

# 2022

## Over-the-Counter (OTC) Item Catalog





**Please keep this valuable booklet nearby. You'll need it to look up the OTC items you want to order. It also contains step-by-step instructions on how to order online, by phone or use your OTC benefits in store.**



## Three convenient ways to place an order.

Your Over-The-Counter Health Solutions (OTCHS) benefit is available in three different ways: order by phone, purchase in-store at some CVS locations, or online ordering via the website. Choose the way that works best for you:

### #1 By phone:

Orders can be placed by calling OTCHS at **1-888-628-2770 (TTY: 711)**. You can speak to a live agent Monday to Friday, from 9 AM to 8 PM CT.

#### How to place an order by phone:

1. Please have your member ID card and order ready when placing an order by phone.
2. When you call OTCHS, the agent will ask you to provide the name of your health plan and your member ID number.
3. Then, you will be asked to verify your full name, date of birth, and the address on file.
4. The agent will inform you how much is your benefit allowance and how often you can order.
5. Once the ordering process begins, please provide the agent with the codes of the items you want to order from this catalog. The codes are found in the first column of each table.
6. You will be provided with a confirmation number after the order is completed. Always make sure to receive and keep your confirmation number.

**Note:** If you realize one of the items you ordered is the incorrect item, please inform the agent immediately so the order can be canceled and resubmitted with the correct items. All orders can only be canceled within one hour after being processed.

**Return Policy:** Due to the personal nature of the products, no returns or exchanges are allowed. If you haven't received your order or if you received a defective or damaged item, please call OTC Health Solutions at 1-888-628-2770 (TTY: 711) within 30 days of placing your order.

- If your item is not in stock, an item of similar or greater value may be substituted in your order.

## #2 In store:

You can pick up your OTC items at any OTC Health Solutions® (OTCHS) enabled store. To find your nearest location, go to <https://www.cvs.com/otchs/secureblue/storelocator>.

### How to use your OTC Health Solutions benefits in store:

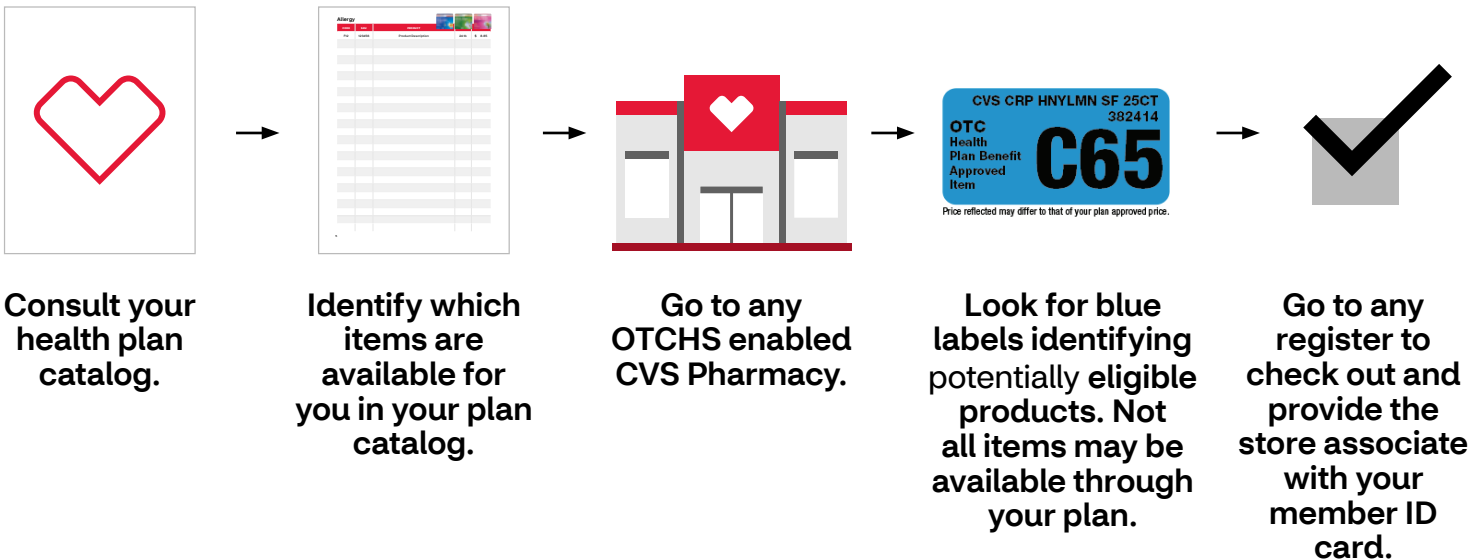
1. Identify approved items in this catalog. Only the items listed in this catalog are available through your plan. Bring your catalog with you to the store for assistance.
2. Go to any OTCHS enabled CVS Pharmacy® store.

