

Over-the-Counter Catalog

That's Medicare that cares back.



Independence 

ibxmedicare.com/otc

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2020

**As a member of Independence Blue Cross,
you have a \$30 over-the-counter (OTC) benefit
every quarter.**

This benefit allows you to get OTC items you may need. Be sure to use your benefit before the end of every quarter as the allowance will not roll over. Simply go online at **ibxmedicare.com/otc**, call **1-844-271-8565 (TTY: 711)**, or mail your completed order form. Your order will be shipped directly to your door.

Quarter 1: January 1 - March 31

Quarter 2: April 1 - June 30

Quarter 3: July 1 - September 30

Quarter 4: October 1 - December 31

Remember to keep this catalog.

You will want to reference this catalog each time you place your order.

Information on how to place your order can be found on page 4.

HOW TO ORDER

Order Online



You may place an order online using the Independence Blue Cross OTC website at ibxmedicare.com/otc.

Remember to save your username and password to order again during your next benefit period.

Order By Mail



You may place your order by mailing in the order form to the OTC Servicing Center, PO Box 526266, Miami, FL 33152-9819.

If the end of the benefit period is approaching and you do not think your order form will be received in time, you may order online or call us.

Order By Phone



If you have questions or would like to place an order over the phone, OTC Advocates are available Monday – Friday from 8 a.m. to 11 p.m. EST at **1-844-271-8565 (TTY: 711)**.

Please Note

- You must use your full benefit amount in one order. Unused benefits will not roll over into the next quarter.
- Your order total may not exceed your benefit amount. Cash, checks, credit cards or money orders are not accepted under this OTC benefit.
- Your order total will be applied to the benefit period in which the order is received.
- OTC products are intended for member use only to help with a health or medical need. Independence Blue Cross prohibits the use of this benefit to order OTC items for family members and friends.
- Due to the personal nature of these products, returns are not accepted.
- Items in the OTC catalog occasionally change during the year. For the most up-to-date listing of OTC products available, go to ibxmedicare.com/otc.
- Products may not be purchased at a local retail pharmacy or through any source other than the Independence Blue Cross OTC benefit channels listed above.

For Delivery

Allow 5 – 7 business days from the time your order is placed for delivery.

HOW TO USE THE OTC WEBSITE

Online access to the OTC benefit is fast, easy, and secure!

The OTC benefit website offers you many convenient features. You are able to...

- Browse the OTC products that are available to you
- Access a digital copy of the OTC catalog
- Monitor your available balance while you shop
- Track your order and view your order history
- Manage your account
- And more!

If you have already created an account online, just log in to get started! If it's your first time ordering online, you will need to register and set up your account.

Registration is easy and takes only a few minutes to complete.

Access the Independence Blue Cross OTC website at ibxmedicare.com/otc, indicate that you are a first-time user by clicking on the 'Not Registered? Sign Up Now' button, and enter your information exactly as it appears on your Health Plan ID Card.

You will need the following:

- First and last name
- Health Plan Member ID number (if your ID number contains any letters, special characters — such as a hyphen (-) or an asterisk (*), **enter only the numbers**)
- State
- Date of birth as MM/DD/YYYY
- Current email address

You will then create a unique username and password for your account. You will be asked to choose and answer some security questions, so if you forget or misplace your username or password, we can send you a new one. Now you can log in and access your OTC benefit online, 24/7.

If you need any assistance, please give the Order Fulfillment Center a call Monday – Friday from 8 a.m. to 11 p.m. EST at **1-844-271-8565 (TTY: 711)**. Our friendly and knowledgeable advocates are happy to help you take full advantage of your OTC benefit.

Please Note

Orders for the benefit period must be placed prior to midnight Eastern Time of the last day of the benefit period.

Item #	Product	Packaging	Strength	Price
Allergy				
1090	Cetirizine HCL (Allergy Tablets)	14 ct	10 mg	\$7.00
2003	Cetirizine HCL (Allergy Tablets)	45 ct	10 mg	\$11.00
1008	Chlorpheniramine Maleate Antihistamine (Allergy Tablets)	100 ct	4 mg	\$8.00
1009	Diphenhydramine Antihistamine (Allergy Tablets)	24 ct	25 mg	\$6.00
1308	Diphenhydramine Antihistamine (Allergy Tablets)	100 ct	25 mg	\$8.00
2021	Diphenhydramine Antihistamine (Allergy Tablets)	400 ct	25 mg	\$15.00
1804	Fexofenadine (Allergy Tablets)	30 ct	180 mg	\$16.00
1946	Fluticasone Propionate (Allergy Nasal Spray, 24-hour)	120 spray	50 mcg	\$24.00
2033	Loratadine (Allergy Tablets)	10 ct	10 mg	\$5.50
1611	Loratadine (Allergy Tablets)	100 ct	10 mg	\$16.00
2020	Loratadine (Allergy Tablets)	365 ct	10 mg	\$25.00
1881	Nasacort	60 spray	-	\$24.00
1922	Nasal Decongestant Inhaler - Levmetamfetamine	.007 oz	50 mg	\$8.00
1091	Nasal Decongestant Spray, 12-Hour	1 oz	0.05%	\$6.00
1052	Nasal Spray, Saline	1.5 oz	0.65%	\$5.50
Antacids & Acid Reducers				
1313	Alka-Seltzer	36 ct	-	\$11.00
1006	Antacid / Anti-Gas Liquid	12 oz	-	\$7.50
1346	Antacid Chewables	150 ct	500 mg	\$7.00
1314	Effervescent Antacid & Pain Relief	36 ct	-	\$7.00
1949	Esomeprazole Magnesium (Acid Reducer, Delayed Release) *	42 ct	20 mg	\$24.00
1108	Famotidine (Acid Reducer) *	30 ct	10 mg	\$7.50
1970	Omeprazole (Acid Reducer, Delayed Release) *	42 ct	20 mg	\$26.00
1966	Omeprazole (Acid Reducer, Delayed Release, Dissolvable) *	42 ct	20 mg	\$26.00
1900	Ranitidine (Acid Reducer)	30 ct	75 mg	\$7.50
1800	Simethicone (Gas Relief)	100 ct	80 mg	\$8.00
2034	TUMS Extra Strength	48 ct	750 mg	\$7.50
Anticandidal (yeast)				
1115	Clotrimazole (Vaginal Antifungal 7-Day Cream with Applicator)	45 gm	1%	\$9.00
1117	Miconazole (Vaginal Antifungal 3-Day Cream with Applicator)	1 kit	2%	\$14.00

