



LongevityCatalogBenefit.com



2021

Health Product Catalog Benefit

A Complimentary Benefit Designed for You.



You are a member of Longevity Health Plan. You get a health product catalog benefit every three months. It allows you to get products you may need. Order online at LongevityCatalogBenefit.com, send your completed order form by mail, or call (855) 657-7547 (TTY: 711). Your order will be delivered to your door.

Remember to keep this catalog

Look at this catalog each time you want to order.

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Order Guidelines



Order Online

You may submit an order online at **LongevityCatalogBenefit.com**.

Remember to save your username and password. Then you can order again during your next benefit period.



Order By Mail

You may submit your order by mailing the order form to the OTC Servicing Center, PO Box 526266, Miami FL 33152-9819.

At the end of the benefit period, you may think your order form will not be received in time. You may order online or call us.



Order By Phone

For questions or to submit your order over the phone, advocates are available Monday – Friday from 8 a.m. to 11 p.m. EST at (855) 657-7547 (TTY: 711).

- You must use all of your benefit money in one order. Use it or lose it.
- Your order cannot be worth more than your benefit amount. Cash, checks, credit cards, or money orders are not accepted.
- Your order total will be applied to the benefit period in which the order is received.
- Members who have a health or medical need can use this catalog's benefit products. This benefit cannot be used to order health product catalog benefit items for family members and friends.
- These products are personal. They cannot be returned.
- Items in the catalog sometimes change during the year. For the newest listing of available benefit products, go to **LongevityCatalogBenefit.com**.
- Benefit items are available through home delivery only. Products may not be purchased at a local pharmacy, exchanged for money, or gotten any other way. They can only be gotten through the Longevity Health Plan health product catalog benefit methods mentioned above.
- It will take 5-7 business days from the moment your order is ready to be shipped.
- The health information in the catalog is general. It is not medical advice. It does not replace professional health care. All product and company names are trademarks™ or registered® trademarks of their companies. Their use does not mean any relationship or endorsement.



How to Use Your Health Product Catalog Benefit Website

Online Access to Your Health Product Catalog Benefit is Fast, Easy, and Secure!

Your health product catalog benefit website offers you many convenient features. You are able to...

- Browse the health product catalog benefit products that are available to you
- Access a digital copy of your benefit catalog
- Monitor your remaining money while you shop
- Keep track of your order and view your order history
- Manage your account
- And more!

Have you already created an account online? Just log in to get started! First time ordering online? You will need to register and set up your account.

Registration is easy and takes only a few minutes to complete.

Open the Longevity Health Plan Health Product Catalog Benefit website at **LongevityCatalogBenefit.com**. Show that it is your first time by clicking on the 'Not Registered? Sign Up Now' button. Enter your information exactly as it is on your Health Plan ID card. You will need:

- First and last name
- Health Plan Member ID number
- State
- Date of birth as MM/DD/YYYY
- Current email address

You will create a unique username and password for your account. You will be asked to choose and answer some security questions. Forgot or lost your username or password? We can recover your login information. Now you can log in and access your health product catalog benefit online, 24/7.

Need any help? Please call the Order Fulfillment Center Monday – Friday from 8 a.m. to 11 p.m. EST at (855) 657-7547 (TTY: 711). Our friendly and experienced advocates are happy to help you get the most out of your health product catalog benefit.

Please Note

Orders for the benefit period must be placed prior to midnight Eastern Time of the last day of the period.



Item #	Description	Packaging	Price
Bathroom Safety & Fall Prevention			
1983	Nightlight	2 ct	\$15.00
Cold Sore & Medicated Lip Products			
1256	Blistex Lip Ointment	6 gm	\$5.00
1255	Carmex	7.5 gm	\$4.50
Dental & Denture Care			
1749	Dental Travel Kit	1 ct	\$10.00
1747	Denture Brush	1 ct	\$6.00
1032	Denture Cleaning Tablets	40 ct	\$7.00
1653	Efferdent Plus Mint Tablets	36 ct	\$9.00
1842	Effergrip Denture Cream Adhesive	1.5 oz	\$7.00
1843	Effergrip Denture Cream Adhesive	2.5 oz	\$9.00
1745	Fingertip Tooth & Gum Massager	1 ct	\$9.00
1187	Fixodent	.75 oz	\$5.00
1751	Interdental Flossups	90 ct	\$5.50
1748	Interdental Gum Brushes	10 ct	\$6.00
1888	Orajel Medicated Sore Mouth Swabs	12 ct	\$9.50
1750	Oral Care System Kit	1 ct	\$12.50
1324	Polident Denture Cream	3.9 oz	\$9.00
1892	Polident Overnight	84 ct	\$12.00
1901	Reach Waxed Dental Floss - Cinnamon	55 yd	\$4.00
1455	Reach Waxed Dental Floss - Mint	55 yd	\$4.00
1902	Reach Waxed Dental Floss - Unflavored	55 yd	\$4.00
1746	Tongue Cleaner	1 ct	\$6.00
2015	Toothbrush, Battery Powered	1 ct	\$20.00
1830	Toothbrush, Colgate, Adult Medium	1 ct	\$3.00

