

Keep this catalog
for future orders.

2023 Over-the-Counter (OTC) Product Catalog



Get OTC products delivered to your doorstep at no additional cost!



L.A. Care
Medicare Plus
(HMO D-SNP)

nationsOTC

LACare.NationsBenefits.com

Shop Easier, Healthier and Happier

Hello, Valued Member:

We would like to take this opportunity to welcome you and thank you for choosing **L.A. Care Medicare Plus (HMO D-SNP)** to participate in your health care. As a valued member, you have an OTC benefit through **NationsOTC®** that gives you access to hundreds of OTC products across a variety of categories.

Placing an order is simple. You have four easy ways to use your benefit allowance and receive two-day shipping at no additional cost. We encourage you to keep this catalog where it's easily accessible. You can use your catalog to place future orders. It also contains helpful information such as:

- Instructions on how to place an order
- Order form and postage-paid envelope
- Abridged list of categories and eligible products

If you need help placing an order, please call **1-833-571-7587 (TTY: 711)**. Member Service Representatives are available 24 hours per day, 7 days per week, 365 days per year. Language support services are available if needed, free of charge.

Sincerely,

Your NationsOTC Team

Helpful Benefit Information



You can save time and money by using your OTC benefit allowance to order the items you need to personalize your care. We encourage you to spend your full allowance before the end of your benefit period.

Additional information about your OTC benefit is outlined below:



Benefit Usage:

This benefit is only for you and cannot be used for your family or friends.



Availability:

Items, amounts, sizes, and values are subject to change depending on availability.



Substitution:

If an item is out of stock, a similar product of equal or higher value will be shipped.



Delivery:

Please allow two days for delivery.



Returns:

Due to the personal nature of these products, you do not have to ship products you wish to return back to NationsOTC.



Disenrollment:

If you disenroll from your health plan, your OTC benefit will automatically end.

Ordering OTC Products Has Never Been Easier

You have four convenient ways to place an order. Choose the option that's best for you:



Website

To place an order through the MyBenefits portal, scan the QR code using your smartphone camera or visit:
LACare.NationsBenefits.com



App

To place an order through the MyBenefits app, scan the QR code using your smartphone or search **“MyBenefits”** in the App Store or Google Play.



If this is your first time placing an order online, you will need to create an account by registering on the **MyBenefits portal** or the **MyBenefits app**. If you already created an account, simply log in and select the items you would like to order. Once you're ready to place your order, click **“Checkout.”**



Phone

To place an order by phone, please call **1-833-571-7587 (TTY: 711)**. Member Service Representatives are available 24 hours per day, 7 days per week, 365 days per year.



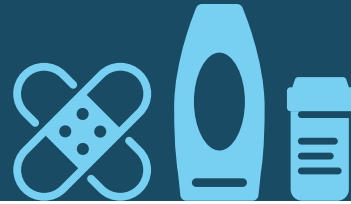
Mail

To place an order by mail, send your completed order form using the postage-paid envelope to:

NationsOTC
1801 NW 66th Avenue, Suite 100
Plantation, FL 33313

Please Note: Order forms should be mailed **before the 20th of the month** to ensure the order total is applied to the current benefit period. We encourage you to place an order online or by phone if the end of your benefit period is approaching. Please do not send cash or checks in the mail.

Product Categories



To see a complete list of your covered 2023 OTC products, please visit the **MyBenefits portal** at **LACare.NationsBenefits.com**

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Top Selling Products



Cough Drops, Cherry
Count: 30

Item #: 5220 \$3.00



Cough Drops, Honey Lemon
Count: 30

Item #: 5545 \$3.00



Cough Drops, Sugar-Free
Count: 25

Item #: 5405 \$3.00



Medicated Lip Balm,
0.15 oz.
Count: 1

Item #: 5559 \$2.00



Vapor Rub, 3.5 oz.
Count: 1

Item #: 5511 \$5.00



Dental Floss, Reach®
Mint Waxed
Count: 1

Item #: 5130 \$4.00



Denture Cleaning Tablets
Count: 40

Item #: 5546 \$4.00



Interdental Flossers
Count: 90

Item #: 5200 \$3.50



Toothbrush, Colgate®
Adult Medium
Count: 1

Item #: 5101 \$3.00



Toothbrush, Colgate®
Adult Soft
Count: 1

Item #: 5505 \$3.00

Top Selling Products



Toothpaste, Colgate®

4 oz.

Count: 1

Item #: 5047

\$4.00



Toothpaste, Crest®

Sensi-Relief, 4.1 oz.

Count: 1

Item #: 5811

\$9.00



Alcohol Pads*

Count: 100

Item #: 5295

\$3.50



Antacid Chewables,
Extra Strength, 750 mg.

Count: 96

Item #: 5438

\$4.50



Artificial Tears Drops,
0.5 oz.

Count: 1

Item #: 5004

\$4.50



Clear Eyes® Eye Drops,
0.2 oz.

