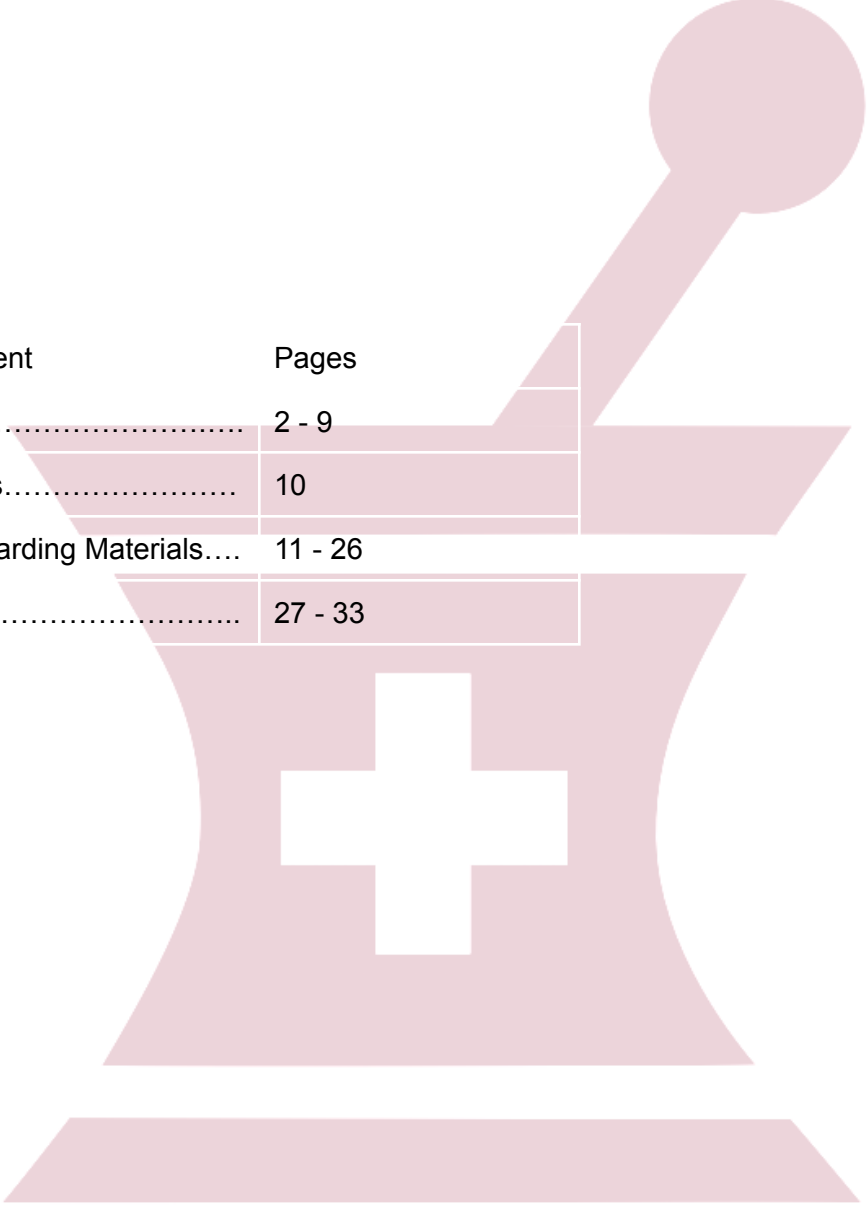


# Tompkins County, NY



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The information contained in this packet is the product of Freedom of Information Act requests filed by the Partnership for Safe Medicines. For additional info, please feel free to contact Shabbir Imber Safdar at [shabbir@safemedicines.org](mailto:shabbir@safemedicines.org) or (415) 630-3736.

BUSINESS ASSOCIATE AGREEMENT

BETWEEN

CANARX GROUP, INC. and CANARX SERVICES, INC.

AND

GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

This Business Associate Agreement (“Agreement”) is entered into on August 28, 2024 (“Agreement Effective Date”) by and between CANARX GROUP INC., a Barbados corporation (hereinafter, “CGI”), and CANARX SERVICES, INC., an Ontario corporation, (hereinafter, “CSI”), with (hereinafter, collectively, “CANARX”), and GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM, a New York government, (hereinafter, “GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM”),

WITNESSETH:

WHEREAS, CANARX and GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM may each be a “covered entity” within the meaning of “covered entity” as defined in 45 C.F.R. § 160.103; and

WHEREAS, CANARX and GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM may each be a “business associate” of the other within the meaning of Definition (i)(2) of “business associate” as set forth in 45 C.F.R. § 160.103; and

WHEREAS, GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM provides health benefits to individual participants and beneficiaries; and

WHEREAS, CANARX may provide services to individual persons who are participants in, or beneficiaries of, GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM; and

WHEREAS, CANARX is not present, and does not do business in, the United States, but does business with American citizens, residents, and nationals in Canada and elsewhere outside the United States; CANARX is not subject to the laws of the United States or of any State; CGI is subject to the laws of Barbados; CSI is subject to the laws of Canada and of the Province of Ontario; CANARX wishes nonetheless to protect the privacy interests of Americans in a manner that is consistent with the express contractual obligations of CANARX to the individual patients who have engaged it as their agent and, further, that is as consistent as possible with the requirements of the Health Insurance Portability and Accountability Act of 1986 (“HIPAA”); the Health Information Technology for Economic and Clinical Health Act (“HITECH”), enacted as part of the American Recovery and Reinvestment Act of 2009; and of amendments thereto and of rules and regulations promulgated thereunder, including the “Interim Final Rule” promulgated by

the United States Department of Health and Human Services at 77 Fed. Reg. 1556 (Jan. 10, 2012), the “Omnibus Final Rule” promulgated by the United States Department of Health and Human Services at 78 Fed. Reg. 5566 (Jan. 25, 2013) and the rules codified at 45 C.F.R. Parts 160, 162, and 164; all as amended from time to time; and

WHEREAS, CANARX and GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM both wish to comply with the HIPAA Rules (defined herein at Section A(2)(c)) to the fullest extent that each may do so under the laws that govern them, and whether or not such laws and rules apply to them, and, in any event, to safeguard the privacy and private health information of individual patients and / or persons served by CANARX; and

WHEREAS, CANARX serves as the agent outside the United States of individual American patients in the obtaining of information about prices and availability of prescription medicine, the selection of a dispensing pharmacy, the performance of drug utilization reviews, the obtaining of the professional services of pharmacists and physicians outside the United States in connection with the processing of a prescription for medicine, the handling of prescription orders, payments to dispensing pharmacies and to professionals and others who services were obtained in connection with the fulfillment of a prescription and the delivery of prescription medicine to the patient or member, and billing to, and collection from, employers and / or plan sponsors of benefits payable on behalf of the patient or person, that may be confidential and must be afforded special treatment and protection; and

WHEREAS, CANARX and GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM may make available and/or transfer to each other certain information for the purpose of permitting GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM to consult with CANARX on utilization, eligibility for benefits, the preparation of cost analyses, the making of payments on behalf of the patient or member; the performance of acts directed by the patient or member; or for other proper purposes; and

WHEREAS, GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM may have access to and/or receive from CANARX protected health information, as defined at 45 C.F.R. § 160.103, that may be used or disclosed only in accordance with this Agreement and the HIPAA Rules;

NOW, THEREFORE, in consideration of the mutual promises made herein, CANARX and GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM agree as follows:

**A. Definitions**

**1. Catch-all definition:**

The following terms used in this Agreement, whether or not capitalized, shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices,

Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

## **2. Specific definitions:**

**(a) Business Associate.** “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to the parties to this agreement, shall mean either or both of CANARX and GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM depending on the particular activity of each.

**(b) Covered Entity.** “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103, and in reference to the parties to this agreement, shall mean either or both of CANARX and GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM depending on the particular activity of each. For the avoidance of doubt, if CANARX is ever a “covered entity” within the meaning of 45 CFR 160.103, it is as “a health care clearinghouse” and never as “a health plan” or “a health care provider”.

**(c) HIPAA Rules.** “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

**(d) Required by Law.** “Required by Law” shall have the same meaning as that term has in the HIPAA Rules.

## **B. Obligations of the Parties.**

The parties, whether as Covered Entity or as Business Associate, respectively, or both, agree that the obligations arising under this Agreement apply to the protected health information of any participant or beneficiary of GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM to whom CANARX provides services.

