

2026 Molina Rewards Program

HealthChoice Illinois Member Form

15-30 Month Well-Baby Visits



Take your baby in for two well-baby visits when they are between 15-30 months old. When your child has completed 2 well-baby visits between 15 and 30 months old, you may earn a **\$50 Gift Card!** 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 15 to 30 Months of Lif

Visit 1: _____ Visit 2: _____

*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 two (2) types of gift cards available for members are*:

Visa Gift Card or **Mastercard Gift Card**

*Gift card will be based on availability and is restricted from purchasing alcohol, tobacco, or firearms.

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, 2027 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 2026. Services done prior will not be eligible for a reward. Reward forms must be submitted by January 31, 2027. 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.

If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex. Discrimination on the basis of sex includes sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes.

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters (including qualified sign language interpreters). (2) Written Information in other formats, such as large print, audio, accessible electronic formats, and Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Molina Member Services at 1-855-687-7861 or TTY/TDD: 711, Monday to Friday, 8:00 a.m. to 5:00 p.m., local time.

If you believe we have failed to provide these services or have discriminated in another way on the basis of age, color, disability, national origin, race, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at: <https://www.MolinaHealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802

Email: Civil.Rights@MolinaHealthcare.com
Website: <https://MolinaHealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> 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
Phone: 1-800-368-1019
TTY/TDD: 800-537-7697

Complaint forms are available here: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

- ENGLISH:** For free language assistance services, and auxiliary aids and services, call 1-855-687-7861 (TTY: 711).
- SPANISH:** Para obtener servicios gratuitos de asistencia lingüística, así como ayudas y servicios auxiliares, llame al 1-855-687-7861 (TTY: 711).
- POLISH:** Aby uzyskać bezpłatną pomoc językową oraz dodatkowe wsparcie i usługi, należy zadzwonić pod numer 1-855-687-7861 (TTY: 711).
- CHINESE:** 如需免费的语言协助服务以及辅助工具和服务，请致电 1-855-687-7861 (TTY 用户请拨打 711)。
- KOREAN:** 무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면 1-855-687-7861 (TTY: 711)로 연락 주시기 바랍니다.
- TAGALONG:** Para sa libreng serbisyo sa tulong sa wika, at mga auxiliary aid at serbisyo, tumawag sa 1-855-687-7861 (TTY: 711).
- ARABIC:** اتصل على الرقم 1-855-687-7861 (الهاتف النصي): (TTY) لتلقي خدمات المساعدة اللغوية المجانية والخدمات والمساعدات الإضافية.
العربية
- RUSSIAN:** Для получения бесплатных услуг языковой помощи, а также вспомогательных средств и услуг, позвоните: 1-855-687-7861 (телетайп: 711).
Русский
- GUJARATI:** મફત ભાષા સહયોગ સેવાઓ અને સહાયક સાધનો તથા સેવાઓ માટે 1-855-687-7861 (TTY: 711) પર કોલ કરો.
ગુજરાતી

- URDU:** زبان کی مفت معاونتی سروسز، معاونتی امداد اور سروسز کے لیے،
اردو 1-855-687-7861 (TTY: 711) پر کال کریں۔
- VIETNAMESE:** Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng
Tiếng Việt như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi
1-855-687-7861 (TTY: 711).
- ITALIAN:** Per i servizi di assistenza gratuiti in italiano
Italiano nonché per supporti e servizi ausiliari, chiamare
1-855-687-7861 (TTY: 711).
- HINDI:** नःशुलुक भाषा सहायता सेवाओं और सहायक ऐड एवं
हदी सेवाओं के लिए 1-855-687-7861 (TTY: 711) पर कॉल
करें।
- FRENCH:** Pour bénéficier de services d'assistance lin-
Français guistique gratuits, ainsi que de services et
aides complémentaires, appelez le 1-855-687-
7861 (ATS: 711).
- GREEK:** Για δωρεάν υπηρεσίες γλωσσικής υποστήριξης, καθώς
Ελληνικά και βοηθητικά μέσα και υπηρεσίες, καλέστε στο
1-855-687-7861 (TTY: 711).
- GERMAN:** Kostenlose Sprachassistentendienste, Hilfsmittel
Deutsch und Dienstleistungen erhalten Sie unter 1-855-
687-7861 (TTY: 711).