Count: 1

Item #: 5487

\$4.00



Cotton Swabs

Count: 300

Item #: 5385

\$4.00



Q-Tips® Cotton Swabs

Count: 170

Item #: 5608

\$4.00



Bandages, Assorted*

Count: 100

Item #: 5173

\$4.50



Band-Aids®*

Count: 100

Item #: 5128

\$8.50

Top Selling Products



Hydrogen Peroxide, 3%, 8 oz.
Count: 1

Item #: 5227 \$4.00



Neosporin® Plus, 0.5 oz.
Count: 1

Item #: 5250 \$9.00



**Procedural Face Masks
with Earloops**
Count: 50

Item #: 5817 \$12.00



**Rubbing Alcohol, 70%,
16 oz.***
Count: 1

Item #: 5541 \$4.00



**Triple Antibiotic Ointment,
1 oz.**
Count: 1

Item #: 5869 \$4.50



Vaseline® Jelly, 3.75 oz.
Count: 1

Item #: 5127 \$4.50



Adult Washcloths Disposable*
Count: 48

Item #: 5447 \$5.50



Flushable Wipes*
Count: 24

Item #: 5529 \$5.50



**Acetaminophen Extra
Strength Tablets, 500 mg.**
Count: 100

Item #: 5303 \$6.50



**Aspirin, Enteric Coated
Tablets, Low Dose, 81 mg.**
Count: 120

Item #: 5090 \$4.00

Top Selling Products



Bayer® Enteric Coated Aspirin, Low Dose, 81 mg.
Count: 32

Item #: 5034 \$4.50



Cold Hot Medicated Patch
Count: 5

Item #: 5080 \$6.00



Salonpas® Patch
Count: 6

Item #: 5383 \$13.00



Tylenol® Extra Strength Tablets, 500 mg.
Count: 100

Item #: 5423 \$17.00



Aloe Vera Cream, 6 oz.
Count: 1

Item #: 5535 \$3.50



Calcium + Vitamin D3 Tablets, 600 mg.†
Count: 60

Item #: 5298 \$4.00



Coenzyme Q-10, 100 mg.†
Count: 30

Item #: 5156 \$11.00



Fish Oil Softgels, 1,000 mg.†
Count: 60

Item #: 5140 \$9.00



Glucosamine Chondroitin, 1,500 mg., 1,200 mg.†
Count: 60

Item #: 5176 \$16.00



Vitamin D3, 125 mcg.†
Count: 100

Item #: 5749 \$8.50

Item #	Description	Count	Price
Bathroom Safety & Fall Prevention			
5647	Bath Mat, Non-Skid	1 ct.	\$14.00
5853	Shower Mat, Non-Skid	1 ct.	\$14.00
5806	Slipper Socks, One Size Fits Most	1 ct.	\$5.50
Cold, Flu & Allergy			
5252	Abreva® Cream, 10%, 2 gm.	1 ct.	\$24.00
5084	Acetaminophen Sinus Congestion Caplets, 325 mg., 5 mg.	24 ct.	\$4.50
5335	Afrin® Nasal Spray, 0.05%, 0.5 oz.	1 ct.	\$13.00
5790	Airborne® Chew†	32 ct.	\$10.00
5606	Blistex® Ointment, 0.15 oz.	1 ct.	\$4.00
5344	Carmex®	1 ct.	\$2.50
5133	Cepacol® Sore Throat Lozenges	16 ct.	\$5.00
5052	Cetirizine Allergy Tablets, 10 mg.	30 ct.	\$8.00
5334	Claritin® Tablets, 10 mg.	10 ct.	\$18.00
5338	Cough & Cold for High Blood Pressure	16 ct.	\$5.00
5202	Cough Drops, Halls®	30 ct.	\$4.50
5126	Cough Drops, Menthol	30 ct.	\$3.00
5399	Day & Night Cold & Flu Caplets	20 ct.	\$6.00
5153	Day Cold & Flu Liquid, 325 mg., 10 mg., 5 mg., 8 oz.	1 ct.	\$6.00
5234	DayQuil® Liquid, 325 mg., 10 mg., 5 mg., 8 oz.	1 ct.	\$12.00
5451	Diphenhydramine Allergy Tablets, 25 mg.	24 ct.	\$3.00
5855	Fexofenadine Allergy Tablets, 180 mg.	30 ct.	\$11.00
5856	Fluticasone Propionate Allergy Nasal Spray, 24-Hour, 144 sprays, 50 mcg.	1 ct.	\$21.00
5095	Green Tea Flu & Cold Honey Lemon	6 ct.	\$8.00
5857	Loratadine Allergy Tablets, 10 mg.	100 ct.	\$12.00
5465	Mucinex® DM Tablets, 600 mg., 30 mg.	20 ct.	\$17.00
5858	Mucus Relief DM Expectorant & Cough Suppressant, Extended Release, 1,200 mg., 60 mg.	14 ct.	\$10.00
5081	Nasal Decongestion Spray, 0.05%, 1 oz.	1 ct.	\$4.00
5040	Night Cold & Flu Liquid, 650 mg., 30 mg., 12.5 mg., 8 oz.	1 ct.	\$6.00
5233	NyQuil® Liquid, 650 mg., 30 mg., 12.5 mg., 8 oz.	1 ct.	\$12.00
5005	Robitussin® DM Syrup, 200 mg., 20 mg., 4 oz.	1 ct.	\$11.00
5072	Saline Nasal Spray, 0.65%, 1.5 oz.	1 ct.	\$3.50

