

Advantage Value for Diabetes

We care about your health. We're making it easier and more affordable for you to get the care and medications you need.

What is Advantage Value?

If you have diabetes this benefit can help lower your out-of-pocket costs for high-value services, prescriptions, and testing supplies to help you manage your condition. With lower costs for these services, our goal is to keep you healthy and reduce the risk of complications.

Who is eligible?

This benefit is available to Advantage Plan members who have been diagnosed with Type 1 or Type 2 diabetes. Dependents, early retirees, and former employees who have continued coverage through COBRA or FEWD are also eligible. Advantage High Deductible Health Plan members are **not** eligible for this benefit.

Dependents under the age of 18 years who have been diagnosed with diabetes are eligible for this benefit when enrolled in the Advantage Plan.

How do I get this benefit?

You'll automatically receive this benefit when you get an eligible medical service or prescription for your diabetes. There's no need to enroll! The benefits are applied through your health plan or our pharmacy benefit manager.

How much can I expect to save?

Your savings will vary based on the cost level you're in within the Minnesota Advantage Health Plan service area. The greatest savings will be in cost levels 1 and 2 for clinical care and tier 1 for medications. Page 2 has a complete list of levels and out-of-pocket costs for diabetes care.

Where can I find more information?

Learn more about Advantage Value for Diabetes on the Health and Well-being page on our website at mn.gov/mmb/segip. For specific information about your diabetes care, contact your health plan or CVS Caremark for pharmacy questions.



Out-of-pocket medical costs for Advantage Value for Diabetes in 2024

The benefits below are for care primarily for diabetes through your primary care clinic or referred in-network provider within the Minnesota Advantage Health Plan service area. Eligible medical services received outside the service area are subject to the Out-of-Area benefit. (Call your health plan administrator to determine if you need a referral or to find a provider in their national network.) All care not primarily related to diabetes is covered under the standard Minnesota Advantage Health Plan benefits.

Eligible Medical	Cost Level 1	Cost Level 2	Cost Level 3	Cost Level 4	Out-of-Area
Services	You Pay	You Pay	You Pay	You Pay	You Pay
Physician Office Visits	\$0 copay,	\$0 copay,	\$35 copay,	\$55 copay,	\$35 copay,
	deductible	deductible	deductible	deductible	deductible
	waived	waived	waived	waived	waived
Dietitian Office Visits	\$0 copay,	\$0 copay,	\$35 copay,	\$55 copay,	\$35 copay,
	deductible	deductible	deductible	deductible	deductible
	waived	waived	waived	waived	waived
Diabetic Retinal Eye Exams	\$0 copay, deductible waived	\$0 copay, deductible waived	\$0 copay, deductible waived	\$0 copay, deductible waived	\$0 copay, deductible waived
Labs: LDL Panel, Urine Protein test, Glucose test, Hemoglobin A1C	0% coinsurance, deductible waived	0% coinsurance, deductible waived	0% coinsurance, deductible waived	0% coinsurance, deductible waived	0% coinsurance, deductible waived
Diabetic Testing Supplies (including covered insulin pumps, continuous glucose monitors)	10% coinsurance, deductible waived	10% coinsurance, deductible waived	10% coinsurance, deductible waived	coinsurance	10% coinsurance, deductible waived
Medication Therapy	\$0 copay,	\$0 copay,	\$0 copay,	\$0 copay,	\$0 copay,
Management	deductible	deductible	deductible	deductible	deductible
(Pharmacist Consults)	waived	waived	waived	waived	waived

Out-of-pocket pharmacy costs for Advantage Value for Diabetes in 2024

These out-of-pocket savings apply for medications purchased through in-network pharmacies. These medications may be purchased through retail pharmacy locations, mail, and other specialty services outlined by CVS Caremark.

Eligible Drugs/Supplies	You Pay		
Diabetes medications	<u>Copay</u> : \$0 tier 1 / \$20 tier 2 / \$35 tier 3		
Hypertensive (blood pressure) medications	Copay: \$0 tier 1 / \$20 tier 2 / \$35 tier 3		
Cholesterol medications	Copay: \$0 tier 1 / \$20 tier 2 / \$35 tier 3		
Depression medications	Copay: \$0 tier 1 / \$20 tier 2 / \$35 tier 3		
Diabetic Supplies (Including test strips, insulin pump supplies, syringes, lancets, and more)	0% coinsurance, deductible waived		