

Over-the-Counter (OTC) Benefit

2021 Benefit Information, Catalog and Order Form for members of:

- Advantage Care by Ultimate (HMO C-SNP)
- Advantage Care CHF by Ultimate (HMO C-SNP)
- Advantage Care COPD by Ultimate (HMO C-SNP)

Keep this catalog
for future orders



OTC items delivered to your doorstep at no additional cost.



otc.myultimatehp.com

Using Your OTC Benefit:

Using your over-the-counter benefit is easy as 1-2-3. Use your monthly benefit allowance to purchase health- and wellness-related items. Your order is conveniently shipped directly to your home.

HOW TO PLACE AN ORDER:

1. Select your products

Choose from the list of available medications and products found on the following pages or online.

2. Choose your order method

Select the option that works best for you.



PHONE

Call 1-855-422-0039 (TTY: 711)

to speak with a dedicated Customer Service Representative Monday-Friday, between 8 a.m. and 8 p.m. EST. Language support services are available if needed. During certain times of the year we may use alternative technologies to answer your call such as weekends and Federal holidays.



MAIL ORDER

Complete and send in the mail order form included in this catalog. If the end of your benefit period is approaching and you're not sure your order form will be received prior to the last business day of the month, please use one of the other 4 order methods available.



ONLINE

Visit **otc.myultimatehp.com** to sign on using your login credentials. First-time users will need to register using your Ultimate Health Plans Member ID number.



EMAIL

Email your completed order form to **orders@unitedmedco.com**



FAX

Fax your completed order form to: **(833) 902-3098**

3. Receive your order

Products will be shipped and delivered to your home. Products usually arrive within 7 to 10 days of when we receive your order.

QUESTIONS? If you have any questions or need help placing your order, we're here for you. Dedicated Customer Service Representatives are available at 1-855-422-0039 (TTY: 711).

OTC Benefit Guidelines:

- Please allow 7-10 business days after an order is placed for delivery. An order might take longer to arrive if a change is made or an item is not in stock.
- Your order total will be applied to the benefit period in which the order is received. If you place your order using an order form, your order total will be applied to the month 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 July benefit allowance, not your June benefit allowance. If you are getting close to the end of the month and you do not think your order form will be received in time, please use a different method to place your order such as calling in, faxing, emailing, or ordering online.
- Your order total may not exceed your monthly benefit amount.
- Orders may only be placed by the member, an authorized representative verbally approved by the member at time of the order, and/or the member's authorized representative on file.
- If you disenroll from Ultimate Health Plans, your OTC benefit will automatically terminate.
- OTC products are intended for member use only. Ordering OTC items for friends and family is not allowed.
- If an item is damaged during shipping, it will be exchanged or replaced for an identical item, at no cost, within 5 days from when United Medco is notified.
- Your benefit allows a set amount every month as specified in your Summary of Benefits and Evidence of Coverage. The benefit amount does not roll over from month to month. You pay \$0 copay for covered OTC items, and products up to the available benefit limit each month. You can check your available balance at any time by either logging on to otc.myultimatehp.com or calling us at 1-855-422-0039 (TTY: 711).
- Items in the 2021 OTC Catalog may change throughout the year. For the most up-to-date listing of products available, visit otc.myultimatehp.com or call us at 1-855-422-0039 (TTY: 711).

If you have questions about your OTC order, please call 1-855-422-0039 (TTY: 711). Dedicated Customer Service Representatives are available Monday – Friday between 8 a.m. and 8 p.m. EST. For all other questions, please contact Ultimate Health Plans Member Services at 1-888-657-4170 (TTY: 711), Monday – Sunday from 8 a.m. – 8 p.m. EST. During certain times of the year we may use alternative technologies to answer your call on weekends and Federal holidays.

