



Over-the-Counter (OTC) Medications and Products

2024 Benefit Catalog and Order Guide

Order Online

It's quick
and easy!

Receive from **\$20** to **\$125** every month in Over-the-Counter
Drugs & Supplies based on plan selection and county at
no cost to you!* That's a savings between **\$240** and
\$1,500 over the course of a year!**

Welcome to Optimum HealthCare Plans!

We're happy that you have decided to join our plan and want to ensure we provide you with all the information you need to maximize your benefits.

This brochure will guide you on how to order your over-the-counter (OTC) supplies and show you the products that are available for ordering.

Should you ever have any questions our Member Services Department is always ready to help guide you.

Member Services Department:
Toll Free at: 1-866-245-5360 / TTY: 711

From October 1 to March 31, we are open 7 days
a week from 8 a.m. to 8 p.m. EST.

From April 1 to September 30, we are open
Monday through Friday, 8 a.m. to 8 p.m. EST.

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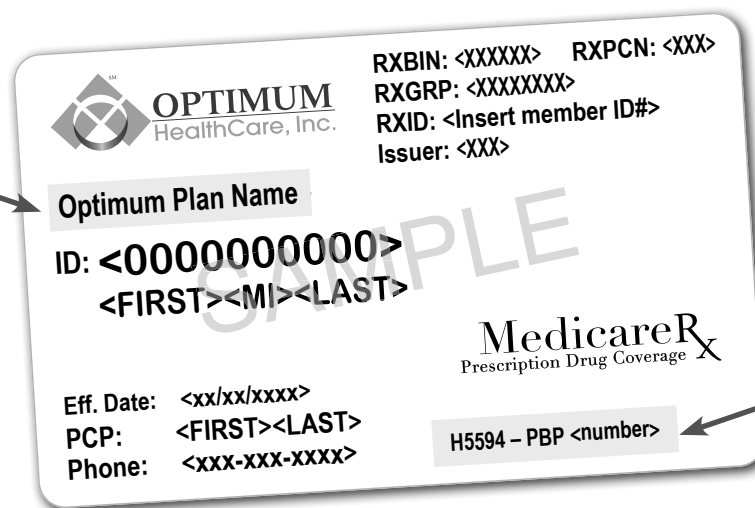
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Your Monthly Allowance

With Optimum HealthCare Plans, members receive a monthly Over-the-Counter allowance from \$20 to \$125 every month based on plan selection.

- Choose from 19 different categories of products and supplies. Ordering is easy through phone or online with shipping at no cost to you!
- First step in ordering is knowing what the OTC monthly amounts are for the plan you are enrolled in.
- Your member ID will have the name of your Plan and PBP Number. When you have the name of your Plan and PBP Number the following page shows the monetary amount you have available to spend.

Name of
your plan



PBP
Number

Your Monthly Allowance *continued...*

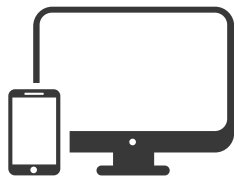
Your Monthly allowance is based on your plan type.*

Plan ID	Plan Name	Monthly Allowance
001	Optimum Gold Rewards Plan (HMO)	\$50
002	Optimum Platinum Plan (HMO)	\$85
016	Optimum Emerald Partial (HMO D-SNP)	\$125
017	Optimum Emerald Full (HMO D-SNP)	\$125
019	Optimum Gold Plan (HMO)	\$30
022	Optimum Gold Rewards Plan (HMO)	\$30
026	Optimum Gold Rewards Plan (HMO)	\$30
028	Optimum Diamond Rewards (HMO C-SNP)	\$75
029	Optimum Diamond Rewards COPD (HMO C-SNP)	\$75
030	Optimum Diamond Savings (HMO C-SNP)	\$30
031	Optimum Diamond Savings COPD (HMO C-SNP)	\$30
032	Optimum Gold Plus Plan (HMO)	\$50
034	Optimum Diamond Rewards (HMO C-SNP)	\$20
035	Optimum Diamond Rewards COPD (HMO C-SNP)	\$20
036	Optimum Diamond (HMO C-SNP)	\$85

**The plan does not allow members to rollover any remaining OTC monthly allowance into the next month.*

Ordering Your OTC Supplies

Ordering your OTC supplies is easy!



1

You order your supplies



2

We process your order



3

You receive medications by mail at no charge!