**IMPORTANT:** Not all CVS stores participate in this benefit. To find your nearest location, go to <https://www.cvs.com/otchs/secureblue/storelocator> or contact OTCHS at 1-888-628-2770 (TTY: 711).

3. Look for the blue labels identifying potentially eligible products.\*

**Note:** In-store prices may vary from those listed in this catalog. However, the prices listed in the catalog are what will be deducted from your benefit. Products with blue labels may be located in the dedicated OTCHS section or throughout the aisles in the store. If an item with a blue label is not listed in this catalog, you will not be able to select it.

4. You can redeem your benefit at any register. **INFORM THE CASHIER THAT YOU ARE USING THE OTC HEALTH SOLUTIONS BENEFIT.**
5. Present your member ID card to the cashier **BEFORE** the cashier scans the OTC products. Your member ID card is used to verify eligibility, not as payment.



**Not all items are available in all stores. If your item is not available, please contact OTC Health Solutions at 1-888-628-2770 (TTY: 711) for assistance.**

**Please note that the regular retail price in the store may vary. For prices that apply when you use your OTC benefits, please consult this catalog. Catalog prices cannot be combined with promotional offers or ExtraBucks® Rewards. Not all products will be carried in all CVS® OTCHS enabled stores.**

\*Not all eligible items may be offered through your health plan, please refer to this health plan catalog for approved list of items.

# FOR CVS STORE EMPLOYEES ONLY



## Colleague Instructions

1. Scan QR code.
2. You will be automatically redirected to the OTCHS App on the point-of-sale (POS) terminal.
3. Ask the member for their plan ID card.
4. Select the member's plan.
5. Enter the member ID or the member's first and last name.
6. Scan eligible products and follow instructions on the POS system to complete the transaction.
7. **If you are having trouble locating the member or processing the transaction, please call the dedicated OTCHS Store Support line for assistance.**



### #3 Online:

The fastest and easiest way to order 24/7 is to visit: <https://www.cvs.com/otchs/secureblue>. Online orders must be submitted by 10:59 PM CT to be processed the same day.

#### How to place an order online through our website:

##### 1. Create an account

- If it is your first time placing an order online, you will need to create an account by visiting <https://www.cvs.com/otchs/secureblue>.
  - Choose the “Create Account” button and follow the instructions.
  - You will need your **member ID, date of birth, ZIP code** and **current email address**. Each member registering needs to have a separate email address. If a member shares an email address with a spouse or caregiver who also has an OTC account, they will only be able to register one account.
  - You will also need to create a password.
- If you need help locating your member ID, select “Get help locating your member ID.”
- Remember to save your password for future orders. You will need your member ID or email address along with your password to sign in again.
- If you forget your password, choose the “Forgot Password?” button to create a new one.

##### 2. Place an order

- Once you sign in, your benefit amount and balance will be displayed at the top of the page.
- Browse through the available products and add to your basket. Your order total will automatically deduct from your balance at the top of the page.
- Once you are ready to place your order, choose “Checkout.”
- On the Checkout page, you must confirm the shipping address displayed is correct by selecting the disclaimer. Then, review and place your order. It will arrive within 14 days.
- You will receive an email with tracking information once your order has shipped and another email once your order has been delivered.
- Please review the order frequency limits located on the FAQs to avoid missing benefit funds.

**Reminder:** Orders for each benefit period must be placed by 10:59 PM CT of the last day of the period.

**Return Policy:** Due to the personal nature of the products, no returns or exchanges are allowed. If you haven't received your order or if you received a defective or damaged item, please call OTC Health Solutions at 1-888-628-2770 (TTY: 711) within 30 days of placing your order.

