

# 2019

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

**More  
products than  
ever!**

*Information on how to place your  
OTC order can be found in the  
back of this OTC Product Catalog.*



### ***Get Over-the-Counter Products Every Quarter.***

#### ***Special Health Plan Benefit With No Cost To You.***

As a Molina Healthcare member, you have an OTC benefit of a fixed amount to spend on plan-approved OTC products from this catalog. You can find your OTC benefit amount in your Evidence of Coverage (EOC) or by calling an OTC Advocate. Simply order online at [MolinaHealthcareOTC.com](https://MolinaHealthcareOTC.com), mail your completed order form, or call (866) 420-4010 (TTY/TDD: 711), Monday to Friday, 8 a.m. to 11 p.m. EST. Your order will be shipped directly to your door.

#### **Remember to Keep this OTC Product Catalog.**

You will want to reference this  
OTC Product Catalog each  
time you place your order.



Item #	Product	Packaging	Strength	Price
<b>Allergy, Cold, Flu, Decongestant &amp; Sinus</b>				
1946	<b>Allergy Relief Nasal Spray, 24-hr, Fluticasone Propionate</b>	120 spray	50 mcg	\$25.00
1361	<b>All-Nite Cold/Flu</b>	4 oz	12.5 mg, 30 mg, 650 mg	\$5.50
1927	<b>Benadryl Allergy Liqui-Gels Dye-Free</b>	24 ct	25 mg	\$12.00
1090	<b>Cetirizine HCL Allergy Relief</b>	14 ct	10 mg	\$5.75
1008	<b>Chlorpheniramine Maleate Antihistamine</b>	100 ct	4 mg	\$5.25
1166	<b>Cough &amp; Cold for High Blood Pressure</b>	16 ct	-	\$6.25
1056	<b>Cough Drops, Cherry</b>	30 ct	5.8 mg	\$4.00
1054	<b>Cough Syrup, Expectorant</b>	4 oz	200 mg / 10 ml	\$5.25
1323	<b>Diabetic Tussin DM</b>	4 oz	-	\$9.50
1009	<b>Diphenhydramine Antihistamine</b>	24 ct	25 mg	\$5.00
1308	<b>Diphenhydramine Antihistamine</b>	100 ct	25 mg	\$6.00
1804	<b>Fexofenadine Allergy Relief</b>	30 ct	180 mg	\$16.00
1180	<b>Guaifenesin Cough Expectorant</b>	60 ct	200 mg	\$8.50
1806	<b>Irritation Relief Eye Drops</b>	15 ml	-	\$6.25
1611	<b>Loratadine Allergy Relief</b>	100 ct	10 mg	\$15.00
1178	<b>Mucus Relief DM Expectorant &amp; Cough Suppressant</b>	30 ct	400 mg, 20 mg	\$10.00
1965	<b>Mucus Relief DM Expectorant &amp; Cough Suppressant, Extended Release</b>	14 ct	1,200 mg, 60 mg	\$15.00
1357	<b>Multi-Symptom Cold Formula</b>	24 ct	10 mg, 5 mg, 325 mg	\$6.50
1881	<b>Nasacort</b>	60 spray	-	\$20.00
1922	<b>Nasal Decongestant Inhaler - Levmetamfetamine</b>	.007 oz	50 mg	\$6.00
1091	<b>Nasal Decongestant Spray, 12 Hour</b>	1 oz	0.05%	\$5.25
1931	<b>Nasal Rinse Kit, Saline</b>	1 kit	-	\$18.00
1052	<b>Nasal Spray, Saline</b>	1.5 oz	0.65%	\$5.00
1792	<b>Personal Steam Inhaler</b>	1 ct	-	\$45.00
1176	<b>Sore Throat Lozenges, Cherry</b>	18 ct	-	\$5.00
1904	<b>Sore Throat Spray, Cherry</b>	6 oz	-	\$6.50

Item #	Product	Packaging	Strength	Price
1352	Sudogest PE Nasal & Sinus Decongestant	36 ct	10 mg	\$5.50
1164	Vapor Rub	3.5 oz	4.7%, 1%	\$6.50
<b>Antacids &amp; Acid Reducers</b>				
1006	Antacid / Anti-Gas Liquid	12 oz	-	\$6.50
1346	Antacid Chewables	150 ct	500 mg	\$6.00
1314	Effervescent Pain Reliever	36 ct	-	\$7.00
1949	Esomeprazole Magnesium, 24-hr Delayed Release Acid Reducer *	42 ct	20 mg	\$23.00
1108	Famotidine Acid Reducer *	30 ct	10 mg	\$6.00
1970	Omeprazole Acid Reducer *	42 ct	20 mg	\$25.00
1900	Ranitidine Acid Reducer	30 ct	75 mg	\$7.00
1800	Simethicone Anti-Gas Chewables	100 ct	80 mg	\$6.50
<b>Anticandidal (yeast)</b>				
1115	Clotrimazole 7-Day Treatment Vaginal Cream (with applicator)	45 gm	1%	\$9.00
1117	Miconazole 3-Day Treatment Vaginal Cream (with applicator)	1 kit	2%	\$13.25
1119	Tioconazole 1-Day Treatment Vaginal Cream (with applicator)	1 ct	6.5%	\$18.00
<b>Anti-diarrheal, Laxatives &amp; Digestive Health</b>				
1128	Bisacodyl Enteric Coated Laxative	100 ct	5 mg	\$5.50
1045	Bismatrol Chewable Tablets	30 ct	262 mg	\$6.50
1969	ClearLax Unflavored Powder	8.3 oz	17 g	\$14.00
1126	Docusate Sodium Stool Softener	100 ct	100 mg	\$6.00
1733	Enema	4.5 oz	-	\$5.00
1124	Ex-Lax	8 ct	15 mg	\$6.50
1125	Glycerin Suppository	25 ct	2 gm	\$5.00
1067	Lactase Capsules	60 ct	9000 FCC Units	\$9.00
1133	Loperamide HCL Anti-Diarrheal *	12 ct	2 mg	\$5.25
1011	Milk of Magnesia	12 oz	400 mg	\$6.00
1340	Natural Vegetable Laxative	13 oz	-	\$9.00

