aetna®

Name (Nombre) _____ Date (Fecha)_____

Address (Dirección) _____

_____

Member ID (Número de Membresía) _____ Phone (Teléfono) _____

	ITEM	DESCRIPTION	QTY	BRAND	PRICE
PAIN RELIEVERS (ANALGÉSICOS)					
	H2	HEMORRHOIDAL SUPPOSITORIES	12 CT	PREP H	4.99
	M46	URINARY RELIEF MAX STRENGTH	12 CT	AZO	4.99
	P14	HOT/COLD PATCH	5 CT	ICY HOT	6.99
	P44	THERAPEUTIC BLUE GEL	8 OZ	MINERAL ICE	7.49
COUGH / COLD / ALLERGY (TOS / CATARROS / ALERGIA)					
	C7	MEDICATED CHEST RUB	3.5 OZ	VICKS	5.99
	C8	THERMOMETER DIGITAL	1 CT		4.99
	C11	SORE THROAT LOZENGES	18 CT	CEPACOL	3.99
	C57	SORE THROAT SPRAY	6 OZ	CHLORASEPTIC	4.49
EAR AND EYE CARE (CUIDADO DE LA VISTA Y OIDO)					
	E10	CONTACT LENS CASE	2 CT		2.99
	X16	EAR WAX REMOVAL	KIT	MURINE	5.99
FIRST AID (PRIMEROS AUXILIOS)					
	F1	BANDAGE SELF AD-HERANT 4" X 1.8YDS	1 CT	FUTURO	3.99
	F2	MUSCLE RUB	3 OZ	BENGAY	5.99
	F3	BANDAGE ANTBTC HD FAB ONE SIZE	20 CT		3.49
	F4	CALAMINE LOTION PLUS	6 OZ	CALADRYL	4.99
	F9	BANDAGE CLEAR PLASTIC ASST SIZES	45 CT		3.99
	F12	BANDAGE SHEER ONE SIZE	40 CT		2.49
	F21	IODINE	1 OZ		2.49
	F22	FIRST AID ANTISEPTIC MERTHIOLATE	2 OZ		3.99
	F34	HOT/COLD MULTI COMPRESS	1 CT		9.99
	F36	REUSABLE ICE PACK	1 CT		4.99
	F62	FIRST AID TAPE	1 CT		1.99
	F66	BNDG LIQUID	0.3 OZ		4.99
	F68	PERTROLEUM JELLY	2.5 OZ	VASELINE	3.99
	M57	GLOVES NITRILE LARGE	50 CT	NITRILE	7.49
DENTAL (DENTAL)					
	M2	TOOTHBRUSH	EACH		0.99
	M3	LIP BALM ORIGINAL SPF 15	0.15 OZ		1.99
	M4	SENS TOOTH PASTE WHT	4 OZ	SENSODYNE	4.99
	M35	DENTAL FLOSS WAXED	100 YD	J & J	2.49
	M70	NIGHT TIME MOUTH GUARD	2 CT	THE DOCTOR'S	24.99
	X2	DENTURE CLNSER TAB ANTI BACTERIA MINT	84 CT	POLIDENT	5.49
	X5	DENTURE CLEANSER TAB ANTI BACTERIA	40 CT	EFFERDENT	2.99
	X6	DENTURE ADHESIVE REGULAR	2.4 OZ	POLIGRIP	4.49

