



2018 Over-the-Counter (OTC) Order Form

OTC Health Solutions Toll Free Number: 1-888-628-2770

OTC Health Solutions TTY: 1-877-672-2688

Hours of Operation: Monday through Friday 9 a.m. to 5 p.m.

Plan Name
Aetna Better Health of Virginia (HMO SNP)

Aetna Better Health of Virginia (HMO SNP) is pleased to provide its members with the Over-the-Counter (OTC) Program with our partner, OTC Health Solutions. This is a convenient way to get OTC drugs and supplies by mail through your **Aetna Better Health of Virginia (HMO SNP)** OTC benefit.

Be sure to take full advantage of this great benefit. To get started, select the item(s) you want to order. Your OTC allowance does not carry over to the following month. Remember, your order total cannot exceed your allowable benefit. We cannot accept payment to purchase items over your benefit. Please note, if your order exceeds your benefit the order cannot be processed.

This information is available for free in other languages. Please contact an OTC Health Solutions representative for general questions, product information and order status. Representatives are available by calling 1-888-628-2770. TTY/TTD users should call 1-877-672-2688. Hours of operation: Monday through Friday 9 a.m. to 5 p.m.

Aetna Better Health of Virginia (HMO SNP) Member Services: You can call us to ask questions about Your Personal Health and Wellness Shop benefit or concerns with OTC Health Solutions. Representatives are available by calling 1-855-463-0933. TTY users should call 711. Hours of operation: 8:00 a.m. – 8:00 p.m., 7 days a week.

ORDER BY MAIL:

1. Clearly write your name, address, telephone number and member ID number in the space at the top of the form.
2. Enter quantity of items you want on the order form. Be sure it adds up to your benefit amount or less.
3. Fold this form and put in an envelope. Place a first class postage stamp on the envelope and send it to:

**OTC Health Solutions,
9675 NW 117th Avenue, Suite 202
Miami, FL 33178**

4. A replacement order form will be included in the package containing your order. The replacement order form may be used for your next eligible monthly order.

ORDER BY PHONE:

To place your order by phone, call 1-888-628-2770, TTY/TTD: 1-877-672-2688, from 9 a.m. to 5 p.m., Monday through Friday.

Please note: You can call any day of the month to place an order. Keep in mind that wait time increases sharply at the beginning of the month.

ORDER BY FAX:

Fax your order form to OTC Health Solutions at 1-866-628-6733.

Eligible Items: Each eligible OTC item is either a medicine, ointment or spray, or used for treatment of a condition which is addressed by a medicine, ointment or spray, which has active medical ingredients. First aid supplies including bandages, dressings, and non-sport tapes are also eligible. Non-eligible items will not be covered.

When an item is covered by Part B or Part D due to your particular circumstances, you would not use your OTC benefit to obtain the item because it is covered by Medicare, and not a part of your OTC benefit. For example, gauze may be covered under Part B when it is being used as prescribed, to perform surgical wound dressing changes.

Other items on this order form are classified as eligible. These eligible items may be ordered/purchased by the member without further action.

Orders will be shipped to your home at no extra charge. Please allow 7 to 10 business days for delivery.

This product list is subject to change. This benefit is only available if your plan offers the OTC service as a benefit. Please review your Evidence of Coverage document for more information.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. Our dual-eligible Special Needs Plan is available to anyone who has both Medical Assistance from the State and Medicare. Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and/or co-payments/co-insurance may change on January 1 of each year. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

©2018 Aetna Inc.

