

National Plan(s)	Formulary Status	CONTOUR® Coverage Includes
Medicare Part B	Covered	CONTOUR®PLUS and CONTOUR®NEXT
United Healthcare Medicare Advantage, Managed Medicaid, and *Commercial	Co-preferred & *Tier 1 Preferred	CONTOUR®PLUS and CONTOUR®NEXT
MedImpact Commercial	Co-preferred	CONTOUR®PLUS and CONTOUR®NEXT
State/Regional Plan(s)	Formulary Status	CONTOUR® Coverage Includes
FFS and/or MCO (Covered) MediCal FFS and MCO, FFS South Dakota	Covered	CONTOUR®PLUS and CONTOUR®NEXT
FFS and MCO (Preferred) Illinois	Preferred	CONTOUR®PLUS
FFS and MCO (Co-preferred) Louisiana	Co-preferred	CONTOUR®PLUS and CONTOUR®NEXT
FSS Medicaid (Co-preferred) Missouri, Wisconsin	Co-preferred	CONTOUR®PLUS
BCBS Medicare Advantage South Carolina, Michigan, Arizona	Co-preferred	CONTOUR®PLUS and CONTOUR®NEXT
BCBS Commercial Plans South Carolina, Alabama, Illinois, Kansas, Texas, Montana, New Mexico, Oklahoma, Minnesota, Nebraska, New Jersey, North Carolina, North Dakota, Rhode Island, Wyoming, Florida Blue, Excellus, Capital Blue Cross	Co-preferred	CONTOUR®PLUS and CONTOUR®NEXT
Other Medicare Advantage Plans AlohaCare, Eternal, Hometown Health, IBX, Samaritan, Sanford Health, Ultimate, Clear Spring, Cambia	Co-preferred	CONTOUR®PLUS and CONTOUR®NEXT
Other Commercial Plans Cambia & Boeing	Co-preferred	CONTOUR®PLUS and CONTOUR®NEXT



FREE† CONTOUR®PLUS BLUE meter for your eligible patients

This coupon is part of the Ascensia Diabetes Care Free Meter Program. This coupon must be accompanied by a prescription. If none on file, please contact the physician. Please dispense one CONTOUR®PLUS BLUE, CONTOUR®NEXT ONE, CONTOUR®NEXT EZ or CONTOUR®NEXT GEN meter at no charge to the patient. Transmit the claim on-line to RxSolutions. This coupon is valid for one fill only, and refills will not be authorized. Processor requires Valid Prescriber ID#, Patient Name, and DOB to adjudicate claim. Please removed the ID# from the patient profile after claim is processed. For assistance in filing this claim, please call the Help Desk at 1-855-282-4888.

† **LIMITATIONS & RESTRICTIONS.** This coupon is being provided to you by Ascensia Diabetes Care for one free CONTOUR®PLUS BLUE, CONTOUR®NEXT ONE, CONTOUR®NEXT EZ or CONTOUR®NEXT GEN. This coupon should be taken to your local pharmacy where you will receive a meter without charge. Ascensia Diabetes Care reserves the right to change or terminate this program at any time without notice. **Claim for product dispensed pursuant to this card shall be submitted to RxSolutions ONLY for reimbursement and cannot be submitted for reimbursement by federal or state insurance programs such as Medicare, Medicaid or any 3rd Party payer for reimbursement. Limit one meter per person.**

RxBIN #	FVTRDE2
PCN #	3F
Group #	MGDCARE
ID #	CNMC7246982
Exp. Date	12/31/2026

Works **EXCLUSIVELY** with
CONTOUR®PLUS test strips