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Driving Total Population Engagement

Controlling your medical costs is serious business — and we’re working to help you do that. Tufts Health Plan Momentum’s comprehensive suite of integrated health management solutions demonstrates a higher value for you and your employees by helping drive meaningful behavior change, improve productivity, and reduce health care costs. We aim to achieve positive outcomes through collaboration with providers, coordination of care across the continuum, and engaging our members in health and wellness programs at their own pace.

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New Pharmacy Benefit Package Options for Large Groups

Tufts Health Plan now offers new pharmacy benefit options to large groups. These new pharmacy benefit package options include one or more of the following, depending on which package you select:

- **Specialty Pharmacy 4th Tier** This option adds a Tier-4 copayment applicable to medications included in the Specialty Pharmacy program (applicable in Massachusetts) and to certain specialty drugs in the Rhode Island formulary.

- **Value-Based Pharmacy Program** This component eliminates or reduces member cost sharing for certain medications related to the treatment of target conditions including diabetes, asthma, chronic obstructive pulmonary disease, coronary artery disease, depression, and heart failure.

- **Pharmacy Copayment, Deductible, and Coinsurance Capabilities** You can choose the pharmacy package that meets your needs based on the varying copayment, deductible, and coinsurance amounts. In addition, there are minimum and maximum values that determine what a member pays out of pocket. For example, an option with 50% coinsurance, a $30 copayment minimum, and a $50 copayment maximum means that:
  - If a drug has a retail cost of $15, the member cost would be $15 because that is less than the minimum copayment value and the member never pays more than the cost of the drug.
  - If a drug has a retail cost of $40, the member cost would be $30, because the minimum copayment would apply.

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**DailyEndorphin—Any Employer Can Easily Start a Wellness Program**

Tufts Health Plan has partnered with DailyEndorphin* to help employers of all sizes and industries promote healthy behaviors at your workplace. Employee health and wellness challenges are a simple, fun, and no-cost way to get your employees moving and track their progress.

**Motivate Healthy Habits**

Imagine a group of co-workers divided into small teams that compete based on a common exercise or wellness parameter (e.g., steps walked) for a reward. Now imagine all sorts of friendly bantering as teams leapfrog each other in the standings while participants work even harder so they don’t let their teammates down. That’s DailyEndorphin.

DailyEndorphin makes it easy to start and run online exercise and wellness challenges. Within minutes you can set up a group and create a challenge. You choose the event type. Studies have shown:

1. It takes just 30 minutes of consistent physical activity four or five days per week to start seeing enormous health gains, and
2. Peer support in team-based settings is the catalyst most people need to get started and stay motivated.

**Fitness & Wellness Challenges**

Easily create a custom challenge to start at a desired date, lasting up to eight weeks, based on a team- or individual-based competition or goal.

Types of challenges include:

- Exercise
- Nutrition
- Weight management
- Wellness

Features and benefits of starting your own challenges:

- Intuitive interface
- Create a league
- Customizable (within the parameters of the tool)
- Track incentives
- Set goals
- Weekly reports
- Supportive, interactive, fun, and motivating

For more information, go to dailyendorphin.com/tuftshealthplan or call your account manager.

*DailyEndorphin available for a limited time

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**Empower and Motivate Employees with Fitbit® Activity Trackers**

Fitbit® takes pedometers to a whole new level by wirelessly and automatically syncing physical activity to a smartphone or computer. Employees can track steps taken, distance traveled, calories burned, stairs climbed, and other activities throughout the day; Tufts Health Plan members can also sync their Fitbit® to their personal mytuftshealthplan.com account to track their progress and goals.

Now Tufts Health Plan offers discounts to employers who purchase Fitbit® devices to empower and motivate employees to meet their wellness goals. Talk to your account manager for more information.
We recognize that employers may be overwhelmed by the importance of wellness, and we want to remind you about the benefits your employees and their covered dependents automatically receive:

- **Staying Healthy. Inspiring Wellness**: Healthy lifestyle management programs help members prioritize health and well-being for themselves and their families at their own pace.
- **Healthy Outcomes**: Outreach, nurse care managers, and one-on-one health coaching programs encourage and empower members to reach optimal well-being and increase self-reliance.
- **Right Care. Right Time**: Centralized, technologically advanced medical management helps drive member engagement in programs aimed at reducing lifestyle-related risks. We keep an eye on your employees’ health through claims analysis, gaps-in-care alerts, Nurse24, and reporting analysis.
- **Momentum+ Worksire Wellness**: Our dedicated, certified wellness consultants design health and wellness programs that motivate your employees to take an active role in improving their health. Accelerating employee engagement in health and wellness at the workplace helps employees make and keep to healthy lifestyle changes. With Tufts Health Plan Momentum+, you can energize your workforce and reward employee engagement in wellness activities. Over time, small steps toward lifelong healthy behaviors can improve productivity, decrease absenteeism, and strengthen your bottom line. Our best-practice wellness solutions are easy to implement and fit the needs of your company. Contact your account manager for more information.

