



## **IMPORTANT: 2016 Coverage Changes for Diabetic Supplies.**

For this plan year, only specific brands of diabetic supplies will be covered by your plan. Covered brands are listed below:

Glucometers and test strips:

- LifeScan, Inc., OneTouch®
- Roche Diagnostics, ACCU-CHEK®

Lancets:

- Roche Diagnostics
- Prodigy Diabetes Care
- Owen Mumford US
- Perrigo Diabetes Care
- LifeScan, Inc.
- Good Neighbor
- Kroger/Perrigo

A limit of 100 blood test strips and or 100 lancets per month.

Other blood glucometer, blood test strip or lancet brands or more than 100 test strips or 100 lancets per month are not covered unless your doctor or other provider tells us that another brand or a larger quantity is 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 and/or more than 100 blood test strips and/or lancets per month, 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 instructions. If you have any questions about how to use your supplies, please contact your pharmacist or the manufacturer. You can reach LifeScan, Inc. at **1-800-227-8862** or Roche Diagnostics at **1-800-858-8072**.

Wishing you good health.



**Plans that are included in this coverage change include:**

<b>Plan Name</b>	<b>Region</b>
Amerivantage Dual Coordination (HMO SNP)	NJ
Amerivantage Dual Coordination (HMO SNP)	NJ
Amerivantage Classic (HMO)	NM
Amerivantage Classic (HMO)	TN
Amerivantage Dual Coordination (HMO SNP)	TN
Amerivantage Classic (HMO)	TX
Amerivantage Dual Coordination (HMO SNP)	TX
Amerivantage Select (HMO)	TX

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

For more information about the exception process or the appeals policy, please see the plan's 2016 Evidence of Coverage.

AMERIGROUP, Inc. is a Medicare Advantage Organization with a Medicare contract. For Dual-Eligible Special Needs Plans: AMERIGROUP, Inc. is a D-SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in AMERIGROUP, Inc. depends on contract renewal.