### **1. Obligations and Activities of Business Associate**

Business Associate agrees that it shall:

(a) Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;

(b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;

(c) Report to covered entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware; and in the event of a breach or a potential breach, CANARX and GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM shall confer and, in the



absence of an agreement to the contrary, CANARX shall handle breach notifications to individuals, the HHS Office for Civil Rights (OCR), the plan sponsor (whether or not the plan sponsor is a party to this Agreement), and, in its discretion, others including the news media;

(d) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information;

(e) Make available protected health information in a designated record set sent to the designees of both CANARX and GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM as necessary to satisfy the obligations of each under 45 CFR 164.524;

(f) Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR 164.526; and, in the event that either party receives a request directly from the individual, CANARX shall act with reasonable speed on such request and shall inform GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM of such action and of such conforming actions as may be required;

(g) Maintain and make available to each other the information required to provide an accounting of disclosures to the each other and to the individual as necessary to satisfy each party's obligations under 45 CFR 164.528;

(h) To the extent either party is to carry out one or more of the other party's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and

(i) Make its internal practices, books, and records available to the Secretary or other regulator or court with jurisdiction over it for purposes of determining compliance with the HIPAA Rules.

## **2. Permitted Uses and Disclosures by Business Associate**

(a) Each party may use or disclose protected health information, in the case of CANARX, as necessary to perform services as set forth in its agency agreement with the individual, subject to the terms and conditions thereof, and as permitted by its power of attorney thereunder; and, in the case of GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM, if it is not itself the plan sponsor then as necessary to perform the services set forth in its service agreement, if any, with the benefits plan sponsor. Where the obligations of either party require it to de-identify information in accordance with 45 CFR 164.514(a)-(c) the party shall do so.

(b) Business associate may use or disclose protected health information as required by law.

(c) Business associate agrees to make uses and disclosures and requests for protected health information consistent with covered entity's minimum necessary policies and procedures as

disclosed to business associate as Appendix A to this agreement.

(d) Business associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by covered entity.

(e) Business associate may use protected health information for the proper management and administration of the business associate or to carry out the legal responsibilities of the business associate.

(f) Business associate may provide data aggregation services relating to the health care operations of the covered entity.

### **3. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions**

(a) Covered entity shall notify business associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect business associate's use or disclosure of protected health information.

(b) Covered entity shall notify business associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect business associate's use or disclosure of protected health information.

(c) Covered entity shall notify business associate of any restriction on the use or disclosure of protected health information that covered entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect business associate's use or disclosure of protected health information.

### **4. Permissible Requests by Covered Entity**

Covered entity shall not request business associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by covered entity.

### **5. Term and Termination**

(a) Term. The Term of this Agreement shall be one year from the date hereof and shall renew automatically (that is, without requiring the performance by any party by any affirmative act) for a one-year term each year on the anniversary of the date hereof unless (i) not fewer than thirty (30) days prior to any such anniversary, a party gives written notice to all other parties of its election not to renew the agreement, in which case the Agreement shall terminate on the anniversary next following after the notice of termination or (ii) any party terminates for cause as authorized in paragraph (b) of this Section.

(b) Termination for Cause. Each party authorizes termination of this Agreement by another party, if any party determines that another party has violated a material term of the Agreement and

assertedly breaching party has not cured the breach or ended the violation within the time specified by the party asserting the occurrence of the breach. Such termination for cause shall be accomplished by the giving by the terminating party to every other party of written notice of the termination, setting forth the cause and stating the date of termination for cause.

(c) **Obligations of Business Associate Upon Termination.**

Upon termination of this Agreement for any reason, business associate, with respect to protected health information received from covered entity, or created, maintained, or received by business associate on behalf of covered entity, shall:

(i) Retain only that protected health information which is necessary for business associate to continue its proper management and administration or to carry out its legal responsibilities;

(ii) Return to covered entity or, if agreed to by covered entity, destroy, the remaining protected health information that the business associate still maintains in any form;

(iii) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as business associate retains the protected health information;

(iv) Not use or disclose the protected health information retained by business associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out in this agreement which applied prior to termination; and

(v) Return to covered entity or, if agreed to by covered entity, destroy, the protected health information retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.

(d) **Survival.** The obligations of business associate under this Section shall survive the termination of this Agreement.

**C. Miscellaneous Provisions**

(a) **Regulatory References.** A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

(b) It is agreed and understood that GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM is not a party to any agency agreement between CANARX and any individual.

(c) It is agreed that CANARX is not a party to any agreement between GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM and any plan sponsor, pharmacy benefits manager, or any other party, other than in the event that any of them is a party

to this Agreement or to any similar agreement made with CANARX for the purpose of safeguarding the privacy-protected information of patients and program members.

(d) Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

(e) Interpretation. Any ambiguity in this Agreement shall be interpreted to harmonize the HIPAA Rules with the laws and rules of Barbados, Canada, the Province of Ontario, or any other jurisdiction that may be applicable, and not to require any party to violate the laws of any nation, state, or province with jurisdiction over it. The parties agree that this Agreement will be governed by and construed in accordance with the laws of the State of Illinois.

(f) The parties shall exercise good faith in the performance of this Agreement.

(g) Entire Agreement. This Agreement constitutes the entire agreement between the Parties with respect to the subject matter herein. There are no understandings or other agreements which are not fully expressed in this Agreement, and no change, waiver or discharge of obligations arising under this Agreement shall be valid unless in writing and executed by the Party against whom such change, waiver or discharge is sought to be enforced.

(h) Notices. Whenever under this Agreement a Party is required to give notice to the other Party, such notice shall be deemed given if mailed by First Class Certified United States or Canadian mail, return receipt requested, postage prepaid or hand-delivered, including by a recognized commercial courier service, with confirmed receipt, and addressed as follows:

If to CANARX:

Mr. G. Robert Howard  
President  
CANARX SERVICES, INC.  
235 Eugenie Street West  
Suite 105D  
Windsor, Ontario N8X 2X7  
Canada

with a copy to:

Mr. Joseph A. Morris  
Morris & De La Rosa  
6171 North Sheridan Road  
Suite 312  
Chicago, Illinois 60660  
U.S.A.

If to GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM:

Teri Apalovich  
Greater Tompkins County Municipal Health  
Insurance Consortium  
Finance Manager  
408 E. Upland Rd, Suite 2  
Ithaca NY 14850  
U.S.A.

Elin R. Dowd  
Greater Tompkins County Municipal Health  
Insurance Consortium  
Executive Director  
408 E. Upland Rd, Suite 2  
Ithaca NY 14850  
U.S.A.

IN WITNESS WHEREOF, CANARX and GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM have caused this Agreement to be signed and delivered by their duly authorized representatives, as of the date first set forth above.

CANARX GROUP, INC., a Barbados corporation

By:

Title:

CANARX SERVICES, INC., an Ontario corporation

By:

Title:

GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM, a  
New York Government

By:

Title:

