

### Earn rewards for healthy behaviors

If you and your family have been Tufts Health RITogether members for 3 months, you can earn 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 RITogether 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 (1) form for each member.
3. Check the service you received and fill in the date.
4. Mail or fax us the completed form.

We will begin processing your request when we receive the completed form. You should get your reward 6-8 weeks later.

Healthy Behavior	Eligible Members	Reward
<b>Child immunizations and screenings</b> Get these immunizations by his/her second birthday: • 4 DTaP • 3 IPV • 1 Hep A • 3 Hep B • 4 Hib • 2 influenza • 1 varicella • blood lead screening • 3 Rota • 1 MMR • 4 PCV	Child, age 2 or younger	\$25 Shaw's supermarket gift card
<b>Yearly checkup — child:</b> Have a yearly checkup	Child, ages 3-9	\$25 Shaw's supermarket gift card
<b>Yearly checkup — teen:</b> Have a yearly checkup	Teen, ages 10-17	\$10 Target store gift card
<b>Yearly checkup — adult</b> Have a yearly checkup	Adult, age 18 and older	\$25 Shaw's supermarket gift card
<b>WIC visits</b> Visit WIC twice during pregnancy	New mothers	\$25 Shaw's supermarket gift card
<b>Postpartum visit</b> Visit provider between 21 and 56 days after delivery	New mothers	\$25 Shaw's supermarket gift card
<b>Asthma action plan</b> Complete an asthma action plan	Those with asthma	\$25 Shaw's supermarket gift card
<b>Diabetes screenings</b> 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 Shaw's supermarket gift card

*EXTRAS may change. Please see our website at [tuftshealthplan.com/RITogetherExtras](http://tuftshealthplan.com/RITogetherExtras) for the most up-to-date EXTRAS and eligibility information.*

Today's date \_\_\_/\_\_\_/\_\_\_

**Member Information (to be filled out by member, parent or guardian)**

Name \_\_\_\_\_

Tufts Health Plan Member ID # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Healthy Service Received	Date of Service
<input type="checkbox"/> Immunizations and screenings – child, age 0-2 years old	___/___/___
<input type="checkbox"/> Yearly checkup – child, age 3-9 years old	___/___/___
<input type="checkbox"/> Yearly checkup – teen, age 10-17 years old	___/___/___
<input type="checkbox"/> Yearly checkup – adult, age 18 and older	___/___/___
<input type="checkbox"/> WIC visits – two (2) during pregnancy	___/___/___ & ___/___/___
<input type="checkbox"/> Postpartum visit	___/___/___
<input type="checkbox"/> Asthma action plan	___/___/___
<input type="checkbox"/> Diabetes screenings	___/___/___

**Members, please mail this page to:**

Tufts Health Plan

Attn: Claims Department

P.O. Box 524

Canton, MA 02021

**Or fax to: 857-304-6300**

**Questions? Call us at 866-738-4116**

**Monday–Friday, 8 a.m.–6 p.m.**