style="width: 40%;">Title</td> <td>Licensing Analyst</td> </tr> <tr> <td>Email</td> <td>jloder@medone-rx.com</td> <td>Phone</td> <td>563-207-4153</td> </tr> </table>	Name	Jim Loder	Title	Licensing Analyst	Email	jloder@medone-rx.com	Phone	563-207-4153
Name	Jim Loder	Title	Licensing Analyst						
Email	jloder@medone-rx.com	Phone	563-207-4153						
Submitted by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name</td> <td>Jim Loder</td> <td style="width: 40%;">Title</td> <td>Licensing Analyst</td> </tr> </table>	Name	Jim Loder	Title	Licensing Analyst				
Name	Jim Loder	Title	Licensing Analyst						
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name</td> <td>Michael Hood</td> <td style="width: 40%;">Title</td> <td>Legal Counsel</td> </tr> </table>	Name	Michael Hood	Title	Legal Counsel				
Name	Michael Hood	Title	Legal Counsel						
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name</td> <td></td> <td style="width: 40%;">Title</td> <td></td> </tr> </table>	Name		Title					
Name		Title							

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Navitus Health Solutions, LLC
Address:	361 Integrity Drive
City, State, Zip:	Madison, WI 53717
Phone Number:	(608)729-1500
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$4,441,921.81
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$213,930.32
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	\$0.00
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	\$0.00
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/13/2026
Contact:	Zoua Cha Name
	Paralegal Title
	Legal@navitus.com Email
	6082985909 Phone
Submitted by:	Zoua Cha Name
	Paralegal Title
Verified by:	Janice Duncan Name
	Staff Attorney Title
Verified by:	Paul Page Name
	Secretary Title

<b>Iowa</b>		
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>		
Company Name:	OptumRx, Inc.	
Address:	1 Optum Circle	
City, State, Zip:	Eden Prairie, MN 55344	
Phone Number:	888-445-8745	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p><b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$9,502,341.36	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$12,214.34	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$31,026,057.22	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$1,186,716.77	
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 third-party payor for its business in Iowa.	\$11,841.03	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	12.49%	
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	80.73%	
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>		
<b>Attestation</b>		
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>		
Late Filing Fee:	\$0.00	
Select:	Agree	
Date Submitting Filing in OPTins:	2/12/2026	
Contact:	Allison Kulas Name	Sr. Regulatory Adherence Analyst Title
	allison_kulas@optum.com Email	952-251-5266 Phone
Submitted by:	Allison Kulas Name	Sr. Regulatory Adherence Analyst Title
Verified by:	Jon Mahrt Name	President & CEO Title
Verified by:	Kelly O'Rourke Name	Assistant Secretary Title

**Iowa**  
**2026 Annual Pharmacy Benefit Manager Report (for CY 2025)**

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

The purpose of this form is to report the information required by Iowa Code section 510C.2  
**For all zero entries, you MUST attach a statement explaining the zero entry.**

**a.** The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.

**b.** The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the **manufacturer** that is not a rebate for its business in Iowa.

**c.** The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa.

**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 third-party payor for its business in Iowa.

**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 third-party payor for its business in Iowa.

**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 third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.

**g2. (highest)** Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.

**For all zero entries, you MUST 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 statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.

Late Filing Fee:

Select:

Date Submitting Filing in OPTins:

