



Over-the-Counter (OTC)

Benefits



Be sure to take advantage of your **OTC allowance.**

Your BlueMedicare Preferred (HMO) plan gives you a quarterly benefit amount for over-the-counter (OTC) items, such as vitamins and aspirin — at no cost to you. **Check your Evidence of Coverage for more details.**

Start saving on your OTC items today:

- 1.** Select what you want to order from the enclosed catalog.
- 2.** Call 1-855-212-6894 (TTY users, please call 1-800-955-8770).
We're open Monday through Friday, 8 a.m. to 11 p.m. Eastern time.
- 3.** Or, complete and mail the enclosed order form.

Get the most out of your OTC allowance:

When you order by mail or phone, we apply your order amount to the quarter in which we receive it. If you mail your order form at the end of the quarter and we receive it at the start of the next quarter, we apply your order to the next quarter's benefit.

Important Reminder:

Your OTC allowance resets each quarter and your balance from the previous time period will not carry over.

Florida Blue Preferred HMO is an HMO plan with a Medicare contract. Enrollment in Florida Blue Preferred HMO depends on contract renewal. HMO coverage is offered by BeHealthy Florida, Inc., DBA Florida Blue Preferred HMO, an affiliate of Blue Cross and Blue Shield of Florida Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

ITEM #	PRODUCT DESCRIPTION	PACKAGING	STRENGTH	PRICE
Allergy, Cold, Flu, Decongestant & Sinus				
1361	All-Nite Cold/Flu	4 oz	12.5 mg, 30 mg, 650 mg	\$7.35
1360	Cepacol Sore Throat Lozenges	16 ct	-	\$7.35
1090	Cetirizine HCL Allergy Relief	14 ct	10 mg	\$8.00
1426	Children's Dimaphen	4 oz	1 mg / 5 ml, 3 mg / 5 ml	\$8.70
1428	Children's Diphenhydramine HCL	4 oz	12.5 mg / 5 ml	\$7.35
1008	Chlorpheniramine Maleate Antihistamine	100 ct	4 mg	\$7.35
1166	Cough & Cold for High Blood Pressure	16 ct	-	\$6.70
1056	Cough Drops, Cherry	30 ct	5.8 mg	\$5.35
1182	Cough Drops, Sugar Free, Cherry	25 ct	5.8 mg	\$6.70
1834	Cough Drops, Menthol	30 ct	-	\$5.35
1054	Cough Syrup, Expectorant	4 oz	200 mg / 10 ml	\$7.70
1356	Cromolyn Sodium Allergy Nasal Spray	26 ml	-	\$17.35
1323	Diabetic Tussin DM	4 oz	-	\$12.70
1009	Diphenhydramine Antihistamine	24 ct	25 mg	\$7.35
1308	Diphenhydramine Antihistamine	100 ct	25 mg	\$8.00
1180	Guaifenesin Cough Expectorant	60 ct	200 mg	\$10.70
1611	Loratadine Allergy Relief	100 ct	10 mg	\$17.35
1178	Mucus Relief DM Expectorant & Cough Suppressant	30 ct	400 mg, 20 mg	\$11.70
1357	Multi-Symptom Cold Formula	24 ct	10 mg, 5 mg, 325 mg	\$8.70
1091	Nasal Decongestant Spray, 12 Hour	1 oz	0.05%	\$6.00
1052	Nasal Spray, Saline	1.5 oz	0.65%	\$4.00
1176	Sore Throat Lozenges, Cherry	18 ct	-	\$6.70
1904	Sore Throat Spray, Cherry	6 oz	-	\$9.35
1352	Sudogest PE Nasal & Sinus Decongestant	36 ct	10 mg	\$7.35
1164	Vapor Rub	3.5 oz	4.7%, 1%	\$5.70
Antacids & Acid Reducers				
1006	Antacid / Anti-Gas Liquid	12 oz	-	\$8.70
1346	Antacid Chewables	150 ct	500 mg	\$6.70
1314	Effervescent Pain Reliever	36 ct	-	\$6.70
1108	Famotidine Acid Reducer *	30 ct	10 mg	\$8.70
1900	Ranitidine Acid Reducer	30 ct	75 mg	\$9.35
1800	Simethicone Anti-Gas Chewables	100 ct	80 mg	\$10.00

