

### Earn rewards for healthy behaviors

If you and your family are *Tufts Health Together* (MassHealth) 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 Together* (MassHealth) member when you receive services.
2. Fill out the Member Information section of the form.
  - 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. Check the service you received and fill in the date.
4. Mail or fax us the completed form below to the address on page 2.

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

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

#### Member Information (to be filled out by member)

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 2 or younger                | ___/___/___                  |
| <input type="checkbox"/> Immunizations and screenings – adolescent, age 13 or younger          | ___/___/___                  |
| <input type="checkbox"/> Yearly checkup – child, age 3–9                                       | ___/___/___                  |
| <input type="checkbox"/> Yearly checkup – teen, age 10–17                                      | ___/___/___                  |
| <input type="checkbox"/> Yearly checkup – adult, age 18+, \$25 supermarket gift card <b>OR</b> | ___/___/___                  |
| <input type="checkbox"/> Yearly checkup – adult, age 18+, fitness band                         | ___/___/___                  |
| <input type="checkbox"/> WIC visits (2) during pregnancy                                       | ___/___/___ &<br>___/___/___ |
| <input type="checkbox"/> Postpartum visit  | ___/___/___                  |
| <input type="checkbox"/> Asthma action plan  | ___/___/___                  |
| <input type="checkbox"/> Diabetes screenings   | ___/___/___                  |

*EXTRAS may change. Please visit [tuftshealthplan.com/TogetherExtras](http://tuftshealthplan.com/TogetherExtras) for the most up-to-date EXTRAS and eligibility information.*

| Healthy Behavior   | Eligible Members         | Reward  |
|--|--------------------------|---|
| <b>Child immunizations and screenings</b><br>Get these immunizations by second birthday: • 4 DTaP • 3 IPV • 1 Hep A<br>• 3 Hep B • 4 Hib • 2 influenza • 1 varicella<br>• blood lead screening • 3 Rota • 1 MMR<br>• 4 PCV | Child, age 2 or younger  | \$25 supermarket gift card                        |
| <b>Adolescent immunizations</b><br>Get all of the following immunizations by 13th birthday: • 1 meningococcal vaccine<br>• 1 TDap • 2-dose or 3-dose schedule of the HPV vaccine   | Child, age 13 or younger | \$10 department store gift card                   |
| <b>Yearly checkup — child:</b> Have a yearly checkup   | Child, ages 3–9          | \$25 supermarket gift card                        |
| <b>Yearly checkup — teen:</b> Have a yearly checkup  | Teen, ages 10–17         | \$10 department store gift card                   |
| <b>Yearly checkup — adult:</b><br>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 <b>OR</b> \$25 supermarket gift card |
| <b>WIC Visits</b><br>Visit WIC twice during pregnancy  | New mothers              | \$25 supermarket gift card                        |
| <b>Postpartum visit</b><br>Visit provider between 21 and 56 days after delivery  | New mothers              | \$25 supermarket gift card                        |
| <b>Asthma action plan</b><br>Complete an asthma action plan  | Those with asthma        | \$25 supermarket gift card                        |
| <b>Diabetes screenings</b><br>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                        |

**Members, please mail page 1 of this form to:**

Tufts Health Plan  
 Attn: Claims Department  
 P.O. Box 524  
 Canton, MA 02021  
**Or fax to: 857-304-6300**

**Questions? Call us at 888-257-1985**  
**Monday–Friday, 8 a.m.–5p.m.**