Item #	Product	Packaging	Strength	Price
1119	Tioconazole (Vaginal Antifungal 1-Day Cream with Applicator)	1 ct	6.5%	\$19.00
Anti-diarrheal, Laxatives & Digestive Health				
1316	Beano	30 ct	-	\$9.00
1128	Bisacodyl (Stimulant Laxative, Enteric Coated)	100 ct	5 mg	\$6.50
1012	Calcium Polycarbophil (Fiber Laxative Tablets)	90 ct	625 mg	\$12.00
1969	ClearLax Unflavored Powder Laxative	8.3 oz	17 g	\$14.00
1126	Docusate Sodium (Stool Softener)	100 ct	100 mg	\$8.00
1130	Docusate Sodium plus Sennosides (Natural Vegetable Laxative)	60 ct	8.6 mg, 50 mg	\$7.00
1733	Enema	4.5 oz	-	\$5.50
1124	Ex-Lax	8 ct	15 mg	\$8.00
1155	Fiber Tablets ‡	60 ct	500 mg	\$10.00
1125	Glycerin Suppository Laxative	25 ct	2 gm	\$7.00
1067	Lactase Capsules	60 ct	9000 FCC Units	\$10.00
1133	Loperamide HCL (Anti-Diarrheal Tablets) *	12 ct	2 mg	\$6.00
1889	Magnesium Citrate (Saline Laxative, Lemon)	296 ml	-	\$6.00
1354	Methylcellulose (Fiber Therapy)	16 oz	-	\$17.00
1011	Milk of Magnesia	12 oz	400 mg	\$6.50
1340	Natural Vegetable Laxative (Psyllium)	13 oz	-	\$10.00
1967	Natural Vegetable Laxative (Psyllium)	30.4 oz	-	\$17.00
1968	Natural Vegetable Laxative, Sugar Free (Psyllium)	15 oz	-	\$14.00
1317	Pepto-Bismol Cherry	12 oz	525 mg / 30 ml	\$11.00
1045	Pink Bismuth Chewable Tablets	30 ct	262 mg	\$7.50
1318	Pink Bismuth Liquid	8 oz	525 mg / 30 ml	\$7.00
Anti-fungal				
1047	Clotrimazole (Athlete's Foot Cream)	1.5 oz	1%	\$9.50
1135	Miconazole Nitrate (Anti-fungal Cream)	1 oz	2%	\$9.00
1874	Miconazole Nitrate (Athlete's Foot Spray)	4.6 oz	2%	\$10.50
1046	Terbinafine HCL (Athlete's Foot Cream)	.5 oz	1%	\$11.50
1064	Tolnaftate (Anti-fungal Cream)	1.25 oz	1%	\$7.00
Bathroom Safety & Fall Prevention				
1793	Anti-Slip Safety Tread Aids	1 roll	-	\$15.00
1726	Folding Cane Ergonomic Handle *	1 ct	-	\$20.00
1790	Gait Belt - 60"	1 ct	-	\$16.00
1791	Gait Belt - 72"	1 ct	-	\$17.00

