



950B



Over-the-Counter Health & Wellness Products

2018 Catalog and Order Form

This is the new 2018 catalog and order form!

Use this to submit your next order if requesting by mail.

Your health and wellness amount may have changed for 2018. Please contact your sales agent or check your **2018 Summary of Benefits** to determine your benefit amount.

This can be done by signing into **MyHumana** and clicking "**Documents and Forms**" under Member Support.

Humana[®]

2018 Over-the-Counter (OTC) Health and Wellness Product Order Form



Your current plan may have an over-the-counter benefit that would allow you to purchase over-the-counter (OTC) health and wellness products from Humana Pharmacy. To verify your 2018 Health and Wellness allowance, please contact your sales agent or check your Summary of Benefits.



Keep this catalog somewhere accessible. You'll need this to look up the health and wellness products you want to order.



How to order:

If your order exceeds your plan's allowance, please include your check, money order, or enter your credit card information to pay the remaining amount due. Balances higher than the allowance amount will have sales tax applied. Failure to submit payment in full will lead to items being cancelled to bring your order total at or below your benefit allowance. **Any unused allowance does not roll over.**

- If you have a **monthly** allowance, submit your order by the 20th of each month.
- If you have a **quarterly** allowance, submit your order by the last week of your allowance period. Last month of quarters are March, June, September, and December.

You can place your order:



- **Online:** Go to [HumanaPharmacy.com/OTC](https://www.humanapharmacy.com/OTC)



- **Mail:** Fill out the OTC Health and Wellness Product Order Form and mail only the order form pages to:
Humana Pharmacy
PO Box 1197
Cincinnati, OH 45201-1197



- **Fax:** Fill out the OTC Health and Wellness Product Order Form and fax only the order form pages to Humana Pharmacy at: 1-800-379-7617.



Call Humana Pharmacy at **1-855-211-8370** (TTY: **711**) if you have questions about how to use this benefit at Humana Pharmacy. Customer Care representatives are available Monday - Friday, 8 a.m. - 11 p.m. and Saturday, 8 a.m. - 6:30 p.m., Eastern time.

Please note: This order form is for the 2018 benefit year. Please do not submit your first order until after January 1, 2018.

2018 Humana Health and Wellness Product Order Form



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STEP 1 - COMPLETE YOUR INFORMATION BELOW (using blue or black ink):

Member ID (found on Humana ID card) - Date of Birth / / Gender Male Female

First Name Last Name MI

Street Number Street Name Apt/Suite #

City State Zip Code -

Daytime Phone Evening Phone Please check box if this is a new address:

STEP 2 - PRODUCT SELECTION

During which month would you like to receive this order?

If a month is not selected, your order will be processed the month your request is received

	Product Code	Product Name	Quantity to order*	Price
<i>Example:</i>	0 1 6	Aspirin Low Dose 81mg EC	1	\$6
1	OTC <input type="text"/>	_____	<input type="text"/>	_____
2	OTC <input type="text"/>	_____	<input type="text"/>	_____
3	OTC <input type="text"/>	_____	<input type="text"/>	_____
4	OTC <input type="text"/>	_____	<input type="text"/>	_____
5	OTC <input type="text"/>	_____	<input type="text"/>	_____
6	OTC <input type="text"/>	_____	<input type="text"/>	_____
7	OTC <input type="text"/>	_____	<input type="text"/>	_____
8	OTC <input type="text"/>	_____	<input type="text"/>	_____
9	OTC <input type="text"/>	_____	<input type="text"/>	_____
10	OTC <input type="text"/>	_____	<input type="text"/>	_____
11	OTC <input type="text"/>	_____	<input type="text"/>	_____
12	OTC <input type="text"/>	_____	<input type="text"/>	_____

*Write in the quantity of the product you would like to receive, not the package size listed in catalog.

2018 Humana Health and Wellness
Product Order Form



950A



Your total order amount \$ _____
Humana allowance \$ _____
Total remaining amount due \$ _____

If your total order is less than your plan’s allowance, you DO NOT need to include payment and you will receive the items you ordered.

