

2024 Molina Rewards Program

HealthChoice Illinois Member Form

Birth to 15 Month Well-Baby Visits



Take your baby in for six well-baby visits in their first 15 months of life and you may earn a **\$10 Gift Card** per visit (**up to \$60 per year**)! These important health screenings are a covered Molina Healthcare benefit - at no cost to you.

Well-baby visits are important to monitor your baby's growth and development. During these visits their health care provider can give helpful guidance on any needed immunizations (shots) and tests.

Below is the recommended well-baby visits and immunization schedule for children up to 30 months old*.

Birth	3-5 Days	2 Months	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	
Well-Baby Visit	Well-Baby Visit	Well-Baby Visit	Well-Baby Visit	Well-Baby Visit	Well-Baby Visit	Well-Baby Visit	Well-Baby Visit	Well-Baby Visit	Well-Baby Visit	Well-Baby Visit	
				Influenza**							
Hep B		Hep B		Hep B							
		Rotavirus	Rotavirus	Rotavirus							
		DTaP	DTaP	DTaP			DTaP				
		HiB	HiB	HiB			HiB				
		PCV	PCV	PCV			PCV				
		IPV	IPV	IPV							
							MMR				
							Varicella				
							Hep A				

■ Shaded boxes indicate shots that can be given during the specified age range.

*Your doctor may also recommend the COVID-19 vaccine which is available to infants who are 6 months or older.

**Two shots starting at 6 months of age to protect against viruses that can cause the flu.

Please turn over to complete the form →

MolinaHealthcare.com



Tell Us About Your Baby's Visits and Earn a Gift Card!
Dates of Visits for the First 15 Months of Life

Visit 1: _____ Visit 2: _____

Visit 3: _____ Visit 4: _____

Visit 5: _____ Visit 6: _____

*Provider Name: _____

Clinic Name: _____

*If your baby saw more than one provider, you only need to write down one of the providers seen and their respective clinic name.

To receive your reward, you must complete the information below and return this form to Molina Healthcare.

Baby's Molina Member ID: _____

Baby's First and Last Name: _____

Member Mailing Address: _____

City, State, and Zip Code: _____

Parent/Guardian Phone #: _____

Check box to opt in for text messaging from Molina Healthcare.

Parent/Guardian Email Address: _____

Check box to opt in for email communication from Molina Healthcare.

The three (3) types of gift cards available for members to select from are*:

(select one) **CVS Gift Card** **Kroger Gift Card** **Safeway Gift Card**

*if left blank, member will receive a CVS Gift Card.

To earn a reward the Member must be enrolled with Molina at the time qualifying service(s) are completed. This form must be completed and sent back to Molina before January 31, 2025 to receive a gift card. A Member may not receive more than one reward for the same service in a measurement year.

After completing this ENTIRE FORM, send it back to Molina Healthcare in any of the following ways:

Mail

Attn: IL Healthy Rewards
300 Oceangate 6th Fl
Long Beach, CA 90802

Email

MEIRewards@MolinaHealthcare.com

Fax

Attn: Molina Quality Team at
(833) 858-0430

Phone

Call us at **(833)-982-1452** and provide details of the visit(s) your baby has completed.

If you have any questions about Molina's Well-Baby Visit Reward Program, call Molina Member Services at: **(855) 687-7861**, TTY: 711. Representatives can help you Monday through Friday, 8 a.m. to 5 p.m.

Note: To earn the reward, your baby must have Molina Healthcare of Illinois as their primary insurance at the time service was given. They must complete the service(s) during calendar year 2024. Services done prior will not be eligible for a reward. Reward forms must be submitted by January 31, 2025. Please allow approximately 6-8 weeks after the visit(s) have been confirmed to receive your reward. If you need help scheduling an appointment for your baby to see a health care provider, please call Molina Member Services at **(855) 687-7861**, TTY: 711.

Molina Healthcare of Illinois (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Molina provides free aids and services to people with disabilities to communicate effectively with us, such as.

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need services, contact the Civil Rights Coordinator. If you believe that Molina has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802
Email: Civil.Rights@MolinaHealthcare.com

You can file a grievance in person or by mail or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)
Complaint forms are available at
<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-687-7861 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-687-7861 (TTY: 711).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-687-7861 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-687-7861 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-7861 (TTY: 711) 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-687-7861 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-687-7861 (رقم هاتف الصم والبكم: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-687-7861 (телетайп: 711).
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષ સહાય સેવાઓ તમારા માટે ઉપલબ્ છે. ફોન કરો 1-855-687-7861 (TTY: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1855-687-7861 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-687-7861 (TTY: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-687-7861 (TTY: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-687-7891 (TTY: 711) पर कॉल करें।
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-687-7861 (TTY : 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-687-7861 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-687-7861 (TTY: 711).