- If your item is not in stock, an item of similar or greater value may be substituted in your order.

## Frequently asked questions

### Where can I find my member ID number?

It can be found on the front of your health plan ID card.

### What is the Over-the-Counter (OTC) benefit?

The OTC benefit offers you an easy way to get generic over-the-counter health and wellness products by going to any OTC Health Solutions-enabled CVS Pharmacy store. You can also order by phone at 1-888-628-2770 (TTY: 711) or online at <https://www.cvs.com/otchs/secureblue>. You order from a list of approved OTC items, and OTC Health Solutions will mail them directly to your home address.

### How much is my OTC benefit?

You have \$50 per quarter.

### How often can I use my OTC benefit?

Your OTC benefit can be utilized multiple times throughout the quarter, not to exceed your benefit allowance. Quarterly benefit periods are distributed as follows:

- Quarter 1 (January, February and March)
- Quarter 2 (April, May and June)
- Quarter 3 (July, August and September)
- Quarter 4 (October, November and December)

### Can I carry over unused benefit amount to the next benefit period?

Unused benefit amounts do not roll over to the next quarter.

### Can I order more than my benefit amount?

You cannot exceed your benefit amount online or by phone. However, you may exceed your benefit amount at an OTC Health Solutions-enabled CVS Pharmacy store and pay the difference out of pocket.

### Are all items available at the stores?

Not all items are available in stores. Items marked with a “⊙” in the catalog can only be ordered over the phone or online.

### How long will it take to receive my order?

You will receive your order within 14 days after it was placed.

### Can I cancel my order once it has been placed?

Orders can only be canceled within ONE HOUR after being processed.

### How do I confirm my order was placed?

Once the order has been completed, you will receive a confirmation number. Always make sure to receive and keep your confirmation number.

### Can I track my order?

You can opt in to receive tracking information via email or text; simply advise an agent when placing your order.

### How can I receive another copy of this catalog?

You will receive a digital version of the catalog with every tracking email/text. You can also print a copy from the plan web page.

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\*In the event an item is out of stock, an item of similar or greater value will be substituted in your order. If an item is recalled by the manufacturer for any reason, it will be removed from the product offering immediately.



**Where can I get additional information about the products?**

In this catalog you will find SKU numbers that can be used at <https://www.cvs.com> to search for product images and obtain additional product information such as ingredients.

**How will the items be shipped?**

Items are shipped via USPS to your home at no charge to you. Please allow up to 14 days for delivery.

**Additional notes:**

- There is no limit on the number of items you may order. There is, however, a quantity limit of nine per any single item, per quarter. There are some select products that have special limits and these are marked by a “★” or “■” in this catalog.
- Items marked with a “◆” are called “dual-purpose items”. In order to purchase these items, including certain vitamin and mineral supplements as marked in this catalog, your physician must recommend it to you for a specific diagnosed condition. Please speak with your physician before ordering these type of items.
- Items marked with a “\*” are not generic. These are national brand items.
- Products in this catalog are intended for personal use and may be ordered only for the enrollee.

**If you have not received your items within 14 days after ordering, please call: 1-888-628-2770 (TTY:711), Monday to Friday, 9 AM to 8 PM CT.**



## Adult care



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
I70	830476	Women's Small/Medium Underwear Max	Depend	36 CT	\$19
I71	830475	Women's Large Underwear Max	Depend	32 CT	\$19
I72	830474	Women's XL Underwear Max	Depend	28 CT	\$19
I73	830473	Men's Small/Medium Underwear Max	Depend	36 CT	\$19
I75	842939	Men's L/XL Underwear Max	Depend	32 CT	\$19
I76	163094	Unisex Extra Large Briefs Max	Depend	14 CT	\$12
I77	641431	Unisex Large Briefs Max	Depend	16 CT	\$12
I78	240487	Women's Protective Pads Moderate	Poise	20 CT	\$5
I79	964701	Overnight Women's Bladder Control Pads	Tena Serenity	30 CT	\$12
I80	520577	Adult Care Wipes	No Comparable	48 CT	\$8
I83	383703	Unisex Overnight Underwear XL	Depend	12 CT	\$13
I84	383182	Unisex Overnight Underwear L	Depend	14 CT	\$13
I86	512509	Underpads XL 23"x36"	No Comparable	18 CT	\$9
I87	795728	Women's Bladder Control Pads, Long	Poise	27 CT	\$12
I88	163093	Men's Bladder Control Pads	Poise	52 CT	\$12

Item list is subject to change.  
You will receive the generic equivalent of all items.

