

Your rewards are waiting!



Attestation form:

Please complete the form below to claim your rewards. Mail the completed form back to Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) in an envelope with a stamp by 12/31/2025.

Please mail to:

Molina Healthcare
ATTN: Healthy Actions Rewards Program
18625 West Creek Dr.
Tinley Park, IL 60477

You must be a Molina Dual Options MyCare Ohio member to take part in the Healthy Actions Rewards Program.

First name: _____

Last name: _____

Date of birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Molina Dual Options MyCare Ohio ID Number: _____

| Screening | Date of appointment | Office and doctor's name | Reward value |
|--|---------------------|--------------------------|--------------|
| Annual Wellness Visit: Yearly visit with your doctor or in-home visit with Molina's Care Connections Team. | | | \$75 |
| Breast cancer screening: Mammogram to check for signs of breast cancer. | | | \$25 |
| Diabetes screenings | | | \$25 |
| A1c test: Blood test to check your blood sugar levels. | | | |
| Diabetic eye exam: Yearly eye exam with your eye doctor. | | | |
| Diabetic kidney health evaluation: Urine and blood test to check your kidney health. | | | |
| Flu shot: Yearly vaccine to lower your chances of getting the flu. | | | \$25 |

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. Someone who speaks English can help you. This is a free service.

SPANISH Contamos con servicios de intérprete gratuitos para responder cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener ayuda de un intérprete, llámenos al (855) 665-4623, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Una persona que hable español podrá ayudarle. Este es un servicio gratuito.

TRADITIONAL CHINESE 我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打 (855) 665-4623 聯絡，TTY: 711，服務時間為當地時間的週一到週五的上午 8 點至晚上 8 點。能說中文的人士會為您提供協助。這是免費的服務。



#MyCareOhio
Connecting Medicare + Medicaid