

Simply Supplies Product List

An Over-the-Counter Health and Wellness
Benefit for MedMutual Advantage Members

Updated 7/2017

Simply Supplies Program Overview

At no cost to you, get the convenience of having over-the-counter medicine, medical supplies and personal care items delivered to your home with our Simply Supplies program.

Depending on the plan you enrolled in, you have a quarterly or monthly allowance to choose from a wide range of supplies including bandages, aspirin, cough medicine and much more.

Plan	Allowance/Benefit
MedMutual Advantage Classic HMO	This benefit is not available for this plan.
MedMutual Advantage Choice HMO	\$20 per quarter
MedMutual Advantage Plus HMO	\$20 per month
MedMutual Advantage Select PPO	\$20 per quarter
MedMutual Advantage Preferred PPO	\$20 per quarter
MedMutual Advantage Premium PPO	\$20 per month

Note: If you are not sure which plan you are in, check your Evidence of Coverage or member ID card.

Placing Your Order and Contact Information

You have several options to order Simply Supplies products. You may order by:

- Phone: (844) 481-6720 (TTY: 711 for hearing impaired), Monday through Friday, 8 a.m. to 5 p.m.
- Online: Go to GentryHealthServices.com/MedMutualAdvantage and complete the online order form
- Email: MedMutualOrders@GentryHealthServices.com
- Mail: Complete the Product Order Form on page 7 and mail it to:
Gentry Health Services
1090 Enterprise Drive
Medina, OH 44256
- Fax: Complete the Product Order Form on page 7 and fax it to: (888) 891-0273

Call Gentry Health Services Customer Service at (844) 481-6720 if you have questions about:

- The Simply Supplies program, placing an order, or status of an order
- When your ordering period ends and how much allowance you have left
- Information in other languages

If you have questions about your health benefits, call Medical Mutual Customer Care at (800) 982-3117 (TTY: 711 for hearing impaired). Our Customer Care team is available seven days a week, 8 a.m. to 8 p.m., from October 1 through February 14, and from February 15 through September 30, Monday through Friday, 8 a.m. to 8 p.m. and Saturday, 9 a.m. to 1 p.m.

Simply Supplies Product List

Note: Select from the product name column. The “Compare to” is provided for your reference only.

Antacid, Anti-Diarrhea and Laxatives

Number	Product Name	Compare to	Price	Size
265	Antacid/Anti-Gas Liquid	Maalox® Regular Strength	\$9.25	360 ml
213	Anti-Diarrheal Tablets Loperamide 2 mg	Imodium® A-D 2 mg	\$5.00	12
226	Anti-Hemorrhoidal Ointment	Preparation H®	\$7.25	60 gm
292	Antacid/Anti-Gas Chew Tab	Maalox® Advanced	\$7.25	100
075	Calcium Carbonate Antacid Extra Strength	Tums® Extra Strength	\$5.50	96
002	Calcium Carbonate Antacid Regular Strength	Tums®	\$5.50	150
237	Famotidine 20 mg	Pepcid® 20 mg	\$7.75	25
036	Fiber Laxative Tablets	FiberCon® Caplet	\$9.25	90
020	Gas Relief Tablets Extra Strength	Gas-X Extra® Strength	\$6.00	30
223	Glycerin Suppositories, Adult	Fleet®	\$5.50	25
248	Hemorrhoidal Suppositories	Preparation H® Suppositories	\$6.25	12
117	Lansoprazole 15 mg	Prevacid® 15 mg	\$12.25	14
032	Laxative—Bisacodyl 5 mg	Dulcolax®	\$5.25	25
261	Milk of Magnesia Laxative/Antacid	Phillips® Milk of Magnesia	\$5.50	360 ml
235	Nexium® OTC	Nexium®	\$16.50	14
107	Omeprazole	Prilosec OTC® 20 mg	\$11.25	14
097	Pink Bismuth—Chewable Tablets	Pepto-Bismol® Chewable Tablets	\$6.25	30
094	Polyethylene Glycol 3350	Miralax®	\$10.75	249 gm
234	Psyllium Fiber Laxative Capsules	Metamucil®	\$11.25	160
293	Ranitidine 75 mg Tablets—Antacid	Zantac®	\$7.25	30
215	Senna Laxative Tabs	Senokot®	\$10.25	100
233	Stool Softener Capsules 100 mg	Colace® 100 mg	\$7.25	100