ITEM #	PRODUCT DESCRIPTION	PACKAGING	STRENGTH	PRICE
Anticandidal (yeast)				
1115	Clotrimazole 7-Day Treatment Vaginal Cream (with applicator)	45 gm	1%	\$8.00
1117	Miconazole 3-Day Treatment Vaginal Cream (with applicator)	1 kit	2%	\$17.35
1119	Tioconazole 1-Day Treatment Vaginal Cream (with applicator)	1 ct	6.5%	\$24.00
Anti-diarrheal, Laxatives & Digestive Health				
1316	Beano	30 ct	-	\$10.70
1128	Bisacodyl Enteric Coated Laxative	100 ct	5 mg	\$7.70
1045	Bismatrol Chewable Tablets	30 ct	262 mg	\$7.70
1126	Docusate Sodium Stool Softener	100 ct	100 mg	\$8.70
1733	Enema	4.5 oz	-	\$6.70
1124	Ex-Lax	8 ct	15 mg	\$8.00
1125	Glycerin Suppository	25 ct	2 gm	\$7.35
1067	Lactase Capsules	60 ct	9000 FCC Units	\$12.00
1133	Loperamide HCL Anti-Diarrheal *	12 ct	2 mg	\$5.35
1354	Methylcellulose Fiber Therapy	16 oz	-	\$16.00
1011	Milk of Magnesia	12 oz	400 mg	\$7.70
1340	Natural Vegetable Laxative	13 oz	-	\$12.00
1318	Pink Bismuth	8 oz	525 mg / 30 ml	\$8.00
1012	Polycarbophil Fiber Tablets	90 ct	625 mg	\$12.00
1130	Senna Plus Stool Softener Plus Laxative	60 ct	8.6 mg, 50 mg	\$8.00
Anti-fungal & Anti-itch				
1142	Bactine Solution	4 oz	-	\$12.00
1144	Caldyphen Clear Lotion Local Analgesic	6 oz	1%	\$9.35
1047	Clotrimazole Antifungal Athlete's Foot Cream	1.5 oz	1%	\$7.35
1140	Diphenhydramine HCL / Zinc Acetate Anti-Itch Cream	1 oz	-	\$7.35
1074	Hydrocortisone 1% Cream	1 oz	1%	\$5.35
1874	Medicated Antifungal Foot Powder Spray	4.6 oz	-	\$12.35
1135	Miconazole Nitrate 2% Antifungal Cream	1 oz	2%	\$8.35
1046	Terbinafine HCL Antifungal Cream	.5 oz	1%	\$15.00
1064	Tolnaftate Antifungal Cream	1.25 oz	1%	\$8.00
Cold Sore & Medicated Lip Products				
1256	Blistex Lip Ointment	6 gm	-	\$6.70
1153	Herpecin-L Lip Balm	.1 oz	1%	\$12.35
1359	Releev Cold Sore Treatment	6 ml	0.13%	\$30.00
Dental & Denture Care				
1817	Biotene Dry Mouth Oral Rinse	16 oz	-	\$16.00
1032	Denture Cleaning Tablets	40 ct	-	\$3.35
1653	Efferdent Plus Mint Tablets	36 ct	-	\$10.00

