

Name (Nombre) _____ Date _____

Address (Dirección) _____

Member ID (Número de Membresía) _____ Phone (Teléfono) _____



ITEM	DESCRIPTION	QTY	COMPARE TO	PRICE
ANTACIDS / DIGESTION / LAXATIVES (ANTIÁCIDOS / DIGESTIÓN / LAXANTES)				
A1	EFFERVESCENT PAIN RELIEF	36 CT	ALKA SELTZER	4.49
A2	DAIRY RELIEF CHEWABLE	60 CT	LACTAID	12.49
A4	ANTACID CALCIUM E/S TAB MIXED FRUIT	96 CT	TUMS E-X	3.99
A7	RANITIDINE 75MG	30 CT	ZANTAC 75	7.99
A8	HEART BURN RELIEF TABLETS	100 CT	GAVISCON	6.49
A13	ANTACID CALCIUM E/S SMOOTH MIXED FRUIT	60 CT	TUMS E-X	3.99
A14	ACID CONTROLLER TABS	30 CT	PEPCID AC	6.99
A15	MOTION SICKNESS TABLETS	12 CT	DRAMAMINE	3.99
L1	BISACODYL LAXATIVE TABS	25 CT	DULCOLAX	4.49
L2	STOOL SOFTNER	100 CT	COLACE	9.99
L4	LAXATIVE NATURAL VEGETABLE	50 CT	SENOKOT	7.99
L6	GLYCERIN SUPPOSITORY ADULT	25 CT	FLEET GLYCERIN	3.49
L7	FIBER CAPSULES	160 CT	METAMUCIL	10.99
P20	GLUCOSE CHEWABLE TAB ORANGE	10 CT		1.99
Q1	ANTI DIARRHEAL CAPLETS	12 CT	IMODIUM A-D	5.49
Q3	PINK BISMUTH CHEWABLE TABS	30 CT	PEPTO BISMOL	3.99
Q4	GAS RELIEF E/S SOFT GEL	30 CT	GAS X E/S	4.49
Q8	GAS RELIEF INFANT	.5 OZ	MYLICON	6.49
PAIN RELIEVERS (ANALGÉSICOS)				
H2	HEMORRHOIDAL SUPPOSITORIES	12 CT	PREPARATION H	4.99
H3	HEMORRHOIDAL OINTMENT	2 OZ	PREPARATION H	7.49
M6	SLEEP AID	24 CT	SIMPLY SLEEP	3.99
M7	BABY TEETHING GEL	0.33 OZ	ORAJEL	3.99
M46	URINARY RELIEF MAX STRENGTH	12 CT	AZO STANDARD	4.99
P1	IBUPROFEN TABS 200MG	50 CT	ADVIL	4.49
P2	ASPIRIN 325MG	100 CT	BAYER	2.49
P3	LOW DOSE ENTERIC COATED ASPIRIN 81MG	32 CT	ECOTRIN	2.49
P4	LOW DOSE ENTERIC COATED ASPIRIN 81MG	120 CT	ECOTRIN	5.49
P6	ACETAMINOPHEN 500MG TABLETS	100 CT	TYLENOL	6.99
P8	ASPIRIN CHEWABLE 81MG ORANGE	36 CT	BAYER	2.49
P9	HEADACHE PAIN RELIEF	24 CT	EXCEDRIN ES	1.99
P11	CHILD NON ASPIRIN CHEW 80MG	30 CT	TYLENOL	3.99
P12	CHILD IBUPROFEN SUSPENSION BERRY	4 OZ	MOTRIN	6.49
P13	CHILD NON ASPIRIN SUSPENSION CHERRY	4 OZ	TYLENOL	4.49
P14	HOT/COLD PATCH	5 CT	ICY HOT	6.99
P17	HEADACHE PAIN RELIEF	100 CT	EXCEDRIN ES	7.49
P19	NAPROXEN 220MG	24 CT	ALEVE	3.99
P44	THERAPEUTIC BLUE GEL	8 OZ	MINERAL ICE	7.49
P45	ACETAMINOPHEN PAIN RELIEVER PM	24 CT	TYLENOL PM	3.99
P50	MENSTRUAL PAIN RELIEF MAX	24 CT	MIDOL	4.99
COUGH / COLD / ALLERGY (TOS / CATARROS / ALERGIA)				
C1	NASAL SPRAY REGULAR	1 OZ	AFRIN SINUS	5.49
C2	ALLERGY RELIEF TABLETS	24 CT	BENADRYL	3.99
C3	COLD FLU & SORE THROAT MAX	6 OZ	MUCINEX	9.99
C7	MEDICATED CHEST RUB	3.5 OZ	VICKS	5.99
C8	THERMOMETER DIGITAL	1 CT		4.99
C10	LORATIDINE 10MG	10 CT	CLARITIN	7.99
C11	SORE THROAT LOZENGES	18 CT	CEPACOL	3.99
C12	TUSSIN CF	4 OZ	ROBITUSSIN	4.99
C13	TUSSIN DM	4 OZ	ROBITUSSIN	4.99
C16	NASAL DECONGESTANT PSEUDO FREE	18 CT	SUDAFED	4.49
C19	CHEST CONGESTION RELIEF 400MG	60 CT	HUMIBID E	9.49
C20	CHILD ALLERGY ELIXIR PSEUDO FREE	4 OZ	BENADRYL	4.99
C24	DAYTIME COLD/FLU PSEUDO FREE SOFTGELS	16 CT	DAYQUIL	4.49
C52	NASAL SPRAY SALINE	1.5 OZ	OCEAN	3.49
C53	ALLERGY CETIRIZINE 10MG TABS	14 CT	ZYRTEC	9.99
C54	NIGHTTIME COLD & FLU	16 CT	NYQUIL	4.49
C55	CHILD ALLERGY DIPHENHYDRAMINE	18 CT	BENADRYL	4.49
C56	SINUS ACETAMINOPHEN	24 CT	TYLENOL	4.99
C57	SORE THROAT SPRAY	6 OZ	CHLORASEPTIC	4.49
C60	COUGH COLD (HBP)	16 CT	CORICIDIN	5.99
EAR AND EYE CARE (CUIDADO DE LA VISTA Y OIDO)				
E1	DRY EYE RELIEF	0.5 OZ	VISINE TEARS	4.49
E2	EYE DROPS REDNESS RELIEF	0.5 OZ	VISINE	3.49
E4	EYE ITCH RELIEF	0.17 OZ	ZADITOR	10.99
X16	EAR WAX REMOVAL	KIT	MURINE	5.99