Contact:  Name  Title  
 Email  Phone

Submitted by:  Name  Title

Verified by:  Name  Title

Verified by:  Name  Title

<b>Iowa</b>					
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>					
Company Name:	Prime Therapeutics LLC				
Address:	2900 Ames Crossing Road				
City, State, Zip:	Eagan, MN 55121				
Phone Number:	612-777-4000				
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>					
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00				
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00				
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%				
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%				
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%				
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>					
<b>Attestation</b>					
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>					
Late Filing Fee:	\$0.00				
Select:	Agree				
Date Submitting Filing in OPTins:	2/12/2026				
Contact:	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Marit Hansen Name</td> <td style="width: 40%;">Data and Reporting Analyst Title</td> </tr> <tr> <td>GPreportingInquiries@primetherapeutics.com Email</td> <td>612-777-4000 Phone</td> </tr> </table>	Marit Hansen Name	Data and Reporting Analyst Title	GPreportingInquiries@primetherapeutics.com Email	612-777-4000 Phone
Marit Hansen Name	Data and Reporting Analyst Title				
GPreportingInquiries@primetherapeutics.com Email	612-777-4000 Phone				
Submitted by:	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Marit Hansen Name</td> <td style="width: 40%;">Data and Reporting Analyst Title</td> </tr> </table>	Marit Hansen Name	Data and Reporting Analyst Title		
Marit Hansen Name	Data and Reporting Analyst Title				
Verified by:	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Marit Hansen Name</td> <td style="width: 40%;">Data and Reporting Analyst Title</td> </tr> </table>	Marit Hansen Name	Data and Reporting Analyst Title		
Marit Hansen Name	Data and Reporting Analyst Title				
Verified by:	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Valerie Fetters Name</td> <td style="width: 40%;">Mgr. Reporting and Analytics Title</td> </tr> </table>	Valerie Fetters Name	Mgr. Reporting and Analytics Title		
Valerie Fetters Name	Mgr. Reporting and Analytics Title				

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Prime Therapeutics Management LLC
Address:	2900 Ames Crossing Road, Ste. 200
City, State, Zip:	Eagan, MN 55121
Phone Number:	612-329-6458
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$220,337.17
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$86,312.80
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$766,250.52
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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$86,312.80
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. <b>(lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
g2. <b>(highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/13/2026
Contact:	Mollie Bigelow Name mollie.bigelow@primetherapeutics.com Email Program Director Title 612-329-6458 Phone
Submitted by:	Mollie Bigelow Name Program Director Title
Verified by:	 Name Title
Verified by:	 Name Title

**Iowa**  
**2026 Annual Pharmacy Benefit Manager Report (for CY 2025)**

Company Name: ProAct, Inc.  
 Address: 6333 State Route 298, Suite 210  
 City, State, Zip: East Syracuse, NY 13057  
 Phone Number: 315-413-7780

The purpose of this form is to report the information required by Iowa Code section 510C.2  
**For all zero entries, you MUST attach a statement explaining the zero entry.**

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa. \$16,623.96

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the **manufacturer** that is not a rebate for its business in Iowa. \$1,418.17

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa. \$34,733.48

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 third-party payor for its business in Iowa. \$90.57

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 third-party payor for its business in Iowa. \$1,418.17

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.54%

g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages. 2.34%

**For all zero entries, you MUST 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 statements 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: 2/9/2026

Contact:	Ron Romano	Director of Regulatory and Compliance
	Name	Title
	licensing@proactrx.com	315-413-7780
	Email	Phone

Submitted by:	Ron Romano	Director of Regulatory and Compliance
	Name	Title

Verified by:	Gordana Aleksovska	Contract and Licensing Administrator
	Name	Title

Verified by:	Shannon Burke	Director of Finance and Analytics
	Name	Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	ProCare Pharmacy Benefit Manager, Inc.
Address:	2850 N Commerce Parkway
City, State, Zip:	Miramar, FL 33025
Phone Number:	678-248-3101
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$17,482.05
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$1,089,688.00
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 third-party payor for its business in Iowa.	\$269.41
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 third-party payor for its business in Iowa.	\$0.00
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	1.54%
g1. <b>(lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
g2. <b>(highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	10.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$100.00
Select:	Agree
Date Submitting Filing in OPTins:	2/27/2026
Contact:	Barbara Rambo Name CEO Title
	brambo@procarerx.com Email 678-248-3101 Phone
Submitted by:	Joyce Coulter Name Dir Legal Compliance Title
Verified by:	Valerie Allen Name CFO Title
Verified by:	Barbara Rambo Name CEO Title

**Iowa**  
**2026 Annual Pharmacy Benefit Manager Report (for CY 2025)**

Company Name: Prodigy Care Services LLC  
 Address: 5090 Richmond Ave #163  
 City, State, Zip: Houston, TX 77056  
 Phone Number: 713-322-6667

The purpose of this form is to report the information required by Iowa Code section 510C.2  
**For all zero entries, you MUST attach a statement explaining the zero entry.**

**a.** The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa. \$342,350.00

**b.** The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the **manufacturer** that is not a rebate for its business in Iowa. \$0.00

**c.** The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa. \$2,448,992.78

**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 third-party payor for its business in Iowa. \$313,612.00

**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 third-party payor for its business in Iowa. \$0.00

**f.** The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 91.61%

**g1. (lowest)** Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages. 50.00%

**g2. (highest)** Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages. 100.00%

**For all zero entries, you MUST 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 statements 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: 2/5/2026

