



2020 Community Health Choice (HMO D-SNP)

# OVER-THE-COUNTER (OTC) BENEFIT QUICK REFERENCE GUIDE

Texas: Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, and Wharton

[CommunityHealthChoice.org/Medicare](https://CommunityHealthChoice.org/Medicare)

833.276.8306 or 713.295.5007 (TTY 711)  
October 1 through March 31, 8:00 am to 8:00 pm,  
7 days a week and April 1 through September 30,  
Monday through Friday, 8:00 am to 8:00 pm



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Plan Service Area

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Thank you for choosing to get your Medicare health care and your prescription drug coverage through our plan, Community Health Choice (HMO D-SNP).

As a Community Health Choice member, you get a quarterly Over-the-Counter (OTC) benefit that allows you to purchase items such as cold and cough medicines, vitamins, dental care items, pain relievers, and much more. The information below describes how to take advantage of this benefit.

As a plan member, you receive a quarterly allowance to purchase qualified OTC products at any pharmacy. You can purchase eligible OTC items all at once or one at a time as long as you don't go over the set benefit amount. An unspent benefit allowance from one quarter does not carry over to future quarters. If you go over the set benefit amount, you will be responsible for the additional cost. Please note that the amount you spend on qualified OTC products does not count towards your out-of-pocket prescription drug costs.

### **How do I use the OTC benefit?**

As a member of Community Health Choice, you may obtain qualified OTC products through any pharmacy. After you have purchased your OTC products, you will need to submit copies of your itemized purchase receipts within 30 days after the end of a specific quarter to the health plan. For example, items purchased between January 1st and March 31st would need to be submitted to the health plan by April 30th. Please send copies of your receipts as receipt detail cannot be returned. You will only be reimbursed for qualified OTC products (please see below for a list of eligible OTC products). We will not reimburse for non-eligible OTC items, prescription costs, or any medical services you received through this OTC benefit.

## **OVER-THE-COUNTER BENEFITS**

	<b>Months</b>	<b>Amount Available to Spend on OTC Products</b>
<b>Quarter 1</b>	January – March	\$75
<b>Quarter 2</b>	April – June	\$75
<b>Quarter 3</b>	July – September	\$75
<b>Quarter 4</b>	October - December	\$75

To ensure we can process your request for reimbursement as quickly as possible, please follow the instructions below.

- Collect all your original itemized purchase receipts for qualified OTC products.
- Complete the Community Health Choice Over-the-Counter (OTC) Reimbursement Claim Form. This form can be found at the end of this document or can be downloaded from our website at [www.CommunityHealthChoice.org/Medicare](http://www.CommunityHealthChoice.org/Medicare).
- Mail copies of your itemized receipts along with the completed OTC Reimbursement Claim Form to:  
**Community Health Choice**  
Attention: Community Health Choice HMO D-SNP  
2636 South Loop West, Suite 125  
Houston, TX 77054

### How Does the quarterly allowance work?

You receive a \$75 quarterly allowance or credit to purchase OTC drugs. Any balance on the allowance that is not used up and submitted for reimbursement does not roll over to the following quarter. By the beginning of the next quarter, your quarterly allowance resets to \$75. The start dates for each of the quarters are the following:

<b>Quarter 1</b>	January 1
<b>Quarter 2</b>	April 1
<b>Quarter 3</b>	July 1
<b>Quarter 4</b>	October 1

### How do I know what OTC products are eligible for reimbursement?

We have included in this brochure the eligible OTC categories covered under

the OTC benefit. Products listed after each category are examples and not an endorsement of specific products. The list also does not represent an exhaustive list of all eligible and reimbursable OTC products.

Before obtaining any OTC products, you should first discuss with your physician or health care provider to confirm that the use of these products are right for you. Your provider must recommend certain vitamins and mineral supplements for a specified diagnosed condition. These are known as Dual Purpose Items.

OTC items may be purchased for your individual use only, not to be used by family members or friends.

The following items are not covered under this OTC benefit and would not be eligible for reimbursement:

- Alternative medicines (e.g., botanicals, herbals, probiotics, or nutraceuticals),
- Baby items (e.g., diapers or formula),
- Contraceptives (e.g., birth control pills, spermicide, prophylactics),
- Convenience and comfort (e.g., weighing scales, fans, magnifying glasses, earplugs, insoles, arch supports, or gloves),
- Cosmetics (e.g., mouthwashes, bad breath remedies, deodorants, lip soothers, grooming devices, skin moisturizers, or teeth-whiteners),
- Food product or supplements (e.g., sugar/salt supplements, energy bars, liquid energizers, protein bars, power drinks),
- Replacement items, attachments, peripherals (e.g., hearing aid batteries, contact-lens containers, etc. when not factory packaged with the original item).