Item #	Product	Packaging	Strength	Price
1967	Natural Vegetable Laxative	30.4 oz	-	\$16.00
1968	Natural Vegetable Laxative, Sugar free	15 oz	-	\$13.00
1889	Oral Solution Magnesium Citrate, Lemon	296 ml	-	\$6.00
1318	Pink Bismuth	8 oz	525 mg / 30 ml	\$5.00
1012	Polycarbophil Fiber Tablets	90 ct	625 mg	\$9.50
1130	Senna Plus Stool Softener Plus Laxative	60 ct	8.6 mg, 50 mg	\$5.75
<b>Anti-fungal &amp; Anti-itch</b>				
1142	Bactine Solution	4 oz	-	\$10.00
1144	Caldyphen Clear Lotion Local Analgesic	6 oz	1%	\$7.00
1047	Clotrimazole Antifungal Athlete's Foot Cream	1.5 oz	1%	\$5.50
1140	Diphenhydramine HCL / Zinc Acetate Anti-Itch Cream	1 oz	-	\$5.25
1074	Hydrocortisone 1% Cream	1 oz	1%	\$5.25
1874	Medicated Antifungal Foot Powder Spray	4.6 oz	-	\$8.50
1135	Miconazole Nitrate 2% Antifungal Cream	1 oz	2%	\$6.25
1046	Terbinafine HCL Antifungal Cream	.5 oz	1%	\$11.00
1064	Tolnaftate Antifungal Cream	1.25 oz	1%	\$5.50
<b>Cold Sore &amp; Medicated Lip Products</b>				
1152	Abreva	2 gm	10%	\$25.00
1256	Blistex Lip Ointment	6 gm	-	\$5.00
1255	Carmex	7.5 gm	-	\$5.00
1359	Releev Cold Sore Treatment	6 ml	0.13%	\$22.50
<b>Dental &amp; Denture Care</b>				
1817	Biotene Dry Mouth Oral Rinse	16 oz	-	\$12.00
1747	Denture Brush	1 ct	-	\$6.50
1032	Denture Cleaning Tablets	40 ct	-	\$5.00
1843	Effergrip Denture Cream Adhesive	2.5 oz	-	\$7.00
1751	Interdental Flossups	90 ct	-	\$6.50
1750	Oral Care System Kit	1 ct	-	\$12.50
1286	Oral Pain Relief	.5 oz	20%	\$5.50

Item #	Product	Packaging	Strength	Price
1892	<b>Polident Overnight</b>	84 ct	-	\$11.50
1455	<b>Reach Waxed Dental Floss - Mint</b>	55 yd	-	\$3.00
1746	<b>Tongue Cleaner</b>	1 ct	-	\$6.50
1894	<b>Toothbrush, Professional Care Electronic</b>	1 ct	-	\$75.00
1450	<b>Toothbrush, Rechargeable</b>	1 ct	-	\$33.00
1948	<b>Toothbrush, Soft 2-pack</b>	2 ct	-	\$7.00
1412	<b>Toothbrush, Tek Pro, Angled Soft</b>	1 ct	-	\$3.00
1838	<b>Toothpaste, Crest Sensi-Relief</b>	4.1 oz	-	\$8.25
1914	<b>Toothpaste, Fluoride</b>	6.4 oz	-	\$5.00
1414	<b>Toothpaste, Pepsodent</b>	5.5 oz	-	\$5.00
1716	<b>Toothpaste, Ultrabrite Advanced Whitening</b>	6 oz	-	\$6.00
1744	<b>Water Jet</b>	1 ct	-	\$39.00
1743	<b>Water Jet Replacement Tips</b>	5 ct	-	\$15.00
<b>Diabetes</b>				
1856	<b>Glucose Tablets</b>	10 ct	-	\$5.00
1839	<b>Diabetic Skin Relief Foot Cream</b>	3.4 oz	-	\$13.50
1956	<b>Diabetic Socks, Black, Medium 3-pack</b>	3 pair	-	\$9.00
1957	<b>Diabetic Socks, Black, Large 3-pack</b>	3 pair	-	\$9.00
1958	<b>Diabetic Socks, Black, X-Large 3-pack</b>	3 pair	-	\$9.00
1953	<b>Diabetic Socks, White, Medium 3-pack</b>	3 pair	-	\$9.00
1954	<b>Diabetic Socks, White, Large 3-pack</b>	3 pair	-	\$9.00
1955	<b>Diabetic Socks, White, X-Large 3-pack</b>	3 pair	-	\$9.00
1959	<b>Ultra Soft Padded Diabetic Sock, Black, Medium 2-pack</b>	2 pair	-	\$11.00
1960	<b>Ultra Soft Padded Diabetic Sock, Black, Large 2-pack</b>	2 pair	-	\$11.00
1961	<b>Ultra Soft Padded Diabetic Sock, Black, X-Large 2-pack</b>	2 pair	-	\$11.00
1962	<b>Ultra Soft Padded Diabetic Sock, White, Medium 2-pack</b>	2 pair	-	\$11.00
1963	<b>Ultra Soft Padded Diabetic Sock, White, Large 2-pack</b>	2 pair	-	\$11.00



