



Patty Nguyen, On-Site Representative
(813) 794-2492
(727) 774-2492
(352) 524-2492
Patricia.Nguyen@floridablue.com

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November is American Diabetes Month. Here are some FAQ's on what your plan covers for certain services if you are diagnosed with Diabetes.

Dear Patty,

Q: How are diabetic supplies covered under my Florida Blue Plan?

A: The following Diabetic Testing Supplies are covered under your Pharmacy Benefits:

- Glucose Meter (\$0 copay if Bayer brand)
- Test Strips (\$0 copay if Bayer brand)
- Lancets (\$0 copay)
- Needles (\$0 copay)
- Syringes (\$0 copay)
- Insulin for Self-Injections and Insulin Pumps (\$10 Generic/\$35 Preferred Brand/\$60 Non-Preferred Brand at retail)

Reminder: You may save money if you obtain your insulin through True North Meds (Elect Rx). Call 1-844-681-8783 for more information.



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The following Diabetic Equipment/Supplies are covered under your Durable Medical Equipment (DME) medical benefits:

- Insulin Pumps
- Insulin Pump Supplies (except for Insulin)
- Continuous Glucose Monitoring Devices

Note: The ordering physician would need to contact the DME coordinator, CareCentrix at 1-877-561-9910 to submit the request for authorization.

Reminder: You may obtain Diabetic Testing Supplies at My Health Onsite

Q: What is the copay for Test Strips purchased at an in-network Pharmacy?

A: The preferred brand for the Glucose Meter and Test Strips is Bayer. The copay is \$0 as long as you use Bayer brand products. If you use another brand your doctor needs to submit a prior authorization. If approved, you will have \$0 copay. If denied, then the test strips will not be covered.

Q: Where can I or my doctor find a form to submit a Prior Authorization (PA)?

A: The Prior Authorization (PA) form is located in the Medication Guide. [Click here](#) for a copy.



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Q: What is my copay for an Insulin Pump?

A: Insulin Pumps are covered under Durable Medical Equipment (DME). Your copay will vary by plan. If you are enrolled on the HMO Basic or HMO premium plan, your copay is \$0 for an approved Insulin Pump. If you are enrolled on the BlueOptions PPO plan, the approved Insulin Pump is subject to the \$1,000 Deductible and 20% Coinsurance.

Q: My doctor prescribed Humalog for my insulin. When I tried to fill it at the pharmacy I was advised it's not covered under my prescription plan. Why?

A: Humalog and Humulin are excluded under your prescription plan. Novolog and Novolin are covered.

Q: I am diabetic and have foot pain. My doctor referred me to a podiatrist. The podiatrist gave me a script for shoe inserts. Are these covered under my plan?

A: Yes, they would be covered since you are diabetic. Otherwise, per the policy: "Expenses for arch supports, shoe inserts designed to effect conformational changes in the foot or foot alignment, orthopedic shoes, over-the-counter, custom-made or built-up shoes, cast shoes, sneakers, ready-made compression hose or support hose, or similar type devices/appliances regardless of intended use are excluded under your plan." ***The exception is therapeutic shoes (including inserts and/or modifications) for the treatment of severe diabetic foot disease.***



Patty's Points



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Your doctor will need to submit a request to CareCentrix. Their phone number is 1-877-561-9910. If authorized, the copay is \$0 under the HMO Basic or HMO Premium plan. Under the BlueOptions PPO plan, this benefit is subject to the \$1,000 Deductible and 20% Coinsurance.

Q: I am diabetic and need to get my eyes checked for any retinal changes. Is this covered under my Florida Blue Medical Plan or my Davis Vision Plan?

A: Your Florida Blue medical plan covers eye injury and disease. You will need to consult with an in-network ophthalmologist. There is a \$50 specialist copay per visit under the HMO Premium and BlueOptions PPO plans and a \$65 copay per visit under the HMO Basic Plan.

Q: My Endocrinologist prescribed Diabetes Self-Management Classes. Are they covered under my plan?

A: Yes, outpatient self-management training and educational services when provided under direct supervision of a Certified Diabetes Educator or a Board-Certified Physician specializing in Endocrinology are covered. Your copay is \$50 copay per visit at any in-network location on all three health plans.