IMPORTANT 2017 COVERAGE CHANGES FOR DIABETIC SUPPLIES

For this plan year, all of our individual Medicare Advantage plans will continue to cover only specific brands of lancets.

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

A limit of 100 lancets per month.

As a reminder, continuing in 2017, all of our individual Medicare Advantage plans will only cover specific brands of glucometers and test strips. Our plans will not cover them when purchased from In-network Durable Medical Equipment (DME) providers.

Covered glucometers and test strips:
- LifeScan, Inc., OneTouch®
- Roche Diagnostics, ACCU-CHEK®

A limit of 100 blood test strips per month.

New for 2017, a limit of one glucometer every 180 days.

To be covered for a $0 copay, the members must purchase these supplies at an in-network retail or mail-order pharmacy supplier.

HCPC codes not covered when purchased through an In-network DME provider:
- A4253 blood glucose test strips
- E0607 home blood glucose monitor
- E2100 blood glucose monitor with integrated voice synthesizer
- E2101 blood glucose monitor with integrated lancing/blood sample

Members impacted by this change have been notified through their Annual Notice of Change and Evidence of Coverage plan benefit materials.

Other blood glucometer, blood glucose test strip or lancet brands or quantities of more than 100 test strips or lancets per month are not covered unless you, as the doctor or provider, tell us another brand or a larger quantity is medically necessary for the member’s treatment.

- If our member is currently getting their covered glucometer and test strips from an in-network pharmacy or the plan’s mail-order pharmacy, you don’t need to do anything!
- If our member is not using covered brands or is not getting covered a glucometer and test strips from an in-network retail or mail-order pharmacy supplier, then our member will need to get new prescriptions for the supplies by January 1st for these claims to be covered by us. Covered lancet brands can be purchased from an in-network retail pharmacy, the plan’s mail-order pharmacy or from a DME provider.
- You should discuss these coverage changes and possible new prescriptions with our member/your patient. If it is medically necessary for them to continue using a different brand of blood test strips,
If you have a glucometer or lancets, and/or more than 100 blood test strips or lancets per month, you will need to communicate this to us by requesting an exception.

- Please note: Continuous Blood Glucose Monitoring devices and supplies are not a Medicare covered benefit.

The benefit and brand limitations described above generally do not apply to our Group Sponsored Medicare Advantage Health Benefit Plans. Please contact provider services for benefit information.

**Individual Medicare Advantage Plans included in this coverage change:**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem MediBlue Access (PPO)</td>
<td>CA</td>
</tr>
<tr>
<td>Anthem MediBlue Coordination Plus (HMO)</td>
<td>CA</td>
</tr>
<tr>
<td>Anthem MediBlue Dual Advantage (HMO SNP)</td>
<td>CA</td>
</tr>
<tr>
<td>Anthem MediBlue ESRD (PPO SNP)</td>
<td>CA</td>
</tr>
<tr>
<td>Anthem MediBlue Plus (HMO)</td>
<td>CA</td>
</tr>
<tr>
<td>Anthem MediBlue Select (HMO)</td>
<td>CA</td>
</tr>
</tbody>
</table>

To determine whether or not your customer is enrolled in one of our Individual Medicare Advantage plans versus an Employer or Union Sponsored plan, check the lower right front of the ID card which reflects the contract and PBP number (example: H1234-001) and/or plan name. If the PBP number (the last three digits of the contract-PBP number) is in the 800 series, that member is in an Employer or Union Sponsored plan and these changes do not apply to their plans.

Please contact the plan’s Provider Service Department listed on the back of the member’s ID card if you have any questions about these coverage changes.

Anthem Blue Cross is a Medicare Advantage Organization with a Medicare contract. For Dual-Eligible Special Needs Plans: Anthem Blue Cross is a D-SNP plan with a Medicare Contract and a contract with the California Medicaid program. Anthem Blue Cross Life and Health Insurance Company is a Medicare Advantage Organization with a Medicare contract. Enrollment in Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company depends on contract renewal.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.