**Greater Tompkins County Municipal Health Insurance Consortium**

**2023 - 2028 Fiscal Year Budget Projections**

	6.50%	6.50%	8.00%	8.00%	7.75%	7.50%	7.50%	7.50%
	Amended Budget 2023 Fiscal Year	Projected 12/31/23	Adopted Budget 2024 Fiscal Year	Amended Budget 2024 Fiscal Year	Projected Budget 2025 Fiscal Year	Projected Budget 2026 Fiscal Year	Projected Budget 2027 Fiscal Year	Projected Budget 2028 Fiscal Year
Average Covered Lives	6,985	6,985	6,985	7243	6,985	6,985	6,985	6,985
Beginning Balance	\$29,117,448.16	\$31,742,475.19	\$26,035,920.14	\$27,536,573.08	\$25,253,028.18	\$26,427,005.82	\$28,941,091.57	\$32,548,994.57
	Actual 12/31/22	Actual 12/31/23						
<b>Income</b>								
Medical and Rx Plan Premiums	\$62,109,184.32	\$61,247,052.57	\$66,280,586.70	\$67,745,881.12	\$71,417,332.17	\$76,773,632.08	\$82,531,654.49	\$88,721,528.57
Interest/Investment Income	\$450,000.00	\$538,393.03	\$800,000.00	\$800,000.00	\$650,000.00	\$650,000.00	\$500,000.00	\$500,000.00
Rx Rebates	\$2,900,000.00	\$3,454,811.21	\$3,875,000.00	\$3,875,000.00	\$4,750,000.00	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00
Stop-Loss Claim Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00
<b>Total Income</b>	<b>\$65,459,184.32</b>	<b>\$65,240,256.81</b>	<b>\$70,955,586.70</b>	<b>\$72,422,081.12</b>	<b>\$76,818,532.17</b>	<b>\$82,424,832.08</b>	<b>\$88,032,854.49</b>	<b>\$94,222,728.57</b>
<b>Expenses</b>								
Medical Paid Claims	\$43,149,264.56	\$44,758,736.71	\$45,318,439.96	\$46,334,932.57	\$47,471,065.86	\$49,725,941.49	\$52,087,923.71	\$54,562,100.08
Advance Deposit / Pre-Paid Claims	\$139,700.00	\$139,700.00	\$450,000.00	\$315,000.00	\$175,000.00	\$175,000.00	\$175,000.00	\$175,000.00
Rx Paid Claims	\$18,787,861.39	\$21,805,216.57	\$22,162,670.64	\$22,659,779.34	\$23,824,870.94	\$25,611,736.26	\$27,532,616.48	\$29,597,562.71
Rx Paid Claims - CanaRx	\$178,747.40	\$152,729.30	\$159,717.32	\$159,717.32	\$171,696.12	\$184,573.33	\$198,416.33	\$213,297.55
Medical Admin Fees	\$1,762,898.30	\$1,708,337.18	\$1,381,880.00	\$1,437,155.20	\$1,710,744.00	\$1,753,584.00	\$1,806,191.52	\$1,860,377.27
Rx Clinical Concierge Fees	\$0.00	\$0.00	\$146,685.00	\$152,552.40	\$146,685.00	\$146,685.00	\$146,685.00	\$146,685.00
LBS Admin Fees	\$0.00	\$0.00	\$0.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
Rx Admin Fees	\$298,582.82	\$281,508.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NYS Covered Lives Assessment	\$429,780.00	\$428,718.06	\$451,269.00	\$469,319.76	\$473,832.45	\$497,524.07	\$522,400.28	\$548,520.29
ACA PCORI Fee	\$21,756.29	\$17,808.57	\$22,844.11	\$23,757.87	\$23,986.32	\$25,185.63	\$26,444.91	\$27,767.16
Specific Stop-Loss Insurance Premium	\$872,984.63	\$320,301.77	\$880,994.40	\$842,878.00	\$969,093.84	\$1,066,003.22	\$1,172,603.55	\$1,289,863.90
Accounting Fees	\$19,570.00	\$19,600.00	\$20,157.10	\$19,600.00	\$20,761.81	\$21,384.67	\$22,026.21	\$22,686.99
Actuarial Fees	\$7,416.00	\$7,200.00	\$7,416.00	\$8,000.00	\$8,240.00	\$8,487.20	\$8,741.82	\$9,004.07
Audit Fees (Financial & DFS 2023 & 2024)	\$164,935.00	\$263,660.46	\$105,000.00	\$76,250.00	\$16,000.00	\$16,480.00	\$16,974.40	\$17,483.63
Audit Fees (Claims)	\$92,750.00	\$68,975.00	\$95,532.50	\$78,525.00	\$56,051.43	\$57,732.97	\$59,464.96	\$59,464.96
Consultant Fees (L&C)	\$94,399.50	\$94,200.00	\$97,026.00	\$97,026.00	\$99,936.78	\$102,934.88	\$106,022.93	\$109,203.62
Consultant Fees (Strat Plan - TBD)	\$100,000.00	\$75,000.00	\$25,000.00	\$25,000.00	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00
Consultant Fees (Foxpointe)	\$0.00	\$0.00	\$0.00	\$39,000.00	\$40,170.00	\$41,375.10	\$42,616.35	\$43,894.84
Legal Fees	\$12,360.00	\$7,315.00	\$12,730.80	\$15,000.00	\$13,112.72	\$13,506.11	\$13,911.29	\$14,328.63
Salaries	\$310,542.75	\$307,568.18	\$326,281.80	\$326,281.80	\$339,333.07	\$352,906.39	\$367,022.65	\$381,703.56
Fringe Benefits	\$124,217.10	\$121,978.61	\$134,711.49	\$134,711.49	\$140,099.95	\$145,703.95	\$151,532.11	\$157,593.39
Insurances (D&O / Prof. Liability)	\$65,014.00	\$65,713.57	\$75,000.00	\$75,000.00	\$78,750.00	\$82,687.50	\$86,821.88	\$91,162.97
Internal Coordination (Town of Ithaca)	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00
Internal Coordination (IT Support)	\$12,881.43	\$6,780.99	\$7,000.00	\$7,200.00	\$7,210.00	\$7,426.30	\$7,649.09	\$7,878.56
Wellness Program Costs	\$12,500.00	\$4,024.16	\$12,500.00	\$12,500.00	\$12,500.00	\$12,500.00	\$12,500.00	\$12,500.00
Marketing Expenses	\$2,500.00	\$0.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00
Investment Management Services	\$24,000.00	\$11,960.19	\$24,000.00	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00
Supplies Expense	\$7,500.00	\$7,677.00	\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00
Computer Equipment	\$5,000.00	\$4,394.63	\$6,200.00	\$32,400.00	\$6,386.00	\$9,440.00	\$12,530.00	\$12,530.00
Lease Expense (including Depreciation)	\$60,000.00	\$30,431.94	\$55,365.00	\$103,200.00	\$65,135.00	\$71,649.00	\$74,906.00	\$78,162.00
Mileage- Travel Expenses	\$2,500.00	\$913.12	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00
Furniture and Fixtures	\$75,000.00	\$566.18	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00
Training / Professional Development	\$5,000.00	\$2,449.20	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
Subscriptions	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Other Expenses	\$7,822.85	\$1,838.10	\$8,057.54	\$8,057.54	\$1,893.24	\$8,299.26	\$1,950.04	\$8,548.24
<b>Total Expenses</b>	<b>\$66,854,484.04</b>	<b>\$70,721,302.53</b>	<b>\$72,013,478.66</b>	<b>\$73,504,844.30</b>	<b>\$75,944,554.53</b>	<b>\$80,210,746.34</b>	<b>\$84,724,951.49</b>	<b>\$89,519,319.43</b>
<b>Net Income</b>	<b>(\$1,395,299.72)</b>	<b>(\$5,481,045.72)</b>	<b>(\$1,057,891.96)</b>	<b>(\$1,082,763.18)</b>	<b>\$873,977.64</b>	<b>\$2,214,085.75</b>	<b>\$3,307,903.00</b>	<b>\$4,703,409.15</b>
<i>% of Revenue</i>	-2.1%	-8.4%	-1.5%	-1.5%	1.1%	2.7%	3.8%	5.0%
<b>Gains/(Losses) on Investments</b>	<b>\$0.00</b>	<b>\$691,138.70</b>	<b>\$275,000.00</b>	<b>\$500,000.00</b>	<b>\$300,000.00</b>	<b>\$300,000.00</b>	<b>\$300,000.00</b>	<b>\$300,000.00</b>
<b>Adjusted Net Income</b>	<b>(\$1,395,299.72)</b>	<b>(\$4,789,907.02)</b>	<b>(\$782,891.96)</b>	<b>(\$582,763.18)</b>	<b>\$1,173,977.64</b>	<b>\$2,514,085.75</b>	<b>\$3,607,903.00</b>	<b>\$5,003,409.15</b>
<i>% of Revenue</i>	-2.1%	-7.3%	-1.1%	-0.8%	1.5%	3.1%	4.1%	5.3%
<b>Ending Balance</b>	<b>\$27,722,148.44</b>	<b>\$26,952,568.17</b>	<b>\$25,253,028.18</b>	<b>\$26,953,809.90</b>	<b>\$26,427,005.82</b>	<b>\$28,941,091.57</b>	<b>\$32,548,994.57</b>	<b>\$37,552,403.71</b>
<b>Liabilities and Reserves</b>								
Statutory IBNR Reserve	\$6,672,663.00	\$8,279,606.00	\$8,170,899.35	\$8,279,606.00	\$8,597,115.95	\$9,083,670.13	\$9,599,274.78	\$10,145,755.24
Statutory Surplus Account	\$2,729,554.76	\$3,062,352.63	\$3,314,029.34	\$3,387,294.06	\$3,570,866.61	\$3,838,681.60	\$4,126,582.72	\$4,436,076.43
Discretionary Rate Stabilization Reserve	\$3,892,443.28	\$1,671,409.56	\$1,702,270.70	\$1,736,735.73	\$1,791,065.82	\$1,892,431.28	\$1,999,848.91	\$2,113,699.01
Discretionary Catastrophic Claims Pool	\$4,808,739.38	\$4,606,088.00	\$4,808,739.38	\$4,606,088.00	\$4,808,739.38	\$4,808,739.38	\$4,808,739.38	\$4,808,739.38
<b>Total Liabilities and Reserves</b>	<b>\$18,103,400.42</b>	<b>\$17,619,456.19</b>	<b>\$17,995,938.76</b>	<b>\$18,009,723.79</b>	<b>\$18,767,787.76</b>	<b>\$19,623,522.39</b>	<b>\$20,534,445.80</b>	<b>\$21,504,270.06</b>
<b>Unencumbered Fund Balance</b>	<b>\$9,618,748.02</b>	<b>\$9,333,111.98</b>	<b>\$7,257,089.42</b>	<b>\$8,944,086.12</b>	<b>\$7,659,218.06</b>	<b>\$9,317,569.18</b>	<b>\$12,014,548.77</b>	<b>\$16,048,133.65</b>
<i>% of Premiums</i>	15.49%	15.24%	10.95%	13.20%	10.72%	12.14%	14.56%	18.09%

# KNOW YOUR RIGHTS AS A PATIENT IN THE AGE OF E-PRESCRIBING!



Doctors more and more issue prescriptions by computer and, in New York State, an electronic system allows physicians to send prescriptions over a computer network straight to a pharmacy without the patient ever receiving or having to take a written prescription slip to have the prescription filled. This is called “e-prescribing”.