Item #	Description	Packaging	Price
1413	Toothbrush, Colgate, Adult Soft	1 ct	\$3.00
1894	Toothbrush, Professional Care Electronic	1 ct	\$80.00
1450	Toothbrush, Rechargeable	1 ct	\$37.00
1948	Toothbrush, Soft 2-pack	2 ct	\$6.00
1412	Toothbrush, Tek Pro, Angled Soft	1 ct	\$3.00
1831	Toothpaste, Colgate	4 oz	\$6.00
1838	Toothpaste, Crest Sensi-Relief	4.1 oz	\$8.50
1914	Toothpaste, Fluoride	6.4 oz	\$6.00
1414	Toothpaste, Pepsodent	5.5 oz	\$4.00
1903	Toothpaste, Sensitive Teeth	4.3 oz	\$5.00
1716	Toothpaste, Ultrabrite Advanced Whitening	6 oz	\$6.00
Diabetes Care			
1839	Diabetic Skin Relief Foot Cream	3.4 oz	\$12.00
1956	Diabetic Socks, Black, Medium 3-pack	3 pair	\$9.00
1957	Diabetic Socks, Black, Large 3-pack	3 pair	\$9.00
1958	Diabetic Socks, Black, X-Large 3-pack	3 pair	\$9.00
1953	Diabetic Socks, White, Medium 3-pack	3 pair	\$9.00
1954	Diabetic Socks, White, Large 3-pack	3 pair	\$9.00
1955	Diabetic Socks, White, X-Large 3-pack	3 pair	\$9.00
1959	Ultra Soft Padded Diabetic Sock, Black, Medium 2-pack	2 pair	\$11.00
1960	Ultra Soft Padded Diabetic Sock, Black, Large 2-pack	2 pair	\$11.00
1961	Ultra Soft Padded Diabetic Sock, Black, X-Large 2-pack	2 pair	\$11.00
1962	Ultra Soft Padded Diabetic Sock, White, Medium 2-pack	2 pair	\$11.00
1963	Ultra Soft Padded Diabetic Sock, White, Large 2-pack	2 pair	\$11.00
1964	Ultra Soft Padded Diabetic Sock, White, X-Large 2-pack	2 pair	\$11.00

Item #	Description	Packaging	Price
Diagnostics			
1982	Activity Tracker	1 ct	\$45.00
Eye & Ear Care			
1468	Multi-Purpose Contact Lens Solution	12 oz	\$8.00
First Aid			
1201	Antiseptic Towelettes	100 ct	\$7.50
1667	Band-Aid Clear Comfort-Flex Bandage, Assorted Sizes	45 ct	\$7.00
2054	Band-Aid Comfort-Flex Plastic	60 ct	\$7.00
1763	Cotton Balls	300 ct	\$4.50
1213	Elastic Bandage - 6" x 5 yd	1 ct	\$5.00
1215	First Aid Kit, 75 Pieces	1 ct	\$10.00
1676	Johnson & Johnson Gauze Pad - 2" x 2"	25 ct	\$6.00
Foot Care			
1786	Lamb's Wool Padding	1 ct	\$7.50
1782	Moleskin Sheets Plus	4 ct	\$7.00
1788	Toe Protector, Small	1 ct	\$9.00
1787	Toe Protector, Large	1 ct	\$9.00
1783	Toe Separator	6 ct	\$9.00
Home Aids			
2046	Button and Zipper Pull Aid	1 ct	\$14.00
1836	CPAP Pillow Fiber Filled	1 ct	\$60.00
1837	CPAP Pillow Memory Foam	1 ct	\$95.00
1732	Cushion, Foam Ring	1 ct	\$22.00
1466	Cushion, Gel / Foam Seat	1 ct	\$30.00
1731	Cushion, Lumbar	1 ct	\$20.00
1753	Elastic Mattress Cover - 80" x 36" x 6"	1 ct	\$7.50

