

Over-the-Counter Health & Wellness Products

2025 Catalog and Order Form

Humana®

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2025 Over-the-Counter (OTC) Health and Wellness Product Order Form

Plans with an over-the-counter allowance allow you to purchase OTC health and wellness products from CenterWell Pharmacy™. To verify your 2025 Health and Wellness allowance, please contact customer service at the number on the back of your Humana member ID card 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 place your order

For all members: mail and fax



Due to added time to receive your request by mail, we encourage you to allow extra time when placing your order. 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 20th of the last month of your allowance period. Last month of quarters are March, June, September, and December.

Fill out the Health and Wellness Products Order Form and mail only the order form pages to:

CenterWell Pharmacy

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

or fax the order form pages to

800-379-7617

A few things to note before you order

- Know your plan's allowance. You can find this information in your Summary of Benefits, or by contacting your licensed sales agent. If you have a plan that includes rollover allowance, your unused balance will carry over to your next month or quarter and expire on Dec. 31, 2025. If you have a plan that does not include a rollover allowance, your allowance will need to be used within each month or quarter, depending on your plan.
- If your order exceeds your plan's allowance, please include a check, money order or enter your credit card information to pay the remaining amount due. Your final balance will include applicable sales tax for all of your over the counter items. If your order isn't paid in full, items will be removed to bring your total to or below your benefit allowance.
- If you order multiple products, you may receive them in multiple shipments.
- If you have an OTC allowance or Healthy Options allowance, you will need to activate your prepaid card before making purchases from this catalog. Eligible members can call **855-396-0691**, 24 hours a day, seven days a week.



If you have questions about how to use the OTC allowance at CenterWell Pharmacy, call **855-211-8370** (TTY: **711**). Customer Care specialists are available Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

2025 Humana Health and Wellness Product Order Form



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MEMBER INFORMATION

Member ID (found on Humana ID card)

Date of Birth

Gender

 Male
 Female

First Name

Last Name

MI

Street Number

Street Name

Apt/Suite #

Urbanization Code (for Puerto Rico addresses only)

City

State

Zip Code

Daytime Phone

Evening Phone

Please check box if this is a new address:

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.

PAYMENT INFORMATION

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 a check, money order or enter your credit card information to pay the remaining amount due. Your final balance will include applicable sales tax for all of your over the counter items. If your order isn't paid in full, items may be removed to bring your total to or below your benefit allowance. Please be sure to provide your payment information each time you order over your allowance amount. Do not send cash.

Credit/Debit Card #

Exp. Date

Cardholder First Name

Cardholder Last Name

Cardholder Signature:

Before submitting your order

- Verify your OTC allowance before submitting your order
- Remember to submit your order by the 20th of the month for monthly allowance and the 20th of the last month of your allowance period for quarterly allowance
- Orders can take 5-7 business days to be delivered from the time your order is received
- Orders may be delivered in multiple packages by FedEx, UPS or USPS
- If you receive a generic, it will be comparable to the name-brand product
- Returns and refunds are not accepted for items that were properly dispensed.
- Notify CenterWell Pharmacy immediately if there are issues when you receive your order

Member ID (found on Humana ID card)

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Date of Birth

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First name

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Last name

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PRODUCT SELECTION

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

Product Code	Product Name	Quantity*	Price
<i>Example:</i> 0 1 6	Aspirin Low Dose 81mg EC	1	\$6
1 OTC □□□	_____	□	_____
2 OTC □□□	_____	□	_____
3 OTC □□□	_____	□	_____
4 OTC □□□	_____	□	_____
5 OTC □□□	_____	□	_____
6 OTC □□□	_____	□	_____
7 OTC □□□	_____	□	_____
8 OTC □□□	_____	□	_____
9 OTC □□□	_____	□	_____
10 OTC □□□	_____	□	_____
11 OTC □□□	_____	□	_____
12 OTC □□□	_____	□	_____
13 OTC □□□	_____	□	_____
14 OTC □□□	_____	□	_____
15 OTC □□□	_____	□	_____

To order by mail, send the completed Humana Health and Wellness Product Order Form page along with payment (if needed) to:
CenterWell Pharmacy
P.O. Box 1197
Cincinnati, OH 45201-1197

Your total order amount \$ _____
OTC allowance \$ _____
Total remaining amount due \$ _____
Sales tax may apply to items based on state tax regulations