Cough, Cold and Allergy

Number	Product Name	Compare to	Price	Size
109	Cetirizine HCL 10 mg	Zyrtec® 10 mg	\$12.25	30
274	Coricidin® HBP Cough and Cold	Coricidin® HBP Cough and Cold	\$10.25	16
291	Daytime PE	Vicks® DayQuil® Sinus	\$6.25	16
048	Diphenhydramine 25 mg	Benadryl®	\$6.25	24
240	Expectorant—Guaifenesin 400 mg	Mucus Relief 400 mg	\$11.25	50
119	Fexofenadine 180 mg 24 Hour	Allegra® Allergy 180 mg 24 Hour	\$20.00	30
244	Generic Cough Suppressant/Expectorant	Robitussin® DM	\$6.25	120 ml
026	Generic Cough Suppressant/ Nasal Decongestant/Expectorant	Robitussin® CF	\$5.50	120 ml
125	Generic Cough Suppressant (Sugar Free)	Robitussin® Sugar Free DM	\$7.25	118 ml
276	Loratadine 10 mg	Claritin® 10 mg	\$10.25	30
228	Medicated Chest Rub	Vicks® VapoRub®	\$6.25	50 gm
038	Menthol/Benzocaine Sore Throat Lozenges	Chloraseptic® Lozenges	\$5.75	18
229	Nasal Decongestant PE Max Strength	Sudafed® PE Tablet 10 mg PSE Free	\$6.25	36
218	Nasal Decongestant Spray	Afrin®	\$5.25	30 ml
266	Phenol/Oral Anesthetic Sore Throat Spray	Chloraseptic®	\$6.25	180 ml
063	Sinus-Acetaminophen/Phenylephrine HCl	Tylenol® Sinus	\$6.25	24
033	Saline Nasal Spray	Ocean® Saline Nasal Spray	\$5.25	45 ml

Diabetes Management

Number	Product Name	Compare to	Price	Size
254	B-D Sharps Container	BD™ Home Sharps Container	\$6.00	1
264	Glucose Tablets	DEX4® Glucose Tablets	\$5.25	10
273	Gold Bond® Diabetic Skin Relief Foot Cream	Gold Bond® Diabetic Skin Relief Foot Cream	\$11.25	96 gm

First Aid Medical Supplies

Number	Product Name	Compare to	Price	Size
225	Alcohol Prep Pads	B-D® Alcohol Swabs	\$6.25	100
290	Antibacterial Fabric Bandages	Band-Aids® ¾" x 3"	\$6.25	30
238	Elastic Bandage	Ace® Bandage 3"	\$6.25	1
111	First Aid Tape	J&J® Paper Tape ¾" x 10 yds	\$5.00	1
277	Plastic Bandages ¾" x 3"	Band-Aids® ¾" x 3"	\$5.50	60
241	Triple Antibiotic Ointment	Neosporin®	\$6.25	30 gm
031	Triple Antibiotic Ointment Plus	Neosporin Plus®	\$7.25	30 gm

Pain Relievers

Number	Product Name	Compare to	Price	Size
224	Acetaminophen 500 mg	Extra Strength Tylenol® 500 mg	\$6.25	100
114	Acetaminophen 80 mg Chewable/Melt Away	Tylenol® Children's Chewable 80 mg	\$5.25	30
039	Aspirin 325 mg	Bayer® 325 mg	\$5.25	100
256	Aspirin Low-Dose 81 mg EC	Bayer® Adult Low Strength 81 mg EC	\$6.25	120
243	Chewable Aspirin 81 mg	Bayer® 81 mg	\$5.75	108
270	Cold and Hot Patches	Icy Hot® Patch	\$7.25	5
093	Effervescent Pain Relief	Alka-Seltzer®	\$6.50	36
046	Enteric Aspirin 325 mg	Ecotrin® 325 mg	\$6.25	125
285	Headache Formula 250-250-65 mg	Excedrin® 250-250-65 mg	\$7.25	100
220	Ibuprofen 200 mg	Advil® 200 mg	\$5.25	50
099	Ibuprofen Suspension	Motrin®	\$7.00	120 ml
024	Muscle Rub	Ben-Gay®	\$7.25	120 gm
037	Naproxen Sodium	Aleve®	\$9.25	100
253	Therapeutic Mineral Ice Gel	Mineral Ice®	\$8.25	227 gm
275	Topical Analgesic Cream Capsicum Cream 0.025%	Zostrix® Cream 0.025%	\$13.25	60 mg

