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2023 Instant Savings Card/DailyCare+ Card Reimbursement Form

This form allows Tufts Health Plan Senior Care Options plan members to request reimbursement for the quarterly \$128 Instant Savings card allowance and/or the quarterly \$150 DailyCare+ card allowance. These allowances are replenished once per calendar quarter. The \$128 Instant Savings card quarterly allowance may be used to purchase Medicare-approved over-the-counter (OTC) items.¹ The \$150 DailyCare+ card quarterly allowance may be used to purchase Medicaid-approved health, personal hygiene, and grocery items. 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.thpmp.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 *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.

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 you are requesting reimbursement. Participating retailers: CVS Pharmacy, Dollar General, Family Dollar, Rite Aid, Shaw's, 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 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).

¹Under 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_2023_68_C