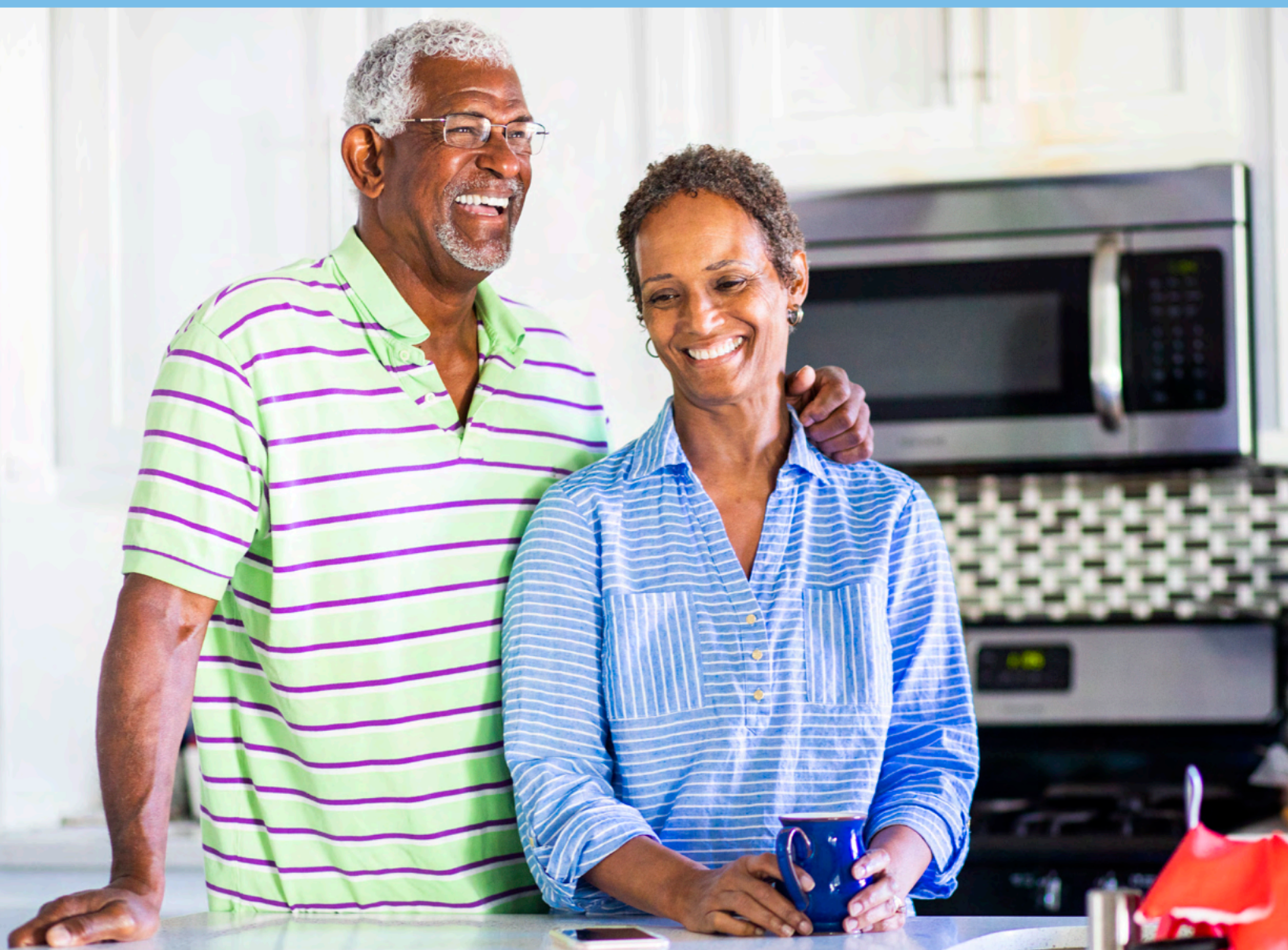




2021 Over-the-Counter (OTC) Benefit Catalog

*Get Over-the-Counter Products every quarter at **NO COST TO YOU.***



CALL **1-833-FREE-OTC** (1-833-373-3682)
TO PLACE YOUR ORDER

Freedom to live a healthy life

Your 2021 Vantage Medicare Advantage over-the-counter (OTC) benefit is good for 100 credits per quarter at **NO COST TO YOU!**

(Additional credits available for Dual Plus members)

**UP TO A
\$400 VALUE
PER YEAR!**

**(HIGHER VALUE FOR
DUAL PLUS MEMBERS)**

How Does it Work?