Item #	Description	Packaging	Price
1936	Hypoallergenic Pillow	1 ct	\$53.00
1756	Kitchen Scale, Dial ‡	1 ct	\$7.50
2016	Kitchen Scale, Digital ‡	1 ct	\$25.00
2154	Reading Glasses Diopter + 3.25	1ct	\$6.00
2157	Reading Glasses Diopter + 3.5	1ct	\$6.00
2130	Reading Glasses Diopter +1.0	1ct	\$6.00
2133	Reading Glasses Diopter +1.25	1ct	\$6.00
2136	Reading Glasses Diopter +1.5	1ct	\$6.00
2139	Reading Glasses Diopter +1.75	1ct	\$6.00
2142	Reading Glasses Diopter +2.0	1ct	\$6.00
2145	Reading Glasses Diopter +2.25	1ct	\$6.00
2148	Reading Glasses Diopter +2.75	1ct	\$6.00
2151	Reading Glasses Diopter +3.0	1ct	\$6.00
2160	Reading Glasses Diopter +4.0	1ct	\$6.00
Incontinence Supplies			
2026	Adult Briefs, Medium - 32" to 44"	24 ct	\$19.00
2027	Adult Briefs, Large - 44" to 58"	24 ct	\$20.00
2028	Adult Briefs, X-Large - 58" to 63"	20 ct	\$20.00
1811	Attends Discreet Men's Guard	20 ct	\$14.00
1810	Attends Discreet Men's Shield	20 ct	\$13.00
1812	Attends Discreet Women's Maximum Bladder Control Pad	20 ct	\$20.00
1813	Attends Discreet Women's Moderate Bladder Control Pad	20 ct	\$15.50
1815	Attends Discreet Women's Panty Liner	28 ct	\$9.00
1814	Attends Discreet Women's Ultimate Bladder Control Pad	20 ct	\$22.00
1816	Attends Discreet Women's Ultrathin Pad	20 ct	\$11.00
1302	Barrier Cream	4 oz	\$9.00

Item #	Description	Packaging	Price
2010	Bathing Wipes	1 ct	\$8.00
1479	Bladder Control Shaped Pad, Heavy Absorbency	24 ct	\$17.00
1480	Bladder Control Shaped Pad, Maximum Absorbency	18 ct	\$17.00
1478	Bladder Control Shaped Pad, Moderate Absorbency	24 ct	\$17.00
1021	Disposable Underwear, Medium - 34" to 44"	20 ct	\$16.00
1026	Disposable Underwear, Large - 44" to 58"	18 ct	\$16.00
1027	Disposable Underwear, X-Large - 58" to 68"	14 ct	\$16.00
1928	Flushable Wipes	24 ct	\$8.00
2000	Flushable Wipes	60 ct	\$12.00
1884	No-Rinse Body Wash	8 oz	\$12.00
2022	Perineal Wash Rinse-Free	8 oz	\$7.00
1993	Premier Adult Briefs, Medium - 32" to 44"	14 ct	\$30.00
1994	Premier Adult Briefs, Large - 44" to 58"	12 ct	\$30.00
1995	Premier Adult Briefs, X-Large - 58" to 63"	10 ct	\$30.00
1990	Premier Disposable Underwear, Medium - 36" to 44"	18 ct	\$30.00
1991	Premier Disposable Underwear, Large - 44" to 58"	16 ct	\$30.00
1992	Premier Disposable Underwear, X-Large - 56"to 68"	14 ct	\$30.00
1476	Underpad, Disposable - 23" x 24"	50 ct	\$16.00
2029	Underpad, Disposable - 23" x 36"	15 ct	\$10.00
1477	Underpad, Disposable - 30" x 30"	10 ct	\$10.00
1996	Underpad, Extra Absorbent Air Permeable, 30" x 36"	5 ct	\$15.00
1348	Washcloth with Lanolin	64 ct	\$8.50
Pain Relief Aids			
1762	Pain Relief Mask	1 ct	\$9.00
Skin & Sun Care			
1070	Aloe Vera Cream	8 oz	\$6.00