Personal Care

Number	Product Name	Compare to	Price	Size
227	7-Day Pill Box	7-Day Pill Box	\$7.00	1
257	Bausch and Lomb Eyewash with Cup	Bausch and Lomb Eyewash with Cup	\$8.25	1
251	Bladder Control Pads (Regular)	Poise® Moderate Pads Extra	\$9.25	20
252	Colgate® Brand Toothpaste	Colgate® Brand Toothpaste	\$8.25	6.4 oz
263	Cotton Swabs	Q-Tips®	\$5.00	300
019	Dental Floss 100 yds	J&J Waxed Dental Floss 100 yds	\$5.00	1
271	Denture Adhesive	Fixodent®	\$6.25	72 gm
288	Denture Adhesive Powder	Fixodent® Powder	\$11.00	21 gm
284	Diaper Rash Cream	Desitin® Cream	\$6.25	120 gm
268	Earwax Removal Drops	Debrox® Earwax Removal Drops	\$8.25	15 ml
278	Effervescent Denture Tabs	Efferdent®	\$5.50	40
028	Eye Drops—Redness Reliever	Visine® Original	\$5.25	15 ml
035	Lubricant Eye Drops (Sterile)	Liquifilm Tears®	\$7.25	15 ml
203	Toothbrush	Toothbrush	\$6.00	2
247	Vicks® Digital Oral Thermometer	Vicks® Digital Oral Thermometer	\$12.25	1

Skin Care

Number	Product Name	Compare to	Price	Size
096	Allergy Cream—Itch and Pain Relief	Benadryl® Extra Strength Cream	\$5.25	30 gm
269	Calamine Lotion	Caladryl®	\$5.50	180 ml
282	Clotrimazole Cream 1%	Lotrimin AF® 1%	\$6.25	30 gm
047	Hydrocortisone Cream 1%	Cortizone 10® 1%	\$5.25	30 gm
112	Medicated Callus Remover	Dr. Scholl's®	\$5.25	6
015	Medicated Lip Balm	Chapstick®	\$5.25	2
095	Sunblock SPF 30 Lotion	Coppertone® SPF30 Lotion	\$7.25	120 ml
286	Sunblock SPF 50 Lotion	Coppertone® SPF50 Lotion	\$10.25	237 ml
287	Sunblock SPF 70 Spray	Coppertone® SPF70 Spray	\$12.25	177 ml
118	Tolnaftate 1% Antifungal	Tinactin® 1% Cream	\$8.25	30 gm

Sleeping Aids

Number	Product Name	Compare to	Price	Size
208	Acetaminophen, Diphenhydramine HCl 500 mg	Tylenol® PM Extra Strength Tabs Caps 500 mg	\$6.25	50
106	Diphenhydramine HCl 25 mg	Sominex® Tablets 25 mg	\$8.25	50

Vitamins, Minerals and Supplements

Number	Product Name	Compare to	Price	Size
283	Calcium Citrate + Vitamin D3	Citracal® Caplets + D3	\$7.25	120
232	Calcium with Vitamin D3	Caltrate® 600 + D3 Plus Minerals	\$9.25	60
279	Complete Senior Vitamins and Minerals	Centrum® Silver	\$10.25	50
101	Daily Multivitamin and Minerals	Centrum®	\$8.25	130
040	Eye Care Vitamins	Ocuvite® Lutein	\$9.25	36
011	Folic Acid 800 mcg	Folic Acid 800 mcg	\$5.25	100
255	Melatonin 5 mg	Melatonin 5 mg	\$6.75	60
029	One A Day Women's Multivitamin	One A Day Women's®	\$7.25	90
098	Oyster Calcium + Vitamin D3	Os-Cal® 500+D3	\$6.25	75
280	Vitamin B12	Vitamin B12 1000 mcg	\$7.25	60
004	Vitamin B12 6000 mcg Sublingual Tablet	Vitamin B12 6000 mcg Sublingual Tablet	\$12.25	30
289	Vitamin B 5000 mcg Complex	Vitamin B 5000 mcg Complex	\$9.25	60
043	Vitamin B-Complex with B12	Vitamin B-Complex with B12	\$8.25	90
113	Vitamin B-Complex Sublingual Tablet	Vitamin B-Complex Sublingual Tablet	\$7.25	60
217	Vitamin C 500 mg	Vitamin C 500 mg	\$6.25	100
231	Vitamin D3 1000 IU	Vitamin D3 1000 IU	\$7.25	100
272	Vitamin D3 5000 IU	Vitamin D3 5000 IU	\$9.25	100