Optimum HealthCare provides two convenient ways of ordering:

1

Members can place their orders by calling our OTC Center at **1-866-900-2688** / TTY: 711

2

Members can order online through our Member Portal.

For additional information regarding our OTC Center, visit **www.youroptimumhealthcare.com** and select the OTC link.



[Medicare Plans](#) [Members](#) [Providers](#) [Agents & Brokers](#) [OTC](#) [Quick Links](#)

Search

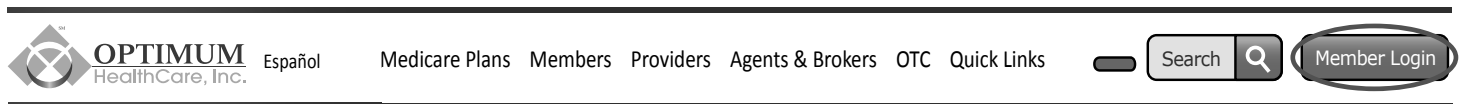


Member Login

How to Order in the Member Portal Website

Placing and managing your orders online is quick and easy through our Member Portal. Just follow the simple steps provided below to place your order.

1. Go to **www.youroptimumhealthcare.com** and click on **"Member Login"**.



2. If you are a registered user, log in using your User ID and Password.

- If you are not registered, select the **"New User Sign Up"** Button.
- If you need help registering, please click the **'Help Manual'** for detailed instructions.

This system best work on IE, Chrome and Safari browser

Need Assistance?
Toll free: 1-866-245-5360 | TTY/TDD:
October 1st to March 31st, and 8:00
1st to September 30th

Click on the "New User Sign Up" button on the Member Portal Login page.

Sign in to Member Portal

Email:

Password:

First Time User

Please create a username and password.
You will need your Member ID number from your ID card and Medicare last four characters from your Medicare card.

Navigate to...

- Over The Counter
- Member Materials
- Claims And EOB
- Track Your Out of Pocket Expenses
- Change Your Primary Care Provider (PCP)
- Change Your Address/Phone Number
- Change Your Language Preference
- Health Assessment & Appraisal
- Find Doctor, Pharmacy or Facility
- Find A Prescription Drug
- Preventive Health Screening
- E-Inquiries
- Personal Health Tracker
- Disease Management
- Important Documents
- Member Benefits
- Health Education

Welcome to the Member Health Portal

This is your one destination for all information related to your health, benefits, providers, claims and medication. Click here to find out more ...

Member Profile & Plan Details

Name: BARBARA KOHL
Member ID: P0018864201
Plan: 099
Last Login: 12/04/2020

My Alerts

Drug Name	Refill Date	Pharmacy	Last Filled On	Prescriber
Please complete your Health Assessment. If you have already completed in the last 60 days, please disregard this message.				

View Your Claims

Find Doctor, Pharmacy or Facility

Newsletters

Click Here to Find a Form

3. Once you are logged in, please click the **'Over the Counter/Diabetic Supplies'** menu option to order.

How to Order in the Member Portal Website *continued...*

4. On the 'Order Placement' Page, select the Product Name from the drop-down option. (The Item Number, Medicine Group, Description and Drug type will automatically display.) After the product is displayed, select the Order Quantity and click the Submit button.

The 'Order Placement' form contains several input fields for member information (Member ID, PBP ID, Plan Name, First Name, Last Name, DOB, Home Phone, Business Phone, Order Month, Order Date), financial details (Plan Limit, Available Limit, Caller Relationship, Override Order), and medical information (Type of Meter, Physician Certificate Exp Date, PCP Approved Testing Frequency, Strip Exhaust Date). Below these fields is a table with links: 'Review and Repeat Previous Order', 'List of Available Items', 'OTC Policies and Disclaimers', 'Delivery Order Status', 'Member Notes', and 'Member Authorization'. The table below shows the selected item:

Remove	Medicine Group	Item.No	Product Name	Description	Available Quantity	Order Quantity	UOM	Drug Type	Member Price	Total Price
	SUPPORTS	19E	ARTHRITIS KNEE SLEEVES SMALL	SUPPORT KNEE SLEEVES SMALL	720	1	ONE SLEEVE	OTC	\$15.00	\$15.00
		--	--Select--			--			\$0.00	\$0.00

A 'Submit' button is located at the bottom of the form.

5. After submitting your order, you will be asked to confirm or modify your shipping address. Once completed, please click Continue.

