

# Over-the-Counter (OTC) Benefit

2022 Benefit Information, Catalog and Order Form for members of Ultimate Health Plans.

Keep this catalog  
for future orders



OTC items delivered to your doorstep at no additional cost.



[otc.myultimatehp.com](https://otc.myultimatehp.com)

# Using Your OTC Benefit:

Using your over-the-counter benefit is easy as 1-2-3. Use your monthly benefit allowance to purchase health- and wellness-related items. Your order is conveniently shipped directly to your home.

## HOW TO PLACE AN ORDER:

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### 1. Select your products

Choose from the list of available medications and products found on the following pages or online.

### 2. Choose your order method

Select the option that works best for you.



#### PHONE

**Call 1-855-422-0039 (TTY: 711)**

to speak with a dedicated Customer Service Representative Monday-Friday, between 8 a.m. and 8 p.m. EST. Language support services are available if needed. During certain times of the year we may use alternative technologies to answer your call such as weekends and Federal holidays.



#### MAIL ORDER

Complete and send in the mail order form included in this catalog. If the end of your benefit period is approaching and you're not sure your order form will be received prior to the last business day of the month, please use one of the other 4 order methods available.



#### ONLINE

Visit **[otc.myultimatehp.com](https://otc.myultimatehp.com)** to sign on using your login credentials. First-time users will need to register using your Ultimate Health Plans Member ID number.



#### EMAIL

Email your completed order form to **[orders@unitedmedco.com](mailto:orders@unitedmedco.com)**



#### FAX

Fax your completed order form to: **(833) 902-3098**

### 3. Receive your order

Products will be shipped and delivered to your home. Products usually arrive within 7 to 10 business days of when we receive your order.

**QUESTIONS?** If you have any questions or need help placing your order, we're here for you. Dedicated Customer Service Representatives are available at **1-855-422-0039 (TTY: 711)**.

## OTC Benefit Guidelines:

- Please allow 7-10 business days after an order is placed for delivery. An order might take longer to arrive if a change is made or an item is not in stock.
- Your order total will be applied to the benefit period in which the order is received. 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 29th, but we receive it on July 1st, your order total will be applied to your July benefit allowance, not your June benefit allowance. If you are getting close to the end of the month and you do not think your order form will be received in time, please use a different method to place your order such as calling in, faxing, emailing, or ordering online.
- Your order total may not exceed your monthly benefit amount.
- Orders may only be placed by the member, an authorized representative verbally approved by the member at time of the order, and/or the member's authorized representative on file.
- If you disenroll from Ultimate Health Plans, your OTC benefit will automatically terminate.
- OTC products are intended for member use only. Ordering OTC items for friends and family is not allowed.
- If an item is damaged during shipping, it will be exchanged or replaced for an identical item, at no cost, within 5 business days from when we are notified.
- Your benefit allows a set amount every month as specified in your Summary of Benefits and Evidence of Coverage. The benefit amount does not roll over from month to month. You have a \$0 copay for covered OTC items and products up to the available benefit limit each month. You can check your available balance at any time by either logging on to **otc.myultimatehp.com** or calling us at **1-855-422-0039 (TTY: 711)**.
- Items in the 2022 OTC Catalog may change throughout the year. For the most up-to-date listing of products available, visit **otc.myultimatehp.com** or call us at **1-855-422-0039 (TTY: 711)**.

If you have questions about your OTC order, please call **1-855-422-0039 (TTY: 711)**. Dedicated Customer Service Representatives are available Monday - Friday between 8 a.m. and 8 p.m. EST. For all other questions, please contact Ultimate Health Plans Member Services at **1-888-657-4170 (TTY: 711)**, Monday - Sunday from 8 a.m. - 8 p.m. EST. During certain times of the year we may use alternative technologies to answer your call on weekends and Federal holidays.

