Over-the-Counter Health & Wellness Products

2026 Catalog and Order Form

Humana

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2026 Over-the-Counter (OTC) Health and Wellness Product Order Form

Plans with an over-the-counter (OTC) allowance allow you to purchase OTC health and wellness products from CenterWell Pharmacy®. To verify your 2026 Health and Wellness allowance, please contact Customer Care 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, 2026. 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 or money order to pay the remaining amount due. To make a payment using your credit card, please call **855-211-8370 (TTY:711)**. Please allow 5 business days for your order to be received before calling to make payment. You may also add your credit card information to your member profile for future orders. Your final balance will include applicable sales tax for all of your OTC items. If your order isn't paid in full, items will be removed or reduced 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 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.

2026 Humana Health and Wellness Product Order Form

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MEMBER INFORMATION

Member ID (found on Humana ID card)

Date of Birth M M / D D / Y Y Y Y

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? M M

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 or money order to pay the remaining amount due. To make a payment using your credit card, please call **855-211-8370 (TTY:711)**. Please allow 5 business days for your order to be received before calling to make payment. You may also add your credit card information to your member profile for future orders. Your final balance will include applicable sales tax for all of your OTC items. If your order isn't paid in full, items may be removed or reduced to bring your total to or below your benefit allowance. Please be sure to provide your payment each time you order over your allowance amount. Do not send cash.

Checking this box will authorize CenterWell Pharmacy to charge your credit card on file if your order exceeds your plan's allowance.

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

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Member ID (found on Humana ID card) ☐☐☐☐☐☐☐☐☐ - ☐☐

Date of Birth M M / D D / Y Y Y Y

First name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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
Example:	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	$12.50
500	Compression Dress Socks, 8 - 15mmHg, Black, M	Curad® Compression Dress Socks	1 pair	$12.50
499	Compression Dress Socks 8 - 15mmHg, Black, L	Curad® Compression Dress Socks	1 pair	$12.50
Compression Stockings				
265	Compression Stockings 15-20mmHg, Beige, Size A (Ankle: 7" - 7 7/8"; Calf: 10" - 13")	JOBST® Compression Stockings	1 pair	$13
266	Compression Stockings 15-20mmHg, Beige, Size B (Ankle: 8" - 8 7/8"; Calf: 12" - 15")	JOBST® Compression Stockings	1 pair	$13
267	Compression Stockings 15-20mmHg, Beige, Size C (Ankle: 9" - 9 7/8"; Calf: 14" - 17")	JOBST® Compression Stockings	1 pair	$13
268	Compression Stockings 15-20mmHg, Beige, Size D (Ankle: 10" - 10 7/8"; Calf: 16" - 19")	JOBST® Compression Stockings	1 pair	$13
269	Compression Stockings 15-20mmHg, Beige, Size E (Ankle: 11" - 11 7/8"; Calf: 18" - 21")	JOBST® Compression Stockings	1 pair	$13
270	Compression Stockings 15-20mmHg, Beige, Size F (Ankle: 12" - 12 7/8"; Calf: 20" - 23")	JOBST® Compression Stockings	1 pair	$13
271	Compression Stockings 15-20mmHg, Beige, Size G (Ankle: 13" - 13 7/8"; Calf: 22" - 26")	JOBST® Compression Stockings	1 pair	$13
329	Compression Stockings 15-20mmHg, Black, Size A (Ankle: 7" - 7 7/8"; Calf: 10" - 13")	JOBST® Compression Stockings	1 pair	$13
330	Compression Stockings 15-20mmHg, Black, Size B (Ankle: 8" - 8 7/8"; Calf: 12" - 15")	JOBST® Compression Stockings	1 pair	$13
331	Compression Stockings 15-20mmHg, Black, Size C (Ankle: 9" - 9 7/8"; Calf: 14" - 17")	JOBST® Compression Stockings	1 pair	$13
332	Compression Stockings 15-20mmHg, Black, Size D (Ankle: 10" - 10 7/8"; Calf: 16" - 19")	JOBST® Compression Stockings	1 pair	$13