- » OTC items* can be mailed directly to your home at no cost to you.
- » Only one order per quarter is allowed.
- » Please check with your healthcare provider before taking OTC medicines.
- » Once your OTC order is made, please allow 10-14 days from the date Saint John Pharmacy receives your order. Saint John Pharmacy and Vantage Health Plan are not responsible for lost, stolen or damaged items.
- » Due to the personal nature of these products, returns are not accepted.
- » Try to use all credits each quarter as credits are not carried over to the next quarter and will not be rolled over to the following year.
- » Quarter 1 (January, February and March)
Quarter 2 (April, May and June)
Quarter 3 (July, August and September)
Quarter 4 (October, November and December)
- » Credits are available for each member separately. For example, if a husband and wife have Vantage Medicare, both will receive 100 credits per quarter for a total of 200 credits for that quarter.

**Items and credits for items listed are subject to change (shipping, handling, and sales tax are included, so there is no cost to you).*

How Do I Place an Order?



Call us Toll-Free:
1-833-FREE-OTC
(1-833-373-3682)

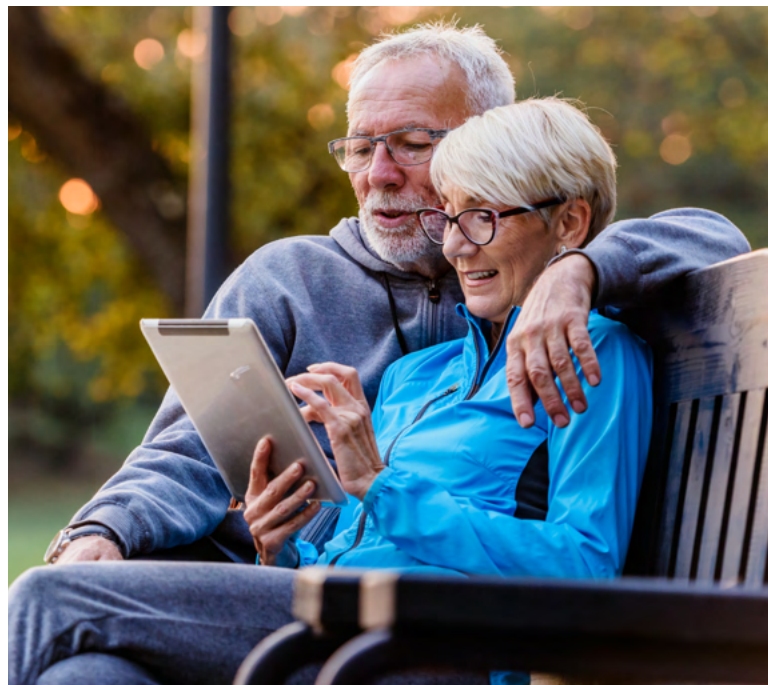
The order line is open Monday through Friday
from 7:00 AM–6:00 PM (CST).







-or-






Submit Online at
VantageOTC.com




then log in to the Vantage Member Portal.






Item	Description	Details	Credits
Analgesic & Pain Relievers			
01	 <p>ACETAMINOPHEN TABLETS <i>Compare to Tylenol® Extra Strength</i></p>	100 ct 500 mg	7
48	 <p>8 HR ARTHRITIS PAIN TABLETS <i>Compare to Tylenol® 8HR Arthritis Pain</i></p>	50 ct 650 mg	12
03	 <p>ASPIRIN CHEWABLE TABLETS <i>Compare to St. Joseph® Low Dose Aspirin</i></p>	36 ct 81 mg	4
67	 <p>ASPIRIN TABLETS <i>Compare to Genuine Bayer® Aspirin</i></p>	100 ct 325 mg	6
02	 <p>ASPIRIN TABLETS <i>Compare to Bayer® Low Dose</i></p>	100 ct 81 mg	6
04	 <p>IBUPROFEN TABLETS <i>Compare to Motrin® IB</i></p>	100 ct 200 mg	11



Item	Description	Details	Credits
05	 <p>PAIN RELIEVING CAPLETS <i>Compare to Aleve®</i></p>	50 ct 220 mg	12
49	 <p>PAIN RELIEVING CREAM <i>Compare to Bengay®</i></p>	3 oz	8
71	 <p>URINARY PAIN RELIEF TABLETS</p>	12 ct 99.5 mg	13

