

Earn rewards for healthy behaviors

If you and your family are Tufts Health Direct members, you can earn these rewards for getting services that help you stay healthy.

After you complete a healthy behavior, follow these steps to request your reward:

1. Make sure you are a Tufts Health Direct member when you receive services.
2. Fill out the Member Information section of the form on the next page.
 - If you are filling out the form for a child, use the child's name and Tufts Health Plan Member ID #.
 - Fill out one form for each member.
3. Ask your primary care provider (PCP) or specialist to fill out the Provider Information section, check the service you received, fill in the date and sign the form.
4. Mail or fax us the completed form.

EXTRAS may change. Please visit tuftshealthplan.com/directextras for the most up-to-date EXTRAS and eligibility information.

Healthy Behavior	Eligible Members	Reward
Yearly checkup Members can get one fitness band during their membership. They can earn a \$25 supermarket gift card for having a yearly checkup all other years.	Members	Fitness band OR \$25 supermarket gift card
Diabetes screenings Complete 5 routine diabetes screenings in 1 calendar year: 1 eye exam, 2 blood sugar (HbA1c) tests, 1 protein test and 1 cholesterol (LDL) test	Those with diabetes	\$25 supermarket gift card



Today's date ___/___/___

Member Information

Name _____
Tufts Member ID # _____
Address _____
City _____ State _____
ZIP _____
Phone _____ - _____ - _____ Email _____

PCP/Specialist (To be filled out by provider)

Name _____
Provider ID # (if applicable) _____
Address _____
City _____ State _____
ZIP _____
Phone _____ - _____ - _____ Email _____

PCP/Specialist to fill out and sign where noted below.

Healthy Service Received	Date of Service
<input type="checkbox"/> Yearly checkup <input type="checkbox"/> Fitness band (<i>can only request one per membership</i>) <input type="checkbox"/> \$25 supermarket gift card	___/___/___
<input type="checkbox"/> Diabetes screenings	___/___/___

PCP/Specialist: _____ Date ___/___/___

Print Name _____

Members, please mail this form to:

Tufts Health Plan
Attn: Claims Department
P.O. Box 9194
Watertown, MA 02471-9194
Or fax to: 857.304.6300

Questions? Call us at 888.257.1985
Monday – Friday 8 a.m. – 5p.m.