

2021 *Choice Diabetic List*

Your diabetic prescription benefit is a valuable part of your coverage. It is important you understand this benefit so you can get the most out of your coverage. Items on this list are covered items. Insulins and supplies that are not included on this list may require exception review* by Security Health Plan to determine whether coverage criteria are met, and may be subject to copayments, coinsurance and/or deductible.



The covered items are divided into two categories:

- **Diabetic supply list** – \$0 per member, and you will not incur any out-of-pocket costs for items on this list.
- **Insulin list** – capped at \$25 per month per insulin per member. For the insulins on this list, members will pay no more than \$25 each month.



Questions?

If you have questions or need more information about this benefit call Security Health Plan's Pharmacy Services Department.

1-877-873-5611 (TTY 711)
Monday through Friday
8 a.m. to 5 p.m.

SecurityHealth PlanSM
Promises kept, plain and simple.[®]

Choice Diabetic List

Diabetic supply list	
Dexcom® G6	FreeStyle® lancets
FreeStyle® control solution	Insulin needles
FreeStyle® Freedom Lite meter	Insulin syringes
FreeStyle® Libre reader	Pen Needles
FreeStyle® Libre sensors	Precision® Neo meter
FreeStyle® Libre 2 reader	Precision® Neo test strips
FreeStyle® Libre 2 sensors	Precision® Xtra beta ketone test strips
FreeStyle® Lite Meter	Precision® Xtra meter
FreeStyle® Lite test strips	Precision® Xtra test strips
FreeStyle® test strips	Medisense Glucose and Ketone Control Solution
Insulin list	
Lantus®	Novolin® R
Lantus® Solostar	Novolin® R Flexpen
Novolin® 70-30	Novolog®
Novolin® 70-30 Flexpen	Novolog® Flexpen
Novolin® N	Novolog® Mix 70-30
Novolin® N Flexpen	Novolog® Mix 70-30 Flexpen

*Visit www.securityhealth.org/exception to learn more about the exception review process.

This list is updated annually on a calendar-year basis. It is not all-inclusive and is subject to change.

Notice of nondiscrimination

Security Health Plan of Wisconsin, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status.

Limited English proficiency services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-472-2363 (TTY 711)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-472-2363 (TTY 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-472-2363 (TTY 711).