Item #	Description	Count	Price
Cold, Flu & Allergy			
5693	Sore Throat Lozenges, Cherry	18 ct.	\$5.00
5023	Tussin DM Sugar-Free Syrup, 100 mg., 10 mg., 4 oz.	1 ct.	\$4.00
5008	Tylenol® Sinus Congestion Caplets, 325 mg., 5 mg.	24 ct.	\$12.00
5426	Zyrtec®, 10 mg.	14 ct.	\$22.00
Dental & Denture Care			
5700	Biotene® Dry Mouth Oral Rinse, 16 oz.	1 ct.	\$14.00
5330	Dental Floss, Mint Waxed	1 ct.	\$3.00
5168	Dental Travel Kit	1 ct.	\$3.50
5260	Denture Adhesive Cream, 2.4 oz.	1 ct.	\$4.00
5626	Denture Brush	1 ct.	\$1.50
5808	Efferdent® Plus Mint Tablets	44 ct.	\$9.00
5204	Efferdent® Tablets	20 ct.	\$3.00
5379	Fixodent® Cream, 2.4 oz.	1 ct.	\$7.00
5195	Oral Pain Relief Gel, 20%, 0.33 oz.	1 ct.	\$3.00
5809	Polident® Overnight	84 ct.	\$12.00
5810	Tongue Cleaner	1 ct.	\$6.00
5510	Toothbrush, Adult	1 ct.	\$1.50
6051	Toothbrush, Battery Powered	1 ct.	\$17.00
5160	Toothbrush, Rechargeable	1 ct.	\$35.00
5161	Toothbrush, Rechargeable Replacement Heads	2 ct.	\$17.00
5702	Toothbrush, Soft 2-pack	1 ct.	\$5.50
5241	Toothpaste Squeezer	1 ct.	\$3.00
5102	Toothpaste, Fluoride, 6.4 oz.	1 ct.	\$3.00
5859	Toothpaste, Pepsodent®, 5.5 oz.	1 ct.	\$3.50
5421	Toothpaste, Sensitive Teeth, 4.3 oz.	1 ct.	\$4.00
5294	Toothpaste, Ultrabrite®, 6 oz.	1 ct.	\$4.00
Diabetes Care			
5812	Diabetic Skin Relief Foot Cream, 4 oz.	1 ct.	\$12.00
5225	Diabetic Socks, Black, Medium, 3-pack	1 ct.	\$7.00
5223	Diabetic Socks, Black, Large, 3-pack	1 ct.	\$7.00
5860	Diabetic Socks, Black, X-Large, 3-pack	1 ct.	\$7.00

Item #	Description	Count	Price
Diabetes Care			
5224	Diabetic Socks, White, Medium, 3-pack	1 ct.	\$7.00
5222	Diabetic Socks, White, Large, 3-pack	1 ct.	\$7.00
Digestive Health			
5214	Alka-Seltzer® Tablets	24 ct.	\$8.00
5304	Antacid Chewables, 500 mg.	150 ct.	\$5.00
5420	Docusate Sodium Stool Softener Softgels, 100 mg.	100 ct.	\$5.00
5079	Famotidine Acid Reducer, 10 mg.*	30 ct.	\$5.00
5280	Gas Relief Chewable Tablets, 80 mg.	100 ct.	\$6.00
5009	Gas-X® ES Chewables, 125 mg.	18 ct.	\$10.00
5429	Loperamide Anti-Diarrheal Caplets, 2 mg.*	12 ct.	\$5.00
5863	Omeprazole Acid Reducer, Delayed Release Tablets, 20 mg.*	42 ct.	\$23.00
5286	Pepto-Bismol®, 525 mg., 8 oz.	1 ct.	\$8.00
5287	Pepto-Bismol®, 525 mg., 16 oz.	1 ct.	\$12.00
5289	Pepto-Bismol® Tablets, 262 mg.	30 ct.	\$8.00
5696	Polyethylene Glycol Powder Laxative, 8.3 oz.	1 ct.	\$13.50
5212	Senna + Laxative Tablets, 50 mg., 8.6 mg.	60 ct.	\$3.00
5800	TUMS® Extra Strength, 750 mg.	96 ct.	\$7.50
5247	Vitafusion® Fiber Gummy†	90 ct.	\$17.00
Eye & Ear Care			
5189	Earwax Removal Drops, 6.5%, 0.5 oz.	1 ct.	\$3.00
5704	Earwax Removal System with Rubber Bulb, 6.5%	1 ct.	\$9.00
5041	Irritation Relief Eye Drops, 0.5 oz.	1 ct.	\$7.00
5048	Redness Relief Eye Drops, 0.5 oz.	1 ct.	\$3.00
5494	Visine® Redness Relief Drops, 0.5 oz.	1 ct.	\$12.00
First Aid & Medical Supplies			
5404	Adhesive First Aid Tape*	1 ct.	\$3.00
6005	Antiseptic Towelettes	100 ct.	\$6.00
5798	Bacitracin Ointment, 1 oz.	1 ct.	\$4.00
5151	Bandage, Stretch Gauze*	1 ct.	\$2.00
5203	Benadryl® Cream, 1 oz.	1 ct.	\$8.00
5547	Burn Relief Spray, 4 oz.	1 ct.	\$6.00
5199	Butterfly Closures	12 ct.	\$3.00

