

For brokers and producers only

Date: September 16, 2021

Markets: All of ACA in DC (Small Group and Consumer Direct); Certain ACA plans in MD and VA; 51+ Risk in DC; All DC Grandfathered Plans

The DC Insulin and Diabetes Device Affordability Amendment Act

Late last year, we notified you of the [Enhanced Diabetes Cost-Share benefit](#) that was implemented in 2021. This benefit is part of our holistic approach to preventing and treating diabetes.

In January 2021, the DC Insulin and Diabetes Device Affordability Amendment Act was signed into law. CareFirst will implement this mandate beginning January 1, 2022, upon contract renewal. Although the legislation was developed independently, it builds upon our current benefits.

While this mandate is only applicable in Washington, D.C., CareFirst is also applying this mandate to the Individual Affordable Care Act (ACA) market in Maryland and Northern Virginia.

Important Note: All ACA Catastrophic Young Adult Plans are excluded from this mandate.

What's in the Mandate?

The mandate lowers the cost-share cap on a one-month supply of non-preferred brand insulin from \$50 to \$30. This cap will be applied regardless of the quantity or type of covered insulin used to fill the prescription.

The mandate also places a \$100 cost-share cap on medically necessary diabetic devices and ketoacidosis devices. These are defined as follows:

- Diabetic devices used to cure, diagnose, mitigate, prevent or treat diabetes or low blood sugar. These include glucometers, continuous glucometers, lancing devices, test strips, lancets and insulin syringes.
- Diabetic ketoacidosis devices used to screen for or prevent diabetic ketoacidosis, including those that are prescribed or dispensed once during the plan year.

In addition, any cost sharing paid by the member for prescription insulin drugs, diabetes devices and diabetic ketoacidosis devices may be applied to the member's deductible.

Once a member has met their deductible, their cost-share amount will remain the same as outlined in their benefits.

Additional Information

CareFirst has already set the cost of certain covered devices and supplies at \$0. Out-of-network benefits, along with certain devices, are not subject to this mandate.

Members should review their benefits in My Account to confirm if this mandate is applicable, which devices are covered and their cost-share amount.

For more information

If you have any questions, please contact your broker sales representative.