The 'Address Confirmation' form displays member information and provides two sections for address entry: 'Current Primary Address' and 'Enter Valid Shipping Address'. Each section includes fields for Address1, Address2, City, State (with a dropdown menu), and Zip Code. There are also fields for Contact Phone Numbers (Home Phone, Business Phone, Cell Phone). A checkbox asks 'Is the Above Shipping Address Correct?'. At the bottom, there are 'Back' and 'Continue' buttons.

6. Once confirmed, your order number will be displayed and you will receive your supplies by mail.

The 'Order Confirmation' form displays the member's order details. At the top, it shows 'Your Order Number is DO-XX-XX'. Below this, it lists member information (First Name, Last Name, Shipping Address, Member ID, Plan Limit, Order Value). A table shows the order items:

Medicine Group	Item.No	Product Name	Description	Quantity	UOM	Drug Type	Member Price	Total Price
SUPPORTS	19E	ARTHRITIS KNEE SLEEVES SMALL	SUPPORT KNEE SLEEVES SMALL	1	ONE SLEEVE	OTC	\$15.00	\$15.00

An 'Ok' button is located at the bottom of the form. A disclaimer at the very bottom states: 'Diabetic Item prices for Internal Reference Only. It is NOT part of OTC Limits'.

Do More Online With the Member Portal!

YES, I CAN!

Do More Online With The
Member Portal!



Place & track orders for your over-the-counter medication and diabetic supplies



Print and order your ID card, provider directory, formulary and other plan materials



Complete your Health Assessment Form



Find a plan doctor, pharmacy, hospital and covered drug



Update your demographic information



Track your out-of-pocket expenses(MOOP)



View your claims activity and benefit information



Access important plan forms and documents from a central location



Gain access to health & wellness information

LOG ONTO
www.youroptimumhealthcare.com
AND REGISTER TODAY!

It's Easy & Convenient

Over-The-Counter Items

Section 1

Allergies

Item	Item Description	Qty.	Price
1A Generic Comparable of Chlortrimeton	Chlorpheniramine Maleate 4mg	24	\$4
1C Generic Comparable of Benadryl Caps	Diphenhydramine HCl 25mg	24	\$3
1D Generic Comparable of Ocean Saline Nasal Spray	Deep Sea Nasal Saline 0.65%	44ml	\$3
1E Nasacort Allergy 24 Hour	Triamcinolone 55mcg	10.8ml	\$15
1F Flonase	Fluticasone Propionate (glucocorticoid) 50mcg	9.9ml	\$22
1G Generic Comparable of Claritin	Allergy Relief Tablets, Loratadine 10mg	30ct	\$8

Section 2

Analgesics

Item	Item Description	Qty.	Price
2A Generic Comparable of Tylenol Ex 500mg	Acetaminophen Tabs 500 mg	100	\$4
2B Generic Comparable of Bayer Aspirin	Aspirin 325mg	100	\$3
2E Generic Comparable of Advil	Ibuprofen 200mg FC Tab.	24	\$3
2F Generic Comparable of Ben Gay	Muscle Rub	35g	\$3
2G Generic Comparable of Aleve	Naproxen Sodium 220 mg CPL	50	\$7
2H Generic Comparable of Bayer Aspirin Low Dose 81 mg	Aspirin EC (Delayed Release) 81mg	120	\$4
2I Generic Comparable of Tylenol PM	Acetaminophen 500mg/Diphenhydramine HCl 25mg	50	\$5
2J Generic Comparable of Bayer Aspirin Low Dose Chewable	Aspirin 81mg Chewable	36	\$4
2K Generic Comparable of Icy Hot Patch	Cold and Hot Patch	5	\$8
2L Generic Comparable of Excedrin	Headache Formula-Aspirin/Acetaminophen/Caffeine	100	\$7
2M Aspercreme	Aspercreme with 4% Lidocaine Maximum Strength	76g	\$6
2N Generic Comparable of Bio Freeze	Pain Relief Spray	89ml	\$12

Section 3

Antacids

Item	Item Description	Qty.	Price
3A Generic Comparable of Tums-Ex	Calcium Carbonate 750mg	96	\$5
3B Generic Comparable of Gas-X	Gas Relief Tablets	100	\$5
3D Generic Comparable of Alka Seltzer	Antacid & Pain Relief	12	\$6
3E Generic Comparable of Mylanta	Antacid/Anti-Gas Liquid	335ml	\$6