Item #	Description	Count	Price
First Aid & Medical Supplies			
5192	Cotton Balls	100 ct.	\$4.00
5078	Diphenhydramine Anti-Itch Cream, 2%, 1.25 oz.	1 ct.	\$4.00
5194	Disposable Gloves, Nitrile, Small	100 ct.	\$16.00
5193	Disposable Gloves, Nitrile, Medium	100 ct.	\$16.00
5191	Disposable Gloves, Nitrile, Large	100 ct.	\$16.00
5930	Disposable Gloves, Nitrile, X-Large	100 ct.	\$16.00
5612	First Aid Kit, 75 Pieces	1 ct.	\$7.50
5711	First Aid Kit, 175 Pieces	1 ct.	\$15.00
5605	Flex Seal™ Spray Bandage, 1.35 oz.*	1 ct.	\$7.00
5400	Hydrocortisone Cream, 1%, 1 oz.	1 ct.	\$4.00
5527	Hydrogen Peroxide, 3%, 4 oz.	1 ct.	\$2.00
5317	Ice Bag	1 ct.	\$5.00
5045	Liquid Bandage, 0.3 oz.	1 ct.	\$8.00
5059	Neosporin® Ointment, 0.5 oz.	1 ct.	\$8.00
5437	Petroleum Jelly, 4 oz.	1 ct.	\$3.00
5131	Tape, Paper Surgical, 1" x 10 yd.*	1 ct.	\$2.00
4039	Triple Antibiotic + Pain Relief Ointment, 1 oz.	1 ct.	\$4.00
Foot Care			
5216	Clotrimazole Athlete's Foot Cream, 1%, 1.5 oz.	1 ct.	\$4.00
5543	Foot Powder, 4 oz.	1 ct.	\$5.00
5165	Tolnaftate Antifungal Cream, 1%, 1.25 oz.	1 ct.	\$5.00
Hemorrhoidal Preparations			
5414	Hemorrhoid Ointment, 2 oz.	1 ct.	\$5.00
5820	Preparation H® Medicated Wipes	48 ct.	\$11.00
Home Diagnostic & Patient Aids			
5813	Activity Tracker	1 ct.	\$55.00
5119	Bathroom Scale, Digital ^{‡§}	1 ct.	\$35.00
5814	Bathroom Scale, Digital Talking ^{‡§}	1 ct.	\$45.00
5371	Blood Pressure Monitor, Upper Arm Automatic [‡]	1 ct.	\$35.00
5573	Blood Pressure Monitor, Upper Arm Talking [‡]	1 ct.	\$45.00
5370	Blood Pressure Monitor, Wrist [‡]	1 ct.	\$30.00
5872	Blood Pressure Monitor, Wrist Talking [‡]	1 ct.	\$40.00

Item #	Description	Count	Price
Home Diagnostic & Patient Aids			
5821	Kitchen Scale, Digital [†]	1 ct.	\$25.00
5500	Long Handle Bath Sponge	1 ct.	\$8.00
5639	Night Light	1 ct.	\$4.00
5242	Pill Box, 7 Day, 1 Time a Day	1 ct.	\$4.00
5508	Pill Box, 7 Day, AM & PM	1 ct.	\$9.00
5824	Pill Cutter with Safety Shield	1 ct.	\$7.00
5096	Pulse Oximeter [†]	1 ct.	\$35.00
5098	Reaching Aid Device	1 ct.	\$16.50
5656	Shoe Horn	1 ct.	\$2.00
5149	Thermometer, 60 Second	1 ct.	\$3.00
6048	Thermometer, Digital Ear	1 ct.	\$28.00
5627	Thermometer, Talking Ear & Forehead	1 ct.	\$48.50
Incontinence Supplies			
5525	A&D Ointment, 4 oz.	1 ct.	\$3.00
5879	Attends® Discreet Women's Moderate Bladder Control Pad*	20 ct.	\$8.00
5880	Attends® Discreet Women's Maximum Bladder Control Pad*	20 ct.	\$9.00
5881	Attends® Discreet Women's Panty Liner*	28 ct.	\$6.50
5716	Attends® Discreet Women's Ultrathin Pad*	20 ct.	\$8.00
5825	Bathing Wipes	8 ct.	\$7.00
5883	Disposable Underwear Pull-Up, Medium, 34" to 44"*	20 ct.	\$15.00
5882	Disposable Underwear Pull-Up, Large, 44" to 58"*	18 ct.	\$15.00
5884	Disposable Underwear Pull-Up, X-Large, 58" to 68"*	14 ct.	\$15.00
6058	Underpad, Disposable, 23" x 24"*	50 ct.	\$14.00
5722	Underpad, Disposable, 30" x 30"*	10 ct.	\$10.00
Pain Relief			
5430	Acetaminophen Arthritis, 650 mg.	100 ct.	\$11.00
5428	Acetaminophen PM Extra Strength Caplets, 500 mg., 25 mg.	50 ct.	\$3.00
6039	Acetaminophen PM Extra Strength Caplets, 500 mg., 25 mg.	100 ct.	\$7.00
5302	Acetaminophen Tablets, 325 mg.	100 ct.	\$4.00
5054	Advil® LiquiGels, 200 mg.	20 ct.	\$8.00
5053	Advil® Tablets, 200 mg.	50 ct.	\$12.00
5375	After Bite® Relief, 0.5 oz.	1 ct.	\$6.00

