

WOODBURY COUNTY AGENDA ITEM(S) REQUEST FORM

Date: 10/1/2026 Weekly Agenda Date: 10/6/2026

Elected Official / Department Head / Citizen: Melissa Thomas, Human Resources Director

Wording for Agenda Item:

Information regarding the results of the Pharmacy Benefit Manager RFP

Action Required:

Approve Ordinance ☐

Approve Resolution ☐

Approve Motion ☐

Hold Public Hearing ☐

Informational ☒

Attachments ☒

Set Time:

Reviewed by County Attorney's Office: ☐

Background & Financial Impact:

The Board of Supervisors approved Gallagher Benefit Services to conduct a full Pharmacy Benefit Manager RFP to find the most competitive pricing and contract terms. The attached document provides an overview of the outcomes from the Pharmacy Benefit Manager (PBM) Request for Proposal (RFP). There was no cost to Woodbury County

Recommendation:

Attachments:

[RFP Results](#)



Approved by Board of Supervisors on March 17, 2026

Woodbury County PBM BAFO RFP Results

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Insurance | Risk Management | Consulting

Agenda

- 1 **PBM Landscape and Proposals**
- 2 **Methodology and Financial Summary**
- 3 **Executive Summary and Formulary Disruption**
- 4 **Allowances/Credits, Performance Guarantees & Risk Amounts**
- 5 **Proposal Notes**

PBM Landscape

PBMs At-A-Glance

PBM	HQ	Model	Covered Lives	PBM Selling Points
	Des Moines, IA	Mutual Insurance Company, owned by policy holders	2 M	Largest health insurance in Iowa and South Dakota. Focuses on specific needs of the region.
	Montvale, NJ	Private	425 K	- Clinical Protocols - Rx Efficiency Calculator – Clinical Guarantees
	San Diego, CA	- Stand-alone - Privately owned - Processes claims for smaller PBMs	24.8 M	MedPatterns® Data Integration Platform

Current Medical carrier is Wellmark.

Proposal Structure

	Requested	Wellmark	EmpiRx	MedImpact
Pricing	Pass-Through	Pass-Through	Pass-Through	Pass-Through
Network	Broad	National Network Broad	Broad	Broad
Retail 90	Broad R90	National Network Broad R90	Broad R90	Broad R90
Specialty	Open	Open	Open	Exclusive
Formulary	Exclusionary	Value Plus Exclusionary	Total Care Plus Open	Premier Exclusionary

Methodology and Financial Summary

Methodology

- Gallagher conducted our financial analysis using Woodbury County's actual claims utilization from 6/1/2025 – 5/31/2026. This analysis is based on an enrollment of 1,034 total members.
 - Gross Cost projections were based on drug prices as of the date of adjudication and do not incorporate any potential price reductions or associated rebate impacts.
 - Assumes 0% 340B utilization.
- Claims were broken out by brand/generic status and delivery channel:
 - Retail 30
 - Retail 90
 - Mail
 - Specialty
 - Independent Iowa Pharmacies Retail 30
 - Independent Iowa Pharmacies Retail 90
 - Independent Iowa Pharmacies Specialty
- Claims and costs were trended for a 3-year period from 1/1/2027 – 12/31/2029.
- For the purposes of this analysis, compound claims, vaccine claims, and Covid-19 claims were removed from the data set.
- The Baseline arrangement for comparison purposes outlines Woodbury County's actual discounts from the claims file and 2025 rebate reporting.
- Financial analysis was conducted on a gross cost basis (including both plan and member cost share).
- Drug cost projections were based on minimum discounts and maximum dispensing fees, and do not reflect potential over-performance or under-performance against those guarantees.
- Rebates were based on minimum guarantees per brand claim, and do not reflect potential over-performance or under-performance against those guarantees. Rebate values were estimated for the year they are earned but are typically paid in lag.
- Adjustments were made to proposed guarantees to account for excluded drug categories.
- Financial analysis results are based on data and documents provided by Woodbury County's incumbent vendor; savings are estimates and should not be used as projections for budgeting.