Antacids, Heartburn, Gas Relief & Motion Sickness


09	 <p>ACID REDUCER TABLETS <i>Compare to Original Strength Pepcid® AC</i></p>	60 ct 10 mg	10
07	 <p>ANTACID LIQUID <i>Compare to Maalox® Advanced</i></p>	12 fl oz	13
06	 <p>ANTACID TABLETS <i>Compare to Tums®</i></p>	150 ct 500 mg	9







Item	Description	Details	Credits
08	 <p>CHEWABLE ANTI-GAS TABLETS <i>Compare to Mylanta® Anti-Gas Tablets</i></p>	100 ct 80 mg	9
10	 <p>HEARTBURN RELIEF TABLETS <i>Compare to Prilosec® OTC</i></p>	14 ct 20 mg	16
69	 <p>MECLIZINE ANTIEMETIC CAPLETS <i>Compare to Dramamine®</i></p>	100 ct 12.5 mg	12








Anti-Diarrheal







11	 <p>ANTI-DIARRHEAL LIQUID <i>Compare to Pepto-Bismol®</i></p>	8 fl oz	15
12	 <p>ANTI-DIARRHEAL TABLETS <i>Compare to Imodium® A-D</i></p>	12 ct 2 mg	5



Anti-Fungal

14	 <p>ANTIFUNGAL CREAM <i>Compare to Tinactin®</i></p>	0.5 oz 1%	5
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Item	Description	Details	Credits
13	 <p>VAGINAL CREAM <i>Compare to Gyne-Lotrimin® 7</i></p>	1.5 oz 1%	10
Anti-Hemorrhoidal			
15	 <p>HEMORRHOIDAL OINTMENT <i>Compare to Preparation-H®</i></p>	2 oz	11
Cough, Cold & Allergy			
16	 <p>ALLERGY TABLETS <i>Compare to Zyrtec®</i></p>	100 ct 10 mg	11
82	 <p>BENADRYL ALLERGY CAPSULES</p>	24 ct 25 mg	14
85	 <p>CORICIDIN HBP LIQUID GELS <i>for Chest Congestion & Cough</i></p>	20 ct	16
74	 <p>CORICIDIN HBP TABLETS <i>for Cold & Flu</i></p>	10 ct 325 mg	10

Item	Description	Details	Credits
17	 <p>COUGH SYRUP <i>Compare to</i> Robitussin® Mucus Chest Congestion</p>	4 fl oz	8
61	 <p>FLUTICASONE PROPIONATE NASAL SPRAY <i>Compare to</i> FLONASE®</p>	50 mcg Per Spray	25
20	 <p>HALLS® COUGH DROPS (CHERRY FLAVOR)</p>	30 ct	8
50	 <p>HALLS® COUGH DROPS SUGAR FREE (HONEY LEMON FLAVOR)</p>	25 ct	8
60	 <p>LORATADINE - ANTIHISTAMINE TABLETS <i>Compare to</i> CLARITIN®</p>	100 ct 10 mg	12
18	 <p>MUCUS RELIEF TABLETS <i>Compare to</i> Mucinex® Tablets</p>	60 ct 400 mg	10
19	 <p>SUGAR FREE COUGH LIQUID <i>Compare to</i> Robitussin® Sugar Free</p>	4 fl oz	14

Item	Description	Details	Credits
Eye & Ear Care			
84	 <p>CLEAR EYES TRIPLE ACTION EYE DROPS</p>	0.5 fl oz	10
22	 <p>EARWAX DROPS <i>Compare to Debrox®</i></p>	0.5 fl oz	10
68	 <p>HEALTHY EYE TABLETS with LUTEIN <i>Compare to Ocuvite® with Lutein</i></p>	60 ct	9
First Aid			
25	 <p>CURAD® BANDAGES - SHEER</p>	80 ct	7
90	 <p>FIRST AID KIT <i>Compare to Johnson & Johnson®</i></p>	70 items	13
23	 <p>HYDROCORTISONE • 10 CREAM <i>Compare to Cortizone 10®</i></p>	1 oz 1%	5








Item	Description	Details	Credits
91	 <p>HYDROGEN PEROXIDE</p>	8 fl oz	6
24	 <p>TRIPLE ANTIBIOTIC OINTMENT <i>Compare to Neosporin®</i></p>	1 oz	7







Laxative, Stool & Constipation Relief








28	 <p>FIBER SUPPLEMENT - SUGAR FREE (ORANGE FLAVOR) <i>Compare to Metamucil®</i></p>	10 oz	13
27	 <p>LAXATIVE POWDER <i>Compare to MiraLAX®</i></p>	4.1 oz	10
26	 <p>LAXATIVE SOFTGELS <i>Compare to Surfak®</i></p>	100 ct 240 mg	16