Item #	Product	Packaging	Strength	Price
1964	Ultra Soft Padded Diabetic Sock, White, X-Large 2-pack	2 pair	-	\$11.00
Ear Care				
1742	Cotton Tipped Swabs	300 ct	-	\$5.50
1841	Ear Pain Relief Ear Drops	10 ml	-	\$12.00
1190	Ear Wax Removal Drops	15 ml	6.5%	\$5.50
1363	Ear Wax Removal System with Rubber Bulb	15 ml	6.5%	\$7.50
1910	Swim-Ear Ear Drops	1 oz	-	\$7.50
Eye Care				
1192	Artificial Tears Drops	.5 oz	-	\$5.25
1194	Artificial Tears Ointment	3.5 gm	-	\$7.25
1468	Multi-Purpose Contact Lens Solution	4 oz	-	\$6.75
1061	Redness Relief Eye Drops	15 ml	0.05%	\$4.00
1905	Stye Eye Compress	1 ct	-	\$11.00
1906	Stye Eye Ointment	3.5 gm	-	\$11.50
First Aid & Medical Supplies				
1344	Adhesive Bandages *	60 ct	-	\$5.25
1764	Adjustable Transfer Bench	1 ct	-	\$65.00
1200	Alcohol Pads *	100 ct	70%	\$4.00
1808	Antiseptic Skin Cleanser	8 oz	-	\$9.50
1201	Antiseptic Towelettes	100 ct	-	\$6.50
1020	Bacitracin Ointment	1 oz	500 U / gm	\$6.25
1667	Band-Aid Clear Comfort-Flex Bandage, Assorted Sizes *	45 ct	-	\$7.00
1728	Bath Bench with Back	1 ct	-	\$40.00
1727	Bath Bench without Back	1 ct	-	\$35.00
1459	Bath Mat, Non-Skid	1 ct	-	\$16.50
1730	Bath Tub Safety Rail	1 ct	-	\$31.00
1926	Burn Relief Spray	4.5 oz	0.5%	\$11.00
1223	Conforming Stretch Gauze Sterile Bandages - 3" x 4.1 yd *	12 ct	-	\$5.00

Item #	Product	Packaging	Strength	Price
1763	Cotton Balls	200 ct	-	\$4.50
1669	Cotton Tipped Applicator - 6"	1000 ct	-	\$11.00
1836	CPAP Pillow Fiber Filled	1 ct	-	\$55.00
1837	CPAP Pillow Memory Foam	1 ct	-	\$80.00
1732	Cushion, Foam Ring	1 ct	-	\$21.00
1466	Cushion, Gel / Foam Seat	1 ct	-	\$21.75
1731	Cushion, Lumbar	1 ct	-	\$15.75
1211	Elastic Bandage - 4" x 5 yd *	1 ct	-	\$4.75
1947	First Aid Kit, 20 piece	1 ct	-	\$7.00
1215	First Aid Kit, 75 Pieces	1 ct	-	\$8.75
1738	First Aid Kit, 175 Pieces	1 ct	-	\$13.50
1726	Folding Cane Ergonomic Handle *	1 ct	-	\$20.00
1062	Hot/Cold Pack, 1 small & 1 large	1 ct	-	\$6.75
1795	Humidifier, Ultra-Sonic Cool Mist	1 ct	-	\$55.00
1228	Hydrogen Peroxide	16 oz	3%	\$2.50
1761	Ice Bag - 9"	1 ct	-	\$6.75
1867	Insect Repellant Spray - Deet	2 oz	30%	\$7.50
1868	Insect Repellant Spray - Deet	8 oz	30%	\$18.00
1676	Johnson & Johnson Gauze Pad - 2" x 2" *	25 ct	-	\$6.00
1798	Knurled Chrome Grab Bar - 12"	1 ct	-	\$18.00
1797	Knurled Chrome Grab Bar - 24"	1 ct	-	\$22.00
1202	Lantiseptic Skin Protectant Ointment	4 oz	50%	\$12.00
1872	Liquid Bandage	.45 oz	-	\$6.00
1875	Medical ID Bracelet - Blank	1 ct	-	\$16.00
1840	Nitrile Exam Gloves	100 ct	-	\$9.00
1762	Pain Relief Mask	1 ct	-	\$5.25
1933	Pill Crusher with Storage	1 ct	-	\$11.50
1932	Pill Cutter with Safety Shield	1 ct	-	\$9.50
1203	Povidone Iodine Solution Antiseptic	4 oz	-	\$6.00
1896	Procedural Face Masks with Earloops	50 ct	-	\$8.50