Financial Summary: Year 1



Year 1: 1/1/2027- 12/31/2027		Baseline	Wellmark Pass-Through Broad Network Value Plus	Wellmark Pass-Through Broad Network Value Plus BAFO	EmpiRx Pass-Through Broad Network Total Care Plus	EmpiRx Pass-Through Broad Network Total Care Plus BAFO	MedImpact Pass-Through Broad Network Premier	MedImpact Pass-Through Broad Network Premier BAFO
Drug Costs	Retail	\$303,342	\$289,837	\$288,305	\$291,131	\$289,706	\$286,324	\$285,661
	Retail 90	\$107,352	\$110,031	\$109,229	\$129,247	\$128,496	\$124,574	\$123,923
	Independent IA Retail 30	\$617,848	\$617,848	\$617,848	\$617,848	\$617,848	\$617,848	\$617,848
	Independent IA Retail 90	\$117,833	\$117,833	\$117,833	\$117,833	\$117,833	\$117,833	\$117,833
	Mail	\$8,256	\$11,062	\$11,062	\$12,507	\$12,507	\$12,455	\$12,455
	Independent IA Specialty	\$11,300	\$11,163	\$11,163	\$11,163	\$11,163	\$11,300	\$11,300
	Specialty Mail	\$1,814,981	\$1,900,527	\$1,900,527	\$1,912,187	\$1,912,187	\$1,912,187	\$1,912,187
	CostVantage Penalty						\$15,010	\$15,010
	Total Drug Costs	\$2,980,912	\$3,058,301	\$3,055,968	\$3,091,915	\$3,089,740	\$3,097,531	\$3,096,218
Rebates	Retail		(\$75,759)	(\$83,066)	(\$63,806)	(\$65,507)	(\$33,756)	(\$34,431)
	Retail 90		(\$20,662)	(\$23,154)	(\$22,769)	(\$22,769)	(\$22,969)	(\$23,428)
	Independent IA Retail 30		(\$213,940)	(\$234,577)	(\$180,185)	(\$184,990)	(\$95,325)	(\$97,231)
	Independent IA Retail 90		(\$34,562)	(\$38,730)	(\$38,086)	(\$38,086)	(\$38,421)	(\$39,189)
	Mail		(\$4,280)	(\$4,784)	(\$3,500)	(\$3,675)	(\$4,764)	(\$4,860)
	Independent IA Specialty		(\$33,253)	(\$33,253)	(\$41,580)	(\$41,580)	(\$66,567)	(\$67,898)
	Specialty Mail		(\$387,162)	(\$387,162)	(\$484,110)	(\$484,110)	(\$590,628)	(\$602,440)
	Total Rebates	(\$689,052)	(\$769,617)	(\$804,726)	(\$834,036)	(\$840,717)	(\$852,429)	(\$869,478)
	Administrative Fee	\$13,649	\$10,004	\$44,004	\$186,120	\$186,120	\$59,608	\$59,608
	Total Administrative Fee	\$13,649	\$10,004	\$44,004	\$186,120	\$186,120	\$59,608	\$59,608
	Total Net Cost	\$2,305,509	\$2,298,689	\$2,295,246	\$2,444,000	\$2,435,143	\$2,304,710	\$2,286,348
	Net Cost Savings Over Baseline (\$)		(\$6,820)	(\$10,263)	\$138,491	\$129,633	(\$799)	(\$19,162)
	Net Cost Savings Over Baseline (%)		-0.3%	-0.4%	6.0%	5.6%	0.0%	-0.8%
	BAFO Improvements			(\$3,443)		(\$8,857)		(\$18,363)

- Future changes in insulin products, biosimilars, and the PBM's formulary stance may impact the financial rebate projections.
- Rebate credits will apply. Rebate quotes do not account for the shift to lower WAC drugs and actual rebate dollars received will be lower than shown.

