For people living with diabetes, Medicare regulations are not always clear. When you know the facts, you may be able to access even greater value from your Medicare benefits.

Facts and Myths:

**Diabetes testing supplies are free if I am on Medicare.** [MYTH]

If you have traditional Medicare Part B and a supplement plan, you may have $0 costs. If you receive your Part B benefits through a Medicare Advantage Plan, out-of-pocket costs vary by the plan’s benefit design. Some plans have a copay; others do not. Part D does not cover blood glucose meters, test strips, lancing devices or lancets.¹

**Medicare will only cover testing blood sugar once a day.** [MYTH]

Medicare Part B will cover testing once per day for those not using insulin; three times a day for those who use insulin; and more if the doctor has prescribed testing more often and the person with diabetes is testing as prescribed. Medicare Part B requires these more-frequent testers to send a record of their test results to their mail service provider once every six months. Medicare Advantage members are not required to provide a test log.

**I can save money by using a different mail service source.** [MYTH]

Medicare reimburses the same amount to all mail service providers who have agreed to accept the Medicare Part B allowable amount. So your copay is the same with any provider.
I can get a new lancing device every six months. **FACT**

The spring in lancing devices wears out. Replacing your lancing device regularly will help reduce the pain when testing. Medicare allows for a new one every six months.

When I get into the donut hole for my medicine, I have to pay for my diabetes testing supplies. **MYTH**

There is no donut hole for testing supplies. Your diabetes testing supplies are covered under Part B, *not* Part D like your medications. Part B copays stay the same throughout the year.

It’s a good idea to place a reorder for supplies early so you don’t run out. **MYTH + FACT**

Medicare will only cover diabetes testing supply reorders every 90 days. Medicare won’t reimburse us if we mail your supplies sooner. To help keep you well-supplied, we’ll send a reorder reminder mailer. It will come about one month before your next Medicare-eligible shipment date. Your prompt reply gives us ample time to update your paperwork and process your reorder. If we haven’t heard from you, we’ll call you about one week before your next eligible shipment date.

Call our Customer Service Advocates.

For customer service, reorders or if you have more questions regarding Medicare coverage for diabetes testing supplies: **1–866–208–7707 (TTY 711)**

7 a.m.–7 p.m., CT, Monday–Friday.
For more information on Medicare, contact:

• 1-800-MEDICARE
  Hearing impaired call (TTY 711)
  www.medicare.gov

• If you have Medicare through a private insurance company, call the customer service number on the back of your insurance card.

If you have more questions regarding Medicare coverage for diabetes testing supplies:

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Customer Service Advocates:

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7 a.m.-7 p.m., CT, Monday-Friday

Website: www.PrescriptionSolutions.com/diabetes