Item #	Product	Packaging	Strength	Price
1777	Quad Cane, Small Base *	1 ct	-	\$15.50
1776	Quad Cane, Large Base *	1 ct	-	\$17.00
1729	Raised Toilet Seat	1 ct	-	\$30.00
1713	Rubbing Alcohol	16 oz	70%	\$4.50
1799	Sharps Container, 1 gallon	1 ct	-	\$7.50
1460	Shower Mat, Non-Skid	1 ct	-	\$12.25
1217	Tape, Paper Surgical - 1" x 10 yd *	1 ct	-	\$4.50
1218	Tape, Paper Surgical - 2" x 10 yd *	1 ct	-	\$5.00
1219	Tape, Silk Surgical - 1" x 10 yd *	1 ct	-	\$5.00
1220	Tape, Silk Surgical - 2" x 10 yd *	1 ct	-	\$6.00
1221	Tape, Transparent Surgical - 1" x 10 yd *	1 ct	-	\$4.50
1222	Tape, Transparent Surgical - 2" x 10 yd *	1 ct	-	\$5.50
1752	Thermometer Probe Covers	30 ct	-	\$3.50
1063	Thermometer, Digital 60 seconds	1 ct	-	\$5.50
1285	Thermometer, Digital Ear	1 ct	-	\$22.00
1697	Thermometer, Flexible Tip, Digital 10 seconds	1 ct	-	\$10.00
1925	Thermometer, Talking Ear and Forehead	1 ct	-	\$47.00
1779	Toilet Safety Rails	1 set	-	\$40.00
1014	Triple Antibiotic Ointment	1 oz	-	\$5.75
1780	Tub & Stair Safety Treads	1 pack	-	\$6.00
1781	Warm or Cold Water Bottle, Rubber Latex	1 ct	-	\$7.00
1934	Weekly AM/PM Pill Case	1 ct	-	\$8.00
Foot Care				
1784	Bunion Guard	1 ct	-	\$9.50
1238	Callus Remover Pads	6 ct	-	\$5.75
1236	Corn Remover Pads	9 ct	-	\$6.00
1785	Hammer Toe Crest	1 ct	-	\$12.00
1786	Lamb's Wool Padding	1 ct	-	\$6.50
1240	Medicated Foot Powder	5 oz	-	\$7.00
1782	Moleskin Sheets Plus	4 ct	-	\$6.00

Item #	Product	Packaging	Strength	Price
1788	Toe Protector, Small	1 ct	-	\$9.00
1787	Toe Protector, Large	1 ct	-	\$9.00
1783	Toe Separator	6 ct	-	\$7.00
<b>Hemorrhoidal Preparations</b>				
1066	Hemorrhoidal Ointment	2 oz	-	\$7.00
1247	Hemorrhoidal Suppository	12 ct	-	\$6.00
1364	Pre-moist Hemorrhoid Pads	100 ct	-	\$7.25
<b>Hormone Replacement</b>				
1737	DHEA ‡	50 ct	50 mg	\$10.25
<b>Incontinence Supplies</b>				
1300	A & D Ointment	2 oz	-	\$5.50
1303	Adult Briefs, Medium - 32" to 44" *	12 ct	-	\$11.50
1304	Adult Briefs, Large - 45" to 58" *	12 ct	-	\$11.50
1305	Adult Briefs, X-Large - 59" to 64" *	15 ct	-	\$11.50
1811	Attends Discreet Men's Guard	20 ct	-	\$10.00
1810	Attends Discreet Men's Shield	20 ct	-	\$10.50
1813	Attends Discreet Women's Moderate Bladder Control Pad	20 ct	-	\$8.00
1812	Attends Discreet Women's Maximum Bladder Control Pad	20 ct	-	\$8.75
1814	Attends Discreet Women's Ultimate Bladder Control Pad	20 ct	-	\$11.50
1815	Attends Discreet Women's Panty Liner	28 ct	-	\$7.00
1816	Attends Discreet Women's Ultrathin Pad	20 ct	-	\$7.50
1302	Barrier Cream	4 oz	-	\$7.50
1478	Bladder Control Shaped Pad, Moderate Absorbency *	24 ct	-	\$14.25
1479	Bladder Control Shaped Pad, Heavy Absorbency *	24 ct	-	\$14.50
1480	Bladder Control Shaped Pad, Maximum Absorbency *	18 ct	-	\$13.75
1021	Disposable Underwear, Medium - 34" to 44" *	20 ct	-	\$11.50

Item #	Product	Packaging	Strength	Price
1026	Disposable Underwear, Large - 44" to 58" *	18 ct	-	\$11.50
1027	Disposable Underwear, X-Large - 58" to 68" *	14 ct	-	\$11.50
1928	Flushable Wipes	24 ct	-	\$7.00
1476	Underpad, Disposable - 23" x 24" *	50 ct	-	\$11.25
1299	Underpad, Disposable - 23" x 36" *	25 ct	-	\$8.75
1477	Underpad, Disposable - 30" x 30" *	10 ct	-	\$6.75
1348	Washcloth with Lanolin	64 ct	-	\$7.00

### In-Home Diagnostics

1935	Bathroom Scale ‡§	1 ct	-	\$25.00
1981	Bathroom Scale, Talking ‡§	1 ct	-	\$60.00
1253	Blood Pressure Monitor, Desktop Automatic ‡	1 ct	-	\$24.50
1503	Blood Pressure Monitor, Desktop Talking ‡	1 ct	-	\$30.00
1501	Blood Pressure Monitor, Wrist ‡	1 ct	-	\$18.50
1502	Blood Pressure Monitor, Wrist Talking ‡	1 ct	-	\$25.00
1416	EZ Detect Colon Cancer Test Kit ‡	1 ct	-	\$14.00
1505	Finger Pulse Oximeter ‡	1 ct	-	\$22.00
1771	Heart Rate Monitor Watch ‡	1 ct	-	\$40.00
1251	Home Access Cholesterol Test ‡	1 kit	-	\$24.00
1789	Peak Flow Meter ‡	1 ct	-	\$15.00