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

Diabetes Management

Product code	Product name	Compare to	Package count	Price
Compression Dress Socks				
501	Compression Dress Socks, 8 - 15mmHg, Black, S	Curad® Compression Dress Socks	1 pair	\$14.50
500	Compression Dress Socks, 8 - 15mmHg, Black, M	Curad® Compression Dress Socks	1 pair	\$14.50
499	Compression Dress Socks 8 - 15mmHg, Black, L	Curad® Compression Dress Socks	1 pair	\$14.50
Compression Stockings				
265	Compression Stockings 15-20mmHg, Beige, Size A (Ankle: 7" - 7 7/8"; Calf: 10" - 13")	JOBST® Compression Stockings	1 pair	\$15
266	Compression Stockings 15-20mmHg, Beige, Size B (Ankle: 8" - 8 7/8"; Calf: 12" - 15")	JOBST® Compression Stockings	1 pair	\$15
267	Compression stockings 15-20mmHg, Beige, Size C (Ankle: 9" - 9 7/8"; Calf: 14" - 17")	JOBST® Compression Stockings	1 pair	\$15
268	Compression Stockings 15-20mmHg, Beige, Size D (Ankle: 10" - 10 7/8"; Calf: 16" - 19")	JOBST® Compression Stockings	1 pair	\$15
269	Compression Stockings 15-20mmHg, Beige, Size E (Ankle: 11" - 11 7/8"; Calf: 18" - 21")	JOBST® Compression Stockings	1 pair	\$15
270	Compression Stockings 15-20mmHg, Beige, Size F (Ankle: 12" - 12 7/8"; Calf: 20" - 23")	JOBST® Compression Stockings	1 pair	\$15
271	Compression Stockings 15-20mmHg, Beige, Size G (Ankle: 13" - 13 7/8"; Calf: 22" - 26")	JOBST® Compression Stockings	1 pair	\$15
329	Compression Stockings 15-20mmHg, Black, Size A (Ankle: 7" - 7 7/8"; Calf: 10" - 13")	JOBST® Compression Stockings	1 pair	\$15
330	Compression Stockings 15-20mmHg, Black, Size B (Ankle: 8" - 8 7/8"; Calf: 12" - 15")	JOBST® Compression Stockings	1 pair	\$15
331	Compression Stockings 15-20mmHg, Black, Size C (Ankle: 9" - 9 7/8"; Calf: 14" - 17")	JOBST® Compression Stockings	1 pair	\$15
332	Compression Stockings 15-20mmHg, Black, Size D (Ankle: 10" - 10 7/8"; Calf: 16" - 19")	JOBST® Compression Stockings	1 pair	\$15

If you receive a generic, it will be comparable to the name-brand product. This list is subject to change.

333	Compression Stockings 15-20mmHg, Black, Size E (Ankle: 11" - 11 7/8"; Calf: 18" - 21")	JOBST® Compression Stockings	1 pair	\$15
334	Compression Stockings 15-20mmHg, Black, Size F (Ankle: 12" - 12 7/8"; Calf: 20" - 23")	JOBST® Compression Stockings	1 pair	\$15
335	Compression Stockings 15-20mmHg, Black, Size G (Ankle: 13" - 13 7/8"; Calf: 22" - 26")	JOBST® Compression Stockings	1 pair	\$15
Crew Socks				
376	Diabetes Circulatory Crew Socks 8-15mmHg, Black, S	Diabetes Circulatory Crew Socks	1 pair	\$10.50
375	Diabetes Circulatory Crew Socks 8-15mmHg, Black, M	Diabetes Circulatory Crew Socks	1 pair	\$10.50
374	Diabetes Circulatory Crew Socks 8-15mmHg, Black, L	Diabetes Circulatory Crew Socks	1 pair	\$10.50
377	Diabetes Circulatory Crew Socks 8-15mmHg, Black, XL	Diabetes Circulatory Crew Socks	1 pair	\$10.50
381	Diabetes Circulatory Crew Socks 8-15mmHg, White, S	Diabetes Circulatory Crew Socks	1 pair	\$10.50
380	Diabetes Circulatory Crew Socks 8-15mmHg, White, M	Diabetes Circulatory Crew Socks	1 pair	\$10.50
379	Diabetes Circulatory Crew Socks 8-15mmHg, White, L	Diabetes Circulatory Crew Socks	1 pair	\$10.50
382	Diabetes Circulatory Crew Socks 8-15mmHg, White, XL	Diabetes Circulatory Crew Socks	1 pair	\$10.50