ITEM #	PRODUCT DESCRIPTION	PACKAGING	STRENGTH	PRICE
1843	Effergrip Denture Cream Adhesive	2.5 oz	-	\$12.00
1187	Fixodent	.75 oz	-	\$6.00
1751	Interdental Flossups	90 ct	-	\$4.70
1454	Orajel Pain Relief	7 gm	20%	\$14.70
1286	Oral Pain Relief	.5 oz	20%	\$8.70
1324	Polident Denture Cream	3.9 oz	-	\$8.00
1455	Reach Waxed Dental Floss - Mint	55 yd	-	\$5.35
1413	Toothbrush, Colgate, Adult Soft	1 ct	-	\$4.70
1412	Toothbrush, Tek Pro, Angled Soft	1 ct	-	\$4.00
1831	Toothpaste, Colgate	4 oz	-	\$8.00
1838	Toothpaste, Crest Sensi-Relief	4.1 oz	-	\$9.35
1414	Toothpaste, Pepsodent	5.5 oz	-	\$6.00
1743	Water Jet Replacement Tips	5 ct	-	\$20.00
Diabetes				
1839	Diabetic Skin Relief Foot Cream	3.4 oz	-	\$19.35
1956	Diabetic Socks, Black, Medium 3-pack	3 pair	-	\$10.35
1957	Diabetic Socks, Black, Large 3-pack	3 pair	-	\$10.35
1958	Diabetic Socks, Black, X-Large 3-pack	3 pair	-	\$10.35
1953	Diabetic Socks, White, Medium 3-pack	3 pair	-	\$10.35
1954	Diabetic Socks, White, Large 3-pack	3 pair	-	\$10.35
1955	Diabetic Socks, White, X-Large 3-pack	3 pair	-	\$10.35
Ear Care				
1742	Cotton Tipped Swabs	300 ct	-	\$5.70
1841	Ear Pain Relief Ear Drops	10 ml	-	\$16.35
1190	Ear Wax Removal Drops	15 ml	6.5%	\$6.70
1363	Ear Wax Removal System with Rubber Bulb	15 ml	6.5%	\$7.35
1910	Swim-Ear Ear Drops	1 oz	-	\$11.35
Eye Care				
1192	Artificial Tears Drops	.5 oz	-	\$5.35
1194	Artificial Tears Ointment	3.5 gm	-	\$7.35
1199	Clear Eyes Eye Drops	.2 oz	-	\$6.00
1196	Eye Wash Solution	4 oz	-	\$9.35
1468	Multi-Purpose Contact Lens Solution	4 oz	-	\$9.00
1061	Redness Relief Eye Drops	15 ml	0.05%	\$6.70
1905	Stye Eye Compress	1 ct	-	\$16.00
1906	Stye Eye Ointment	3.5 gm	-	\$16.00
First Aid & Medical Supplies				
1344	Adhesive Bandages *	60 ct	-	\$7.35
1803	After Bite Relief	.5 oz	-	\$11.35
1200	Alcohol Pads *	100 ct	70%	\$4.70
1808	Antiseptic Skin Cleanser	8 oz	-	\$13.35

ITEM #	PRODUCT DESCRIPTION	PACKAGING	STRENGTH	PRICE
1201	Antiseptic Towelettes	100 ct	-	\$8.70
1020	Bacitracin Ointment	1 oz	500 U / gm	\$8.35
1459	Bath Mat, Non-Skid	1 ct	-	\$20.00
1223	Conforming Stretch Gauze Sterile Bandages - 3" x 4.1 yd *	12 ct	-	\$8.00
1763	Cotton Balls	200 ct	-	\$6.00
1669	Cotton Tipped Applicator - 6"	1000 ct	-	\$14.70
1732	Cushion, Foam Ring	1 ct	-	\$23.35
1466	Cushion, Gel / Foam Seat	1 ct	-	\$29.35
1207	Elastic Bandage - 2" x 4.5 yd *	1 ct	-	\$4.00
1209	Elastic Bandage - 3" x 5 yd *	1 ct	-	\$4.00
1211	Elastic Bandage - 4" x 5 yd *	1 ct	-	\$4.70
1213	Elastic Bandage - 6" x 5 yd *	1 ct	-	\$7.35
1846	Fast Freeze, Pain Relief Spray	4 oz	-	\$16.00
1947	First Aid Kit, 20 piece	1 ct	-	\$5.35
1215	First Aid Kit, 75 Pieces	1 ct	-	\$11.35
1738	First Aid Kit, 175 Pieces	1 ct	-	\$20.00
1726	Folding Cane Ergonomic Handle *	1 ct	-	\$25.35
1062	Hot/Cold Pack, 1 small & 1 large	1 ct	-	\$10.00
1228	Hydrogen Peroxide	16 oz	3%	\$7.00
1796	Insect Repellant Spray - Deet	4 oz	30%	\$14.70
1868	Insect Repellant Spray - Deet	8 oz	30%	\$22.70
1229	Isopropyl Alcohol, Wintergreen	16 oz	70%	\$6.70
1798	Knurled Chrome Grab Bar - 12"	1 ct	-	\$21.35
1797	Knurled Chrome Grab Bar - 24"	1 ct	-	\$26.70
1202	Lantiseptic Skin Protectant Ointment	4 oz	50%	\$13.70
1872	Liquid Bandage	.45 oz	-	\$10.70
1840	Nitrile Exam Gloves	100 ct	-	\$12.70
1203	Povidone Iodine Solution Antiseptic	4 oz	-	\$8.00
1896	Procedural Face Masks with Earloops	50 ct	-	\$12.00
1777	Quad Cane, Small Base *	1 ct	-	\$26.70
1460	Shower Mat, Non-Skid	1 ct	-	\$17.35
1217	Tape, Paper Surgical - 1" x 10 yd *	1 ct	-	\$6.35
1218	Tape, Paper Surgical - 2" x 10 yd *	1 ct	-	\$7.35
1219	Tape, Silk Surgical - 1" x 10 yd *	1 ct	-	\$7.35
1220	Tape, Silk Surgical - 2" x 10 yd *	1 ct	-	\$8.70
1221	Tape, Transparent Surgical - 1" x 10 yd *	1 ct	-	\$6.35
1222	Tape, Transparent Surgical - 2" x 10 yd *	1 ct	-	\$7.35
1063	Thermometer, Digital 60 seconds	1 ct	-	\$4.70
1285	Thermometer, Digital Ear	1 ct	-	\$28.70