Oral Care



83	 <p>BIOTENE ORAL RINSE</p>	8 fl oz	12
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Item	Description	Details	Credits
52	 <p>BLISTEX® MEDICATED LIP BALM</p>	.15 oz	4
32	 <p>CREST® TOOTHPASTE</p>	4.6 oz	8
75	 <p>DENTURE BRUSH</p>	QTY: 1	8
30	 <p>EFFERDENT® TABLETS</p>	44 ct	10
94	 <p>REACH® MINT WAXED FLOSS</p>	55 yd	4
77	 <p>REACH® TOOTHBRUSH</p>	QTY: 1	4
29	 <p>SUPER POLIGRIP® EXTRA CARE</p>	2.2 oz	14





Item	Description	Details	Credits
76	 TONGUE CLEANER	QTY: 1	5
Personal Care			
63	 ADULT BRIEFS - SIZES SMALL / MEDIUM (34" - 46" waist) <i>Compare to Depends®</i>	QTY: 20	29
64	 ADULT BRIEFS - SIZE LARGE (44" - 54" waist) <i>Compare to Depends®</i>	QTY: 18	29
65	 ADULT BRIEFS - SIZE X-LARGE (48" - 66" waist) <i>Compare to Depends®</i>	QTY: 14	29
38	 ALCOHOL SWABS <i>Compare to BD® Alcohol Swabs</i>	100 ct	6
37	 BABY SHAMPOO <i>Compare to Johnson's® Baby Shampoo</i>	15 fl oz	15








Item	Description	Details	Credits
100	 <p>BLADDER CONTROL PADS - HEAVY</p>	QTY: 16	10
95	 <p>BLOOD PRESSURE MONITOR ADULT WRIST CUFF</p>	1 ct	50
35	 <p>CHEWABLE GLUCOSE TABLETS (RASPBERRY FLAVOR) <i>Compare to</i> Dex 4® Fast Acting Glucose</p>	10 ct 4 g	5
86	 <p>COTTONELLE® FLUSHABLE WIPES</p>	42 ct	10
89	 <p>COTTON SWABS <i>Compare to</i> Q-TIPS®</p>	170 ct	4
36	 <p>DANDRUFF SHAMPOO <i>Compare to</i> Selsun Blue® Dandruff Shampoo</p>	7 fl oz	12
80	 <p>DIGITAL THERMOMETER</p>	QTY: 1	14







Item	Description	Details	Credits
103	 DISPOSABLE FACE MASKS	50 ct	50
34	 GOLD BOND® DIABETIC FOOT CREAM	3.4 oz	16
79	 GOLD BOND® ECZEMA LOTION	3 oz	12
88	 JUMBO COTTON BALLS	100 ct	4
53	 MOISTURIZER LOTION <i>Compare to Vaseline® Intensive Care™</i>	10 fl oz	14
54	 NASAL SPRAY <i>Compare to Ocean®</i>	3 fl oz	8
104	 PURELL HAND SANITIZER WITH ALOE	4 fl oz	10

Item	Description	Details	Credits
62	 <p>REUSABLE COTTON UNDERPAD (30" x 35")</p>	QTY: 1	29
33	 <p>TOE NAIL CLIPPERS</p>	QTY: 1	5

Vitamins & Minerals

41	 <p>B-COMPLEX PLUS VITAMIN C CAPLETS</p>	100 ct	12
72	 <p>BIOTIN TABLETS</p>	120 ct 10,000 mcg	16
55	 <p>CO Q-10 CAPSULES</p>	30 ct 100 mg	13
39	 <p>FISH OIL OMEGA-3 SOFTGELS</p>	100 ct 1000 mg	12

Item	Description	Details	Credits
44	 <p>FOLIC ACID TABLETS</p>	100 ct 400 mcg	5
47	 <p>GLUCOSAMINE PLUS VITAMIN D3 CAPLETS <i>Compare to Osteo Bi-Flex® One Per Day</i></p>	60 ct 1500 mg	30
78	 <p>MAGNESIUM OXIDE TABLETS</p>	120 ct 400 mg	8
58	 <p>MELATONIN TABLETS</p>	90 ct 5 mg	11
92	 <p>MULTIVITAMIN MEN 50+ TABLETS</p>	100 ct	16
46	 <p>OYSTER SHELL CALCIUM PLUS VITAMIN D TABLETS</p>	60 ct 500 mg	5
56	 <p>PROBIOTIC BLEND CAPSULES</p>	100 ct	18

