



2020 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 2020 Vantage Medicare Advantage over-the-counter (OTC) benefit is good for 50 credits (95 credits for Dual Plus members) per quarter at NO COST TO YOU!

Administered by:
 **SAINT JOHN PHARMACY**

**UP TO A
\$200
VALUE
per year!**

**(Up to a \$380
value for
Dual Plus
members
per year)**

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.
 - » 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, stolen or damaged items.
- *Items and credits listed are subject to change (shipping, handling, and sales tax are included, so there is no cost to you).*
- » Try to use all credits each quarter as benefit credits are not carried over to the next quarter and will not be rolled over to the following year.
 - » Quarter 1 (January, February and March)
Quarter 2 (April, May and June)
Quarter 3 (July, August and September)
Quarter 4 (October, November and December)
 - » If a husband and wife have Vantage Medicare, both will receive 50 credits per quarter for a total of 100 credits for that quarter (190 total credits for two Dual Plus members).

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	 <p>ACETAMINOPHEN TABLETS <i>Compare to Tylenol® Extra Strength</i></p>	100 ct 500 mg	7
0048	 <p>8 HR ARTHRITIS PAIN TABLETS <i>Compare to Tylenol® 8HR Arthritis Pain</i></p>	50 ct 650 mg	12
0002	 <p>ASPIRIN TABLETS <i>Compare to Bayer® Low Dose</i></p>	100 ct 81 mg	6
0003	 <p>ASPIRIN CHEWABLE TABLETS <i>Compare to St. Joseph® Low Dose Aspirin</i></p>	36 ct 81 mg	5
0004	 <p>IBUPROFEN TABLETS <i>Compare to Motrin® IB</i></p>	100 ct 200 mg	11
0005	 <p>PAIN RELIEVING CAPLETS <i>Compare to Aleve®</i></p>	50 ct 220 mg	12
0049	 <p>PAIN RELIEVING CREAM <i>Compare to Thera-Gesic®</i></p>	3 oz	8
0067	 <p>ASPIRIN (NSAID) TABLETS <i>Compare to Genuine Bayer® Aspirin</i></p>	100 ct 325 mg	6




Item	Description	Details	Credits
0071	 <p>URINARY PAIN RELIEF TABLETS</p>	12 ct 99.5 mg	18
Antacids, Heartburn, Gas Relief & Motion Sickness			
0006	 <p>ANTACID TABLETS <i>Compare to Tums®</i></p>	150 ct 500 mg	9
0007	 <p>ANTACID LIQUID <i>Compare to Maalox® Advanced</i></p>	12 fl oz	13
0008	 <p>CHEWABLE ANTI-GAS TABLETS <i>Compare to Mylanta® Anti-Gas Tablets</i></p>	100 ct 80 mg	9
0009	 <p>ACID REDUCER TABLETS <i>Compare to Original Strength Pepcid® AC</i></p>	60 ct 10 mg	10
0010	 <p>HEARTBURN RELIEF TABLETS <i>Compare to Prilosec® OTC</i></p>	14 ct 20 mg	22
0069	 <p>MECLIZINE ANTIEMETIC CAPLETS <i>Compare to Dramamine®</i></p>	100 ct 12.5 mg	11

Item	Description	Details	Credits
Anti-Diarrheal			
0011	 <p>ANTI-DIARRHEAL LIQUID <i>Compare to Pepto-Bismol®</i></p>	8 fl oz	15
0012	 <p>ANTI-DIARRHEAL TABLETS <i>Compare to Imodium® A-D</i></p>	12 ct 2 mg	8
Anti-Fungal			
0013	 <p>YEAST INFECTION CREAM <i>Compare to Gyne-Lotrimin® 7</i></p>	1.5 oz 1%	7
0014	 <p>ANTIFUNGAL CREAM <i>Compare to Tinactin®</i></p>	0.5 oz 1%	5
Anti-Hemorrhoidal			
0015	 <p>HEMORRHOIDAL OINTMENT <i>Compare to Preparation-H®</i></p>	2 oz	8





