

A guide to diabetes coverage

If you have diabetes, you may need supplies or routine tests to monitor your blood sugar. Our guide helps you determine what diabetic products are covered under your Part B (medical) benefit or your Part D (pharmacy) benefit.

For coverage details, a drug's tier level or to find a pharmacy/provider for a specific Excellus BlueCross BlueShield Medicare plan, visit [MyExcellusMedicare.com](https://www.MyExcellusMedicare.com).

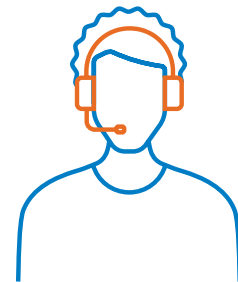
What's covered under a Medicare Advantage plan?	Where to turn?	What will it cost?
Medicare Part B (Medical Benefit)		
<ul style="list-style-type: none"> • Glucometers or Blood Glucose Monitors 	Visit www.ChooseFreeStyle.com or call Abbott Diabetes Care at 1-800-680-6850. Please provide the offer code KJWSQSBH.	\$0 copay for Abbott glucometers
<ul style="list-style-type: none"> • Continuous Glucose Monitor (CGM)* • Continuous Glucose Monitor (CGM) supplies* 	Any in-network pharmacy or durable medical equipment (DME) provider	\$5 copay for Dexcom G6/G7, FreeStyle Libre 2/3 or Freestyle Libre CGMs \$5 copay for each 30-day supply of CGM supplies
<ul style="list-style-type: none"> • Test strips (Abbott is preferred) • Lancets and lancet devices (any brand) 	Any in-network pharmacy	Copay varies by plan.**
<ul style="list-style-type: none"> • Insulin pump* 	Any in-network durable medical equipment (DME) provider	20% coinsurance for most plans.**
<ul style="list-style-type: none"> • Insulin (for use in a pump) 	Any in-network pharmacy or durable medical equipment (DME) provider	\$35 maximum copay for a one month supply
Medicare Part D (Pharmacy Benefit)		
<ul style="list-style-type: none"> • Insulin (for use not in a pump) 	Any in-network pharmacy	\$35 maximum copay** for a one month supply of covered insulin, regardless of the tier it's on and if you have a deductible.
<ul style="list-style-type: none"> • Syringes • Needles • Alcohol swabs • Diabetes medications (oral and injectable) 	Any in-network pharmacy	Copay varies by plan and a Part D deductible may apply.**

*These products are covered under Part B if you meet certain requirements.

** Check your Explanation of Coverage (EOC) for your cost.

How we help members

- **Long-term support from Care Managers.** We can help you understand diabetes and stay as healthy and well as you can. Call 1-800-860-2619 (TTY: 711) Mon. – Fri., 8 a.m. to 4:30 p.m.
- **Medicare Customer Care.** Advocates are available to help members understand their coverage. Call 1-877-883-9577 (TTY: 711). Monday through Friday, 8 a.m. to 8 p.m. From October 1 to March 31, we are available seven days a week from 8 a.m. to 8 p.m.



Important diabetes tests

Keep your diabetes under control with these tests. (A copayment may apply.)

1. **HbA1c:** Measures your average blood sugar level over a three month period. Have this test done two to four times a year.
2. **Urine Microalbumin Test:** Detects levels of a protein in your urine to check if the kidneys are working well. Have this test done once every year.
3. **Dilated Retinal Exam (DRE):** Allows your doctor to see the inside of the back of your eye to look for eye problems or disease. Have this test done once every year. This is not a vision test.



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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.