NADAC Reimbursement Quarterly Report

REPORT QUARTER	Quarter 3 July-September (Due October 31st)
Date of Submission	10/14/2025
PBM Company Name	Benecard Services, Inc.
PBM Doing Business As Name (DBA)	Benecard PBF
Iowa TPA Registration #	1002309356
PBM National Producer Number (NPN)	1989201
PBM Company Address	3131 Princeton Pike, Bld 5, Suite 105, Lawrenceville, NJ 08648
PBM Contact Name	Maria Minelli, Licensing Manager
PBM Contact E-mail	pbf_licensing@benecard.com
Person Completing Report	Maria Minelli
Person Completing Report E-mail	pbf_licensing@benecard.com
Person Completing Report Phone	
Link to PBM Website where this report will be kept	https://benecardpbf.com/compliance/

Instructions

Provide the data requested in each tab of this file. **Data fields left blank will result in an incomplete submission of this required report.**

A pharmacy benefits manager must provide to the Iowa Insurance Division a quarterly report of all claims reimbursed at 10% below and 10% above the National Average Drug Acquisition Cost

Definitions		
Product NDC #	National Drug Code	11-digit number assigned by FDA for each drug sold in the United States
Product Name	The NDC description	The complete name of the drug/medication associated with NDC#
Fill Date	Date the prescription was filled	MM-DD-YYY
Quantity of Drug Dispensed	Quantity in metric decimal units	# of tablets/capsules, Grams, Mililiters, etc.
Pharmacy name	Identification of the unique pharmacy who filled prescription	Name may include store #
Pharmacy NPI #	National Provider Identifier assigned to pharmacy	10-digit number issued to pharmacy by CMS
Amount Pharmacy Was Reimburesed $	The dollar amount per Unit, Not to include the member's cost share amount	In U.S Currency (ex: $1.00)
Dispensing Fee Paid To Pharmacy $	The dollar amount paid to pharmacy for dispensing fee only	In U.S Currency (ex: $1.00)
Member Cost Share Amount $	The dollar amount paid by member at the point of sale	In U.S Currency (ex: $1.00)
NADAC Per Unit $	The dollar amount per unit of the National Average Drug Acquisition Cost	In U.S Currency (ex: $1.00)
NADAC Report Date	Date of CMS report used to determine NADAC rate	MM-DD-YYY
Actual Percentage Reimbursement at 10% and Below	The actual percentage amount calculated at 10% and below the NADAC	Percentage to two decimals (Ex:10.25%)
Pharmacy Chain	An entity that has twenty (20) or more pharmacies under common ownershiop or control, located in at least twenty (20) or more states.	
Retail Pharmacy	A pharmacy that is not a pharmacy chain or a publicy traded entity, and that does not exclusively provide mail order dispensing of prescription drugs	
Affiliate Pharmacy	Indicate if the dispensing pharmacy is an affiliate of the PBM pursuant to §510b.1(16)	Y=Yes, N=No
Dispensed Pursuant to a Federal, State, Or Local Government Health Plan	Indiciate of the payer is a Federal, State, or local government health plan	Y=Yes, N=No

IOWA Retail Pharmacy Reporting Only

Only information about Iowa Retail pharmacies should be included on this tab. Report all other claims in the **All_Other_Pharmaices** tab.