We’ve launched a new Online Health and Wellness Resource Center especially for you, our client, to help you support a culture of health.

At tuftshealthplan.com/momentum, you’ll find valuable information, resources, and tools to help your employees recognize that everyday moments matter in making positive, healthy life changes.

**Worksite Wellness Toolkit**

Provides do-it-yourself kits, worksheets, templates, and innovative ideas to help you get started or expand and refresh your existing worksite wellness program.

- Seven-step worksite wellness development workbook
- Worksite Wellness Made Simple on-demand webinar series
- Resources to help determine eligibility for the Massachusetts Wellness Tax Credit for small businesses
- Do-it-yourself wellness kits
- Worksite walking program

**Momentum Communication Resource Center**

Includes a library of ready-made materials you can use to encourage healthy behaviors, increase demand for preventive health care, and drive enrollment in Tufts Health Plan’s health and care management programs.

- Preventive care benefits
- Health coaching
- Condition management programs
- Care management programs
- Nurse24 multilingual help line
- Healthy eating and weight control
- Exercise and fitness
- Managing stress and heart health
- Cancer prevention
- Tobacco cessation

We’ll be adding new health and wellness topics to the resource center every month, so make sure to visit tuftshealthplan.com/momentum to get the newest materials to help keep your employees educated, happy, and healthy! And if you have ideas for health topics you’d like to see in our resource center, please let your account manager know.

Visit tuftshealthplan.com/momentum today, or call your account manager to get started.
2015 Maximum Out-of-Pocket (MOOP) Requirements for Massachusetts and Rhode Island

Large Group and Self-Funded Groups

For 2015, all Tufts Health Plan’s High Deductible Saver Plans and non-High Deductible Health Plans must meet the MOOP requirement for all large group employers including fully insured and self-funded. The ACA requirement set by the IRS states the MOOP for HDHPs cannot be greater than $6,450/$12,900 and for non-HDHPs cannot be greater than $6,600/$13,200.

We currently anticipate that the group safe harbor will not be extended in 2015 and the MOOP limit will include member cost share for pharmacy and other benefits administered by different vendors or carriers. If there is a separate out-of-pocket limit on such services, the total of all out-of-pocket expenses for covered in-network services for any given plan combined cannot exceed the applicable MOOP limit set by the ACA.

Beginning 1/1/15, our standard benefit for large group renewals will be to cross-accumulate member cost sharing of medical and pharmacy expenses toward the MOOP. Upon employer request, we will have the ability to separate medical and pharmacy out-of-pocket expenses that together do not exceed the maximum limit.

We plan to have this capability for employers for which CVS Caremark administers the pharmacy benefit. For groups that carve out pharmacy services to a vendor other than Caremark, we are moving forward with establishing separate out-of-pocket maximums for medical and pharmacy that in total do not exceed the individual and family limits described above as we review our ability to cross-accumulate for other carve-out PBMs.

Massachusetts and Rhode Island Small Group and Massachusetts Non-Group

There are no changes to how Tufts Health Plan will implement the MOOP requirement for small group plans.

All deductibles, coinsurance, and copays for in-network services will continue to accrue to the out-of-pocket maximum. Tufts Health Plan will have separate out-of-pocket maximums for medical, pharmacy, and pediatric dental services when pediatric dental is included in the medical plan, which in total cannot exceed the limit of $6,600 for individual and $13,200 for family.
Preventive Medications

Under the Affordable Care Act, the preventive medications below may be covered at no cost (copay, coinsurance, or deductible) for Tufts Health Plan members, depending on their plan benefits:

