VANTAGE HEALTH PLAN

2019 Over-the-Counter (OTC) Benefit Catalog

Get Over-the-Counter Products every quarter at ***NO COST TO YOU.***

CALL ***1-833-FREE-OTC*** *(1-833-373-3682) TO PLACE YOUR ORDER*

Administered by:

SAINT JOHN PHARMACY

Your 2019 Vantage Medicare Advantage over-the-counter (OTC) benefit is good for 60 credits per quarter at NO COST TO YOU!

UP TO A $60 VALUE!

Administered by:
SAINT JOHN PHARMACY

How Does it Work?

- OTC items* can be mailed directly to your home at no cost to you.
- Only one order per quarter is allowed.
- Try to use all 60 credits each quarter as benefit credits are not carried over to the next quarter and will not be rolled over to the following year.
- Once your OTC order is made, please allow 10-14 days from the date Saint John Pharmacy receives your order. Saint John Pharmacy and Vantage Health Plan are not responsible for lost or stolen items.

**Items and credits listed are subject to change (shipping, handling, and sales tax included).*

How Do I Place an Order?

Call us Toll-Free:
1-833-FREE-OTC *(1-833-373-3682)*

The order line is open Monday through Friday from 7:00 AM–6:00 PM (CST).

-or-

Submit Online at VantageOTC.com

then log in to the Vantage Member Portal.

Item	Description	Details	Credits
Analgesic & Pain Relievers			
0001	 ACETAMINOPHEN TABLETS *Compare to* Tylenol® Extra Strength	100 ct 500 mg	**8**
0048	 8 HR ARTHRITIS PAIN TABLETS *Compare to* Tylenol® 8HR Arthritis Pain	50 ct 650 mg	**12**
0002	 ASPIRIN TABLETS *Compare to* Bayer® Low Dose	100 ct 81 mg	**6**
0003	 ASPIRIN - CHEWABLE TABLETS *Compare to* St. Joseph® Low Dose Aspirin	36 ct 81 mg	**4**
0004	 IBUPROFEN TABLETS *Compare to* Motrin® IB	100 ct 200 mg	**11**
0005	 PAIN RELIEVING CAPLETS *Compare to* Aleve®	50 ct 220 mg	**15**
0049	 PAIN RELIEVING CREAM *Compare to* Thera-Gesic®	3 oz	**10**

Item	Description	Details	Credits
0067	 ASPIRIN (NSAID) *Compare to* Genuine Bayer® Aspirin	100 ct 325 mg	6
Antacids, Heartburn, Gas Relief & Motion Sickness			
0006	 ANTACID TABLETS *Compare to* Tums®	150 ct 500 mg	10
0007	 ANTACID LIQUID *Compare to* Maalox® Advanced	12 fl oz	17
0008	 CHEWABLE ANTI-GAS TABLETS *Compare to* Mylanta® Anti-Gas Tablets	100 ct 80 mg	9
0009	 ACID REDUCER TABLETS *Compare to* Original Strength Pepcid® AC	30 ct 10 mg	15
0010	 HEARTBURN RELIEF TABLETS *Compare to* Prilosec® OTC	14 ct 20 mg	25

Item	Description	Details	Credits
0069	 MECLIZINE ANTIEMETIC (12.5 mg) *Compare to* Dramamine®	100 ct 12.5 mg	**11**
0070	 MECLIZINE ANTIEMETIC (25 mg) *Compare to* Dramamine®	100 ct 25 mg	**17**
Anti-Diarrheal			
0011	 ANTI-DIARRHEAL LIQUID *Compare to* Pepto-Bismol®	8 fl oz	**15**
0012	 ANTI-DIARRHEAL TABLETS *Compare to* Imodium® A-D	18 ct 2 mg	**10**
Anti-Fungal			
0013	 YEAST INFECTION CREAM *Compare to* Gyne-Lotrimin® 7	1.5 oz	**10**
0014	 ANTIFUNGAL CREAM *Compare to* Tinactin®	0.5 oz	**8**

Item	Description	Details	Credits
Anti-Hemorrhoidal			
0015	 HEMORRHOIDAL OINTMENT *Compare to* Preparation-H®	2 oz	**13**
Cough, Cold, & Allergy			
0016	 ALLERGY TABLETS *Compare to* Zyrtec®	100 ct 10 mg	**22**
0017	 COUGH SYRUP *Compare to* Robitussin® Mucus Chest Congestion	4 fl oz	**9**
0018	 MUCUS RELIEF TABLETS *Compare to* Mucinex® Tablets	60 ct 400 mg	**12**
0019	 SUGAR FREE COUGH LIQUID *Compare to* Robitussin® Sugar Free	4 fl oz	**16**
0020	 HALLS® COUGH DROPS (CHERRY FLAVOR)	30 ct	**8**