## Allergy



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
A11	389345	Levocetirizine Allergy Relief	Xyzal	35 CT	\$16
*A17	302860	Flonase Allergy Relief Spray	No comparable	0.38 OZ	\$19
A59	238246	Fluticasone Nasal Spray	Flonase	0.34 OZ	\$13

## Cold remedies



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
C3	895139	Cold Flu & Sore Throat Max	Mucinex Fast-Max	6 OZ	\$11
C7	587618	Medicated Chest Rub	Vicks Vaporub	3.5 OZ	\$6
■C8	155912	Digital Thermometer	No Comparable	1 CT	\$8
C11	707032	Sore Throat Lozenges	Cepacol	18 CT	\$4
C12	971824	Tussin CF	Robitussin CF	4 OZ	\$6
■C22	202227	Micro Temple Thermometer	No Comparable	1 CT	\$23
■C23	834800	Temple Thermometer	No Comparable	1 CT	\$38
C24	890425	Daytime Cold/Flu Soft Gels	Vicks Dayquil	16 CT	\$6
C25	465804	Cold Remedy Melts Citrus	Zicam	25 CT	\$9
C26	954407	Severe Nighttime Cold & Flu Relief Berry	NyQuil	8 OZ	\$7
C29	159734	Nasal Decongestant Inhaler	No Comparable	0.07 OZ	\$5

\* National brand item.

■ Limited to one (1) per benefit period.

Item list is subject to change.

You will receive the generic equivalent of all items.

## Cold remedies



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
C31	972801	Sore Throat & Cough Lozenges Mixed Berry	Cepacol	18 CT	\$4
C34	277898	Medicated Chest Rub	Vicks Vaporub	1.76 OZ	\$4
*C38	855591	Vicks DayQuil LiquiCaps	No comparable	16 CT	\$10
*C39	216829	Vicks NyQuil LiquiCaps	No comparable	16 CT	\$10
C41	688783	Cold Remedy Sugar Free	Zicam	25 CT	\$10
C42	853587	Cold Sore Treatment	No comparable	0.07 OZ	\$18
C52	891465	Saline Nasal Spray	Ocean	1.5 OZ	\$4
C54	890411	Nighttime Cold/Flu Soft Gels	Vicks Nyquil	16 CT	\$6
C56	408566	Sinus Acetaminophen	Tylenol Sinus Headache (Day)	24 CT	\$6
C60	244956	Cough and Cold HBP	Coricidin	16 CT	\$7
C64	320711	AirShield Orange Tablets	Emergen-C	10 CT	\$6

## Digestive health



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
D5	878020	BeanAid Capsules	Beano	30 CT	\$5
D8	860849	Heartburn Relief Tablets	Gaviscon	100 CT	\$8
D16	690260	Easy Fiber	Benefiber	8.6 OZ	\$13
D18	272722	Esomeprazole Magnesium Capsules	Nexium	42 CT	\$24

\* National brand item.

Item list is subject to change.  
You will receive the generic equivalent of all items.

