



# MetroPlusHealth Gold Plan (Optional Rider)

MetroPlusHealth Gold offers enrollees the option to add additional prescription drug coverage.

Bi-Weekly Rate

**Individual Coverage:** \$65.87

**Family Coverage:** \$120.32

Details for the MetroPlusHealth Gold Plan (Optional Rider) are listed below:

<b>Retail Pharmacy</b>		
30-day supply		Non-Participating Provider services are not Covered and You pay the full cost
Tier 1	20% Coinsurance	
Tier 2	40% Coinsurance	
Tier 3	50% Coinsurance	
Preauthorization is not required for a Covered Prescription Drug used to treat a substance use disorder, including a Prescription Drug to manage opioid withdrawal and/or stabilization and for opioid overdose reversal.		
<b>Mail Order Pharmacy</b>		
Up to a 30-day supply		Non-Participating Provider services are not Covered and You pay the full cost
Tier 1	20% Coinsurance	
Tier 2	40% Coinsurance	
Tier 3	50% Coinsurance	
Up to a 90-day supply		Non-Participating Provider services are not Covered and You pay the full cost
Tier 1	20% Coinsurance	
Tier 2	40% Coinsurance	
Tier 3	50% Coinsurance	

Please refer to the Certificate of Coverage for additional details that apply to this optional prescription rider.