

## Berkshire Health Group Diabetes Care Program



### It is time for a new Gift Card!

Berkshire Health Group Wellness Program's Diabetes Care program is designed to reward you for managing your diabetes. If you are Diabetic, Pre-Diabetic or concerned about your blood sugar or increased A-1c levels, you are invited to participate in the program and below are the reasons why:

- Managing your diabetes helps to improve your health.
- Managing your diabetes helps to reduce your risk for heart disease and stroke.
- Completing the program steps allow you to receive a gift card for **\$180 Visa Gift Card** (every 6 months) to help off-set the cost for your prescription co-pays. That is **\$360** each year for taking good care of you. The program runs yearly, and you can join at any time.
- By purchasing your diabetes medications and supplies through Express Scripts mail order program through BCBS you will be eligible for a 3-month prescription at 1-month co-payment per script.

**Please complete the following steps before June 30, 2022, to receive your next \$180 Visa Gift Card.**

1. Complete the attached "Diabetes Care Form" with each important medical examination and lab test listed below to help you manage your diabetes:
  - a. Annual Foot Exam
  - b. Annual Eye Exam
  - c. Annual lab for fasting blood lipid levels
  - d. Annual lab for urine/protein levels
  - e. 6-month Hemoglobin A1c level
2. Send your completed "Diabetes Care Form" to Richard Butler by mail to 165 Tor Court, Pittsfield, MA 01201, by email to [rbutler2@bhs1.org](mailto:rbutler2@bhs1.org) or by fax to 413-395-7653
3. Register for your coaching appointment with Richard Butler at [rbutler2@bhs1.org](mailto:rbutler2@bhs1.org) or call (413) 445-9193. Rich will contact one of Wellness Nurse's and one of the Nurse's will schedule your personalized wellness visit to be done in person or over the phone. This wellness visit is a 30-minute healthy lifestyle coaching session and a mandatory part of the program. You will meet or talk over the phone with one of our Nurses and receive a **\$180 gift**.

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|------------------------------------|--------------------------|--------------------------------|
| • Town of Adams                    | • Central Berkshire RSD  | • Town of Great Barrington     |
| • Mt. Greylock RSD                 | • Southern Berkshire RSD | • Adams Cheshire RSD           |
| • Town of Williamstown             | • Town of Lenox          | • Town of Lanesborough         |
| • Berkshire Hills RSD              |                          | • No. Berkshire Voc. Tech. RSD |
| • Berkshire County Insurance Group |                          |                                |

# Diabetes Care Program



As you know, taking steps to manage your diabetes is extremely important.

Please have your Physician sign off that you are up to date on your important medical examinations:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Date*

☐ Annual Eye Exam

\_\_\_\_\_

☐ Annual Foot Exam

\_\_\_\_\_

☐ Annual lab for fasting blood lipid levels

\_\_\_\_\_

☐ Annual lab for urine/protein levels

\_\_\_\_\_

☐ 6-month Hemoglobin A1c levels

\_\_\_\_\_

Physician or Endocrinologist: \_\_\_\_\_ Contact number: \_\_\_\_\_

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*Signature of Physician*

Mail or fax your completed form to:

Richard Butler, Wellness Worksite Program Coordinator  
Hillcrest Campus  
165 Tor Court  
Pittsfield, MA 01201  
Fax: (413) 395-7653