OTC Items

Item	Description	Qty	Member Price
ALLERGY PREVENTION AND TREATMENT			
1	Allergy Relief Cetirizine 10mg Tablets, Compare to Zyrtec®	30	\$10
2	Allergy Relief Loratadine 10mg Tablets, Compare to Claritin®	30	\$7
280	Nasoflow Allergy Relief, Compare to Flonase®	60 Sprays	\$24
ANALGESICS / ANTIPYRETICS			
4	Acetaminophen 500mg Tablets, Compare to Tylenol®	100	\$5
6	Aspirin 81mg Chewable	36	\$3
7	Aspirin Enteric Coated 81mg Tablets	120	\$5
8	Aspirin Enteric Coated 325mg Tablets	100	\$4
ANTACIDS AND ACID REDUCERS			
12	Antacid Tablets	150	\$5
ANTI-INFLAMMATORY			
24	Ibuprofen 200mg Tablets	50	\$6
25	Naproxen Sodium 220mg Caplets, Compare to Aleve®	50	\$8
ARTHRITIS MEDICINE			
26	Arthritis Pain Relief Tablets	24	\$5
27	Hot/Cold Patches	5	\$6
BLADDER CONTROL ITEMS			
170	Adult Bladder Control Pads	28	\$9
167	Adult Protective Disposable Pull-Up Brief S/M	20	\$18
168	Adult Protective Disposable Pull-Up Brief LG	20	\$18
169	Adult Protective Disposable Pull-Up Brief XL	20	\$20
200	Disposable Bed Underpads	5	\$6
COLD/COUGH/FLU REMEDIES			
458	Acetaminophen PM 500mg, Compare to Tylenol PM®	50	\$3
54	Cough / Throat Drops	30	\$3
230	Diphenhydramine 25mg Capsules, Compare to Benadryl®	24	\$3
451	HBP Cough Cold	16	\$6
57	Mucus Relief DM Tablets	30	\$9
59	Nasal Decongestion Spray	1 oz.	\$4
63	Saline Nasal Spray	1.5 oz.	\$3
65	Tussin DM Syrup SF	4 oz.	\$4
66	Tussin Syrup	4 oz.	\$4
67	Vapor Rub	3.53 oz.	\$5
DENTAL AND DENTURE CARE			
72	Adult Toothbrush - Medium	1	\$2
313	Dental Floss, Waxed	55 yds.	\$1
69	Denture Adhesive Cream	2.4 oz.	\$8
315	Denture Brush	1	\$1
70	Denture Cleaner	40	\$4
71	Fluoride Toothpaste	6.4 oz.	\$4
75	Sensitive Teeth Toothpaste	4.3 oz.	\$5
318	Toothpaste	0.85 oz.	\$1
76	Toothache Relief Liquid/Gel	0.33 oz.	\$4
EYE CARE			
79	Artificial Tears	0.5 oz.	\$6
93	Red Eye Relief Drops	0.5 oz.	\$4
FIRST AID AND MEDICAL SUPPLIES			
189	Aid Ankle Support	1	\$7
191	Aid Elbow Support	1	\$7
190	Aid Wrist Support	1	\$7
97	Alcohol Pads*	100	\$3

