

OVER-THE-COUNTER (OTC) REIMBURSEMENT FORM



Tufts Health Plan Senior Care Options provides an allowance of \$105 every calendar quarter toward Medicare-approved OTC items. See the reverse side for a list of examples of covered and non-covered items. Please note that your SCO Instant Savings OTC card will be automatically reloaded at the start of every calendar quarter (January 1st, April 1st, July 1st, and October 1st). Approved reimbursement amounts will be deducted from the OTC card balance of the cycle in which items were purchased.

Required Information

Relationship to the Subscriber

Self Authorized Representative

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

Last Name: _____ First Name: _____ Middle Initial: _____

Member ID #: _____ Date of Birth: ____ / ____ / _____

(M M / D D / Y Y Y Y)

Name of Participating Retailer (such as CVS pharmacy, Walgreens, etc): _____

Date(s) of Purchase: _____

Use another sheet of paper to include any additional information if necessary.

Amount of reimbursement you are requesting: \$ _____

Describe the OTC items you are requesting reimbursement for: _____

Please include an itemized receipt as proof of payment. Please circle the items on the receipt for which you are requesting reimbursement¹

¹ A receipt for purchased items, with the retailer's name and address preprinted on the receipt, with items listed and the amount paid.

Signature is Required

I attest that the information is accurate and complete.

Signature: _____ Date: _____

Tufts Health Plan is an HMO-SNP plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. Tufts Health Plan Senior Care Options is a voluntary MassHealth (Medicaid) benefit in association with the Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services (CMS).

**Tufts Health Plan
Senior Care Options
Senior Products-Product Office
705 Mount Auburn Street
Watertown, MA 02472-1508
H2256_S_2019_130_C**



Medicare-approved OTC items (examples):

Cold & Allergy

- Allergy & Sinus Medications
- Cough, Cold, Allergy & Flu (Adult)
- Cough Drops
- Nasal/Sinus (sprays, drops)
- Respiratory Treatments (vaporizers, asthma preparations)

Diabetes Care

- Diabetes Care Accessories
- Urine Testing Supplies

Digestive Health

- Antacids
- Anti-diarrhea medications
- Anti-gas medications
- Digestive Aids/Lactose intolerance
- Hemorrhoidal Preparations
- Laxatives
- Stomach Acid Controllers
- Upset Stomach Remedies

Eye & Ear Care

- Contact Lens Care
- Ear Care (Drops & Syringes)
- Eye preparations (Drops, Wash, Contact solution)

First Aid

- Antibiotic Creams
- Anti-itch medications
- Anti-parasitic treatments (lice, worms)
- Bandages (adhesive)
- First Aid Dressings
- First Aid Kit & Supplies
- First Aid Liquids (Rubbing Isopropyl Alcohol, Peroxide)
- First Aid Treatments

Foot Care

- Foot Treatments
- Wart Removal Treatments

Health Supports

- Abdominal Supports/Binders
- Elastic Bandages
- Hot/Cold Therapy (Heating Pads)
- Orthopedic & Surgical Supports & Braces

Home Health Care

- Diagnostic Products (ex: thermometer, blood pressure cuff)
- Wound Care—Specialized Dressings

Oral Care

- Denture Care products
- Interdental, Gum Care (Floss)
- Oral Remedies (Pain Relief, Mouth Sores) (excludes mouthwash)
- Toothbrushes & Toothpaste

Pain Relief

- Pain Relief (Adult)
- External Pain Relief

Skin Care

- Acne Medication
- Anti-fungal medications
- Moisturizers, Barriers & Protectants

Smoking Deterrents

- Nicotine Patch, Gum, etc.

Sun Care

- Sun Protection (SPF 15+)(Adult)



Non-Covered Items (examples):

- Baby medicines
- Chapstick/Lip Balm
- Cosmetic products
- Dehydration drinks
- Dry skin moisturizers
- Deodorants
- Feminine products
- Food products

- Grooming devices/products
- Hair color/products
- Herbal supplements
- Mouthwash
- Perfumes
- Shampoo/Conditioner
- Teeth whitening strips/treatment



Tufts 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. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, 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 Tufts Health Plan at 1-855-670-5934 (TTY: 711).

If you believe that Tufts 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:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.

705 Mount Auburn St. Watertown, MA 02472

Phone: 1-888-880-8699 ext. 48000, (TTY number—711 or 1-800-439-2370. Español: 866-930-9252)

Fax: 617-972-9048

Email: OCRCoordinator@tufts-health.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

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 <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, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

thpmp.org/sco | 1-855-670-5934

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-670-5934 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-670-5934 (رقم هاتف الصم والبكم: 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 1-855-670-5934 (TTY 711)。

Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 1-855-670-5934 (TTY: 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-670-5934 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-670-5934 (TTY: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-670-5934 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-670-5934 (TTY: 711).

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-670-5934 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-670-5934 (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。1-855-670-5934 (TTY: 711) まで、お電話にてご連絡ください。

Khmer (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-670-5934 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-670-5934 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-670-5934 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílt'igo Diné Bizaad, saad bee áká'ánída'áwoḍęę, t'áá jiikeh, éí ná hóló, koji' hódílnih 1-855-670-5934 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-670-5934 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-670-5934 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-670-5934 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-670-5934 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-670-5934 (TTY: 711).