ITEM #	PRODUCT DESCRIPTION	PACKAGING	STRENGTH	PRICE
1697	Thermometer, Flexible Tip, Digital 10 seconds	1 ct	-	\$12.70
1014	Triple Antibiotic Ointment	1 oz	-	\$8.35
Foot Care				
1784	Bunion Guard	1 ct	-	\$14.00
1238	Callus Remover Pads	6 ct	-	\$8.35
1236	Corn Remover Pads	9 ct	-	\$8.35
1240	Medicated Foot Powder	5 oz	-	\$8.70
Hemorrhoidal Preparations				
1066	Hemorrhoidal Ointment	2 oz	-	\$8.00
1247	Hemorrhoidal Suppository	12 ct	-	\$5.35
1364	Pre-moist Hemorrhoid Pads	100 ct	-	\$10.00
1248	Preparation H Cream	26 gm	-	\$15.35
Hormone Replacement				
1737	DHEA ‡	50 ct	50 mg	\$14.70
Incontinence Supplies				
1300	A & D Ointment	2 oz	-	\$6.00
1303	Adult Briefs, Medium - 32" to 44" *	12 ct	-	\$12.00
1304	Adult Briefs, Large - 45" to 58" *	12 ct	-	\$17.35
1305	Adult Briefs, X-Large - 59" to 64" *	15 ct	-	\$18.70
1811	Attends Discreet Men's Guard	20 ct	-	\$20.00
1810	Attends Discreet Men's Shield	20 ct	-	\$18.70
1813	Attends Discreet Women's Moderate Bladder Control Pad	20 ct	-	\$24.00
1812	Attends Discreet Women's Maximum Bladder Control Pad	20 ct	-	\$26.70
1814	Attends Discreet Women's Ultimate Bladder Control Pad	20 ct	-	\$26.70
1815	Attends Discreet Women's Panty Liner	28 ct	-	\$18.70
1816	Attends Discreet Women's Ultrathin Pad	20 ct	-	\$18.70
1302	Barrier Cream	4 oz	-	\$10.70
1478	Bladder Control Shaped Pad, Moderate Absorbency *	24 ct	-	\$18.70
1479	Bladder Control Shaped Pad, Heavy Absorbency *	24 ct	-	\$22.70
1480	Bladder Control Shaped Pad, Maximum Absorbency *	18 ct	-	\$21.35
1021	Disposable Underwear, Medium - 34" to 44" *	20 ct	-	\$15.35
1026	Disposable Underwear, Large - 44" to 58" *	18 ct	-	\$16.00
1027	Disposable Underwear, X-Large - 58" to 68" *	14 ct	-	\$16.00
1476	Underpad, Disposable - 23" x 24" *	50 ct	-	\$18.70
1299	Underpad, Disposable - 23" x 36" *	25 ct	-	\$13.70
1477	Underpad, Disposable - 30" x 30" *	10 ct	-	\$10.70
1348	Washcloth with Lanolin	64 ct	-	\$10.35

