

This form allows Tufts Health Plan Senior Care Options plan members to request reimbursement for the quarterly \$112 Instant Savings card allowance and/or the quarterly \$25 DailyCare+ card allowance. These allowances are replenished once per calendar quarter. The \$112 Instant Savings card quarterly allowance may be used to purchase Medicare-approved over-the-counter (OTC) items.¹ The \$25 DailyCare+ card quarterly allowance may be used to purchase Medicaid-approved over-the-counter 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.thmp.org/sco-otc-guide.

If you have any questions about your Instant Savings or DailyCare+ card or the OTC program, please call Customer Relations 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 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 a Personal Representative before the request can be processed. You can find the AOR Form on our website at 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 _____

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, Walgreens, Walmart, Dollar General, Family Dollar, and Rite Aid.



Please mail this completed form to:

Tufts Health Plan Senior Care Options

Attn: Senior Products—Product Office

705 Mount Auburn Street

Watertown, MA 02472-1508

For more information:

Call Customer Relations 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 Evidence of Coverage (EOC) 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). H2256_S_2021_48_C