# OTC Items

Item	Description	Qty	Member Price
<b>ALLERGY PREVENTION AND TREATMENT</b>			
1	Allergy Relief Cetirizine 10mg Tablets, Compare to Zyrtec®	30	\$10
2	Allergy Relief Loratadine 10mg Tablets, Compare to Claritin®	30	\$7
640	Benadryl® Itch Cream	1 oz.	\$8
38	Diphenhydramine Liquid Allergy Relief	4 oz.	\$4
280	Nasoflow™ Allergy Relief, Compare to Flonase®	60 Sprays	\$24
<b>ANALGESICS / ANTIPYRETICS</b>			
4	Acetaminophen 500mg Tablets, Compare to Tylenol®	100	\$5
6	Aspirin 81mg Chewable	36	\$3
7	Aspirin Enteric Coated 81mg Tablets	120	\$5
8	Aspirin Enteric Coated 325mg Tablets	100	\$4
504	Tylenol® 500mg Tablets	100	\$18
<b>ANTACIDS AND ACID REDUCERS</b>			
513	Alka-Seltzer®	36	\$9
12	Antacid Tablets	150	\$5
17	Anti-Diarrheal Tablets	12 ct.	\$4
1118	Beano®	30	\$10
966	ClearLAX®	4 oz.	\$5
783	Metamucil®	72 Doses	\$25
790	Pepto-Bismol®	8 oz.	\$9
22	Stool Softener	30 ct.	\$4
<b>ANTI-INFLAMMATORY</b>			
24	Ibuprofen 200mg Tablets	50	\$6
25	Naproxen Sodium 220mg Caplets, Compare to Aleve®	50	\$8
<b>ARTHRITIS MEDICINE</b>			
26	Arthritis Pain Relief Tablets	24	\$5
27	Hot/Cold Patches	5	\$6
<b>BLADDER CONTROL ITEMS</b>			
170	Adult Bladder Control Pads	28	\$9
457	Adult Protective Disposable Pull-Up Brief S/M	20	\$18
456	Adult Protective Disposable Pull-Up Brief LG	20	\$18
455	Adult Protective Disposable Pull-Up Brief XL	20	\$20
200	Disposable Bed Underpads	5	\$6
<b>COLD, COUGH, AND FLU REMEDIES</b>			
458	Acetaminophen PM 500mg, Compare to Tylenol PM®	50	\$3
54	Cough / Throat Drops	30	\$3
230	Diphenhydramine 25mg Capsules, Compare to Benadryl®	24	\$3
451	HBP Cough & Cold	16	\$6
57	Mucus Relief DM Tablets	30	\$9
59	Nasal Decongestion Spray	1 oz.	\$4
565	Robitussin® DM	4 oz.	\$10
63	Saline Nasal Spray	1.5 oz.	\$3
211	Sugar Free Cough Drops	25 ct.	\$3
65	Tussin DM Syrup SF	4 oz.	\$4
66	Tussin Syrup	4 oz.	\$4
67	Vapor Rub	3.53 oz.	\$5
<b>DENTAL AND DENTURE CARE</b>			
72	Adult Toothbrush - Medium	1	\$2
1120	Aim® Floss Picks	50 ct.	\$4
571	Colgate® Toothpaste	4 oz.	\$5
963	Crest® Toothpaste	4 oz.	\$5
313	Dental Floss, Waxed	55 yds.	\$1
69	Denture Adhesive Cream	2.4 oz.	\$8
315	Denture Brush	1	\$1
70	Denture Cleaner	40	\$4
330	Electric Toothbrush & 2 Replacement Heads	1	\$30
965	Fixodent®	0.75 oz.	\$10
569	Fixodent®	2.4 oz.	\$8
71	Fluoride Toothpaste	6.4 oz.	\$4
75	Sensitive Teeth Toothpaste	4.3 oz.	\$5