### Motion Sickness

1263	Driminate Antiemetic	12 ct	50 mg	\$5.25
------	----------------------	-------	-------	--------

### Pain Relievers & Fever Reducers

1001	Acetaminophen	100 ct	325 mg	\$5.00
1600	Acetaminophen	100 ct	500 mg	\$5.50
1809	Arthritis Hot Pain Relief Cream	3 oz	10%	\$7.00
1311	Arthritis Pain Reliever	100 ct	650 mg	\$11.25
1924	Aspercreme	1.25 oz	-	\$7.25
1095	Aspirin	100 ct	325 mg	\$5.00
1096	Aspirin, Enteric Coated	100 ct	325 mg	\$5.25
1002	Aspirin, Enteric Coated, Low Dose	120 ct	81 mg	\$5.25

Item #	Product	Packaging	Strength	Price
1802	Aspirin, Low Dose, Chewables	36 ct	81 mg	\$5.00
1720	Bayer Back & Body Pain, Extra Strength	24 ct	500 mg, 32.5 mg	\$7.00
1367	Capsaicin External Analgesic	2 oz	0.025%	\$8.50
1944	Cold/Hot Menthol Medicated Patch	5 ct	5%	\$10.00
1845	Epsom Salt	4 lb	-	\$7.75
1861	Heating Pad, 12" X 15" *	1 ct	-	\$17.50
1942	Heating Pad, X-Large, 12" x 24" *	1 ct	-	\$35.00
1859	HeatWraps - Back & Hip	2 ct	-	\$8.50
1860	HeatWraps - Neck, Shoulder, & Wrist	3 ct	-	\$8.00
1004	Ibuprofen	100 ct	200 mg	\$6.00
1871	Lidocaine Patch	5 ct	4%	\$17.00
1923	Menthol Gel	8 oz	2%	\$7.75
1365	Migraine Relief	100 ct	250 mg, 250 mg, 65 mg	\$7.00
1041	Naproxen	50 ct	220 mg	\$7.00
1097	Naproxen	100 ct	220 mg	\$9.00
1332	Pain Reliever, PM - Extra Strength	100 ct	500 mg, 25 mg	\$9.50
1475	Pain Relieving Muscle Rub	2 oz	2.5%	\$5.25
1739	Salonpas Pain Relief Patches	5 ct	-	\$11.50
1912	Thermacare Lower Back & Hip	2 ct	-	\$13.00
1913	Thermacare Menstrual Relief	3 ct	-	\$13.00
1261	Wellpatch Migraine	4 ct	-	\$8.50
Pediculicide (lice treatment)				
1929	Lice Elimination Kit	1 kit	-	\$29.00
1271	Lice Treatment Shampoo	4 oz	-	\$9.75
1269	Permethrin Lice Treatment	59 ml	1%	\$13.00
Personal Care				
1076	Acne Gel 10% Benzoyl Peroxide	1.5 oz	10%	\$6.75
1368	Ammonium Lactate Moisturizing Lotion	8 oz	12%	\$10.50
1753	Elastic Mattress Cover - 80" x 36" x 6"	1 ct	-	\$7.50

Item #	Product	Packaging	Strength	Price
1065	Hand Sanitizer	8 oz	-	\$4.50
Sleep Aids				
1724	Nasal Strips, Medium	30 ct	-	\$12.25
1725	Nasal Strips, Large	30 ct	-	\$12.25
1276	Sleep Tablets	50 ct	25 mg	\$5.50
Smoking Cessation				
1372	Nicorelief Gum ‡	50 ct	4 mg	\$22.00
1281	Nicotine Lozenges ‡	72 ct	4 mg	\$40.00
1369	Nicotine Patch, Step 1 ‡	14 ct	21 mg / 24 hr	\$35.00
1370	Nicotine Patch, Step 2 ‡	14 ct	14 mg / 24 hr	\$35.00
1371	Nicotine Patch, Step 3 ‡	14 ct	7 mg / 24 hr	\$35.00
Supportive Items				
1767	Arthritis Gloves, Small	1 pair	-	\$24.00
1766	Arthritis Gloves, Medium	1 pair	-	\$24.00
1765	Arthritis Gloves, Large	1 pair	-	\$24.00
1487	Back Support Elastic - 24" to 46"	1 ct	-	\$20.00
1488	Back Support Elastic with Lumbar	1 ct	-	\$23.25
1770	Carpal Tunnel Brace, Small	1 ct	-	\$23.50
1769	Carpal Tunnel Brace, Medium	1 ct	-	\$23.50
1768	Carpal Tunnel Brace, Large	1 ct	-	\$23.50
1398	Compression Knee High Socks, Men's Black, Medium (Shoe Size 8 - 10) ‡	1 pair	15 - 20 mmHg	\$14.00
1399	Compression Knee High Socks, Men's Black, Large (Shoe Size 10.5 - 12) ‡	1 pair	15 - 20 mmHg	\$14.00
1400	Compression Knee High Socks, Men's White, Medium (Shoe Size 8 - 10) ‡	1 pair	15 - 20 mmHg	\$14.00
1401	Compression Knee High Socks, Men's White, Large (Shoe Size 10.5 - 12) ‡	1 pair	15 - 20 mmHg	\$14.00
1409	Compression Knee High Socks, Women's Black, Small (Shoe Size 4-5)	1 pair	8 - 15 mmHg	\$14.00
1410	Compression Knee High Socks, Women's Black, Medium (Shoe Size 5.5 - 7.5)	1 pair	8 - 15 mmHg	\$14.00

