



a **Point32Health** company

## 2026 SCO Instant Savings Card Reimbursement Form

This form allows Tufts Health Plan Senior Care Options members to request reimbursement for covered over-the-counter (OTC) items, groceries, and other personal care items that they purchase out-of-pocket instead of using their Instant Savings card. Approved reimbursement amounts will be deducted from the balance on their Instant Savings card for the date and calendar quarter in which covered items were purchased.

Members receive their Instant Savings card upon enrollment in Tufts Health Plan Senior Care Options. The Instant Savings card is loaded with two separate credits, a Medicare allowance of \$115 and a Medicaid allowance of \$235 at the start of each calendar quarter (in Jan, Apr, Jul, and Oct). The two credits cannot be combined. The Medicare allowance can only be used to purchase Medicare-approved\* OTC medicines and health-related items from approved retailers both on-line and in-store. The Medicaid allowance can only be used to purchase Medicaid-approved food, beverage, and personal care items from approved retailers both on-line and in-store. Unused amounts do not roll over to the next calendar quarter.

**For a complete list of covered items, go to [www.thpmp.org/mybenefitscenter](http://www.thpmp.org/mybenefitscenter).**

If you have any questions about your Instant Savings card, please call Member Services at **1-855-670-5934 (TTY: 711)**, 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

If a Member Reimbursement Form is being submitted by an Authorized Representative, please complete and include the *Appointment of Representative (AOR) Form*, or any legal documentation verifying personal representation, with your request. We require verification of the authority of an Authorized Representative before the request can be processed. You can find the AOR Form on our website at [www.thpmp.org/cms-aor-form](http://www.thpmp.org/cms-aor-form).

☐ I am completing this form as an Authorized Representative to the subscriber.

### Member Information

First name

M.I. Last name

Date of birth

Member ID number

--	--	--	--	--	--	--	--	--	--

### Reimbursement Information

Items you are requesting reimbursement for

Requested reimbursement  
amount

\$ 

--	--	--	--	--	--	--	--

**Include any additional  
information on a separate  
sheet.**

## Signature

---

**I attest that this information is accurate and complete.**

Signature

Date

\_\_\_\_\_

## Instructions

---

**Please include a dated, itemized receipt from a qualifying retailer as proof of payment.** Circle the items on the receipt for which reimbursement is being requested. Participating retailers include CVS Pharmacy, Dollar General, Family Dollar, Rite Aid, Shaws, Star Market, Stop & Shop, Walgreens, and Walmart. For a complete list of participating retailers and locations, visit [www.thpmp.org/mybenefitscenter](http://www.thpmp.org/mybenefitscenter). Select "Locations" at the top of the homepage to search for participating retail locations.



**Please mail this completed form to:**

**Tufts Health Plan Senior Care Options**

Attn: Member Reimbursement

P.O. Box 518

Canton, MA 02021-0518

**For more information:**

Call Member Services at

**1-855-670-5934 (TTY: 711)**

8 a.m.–8 p.m., 7 days a week

(Mon.–Fri. from Apr. 1–Sept. 30).

---

Tufts Health Plan Senior Care Options is an HMO-SNP with a Medicare Contract. Enrollment in Tufts Health Plan Senior Care Options depends on contract renewal. The HMO-SNP is available to anyone who has both MassHealth Standard (Medicaid) and Medicare Parts A and B. You are not eligible to enroll into Tufts Health Plan Senior Care Options if you are enrolled in any other health insurance plan, with the exception of Medicare. Other eligibility requirements may apply. Tufts Health Plan Senior Care Options complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 711). H8330\_2026\_43\_C

\*Under certain circumstances, items may be covered under your Part B or Part D benefit. Please see your OTC Instant Savings Guide for more information.