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Item	Description	Qty	Member Price
<b>DENTAL AND DENTURE CARE</b>			
318	Toothpaste	0.85 oz.	\$1
76	Toothache Relief Gel	0.33 oz.	\$4
200550	Waterpik®	1	\$35
<b>EYE CARE</b>			
79	Artificial Tears	0.5 oz.	\$6
1117	Contact Lens Solution	4 oz.	\$10
93	Red Eye Relief Drops	0.5 oz.	\$4
593	Visine® Drops	0.5 oz.	\$8
<b>FIRST AID AND MEDICAL SUPPLIES</b>			
97	Alcohol Pads*	100	\$3
189	Ankle Support	1	\$7
340	Back Support	1	\$25
99	Bandages, Assorted*	100	\$6
341	Blood Pressure Monitor, Arm (Audio)**	1	\$35
334	Blood Pressure Monitor, Arm (Non-Audio)**	1	\$30
400034	Blood Pressure Monitor, Wrist (Audio)**	1	\$19
342	Blood Pressure Monitor, Wrist**	1	\$25
101	Corn and Callus Remover	0.33 oz.	\$4
102	Cotton Balls	100	\$3
103	Cotton Swab	150	\$3
250	Diabetic Socks Ladies Size 5-10 Black	3 Pack	\$7
249	Diabetic Socks Ladies Size 5-10 White	3 Pack	\$7
252	Diabetic Socks Men Size 6-12.5 Black	3 Pack	\$7
251	Diabetic Socks Men Size 6-12.5 White	3 Pack	\$7
316	Elastic Bandage 3"*	1	\$1
347	Folding Cane	1	\$10
200971	Gloves (Vinyl)	100 ct.	\$20
191	Elbow Support	1	\$7
448	Ethyl Alcohol Gel	4 oz.	\$4
1119	Fabric Bandages	100	\$5
104	First Aid Kit	1	\$8
105	Flexible Tip Thermometer	1	\$10
111	Hemorrhoid Ointment	2 oz.	\$7
305	Hot/Cold Reusable Pack, 4" x 6"	1	\$1
320	Hydrogen Peroxide	4 oz.	\$1
454	Hydrogen Peroxide Spray	4 oz.	\$9
258	Knee Support	1	\$7
647	Neosporin®	0.5 oz.	\$8
345	No-Contact Thermometer	1	\$35
108	Oral Digital Thermometer	1	\$5
188	Peak Flow Meter	1	\$14
351	Pulse Oximeter*	1	\$20
319	Surgical Tape*	1" x 10 yds.	\$1
200492	TENS Unit	1	\$35
124	Thermometer Probe Covers	30	\$3
328	Transfer Bench	1	\$35
190	Wrist Support	1	\$7
<b>MOBILE DEVICE</b>			
3001	Health-Related Smart Phone <i>(please refer to page 8 for details)</i>	1	\$35 per month
<b>MOTION SICKNESS MEDICATION</b>			
115	Motion Sickness Tablets	12	\$3
<b>OTHER PRODUCTS AND AIDS FOR DAILY LIVING</b>			
472	Adult Washcloths, Disposable	48	\$5
118	Antibacterial Wet Wipes	24	\$4
216	Bathroom Scale, Dial, to 300 lbs <sup>±</sup> **	1	\$12
325	Bathtub Safety Device	1	\$35
226	Bug X® Repellent	2 oz.	\$8
186	Button and Zipper Puller	1	\$5
121	Dry Skin Therapy Moisturizing Cream	1	\$8

