

Your rewards are waiting!



Attestation form:

Please complete the form below to claim your rewards. Mail the completed form back to Molina Dual Options 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 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 Dual Options 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.			\$25
Breast cancer screening: Mammogram to check for signs of breast cancer.			\$10
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.			\$15