



Name (Nombre) _____ Date (Fecha) _____

Address (Dirección) _____

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

ITEM	DESCRIPTION	QTY	BRAND	PRICE
ANTACIDS / DIGESTION / LAXATIVES (ANTIÁCIDOS / DIGESTIÓN / LAXANTES)				
A1	EFFERVESCENT PAIN RELIEF	36 CT	ALKA SELTZER	4.49
A2	DAIRY RELIEF CHEWABLE	60 CT	LACTAID	12.49
PAIN RELIEVERS (ANALGÉSICOS)				
H2	HEMORRHOIDAL SUPPOSITORIES	12 CT	PREPARATION H	4.99
H3	HEMORRHOIDAL OINTMENT	2 OZ	PREPARATION H	7.49
M7	BABY TEETHING GEL	0.33 OZ	ORAJEL	3.99
P12	CHILD IBUPROFEN SUSPENSION BERRY	4 OZ	MOTRIN	6.49
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
EAR AND EYE CARE (CUIDADO DE LA VISTA Y OIDO)				
E2	EYE DROPS REDNESS RELIEF	0.5 OZ	VISINE	3.49
E4	EYE ITCH RELIEF	0.17 OZ	ZADITOR	10.99
E10	CONTACT LENS CASE	2 CT		2.99
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)				
V2	VITAMIN C 500MG	100 CT		6.99
V5	COENZYME Q-10 50MG	30 CT		5.49
V10	GLUCOSAMIN/CHONDROITIN	80 CT	OSTEO BI-FLEX	13.99
V16	VITAMIN E 400 IU SOFT GEL	100 CT		11.99
V26	VITAMIN D 400 IU	100 CT		2.99
V32	VITAMIN D 1000 IU	100 CT		3.49
V36	ZINC GLUCONATE 50 MG	100 CT		4.49
V45	PROBIOTIC ADULT	15 CT		13.49
V48	BIOTIN 10000MC SOFT GEL	60 CT		12.49
V49	MELATONIN GUMMY 5MG	60 CT		9.49
V51	TURMERIC	100 CT		10.49
V52	PROBIOTIC ACD W/PECTIN	30 CT	ACIDOPHILUS	10.99
V57	VITAMIN B12 500MCG	100 CT		8.99

ITEM	DESCRIPTION	QTY	BRAND	PRICE
FIRST AID (PRIMEROS AUXILIOS)				
F1	BANDAGE SELF ADHERANT 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
F9	BANDAGE CLEAR PLASTIC ASST SIZES	45 CT		3.99
F12	BANDAGE SHEER ONE SIZE	40 CT		2.49
F29	ANTI ITCH GEL	4 OZ	BENADRYL	4.99
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
F65	GAUZE PAD 2X2	25 CT		3.49
F66	BANDAGE LIQUID	0.3 OZ		4.99
F68	PETROLEUM JELLY	2.5 OZ	VASELINE	3.99
M53	GAUZE ROLL 2" X 2 YDS	1 CT		1.99
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
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
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
M75	MOSQUITO REPELLENT W/30% DEET	6 OZ		6.49
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

You will receive the generic equivalent of all items.

Usted recibirá el genérico equivalente de todos los productos.

**Over-the-Counter Drug Catalog Program
\$20 Monthly Benefit
Aetna Better Health of Illinois - MLTSS**

**Programa de Catálogo de Medicamentos sin Receta
Beneficio de \$20 Mensual
Aetna Better Health of Illinois - MLTSS**

AETNA BETTER HEALTH OF ILLINOIS - MLTSS is pleased to provide its members Your Personal Health and Wellness Shop. This is a convenient way to get generic non-prescription medicine and personal health and wellness products by mail through your **AETNA BETTER HEALTH OF ILLINOIS - MLTSS**

AETNA BETTER HEALTH OF ILLINOIS - MLTSS se complace en proveer a sus miembros 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 **AETNA BETTER HEALTH OF ILLINOIS - MLTSS**

HOW TO ORDER BY MAIL:

1. Clearly write your name, address, telephone number, date and member ID in the space at the top of the form.
2. Check (✓) items you want on the order form that add up to \$20 or less. Your benefit limit is \$20 every month. If you order more than \$20, you will receive the first \$20 of items on your order.
3. Fold and seal the form with tape.
4. Place a first class postage stamp on the address side (out-side) of the form and mail.

