Contour
Evolving with you

ARKANSAS

CONTOUR®NEXT test strips
FORMULARY STATUS

For Informational Purposes Only and not a guarantee of coverage. Please check with insurance provider for the most up to date and accurate information. All data presented are accurate as of 3/1/2023 and subject to change without notice.

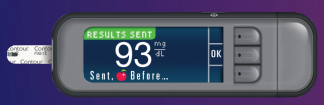
PLAN NAME	FORMULARY STATUS§
UnitedHealthcare (UHC)¶	Tier 2
University of Arkansas	Preferred
Arkansas BCBS	Covered
Coventry	Covered
Health Advantage	Covered
WellCare	Prior Authorization
Arkansas State Medicaid	Covered
Medicare Part B	Covered

§ **Covered** = Available on Formulary. **Preferred** = Lowest branded co-pay. **Exclusive** = Only product in class with lowest branded co-pay.
¶ UnitedHealthcare Employer and Individual "Commercial" Plans.

All CONTOUR®NEXT blood glucose meters use CONTOUR®NEXT test strips.

25 Count — NDC 0193-7310-25
50 Count — NDC 0193-7311-50
100 Count — NDC 0193-7312-21

CONTOUR®NEXT ONE
NDC 0193-7310-25



CONTOUR®NEXT LINK 2.4
Available from Medtronic

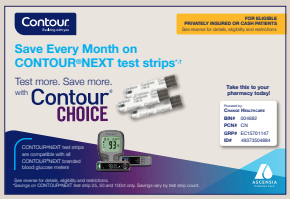
CONTOUR®NEXT
NDC 0193-7311-50

CONTOUR®NEXT EZ
NDC 0193-7312-21

See back for additional access information.

ASCENSIA
Diabetes Care

Affordable Access for CONTOUR®NEXT Test Strips, Regardless of Coverage

	Medicare Part B	CONTOUR® Choice** with Commercial Insurance	OTC (Over-the-Counter)
	CONTOUR®NEXT TEST STRIPS *Always Covered by Medicare Part B* Not a guarantee of coverage and payment. Coverage and payment may be subject to co-insurance, deductible and patient eligibility requirements.		
Summary	A federal healthcare plan	Provides patient assistance for high co-pays	Affordable, accessible value packs for ALL patients
Rx Required	YES	YES	NO
Coverage	Covered*	Dependent upon patient eligibility, Rx quantity, and co-pay amount**	ALWAYS available Insurance not required Can use HSA/FSA funds for purchase
Expected Patient Costs	Patient must reach a deductible, then pay 20% of the allowable reimbursement amount (For example, 50 test strips will be less than $2) Most Medicare supplemental plans charge a $0 co-pay*	Patient pays first $25. There may be additional costs based on plan coverage and Rx quantity**	Everyday low price† 35ct = $19.99 70ct = $34.99 Price may be less than patient co-pays‡
For More Information	Call 1-800-MEDICARE or visit medicare.gov	Visit contourchoice.com For CONTOUR®NEXT test strips insurance coverage by state: contournextcoverage.com	Available for purchase at many retail pharmacies across the US

Contour next Sync
REIMBURSEMENT SUPPORT

For Insulin Pump Patients:

- General Reimbursement Questions
- Benefit Verification
- Prior Authorization & Insurance Appeals

Contact: 1-866-296-1436 (Mon—Fri, 8am—7pm EST)

* Not a guarantee of coverage and payment. CONTOUR®NEXT test strips are covered when medically necessary for the patient and prescribed by a physician. Coverage and payment may be subject to co-insurance, deductible, and patient eligibility requirements. Centers for Medicare and Medicaid Services. Medicare's coverage of diabetes supplies and services. Available at:https://www.medicare.gov/pubs/pdf/11022-Medicare-Diabetes-Coverage.pdf. Accessed December 2020.

** For eligible commercially insured patients only. Patient is responsible for the first $15 of the copay, and all remaining balances, charges and taxes after discount is applied. Limitations and restrictions apply. Visit contourchoice.com for more details. Program not valid for prescriptions reimbursed under Medicaid, Medicare drug benefit plan, Tricare, or other federal or state health programs (such as medical assistance programs). If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. Void where prohibited by law. This offer cannot be combined with any other offer. Ascensia Diabetes Care reserves the right to cancel or change this offer at any time and without notice.

† Manufacturer suggested retail price. Price may vary by retailer.

‡ Patients should check with their insurance company as insurers may offer a lower cost option.

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