Item #	Description	Count	Price
Pain Relief			
5256	Aleve® Caplets, 220 mg.	90 ct.	\$15.00
4040	Aspercreme® with Lidocaine, 4%, 2.7 oz.	1 ct.	\$13.00
5073	Aspirin Chewables, Low Dose, 81 mg.	36 ct.	\$2.50
5493	Bengay® Cream, 2 oz.	1 ct.	\$9.00
4007	Capsaicin Heat Patch, 0.025%	2 ct.	\$2.00
4038	Diclofenac Arthritis Pain Relief Gel, 1%, 3.53 oz.	1 ct.	\$12.00
5011	Excedrin® Migraine Tablets, 250 mg., 250 mg., 65 mg.	24 ct.	\$8.00
5314	Fast Freeze® Pain Relief Spray, 4 oz.	1 ct.	\$9.00
5472	Heating Pad, 12" x 15"*	1 ct.	\$22.00
5726	Heating Pad, X-Large, 12" x 24"*	1 ct.	\$35.00
5725	Heating Pad Wrap For Shoulder, Neck & Back, 25" x 26"*	1 ct.	\$60.00
5886	HeatWraps, Back & Hip	2 ct.	\$6.00
5887	HeatWraps, Neck & Shoulder	3 ct.	\$6.00
5093	Ibuprofen Tablets, 200 mg.	50 ct.	\$3.00
5485	Ibuprofen Tablets, 200 mg.	100 ct.	\$5.00
5342	Icy Hot® Pain Relief Roll-On, 16%, 2.5 oz.	1 ct.	\$9.00
5341	Icy Hot® Patch, 5%	5 ct.	\$8.00
5888	Lidocaine Patch, 4%	5 ct.	\$9.00
5457	Muscle Rub Cream, 1.25 oz.	1 ct.	\$3.00
5425	Tylenol® PM Extra Strength Tablets, 500 mg.	24 ct.	\$11.00
Personal Care			
5390	Anti-Dandruff Shampoo, 11 oz.	1 ct.	\$5.00
Rehabilitation, Therapy & Exercise			
6073	Pedal Exerciser	1 ct.	\$50.00
Skin Care			
5169	Anti-Bacterial Wet Wipes	24 ct.	\$3.00
5091	Dry Skin Cream, 16 oz.	1 ct.	\$9.00
5924	Hand Sanitizer Gel, 8 oz.	1 ct.	\$4.50
5486	Insect Repellent, Cutter® Backwoods, 6 oz.	1 ct.	\$8.00
6036	Moisturizing Body Lotion with Aloe, 8 oz.	1 ct.	\$6.00
5665	Sunscreen, SPF 30, 4 oz.	1 ct.	\$6.00

Item #	Description	Count	Price
Sleep Aids			
5074	Diphenhydramine Sleep Tablets	50 ct.	\$5.00
Supports & Braces			
5526	Hot Cold Reusable Pack, 5" x 10"	1 ct.	\$4.00
Vitamins & Dietary Supplements			
5359	Biotin Gummy, 5,000 mcg. [‡]	60 ct.	\$8.50
5300	Calcium, 600 mg. [‡]	60 ct.	\$6.00
5355	Calcium + Vitamin D3 Gummy, 500 mg., 25 mcg. [‡]	60 ct.	\$12.00
5739	Calcium Chew, Chocolate, 650 mg. [‡]	60 ct.	\$10.00
5001	Centrum® Silver Vitamins [‡]	125 ct.	\$22.00
5918	Daily Multivitamin Gummy [‡]	120 ct.	\$12.00
5448	Eye Supplement Tablets [‡]	60 ct.	\$4.00
5299	Ferrous Sulfate Iron Supplement, 325 mg. [‡]	100 ct.	\$3.00
5271	Flaxseed Oil Softgels, 1,000 mg. [‡]	100 ct.	\$8.00
6026	Glucosamine (Joint Health Support), 500 mg. [‡]	60 ct.	\$9.00
5436	Lutein, 20 mg. [‡]	60 ct.	\$11.00
5742	Magnesium, 250 mg. [‡]	110 ct.	\$6.00
5328	Magnesium, 500 mg. [‡]	100 ct.	\$7.00
5273	Melatonin, 3 mg. [‡]	90 ct.	\$6.00
5358	Melatonin Gummy, 5 mg. [‡]	120 ct.	\$12.00
5920	One Daily Men's Multivitamin [‡]	100 ct.	\$6.00
5186	One Daily Women's Multivitamin [‡]	100 ct.	\$6.00
5132	Senior Multivitamin [‡]	90 ct.	\$7.00
4005	Senior Men's Multivitamin [‡]	100 ct.	\$9.00
4006	Senior Women's Multivitamin [‡]	100 ct.	\$9.00
5746	Vitamin B-12, 500 mcg. [‡]	100 ct.	\$6.00
6060	Vitamin B-12, 1,000 mcg. [‡]	100 ct.	\$9.50
5922	Vitamin B-12, Sublingual, 5,000 mcg. [‡]	30 ct.	\$6.50
5305	Vitamin B-Complex [‡]	100 ct.	\$4.00
5179	Vitamin B-Complex + Vitamin C [‡]	100 ct.	\$7.00
5301	Vitamin C, 500 mg. [‡]	100 ct.	\$5.00
5748	Vitamin C, 1,000 mg. [‡]	100 ct.	\$9.00
5492	Vitamin C Gummy, 250 mg. [‡]	60 ct.	\$9.00

Item #	Description	Count	Price
Vitamins & Dietary Supplements			
5175	Vitamin D3, 10 mcg. [‡]	100 ct.	\$4.00
5183	Vitamin D3, 25 mcg. [‡]	100 ct.	\$8.00
5356	Vitamin D3 Gummy, 50 mcg. [‡]	60 ct.	\$11.00
5269	Vitamin E, 180 mg. [‡]	110 ct.	\$9.00
5274	Zinc Tablets, 50 mg. [‡]	100 ct.	\$6.00

*Under certain circumstances, these items may be covered under either Part B or Part D. When an item is covered by Part B or Part D due to particular circumstances, you would not use your Part C Supplemental OTC benefit to obtain this item because it is Medicare-covered in those circumstances.