**ELIGIBLE OTC CATEGORIES**

<b>Acne Treatment</b>	Acne Free, Acnomel, Clean & Clear, Clearasil, Neutrogena Acne, Oxy, Stri-Dex
<b>Allergy &amp; Antihistamines</b>	Actifed, Allegra, Allerest, Allergy Relief, Bewnadryl, Claritin, Cetirizine HCl, Chlor-Trimeton, Contact, Drixoral, Fexofenadine HCl, Lorataine, NasalCrom, Non-drowsy Allergy, Sudafed, Tavist, Triaminic, Zyrtec, 24-hour Allergy
<b>Antacids and Acid Reducers</b>	Axid AR, Famotidine, Lansoprazole, Maalox, Mylanta, Omeprazole, Tums, Pepcid AC, Tagamet HB
<b>Anticandial (yeast)</b>	Fernstat 3, Gynelotrimin, Mycelex-7, Monistat 3, Vagistat-1
<b>Antidiarrheal &amp; Laxatives</b>	Bismatrol, Bismuth Maximum Strength, Bismuth Subsalicylate, Ex-Lax, Immodium AD, Loperamide HCl, Kaopectate, Pepto-Bismol, Stomach Relief
<b>Antifungal</b>	Clotrimazole, Clotrimazole-7, Lamisil AT, Lotrimin AF, Micatin, Miconazole nitrate
<b>Antigas</b>	Beano, Gas Relief, Gas-X,
<b>Anti-itch Lotions &amp; Creams</b>	Bactine, Benadryl, Caldecort, Caladryl, Calamine, Cortaid, Hydrocortisone, Lanacort, Panthoderm, Hydrocortisone
<b>Asthma Medicines</b>	Bronitin Mist, Bronkaid, Bronkolixer, Primatene
<b>Bowel Evacuants</b>	Gavilax, Gentlelax, Miralax, PEG 3350, Polyethylene Glycol 3350
<b>Cold Sore/Fever Blister</b>	Abreva, Herpecin
<b>Cold, Flu, Decongestant and Sinus Remedies</b>	Actifed, Advil Cold and Sinus, Afrin, Alka Seltzer Cold and Flu, Afrinol, Aleve Cold and Sinus, Children's Advil Cold, Contact, Dayquil, Dimetane, Dristan Long Lasting, Drixoral, Neo-Synephrine 12- Hour, Nyquil, Otrivin, Pediacare, Phenylephrine HCl, Pseudoephedrine HCl, Sudafed, Tavist-D, Theraflu, Triaminic, Tylenol Cold and Flu, Cough Drops, Nasal Sprays
<b>Cough Suppressant &amp; Expectorants</b>	Chloraseptic, Cough Drops, Dextromethorphan HBr, Duraflu, Guaifenesin/Dextromethorphan, Guaifenesin/DM/ Pseudoephedrine, Mucinex, Poly-Vent DM, Robafen Cough, Robitussin, Theraflu, Throat Lozenges, Triaminic Daytime Cold-Cough, Vicks Dayquil Cough, Vicks 44, Wal-Tussin

**ELIGIBLE OTC CATEGORIES**

<b>Mouth Care</b>	Orajel, Anbesol, Poligrip, Act, Colgate Phos-Flur
<b>Ear Care</b>	Ear drops, Ear wax removal
<b>Eye Care</b>	Eye drops, Eye lubricants, Natural Tears, Refresh Optive, Refresh Tears, Sterile lubricant, Systane, Thera Tears, Ultra Fresh,
<b>First Aid &amp; Medical Supplies</b>	Adhesive Bandage, Adhesive Tape, Antibacterial pad, Antiseptics, Band-Aids, Benzalkonium Chloride, Corn/Callus Cushion, Cotton Swabs, Duoderm, Elastic Bandage, Gauze Bandage, Peroxide, First Aid Kits, Cold/Hot Packs for Injuries, Joint Supports (Ankle, Elbow, Knee, Wrist), Q-Tips, Rubbing Alcohol, Ace Wraps, Splints, Thermometers, Witch Hazel, Bacitracin, Neosporin, Triple Antibiotic Ointment
<b>Foot Care</b>	Callous removers, Bunion, blister and corn treatments
<b>Hemorrhoidal</b>	Preparation H, Hemorrhoid, Tronolane
<b>Lactose Intolerance</b>	Dairy Relief, Lactaid, Lacteeze
<b>Medicated Lip Products</b>	Blistex Medicated Lip Ointment, Carmex Medicated Lip Balm, Neosporin Lip Treatment
<b>Motion Sickness</b>	Bonine, Dimenhydrinate, Dramamine, Marizine, Motion Relief, Motion Sickness Relief, Travel Sickness, Nausea Control
<b>Nasal Strips</b>	Breathe Right, Snoreez
<b>Pain or Fever</b>	Advil, Aleve, Advil Migraine, Aspirin, Bengay, Excedrin, Ibuprofen, Midol, Motrin Migraine, Pamprin, Pemsyn PMS, Tylenol
<b>Pediculicide (Lice)</b>	Nix, Rid
<b>Sleeping Aids</b>	Tylenol PM, Melatonin, Nytol, Sominex, Unisom
<b>Stool Softner</b>	Colace, Docusate, Dulcolax, Sof-Lax
<b>Vitamins</b>	Ascorbic acid, Beta-Carotene, Biotin, Centrum, Cerovite Senior, Cyanocobalamin, Iron, Lutein, Multivitamin w/Iron, Oyster Shell Calcium, Vitamin A, Vitamin B6, Vitamin B12, Vitamin C, Vitamin E, Magnesium, Folic Acid, Ferrous Sulfate, Niacin, Calcium Carbonate/Vit D, Calcium Citrate/Vit D, CoQ10, Fish Oil, Zinc, Glucosamine, Chondroitin
<b>Wart Removal</b>	Compound W, Dr. Scholl's Clear Away