

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
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 Shaw's supermarket gift card
Yearly checkup — child: Have a yearly checkup	Child, ages 3-9	\$25 Shaw's supermarket gift card
Yearly checkup — teen: Have a yearly checkup	Teen, ages 10-17	\$10 iTunes or Target store gift card
Yearly checkup — adult Have a yearly checkup	Adult, age 18 and older	\$25 Shaw's supermarket gift card
WIC visits Visit WIC twice during pregnancy	New mothers	\$25 Shaw's supermarket gift card
Postpartum visit Visit provider between 21 and 56 days after delivery	New mothers	\$25 Shaw's supermarket gift card
Asthma action plan Complete an asthma action plan	Those with asthma	\$25 Shaw's 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 Shaw's supermarket gift card

EXTRAS may change. Please see our website at 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.