

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 Options ID number: _____

Screening	Date of appointment	Office and doctor's name	Reward value
<p>Annual Wellness Visit: Yearly visit with your doctor or in-home visit with Molina's Care Connections Team.</p>			\$75
<p>Flu shot: Yearly vaccine to lower your chances of getting the flu.</p>			\$25