Financial Summary: 3 Years



3-Year: 1/1/2027- 12/31/2029		Baseline	Wellmark Pass-Through Broad Network Value Plus	Wellmark Pass-Through Broad Network Value Plus BAFO	EmpiRx Pass-Through Broad Network Total Care Plus	EmpiRx Pass-Through Broad Network Total Care Plus BAFO	MedImpact Pass-Through Broad Network Premier	MedImpact Pass-Through Broad Network Premier BAFO
Drug Costs	Retail	\$942,645	\$900,497	\$893,553	\$904,321	\$899,900	\$889,451	\$887,382
	Retail 90	\$333,441	\$341,902	\$338,208	\$401,841	\$399,513	\$387,305	\$385,272
	Independent IA Retail 30	\$1,917,322	\$1,917,322	\$1,917,322	\$1,917,322	\$1,917,322	\$1,917,322	\$1,917,322
	Independent IA Retail 90	\$365,882	\$365,882	\$365,882	\$365,882	\$365,882	\$365,882	\$365,882
	Mail	\$26,010	\$34,781	\$34,781	\$39,269	\$39,269	\$39,105	\$39,105
	Independent IA Specialty	\$37,207	\$36,754	\$36,754	\$36,754	\$36,754	\$37,207	\$37,207
	Specialty Mail	\$5,868,068	\$6,144,649	\$6,144,649	\$6,182,347	\$6,182,347	\$6,182,347	\$6,182,347
	CostVantage Penalty						\$46,388	\$46,388
	Total Drug Costs	\$9,490,575	\$9,741,788	\$9,731,149	\$9,847,736	\$9,840,987	\$9,865,006	\$9,860,904
Rebates	Retail		(\$231,532)	(\$257,531)	(\$205,529)	(\$210,729)	(\$111,741)	(\$113,977)
	Retail 90		(\$63,113)	(\$71,744)	(\$73,689)	(\$73,689)	(\$75,992)	(\$77,512)
	Independent IA Retail 30		(\$654,588)	(\$728,101)	(\$581,094)	(\$595,795)	(\$315,934)	(\$322,256)
	Independent IA Retail 90		(\$105,940)	(\$120,432)	(\$123,707)	(\$123,707)	(\$127,580)	(\$130,132)
	Mail		(\$13,306)	(\$15,089)	(\$11,437)	(\$11,981)	(\$16,055)	(\$16,376)
	Independent IA Specialty		(\$106,885)	(\$108,954)	(\$136,823)	(\$136,823)	(\$232,328)	(\$236,975)
	Specialty Mail		(\$1,251,743)	(\$1,276,103)	(\$1,602,518)	(\$1,602,518)	(\$2,074,261)	(\$2,115,747)
	Total Rebates	(\$2,067,156)	(\$2,427,107)	(\$2,577,955)	(\$2,734,796)	(\$2,755,241)	(\$2,953,891)	(\$3,012,974)
	Administrative Fee	\$40,946	\$145,113	\$112,113	\$508,728	\$508,728	\$170,480	\$170,480
	Total Administrative Fee	\$40,946	\$145,113	\$112,113	\$508,728	\$508,728	\$170,480	\$170,480
	Total Net Cost	\$7,464,365	\$7,459,794	\$7,265,307	\$7,621,668	\$7,594,473	\$7,081,594	\$7,018,410
	Net Cost Savings Over Baseline (\$)		(\$4,572)	(\$199,058)	\$157,303	\$130,108	(\$382,771)	(\$445,956)
	Net Cost Savings Over Baseline (%)		-0.1%	-2.7%	2.1%	1.7%	-5.1%	-6.0%
	BAFO Improvements		2	(\$194,486)	3	(\$27,195)	1	(\$63,185)

- Future changes in insulin products, biosimilars, and the PBM's formulary stance may impact the financial rebate projections.
- Rebate credits will apply. Rebate quotes do not account for the shift to lower WAC dugs and actual rebate dollars received will be lower than shown.

Executive Summary and Formulary Disruption

Executive Summary: Year 1

1 Year: 1/1/2027 - 12/31/2027	Baseline	Wellmark Pass-Through Broad Network Value Plus	EmpiRx Pass-Through Broad Network Total Care Plus	MedImpact Pass-Through Broad Network Premier
Drug Cost	\$2,980,912	\$3,055,968	\$3,089,740	\$3,096,218
Brand Rebates	(\$689,052)	(\$804,726)	(\$840,717)	(\$869,478)
Administrative Fee	\$13,649	\$44,004	\$186,120	\$59,608
Total Drug Costs	\$2,305,509	\$2,295,246	\$2,435,143	\$2,286,348
Clinical Savings Programs	\$0	(\$36,000)	(\$300,000)	\$0
Total Clinical Savings	\$0	(\$36,000)	(\$300,000)	\$0
Total Net Cost	\$2,305,509	\$2,262,689	\$2,135,142	\$2,286,348
Net Cost Savings Over Baseline (\$)		(\$42,820)	(\$170,366)	(\$19,162)
Net Cost Savings Over Baseline (%)		-1.9%	-7.4%	-0.8%
Net Cost Ranking (#)		2	1	3

- EmpiRx Clinical Savings Guarantee have been conservatively estimated at 50%.
- Future changes in insulin products, biosimilars, and the PBM's formulary stance may impact the financial rebate projections.
- PBMs may charge additional administration fees based on elections of Clinical Program or Utilization Management Packages. Depending on what program selections are made, the cost for these programs could exceed the allotted credits/allowances.