Section 4

Anti-Diarrheals

Item	Item Description	Qty.	Price
4A Generic Comparable of Imodium	Loperamide 2mg	12	\$4
4B Generic Comparable of Pepto Bismol	Pink Bismuth Tablets (chewable)	30	\$5

Section 5

Anti-Hemorrhoidals

Item	Item Description	Qty.	Price
5A Generic Comparable of Cortaid Maximum Strength	Hydrocortisone Oint, USP 1%	28g	\$6
5B Generic Comparable of Preparation H	Prompt Relief Hem Ointment	57g	\$7
5C Generic Comparable of Preparation H Suppositories	Hemorrhoidal Suppositories	12	\$13

Section 6

Cough/Cold

Item	Item Description	Qty.	Price
6A Generic Comparable of Robitussin Sugar Free DM	Sugar Free Cough Syrup	118ml	\$5
6B Generic Comparable of Vicks	Medicated Chest Rub	100g	\$6
6C Mucinex Dm	Mucinex DM 600mg	20	\$20

Over-The-Counter Items *continued...*

Section 6

Cough/Cold

	Item	Item Description	Qty.	Price	
	6D	Generic Comparable of Afrin Nasal Spray	Nasal Spray	15ml	\$3
	6H	Generic Comparable of Tylenol Sinus Congestion & Pain	Sinus-Acetaminophen /Phenylephrine HCl	24	\$5
	6I	Generic Comparable of Chloraseptic	Sore Throat Spray	177ml	\$5
	6K	Halls Sugar-Free Cough Drops	Sugar-Free Cough Drops	25	\$4
	6L	Generic Comparable of Mucus Relief	Expectorant-Guaifenesin 400 mg	30	\$7
	6M	Generic Comparable of Cepacol	Cepacol	16	\$5

Section 7

Eye Care

	Item	Item Description	Qty.	Price	
	7A	Generic Comparable of Collyrium Eye Wash	Eye Wash	118ml	\$6
	7B	Generic Comparable of Visine	Redness Reliever Eye Drops	15ml	\$4
	7E	Generic Comparable of Zaditor	Eye-Itch Relief Antihistamine	5ml	\$15

Section 8

First Aid Creams, Ointments & Antiseptics

	Item	Item Description	Qty.	Price
8A	Generic Comparable of Benadryl Cream	Anti-Itch Cream	28g	\$5
8B	Generic Comparable of Bacitracin	Bacitracin	14g	\$6
8C	Generic Comparable of Lotrimin	Clotrimazole 1% Cream	28g	\$7
8D	Generic Comparable of Cortisone	Hydrocortisone Cream	28g	\$5
8E	Generic Comparable of Zinc Oxide	Zinc Oxide Ointment	28g	\$8
8F	Generic Comparable of Neosporin	Triple-Antibiotic Ointment	28g	\$6
8H	Generic Comparable of Debrox	Ear Wax Removal	15ml	\$4

Section 9

First Aid Supplies

	Item	Item Description	Qty.	Price
9A	Generic Comparable of Ace Bandage 3"	Elastic Bandage	1	\$6
9B	Butterfly Closure	Butterfly Closures	10	\$2
9C	Cotton Balls	Cotton Balls	100	\$4
9D	Ice Bag	Ice Bag 9"	1	\$9
9E	Gauze Roll	Gauze Roll 4"	2yds	\$5
9F	Digital Thermometer ²	Digital Thermometer	1	\$8
9G	Generic Comparable of Q-Tips	Cotton Swabs	300	\$5
9H	Sterilizing Antiseptic Wipes	Sterilizing Antiseptic Wipes	50	\$8
9I	Disposable Face Mask	Disposable Face Mask - 10 count	10	\$10
9J	Hand Sanitizer/Hand Rub	Hand Sanitizer/Hand Rub	115ml	\$5
9K	Hand Gloves	Small	150	\$22
9L	Hand Gloves	Medium	150	\$22
9M	Hand Gloves	Large	150	\$22
9N	Hand Gloves	Extra Large	130	\$22
9O	Disposable Face Mask	Disposable Face Mask - 50 count	50	\$25
9P	Hydrogen Peroxide	Hydrogen Peroxide 3%	118ml	\$2
9Q	Rubbing alcohol ‡	Rubbing alcohol 70%	473ml	\$3
9R	Witch Hazel	Witch Hazel Pad A.E.R. 40	40	\$7
9T	KN95 Mask	KN95 Mask	10	\$15
9U	Non-Stick Pads	Non-Stick Pads	10ct	\$6
9V	Waterproof Adhesive Tape	Waterproof Adhesive Tape 1/2" x 2.5 yds	1	\$2
9W	Plastic Adhesive Bandages	Plastic Adhesive Bandages, Assorted Sizes	80	\$4
9X	Generic Comparable of Band Aid	Adhesive Bandage	50	\$3

²These Items are limited to 2 item per year.