## 1. YOU HAVE THE RIGHT TO HAVE YOUR MEDICINE “E-PRESCRIBED”.

If it is convenient for you to have your medicine “e-prescribed”, you have the right to ask for it and, in many doctors’ offices in New York State it’s the default option.

## 2. YOU HAVE THE RIGHT TO PICK THE PHARMACY TO WHICH YOUR “E-PRESCRIPTION” IS SENT — IF YOUR PREFERRED PHARMACY IS IN NEW YORK STATE.

But if you have your medicine “e-prescribed”, you have the right to pick the pharmacy to which your doctor’s office will send the prescription to be filled. In fact, it’s a violation of your rights for the doctor’s office to override your preference in dispensing pharmacies. That’s called “steering” and it’s against the law. Note, though, that the New York e-prescribing system may connect New York doctors mainly or only with New York pharmacies.

## 3. YOU HAVE THE RIGHT TO HAVE THE DOCTOR GIVE YOU A TRADITIONAL WRITTEN PRESCRIPTION.

You also have the right to ask your doctor to issue a traditional written prescription to you. You may want this, for example, so that you can shop the prescription around at more than one pharmacy until you find the best deal for you, whether based on price or other terms of service.

You may also want a traditional written prescription in case you plan to travel, and you want to have the prescription with you in case you need to have it filled while you’re away from home.

## 4. YOU HAVE THE RIGHT TO GET YOUR PRESCRIPTION FILLED OUT OF STATE.

Even though your doctor’s office is in New York State, you have the right to have your prescription filled out-of-State, if you wish. To help you exercise that right, the New York e-prescribing laws protect your right to have your prescription sent by fax to the pharmacy or dispenser of your choice, even if it’s not in New York State. To accommodate your right to make that choice, the law tells the doctor simply that the prescription form that is faxed has to have the same information as is found on a regular prescription form and it needs to be signed by the prescribing doctor, just like a prescription jotted down on the doctor’s prescription pad.



canarx.com

## CONTACT US

CANARX Planholder / Admin

Phone: 1-888-739-2718

Fax: 1-866-715-6337

CANARX Member

Phone: 1-866-893-6337

Fax: 1-866-715-6337



CANARX  
235 Eugenie St. W., Suite 105D  
Windsor, Ontario Canada N8X 2X7

## PERSONAL IMPORTATION | PRESCRIPTION MEDICATION

U.S. Federal law generally prohibits the importation of pharmaceuticals into the United States by anyone other than an FDA-licensed manufacturer or distributor of the drug.

The **law makes an exception**, however, for “**personal importation**” of a pharmaceutical when the pharmaceutical is **brought into the country by the patient** under circumstances that may include the following:

- (1) Only a small quantity of the medicine (typically a supply lasting 90 days or less) is imported, such that it is clear that no “commercial” use, by selling or redistribution, is intended;
- (2) the drug is medically necessary, particularly if its use has been directed by the patient’s doctor; and
- (3) the drug is not otherwise unlawful as dangerous or restricted.

When a drug is imported under the “personal importation” exception, it is **subject to evaluation** upon arrival at the border or port of entry, and U.S. Government inspectors are authorized to decide, on a **case-by-case basis**, whether or not the exception applies.

*A more detailed analysis of the legalities of personal importation is available upon request.*

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## THE CANARX ROLE

- CANARX assists individual Americans, for whom their U.S. doctors have prescribed\* brand-name **medicines approved by the FDA** in obtaining those medicines from actual **pharmacies in Canada, Australia, and the United Kingdom**, and “personally importing” them.
- CANARX acts as the patient’s agent in contacting the dispensing drug store on the patient’s behalf, shepherding the “personal importation” through the inspection and adjudication process at the border or port of entry.
- CANARX presents the patient’s claims for benefits to their health plans or other third-party payors.
- CANARX is a prescription referral service, and not an internet pharmacy, a drug wholesaler, a remote dispensing facility, or a pharmacy of any kind.

*\*Although New York State law generally requires physicians to “e-prescribe”, it permits physicians to issue a written prescription when requested by a patient. This is done, for example, so that a patient, looking for competitive prices, can shop a prescription around more than one pharmacy or can have the prescription filled by an out-of-state pharmacy. New York physicians thus should issue written prescriptions when a patient asks for it. A written legal opinion on this subject from our attorneys in New York is available on request.*





CANARX is a voluntary international mail order option. To be eligible for the CANARX program, you must be an existing member of a health insurance plan that currently has CANARX implemented as an additional option for prescription medication coverage.



**FREE Brand-Name Medications**



**No Shipping and Handling Charges to You!**



**SIMPLE.**

**Who is CANARX?**

We're the easy way for you to get prescription medications. CANARX offers hundreds of brand-name maintenance medications that you can get — **copay-free** — in just a few easy steps.

**SAFE.**

Medications are shipped direct to you from licensed and regulated pharmacies located in Canada, the United Kingdom and Australia. All medications are backed by a Quality Assurance Team of doctors and pharmacists, as well as 20-plus years of experience in the industry.

**SMART.**

With our program, you pay **\$0** in copays and your medications are shipped right to your door for **FREE**. How? Your health plan pays less for the medication and shares these savings with you.

**Ready to Start Saving?**

**ENROLL TODAY!**

**1-866-893-6337 | canarx.com**



# Let's Get Started

## JOINING IS EASY!

Visit our website today, for more information including:

- Additional Forms
- Frequently Asked Questions (FAQs)
- Video Overview
- List of Medications

Call 1-866-893-6337 for your plan's WebID.

[canarx.com](http://canarx.com)

Scan to go to the website ▶



Before ordering through CANARX, you or your doctor must attest that you have been taking your prescribed medication for at least 30 days – this is to ensure you have not experienced any complications with the medication.



### STEP 1

Ask your doctor for a prescription for a **3-month** supply of your maintenance medication with **3 refills**.



### STEP 2

Fill out the attached enrollment form or download one from your group website.



### STEP 3

Send us your prescription, enrollment form and a copy of your state driver's license or other approved government ID.



### STEP 4

CANARX will call you to welcome you to the program and review your order.



### STEP 5

A licensed and regulated pharmacy will ship your medication to you in the original manufacturer's sealed packaging.



### STEP 6

Refills are worry-free. CANARX will call you prior to each renewal of your prescription to ensure you have a continuous supply.

Submit Your Completed and Signed Enrollment Form, Original Prescription and ID:

By Mail to:

CANARX  
PO Box 3009  
Windsor, ON Canada  
N8N 2M3

Enrollment Form  
and ID can also  
be sent by secure  
upload to:  
[canarxdocs.com](http://canarxdocs.com)

By Fax to:

1-866-715-6337

Note: Prescriptions must be faxed directly from the physician's office.

CANARX



## WHY JOIN CANARX?

CANARX is the answer to the rising cost of prescription medications. With the CANARX program you can receive your brand name medication shipped directly to your door with no shipping charges or out-of-pocket costs. That's right, this program is available to you for ZERO COPAY.

How is this possible? The Greater Tompkins County Municipal Health Insurance Consortium pays less for medications with CANARX and passes savings along to members with a zero copay. It's truly a WIN-WIN and a way to keep a viable and affordable health plan for everyone.

The [GTCMHIC specific CANARX website](#) is waiting for you with a searchable medication list, video overview, expanded FAQs and downloadable enrollment material.

([www.canarx.com](http://www.canarx.com) WebID: **GTCMHIC**)

What would some extra money mean to you and your family this year?... Enroll today and start your savings!



### PRESCRIPTION MEDICATION SAFETY- A CORNERSTONE OF CANARX

Safety starts with the source for CANARX. Medications are provided through certified pharmacies in Canada, the U.K. and Australia where standards meet or exceed those in the United States.

Call 1-866-893-6337 to see if your medication is available.

**\$0 COPAY**  
**BRAND-NAME**  
**MAINTENANCE**  
**MEDICATIONS**  
**DELIVERED TO YOUR**  
**DOOR FOR FREE**



Learn more - visit our brand new, easier to use website [canarx.com](http://canarx.com) | WebID **GTCMHIC**.

The CANARX program is available to eligible members and their dependents of the Greater Tompkins County Municipal Health Insurance Consortium.