Executive Summary: 3 Years

3 Years: 1/1/2027- 12/31/2029	Baseline	Wellmark Pass-Through Broad Network Value Plus	EmpiRx Pass-Through Broad Network Total Care Plus	MedImpact Pass-Through Broad Network Premier
Drug Cost	\$9,490,575	\$9,731,149	\$9,840,987	\$9,860,904
Brand Rebates	(\$2,067,156)	(\$2,577,955)	(\$2,755,241)	(\$3,012,974)
Administrative Fee	\$40,946	\$112,113	\$508,728	\$170,480
Total Drug Costs	\$7,464,365	\$7,265,307	\$7,594,473	\$7,018,410
Clinical Savings Programs	\$0	\$0	(\$900,000)	\$0
Misc. Pharmacy Funds	\$0	(\$208,000)	\$0	\$0
Total Clinical Savings	\$0	(\$208,000)	(\$900,000)	\$0
Total Net Cost	\$7,464,365	\$7,057,307	\$6,694,473	\$7,018,410
Net Cost Savings Over Baseline (\$)		(\$407,058)	(\$769,892)	(\$445,955)
Net Cost Savings Over Baseline (%)		-5.5%	-10.3%	-6.0%
Net Cost Ranking (#)		3	1	2

- EmpiRx Clinical Savings Guarantee have been conservatively estimated at 50%.
- Future changes in insulin products, biosimilars, and the PBM's formulary stance may impact the financial rebate projections.
- PBMs may charge additional administration fees based on elections of Clinical Program or Utilization Management Packages. Depending on what program selections are made, the cost for these programs could exceed the allotted credits/allowances.

Formulary Disruption Summary

- The chart illustrates disruption to the members on the plan for the bidding vendors.
- Only maintenance prescriptions are included in the evaluation.
- The chart identifies the number of members that would be affected by formulary changes.
- Some of the drugs that are currently covered would be excluded, but all have alternatives.
- A shift from tier 3 to tier 2 is a positive to members, while a shift from tier 2 to tier 3 is a negative to members.

PBM or Health Plan	Positive	Negative	Exclusions	3-Year Projected Savings (\$)
EmpiRx- Total Care Plus	1	13	0	(\$769,892)
MedImpact- Premier	2	6	57	(\$445,955)
Wellmark- Value Plus	0	0	0	(\$407,058)

- Incumbent in *BLUE* font
- Member disruption for the incumbent does not take into account any future disruption based on the PBM's standard process of formulary/drug list updates

Allowances/Credits & Risk Amounts

Allowances/Credits & Risk Amounts

	Wellmark	EmpiRx	MedImpact
Client Allowance or Credit (Implementation and/or General)	Implementation: Not Offered General: A one-time pharmacy credit of \$75K \$36,000 Annually Added \$100,000 Loyalty Bonus	Implementation: \$12.5K Year 1 Clinical Savings Guarantee: \$600K Annually	Implementation: \$8 per member (~ \$8.2K) Year 1 General: \$5 per member (~ \$5.1K) Annually
Ongoing PG Risk Amount	Not Offered	\$17.5K Annually	\$10 per member (~ \$10.3K) Annually
Ongoing PG Risk Allocation	30%	30%	20%
Implementation Guarantee	Not Offered	\$15K Year 1	\$10 per member (~ \$10.3K) Year 1
Termination Guarantee	Not Offered	Not Offered	Not Offered

PBMs may charge additional administration fees based on elections of Clinical Program or Utilization Management Packages. Depending on what program selections are made, the cost for these programs could exceed the allotted credits/allowances.

