



Manage your diabetes **at zero cost**

Supplies, pumps, monitors, and more for your enhanced personal wellness

The **PacificSource Diabetes Wellness Program** helps members access diabetes resources, coaching, medications, and supplies—at no cost.



Reduce costs and make your diabetes journey easier

With PacificSource, you and your dependents with diabetes can be part of this no-cost program supported by years of collaboration with providers and clinicians.



Your commitment drives great results

The program has certain conditions, but you'll be guided at every step. Your commitments include periodic check-ins with your primary care doctor or endocrinologist and calls with a PacificSource health coach. Measures include:

- Pre- and post-biometric data, A1c, and other necessary testing and procedures for diabetes management
- Before and after two-question depression screenings

Questions? Ready to sign up?

For more information about the program or enrollment, we're glad to help.

Contact us Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific time, at **888-987-5805**, TTY: 711. We accept all relay calls.

[PacificSource.com](https://www.pacificsource.com)



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Here's what you get—at no cost!

In addition to pumps, glucometers, and monitors, enrolled members get the supplies that go with them. We know cost can be a barrier to managing your diabetes. So we're making essential diabetes medications free. Plus, enrollment gives you access to a specially trained pharmacist and care team. This team will help ensure a drug-therapy plan that's best for you.

100% covered at no cost to you (prior authorization or step therapy may apply)

- **Medications** for diabetes, blood pressure, cholesterol, and behavioral health
- **Blood sugar testing supplies:** glucometer, testing strips, and lancets
- **Continuous glucose monitor** and supplies
- **Insulin pump** and pump supplies
- **Labs**, such as A1c, up to four times per year, annual lipid panel, annual B12 (if on metformin), annual Comprehensive Metabolic Panel, and urine microalbumin
- At least **two provider visits** per year
- **Annual diabetes eye exam**
- **Treatment and coaching** from a provider
- **Preventive wellness services**
- **Smoking cessation and physical activity programs**
- **Progress tracking**
- **Diabetes and nutrition education and support**
- **Two annual dental exams** and cleanings (must have PacificSource Dental plan)
- **Medication Therapy Management Services** (i.e., medication reconciliation, adherence counseling, statin use in diabetes, comprehensive and targeted medication reviews)



Here's how it works

By opting in, you're agreeing to follow program requirements. Doing so ensures you remain eligible for the program. Choosing to not follow requirements results in disenrollment for the remainder of the program year. If you're disenrolled, your normal cost shares to manage diabetes will apply.



Ready to enroll?

For more information about the program or how to enroll, we want to hear from you. Contact PacificSource Condition Support at **888-987-5805**, TTY: 711 (we accept all relay calls), Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific time, or email YourSupport@PacificSource.com.

Diabetes Wellness Program



Today's date _____

Member Information

Name _____ PacificSource member ID# _____
Employer _____ Email _____
Phone Work Cell Home _____ Best time to contact you _____
Date of next doctor appointment _____
Member signature _____ Date _____

Patient Evaluation (to be completed by the provider)

We appreciate your help in our effort to support your patient's diabetes management.

Screening date
(must be within the last 6 months)

Blood pressure _____ / _____ mmHg _____ / _____ / _____

BMI Height _____ ft. _____ in.
Weight _____ lbs _____ / _____ / _____
BMI _____

Diabetes measures Foot exam Yes No _____ / _____ / _____
A1c _____ % _____ / _____ / _____
Target A1c _____ % _____ / _____ / _____
Eye exam Yes No _____ / _____ / _____

Lipid panel* Tchol _____ mg/dL
Triglycerides _____ mg/dL
LDL _____ mg/dL _____ / _____ / _____
HDL _____ mg/dL

Kidney function* GFR _____ mL/min/1.73 m²
(one is sufficient) UACR _____ mg/g _____ / _____ / _____
Other _____

Provider signature _____ Date _____

Print provider name _____ Phone _____ Fax _____

* Lipid and kidney panels are only needed once per year.

Questions? Call **888-987-5805** or email YourSupport@PacificSource.com.

For enrollment, the provider submits this completed form by fax or mail.

PacificSource Health Plans, Attn: Health Management, PO Box 7068, Springfield OR 97475-0068

Fax: 541-686-2051