ITEM #	PRODUCT DESCRIPTION	PACKAGING	STRENGTH	PRICE
In-Home Diagnostics				
1253	Blood Pressure Monitor, Desktop Automatic ‡	1 ct	-	\$29.35
1501	Blood Pressure Monitor, Wrist ‡	1 ct	-	\$25.35
1502	Blood Pressure Monitor, Wrist Talking ‡	1 ct	-	\$29.35
1416	EZ Detect Colon Cancer Test Kit ‡	1 ct	-	\$16.00
1789	Peak Flow Meter ‡	1 ct	-	\$17.35
Motion Sickness				
1264	Dramamine Chewables, Orange	8 ct	50 mg	\$10.35
1263	Driminate Antiemetic	12 ct	50 mg	\$7.35
1366	Meclizine HCL Antiemetic	100 ct	12.5 mg	\$10.00
Pain Relievers & Fever Reducers				
1001	Acetaminophen	100 ct	325 mg	\$6.70
1105	Acetaminophen	50 ct	500 mg	\$4.70
1600	Acetaminophen	100 ct	500 mg	\$9.35
1311	Arthritis Pain Reliever	100 ct	650 mg	\$16.00
1095	Aspirin	100 ct	325 mg	\$7.00
1096	Aspirin, Enteric Coated	100 ct	325 mg	\$6.70
1002	Aspirin, Enteric Coated, Low Dose	120 ct	81 mg	\$6.70
1802	Aspirin, Low Dose, Chewables	36 ct	81 mg	\$7.35
1367	Capsaicin External Analgesic	2 oz	0.025%	\$11.35
1423	Children's Acetaminophen Chewables	30 ct	80 mg	\$7.35
1421	Children's Ibuprofen	4 oz	100 mg / 5 ml	\$8.00
1944	Cold/Hot Menthol Medicated Patch	5 ct	5%	\$9.35
1861	Heating Pad, 12" X 15" *	1 ct	-	\$28.00
1859	HeatWraps - Back & Hip	2 ct	-	\$12.70
1860	HeatWraps - Neck, Shoulder, & Wrist	3 ct	-	\$12.70
1004	Ibuprofen	100 ct	200 mg	\$8.00
1871	Lidocaine Patch	5 ct	4%	\$12.00
1365	Migraine Relief	100 ct	250 mg, 250 mg, 65 mg	\$9.35
1097	Naproxen	100 ct	220 mg	\$12.35
1332	Pain Reliever, PM - Extra Strength	100 ct	500 mg, 25 mg	\$11.00
1475	Pain Relieving Muscle Rub	2 oz	2.5%	\$5.35
1261	Wellpatch Migraine	4 ct	-	\$11.00
Pediculicide (lice treatment)				
1271	Lice Treatment Shampoo	4 oz	-	\$13.35
1269	Permethrin Lice Treatment	59 ml	1%	\$18.00
Personal Care				
1076	Acne Gel 10% Benzoyl Peroxide	1.5 oz	10%	\$7.35
1368	Ammonium Lactate Moisturizing Lotion	8 oz	12%	\$12.35
1065	Hand Sanitizer	8 oz	-	\$4.00