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Item	Description	Qty	Member Price
<b>OTHER PRODUCTS AND AIDS FOR DAILY LIVING</b>			
300	Face/Surgical Masks	5	\$3
490	Flushable Wipes	24 ct.	\$6
1121	Germ-X® Hand Sanitizer	8 oz.	\$6
239	Heating Pad	1	\$21
329	Humidifier	1	\$35
427	Inflatable Neck Cushion	1	\$3
175	Jar Opener/Faucet Gripper	1	\$6
1001	KN-95 Masks	2	\$10
178	Letter Opener	1	\$2
962	Lysol® Disinfecting Wipes, Resealable Flat Pack	15	\$3
219	Medical Appointment Calendar	1	\$5
196	Nicotine Gum 2mg	20 ct.	\$25
197	Nicotine Gum 4mg	20 ct.	\$25
384	Panty Liners, Universal Size	22	\$2
180	Pill Bottle Opener	1	\$4
130	Pill Box, 7 Days, 1 Time Per Day	1	\$2
269	Pill Box, 7 Days, 2 Times Per Day	1	\$4
267	Pill Box, 7 Days, 3 Times Per Day	1	\$4
268	Pill Box, 7 Days, 4 Times Per Day	1	\$4
181	Pill Crusher	1	\$8
131	Pill Splitter	1	\$3
133	Pregnancy Test	1	\$8
182	Reacher/Grabber	1	\$17
493	ReadyBath® Fresh Wipes	8 ct.	\$3
475	Shower Head	1	\$19
185	Toothpaste Squeezer	1	\$3
612	TUCKS® Hemorrhoid Pads	40	\$12
<b>SLEEPING AIDS</b>			
138	Night Time Sleep Tablets	50	\$4
445	Snoring Strips	10 ct.	\$10
<b>TOPICAL OINTMENTS AND CREAMS</b>			
675	Abreva®	0.7 oz.	\$20
964	Aspercreme®	2 oz.	\$20
143	Hydrocortisone 1% Cream	1 oz.	\$5
144	Muscle Rub Cream	1.25 oz.	\$3
145	Petroleum Jelly	4 oz.	\$3
171	Sunscreen SPF 50	4 oz.	\$9
146	Tolnaftate 1% Cream	1.25 oz.	\$6
147	Triple Antibiotic Ointment	1 oz.	\$5
198	Vitamin A & D Ointment	1 oz.	\$3
<b>VITAMINS AND MINERALS</b>			
200359	Active Women's Multi-Vitamin, Compare to Women's One A Day®†	90	\$5
148	Adult Multi-Vitamin†	100	\$8
242	Antioxidant Tablet Combination of Vitamins A, E and C†	60	\$6
414	Biotin Gummies†	60	\$10
149	Calcium + D3 600mg†	60	\$3
248	CoQ10 100mg†	30	\$8
1009	DHEA 25mg†	30	\$8
151	Ferrous Sulfate Iron 325mg Tablets†	100	\$6
94	Fiber Gummies†	60	\$10
95	Fibertab Tablets†	90	\$9
256	Fish Oil 1000mg†	30	\$4
152	Folic Acid 400mcg Tablets†	100	\$4
261	Glucosamine and Chondroitin 1500mcg†	60	\$8
463	Glucose Tablets†	50	\$8
153	Magnesium 500mg†	100	\$5
415	Melatonin Gummies 5mg†	60	\$10
416	Multi-Vitamin Gummies†	60	\$8
473	Prosight Eye Supplement (Lutein) 20mg†	60	\$4

## OTC Items

Item	Description	Qty	Member Price
<b>VITAMINS AND MINERALS</b>			
200941	Resistance™ C 1000mg, Compare to Emergen-C®‡	14 Packets	\$6
200444	Selenium 200mcg‡	60	\$4
156	Vitamin B 12 100mcg‡	100	\$8
157	Vitamin B Complex‡	100	\$6
200541	Vitamin B Complex with C 500mg‡	100	\$6
159	Vitamin C 500mg Tablets‡	100	\$5
233	Vitamin D Tablets 400IU‡	100	\$6
200546	Vitamin D3 1000IU‡	100	\$4
160	Vitamin E 400IU‡	100	\$6
200940	Vitatum Complete Multi-Vitamin, Compare to Centrum®‡	150	\$7
200939	Vitrum 50+ Adult Multi-Vitamin, Compare to Centrum® Silver‡	100	\$7
161	Zinc 50mg Tablets‡	100	\$5

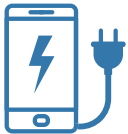
\* Medicare Part B/D—Under certain circumstances, some items may be covered under either Medicare Part B or Part D. When you're eligible to receive these items under Part B or Part D, you may not purchase these items through your Part C supplemental OTC benefit. For your convenience, we've marked these 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.



