

CONDITION SPECIFIC JOB AID

Enhanced Diabetes Care and Enhanced Asthma COPD Care

Enhanced Diabetes Care	Bronze, Silver, & Gold Diabetes Plans	All Other Plans (except HSA)	HSA Plans Only
Diabetes Supplies – Medical	\$0 with ded waived	standard cost share	standard cost share
Diabetes Equipment			
Diabetes Education & Self-Management Training		\$0 with ded waived	\$0 after ded
Diabetes Lab: A1C & Nephropathy			
Diabetes Retinal Eye Exam			
Formulary Diabetes Supplies (Rx)			
Metformin (non-insulin Rx)		standard cost share	standard cost share
NEW Nutritional Counseling			
NEW Routine Foot Care			
NEW Preferred Insulin		Pay no more than \$25 with ded waived	Pay no more than \$25 with ded waived

Enhanced Asthma COPD Care	Stand-alone Asthma Plan	All Other Plans
Pulmonary Rehabilitation	\$0 with ded waived	standard cost share
Pulmonary Function Tests		
Supplemental Oxygen		
Generic & Preferred Rx Cap on Select Meds	\$10/\$20 with ded waived	



Diabetic Plan Supplies List on Formulary for Enhanced Diabetes Plans / Diabetic Supplies List on Formulary for Non-Enhanced Diabetes Care Plans	Search Word(s)*	Additional Notes
Alcohol prep pads	ALCOHOL	All covered, all companies
Control solutions for blood glucose meters	CONTROL SOLUTION	All covered, all companies
Insulin injection aids	INJECT-EASE	All covered, all companies
Insulin pen needles	INSULIN PEN NEEDLE	All covered, all companies
Insulin syringes	INSULIN SYRINGE	All covered, all companies
Metformin HCL (generic Glucophage)	METFORMIN	Tier 1
Metformin HCL ER (generic Glucophage XR)	METFORMIN	Tier 2
OneTouch® Delica® lancing device and lancets	ONETOUCH	Tier 3
OneTouch® Delica® Plus lancing device and lancets	ONETOUCH	Tier 3
OneTouch® SureSoft lancing device	ONETOUCH	Tier 3
OneTouch® Ultra® test strips	ONETOUCH	Tier 3
OneTouch® UltraSoft lancets	ONETOUCH	Tier 3
OneTouch® Verio test strips	ONETOUCH	Tier 3
Urine test strips for glucose, ketones & proteins	CHEMSTRIP, KETONE	All covered, all companies
Diabetes Equipment on Formulary for Enhanced Diabetes Plans Only		
Dexcom G6 receiver (NEW)	DEXCOM G6	Tier 3
Dexcom G6 sensor	DEXCOM G6	Tier 3
Dexcom G6 transmitter (NEW)	DEXCOM G6	Tier 3
FreeStyle Libre 10 day reader (NEW)	FREESTYLE LIBRE	Tier 3
FreeStyle Libre 10 day sensor	FREESTYLE LIBRE	Tier 3
FreeStyle Libre 14 day reader (NEW)	FREESTYLE LIBRE	Tier 3
FreeStyle Libre 14 day sensor	FREESTYLE LIBRE	Tier 3
FreeStyle Libre 2 reader (NEW)	FREESTYLE LIBRE	Tier 3
FreeStyle Libre 2 sensor (NEW)	FREESTYLE LIBRE	Tier 3
OneTouch Ultra® 2 glucose meter	ONETOUCH	Tier 1
OneTouch UltraMini® meter	ONETOUCH	Tier 1
OneTouch Verio Flex® meter	ONETOUCH	Tier 1
OneTouch Verio IQ® meter	ONETOUCH	Tier 1
OneTouch Verio® meter	ONETOUCH	Tier 1
OneTouch Verio Reflect® meter	ONETOUCH	Tier 1



*** Search the [IFP Drug List](#) using these recommended search word(s) for Diabetic Supplies and Equipment**

Cigna Enhanced Diabetes Care Plans¹

\$0 for preferred insulins and other diabetes medications:

- Insulins: Basaglar, Humalog, Humalog Mix, Humulin
- Non-Insulins: Farxiga, Trulicity, Xigduo XR

\$0 for diabetic supplies, such as:

- Infusion pump maintenance
- Infusion sets
- Skin preparation supplies

\$0 for additional plan benefits:

- Nutritional counseling
- Routine diabetic foot care

\$0 for diabetes-related equipment:

- Dexcom G6 receiver and Dexcom G6 sensor
- Dexcom G6 transmitter
- FreeStyle Libre 10 day reader and Libre 10 day sensor
- FreeStyle Libre 14 day reader and FreeStyle Libre 14 day sensor
- FreeStyle Libre 2 reader and FreeStyle Libre 2 sensor
- OneTouch Ultra2® glucose meter
- OneTouch Ultramini® meter
- OneTouch Verio Flex® meter
- OneTouch Verio IQ® meter
- OneTouch Verio® meter
- OneTouch Verio Reflect® meter

Cigna Enhanced Asthma COPD Care Plans

Pay no more than a \$10 copay, with deductible waived for Generic prescriptions, such as:

- | | |
|---------------------------------------|--|
| • Albuterol Sulfate HFA Inhaler | Inhalation Solution |
| • Albuterol Sulfate Inhalant Solution | • Levalbuterol HFA Inhaler |
| • Albuterol Sulfate Syrup | • Levalbuterol Inhalant Solution |
| • Albuterol Sulfate Tablets | • Levalbuterol Inhalant Solution Concentrate |
| • Fluticasone-Salmeterol Inhaler | • Terbutaline Sulfate Tablets |
| • Ipratropium Inhalant Solution | • Wixela Inhub |
| • Ipratropium-Albuterol Sulfate | |

Deductible waived for below benefits:

- \$0 for Pulmonary Rehabilitation services
- \$0 for select Pulmonary Function Tests
- \$0 for Supplemental Oxygen

Pay no more than a \$20 copay, with deductible waived for Preferred Brand prescriptions, such as:

- | | |
|-------------------|-------------------|
| • Anoro Ellipta | • Flovent HFA |
| • Arnuity Ellipta | • Incruse Ellipta |
| • Breo Ellipta | • Serevent Diskus |
| • Flovent Diskus | |

1. Not available in CO.

Notice for North Carolina residents: Customer actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because the actual provider charges may not be used to determine plan and member payment obligations. Product availability may vary by location and plan type and is subject to change. Plans contain exclusions and limitations and are not available in all areas. For costs and details of coverage, review plan documents.

For more information, review these additional resources:

[IFP Diabetes Care Solutions Broker-Customer Flyer](#)
[English](#) | [Spanish](#)

[IFP Asthma-COPD Broker-Customer Flyer](#)
[English](#) | [Spanish](#)