## CANARX | \$0 COPAY BRAND-NAME MEDICATIONS

Are you or your covered dependents currently prescribed any brand-name maintenance medications? If so, CANARX is a **FREE** benefit available to you where you can get certain brand-name medications delivered to your mailbox for **NO OUT-OF-POCKET COST!** Yes, it's **FREE!**

**FREE?!** How is that possible? We're **SO** glad you asked.

CANARX works with licensed pharmacies in Canada, the United Kingdom and Australia. These Tier-1 countries (they are designated by US Congress as Tier-1 because they have pharmaceutical standards that equal or exceed those of the United States) negotiate with drug manufacturers to keep the cost of medications low.

The medication goes from (1) the drug manufacturer to (2) a wholesaler to (3) a pharmacy in one of those countries to (4) **YOU**. The medication stays in the factory-sealed packaging the whole time. So, you can be assured that it's safe.

CANARX charges your Plan the cost of the medication from that country which can be **50% to 80% less** than what the Plan would pay for that same medication domestically. The Plan saves **SO MUCH**, they can offer this program to you at no cost! That means no copay, no deductible or shipping fees. Making it truly a **WIN/WIN** for both you **AND** your health plan.

### **How do I get started?**

1. Gather all medications for everyone covered under your plan so you can see the medication names. In addition to tablets and pills, CANARX has inhalers, prescription creams, and prescription eye drops on their formulary.

Go to the website that is set up for our Plan ([www.canarx.com](http://www.canarx.com), use WebID **XXXXXX**) and go to the 'Covered Medications' page/tab. The formulary is searchable so just type the names in, one by one, to see if the medication is offered. Whatever comes up on the list, you can order it through CANARX for **FREE!**

For patient safety and compliance with FDA guidelines for personal importation, CANARX has a controlled formulary.



- ⊗ No generics (at all)
- ⊗ No temperature-sensitive medications
- ⊗ No controlled substances
- ⊗ No precursors
- ⊗ No REMS medication
- ✓ Medications that will save the Plan money

Please note: there ARE some brand names that CANARX can get cheaper than the generic counterparts. Those are marked with a (G) next to it.

Again, if it's on the CANARX list, it's free to you because the Plan saves so much.

2. CANARX needs 3 things to enroll: (1) the **enrollment form** with all your contact information, all the medications you take (because they do a drug utilization review to make sure that there are no adverse interactions), (2) a copy of your government-issued **photo ID**, and (3) a **prescription** from your doctor.

With the NEW ONLINE ENROLLMENT, you can do all three at the same time. There is a place for you to upload your photo ID and there is a question asking if you'd like CANARX to reach out to your doctor to obtain your prescription on your behalf. If you answer 'Yes', a whole section drops down for you to enter your doctor's information including fax number. *(If you have an original prescription, please mail it to CANARX.)*

It's super easy!

3. CANARX calls you to welcome you to the program AND when it's time for refills! You don't need to worry! They will (1) verify you still need the medication, (2) do a drug utilization review to make sure that nothing in your medical history has changed, (3) verify where you want the medication sent (some lucky people spend part of the year at another address), and (4) they verify how much medication you have on hand (to adjust shipping dates).

So, please, be sure to put the CANARX number (866-893-6337) into your phone so that you know it's them when they call 😊! You do not want to miss those calls!

You can sign up for CANARX any time of the year (not just during open enrollment). Start today and start saving!

**1-866-893-6337** | [www.canarx.com](http://www.canarx.com) WebID: XXXXX

# CANARX



- **\$0 COPAY**
- **BRAND-NAME** maintenance medications
- Delivered to your door for **FREE**

Your WebID Is: **GTCMHIC**

**LEARN MORE**

**canarx.com | 1-866-893-6337**



**SIMPLE.  
SAFE.  
SMART.**





# ONLINE ENROLLMENT

## Easier Than Ever.

We're thrilled to introduce a game-changing update from CANARX: Online Enrollment, making the process simpler, safer, and smarter than ever before.

Navigating healthcare options can be complex, but CANARX is dedicated to providing you with a hassle-free experience. Our HIPAA-compliant online forms ensure your privacy while streamlining the enrollment journey.

To get started, simply scan the QR code below, find your medication, and enroll online.

Ready to embrace the future of enrollment?

Your WebID is: **GTCMHIC**



As an eligible plan member, you can receive brand-name prescription medications for **FREE** through the CANARX program! We offer some of the most highly prescribed medications today, including ...

- **Advair**
- **Januvia**
- **Eliquis**
- **Rybelsus**
- **Flovent**
- **Xarelto**

For a complete list, visit your plan page at **canarx.com** or call **1-866-893-6337**



PRSRT STD  
US POSTAGE  
PAID  
DETROIT MI  
PERMIT # 851

**Contáctenos o visite el sitio web para materiales en español.**



**LOOKING TO  
SAVE SOME  
EXTRA MONEY  
THIS YEAR?**



**SIGN UP TODAY AND  
START SAVING!**

With the CANARX program, you can start saving right away. Sign up today for free and start receiving your brand-name medication shipped directly to your door with no shipping charges or out-of-pocket costs. That's right, this program is available to you for **ZERO COPAY**. What would a little extra money mean to you and your family this year?

Visit our website **canarx.com** and use your WebID to get started!

Your WebID Is: **GTCMHIC**



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PERMIT # 851

**Contáctenos o visite el sitio web para materiales en español.**



GTCMHIC  
Benefit Coordinator Copy

SIMPLE.  
SAFE.  
SMART.



SIGN UP TODAY

Medications FREE to your door!

CANARX is a voluntary international mail order prescription program that is available to eligible members and their dependents of the Greater Tompkins County Municipal Health Insurance Consortium.

Brand name medications, in the original factory-sealed manufacturers packaging, are delivered DIRECT TO YOUR DOOR from certified pharmacies in Canada, the United Kingdom and Australia. YOU PAY NOTHING thanks to the savings CANARX brings to your plan.

Getting started is super easy!

1. Check to see if a medication is offered. Call **1-866-893-6337** and speak with a CANARX representative or view the complete formulary and print enrollment material at [www.canarx.com](http://www.canarx.com) (WebID: **GTCMHIC**).
2. Ask your doctor for a prescription for a 3-month supply, with 3 refills.
3. Submit documentation (completed enrollment form, prescription and a copy of your photo ID).
4. Sit back and relax...medication will be mailed direct to your home within 4 weeks!

- ✔ \$0 Copay
- ✔ 500+ FREE Brand Name Medications
- ✔ Easy, convenient refills
- ✔ Refills only, no "new to you" meds
- ✔ No additional costs

For More Information



1-866-893-6337  
[www.canarx.com](http://www.canarx.com)  
WebID: GTCMHIC





# Member FAQs

## **HOW CAN THESE MEDICATIONS BE OFFERED AT A ZERO COPAY?**

The substantial savings opportunities that the CANARX mail order programs provide are due to the fact that in the countries (Canada, the United Kingdom, and Australia) where CANARX assists individuals in shopping, prevailing prices are substantially lower for the same drugs than they are in the United States. CANARX works with government-licensed pharmacies to supply brand-name medications, packaged and sealed by the original manufacturer, for delivery to all participants. This lower cost for medications allows CANARX to offer this program at a zero copay to the participant.

## **WHERE DO THESE MEDICATIONS COME FROM?**

All medications are sourced from Tier 1 countries as designated by U.S. Congress for safety purposes. Tier 1 countries are deemed by the U.S. government to have equivalent or greater safety and licensing regulations as the United States. CANARX ensures that all medications are packaged by the manufacturer, distributed by government-regulated wholesalers, prescribed by practicing physicians, labeled and dispensed by licensed local pharmacists, and delivered directly to the patient. In addition, CANARX professionals regularly inspect all licensed pharmacies to ensure that safety standards and regulations are met.

## **WHAT IS THE DIFFERENCE BETWEEN THE MEDICATIONS FROM THE UNITED STATES AND THOSE SHIPPED FROM INTERNATIONAL SOURCES?**

Medications shipped by CANARX pharmacies meet the strict manufacturing requirements of Tier 1 countries and are government-regulated. Although the drugs you receive may in limited circumstance look slightly different or have a different name than what you are used to, for all intents and purposes they are identical. For example, a drug may be a capsule in the U.S. but a tablet in another country.

## **WILL THE CANARX PROGRAM REPLACE OUR CURRENT PRESCRIPTION BENEFIT PLAN?**

No. CANARX is a voluntary program that can only be used for select brand-name medications listed on the CANARX formulary. You will need to use your current prescription benefit plan for medications not listed on the formulary, such as generic medications, controlled substances and antibiotics.

## **DO I HAVE TO USE CANARX FOR ALL OF MY BRAND-NAME MEDICATIONS?**

No. But if your medication is available through CANARX, the copay savings could be substantial. At any time, you can revert back to purchasing your medications at your local pharmacy or mail order provider.