Contact: Jrean Hays Client Services Manager  
 Name Title  
 jhays@prodigyrx.com 713-322-6667  
 Email Phone

Submitted by: Jrean Hays Client Services Manager  
 Name Title  
 Verified by: Delford Doherty CEO  
 Name Title  
 Verified by: Wendy O'Brien Accountant  
 Name Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Progyny, Inc.
Address:	1359 Broadway, 2nd Floor
City, State, Zip:	New York, NY 10018
Phone Number:	646-350-0747
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/13/2026
Contact:	Teang Phou-Baxter
Name	Contract Compliance Director
Title	
Email	licensing@progyny.com
Phone	646-350-0747
Phone	
Submitted by:	Victor Martinez
Name	Licensing Analyst
Title	
Verified by:	
Name	
Title	
Verified by:	
Name	
Title	

**Iowa**  
**2026 Annual Pharmacy Benefit Manager Report (for CY 2025)**

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  
**For all zero entries, you MUST attach a statement explaining the zero entry.**

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the **manufacturer** that is not a rebate for its business in Iowa.

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa.

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 third-party payor for its business in Iowa.

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 third-party payor for its business in Iowa.

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 third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.

g2. **(highest)** Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.

**For all zero entries, you MUST 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 statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.

Late Filing Fee:

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Frank Totino"/>	<input type="text" value="Director Compliance"/>
	Name	Title
	<input type="text" value="licensing@rightwayhealthcare.com"/>	<input type="text" value="6466612051"/>
	Email	Phone

Submitted by:	<input type="text" value="Frank Totino"/>	<input type="text" value="Director of Compliance"/>
	Name	Title

Verified by:	<input type="text" value="Frank Totino"/>	<input type="text" value="Director of Compliance"/>
	Name	Title

Verified by:	<input type="text" value="Frank Totino"/>	<input type="text" value="Director of Compliance"/>
	Name	Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Scrip World, LLC
Address:	10150 S. Centennial Parkway Suite 450
City, State, Zip:	Sandy, UT 84074
Phone Number:	405-827-4706
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$466,205.27
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$49,867.66
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$1,750,768.73
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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/16/2026
Contact:	Jodi Padilla
Name	Sr Manager
PadillaJL@aetna.com	Title
Email	405-827-4706
	Phone
Submitted by:	Jodi Padilla
Name	Sr Manager
Verified by:	Mark W Schmidt
Name	CEO, Chairman, President
Verified by:	Jenni A Losel
Name	Asst Secretary
	Title

<b>Iowa</b>									
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>									
Company Name:	Script Care, Ltd.								
Address:	6380 Folsom Drive								
City, State, Zip:	Beaumont, TX 77706								
Phone Number:	800-880-9902 x 1122								
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>									
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$871,753.38								
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00								
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$4,772,924.96								
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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%								
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%								
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%								
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>									
<b>Attestation</b>									
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>									
Late Filing Fee:	\$0.00								
Select:	Agree								
Date Submitting Filing in OPTins:	2/10/2026								
Contact:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Frank Messina</td> <td style="width: 50%;">General Counsel</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td>fmessina@scriptcare.com</td> <td>80088009902</td> </tr> <tr> <td>Email</td> <td>Phone</td> </tr> </table>	Frank Messina	General Counsel	Name	Title	fmessina@scriptcare.com	80088009902	Email	Phone
Frank Messina	General Counsel								
Name	Title								
fmessina@scriptcare.com	80088009902								
Email	Phone								
Submitted by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Margaret Allen</td> <td style="width: 50%;">Account Manager</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> </table>	Margaret Allen	Account Manager	Name	Title				
Margaret Allen	Account Manager								
Name	Title								
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Frank Messina</td> <td style="width: 50%;">General Counsel</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> </table>	Frank Messina	General Counsel	Name	Title				
Frank Messina	General Counsel								
Name	Title								
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Brett McCarroll</td> <td style="width: 50%;">CFO</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> </table>	Brett McCarroll	CFO	Name	Title				
Brett McCarroll	CFO								
Name	Title								