If your order exceeds your plan’s allowance, please include your check, money order, or enter your credit card information below to pay the remaining amount due. Balances higher than the allowance amount will have sales tax applied. Failure to submit payment in full will lead to items being cancelled to bring your order total at or below your benefit allowance. **Any unused balance does not roll over.**

STEP 3 PAYMENT INFORMATION (if applicable)

Please make checks payable to “Humana Pharmacy”. Please do not send cash.

To pay by credit card, please complete the following:

Credit/Debit Card #

Exp. Date

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MM / YY

Cardholder First Name

Cardholder Last Name

□□□□□□□□□□□□□□□□

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Cardholder Signature:

STEP 4 - To order by mail, send the completed Humana Health and Wellness Product Order Form page along with payment (if applicable) to:

Humana Pharmacy
P.O. Box 1197
Cincinnati, OH 45201-1197

Note: You can also save a stamp and order online at HumanaPharmacy.com/OTC. An allowance amount is only available if your plan offers the over-the-counter (OTC) service as a benefit. Call Humana Pharmacy at **1-855-211-8370** (TTY: **711**) if you have questions about your order, or about how to use this benefit at Humana Pharmacy, Monday- Friday, 8 a.m.—11 p.m., and Saturday, 8 a.m.—6:30 p.m. Eastern time.

Orders will be shipped to your home by UPS or the US Postal Service at no extra charge to you. Please allow 10 to 14 business days from the time Humana Pharmacy receives your order to shipment. You’ll receive a generic comparable to the name-brand product. Please consult with your doctor before using any over-the-counter (OTC) product. This product list is subject to change. If a product is unavailable or not in stock, it may be substituted for a similar product at no additional charge. Some items may vary depending on manufacturer (for example, caplets, tablets, capsules or soft gels may be substituted for one another).

Over-the-Counter (OTC) Health and Wellness Product Catalog

Note: You will receive the generic equivalent of all items

Antacid, Anti-Diarrheal, and Laxatives

Product code	Product name	Compare to	Package count	Price
204	Aluminum Hydroxide Gel	Amphojel®	16 oz.	\$10.00
032	Antacid/Anti-Gas Liquid	Mylanta®	12 oz.	\$9.00
318	Anti-Diarrheal Caplets- Loperamide 2 mg	Imodium® A-D	24	\$7.50
031	Anti-Hemorrhoidal Ointment	Preparation H®	2 oz.	\$7.00
203	Calcium Carbonate Antacid- Regular Strength	Tums® Regular Strength	150	\$6.50
116	Dairy Digestive Supplement- Lactase Enzyme	Lactaid® Tablets	60	\$12.00
320	Extra Strength Gas Relief Soft-Gels	Gas-X® Extra Strength	48	\$8.00
261	Famotidine 20 mg	Pepcid® 20 mg	25	\$7.50
208	Fiber Laxative Tablets	FiberCon®	90	\$9.00
216	Hemorrhoidal Suppositories	Preparation H® Suppositories	12	\$7.00
093	Bisacodyl 5 mg	Dulcolax®	25	\$6.50
033	Milk of Magnesia - Laxative/Antacid	Phillips® Milk of Magnesia	12 oz.	\$7.00
120	Motion Sickness Tablets - Dimenhydrinate 50 mg	Dramamine®	12	\$5.75
323	Esomeprazole 20 mg	Nexium® 24HR 22.3 mg (20mg of esomeprazole)	28	\$17.00
112	Omeprazole 20 mg	Prilosec OTC® 20.6 mg (20mg of omeprazole)	14	\$11.00
115	Pink Bismuth- Chewable Tablets	Pepto-Bismol® Chewable Tablets	30	\$7.00
264	Polyethylene Glycol 3350	MiraLAX®	8.3 oz.	\$10.50
258	Psyllium Fiber Laxative Capsules	Metamucil® Capsules	160	\$11.00
104	Ranitidine 75 mg Tablets	Zantac® 75 mg Tablets	30	\$7.00
233	Senna Laxative Tablets	Senokot®	100	\$10.00
101	Stool Softener Capsules	Colace®	100	\$7.00

Cough, Cold and Allergy

Product code	Product name	Compare to	Package count	Price
113	Cetirizine HCL 10 mg	Zyrtec® 10 mg	30	\$12.00
260	Cough and Cold High Blood Pressure Tablets	Coricidin® HBP Cough and Cold	16	\$6.50
237	Daytime Cold and Flu Tablets	DayQuil™	16	\$6.50
111	Expectorant- Guaifenesin 400 mg	Mucus Relief 400 mg	30	\$11.00
291	Eye Itch Relief 0.025% Eye Drops	Zaditor®	0.17 oz.	\$14.00