‡ Under certain circumstances these items may be covered under either Part B or Part D. When an item is covered by Part B or D due to specific circumstances, you would not use your OTC benefit to obtain this item because it is Medicare-covered in those circumstances. These items should be ordered only after discussing with your physician who verbally recommends the OTC item for a specific diagnosable condition.

Over-The-Counter Items *continued...*

Section 10

Laxatives

	Item	Item Description	Qty.	Price
10A	Generic Comparable of Colace	Docusate Sodium 100mg	100	\$5
10B	Generic Comparable of Fibercon	Fiber-Lax 500mg	60	\$9
10C	Generic Comparable of Miralax	Clear Lax Powder	119g	\$11
10D	Generic Comparable of Fleet Enema	Enema-Saline Laxative	133ml	\$3
10F	Psyllium Fiber Laxative Capsules	Psyllium Fiber Laxative Capsules	160	\$11
10G	Fiber Gummies	Fiber Gummies	60	\$12

Section 11

Miscellaneous Items

	Item	Item Description	Qty.	Price
11A	Digital Blood Pressure Kit *1	Automatic Blood Pressure Kit	1	\$25
11B	Blood Pressure Kit*1	Manual Self Taking Blood Pressure Kit	1	\$19
11D	Sunscreen Lotion SPF-30	Sunscreen Lotion SPF-30	118ml	\$10
11E	Generic Comparable of Dramamine	Motion Sickness Relief Tablets	12	\$4
11F	Pill Organizer	One Day At a time Medicine Organizer-Weekly	1	\$7
11H	Pill Splitter	Pill Splitter	1	\$5
11K	Pulse Oximeter *1	Pulse Oximeter	1	\$40
11L	Covid-19 Antigen Home Test Kit	Covid-19 Antigen Home Test Kit	1	\$7
11M	Vaseline	Petroleum Jelly Vaseline	113gm	\$3
11N	Pedometer*2	Pedometer	1ct	\$20
11O	Sharps Container	Home Sharps Container	1ct	\$6
11Q	Sunscreen Lotion SPF-50	Sunscreen Lotion SPF-50	118ml	\$10

¹These Items are limited to 1 item per year.

²These Items are limited to 2 item per year.

*Dual-purpose items are medicines and products that can be used for either a medical condition or for general health and well-being. These items may be ordered only after discussing with your physician who verbally recommends the OTC item for a specific diagnosable condition.

Section 12

Topical Foot & Topical Oral

	Item	Item Description	Qty.	Price
12A	Callus Remover	Callus Removers	6	\$4
12C	Callus Cushion	Callus Cushions	6	\$3
12E	Dental Flossers	Dental Flossers	36	\$3
12G	Generic Comparable of Polident	Denture Cleanser	40	\$7
12H	Toothpaste	Toothpaste	68g	\$4
12I	Toothbrush	Toothbrush	1	\$3
12J	Generic Comparable of Fixodent	Denture Adhesives ADH CRM Fresh	39g	\$5
12K	Generic Comparable of Abreva	Cold Sore Treatment	2gm	\$25
12L	Generic Comparable of Biotene	Dry Mouth Spray	30ml	\$12
12M	Generic Comparable of Compound W	Liquid Wart Remover	9ml	\$8
12N	Rechargeable Toothbrush ²	Rechargeable Toothbrush	1	\$36
12P	Interdental Brushes	Interdental Brushes, Assorted Colors	10ct	\$4
12Q	Sensitive Toothpaste	Sensitive Toothpaste Mint Flavor	122g	\$4

²These Items are limited to 2 item per year.