You will receive the generic equivalent of all items



2018 Over-the-Counter (OTC) Order Form

Name:	Date:
Address:	Order Month:
Member Id:	Phone:

You will receive the generic equivalent of all items

Antacids, Digestion and Laxatives

Qty	Code	Product	Compare to	Count	Price
	P20	Glucose Tablets Orange	Dex4®	10 CT	\$1.49

Cough, Cold and Allergy

Qty	Code	Product	Compare to	Count	Price
	C8	Thermometer Digital		1 CT	\$4.99

Dental Care

Qty	Code	Product	Compare to	Count	Price
	M2	Toothbrush		Each	\$0.99
	M3	Lip Balm Original SPF 15	Chapstick®	0.15 OZ	\$1.99
	M4	Sens Tooth Paste White	Sensodyne®	4 OZ	\$4.99
	M35	Dental Floss Waxed	J&J®	100 yd	\$2.49
	M52	Oral Pain Relief	Anbesol®	0.33 OZ	\$5.99
	M71	Flosser Picks	Flosser Picks®	90 CT	\$2.99
	M72	Mint Antiseptic Mouthwash	Listerine®	3.2 OZ	\$1.99
	X2	Denture Cleanse Tab A/B Mint	Polident®	84 CT	\$5.49
	X5	Denture Cleans Tab A/B	Efferdent®	40 CT	\$2.99

You will receive the generic equivalent of all items

Eye and Ear Care

Qty	Code	Product	Compare to	Count	Price
	X16	Ear Wax Removal Kit	Murine®	Kit	\$5.99
	X6	Denture Adhesive Regular	Poligrip®	2.4 OZ	\$4.49

First Aid Medical Supplies

Qty	Code	Product	Compare to	Count	Price
	F1	Elastic Bandage 4"	FUTURO™ Elastic	1 CT	\$3.99
	F3	Bandage Antbtc One Size	Band-Aid Antibiotic®	20 CT	\$3.99
	F9	Bandage Clear Assort. Sizes	Band-Aid®	45 CT	\$3.99
	F12	Bandage Sheer One Size	Band-Aid Sheer®	40 CT	\$2.99
	F34	Hot/Cold Multi Compress		1 CT	\$8.99
	F36	Reusable Ice Pack		1 CT	\$4.99
	F62	First Aid Tape		1 CT	\$1.99
	F65	Gauze Pad 2X2		25 CT	\$3.99
	F69	Butterfly Closures		12 CT	\$3.49
	M53	Gauze Roll 2" X 2 yds		1 CT	\$1.99
	M57	Gloves Nitrile Large		50 CT	\$7.49

Foot Care

Qty	Code	Product	Compare to	Count	Price
	F35	Corn & Callus Remover Kit	Dr. Scholl's®	0.5 OZ	\$3.99
	O3	Wart Removal	Compound W®	0.5 OZ	\$5.99
	O4	Odor Control Spray Powder	Odor-Eaters®	4 OZ	\$4.99
	O5	Moleskin Padding	Dr. Scholl's®	2 CT	\$2.49

Adult Incontinence

Qty	Code	Product	Compare to	Count	Price
	X74	Pads-Bladder Control Moderate	Poise®	20 CT	\$5.99

You will receive the generic equivalent of all items

	X75	Underwear Women S/M	Depends®	20 CT	\$13.99
	X77	Underwear Men S/M	Depends®	18 CT	\$13.99
	X83	Unisex Overnight Underwear XL 58"-68"	Depends®	12 CT	\$13.99
	X84	Unisex Overnight Underwear L 44"-58"	Depends®	14 CT	\$13.99

Personal Care

Qty	Code	Product	Count	Price
	M1	Sunblock SPF 45	3 OZ	\$8.49
	M9	Cotton Swab	375 CT	\$2.49
	M11	Baby Powder	4 OZ	\$1.99
	M32	Active Tampons Regular	18 CT	\$4.49
	M33	Unscented Wipes	56 CT	\$3.49
	M34	Diabetic Skin Lotion	13 OZ	\$6.99

Miscellaneous

Qty	Code	Product	Compare to	Count	Price
	M23	Hand Sanitizer	Purell®	2 OZ	\$1.49
	M49	Tablet Cutter		Each	\$6.49
	M51	7 Day Pill Box		Each	\$2.49
	M75	Mosquito Repellant with 30% Deet	OFF! Repellant®	6 OZ	\$6.49
	M76	Mosquito Repellant Deet Free	OFF! Repellant®	6 OZ	\$6.49
	*X71	Blood Pressure Monitor Semi Auto 8.7" x 16.5"		Each	\$24.99
	*X72	Blood Pressure Monitor Manual 8.7" x 12.6"		Each	\$17.99
	X81	Maxi Reg	Always®	24 CT	\$3.49

