✓MetroPlus**Health** Gold

Gold Pharmacy Guide

For all MetroPlusHealth Gold members

2026–2027





This guide will help you understand your MetroPlusHealth Gold pharmacy benefits, including how to use the Gold Plan Discount Drug Program, where to fill your prescriptions, and how medication costs are determined. You'll also find tips for lowering your out-of-pocket costs and information about where to get help when you need it. As a MetroPlusHealth member, you may purchase an optional prescription rider when you are newly hired, during a special enrollment period, or during the fall transfer period. MetroPlusHealth is committed to supporting you throughout your health journey.

Understanding your Gold Plan prescription coverage

Which MPH Gold Plan member are you?

MetroPlusHealth Gold Standard Plan

The MetroPlusHealth Gold Standard Plan is for members who choose not to purchase a prescription drug rider. Although this plan does not include comprehensive prescription drug coverage, it covers a limited selection of medications at no cost. A list of covered medications is available at **metroplus.org**.

If you need broader prescription drug coverage, you may want to consider adding an optional prescription drug rider to your plan.

MetroPlusHealth Gold Plan with Prescription Drugs

The MetroPlusHealth Gold Plan with Prescription Drug Coverage is for members who choose to purchase a prescription drug rider. This plan provides comprehensive coverage for a wide range of medically necessary prescription drugs. Members can obtain covered prescription drugs through participating retail pharmacies and mail-order services. Cost-sharing is based on the plan's formulary and tier structure. A list of covered medications is available at **metroplus.org**.

MetroPlusHealth Gold Plan with Prescription Drugs for Grandfathered Members

The MetroPlusHealth Gold Plan with Grandfathered Prescription Drug Coverage provides comprehensive prescription drug benefits for eligible members who enrolled before August 1, 2021, and have maintained continuous eligibility. This rider includes grandfathered cost-sharing arrangements that may differ from those under the current prescription drug rider. Members can obtain covered medications through participating retail pharmacies and mail-order services based on their specific rider benefits. A list of covered medications is available at **metroplus.org**.



Discount drug program

As a MetroPlusHealth Gold Plan member, you now have access to the Discount Drug Program. This program gives you a $0 copay on more than 100 commonly prescribed medications. You can use this benefit even if you do not have a prescription rider.

Who is eligible for the Discount Drug Program?

All MetroPlusHealth Gold Plan members are eligible, including those enrolled in the Standard Plan.

What types of medications are covered?

The program covers many types of medications, including those used to:

- ✓ Support heart health
- ✓ Provide contraception
- ✓ Treat bacterial infections
- ✓ Treat depression
- ✓ Manage high blood pressure
- ✓ Manage asthma
- ✓ Manage diabetes
- ✓ Lower high cholesterol
- ✓ And more

View the full list: **metroplus.org/gold-rx-list/**

Do I need a separate card to use this benefit?

No. You do not need a separate card. You can use your existing MetroPlusHealth Gold ID card. The pharmacy will use the Rx information already on your card to process your prescription.

How does the pharmacy know I qualify for $0 medications?

Eligible medications are processed automatically at the pharmacy. If your medication is on the Discount Drug List, it will process with a $0 copay.

How do I access medications under this program?

To use this benefit, you should:

- Get a valid New York State prescription from your provider.
- Go to an in-network pharmacy.
- Show your MetroPlusHealth Gold ID card.

The pharmacy will process your prescription. If your medication is eligible, your copay will automatically be $0.

Is the Discount Drug Program available at all pharmacies?

Yes. You can use the full MetroPlusHealth participating pharmacy network.

What if a medication is NOT on the Discount Drug List?

Only medications on the Discount Drug List are covered at a $0 copay. To review the complete drug list and see which medications may be covered under your specific Gold Plan, visit: **metroplus.org/members/pharmacy/**

If your medication is not on the Gold Standard Drug List, you may have other options, such as:

- Adding an optional prescription drug rider during Open Enrollment or a qualifying Special Enrollment Period.
- Using union or Management Benefits Fund prescription drug benefits, if available to you. Please contact your Human Resources Benefits Administrator for more information.

You can also review the PICA section of this guide for additional prescription coverage details.

Are there any limits on medications?

