

PRESCRIPTION DRUG RIDER

This prescription drug rider ("Rider") provides coverage for services and products not covered under your Certificate of Coverage ("Certificate") with MetroPlus. Services or products must be ordered or prescribed by a Participating Provider or a Health Professional to whom you have been referred by MetroPlus. Services or products must be obtained from a Participating Provider. Unless specifically changed by this Rider, the terms and conditions of your Certificate apply.

BENEFITS COVERED

- (a) The outpatient prescription drugs covered under this Rider are those Medically Necessary, self-administered drugs which require a prescription under Federal Food and Drug Administration (FDA) provisions and are intended for your use outside of a hospital or a Health Professional's office. MetroPlus reserves the right to determine Medical Necessity for all drugs.
- (b) Prescriptions cannot be refilled until at least seventy-five percent (75%) of the original prescription (or a subsequent refill) has been used.
- (c) Compounded prescriptions are a covered item only if the main therapeutic ingredient is a Federal Legend Drug with a National Drug Code (NDC) number.
- (d) Only those enteral formulas which are clearly Medically Necessary and have been proven effective as a disease-specific treatment regimen for those individuals who are or will become malnourished or suffer from disorders, which if left untreated, cause chronic physical disability, mental retardation, or death are covered.
- (e) Modified solid food products that are low protein, or which contain modified protein are covered, when Medically Necessary, for certain inherited diseases of amino acid and organic acid metabolism. Coverage for such modified solid food products will not exceed two thousand five hundred dollars (\$ 2,500) per Member per Calendar Year.
- (f) Bone mineral density prescription drugs and devices, including those covered under the federal Medicare program and those in accordance with the criteria of the National Institutes of Health and if consistent with such criteria, dual-energy x-ray absorptiometry, are covered. Coverage shall be provided to a Member who qualifies under the criteria of the federal Medicare program or the criteria of the National Institutes of Health. This includes a Member who meets the following criteria:
 - (1) The Member has previously been diagnosed with osteoporosis or has a family history of osteoporosis; or
 - (2) The Member has symptoms or conditions indicative of the presence, or the significant risk, of osteoporosis; or

- (3) The Member is on a prescribed drug regimen posing a significant risk of osteoporosis, or
 - (4) The Member's age, gender, other physiological characteristics and/or lifestyle factors pose a significant risk of osteoporosis.
- (g) For Members ages of twenty-one (21) and forty-four (44) years inclusive, prescription drugs approved by the federal FDA for use in the diagnosis and treatment of infertility are covered. There is no coverage for prescription drugs used in connection with any infertility service which is specifically excluded from coverage under the Certificate.
- (h) Not covered are non-prescription drugs, drugs that are available over the counter ("OTC") or drugs for uses not approved by the FDA unless superseded by New York State law. Notwithstanding the provisions of this paragraph, payment will not be made for any experimental or investigational drug(s) or any drug which the FDA has not approved for your specific diagnosis or condition unless recommended pursuant to an external appeal performed in compliance with the New York State External Appeal Law.
- (i) Diabetic drugs and supplies are covered under your Certificate and are not covered under this Rider.
- (j) Asthma drugs are covered under this Rider.
- (k) Psychotropic drugs are covered under this Rider.
- (l) To obtain reimbursement for eligible prescriptions purchased from any non-participating retail pharmacy or without using your prescription drug card, you must submit original receipts and a claim form within twelve (12) months of the date of service. You will be reimbursed at the network rate less the applicable Copayment plus any applicable brand/generic differential. This may result in greater out-of-pocket expenses for you.

Prescription Drugs Purchased at Retail

- (m) You are eligible for no more than a thirty (30) day supply of prescription drugs purchased at a participating retail pharmacy. At the time of prescription purchase, you must present your MetroPlus identification card to the pharmacist. The automated pharmacy network will then determine your Copayment.
- (1) **Generic Drugs.** If you have a covered prescription filled with an approved generic drug, you must pay a Copayment of \$5.00 for each 30 day supply. We will pay 100% of the charges remaining for that prescription.

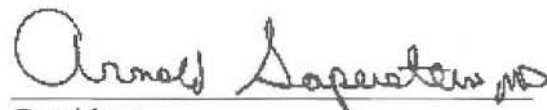
- (2) **Brand Name Drugs.** If you have a covered prescription filled with an approved brand name drug and there is no generic equivalent for that drug, you must pay a Copayment of \$5.00 for each 30 day supply. We will pay 100% of the charges remaining for that prescription.

Mail Order Drug Program

- (n) You are eligible for no more than a ninety (90) day supply of approved drugs available through our Mail Order Drug Program. The automated pharmacy network will indicate if your prescription is an approved drug and will then determine your Copayment.
- (1) **Generic Drugs.** You must pay a Copayment of \$5.00 for each approved generic prescription filled or refilled. We will pay 100% of the charges remaining for that prescription.
- (2) **Brand Name Drugs.** You must pay a Copayment of \$5.00 for each approved brand name prescription, filled or refilled, for which there is no generic equivalent drug. We will pay 100% of the charges remaining for that prescription.

These benefits will end if your Certificate is terminated, you fail to pay your full Premium, you leave the Group through which this Rider is issued, or the Group through which this Rider is issued discontinues purchasing this Rider.

METROPLUS HEALTH PLAN, INC.


President