

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 on page 3.
 - 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), specialist or Women, Infants and Children (WIC) staff member to fill out the Provider Information section on page 3, check the service you received, fill in the date and sign the form.
4. Mail or fax page 3 to:
Tufts Health Plan
Attn: Claims Department
P.O. Box 9194
Watertown, MA 02471-9194
(Fax) 857.304.6300
5. If you have questions, call us at 888.257.1985, Monday through Friday, from 8 a.m. to 5 p.m.

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.

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

| Healthy Behavior | Eligible Members | Reward |
|--|--------------------------|--|
| Child immunizations and screenings Get these immunizations by 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 |
| Adolescent immunizations Get all of the following immunizations by 13th birthday: • 1 meningococcal vaccine • 1 TDap • 2-dose or 3-dose schedule of the HPV vaccine | Child, age 13 or younger | \$10 movie theater 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 movie theater 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 |

Today's date ___/___/___

Member Information (to be filled out by member)

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]/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 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 and older <input type="checkbox"/> Fitness band (<i>can only request one per membership</i>) <input type="checkbox"/> \$25 supermarket gift card | ___/___/___ |
| <input type="checkbox"/> WIC visits (2) during pregnancy | ___/___/___ & ___/___/___ |
| <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