Fall Prevention

Product code	Product name	Compare to	Package count	Price
Dressing Aids				
619	Extra-Long Shoe Horn with Sock Remover	Extra-Long Shoe Horn with Sock Remover	1	\$11
594	Sock Assistance Device	Sock Assistance Device	1	\$9.50
Fall Safety				
532	Non-Skid Slipper Socks	Non-Skid Slipper Socks	1 pair	\$6
419	Plug-in LED Night Lights	Plug-In LED Night Lights	2	\$7
Mobility Assistance				
531	Grabber Reacher Tool	Grabber Reacher Tool	1	\$16

If you receive a generic, it will be comparable to the name-brand product. This list is subject to change.

Fitness Devices

Product code	Product name	Compare to	Package count	Price
Exercise Trackers				
434	Fitbit® Charge**	Fitbit® Charge	1	\$159
523	Fitbit® Inspire**	Fitbit® Inspire	1	\$99
522	Fitbit® Versa**	Fitbit® Versa	1	\$199
441	Pedometer	Pedometer	1	\$14

Visit CenterWellPharmacy.com to see current Fitbit model number.

Home Medical

Product code	Product name	Compare to	Package count	Price
Cushions & Pillows				
443	CPAP Memory Foam Pillow**	CPAP Memory Foam Pillow	1	\$50
444	CPAP Pillow Fiber Filled**	CPAP Pillow Fiber Filled	1	\$45
447	Foam Ring Cushion	Carex®	1	\$21
709	Gel Seat Cushion	Aduken	1	\$19
450	Hypoallergenic Pillow**	Hypoallergenic Pillow	1	\$20
710	Hypoallergenic Pillw Protector, Standard	Aller-Ease	2	\$9
451	Lumbar Cushion	Carex®	1	\$21.50
711	Wheelchair Cushion	Wheelchair	1	\$31.50
Hearing				
631	MDHearing® Neo Rechargeable In-the-Ear Hearing Aids	MDHearing® Neo Rechargeable In-the-Ear Hearing Aids	1	\$299
630	MDHearing® Volt Rechargeable Over-the-Ear Hearing Aids	MDHearing® Volt Rechargeable Over-the-Ear Hearing Aids	1	\$399
Medical Bracelets				
452	Medical Bracelet, Diabetes	Medical Bracelet	1	\$18
453	Medical Bracelet, Heart Patient	Medical Bracelet	1	\$18
Medication Aids & Disposal				
456	Pill Bottle Opener with Magnifying Glass	Pill Bottle Opener	1	\$10.50
Personal Protective Aids				
486	Cloth Face Masks	Cloth Face Masks	3 masks	\$10
485	Disposable Face Masks	Disposable Face Masks	10 masks	\$10

If you receive a generic, it will be comparable to the name-brand product. This list is subject to change.

+Product cannot be shipped to P.O. Boxes, Alaska, Hawaii, or Puerto Rico

**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.

Sensory Aids				
445	Digital Hearing Amplifier**	Clearon Hearing Amplifier	1	\$50
446	Magnifying Glass	Magnifying Glass	1	\$10

Incontinence

If you experience incontinence, we're here to help you find the right products for you. Below is a chart to help you choose the product(s) you need.

Absorbency level	Usage	Tab-style or Briefs	Underwear or Pull on	Pads
	Day	Unisex: <ul style="list-style-type: none"> Extra absorbency tab-style disposable briefs <ul style="list-style-type: none"> Small, Medium, Large, XL, XXL Ultra Absorbency tab-style disposable briefs <ul style="list-style-type: none"> Small, Medium, Large, XL, XXL 	For women: <ul style="list-style-type: none"> Incontinence Underwear <ul style="list-style-type: none"> Small/Medium, Large/XL For men: <ul style="list-style-type: none"> Incontinence Underwear <ul style="list-style-type: none"> Small/Medium, Large/XL Unisex: <ul style="list-style-type: none"> Incontinence Underwear, heavy absorbency - XXL 	For women: <ul style="list-style-type: none"> Panty liner Bladder control pad <ul style="list-style-type: none"> Light Moderate Maximum For men: <ul style="list-style-type: none"> Bladder control guards
Extended or overnight	Unisex: <ul style="list-style-type: none"> Extended wear high capacity tab-style briefs <ul style="list-style-type: none"> Small, Medium, Large, XL 		For women: <ul style="list-style-type: none"> Bladder control pad, Ultimate 	