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	$13
334	Compression Stockings 15-20mmHg, Black, Size F (Ankle: 12" - 12 7/8"; Calf: 20" - 23")	JOBST® Compression Stockings	1 pair	$13
335	Compression Stockings 15-20mmHg, Black, Size G (Ankle: 13" - 13 7/8"; Calf: 22" - 26")	JOBST® Compression Stockings	1 pair	$13
Crew Socks				
376	Diabetes Circulatory Crew Socks 8-15mmHg, Black, S	Diabetes Circulatory Crew Socks	1 pair	$10
375	Diabetes Circulatory Crew Socks 8-15mmHg, Black, M	Diabetes Circulatory Crew Socks	1 pair	$10
374	Diabetes Circulatory Crew Socks 8-15mmHg, Black, L	Diabetes Circulatory Crew Socks	1 pair	$10
377	Diabetes Circulatory Crew Socks 8-15mmHg, Black, XL	Diabetes Circulatory Crew Socks	1 pair	$10
381	Diabetes Circulatory Crew Socks 8-15mmHg, White, S	Diabetes Circulatory Crew Socks	1 pair	$10
380	Diabetes Circulatory Crew Socks 8-15mmHg, White, M	Diabetes Circulatory Crew Socks	1 pair	$10
379	Diabetes Circulatory Crew Socks 8-15mmHg, White, L	Diabetes Circulatory Crew Socks	1 pair	$10
382	Diabetes Circulatory Crew Socks 8-15mmHg, White, XL	Diabetes Circulatory Crew Socks	1 pair	$10

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	$10
594	Sock Assistance Device	Sock Assistance Device	1	$10
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

First Aid

Product code	Product name	Compare to	Package count	Price
Sanitizers				
757	CPAP Mask Wipes	CPAP Mask Wipes	72	$12

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 Equipment				
758	Resistance Band, 5 pack	Resistance Band, 5 pack	5	$10
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	$14.50

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	$20
709	Gel Seat Cushion	Aduken	1	$20
450	Hypoallergenic Pillow**	Hypoallergenic Pillow	1	$20
710	Hypoallergenic Pillow Protector, Standard	Aller-Ease	2	$9
451	Lumbar Cushion	Carex®	1	$22
711	Wheelchair Cushion	Wheelchair Cushion	1	$32
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	$13
453	Medical Bracelet, Heart Patient	Medical Bracelet	1	$13
Medication Aids & Disposal				
456	Pill Bottle Opener with Magnifying Glass	Pill Bottle Opener	1	$11
Personal Protective Aids				
486	Cloth Face Masks	Cloth Face Masks	3 masks	$10
485	Disposable Face Masks	Disposable Face Masks	10 masks	$8

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.

Sensory Aids				
445	Digital Hearing Amplifier**	Clearon Hearing Amplifier	1	$45
446	Magnifying Glass	Magnifying Glass	1	$9.50

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: • Extra absorbency tab-style disposable briefs ◦ Small, Medium, Large, XL, XXL • Ultra Absorbency tab-style disposable briefs ◦ Small, Medium, Large, XL, XXL	For women: • Incontinence Underwear ◦ Small/Medium, Large/XL For men: • Incontinence Underwear ◦ Small/Medium, Large/XL Unisex: • Incontinence Underwear, heavy absorbency - XXL	For women: • Panty liner • Bladder control pad ◦ Light ◦ Moderate ◦ Maximum For men: • Bladder control guards
Extended or Overnight	Unisex: • Extended wear high-capacity tab-style briefs ◦ Small, Medium, Large, XL		For women: • 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
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	$14
595	Bladder Control Pad for Women, Light	FitRight®	20	$8
597	Bladder Control Pad for Women, Maximum	FitRight®	10	$8
596	Bladder Control Pad for Women, Moderate	FitRight®	16	$7.50

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	$9
599	Panty Liner, Long	Panty Liner, Long	40	$7
Tab-Style Briefs				
396	Adult Incontinence Tab-Style Disposable Briefs, Extra Absorbency, Small (Waist size 20"-32")	FitRight® Disposable Briefs, Extra Absorbency	20	$16
395	Adult Incontinence Tab-Style Disposable Briefs, Extra Absorbency, Medium (Waist Size 32"-44")	FitRight® Disposable Briefs, Extra Absorbency	20	$16
394	Adult Incontinence Tab-Style Disposable Briefs, Extra Absorbency, Large (Waist size 44"-56")	FitRight® Disposable Briefs, Extra Absorbency	20	$16
397	Adult Incontinence Tab-Style Disposable Briefs, Extra Absorbency, XL (Waist size 56"-64")	FitRight® Disposable Briefs, Extra Absorbency	20	$16
398	Adult Incontinence Tab-Style Disposable Briefs, Extra Absorbency, XXL (Waist size 60"-70")	FitRight® Disposable Briefs, Extra Absorbency	20	$16
401	Adult Incontinence Tab-Style Disposable Briefs, Ultra Absorbency, Small (Waist size 20"-32")	FitRight® Disposable Briefs, Ultra Absorbency	20	$16
400	Adult Incontinence Tab-Style Disposable Briefs, Ultra Absorbency, Medium (Waist size 32"-44")	FitRight® Disposable Briefs, Ultra Absorbency	20	$16
399	Adult Incontinence Tab-Style Disposable Briefs, Ultra Absorbency, Large (Waist size 44"-56")	FitRight® Disposable Briefs, Ultra Absorbency	20	$16
402	Adult Incontinence Tab-Style Disposable Briefs, Ultra Absorbency, XL (Waist size 56"-64")	FitRight® Disposable Briefs, Ultra Absorbency	20	$16
403	Adult Incontinence Tab-Style Disposable Briefs, Ultra Absorbency, XXL (Waist size 60"-70")	FitRight® Disposable Briefs, Ultra Absorbency	20	$16
696	Adult Incontinence Tab-Style Disposable Briefs Ultra-Absorbency, 3XL (Waist Size 71"-84")	Adult Incontinence Tab-Style Disposable Briefs, Ultra Absorbency	12	$20
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"	15	$12
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	$35
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	$16.50