Proposal Notes & Appendix

Proposal Notes: Wellmark



- General:
 - **Gallagher RFP fees are not funded.**
 - Significant deviations in membership or utilization mix could impact the underlying economics supporting the offer and may necessitate a reevaluation of pricing guarantees.
 - MAC list is considered proprietary and confidential and will not be shared with Woodbury County.
 - HIV is not considered specialty.
- Discounts:
 - Wellmark passes through all pricing and allows offsets only within the same pricing guarantee category, retail, mail, specialty, and rebates, while prohibiting any offsetting between pricing component guarantees and other guarantee types such as zero balance due, clinical programs, or performance guarantees.
 - Reconciliation will be completed within 90 days of end of each contract year.
 - The MAC unit price at mail may not always be equal to or lower than the MAC unit price at retail.
- Rebates:
 - Wellmark is offering fixed rebate guarantees.
 - Wellmark will pass through 100% of guaranteed rebates including MAF.
 - Rebates will be paid and reported 180 days after contract year end.
 - Quarterly rebates will be paid and reported 120 days following quarter end.
 - Rebate guarantee amounts may be adjusted for broader contract, market, regulatory, formulary, network, membership (10%), or plan design changes that materially affect rebate economics or financial guarantees.

Proposal Notes: Wellmark



- Market Check:
 - One market check is allowed.
 - Requires 1% savings, response will be within 10 business days.
- Termination:
 - Termination without cause may occur with a 90 day written notice.
 - Additional fees apply for data transfers.
- Key Exclusions:
 - Discounts: 340B Eligible Claims, 100% Member Paid Program Claims, New to Market, Non Standard Retail Pharmacies, Direct Contracted Pharmacy Claims, CPESN Pharmacy Claims, Direct Manufacturer Contract Claims, Domestic Network Pharmacies, Custom Specialty Pharmacy Network, Claims Reimbursed at Rate Mandated by State or Federal Law
 - Rebates: 340B Eligible Claims, 100% Member Paid Program Claims, Direct Contracted Pharmacy Claims, and Direct Manufacturer Contract Claims

Proposal Notes: EmpiRx



- General:
 - In the event channel utilization and/or membership changes by ~~ten percent (10%)~~ **twenty percent (20%)** or more from the initial request for proposal (RFP), EmpiRx Health reserves the right to adjust any and all guarantees. **The Clinical Savings Guarantee can be adjusted for a 10% change in membership. There is no CSG shared savings fee.**
 - HIV is not considered specialty.
 - EmpiRx Health's offer is contingent on accepting all of our standard clinical programs (PA,QL,ST).
- Discounts:
 - Guarantees are paid within ~~480~~ **120 days** after the end of each contract year.
 - Discounts and dispensing fees will be reconciled in aggregate.
 - Dispensing fees on U&C claims will be passed on to Woodbury County.
 - Mail claims ~~require a day supply of 84+~~ **will not be dependent on the days' supply of a claim.**
 - Specialty list will be different for adjudication compared to reconciliation.
- Rebates:
 - Woodbury County will receive the greater of guaranteed rebates and 100% of rebates received in aggregate.
 - Rebates will be paid ~~420~~ **90 days** after the end of each applicable quarter provided the Agreement is fully executed and Sponsor is current on all payments due.
 - ~~EmpiRx may withhold up to three percent (3%) of Rebates quarterly to account for manufacturer adjustments which will be reconciled annually.~~
 - Rebate grandfathering allowed for up to 90 days.

Proposal Notes: EmpiRx



- Market Check:
 - Market check allowed once during contract term.
 - Requires 1% savings threshold, response will be within 10 days.
- Termination:
 - Termination must be after the 1st contract year and all guarantees will then be deemed waived by Sponsor and EmpiRx Health will not be required to perform a final reconciliation.
 - Any partial years EmpiRx Health will not perform a reconciliation, any years completed in full will receive a full reconciliation.
- Key Exclusions:
 - Discounts: Manufacturer Patient Assistance Program Claims, Claims over 180 days old, Non-FDA Approved Drugs, Home Infusion Claims, Out of Network Claims, DMR Claims, Secondary Claims, Non-Drug Items, Drugs not covered by the plan
 - Rebates: 340B Eligible Claims, 100% Member Paid Program Claims, Biosimilar Drugs, Diabetic Supplies, Diabetic Test Strips, OTCs except Insulins, Diabetic Test Strips, & Diabetic Supplies, Manufacturer Patient Assistance Program Claims, Claims over 180 days old, Non-FDA Approved Drugs, Home Infusion Claims, Out of Network Claims, DMR Claims, Secondary Claims, Non-Drug Items, Drugs not covered by the plan