Product code	Product name	Compare to	Package count	Price
Clean & Protect				
712	Aloe Personal Cleansing Non-Flushable Wipes	Aloe Personal Cleansing Non-Flushable Wipes	48	\$7.50
713	Aloe Personal Cleansing Non-Flushable Wipes, Quilted	Aloe Personal Cleansing Non-Flushable Wipes, Quilted	48	\$7.50
715	Commode Liners	Commode Liners	60	\$24
369	Flushable Cleansing Cloths	Cottonelle®	40	\$5
714	Perineal Skin Cleanser	Perineal Skin Cleanser	8 oz.	\$5
Pads & Guards				
366	Bladder Control Guards for Men	FitRight® Active Bladder Guards for Men	52	\$15
595	Bladder Control Pad for Women, Light	FitRight®	20	\$9.50
597	Bladder Control Pad for Women, Maximum	FitRight®	10	\$9.50
596	Bladder Control Pad for Women, Moderate	FitRight®	16	\$9

If you receive a generic, it will be comparable to the name-brand product. This list is subject to change.

**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.

598	Bladder Control Pad for Women, Ultimate	FitRight®	10	\$10.50
599	Panty Liner, Long	Panty Liner, Long	40	\$8
Tab-Style Briefs				
396	Adult Incontinence Tab-Style Disposable Briefs, Extra Absorbency, Small (Waist size 20"-32")	FitRight® Disposable Briefs, Extra Absorbency	20	\$18.50
395	Adult Incontinence Tab-Style Disposable Briefs, Extra Absorbency, Medium (Waist Size 32"-44")	FitRight® Disposable Briefs, Extra Absorbency	20	\$18.50
394	Adult Incontinence Tab-Style Disposable Briefs, Extra Absorbency, Large (Waist size 44"-56")	FitRight® Disposable Briefs, Extra Absorbency	20	\$18.50
397	Adult Incontinence Tab-Style Disposable Briefs, Extra Absorbency, XL (Waist size 56"-64")	FitRight® Disposable Briefs, Extra Absorbency	20	\$18.50
398	Adult Incontinence Tab-Style Disposable Briefs, Extra Absorbency, XXL (Waist size 60"-70")	FitRight® Disposable Briefs, Extra Absorbency	20	\$18.50
401	Adult Incontinence Tab-Style Disposable Briefs, Ultra Absorbency, Small (Waist size 20"-32")	FitRight® Disposable Briefs, Ultra Absorbency	20	\$18.50
400	Adult Incontinence Tab-Style Disposable Briefs, Ultra Absorbency, Medium (Waist size 32"-44")	FitRight® Disposable Briefs, Ultra Absorbency	20	\$18.50
399	Adult Incontinence Tab-Style Disposable Briefs, Ultra Absorbency, Large (Waist size 44"-56")	FitRight® Disposable Briefs, Ultra Absorbency	20	\$18.50
402	Adult Incontinence Tab-Style Disposable Briefs, Ultra Absorbency, XL (Waist size 56"-64")	FitRight® Disposable Briefs, Ultra Absorbency	20	\$18.50
403	Adult Incontinence Tab-Style Disposable Briefs, Ultra Absorbency, XXL (Waist size 60"-70")	FitRight® Disposable Briefs, Ultra Absorbency	20	\$18.50
696	Adult Incontinence Tab-Style Disposable Briefs Ultra-Absorbency, 3XL (Waist Size 71"-84")	Adult Incontinence Tab-Style Disposable Briefs, Ultra Absorbency	12	\$22
539	Extended Wear Stretch Brief, Size 1 (Waist 31-52 inch)	Extended Wear High-Capacity Tab-Style Briefs	20	\$25
538	Extended Wear Stretch Brief, Size 2 (Waist 40-70 inch)	Extended Wear High Capacity Tab-Style Briefs	20	\$25
Underpads & Chair Pads				
256	Absorbent Underpads (Disposable Chux Pads), 23" x 36"	Protection Plus® Disposable Underpads 23" x 36"	20	\$13.50
617	Chair Pad, Washable Waterproof, 21" x 22"	Chair pad, Washable Waterproof	1	\$12
537	Disposable Underpads, 36" x 36"	Disposable Underpads 36" x 36"	50	\$34
542	Washable Underpad 34" x 36"	Washable Underpad	1	\$14
Underwear				
602	Incontinence Underwear for Men, Heavy Absorbency, Small/Medium (Waist Sizes 28" -40")	FitRight®	20	\$16

If you receive a generic, it will be comparable to the name-brand product. This list is subject to change.