	ITEM	DESCRIPTION	QTY	BRAND	PRICE
FOOT CARE (CUIDADO DE LOS PIES)					
	F35	CORN & CALLOUS REMOVER KIT	0.5 OZ	DR. SCHOLL'S	3.99
	M39	INSOLES AIR FOAM	1 PR	DR. SCHOLL'S	2.49
MISCELLANEOUS (MISCELÁNEO)					
	M23	HAND SANITIZER	2 OZ		1.49
	M43	TWEEZERS	1 CT		1.99
	M44	DELUXE NAIL CLIPPERS	1 CT		2.49
	M49	TABLET CUTTER	EACH		6.49
	M51	7 DAY PILL BOX	EACH		2.49
	M90	SUGAR SUBSTITUTE	100 CT		3.99
	X71	BP MONITOR SEMI AUTO 8.7" X 16.5"	EACH		24.99
	X81	MAXI REG	24 CT	ALWAYS	3.49
INCONTINENCE (INCONTINENCIA)					
	X74	PADS-BLADDER CONTROL MODERATE	20 CT	POISE	5.99
	X75	UNDERWEAR WOMEN S/M	20 CT	DEPENDS	13.99
	X76	UNDERWEAR MEN LG	18 CT	DEPENDS	13.99
	X77	UNDERWEAR MEN S/M	18 CT	DEPENDS	13.99
	X78	UNDERWEAR WOMEN LG	18 CT	DEPENDS	13.99
PERSONAL CARE (CUIDADO PERSONAL)					
	M1	SUNBLOCK SPF 45	3 OZ	NEUTROGENA	6.99
	M9	COTTON SWAB	375 CT		2.49
	M11	BABY POWDER	4 OZ		1.99
	M20	UNSCENTED WIPE	20 CT		1.49
	M29	CONDOMS ULTRA SENSITIVE	14 CT	LIFESTYLE	14.99
	M48	OIL OF BEAUTY	6 OZ	OLAY	6.99
VITAMINS / MINERALS (VITAMINAS / MINERALES)					
	V5	COENZYME Q-10 50MG	30 CT		5.49
	V10	GLUCOSAMIN/ CHONDROITIN	80 CT	OSTEO BI-FLEX	13.99
	V19	FISH OIL OMEGA-3 1000MG	120 CT	PURITAN	8.99
	V45	PROBIOTIC ADULT	15 CT		13.49
	V49	MELATONIN GUMMY 5MG	60 CT		9.49
	V52	PROBIOTIC ACD W/PECTIN	30 CT	ACIDOPHILUS	10.99

You will receive the generic equivalent of all items. Usted recibira el generico de todos los productos.

For questions, call Aetna Better Health FIDA Plan at 1-855-494-9945 (TTY: 711) 24 hours a day, 7 days a week.
Si tiene preguntas, llame a Aetna Better Health Plan FIDA al 1-855-494-9945 (TTY: 711) 24 horas al día, 7 días a la semana.

Over-the-Counter Drug Catalog Program
$50 Monthly Benefit
Aetna Better Health FIDA Plan

Aetna Better Health FIDA Plan is pleased to provide our participants with the Over-the-Counter (OTC) Drug Catalog. This is a convenient way to get OTC drugs and supplies by mail through your GENERIC OTC benefit.

HOW TO ORDER BY MAIL:

1. Clearly write your name, address, telephone number and member ID in the space at the top of the form. Your shipping address must be the same as the address in your member record. We cannot fill your order if your address is not the same.

2. Check (√) items you want on the order form that add up to $50 or less. Your benefit limit is $50 every month. If you order more than $50, you will receive the first $50 of items on your order.

3. Fold and insert completed form in envelope, place first class postage and mail to:
   OTC Health Solutions
   9675 NW 117th Ave
   Suite 202 • Miami, FL 33178

ORDER BY PHONE:
To place your order by phone, call 1-888-628-2770 from 9 a.m. to 5 p.m. E.S.T. Monday through Friday.

ORDER BY FAX:
Fax the completed order form to 1-866-682-6733 any time.

ORDER ONLINE: aetnany.otchs.com

Programa de Catálogo de Medicamentos sin Receta
Beneficio de $50 Mensual
Aetna Better Health FIDA Plan

Aetna Better Health FIDA Plan se complace en proveer a nuestros participantes el Catálogo de Medicamentos Sin Receta. Esta es una forma conveniente de recibir por correo sus medicamentos y suministros sin receta medica a través de su beneficio de GENERIC.

COMO ORDENAR POR CORREO:

1. Escriba claramente su nombre, dirección, numero de teléfono y numero de socio en el espacio indicado. Su dirección de envio debe coincidir con la dirección que tenemos en su archivo de afiliación. No se completarán las solicitudes en los casos en que no coincidan las direcciónes.

2. Seleccione artículos que sumen hasta $50 o menos. Su beneficio tiene un limite de $50 cada mes. Si excede este limite, recibirá automáticamente sólo los primeros artículos que sumen un total de $50.

