



IMPORTANT: 2023 Coverage Changes for Diabetic Supplies.

Specific brands and quantities of diabetic supplies covered by your plan for this plan year are listed below:

Glucometer and test strip brands:

- LifeScan OneTouch®
- Roche ACCU-CHEK®

Lancet brands:

- LifeScan OneTouch®/Delica®
- Prodigy Diabetes Care
- Kroger and its Affiliates
- Roche Diagnostics
- Good Neighbor Pharmacy

Quantities:

- A limit of one glucometer per 365 days will be covered by your plan
- A limit of 306 blood glucose test strips and 306 lancets per 90 days

Other brands or greater quantities of glucometers, blood glucose test strips and/or lancets are not covered unless your doctor tells us they are medically necessary for your treatment.

What you will need to do if you are a current member or thinking about joining our plan:

- If you are currently getting covered diabetic supplies from an in-network pharmacy or the plan's mail-order pharmacy, you don't need to do anything!
- If you are not using covered brands or if you are not getting your covered glucometer and test strips from an in-network pharmacy or the plan's mail-order pharmacy, you will need to get new prescriptions from your doctor, and take them to one of these pharmacies in order for these claims to be covered by us. Lancets can be purchased from an in-network pharmacy, the plan's mail-order pharmacy or from a Durable Medical Equipment (DME) provider.
- Be sure to discuss your options with your doctor. If your doctor says it is medically necessary for you to continue using a different brand or more blood glucose test strips and/or lancets, your doctor will need to communicate this to us by requesting an exception.

Each brand of glucometer operates a little differently. Be sure you understand the device's instructions. If you have any questions about how to use your diabetic supplies, please contact your pharmacist or the manufacturer. You can reach LifeScan, Inc. at 800-227-8862 or Roche Diagnostics at 800-858-8072.

Wishing you good health.

Plans that have this diabetic supply coverage include:

| Plan Name | Region |
|---|---------------|
| Anthem MediBlue + Kroger (HMO) | VA |
| Anthem MediBlue Care To You (HMO I-SNP) | VA |
| Anthem MediBlue Dual Advantage (HMO D-SNP) | VA |
| Anthem MediBlue ESRD Care (HMO C-SNP) | VA |
| Anthem MediBlue Essential (HMO) | VA |
| Anthem MediBlue Extra (HMO) | VA |
| Anthem MediBlue Full Dual Advantage (HMO D-SNP) | VA |
| Anthem MediBlue Plus (HMO) | VA |

For more information about the exception process or the appeals policy, please see your plan's 2023 Evidence of Coverage.

Out-of-network/non-contracted providers are under no obligation to treat health plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

HealthKeepers, Inc., an independent licensee of the Blue Cross Blue Shield Association, serves all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem is a registered trademark of Anthem Insurance Companies, Inc.