COMO ORDENAR POR CORREO:

1. Escriba claramente su nombre, dirección, numero de teléfono, fecha y numero de identificación de membrecía en el espacio indicado.
2. Seleccione artículos que sumen hasta \$20 o menos. Su beneficio tiene un limite de \$20 cada mes. Si excede este limite, recibirá automáticamente sólo los primeros artículos que sumen un total de \$20.
3. Doble y selle el formulario con cinta adhesiva.
4. Coloque una estampilla de Primera Clase en la parte de afuera de este formulario.

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.

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.

ORDER BY FAX:

Fax the completed order form to 1-866-682-6733 any time.

POR FAX:

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

ORDER ONLINE: aetnail.otchs.com

POR INTERNET: aetnail.otchs.com

- You can get this document in Spanish, or speak with someone about this information in other languages for free. Call 1-855-849-3201 (TTY: 711), 24 hours a day, 7 days a week. The call is free.
- Usted puede obtener este documento en español, o hablar gratuitamente con una persona en otros idiomas sobre esta información. Llame 1-855-849-3201 y TTY/TDD al 711, 24 horas al día, siete días de la semana. La llamada es gratis.
- This information is available for free in other languages and formats like large print, braille, or audio. Call 1-855-849-3201, TTY 711, 24 hours a day, 7 days a week. The call is free.

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

Place
Stamp
Here

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

Nondiscrimination Notice

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

Aetna:

- Provides 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)
- Provides 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 a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Aetna 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 our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4500 East Cotton Center Boulevard
Phoenix, AZ 85040
Telephone: **1-888-234-7358 (TTY 711)**
Email: MedicaidCRCoordinator@aetna.com

You can file a grievance in person or by mail or email. If you need help filing a grievance, our 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, 1-800-537-7697 (TDD).

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

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

POLISH: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany na odwrocie Twojego identyfikatora lub pod numer **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。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: **711**)。

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해 주십시오.

TAGALOG: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: **711**).

ARABIC: ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104** (للصم والبكم: **711**).

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104** (TTY: **711**).

GUJARATI: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડની પાછળ આપેલા નંબર પર અથવા **1-800-385-4104** પર કોલ કરો (TTY: **711**).

URDU: توجہ دیں: اگر آپ اردو زبان بولتے ہیں، تو زبان سے متعلق مدد کی خدمات آپ کے لئے مفت دستیاب ہیں - اپنے شناختی کارڈ کے پیچھے موجود نمبر پر یا **1-800-385-4104** (TTY: **711**) پر رابطہ کریں۔

VIETNAMESE: CHÚ Ý: nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: **711**).

ITALIAN: ATTENZIONE: Nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiamare il numero sul retro della tessera oppure il numero **1-800-385-4104** (utenti TTY: **711**).

HINDI: ध्यान दें: यदि आप हिंदी भाषा बोलते हैं तो आपके लिए भाषा सहायता सेवाएं नि: शुल्क उपलब्ध हैं। अपने आईडी कार्ड के पृष्ठ भाग में दिए गए नम्बर अथवा **1-800-385-4104** (TTY: **711**) पर कॉल करें।

FRENCH: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104** (ATS : **711**).

GREEK: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε τον αριθμό που θα βρείτε στο πίσω μέρος της ταυτότητάς σα ή στο **1-800-385-4104** (Λειτουργία TTY: **711**).

GERMAN: ACHTUNG: Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.