



Molina Healthcare – Medicare Materials Order Form 2023

**Fax to 866-891-2422 or email to: Broker@MolinaHealthcare.com
 All orders take 7-10 business days once the order has been placed**

Name : _____
 Agency Name: _____ NPN# _____
 Shipping Address (NO PO Boxes): _____

ENROLLMENT GUIDES

State	Plan	Plan Number	English QTY	Spanish QTY
AZ	Molina Medicare Complete Care (HMO D-SNP)	H8845-001		
AZ	Molina Medicare Choice Care (HMO)	H8845-002		
AZ	Molina Medicare Choice Care Select (HMO)	H8845-003		
CA	Molina Medicare Complete Care (HMO D-SNP)	H5810-013 (Imperial County Only)		
CA	Molina Medicare Choice Care (HMO)	H5810-014 (Imperial, Los Angeles, Riverside, San Bernardino, San Diego)		
CA	Molina Medicare Choice Care Select (HMO)	H5810-015 (Imperial, Los Angeles, Riverside, San Bernardino, San Diego)		
CA	Molina Medicare Complete Care Plus (HMO D-SNP)	H5810-016 (Los Angeles, Riverside, San Bernardino, San Diego)		
FL	Molina Medicare Complete Care (HMO D-SNP)	H8130-001		
FL	Molina Medicare Complete Care Select (HMO D-SNP)	H8130-009		
FL	Molina Medicare Choice Care (HMO)	H8130-010		
FL	Molina Medicare Choice Care Select (HMO)	H8130-011		



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State	Plan	Plan Number	English QTY	Spanish QTY
ID	Molina Medicare Choice Care (HMO)	H5628-010		
ID	Molina Medicare Complete Care (HMO D-SNP)	H5628-008		
ID	Molina Medicare Complete Care Select (HMO D-SNP)	H5628-011		
IL	Molina Medicare Choice Care (HMO)	H2715-001		
KY	Passport Advantage (HMO D-SNP)	H1799-001		
KY	Passport Medicare Choice Care (HMO)	H1799-002		
MA	Senior Whole Health (HMO D-SNP)	H2224-001		
MA	Senior Whole Health Medicare Choice Care (HMO)	H2879-002 (Suffolk, Bristol, Essex, Plymouth)		
MA	Senior Whole Health NHC (HMO D-SNP)	H2224-003 (FIDE)		
MA	Senior Whole Health Medicare Choice Care Select (HMO)	H2879-004		
MI	Molina Medicare Complete Care (HMO D-SNP)	H5926-001		
MI	Molina Medicare Complete Care Select (HMO D-SNP)	H5926-005		
MI	Molina Medicare Choice Care (HMO)	H5926-006		
MI	Molina Medicare Choice Care Select (HMO)	H5926-007		
NV	Molina Medicare Complete Care (HMO D-SNP)	H2478-001		
NV	Molina Medicare Choice Care (HMO)	H2478-002		
NV	Molina Medicare Choice Care Select (HMO)	H2478-003		
NM	Molina Medicare Choice Care Plus (HMO)	H9082-010		
NM	Molina Medicare Choice Care Select (HMO)	H9082-011		
NY	Senior Whole Health of New York NHC (HMO D-SNP)	H5992-007		



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State	Plan	Plan Number	English QTY	Spanish QTY
OH	Molina Medicare Complete Care (HMO D-SNP)	H9955-001		
OH	Molina Medicare Choice Care (HMO)	H9955-002		
OH	Molina Medicare Complete Care Select (HMO D-SNP)	H9955-003		
OH	Molina Medicare Choice Care Select (HMO)	H9955-004		
SC	Molina Medicare Complete Care (HMO D-SNP)	H8176-001		
SC	Molina Medicare Choice Care (HMO)	H8176-003		
TX	Molina Medicare Complete Care (HMO D-SNP)	H7678-001		
TX	Molina Medicare Choice Care (HMO)	H7678-004		
TX	Molina Medicare Choice Care Select (HMO)	H7678-005		
UT	Molina Medicare Complete Care (HMO D-SNP)	H5628-001		
UT	Molina Medicare Choice Care (HMO)	H5628-007		
UT	Molina Medicare Complete Care Select (HMO D-SNP)	H5628-012		
VA	Molina Medicare Complete Care (HMO D-SNP)	H7559-001		
VA	Molina Medicare Complete Care Select (HMO D-SNP)	H7559-002		
VA	Molina Medicare Choice Care (HMO)	H7559-003		
WA	Molina Medicare Complete Care (HMO D-SNP)	H5823-006		
WA	Molina Medicare Complete Care Select (HMO D-SNP)	H5823-010		
WA	Molina Medicare Choice Care (HMO)	H5823-011		
WI	Molina Medicare Complete Care (HMO D-SNP)	H2879-001		
WI	Molina Medicare Choice Care (HMO)	H2879-003		
WI	Molina Medicare Complete Care Select (HMO D-SNP)	H2879-005		