OTC Items

Item	Description	Qty	Member Price
FIRST AID AND MEDICAL SUPPLIES			
99	Bandages Assorted*	100	\$6
342	Blood Pressure Monitor, Wrist*	1	\$25
101	Corn and Callus Remover	0.33 oz.	\$4
102	Cotton Balls	100	\$3
250	Diabetic Socks Ladies Size 5-10 Black	3 Pack	\$7
249	Diabetic Socks Ladies Size 5-10 White	3 Pack	\$7
252	Diabetic Socks Men Size 6-12.5 Black	3 Pack	\$7
251	Diabetic Socks Men Size 6-12.5 White	3 Pack	\$7
448	Ethyl Alcohol Gel	4 oz.	\$4
104	First Aid Kit	1	\$8
105	Flexible Tip Thermometer	1	\$10
111	Hemorrhoid Ointment	2 oz.	\$7
305	Hot Cold Reusable Pack 4" x 6"	1	\$1
320	Hydrogen Peroxide	4 oz.	\$1
454	Hydrogen Peroxide Spray	4 oz.	\$9
108	Oral Digital Thermometer	1	\$5
188	Peak Flow Meter	1	\$14
319	Surgical Tape*	1" x 10 yds.	\$1
124	Thermometer Probe Covers	30	\$3
MOBILE DEVICE			
3001	Health-Related Smart Phone <i>(please refer to page 7 for details)</i>	1	\$35 per month
MOTION SICKNESS MEDICATION			
115	Motion Sickness Tablets	12	\$3
OTHER PRODUCTS AND AIDS FOR DAILY LIVING			
472	Adult Washcloths Disposable	48	\$5
118	Antibacterial Wet Wipes	24	\$4
216	Bathroom Scale, Dial, to 300 lbs†	1	\$12
226	Bug X Repellent	2 oz.	\$8
186	Button and Zipper Puller	1	\$5
121	Dry Skin Therapy Moisturizing Cream	1	\$8
306	Eye Mask	1	\$1
490	Flushable Wipes	24 ct.	\$6
427	Inflatable Neck Cushion	1	\$3
175	Jar Opener/Faucet Gripper	1	\$6
178	Letter Opener	1	\$2
962	Lysol Disinfecting Wipes, Resealable Flat Pack	15	\$3
219	Medical Appointment Calendar	1	\$5
384	Panty Liners, Universal Size	22	\$2
180	Pill Bottle Opener Aid	1	\$4
130	Pill Box 7 Days 1 Time Per Day	1	\$2
269	Pill Box 7 Days 2 Times Per Day	1	\$4
267	Pill Box 7 Days 3 Times Per Day	1	\$4
268	Pill Box 7 Days 4 Times Per Day	1	\$4
181	Pill Crusher	1	\$8
131	Pill Splitter	1	\$3
133	Pregnancy Test	1	\$8
493	ReadyBath Fresh Wipes	8 ct.	\$3
185	Toothpaste Squeezer	1	\$3
UHP 1	Colorectal Screening Kit**	1	\$0
UHP 2	Blood Sugar Log**	1	\$0
UHP 3	Cholesterol Log**	1	\$0

OTC Items

Item	Description	Qty	Member Price
SLEEPING AIDS			
138	Night Time Sleep Tablets	50	\$4
TOPICAL OINTMENTS AND CREAMS			
143	Hydrocortisone 1% Cream	1 oz.	\$5
144	Muscle Rub Cream	1.25 oz.	\$3
145	Petroleum Jelly	4 oz.	\$3
146	Tolnaftate 1% Cream	1.25 oz.	\$6
147	Triple Antibiotic Ointment	1 oz.	\$5
198	Vitamin A & D Ointment	1 oz.	\$3
VITAMINS AND MINERALS			
200359	Active Women's Multi-Vitamin, Compare to Women's One A Day ^{®‡}	90	\$5
148	Adult Multi-Vitamin [‡]	100	\$8
242	Antioxidant Tablet Combination of Vitamins A, E and C [‡]	60	\$6
149	Calcium + D3 600mg [‡]	60	\$3
248	CoQ10 100mg [‡]	30	\$8
1009	DHEA 25mg [‡]	30	\$8
151	Ferrous Sulfate Iron 325mg Tablets [‡]	100	\$6
95	Fibertab Tablets [‡]	90	\$9
256	Fish Oil 1000mg [‡]	30	\$4
152	Folic Acid 400mcg Tablets [‡]	100	\$4
261	Glucosamine and Chondroitin 1500mcg [‡]	60	\$8
463	Glucose Tablets [‡]	50	\$8
473	Prosight Eye Supplement (Lutein) 20mg [‡]	60	\$4
200941	Resistance C 1000mg, Compare to Emergen-C ^{®‡}	14 Packets	\$6
200444	Selenium 200mcg [‡]	60	\$4
156	Vitamin B-12 100mcg [‡]	100	\$8
157	Vitamin B-Complex [‡]	100	\$6
200541	Vitamin B Complex with C 500mg [‡]	100	\$6
159	Vitamin C 500mg Tablets [‡]	100	\$5
233	Vitamin D Tablets 400IU [‡]	100	\$6
200546	Vitamin D3 1000IU [‡]	100	\$4
160	Vitamin E 400IU [‡]	100	\$6
200940	Vitatum Complete Multi-Vitamin, Compare to Centrum ^{®‡}	150	\$7
200939	Vitrum 50+ Adult Multi-Vitamin, Compare to Centrum [®] Silver [‡]	100	\$7
161	Zinc 50mg Tablets [‡]	100	\$5

* Medicare Part B/D—Under certain circumstances, some items may be covered under either Medicare Part B or Part D. When you're 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.

