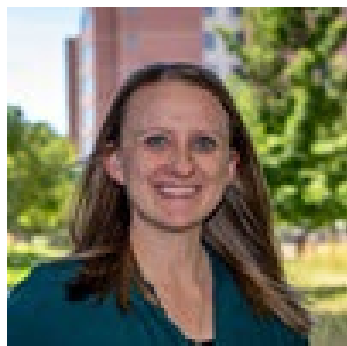


SESSION 3

NAVIGATING INSURANCE AND DIABETES SUPPLIES



Lauren Waterman, MD

Assistant Professor

Barbara Davis Center for Diabetes

University of Colorado Anschutz



#EPICconf2026

www.EPICconferences.org



DISCLOSURES AND WARNINGS

- I have no conflicts of interest
- I am not an expert on insurance but interact with it as a provider and patient
- I am a pediatric endocrinologist so I know less about Medicare
- This is a talk on general concepts of insurance
- I will **NOT** make any personal recommendations on what plans people should sign up for



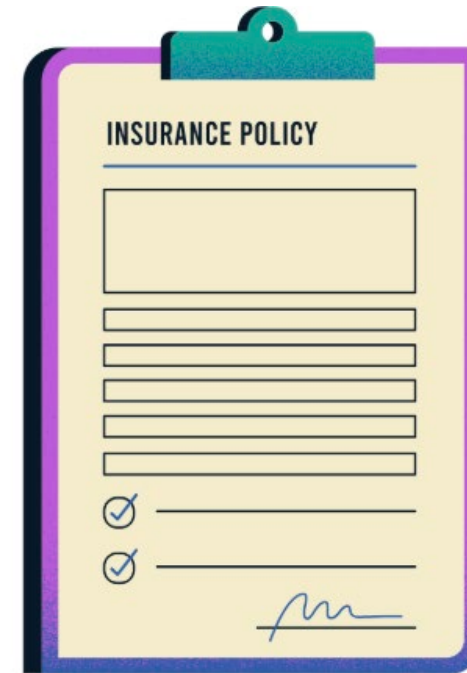
#EPICconf2026

www.EPICconferences.org



GOALS OF THIS TALK

- What is insurance?
- Why do we need insurance?
- What goes into different insurance plans?
- How do I find this information?
- What do I do if I cannot afford a private plan?



#EPICconf2026

www.EPICconferences.org



WHY HAVE INSURANCE?

Health care is incredibly expensive without it

Cost of Supplies

Novolog Insulin Vials - \$90
Treisiba Pens - \$529.93/ box
Dexcom G7 Sensor - \$77/ sensor
Tandem Mobi Cartridges -\$53/ month
Tandem Mobi Infusion sets - \$97/month
One touch meter - \$30
One touch strips -\$70/ 100 strips
A1C test -\$78
Endocrinology Visit - \$136

How much does Joe use

1 vial a month = 12 vials a year
1 box as backup
3 sensors a month = 36 sensors a year
10 cartridges a month = 120 a year
10 cartridges a month = 120 a year
One meter as backup
400 strips a year as backup
4 times a year
4 times a year

