

Diabetic glucose monitors and supplies

2021 PREFERRED BRANDS AND MANUFACTURERS

-
- Premera Blue Cross Medicare Advantage **(HMO)**
 - Premera Blue Cross Medicare Advantage **Core (HMO)**
 - Premera Blue Cross Medicare Advantage **Core Plus (HMO)**
 - Premera Blue Cross Medicare Advantage **Classic (HMO)**
 - Premera Blue Cross Medicare Advantage **Classic Plus (HMO)**
 - Premera Blue Cross Medicare Advantage **Total Health (HMO)**

Premera Blue Cross exclusive diabetic glucose monitoring devices and supplies for the plans listed above are manufactured by LifeScan, Inc. We will not cover other brands and manufacturers unless your doctor or other provider tells us that the brand is appropriate for your medical needs.

More information can be found in your 2021 Evidence of Coverage, Chapter 4, "Medical benefits chart—(what is covered and what you pay)."



Preferred Blood Glucose Meters (LifeScan, Inc.)

- OneTouch® Ultra®2 System
- OneTouch® Ultra Mini™ System Kit™
- OneTouch Verio® IQ System Kit
- OneTouch Verio® Sync System Kit
- OneTouch Verio® System Kit
- OneTouch Verio® Flex System Kit



Preferred Blood Glucose Meter Test Strips (LifeScan, Inc.)

- OneTouch Ultra® test strips
- OneTouch Verio® test strips

For additional information, call Premera Blue Cross Medicare Advantage customer service at **888-850-8526 (TTY/TDD: 711)** Monday – Friday, 8 a.m. to 8 p.m. (7 days a week, or 8 a.m. to 8 p.m., from October 1 – March 31). Or visit [premera.com/ma](https://www.premera.com/ma).

Premera Blue Cross Medicare Advantage customers may be eligible for a meter exchange program offered by the manufacturer. Customers with diabetes can call **855-776-5568** toll free for more information on this program. Please have brochure code **385PRM100** available when you call. Customers are limited to one meter system per 365 days. Please note that a prescription is REQUIRED. Note: If a customer does not have a prescription from their physician, and it is an urgent situation, the customer or representative should contact their provider or Premera Blue Cross Medicare Advantage customer service for assistance at **888-850-8526 (TTY/TDD: 711)** Monday – Friday, 8 a.m. to 8 p.m. (7 days a week, 8 a.m. to 8 p.m., from October 1 – March 31).

The list of preferred products may change during the year when new meters are available from the manufacturer. In general, coverage for the preferred products listed here will continue for the current plan year unless a product is discontinued for safety reasons. If this happens we will notify you of this change. The most recent list of preferred products is available on our website at **premera.com/ma**.

Premera Blue Cross is an HMO plan with a Medicare contract.
Enrollment in Premera Blue Cross depends on contract renewal.

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, Premera Blue Cross Medicare Advantage Plans - Complaints & Appeals, PO Box 262527, Plano, TX 75026, Phone: 888-850-8526, Fax: 800-889-1076, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-850-8526 (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 888-850-8526 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 888-850-8526 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-850-8526 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-850-8526 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-850-8526 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 888-850-8526 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 888-850-8526 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。888-850-8526 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 888-850-8526 (መስማት ለተሳናቸው: 711)።

XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 888-850-8526 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-850-8526 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 888-850-8526 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-850-8526 (TTY: 711).

ໂປດອຸກຸບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ ເສັ້ນຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 888-850-8526 (TTY: 711).