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BENEFITS AT A GLANCE

State	Plan	Plan Number	English QTY	Spanish QTY
AZ	Molina Medicare (HMO D-SNP)	H8845-001 & H8845-003		
AZ	Molina Medicare (HMO)	H8845-002		
CA	Molina Medicare (HMO D-SNP)	H5810-013 & H5810-016		
CA	Molina Medicare (HMO)	H5810-014 & H5810-15		
FL	Molina Medicare (HMO D-SNP)	H8130-001 & H8130-009		
FL	Molina Medicare (HMO)	H8130-010 & H8130-011		
ID	Molina Medicare (HMO)	H5628-010		
ID	Molina Medicare (HMO D-SNP)	H5628-008 & H5628-011		
IL	Molina Medicare (HMO)	H2715-001		
KY	Passport Advantage (HMO D-SNP)	H1799-001		
KY	Passport Medicare (HMO)	H1799-002		
MA	Senior Whole Health (HMO D-SNP)	H2224-001 & H2224 - 003		
MA	Senior Whole Health (HMO)	H2879-002 & H2879-004		
MI	Molina Medicare (HMO D-SNP)	H5926-001 & H5926-005		
MI	Molina Medicare (HMO)	H5926-006 & H5926-007		
NM	Molina Medicare (HMO)	H9082-010 & H9082-011		



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State	Plan	Plan Number	English QTY	Spanish QTY
NV	Molina Medicare (HMO D-SNP)	H2478-001		
NY	Senior Whole Health (HMO D-SNP)	H5992-007		
OH	Molina Medicare (HMO D-SNP)	H9955-001 & H9955-003		
OH	Molina Medicare (HMO)	H9955-002 & H9955-004		
SC	Molina Medicare (HMO D-SNP)	H8176-001		
SC	Molina Medicare (HMO)	H8176-003		
TX	Molina Medicare (HMO D-SNP)	H7678-001		
TX	Molina Medicare (HMO)	H7678-004 & H7678-005		
UT	Molina Medicare (HMO D-SNP)	H5628-001 & H5628-012		
UT	Molina Medicare (HMO)	H5628-007		
VA	Molina Medicare (HMO D-SNP)	H7559-001 & H7559-002		
VA	Molina Medicare (HMO)	H7559-003		
WA	Molina Medicare (HMO D-SNP)	H5823-006 & H5823-010		
WA	Molina Medicare (HMO)	H5823-011		
WI	Molina Medicare (HMO D-SNP)	H2879-001 & H2879-005		
WI	Molina Medicare (HMO)	H2879-003		



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State	Plan	TOP 8		DENTAL		FLEX CARD		VISION		TOP 8 FLYERS	
		ENG	SP	ENG	SP	ENG	SP	ENG	SP	ENG	SP
WI	Molina Medicare (HMO D-SNP)										
WI	Molina Medicare (HMO)										

ADDITIONAL MARKETING MATERIALS

State	Item	ENG	SP	COMMENTS
	Lead Cards			(50 cards per pad)
	Thank You Cards			(25 cards per pack)
	Birthday Cards			(25 cards per pack)
	6 Ft Banner (Two Card)			State Specific
	6 Ft Banner			Generic
	Tabletop Banners			State Specific
	Special Event Flyer - Bingo			Agent & Event Specific Information Required
	Special Event Flyer - Ice Cream			Agent & Event Specific Information Required
	Special Event Flyer - Movie			Agent & Event Specific Information Required
	Special Event Flyer - Painting			Agent & Event Specific Information Required
	Medicare 101 Flyer			Agent & Event Specific Information Required



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State	Item	ENG	SP	COMMENTS
	CBO Brochure			Molina Medicare, Passport, or SWH
	Benefit Poster with Tabs (Flyer without events)			Agent Specific Information Required
	Magnets			State Specific
	A-Frame/Sandwich Board			Agent & State Specific Information Required
	Yard Sign			Agent & State Specific Information Required
	Post Card - Events			Agent & Event Specific Information Required

* Information as you would like it to appear on editable marketing materials.

Name: _____

Phone Number: _____

NPN: _____

Delivery is to physical address only. No PO boxes.

Event Information:

Name of Facility:	Name of Facility:
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Date(s) of Event:	Date(s) of Event:
Time(s) of Event:	Time(s) of Event:



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Name of Facility:

Address:

City:

State:

Zip Code:

Date(s) of Event:

Time(s) of Event:

Molina Office Use Only:

Date of Request: _____

Confirmation Number: _____