Cost Without Insurance

\$1080
\$530
\$2772
\$636
\$1164
\$30
\$280
\$312
\$544
Total: \$6775



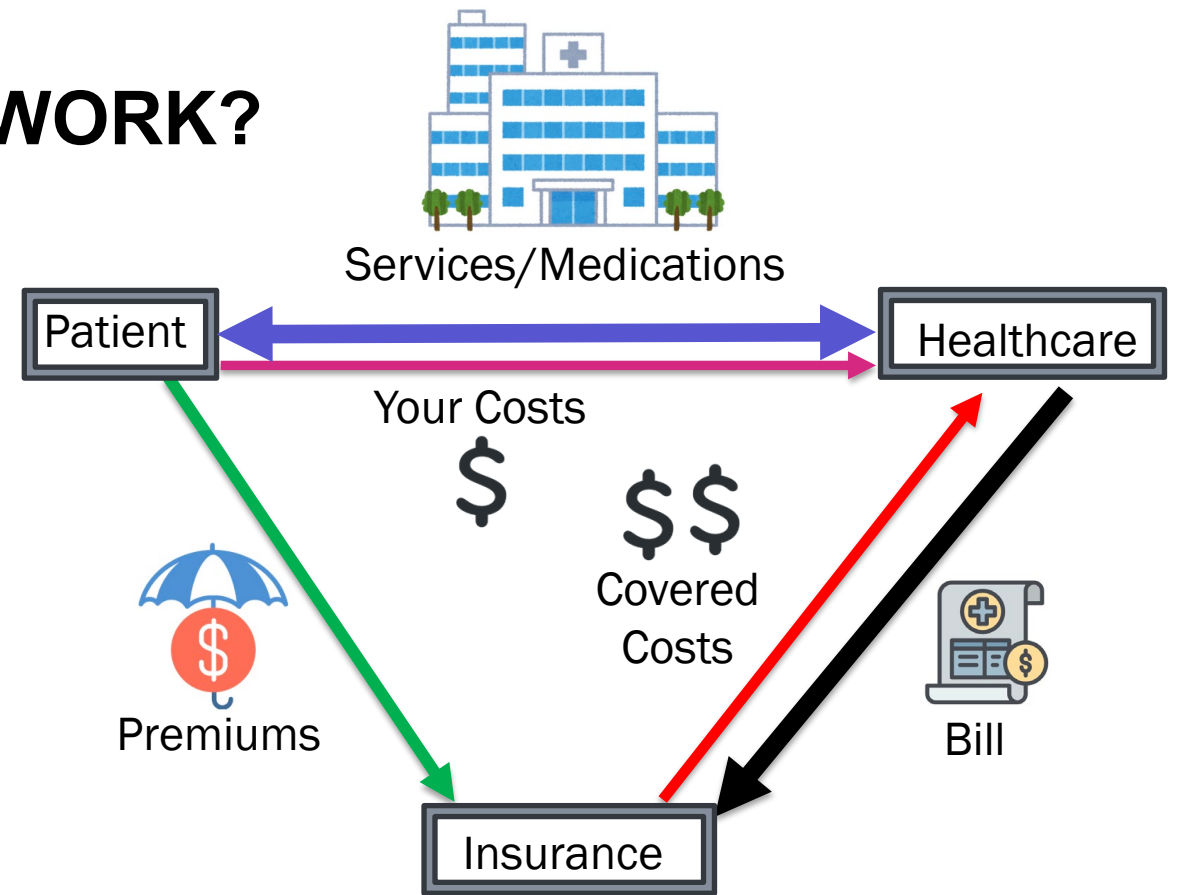
#EPIConf2026

www.EPICconferences.org



INSURANCE: HOW DOES IT WORK?

- Provides some protection against medical costs
- Insurance covers a portion of expenses in exchange for a regular premium
- Most insurance companies are for-profit, meaning their primary goal is to make money
 - Spread the cost of care out through a larger group of people who do not use health care as often
 - Negotiate lower prices with some parts of the health care system



#EPICconf2026

www.EPICconferences.org



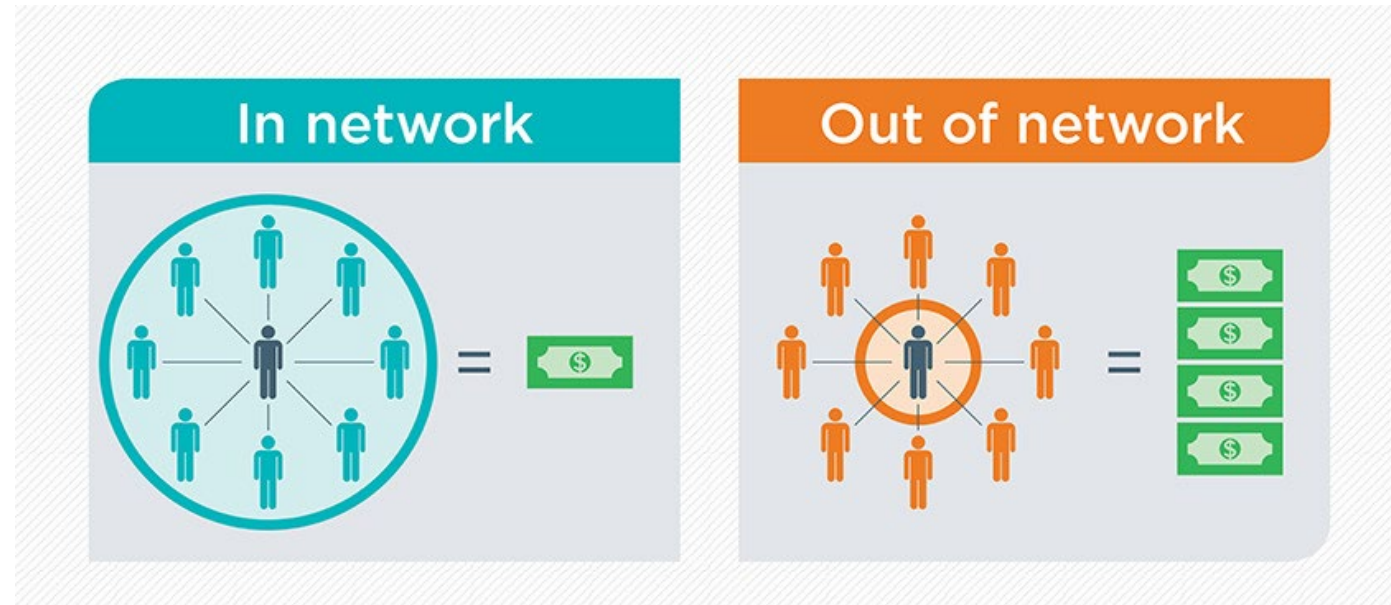
IN VS OUT OF NETWORK


In-Network Providers

- Those who have a contract with the insurance company
- Lower rates billed to insurance
- Lower out of pocket costs

