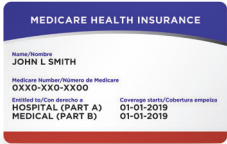




Montana

OneTouch® test strip coverage guide

Covered at the Lowest Co-Pay*	Always Covered†	Where Not Covered
AARP Medicare Advantage	<p>Medicare Part B</p> <p>\$ Patient pays \$1.66 for 50 test strips after deductible</p> 	<p>OneTouch® Automatic Savings Program‡</p> <p>\$ Patient pays \$35 for 100 test strips</p> <p>🏪 Available at all major retailers</p>
Aetna (Commercial, Health Exchange)		
Aetna (Medicare Advantage)		
Anthem (Commercial and Medicare Advantage)		
BCBS Federal Employee Program (FEP)		
BCBS of Montana (Commercial)		
Blue Cross and Blue Shield of Montana (Commercial)		
Blue Cross and Blue Shield of Montana (Medicare Advantage)		
Cigna (Commercial, Health Exchange)		
Cigna (Medicare Advantage)		
CVS Caremark Managed Medicaid Formulary	<p>OneTouch® test strips have the lowest co-pay on the most health plans*†</p>  <p>Prescribe OneTouch Verio® test strips with confidence.</p> <p>Mark Dispense as Written (DAW1)# or Do Not Substitute (DNS)</p>	
CVS Caremark National Formulary		
Elixir Commercial (Formerly EnvisionRx)		
As of January 1 2025.		
		

The information provided is not a guarantee of coverage or payment. Actual benefits are determined by each plan in accordance with its respective policies and procedures.

* Some health plans may have more than one test strip covered at the lowest co-pay.

† Coverage and payment subject to co-insurance, deductible and patient eligibility requirements.

‡ This program only works with a pharmacy benefit that does not cover OneTouch® test strips. Insurers may offer a lower cost option. Out of Pocket will not be applied to plan deductible. Those insured by any government healthcare program, such as Medicare, Medicaid, the military or VA, are NOT eligible for this offer. Program may be changed or discontinued at any time. This offer from LifeScan, Inc. can only be redeemed where OneTouch® products are sold and prescriptions can be processed.

§ MMIT Formulary Report May 2024.

Product selection code 1 = Substitution not allowed by prescriber. The pharmacy provider may only dispense the brand name version of the drug prescribed using this product selection code.

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Covered at the Lowest Co-Pay*

Express Scripts High Performance Formulary	Express Scripts National Preferred Formulary
MedImpact Commercial (Dividend Group)	MedImpact Medicare Advantage (Dividend Group)
Navitus Health Solutions (Commercial)	OptumRx Commercial (Select)
PacificSource (Commercial & Medicare Advantage)	Premera Blue Cross (Commercial)
ProCare Rx	Sav-Rx
UnitedHealthcare Commercial & Medicare Advantage	UnitedHealthcare Community Plan
UnitedHealthcare Dual Complete	WellCare (Medicare Advantage)

As of January 1 2025.



* Some health plans may have more than one test strip covered at the lowest co-pay.
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