

# Over-the-counter benefit

## FREQUENTLY ASKED QUESTIONS (FAQ)

### Member Questions

Where can I find my member ID number?	It can be found on the front of your health plan ID card.
How do I register for an account?	<p>Follow these instructions to register for an account: On the home page, choose "create account." In the member ID field, enter only the numbers in your ID followed by two zeros at the end. Do NOT include any letters, spaces, or other special characters. Fill out the rest of your information prompted by the fields.</p> <div data-bbox="613 997 1284 1417" data-label="Image"><p>The image shows a sample of a health plan ID card. At the top left is the PREMIERA logo with a blue cross icon. Below it is the BLUE CROSS logo and the text "An Independent Licensee of the Blue Cross Blue Shield Association". The card is divided into several sections. On the left, there is a section for "Enrollee Name" with the text "FIRST M LASTNAME JR", "Enrollee ID" with "ZNP 123456789 00", "Prefix" with "PC", and "Health Plan (80840)" with "&lt;0000000000&gt;". Below this is "Group Number" with "12345". On the right, there is a section for "Plan" with "&lt;BT245 XXX&gt;", "Medical Network" with "Medicare Advantage", "RBSN" with "004376", "HSCN" with "MEDADV", "HNGRP" with "RX8644", "HND" with "12345678900", and "Issued" with "MM/YYYY". At the bottom, there are logos for "DENTAL, VISION, HEARING", "MEDICARE ADVANTAGE HMO", and "MedicareRx Prescription Drug Coverage". A red arrow points to the Enrollee ID field.</p></div>

How do I sign into my account?

Follow these instructions to sign in to your account: On the home page under "returning visitor," in the member ID field enter only the numbers in your ID followed by two zeros at the end. Do NOT include any letters, spaces, or other special characters.

In the next field, type in your password.

Click Sign in.

PREMERA   		<Name of specific plan>	
BLUE CROSS <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>			
Enrollee Name	FIRST M LASTNAME JR	Plan	<117245 XXXX>
Enrollee ID	ZNP 123456789	Medical Network	Medicare Advantage
Prefix	PC	RXREN	004336
	00	ID2CN	MEDADV
Health Plan (80840)	<000000000>	IDGRP	RX8644
Group Number	12345	IDID	123456789000
		Issued:	MM/YYYY
<DENTAL, VISION, HEARING>		MEDICARE ADVANTAGE HMO MedicareRx <small>Prescription Drug Coverage</small>	

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®, CVS Pharmacy y mas®, or Navarro® store. You can also order by phone at 1-888-628-2770 (TTY: 711) or online at [cvs.com/otchs/premera](https://cvs.com/otchs/premera). 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?

List of plans the OTC benefit (\$50 per quarter) is offered to are as follows:

- Premiera Blue Cross Medicare Advantage Classic (HMO)
- Premiera Blue Cross Medicare Advantage Classic Plus (HMO)
- Premiera Blue Cross Medicare Advantage Total Health (HMO)
- Premiera Blue Cross Medicare Advantage Core Plus (HMO)
- Premiera Blue Cross Medicare Advantage Alpine (HMO)
- Premiera Blue Cross Medicare Advantage Sound + Rx (HMO)
- Premiera Blue Cross Medicare Advantage Charter + Rx (HMO)

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List of plans the OTC benefit (\$25 per quarter) is offered to are as follows:

- Premera Blue Cross Medicare Advantage (HMO)
- Premera Blue Cross Medicare Advantage Core (HMO)
- Premera Blue Cross Medicare Advantage Peak + Rx (HMO)

<b>How often can I use my OTC benefit?</b>	Your OTC benefit can be utilized multiple times throughout the quarter, not to exceed your \$50 allowance. Quarterly benefit periods are distributed as follows: <ul style="list-style-type: none"><li>• Quarter 1 (January, February and March)</li><li>• Quarter 2 (April, May and June)</li><li>• Quarter 3 (July, August and September)</li><li>• Quarter 4 (October, November and December)</li></ul>
<b>Can I carry over unused benefit amount to the next benefit period?</b>	Unused benefit amounts do not roll over to the next quarter.
<b>Can I order more than my benefit amount?</b>	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®, CVS Pharmacy y mas®, or Navarro® store and pay the difference out of pocket.
<b>Is there a limit on the number of items I can order?</b>	There is no limit on the number of items you may order. There is, however, a quantity limit of 9 per any single item, per quarter. There are some select products that have special limits and these are marked with a “★” or “■” in the catalog.
<b>How long will it take to receive my order?</b>	You will receive your order within 14 days after it was placed.
<b>Are all items available at the stores?</b>	Not all items are available in stores. Items marked with a “🕒” in the catalog can only be ordered over the phone or online.

<p><b>Is there a return policy?</b></p>	<p>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 to receive a replacement item.</p>
<p><b>What is the manual reimbursement process?</b></p>	<p>In the event the call center and online order site are both simultaneously unavailable and you need to purchase items covered by your catalog in a CVS Retail location, you can be reimbursed for those items. The way to obtain a refund is:</p> <ul style="list-style-type: none"> <li>• Retain your original receipt (which should include the date and time of purchase)</li> <li>• Order the items from OTCHS when the call center or online order site becomes available.</li> <li>• Upon receipt of the items, return them to the CVS Retail location with your original receipt for a refund.</li> </ul>
<p><b>Who can I call if I have questions?</b></p>	<p>You may call us at 1-888-628-2770 (TTY: 711) from 9 AM to 8 PM PST Monday through Friday, or Premera Blue Cross Medicare Advantage Customer Service at 888-850-8526 (TTY/TDD: 711), October 1 to March 31, 7 days a week, 8 a.m. to 8 p.m., or April 1 to September 30, Monday to Friday, 8 a.m. to 8 p.m.</p>

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.

**Discrimination is Against the Law**

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera 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). Premera provides 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 the Civil Rights Coordinator. If you believe that Premera 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: Civil Rights Coordinator — Complaints and Appeals, Premera Blue Cross Medicare Advantage Plans - Complaints & Appeals, PO Box 262527, Plano, TX 75026, Phone: 888-850-8526, Fax: 800-889-1076, TTY: 711, Email [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Language Assistance**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-850-8526 (TTY: 711).

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 888-850-8526 (TTY：711)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 888-850-8526 (TTY: 711).

**주의：**한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

888-850-8526 (TTY: 711) 번으로 전화해 주십시오.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-850-8526 (телетайп: 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-850-8526 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 888-850-8526 (телетайп: 711).

**ပုဂံယုတ် :** ပရိသေသနာများကနေ ဝိယာယ ကာလခံယူပြီး၊ ပုဂံသံသယများကနေ ကာလခံယူရန် လူ့စီမံကိန်းများအား ပုဂံသံသယများကို 888-850-8526 (TTY: 711) နှင့် ဆက်သွယ်ပါ။

**注意事項：**日本語を話される場合、無料の言語支援をご利用いただけます。888-850-8526 (TTY:711) まで、お電話にてご連絡ください。

**ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 888-850-8526 (መስማት ለተሳናቸው: 711)።

**XIYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 888-850-8526 (TTY: 711).

**ملحوظة:** إذا كنتم تتحدثون اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالجان. اتصل بـ 888-850-8526 (رقم هاتف الصم والبكم: 711).

**ਧਿਆਨ ਧਿ ਉ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਧਰਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। 888-850-8526 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-850-8526 (TTY: 711).

**ໂປດຊາບ:** ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 888-850-8526 (TTY: 711).