Over-The-Counter Items *continued...*

Section 13

Vitamins & Minerals

Item	Item Description	Qty.	Price	
13A	Fish Oil	Fish Oil - 1200mg	90	\$9
13B	ProSight *	Supplement for Eyes	60	\$6
13C	Allbee With C *	B Complex with C	100	\$8
13D	Vitamin B *	B Complex	100	\$8
13E	Vitamin C *	Vitamin C 500mg	100	\$8
13F	Generic Comparable of Centrum *	Multivitamin & Mineral	60	\$6
13G	Folic Acid *	Folic Acid 800mcg	100	\$5
13H	Glucosamine Chondroitin	Glucosamine Chondroitin	60	\$15
13J	Vitamin E *	Vitamin E 400 IU	100	\$8
13K	Vitamin D *	Vitamin D3 (25 mcg) 1000 IU	100	\$5
13L	Antioxidant Tablets *	Antioxidant Tablets	50	\$7
13M	Selenium *	Selenium 200mcg	60	\$7
13P	Ferrous Sulfate *	Ferrous Sulfate - 325mg	100	\$3
13Q	Generic Comparable of Citracal Calcium Citrate *	Calcium Citrate & Vitamin D	60	\$7
13R	Generic Comparable of Bayer One A Day Women's *	One A Day Women's Multivitamin	60	\$10
13S	Generic Comparable of Os-Cal *	Oyster Calcium + Vitamin D	150	\$7
13T	CoQ10	CoQ10 100mg	30	\$10
13U	Vitamin B12 *	Vitamin B12 1000 mcg	50	\$8
13V	Emergen-C *	1000mg Vitamin C Plus Vitamin D & Zinc	10	\$10
13X	Multivitamin Gummy *	Daily Multivitamin Gummy	120	\$11
13Y	Vitamin C Gummy *	Vitamin C Gummy 250 mg	60	\$10
13Z	Breakfast Essentials Nutritional Powder Drink Mix	Breakfast Essentials Nutritional Powder Drink Mix	1	\$22

* Dual-purpose items are medicines and products that can be used for either a medical condition or for general health and well-being. These items may be ordered only after discussing with your physician who verbally recommends the OTC item for a specific diagnosable condition.

Section 14

Smoking Cessation

Item	Item Description	Qty.	Price	
14B	Generic Comparable of Nicorette 4mg	Stop Smoking Gum-Nicotine Polacrilex Gum 4mg	40	\$24

Section 15

Sleep-Aids

	Item	Item Description	Qty.	Price
15A	Generic Comparable of Simply Sleep	Sleep-tabs 25 mg	24	\$4
15B	Melatonin-Sleep Aid	Melatonin Tablet 3mg	60	\$8
15C	Melatonin Gummies	Melatonin Gummies 5mg	120	\$12

Section 16

Adult Incontinence

	Item	Item Description	Qty.	Price
16A	Diapers	Adult Protective Diapers, Small 20-28"	20	\$20
16B	Diapers	Adult Protective Diapers, Medium 28-40"	20	\$20
16C	Diapers	Adult Protective Diapers, Large 40-56"	20	\$20
16D	Diapers	Adult Protective Diapers, X-Large 56-68"	20	\$20
16E	Wipes	Adult Wipes	48	\$3
16F	Diapers	Adult Protective Diapers, XX-Large 68-80"	20	\$22
16G	Bladder Control Pads	Adult Bladder Control Pads	28	\$15
16H	Underpads	Adult Disposable Fluff and Polymer Underpads, 23" x 36"	10	\$8

Over-The-Counter Items *continued...*

Section 17

Home HealthCare

Item	Item Description	Qty.	Price
17B Cane Adjustable * ¹	Cane, 1 - Leg Adjustable 29" to 38"	1	\$15
17C Quad Cane Adjustable * ¹	Cane, 4 - Leg Base Adjustable Quad Standard	1	\$24
17D Digital Bathroom Scale §* ¹	Digital Bathroom Scale	1	\$24
17E Medical Bracelet	Medical Bracelet - Diabetes	1	\$20
17F Medical Bracelet	Medical Bracelet - Heart Patient	1	\$20
17G Grab Bar ¹	Grab Bar, 12"	1	\$15
17H Grab Bar ¹	Grab Bar, 24"	1	\$20
17I Grabber Reacher Tool ²	Pistol Grip Reachers	1	\$12
17J Bath Mat ²	Bath Mat, Non-Slip	1	\$12
17K Raised Toilet Seat ¹	Raised Toilet Seat - 250 lbs. capacity	1	\$25
17L Hand Held shower ¹	Hand Held shower	1	\$22
17M Shoe Horn	Shoe Horn	1	\$8
17N Lumbar Cushion ¹	Lumbar cushion	1	\$24
17O Memory Pillow * ¹	CPAP Pillow Memory Foam	1	\$60
17P Humidifier * ¹	Humidifier, Ultra-Sonic	1	\$40
17Q Food Scale ¹	Digital Kitchen Scale	1	\$20

¹These Items are limited to 1 item per year.