Pharmacy Benefits Manager Company Name	Product NDC Number (complete 11 digit number)	Product Name (the complete NDC Description)	Prescription claim date	Quantity of the Drug Dispensed (expressed in metric decimal units)	Pharmacy Name	Pharmacy NPI #	Amount the Pharmacy was Reimbursed $ (per Unit)	Dispensing Fee Paid to Pharmacy $	Member Cost Share Amount $	NADAC per unit $ (from CMS survey report as provided by the OIC)	NADAC Report Date (date of the CMS Report used to to determine the "NADAC" rate)	Actual Percentage Reimbursement (10% and above) NADAC	Actual Percentage Reimbursement (10% and below) NADAC	Affiliate Pharmacy (Yes / No)	Dispensed Pursuant to Government Health Plan (Yes / No)
Benecard Services, Inc.	50228011810	ROSUVASTATIN TAB 20MG	8/25/2025	30	PARKERSBURG PHARMACY	1932257599	$0.10	$0.65	$0.00	0.0545	8/24/2025	82.26%		No	No
	70756021551	FENOFIBRATE TAB 160MG	9/25/2025	30	PARKERSBURG PHARMACY	1932257599	$0.32	$0.65	$2.58	0.12079	9/24/2025	167.41%		No	No
	13811070710	METHYLPHENID TAB 27MG ER	9/10/2025	28	PARKERSBURG PHARMACY	1932257599	$1.53	$0.65	$10.90	0.69195	9/3/2025	121.58%		No	No
	50228011810	ROSUVASTATIN TAB 20MG	7/22/2025	30	PARKERSBURG PHARMACY	1932257599	$0.10	$0.65	$0.00	0.05894	7/16/2025	71.92%		No	No
	16571020111	DICLOFENAC TAB 75MG DR	7/22/2025	60	PARKERSBURG PHARMACY	1932257599	$0.10	$0.65	$1.69	0.08856	7/16/2025	15.36%		No	No
	70756021551	FENOFIBRATE TAB 160MG	7/22/2025	30	PARKERSBURG PHARMACY	1932257599	$0.33	$0.65	$2.64	0.13387	7/16/2025	146.75%		No	No
	16571020111	DICLOFENAC TAB 75MG DR	9/25/2025	60	PARKERSBURG PHARMACY	1932257599	$0.10	$0.65	$1.66	0.08212	9/24/2025	21.57%		No	No
	50228011810	ROSUVASTATIN TAB 20MG	8/22/2025	30	PARKERSBURG PHARMACY	1932257599	$0.10	$0.65	$0.00	0.05726	8/20/2025	77.54%		No	No
	70756021551	FENOFIBRATE TAB 160MG	8/22/2025	30	PARKERSBURG PHARMACY	1932257599	$0.33	$0.65	$2.64	0.12554	8/20/2025	163.39%		No	No

All Other pharmacies, including non-Iowa Retail pharmacies.

Pharmacy Benefits Manager Company Name	Product NDC Number (complete 11 digit number)	Product Name (the complete NDC Description)	Prescription claim date	Quantity of the Drug Dispensed (expressed in metric decimal units)	Pharmacy Name	Pharmacy NPI #	Amount the Pharmacy was Reimbursed $ (per Unit)	Dispensing Fee Paid to Pharmacy $	Member Cost Share Amount $	NADAC per unit $ (from CMS survey report as provided by the OIC)	NADAC Report Date (date of the CMS Report used to to determine the "NADAC" rate)	Actual Percentage Reimbursement (10% and above) NADAC	Actual Percentage Reimbursement (10% and below) NADAC	Affiliate Pharmacy (Yes / No)	Dispensed Pursuant to Government Health Plan (Yes / No)
Benecard Services, Inc.	65862059805	TAMSULOSIN CAP 0.4MG	8/10/2025	90	BENECARD CENTRAL FILL OF FL, LLC	1114477122	$0.11	$12.50	$2.00	0.05396	8/3/2025	104.26%		Yes	No
	00169430330	RYBELSUS TAB 3MG	7/23/2025	90	BENECARD CENTRAL FILL OF FL, LLC	1114477122	$32.62	$12.50	$20.00	32.16449	7/16/2025	1.43%		Yes	No
	68180029706	DULOXETINE CAP 40MG	7/23/2025	90	BENECARD CENTRAL FILL OF FL, LLC	1114477122	$0.60	$12.50	$2.00	1.38781	7/16/2025		-56.93%	Yes	No
	69097040715	METOPROL SUC TAB 50MG ER	7/23/2025	90	BENECARD CENTRAL FILL OF FL, LLC	1114477122	$0.10	$12.50	$2.00	0.06752	7/16/2025	45.96%		Yes	No
	43547033510	BENAZEPRIL TAB 5MG	7/23/2025	90	BENECARD CENTRAL FILL OF FL, LLC	1114477122	$0.09	$12.50	$2.00	0.04964	7/16/2025	84.43%		Yes	No
	42385094911	METFORMIN TAB 1000MG	7/23/2025	60	BENECARD CENTRAL FILL OF FL, LLC	1114477122	$0.08	$12.50	$2.00	0.02436	7/16/2025	242.08%		Yes	No