

This form allows Tufts Health Plan Senior Care Options plan members to request reimbursement for the quarterly \$88 Instant Savings card allowance and/or the quarterly \$70 DailyCare+ card allowance. These allowances are replenished once per calendar quarter. The \$88 Instant Savings card quarterly allowance may be used to purchase Medicare-approved over-the-counter (OTC) items.<sup>1</sup> The \$70 DailyCare+ card quarterly allowance may be used to purchase Medicaid-approved health, personal hygiene, and grocery. Approved reimbursement amounts will be deducted from the balance of the DailyCare+ card and/or Instant Savings card for the calendar quarter in which items were purchased.

**For a complete list of covered items,** see the OTC Savings Guide at [www.thmp.org/otc](http://www.thmp.org/otc).

If you have any questions about your Instant Savings or DailyCare+ card or the OTC program, 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 Tufts Health Plan *Appointment of Personal 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.thmp.org/sco-aor-form](http://www.thmp.org/sco-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

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## Reimbursement Information

Items you are requesting reimbursement for

Requested reimbursement amount

\$ 

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

## Signature

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

Signature

Date

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# Instructions

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**Please include a dated, itemized receipt from a qualifying retailer as proof of payment.** Circle the items on the receipt for which you are requesting reimbursement. Participating retailers: CVS Pharmacy, Dollar General, Family Dollar, Rite Aid, Shaws, Star Market, Stop & Shop, Walgreens, and Walmart.



**Please mail this completed form to:**

**Tufts Health Plan Senior Care Options**

Attn: Member Reimbursement

P.O. Box 214

Canton, MA 02021-0214

**For more information:**

Call Member Services at

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

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<sup>1</sup>Under certain circumstances, items may be covered under your Part B or Part D benefit. Please see your OTC Savings Guide for more information.

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. The SCO is available to anyone who has MassHealth Standard only. 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, sex, sexual orientation, or gender identity. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 711). H8330\_2022\_72\_C