

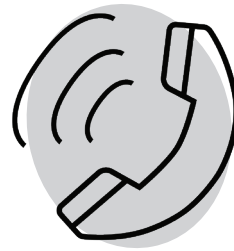
ORDER GUIDELINES



ORDER BY MAIL

You may place your order by mailing in the order form that comes with your catalog.

If the end of the benefit period is approaching and you do not think your order form will be received in time, you may call in your order.



ORDER BY PHONE

If you have questions or would like to place an order over the phone, OTC Advocates are available Monday – Friday from 8:00am to 5:00pm PST at 1-800-355-7913 (TTY: 711).

- For delivery, please allow 7 - 10 business days from the time your order is placed.
- You must use your full quarterly benefit amount in one order.
- Your order total may not exceed your quarterly benefit amount. Cash, checks, credit cards or money orders are not accepted under this OTC benefit.
- Your order total will be applied to the benefit period in which the order is received.
- OTC products are intended for member use only to help with a health or medical need. Care1st Health Plan prohibits the use of this benefit to order OTC items for family members and friends.
- Due to the personal nature of these products, returns are not accepted.
- Items in the 2018 OTC Benefit Catalog may change throughout the year. A copy of this catalog is also available on the Care1st Health Plan website at www.care1st.com. For up-to-date information, please call our OTC Advocates from Monday - Friday from 8:00am to 5:00pm PST at 1-800-355-7913 (TTY: 711).
- OTC items are available through home delivery only. Products may not be purchased at a local retail pharmacy or through any source other than the Care1st Health Plan OTC benefit channels listed above.

NOTICES

- If you disenroll from Care1st Health Plan, your OTC benefit will automatically terminate.
- This information is not a complete description of benefits. Contact the plan for more information.
- Limitations, copayments, and restrictions may apply.
- Benefits may change on January 1 of each year.
- The health information provided in the catalog is general in nature and is not medical advice or a substitute for professional health care.

** These items may also be covered by the plan, or Medicare if you are not enrolled in the plan, if your health care provider determines it to be medically necessary. For all other purposes, these items may be covered under your supplemental Part C OTC benefit.*

‡ Dual-purpose items are medicines and products that can be used for either a medical condition or for general health and well-being. In order to purchase these items under your plan, your personal physician must recommend them to you for a specific diagnosed condition. Please speak to your physician before ordering these items.

Care1st is an independent licensee of the Blue Shield Association.

STEP 2 - PRODUCT SELECTION *(continued)*

Cash, checks, credit cards or money orders are not accepted under this OTC benefit.

Item #	Product Name	Quantity	Price
9	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal\$			<input type="text"/>

Care1st Health Plan is an HMO and an HMO SNP plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Care1st Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year. Limitations, copayments, and restrictions may apply.

This information is available for free in other languages. Please contact Member Services: 1-800-544-0088 (TTY: 711), 8am - 8pm PST, 7 days a week.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese con Servicios para los Miembros: 1-800-544-0088 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los 7 días de la semana.

You can get this information for free in other formats, such as large print, Braille or audio. Call 1-800-544-0088 (TTY: 711), 8:00a.m. – 8:00p.m., seven days a week. The call is free.

Item #	Product Description	Packaging	Strength	Price
1368	Ammonium Lactate Moisturizing Lotion	8 oz	12%	\$14.30
1065	Hand Sanitizer	8 oz	62%	\$7.20
Sleep Aids				
1725	Nasal Strips, Large	30 ct	-	\$14.00
1724	Nasal Strips, Medium	30 ct	-	\$14.00
1276	Sleep Tablets	50 ct	25 mg	\$7.10
Smoking Cessation				
1372	Nicorelief Gum ‡	50 ct	4 mg	\$27.00
1369	Nicotine Patch, Step 1 ‡	14 ct	21 mg / 24 hr	\$40.30
1370	Nicotine Patch, Step 2 ‡	14 ct	14 mg / 24 hr	\$40.30
1371	Nicotine Patch, Step 3 ‡	14 ct	7 mg / 24 hr	\$40.30
Supportive Items				
1225	Ankle Support	1 ct	-	\$10.50
1765	Arthritis Gloves, Large	1 pair	-	\$23.00
1766	Arthritis Gloves, Medium	1 pair	-	\$23.00
1767	Arthritis Gloves, Small	1 pair	-	\$23.00
1487	Back Support Elastic - 24" to 46"	1 ct	-	\$25.00
1398	Compression Knee High Socks, Men's Black, Medium (Shoe Size 8 - 10) ‡	1 pair	15 - 20 mmHg	\$17.50
1399	Compression Knee High Socks, Men's Black, Large (Shoe Size 10.5 - 12) ‡	1 pair	15 - 20 mmHg	\$17.50
1400	Compression Knee High Socks, Men's White, Medium (Shoe Size 8 - 10) ‡	1 pair	15 - 20 mmHg	\$17.50
1401	Compression Knee High Socks, Men's White, Large (Shoe Size 10.5 - 12) ‡	1 pair	15 - 20 mmHg	\$17.50
1409	Compression Knee High Socks, Women's Black, Small (Shoe Size 4-5)	1 pair	8 - 15 mmHg	\$17.50
1410	Compression Knee High Socks, Women's Black, Medium (Shoe Size 5.5 - 7.5)	1 pair	8 - 15 mmHg	\$17.50
1411	Compression Knee High Socks, Women's Black, Large (Shoe Size 8 - 10.5)	1 pair	8 - 15 mmHg	\$17.50
1406	Compression Knee High Socks, Women's Nude, Small (Shoe Size 4 - 5)	1 pair	8 - 15 mmHg	\$17.50
1407	Compression Knee High Socks, Women's Nude, Medium (Shoe Size 5.5 - 7.5)	1 pair	8 - 15 mmHg	\$17.50
1408	Compression Knee High Socks, Women's Nude, Large (Shoe Size 8 - 10.5)	1 pair	8 - 15 mmHg	\$17.50
1224	Elbow Support	1 ct	-	\$14.60
1862	Hip Protector, Small	1 ct	-	\$40.00
1863	Hip Protector, Medium	1 ct	-	\$40.00
1864	Hip Protector, Large	1 ct	-	\$40.00