Proposal Notes: MedImpact



- General:
 - MedImpact bases pricing upon the eligible members provided at the time of the proposal. If the number of eligible members changes by 30% or more after the term's first month, or any subsequent month, resulting in a material impact on the ability to achieve financial guarantees, pricing is subject to change.
 - Financial proposal is based on the adoption of the standard formulary and clinical edit package.
 - HIV is not considered specialty.
- Discounts:
 - Discount guarantees are reconciled in the aggregate no later than 90 days after the end of each contract year.
 - The mail order pricing, in aggregate, will be more aggressive than retail. MedImpact uses the same MAC product list across all channels; individual MAC prices may vary by pharmacy in accordance with our financial offer and/or due to low cost generic programs available at retail pharmacy. Therefore, pricing for the same ingredient, dosage form, and dose through retail may, or may not, exceed the individual price at mail.
- Rebates:
 - ~~Rebates will be reported within 100 days after each quarter end, paid within 150 days after quarter end~~ reported within 45 days, paid no later than 90 days following the quarter in which the claim adjudicated, and reconciled in aggregate within 180 days after contract year end.
 - Rebates & MAF are 100% passed through
 - MedImpact reconciles rebates in aggregate.
 - Rebate guarantees are contingent on use of MedImpact's specified formulary, specialty list, pharmacy channels, and standard program design, and may be adjusted for changes in specialty utilization, market events, non-standard plan edits/programs, alternate funding or sourcing impacts, or vendor changes.
 - MedImpact's policy on grandfathering allows a member a 1-time (retail, retail 90, and mail order) courtesy fill during the first 90 days.

Proposal Notes: MedImpact



- Market Check:
 - One market check allowed during contract term.
 - Requires 1% savings.
 - Market Check response will be provided within 10 days.
- Termination:
 - ~~In the event of termination without cause, for any reason, in the first 12 months of the contract, the liquidated damage amount is to be equivalent to the implementation costs and any portion of the implementation credit, pharmacy management fund, or other allowances provided for in the contract used, as applicable.~~ Termination may occur with or without cause, and without termination charges, with 90 days written notice.
- Key Exclusions:
 - Discounts: 340B Eligible Claims, 100% Member Paid Program Claims, Non Standard Retail Pharmacies, OTCs except Insulins, Diabetic Test Strips, & Diabetic Supplies, Non-self administered, Client Owned or Contracted Pharmacies not at MedImpact Network Rates, Claims with government mandated pricing and reimbursement rates, Drugs not approved by the food and drug administration (FDA), Pricing assumes no more than 5% of claims are filled in MA, HI, AK, & PR.
 - Rebates: 340B Eligible Claims, 100% Member Paid Program Claims, Diabetic Supplies, Medical Supplies and Devices, Non Standard Retail Pharmacies, OTCs except Insulins, Diabetic Test Strips, & Diabetic Supplies, Diagnostic Products, Cosmetic and Dietary Products, Repackaged NDC, EHB (Affordable Care Act Products), Formulary Excluded drugs, Fertility and Endocrine, Non-self administered, Client Owned or Contracted Pharmacies not at MedImpact Network Rates, and Drugs not approved by the food and drug administration (FDA)

Humira & Stelara Biosimilar Side By Side

	Wellmark	EmpiRx	MedImpact
Humira Formulary Status	Excluded	Non-Preferred	Excluded
Humira Biosimilar Formulary Status	Adalimumab	Hadlima and adalimumab-fkjp	Simlandi & Adalimumab
Stelara Formulary Status	Excluded	Non-Preferred	Excluded
Stelara Biosimilar Formulary Status	Ustekinumab	Steqeyma, Yesintek, and Selarsdi	Steqeyma, Ustekinumab, and Yesintek
PBM-Estimated utilization shift from Humira/Stelara to preferred Biosimilar(s)	Humira: 97.5% Stelara: 100%	Not Provided	Humira: 100% Stelara: 100%
Proposed rebate guarantees account for shift to Biosimilars	Confirmed	Not Confirmed	Not Confirmed
Proposed rebate guarantees account for WAC decrease and subsequent rebate decrease	Confirmed	Not Confirmed	Not Confirmed

