TUFTS Health Plan

Tufts Health RITogether
EXTRAS reward form

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 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
Annual Wellness Visit — child Have an Annual Wellness Visit	Child, ages 3–9	$25 Shaw's supermarket gift card
Annual Wellness Visit — teen Have an Annual Wellness Visit	Teen, ages 10–17	$10 Target store gift card
Annual Wellness Visit — adult Have an Annual Wellness Visit	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 7 and 84 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 visit **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**
☐ Immunizations and screenings – child, age 2 or younger	____ / ____ / ____
☐ Annual Wellness Visit – child, age 3–9	____ / ____ / ____
☐ Annual Wellness Visit – teen, age 10–17	____ / ____ / ____
☐ Annual Wellness Visit – adult, age 18 and older	____ / ____ / ____
☐ WIC visits two (2) during pregnancy	____ / ____ / ____ & ____ / ____ / ____
☐ Postpartum visit	____ / ____ / ____
☐ Asthma action plan	____ / ____ / ____
☐ Diabetes screenings	____ / ____ / ____

Members, please mail 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 866-738-4116
Monday–Friday, 8 a.m.–5 p.m.