Item #	Description	Packaging	Price
1065	Hand Sanitizer	8 oz	\$6.50
1893	Moisturizing Body Lotion with Aloe	8 oz	\$7.50
1908	Sunscreen Lotion SPF 30	1.5 oz	\$5.00
1284	Sunscreen Lotion SPF 30	3.5 oz	\$7.50
Supports & Braces			
1774	Heel & Elbow Protector, Small	1 ct	\$12.00
1773	Heel & Elbow Protector, Medium	1 ct	\$12.00
1772	Heel & Elbow Protector, Large	1 ct	\$12.00
1775	Heel & Elbow Protector, X-Large	1 ct	\$12.00
1897	Protective Arm Sleeve - Small	1 pair	\$20.00
1898	Protective Arm Sleeve - Large	1 pair	\$24.25
1899	Protective Arm Sleeve - X-Large	1 pair	\$27.25



Notices

- If you quit the Longevity Health Plan, your health product catalog benefit will be automatically canceled.
- Longevity Health Plan is an HMO/PPO with a Medicare contract. Enrollment in Longevity Health Plan depends on contract renewal.
- From October 1 through March 31, Longevity Member Services' Hours of Operation are from 8:00 a.m. to 8:00 p.m. seven days a week (except Thanksgiving and Christmas). From April 1 through September 30 they are open Monday to Friday (except holidays). See the chart below for your state's contact phone number.

Longevity Health Plan of Florida (HMO)	1 (866) 224-9499 (TTY: 711)	Longevity Health Plan of Oklahoma (HMO)	1 (888) 585-1611 (TTY: 711)
Longevity Health Plan of Michigan (HMO)	1 (888) 312-8825 (TTY: 711)	Longevity Health Plan of Illinois (HMO)	1 (888) 886-9770 (TTY: 711)
Longevity Health Plan of New Jersey (PPO)	1 (888) 899-8490 (TTY: 711)	Longevity Health Plan of North Carolina (HMO)	1 (888) 312-5196 (TTY: 711)
Longevity Health Plan of New York (HMO)	1 (888) 885-7337 (TTY: 711)	Longevity Health Plan of Colorado (HMO)	1 (888) 313-3609 (TTY: 711)

Part B/D - In some cases, some items may be covered under Part B or Part D. When you are able to get these items under Part B or Part D, you may not buy them through your Part C supplemental health product catalog benefit. To make things easier, we've marked these items with an ().

‡ Dual-purpose items are medicines and products that can be used for either a medical condition or for general health and well-being. To purchase these items under your plan, your personal physician must recommend them to you for a specific diagnosed condition. Please speak to your physician before ordering these items.





Non-Discrimination Notice

Longevity Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Longevity Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Longevity Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (e.g., large print, audio, accessible electronic formats, Braille, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Longevity Health Plan's Member Services at the contact information below.

If you believe that Longevity Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Longevity Health Plan, P.O. Box 5850, Glen Allen, VA 23058; (888) 808-8995; (TTY 711); fax: 1-833-610-2380; email: Compliance@longevityhealthplan.com.

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, the Longevity Health Plan Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services at the Office for Civil Rights Complaint Portal, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building Washington, DC 20201, 1-800-368-1019 TTY/TDD: 1-800-537-7637 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



LongevityCatalogBenefit.com



2021 HEALTH PRODUCT CATALOG BENEFIT ORDER FORM

STEP 1 - COMPLETE YOUR INFORMATION BELOW

Member ID (found on plan member ID card)

Date of Birth

First Name

Last Name and Suffix

MI

Street Number

Street Name

Apt/Suite #

City

State

Zip Code

Daytime Phone

Email (Optional)

Please check box if this is a new address ☐

STEP 2 - PRODUCT SELECTION

Cash, checks, credit cards, or money orders are not accepted under this health product catalog benefit.

Item #	Product	Quantity	Unit Price	TOTAL
1	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
5	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Subtotal from Other Side \$

Total Order \$

Please mail this completed form to the following address:

OTC Servicing Center, PO Box 526266, Miami, FL 33152-9819

To order additional products, please see reverse. 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.

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STEP 2 - PRODUCT SELECTION (Continued)

Cash, checks, credit cards, or money orders are not accepted under this health product catalog benefit.

Item #	Product	Quantity	Unit Price	TOTAL
6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
9	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
10	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
11	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
12	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
13	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
14	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
15	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
16	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
17	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
18	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
19	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
20	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
			Subtotal \$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

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.

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