[‡]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 purchased only after discussing the purchase with your personal provider (or satisfying other requirements your plan may specify).

[§]Scales are available to members with congestive heart failure or liver disease, to monitor fluid retention.

This product list is subject to change. Items, quantities, sizes, and values may change depending on availability. This information is not a complete description of the benefits. Items may vary based on the manufacturer and availability. Items may be added or removed at any time without notice. The brand names of the OTC items are trademarks of each company. Item costs may change from year to year. Please review the product labeling and consult with your doctor with any health or medical questions.

L.A. Care Medicare Plus (HMO D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Enrollment in L.A. Care Medicare Plus depends on contract renewal.

You can get this document for free in other formats, such as large print, braille, and/or audio. Call 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free.

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NONDISCRIMINATION NOTICE

Discrimination is against the law. L.A. Care Health Plan follows State and Federal civil rights laws. L.A. Care Health Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

L.A. Care Health Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- 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 L.A. Care Health Plan 24 hours a day, 7 days a week, including holidays, by calling **1-833-522-3767**. If you cannot hear or speak well, please call **TTY 711**. Upon request, this document can be made available to you in braille, large print, audio cassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

L.A. Care Health Plan
Member Services Department
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017

1-833-522-3767 TTY: 711

HOW TO FILE A CIVIL RIGHTS GRIEVANCE

If you believe that L.A. Care Health Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with L.A. Care Health Plan Chief Compliance Officer. You can file a civil rights grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact L.A. Care Health Plan Chief Compliance Officer, 24 hours a day, 7 days a week, including holidays, by calling **1-833-522-3767**. Or, if you cannot hear or speak well, please call **TTY 711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:

L.A. Care Health Plan
Chief Compliance Officer
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017

Email: civilrightscordinator@lacare.org

- **In person:** Visit your doctor's office or L.A. Care Health Plan and say you want to file a civil rights grievance.
- **Electronically:** Visit L.A. Care Health Plan website at www.lacare.org/members/member-support/file-grievance/grievance-appeal-form

or send an email to civilrightscordinator@lacare.org.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

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

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

L.A. Care Medicare Plus (HMO D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Enrollment in L.A. Care Medicare Plus depends on contract renewal.

H1224_2023_DSNP_NDN_C



L.A. Care
Medicare Plus™
 (HMO D-SNP)

Language and Interpreter Assistance

(English)

ATTENTION: If you speak English, language assistance services, are available to you. Free aids and services for people with disabilities are also available. We have free interpreter services to answer any questions you may have about our health or drug plan. To get these free services, just call us at **1-833-522-3767 (TTY: 711)**, 24 hours a day, 7 days a week, including holidays. The call is free.

(Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك. كما تتوفر المساعدات والخدمات المجانية للأشخاص ذوي الإعاقة. كذلك، نوفر لك خدمات الترجمة الفورية مجاناً للرد على أي تساؤلات قد تكون لديك حول خططنا الصحية أو الدوائية للحصول على هذه الخدمات المجانية، ما عليك سوى الاتصال بنا على الرقم **1-833-522-3767 (TTY: 711)**، على مدار 24 ساعة في اليوم، و 7 أيام في الأسبوع، بما في ذلك أيام العطلات. علماً بأن هذه المكالمات مجانية.

(Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե հայերեն եք խոսում, լեզվական օգնության ծառայություններ են հասանում Ձեզ: Հասանելի են նաև անվճար օժանդակություններ և ծառայություններ հաշմանդամների համար: Մենք ունենք անվճար բանավոր թարգմանչական ծառայություններ՝ պատասխանելու մեր առողջապահական կամ դեղերի ծրագրի վերաբերյալ Ձեր որևէ հարցի: Այս անվճար ծառայություններից օգտվելու համար պարզապես զանգահարեք մեզ **1-833-522-3767 (TTY՝ 711)** համարով, օրը 24 ժամ, շաբաթը 7 օր, ներառյալ տոնական օրերը: Հեռախոսազանգն անվճար է:

(Cambodian)

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសា គឺមានសំរាប់អ្នក។ ជំនួយ និងសេវាគតិគតិថ្លៃ ក៏មាន សំរាប់មនុស្សពិការដែរ។ យើងមានសេវាអ្នកបកប្រែគតិគតិថ្លៃ ដើម្បីឆ្លើយសំណួរអ្វីមួយ ដែលអ្នកអាចមានអំពីគំរោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលសេវាគតិគតិថ្លៃទាំងនេះ គ្រាន់តែហៅមកយើង លេខ **1-833-522-3767 (TTY: 711)** 24 ម៉ោង មួយថ្ងៃ 7 ថ្ងៃ មួយអាទិត្យ រួមទាំងថ្ងៃបុណ្យផង។ ហៅគឺគតិគតិថ្លៃ។

(Chinese)

注意：如果您說中文，您可獲得語言協助服務。我們也為殘障人士提供免費輔助和服務。我們有免費口譯員服務以回答您對我們健康計劃或藥物計劃可能持有的任何疑問。若需要上述免費服務，您僅需致電 **1-833-522-3767 (TTY: 711)** 即可，服務時間為每週 7 天，每天 24 小時（包含假日）。上述電話均為免費。

(Farsi)

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی در اختیار شما می باشند. امداد و خدمات رایگان برای اشخاص معلول نیز موجود می باشند. ما خدمات ترجمه شفاهی رایگان را برای پاسخگویی به هرگونه سوالی که ممکن است در مورد بیمه درمانی یا داروئی ما داشته باشید در اختیار داریم. برای دریافت این خدمات، کفایت با شماره **1-833-522-3767 (TTY: 711)**، در 24 ساعت شبانه روز و 7 روز هفته، شامل تعطیلات رسمی تماس بگیرید. این تماس رایگان است.