603	Incontinence Underwear for Men, Heavy Absorbency, Large/XL, (Waist Sizes 40" - 56")	FitRight®	20	\$16
600	Incontinence Underwear for Women, Heavy Absorbency, Small/Medium (Waist Sizes 28" - 40")	FitRight®	20	\$16
601	Incontinence Underwear for Women, Heavy Absorbency, Large/XL (Waist Sizes 40" - 56")	FitRight®	20	\$16
604	Incontinence Underwear Unisex, Heavy Absorbency, 2XL (Waist Sizes 68" - 80")	FitRight®	20	\$21

Personal Care

Product code	Product name	Compare to	Package count	Price
Dental Floss, Flossers, Picks				
224	Dental Floss, Waxed	Dental Floss, Waxed	100 yards	\$5
391	Dental Flossers	Dental Flossers	90	\$5
554	Interdental Brush Picks	Gum®	275	\$6.50
555	Interdental Gum Brushes	Gum®	10	\$7
Denture Care				
225	Denture Adhesive	Fixodent®	1.5 oz.	\$7
392	Denture Brush	GUM® Denture Brush	1	\$5.50
319	Effervescent Denture Tabs	Efferdent®	90	\$7
553	Fixodent® Denture Adhesive	Fixodent® Denture Adhesive	2.4 oz.	\$8
652	Overnight Dental Guard with Case	Dental Clean	2	\$9
Ear Care				
728	Noise Reducing Ear Plugs	Noise Reducing Ear Plugs	50	\$15
729	Noise Reducing Slim Fit Ear Plugs	Noise Reducing Slim Fit Ear Plugs	50	\$13
Eye Care				
551	Contact Lens Solution	Opti-Free® Replenish®	12 oz.	\$8
Foot Care				
613	Antifungal Foot Powder, Miconazole Nitrate 2%	Zeasorb® AF	2.5 oz.	\$9.50
465	Bunion Guard	Bunion Guard	1	\$9
473	Moleskin	Moleskin	3 strips	\$6
Power Dental Flossers & Tips				
471	Battery-Operated Water Jet**	Interplak® Battery-Operated Water Jet	1	\$35
472	Battery-Operated Water Jet Tips	Interplak® Battery-Operated Water Jet Tips	5	\$13
Toothbrushes & Accessories				
664	Interplak® Toothbrush Heads	Conair®	2	\$23

If you receive a generic, it will be comparable to the name-brand product. This list is subject to change.

**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.

665	Interplak® Toothbrush, Rechargeable, Cordless	Conair®	1	\$30
284	Toothbrush	Toothbrush	3	\$6
Toothpaste				
545	Aim® Toothpaste	Aim® Toothpaste	5.5 oz.	\$5
550	Colgate® Toothpaste	Colgate® Toothpaste	4.6 oz.	\$6
552	Crest® Toothpaste	Crest® Toothpaste	5.4 oz.	\$7
558	Pepsodent® Toothpaste	Pepsodent® Toothpaste	5.5 oz.	\$5

Skin Care

Product code	Product name	Compare to	Package count	Price
Skin Creams, Lotions & Gels				
409	Eczema Moisturizing Cream	Aveeno® Active Naturals® Eczema Therapy Moisturizing Cream	5 oz	\$10
563	Skin Repair Cream	Remedy® Intensive Skin Therapy Skin Repair Cream	4 oz.	\$7.50
Sun & Insect Care				
388	Insect Bite Relief	After Bite®	0.5 fl oz.	\$7.50
327	Insect Repellent	Off® Deep Woods® Insect Repellent	6 oz.	\$11
306	Sunscreen SPF30	Coppertone® SPF 30	8 oz.	\$10
564	Sunscreen SPF 50	Sunscreen SPF 50	8 oz.	\$10