<b>Iowa</b>									
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>									
Company Name:	SelectHealth Benefit Assurance Company, Inc. ☒								
Address:	5381 Green Street								
City, State, Zip:	Murray, Utah 84123								
Phone Number:	801-442-5000								
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>									
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$223,015.55								
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$408.69								
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$39,346.87								
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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%								
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%								
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%								
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>									
<b>Attestation</b>									
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>									
Late Filing Fee:	\$100.00								
Select:	Agree								
Date Submitting Filing in OPTins:	2/20/2026								
Contact:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Kassie Thomas</td> <td style="width: 40%;">Compliance Director</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td>Scripiuscompliance@selecthealth.org</td> <td>385-214-6800</td> </tr> <tr> <td>Email</td> <td>Phone</td> </tr> </table>	Kassie Thomas	Compliance Director	Name	Title	Scripiuscompliance@selecthealth.org	385-214-6800	Email	Phone
Kassie Thomas	Compliance Director								
Name	Title								
Scripiuscompliance@selecthealth.org	385-214-6800								
Email	Phone								
Submitted by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Stacey Eskelson</td> <td style="width: 40%;">Compliance Consultant I</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> </table>	Stacey Eskelson	Compliance Consultant I	Name	Title				
Stacey Eskelson	Compliance Consultant I								
Name	Title								
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Nick Blasanyan</td> <td style="width: 40%;">Pharmacy Services</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> </table>	Nick Blasanyan	Pharmacy Services	Name	Title				
Nick Blasanyan	Pharmacy Services								
Name	Title								
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">LeeAnn Calder</td> <td style="width: 40%;">Pharmacy Services</td> </tr> <tr> <td>Name</td> <td>Title</td> </tr> </table>	LeeAnn Calder	Pharmacy Services	Name	Title				
LeeAnn Calder	Pharmacy Services								
Name	Title								

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Serve You Custom Prescription Management, Inc. dba Serve You Rx
Address:	215 N. Water Street, Suite 500
City, State, Zip:	Milwaukee, WI 53202
Phone Number:	414-410-8100
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$64,452.75
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$63,168.75
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	98.01%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	98.01%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	98.01%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/11/2026
Contact:	Justin Jasniewski Name Chief Executive Officer Title
	compliance@serveyourx.com Email 414-410-8100 Phone
Submitted by:	Justin Jasniewski Name Chief Executive Officer Title
Verified by:	Ted Boylan Name President Title
Verified by:	Justin Jasniewski Name Chief Executive Officer Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Smith Health, Inc.
Address:	300 Brannan Street, Suite 601
City, State, Zip:	San Francisco, CA 94127
Phone Number:	(844) 454-0123
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$3,186,681.53
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$606,079.00
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 third-party payor for its business in Iowa.	\$1,042.12
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 third-party payor for its business in Iowa.	\$0.00
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.03%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	50.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/13/2026
Contact:	Beau Lacey Name Paralegal Title compliance@smithrx.com Email (844) 454-0123 Phone
Submitted by:	Beau Lacey Name Paralegal Title
Verified by:	Beau Lacey Name Paralegal Title
Verified by:	 Name Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Southern Scripts, LLC d/b/a Liviniti, LLC
Address:	411 Bienville Street
City, State, Zip:	Natchitoches, LA 71457
Phone Number:	318-214-4764
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p><b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$682,625.50
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$81,915.06
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$935,424.51
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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/13/2025
Contact:	Abdullah Hassan
Name	Sr. Rebate Analyst
Title	
abdullah.hassan@liviniti.com	407-929-1502
Email	Phone
Submitted by:	
Name	Title
Verified by:	
Name	Title
Verified by:	Abdullah Hassan
Name	Sr. Rebate Analyst
Title	

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Towers Administrators LLC
Address:	99 High Street, Suite 2800
City, State, Zip:	Boston, MA 02110
Phone Number:	413-265-1260
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	1/22/2026
Contact:	Angela Plassmann Name
	Sr. Paralegal Title
	aplassmann@rxsense.com Email
	413-265-1260 Phone
Submitted by:	Angela Plassmann Name
	Sr. Paralegal Title
Verified by:	Joe Kern Name
	Associate General Counsel Title
Verified by:	Sarah Mullins Name
	EVP, People & Culture Title

