

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), initial, and coverage gap phases of the Part D benefit, you will pay the maximum copay listed below for a one-month supply of insulin in 2024 for your Medicare plan.

PART D INSULIN COVERAGE

2024 Medicare Plans	Insulin Example	Pharmacy	Deductible	Initial	Coverage Gap	Catastrophic
<ul style="list-style-type: none"> Medicare BlueChoice Access (PPO) Medicare BlueChoice Advanced (HMO-POS) Medicare BlueChoice Optimum (HMO-POS) Medicare BlueChoice Value Plus (HMO-POS) Medicare BlueEnhanced (PPO) Medicare BlueFlex (PPO) 	Humalog	Preferred	\$25 Copay		\$0 Copay	
		Standard	\$30 Copay			
	Novolog*	Preferred	\$35 Copay			
		Standard				
<ul style="list-style-type: none"> Medicare BlueChoice Select (HMO) Medicare BlueChoice Extra (HMO) Medicare BlueActive (PPO) Medicare BlueClassic (PPO) Medicare BlueEssential (PPO) 	Humalog	Preferred	\$30 Copay			
		Standard	\$35 Copay			
	Novolog*	Preferred	\$35 Copay			
		Standard				
<ul style="list-style-type: none"> Medicare BluePlus (PPO) 	Humalog Novolog*	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.



2024 Part D Covered Insulins** The insulins listed below can be filled at any in-network pharmacy.

PENS/CARTRIDGES	VIALS
Humalog Cartridge	Humalog
Humalog Junior KwikPen	Humalog Mix 50-50
Humalog KwikPen U-100	Humalog Mix 75-25
Humalog KwikPen U-200	Humulin 70-30
Humalog Mix 50-50 KwikPen	Humulin-N
Humalog Mix 75-25 KwikPen	Humulin-R
Humulin N KwikPen	Humulin R U-500
Humulin-R U-500 KwikPen	Insulin Glargine
Humalog Tempo Pen U-100	Insulin Lispro
Humalog 70/30 Kwikpen	Lantus
Insulin Glargine Solostar	<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 Lispro Jr KwikPen	
Insulin Lispro KwikPen U-100	
Insulin Lispro-Protamine Mix (75-25)	
Lantus Solostar	
Soliqua 100-33	
Toujeo Max Solostar	
Toujeo Solostar	
Xultophy 100-3.6	



A nonprofit independent licensee of the Blue Cross Blue Shield Association

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

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-659-1986 (TTY: 711)。

Y0028_9649_M

B-7596 / 17955-23MEDM