

Type 2 Diabetes Care Continuous Glucose Monitor (CGM) Insurance Coverage Worksheet

For Commercial and Medicare Patients

A continuous glucose monitor (CGM) may be covered by your insurance under either a **"medical"** or **"pharmacy"** benefit. This worksheet is designed to guide you in learning about your CGM coverage.

Step 1: Locate your insurance cards.

Step 2: Call the number of back of your **medical** benefit card.

Step 3: Ask the insurance representative the listed questions.

Step 4: (If needed) Call the number of the back of your **pharmacy** benefit card.

Step 5: Share this information with your care team.

Step 6: Review resources to reduce cost if not covered.

STEP 1: Locate your insurance cards *(You may have one or two cards)*

✓ A card that you show when you go to the doctors office. This is your **medical** benefit card. *(For Medicare patients: If you have Traditional, this is your Part A and B card. If you have an Advantage plan, use that card.)*

✓ A card that you show when you go to the pharmacy. This is your **pharmacy** benefit card. *(For Medicare patients: This is your Part D Plan.)*

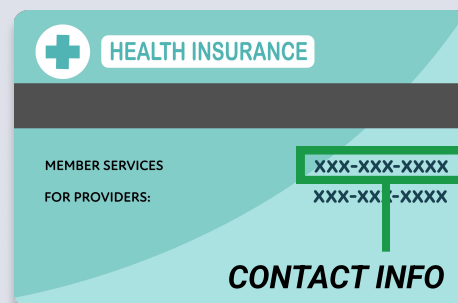
If you only have one card, check that either RXBin and RXPCN and/or an "RX" symbol are on the card. This means your **medical** and **pharmacy** benefit are covered under the same plan.

STEP 2: Call the number of the back of your medical benefit card

WHAT TO SAY

Tell the representative a few things to get started:

1. I have a type 2 diabetes diagnosis.
2. I want to learn about my coverage for diabetes supplies, specifically a continuous glucose monitor, such as a Dexcom G7 or Libre 3 Plus.



STEP 3: Ask the insurance representative these questions

1. Does my insurance cover a CGM?

Yes

If yes: Is one brand of CGM preferred?

Dexcom **Libre** **Either**

No

If no, skip to step 5

STEP 3 *Continued*: Ask the insurance representative these questions

2. Is a CGM covered by my medical benefit or pharmacy benefit?

Medical Pharmacy

3. Are there requirements for a CGM to be covered?

Yes

If yes: What do they require?

Being on insulin

No

Uncontrolled A1C greater than:

7%

8%

9%

Do I need to be on, or previously tried a certain number of medications for diabetes?

Yes

No

Check all that apply and write in any details or additional requirements.

STEP 4: Ask for cost and coverage details (*Complete for medical or pharmacy benefit*)

IF COVERED BY MEDICAL BENEFIT

What is my deductible? \$

How much of my deductible is left? \$

What is my copay? \$

What is my preferred DME supplier? (name and phone number)

IF COVERED BY PHARMACY BENEFIT

Can I get a CGM at a local pharmacy?

Yes. What is the preferred local pharmacy?

No. What is the preferred online pharmacy?

What is my copay? \$

STEP 5: Share this information with your care team

Let your care team know whether or not your CGM is covered by insurance, and if there is a preferred brand, supplier, or local/online pharmacy.

STEP 6: Estimated out-of-pocket cost and cost savings resources

	<i>Estimated Monthly Cash Price</i>	<i>Estimated ANNUAL Cash Price</i> (for HSA/FSA)
Libre 3 Plus	\$50 **	\$600
Lingo (OTC)	\$90	\$1000 with subscription
Dexcom G7 15 day	\$190 via GoodRx	\$2200
Dexcom Stelo (OTC)	\$100	\$1000 with subscription

** Savings card eligibility = either has commercial insurance or is uninsured (Medicare recipients or Medicaid patients are not eligible)

Dexcom Savings Center
michmed.org/GQdyd



Abbott Copay Card
michmed.org/mDjQq

