



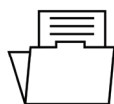
Promise Health Plan

Special Health Plan Benefit

Receive Over-the Counter Products Using Your Benefit

Dear <First Name> <Last Name>:

Congratulations! As a member of Blue Shield Promise Cal MediConnect Plan (Medicare-Medicaid Plan), you get \$120 every quarter to use for over-the-counter items—such as medicine and vitamins. Get your items with these simple steps.



Choose the items you need from the enclosed catalog.



Complete and mail the enclosed order form in the postage-paid envelope provided OR



Call 1-800-355-7913 (TTY: 711), Monday – Friday from 8:00am to 8:00pm PST to receive assistance from an OTC Advocate.

Your items will be delivered to you within 7-10 days after you complete your order.

Start using your benefit today!

Please mail the completed form back in the postage-paid envelope provided.

If you place your order using an order form, your order total will be applied to the month in which we receive your form. For example, if you mail your order form on June 29th, but we receive it on July 1st, your order total will be applied to your July benefit, not your June benefit.

Blue Shield of California Promise Health Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-905-3825 (TTY: 711), 8:00am to 8:00pm, seven days a week. The call is free. Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Cal-MediConnect 1-855-905-3825 (TTY: 711) de 8:00am a 8:00pm, los 7 días de la semana. 繁體中文 (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Cal-MediConnect 1-855-905-3825 (TTY: 711) 每週七天辦公, 早上8:00 點至晚上8:00 點或。

Blue Shield of California Promise Health Plan complies with applicable state and federal civil rights laws and does not discriminate on the basis of ancestry, religion, marital status, race, color, national origin, age, disability, sex/gender, gender identity or sexual orientation. You can get this document for free in other formats, such as large print, Braille, and/or audio. Call 1-855-905-3825 (TTY: 711), 8:00 a.m. – 8:00 p.m., seven days a week. The call is free.

IMPORTANT NOTE: To view important information on Non-Discrimination requirements, you can go to our website at <https://www.blueshieldca.com/promise/affordable-care-act.asp>.

Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.