321	Cough Formula Expectorant	Robitussin®	8 oz.	\$7.00
210	Cough Suppressant/Expectorant* (sugar free)	Robitussin® Sugar Free DM	4 oz.	\$7.00
096	Cough Suppressant/Nasal Decongestant/Expectorant	Robitussin® CF	4 oz.	\$5.75
110	Loratadine 10 mg	Claritin®	30	\$10.00
290	Loratadine Liquid 5 mg/5 ml	Children's Claritin®	4 oz.	\$9.00
043	Medicated Chest Rub	Vicks VapoRub®	100 gm	\$6.50
117	Menthol/Benzocaine Sore Throat Lozenges	Cepacol® Lozenges	18	\$6.00
228	Nasal Decongestant PE Max Strength	Sudafed® PE Tablets	36	\$6.00
095	Nasal Decongestant Spray	Afrin®	1 oz.	\$6.00
220	Phenol/Oral Anesthetic Sore Throat Spray	Chloraseptic®	6 oz.	\$6.00
325	Saline Nasal Spray	Ocean® Saline Nasal Spray	3 oz.	\$6.00
097	Sinus-Acetaminophen/ Phenylephrine HCl	Tylenol® Sinus	24	\$6.00
293	Triamcinolone Allergy Nasal Spray	Nasacort® Allergy 24 hour	0.57 oz	\$17.75

Diabetes Management

Product code	Product name	Compare to	Package count	Price
265	Compression Stockings 15-20mmHg Regular Beige Size A (Ankle: 7" - 7 7/8"; Calf: 10" - 13")	JOBST®	1	\$15.00
266	Compression Stockings 15-20mmHg Regular Beige Size B (Ankle: 8" - 8 7/8"; Calf: 12" - 15")	JOBST®	1	\$15.00
267	Compression Stockings 15-20mmHg Regular Beige Size C (Ankle: 9" - 9 7/8"; Calf: 14" - 17")	JOBST®	1	\$15.00
268	Compression Stockings 15-20mmHg Regular Beige Size D (Ankle: 10" - 10 7/8"; Calf: 16" - 19")	JOBST®	1	\$15.00
269	Compression Stockings 15-20mmHg Regular Beige Size E (Ankle: 11" - 11 7/8"; Calf: 18" - 21")	JOBST®	1	\$15.00
270	Compression Stockings 15-20mmHg Regular Beige Size F (Ankle: 12" - 12 7/8"; Calf: 20" - 23")	JOBST®	1	\$15.00
271	Compression Stockings 15-20mmHg Regular Beige Size G (Ankle: 13" - 13 7/8"; Calf: 22" - 26")	JOBST®	1	\$15.00

*Sale of products containing Dextromethorphan are prohibited to members under the age of 18.

329	Compression Stockings 15-20mmHg Regular Black Size A (Ankle: 7" - 7 7/8"; Calf: 10" - 13")	JOBST®	1	\$15.00
330	Compression Stockings 15-20mmHg Regular Black Size B (Ankle: 8" - 8 7/8"; Calf: 12" - 15")	JOBST®	1	\$15.00
331	Compression Stockings 15-20mmHg Regular Black Size C (Ankle: 9" - 9 7/8"; Calf: 14" - 17")	JOBST®	1	\$15.00
332	Compression Stockings 15-20mmHg Regular Black Size D (Ankle: 10" - 10 7/8"; Calf: 16" - 19")	JOBST®	1	\$15.00
333	Compression Stockings 15-20mmHg Regular Black Size E (Ankle: 11" - 11 7/8"; Calf: 18" - 21")	JOBST®	1	\$15.00
334	Compression Stockings 15-20mmHg Regular Black Size F (Ankle: 12" - 12 7/8"; Calf: 20" - 23")	JOBST®	1	\$15.00
335	Compression Stockings 15-20mmHg Regular Black Size G (Ankle: 13" - 13 7/8"; Calf: 22" - 26")	JOBST®	1	\$15.00
272	Diabetic Skin Relief Foot Cream	Gold Bond® Diabetic Skin Relief Foot Cream	3.4 oz.	\$9.00
305	Glucose Tablets (6 pack of 10 tablets)	DEX4® Glucose Tablets	60	\$11.50
273	Reagent Strips for Urinalysis	Diastix® Reagent Strips for Urinalysis	50	\$11.00
274	Sharps Container	BD™ Home Sharps Container	1	\$6.50
275	Ketone Test Strips for Urinalysis	Ketone Test Strips for Urinalysis	50	\$11.00