Item #	Product	Packaging	Strength	Price
1411	<b>Compression Knee High Socks, Women's Black, Large (Shoe Size 8 - 10.5)</b>	1 pair	8 - 15 mmHg	\$14.00
1406	<b>Compression Knee High Socks, Women's Nude, Small (Shoe Size 4 - 5)</b>	1 pair	8 - 15 mmHg	\$14.00
1407	<b>Compression Knee High Socks, Women's Nude, Medium (Shoe Size 5.5 - 7.5)</b>	1 pair	8 - 15 mmHg	\$14.00
1408	<b>Compression Knee High Socks, Women's Nude, Large (Shoe Size 8 - 10.5)</b>	1 pair	8 - 15 mmHg	\$14.00
1224	<b>Elbow Support</b>	1 ct	-	\$13.50
1774	<b>Heel &amp; Elbow Protector, Small</b>	1 ct	-	\$12.00
1773	<b>Heel &amp; Elbow Protector, Medium</b>	1 ct	-	\$12.00
1772	<b>Heel &amp; Elbow Protector, Large</b>	1 ct	-	\$12.00
1775	<b>Heel &amp; Elbow Protector, X-Large</b>	1 ct	-	\$12.00
1862	<b>Hip Protector, Small</b>	1 ct	-	\$37.00
1863	<b>Hip Protector, Medium</b>	1 ct	-	\$37.00
1864	<b>Hip Protector, Large</b>	1 ct	-	\$37.00
1865	<b>Hip Protector, X-Large</b>	1 ct	-	\$37.00
1936	<b>Hypoallergenic Pillow</b>	1 ct	-	\$50.00
1465	<b>Knee Stabilizer</b>	1 ct	-	\$21.00
1481	<b>Knee Support, Elastic, Small</b>	1 ct	-	\$7.00
1482	<b>Knee Support, Elastic, Medium</b>	1 ct	-	\$7.00
1483	<b>Knee Support, Elastic, Large</b>	1 ct	-	\$7.00
1484	<b>Knee Support, Elastic, Small with Stays</b>	1 ct	-	\$15.25
1485	<b>Knee Support, Elastic, Medium with Stays</b>	1 ct	-	\$15.25
1486	<b>Knee Support, Elastic, Large with Stays</b>	1 ct	-	\$15.25
1463	<b>Night Wrist Support Smart Glove</b>	1 ct	-	\$23.50
1897	<b>Protective Arm Sleeve - Small</b>	1 pair	-	\$20.00
1898	<b>Protective Arm Sleeve - Large</b>	1 pair	-	\$25.00
1899	<b>Protective Arm Sleeve - X-Large</b>	1 pair	-	\$30.00
1457	<b>Rib Belt - Female (one size fits most)</b>	1 ct	-	\$17.00
1456	<b>Rib Belt - Male (one size fits most)</b>	1 ct	-	\$17.00



Item #	Product	Packaging	Strength	Price
1778	Thumb Brace	1 ct	-	\$19.00
Therapeutic Skin & Sun Care				
1070	Aloe Vera Cream	8 oz	-	\$5.00
1821	Calamine Lotion	6 oz	-	\$6.00
1893	Moisturizing Body Lotion with Aloe	8 oz	-	\$5.75
1852	Scar Gel	50 gm	-	\$13.00
1284	Sunscreen Lotion SPF 30	3.5 oz	-	\$5.50
Vitamins & Minerals				
1820	Biotin Gummy ‡	60 ct	5,000 mcg	\$13.00
1373	Calcium + Vitamin D ‡	60 ct	600 mg / 400 u	\$5.75
1823	Calcium + Vitamin D Gummy ‡	60 ct	500 mg, 1000 IU	\$12.50
1291	Calcium Carbonate Supplement Tablets ‡	60 ct	600 mg	\$5.25
1827	Cod Liver ‡	100 ct	-	\$8.75
1829	Coenzyme Q-10 ‡	30 ct	50 mg	\$11.00
1828	Coenzyme Q-10 ‡	30 ct	100 mg	\$13.00
1385	Daily Multiple Vitamin Tablets with Minerals ‡	100 ct	-	\$6.00
1393	Daily Multivitamin ‡	100 ct	-	\$5.75
1972	Daily Multivitamin Gummy ‡	120 ct	-	\$13.00
1375	Ferrous Gluconate Iron Supplement ‡	100 ct	240 mg	\$6.75
1376	Ferrous Sulfate Iron Supplement ‡	100 ct	325 mg	\$5.25
1155	Fiber Tablets ‡	60 ct	500 mg	\$8.75
1741	Fish Oil, Soft Gels ‡	60 ct	1000 mg	\$7.50
1849	Flaxseed ‡	100 ct	1000 mg	\$9.00
1850	Folic Acid ‡	100 ct	800 mcg	\$5.00
1003	Glucosamine / Chondroitin ‡	60 ct	250 mg, 200 mg	\$9.50
1114	Glucosamine Joint / Muscle ‡	60 ct	500 mg	\$8.50
1975	Healthy Eyes with Lutein ‡	60 ct	-	\$8.50
1866	Immune Support Chewables ‡	50 ct	-	\$10.00
1417	Iron ‡	110 ct	27 mg	\$7.00
1869	Leg Cramps Pain Relief Caplets ‡	50 ct	-	\$11.50