Item #	Product	Packaging	Strength	Price
2007	Handheld Shower Head	1 ct	-	\$25.00
1798	Knurled Chrome Grab Bar - 12"	1 ct	-	\$19.00
1797	Knurled Chrome Grab Bar - 24"	1 ct	-	\$22.00
1983	Night Light	2 ct	-	\$15.00
1777	Quad Cane, Small Base *	1 ct	-	\$25.00
1776	Quad Cane, Large Base *	1 ct	-	\$28.00
1729	Raised Toilet Seat	1 ct	-	\$30.00
2008	Slipper Socks, One Size Fits Most	1 pair	-	\$7.00
1780	Tub & Stair Safety Treads	1 pack	-	\$9.00
Cold & Flu				
1360	Cepacol Sore Throat Lozenges	16 ct	-	\$8.00
1166	Cough & Cold for High Blood Pressure	16 ct	-	\$7.00
1056	Cough Drops, Cherry	30 ct	5.8 mg	\$3.00
1833	Cough Drops, Honey Lemon	30 ct	-	\$3.00
1834	Cough Drops, Menthol	30 ct	-	\$3.00
1182	Cough Drops, Sugar Free, Cherry	25 ct	5.8 mg	\$4.00
1054	Cough Syrup, Expectorant	4 oz	200 mg / 10 ml	\$6.00
1323	Diabetic Tussin DM	4 oz	-	\$9.00
1180	Guaifenesin (Cough Expectorant)	100 ct	200 mg	\$10.00
1178	Mucus Relief DM Expectorant & Cough Suppressant	30 ct	400 mg, 20 mg	\$12.00
1965	Mucus Relief DM Expectorant & Cough Suppressant, Extended Release	14 ct	1,200 mg, 60 mg	\$15.00
1357	Multi-Symptom Cold Formula	24 ct	10 mg, 5 mg, 325 mg	\$8.00
1931	Nasal Rinse Kit, Saline	1 kit	-	\$18.00
1361	Night Time Cold & Flu	4 oz	12.5 mg, 30 mg, 650 mg	\$6.50
1352	Phenylephrine HCL (Nasal Decongestant PE)	36 ct	10 mg	\$5.50
1176	Sore Throat Lozenges, Cherry	18 ct	-	\$7.00
1904	Sore Throat Spray, Cherry	6 oz	-	\$7.00
1164	Vapor Rub	3.5 oz	4.7%, 1%	\$7.00
Cold Sore & Medicated Lip Products				
1152	Abreva	2 gm	10%	\$24.00
1256	Blistex Lip Ointment	6 gm	-	\$5.00
1153	Herpecin-L Lip Balm	.1 oz	1%	\$10.00
1359	Releev Cold Sore Treatment	6 ml	0.13%	\$22.50

Item #	Product	Packaging	Strength	Price
Dental & Denture Care				
1817	Biotene Dry Mouth Oral Rinse	16 oz	-	\$13.00
1747	Denture Brush	1 ct	-	\$6.00
1032	Denture Cleaning Tablets	40 ct	-	\$7.00
1653	Efferdent Plus Mint Tablets	36 ct	-	\$9.00
1843	Effergrip Denture Cream Adhesive	2.5 oz	-	\$9.00
1187	Fixodent	.75 oz	-	\$6.50
1751	Interdental Flossups	90 ct	-	\$5.50
1454	Orajel Pain Relief	.25 oz	20%	\$11.00
1286	Oral Pain Relief	.5 oz	20%	\$7.00
1324	Polident Denture Cream	3.9 oz	-	\$9.00
1892	Polident Overnight	84 ct	-	\$12.00
1455	Reach Waxed Dental Floss - Mint	55 yd	-	\$4.00
1746	Tongue Cleaner	1 ct	-	\$6.00
2015	Toothbrush, Battery Powered	1 ct	-	\$20.00
1413	Toothbrush, Colgate, Adult Soft	1 ct	-	\$3.00
1948	Toothbrush, Soft 2-pack	2 ct	-	\$6.00
1412	Toothbrush, Tek Pro, Angled Soft	1 ct	-	\$3.00
1831	Toothpaste, Colgate	4 oz	-	\$6.00
1838	Toothpaste, Crest Sensi-Relief	4.1 oz	-	\$9.50
1414	Toothpaste, Pepsodent	5.5 oz	-	\$4.00
1903	Toothpaste, Sensitive Teeth	4.3 oz	-	\$5.00
1716	Toothpaste, Ultrabrite Advanced Whitening	6 oz	-	\$6.00
Diabetes Care				
1839	Diabetic Skin Relief Foot Cream	3.4 oz	-	\$12.00
1956	Diabetic Socks, Black, Medium 3-pack	3 pair	-	\$9.00
1957	Diabetic Socks, Black, Large 3-pack	3 pair	-	\$9.00
1958	Diabetic Socks, Black, X-Large 3-pack	3 pair	-	\$9.00
1953	Diabetic Socks, White, Medium 3-pack	3 pair	-	\$9.00
1954	Diabetic Socks, White, Large 3-pack	3 pair	-	\$9.00
1955	Diabetic Socks, White, X-Large 3-pack	3 pair	-	\$9.00
1997	Glucose Tablets	50 ct	-	\$10.00
1959	Ultra Soft Padded Diabetic Sock, Black, Medium 2-pack	2 pair	-	\$11.00
1960	Ultra Soft Padded Diabetic Sock, Black, Large 2-pack	2 pair	-	\$11.00