(Hindi)

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। विकलांग लोगों के लिए मुफ्त सहायता और सेवाएं भी उपलब्ध हैं। हमारे स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं हैं। ये निःशुल्क सेवाएं प्राप्त करने के लिए, बस हमें **1-833-522-3767** पर कॉल करें। (TTY: 711), दिन के 24 घंटे, सप्ताह के 7 दिन, छुट्टियों सहित। फ़ोन करना मुफ्त है।

(Hmong)

CEEB TOOM: Yog tias koj hais lus Hmoob, yeej muaj cov kev pab txhais lus rau koj. Puav leej muaj cov neeg pab dawb thiab cov kev pab rau cov tib neeg muaj cov kev tsis taus. Peb muaj cov neeg txhais lus pab dawb los tej lus nug uas koj muaj txog peb lub tswv yim tswj xyuas kev noj qab haus huv thiab tshuaj. Xav tau cov kev pab dawb no, tsuas hu rau peb ntawm **1-833-522-3767 (TTY: 711)**, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg, nrog rau cov hnuv caiv. Hu xov tooj dawb xwb.

(Japanese)

ご注意：日本語を話される方は、言語支援サービスをご利用いただけます。障がいをお持ちの方は、援助とサービスも無料でご利用いただけます。私どもの医療保険プランや薬剤保険プランについてのご質問にお答えするために、無料の通訳サービスもご用意しています。これら無料サービスの利用をご希望の方は、**1-833-522-3767**（TTY：711）にて弊社までお電話ください。祝日を含む毎日 24 時間体制で受け付けております。この番号はフリーダイヤルです。

(Korean)

주의: 귀하가 한국인을 사용하는 경우 귀하는 언어 지원 서비스를 이용하실 수 있습니다. 장애가 있는 사람들을 위한 무료 지원 및 서비스 또한 이용하실 수 있습니다. 저희의 건강 또는 약품 플랜에 관한 귀하의 문의사항에 답변해드리기 위한 무료 통역 서비스가 마련되어 있습니다. 무료 서비스를 받으시려면 저희에게 **1-833-522-3767(TTY: 711)**번으로 공휴일 포함 주 7 일, 하루 24 시간 동안 전화하십시오. 통화료는 무료입니다.

(Laotian)

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ຄົນລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີພ້ອມສໍາລັບທ່ານ. ມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ບໍ່ເສຍຄ່າສໍາລັບຄົນພິການອີກດ້ວຍ. ພວກເຮົາມີບໍລິການນາຍແປພາສາບໍ່ເສຍຄ່າ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນປະກັນສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ຖ້າຕ້ອງການຮັບການບໍລິການບໍ່ເສຍຄ່າເຫຼົ່ານີ້, ພຽງແຕ່ໂທມາຫາພວກເຮົາໄດ້ທີ່ **1-833-522-3767 (TTY: 711)**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ, ລວມທັງວັນພັກ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.

(Mien)

COR FIM JANGX LONGX OC: Beiv taux meih gorngv benx ang gitv waac nor, ninh mbuo se duqv mbenc maaih tengx nzie waac jauv-louc bun meih oc. Corc aengx zoix mbenc duqv maaih jaa-dorngx aengx caux gong-bou jauv-louc liouh bun nzie wuaaic fangx nyei buonc mienh. Yie mbuo mbenc maaih faan waac mienh wang-henh tengx nzie dau waac bun muangx dongh meih maaih waac qiemx zuqc naaic gorngv taux yie mbuo goux heng-wangc a'fai ndie-daan wuov. Liouh zipv longc taux naaiv deix zuangx wang-henh jauv-louc nor, douc waac lorx taux yie mbuo yiem njiec naaiv **1-833-522-3767** (TTY: **711**), yietc hnoi yiem zuov benx 24 norm ziangh hoc, yietc norm leix baaiz bouc dauh yiem zuov benx 7 hnoi, lemh jienv hnoi-gingc yaac maiv dingh oc. Naaiv norm douc waac gorn se wang-henh longc.

(Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਮੁਫਤ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ। ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਡਰੱਗ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਭਾਸ਼ੀਏ ਸੇਵਾਵਾਂ ਹਨ। ਇਹਨਾਂ ਮੁਫਤ ਸੇਵਾਵਾਂ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਬੱਸ ਸਾਨੂੰ ਇਸ ਤੇ ਕਾਲ ਕਰੋ **1-833-522-3767** (TTY: **711**), ਇੱਕ ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਛੁੱਟੀਆਂ ਸਮੇਤ। ਕਾਲ ਕਰਨਾ ਨਿਸ਼ੁਲਕ ਹੈ।

(Russian)

ВНИМАНИЕ! Если вы не говорите по-Руски, вам будут оказаны услуги языковой поддержки. Лицам с инвалидностью предоставляются бесплатные услуги и средства. Мы предоставляем услуги устного перевода, чтобы ответить на любые вопросы о нашем плане страхования или лекарственного обеспечения. Чтобы воспользоваться этими бесплатными услугами, просто позвоните нам по телефону **1-833-522-3767** (линия ТТУ: **711**) 24 часа в сутки, 7 дней в неделю, включая праздничные дни. Звонок бесплатный.

(Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia idiomática. También hay asistencia y servicios gratuitos para las personas que tienen discapacidades. Tenemos servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para obtener estos servicios gratuitos, simplemente llámenos al **1-833-522-3767** (TTY: **711**), las 24 horas del día, los 7 días de la semana, incluso los días festivos. La llamada es gratuita.

(Tagalog)

PAALALA: Kung nagsasalita kayo ng Tagalog, may makukuha kayong mga serbisyo ng tulong sa wika. Mayroon ding mga libreng tulong at serbisyo para sa mga taong may mga kapansanan. Mayroon kaming mga libreng serbisyo ng interpreter para sagutin ang anumang tanong ninyo tungkol sa aming planong pangkalusugan o panggamot. Para makuha ang mga libreng serbisyong ito, tawagan lang kami sa **1-833-522-3767** (TTY: **711**), 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Libre ang tawag.

(Thai)

โปรดทราบ : ถ้าคุณพูดภาษาไทย มีบริการความช่วยเหลือด้านภาษาให้แก่คุณ นอกจากนี้ ยังมีความช่วยเหลือและบริการต่าง ๆ ฟรีให้แก่บุคคลทุพพลภาพด้วย เรามีบริการล่ามฟรีเพื่อตอบคำถามที่คุณอาจมีเกี่ยวกับแผนประกันสุขภาพหรือยาของเรา ถ้าต้องการบริการฟรีเหล่านี้ โปรดโทรศัพท์ถึงเราที่ **1-833-522-3767** (สำหรับผู้บกพร่องทางการได้ยินหรือผู้ที่มีปัญหาในการพูด กด **711**) ได้ทุกวันตลอด 24 ชั่วโมง รวมทั้งวันหยุด โดยไม่เสียค่าใช้จ่ายใด ๆ

(Ukrainian)

ВАЖЛИВО! Якщо Ви розмовляєте українською, скористайтесь послугами мовної підтримки. Ми також безкоштовно надаємо спеціальні засоби зв'язку й послуги людям з особливими потребами. Скориставшись безкоштовними послугами перекладача, Ви можете отримати відповіді на будь-які запитання про план медичного страхування чи план страхового покриття лікарських засобів. Щоб безкоштовно отримати ці послуги, просто зателефонуйте нам на номер **1-833-522-3767** (TTY: **711**). Ми готові відповідати на Ваші дзвінки цілодобово, 7 днів на тиждень, у тому числі у святкові дні. Дзвінки безкоштовні.

(Vietnamese)

LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ dành cho quý vị. Chúng tôi cũng sẵn có những phương tiện trợ giúp và dịch vụ miễn phí dành cho người khuyết tật. Chúng tôi có dịch vụ thông dịch viên miễn phí để giải đáp bất kỳ thắc mắc nào quý vị có thể có về chương trình bảo hiểm sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận những dịch vụ miễn phí này, quý vị chỉ cần gọi cho chúng tôi theo số **1-833-522-3767** (TTY: **711**), 24 giờ mỗi ngày, 7 ngày trong tuần, kể cả ngày lễ. Cuộc gọi này miễn phí.

STEP 1 – Fill Out Your Personal Information

Member ID (found on member ID card)

Date of Birth (MM/DD/YYYY)

First Name

Last Name

Street #

Street Name

Apt/Suite #

City

State

ZIP Code

Phone

Email

STEP 2 – Make Your Selection

ITEM #	DESCRIPTION	PRICE	QUANTITY	TOTAL
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

STEP 2 – Make Your Selection

ITEM #	DESCRIPTION	PRICE	QUANTITY	TOTAL
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Order Amount				\$ _____

NOTE: If the total amount exceeds your benefit allowance, a Member Service Representative will call you to collect payment before your order can be processed.

STEP 3 – Mail Completed Form

Send the completed order form using the postage-paid envelope to:

NationsOTC
1801 NW 66th Avenue, Suite 100
Plantation, FL 33313

If you have any questions or need assistance placing your order, please call NationsOTC at **1-833-571-7587 (TTY: 711)**. Member Service Representatives are available 24 hours per day, 7 days per week, 365 days per year. Language support services are available free of charge.

I understand that the phone numbers and/or emails I provided on this form may be used by NationsOTC or any of its contracted parties to contact me about my account, my health benefit plan or related programs, or services provided to me.

IMPORTANT: Please mail your order form no later than the 20th of the month to ensure your order total is applied to the current benefit period. If you need your order sooner, please go online or call.

You can use this page to write down helpful information for future orders such as item numbers, product descriptions, and any questions you may want to ask a Member Service Representative on your next call.

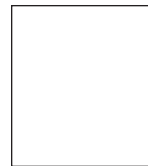
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1801 NW 66th Avenue, Suite 100
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Complete and mail
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If you have any questions or need help placing your order, we're here for you.
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Language support services are available if needed, free of charge.

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