Supports

Product code	Product name	Compare to	Package count	Price
Arm & Shoulder				
734	Neo-G Easy-Fit Arm Sling	Neo-G	1	\$29
735	Neo-G Easy-Fit Shoulder Support	Neo-G	1	\$35
737	Nufabrx Arm Pain Relief Sleeve	Nufabrx	1	\$20
Hand, Wrist & Elbow				
565	Arthritis Gloves, Small	Vive Arthritis Gloves	1 pair	\$18
364	Arthritis Gloves, Medium	Vive Arthritis Gloves	1 pair	\$18
363	Arthritis Gloves, Large	Vive Arthritis Gloves	1 pair	\$18
442	Carpal Tunnel Night Brace	Futuro® Carpal Tunnel Night Brace	1	\$23
339	Elbow Support	Futuro® Elbow Support	1	\$13
743	Nufabrx Wrist Pain Relief Sleeve	Nufabrx	1	\$20
343	Wrist Support	Futuro®	1	\$12.50

If you receive a generic, it will be comparable to the name-brand product. This list is subject to change.

Knee, Ankle & Foot				
336	Ankle Support	Futuro®	1	\$12
342	Knee Support with Stays, Small	Futuro® Knee Support with stays	1	\$20
341	Knee Support with Stays, Medium	Futuro® Knee Support with stays	1	\$20
340	Knee Support with Stays, Large	Futuro® Knee Support with stays	1	\$20
357	Knee Support with Stays XL	Futuro® Knee Support with stays	1	\$20
736	Nufabrx Ankle Pain Relief Sleeve	Nufabrx	1	\$20
739	Nufabrx Calf Pain Relief Sleeve	Nufabrx	1	\$20
740	Nufabrx Knee Pain Relief Sleeve	Nufabrx	1	\$20
741	Nufabrx Lower Leg Pain Relief Sleeve	Nufabrx	1	\$20
459	Plantar Fasciitis Relief Sleeve	Plantar Fasciitis Relief Sleeve	1 pair	\$17
Neck & Back				
337	Back Support Elastic, OSFM	Futuro®	1	\$23
567	Back Support with Pulley System, Small/Medium	Back Support with Pulley System	1	\$21
566	Back Support with Pulley System, Large/XL	Back Support with Pulley System	1	\$19
568	Back Support with Pulley System 2XL	Back Support with Pulley System	1	\$19
738	Nufabrx Back Pain Relief Sleeve	Nufabrx	1	\$35
742	Nufabrx Neck Pain Relief Sleeve	Nufabrx	1	\$25

If you receive a generic, it will be comparable to the name-brand product. This list is subject to change.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable federal civil rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-877-320-1235 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugues: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-320-1235 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Get your questions answered

- If you have a plan that includes rollover allowance, your unused balance will carry over to your next month or quarter and expire on Dec. 31, 2025.
- If you have a plan that does not include a rollover allowance, your allowance will need to be used within each month or quarter, depending on your plan—any unused allowance will not roll over.
- If you have a Humana Spending Account card, you will need to activate your card before using.
- Orders will be shipped to your home by FedEx, UPS or the US Postal Service.
- Allow 10 to 14 business days for processing from the time CenterWell Pharmacy receives your order.
- The most up to date product list is available on **CenterWellPharmacy.com**.
- If a product is unavailable or not in stock, it may be substituted for a similar product at no additional charge.
- Specific brands, colors, flavors, etc. cannot be requested unless noted in the catalog.
- CenterWell Pharmacy reserves the right to limit the quantities of OTC medications and supplies dispensed.
- Returns or refunds are not accepted for items that were properly dispensed.
- We encourage you to track your order once it has shipped and retrieve the package in a timely manner once it has been delivered.

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. Please check with your healthcare provider before using any of the OTC products offered.

*Sale of products containing Dextromethorphan are prohibited to members under the age of 18. Limit quantity of two per order.

**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.

+Product cannot be shipped to P.O. Boxes, Alaska, Hawaii, or Puerto Rico

++ Sale of products containing nicotine are prohibited to members under the age of 21.

Items not covered under this OTC benefit (non-eligible items) include baby items, contraceptives, cosmetics, food supplements such as protein/energy bars or honey, non-medicated soap/shampoo, laundry detergent, shaving items, homeopathic products such as Zicam or Arnicare, and insoles.

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

Other pharmacies are available in our network.

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