## **HOW DO I ENROLL?**

To enroll, please submit a completed enrollment form, a new prescription for each medication and a copy of your photo identification. To avoid a possible delay, it is recommended that you first inquire with one of our representatives for confirmation on whether the medication is available. A three-month prescription with three refills should be requested from your physician – and a 30-day prescription for local filling to ensure your continued course of therapy during your enrollment period. Enrollment forms can be faxed, uploaded to our secure site or mailed to CANARX. Photo identification can be uploaded to our secure site, emailed or mailed. Prescriptions can be mailed or sent by fax directly from your physician's office.

## **WHY DO I HAVE TO COMPLETE AN ENROLLMENT FORM?**

CANARX requires this form to be completed for the safety of the patient. Your current medication list and health history are used for physician review and to complete a drug utilization review that could identify possible interactions.

## **HOW LONG IS THE PROCESS?**

Once all correspondence is received and registration is confirmed it takes three to five business days to process internally. Your order is then sent to the international pharmacy for dispensing. Please allow four weeks for delivery of your package.

## **DO I NEED TO CALL CANARX FOR REFILLS?**

CANARX maintains a calling schedule for all of our customers. When your refills are due, CANARX will attempt to reach you by phone three times. If unsuccessful, a letter will be issued as a reminder for you to contact us.

## **WHAT IS YOUR RETURN POLICY?**

Once medications have left the dispensing pharmacy, CANARX by law cannot accept medications back.

## HOW DO YOU ENSURE MY SAFETY?

All medications are delivered in the original sealed package supplied from the brand-name manufacturer's approved facility. The medications are dispensed and mailed directly to the patient by a licensed pharmacy in a Tier 1 country.

## DO YOU OFFER GENERIC MEDICATIONS?

No. CANARX only offers brand-name medications that represent savings.

## WHAT DOES THE "G" MEAN ON THE FORMULARY?

Medication names appearing with a (G) are available in a generic version locally with a potentially greater savings.

## WHY IS THE MEDICATION NOT AVAILABLE?

- Generic drugs are excluded because they usually cost less in the U.S.
- Medications requiring refrigeration are excluded since they may spoil during transit.
- Narcotics and controlled substances are excluded because of safety concerns, as well as, laws and regulations.
- Medications likely to be required right away, such as antibiotics for an infection, are excluded because of the time required to ship them abroad.
- The medication may be available for purchase locally at a lower cost to your health plan.
- There may not be sourcing for the medication at our approved pharmacies.

## WHERE ELSE CAN I OBTAIN MY MEDICATIONS?

Medications not available through CANARX should be ordered through your U.S. prescription provider.

## ARE THERE ANY OTHER MEDICATIONS AVAILABLE THAT I CAN TAKE OR CAN BE SUBSTITUTED?

You may ask your physician to review the list of available medications for a possible alternative. When switching to an available medication, a local trial is required.

## WHY CAN'T I SEND IN A PRESCRIPTION FOR A NEW MEDICATION, AND INSTEAD HAVE TO FILL IT LOCALLY FIRST?

When taking a new-to-you medication a local trial is required in which initial counseling would be received from a local pharmacy. This ensures that you know how to properly take the medication and are aware of possible side effects. The trial also ensures there are no adverse reactions to the medication and that your physician has determined it is appropriate to continue therapy prior to ordering a three-month supply.

## I HAVE QUESTIONS REGARDING MY MEDICATIONS, IS THERE A PHARMACIST AVAILABLE TO ANSWER MY QUESTIONS?

A pharmacist is available to answer questions. There is also a 24-hour emergency line.

## WHO PAYS THE SHIPPING COSTS?

There are no individual shipping charges. All shipping costs are covered by the program.

## WHAT IS THE STANDARD SHIPPING TIME?

Please allow four weeks for delivery of a package.

## DO I HAVE TO SIGN FOR MY PACKAGE?

CANARX does not require a signature upon delivery. However, it may be a requirement of the U.S. Postal Service and left to their discretion.

## WHAT IF I DO NOT WISH TO HAVE MY MEDICATIONS SHIPPED IN THE ORIGINAL MANUFACTURER PACKAGING AND PREFER BOTTLES?

All medications are shipped in the sealed, original manufacturer packaging as an added safety feature. If you wish to have medication bottles or child-proof caps, they can be included in the order at no cost, but the medication will have to be transferred into the bottles upon receipt.

## IS PERSONAL IMPORTATION PERMITTED?

Yes. Canarx has designed its program to comply with personal importation guidelines that allow you to import up to a 90-day supply of medicines that your doctor has prescribed for you for your personal use. Contact us today for more information.

## MY DOCTOR SAYS THEY CANNOT PROVIDE A WRITTEN PRESCRIPTION. WHAT NOW?

When a prescription is being filled locally, the doctor may be restricted by e-prescribing mandates. These mandate provide exceptions in specific cases, such as the medication being filled out of state. Advise your doctor the medication is being filled out of state, and a physical prescription is required. Prescriptions can either be mailed directly to us or faxed from your physician's office at 1-866-715-(MEDS).



CANARX  
235 Eugenie St. W., Suite 105D  
Windsor, Ontario Canada N8X 2X7

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- CANARX presents the patient’s claims for benefits to their health plans or other third-party payors.
- CANARX is a prescription referral service, and not an internet pharmacy, a drug wholesaler, a remote dispensing facility, or a pharmacy of any kind.

*\*Although New York State law generally requires physicians to “e-prescribe”, it permits physicians to issue a written prescription when requested by a patient. This is done, for example, so that a patient, looking for competitive prices, can shop a prescription around more than one pharmacy or can have the prescription filled by an out-of-state pharmacy. New York physicians thus should issue written prescriptions when a patient asks for it. A written legal opinion on this subject from our attorneys in New York is available on request.*

# Summary Savings Report# 20108



DATE: May-08-23  
 PROGRAM: GTC - Annual GSR  
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<b>Enrolled Members</b>	<b>95</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> November 01, 2007
<b>Issued Prescriptions</b>	<b>483</b>	<b>12545</b>
<b>Average U.S. Plan Cost</b>	<b>\$602,219.85</b>	<b>\$7,017,629.15</b>
<b>Canarx Billing</b>	<b>\$174,140.70</b>	<b>\$2,591,566.80</b>
<b>Net Program Savings</b>	<hr/> <b>\$428,079.15</b> <hr/>	<hr/> <b>\$4,426,062.35</b> <hr/>
<b>Savings</b>	<b>71.08%</b>	<b>63.07%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$12,128.33</b>	<b>2.83%</b>
<b>Group Savings</b>	<b>\$415,950.82</b>	<b>97.17%</b>
<b>Savings</b>	<hr/> <b>\$428,079.15</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$428,079.15</b>	
Calculations are based on current results		

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MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ACTONEL	35MG	12	1	\$154.90	\$920.64	\$765.74	3	\$35.00	\$730.74		00430-0472-07	50364
ACTONEL	150MG	3	1	\$139.90	\$997.20	\$857.30	3	\$35.00	\$822.30		00430-0478-02	63925
ADVAIR DISKUS	100MCG	2,340	13	\$2,230.70	\$11,138.40	\$8,907.70	3	\$455.00	\$8,452.70		00173-0695-00	43366
ADVAIR DISKUS	250MCG	1,440	8	\$1,905.20	\$8,510.40	\$6,605.20	3	\$280.00	\$6,325.20		00173-0696-00	43367
ADVAIR HFA	115/21MCG	1,440	4	\$832.60	\$4,377.60	\$3,545.00	2	\$80.00	\$3,465.00		00173-0716-20	61344
ADVAIR HFA	230/21MCG	720	2	\$547.80	\$2,880.00	\$2,332.20	2	\$40.00	\$2,292.20		00173-0717-20	61345
ANORO ELLIPTA	62.5/25MCG	360	4	\$1,143.60	\$2,472.30	\$1,328.70	2	\$80.00	\$1,248.70		00173-0869-06	71883
ATACAND	4MG	84	1	\$79.90	\$462.00	\$382.10	3	\$35.00	\$347.10		62559-0640-30	37015
AVAPRO (G)	300MG	270	3	\$149.70	\$2,130.30	\$1,980.60	3	\$105.00	\$1,875.60		00024-5852-30	34469
BENICAR HCT	40MG/25MG	90	1	\$96.90	\$906.30	\$809.40	3	\$35.00	\$774.40		65597-0107-30	52835
BREO ELLIPTA	100/25MCG	270	3	\$684.70	\$1,539.90	\$855.20	2	\$60.00	\$795.20		00173-0859-10	70972
BREO ELLIPTA	200/25MCG	540	6	\$1,804.40	\$3,079.80	\$1,275.40	2	\$120.00	\$1,155.40		00173-0882-10	71815
BYSTOLIC	5MG	84	1	\$56.90	\$398.16	\$341.26	2	\$20.00	\$321.26		00456-1405-30	36654
BYSTOLIC	5MG	336	4	\$575.60	\$1,650.60	\$1,075.00	3	\$140.00	\$935.00		00456-1405-30	36654
BYSTOLIC	10MG	0	0	\$0.00	\$0.00	\$0.00	2	\$0.00	\$0.00		00456-1410-30	63511
BYSTOLIC	10MG	624	5	\$1,413.50	\$3,080.58	\$1,667.08	3	\$175.00	\$1,492.08		00456-1410-30	63511
CARDIZEM CD (G)	240MG	180	2	\$161.80	\$7,873.20	\$7,711.40	3	\$70.00	\$7,641.40		00187-0797-42	16571
CELEBREX	100MG	540	3	\$182.70	\$4,330.80	\$4,148.10	3	\$105.00	\$4,043.10		00025-1520-31	41285
CELEBREX	200MG	1,170	8	\$648.20	\$15,330.60	\$14,682.40	3	\$280.00	\$14,402.40		00025-1525-31	41286
CLARINEX	5MG	360	4	\$228.60	\$2,227.50	\$1,998.90	3	\$140.00	\$1,858.90		00085-1264-01	47763
COMBIGAN	0.2-0.5%	50	3	\$289.70	\$1,775.75	\$1,486.05	2	\$60.00	\$1,426.05		00023-9211-05	53407
COMBIGAN	0.2-0.5%	55	3	\$336.70	\$2,020.70	\$1,684.00	3	\$105.00	\$1,579.00		00023-9211-05	53407
COMBIVENT RESPIMAT	20MCG/100MCG	1,440	4	\$630.60	\$4,881.60	\$4,251.00	2	\$80.00	\$4,171.00		00597-0024-02	69371
DETROL LA	4MG	270	3	\$910.70	\$2,972.70	\$2,062.00	3	\$105.00	\$1,957.00		00009-5191-01	47327
DEXILANT DR	60MG	900	10	\$3,610.00	\$8,325.00	\$4,715.00	3	\$350.00	\$4,365.00		64764-0175-90	64794
DIFFERIN CREAM	0.1%	90	1	\$83.90	\$952.20	\$868.30	3	\$35.00	\$833.30		00299-5915-45	31789