Item #	Product	Packaging	Strength	Price
1961	Ultra Soft Padded Diabetic Sock, Black, X-Large 2-pack	2 pair	-	\$11.00
1962	Ultra Soft Padded Diabetic Sock, White, Medium 2-pack	2 pair	-	\$11.00
1963	Ultra Soft Padded Diabetic Sock, White, Large 2-pack	2 pair	-	\$11.00
1964	Ultra Soft Padded Diabetic Sock, White, X-Large 2-pack	2 pair	-	\$11.00
Diagnostics				
1935	Bathroom Scale ‡§	1 ct	-	\$27.00
1501	Blood Pressure Monitor, Wrist ‡	1 ct	-	\$30.00
1505	Finger Pulse Oximeter ‡	1 ct	-	\$26.00
1251	Home Access Cholesterol Test ‡	1 kit	-	\$25.00
1789	Peak Flow Meter ‡	1 ct	-	\$17.00
1063	Thermometer, Digital 60 seconds	1 ct	-	\$6.50
1285	Thermometer, Digital Ear	1 ct	-	\$25.00
1697	Thermometer, Flexible Tip, Digital 10 seconds	1 ct	-	\$11.00
Eye & Ear Care				
1192	Artificial Tears Drops	.5 oz	-	\$6.00
1194	Artificial Tears Ointment	3.5 gm	-	\$8.00
1199	Clear Eyes Eye Drops	.2 oz	-	\$6.00
1742	Cotton Tipped Swabs	300 ct	-	\$5.50
1841	Ear Pain Relief Ear Drops	10 ml	-	\$13.00
1190	Ear Wax Removal Drops	15 ml	6.5%	\$7.00
1363	Ear Wax Removal System with Rubber Bulb	15 ml	6.5%	\$9.00
1806	Irritation Relief Eye Drops	15 ml	-	\$9.50
1468	Multi-Purpose Contact Lens Solution	12 oz	-	\$8.00
1061	Redness Relief Eye Drops	15 ml	0.05%	\$5.00
First Aid				
1344	Adhesive Bandages *	60 ct	-	\$6.00
1803	After Bite Relief	.5 oz	-	\$10.00
1200	Alcohol Pads *	100 ct	70%	\$5.00
1808	Antiseptic Skin Cleanser	8 oz	-	\$11.00
1201	Antiseptic Towelettes	100 ct	-	\$7.50
1020	Bacitracin Ointment	1 oz	500 U / gm	\$6.50
1142	Bactine Solution	4 oz	-	\$10.00

Item #	Product	Packaging	Strength	Price
1667	Band-Aid Clear Comfort-Flex Bandage, Assorted Sizes *	45 ct	-	\$8.00
1926	Burn Relief Spray	4.5 oz	0.5%	\$11.00
1144	Caldyphen Clear (Anti-Itch Lotion)	6 oz	1%	\$8.00
1223	Conforming Stretch Gauze Sterile Bandages - 3" x 4.1 yd *	12 ct	-	\$8.00
1763	Cotton Balls	300 ct	-	\$4.50
1669	Cotton Tipped Applicator - 6"	1000 ct	-	\$11.50
1140	Diphenhydramine HCL / Zinc Acetate (Anti-Itch Cream)	1 oz	-	\$6.00
1207	Elastic Bandage - 2" x 4.5 yd *	1 ct	-	\$6.00
1209	Elastic Bandage - 3" x 5 yd *	1 ct	-	\$6.50
1211	Elastic Bandage - 4" x 5 yd *	1 ct	-	\$7.00
1213	Elastic Bandage - 6" x 5 yd *	1 ct	-	\$8.00
1947	First Aid Kit, 20 piece	1 ct	-	\$7.00
1215	First Aid Kit, 75 Pieces	1 ct	-	\$10.00
1738	First Aid Kit, 175 Pieces	1 ct	-	\$15.00
1062	Hot/Cold Pack, 1 small & 1 large	1 ct	-	\$9.00
1074	Hydrocortisone 1% Cream	1 oz	1%	\$6.00
1228	Hydrogen Peroxide	16 oz	3%	\$5.00
1796	Insect Repellant Spray - Deet	4 oz	30%	\$12.00
1203	Iodine Solution Antiseptic	4 oz	-	\$7.50
1713	Isopropyl Alcohol	16 oz	70%	\$6.00
1229	Isopropyl Alcohol, Wintergreen	16 oz	70%	\$6.50
1872	Liquid Bandage	.45 oz	-	\$10.00
1326	Neosporin Plus	.5 oz	-	\$10.00
1840	Nitrile Exam Gloves	100 ct	-	\$12.00
2018	Petroleum Jelly	4 oz	-	\$7.00
1896	Procedural Face Masks with Earloops	50 ct	-	\$11.50
1217	Tape, Paper Surgical - 1" x 10 yd *	1 ct	-	\$6.00
1218	Tape, Paper Surgical - 2" x 10 yd *	1 ct	-	\$7.00
1219	Tape, Silk Surgical - 1" x 10 yd *	1 ct	-	\$5.50
1220	Tape, Silk Surgical - 2" x 10 yd *	1 ct	-	\$7.50
1221	Tape, Transparent Surgical - 1" x 10 yd *	1 ct	-	\$5.50
1222	Tape, Transparent Surgical - 2" x 10 yd *	1 ct	-	\$7.00
1014	Triple Antibiotic Ointment	1 oz	-	\$8.00