Out-of-Network Providers

- Those with no contract with the insurance plans
- Higher rates
- Possibly not covered by insurance at all



 BlueCross BlueShield of Texas



#EPICconf2026

www.EPICconferences.org



FORMULARIES

- List of drugs covered by an insurance plan
- Generally divided into 3 to 5 tiers
 - Tier 1: Low-cost generic drugs
 - Higher Tiers: Non-preferred and specialty medications
 - Different levels of cost sharing by patient
- If not on formulary, generally have to pay all out-of-pocket or obtain a prior authorization
- Lists can change at any time and without warning



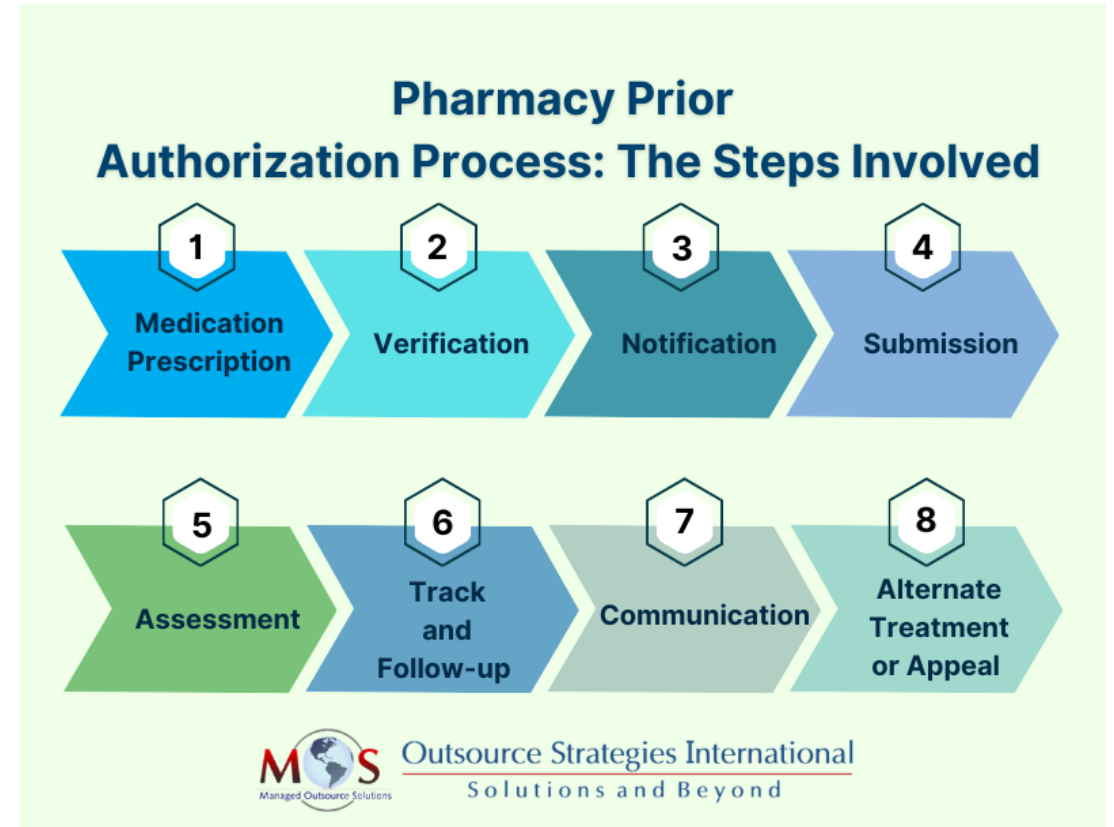
#EPIConf2026

www.EPICconferences.org



PRIOR AUTHORIZATIONS

- Things that are expensive, complex, or very specialized
- Providers must get approval by the insurance plan
- For diabetes:
 - Insulin pumps
 - Continuous Glucose Monitors
 - Insulins
 - GLP-1s
- Can take days or even weeks to get approval
- If denied, sometimes can be appealed