ITEM #	PRODUCT DESCRIPTION	PACKAGING	STRENGTH	PRICE
Sleep Aids				
1724	Nasal Strips, Medium	30 ct	-	\$16.00
1725	Nasal Strips, Large	30 ct	-	\$16.00
1276	Sleep Tablets	50 ct	25 mg	\$8.00
Smoking Cessation				
1372	Nicorelief Gum ‡	50 ct	4 mg	\$26.70
Supportive Items				
1225	Ankle Support	1 ct	-	\$10.00
1487	Back Support Elastic - 24" to 46"	1 ct	-	\$20.35
1398	Compression Knee High Socks, Men's Black, Medium (Shoe Size 8 - 10) ‡	1 pair	15 - 20 mmHg	\$13.35
1399	Compression Knee High Socks, Men's Black, Large (Shoe Size 10.5 - 12) ‡	1 pair	15 - 20 mmHg	\$13.35
1400	Compression Knee High Socks, Men's White, Medium (Shoe Size 8 - 10) ‡	1 pair	15 - 20 mmHg	\$13.35
1401	Compression Knee High Socks, Men's White, Large (Shoe Size 10.5 - 12) ‡	1 pair	15 - 20 mmHg	\$13.35
1409	Compression Knee High Socks, Women's Black, Small (Shoe Size 4-5)	1 pair	8 - 15 mmHg	\$13.35
1410	Compression Knee High Socks, Women's Black, Medium (Shoe Size 5.5 - 7.5)	1 pair	8 - 15 mmHg	\$13.35
1411	Compression Knee High Socks, Women's Black, Large (Shoe Size 8 - 10.5)	1 pair	8 - 15 mmHg	\$13.35
1406	Compression Knee High Socks, Women's Nude, Small (Shoe Size 4 - 5)	1 pair	8 - 15 mmHg	\$13.35
1407	Compression Knee High Socks, Women's Nude, Medium (Shoe Size 5.5 - 7.5)	1 pair	8 - 15 mmHg	\$13.35
1408	Compression Knee High Socks, Women's Nude, Large (Shoe Size 8 - 10.5)	1 pair	8 - 15 mmHg	\$13.35
1224	Elbow Support	1 ct	-	\$15.70
1774	Heel & Elbow Protector, Small	1 ct	-	\$18.00
1773	Heel & Elbow Protector, Medium	1 ct	-	\$18.00
1772	Heel & Elbow Protector, Large	1 ct	-	\$18.00
1775	Heel & Elbow Protector, X-Large	1 ct	-	\$18.00
1465	Knee Stabilizer	1 ct	-	\$25.35
1481	Knee Support, Elastic, Small	1 ct	-	\$9.35
1482	Knee Support, Elastic, Medium	1 ct	-	\$9.35
1483	Knee Support, Elastic, Large	1 ct	-	\$9.35
1484	Knee Support, Elastic, Small with Stays	1 ct	-	\$17.35
1485	Knee Support, Elastic, Medium with Stays	1 ct	-	\$17.35
1486	Knee Support, Elastic, Large with Stays	1 ct	-	\$17.35

