



April 2, 2020

Dear State Plan Member,

Have you heard about the [Hometown MTm Diabetes Care Program](#)? Not only does this State Plan benefit provide \$0 copay testing supplies, but it also qualifies as a Next Step Activity toward your Live Life Well Incentive.

What is included with enrollment in the Hometown Diabetes Care Program?

Once enrolled, eligible members (anyone on the State Plan with diabetes or prediabetes) will receive access to the following:

- \$0 copay Glucocard Shine meter
- \$0 copay test strips (quantity limits may apply)
- Reduced pricing on lancets, alcohol swabs, and other supplies
- Pharmacist assistance with manufacturers' coupon
- Monthly or quarterly (your preference) one-on-one time with a pharmacist to focus on your diabetes care (in person or over the phone)
- Assistance with medication synchronization (lining up all of your refills to the same date) at a member pharmacy if desired

This program is offered through Hometown MTm, a groundbreaking partnership between the State Plan, Montana Family Pharmacies (a group of 60+ independent community pharmacies), and the University of Montana School of Pharmacy.

How do I enroll?

If you'd like more information or would like to enroll in the Hometown Diabetes Care Program, please contact Montana Family Pharmacies at (406) 298-4140 Option 1 or email info@hometownmtm.com. Please visit <http://montanafamilypharmacies.com/> for more information about Montana Family Pharmacies or to find a pharmacy near you.



The Hometown MTm Diabetes Program is an eligible Next Step Activity to help you earn the [Live Life Well Incentive](#).

State of Montana Health Care & Benefits Division

Call (406) 444-7462 or Toll-Free (800) 287-8266

Hearing Impaired TTY (406) 444-1421 - Fax (406) 444-0080

Email benefitsquestions@mt.gov

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Non-Discrimination Notice: The State of Montana Benefit Plan complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. 45 C.F.R. § 92.8(b)(1) and (d)(1)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 1-855-999-1063).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).