First Aid

Product code	Product name	Compare to	Package count	Price
035	Alcohol Prep Pads	Curad® Alcohol Swabs	100	\$6.00
336	Ankle Support	Futuro®	1	\$9.00
337	Back Support Elastic - one size fits most	Futuro®	1	\$25.00
226	Elastic Bandage	Ace® Bandage	1	\$6.00
339	Elbow Support	Futuro®	1	\$10.00
357	Knee Support w/Stays - XL - 19" - 21.75"	Futuro®	1	\$15.00
340	Knee Support w/Stays - L - 16" - 18.75"	Futuro®	1	\$15.00
341	Knee Support w/Stays - M - 13" - 15.75"	Futuro®	1	\$15.00
342	Knee Support w/Stays - S - 10" - 12.75"	Futuro®	1	\$15.00
324	Plastic Bandages	Band-Aids®	200	\$9.00
231	Triple Antibiotic Ointment Plus	Neosporin® + Pain Relief	1 oz.	\$7.00
343	Wrist Support	Futuro®	1	\$13.00

Pain Relievers

Product code	Product name	Compare to	Package count	Price
294	Acetaminophen 325 mg	Tylenol® Regular Strength	100	\$7.00
002	Acetaminophen 500 mg	Tylenol® Extra Strength	100	\$6.00
020	Acetaminophen 80 mg chewable	Tylenol® Children's Chewable	30	\$6.00
016	Aspirin Low Dose 81 mg EC	Bayer® Adult Low Strength EC	120	\$6.00
213	Cold and Hot Patches	Icy Hot® Patch	5	\$7.50
215	Effervescent Antacid & Pain Relief	Alka-Seltzer®	36	\$7.00
229	Enteric Coated Aspirin 325 mg	Ecotrin®	100	\$6.00
125	Headache Formula- Aspirin/Acetaminophen/Caffeine	Excedrin®	100	\$7.50
019	Ibuprofen 200 mg Tablets	Advil®	50	\$6.50
094	Ibuprofen Suspension	Motrin®	4 oz.	\$7.00
046	Muscle Rub	BenGay®	4 oz.	\$8.00
283	Naproxen Sodium 220 mg	Aleve®	100	\$9.00
344	Roll-on Muscle Relief	Biofreeze®	2.5 oz.	\$15.00
119	Topical Analgesic- Capsaicin Cream 0.025%	Zostrix® Cream	2 oz.	\$8.00

Personal Care

Product code	Product name	Compare to	Package count	Price
257	7-Day Pill Box	7-Day Pill Box	1	\$7.00
256	Absorbent Underpads (Disposable Chux Pads) 23"x36"	Protection Plus® Disposable Underpads 23"x36"	20	\$20.00
253	Adult Incontinence Underwear Large	Protection Plus® Classic Protective Underwear Large 40"-56"	18	\$20.00
252	Adult Incontinence Underwear Medium	Protection Plus® Classic Protective Underwear Medium 28"-40"	20	\$20.00
251	Adult Incontinence Underwear Small	Protection Plus® Classic Protective Underwear Small 20"-28"	22	\$20.00
254	Adult Incontinence Underwear X-Large	Protection Plus® Classic Protective Underwear X-Large 56"-68"	14	\$20.00
255	Adult Incontinence Underwear XX-Large	Protection Plus® Classic Protective Underwear XX-Large 68"-80"	12	\$20.00
243	Bladder control pads (regular)	Poise® Moderate Pads	20	\$9.00
242	Blood Pressure Home Kit (manual pump w/stethoscope)**	Blood Pressure Home Kit (manual pump w/stethoscope)	1	\$17.00
225	Denture Adhesive	Fixodent®	1.5 oz.	\$6.00
307	Diaper Rash Ointment	Desitin® Ointment	2 oz.	\$6.00
245	Digital Blood Pressure Monitor**	Digital Blood Pressure Monitor	1	\$50.00

