



# Your guide to coverage for your diabetic supplies

Discover which benefits to use when ordering



If you're newly diagnosed with diabetes, your treatment plan has recently changed, or you're just not sure about your coverage, you may have questions about the costs of supplies and prescriptions. It can be hard to know when to use your medical insurance or your pharmacy insurance. Understanding the differences between medication, supplies and durable medical equipment (DME) can help you decide which coverage to use and where to go for your supplies and prescriptions.



## Here are four steps to help you get the most out of your insurance

- 1** Create a list of your prescribed diabetic medications, supplies and/or DME
- 2** Review the *Prescribed diabetic items* table to see which items are covered by your medical benefit, which are covered by your pharmacy benefit, and which are covered by both
- 3** For items covered under both medical and pharmacy, find your plan in the *Your coverage* table to see how benefits will be paid under each
- 4** Work with your doctor and your pharmacy to order your supplies using the benefit that provides the most coverage

## Prescribed diabetic items

Medications, supplies and DME

Item	Type	Medical benefit	Pharmacy benefit	Where to order	Other information
Insulin	Medication	Not covered	Covered	Retail or mail order pharmacy	In your Moda Member Dashboard look for Pharmacy Benefits to search for covered insulins.
Humalog	Medication	Not covered	Covered	Retail or mail order pharmacy	
GLP-1	Medication	Not covered	Covered	Retail or mail order pharmacy	Prior authorization required. Only covered for Type 2 Diabetes diagnosis.
Insulin pens	Medication	Not covered	Covered	Retail or mail order pharmacy	In your Moda Member Dashboard look for Pharmacy Benefits to search for covered insulins.
Lancets	Supplies	Not covered	Covered	Retail or mail order pharmacy	
Test Strips	Supplies	Not covered	Covered	Retail or mail order pharmacy	In your Moda Member Dashboard look for Pharmacy Benefits to search for covered test strips.
Urine test strips (ketones)	Supplies	Covered	Not covered	From your doctor or local retail store	
Insulin syringes	Supplies	Not covered	Covered	Retail or mail order pharmacy	
Continuous glucose monitor	Device	Not covered	Covered	Retail or mail order pharmacy	
Glucometer	Device	Not covered	Covered (under free meter program)	Use the free meter program to get a Freestyle (Lite or Freedom Lite) or Contour (Next Gen, Next EZ, or Next One) meter	At a pharmacy: Contour BIN 018844, PCN 3F, Group MGD CARE, ID CNMC7246982; Freestyle BIN 610020, PCN PDMI, GROUP 99992432, ID ERXNAVITUS  Or call: Contour 1-800-401-8440, offer BDC-MOD; Freestyle 1-866-224-8892, offer KYDCW4DQ
Insulin pump	Durable medical equipment (DME)	Covered	Covered	Moda DME provider or retail pharmacy	
Prosthetics (post-amputation)	Durable medical equipment (DME)	Covered	Not covered	From your doctor, using a Moda DME provider	
Medically necessary DME	Durable medical equipment (DME)	Covered	Not covered	From your doctor or Moda DME provider	
Glucose tablets	Other	Covered	Not covered	From your doctor or local retail store	
Glucagon	Other	Covered	Covered	From your doctor or retail or mail order pharmacy	
Emergency alert bracelet	Other	Not covered	Not covered		
Diabetic socks and shoes	Other	Covered	Not covered	From your doctor or local retail store	



# Your coverage

## Getting the most out of your benefits

How much you pay depends on the item type and where you obtain it. Insulin, glucometers, continuous glucose monitors and other diabetic supplies are covered under the pharmacy benefit when you buy them from a pharmacy with a valid prescription. Insulin pumps and insulin pump supplies are covered under either the DME benefit or the pharmacy benefit. Depending on your plan benefits, if the item you need is covered by both, using your pharmacy benefits may save you money.

Plan	Medical	Pharmacy
<b>PPO 400*</b>  <small>*This plan has separate medical and prescription out-of-pocket maximums.</small>	15% after \$400 deductible per member (in-network) 35% after \$400 deductible per member (out-of-network) \$2,000 annual medical out-of-pocket maximum per member	20% with max \$50 copay for Tier 1 Select and Tier 2 Preferred at retail (in-network and out-of-network) 20% with max \$30 copay for Tier 1 Select and max \$125 copay for Tier 2 Preferred with mail-order (in-network and out-of-network) 50% Tier 3 Non-Preferred (in-network and out-of-network) \$2,000 annual prescription out-of-pocket maximum per member \$35 maximum cost share 30-day supply and \$105 maximum cost share 90-day supply for insulin, deductible does not apply.
<b>Major Medical</b>	30% after \$1,000 deductible per member (in-network) 50% after \$1,000 deductible per member (out-of-network) \$6,150 annual medical out-of-pocket maximum per member (includes prescription deductible and out-of-pocket costs)	30% copay after \$300 deductible at retail and mail order (in-network and out-of-network) Out-of-pocket prescription costs accrue towards the annual medical out-of-pocket \$35 maximum cost share 30-day supply and \$105 maximum cost share 90-day supply for insulin, deductible does not apply.

## Have questions? We're here to help.

**888-445-7413**

Medical coverage

Moda Health Customer Service

**800-913-4284**

Pharmacy coverage

Moda Health Customer Service

**503-988-3477**

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Multnomah County Employee Benefits Office

