COST PLUS DRUGS · EMPLOYER RX PROGRAM

Use the Rx card you already have.

How any employer can offer a custom medication program through Cost Plus Drugs, without changing its current PBM.

Program summary

Cost Plus Drugs offers employers a simple way to make a defined list of medications available to their plan members at a program copay, often $0. Members sign up on **costplusdrugs.com** using the prescription card they already carry from the employer's existing PBM. Cost Plus Drugs recognizes that card, translates it into the program's routing, and sends the claim in real time to a partner PBM that administers the program's plan design.

Covered medications pay at the program copay. Everything else rejects with a clear message, and the member can choose to pay the Cost Plus Drugs cash price. The member's existing PBM coverage stays exactly as it is.

No PBM change

Members keep their current card and benefit. The program sits alongside it.

Any drug list

The employer picks the medications by NDC: preventive, chronic, specialty or brand.

Real time

Claims adjudicate in seconds. Members see their copay at checkout.

How the card translation works

MEMBER ENTERS · EXISTING PBM CARD

BIN	**Existing PBM BIN**
PCN	**Existing PBM PCN**
Group	**Employer group #**
Member ID	**As printed on card**

COST PLUS DRUGS TRANSLATES

→

Recognizes the employer group and shows its branded experience

CLAIM ROUTES TO · PARTNER PBM

BIN	**Program BIN**
PCN	**Program PCN**
Group	**Program group #**
Member ID	**Matched program ID**

Who's involved

Party	Role
Employer (plan sponsor)	Chooses the covered medications and copay; sends eligibility; approves member communications; pays program invoices.
Existing PBM	Stays the member's primary pharmacy benefit. Its card details (BIN, PCN, Group, Member ID) identify members on costplusdrugs.com. May need to supply a member ID crosswalk.
Cost Plus Drugs	Member-facing site with employer-branded messaging; card translation; real-time claim submission; dispensing and home delivery; program coordination.
Partner PBM (program claims processor)	Builds the program plan design; adjudicates claims in real time; invoices the employer; sends paid-claims and utilization files.
Reporting partners (optional)	Receive the paid-claims or utilization file, for example an accumulator, incentive or analytics vendor.

Choose any medications

The program works with any drug list the employer chooses. Common designs include:

Program focus	Example medication classes	Typical goal
Preventive care	Statins, contraceptives, PrEP	Remove cost as a barrier ($0 copay)
Chronic conditions	Diabetes, blood pressure, asthma, mental health generics	Better adherence, fewer gaps in therapy
Specialty and high-cost	Oral oncology generics, biosimilars	Large per-claim savings
Weight management	GLP-1 medications	Controlled, transparent access
Custom list	Any NDCs the employer selects	Whatever the employer wants to solve

Examples are illustrative. The final list is locked at the NDC level before go-live. Brand-only drugs change the program's cost profile and are priced and approved separately.

How the program works

1. **Program design.** The employer selects the covered medications (by NDC) and the member copay. The partner PBM builds a plan design that pays exactly those NDCs.
2. **Eligibility.** The employer sends an eligibility file to the partner PBM, including the member identifiers from the existing PBM card.
3. **Member sign-up.** The member creates an account on costplusdrugs.com and enters their existing PBM card. Cost Plus Drugs recognizes the BIN/PCN/Group and shows employer-branded messaging.
4. **Card translation and claim.** When a prescription arrives, Cost Plus Drugs translates the card to the program's routing and submits the claim to the partner PBM in real time.
5. **Point of sale.** Covered medications pay at the program copay. All others reject with "Reject 70: NDC Not Covered," and the member can choose to pay the Cost Plus Drugs cash price. Their existing PBM coverage is not affected.
6. **Reporting and settlement.** The partner PBM sends paid-claims and utilization files to the employer's designated partners and invoices the employer for admin fees and drug cost on the agreed schedule.