Manufacturer Coupon Program

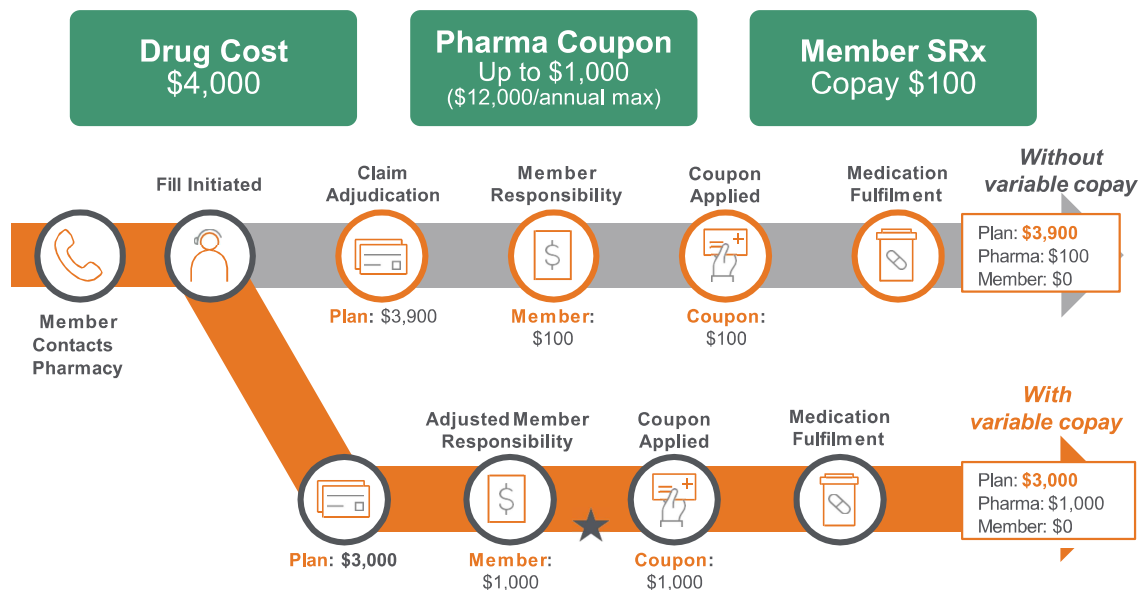


	Wellmark	EmpiRx	MedImpact
Program Name	PrudentRx	Patient Saver Plus	MedImpact Assist
Fees or Shared Savings	20% of savings	25% of savings	20% of savings
Impact to Rebate Guarantees	No Impact	No Impact	Excluded from Rebates
PPO Only claims	Yes	Yes	No
Estimated Annual Net Savings (after fees or cost share)	\$107,616	\$186,812	\$122,233
Guarantee (Guaranteed \$x or % of Estimated Annual Net Savings)	20% shared savings	Not Offered	\$79,452 in year 1*
Claims Impacted	Not Provided	758	126

MedImpact offers a savings guarantee of \$79,452 in year 1 conditioned upon Client's continuous enrollment for twelve (12) months (January 1, 2026 – December 31, 2026) as well as compliance with the caveats available in the RFP.

Manufacturer Coupon Program

Program Example



Coupon dollars used are not applied towards member's deductibles and/or out of pocket maximums; thereby keeping the Plan Sponsor's benefit in tact.

Meeting Notes and Fiduciary Intent

The purpose of the fiduciary (or committee) process in selecting a Pharmacy Benefit Manager (PBM) is to ensure a careful and responsible decision-making approach. This involves, but is not limited to, conducting a fair comparison of each of the solicited PBM's capabilities. When selecting a PBM partner, here are some of the factors that are typically considered:

- Expected/Projected Cost & Pricing
- Formulary and Drug Coverage
- Customer Service and Support
- Network and Pharmacy Access
- Clinical Programs
- Technology and Reporting Capabilities
- Medical Integration and Implementation
- Contract Terms, Requirements and Flexibility
- Reputation and Experience

The ultimate goal is to select the most suitable PBM for Woodbury County, as well as the enrolled members. The summary of the selection process, along with any meeting minutes, should focus on how these standards were met by the fiduciary or committee and their subject matter experts.

Following this presentation, If the Gallagher Pharmacy Practice Team has captured meeting notes of the discussion they will be provided within 5 business days.

Thank you

Matt Adams
Area Vice President- South Central Region

Andrew Ung
Pharmacy Consultant

Hector Carreon
Pharmacy Consultant



Insurance | Risk Management | Consulting

DISCLOSURE

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