

Earn rewards for healthy behaviors

If you and your family have been *Tufts Health RITogether* members for 90 days, 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. Ask your primary care provider (PCP), specialist or WIC staff member 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 see our website at tuftshealthplan.com/RITogetherExtras for the most up-to-date EXTRAS and eligibility information.

Healthy Behavior	Eligible Members	Reward
Child immunizations and screenings 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 supermarket gift card
Yearly checkup – child: Have a yearly checkup	Child, ages 3-9	\$25 supermarket gift card
Yearly checkup – teen: Have a yearly checkup	Teen, ages 10-17	\$10 iTunes or department store gift card
Yearly checkup – adult Adults 18 and older can get one fitness band during their membership. They can earn a \$25 supermarket gift card for having a yearly checkup all other years.	Adult, age 18 and older	Fitness band OR \$25 supermarket gift card
WIC visits Visit WIC twice during pregnancy	New mothers	\$25 supermarket gift card
Postpartum visit Visit provider between 21 and 56 days after delivery	New mothers	\$25 supermarket gift card
Asthma action plan Complete an asthma action plan	Those with asthma	\$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

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

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 _____

Provider Information (to be filled out by PCP/Specialist [MD, DO or RN] or WIC Staff Member)

Name _____ Provider ID # (if applicable) _____

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 years old and older <input type="checkbox"/> Fitness band (<i>can only request one [1] per membership</i>) <input type="checkbox"/> \$25 supermarket gift card	___/___/___
<input type="checkbox"/> WIC visits – two (2) during pregnancy	___/___/___ and ___/___/___
<input type="checkbox"/> Postpartum visit	___/___/___
<input type="checkbox"/> Asthma action plan	___/___/___
<input type="checkbox"/> Diabetes screenings	___/___/___

Provider Signature:

_____/_____/_____
 PCP/Specialist (MD, DO or RN)/WIC Staff Member Signature Date

 Print Name

Members, please mail this page to:

Tufts Health Plan
 Attn: Claims Department
 P.O. Box 9194
 Watertown, MA 02471-9194
Or fax it to: 857.304.6400

Questions? Call us at 866.738.4116
Monday–Friday, 8 a.m.–6 p.m.