## Digestive health



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
D19	919055	Probiotic Adult 4 Strains	Culturelle	30 CT	\$16
D21	401472	Medicated Hemorrhoidal Wipes	Preparation H	48 CT	\$6
D23	144212	Hemorrhoidal Ointment	Preparation H	2 OZ	\$9
D24	494222	Milk of Magnesia	Phillips'	12 OZ	\$6
D26	452277	Hemorrhoidal Cream	Preparation H	1.8 OZ	\$11
*D33	967601	Nexium 24 Hours	No Comparable	42 CT	\$29
D45	883948	Probiotic Adult 9 Strains	No Comparable	15 CT	\$14
D46	272739	Esomeprazole Magnesium Tab	Nexium	14 CT	\$10
D47	883055	Lansoprazole 15mg Caps	No Comparable	14 CT	\$10

## Ear and eye care



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
E8	941579	Earwax Care Kit	No Comparable	1 CT	\$10
E17	337097	Eye Wash	No Comparable	4 OZ	\$6
E18	695753	Contact Solution	No Comparable	4 OZ	\$5
E19	976354	Eye Health 50+ Vitamins	Ocuvite	90 CT	\$20
E20	457496	Swimmers Ear Solution	Swim-Ear	1 OZ	\$4
E21	973866	Earwax Removal Kit	Debrox	KIT	\$8

\* National brand item.

Item list is subject to change.  
You will receive the generic equivalent of all items.

## Feminine care



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
G6	234554	Urinary Pain Relief Tablets	Azo	30 CT	\$6
G40	842800	Overnight Maxi Pads	Maxi	36 CT	\$8
G41	289061	Feminine Wipes Fragrance Free	No Comparable	32 CT	\$5

## First aid



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
F3	875957	Fabric Anti-Bacterial Bandages	No Comparable	20 CT	\$4
F4	109405	Calamine Lotion	Caladryl	6 OZ	\$6
F6	322430	Triple Antibiotic & Pain Relief Ointment	Neosporin	0.5 OZ	\$4
F8	618348	Triple Antibiotic Ointment, Pain & Scar	Neosporin	0.5 OZ	\$7
F9	383505	Clear Bandages	No comparable	45 CT	\$4
F11	550749	Anti-Itch Cream	Benadryl	1 OZ	\$5
F13	955322	Calamine Plus Spray	Caladryl	4.1 OZ	\$8
F14	875952	Flex Fabric AB Fingertip Knuckle Bandages	No Comparable	20 CT	\$4
F15	241483	Antibacterial Bandages Assortment	Band-Aid	120 CT	\$12
F16	488598	Bandages Assortment Value Pack	No Comparable	200 CT	\$10
F17	894077	Transparent Dressing Wound Cover	No Comparable	8 CT	\$7
F18	832864	Freeze Wart Remover	No Comparable	KIT	\$15
F19	330703	Lidocaine Burn Relief Gel	Solarcaine	8 OZ	\$6

Item list is subject to change.  
You will receive the generic equivalent of all items.



## First aid

CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
F20	717967	Sensitive Skin Adhesive Bandages	No Comparable	20 CT	\$5
F21	602441	Iodine	No Comparable	1 OZ	\$4
F22	311533	Merthiolate	No Comparable	2 OZ	\$5
F23	405572	First Aid Kit	No Comparable	1 CT	\$6
F28	270304	Waterproof Large Transparent Dressing	Nexcare	4 CT	\$14
F32	482649	Epsom Salt	No Comparable	22 OZ	\$5
F38	270351	Waterproof Assorted Transparent Dressing	Nexcare	10 CT	\$9
F39	998839	Wound Care Kit S/M	No Comparable	30 PC	\$15
ⓄF40	489905	Surgical Face Masks	No Comparable	25 CT	\$15
ⓄF41	360094	Small Surgical Face Masks	No Comparable	20 CT	\$12
F47	337274	Finger Injury Kit	No Comparable	KIT	\$7
F49	946095	Witch Hazel Spray	T.N Dickinson's	6 OZ	\$7
F50	935683	Gauze Pad Non Stick 2x3	No Comparable	25 CT	\$6
F51	893121	Gauze Pad 4x4	No Comparable	25 CT	\$7
F52	893120	Gauze Pad 3x3	No Comparable	25 CT	\$6
F53	894104	Gauze Roll 4" 2yds	No Comparable	1 CT	\$4
F62	964606	First Aid Tape	No Comparable	1 CT	\$2
F69	259370	Butterfly Closures	No Comparable	12 CT	\$3

Ⓞ Home delivery only.

Item list is subject to change.

You will receive the generic equivalent of all items.