Item	Description	Details	Credits
0050	 HALLS® COUGH DROPS SUGAR FREE (HONEY LEMON FLAVOR)	25 ct	8
0060	 LORATADINE TABLETS - ANTIHISTAMINE *Compare to* CLARITIN®	100 ct 10 mg	21
0061	 FLUTICASONE PROPIONATE NASAL SPRAY *Compare to* FLONASE®	50 mcg Per Spray	31
Eyes & Ear Care			
0021	 BAUSCH + LOMB® ADVANCED EYE RELIEF	0.5 fl oz	15
0022	 EARWAX DROPS *Compare to* Debrox®	0.5 fl oz	10
0068	 HEALTHY EYES TABLETS with LUTEIN *Compare to* Ocuvite® with Lutein	60 ct	13

Item	Description	Details	Credits
First Aid			
0023	 HYDROCORTISONE • 10 *Compare to* Cortizone 10®	1 oz 1%	**8**
0024	 TRIPLE ANTIBIOTIC OINTMENT *Compare to* Neosporin®	1 oz	**10**
0025	 CURAD® BANDAGES - SHEER	80 ct	**8**
Laxative, Stool, & Constipation Relief			
0026	 LAXATIVE TABLETS *Compare to* Surfak®	100 ct 240 mg	**21**
0027	 LAXATIVE POWDER *Compare to* MiraLAX®	4.1 oz	**15**
0028	 FIBER SUPPLEMENT - ORANGE SUGAR FREE *Compare to* Metamucil®	10 oz	**18**

Item	Description	Details	Credits
Oral Care			
0029	 SUPER POLIGRIP® EXTRA CARE	1.2 oz	**10**
0030	 EFFERDENT® TABLETS	44 ct	**10**
0031	 COLGATE® TOOTHBRUSH - SOFT	QTY: 1	**3**
0032	 CREST® TOOTHPASTE	4.6 oz	**8**
0052	 BLISTEX® MEDICATED LIP BALM	.15 oz	**4**

Item	Description	Details	Credits
Personal Care			
0062	 REUSABLE COTTON UNDERPAD (30" x 35")	QTY: 1	**28**
0063	 ADULT DIAPERS - SIZE SMALL (20" - 31" waist) *Compare to* Depends®	QTY: 12	**21**
0064	 ADULT DIAPERS - SIZE MEDIUM (34" - 46" waist) *Compare to* Depends®	QTY: 12	**21**
0065	 ADULT DIAPERS - SIZE LARGE (44" - 54" waist) *Compare to* Depends®	QTY: 18	**25**
0066	 ADULT DIAPERS - SIZE X-LARGE (48" - 66" waist) *Compare to* Depends®	QTY: 15	**25**
0033	 TOE NAIL CLIPPERS	QTY: 1	**3**

Item	Description	Details	Credits
0034	 GOLD BOND® CREAM	3.4 oz	16
0035	 GLUCOSE TABLETS - RASPBERRY *Compare to* Dex 4® Fast Acting Glucose	10 ct 4 g	4
0036	 DANDRUFF SHAMPOO *Compare to* Selsun Blue® Dandruff Shampoo	7 fl oz	15
0037	 BABY SHAMPOO *Compare to* Johnson's® Baby Shampoo	15 fl oz	15
0038	 ALCOHOL SWABS *Compare to* BD® Alcohol Swabs	100 ct	6
0053	 MOISTURIZER LOTION *Compare to* Vaseline® Intensive Care™	10 fl oz	14
0054	 NASAL SPRAY *Compare to* Ocean®	3 fl oz	8

Item	Description	Details	Credits
Vitamins & Minerals			
0039	 FISH OIL OMEGA-3	100 ct 1000 mg	**15**
0040	 VITAMIN C	100 ct 500 mg	**10**
0041	 B-COMPLEX PLUS VITAMIN C	100 ct	**12**
0042	 VITAMIN D3	100 ct 2000 iu	**14**
0043	 VITAMIN E	100 ct 400 iu	**17**
0044	 FOLIC ACID	100 ct 400 mcg	**10**
0045	 MULTI-VITAMIN FOR SENIORS *Compare to* Centrum® Silver®	90 ct	**17**

Item	Description		Details	Credits
0046		OYSTER SHELL CALCIUM PLUS VITAMIN D	60 ct 500 mg	**7**
0047		GLUCOSAMINE PLUS VITAMIN D3 *Compare to* Osteo Bi-Flex® One Per Day	60 ct 1500 mg	**30**
0055		CO Q-10	30 ct 100 mg	**13**
0056		PROBIOTIC BLEND	100 ct	**17**
0057		SUBLINGUAL B-12 VITAMINS	110 ct 2500 mcg	**18**
0058		MELATONIN	90 ct 5 mg	**11**

Nondiscrimination Notice – *Vantage Health Plan is required by federal law to provide the following information.*

Vantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or any other legally protected characteristic. Vantage does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, disability, sex, or any other legally protected characteristic.