<b>Iowa</b> <b>2025 Annual Pharmacy Benefit Manager Report (for CY 2024)</b>		
Company Name:	TRHC TPA, LLC	
Address:	228 Strawbridge Dr., Suite 100	
City, State, Zip:	Moorestown, NJ 08057	
Phone Number:	678-248-3125	
The purpose of this form is to report the information required by Iowa Code section 510C.2 <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.		\$0.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.		\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.		\$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 third-party payor for its business in Iowa.		\$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 third-party payor for its business in Iowa.		\$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. <b>(lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.		0.00%
g2. <b>(highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.		0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>		
<b>Attestation</b>  By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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:		2/17/2026
Contact:	Joyce Coulter Name	Dir Legal Compliance Title
	prslicensing@procarerx.com Email	678-248-3125 Phone
Submitted by:	Joyce Coulter Name	Dir Legal Compliance Title
Verified by:	Candy Rebstock Name	Senior Vice President Title
Verified by:	Brian Adams Name	President Title

<b>Iowa</b>					
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>					
Company Name:	Trinity Healthcare Solutions, LLC				
Address:	11270 W Park Pl, Ste 625				
City, State, Zip:	Milwaukee, WI 53224				
Phone Number:	262-794-3167				
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>					
<b>a.</b> The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00				
<b>b.</b> The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00				
<b>c.</b> The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$0.00				
<b>d.</b> The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00				
<b>e.</b> The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00				
<b>f.</b> The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%				
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%				
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%				
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>					
<b>Attestation</b>					
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>					
Late Filing Fee:	\$0.00				
Select:	Agree				
Date Submitting Filing in OPTins:	1/28/2026				
Contact:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Laurel Wala Name</td> <td style="width: 50%;">General Counsel Title</td> </tr> <tr> <td>compliance@trinityhc.com Email</td> <td>262-794-3167 Phone</td> </tr> </table>	Laurel Wala Name	General Counsel Title	compliance@trinityhc.com Email	262-794-3167 Phone
Laurel Wala Name	General Counsel Title				
compliance@trinityhc.com Email	262-794-3167 Phone				
Submitted by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Michelle Pribyl Name</td> <td style="width: 50%;">Sr Legal Specialist Title</td> </tr> </table>	Michelle Pribyl Name	Sr Legal Specialist Title		
Michelle Pribyl Name	Sr Legal Specialist Title				
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Laurel Wala Name</td> <td style="width: 50%;">General Counsel Title</td> </tr> </table>	Laurel Wala Name	General Counsel Title		
Laurel Wala Name	General Counsel Title				
Verified by:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Jeremy Kassulke Name</td> <td style="width: 50%;">Chief Information Officer Title</td> </tr> </table>	Jeremy Kassulke Name	Chief Information Officer Title		
Jeremy Kassulke Name	Chief Information Officer Title				

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	True Rx Management Services, Inc.
Address:	2495 E National Hwy
City, State, Zip:	Washington, IN 47501
Phone Number:	812-254-741=25
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p><b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$2,170,069.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$697,616.80
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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/13/2026
Contact:	Mallory Mojarro Name licensing@truerox.com Email Compliance Manager Title 812-254-7425 ext 1585 Phone
Submitted by:	Mark A. Williams Name Chairman of the Board Title
Verified by:	Jenna Kaylor Name Sr. Director of Analytics Title
Verified by:	Arnie Khan Name VP of Analytics Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	TrueScripts Management Services, LLC
Address:	513 E. South Street
City, State, Zip:	Washington, IN 47501
Phone Number:	812-554-8618
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$587,351.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$2,554,911.00
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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$100.00
Select:	Agree
Date Submitting Filing in OPTins:	2/20/2026
Contact:	Jessica Boudakian Name
	compliance@truescripts.com Email
	Compliance Specialist Title
	812-554-8618 Phone
Submitted by:	Jessica Boudakian Name
	Compliance Specialist Title
Verified by:	 Name
	 Title
Verified by:	 Name
	 Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Ventegra Foundation
Address:	450 North Brand Blvd, Suite #600
City, State, Zip:	Glendale, CA 91203
Phone Number:	858-551-8111
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$100.00
Select:	Agree
Date Submitting Filing in OPTins:	2/17/2026
Contact:	Sarah Rudkin
Name	Regulatory & Compliance Manager
	Title
	sarah.rudkin@ventegra.org
Email	858-551-8111 ext 152
	Phone
Submitted by:	Sarah Rudkin
Name	Regulatory & Compliance Manager
	Title
Verified by:	Jacob Kammerer
Name	Finance Manager
	Title
Verified by:	Sarah Rudkin
Name	Regulatory & Compliance Manager
	Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Ventegra Inc, A California Benefit Corporation
Address:	450 N. Brand Blvd, Suite 600
City, State, Zip:	Glendala, CA 91203
Phone Number:	858-551-8111
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$100.00
Select:	Agree
Date Submitting Filing in OPTins:	2/20/2026
Contact:	Sarah Rudkin Name Regulatory & Compliance Manager Title
	sarah.rudkin@ventegra.org Email 858-551-8111 Phone
Submitted by:	Sarah Rudkin Name Regulatory & Compliance Manager Title
Verified by:	Sarah Rudkin Name Regulatory & Compliance Manager Title
Verified by:	Jacob Kammerer Name Finance Manager Title