345	Disposable Gloves - Non-Latex	Curad®	100	\$10.00
118	Earwax Removal Drops	Debrox® Earwax Removal Drops	0.5 oz.	\$8.00
319	Effervescent Denture Tabs	Efferdent®	90	\$7.50
244	Electric Heating Pad**	Sunbeam® Electric Heating Pad	1	\$40.00
219	Eye Drops- Redness Reliever	Visine® Original	0.5 oz.	\$5.50
114	Lubricant Eye Drops (Sterile)	Liquifilm Tears®	0.5 oz.	\$7.00
346	Lubricant Eye Gel	GenTeal®	0.34 oz.	\$12.00
347	Sodium Chloride 5% Eye Drops	Bausch & Lomb Muro-128®, 5%	0.5 oz.	\$10.00
295	Oral Pain Relief- Benzocaine 20%	Orajel™ Maximum	0.5 oz.	\$6.75
048	Oral Thermometer	B-D® Oral Thermometer	1	\$6.50
309	Pulse Oximeter**	Quest™ Pulse Oximeter	1	\$50.00
310	Reusable Cold Compress	ACE™ Cold Compress	1	\$7.00
306	Sunblock SPF 30	Coppertone® SPF 30	8 oz.	\$8.00
284	Toothbrush	Toothbrush	3	\$6.75
285	Toothpaste	Toothpaste	2	\$8.00
296	Wart Remover Liquid 17%	Compound W® Max Strength	0.31 oz	\$8.50
348	Wrist Blood Pressure Monitor**	Omron®	1	\$40.00

Skin Care

Product code	Product name	Compare to	Package count	Price
217	Allergy Cream- Itch and Pain Relief	Benadryl® Extra Strength Cream	1 oz.	\$5.50
037	Calamine Lotion	Calamine	6 oz.	\$6.00
038	Clotrimazole Cream 1%	Lotrimin AF®	0.5 oz.	\$6.00
322	Hydrocortisone Cream 1%	Cortaid®	2 oz.	\$7.50
241	Medicated Callus Remover	Dr. Scholl's®	6	\$6.50
218	Tolnaftate 1% Antifungal	Tinactin® Cream	1.25 oz.	\$8.00

Smoking Cessation

Product code	Product name	Compare to	Package count	Price
311	Nicotine Lozenge 2 mg	Nicorette®	72	\$30.00
312	Nicotine Lozenge 4 mg	Nicorette®	72	\$30.00
313	Nicotine Transdermal 14 mg Patch	Nicotine Transdermal Patch	7	\$25.00
314	Nicotine Transdermal 21 mg Patch	Nicotine Transdermal Patch	7	\$25.00
315	Nicotine Transdermal 7 mg Patch	Nicotine Transdermal Patch	7	\$25.00
123	Stop Smoking Gum- 2 mg	Nicorette® 2 mg gum	50	\$20.00
124	Stop Smoking Gum- 4 mg	Nicorette® 4 mg gum	50	\$20.00

**For the items noted above: limit one per plan year. Prior to purchase, the enrollee is strongly encouraged to have a conversation with their personal provider about the appropriateness of this OTC item.