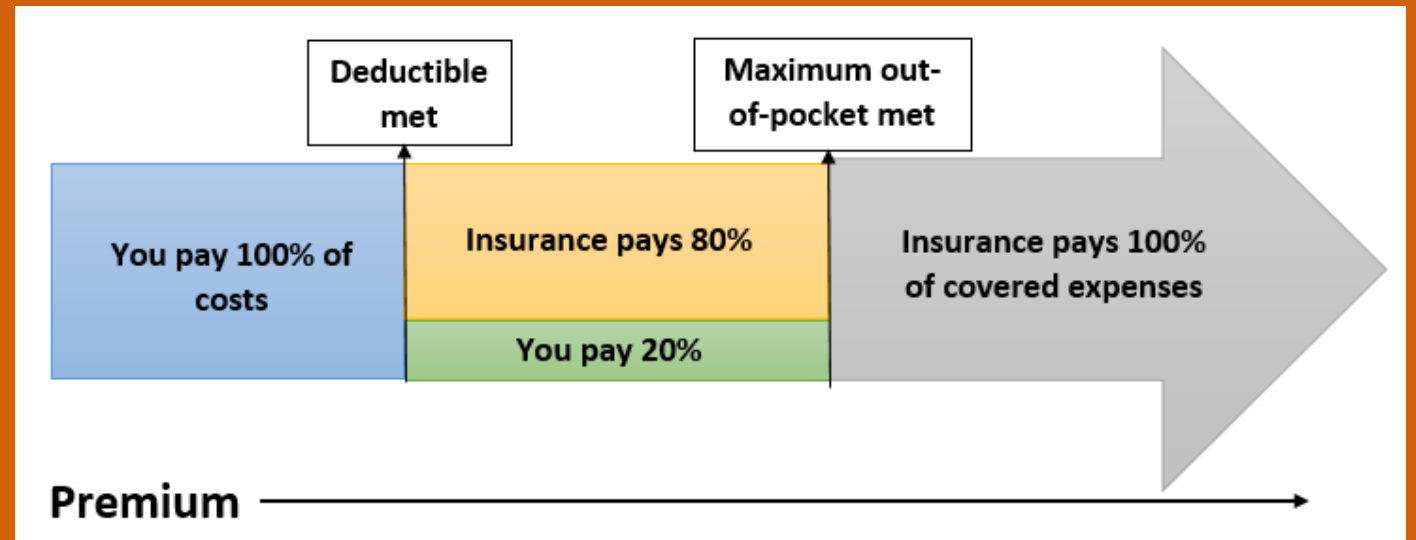


#EPICconf2026

www.EPICconferences.org



YOUR COSTS AND COVERAGE




WHERE TO FIND THE INFORMATION?

- Summary of Benefits and Coverage
- Standardized document required by the Affordable Care Act (ACA)
- Outlines each plan's costs, benefits, covered services, and limitations
- Includes Glossary of Health Coverage and Medical Terms

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
Insurance Company 1: Plan Option 1

Coverage Period: 01/01/2018 – 12/31/2018
Coverage for: Family | Plan Type: PPO

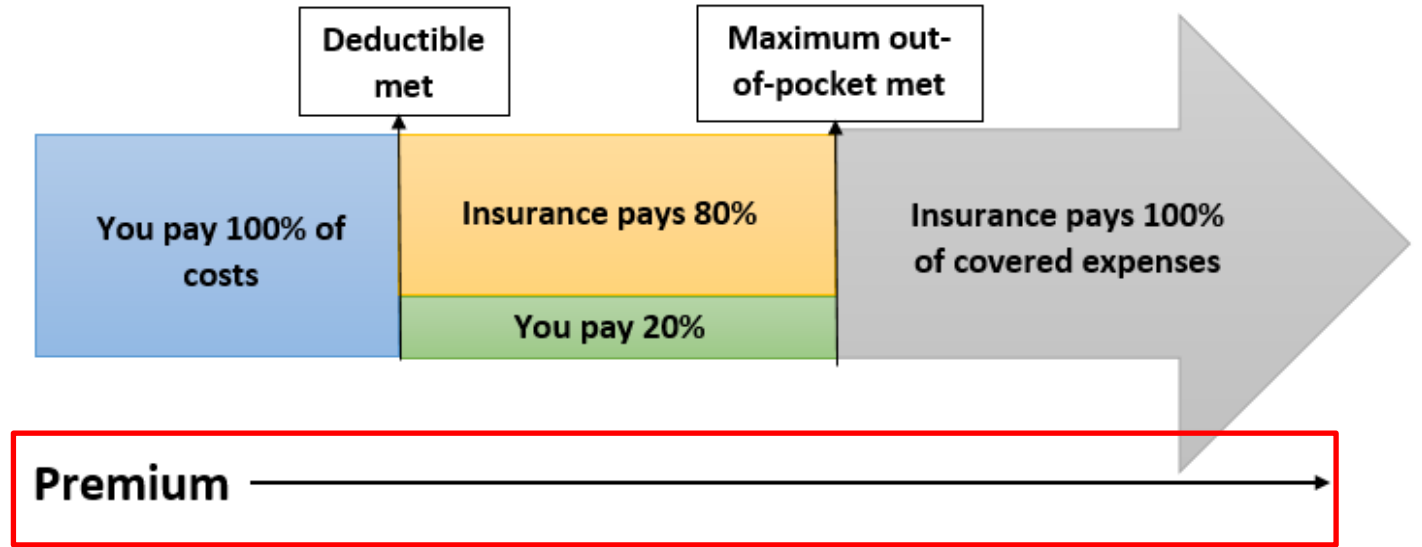
 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at [www.\[insert\].com](#) or call 1-800-[insert] to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$500/Individual or \$1,000/family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care and primary care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage and \$300 for occupational therapy services.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan ?	For network providers \$2,500 individual / \$5,000 family; for out-of-network providers \$4,000 individual / \$8,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Copayments for certain services, premiums , balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.[insert].com or call 1-800-[insert] for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.



