

Employee Resources		
Provider Finder	1-800-810-2583	www.bcbstx.com
Prime Therapeutics (Pharmacy Retail)	1-800-521-2227	www.primetherapeutics.com
Express Scripts (Pharmacy Mail Order)	1-833-715-0942	www.express-scripts.com/rx
Covered 100% under the Pharmacy Benefit (PPO, Premier and Basic CDHP)		
Diabetes Supplies		
Test strips specified for use with a corresponding blood glucose monitor		
Visual reading and urine test strips and tablets for glucose, ketones, and protein		
Lancets and lancet devices		
Insulin and insulin analog preparation		
Injection aids, including devices used to assist with insulin injection and needleless systems		
Biohazard disposable containers		
Insulin syringes		
Prescriptive and non-prescriptive oral agents for controlling blood sugar levels		
Glucagon emergency kit		
Durable Medical Equipment (PPO and Premier CDHP)		
Plan Benefit	In-Network Benefits	Out-of-Network Benefits
Insulin infusion devices, batteries, skin preparation items, adhesive supplies, infusion sets, insulin cartridges, durable and disposable devices to assist in the injection of insulin, and other required disposable items, podiatric appliances.	20% of Allowable Amount after Calendar Year Deductible	20% of Allowable Amount after Calendar Year Deductible
Durable Medical Equipment (Basic CDHP)		
Plan Benefit	In-Network Benefits	Out-of-Network Benefits
Insulin infusion devices, batteries, skin preparation items, adhesive supplies, infusion sets, insulin cartridges, durable and disposable devices to assist in the injection of insulin, and other required disposable items, podiatric appliances.	40% of Allowable Amount after Calendar Year Deductible	40% of Allowable Amount after Calendar Year Deductible