



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 10/1/2019 and subject to change without notice.

| PLAN NAME | FORMULARY STATUS* |
|--|---|
| UnitedHealthcare (UHC)** | Tier 2 |
| UHC/AARP Medicare Part D | Prior Authorization - Pump Only |
| Capital Blue Cross | Covered |
| Keystone Health Plan Central | Covered |
| Keystone HMO – Capital | Covered |
| UPMC (Your Choice/First Choice/Value Choice) | Prior Authorization - Pump Only |
| UPMC For Life | Prior Authorization - Pump Only |
| UPMC For You | Prior Authorization - Pump Only |
| Highmark BCBS | Prior Authorization |
| Cigna HealthSpring | Preferred |
| Cigna | Prior Authorization - Pump Only |
| WellCare | Prior Authorization |
| Humana | Prior Authorization - Pump Only |
| Aetna | Prior Authorization - Pump Only |
| West Virginia Medicaid – Fee for Service | Prior Authorization - Pump Only |
| Medicare Part B | Covered – DME |
| Cash/Self Pay | Contour® Choice Card Discount on 25, 50 & 100-count Everyday Low Shelf Price at Retail for 35 & 70-count |

***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






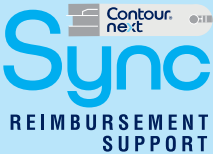
CONTOUR®NEXT
NDC 0193-7311-50



CONTOUR®NEXT EZ
NDC 0193-7312-21

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

| | Medicare Part B  | CONTOUR® Choice** with Commercial Insurance  | OTC (Over-the-Counter)  |
|------------------------|---|--|--|
| 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 | ALWAYS 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 (i.e., 50 test strips will be less than \$2) Most Medicare supplemental plans charge a \$0 co-pay* | Patient pays first \$15. 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 |



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 9/30/19.

** 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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