**In-home colorectal screening kit, blood sugar log and cholesterol log are restricted to one item per member, per calendar year. These items are available by contacting the plan at 888-657-4170 (TTY: 711) Mon - Sun, 8 a.m. - 8 p.m. EST.

Scales are only available to members with congestive heart failure or liver disease in order to monitor weight changes. Scales are not allowable for other conditions or diseases. Please discuss with your healthcare provider before ordering.



Manage your health and communicate with your caregivers and providers from your **Ultimate Smart Phone, *without limitations!***



The Ultimate Smart Phone comes pre-loaded with web and mobile health related apps, including:

- Ultimate Health Plans Member Portal
- SilverSneakers®
- Digital Hearing Experience – online hearing test with results
- LabCorp – Schedule appointments and view results



Communicate directly with your Ultimate Health Plans providers from the safety and comfort of your home

- Attend your tele-health appointments
- Manage your prescriptions
- Connect with Case Management
- Arrange transportation
- Make emergency and other health related calls



\$35 per month from your monthly OTC benefit amount – Nothing Out-of-Pocket!

- Cancel the smart phone anytime by simply calling (855) 422-0039 (TTY: 711)
- Phones arrive ready to use and includes charger and data cable

CALL US TO RECEIVE A SMART PHONE

Call 1-855-422-0039 (TTY: 711) Monday-Friday, between 8 a.m. and 8 p.m. EST. Language support services are available if needed. During certain times of the year we may use alternative technologies to answer your call such as weekends and Federal holidays.



2021 Over-the-Counter (OTC) **ORDER FORM**

Complete Your Personal Information

Member ID (found on member ID card)

Date of Birth (MM/DD/YY)

First Name

Last Name

Street #

Street Name

Apt/Suite #

City

State

ZIP Code

Phone

Email

Make Your Product Selection

Use the form on the reverse side to enter your product information.

NOTE: If you place your order using an order form, your order total will be applied to the month 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 July benefit, not your June benefit.

Mail Completed Form

Send the completed order form to:

**Ultimate Health Plans – OTC Orders
4613 N. University Drive, Unit #586
Coral Springs, FL 33067**

If you have any questions or need assistance placing your order, please call us at 1-855-422-0039 (TTY: 711). Dedicated Customer Service Representatives are available Monday – Friday, between 8 a.m. and 8 p.m. EST. Language support services are available.

SEE REVERSE SIDE FOR PRODUCT SELECTION

2021 Over-the-Counter (OTC)
ORDER FORM

ITEM #	DESCRIPTION	QTY	PRICE	TOTAL
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
6. _____	_____	_____	\$ _____	\$ _____
7. _____	_____	_____	\$ _____	\$ _____
8. _____	_____	_____	\$ _____	\$ _____
9. _____	_____	_____	\$ _____	\$ _____
10. _____	_____	_____	\$ _____	\$ _____
11. _____	_____	_____	\$ _____	\$ _____
12. _____	_____	_____	\$ _____	\$ _____
13. _____	_____	_____	\$ _____	\$ _____
14. _____	_____	_____	\$ _____	\$ _____
15. _____	_____	_____	\$ _____	\$ _____
16. _____	_____	_____	\$ _____	\$ _____
17. _____	_____	_____	\$ _____	\$ _____
18. _____	_____	_____	\$ _____	\$ _____
19. _____	_____	_____	\$ _____	\$ _____
20. _____	_____	_____	\$ _____	\$ _____
21. _____	_____	_____	\$ _____	\$ _____
22. _____	_____	_____	\$ _____	\$ _____
23. _____	_____	_____	\$ _____	\$ _____
24. _____	_____	_____	\$ _____	\$ _____
25. _____	_____	_____	\$ _____	\$ _____

Total Order \$ _____