Item	Description	Details	Credits
Cough, Cold, & Allergy			
0016	 <p>ALLERGY TABLETS <i>Compare to Zyrtec®</i></p>	100 ct 10 mg	12
0017	 <p>COUGH SYRUP <i>Compare to Robitussin® Mucus Chest Congestion</i></p>	4 fl oz	8
0018	 <p>MUCUS RELIEF TABLETS <i>Compare to Mucinex® Tablets</i></p>	60 ct 400 mg	8
0074	 <p>CORICIDIN HBP <i>for Cold & Flu</i></p>	10 ct 325 mg	10
0019	 <p>SUGAR FREE COUGH LIQUID <i>Compare to Robitussin® Sugar Free</i></p>	4 fl oz	18
0020	 <p>HALLS® COUGH DROPS (CHERRY FLAVOR)</p>	30 ct	8
0050	 <p>HALLS® COUGH DROPS SUGAR FREE (HONEY LEMON FLAVOR)</p>	25 ct	8
0060	 <p>LORATADINE TABLETS - ANTIHISTAMINE <i>Compare to CLARITIN®</i></p>	100 ct 10 mg	9









Item	Description	Details	Credits
0061	 <p>FLUTICASONE PROPIONATE NASAL SPRAY <i>Compare to FLONASE®</i></p>	50 mcg Per Spray	25
Eyes & Ear Care			
0021	 <p>BAUSCH + LOMB® ADVANCED EYE RELIEF</p>	0.5 fl oz	15
0022	 <p>EARWAX DROPS <i>Compare to Debrox®</i></p>	0.5 fl oz	10
0068	 <p>HEALTHY EYE TABLETS with LUTEIN <i>Compare to Ocuvite® with Lutein</i></p>	60 ct	7
First Aid			
0023	 <p>HYDROCORTISONE • 10 CREAM <i>Compare to Cortizone 10®</i></p>	1 oz 1%	5
0024	 <p>TRIPLE ANTIBIOTIC OINTMENT <i>Compare to Neosporin®</i></p>	1 oz	7
0025	 <p>CURAD® BANDAGES - SHEER</p>	80 ct	7



Item	Description	Details	Credits
Laxative, Stool, & Constipation Relief			
0026	 <p>LAXATIVE TABLETS <i>Compare to Surfak®</i></p>	100 ct 240 mg	16
0027	 <p>LAXATIVE POWDER <i>Compare to MiraLAX®</i></p>	4.1 oz	10
0028	 <p>FIBER SUPPLEMENT - ORANGE SUGAR FREE <i>Compare to Metamucil®</i></p>	10 oz	13
Oral Care			
0029	 <p>SUPER POLIGRIP® EXTRA CARE</p>	1.2 oz	10
0030	 <p>EFFERDENT® TABLETS</p>	44 ct	10
0075	 <p>DENTURE BRUSH</p>	QTY: 1	8
0076	 <p>TONGUE CLEANER</p>	QTY: 1	5

Item	Description	Details	Credits
0077	 REACH® TOOTHBRUSH	QTY: 1	4
0032	 CREST® TOOTHPASTE	4.6 oz	8
0052	 BLISTEX® MEDICATED LIP BALM	.15 oz	4








Personal Care









0062	 REUSABLE COTTON UNDERPAD (30" x 35")	QTY: 1	29
0063	 ADULT BRIEFS - SIZES SMALL / MEDIUM (34" - 46" waist) <i>Compare to Depends®</i>	QTY: 20	29
0064	 ADULT BRIEFS - SIZE LARGE (44" - 54" waist) <i>Compare to Depends®</i>	QTY: 18	29
0065	 ADULT BRIEFS - SIZE X-LARGE (48" - 66" waist) <i>Compare to Depends®</i>	QTY: 14	29