Yes. Some medications may have quantity limits or require step therapy, which means you have to try certain medicines as a first step in treating your condition before covering another option. For example, if Drug A and Drug B both treat your condition, MetroPlusHealth may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MetroPlusHealth will then cover Drug B.

Are dependents and spouses covered?

Yes. The Discount Drug Program applies to all members under the subscriber's account, including dependents and spouses.

Does this program replace the need for a prescription rider?

No. The Discount Drug Program only covers medications on a specific list. If you need broader prescription drug coverage, you may want to consider adding an optional prescription rider.

Diabetic supplies through DME

This FAQ can help you understand how to get diabetic supplies through your MetroPlusHealth Gold Plan durable medical equipment (DME) benefit. It explains what may be covered, what your provider may need to send, when approval may be needed, and what you can do to help avoid delays.

What diabetic supplies may be covered under my DME benefit?

Your plan may cover diabetic supplies such as blood sugar meters, test strips, lancets, continuous glucose monitors (CGMs), such as Freestyle Libre and Dexcom, insulin pumps, tubeless insulin pumps, diabetic shoes, and shoe inserts. What is covered depends on your plan, how the item is billed, and whether it needs approval.

Are diabetic supplies covered through my pharmacy benefit or DME benefit?

Your diabetic supplies may be covered through your pharmacy benefit or your DME benefit. This depends on the item and how it is billed. Some items, such as CGMs, insulin pumps, and certain testing supplies, may be covered through DME at no cost to you when you use a contracted durable medical provider and authorization is obtained.

Please note: Where you get these items may affect your cost. If you need covered items and use a participating pharmacy, you will have a copayment. If you use a participating DME vendor, you will not have a copayment.

How do I obtain my DME supplies?



Member receives a script from their provider

Provider sends the order and supporting docs to an in-network DME supplier[1]

DME supplier fulfills the order and provides the supplies to the member

Ongoing refills/ replacements are coordinated through the DME supplier as needed

[1]If approval is needed, your DME supplier will request it from Integra Solutions, MetroPlusHealth's DME authorization vendor.

Talk to your provider about the diabetic supplies you need. Your provider can write an order or prescription. Your provider can also check if approval is needed and send the request with any required information.

How can I find a DME vendor?

You can find a DME vendor by visiting **metroplus.org** or by calling MetroPlusHealth Gold Signature Experience at **877.475.3795**. The team can help you find a participating vendor and answer questions about where to send your prescription.

Who can I contact if I have questions?

If you have questions about your benefits, coverage, or how to get diabetic supplies, visit **metroplus.org** or call MetroPlusHealth Gold Signature Experience at **877.475.3795**.

What diabetic supplies may be covered through DME?

The following diabetic supplies may be covered through DME when medically necessary and when coverage requirements are met:

CGM **(Continuous glucose monitoring such as Freestyle Libre and Dexcom)**	Continuous glucose monitor supplies are covered at one (1) unit per month. CGM sensors/supplies are covered at one unit per month (1 unit = 1 month supply), with a maximum of six (6) months per request. **Required documentation:** Office visit note dated within the last six (6) months and a signed practitioner order.
Insulin pumps	External ambulatory insulin pumps are limited to one (1) pump every five (5) years. Insulin pump supplies are covered up to 50 units per 90 days. **Required documentation:** Office visit notes, diagnosis/history, relevant labs, and a signed practitioner order.
Diabetic shoes and inserts	Depth-inlay diabetic shoes are covered up to two (2) pairs per year. Custom molded diabetic shoes are covered up to two (2) pairs per year. Diabetic shoe inserts, prefabricated or custom, are covered up to six (6) inserts per year, or three (3) pairs. **Required documentation:** Office visit notes, signed practitioner order, and documentation that shoe fitting has occurred or is planned. Review is based on InterQual criteria for Therapeutic Shoes and Inserts for Persons with Diabetes.

What can I do to help avoid delays or denials?

Make sure your prescription matches the supplies you need. Use an in-network or contracted supplier when needed. Ask your provider or supplier to send all required information. You can also call MetroPlusHealth Gold Signature Experience at **877.475.3795** to ask if your item should be covered through DME or pharmacy.

For more information

Visit **metroplus.org** | Call MetroPlusHealth Gold Signature Experience **877.475.3795**

Prescription drug costs and cost-sharing

How much does prescription coverage cost?