3. Coloque este formulario dentro de un sobre con una estampilla de Primera Clase y envienosla a:
   OTC Health Solutions
   9675 NW 117th Ave
   Suite 202 • Miami, FL 33178

POR TELEFONO:
Para colocar su orden llame al 1-888-628-2770 de 9 a.m. a 5 p.m., Hora del Este Lunes a Viernes.

POR FAX:
Envie su forma por fax al 1-866-682-6733 a cualquier hora.

Por internet: aetnany.otchs.com

Aetna Better Health FIDA Plan is a managed care plan that contracts with both Medicare and *the New York State Department of Health (Medicaid)* to provide benefits of both programs to Participants through the Fully Integrated Duals Advantage (FIDA) Demonstration.

You can get this handbook for free in other languages. Call **1-855-494-9945** (TTY: **711**), 24 hours a day, 7 days a week. The call is free.

Puede obtener esta información en otros idiomas de manera gratuita. Llame al **1-855-494-9945** y TTY al **711**, 24 horas al día, siete días de la semana. Esta llamada es gratuita.

您可以免費取得本資訊的其他語言版本。請撥打 **1-855-494-9945**，若使用 TTY 請撥打 **711**，每週 7 天、每天 24 小時均提供服務。此為免費電話。

Вы можете бесплатно получить эту информацию в переводе на другой язык. Позвоните по телефону **1-855-494-9945**. Линия работает круглосуточно и без выходных. Звонки бесплатные. Если вы пользуетесь устройством TTY, звоните по телефону **711**.

È possibile ottenere queste informazioni gratuitamente in altre lingue. Chiamare il numero **1-855-494-9945** e il numero **711** per il servizio TTY per i non udenti, 24 ore al giorno 7 giorni alla settimana. La chiamata è gratuita.

Ou kapab jwenn enfòmasyon sa a pou gratis nan lòt lang. Rele **1-855-494-9945** ak **711** pou TTY, 24 èdtan chak jou, 7 jou pa semèn. Apèl la gratis.

다른 언어로 이 정보를 무료로 받으실 수 있습니다. 연중 무휴 24시간 **1-855-494-9945**번 또는 TTY 의 경우 **711** 번으로 전화해 주십시오. 통화는 무료입니다.

You can get this handbook for free in other formats, such as large print, braille, or audio. Call **1-855-494-9945** (TTY: **711**), 24 hours a day, 7 days a week. The call is free.

The State of New York has created a participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by Aetna Better Health FIDA Plan. ICAN may be reached toll-free at 1-844-614-8800 or online at icannys.org. (TTY users call 711, then follow the prompts to dial 844-614-8800.)

AETNA BETTER HEALTH℠ FIDA PLAN
55 W 125th Street, Suite 1300
New York, NY 10027

Aetna, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Aetna, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Aetna Medicaid Civil Rights Coordinator

If you believe that Aetna, Inc. has 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: Aetna Medicaid Civil Rights Coordinator, 4500 East Cotton Center Boulevard, Phoenix, AZ 85040, 1-888-234-7358, TTY 711, 860-900-7667 (fax), MedicaidCRCoordinator@aetna.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Aetna Medicaid Civil Rights 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, or 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, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

www.aetnabetterhealth.com/newyork

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-385-4104** (TTY: **711**).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-385-4104** (TTY: **711**).

Chinese: 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 **1-800-385-4104** (TTY: **711**)。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-385-4104** (телетайп: **711**).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-385-4104** (TTY: **711**).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-385-4104** (TTY: **711**) 번으로 전화해 주십시오.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-385-4104** (TTY: **711**).

Yiddish: אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט **1-800-385-4104** (TTY: **711**)

Bengali: লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-385-4104** (TTY: **711**)।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-385-4104** (TTY: **711**).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-385-4104** (رقم هاتف الصم والبكم: **711**).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-385-4104** (ATS: **711**).

Urdu: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں **1-800-385-4104** (TTY: **711**).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-385-4104** (TTY: **711**).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-385-4104** (TTY: **711**).

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-385-4104** (TTY: **711**).

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Place Stamp Here

OTC Health Solutions
9675 NW 117th Ave
Suite 202 • Miami, FL 33178