ITEM	DESCRIPTION	QTY	COMPARE TO	PRICE
FIRST AID / PERSONAL CARE (PRIMEROS AUXILIOS / CUIDADO PERSONAL)				
F1	BANDAGE SELF ADHERANT 4" X 1.8YDS	1 CT	FUTURO	3.99
F2	MUSCLE RUB	3 OZ	BENGAY	5.99
F3	BANDAGE ANTBTC HD FAB ONE SIZE	20 CT		3.49
F4	CALAMINE LOTION PLUS	6 OZ	CALADRYL	4.99
F5	HYDROCORTISONE CRM 1%	1 OZ	CORTIZONE	4.99
F7	TRIPLE ANTIBIOTIC OINTMENT	0.5 OZ	NEOSPORIN	4.49
F9	BANDAGE CLEAR PLASTIC ASST SIZES	45 CT		3.99
F11	ANTI ITCH CREAM	1 OZ	BENADRYL	4.99
F12	BANDAGE SHEER ONE SIZE	40 CT		2.49
F21	IODINE	1 OZ		2.49
F22	FIRST AID ANTISEPTIC MERTHIOLOATE	2 OZ		3.99
F25	LICE TREATMENT	8 OZ	RID LICE	15.99
F26	RINGWORM TREATMENT	0.5 OZ	LOTRIMIN	7.99
F29	ANTI ITCH GEL	4 OZ	BENADRYL	4.99
F34	HOT/COLD MULTI COMPRESS	1 CT		9.99
F36	REUSABLE ICE PACK	1 CT		4.99
F61	BACITRACIN	1 OZ		5.99
F62	FIRST AID TAPE	1 CT		1.99
F65	GAUZE PAD 2X2	25 CT		3.49
F66	BNDG LIQUID	0.3 OZ		4.99
F68	PERTROLEUM JELLY	2.5 OZ	VASELINE	3.99
M53	GAUZE ROLL 2" X 2 YDS	1 CT		1.99
DENTAL (DENTAL)				
M2	TOOTHBRUSH	EACH		0.99
M4	SENS TOOTH PASTE WHT	4 OZ	SENSODYNE	4.99
M35	DENTAL FLOSS WAXED	100 YD	J & J	2.49
M52	ORAL PAIN RELIEF	0.33 OZ	ANBESOL	5.99
M70	NIGHT TIME MOUTH GUARD	2 CT	THE DOCTOR'S	24.99
X2	DENTURE CLNSER TAB ANTI BACTERIA MINT	84 CT	POLIDENT	5.49
X5	DENTURE CLEANSER TAB ANTI BACTERIA	40 CT	EFFERDENT	2.99
X6	DENTURE ADHESIVE REGULAR	2.4 OZ	POLIGRIP	4.49
FOOT CARE (CUIDADO DE LOS PIES)				
F35	CORN & CALLOUS REMOVER KIT	0.5 OZ	DR. SCHOLL'S	3.99
O1	CLOTRIMAZOLE CRM	1 OZ	LOTRIMIN AF	9.99
O2	TOLNAFTATE ATHELETE'S FOOT CRM	1 OZ	TINACTIN	6.99
O3	WART REMOVAL	0.5 OZ	COMPOUND W	7.99
MISCELLANEOUS (MISCELÁNEO)				
M23	HAND SANITIZER	2 OZ		1.49
M49	TABLET CUTTER	EACH		6.49
M75	MOSQUITO REPELLENT W/30% DEET	6 OZ		6.49
X71	BP Monitor Semi Auto 8.7" x 16.5"	EACH		24.99
X72	BP Monitor Manual 8.7" x 12.6"	EACH		17.99
X81	MAXI REG	24 CT	ALWAYS	3.49
INCONTINENCE (INCONTINENCIA)				
X74	PADS-BLADDER CONTROL MODERATE	20 CT	POISE	5.99
X75	UNDERWEAR WOMEN S/M	20 CT	DEPENDS	13.99
X76	UNDERWEAR MEN LG	18 CT	DEPENDS	13.99
X77	UNDERWEAR MEN S/M	18 CT	DEPENDS	13.99
X78	UNDERWEAR WOMEN LG	18 CT	DEPENDS	13.99
PERSONAL CARE (CUIDADO PERSONAL)				
F10	DIAPER RASH OINTMENT	2 OZ	DESITIN	3.99
F64	ACNE TREATMENT 10%	1 OZ	CLEARASIL	4.99
M1	SUNBLOCK SPF 45	3 OZ	NEUTROGENA	6.99
M9	COTTON SWAB	375 CT		2.49
M11	BABY POWDER	4 OZ		1.99
M20	UNSCENTED WIPE	20 CT		1.49
M30	MICONAZOLE 7 DAY VAGINAL CREAM	7 CT	MONISTAT 7	7.99