PREMIUMS

- The fixed amount you pay for your health insurance every period
 - Pay whether you use medical services or not
 - Acts like a subscription fee
 - Employers may contribute if it is a work-based plan
- You will then have other costs when you receive care
- Lower premium generally mean you will pay more later



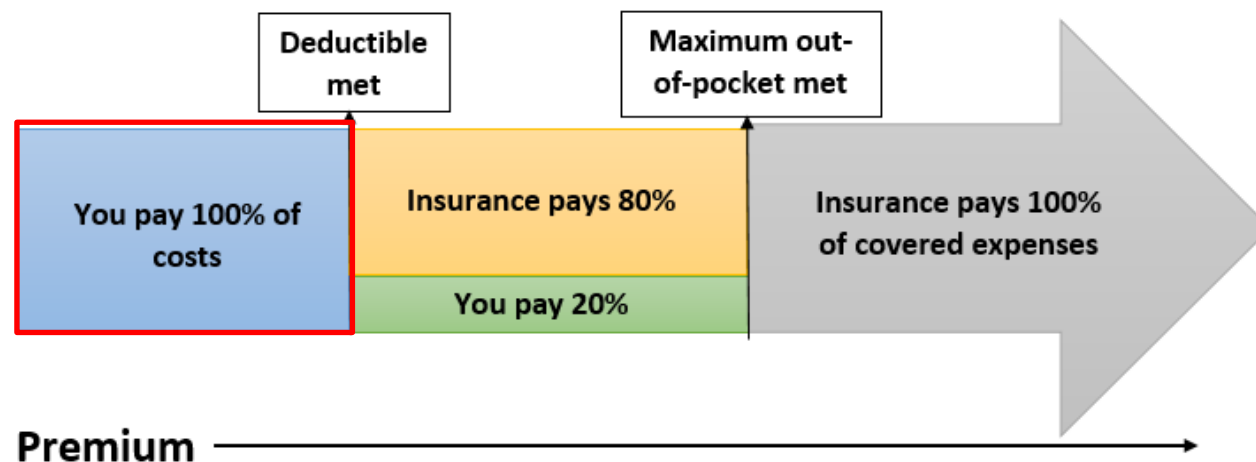
#EPICconf2026

www.EPICconferences.org



DEDUCTIBLE

- What you need to pay out-of-pocket before insurance starts to pay for anything
- Does not include premiums or co-payments
- Exception: Preventive services
- You **WILL** meet your deductible with diabetes



What is the overall deductible?	\$500/Individual or \$1,000/family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and primary care services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage and \$300 for occupational therapy services.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.



#EPIConf2026

www.EPICconferences.org



CO-PAYMENTS

- A fixed amount you pay for a covered health care service after you have paid your deductible
- Usually related to things like provider visits, tests, and drugs
- Can vary for different things within the same plan

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35 copay /office visit and 20% coinsurance for other outpatient services; deductible does not apply	40% coinsurance	None
	Specialist visit	\$50 copay /visit	40% coinsurance	Preauthorization is required. If you don't get preauthorization , benefits could be reduced by 50% of the total cost of the service. You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive. Then check what your plan will pay for.
	Preventive care/screening/immunization	No charge	40% coinsurance	
If you have a test	Diagnostic test (x-ray, blood work)	\$10 copay /test	40% coinsurance	None
	Imaging (CT/PET scans, MRIs)	\$50 copay /test	40% coinsurance	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.[insert].com	Generic drugs (Tier 1)	\$10 copay /prescription (retail & mail order)	40% coinsurance	Covers up to a 30-day supply (retail subscription); 31-90 day supply (mail order prescription).
	Preferred brand drugs (Tier 2)	\$30 copay /prescription (retail & mail order)	40% coinsurance	
	Non-preferred brand drugs (Tier 3)	40% coinsurance	60% coinsurance	
	Specialty drugs (Tier 4)	50% coinsurance	70% coinsurance	



