
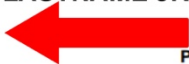



Over-the-counter (OTC) benefit

FREQUENTLY ASKED QUESTIONS (FAQ)

Member questions

<p>What is the over-the-counter (OTC) benefit?</p>	<p>The OTC benefit should not be confused with the prescription drug benefit. The OTC benefit lets you get over-the-counter items by going to allowed stores, ordering online, or over the phone.</p> <p>If it is your first time placing an order online, you will need to create an account by visiting cv.s.com/benefits.</p> <p>Order by phone at 1-888-628-2770 (TTY: 711) Monday to Friday, from 9 a.m. to 8 p.m. local time. Order from a list of approved items, and it will be sent to your address.</p>
<p>Where can I find my member ID number?</p>	<p>Your member ID number is on the front of your health plan ID card.</p>
<p>How do I register for an account?</p>	<p>Visit cv.s.com/benefits. If it is your first time placing an order online, you will need to create an account. If a member shares an email address with a spouse or caregiver who also has an OTC account, they will only be able to make one account.</p> <p>Download the OTC Health Solutions app from the App Store (iOS) or Google Play (Android), to get started. This app will allow you to scan and view the items offered, process an order, view past orders, and view account information. 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>

		PREMERA BLUE CROSS MEDICARE ADVANTAGE <SPECIFIC PLAN>	
<small>An Independent Licensee of the Blue Cross Blue Shield Association</small>			
Enrollee Name FIRST M LASTNAME JR		Plan Medical Network Medicare Advantage	
Enrollee ID 		RXBIN: 004336 RXPCN: MEDDADV RXGRP: RX8644 RXID: 1234567890	
Prefix ZNP 123456789	PC 00		
Health Plan (80840)			
Group Number 123456		Issued: MM/YYYY	
<Dental, Vision, Hearing >		MEDICARE ADVANTAGE HMO 	

How do I sign in to my account?

Visit cvs.com/benefits.

- After you sign in, your benefit amount and balance will show. Select the benefit you would like to shop for.
- Search through the available items and add to your basket. Your total and balance will be shown. Once you are ready to place your order, select **Checkout**.
- Confirm the shipping information and then select **Place Order**.
- You will be directed to the **Order summary**.

This page will show you the order number, shipping address, the date the order was processed, and the delivery timeframe. You will receive emails with the latest status updates as your order is processing.

How much is my OTC benefit?

The OTC benefit (\$65 per quarter) is offered to:

- Premera Blue Cross Medicare Advantage Classic (HMO)
- Premera Blue Cross Medicare Advantage Total Health (HMO)

The OTC benefit (\$50 per quarter) is offered to:

- Premera Blue Cross Medicare Advantage (HMO)

How often can I use my OTC benefit?

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

- Quarter 1 (January, February, and March)

	<ul style="list-style-type: none"> • Quarter 2 (April, May, and June) • Quarter 3 (July, August, and September) • Quarter 4 (October, November, and December)
Can I carry over unused benefit amounts 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®, CVS Pharmacy y más®, or Navarro® store and pay the difference out of pocket.
Is there a limit on the number of items I can order?	There is no limit on the number of items you may order. You can order up to nine of the same item, per quarter. There are certain products that have special limits and these are marked with a ★ or ■ in the catalog.
How long will it take to receive my order?	Most orders will arrive in less than 7 business days. It may take longer during peak volume periods as well as for orders that have hazardous items. If you have not received your order within 14 days please call OTC Health Solutions at 1-888-628-2770 (TTY: 711) Monday to Friday, from 9 a.m. to 8 p.m. local time.
Are all items available at CVS stores?	Not all items are available in stores. Items marked with a 📞 in the catalog can only be ordered over the phone or online. The CVS OTC catalog is available online at medicareadvantage.premiera.com/prescriptions/get-your-prescriptions/ .
Is there a 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 to receive a replacement item.
What is the manual reimbursement process?	In the event the call center and online order site are both simultaneously unavailable, and you need to purchase items covered by your catalog at a CVS retail location, you can be reimbursed for those items. The way to obtain a refund is:

	<ul style="list-style-type: none"> • Retain your original receipt (which should include the date and time of purchase). • Order the items from OTCHS when the call center or online order site becomes available. • Upon receipt of the items, return them to the CVS retail location with your original receipt for a refund.
<p>Who can I call if I have questions?</p>	<p>You may call us at 1-888-628-2770 (TTY: 711) from 9 a.m to 8 p.m PST Monday through Friday, or at Premera Blue Cross Medicare Advantage Customer Service at 888-850-8526 (TTY: 711) 8 a.m. – 8 p.m., seven days a week from October 1 through March 31; or 8 a.m. – 8 p.m., Monday through Friday from April 1 to September 30.</p>

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

Notice of Nondiscrimination

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, sex, gender identity, or sexual orientation. 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
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides 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 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, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Coordinator – Complaints and Appeals
Premera Blue Cross Medicare Advantage Plans
PO Box 21481, Eagan, MN 55121
Phone: 888-850-8526, Fax: 800-889-1076, TTY: 711
Email: 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>.

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Enrollment in Premera Blue Cross depends on contract renewal.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-850-8526 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-850-8526 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-850-8526 (TTY/TDD: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-850-8526 (TTY/TDD: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-850-8526 (TTY/TDD: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-850-8526 (TTY/TDD: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-850-8526 (TTY/TDD: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-850-8526 (TTY/TDD: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-850-8526 (TTY/TDD: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-850-8526 (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-850-8526 (TTY/TDD: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-850-8526 (TTY/TDD: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-850-8526 (TTY/TDD: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-850-8526 (TTY/TDD: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-850-8526 (TTY/TDD: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-850-8526 (TTY/TDD: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-850-8526 (TTY/TDD: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。