Item #	Product	Packaging	Strength	Price
Foot Care				
1784	Bunion Guard	1 ct	-	\$9.50
1238	Callus Remover Pads	6 ct	-	\$8.00
1236	Corn Remover Pads	9 ct	-	\$7.50
1785	Hammer Toe Crest	1 ct	-	\$12.00
1786	Lamb's Wool Padding	1 ct	-	\$7.00
1240	Medicated Foot Powder	5 oz	-	\$7.50
1782	Moleskin Sheets Plus	4 ct	-	\$7.00
1788	Toe Protector, Small	1 ct	-	\$9.00
1787	Toe Protector, Large	1 ct	-	\$9.00
1783	Toe Separator	6 ct	-	\$8.00
Hemorrhoidal Preparations				
1066	Hemorrhoidal Ointment	2 oz	-	\$9.00
1247	Hemorrhoidal Suppository	12 ct	-	\$7.00
1364	Pre-moist Hemorrhoid Pads	100 ct	-	\$9.00
1248	Preparation H Cream	26 gm	-	\$12.00
1895	Preparation H Medicated Wipes	48 ct	-	\$11.00
Home Aids				
1732	Cushion, Foam Ring	1 ct	-	\$22.00
1466	Cushion, Gel / Foam Seat	1 ct	-	\$30.00
1731	Cushion, Lumbar	1 ct	-	\$20.00
2016	Kitchen Scale, Digital ‡	1 ct	-	\$25.00
2017	Medicine Bottle Opener with Magnifier	1 ct	-	\$10.00
1933	Pill Crusher with Storage	1 ct	-	\$11.00
1932	Pill Cutter with Safety Shield	1 ct	-	\$9.50
1799	Sharps Container, 1 gallon	1 ct	-	\$10.50
1934	Weekly AM/PM Pill Case	1 ct	-	\$10.00
Incontinence Supplies				
1300	A & D Ointment	2 oz	-	\$7.00
2026	Adult Briefs, Medium - 32" to 44" *	24 ct	-	\$19.00
2027	Adult Briefs, Large - 44" to 58" *	24 ct	-	\$20.00
2028	Adult Briefs, X-Large - 58" to 63" *	20 ct	-	\$20.00
1993	Premier Adult Briefs, Medium - 32" to 44" *	14 ct	-	\$30.00
1994	Premier Adult Briefs, Large - 44" to 58" *	12 ct	-	\$30.00
1995	Premier Adult Briefs, X-Large - 58" to 63" *	10 ct	-	\$30.00

Item #	Product	Packaging	Strength	Price
1811	Attends Discreet Men's Guard	20 ct	-	\$14.00
1810	Attends Discreet Men's Shield	20 ct	-	\$13.00
1813	Attends Discreet Women's Moderate Bladder Control Pad	20 ct	-	\$15.50
1812	Attends Discreet Women's Maximum Bladder Control Pad	20 ct	-	\$20.00
1814	Attends Discreet Women's Ultimate Bladder Control Pad	20 ct	-	\$22.00
1815	Attends Discreet Women's Panty Liner	28 ct	-	\$9.00
1816	Attends Discreet Women's Ultrathin Pad	20 ct	-	\$11.00
1302	Barrier Cream	4 oz	-	\$9.00
1478	Bladder Control Shaped Pad, Moderate Absorbency *	24 ct	-	\$17.00
1479	Bladder Control Shaped Pad, Heavy Absorbency *	24 ct	-	\$17.00
1480	Bladder Control Shaped Pad, Maximum Absorbency *	18 ct	-	\$17.00
1021	Disposable Underwear, Medium - 34" to 44" *	20 ct	-	\$16.00
1026	Disposable Underwear, Large - 44" to 58" *	18 ct	-	\$16.00
1027	Disposable Underwear, X-Large - 58" to 68" *	14 ct	-	\$16.00
1990	Premier Disposable Underwear, Medium - 36" to 44" *	18 ct	-	\$30.00
1991	Premier Disposable Underwear, Large - 44" to 58" *	16 ct	-	\$30.00
1992	Premier Disposable Underwear, X-Large - 56" to 68" *	14 ct	-	\$30.00
1928	Flushable Wipes	24 ct	-	\$8.00
1202	Lantiseptic Skin Protectant Ointment	4 oz	50%	\$12.00
1476	Underpad, Disposable - 23" x 24" *	50 ct	-	\$16.00
2029	Underpad, Disposable - 23" x 36" *	15 ct	-	\$10.00
1477	Underpad, Disposable - 30" x 30" *	10 ct	-	\$10.00
1996	Underpad, Extra Absorbent Air Permeable, 30" x36" *	5 ct	-	\$15.00
1348	Washcloth with Lanolin	64 ct	-	\$8.50
Motion Sickness				
1263	Dimenhydrinate (Motion Sickness Tablets)	12 ct	50 mg	\$7.00
1366	Meclizine HCL (Motion Sickness Caplets)	100 ct	12.5 mg	\$9.00
Pain Relief Aids				
1809	Arthritis Hot Pain Relief Cream	3 oz	10%	\$8.00
1924	Aspercreme	1.25 oz	-	\$9.00
1944	Cold/Hot Menthol Medicated Patch	5 ct	5%	\$10.00

