

Expanded insulin coverage

We know that the cost of insulin can be a roadblock to managing diabetes. Going without insulin or taking less than prescribed, can lead to serious health issues. Excellus BlueCross BlueShield cares about your health and wants to see you stay on track with your insulin medication.



Part D insulin coverage

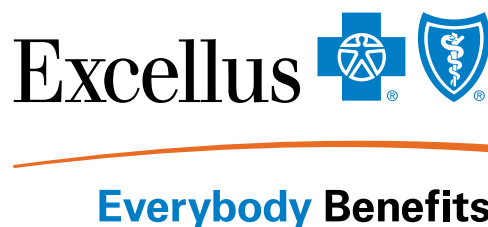
During the deductible (if the plan has one) or the initial phase of the Part D benefit, you will pay the maximum copay listed below for a one-month supply of insulin in 2026 for your Medicare plan.

2026 Medicare plans	Insulin example	Pharmacy	Deductible	Initial	Catastrophic
<ul style="list-style-type: none">Medicare BlueBalanced (PPO)Medicare Blue Choice® Optimum (HMO-POS)Medicare Blue Enhanced® (PPO)	Novolog	Preferred	\$25 Copay	\$0 Copay	
		Standard	\$30 Copay		
<ul style="list-style-type: none">Medicare Blue Choice® Prime (HMO)	Admelog*	Preferred	\$35 Copay		
		Standard			
<ul style="list-style-type: none">Medicare BlueVital (PPO)Medicare Blue Choice® Core (HMO)Medicare BlueActive (PPO)Medicare BlueClassic (PPO)Medicare BlueEssential (PPO)	Novolog	Preferred	\$30 Copay		
		Standard	\$35 Copay		
	Admelog*	Preferred	\$35 Copay		
		Standard			
	<ul style="list-style-type: none">Medicare BluePlus (PPO)	Novolog Admelog*	Preferred and Standard		\$35 Copay

* Non-formulary insulin products require a formulary exception approval

Part B insulin coverage

Insulin is also covered under your Part B benefit if you are using insulin in a traditional insulin pump. You will pay a \$35 maximum copay for any insulin that is being used in your insulin pump and is filled at an in-network pharmacy or durable medical (DME) provider. The Part B deductible does not apply to insulin filled under the Part B benefit.



Important message about what you pay for insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

2026 Part D covered insulins**

The insulins listed below can be filled at any in-network pharmacy.

Pens/Cartridges	Vials
Fiasp FlexTouch U-100	Fiasp
Fiasp Penfill U-100	Humalog
Humalog Cartridge	Humalog Mix 75-25
Humalog Junior KwikPen	Humulin 70-30
Humalog KwikPen U-100	Humulin-N
Humalog KwikPen U-200	Humulin-R
Humalog Mix 50-50 KwikPen	Humulin R U-500
Humalog Mix 75-25 KwikPen	Insulin Aspart
Humalog Tempo Pen U-100	Insulin Lispro
Humulin 70/30 U-100 KwikPen	Lantus
Humulin N U-100 KwikPen	Novolog
Humulin-R U-500 KwikPen	Novolog Mix 70-30
Insulin Aspart U-100 FlexPen	<p>** If your insulin is not listed on the chart, a formulary exception can be requested with the plan. If the exception is approved, the cost will not be more than \$35 for the approved insulin during any phase of your Part D benefit.</p>
Insulin Aspart U-100 PenFill	
Insulin Glargine Max Solo U-300	
Insulin Glargine Solostar U-300	
Insulin Lispro Jr KwikPen	
Insulin Lispro KwikPen U-100	
Insulin Lispro-Protamine Mix (75-25)	
Lantus Solostar	
Novolog FlexPen U-100	
Novolog Mix 70-30 FlexPen	
Novolog PenFill U-100	
Soliqua 100-33	
Toujeo Max Solostar	
Toujeo Solostar	
Xultophy 100-3.6	



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 Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract.
 Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

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