## Foot care

CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
T5	894580	Moleskin Padding	Dr. Scholl's	2 CT	\$4
T9	314468	Medicated Corn Cushion	No Comparable	9 CT	\$2
ⓄT13	658784	Light Compression Socks L/XL White	No Comparable	1 PAIR	\$10
ⓄT14	658829	Light Compression Socks S/M White	No Comparable	1 PAIR	\$10
ⓄT15	978348	Light Compression Socks L/XL Black	No Comparable	1 PAIR	\$10
ⓄT16	978349	Light Compression Socks S/M Black	No Comparable	1 PAIR	\$10
ⓄT17	184626	Non-Binding Copper Crew Socks S/M White	No Comparable	3 PAIRS	\$10
ⓄT18	184730	Non-Binding Copper Crew Socks L/XL Black	No Comparable	3 PAIRS	\$10
ⓄT19	184812	Non-Binding Copper Crew Socks L/XL White	No Comparable	3 PAIRS	\$10
ⓄT20	184935	Non-Binding Copper Crew Socks S/M Black	No Comparable	3 PAIRS	\$10
T35	139231	Liquid Corn & Callus Remover	Dr. Scholl's	0.5 OZ	\$6
ⓄT36	893272	Diabetic Socks S/M	No Comparable	2 PAIR	\$9
ⓄT37	893270	Diabetic Socks L/XL	No Comparable	2 PAIR	\$9
ⓄT38	658593	Firm Compression Socks S/M Black	No Comparable	1 PAIR	\$12
ⓄT39	658582	Firm Compression Socks L/XL Black	No Comparable	1 PAIR	\$12
T40	229790	Foot Powder	Gold Bond	10 OZ	\$9

Ⓞ Home delivery only.

Item list is subject to change.

You will receive the generic equivalent of all items.





## Home diagnostics

CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
◆H71★	708884	BP Monitor Upper Arm Auto 8.7" x 16.5"	No Comparable	1 CT	\$40
◆H72★	800232	BP Monitor Upper Arm Manual 8.7" x 12.6"	No Comparable	1 CT	\$18
◆H73★	800824	Auto Wrist Blood Pressure Monitor	No Comparable	1 CT	\$52



## Home healthcare

CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
⊙J4	741739	Reacher	No Comparable	1 CT	\$22
⊙J6■	741727	Quad Cane Black	No Comparable	1 CT	\$26
⊙J8	980705	Black Cane Tip 3/4	No Comparable	1 CT	\$4



## Miscellaneous

CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
M75	135615	Mosquito Repellent w/ 30% DEET	OFF!	6 OZ	\$7

- ◆ Dual-purpose item.
- ⊙ Home delivery only.

- ★ Limited to one (1) per year.
- Limited to one (1) per benefit period.

Item list is subject to change.  
You will receive the generic equivalent of all items.

# Oral care



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
O6	307117	Sensitive Toothpaste Extra Whitening	Sensodyne	4 OZ	\$4
O8	978931	Sensitive Flosspicks	No Comparable	90 CT	\$3
O9	469085	Extra Comfort Floss Mint 43.7 YD	Oral-B Glide	1 CT	\$3
O10	230196	Denture Adhesive Regular	Fixodent	2.4 OZ	\$4
O12	910693	Toothbrush (Soft)	Colgate	1 CT	\$1
O13	933844	Extra Comfort Floss Mint 43.7 YD	Oral-B Glide	2 PK	\$6
O14	122340	Effervescent Denture Cleanser Tablets	Polident	84 CT	\$5
O15	933823	Interdental Brushes Tight Spaces	GUM	16 CT	\$5
O16	572131	Tongue Brush	No Comparable	2 CT	\$6
O17	902457	Comfort Dental Night Guard	No Comparable	2 CT	\$20
O18	809800	Lower Dental Guard	No Comparable	2 CT	\$30
O19	956360	Clear Pro Toothbrush (Medium)	No Comparable	3 CT	\$3
O20	897755	Toothbrush Medium	No Comparable	2 CT	\$5
O21	377971	Tri Clean Soft Picks	GUM	60 CT	\$6
O24	454376	Flosser Picks Mint	No Comparable	90 CT	\$3
O25	695108	Temporary Lost Filling And Crown Repair	No Comparable	1 CT	\$4
O29	378314	Cordless Water Flossing System	No Comparable	1 CT	\$55
O31	227508	Ultra Tight Interdental Brush	No Comparable	32 CT	\$6

Item list is subject to change.  
 You will receive the generic equivalent of all items.

