

Type 2 Diabetes Care Insurance Coverage Worksheet



MY HEALTH CARE PROVIDER RECOMMENDS

Check insurance coverage for the following (check all that apply)

Glucometer & Test Strips

A device that measures blood sugar from fingerpoke.

Continuous Glucose Monitor (CGM)

Brand names like Libre, Dexcom. A newer device that reads blood sugar without fingerpokes.

SGLT2i

A newer type of diabetes medication (pill). Brands like Jardiance or Farxiga.

GLP-1 RA/GIP

A newer type of diabetes medication (pill or shot). Brands like Ozempic, Trulicity, or Mounjaro.

MY INSURANCE INFORMATION

Find your insurance company's contact information on the back of your insurance card.

If you cannot locate your card, search the Internet for your insurance company's phone number.

EXAMPLE CARD FRONT

BlueCross BlueShield		Plan Name Here
Subscriber Name: JOHN DOE	00	Group No: 123456789
Subscriber ID: YPP123456789		Relin. Effective Date: 01/01/22
Members: JANE SAM	01 02	Member Responsibility: DED-INN/CON \$2,800/\$14,000 ODP Max-INN/CON \$8,700/No Max Primary-INN \$15 Specialist-INN \$150 URG Care/ER-INN \$150/50% after ded Drug Tier 1 30 after Rx ded Drug Tier 2-6 50% after Rx ded Rx Deductible \$2,800

EXAMPLE CARD BACK

BlueCross BlueShield	Customer Service: 1-800-206-6887 TTY/TDD: 1-800-442-7028 Phone Mail: 1-800-224-5180 Member Benefits: 1-800-300-2627 Local Non-NC Provider: 1-800-816-2963 Provider Services: 1-800-211-6864 Prior Review/Certification: 1-800-872-7887 Pharmacy Help Desk: 1-800-224-5186 Telefax: 1-800-855-2362
Providers should send claims to their local BlueCross BlueShield Plan.	
CONTACT INFO	

WHAT TO ASK

1) Do I have a deductible?

What is a deductible? The amount of money that must be paid each year before insurance pays for anything.

- Yes
 No

IF YES

What is my deductible? \$ _____

How much of my deductible is left? \$ _____

What is my out-of-pocket max? \$ _____

2) Do I have a separate prescription drug deductible?

What is a prescription drug deductible? The amount you pay for prescriptions before your insurance starts to pay. You may need to call a separate number to get this information.

- Yes
 No

IF YES

What is my deductible? \$ _____

How much of my deductible is left? \$ _____

What is my out-of-pocket max? \$ _____

If you need information about diabetes supplies or CGM, stay on the line with your insurance person and complete next section. If not, fill out the medication section on next page. You might be transferred to another insurance person.

Complete the next section if you were prescribed a glucometer or CGM

GLUCOMETER & TEST STRIPS

1) Does my insurance cover a glucometer (and test strips) for type 2 diabetes?

- Yes
 No

IF YES

Can I get a glucometer at a local pharmacy?

- Yes.**
Preferred local pharmacy: _____
Preferred brand of glucometer: _____
- No, covered by a DME supplier.**
Preferred DME supplier: _____
Preferred brand of glucometer: _____

What is DME? Durable medical equipment.

What is my cost for 100 test strips? \$ _____

CONTINUOUS GLUCOSE MONITOR (CGM)

1) Does my insurance cover a CGM for type 2 diabetes? Yes No

IF YES

Which brand is preferred? **Dexcom** **Libre** **Both**

Can I get a CGM at a local pharmacy?

Yes. What is the preferred local pharmacy?

What is my copay?

\$

\$

Sensors

Reader

No, through DME supplier. What is the preferred supplier?

What is my copay?

\$

\$

Sensors

Reader

2) Do I have to be taking insulin or testing my blood sugar a certain number of times per day?

IF YES

Insulin doses: If yes, how many?

Blood sugar tests: If yes, how many?

3) Does it require prior authorization? Yes No

What is prior authorization? When your health care team must get approval from your insurance.



Complete the next section if you were prescribed a medication listed below

MEDICATION

1) What are my insurance's preferred SGLT2is?

Farxiga **Jardiance**
 Invokana **Steglatro**

2) What are my insurance's preferred GLP-1 RA/GIP?

Trulicity **Rybelsus (pill)** **Mounjaro**
 Victoza **Byetta**
 Ozempic **Bydureon BCise**

What is my copay for this SGLT2i?

\$

\$

30-day supply

90-day supply

What is my copay for this GLP-1 RA/GIP?

\$

\$

30-day supply

90-day supply

Can I get a 90-day supply? Yes No

IF YES

At my local pharmacy

By mail order

Can I get a 90-day supply? Yes No

IF YES

At my local pharmacy

By mail order

3) What is my insurance's preferred local pharmacy?

Why does it matter if my pharmacy is "preferred"? Preferred pharmacies offer a lower copay for drugs covered by your insurance than a standard pharmacy.

Name

Phone Number

4) What is my insurance's preferred mail order pharmacy?

Name

Phone Number/Website