CO-INSURANCE

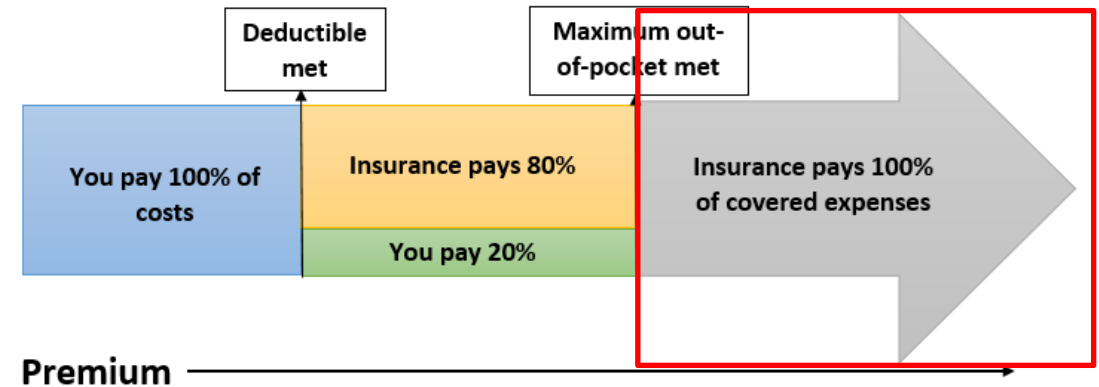
- Percent of the costs of a covered health care service
- Kicks in only after you have paid your deductible
- You would continue to pay this until you reach your out-of-pocket maximum
- For example, if you want to see an out of network specialist and the office visit would normally be \$100:
 - If you have paid your deductible: You pay 40% of \$100 (\$40). The insurance company pays the remaining \$60
 - If you have not paid your deductible: You pay the full \$100

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35 copay /office visit and 20% coinsurance for other outpatient services; deductible does not apply	40% coinsurance	None
	Specialist visit	\$50 copay /visit	40% coinsurance	Preauthorization is required. If you don't get preauthorization , benefits could be reduced by 50% of the total cost of the service. You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive. Then check what your plan will pay for.
	Preventive care/screening/immunization	No charge	40% coinsurance	
If you have a test	Diagnostic test (x-ray, blood work)	\$10 copay /test	40% coinsurance	
	Imaging (CT/PET scans, MRIs)	\$50 copay /test	40% coinsurance	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.[insert].com	Generic drugs (Tier 1)	\$10 copay /prescription (retail & mail order)	40% coinsurance	Covers up to a 30-day supply (retail subscription); 31-90 day supply (mail order prescription).
	Preferred brand drugs (Tier 2)	\$30 copay /prescription (retail & mail order)	40% coinsurance	
	Non-preferred brand drugs (Tier 3)	40% coinsurance	60% coinsurance	
	Specialty drugs (Tier 4)	50% coinsurance	70% coinsurance	



OUT-OF-POCKET MAXIMUM

- The most you will pay for covered services in the plan year...kind of
- Includes in-network spending on:
 - Deductibles
 - Copayments
 - Co-insurance
- Does NOT include:
 - Premiums
 - Anything you spend that your plan does not cover



What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	For <u>network providers</u> \$2,500 individual / \$5,000 family; for <u>out-of-network providers</u> \$4,000 individual / \$8,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Copayments</u> for certain services, <u>premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .



#EPICCONF2020

www.EPICconferences.org



DURABLE MEDICAL EQUIPMENT (DME) COVERAGE

- Equipment and supplies ordered by a health care provider
- Meant for repeated use and not disposable items
- Includes:
 - Tubed insulin pump supplies
 - Omnipod (for Medicaid plans)
 - Continuous glucose monitors (occasionally for Medicaid plans)

Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
	In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
			and habilitation visits count toward your rehabilitation visit limit.
Skilled nursing care	\$0 after deductible	Not covered	Failure to obtain pre-authorization may result in reduced or no coverage. Covers up to 100 days per plan year.
Durable medical equipment	20% Coinsurance not subject to deductible for Prosthetic Appliances; \$0 after deductible for all other durable medical equipment (100% covered)	Not covered	Failure to obtain pre-authorization may result in reduced or no coverage. Includes 1 wig following cancer treatment.

