

**PREFERRED  
PROVIDER  
NETWORK  
DRUG CARD**

**metro**

**food  
Basics**



**pharmacy**

**Plan: MET**

**Group ID: PEOPLE**

**Client ID: Date and time with no spaces**

**THIS IS NOT A DRUG ADJUDICATION CARD**

**PREFERRED  
PROVIDER  
NETWORK  
DRUG CARD**

**Instructions for Pharmacist:**

When a member presents this card at your pharmacy, please select MET as their designated plan. Enter the appropriate group number and member ID information into Kroll. If the member has another drug card, please enter this plan first.

**THIS IS NOT A DISCOUNT OR DRUG ADJUDICATION CARD.**