- The covered preventive medications must be prescribed by a licensed provider and filled at a network pharmacy. Please see Special Coverage Considerations for coverage limitations such as age and gender rules.
- Note: A prescription is required for all listed medications, including over-the-counter (OTC) medications and contraceptives.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Applies to</th>
<th>Special Coverage Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin ≤ 325 mg</td>
<td>OTC Generic Only</td>
<td>Covered in full for members age 45 years and older</td>
</tr>
<tr>
<td>Fluoride drops and tablets</td>
<td>Rx Brands and Generics</td>
<td>Covered in full for preschool children age 6 months through age 6</td>
</tr>
<tr>
<td>Folic acid 0.4 mg, 0.8 mg, 1 mg</td>
<td>OTC and Rx Generic Only</td>
<td>Covered in full for women of childbearing age (12-52 years)</td>
</tr>
<tr>
<td>Iron liquid supplements</td>
<td>OTC Brands and Generics</td>
<td>Covered in full for children up to 12 months of age</td>
</tr>
<tr>
<td>Preventive medications for the risk reduction of primary breast cancer in women: Evista, Soltamox, tamoxifen</td>
<td>Rx Brands and Generics</td>
<td>Covered in full for women</td>
</tr>
<tr>
<td>Vitamin D 400 unit capsules, drops, and tablets; 400 unit/mL oral liquid; 1,000 unit/10 mL oral liquid; 1,200 unit/15 mL oral liquid</td>
<td>OTC Brands and Generics</td>
<td>Covered in full for members age 65 years and older</td>
</tr>
</tbody>
</table>

Age 26 Dependent Coverage Extension

Effective Jan. 1, 2015, any covered dependent on an active plan who is turning 26 will remain covered until the last day of the month in which he or she attains age 26, regardless of the plan’s renewal date. This change is a result of a provision in the Shared Responsibility for Employers Final Rule released in February 2014 stipulating that a child is a dependent for the entire calendar month during which he or she attains age 26. Currently, Tufts Health Plan extends benefits only until the child’s 26th birthday. While there is no requirement for insurers to continue coverage for the entire month, failure to do so may result in employer noncompliance. If you have any questions or concerns, please contact your account manager.

Due to the ACA’s Guaranteed Issue regulation and prohibition on pre-existing conditions, there is no longer a need for Certificates of Credible Coverage. We will provide Certificates of Credible Coverage until Dec. 31, 2014, when such certificates will no longer be required.
Employer Shared Responsibility Provision

On Feb. 10, 2014, final regulations were issued on the Employer Shared Responsibility provision under the Affordable Care Act (ACA). The mandate was originally effective for 2014; however, it was delayed by one year. Below is a summary of highlights of new regulations.

- **Employers with fewer than 50 FTE employees** are not required to provide coverage or fill out any forms in 2015, or in any year, under ACA.

- **Employers with 50 to 99 FTE employees** that do not yet provide quality, affordable health insurance to their full-time workers will report on their workers and coverage in 2015, but have until 2016 to comply. To be eligible for this relief during the period beginning on Feb. 9, 2014, and ending on Dec. 31, 2014:
  - Employer may not reduce the size of its workforce or the overall hours of service of its employees in order to qualify for the transition relief.
  - An employer that reduces workforce size or overall hours of service for bona fide business reasons is still eligible for the relief, during the period beginning on Feb. 9, 2014, and ending on Dec. 31, 2015 (or, for employers with non-calendar-year plans, ending on the last day of the 2015 plan year).
  - Employer does not eliminate or materially reduce the health coverage, if any, it offered as of Feb. 9, 2014.

- **Employers with 100 or more FTE employees** will be subject to a phased-in approach. To avoid a potential penalty for failing to offer health coverage, employers need to offer coverage to at least 70 percent of their full-time employees in 2015 and 95 percent in 2016 and beyond. This approach should help employers that, for example, currently offer coverage to employees with 35 or more hours, but not yet to those employees who work 30 to 34 hours.

Employers are subject to a tax penalty if the employer does not offer coverage to full-time employees (and their dependents), or if benefits offered are not affordable or do not provide minimum value, and any full-time employee receives a premium tax credit or cost-sharing reduction to purchase coverage through an exchange.

- Benefits offered must be at least a 60% actuarial value (AV) plan.
- Employee’s required contribution for individual coverage must be affordable based on three affordability safe harbors. Employee’s premium share:
  - does not exceed 9.5% of the amount of income reported in Box 1 of Form W-2
  - does not exceed 9.5% of the employee’s monthly salary or 130 times the lowest hourly rate paid the employee during the month
  - does not exceed 9.5% of the federal poverty level for a single individual

There are clarifications on types and occupations that may or may not be considered full time.