Item	Description	Details	Credits
0080	 <p>DIGITAL THERMOMETER</p>	QTY: 1	18
0033	 <p>TOE NAIL CLIPPERS</p>	QTY: 1	5
0034	 <p>GOLD BOND® DIABETIC FOOT CREAM</p>	3.4 oz	16
0035	 <p>CHEWABLE GLUCOSE TABLETS - RASPBERRY <i>Compare to Dex 4® Fast Acting Glucose</i></p>	10 ct 4 g	5
0036	 <p>DANDRUFF SHAMPOO <i>Compare to Selsun Blue® Dandruff Shampoo</i></p>	7 fl oz	12
0037	 <p>BABY SHAMPOO <i>Compare to Johnson's® Baby Shampoo</i></p>	15 fl oz	15
0038	 <p>ALCOHOL SWABS <i>Compare to BD® Alcohol Swabs</i></p>	100 ct	6
0053	 <p>MOISTURIZER LOTION <i>Compare to Vaseline® Intensive Care™</i></p>	10 fl oz	14

Item	Description	Details	Credits
0054	 <p>NASAL SPRAY <i>Compare to Ocean®</i></p>	3 fl oz	8
0079	 <p>GOLD BOND® ECZEMA LOTION</p>	3 oz	12

Vitamins & Minerals

0039	 <p>FISH OIL OMEGA-3 SOFTGELS</p>	100 ct 1000 mg	11
0040	 <p>VITAMIN C TABLETS</p>	100 ct 500 mg	10
0072	 <p>BIOTIN TABLETS</p>	100 ct 10,000 mcg	21
0041	 <p>B-COMPLEX PLUS VITAMIN C CAPLETS</p>	100 ct	12
0042	 <p>VITAMIN D3 SOFTGEL CAPSULES</p>	100 ct 2000 iu	12
0078	 <p>MAGNESIUM OXIDE TABLETS</p>	120 ct 400 mg	7
0043	 <p>VITAMIN E SOFTGELS</p>	100 ct 400 iu	17

Item	Description	Details	Credits
0044	 <p>FOLIC ACID TABLETS</p>	100 ct 400 mcg	5
0045	 <p>MULTI-VITAMIN FOR SENIORS TABLETS <i>Compare to Centrum® Silver®</i></p>	90 ct	11
0046	 <p>OYSTER SHELL CALCIUM PLUS VITAMIN D TABLETS</p>	60 ct 500 mg	5
0047	 <p>GLUCOSAMINE PLUS VITAMIN D3 CAPLETS <i>Compare to Osteo Bi-Flex® One Per Day</i></p>	60 ct 1500 mg	30
0055	 <p>CO Q-10 CAPSULES</p>	30 ct 100 mg	13
0056	 <p>PROBIOTIC BLEND CAPSULES</p>	100 ct	18
0057	 <p>SUBLINGUAL B-12 VITAMINS TABLETS</p>	110 ct 2500 mcg	14
0058	 <p>MELATONIN TABLETS</p>	90 ct 5 mg	11

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-or-





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

Nondiscrimination Notice

Vantage complies with applicable Federal 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. Vantage does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation 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
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: civilrightscordinator@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 civilrightscordinator@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, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic. 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 is required by federal law to provide the following information.

Language Assistance

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, 888-823-1910 (TTY 866-524-5144).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-823-1910 (TTY: 866-524-5144).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-823-1910 (ATS: 866-524-5144).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 888-823-1910 (TTY: 866-524-5144).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 888-823-1910 (TTY 866-524-5144)。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-823-1910 (رقم هاتف الصم والبكم: 866-524-5144).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-823-1910 (TTY: 866-524-5144).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-823-1910 (TTY: 866-524-5144) 번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 888-823-1910 (TTY: 866-524-5144).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 888-823-1910 (TTY: 866-524-5144).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。888-823-1910 (TTY: 866-524-5144) まで、お電話にてご連絡ください。

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 888-823-1910 (TTY: 866-524-5144)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 888-823-1910 (TTY: 866-524-5144).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-823-1910 (TTY: 866-524-5144)

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 888-823-1910 (TTY: 866-524-5144) تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-823-1910 (телетайп: 866-524-5144).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 888-823-1910 (TTY: 866-524-5144).



Administered by:



Vantage Health Plan, Inc. and Vantage Health Plan of Arkansas, 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).