Note: This cost is automatically deducted from your paycheck and applies only if you choose to purchase the optional prescription rider.

Individual MetroPlusHealth Gold *(Standard) Bi-Weekly*	**Cost**
Standard plan	$0.00
Prescription drug rider	$52.93
Grandfathered prescription drug rider	$128.40

Family MetroPlusHealth Gold *(Standard) Bi-Weekly*	**Cost**
Standard plan	$0.00
Prescription drug rider	$101.06
Grandfathered prescription drug rider	$321.00

How much will I pay for my prescriptions?

Note: These co-payments apply if you choose to purchase the optional prescription rider. It does not apply to prescriptions you receive at $0 cost through the Discount Drug Program.

MetroPlusHealth Gold Plan with Prescription Drugs

Drug type	30-day supply	90-day supply	Maximum cost per claim
Preventive drugs (Tier 0)	$0 copayment	$0 copayment	Not applicable
Generic drugs (Tier 1)	15% copayment	15% copayment	$500
Preferred brand drugs (Tier 2)	40% copayment	40% copayment	$1,000
Non-Preferred brand drugs (Tier 3)	50% copayment	50% copayment	$1,500

MetroPlusHealth Gold Plan with Prescription Drugs for Grandfathered Members

Drug type	30-day supply	90-day supply	Maximum cost per claim
Preventive drugs (Tier 0)	$0 copayment	$0 copayment	Not applicable
Generic drugs (Tier 1)	$0 copayment	$0 copayment	Not applicable
Preferred brand drugs (Tier 2)	$35 copayment	$105 copayment	Not applicable
Non-Preferred brand drugs (Tier 3)	$70 copayment	$210 copayment	Not applicable

MetroPlusHealth Gold Standard Plan

The MetroPlusHealth Gold Standard Plan (without a prescription drug rider) may cover certain medications, including:

- **Preventive medications:** Covered at no cost when applicable guidelines are met. Examples include pre-exposure prophylaxis (PrEP), prenatal vitamins, and other medications required under the Affordable Care Act (ACA).

Diabetes medications and medications for drug or alcohol use treatment may also be covered.

For a complete list of covered medications, visit **metroplus.org**.

Drug type	30-day supply	90-day supply	Maximum cost per claim
Preventive drugs (Tier 0)	$0 copayment	$0 copayment	Not applicable
Generic drugs (Tier 1)	$0 copayment	$0 copayment	Not applicable
Preferred brand drugs (Tier 2)	$5 copayment	$5 copayment	Not applicable
Non-Preferred brand drugs (Tier 3)	40% copayment	40% copayment	$1,000

PICA Coverage

The PICA Program is a prescription drug benefit provided to all NYC employees, non-Medicare retirees, and their non-Medicare-eligible dependents who are enrolled in a health plan offered through the City's Health Benefits Program.

PICA covers medications in two specific drug categories: self-injectable medications, including most injectable medications that do not require administration by a health care professional, and chemotherapy medications, including medications used to treat cancer and certain side effects of chemotherapy.

Injectable medications used in conjunction to treat infertility procedures are available through the **PICA Program**.

Need more information on copayments, deductibles, specialty pharmacy contact information, or other details?

Refer to the New York City Summary Program Description on the **OLR website**

Pharmacy access and prescription filling

- You should get a valid prescription from your provider and use a participating pharmacy. This helps make sure your covered medications are processed correctly and helps you avoid paying the full cost.
- You should show your MetroPlusHealth Gold ID card when filling a prescription.
- If your medication is on the Discount Drug List, your claim should process with a $0 copay.
- You do not need a separate card for the Discount Drug Program. The pharmacy will use the Rx information already on your MetroPlusHealth Gold ID card to process eligible medications.
- You must have a valid prescription from an authorized provider, and your medication must be filled by a licensed pharmacy.
- Several network pharmacies may offer an extended supply, such as a 90-day supply, for certain medications. Some mail order and retail pharmacies may also offer delivery to your home or office.

Formulary and drug management requirements

A formulary is your plan's approved list of covered prescription drugs. You should check the formulary before filling a prescription to confirm if your medication is covered and what cost tier applies.