## Oral care



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
*O36	485907	Sensodyne Pro Namel Whitening Toothpaste	No Comparable	4 OZ	\$8
*O42	234697	Crest Sensitive & Enamel Shield Toothpaste	No Comparable	4.6 OZ	\$5
O71	454381	Flosser Picks	No Comparable	90 CT	\$3
O72	368775	Sensitive Toothpaste	Sensodyne	3.4 OZ	\$4
O73	213330	Denture Cleanser Tabs	Efferdent	40 CT	\$3

## Pain relievers



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
P2	200964	Muscle Rub	Bengay	3 OZ	\$7
P14	957604	Hot/Cold Patches	Icy Hot Medicated Patch	5 CT	\$6
P16	371271	Lidocaine Patch	Salonpas	6 CT	\$11
P17	109017	Headache Relief Caplets	Excedrin E/S	100 CT	\$9
P18	695905	Cold & Hot Pain Relieving Cream	Icy Hot	3 OZ	\$6
P21	444770	Medicated Heat Patch	Salonpas	1 CT	\$2
P22	152116	Knee Support Sleeve L	No Comparable	1 CT	\$12
P23	902106	Wrist Support Strap	No Comparable	1 CT	\$9

\* National brand item.

Item list is subject to change.

You will receive the generic equivalent of all items.

## Pain relievers



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
P24	151571	Ankle Support Sleeve L	No Comparable	1 CT	\$11
P25	453866	Compression Sleeve Elbow L	No Comparable	1 CT	\$15
P26	977934	Lidocaine Cream	Aspercreme	2.7 OZ	\$7
P30	942453	Knee High Hosiery Moderate Compression L	No Comparable	1 PAIR	\$20
P31	342829	Knee High Hosiery Moderate Compression M	No Comparable	1 PAIR	\$20
P32	524660	Anti-Embolism Stocking Knee Length L	No Comparable	1 PAIR	\$35
P33	524694	Anti-Embolism Stocking Knee Length M	No Comparable	1 PAIR	\$35
P34	318180	Hot/Cold Multi Compress	No Comparable	1 CT	\$11
P36	324111	Reusable Ice Pack	No Comparable	1 CT	\$6
P37	185226	Migraine Relief Caplets	Excedrin	24 CT	\$4
P40	866534	Melatonin 5mg Tablets	No Comparable	90 CT	\$9
P41	475817	Ibuprofen PM Caplets	Advil PM	20 CT	\$5
P46	738694	Urinary Relief Max Strength	Azo	12 CT	\$6
P52	729759	Elastic Bandage 6"	No Comparable	1 CT	\$8
P55	472994	Knee Support Sleeve S	No Comparable	1 CT	\$12
P56	151894	Knee Support Sleeve M	No Comparable	1 CT	\$12
P57	482556	Knee Support Sleeve XL	No Comparable	1 CT	\$12
P59	343538	Melatonin Gummy 5mg Strawberry	No Comparable	60 CT	\$11

Item list is subject to change.  
You will receive the generic equivalent of all items.

## Pain relievers



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
P70	256563	Lidocaine Roll On Pain Relief	No Comparable	2.5 OZ	\$8
*P71	994231	Aspercreme with Lidocaine	No Comparable	2.7 OZ	\$9

