

**Abrazo Advantage Plus (HMO)**  
**Over-the-Counter Items Benefit Information**

**Benefit**

The Over-the-Counter (OTC) monthly \$23.50 benefit is for the use of Abrazo Advantage Plus (HMO) members only who have both medical assistance from the State of Arizona and Medicare.

You cannot use this benefit to buy items for your dependents or anyone else. Your monthly benefit does not carry over from month to month. Any amount remaining in your account will be set to \$0 at the start of the following month. Please note that at the end of each calendar year, your benefits will expire, and they may not be carried over into future years.

**Purchasing OTC Items at a Retail Store**

When you purchase covered OTC items at a local retail store, Abrazo Advantage Plus (HMO) plan will reimburse you for the cost of the items, up to your monthly benefit limit of \$23.50. To request reimbursement, please submit an OTC claim form with the following information to the address listed below. You can call Member Services for a copy of the OTC claim form or download from our website [www.abrazoadvantage.com](http://www.abrazoadvantage.com).

1. A copy of the itemized receipt showing the items you purchased.
2. The receipt must include the store where the purchase was made, the date of purchase, the specific name of the product(s) that were purchased, and the price paid.
3. The member's name and member ID number.
4. The complete address where your reimbursement should be sent.
5. Your phone number, so we can contact you if there are questions about the information you submit.

All requests for reimbursement should be sent to the following address:  
Abrazo Advantage Health Plan  
7878 N. 16<sup>th</sup> Street, Suite 105  
Phoenix, AZ 85020

All requests must be submitted within 90 days of purchase in order to receive reimbursement. Please allow up to 30 days for us to process your request and mail a check to you.

If your request for reimbursement is denied, you have the right to appeal by asking us to review our decision. You must request this appeal within 60 calendar days from the date of our decision. You may make your appeal in writing or verbally, contact Member Services for more information.

**Questions**

If you have questions about your OTC benefit or additional Abrazo Advantage Plus (HMO) plan benefits, please call Member Services department seven days a week 8:00 a.m. to 8:00 p.m., at 602-824-3900 or 888-864-1114 if outside of Maricopa County. TTY users should call 602-824-3909 or 1-800-489-1472 Monday-Friday, 8:00 a.m. to 5:00 p.m. Or, call 1-800-842-4681 to access the Arizona Relay System after hours and on weekends and holidays.

Abrazo Advantage Plus (HMO) is a Medicare Advantage organization with a Medicare contract.

### 2010 Over-the-Counter Covered and Non-Covered Health Items

#### \* Eligible OTC Items

Category	Examples of Covered Items			Items Not Covered
<b>Fiber Supplements</b>				<ul style="list-style-type: none"> <li>Fiber supplements that are primarily food with fiber added.</li> </ul>
<b>First Aid Supplies</b>	<ul style="list-style-type: none"> <li>Bandages</li> <li>Dressings</li> <li>Non-sport tapes</li> <li>Thermometers</li> </ul>			<ul style="list-style-type: none"> <li>Flashlights</li> </ul>
<b>Incontinence Supplies</b>				
<b>Medicines, ointments and sprays with active medical ingredients that cure, diminish or remove symptoms</b>	<ul style="list-style-type: none"> <li>Anti-acid</li> <li>Acne</li> <li>Allergy</li> <li>Analgesics, (which reduce pain and inflammation)</li> <li>Anti-arthritis</li> <li>Antibiotics</li> <li>Antiradicals</li> <li>Anti-diarrheas</li> <li>Anti-fungals</li> <li>Anti-gas</li> <li>Anti-histamines</li> <li>Anti-inflammatory</li> <li>Anti-insect</li> <li>Anti-itch</li> <li>Anti-parasitic</li> <li>Antiseptics</li> <li>Antipyretics (fever reducing)</li> <li>Arthritis</li> <li>Asthma</li> <li>Blood clotting</li> <li>Bruises</li> </ul>	<ul style="list-style-type: none"> <li>Burns</li> <li>Calluses</li> <li>Corns</li> <li>Colds</li> <li>Cold sores</li> <li>Cough</li> <li>Diabetes</li> <li>Flu</li> <li>Decongestants</li> <li>Dermatitis</li> <li>Eczema</li> <li>Digestive aids</li> <li>Ear drops</li> <li>Expectorants (mucus)</li> <li>Eye drops</li> <li>Gastro-intestinal</li> <li>Hay fever</li> <li>Headaches</li> <li>Hemorrhoidal</li> <li>Incontinence</li> <li>Influenza</li> <li>Laxatives</li> <li>Medicated lactose intolerance products</li> <li>Lice</li> </ul>	<ul style="list-style-type: none"> <li>Medicated lip products</li> <li>Menopausal</li> <li>Menstrual</li> <li>Sinus</li> <li>Motion sickness</li> <li>Nasal</li> <li>Osteoporosis</li> <li>Pain</li> <li>Psoriasis</li> <li>Pediculicide</li> <li>Rash</li> <li>Respiratory</li> <li>Scars</li> <li>Sleep</li> <li>Smoking</li> <li>Snoring</li> <li>Sore throat</li> <li>Stomach problems</li> <li>Travel sickness</li> <li>Steroids</li> <li>Sunscreen</li> <li>Thrush</li> <li>Wart</li> <li>Worms</li> <li>Wounds</li> </ul>	<ul style="list-style-type: none"> <li>Homeopathic and alternative medicines including botanicals, herbals, probiotics, nutraceuticals, dry skin lotions (such as Eucerin, Aquaphor, etc.), hair-loss products</li> </ul>
<b>Sunscreen Lotion</b>				