DURABLE MEDICAL EQUIPMENT COVERAGE LOGISTICS

- Sent to you by a DME supplier
- Must be seen by a provider at least every 6 months
- Contact DME supplier or technology companies for additional supplies and refills.
NOT the BDC



#EPICconf2026

www.EPICconferences.org



PRESCRIPTION COVERAGE AND LOGISTICS

- Covers some of the cost of prescription drugs and medication
- Includes:
 - Insulin
 - Metformin
 - GLP-1 receptor agonists and related medications
 - Omnipod (except for Medicaid plans)
 - Continuous glucose monitors
- Contact the pharmacy to fill a refill
- Contact the BDC if prescription expired or there are questions

If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.[insert].com	Generic drugs (Tier 1)	\$10 copay /prescription (retail & mail order)	40% coinsurance
	Preferred brand drugs (Tier 2)	\$30 copay /prescription (retail & mail order)	40% coinsurance
	Non-preferred brand drugs (Tier 3)	40% coinsurance	60% coinsurance
	Specialty drugs (Tier 4)	50% coinsurance	70% coinsurance



#EPIConf2026



www.EPICconferences.org



TYPES OF PLANS

The background features a large orange triangle on the right side, a grey triangle on the left side, and a brown triangle at the bottom left corner. The text 'TYPES OF PLANS' is centered in the white space between the orange and grey triangles.

TYPES OF INSURANCE PLANS

	 HMO Health Maintenance Organization	EPO Exclusive Provider Organization	POS Point of Service	PPO  Preferred Provider Organization
In-Network Care	Required	Required	Preferred	Preferred
Out-of-Network Coverage	Emergency Only	Emergency Only	Higher Cost	Higher Cost
Premium Costs	Lowest	Medium	Medium	Highest
Deductibles	Low	Medium	Medium	High
Specialist Referral	Yes	No	Yes	No
Cons	Less flexible	Less flexible	More paperwork	Higher cost



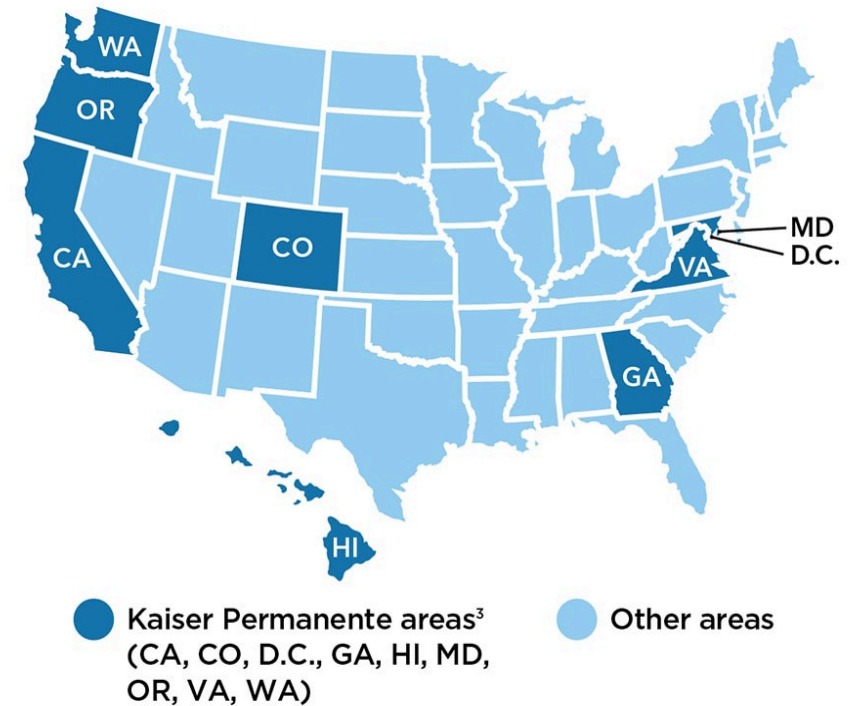
#EPICconf2026

www.EPICconferences.org



KAISER

- Largest not-for-profit HMO
- Based out of Oakland, California
- Employs own doctors and owns its own hospitals
- Tends to have lower monthly premiums and out of pocket costs
- Restricted to their own in-network providers
 - Can occasionally see providers outside the network (like the BDC)
 - Labs have to be run through Kaiser labs



#EPICconf2026

www.EPICconferences.org



HIGH-DEDUCTIBLE HEALTH PLANS

- Plans with a higher deductible than a traditional insurance plan
 - Monthly premium is lower
 - You WILL pay more for health care costs
- Can be ok for those with low medical needs
- NOT good for people with a chronic medical condition, particularly with diabetes
 - Engage less with the health care system
 - Not using all the recommended technology
 - Higher HbA1c and more complications



#EPICconf2026

www.EPICconferences.org



COMPARING TWO PLANS

- Endocrinology Visit: \$136
- A1c test: \$78
- Insulin Vials \$90
- CGM: \$231
- Cartridges: \$53
- Infusion Sets: \$97

