

2022 Over-the-Counter (OTC) Health and Wellness Product Order Form

You may need over-the-counter health and wellness products, but they may be hard to budget for. To help, your health plan offers an over-the-counter benefit that allows you to purchase some of these products and have them shipped to your home.

How to place your order



By mail or fax

Due to the time it takes to receive your request by mail, we encourage you to allow extra time when placing your order. If your plan includes a monthly allowance, submit your order by the 20th of each month. If you have a quarterly allowance, submit your order before the last week of your allowance period. Last months of quarters are March, June, September, and December.

Mail your order form to:

P.O. Box 1197
Cincinnati, OH 45201-1197

or fax the order form pages to **1-800-379-7617**



By phone:

844-330-7780 (TTY: **711**)

Monday-Friday, 8 a.m.- 11 p.m. and Saturday, 8 a.m.- 6:30 p.m., Eastern time

Using your OTC Account

If your order exceeds your plan's allowance, please include your check, money order, or enter your credit card information to pay the remaining amount due. Balances higher than the allowance amount will have sales tax applied. **Failure to submit payment in full will lead to items being cancelled to bring your order total at or below your benefit allowance. Please be sure to provide your payment information each time you order over your allowance amount.**



If you have a plan that includes **rollover allowance**, your unused balance will carry over to your next month or quarter and expire on Dec. 31, 2022. If you have a plan that does not include a rollover allowance, your allowance will need to be used within each month or quarter, depending on your plan—any unused allowance will not roll over.



If you have questions about how to use the OTC benefit, call **844-330-7780** (TTY: **711**) Monday - Friday, 8 a.m. - 11 p.m. and Saturday, 8 a.m. - 6:30 p.m., Eastern time.

2022 Health and Wellness Product Order Form



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MEMBER INFORMATION

Member ID (from your ID card)

Date of birth

Gender

 Male
 Female

First name

Last name

MI

Street number

Street name

Apt/suite #

Urbanization Code (for Puerto Rico addresses only)

City

State

ZIP code

Daytime phone

Evening phone

Please check box if this is a new address:

During which month would you like to receive this order?

If a month is not selected, your order will be processed the month your request is received.

PAYMENT INFORMATION (if applicable)

If your total order is less than your plan's allowance, you DO NOT need to include payment and you will receive the items you ordered. If your order exceeds your plan's allowance, please enter your credit card information below to pay the remaining amount due. **Failure to submit payment in full will lead to items being cancelled to bring your order total at or below your benefit allowance. Please be sure to provide your payment information each time you order over your allowance amount.**

Please do not send cash.

To pay by credit card, please complete the following:

Credit/Debit Card #

Exp. Date

Cardholder First Name

Cardholder Last Name

Cardholder Signature:

Orders will be shipped to your home by FedEx, UPS or the US Postal Service at no extra charge to you. Please allow 10 to 14 business days for processing from the time the pharmacy receives your order. **Orders may be split into multiple shipments.** You'll receive a generic comparable to the name-brand product. This product list is subject to change. If a product is unavailable or not in stock, it may be substituted for a similar product at no additional charge. The brand name product may also be sent. **The pharmacy reserves the right to limit the quantities of OTC medications and supplies dispensed.** Please check with your healthcare provider before taking OTC medicines. Some items may vary depending on manufacturer (for example: caplets, tablets, capsules or soft gels may be substituted for one another). Returns or refunds are not accepted for items that were properly dispensed.

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Member ID (from your ID card)

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Date of birth

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First name

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Last name

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PRODUCT SELECTION

*Write in the quantity of the product you would like to receive, not the package size listed in catalog.

Product code	Product name	Quantity*	Price
Example: 0 1 6	Aspirin Low Dose 81mg EC	1	\$6
1 OTC	_____	□	_____
2 OTC	_____	□	_____
3 OTC	_____	□	_____
4 OTC	_____	□	_____
5 OTC	_____	□	_____
6 OTC	_____	□	_____
7 OTC	_____	□	_____
8 OTC	_____	□	_____
9 OTC	_____	□	_____
10 OTC	_____	□	_____
11 OTC	_____	□	_____
12 OTC	_____	□	_____
13 OTC	_____	□	_____
14 OTC	_____	□	_____
15 OTC	_____	□	_____

To order by mail, send the completed product order form page along with credit card information (if applicable) to:
P.O. Box 1197
Cincinnati, OH 45201-1197

Your total order amount \$ _____
Plan allowance \$ _____
Total remaining amount due \$ _____

Balances higher than the allowance amount will have sales tax applied

Get your questions answered

By phone:

844-330-7780 (TTY: **711**)

Monday - Friday, 8 a.m. - 11 p.m. and Saturday, 8 a.m. - 6:30 p.m., Eastern time.

*Sale of products containing Dextromethorphan are prohibited to members under the age of 18. Limit quantity of two per order.

**Limit one per plan year. Prior to purchase, the enrollee is strongly encouraged to have a conversation with their personal provider about the appropriateness of this OTC item.

+Product cannot be shipped to P.O. Boxes, Alaska, Hawaii, or Puerto Rico

++Sale of products containing nicotine are prohibited to members under the age of 21.

OTC items may only be purchased for the plan enrollee. It is prohibited to purchase OTC items for family members and friends. Purchase of covered OTC products made under emergency circumstances may be eligible for reimbursement when the benefit allowance is available. Returns or refunds are not accepted for items that were properly dispensed.

The following items are not covered under this OTC benefit (non-eligible items): Baby items, Contraceptives, Convenience (non-medical items), Cosmetics, and Food Supplements.

An allowance amount is only available if your plan offers the OTC service as a benefit. Call **844-330-7780** (TTY: **711**) if you have questions about your order or about how to use this benefit, Monday - Friday, 8 a.m. - 11 p.m. and Saturday, 8 a.m. - 6:30 p.m., Eastern time.