Vantage provides free aids and services to people with disabilities to communicate effectively with us. Those services include qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, and other formats).

For people whose primary language is not English, Vantage provides free language translation services. Those services include qualified interpreters and information written in other languages. You can use Vantage's free language translation services by calling the "Members" phone number on the back of your Member ID card. For Members who are deaf or hard of hearing, please call for teletypewriter (TTY) services at (866) 524-5144.

If you believe that Vantage has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, or any other legally protected characteristic, you can file a grievance with Vantage or the U.S. Dept. of Health and Human Services, Office for Civil Rights.

If you would like to file a complaint directly with Vantage, you can reach us in person, by mail, by fax, or by email at the addresses below:

Vantage Health Plan, Inc.
Attention: Civil Rights Coordinator
130 DeSiard Street, Suite 300
Monroe, LA 71201
Phone: (318) 998-2887, TTY (866) 524-5144
Fax: (318) 361-2165
Email: *civilrightscoordinator@vhpla.com*

If you would like to file a complaint directly with the U.S. Dept. of Health and Human Services, Office for Civil Rights, you can contact them by mail, by phone, or by email at the addresses below:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
Phone: (800) 368-1019, (800) 537-7697 (TDD)
Online Complaint Portal: *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*
Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html.*

If you need help filing a grievance, our Civil Rights Coordinator is available to help at *civilrightscoordinator@vhpla.com* or by phone at (318) 998-2887.

Vantage has adopted internal grievance procedures for providing prompt and equitable resolution of complaints alleging discrimination on the basis of race, color, national origin, sex, age, or disability. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age, or disability, may file a grievance under Vantage's grievance procedure. It is against the law for Vantage to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. Depending on the type of grievance, a 60 day filing limit may apply. To learn more about Vantage's grievance procedure, you can call or email our Civil Rights Coordinator at the addresses above or you can visit our website at *www.vantagehealthplan.com/vhpnondiscriminationgrievanceprocedure.*

Vantage Health Plan, Inc. (Vantage) is an HMO with a Medicare contract. Enrollment in Vantage depends on contract renewal. This information is not a complete description of benefits. Please contact the plan for more information. Limitations, copayments/coinsurance, and restrictions may apply to this plan. Benefits, premiums, and copayments/coinsurance amounts may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week. You may also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You may also call the Louisiana State Medicaid Office.

Services provided by out-of-network providers may cost more than services provided by in-network providers, unless the services are related to urgent care, an emergency, or out-of-area dialysis. Prescription drug quantity limitations and restrictions may apply.

For more information on Vantage Medicare Advantage Plan benefits, or for information in an alternate format or language, call Member Services at (866) 704-0109 or TTY (866) 524-5144, seven days a week from 8:00 a.m. – 8:00 p.m. CST from October 1, 2018 – March 31, 2019. For all other dates, Member Services representatives are available Monday through Friday from 8:00 a.m. - 8:00 p.m. CST.

Language Assistance

Vantage Health Plan is required by federal law to provide the following information.

If you, or someone you're helping, have questions about Vantage Health Plan, you have the right to get help and information in your preferred language at no cost. To talk with an interpreter, call Member Services, 866-704-0109 (TTY 866-524-5144).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-704-0109 (TTY: 1-866-524-5144).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-704-0109 (ATS: 1-866-524-5144).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-704-0109 (TTY: 1-866-524-5144).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-704-0109 (TTY: 1-866-524-5144).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-704-0109 (TTY: 1-866-524-5144).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-704-0109 (TTY: 1-866-524-5144).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-704-0109 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1- 866-524-5144.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-704-0109 (телетайп: 1-866-524-5144).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-704-0109 (TTY: 1-866-524-5144).

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-866-704-0109 (TTY (հեռատիպ) 1-866-524-5144).

1-866-704-0109- רופט .זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל, אויב איר רעדט אידיש :אויפמערקזאם (TTY: 1-866-524-5144).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-704-0109 (TTY: 1-866-524-5144).

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-866-704-0109 (TTY: 1-866-524-5144).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-704-0109 (TTY: 1-866-524-5144).

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-866-704-0109 (TTY: 1-866-524-5144).

VANTAGE
HEALTH PLAN

Administered by:

SAINT JOHN PHARMACY

Vantage Health Plan, Inc. (Vantage) is an HMO with a Medicare contract. Enrollment in Vantage depends on contract renewal. Vantage complies with applicable Federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, or any other legally protected characteristic.ATTENTION: If you have limited English proficiency, language assistance services, free of charge, are available to you. Call 1-866-704-0109 (TTY: 1-866-524-5144). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-704-0109 (TTY: 1-866-524-5144). ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-704-0109 (ATS: 1-866-524-5144).

H5576_4010_15r1_M_CY19 VHP2328 121818 APPROVED