Item #	Product	Packaging	Strength	Price
1870	Leg Cramps Pain Relief Caplets ‡	100 ct	-	\$17.00
1418	Magnesium ‡	110 ct	250 mg	\$6.25
1377	Magnesium Oxide ‡	100 ct	250 mg	\$7.00
1879	Melatonin ‡	100 ct	5 mg	\$9.00
1971	Melatonin Gummy ‡	120 ct	5 mg	\$13.00
1378	Niacin ‡	100 ct	100 mg	\$5.75
1394	Niacin ‡	100 ct	500 mg	\$6.50
1930	Niacin, No Flush ‡	60 ct	500 mg	\$11.00
1886	One Daily Men's Multivitamin ‡	100 ct	-	\$9.50
1887	One Daily Women's Multivitamin ‡	100 ct	-	\$9.50
1274	Prenatal Vitamins ‡	100 ct	-	\$7.75
1395	Rena-Vite ‡	100 ct	-	\$11.75
1392	Senior Multivitamin ‡	90 ct	-	\$8.00
1734	Stress Formula Tablets with Zinc ‡	60 ct	-	\$7.50
1379	Vitamin A ‡	100 ct	10,000 iu	\$6.50
1016	Vitamin B-1 ‡	100 ct	100 mg	\$5.50
1389	Vitamin B-12 ‡	100 ct	500 mcg	\$6.25
1381	Vitamin B-12 ‡	100 ct	1000 mcg	\$7.50
1974	Vitamin B-12, Sublingual ‡	30 ct	5000 mcg	\$10.00
1380	Vitamin B-6 ‡	100 ct	50 mg	\$6.00
1388	Vitamin B-6 ‡	100 ct	100 mg	\$6.50
1382	Vitamin B-Complex ‡	100 ct	-	\$5.75
1915	Vitamin B-Complex Gummy ‡	70 ct	-	\$10.00
1017	Vitamin C ‡	100 ct	500 mg	\$6.00
1706	Vitamin C ‡	100 ct	1000 mg	\$9.75
1916	Vitamin C Gummy ‡	60 ct	250 mg	\$10.00
1383	Vitamin D ‡	100 ct	400 iu	\$6.00
1973	Vitamin D ‡	100 ct	5000 iu	\$10.00
1391	Vitamin E, Soft Gels ‡	100 ct	100 iu	\$6.50
1384	Vitamin E, Soft Gels ‡	100 ct	400 iu	\$8.50

Item #	Product	Packaging	Strength	Price
1419	Zinc Chelated ‡	100 ct	50 mg	\$6.50
Wart Remover				
1288	Dr. Scholl's Wart Removal System	20 ct	-	\$13.50
1075	Wart Remover, Liquid	9 ml	17%	\$10.00
1289	Wartners Wart Removal System	1 ct	-	\$18.00
Weight Loss				
1756	Kitchen Scale Dial ‡	1 ct	-	\$7.50
1735	Vitafusion Fiber Weight Management ‡	90 ct	-	\$15.75

# ORDER GUIDELINES



## ORDER ONLINE

You may place an order online at [MolinaHealthcareOTC.com](https://MolinaHealthcareOTC.com). Remember to save your username and password to order again.



## ORDER BY MAIL

You may place an order by completing and mailing in the order form included with your OTC Product Catalog.

**If the end of the OTC benefit period is approaching and you do not think your order form will be received in time, you may order online or call in your order.**



## ORDER BY PHONE

If you have questions or would like to place an order over the phone, OTC Advocates are available Monday to Friday, 8 a.m. to 11 p.m. EST at (866) 420-4010 (TTY/TDD: 711). If you need, language support services are available.

- To place an order you simply need your member ID number. You can find this number on your plan member ID card. If there is more than one member in your home, please note that each OTC order must be submitted and processed separately.
- When ordering by phone, please be sure to make a list of the items that you would like to order before calling to place your order.
- Allow 7 to 10 business days from the time your order is placed for delivery.
- Your order total may not exceed your OTC benefit amount.
- You can choose to use all or part of your quarterly OTC benefit amount when you order.
- The total dollar amount of your order will be applied to the OTC benefit period in which your order is received. Quarterly OTC benefit periods are: January to March, April to June, July to September, and October to December.
- If all of your OTC benefit amount is not used, the remaining balance will roll over from one quarter to the next, giving you more to spend the next quarter. Any unused benefit will expire on December 31 of the benefit year.
- OTC products are intended to help with a health or medical need and are for member use only. CMS does not allow you to use this benefit to order OTC items for family members or friends.
- Due to the personal nature of these products, returns are not accepted.
- Items in the 2019 OTC Product Catalog may change throughout the year. For the most up-to-date listing of OTC products, visit [MolinaHealthcareOTC.com](https://MolinaHealthcareOTC.com).
- OTC items are available through home delivery only. You cannot buy OTC items at a local drug store or from another source and receive a refund through your OTC benefit.

# NOTICES

- If you disenroll from your Molina Healthcare plan, your OTC benefit will automatically end.
- No prescription, referral, or authorization is needed to place an order. But we always recommend that you talk to your doctor before using any new OTC product.
- If you need, an OTC Advocate can get someone on the call who speaks your language. For support, simply call (866) 420-4010 (TTY/TDD: 711), Monday to Friday, 8 a.m. to 11 p.m. EST.
- The health information provided in the OTC Product Catalog is general in nature and is not medical advice or a substitute for professional health care.
- Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal.
- Healthy Advantage HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Healthy Advantage depends on contract renewal.
- Molina Medicare Options HMO is a Health Plan with a Medicare Contract. Enrollment in Molina Medicare Options depends on contract renewal.
- Products offered by Molina Healthcare of Florida, Inc., Michigan, Inc., New Mexico, Inc., Texas, Inc., Utah, Inc., Washington, Inc., Wisconsin, Inc., a wholly owned subsidiary of Molina Healthcare, Inc. Products offered by Molina Healthcare of Utah, Inc., dba Molina Healthcare of Idaho, a wholly owned subsidiary of Molina Healthcare, Inc.
- This information is available in other formats, such as Braille, large print, and audio.