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MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
DULERA	100MCG/5MCG	720	2	\$829.80	\$1,764.00	\$934.20	2	\$40.00	\$894.20		00085-7206-01	66480
DULERA	200MCG/5MCG	1,080	3	\$1,509.70	\$2,606.40	\$1,096.70	2	\$60.00	\$1,036.70		00085-4610-01	66481
DYMISTA	137/50MCG	1,080	3	\$368.70	\$1,670.40	\$1,301.70	3	\$105.00	\$1,196.70		00037-0245-23	69144
ELIQUIS	5MG	7,344	43	\$17,138.70	\$57,539.16	\$40,400.46	2	\$860.00	\$39,540.46		00003-0894-21	70414
ENTRESTO	24MG-26MG	1,604	10	\$8,249.00	\$14,901.84	\$6,652.84	2	\$200.00	\$6,452.84		00078-0659-20	74408
ENTRESTO	97MG-103MG	168	1	\$839.90	\$1,572.48	\$732.58	2	\$20.00	\$712.58		00078-0696-20	74410
EPIPEN	0.3MG	6	3	\$905.70	\$1,643.22	\$737.52	2	\$60.00	\$677.52		49502-0500-02	16879
FARXIGA	5MG	252	3	\$909.70	\$4,150.44	\$3,240.74	2	\$60.00	\$3,180.74		00310-6205-30	71740
FARXIGA	10MG	924	11	\$2,763.90	\$15,137.64	\$12,373.74	2	\$220.00	\$12,153.74		00310-6210-30	70755
FINACEA GEL	15%	450	3	\$388.70	\$3,019.50	\$2,630.80	3	\$105.00	\$2,525.80		50222-0505-50	51812
FLOVENT	220MCG	1,440	4	\$872.60	\$4,561.20	\$3,688.60	2	\$80.00	\$3,608.60		00173-0720-20	21483
GILENYA	0.5MG	224	8	\$31,466.20	\$70,801.64	\$39,335.44	1	\$93.33	\$39,242.11		00078-0607-15	66709
IMITREX (GR)	50MG	24	2	\$156.80	\$1,541.76	\$1,384.96	3	\$70.00	\$1,314.96		00173-0736-01	22479
IMITREX NASAL SPRAY	20MG	18	1	\$158.90	\$1,443.06	\$1,284.16	3	\$35.00	\$1,249.16		00173-0523-00	30742
INVOKANA	300MG	810	9	\$3,255.10	\$13,563.00	\$10,307.90	2	\$180.00	\$10,127.90		50458-0141-90	70792
JALYN	0.5MG/0.4MG	90	1	\$135.90	\$640.80	\$504.90	3	\$35.00	\$469.90		00173-0809-13	66352
JANUMET	50/500MG	336	3	\$456.70	\$2,627.52	\$2,170.82	2	\$60.00	\$2,110.82		00006-0575-61	62531
JANUMET	50/1000MG	672	4	\$904.60	\$5,192.88	\$4,288.28	2	\$80.00	\$4,208.28		00006-0577-61	62532
JANUVIA	50MG	336	4	\$1,005.60	\$5,192.88	\$4,187.28	2	\$80.00	\$4,107.28		00006-0112-31	61613
JANUVIA	100MG	1,596	19	\$4,840.10	\$24,650.64	\$19,810.54	2	\$380.00	\$19,430.54		00006-0277-54	61614
JARDIANCE	10MG	720	8	\$2,315.20	\$12,260.70	\$9,945.50	2	\$160.00	\$9,785.50		00597-0152-90	72488
JARDIANCE	25MG	1,530	17	\$4,916.30	\$25,768.80	\$20,852.50	2	\$340.00	\$20,512.50		00597-0153-90	72489
JUBLIA	10%	16	1	\$300.90	\$2,456.00	\$2,155.10	3	\$35.00	\$2,120.10		00187-5400-04	72429
LIALDA	1.2GM	1,440	4	\$2,438.60	\$12,124.80	\$9,686.20	3	\$140.00	\$9,546.20		54092-0476-12	62058
LINZESS	290MCG	252	3	\$826.70	\$3,709.44	\$2,882.74	2	\$60.00	\$2,822.74		00456-1202-30	69923
LIPITOR (G)	10MG	90	1	\$49.90	\$934.20	\$884.30	3	\$35.00	\$849.30		00071-0155-23	29967

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MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
LIPITOR (G)	20MG	180	2	\$99.80	\$2,665.80	\$2,566.00	3	\$70.00	\$2,496.00		00071-0156-23	29968
LUMIGAN	0.01%	75	5	\$789.50	\$5,980.80	\$5,191.30	2	\$100.00	\$5,091.30		00023-3205-03	65392
LUMIGAN	0.01%	78	6	\$815.40	\$6,403.02	\$5,587.62	3	\$210.00	\$5,377.62		00023-3205-03	65392
MYRBETRIQ	25MG	360	4	\$910.60	\$4,607.10	\$3,696.50	2	\$80.00	\$3,616.50		00469-2601-30	69630
MYRBETRIQ	50MG	1,080	12	\$2,683.80	\$13,854.60	\$11,170.80	2	\$240.00	\$10,930.80		00469-2602-30	69631
NASONEX	50MCG	4,760	10	\$1,061.00	\$7,711.20	\$6,650.20	3	\$350.00	\$6,300.20		00085-1288-01	31186
NEXIUM (G)	20MG	180	2	\$221.80	\$1,486.80	\$1,265.00	3	\$70.00	\$1,195.00		00186-5020-54	47525
NEXIUM (G)	40MG	180	2	\$275.80	\$1,486.80	\$1,211.00	3	\$70.00	\$1,141.00		00186-5040-54	47526
PLAQUENIL	200MG	400	2	\$193.80	\$3,972.00	\$3,778.20	3	\$70.00	\$3,708.20		59212-0562-10	9580
PRADAXA	150MG	1,440	8	\$2,812.20	\$10,557.00	\$7,744.80	3	\$280.00	\$7,464.80		00597-0360-55	66781
PREMARIN	0.3MG	168	2	\$161.80	\$951.72	\$789.92	2	\$40.00	\$749.92		00046-1100-81	3211
PREMARIN	0.3MG	336	4	\$294.60	\$1,932.00	\$1,637.40	3	\$140.00	\$1,497.40		00046-1100-81	3211
PREMARIN	0.625MG	56	1	\$76.90	\$312.48	\$235.58	2	\$20.00	\$215.58		00046-1102-81	3212
PREMARIN	0.625MG	56	1	\$77.90	\$322.00	\$244.10	3	\$35.00	\$209.10		00046-1102-81	3212
PREMARIN CREAM	0.625MG/GM	210	5	\$385.50	\$2,577.60	\$2,192.10	2	\$100.00	\$2,092.10		00046-0872-21	7013
PREMARIN CREAM	0.625MG/GM	120	3	\$226.70	\$1,497.60	\$1,270.90	3	\$105.00	\$1,165.90		00046-0872-21	7013
PREVACID SOLUTAB	30MG	420	5	\$351.50	\$5,229.00	\$4,877.50	3	\$175.00	\$4,702.50		64764-0544-11	51654
PRISTIQ	50MG	1,278	5	\$959.50	\$16,601.40	\$15,641.90	3	\$175.00	\$15,466.90		00008-1211-01	63736
QVAR REDHALER	40MCG	600	3	\$149.70	\$540.00	\$390.30	2	\$60.00	\$330.30		59310-0302-40	77643
RESTASIS VIALS	0.05%	4,680	27	\$24,149.30	\$44,722.80	\$20,573.50	2	\$540.00	\$20,033.50		00023-9163-30	51820
RETIN A CREAM	0.05%	480	4	\$417.60	\$758.40	\$340.80	3	\$140.00	\$200.80		00187-5162-45	5800
SINGULAIR (G)	10MG	84	1	\$66.90	\$603.12	\$536.22	3	\$35.00	\$501.22		00006-9117-31	38451
SOOLANTRA	1%	270	3	\$427.70	\$3,410.10	\$2,982.40	3	\$105.00	\$2,877.40		00299-3823-45	73235
SPIRIVA	18MCG	450	5	\$879.50	\$6,606.90	\$5,727.40	2	\$100.00	\$5,627.40		00597-0075-41	50714
TOVIAZ	8MG	504	6	\$1,317.40	\$5,649.84	\$4,332.44	2	\$120.00	\$4,212.44		00069-0244-30	64001
TRAVATAN Z 0.004%		30	2	\$563.80	\$2,094.90	\$1,531.10	3	\$70.00	\$1,461.10		00078-0946-25	47612

