

Iowa 2026 Healthy Rewards Member Claim Form

Now it's easier than ever to claim your Molina Healthy Rewards!

Within 90 days* of completing an eligible visit or screening, complete one of the following steps to receive your reward. All Molina Healthcare of Iowa members who meet the conditions and complete any of the Healthy Behaviors (based on recommendations from your provider) listed below **between January 2026 – December 2026** can earn a **\$10 - \$100 reward!** These important health screenings are covered by Molina Healthy Rewards at no cost to you.

Log into the Member Portal from MolinaHealthcare.com/IA, complete the fillable form and submit it electronically.

Call Member Services at (844) 236-0894 (TTY: 711) and let them know you'd like to claim a healthy reward. The agent will ask you which reward, the date and location you received the service, and your reward choice.

You may also send your completed form by:

Mail: Attn: Healthy Rewards and VAB Program
PO Box 93653
Des Moines IA 50393

Fax: (833) 671-3988

Email: Upload this completed form and email it through your member portal to the Molina Fulfillment Team.

*Rewards for Healthy Behaviors completed during 2025 **must** be claimed by March 31, 2026, to be issued.

Member name: _____ **Member ID:** _____

Mailing address:** _____ **Apt/Unit:** _____

City: _____ **State:** _____ **Zip:** _____

Phone** _____ I'd like to receive text messages about my health **Yes** ☐

Email: _____

**Contact Iowa Medicaid Member Services at (855) 889-7985 to update your mailing address or phone.

How do you want to spend this reward? ✓ Check it below!

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<input type="checkbox"/>	Healthy Rewards Whole Care: The freedom to spend your rewards on approved products at participating stores, monthly expenses (rent, mortgage, utilities, internet, phone service, etc.), pest control, and transportation (Uber, Lyft, Taxi). Visit MyMolina for more information.	If no choice is selected, rewards will be added to Whole Care
<input type="checkbox"/>	Gas: Use your rewards to pay at the pump!	
<input type="checkbox"/>	Fitness: Use your rewards to buy fitness equipment, bikes/helmets, or to pay for your gym membership or fitness class.	

What visit did you have? ☐ Check it below!

Adult Preventative Visits and Screenings		
<input type="checkbox"/>	Annual routine physical exam (members 18+ years) \$25 reward once per year	Provider/Clinic name: Date visit completed:
<input type="checkbox"/>	Colon Cancer Screening (members 45-75 years) \$50 reward once per year	Date Screening Completed: Provider Name: Provider Location/City: Type of Test Done: <input type="checkbox"/> Cologuard <input type="checkbox"/> Fit Test <input type="checkbox"/> Colonoscopy
<input type="checkbox"/>	Flu Vaccine (members 18+ years) \$10 reward once per year for receiving flu vaccine	Date vaccine received: Provide/Clinic Name or Location vaccine received at:
<input type="checkbox"/>	Pass High School Equivalency Diploma (HSED) test \$25 reward once per Member	Educational Institute: Date passed: <i>*Copy of completion certificate must be submitted to MolinaAVABInfo@MolinaHealthcare.com for reward to be issued.</i> <i>**Test must be completed while enrolled with Molina</i>
	Smoking Cessation Program Completion* (members 18+ years; pregnant members) \$60 reward** upon completion of program	<i>*Member does not need to claim reward; Reward will automatically be issued by Molina within 30 business days of notification from Quitline stating member has completed program.</i> <i>**Rewards will automatically be issued to Whole Care Benefits</i>

Chronic Health Condition Management		
<input type="checkbox"/>	Diabetic Eye Exam (members 18+ years diagnosed with diabetes)	Provider/Clinic name: Date visit completed:

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	\$50 reward once per year	*Completed with Eye Doctor
<input type="checkbox"/>	A1c Blood Sugar Screening (members 18+ years diagnosed with diabetes) Up to \$100 per year (\$25 each test maximum 4 tests per year)	Provider/Clinic name: Date completed:
<input type="checkbox"/>	Diabetic Kidney Lab Screenings (members 18+ years diagnosed with diabetes) \$25 reward once per year	Provider/Clinic name: Date completed:
<input type="checkbox"/>	Blood Pressure Champions Program Participation (members 18+ with history of high BP and enrolled in the Molina Blood Pressure Champions Program) \$25 reward for seeing your primary care or blood pressure doctor for BP check after enrolling in the Molina BP Champions Program)	Provider/Clinic name: Date Completed:
	Nutritional Support Participation (members 2-17 years with pediatric obesity; members 18+ years with diabetes, hypertension, Coronary Artery Disease or other co-morbid health conditions) \$25 reward for completing Nutritional Support Program	*Member does not need to claim reward; Reward will automatically be issued by Molina within 30 business days of completed session based on attendance roster. **Rewards will automatically be issued to Whole Care Benefits.
	Molina Virtual Diabetes Care Series (members ages 18+ years with type 1 or 2 diabetes or pre-diabetes) can earn up to \$100 in rewards* for completing the series.	*Member does not need to claim reward; Reward will automatically be issued by Molina within 30 business days of completed session based on attendance roster. **Rewards will automatically be issued to Whole Care Benefits.
Coming April 2026	Asthma Education Series (members 18+ years and caregivers of members 0-17 years diagnosed with asthma) \$25 reward for each session of the Molina Asthma Education series	*Member does not need to claim reward; Reward will automatically be issued by Molina within 30 business days of completed session based on attendance roster. **Rewards will automatically be issued to Whole Care Benefits.

Women's Health Preventative Screenings

<input type="checkbox"/>	Cervical cancer screening (pap test) (Females* 21-64 years) \$50 reward once per year	Provider/Clinic name: Date visit completed:
<input type="checkbox"/>	Mammogram (Females* 40-74 years) \$50 reward once per year	Provider/Clinic name: Date visit completed:

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<input type="checkbox"/>	Chlamydia Screening (Females* 16- 24 years) \$25 reward once per year	Provider/Clinic name: Date visit completed:
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In-patient hospital follow-up

<input type="checkbox"/>	Hospital follow-up within 7 days of discharge (all members) \$50 reward after completing a virtual or in-person visit with primary care provider or behavioral health provider within 7 days of discharge from an inpatient medical, surgical or mental health hospital stay. ER follow-up visits are not eligible for reward.	Provider/Clinic name: Date visit completed:
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LTSS Member Benefits

<input type="checkbox"/>	LTSS Member Caregiver Reward (family member/friend who is primary caregiver – one caregiver per LTSS member) \$50 reward for taking member to complete a preventative* exam or screening once per year	Contact your assigned Molina Case Manager to claim this reward. *Preventative service: annual physical; well child visit; A1c, diabetic eye exam, mammogram, cervical cancer, or chlamydia screening
<input type="checkbox"/>	LTSS Community Move-In Benefit (Members age 21+ years moving from a facility to a community setting) \$50 reward once per move	Contact your assigned Molina Case Manager to claim this reward. Reward will be given as Whole Care Benefit.

Pediatric (Child) Preventative Visits

<input type="checkbox"/>	Well-child visit (Birth to 30 months) \$10 reward after each well-child visit maximum 8 visits	Provider/Clinic name: Dates visits completed:
<input type="checkbox"/>	Well-child visit (3-21 years old) \$25 reward once per year	Provider/Clinic name: Date visit completed:

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<input type="checkbox"/>	<p>Childhood Immunizations (2 weeks – 24 months) \$100 reward after all vaccines required on or before child's 2nd birthday are completed*</p> <p><i>*Completion of immunizations will be confirmed prior to reward being issued</i></p>	<p>Provider/Clinic name: Date final shots completed: Required vaccines:</p> <ul style="list-style-type: none"> At least four (4) of each of the following vaccines: DTaP, pneumococcal (pneumonia) At least three (3) of each of the following vaccines: IPV (Polio); HiB; hepatitis B At least two (2) influenza (flu) vaccines At least one (1) of each of the following vaccines: MMR; varicella (chickenpox); hepatitis A At least two (2) or three (3) rotavirus vaccines depending on vaccine schedule
<input type="checkbox"/>	<p>HPV Vaccine Series (9 -12-year-olds) \$25 reward after each HPV vaccine is completed (must be completed on or before the member's 13th birthday)</p> <p><i>*Completion of immunizations will be confirmed prior to reward being issued</i></p>	<p>Provider/Clinic name: Date final shots completed:</p>
<input type="checkbox"/>	<p>Flu Vaccine (members ages 6 months thru 17 years) \$10 reward once per year for receiving flu vaccine</p>	<p>Date vaccine received: Provide/Clinic Name or Location vaccine received at:</p>
<input type="checkbox"/>	<p>Metabolic Screening for Children (members 0-17 years prescribed certain antipsychotic medications) \$25 reward for completing glucose screening and/or \$25 screening for completing cholesterol screening for members</p>	<p>Provider/Clinic/Lab Name: Date labs were completed: Antipsychotic Medication(s) Member is Taking:</p>