	HMO	Per Year Cost	High Deductible	Per Year Cost
Premium Monthly	\$80.50		\$0	
Deductible	\$500		\$1700	
Office Visits 4 times a year	\$40 specialist, no deductible		%15 coinsurance after deductible	
A1c Tests	\$0 after deductible		%15 coinsurance after deductible	
Medications Tier 1	\$0 after deductible		10% coinsurance after deductible	
CGM Supplies	\$0 after deductible		15% coinsurance after deductible	
Pump Supplies	\$0 after deductible		15% coinsurance after deductible	
Total Cost				



EXTRAS

Health Savings Account

- Use with a high-deductible plan
- Set aside money from paycheck (before taxes)
 - Self \$4400
 - Family \$8750
- Used to pay certain medical costs
- Also lowers taxable income for federal taxes

Supplemental Insurance

- Additional insurance plan that helps pay for health care costs not covered by a person's regular insurance
- Includes coverage of copayments, coinsurance, and deductibles



#EPICconf2026

www.EPICconferences.org



FINANCIAL AID OPTIONS

FINANCIAL OPTIONS

- **Health First Colorado**
 - Colorado's Medicaid
 - No premiums or deductibles
 - Small co-pays on some services
- **CHP+**
 - Public, low-cost insurance for those that make too much for Health First
 - Cost depends on household size and income
 - Out of pocket maximum is 5% of annual income
- **Buy-in programs**
 - Available for Children (<19 years) and Working Adults (16 years old)
 - Benefits of Health First with monthly premiums



#EPICconf2026

www.EPICconferences.org



FOR CHILDREN WITH DISABILITIES

- Allows families who make too much for Medicaid and CHP+ to buy into Health First Colorado coverage
- Pay a monthly premium based on family's income
- Available for children 19 years and under without co-payments
- Family income below 300% of Federal Poverty Level (after deductions)

Monthly Income After Adjustments

Federal Poverty Level (FPL)	0% - 133%	134% - 185%	186% - 250%	251% - 300%
Monthly Income Family Size: 1	\$0 - \$1,769	\$1,770 - \$2,461	\$2,462 - \$3,325	\$3,326 - \$3,990
2	\$0 - \$2,399	\$2,400 - \$3,337	\$3,338 - \$4,509	\$4,510 - \$5,410
3	\$0 - \$3,028	\$3,029 - \$4,212	\$4,213 - \$5,692	\$5,693 - \$6,830
4	\$0 - \$3,658	\$3,659 - \$5,088	\$5,089 - \$6,875	\$6,876 - \$8,250
5	\$0 - \$4,288	\$4,289 - \$5,964	\$5,965 - \$8,059	\$8,060 - \$9,670
6	\$0 - \$4,917	\$4,918 - \$6,839	\$6,840 - \$9,242	\$9,243 - \$11,090
7	\$0 - \$5,547	\$5,548 - \$7,715	\$7,716 - \$10,425	\$10,426 - \$12,510
8	\$0 - \$6,176	\$6,177 - \$8,591	\$8,592 - \$11,609	\$11,610 - \$13,930
Monthly Premium	\$0	\$70	\$90	\$120



#EPIConf2026

www.EPICconferences.org



FOR WORKING ADULTS

- Similar program but for adults with disability
- Must be 16 years or older
- Must be employed (at least part time)
- Income below 450% of Federal Poverty Level
- Benefits of Colorado Medicaid with a monthly premium

Federal Poverty Level (FPL)	Monthly Income for an Individual	You Pay Each Month
0-40%	\$0 - \$532*	\$0
41-133%	\$533 - \$1,769*	\$25
134-200%	\$1,770 - \$2,660*	\$90
201-300%	\$2,661 - \$3,990*	\$130
301-450%	\$3,991 - \$5,985*	\$200



#EPICconf2026

www.EPICconferences.org



APPLICATION PROCESS FOR THE BUY-IN PROGRAM

- Complete Medical application online at Colorado.gov/PEAK
- After applying for Medicaid, fill out Health First Colorado Disability application
 - Return to county's department of human services
 - Your doctor's office will not be able to fill out the form for you
 - It is complicated so there are Application Assistant offices located throughout Colorado to help
 - Can take up to 60 days to be processed
 - After applying, call the county for status updates



#EPIConf2026

www.EPICconferences.org



TAKE AWAY POINTS

- Insurance is confusing but necessary
- The lowest premium plan likely is not be the best fit for you and your family
- Find the Summary of Benefits and Coverage to compare plans
- Financial aid options exist though require applications
- Contact your clinic if you want to speak to someone in greater detail



#EPICconf2026

www.EPICconferences.org