**Manage your health and communicate with your caregivers and providers from your Ultimate Smart Phone\*!**



## **No Contract or Out-of-Pocket Cost for the Service**

- \$35 per month directly from your Over-the-Counter benefit.
- Your phone arrives with a Quick Set-Up Guide and includes a charger, data cable, protective case, and screen protector pre-installed.
- Cancel the smart phone at anytime by calling **(855) 422-0039 (TTY: 711)**. When you cancel, your service will continue until the end of the month and you will be provided a pre-paid shipping label to return your device.
- If your phone is lost, broken, or stolen, you are entitled to one replacement every six months with no charge. Additional replacements within the six month time-frame have a \$75 deductible.



## **The Ultimate Smart Phone comes pre-loaded with web and mobile health-related apps, including:**

- Ultimate Health Plans Member Portal
- SilverSneakers®
- LabCorp - Schedule appointments and view results
- Built-in Thermometer



## **Communicate directly with your Ultimate Health Plans providers from the safety and comfort of your home**

- Communicate with unlimited data and minutes
- Port your existing phone number
- Attend your telehealth appointments
- Manage your prescriptions
- Connect with Case Management
- Make emergency and other health-related calls

\*For members of the Premier by Ultimate (HMO), Premier Plus by Ultimate (HMO), and Advantage Plus by Ultimate (HMO D-SNP), the Ultimate Smart Phone device is limited to health-related activities only. Some examples of health-related activities are telehealth appointments, calling providers and using applications that are focused on managing and maintaining your health.







# 2022 Over-the-Counter (OTC) **ORDER FORM**

## Complete Your Personal Information

**Member ID** (found on member ID card)

**Date of Birth** (MM/DD/YY)

**First Name**

**Last Name**

**Street #**

**Street Name**

**Apt/Suite #**

**City**

**State**

**ZIP Code**

**Phone**

**Email**

## Make Your Product Selection

**Use the form on the reverse side to enter your product information.**

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

## Mail Completed Form

Send the completed order form to:

**Ultimate Health Plans - OTC Orders**  
**4613 N. University Drive, Unit #586**  
**Coral Springs, FL 33067**

If you have any questions or need assistance placing your order, please call us at **1-855-422-0039 (TTY: 711)**. Dedicated Customer Service Representatives are available Monday - Friday, between 8 a.m. and 8 p.m. EST. Language support services are available.

**SEE REVERSE SIDE FOR PRODUCT SELECTION**



2022 Over-the-Counter (OTC)  
**ORDER FORM**

ITEM #	DESCRIPTION	QTY	PRICE	TOTAL
1.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
11.	_____	_____	\$ _____	\$ _____
12.	_____	_____	\$ _____	\$ _____
13.	_____	_____	\$ _____	\$ _____
14.	_____	_____	\$ _____	\$ _____
15.	_____	_____	\$ _____	\$ _____
16.	_____	_____	\$ _____	\$ _____
17.	_____	_____	\$ _____	\$ _____
18.	_____	_____	\$ _____	\$ _____
19.	_____	_____	\$ _____	\$ _____
20.	_____	_____	\$ _____	\$ _____
21.	_____	_____	\$ _____	\$ _____
22.	_____	_____	\$ _____	\$ _____
23.	_____	_____	\$ _____	\$ _____
24.	_____	_____	\$ _____	\$ _____
25.	_____	_____	\$ _____	\$ _____

**Order Total** \$ \_\_\_\_\_