### 2010 Over-the-Counter Covered and Non-Covered Health Items

#### \* Eligible OTC Items (continuation...)

Category	Examples of Covered Items	Items Not Covered
<b>Support Items</b>	<ul style="list-style-type: none"> <li>• Compression hosiery</li> <li>• Braces</li> <li>• Orthopedic supports</li> <li>• Rib belts</li> </ul>	<ul style="list-style-type: none"> <li>• Arch and insoles are non-eligible</li> </ul>
<b>Teeth-Related Items, Dentures and Mouth Care</b>	<ul style="list-style-type: none"> <li>• Dental adhesives</li> <li>• Floss</li> <li>• Gum problems</li> <li>• Mouth Sores</li> <li>• Thrush</li> <li>• Toothbrushes</li> <li>• Toothpaste</li> </ul>	<ul style="list-style-type: none"> <li>• Bad breath items</li> <li>• Mouthwashes</li> <li>• Teeth-whiteners</li> </ul>

#### \* Covered Dual-Purpose Products

You may only purchase these products after an appropriate conversation with your physician who recommends the item for a specific health condition

Category	Examples of Covered Items	Items Not Covered
<b>Diagnostic Equipment</b>	<ul style="list-style-type: none"> <li>• Equipment diagnosing or monitoring: blood pressure, cholesterol, colorectal screenings, diabetes, HIV, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Scales</li> <li>• Pregnancy diagnosis items</li> </ul>
<b>Hormone Replacement</b>	<ul style="list-style-type: none"> <li>• Natural progesterone</li> <li>• Phytohormone</li> </ul>	
<b>Vitamins and Minerals</b>	<ul style="list-style-type: none"> <li>• Individual vitamins</li> <li>• Minerals</li> <li>• Multi-vitamins</li> </ul>	
<b>Weight Loss Items</b>	<ul style="list-style-type: none"> <li>• Alli</li> <li>• Hoodia</li> <li>• FucoThin</li> <li>• Phenermine</li> </ul>	<ul style="list-style-type: none"> <li>• Protein shakes and other foods (even if they include nutritional supplements)</li> </ul>

#### Non-Eligible Products

The items below do not qualify for reimbursement. If you purchase the items below, you will not be reimbursed.

Category	Examples of Excluded Items
<b>Alternative Medicines</b>	<ul style="list-style-type: none"> <li>• Botanicals</li> <li>• Herbals</li> <li>• Probiotics and Nutraceuticals</li> </ul>
<b>Baby Items</b>	<ul style="list-style-type: none"> <li>• Baby medicines</li> </ul>
<b>Contraceptives</b>	

## 2010 Over-the-Counter Covered and Non-Covered Health Items

### **Non-Eligible Products (continuation...)**

The items below do not qualify for reimbursement. If you purchase the items below, you will not be reimbursed.

Category	Examples of Excluded Items
<b>Convenience (non-medical items)</b>	<ul style="list-style-type: none"> <li>• Ear plugs</li> <li>• Fans</li> <li>• Foot insoles</li> <li>• Gloves</li> <li>• Magnifying glasses</li> <li>• Scales</li> <li>• Flashlights</li> </ul>
<b>Cosmetics</b>	<ul style="list-style-type: none"> <li>• Anti-perspirants</li> <li>• Chap stick/lip balm</li> <li>• Deodorants</li> <li>• Facial cleansers</li> <li>• Feminine products</li> <li>• Grooming devices</li> <li>• Hair conditioners</li> <li>• Hair removal</li> <li>• Hair bleaches</li> <li>• Hand sanitizers</li> <li>• Moisturizers</li> <li>• Perfumes</li> <li>• Shampoos (including anti-dandruff shampoo)</li> <li>• Shaving and men's grooming supplies</li> <li>• Soaps</li> </ul>
<b>Food Supplements</b>	<ul style="list-style-type: none"> <li>• Energy bars</li> <li>• Ensure</li> <li>• Glucema</li> <li>• Liquid energizers</li> <li>• Power drinks</li> <li>• Probiotics or high fiber foods</li> <li>• Protein bars</li> <li>• Sugar/salt supplements</li> </ul>
<b>Replacement Items, Attachments and Peripherals</b>	<ul style="list-style-type: none"> <li>• Hearing aid batteries</li> <li>• Contact-lens containers</li> </ul>

*While Part B and Part D drugs are typically not covered under the OTC benefit there are specific instances when an item may be covered under either Part B or Part D. For example, glucose strips are covered under Part B. If an item is covered under Part B or Part D, then the item must be purchased in the same way that you purchase other Part B and D drugs.*

*If we require that you try a specific OTC drug as part of the utilization (step therapy) program, that drug will be provided without cost to you and you do not need to use the OTC benefit to pay for the OTC drug.*