Set expectations up front

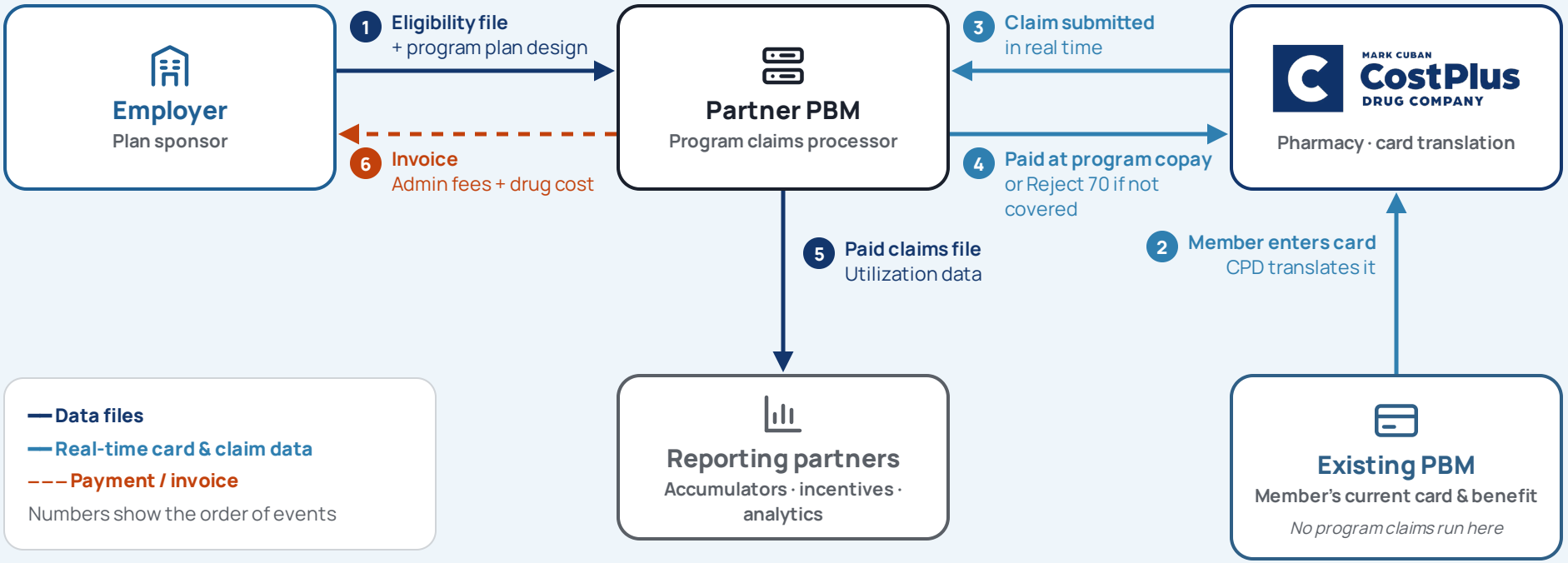
Members should know before they order which medications are covered and that other medications will reject, with a cash-price option. Clear messaging (email, site banners, FAQ) keeps a non-covered drug from feeling like a denial of coverage.

Program Workflow

Employer Rx Program · Existing PBM card → Cost Plus Drugs → Partner PBM

PART 1 · ADMINISTRATIVE FLOW

Behind the scenes: card data, claims and payments



PART 2 · MEMBER EXPERIENCE

What a plan member sees, start to finish

1 Sign up
Creates an account on costplusdrugs.com with their existing PBM card

2 Send the prescription
Doctor sends the Rx to Cost Plus Drugs

3 Coverage checked
Card translated and claim checked in seconds, behind the scenes

4 Pays the program copay
$0 or the employer's set copay. Not covered? Option to pay cash

5 Receive medication
Cost Plus Drugs fills and ships it to their door

6 Rewards (optional)
Incentive payment, if the employer offers one

Implementation checklist

Each new employer program confirms the following before build and go-live.

CRITICAL PATH · MEMBER ID TRANSLATION

Does the employer send its existing PBM the Member ID printed on the card, or does the existing PBM translate it into a separate internal ID? If it translates, Cost Plus Drugs and the partner PBM need that same translated number to match members and adjudicate claims. Confirm with the existing PBM and the employer before the build begins.

- ☐ **Final drug list:** the exact NDCs to cover, and the copay for each.
- ☐ **Brand drug approval:** pricing and sign-off for any brand-only medications on the list.
- ☐ **Plan design build:** confirm the partner PBM pays exactly the listed NDCs and rejects everything else with Reject 70, without disrupting the existing PBM benefit.
- ☐ **Eligibility file:** format, frequency and the member identifiers it carries.
- ☐ **Accumulators:** whether program claims should count toward the member's deductible and out-of-pocket maximum, and which vendor receives the file.
- ☐ **Reporting spec:** file format, frequency and delivery method for paid-claims and utilization files.
- ☐ **Member communication plan:** email, site messaging and FAQ explaining covered drugs, rejects and the cash-price option.
- ☐ **Billing and reconciliation:** invoice schedule for admin fees and drug cost, reconciled against Cost Plus Drugs reporting.
- ☐ **Go-live testing:** test claims for covered and non-covered medications before launch.

Next steps

1. Share the employer's existing PBM card details (BIN, PCN, Group) and eligibility contact.
2. Select the covered medications and copay.
3. Confirm the partner PBM and reporting partners.
4. Cost Plus Drugs coordinates the build, testing and member launch.