- Volunteers for a government or tax-exempt entity, such as volunteer firefighters and emergency responders, will not be considered full time.

- Educational employees such as teachers will not be treated as part time because their school is closed during the summer.

- Seasonal employees for whom annual employment is six months or less generally will not be considered full time. An employer is not considered to employ more than 50 full-time employees if:
  - The employer’s workforce exceeds 50 full-time employees for 120 days or fewer during the calendar year, and
  - The employees in excess of 50 employed during the 120-day period are seasonal workers.

- Student work-study programs under federal or state-sponsored work-study programs will not be counted in determining whether employees are full-time.

- Employers of adjunct faculty are to use a method of crediting hours of service consistent with the provision; however, the final regulations allow crediting with 2.25 hours of service per week for each hour of teaching or classroom time.
2014 transition rules under the proposed regulations extended to 2015 under the final regulations

- The final rules retain safe harbors for employers with non-calendar year plans. For example, employers with plans that begin after Jan. 1, 2015, must comply with the provisions as of the first date of the plan year that begins in 2015.

- For the 2015 calendar year, employers may determine their status as a large employer by using any consecutive six-month period during the 2014 calendar year. Beginning in 2016 for the 2015 calendar year, an employer must determine its status based on averaging the total of full-time-equivalent employees for each of the 12 months in the preceding calendar year.

- Employers will not be required to offer dependent coverage to their full-time employees’ dependents until 2016. (Employers are not required to offer spousal coverage or coverage to foster children and stepchildren.)

- Employers may use a monthly measurement method to determine large employer status.

- A full-time employee is one who works an average of 30 hours per week in a calendar month.

- Number of full-time equivalent employees in any given month is determined by calculating the aggregate number of hours of service for part-time employees and dividing that number by 120.

Quick Links:


New Pharmacy Benefit Package Options for Large Groups continued from page 1

- If a drug has a retail cost of $80, the member cost would be $40, which equals 50% coinsurance and falls between the minimum and maximum value.

- If a drug has a retail cost of $200, the member cost would be $50. The 50% coinsurance would be $100; however, because the maximum copayment value is lower than the 50% coinsurance, the member pays the maximum copayment value.

Mail-Order Copayment Variability The package options offer varying copayments by tier for the pharmacy mail-order service (for a 90-day supply of medication) through CVS Caremark. The copayments are determined by multiplying the retail 30-day copayment. For example, Tier 1 and Tier 2 medications could be two times the retail copayment and Tier 3 medications could be three times the retail copayment.

Additional Capabilities for Self-Funded Clients—Please note that these capabilities require additional lead time.

- Mandatory use of CVS pharmacies or the CVS Caremark mail-order service for fills and refills of maintenance medications—those taken on an ongoing basis to treat specific conditions.

- Limited Pharmacy Network—Members must fill and refill prescriptions within a smaller network of pharmacies.

Contact your account manager for more information.
What is medical loss ratio (MLR)?

Both Massachusetts and federal law (Affordable Care Act) require that health insurance companies spend a minimum percentage of premium dollars on medical claims, including clinical services and activities designed to improve health care quality. The MLR standard applies to health insurance plans offering group or individual coverage. It does not apply to self-insured plans.

What defines the small and large group markets?

For 2013, the federal MLR measure for small group is one to 50 total employees. Large group is 51 or more total employees. For the Massachusetts measure, the state applies its standard small group guidelines to determine group size (less than 50 benefit-eligible employees).

What was the required medical loss ratio for 2013?

- Individual and Small Group Market – 90% (in Massachusetts), 80% (in Rhode Island or under federal standard)
- Large Group Market – 85% (federal)

How does MLR impact my company?

If your company had coverage in a market segment where Tufts Health Plan did not meet the MLR requirement, then Tufts Health Plan will issue premium credits (rebate) or rebate checks depending on your active status. You’ll be responsible for handling and/or distributing the money to your eligible employees.

When will the rebates go out?

Combined Massachusetts and federal MLR rebates and notification letters were sent to employer groups, postmarked by June 30, 2014.

How do I distribute rebates to employees?