²These Items are limited to 2 item per year.

*Dual-purpose items are medicines and products that can be used for either a medical condition or for general health and well-being. These items may be ordered only after discussing with your physician who verbally recommends the OTC item for a specific diagnosable condition.

§ Scales are only available to members with congestive heart failure or liver disease, to monitor fluid retention. These items may be ordered only after discussing with your physician who verbally recommends the OTC item for a specific diagnosable condition.

Section 18

Diabetes Care

Item	Item Description	Qty.	Price
18A Diabetic Socks	Diabetic Sock Ladies Shoe Size 5-10	3 Pair	\$9
18B Diabetic Socks	Diabetic Sock Men Shoe size 6-12.5	3 Pair	\$9
18C DEX4 Glucose Tablets	Glucose Tablets	50	\$8

Items listed in Diabetes Care - Section 18 (18A, 18B, 18C) apply to the OTC benefit limits.

Section 19

Supports

Item	Item Description	Qty.	Price
19A Support Sleeves	Protective Arm Sleeve, Small	1 Pair	\$15
19B Support Sleeves	Protective Arm Sleeve, Medium	1 Pair	\$15
19C Support Sleeves	Protective Arm Sleeve, Large	1 Pair	\$15
19D Support Sleeves	Protective Arm Sleeve, X-Large	1 Pair	\$15
19E Support Sleeves	Arthritis Knee Sleeve, Small	1	\$15
19F Support Sleeves	Arthritis Knee Sleeve, Medium	1	\$15
19G Support Sleeves	Arthritis Knee Sleeve, Large	1	\$15
19H Support Sleeves	Arthritis Knee Sleeve, X-Large	1	\$15
19I Compression Socks	Compression Knee-High Socks, Women's, Small (Shoe Size 4-5)	1 Pair	\$12
19J Compression Socks	Compression Knee-High Socks, Women's, Medium (Shoe Size 5.5-7.5)	1 Pair	\$12
19K Compression Socks	Compression Knee-High Socks, Women's, Large (Shoe Size 8-10.5)	1 Pair	\$12
19L Compression Socks	Compression Knee-High Socks, Men's, Medium (Shoe Size 6-8)	1 Pair	\$15
19M Compression Socks	Compression Knee-High Socks, Men's, Large (Shoe Size 7.5-11)	1 Pair	\$15
19N Heating Pad * ¹	Heating Pad Dry/Moist	1	\$22

¹These Items are limited to 1 item per year.

*Dual-purpose items are medicines and products that can be used for either a medical condition or for general health and well-being. These items may be ordered only after discussing with your physician who verbally recommends the OTC item for a specific diagnosable condition.

How do I order Diabetic Supplies with OTC?

Optimum HealthCare provides its members the ability to order diabetic supplies in conjunction with our Over-the-Counter (OTC) program. Diabetic Supplies do not apply to the OTC benefit limits. An authorization and/or a prescription may be required from a physician. See the Physician's Order Form on the next page.

Diabetic Supplies - It's Easy as 1-2-3

1

Order your diabetic supplies by visiting our Member Portal website: www.youoptimumhealthcare.com or by calling us at **1-866-900-2688** / TTY: 711

2

Pay **\$0** for diabetic monitors, lancets and test strips through the plan mail order program.

Compare to pharmacy retail cost of **20%***

3

Your supplies will be mailed direct at **NO COST TO YOU!**



* Co-insurance amount for retail supplies varies by plan.

To place online orders through the OTC (Over the Counter and Diabetic Supplies) System you must be an active member and register through the Member Portal. The Member Portal is a central destination for all information related to your health, benefits, providers, claims and medication.

Physician Order Diabetic Form

The Health Plan needs information on your blood testing frequency. Please provide this form to your Provider and have them fax it back to us at 813-506-6275.



OPTIMUM
HealthCare, Inc.

Important Optimum HealthCare Information

**Physician Order -
Diabetes Supplies**

OTC Department
Please fax this form at fax number
813-506-6275.