**Iowa**  
**2026 Annual Pharmacy Benefit Manager Report (for CY 2025)**

Company Name: Verus Rx LLC  
 Address: 12221 Merit Dr. Suite 1800  
 City, State, Zip: Dallas, TX 75251  
 Phone Number: 800-838-0007

The purpose of this form is to report the information required by Iowa Code section 510C.2  
**For all zero entries, you MUST attach a statement explaining the zero entry.**

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa. \$6,124.58

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the **manufacturer** that is not a rebate for its business in Iowa. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa. \$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 third-party payor for its business in Iowa. \$3,439.39

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 third-party payor for its business in Iowa. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 56.16%

g1. **(lowest)** Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages. 2.72%

g2. **(highest)** Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages. 1061.96%

**For all zero entries, you MUST 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 statements 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: 2/19/2026

Contact:	<span style="background-color: #cccccc; padding: 2px;">Alexandria Belton</span> Name	<span style="background-color: #cccccc; padding: 2px;">Regulatory &amp; Compliance Administrator</span> Title
	<span style="background-color: #cccccc; padding: 2px;">regulatory@verus-rx.com</span> Email	<span style="background-color: #cccccc; padding: 2px;">315-383-6054</span> Phone

Submitted by:	<span style="background-color: #cccccc; padding: 2px;">Alexandria Belton</span> Name	<span style="background-color: #cccccc; padding: 2px;">Regulatory &amp; Compliance Administrator</span> Title
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Verified by:	<span style="background-color: #cccccc; padding: 2px;">Melissa Jackson</span> Name	<span style="background-color: #cccccc; padding: 2px;">VP of Client Solutions</span> Title
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Verified by:	<span style="background-color: #cccccc; padding: 2px;">Erison Rodriguez</span> Name	<span style="background-color: #cccccc; padding: 2px;">EVP &amp; COO</span> Title
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<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	Vivid Clear Rx, Inc.
Address:	13220 Birch Drive, Suite 200
City, State, Zip:	Omaha, NE 68164
Phone Number:	(877) 848-4379
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$6,588,618.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$31,902,847.45
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$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%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
<b>g2. (highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/13/2026
Contact:	Amy Wadstrom Name awadstrom@vividclearrx.com Email President Title 515-971-2117 Phone
Submitted by:	Amy Wadstrom Name President Title
Verified by:	Amy Wadstrom Name President Title
Verified by:	Angie Danielson Name VP, Operations Title

<b>Iowa</b>	
<b>2026 Annual Pharmacy Benefit Manager Report (for CY 2025)</b>	
Company Name:	WellDyneRx, LLC
Address:	500 Eagles Landing Drive
City, State, Zip:	Lakeland, FL 33810
Phone Number:	888.479.2000
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2  <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>	
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$183,388.00
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$0.00
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the <b>third-party payor</b> for its business in Iowa.	\$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 third-party payor for its business in Iowa.	\$8,981.92
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 third-party payor for its business in Iowa.	\$0.00
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	4.90%
g1. <b>(lowest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%
g2. <b>(highest)</b> Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	4.90%
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>	
<b>Attestation</b>	
<p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	2/14/2025
Contact:	Tirthi Sheth Name Regulatory Legal Specialist Title administration@welldyne.com Email 888-479-2000 Phone
Submitted by:	Tirthi Sheth Name Regulatory Legal Specialist Title
Verified by:	Phillip Bisesi Name General Counsel&Chief compliance Officer Title
Verified by:	 Name Title