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	$16.50
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
555	Interdental Gum Brushes	Gum®	10	$7.50
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.	$7
652	Overnight Dental Guard with Case	Dental Clean	2	$10
Ear Care				
728	Noise Reducing Ear Plugs	Noise Reducing Ear Plugs	50	$14
729	Noise Reducing Slim Fit Ear Plugs	Noise Reducing Slim Fit Ear Plugs	50	$12
Eye Care				
551	Contact Lens Solution	Opti-Free® Replenish®	12 oz.	$7
Foot Care				
613	Antifungal Foot Powder, Miconazole Nitrate 2%	Zeasorb® AF	2.5 oz.	$9.50
465	Bunion Guard	Bunion Guard	1	$10
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-Opearted Water Jet Tips	5	$13.50

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.

Toothbrushes				
284	Toothbrush	Toothbrush	3	$5
Toothpaste				
545	Aim® Toothpaste	Aim® Toothpaste	5.5 oz.	$4
550	Colgate® Toothpaste	Colgate® Toothpaste	4.6 oz.	$5
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.	$8.50
Sun Care				
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	$18
735	Neo-G Easy-Fit Shoulder Support	Neo-G	1	$29
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	$14
761	Easy-Fit Thumb Brace	Easy-Fit Thumb Brace	1	$10.50
339	Elbow Support	Futuro® Elbow Support	1	$13
743	Nufabrx Wrist Pain Relief Sleeve	Nufabrx	1	$20
760	Tennis & Golf Elbow Strap	Tennis & Golf Elbow Strap	1	$11.50
343	Wrist Support	Futuro®	1	$12

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	$13
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	$20.50
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	$20
567	Back Support with Pulley System, Small/Medium	Back Support with Pulley System	1	$19
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	$20

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

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]：我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235（听障专线：711）**。

繁體中文 [Traditional Chinese]：我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235（聽障專線：711）**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French] : Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કૉલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

日本語 [Japanese]：言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

This notice is available at **https://www.humana.com/legal/multi-language-support**.

ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **877-320-1235 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao] ມີການບໍລິການດ້ານພາສາ, ຊ່ວຍກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ຟຣີ. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjį' bee adahodooníłígíí diné bich'į' anídahazt'i'í, dóó łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjį' hodíilnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **877-320-1235 (TTY: 711)**۔

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]፦ ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bǎsɔ́ [Bassa]: Wuɖu-xwíníín-mú-zà-zà kǔà, Hwòɖǒ-fɔńɔ-ńnyɔ,́kè nyɔ-bɔǔn-po-kà ɓě ɓɛ́ nyuɛɛ se wíɖí pɛ́è-pɛ́è ɖò kɔ.̃ **877-320-1235 (TTY: 711)** ɖá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn iṣẹ́ àtìlẹhìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà lárọ̀wọ́tó. Pe **877-320-1235 (TTY: 711).**

नेपाली [Nepali]: भाषासम्बन्धी नि:शुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।

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, 2026.
- 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.
- Orders will be shipped to your home by FedEx, UPS or the U.S Postal Service.
- Allow 5 to 7 business days for processing from the time CenterWell Pharmacy receives your order.
- The most up to date product list is available on **CenterWellPharmacy.com.** Select the Documents and forms link at the bottom of the home page under Resources.
- 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, Puerto Rico, or U.S. Virgin Islands.

†† 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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