Confidential Patient Information. For INTERNAL Use Only

PCP ID#: _____
PCP Name: _____

Member ID#: _____
Name: _____

PCP Phone#: _____
PCP Fax#: _____
PCP Address: _____

DOB: _____
Phone#: _____
Deliver Order#: _____
Order Date: _____

Dear Provider,

Your patient is requesting diabetic testing supplies from the OTC Department. In order for us to fulfill in a timely manner, please fill out the below form and fax it back to us immediately. Thank you for your cooperation.

Physician to complete and fax to: 813-506-6275

1. Does the patient currently have diabetes? (check one) ☐ Yes ☐ No

2. Does the patient need to check his/her blood sugar daily? (check one) ☐ Yes ☐ No

If yes, then please select from below

☐ 1-time ☐ 2-times ☐ 3-times ☐ 4-times ☐ 5-times ☐ 6-times ☐ 7-times ☐ 8-times ☐ 9-times

3. How long will the patient needs to test at the above frequency? (check one)

If yes, then please select from below

☐ 1-month ☐ 3-months ☐ 6-months ☐ 1-year

By my signature below, I confirm that the patient has diabetes and is being treated by me. Furthermore, the patient has been seen and evaluated for his/her diabetes within six (6) months of this order. All information contained in this diabetes order form accurately reflects the patient's diagnosis and the treatment regimen that I prescribed. The medical records for this patient substantiate the prescribed testing frequency. The patient/caregiver is able to follow instructions for controlling diabetes and has been instructed on the proper use of the ordered items. In accordance with medical requirements, I will maintain the signed original of this order in the patient's medical record file and acknowledge that the Health Plan has the right to request progress note for this patient.

Physician's Signature: _____

Date: ____/____/____

NP#: _____

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Physician's Office
Stamp with
address here

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OTC Diabetic Supply FAX Form - Rev 11/18

Tear Here

Disclaimers

1. OTC items may only be purchased for the enrollee; it is prohibited to purchase supplies for family members, and friends.
2. The following supplies are not covered as they are non-eligible supplies: Alternative Medicines (Includes botanicals, herbals, probiotics, homeopathic, and nutraceuticals), baby supplies, contraceptives, convenience & comfort supplies (insoles, gloves, etc.), cosmetics, food products or supplements, replacement & attachments such as contact lens containers or batteries.
3. To minimize mailing costs the plan may impose a limited ordering quantity per purchase.
4. Items, quantity strength and size may change depending on availability.
5. This benefit is only available if your plan offers the OTC service as a benefit.
6. Please consult with your doctor before using any OTC products.
7. All OTC supplies are generic comparable of Brand item. Any branded item may be substituted for its Generic Comparable based on availability.
8. All items are shipped based on manufacturer availability.
9. All items may not be available all the time.
10. If Generic Item is not acceptable, plan will not ship Brand Name Item.
11. The plan does not allow to rollover any remaining OTC benefits into the next month.
12. Items may vary based on the manufacturer and availability (For example, caplets, tablets, capsule or soft gels may be substituted for one another).
13. For all people who have diabetes (insulin and non-insulin users) supplies to monitor your blood glucose: Blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions for checking the accuracy of test strips and monitors are available through the Plan Mail-Order service by calling Member Services. Authorization and/or a prescription may be required from a physician.
14. The plan may ship an item label for children if the dosage for children and adults are the same.
15. Orders will be shipped via UPS or USPS. Estimated time to receive your order from the time the order is placed is approximately 7-14 business days.
16. Shipping time may vary depending upon product availability, order volume and other circumstances.
17. Plan may add and remove any item without notice.
18. Plan may impose or change yearly or monthly quantity limit any time without notification.

Please call our Member Service Department at 1-866-245-5360 for additional information. From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. EST.

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Order History Summary

My Order History

Month	Date Order Placed	Delivery Order Number	Item(s) Ordered
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



To place your order please call our OTC Center number:

Toll Free at: 1-866-900-2688 / TTY: 711

From October 1 to March 31, we are open for OTC orders
7 days a week from 8 a.m. to 8 p.m. EST.

From April 1 to September 30, we are open for OTC orders Monday through Friday,
from 8 a.m. to 8 p.m. EST and Saturday from 8 a.m. to 5 p.m. EST.

www.youoptimumhealthcare.com



By using this QR code, you will be directed to an
official Optimum HealthCare OTC ordering website