Item #	Product	Packaging	Strength	Price
1846	Fast Freeze, Pain Relief Spray	4 oz	-	\$13.50
1861	Heating Pad, 12" X 15" *	1 ct	-	\$26.00
1859	HeatWraps - Back & Hip	2 ct	-	\$11.00
1860	HeatWraps - Neck, Shoulder, & Wrist	3 ct	-	\$11.00
1761	Ice Bag - 9"	1 ct	-	\$9.00
1871	Lidocaine Patch	5 ct	4%	\$14.00
1923	Menthol Gel	8 oz	2%	\$9.00
1762	Pain Relief Mask	1 ct	-	\$9.00
1475	Pain Relieving Muscle Rub	2 oz	2.5%	\$6.00
1739	Salonpas Pain Relief Patches	5 ct	-	\$14.00
1781	Warm or Cold Water Bottle, Rubber Latex	1 ct	-	\$10.00
1261	Wellpatch Migraine	4 ct	-	\$10.00
Pain Relievers & Fever Reducers				
1001	Acetaminophen (Pain Reliever, Regular Strength)	100 ct	325 mg	\$6.50
2030	Acetaminophen (Pain Reliever, Extra Strength)	24 ct	500 mg	\$4.00
1600	Acetaminophen (Pain Reliever, Extra Strength)	100 ct	500 mg	\$7.00
2002	Acetaminophen (Pain Reliever, Extra Strength)	500 ct	500 mg	\$15.00
1104	Aleve	100 ct	220 mg	\$17.25
1311	Arthritis Pain Reliever	100 ct	650 mg	\$12.00
1095	Aspirin	100 ct	325 mg	\$5.50
1096	Aspirin, Enteric Coated	100 ct	325 mg	\$6.00
1002	Aspirin, Enteric Coated, Low Dose	120 ct	81 mg	\$6.00
1998	Aspirin, Enteric Coated, Low Dose	500 ct	81 mg	\$12.00
1802	Aspirin, Low Dose, Chewables	36 ct	81 mg	\$5.50
1367	Capsaicin (Pain Relief Cream)	2 oz	0.025%	\$9.50
2031	Ibuprofen (Pain Reliever / Fever Reducer)	24 ct	200 mg	\$4.00
1004	Ibuprofen (Pain Reliever / Fever Reducer)	100 ct	200 mg	\$8.00
2001	Ibuprofen (Pain Reliever / Fever Reducer)	500 ct	200 mg	\$16.00
2032	Naproxen Sodium (Pain Reliever / Fever Reducer)	24 ct	220 mg	\$5.00
1097	Naproxen Sodium (Pain Reliever / Fever Reducer)	100 ct	220 mg	\$10.00
1365	Pain Reliever Plus (Acetaminophen / Aspirin)	100 ct	250 mg, 250 mg, 65 mg	\$8.00
1332	Pain Reliever, PM (Acetaminophen, Extra Strength)	100 ct	500 mg, 25 mg	\$9.00
Pediculicide (Lice Treatment)				
1929	Lice Elimination Kit	1 kit	-	\$27.00
1269	Lice Treatment Rinse (Permethrin)	59 ml	1%	\$15.00

Item #	Product	Packaging	Strength	Price
1271	Lice Treatment Shampoo	4 oz	-	\$10.50
Skin & Sun Care				
1076	Acne Gel 10% Benzoyl Peroxide	1.5 oz	10%	\$8.50
1368	Ammonium Lactate Moisturizing Lotion	8 oz	12%	\$12.00
1821	Calamine Skin Protectant Lotion	6 oz	-	\$7.00
1065	Hand Sanitizer	8 oz	-	\$4.50
1893	Moisturizing Body Lotion with Aloe	8 oz	-	\$7.50
1852	Scar Gel	1 oz	-	\$11.00
1284	Sunscreen Lotion SPF 30	3.5 oz	-	\$7.50
Sleep Aids				
1724	Nasal Strips, Medium	30 ct	-	\$13.00
1725	Nasal Strips, Large	30 ct	-	\$13.00
1276	Sleep Tablets	50 ct	25 mg	\$7.50
Smoking Cessation				
1372	Nicotine Gum ‡	50 ct	4 mg	\$25.00
Supports & Braces				
1225	Ankle Support	1 ct	-	\$10.00
1767	Arthritis Gloves, Small	1 pair	-	\$27.00
1766	Arthritis Gloves, Medium	1 pair	-	\$27.00
1765	Arthritis Gloves, Large	1 pair	-	\$27.00
2011	Arthritis Knee Sleeve, Small	1 ct	-	\$25.00
2012	Arthritis Knee Sleeve, Medium	1 ct	-	\$25.00
2013	Arthritis Knee Sleeve, Large	1 ct	-	\$25.00
2014	Arthritis Knee Sleeve, X-Large	1 ct	-	\$25.00
1487	Back Support Elastic - 24" to 46"	1 ct	-	\$23.00
1488	Back Support Elastic with Lumbar	1 ct	-	\$27.00
1770	Carpal Tunnel Brace, Small	1 ct	-	\$25.00
1769	Carpal Tunnel Brace, Medium	1 ct	-	\$25.00
1768	Carpal Tunnel Brace, Large	1 ct	-	\$25.00
1398	Compression Knee High Socks, Men's Black, Medium (Shoe Size 8 - 10) ‡	1 pair	15 - 20 mmHg	\$18.00
1399	Compression Knee High Socks, Men's Black, Large (Shoe Size 10.5 - 12) ‡	1 pair	15 - 20 mmHg	\$18.00
1400	Compression Knee High Socks, Men's White, Medium (Shoe Size 8 - 10) ‡	1 pair	15 - 20 mmHg	\$18.00
1401	Compression Knee High Socks, Men's White, Large (Shoe Size 10.5 - 12) ‡	1 pair	15 - 20 mmHg	\$18.00