- Covered prescription drugs generally must be FDA-approved, prescribed by an authorized provider, dispensed by a licensed pharmacy, and used according to FDA guidelines.
- Some medications may require prior authorization, step therapy, quantity limits, specialty pharmacy use, or other medical management review before coverage is approved.
- If you are enrolled in the Standard Gold Plan, you have limited prescription drug coverage. If you have an optional prescription rider, you may have broader coverage. Your coverage depends on your rider, the formulary, and your Schedule of Benefits.
- The Discount Drug Program is separate from the prescription rider and provides $0 copay access only to medications included on the Discount Drug List.

Coverage exclusions

- **Drugs that are not included on the formulary, Discount Drug List, or applicable rider** may not be covered.
- **Drugs without a prescription** are not covered.
- **Drugs with over-the-counter equivalents** are not covered unless they are listed on the formulary or drug list.
- **Medications you receive during a hospital stay** are generally covered as part of your hospital or facility stay, not through your pharmacy benefit.
- **Costs associated with medication administration**, including injections, are not covered under the pharmacy benefit.



Exceptions, appeals, and member support

- For members who have purchased an optional prescription rider, if a medication is not covered, they may request an exception or appeal the denial.
- If you purchased an optional prescription drug rider, you may be able to:
  - Request an exception or appeal if a medication is not covered.
  - Receive a standard formulary exception review, generally within 72 hours.
  - Receive an expedited review, generally within 24 hours if your situation is urgent.
  - Appeal a denial related to formulary status, prior authorization, step therapy, or quantity limits.
- Providers may be asked to submit medical records, clinical information, or other supporting documentation to explain why the medication is medically necessary.
- If you choose not to purchase a prescription drug rider and your medications are not covered under the MetroPlusHealth Gold Standard Drug List or the Discount Drug Program, you may have other coverage options. Contact your union or the Management Benefits Fund to find out whether additional prescription drug coverage is available to you.

Do you need assistance?

Call the number on your ID card or call **877.475.3795 (TTY: 711)**

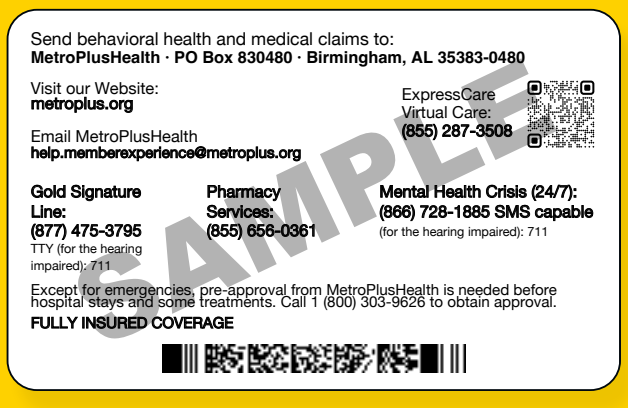
Key takeaways

Here are a few important things to know about your MetroPlusHealth Gold pharmacy benefits and how to use them.

You may pay $0 for some medicines	• You may be able to get more than 100 commonly used medicines with a $0 copay through the Discount Drug Program. • This program is available to all MetroPlusHealth Gold members.
Understanding your prescription drug coverage	• If you have the MetroPlusHealth Gold Standard Plan, your prescription drug coverage may be limited. • You may be able to purchase an optional prescription drug rider if you need additional coverage. • Your costs may vary based on your plan, whether you have a prescription drug rider, and the tier of your medication.
Use your ID card at the pharmacy	• Bring your MetroPlusHealth Gold ID card with you when you fill a prescription. • Use a participating pharmacy to help avoid paying the full cost of your medicine. • Some medicines may be available by mail order or as a longer supply.
Check if your medicine is covered	• Before you go to the pharmacy, check the formulary to see if your medicine is covered. • If your medicine is not covered, talk to your doctor or contact MetroPlusHealth to ask about other options.
Some medicines have special rules	• Some medicines may need prior approval before they are covered. • Some medicines may have limits on how much you can get at one time. • Some medicines may need to be filled at a specialty pharmacy. • If you are eligible, PICA may cover certain injectable and chemotherapy medicines.

Need help?

For more details about your prescription drug coverage, please review your Certificate of Coverage. You can also visit the MetroPlusHealth website, use this guide, or call the number on your MetroPlusHealth Gold ID card. We are here to help you understand and use your pharmacy benefits.



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