Pregnancy Care (Earned rewards will be automatically loaded to Pregnancy bucket.)

<input type="checkbox"/>	<p>Pregnancy Notification* (pregnant members) Notify Molina of pregnancy \$50 reward when you notify Molina of your pregnancy during the 1st trimester</p> <p>\$25 reward when you notify Molina of your pregnancy during the 2nd/3rd trimester</p> <p>*Reward is issued based on current trimester at time of notification.</p>	<p>Date of positive pregnancy test: Provider/Clinic Location or At-Home Test: Current Weeks Pregnant: Estimated Due Date:</p> <p><i>*Rewards will automatically be issued to the Whole Care benefit.</i></p>
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	Reward can only be earned ONCE per pregnancy	
<input type="checkbox"/>	Prenatal Visit (members who are pregnant) Complete a prenatal visit within the first trimester or within 42 days after joining Molina. One reward per baby per pregnancy. Select Reward: <input type="checkbox"/> \$150 in Healthy Pregnancy Rewards <input type="checkbox"/> Infant car seat with base <input type="checkbox"/> Convertible car seat	Provider/Clinic name: Date visit completed: Reward Selected: <i>* Pregnancy rewards can be used to purchase diapers, wipes, formula, car seat base, stroller, and/or stroller/car seat combo travel system. Car seat and pack-n-play can only be purchased at Walmart or Walmart.com.</i>
<input type="checkbox"/>	Postpartum Visit (members who complete postpartum visit 7 to 84 days after delivery) \$75 reward once per pregnancy	Provider/Clinic name: Provider Location/City: Date visit completed:
	Molina-hosted Baby Shower* (members who are pregnant or delivered within the last 6 months and attended a Molina baby shower) \$100 reward once per pregnancy	*Member does not need to claim reward; Reward will automatically be issued by Molina within 30 business days of the event based on the attendance roster.

Set Up Your Member Portal to earn \$25 in Healthy Rewards!

Get health plan access through your member portal. Use it to send secure messages to Molina; easily see your ID card, print it, or send it; search for new doctors, change your primary care provider (PCP) and much more. Anytime, anywhere.

<input type="checkbox"/>	Member Portal Set Up (ALL members) Earn a \$25 reward for setting up a member portal for you or your child (once per member)	Date Completed:
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Health Risk Assessment (HRA) Reward

Completing your HRA allows us to better understand your unique needs so we can connect you with additional support and services to improve your overall health.

Earn a **\$25 reward** for completing your HRA.

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How to complete your HRA?

Log into the Member Portal from MolinaHealthcare.com/IA, complete the fillable form and submit it electronically.

Call Member Services at (844) 236-0894 (TTY: 711) and let them know you need to complete your Health Risk Assessment. They will connect you with a team member to assist you.

Complete with your Case Manager.

You may also send your completed HRA form by:

Mail: Attn: HRA, PO Box 93044, Des Moines IA 50393

Fax: (833) 671-3988

Email: Upload the completed HRA form and email it through your member portal to the Molina Fulfillment Team.

<input type="checkbox"/>	Health Risk Assessment (ALL members) Receive a \$25 reward if you complete the HRA.	HRA Completed: How Completed: <i>Remember to submit this form to claim your reward in addition to your completed HRA form. See instructions at top of form.</i>
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Healthy Rewards cards can only be used at participating stores to purchase eligible items.

Some exclusions apply. Benefits subject to change. To qualify, members must be enrolled in Molina Healthcare of Iowa at the time of visit or screening completion and at the time of claiming the reward.

Rewards **must** be claimed within 90 calendar days of receiving the qualifying service. Rewards will **expire 18 months** after date they were issued.

*Member assigned female at birth.

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