Item #	Product	Packaging	Strength	Price
1409	Compression Knee High Socks, Women's Black, Small (Shoe Size 4-5)	1 pair	8 - 15 mmHg	\$18.00
1410	Compression Knee High Socks, Women's Black, Medium (Shoe Size 5.5 - 7.5)	1 pair	8 - 15 mmHg	\$18.00
1411	Compression Knee High Socks, Women's Black, Large (Shoe Size 8 - 10.5)	1 pair	8 - 15 mmHg	\$18.00
1406	Compression Knee High Socks, Women's Beige, Small (Shoe Size 4 - 5)	1 pair	8 - 15 mmHg	\$18.00
1407	Compression Knee High Socks, Women's Beige, Medium (Shoe Size 5.5 - 7.5)	1 pair	8 - 15 mmHg	\$18.00
1408	Compression Knee High Socks, Women's Beige, Large (Shoe Size 8 - 10.5)	1 pair	8 - 15 mmHg	\$18.00
1760	Deluxe Criss Cross Back Support, Small - 28" to 32"	1 ct	-	\$24.00
1759	Deluxe Criss Cross Back Support, Medium - 33" to 37"	1 ct	-	\$24.00
1758	Deluxe Criss Cross Back Support, Large - 38" to 42"	1 ct	-	\$24.00
1224	Elbow Support	1 ct	-	\$15.00
1465	Knee Stabilizer	1 ct	-	\$23.00
1481	Knee Support, Elastic, Small	1 ct	-	\$11.00
1482	Knee Support, Elastic, Medium	1 ct	-	\$11.00
1483	Knee Support, Elastic, Large	1 ct	-	\$11.00
1484	Knee Support, Elastic, Small with Stays	1 ct	-	\$19.00
1485	Knee Support, Elastic, Medium with Stays	1 ct	-	\$19.00
1486	Knee Support, Elastic, Large with Stays	1 ct	-	\$19.00
1463	Night Wrist Support	1 ct	-	\$30.00
1457	Rib Belt - Female (one size fits most)	1 ct	-	\$18.00
1456	Rib Belt - Male (one size fits most)	1 ct	-	\$18.00
1230	Wrist Splint	1 ct	-	\$22.00
1227	Wrist Support	1 ct	-	\$10.00
Vitamins & Minerals				
1805	Airborne Immune Support Chewables ‡	32 ct	-	\$16.00
1820	Biotin Gummy ‡	60 ct	5,000 mcg	\$13.00
1373	Calcium + Vitamin D3 ‡	60 ct	600 mg / 400 IU	\$7.00
1823	Calcium + Vitamin D3 Gummy ‡	60 ct	500 mg, 1000 IU	\$13.00
1291	Calcium ‡	60 ct	600 mg	\$7.00
1945	Calcium Chew, Chocolate ‡	60 ct	500 mg, 1000 IU	\$10.00
1420	Centrum Silver Chewables ‡	60 ct	-	\$18.00
1829	Coenzyme Q-10 ‡	30 ct	50 mg	\$12.00

Item #	Product	Packaging	Strength	Price
1828	Coenzyme Q-10 ‡	30 ct	100 mg	\$14.00
1393	Daily Multivitamin ‡	100 ct	-	\$8.00
1972	Daily Multivitamin Gummy ‡	120 ct	-	\$13.00
1385	Daily Multivitamin with Minerals ‡	100 ct	-	\$8.50
1737	DHEA Hormonal Supplement ‡	50 ct	50 mg	\$12.00
1417	Ferrous Gluconate (Iron Supplement) ‡	110 ct	27 mg	\$8.00
1376	Ferrous Sulfate (Iron Supplement) ‡	100 ct	325 mg	\$7.50
1741	Fish Oil, Soft Gels ‡	60 ct	1000 mg	\$8.00
1849	Flaxseed ‡	100 ct	1000 mg	\$11.00
1850	Folic Acid ‡	100 ct	800 mcg	\$6.50
1114	Glucosamine (Joint Health Support) ‡	60 ct	500 mg	\$11.00
1003	Glucosamine / Chondroitin (Joint Health Support) ‡	60 ct	250 mg, 200 mg	\$12.00
1975	Healthy Eyes with Lutein ‡	60 ct	-	\$9.00
1866	Immune Support Chewables ‡	50 ct	-	\$11.50
1869	Leg Cramps Pain Relief Caplets ‡	50 ct	-	\$14.00
1870	Leg Cramps Pain Relief Caplets ‡	100 ct	-	\$18.00
1418	Magnesium ‡	110 ct	250 mg	\$7.00
1879	Melatonin ‡	100 ct	5 mg	\$12.00
1971	Melatonin Gummy ‡	120 ct	5 mg	\$13.00
1378	Niacin ‡	100 ct	100 mg	\$6.00
1394	Niacin ‡	100 ct	500 mg	\$10.00
1930	Niacin, No Flush ‡	60 ct	500 mg	\$13.00
1976	Omega & DHA Gummy ‡	120 ct	275 mg, 50 mg	\$14.00
1886	One Daily Men's Multivitamin ‡	100 ct	-	\$10.00
1887	One Daily Women's Multivitamin ‡	100 ct	-	\$10.00
1977	Potassium Gluconate ‡	100 ct	595 mg	\$7.00
1395	Rena-Vite ‡	100 ct	-	\$13.50
1392	Senior Multivitamin ‡	90 ct	-	\$11.00
1734	Stress Formula Tablets with Zinc ‡	60 ct	-	\$10.00
1735	Vitafusion Fiber Weight Management ‡	90 ct	-	\$17.50
1379	Vitamin A ‡	100 ct	10,000 IU	\$8.00
1016	Vitamin B-1 ‡	100 ct	100 mg	\$7.50
1381	Vitamin B-12 ‡	100 ct	1000 mcg	\$10.00
1974	Vitamin B-12, Sublingual ‡	30 ct	5000 mcg	\$9.50
1388	Vitamin B-6 ‡	100 ct	100 mg	\$8.00
1382	Vitamin B-Complex ‡	100 ct	-	\$8.00