If your group health plan is subject to the federal Employee Retirement Income Security Act of 1974 (ERISA), you may have fiduciary responsibilities regarding use of the medical loss ratio rebates. Some of or the entire rebate may be an asset of the plan, which must be used for the benefit of the employees covered by the policy. For general information about your responsibilities regarding the rebate, you may contact the Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272), reference the FAQ at http://www.dol.gov/ebsa/faqs/faq-MLRrebate-consumer.html or review the Department’s technical guidance at http://www.dol.gov/ebsa/newsroom/tr11-04.html

It will be the employer’s responsibility to distribute the rebate to their employees according to the Department of Labor rebate regulations.

Can I get a check instead of a premium credit?

No. Your rebate is accounted for in your lower premium amount billed, which means you already have the rebate in hand.

Receiving a rebate of such a small dollar amount is an administrative burden for me. Can you just not issue the rebate next time?

Tufts Health Plan must comply with the MLR regulations as part of health care reform. This means issuing rebates that meet the criteria, regardless of the amount.

Are employers’ rebates to members taxable, and what are the tax implications for members of HSA-qualified plans?

Rebates may have a tax impact both on plans receiving rebates and on consumers. Please consult your tax advisor for information on how a rebate will impact you.

Are employers who are not receiving a rebate getting notified?

No, only employers who will be receiving an MLR rebate for 2013 will be notified.
Are subscribers whose employers are receiving a rebate being notified?

Yes. The notice was sent to enrolled subscribers whose employers are receiving a state rebate will be postmarked no later than June 30, 2014. The notice we send to enrolled subscribers whose employers are receiving a federal rebate will be postmarked no later than Aug. 1, 2014.

What is considered an activity that improves health care quality?

Activities that improve health care quality, increase the likelihood of desired health outcomes, and are grounded in evidence-based medicine are to be included in medical costs for the medical loss ratio calculation.

Quality improvement programs are designed to achieve the following goals:

- Improve health outcomes, including an increased likelihood of desired outcomes compared to a baseline and reduced health disparities among specified populations
- Prevent hospital readmissions
- Improve patient safety, reduce medical errors, lower infection and mortality rates
- Increase wellness and promote health activities
- Enhance the use of health care data to improve quality, transparency, and outcomes.

Examples of quality improvement activities include the following case and disease management and care coordination services:

- Arranging and managing transitions
- Medication and care compliance
- Programs to support shared decision-making with patients, their families, and the patient’s representatives
- Use of medical homes (as defined in the Affordable Care Act)
- NurseLine (with some exceptions)

- Comprehensive discharge planning
- Prospective medical and drug utilization review
- Certain wellness and health promotion activities (e.g., coaching and incentives)
- Fraud and abuse programs (the lesser of expenses and recoveries)
- Certain limited health technology (HIT) expenses.

Quality improvement activities must be designed to improve the quality of care received by an enrollee and be able to be objectively measured for producing verifiable results and achievements.

What activities are not considered quality improvement activities in the MLR calculation?

Activities designed primarily to control or contain costs are not to be reported as quality improvement. When calculating medical costs, the following items are not considered part of medical costs and thus are administrative costs:

- Cost containment expenses that do not otherwise meet quality improvement criteria set forth above, which may include:
  - Retrospective and concurrent utilization review
  - Most fraud prevention activities (beyond those that recover incurred claims)
  - Provider network contracting and management costs
  - Provider credentialing
  - Costs associated with calculating and administering enrollee/employee incentives.
- Clinical data collection without data analysis
- Claims adjudication expenses
- Marketing expenses
- Broker commissions.
New Executive Director for the Tufts Health Plan Foundation

The Tufts Health Plan Foundation has announced a new executive director, Nora Moreno Cargie. Nora will also serve as vice president of corporate citizenship for Tufts Health Plan.

As executive director of the foundation, Ms. Cargie will lead all activities to further the foundation’s position as a leader in education, coalition building, and policy work to advance healthy aging in Massachusetts and Rhode Island. She will coordinate the foundation’s grant making with community engagement strategies, including corporate sponsorships and employee volunteerism. In the newly created vice president role, Ms. Cargie will lead the strategy and implementation of Tufts Health Plan’s corporate citizenship efforts.

Most recently, Ms. Cargie served as the director of global corporate citizenship for The Boeing Company, where she led corporate citizenship efforts at Boeing’s Chicago office using philanthropy, volunteerism, and other strategies to address community issues and concerns.

“Nora’s career is rich in convening and leading collaborations among diverse stakeholders, with extensive experience in public policy, community advocacy, community relations, and philanthropy,” said James Roosevelt Jr., chief executive officer of Tufts Health Plan and president of Tufts Health Plan Foundation. “She brings a track record of success, an intense focus on corporate citizenship, and strong leadership and collaborative skills that will contribute greatly to Tufts Health Plan’s leadership team and our community initiatives. She’s a natural fit for helping advance the important work of the foundation in healthy aging.”