*Limit of 1 BP monitor per year

Pain Relievers and Sleep Aids

Qty	Code	Product	Compare to	Count	Price
	M7	Baby Teething Gel	Baby Orajel®	0.33 OZ	\$4.49
	M46	Urinary Relief Max Strength	Azo®	12 CT	\$4.99
	P14	Hot/Cold Patch	Icy Hot®	5 CT	\$6.99

You will receive the generic equivalent of all items.

Vitamins and Minerals • Dual Purpose Items

Must consult with Primary Care Physician prior to ordering a dual-purpose item.

You will receive the generic equivalent of all items

Qty	Code	Product	Compare to	Count	Price
	V2	Vitamin C 500mg		100 CT	\$6.99
	V5	Coenzyme Q-10 50mg		30 CT	\$9.99
	V10	Glucosamine/Chondroitin	Osteo Bi-Flex®	80 CT	\$15.99
	V16	Vitamin E 400 IU Soft Gel		100 CT	\$11.99
	V19	Fish Oil Omega-3 1000mg	Puritan®	120 CT	\$8.99
	V35	Magnesium 500mg		100 CT	\$4.49
	V36	Zinc Gluconate 50mg		100 CT	\$4.49
	V45	Probiotic Adult		15 CT	\$14.49
	V48	Biotin 10000Mc Soft Gel		60 CT	\$11.49
	V49	Melatonin Gummy 5mg		60 CT	\$10.49
	V56	Vitamin A 8,000 IU Nat		100 CT	\$4.99
	V59	Potassium gluconate 550Mg	Nature's Bounty®	100 CT	\$4.99
	V64	Lutein 40mg Soft Gels	Ocuvite®	30 CT	\$17.99



Aetna Better Health® of Virginia (HMO SNP)

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>.

VA-17-08-14

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**).

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.

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**).

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**)。

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**).

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**).

PERSIAN: اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

AMHARIC: ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ ያለ ምንም ከፍተኛ ድጋፍ አገልግሎቶችን ማግኘት ይችላሉ። በእርስዎ አይዲ ካርድ ጀርባ ወዳለው ስልክ ቁጥር ወይም በስልክ ቁጥር **1-800-385-4104** (TTY: **711**) ይደውሉ።

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۔

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**).

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**).

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।

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.

BENGALI: লক্ষ্য করুন: যদি আপনি বাংলায় কথা বলেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। আপনার পরিচয়পত্রের উল্টোদিকে থাকা নম্বরে অথবা **1-800-385-4104** (TTY: **711**) নম্বরে ফোন করুন।

KRU: TÛ DE NÂ JIÊ BÒ: e yemâ wlu bèè fi a po Klào Win, nèè â-â win kwa cetiyo + ne-lâ, i belè-ò bi mà-ò mù bò kò putu bò. Dâ nobâ nè ê nea-ò fi-â jiê jipolê katèh je nâ kpòh, mòò **1-800-385-4104** (TTY: **711**).

IGBO (IBO): NRUBAMA: O buru na i na asu Igbo, oru enyemaka asusu, n'efu, dijiri gi. Kpoo nomba di n'azu nke kaadi ID gi ma o bu **1-800-385-4104** (TTY: **711**).

YORUBA: ÀKÍYÈSÍ: Tí ó bá sọ èdè Yorùbá, àwọn olùrànlọwọ̀ ipèsè èdè tí wá ní lẹ̀ fún ọ̀ lófèfẹ̀, pe nọ́rìbà tí ó wà lẹ́yìn káàdì ìdánimọ̀ rẹ̀ tàbí **1-800-385-4104** (TTY **711**).

VA-17-08-14