## Personal care



CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
S2	985326	Aftersun Aloe Vera, Green Gel	No Comparable	20 OZ	\$6
S3	447703	Skin Therapy Lotion	Gold Bond	5.5 OZ	\$6
S6	478041	Sheer Dry Sunblock Lotion SPF 55	No Comparable	3 OZ	\$8
S8	246784	Scar Gel	No Comparable	1.76 OZ	\$20
*S9Ⓞ	669862	Purell Flip Cap Hand Sanitizer	No Comparable	4 OZ	\$4
S10	193503	Gold Bond Diabetic Dry Skin Lotion	No Comparable	4.5 OZ	\$9
S12	478059	Sport Continuous Spray SPF 50 Sunscreen	Coppertone Continuous Spray	5.5 OZ	\$9
S13	822572	Sport Continuous Spray SPF 100 Sunscreen	Coppertone Continuous Spray	5.5 OZ	\$9
S14	147708	Antibacterial Wipes, Car Cup Holder Canister	No Comparable	40 CT	\$3
S15	985843	Antibacterial Resealable Wipes	No Comparable	20 CT	\$2
S23	799023	Hand Sanitizer	No Comparable	2 OZ	\$2
ⓄS34	227230	Medicated Body Powder	Gold Bond	10 OZ	\$7
S36	843837	Flushable Wipes	No Comparable	42 CT	\$4

\* National brand item.

Ⓞ Home delivery only.

Item list is subject to change.

You will receive the generic equivalent of all items.



## Vitamins and minerals

CODE	SKU	PRODUCT	COMPARE TO	AMOUNT	PRICE
◆V5	122869	Coenzyme Q-10 50mg	No Comparable	45 CT	\$12
◆V13	247303	Glucosamine Chondroitin Triple Strength Caplets	No Comparable	120 CT	\$32
◆V43	308785	CoQ-10 100mg	Qunol Ultra CoQ10	60 CT	\$32
◆V48	965747	Biotin 10,000mcg Softgel	Nature's Bounty	60 CT	\$12
◆V53	870668	Omega-3 Krill Oil 500mg	MegaRed	45 CT	\$26
◆V59	250191	Potassium Gluconate 595mg	Nature's Bounty	100 CT	\$5
◆V67	714451	Cognitive Health Extra Strength Supplement	No comparable	30 CT	\$36
◆V72	145626	Super B Complex w/ Vitamin C	Nature's Bounty	100 CT	\$10
◆V73	965746	Melatonin 10mg	No Comparable	60 CT	\$13
◆V74	452271	Menopause Support Caplets	Estroven	28 CT	\$18
◆V77	222901	Vitamin C With Rosehips	No Comparable	100 CT	\$8
◆V80	451093	Glucosamine Chondroitin Triple Strength	No Comparable	240 CT	\$66
◆V81Ⓞ	357343	Fish Oil 1000mg	No Comparable	120 CT	\$11

◆ Dual-purpose item.

Ⓞ Home delivery only.

Item list is subject to change.  
You will receive the generic equivalent of all items.



Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်, ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປໂຫິໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.



## Civil Rights Notice

**Discrimination is against the law.** Blue Plus does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

**Auxiliary Aids and Services:** Blue Plus provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** Blue Plus at [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com), or call SecureBlue Member Services at 1-888-740-6013 (TTY: 711), or your preferred relay services. The call is free.

**Language Assistance Services:** Blue Plus provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** Blue Plus at [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com), or call SecureBlue Member Services at 1-888-740-6013 (TTY: 711), or your preferred relay services. The call is free.

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Blue Plus. You may contact any of the following four agencies directly to file a discrimination complaint.

### U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue SW  
Room 515F  
HHH Building  
Washington, DC 20201  
Customer Response Center: Toll-free: 800-368-1019  
TDD 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### **Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
540 Fairview Avenue North  
Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

### **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

### **Blue Cross and Blue Shield of Minnesota and Blue Plus Complaint Notice**

You have the right to file a complaint with Blue Cross and Blue Shield of Minnesota and Blue Plus if you believe you have been discriminated against because of any of the following:

- Medical Condition
- Health Status
- Receipt of Health Care Services
- Claims Experience
- Medical History
- Genetic Information
- Disability (including mental or physical impairment)
- Marital Status
- Age
- Sex (including sex stereotypes and gender identity)
- Sexual Orientation
- National Origin
- Race
- Color
- Religion
- Creed
- Public Assistance Status
- Political Beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Nondiscrimination Civil Rights Coordinator  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
M495  
PO Box 64560  
Eagan, MN 55164-0560  
Toll Free: 1-800-509-5312  
TTY: 711  
Fax: 651-662-9478  
Email: [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.



SecureBlue<sup>SM</sup> (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in SecureBlue depends on contract renewal.

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