Tufts Health Plan’s 6th Annual Corporate Volunteer Day

Tufts Health Plan’s mission is to improve the health and wellness of the diverse communities we serve. One of the ways we do this is by keeping public service and volunteerism vital parts of the Tufts Health Plan corporate culture. To support our mission, employees are allocated eight hours of paid time off each year to give back to the communities in which they live and work – whether it is at their child’s school, a local food pantry, or during Tufts Health Plan’s annual Corporate Volunteer Day.

This year, more than 130 Tufts Health Plan employees participated in our sixth annual Corporate Volunteer Day. In lieu of their normal workday activities, employees cleaned and beautified six Watertown landmarks including:

- Clearing debris and planting spring and summer perennials at the Old Burying Place and Commander’s Mansion in Watertown
- Painting the railing on Watertown’s Main Street Bridge, the exteriors of storage and utility buildings at Arsenal Park, a retaining wall at Filippello Park, and the side of a building in Watertown Square in preparation for a mural project
- Inspecting and sorting donations, stocking shelves, and compiling packages for Brighton-based Cradles to Crayons
Team Lean Challenge

Tufts Health Plan’s Seventh Annual Team Lean Challenge was a huge success, and the finale was a celebration of the hard work and dedication to healthy living by Tufts Health Plan employees.

As one of Tufts Health Plan’s most popular wellness programs, the Team Lean Challenge is a 12-week program that encourages healthy weight loss, teamwork, and friendly competition. Participants signed up in pairs of two and each created a fun team name – progress was tracked each week on a centrally located board in the atrium of the Watertown office.

This year, 295 employees participated on 149 teams. The top three males, top three females, and top three teams that achieved the most weight loss by the end of the challenge won cash prizes, and every participant who lost 4% or more of his or her body weight was entered into a drawing to win one of three iPad® minis.

Even our CEO, Jim Roosevelt, joined in on the friendly competition and walked the walk as a member of the Ahead of the Curve team this year. Jim announced that he and teammate Umesh Kurpad, chief financial officer, had lost 27 pounds, coming in as team No. 21. Building on this year’s resounding success, Jim summed up the whole point of the Team Lean Challenge. “While this is the end of the contest, it doesn’t mean the end of the challenge to maintain a healthy diet and make exercise a part of your life.”

Team Lean Challenge 2014 by the Numbers

- Total weight loss: 1,564 pounds, a 63% increase from 2013
- Average loss per team: 11.17 pounds
- Average loss per person: 5.5 pounds
- Total calories burned: 5,476,450
- Average body mass index: 0.88 point, from 31.29 to 30.41
- Total lost in seven years: 8,950 pounds

Join us on Disney’s Magic of Healthy Living Tour

Once again, Tufts Health Plan has partnered with Radio Disney AM 1260 for Disney’s Magic of Healthy Living tour, an interactive road show designed to encourage children and their families to lead healthier lives.

The Radio Disney Road Crew and Tufts Health Plan team members will be on-site at each event with interactive entertainment, prizes focused on being healthy and staying active, and the hottest music from today’s biggest artists. Attendees will also be able to take the Tufts Health Plan Start Strong Pledge and share on social media using hashtag startstrongpledge about how they plan to lead a healthy lifestyle. All pledge participants who upload their photo to any social media platform using startstrongpledge will be entered into a raffle to win a $200 Visa® gift card!* In addition, children will be able to put their handprints and names on a wall mural that will be displayed on the Boston Common during the Tufts Health Plan 10K for Women on Oct. 13, 2014.

Join us and take the Tufts Health Plan Start Strong Pledge at one of our upcoming events:

- **Haunted Triathlon**
  Saturday, Aug. 9, 10 a.m.-Noon
  Dead Horse Beach, Salem, Mass.
- **PawSox Fan Fest**
  Sunday, Aug. 17, 3-6 p.m.
  McCoy Stadium, Pawtucket, R.I.
- **Cambridge Carnival**
  Sunday, Sept. 7, Noon-2 p.m.
  Kendall Square, Cambridge, Mass.
- **Tufts Health Plan 10K for Women**
  Monday, Oct. 13, 9-11 a.m.

* Terms and conditions apply. See official rules for details.