Medicines, ointments and sprays with active medical ingredients that cure, diminish or remove symptoms
You will receive the generic equivalent of all items.
 Medicamentos, ungüentos y aerosoles con ingredientes medicinales activos que curan o eliminan los síntomas
Usted recibirá el genérico equivalente de todos los productos.

ITEM	DESCRIPTION	QTY	COMPARE TO	PRICE
VITAMINS / MINERALS (VITAMINAS / MINERALES)				
V2	VITAMIN C 500MG	100 CT		6.99
V3	CALCIUM CARBONATE + D	60 CT		4.49
V5	COENZYME Q-10 50MG	30 CT		5.49
V6	ADULT DAILY SPECTRAVITE MULTIVITAMIN	130 CT	CENTRUM	6.99
V7	ADULT SENIOR SPECTRAVITE MULTIVITAMIN	125 CT	CENTRUM	9.99
V10	GLUCOSAMIN/CHONDROITIN	80 CT	OSTEO BI-FLEX	13.99
V16	VITAMIN E 400 IU SOFT GEL	100 CT		11.99
V17	FOLIC ACID 800MCG TABLET	100 CT		3.49
V18	IRON SUPPLEMENT 65MG	90 CT		5.49
V19	FISH OIL OMEGA-3 1000MG	120 CT	PURITAN	8.99
V26	VITAMIN D 400 IU	100 CT		2.99
V32	VITAMIN D 1000 IU	100 CT		3.49
V35	MAGNESIUM 500 MG	100 CT		4.49
V36	ZINC GLUCONATE 50 MG	100 CT		4.49
V46	ADULT DAILY MULTI VITAMIN GUMMY	50 CT		7.99

