2024 Healthy Rewards Program Molina Healthcare of Virginia Medicaid



To claim your reward, please complete your visit/screening by the deadline and report to 833-982-1452. Members must have primary enrollment to qualify for rewards.

Visit/Screening	Reward Amount	Who is Eligible?	Eligible Dates of Service
Annual Wellness Screenings			·
Annual Wellness Visit	\$25	All members	1/1/2024—12/31/2024
Blood Pressure Check	\$25	Members 18+ who have high blood pressure (hypertension)	1/1/2024—12/31/2024
Flu Shot	\$10	All members	1/1/2024—12/31/2024
Smoking Cessation program completion	\$10	Members who complete 1 month smoking cessation	1/1/2024—12/31/2024
Women's Health	·		
Mammogram	\$10	Women members ages 50-74	1/1/2024—12/31/2024
Cervical Cancer Screening (Pap Smear)	\$10	Women members ages 21-64	1/1/2024—12/31/2024
Diabetic Screenings			1
Diabetic A1c (blood sugar) Test	\$10	Members 18+ who have dia- betes	1/1/2024—12/31/2024
Diabetic Retinal Eye Exam	\$10	Members 18+ who have dia- betes and complete a retinal eye exam with an optometrist or ophthalmologist	1/1/2024—12/31/2024
Maternal Health			1
1st trimester prenatal visit	\$10	All pregnant members	Within 1st trimester of pregnancy
2nd trimester prenatal visit	\$10		Within 2nd trimester of pregnancy
3rd trimester prenatal visit	\$10		Within 3rd trimester of pregnancy
Postpartum visit	\$30	All members who complete a postpartum visit	Within 7-84 days (1-12 weeks) of delivery
Screenings for members in ca	se Manageme	ent	
Health Risk Assessment	\$10	Complete initial health risk assessment for members in case management	