ITEM #	PRODUCT DESCRIPTION	PACKAGING	STRENGTH	PRICE
1457	Rib Belt - Female (one size fits most)	1 ct	-	\$20.00
1456	Rib Belt - Male (one size fits most)	1 ct	-	\$20.00
1778	Thumb Brace	1 ct	-	\$22.70
1230	Wrist Splint	1 ct	-	\$21.35
1227	Wrist Support	1 ct	-	\$9.70
Therapeutic Skin & Sun Care				
1893	Moisturizing Body Lotion with Aloe	8 oz	-	\$8.35
1852	Scar Gel	50 gm	-	\$20.00
1284	Sunscreen Lotion SPF 30	3.5 oz	-	\$7.70
Vitamins and Minerals				
1805	Airborne Immune Support Chewables ‡	32 ct	-	\$17.35
1820	Biotin Gummy ‡	60 ct	5,000 mcg	\$14.70
1373	Calcium + Vitamin D ‡	60 ct	600 mg / 400 IU	\$6.00
1823	Calcium + Vitamin D Gummy ‡	60 ct	500 mg, 1000 IU	\$17.35
1291	Calcium Carbonate Supplement Tablets ‡	60 ct	600 mg	\$7.35
1422	Children's Multivitamin Chewables ‡	100 ct	-	\$9.35
1825	Chromium Picolinate ‡	100 ct	1000 mcg	\$14.70
1827	Cod Liver ‡	100 ct	-	\$11.35
1829	Coenzyme Q-10 ‡	30 ct	50 mg	\$13.00
1385	Daily Multiple Vitamin Tablets with Minerals ‡	100 ct	-	\$6.70
1393	Daily Multivitamin ‡	100 ct	-	\$6.70
1375	Ferrous Gluconate Iron Supplement ‡	100 ct	240 mg	\$9.00
1376	Ferrous Sulfate Iron Supplement ‡	100 ct	325 mg	\$7.35
1155	Fiber Tablets ‡	60 ct	500 mg	\$12.00
1741	Fish Oil, Soft Gels ‡	60 ct	1000 mg	\$8.00
1849	Flaxseed ‡	100 ct	1000 mg	\$13.35
1850	Folic Acid ‡	100 ct	800 mcg	\$9.00
1003	Glucosamine / Chondroitin ‡	60 ct	250 mg, 200 mg	\$11.70
1114	Glucosamine Joint / Muscle ‡	60 ct	500 mg	\$11.35
1866	Immune Support Chewables ‡	50 ct	-	\$14.70
1417	Iron ‡	110 ct	27 mg	\$8.00
1870	Leg Cramps Pain Relief Caplets ‡	100 ct	-	\$20.00
1418	Magnesium ‡	110 ct	250 mg	\$6.70
1377	Magnesium Oxide ‡	100 ct	250 mg	\$9.35
1879	Melatonin ‡	100 ct	5 mg	\$13.00
1378	Niacin ‡	100 ct	100 mg	\$8.00

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ITEM #	PRODUCT DESCRIPTION	PACKAGING	STRENGTH	PRICE
1394	Niacin ‡	100 ct	500 mg	\$8.70
1886	One Daily Men's Multivitamin ‡	100 ct	-	\$12.00
1887	One Daily Women's Multivitamin ‡	100 ct	-	\$12.00
1274	Prenatal Vitamins ‡	100 ct	-	\$10.70
1395	Rena-Vite ‡	100 ct	-	\$17.35
1392	Senior Multivitamin ‡	90 ct	-	\$12.35
1734	Stress Formula Tablets with Zinc ‡	60 ct	-	\$13.35
1379	Vitamin A ‡	100 ct	10,000 iu	\$6.70
1016	Vitamin B-1 ‡	100 ct	100 mg	\$8.00
1389	Vitamin B-12 ‡	100 ct	500 mcg	\$8.70
1381	Vitamin B-12 ‡	100 ct	1000 mcg	\$10.35
1380	Vitamin B-6 ‡	100 ct	50 mg	\$8.70
1388	Vitamin B-6 ‡	100 ct	100 mg	\$9.00
1382	Vitamin B-Complex ‡	100 ct	-	\$8.00
1915	Vitamin B-Complex Gummy ‡	70 ct	-	\$14.70
1017	Vitamin C ‡	100 ct	500 mg	\$7.00
1706	Vitamin C ‡	100 ct	1000 mg	\$16.00
1916	Vitamin C Gummy ‡	60 ct	250 mg	\$14.70
1383	Vitamin D ‡	100 ct	400 iu	\$6.70
1390	Vitamin D ‡	100 ct	1000 iu	\$7.35
1391	Vitamin E, Soft Gels ‡	100 ct	100 iu	\$8.70
1384	Vitamin E, Soft Gels ‡	100 ct	400 iu	\$12.00
1419	Zinc Chelated ‡	100 ct	50 mg	\$6.70
Wart Remover				
1075	Wart Remover, Liquid	9 ml	17%	\$8.70
Weight Loss				
1735	Vitafusion Fiber Weight Management ‡	90 ct	-	\$22.00

* Part B/D - Under certain circumstances some items may be covered under either Part B or Part D. When you are eligible to receive these items under Part B or Part D you may not purchase these items through your Part C supplemental OTC benefit. For your convenience, we've marked these items with an (*)

‡ Dual-purpose items are medicines and products that can be used for either a medical condition or for general health and well-being. In order to purchase these items under your plan, your personal physician must recommend them to you for a specific diagnosed condition. Please speak to your physician before ordering these items.