Vitamins, Minerals and Supplements

Product code	Product name	Compare to	Package count	Price
297	Antioxidant Tablets	Antioxidant Tablets	60	\$8.00
109	Calcium Citrate + Vitamin D	Citracal® Caplets + D	60	\$7.00
248	Chewable Calcium with Vitamin D Plus Minerals	Caltrate® 600 + D Plus Minerals Chewable	60	\$9.00
902	Co-Enzyme Q-10 30 mg	Co-Enzyme Q-10 30 mg	30	\$10.00
063	Complete Senior Vitamins and Minerals	Centrum® Silver	60	\$10.00
011	Daily Multivitamin and Mineral	Centrum®	130	\$8.00
907	Eye Care Vitamins	Ocuvite® Extra	36	\$9.00
298	Ferrous Sulfate 5 gr	Feosol® 100	100	\$8.50
240	Folic Acid 800 mcg	Folic Acid 800 mcg	100	\$5.50
299	Gummy Multi-Vitamin	Multi-Vitamin Gummy	120	\$10.50
300	Gummy Vitamin C 250 mg	Vitamin C 250 mg Gummy	100	\$10.50
301	Gummy Vitamin D 2000 IU	Vitamin D 2000 IU Gummy	120	\$10.50
246	Liquid Iron Formulation 220mg/5ml	Liquid Iron	16 oz.	\$9.00
302	Magnesium Oxide 400 mg	Mag-Ox® 400 mg	120	\$10.00
278	Melatonin 5 mg	Melatonin 5 mg	100	\$7.50
107	One Daily Women's Multi-Vitamin	One-A-Day Women's®	60	\$7.50
316	One Daily Men's Multi-Vitamin	One-A-Day Men's®	60	\$7.50
317	Organic Sulfur MSM 1000 mg	Organic Sulfur MSM 1000 mg	90	\$9.00
303	Potassium Gluconate 595 mg	Potassium Gluconate 595 mg	100	\$6.00
909	Timed Release Niacin 500 mg	Timed Release Niacin 500 mg	100	\$8.00
238	Vitamin B-12 1000 mcg	Vitamin B-12 1000 mcg	100	\$7.00
279	Vitamin B-12 5000 mcg Sublingual	Vitamin B-12 5000 mcg Sublingual	30	\$8.00
280	Vitamin B-Complex Sublingual	Vitamin B-Complex Sublingual	60	\$7.00
903	Vitamin B-Complex with B-12	Vitamin B-Complex with B-12	100	\$8.00
010	Vitamin C 500 mg	Vitamin C 500 mg	100	\$6.00
209	Vitamin D 1000 IU	Vitamin D 1000 IU	100	\$7.00
239	Vitamin D 5000 IU	Vitamin D 5000 IU	100	\$9.00
012	Vitamin E 400 IU	Vitamin E 400 IU	100	\$8.00

Women's Health

Product code	Product name	Compare to	Package count	Price
041	Clotrimazole 1% Vaginal Cream	Gyne-Lotrimin® Cream	1.5 oz.	\$8.00
304	Miconazole 3 Combo Pack	Monistat® 3 Combo Pack	3 day supply	\$13.00
326	Urinary Pain Relief	AZO Urinary Pain Relief	30	\$8.00

Discrimination is Against the Law

Humana, Inc. and its subsidiaries (“Humana”) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana provides:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-1235 or if you use a TTY, call 711.

If you believe that Humana has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-457-4708 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-457-4708 (TTY: 711).

繁體中文 (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 1-800-457-4708 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-457-4708 (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-800-457-4708 (TTY: 711)번으로 전화해 주십시오 .

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-457-4708 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-457-4708 (телетайп: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-457-4708 (رقم هاتف الصم والبكم: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-457-4708 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-457-4708 (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-457-4708 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-457-4708 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-457-4708 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-457-4708 (TTY: 711).

日本語 (Japanese): 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。1-800-457-4708（TTY：711）まで、お電話にてご連絡ください。

فارسی (Farsi):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-457-4708 (رقم هاتف الصم والبكم: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-800-457-4708 (TTY: 711)

Get your questions answered

Call Humana Pharmacy:

1-855-211-8370 (for TTY, dial **711**)

Online:

Humana.com

Remember! Keep this catalog.

You'll need this catalog to look up the health and wellness products you want to order.

OTC items may only be purchased for the plan enrollee. It is prohibited to purchase OTC items for family members and friends. Purchase of covered OTC products made under emergency circumstances may be eligible for reimbursement when the benefit allowance is available.

The following items are not covered under this OTC benefit (non-eligible items): Alternative medicines (including botanicals, herbals, probiotics and nutraceuticals including fish oil, glucosamine and chondroitin, garlic, Echinacea, saw palmetto, ginkgo biloba, etc), Baby items, Contraceptives, Convenience (non-medical items), Cosmetics, Food Supplements, Replacement items, Attachments, and Peripherals (including hearing aid batteries, contact lens containers, etc when not factory packaged with original item).

Humana is a Medicare Advantage HMO, PPO, PFFS organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits and member cost-share may change on January 1 of each year.

Other pharmacies are available in our network.

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