ITEM	DESCRIPTION	QTY	COMPARE TO	PRICE
VITAMINS / MINERALS (VITAMINAS / MINERALES)				
V47	PRENATAL + MINERALS	100 CT		9.99
V48	BIOTIN 10000MC SOFT GEL	60 CT		12.49
V49	MELATONIN GUMMY 5MG	60 CT		9.49
V54	CALCIUM SUPPLEMENT GUMMY	50 CT	CALTRATE	9.99
V56	VITAMIN A 8,000 IU NAT	100 CT		4.99
V57	VITAMIN B12 500MCG	100 CT		8.99
NICOTINE REPLACEMENT THERAPY (TERAPIA PARA REMPLAZAR LA NICOTINA)				
M60	NICOTINE GUM 4MG	20 CT		10.99
M61	NICOTINE GUM 4MG SUGAR FREE	20 CT		10.99
M62	NICOTINE GUM 2MG	20 CT		10.99
M63	NICOTINE GUM 2MG SUGAR FREE	20 CT		10.99
M64	NICOTINE MINT 4MG LOZENGES	20 CT		10.99
M65	NICOTINE MINT 2MG LOZENGES	20 CT		10.99
M66	NICOTINE TRANSDERMAL 21MG PATCH	7 CT		19.99

Must consult with Primary Care Physician prior to ordering a dual-purpose item.
Debe consultar con su médico de cabecera antes de ordenar un producto de doble propósito.

**Over-the-Counter Drug Catalog Program
\$45 Monthly Benefit - TexanPlus HMO-SNP**

TexanPlus® HMO-SNP is pleased to provide its members the Your Personal Health and Wellness Shop. This is a convenient way to get **generic non-prescription medicine** and personal health and wellness products by mail through your TexanPlus HMO-SNP OTC Benefit.

HOW TO ORDER BY MAIL:

1. Clearly write your name, address, telephone number and member ID in the space at the top of the form.
2. Check (√) items you want on the order form that add up to \$45 or less. Your benefit limit is \$45 every month. If you order more than \$45, you will receive the first \$45 of items on your order.
3. Fold and seal the form with tape.
4. Place a first class postage stamp on the address side (out-side) of the form and mail.

ORDER BY PHONE:

To place your order by phone, call 1-888-628-2770 from 8 a.m. to 4 p.m. Central Time, Monday through Friday.

ORDER BY FAX:

Fax the completed order form to 1-866-682-6733 any time.

ORDER ONLINE: TexanPlusSNP.otchs.com

**Programa de Catálogo de Medicamentos sin Receta
Beneficio de \$45 Mensual - TexanPlus HMO-SNP**

TexanPlus® HMO-SNP se complace en proporcionar a sus miembros la tienda de salud y bienestar personal. Esta es una forma conveniente de obtener **medicamentos genéricos sin receta** y productos de salud y bienestar personal por correo a través de su beneficio de OTC de TexanPlus HMO-SNP.

COMO ORDENAR POR CORREO:

1. Escriba claramente su nombre, dirección, número de teléfono y número de socio en el espacio indicado.
2. Seleccione artículos que sumen hasta \$45 o menos. Su beneficio tiene un límite de \$45 mensual. Si excede este límite, recibirá automáticamente sólo los primeros artículos que sumen un total de \$45.
3. Doble y selle el formulario con cinta adhesiva.
4. Coloque una estampilla de Primera Clase en la parte de afuera de este formulario.

POR TELEFONO:

Para colocar su orden llame al 1-888-628-2770 de 8 a.m. a 4 p.m., Hora Central, Lunes a Viernes.

POR FAX:

Envíe su forma por fax al 1-866-682-6733 a cualquier hora.

POR INTERNET: TexanPlusSNP.otchs.com

TexanPlus® HMO-SNP is a Medicare Advantage plan with a Medicare contract and a contract with the State Medicaid Program. Enrollment in TexanPlus® HMO-SNP depends on contract renewal. TexanPlus® HMO-SNP es un plan de Medicare Advantage con un contrato de Medicare y un contrato con el programa de Medicaid del estado. La inscripción en TexanPlus® HMO-SNP depende de la renovación del contrato.

TexanPlus® HMO-SNP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Spanish: **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-736-7442 (TTY: 711). Chinese: 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 1-888-736-7442 (TTY: 711)。

Suite 202 • Miami, FL 33178
9675 NW 117th Ave
OTC Health Solutions

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Address: _____
City: _____ State: _____ Zip: _____