Item	Description	Details	Credits
57	 <p>SUBLINGUAL B-12 VITAMINS TABLETS</p>	110 ct 2500 mcg	14
40	 <p>VITAMIN C TABLETS</p>	110 ct 500 mg	8
42	 <p>VITAMIN D3 SOFTGEL CAPSULES</p>	100 ct 2000 iu	12
43	 <p>VITAMIN E SOFTGELS</p>	110 ct 180 mg	12
93	 <p>WOMEN'S MULTIVITAMIN TABLETS</p>	100 ct	14
98	 <p>ZINC TABLETS</p>	110 ct 50 mg	9

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-or-

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Vantage Health Plan is required by federal law to provide the following information.

Nondiscrimination Notice

Vantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic. Vantage does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic.

Vantage provides free aids and services to people with disabilities to communicate effectively with us. Those services include qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, and other formats).

For people whose primary language is not English, Vantage provides free language translation services. Those services include qualified interpreters and information written in other languages. You can use Vantage's free language translation services by calling the "Members" phone number on the back of your Member ID card. For Members who are deaf or hard of hearing, please call for teletypewriter (TTY) services at (866) 524-5144.

If you believe that Vantage has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic, you can file a grievance with Vantage or the U.S. Dept. of Health and Human Services, Office for Civil Rights.

If you would like to file a complaint directly with Vantage, you can reach us in person, by mail, by fax, or by email at the addresses below:

Vantage Health Plan
Attention: Civil Rights Coordinator
130 DeSiard Street, Suite 300
Monroe, LA 71201

Phone: (318) 998-2887, TTY (866) 524-5144
Fax: (318) 361-2165
Email: civilrightscoordinator@vhpla.com

If you would like to file a complaint directly with the U.S. Dept. of Health and Human Services, Office for Civil Rights, you can contact them by mail, by phone, or by email at the addresses below:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
Phone: (800) 368-1019, (800) 537-7697 (TDD)
Online Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you need help filing a grievance, our Civil Rights Coordinator is available to help at civilrightscoordinator@vhpla.com or by phone at (318) 998-2887.

Vantage has adopted internal grievance procedures for providing prompt and equitable resolution of complaints alleging discrimination on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic, may file a grievance under Vantage's grievance procedure. It is against the law for Vantage to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. Depending on the type of grievance, a 60-day filing limit may apply. To learn more about Vantage's grievance procedure, you can call or email our Civil Rights Coordinator at the addresses above or you can visit our website at www.vantagehealthplan.com/vhpnondiscriminationgrievanceprocedure.

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Vantage Health Plan is required by federal law to provide the following information.

Language Assistance

If you, or someone you're helping, have questions about Vantage Health Plan, you have the right to get help and information in your preferred language at no cost. To talk with an interpreter, call Member Services, 888-823-1910 (TTY: 866-524-5144).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-823-1910 (TTY: 866-524-5144).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-823-1910 (ATS: 866-524-5144).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 888-823-1910 (TTY: 866-524-5144).

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 888-823-1910 (TTY 866-524-5144)。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-823-1910 (رقم هاتف الصم والبكم: 866-524-5144).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-823-1910 (TTY: 866-524-5144).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-823-1910 (TTY: 866-524-5144) 번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 888-823-1910 (TTY: 866-524-5144).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 888-823-1910 (TTY: 866-524-5144).

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。888-823-1910 (TTY: 866-524-5144) まで、お電話にてご連絡ください。

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 888-823-1910 (TTY: 866-524-5144)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 888-823-1910 (TTY: 866-524-5144).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-823-1910 (TTY: 866-524-5144).

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe aṃ ejjeļok wōñāān. Kaalok 888-823-1910 (TTY: 866-524-5144).

ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnakmvt, holhtina pa payah: 888-823-1910 (TTY: 866-524-5144).

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Administered by:



Vantage Health Plan (Vantage) is an HMO with a Medicare contract. Enrollment in Vantage depends on contract renewal. Vantage complies with applicable Federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, or any other legally protected characteristic. ATTENTION: If you have limited English proficiency, language assistance services, free of charge, are available to you. Call 1-866-704-0109 (TTY: 1-866-524-5144). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-704-0109 (TTY: 1-866-524-5144). ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-704-0109 (ATS: 1-866-524-5144).