

# 2024 Molina Rewards Program

## HealthChoice Illinois Member Form

### Breast Cancer Screening



Get your mammogram and earn a **\$100 Gift Card!** This important health screening is a covered Molina Healthcare benefit - at no cost to you. Getting a mammogram every two years can help reduce the risk of breast cancer.

#### Reward Eligibility:

- HealthChoice Illinois Members aged 50-74 who need to complete a mammogram in 2024.
- Mammograms must be completed by December 31, 2024 to qualify for a 2024 reward.

#### Tell Us About Your Visit and Earn a \$100 Gift Card!

Date of Visit: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

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

Member ID: \_\_\_\_\_

Member First and Last Name: \_\_\_\_\_

Member Mailing Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Member Phone #: \_\_\_\_\_

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

Member 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 is 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 you have completed.

If you have any questions about Molina's Breast Cancer Screening Rewards 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, you must have Molina Healthcare of Illinois as your primary insurance at the time service was given. You must complete the service 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 has been confirmed to receive your reward. If you need help scheduling an appointment with 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](mailto: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	<b>ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-687-7861 (TTY: 711).</b>
Spanish	<b>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-687-7861 (TTY: 711).</b>
Polish	<b>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-687-7861 (TTY: 711).</b>
Chinese	<b>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)。</b>
Korean	<b>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-7861 (TTY: 711) 번으로 전화해 주십시오.</b>
Tagalog	<b>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).</b>
Arabic	<b>ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-687-7861 (رقم هاتف الصم والبكم: 711).</b>
Russian	<b>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-687-7861 (телетайп: 711).</b>
Gujarati	<b>સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષ સહાય સેવાઓ તમારા માટે ઉપલબ્ છે. ફોન કરો 1-855-687-7861 (TTY: 711).</b>
Urdu	<b>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).</b>
Vietnamese	<b>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).</b>
Italian	<b>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).</b>
Hindi	<b>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।</b>
French	<b>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-687-7861 (TTY : 711).</b>
Greek	<b>ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-687-7861 (TTY: 711).</b>
German	<b>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-687-7861 (TTY: 711).</b>