

This form allows Tufts Health Plan Senior Care Options plan members to request reimbursement for the quarterly \$105 Instant Savings card allowance and/or the quarterly \$25 DailyCare+ card allowance. These allowances are replenished once per calendar quarter. The \$105 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.thpmp.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)**.²

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.thpmp.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.**

I attest that this information is accurate and complete.

Date Signature

_____	_____
_____	_____

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 note: Rite Aid does not take the DailyCare+ card at this time).



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