Item #	Product	Packaging	Strength	Price
1915	Vitamin B-Complex Gummy ‡	70 ct	-	\$13.00
1017	Vitamin C ‡	100 ct	500 mg	\$7.50
1706	Vitamin C ‡	100 ct	1000 mg	\$11.00
1916	Vitamin C Gummy ‡	60 ct	250 mg	\$12.00
1390	Vitamin D3 ‡	100 ct	1000 IU	\$8.50
1973	Vitamin D3 ‡	100 ct	5000 IU	\$10.00
1978	Vitamin D3 Gummy ‡	120 ct	2000 IU	\$13.00
1384	Vitamin E, Soft Gels ‡	100 ct	400 IU	\$10.00
1419	Zinc Chelated ‡	100 ct	50 mg	\$7.00
Wart Remover				
1288	Dr. Scholl's Wart Removal System	20 ct	-	\$15.00
1075	Wart Remover, Liquid	9 ml	17%	\$10.00
1289	Wartners Wart Removal System	1 ct	-	\$17.00

* Part B/D - Under certain circumstances some items may be covered under either Part B or Part D. When you are 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.

§ 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.

NOTICES

- If you disenroll from Independence Blue Cross, your OTC benefit will automatically terminate.
- The health information provided in the catalog is general in nature and is not medical advice or a substitute for professional health care.
- Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company – independent licensees of the Blue Cross and Blue Shield Association.
- The Independence Blue Cross Over the Counter benefit is underwritten by Keystone Health Plan East/QCC Insurance Company and is administered by Convey Health Solutions, Inc., an independent company.
- If you have any questions and are a Keystone 65 member, call 1-800-645-3965 (TTY/TDD: 711). If you have any questions and are a Personal Choice 65 member, call 1-888-718-3333 (TTY/TDD: 711). Our Member Help Team is available seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail.

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich epes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: D77 baa ak0 n7n7zin: D77 saad bee yln7[ti'go , saad bee 1k1'1n7da'1wo'd66', t'11 jiiik'eh. H0d77lnih koj8' 1-800-275-2583.

Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583

Mon-Khmer, Cambodian: សូមមត្តាចាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ

ឬភាសាខ្មែរ ៖ ជំនួយផ្នែកភាសានិងមាតិកាផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

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

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and 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 and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan 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. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscoordinator@1901market.com. 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Independence 

ibxmedicare.com/otc



2020 OVER-THE-COUNTER PRODUCT ORDER FORM

STEP 1 - COMPLETE YOUR INFORMATION BELOW

Member ID (found on plan member ID card)					Date of Birth					
<input type="text"/>	<input type="text"/>				<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
First Name					Last Name and Suffix					MI
<input type="text"/>	<input type="text"/>				<input type="text"/>				<input type="text"/>	
Street Number	Street Name				Apt/Suite #					
<input type="text"/>	<input type="text"/>				<input type="text"/>					
City	State				Zip Code					
<input type="text"/>	<input type="text"/>				<input type="text"/>					
Daytime Phone	Email (Optional)				Please check box if this is a new address <input type="checkbox"/>					
<input type="text"/>	<input type="text"/>				<input type="checkbox"/>					

STEP 2 - PRODUCT SELECTION

Cash, checks, credit cards or money orders are not accepted under this OTC benefit.
Reminder: you can submit one order per quarter which needs to be less than or equal to \$30.

Item #	Product	Quantity	Unit Price	TOTAL
1	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
5	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Please mail this completed form to the following address:
OTC Servicing Center, PO Box 526266
Miami, FL 33152-9819

Subtotal from Other Side	\$ <input type="text"/>
Total Order	\$ <input type="text"/>

Please mail the completed form back in the postage-paid envelope provided.

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 29, but we receive it on July 1, your order total will be applied to your July benefit, not your June benefit.

Some items in this catalog are considered dual purpose and have been marked with a †. These items do not require a prescription, but should only be ordered after discussing the item(s) with your physician who recommended the item(s) for a specific condition or health care need. **By adding these items to your order, you are attesting that you have discussed the use of these items with your primary care physician and other doctors as appropriate.**

STEP 2 - PRODUCT SELECTION (Continued)

Cash, checks, credit cards or money orders are not accepted under this OTC benefit.
 Reminder: you can submit one order per quarter which needs to be less than or equal to \$30.

Item #	Product	Quantity	Unit Price	TOTAL
6	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
7	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
8	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
9	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
10	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
11	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
12	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
13	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
14	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
15	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
16	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
17	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
18	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
19	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
20	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Subtotal				\$ <input type="text"/> . <input type="text"/>

Please mail the completed form back in the postage-paid envelope provided.

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 29, but we receive it on July 1, your order total will be applied to your July benefit, not your June benefit.

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