Order guidelines

Your BlueMedicare Preferred (HMO) plan gives you a quarterly benefit amount for over-the-counter (OTC) items, such as vitamins and aspirin — at no cost to you.

Check your Evidence of Coverage for more details.

Order by mail.



You may place your order by mailing in the order form that comes with your catalog. **If you're getting close to the end of the quarter and you do not think your order form will be received in time, you can call in your order.**

Order by phone.



If you have questions or would like to place an order over the phone, OTC Advocates are available Monday through Friday, 8 a.m. to 11 p.m. Eastern time, at 1-855-212-6894 (TTY: 1-800-955-8770).

- For delivery, please allow 7 - 10 business days from the time your order is placed.
- You must use your full benefit amount in one order.
- Your order total may not exceed your benefit amount. Cash, checks, credit cards or money orders are not accepted under this OTC benefit.
- Your order total will be applied to the benefit period in which the order is received.
- OTC products are intended for member use only to help with a health or medical need. BlueMedicare Preferred (HMO) prohibits the use of this benefit to order OTC items for family members and friends.
- Due to the personal nature of these products, returns are not accepted.
- Items in the 2019 OTC catalog may change throughout the year.
- For the most up-to-date listing of OTC products available, go to <https://medicare.websales.floridablue.com/sbu/tools-resources/medicare-forms/find-medicare-forms>.
- OTC items are available through home delivery only. Products may not be purchased at a local retail pharmacy or through any source other than the BlueMedicare Preferred (HMO) OTC benefit channels listed above.

NOTICES

- ✓ If you disenroll from your BlueMedicare Preferred (HMO) plan, your OTC benefit will automatically terminate.
- ✓ Language assistance services are available to you, free of charge. Call 1-800-926-6565 (TTY: 1-800-955-8770).
- ✓ The health information provided in the catalog is general in nature and is not medical advice or a substitute for professional health care.

2019 Over-the-Counter (OTC) Benefit

Order Form

STEP 1 - Complete your information below.

Member ID (found on plan member ID card)

 -

Date of Birth

 / /

First Name

Last Name

MI

Street Number

Street Name

Apt/Suite #

City

State

Zip Code

 -

Please check box if this is a new address

Daytime Phone

 - -

Email (Optional)

 @

STEP 2 - Product Selection

Cash, checks, credit cards or money orders are not accepted under this Over-the-Counter (OTC) benefit.

Item #	Product Description	Quantity	Unit Price	TOTAL
1	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
2	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
3	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
4	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
5	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>

Please mail this completed form to the following address:

**OTC Servicing Center
PO Box 267067
Weston, FL 33236-9895**

Subtotal from Other Side \$.

Total Order \$.

If you place your order using an order form, your order total will be applied to the benefit period in which we receive your form. For example, if you mail your order form on June 29th, but we receive it on July 1st, your order total will be applied to your benefit for the third quarter, not your benefit for the second quarter.

STEP 2 - Product Selection *(continued)*

Cash, checks, credit cards or money orders are not accepted under this Over-the-Counter (OTC) benefit.

Item #	Product Description	Quantity	Unit Price	TOTAL
6	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
7	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
8	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
9	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
10	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
11	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
12	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
13	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
14	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
15	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
16	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
17	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
18	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
19	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
20	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>

Subtotal from Other Side \$.

Total Order \$.

Please mail this completed form to the following address:

**OTC Servicing Center
PO Box 267067
Weston, FL 33236-9895**

If you place your order using an order form, your order total will be applied to the benefit period in which we receive your form. For example, if you mail your order form on June 29th, but we receive it on July 1st, your order total will be applied to your benefit for the third quarter, not your benefit for the second quarter.

Section 1557 Notification:

DISCRIMINATION IS AGAINST THE LAW

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, “Florida Blue”), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Blue (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Florida Combined Life:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-333-2227). اتصل برقم 1-0778-559-008.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન નંબર 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન નંબર 1-800-333-2227

ประกาศ:ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583 (TTY: 1-800-955-8770) まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود. با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojj' hodííłnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojj' hodííłnih 1-800-333-2227.

Florida Blue 