*\* Under certain circumstances some items may be covered under either Part B or Part D. When you are 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. You should only order these products after discussing them with your health care provider to see if s/he recommends the item 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 health care provider before ordering.*



[MolinaHealthcareOTC.com](http://MolinaHealthcareOTC.com)





Your Extended Family.

# 2019 OVER-THE-COUNTER (OTC) PRODUCT ORDER FORM

## STEP 1 - COMPLETE YOUR INFORMATION BELOW

Member ID (found on plan member ID card)

Date of Birth

First Name

Last Name

MI

Street Number

Street Name

Apt/Suite #

City

State

Zip Code

Daytime Phone

Email (Optional)

Please check box if this is a new address ☐

## STEP 2 - PRODUCT SELECTION

Cash, checks, credit cards or money orders are not accepted under this OTC benefit.

Item #	Product	Quantity	Unit Price	TOTAL
1	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
2	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
3	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
4	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
5	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>

Subtotal from Other Side \$  .

Total Order \$  .

Please mail this completed form to the following address:

OTC Servicing Center, PO Box 267067, Weston, FL 33326-9895

*To order additional products, please see other side. Please mail the completed form back in the postage-paid envelope provided.*

If you place your order using an order form, your order total will be applied to the quarter 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.

## STEP 2 - PRODUCT SELECTION (Continued)

Cash, checks, credit cards or money orders are not accepted under this OTC benefit.

Item #	Product	Quantity	Unit Price	TOTAL
6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
9	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
10	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
11	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
12	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
13	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
14	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
15	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
16	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
17	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
18	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Subtotal				\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Please mail this completed form to the following address:  
OTC Servicing Center, PO Box 267067, Weston, FL 33326-9895

*Please mail the completed form back in the postage-paid envelope provided.*

If you place your order using an order form, your order total will be applied to the quarter 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.



**Your Extended Family.**

Molina Healthcare of Idaho (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (844) 239-4913; TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

**English**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-239-4913 (TTY: 711).

**Spanish**

ATENCIÓN: Si usted habla español, tiene servicios de asistencia lingüística disponibles sin cargo alguno para usted. Llame al Departamento de Servicios para Miembros al 1-844-239-4913 (TTY: 711).

**Chinese**

收件人：如果您講韓語，則免費提供語言協助服務。請致電會員服務部，電話：1-844-239-4913 (TTY: 711)。

**Serbo-Croatian**

PAŽNJA: ako govorite srpsko-hrvatski jezik, dostupne su vam besplatne usluge jezične pomoći. Nazovite usluge za članove na broj telefona 1-844-239-4913 (TTY: 711).

**Korean**

주의 : 한국어를 말할 때 무료로 언어 지원 서비스를 이용할 수 있습니다. 현지 시간으로 월요일부터 금요일까지, 오전 8시부터 오후 8시까지 회원 서비스에 1-844-239-4913 (TTY: 711).

**Nepali**

सावधानी: यदि तपाईं नेपाली बोल्नुहुन्छ भने, भाषा सहायता सेवाहरु सितैमा तपाईंलाई उपलब्ध छन्। 1-844-239-4913 (TTY: 711) मा सदस्य सेवाहरुको लागि कल गर्नुहोस्।

**Vietnamese**

LƯU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ có sẵn cho quý vị miễn phí. Gọi cho Dịch Vụ Thành Viên theo số 1-844-239-4913 (TTY: 711).

**Arabic**

انتباه: إذا كنت من متحدثي اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية مجاناً. يمكن الاتصال بخدمات الأعضاء على الرقم 1-844-239-4913 (TTY: 711).

**German**

ACHTUNG: Für Deutsch sprechende Personen stehen kostenlose Sprachassistenzsysteme zur Verfügung. Rufen Sie hierzu die Mitgliederbetreuung unter der Rufnummer 1-844-239-4913 (TTY: 711) an.



Your Extended Family.

### **Tagalog**

PAUNAWA: Kung gumagamit ka ng wikang Tagalog, maaari kang humingi ng mga serbisyo ng tulong sa wika nang libre. Tawagan ang Member Services sa 1-844-239-4913 (TTY: 711).

### **Russian**

ВНИМАНИЕ! Если вы говорите по-русски, вам будут предоставлены услуги переводчика бесплатно. Позвоните в отделение обслуживания клиентов по тел.: 1-844-239-4913 (телетайп: 711).

### **French**

ATTENTION : Si vous parlez français, des services d'assistance linguistique sont gratuitement mis à votre disposition. Contactez les services aux membres au 1-844-239-4913 (TTY: 711).

### **Japanese**

注：日本語をお話しになる場合は、無料の言語支援サービスをご利用いただけます。メンバーサービス1-844-239-4913 (TTY: 711)までお電話ください。

### **Romanian**

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, în mod gratuit. Apelați serviciile pentru membri la 1-844-239-4913 (TTY: 711).

### **Bantu**

MENYA NEZA: Nimba ukoresha ururimi rw'ikibantu, ubwunganizi bw'urwo rurimi uburonswa ku buntu, . Akura abajewe ivyo bikorwa kuri 1-844-239-4913 (TTY: 711).

### **Farsi**

اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صورت رایگان در دسترس شما قرار دارند. با خدمات اعضاء از طریق شماره 1-844-239-4913 (TTY: 711) تماس بگیرید.