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MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
TRELEGY ELLIPTA	100-62.5-25MCG	1,170	13	\$4,973.70	\$10,783.80	\$5,810.10	2	\$260.00	\$5,550.10		00173-0887-10	77780
TRIBENZOR	40/5/25MG	90	1	\$111.90	\$1,026.00	\$914.10	3	\$35.00	\$879.10		65597-0116-30	66540
VAGIFEM	10MCG	420	16	\$1,258.40	\$8,038.80	\$6,780.40	3	\$560.00	\$6,220.40		00169-5176-03	65966
VENTOLIN HFA	90MCG	13,200	22	\$1,212.80	\$3,348.00	\$2,135.20	2	\$440.00	\$1,695.20		00173-0682-20	28090
VIVELLE-DOT	75MCG	120	5	\$385.50	\$1,802.40	\$1,416.90	3	\$175.00	\$1,241.90		00078-0345-42	23270
XARELTO	10MG	300	3	\$1,332.70	\$4,650.00	\$3,317.30	2	\$60.00	\$3,257.30		50458-0580-10	64493
XARELTO	15MG	168	2	\$699.80	\$2,542.68	\$1,842.88	2	\$40.00	\$1,802.88		50458-0578-10	68118
XARELTO	20MG	1,260	15	\$5,227.50	\$19,284.72	\$14,057.22	2	\$300.00	\$13,757.22		50458-0579-10	68119
XIIDRA	5%	900	5	\$4,769.50	\$8,332.20	\$3,562.70	2	\$100.00	\$3,462.70		00078-0911-12	76360
ZOMIG NASAL SPRAY	5MG	36	2	\$535.80	\$3,167.64	\$2,631.84	2	\$40.00	\$2,591.84		64896-0681-51	51639
Shipping				\$6,360.00		(\$6,360.00)			(\$6,360.00)			
<b>TOTALS</b>			<b>483</b>	<b>\$174,140.70</b>	<b>\$602,219.85</b>	<b>\$428,079.15</b>		<b>\$12,128.33</b>	<b>\$415,950.82</b>			

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Date	Type	No.	Payee	Category	Due date	Balance	Total	
06/30/2024	Bill	44762	CanaRx GROUP INC	Rx Claims-CanaRX	07/30/2024	0	7849.5	
06/15/2024	Bill	44673	CanaRx GROUP INC	Rx Claims-CanaRX	07/15/2024	0	7887.4	15736.9
05/31/2024	Bill	44288	CanaRx GROUP INC	Rx Claims-CanaRX	06/30/2024	0	7220.8	
05/16/2024	Bill	44186	CanaRx GROUP INC	Rx Claims-CanaRX	06/15/2024	0	6275.5	13496.3
04/30/2024	Bill	43802	CanaRx GROUP INC	Rx Claims-CanaRX	05/30/2024	0	7335.7	
04/15/2024	Bill	43708	CanaRx GROUP INC	Rx Claims-CanaRX	05/15/2024	0	6114	13449.7
03/31/2024	Bill	43368	CanaRx GROUP INC	Rx Claims-CanaRX	04/30/2024	0	4707.4	
03/15/2024	Bill	43262	CanaRx GROUP INC	Rx Claims-CanaRX	04/14/2024	0	9851.9	14559.3
02/29/2024	Bill	42914	CanaRx GROUP INC	Rx Claims-CanaRX	03/30/2024	0	5252.9	
02/15/2024	Bill	42817	CanaRx GROUP INC	Rx Claims-CanaRX	03/16/2024	0	5654.6	10907.5
01/31/2024	Bill	42445	CanaRx GROUP INC	Rx Claims-CanaRX	03/01/2024	0	10852.9	
01/15/2024	Bill	42349	CanaRx GROUP INC	Rx Claims-CanaRX	02/14/2024	0	4597.7	15450.6
12/31/2023	Bill	42018	CanaRx GROUP INC	Rx Claims-CanaRX	01/30/2024	0	3826.4	
12/15/2023	Bill	41925	CanaRx GROUP INC	Rx Claims-CanaRX	01/14/2024	0	6238.1	10064.5
11/30/2023	Bill	41567	CanaRx GROUP INC	Rx Claims-CanaRX	12/30/2023	0	6873.6	
11/16/2023	Bill	41466	CanaRx GROUP INC	Rx Claims-CanaRX	12/16/2023	0	7750.6	14624.2
10/31/2023	Bill	41122	CanaRx GROUP INC	Rx Claims-CanaRX	11/30/2023	0	12369.6	
10/15/2023	Bill	Inv#41020	CanaRx GROUP INC	Rx Claims-CanaRX	11/14/2023	0	5483.8	17853.4
09/30/2023	Bill	Inv#40703	CanaRx GROUP INC	Rx Claims-CanaRX	10/30/2023	0	4591	
09/15/2023	Bill	Inv#40596	CanaRx GROUP INC	Rx Claims-CanaRX	10/15/2023	0	6546.7	11137.7
08/31/2023	Bill	Inv#40262	CanaRx GROUP INC	Rx Claims-CanaRX	09/30/2023	0	6081.7	
08/16/2023	Bill	Inv#40159	CanaRx GROUP INC	Rx Claims-CanaRX	08/26/2023	0	5974.4	12056.1
07/31/2023	Bill	Inv#39827	CanaRx GROUP INC	Rx Claims-CanaRX	08/30/2023	0	5636.8	
07/15/2023	Bill	Inv#39731	CanaRx GROUP INC	Rx Claims-CanaRX	08/14/2023	0	3992.6	9629.4
06/30/2023	Bill	Inv#39402	CanaRx GROUP INC	Rx Claims-CanaRX	07/30/2023	0	7782.7	
06/15/2023	Bill	Inv#39301	CanaRx GROUP INC	Rx Claims-CanaRX	07/15/2023	0	8201.6	15984.3
05/31/2023	Bill	Inv#38964	CanaRx GROUP INC	Rx Claims-CanaRX	05/31/2023	0	7727.8	
05/15/2023	Bill	Inv#38870	CanaRx GROUP INC	Rx Claims-CanaRX	06/14/2023	0	6453.8	14181.6
04/30/2023	Bill	Inv#38538	CanaRx GROUP INC	Rx Claims-CanaRX	05/30/2023	0	5924.8	
04/15/2023	Bill	Inv#38439	CanaRx GROUP INC	Rx Claims-CanaRX	05/15/2023	0	6324.5	12249.3
03/31/2023	Bill	Inv#38103	CanaRx GROUP INC	Rx Claims-CanaRX	04/30/2023	0	5850.5	
03/15/2023	Bill	Inv#38003	CanaRx GROUP INC	Rx Claims-CanaRX	04/14/2023	0	6195.8	12046.3
02/28/2023	Bill	Inv#37696	CanaRx GROUP INC	Rx Claims-CanaRX	03/30/2023	0	2991	
02/15/2023	Bill	Inv#37600	CanaRx GROUP INC	Rx Claims-CanaRX	03/17/2023	0	5875.8	8866.8
01/31/2023	Bill	Inv#37276	CanaRx GROUP INC	Rx Claims-CanaRX	03/02/2023	0	6277.4	