Women's Health

Number	Product Name	Compare to	Price	Size
104	Clotrimazole 1% Vaginal Cream	Gyne-Lotrimin® 45 gm	\$8.25	45 gm

Simply Supplies Product Order Form

STEP 1 Complete your information below				
Member ID (from your Member ID card)		Date of Birth (month/day/year)		<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name		Last Name		
Street Number and Name				Apt/Suite #
City	State	ZIP	<input type="checkbox"/> Check box if this is a new address	
Daytime Phone		Evening Phone		
STEP 2 Complete product selection				
Note: Orders can only be placed for the current period. Gentry Health Services is not able to backdate an order for a previous benefit period. If you have any questions about the amount of your allowance remaining for the current benefit period, please contact Gentry Health Services at (844) 481-6720.				
	Product Number	Product Name	Quantity	Price
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL				

Important Information about Ordering

- Place your order two weeks before the end of your monthly or quarterly allowance period to ensure Gentry Health Services can process it within the applicable benefit period.
- Orders will be shipped by UPS or the U.S. Postal Service at no cost to you. Please allow 10 to 14 business days from the time Gentry Health Services receives your order to deliver to you.
- You can order multiple times in a benefit period, but you cannot exceed your plan's allowance. Be sure to use your entire allowance, as you cannot redeem any unused amount in the next benefit period.

Simply Supplies Product Order Form

STEP 1 Complete your information below				
Member ID (from your Member ID card)		Date of Birth (month/day/year)		<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name		Last Name		
Street Number and Name				Apt/Suite #
City	State	ZIP	<input type="checkbox"/> Check box if this is a new address	
Daytime Phone		Evening Phone		
STEP 2 Complete product selection				
Note: Orders can only be placed for the current period. Gentry Health Services is not able to backdate an order for a previous benefit period. If you have any questions about the amount of your allowance remaining for the current benefit period, please contact Gentry Health Services at (844) 481-6720.				
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Multi-Language Interpreter Services & Nondiscrimination Notice



This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese

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 1-800-382-5729 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم (711).

Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yánílti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-800-382-5729 (TTY: 711).

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese

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。1-800-382-5729 (TTY: 711)まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

Nondiscrimination Notice

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator

Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900

Email: CivilRightsCoordinator@MedMutual.com

You can also file a civil rights 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:
ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building
Washington, DC 20201-0004
- By phone at:
(800) 368-1019 (TDD: (800) 537-7697)
- Complaint forms are available at:
hhs.gov/ocr/office/file/index.html

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or Consumers Life Insurance Company.

The Simply Supplies Program is not intended to replace or substitute your prescription benefit and should not be used as a substitute for your prescribed medications. Always check with your doctor or prescriber before starting or taking any over-the-counter (OTC) medications.

Our products include a wide variety of generic products that are comparable to name-brand products. This product list is subject to change.

OTC items may only be purchased for the plan enrollee. It is prohibited to purchase OTC items for family members and friends.

A monthly or quarterly allowance amount is only available if your plan offers the OTC services as a benefit.

Purchase of covered OTC products made under emergency circumstances may be eligible for reimbursement when the monthly benefit allowance is available.

The following items are not covered under this Simply Supplies benefit (non-eligible items): alternative medicines (including botanicals, herbals, probiotics and nutraceuticals including fish oil, glucosamine and chondroitin, garlic, Echinacea, saw palmetto and ginkgo biloba), baby items, contraceptives, convenience (non-medical) items, cosmetics, food supplements, replacement items, attachments and peripherals (including hearing aid batteries, contact lens containers when not factory packaged with original item).

MedMutual Advantage HMO and PPO plans are offered by Medical Mutual of Ohio under a contract with Medicare. Enrollment in a MedMutual Advantage plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

Medical Mutual

2060 East Ninth Street
Cleveland, OH 44115-1355
MedMutual.com