

# Your rewards are waiting!



## Attestation form:

Please complete the form below to claim your rewards. Mail the completed form back to Molina Medicare Complete Care Plus (HMO D-SNP) 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 Medicare Complete Care Plus 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 Medicare Complete Care Plus ID number: \_\_\_\_\_

Screening	Date of appointment	Office and doctor's name	Reward value
<b>Annual Wellness Visit:</b> Yearly visit with your doctor or in-home visit with Molina's Care Connections Team.			\$125
<b>Colon cancer screening:</b> Screening to check for signs of colon cancer.			\$75
<b>Breast cancer screening:</b> Mammogram to check for signs of breast cancer.			\$75
<b>Diabetes screenings</b>			\$75
<b>A1c test:</b> Blood test to check your blood sugar levels.			
<b>Diabetic eye exam:</b> Yearly eye exam with your eye doctor.			
<b>Diabetic kidney health evaluation:</b> Urine and blood test to check your kidney health.			
<b>Flu shot:</b> Yearly vaccine to lower your chances of getting the flu.			\$25