



The information in this brochure is valid for the 2018 enrollment year only.

Services highlighted in this brochure are a partial listing of covered dental services. For a full listing, please contact us at:
1-866-894-3563

"This program has been a life saver for me. Living on Social Security only made it possible to get dental work done when it was an emergency. Thank you for your program."

-2016 GrinWell for You Participant

Delta Dental of Idaho complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(800) 356-7586.

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-(800) 356-7586。



WHO IS DELTA DENTAL?

Delta Dental of Idaho is a non-profit organization offering dental benefits. We are dedicated to improving the dental health of all Idahoans. Our Community Outreach programs provide services for children and seniors living in the Gem state.

TOO GOOD TO BE TRUE?

Delta Dental of Idaho believes everyone deserves a healthy smile. That is why we created this program for Idahoans with limited incomes ages 60 and above. There are no hidden fees, no deductibles or co-pays. We simply want you to have the best health possible.

QUESTIONS?

Contact us at 1-866-894-3563



FREE DENTAL PROGRAM

for adults age 60 and older



GrinWell
for You

GrinWell
for You

WHAT IS COVERED?

This is a one-time gift of \$1,250 in free dental coverage to be utilized over a 12 month period. You can use the coverage for services such as:

- Exams & Fillings
- Cleanings
- X-rays
- Extractions
- Dentures and partials including repairs

PLEASE NOTE: Porcelain crowns and implants are not covered

HOW DO I QUALIFY?

To qualify for the *GrinWell for You* dental program, you must:

- Currently live in Idaho
- Be age 60 or older
- Have a combined household income below the income limit shown in the income chart in this brochure
- Submit proof of income
- Be independently mobile and able to travel to dental offices for treatment within 60 days of being accepted into the program
- Not have any current dental benefits including Medicaid Enhanced*

Please note: Basic Medicaid does not disqualify you from the program

- Not have been a participant in the program before



IS THERE A COST?

There is no fee, co-pay, or deductible to use the \$1,250 benefit for covered services. Your dentist may recommend treatment that is not covered by the program. Any services or procedures not covered by the program are the responsibility of the patient.

HOW DO I APPLY?

We enroll applicants quarterly. Applications for this year's program are accepted through **October 1st, 2018**. Applicants are enrolled on a first come first served basis until all spots have been filled.

Complete the application, including proof of income and return to:

Delta Dental of Idaho
Attn: Community Outreach
555 E. Parkcenter Blvd
Boise, ID 83706

We will review your application and let you know whether you have been accepted into this year's program. If you are accepted into the program, we will send you information on how to find a dentist and get started.

INCOME CHART

Household Size	Household Gross Yearly Income Limit	Household Gross Monthly Income Limit
1	\$23,760 or less	\$1,980 or less
2	\$32,040 or less	\$2,670 or less
3	\$40,320 or less	\$3,360 or less
4	\$48,600 or less	\$4,050 or less

For households with more than 4 people add \$8,320 yearly or \$693 monthly for each additional person

INCOME REQUIREMENTS

Household size is you, your spouse and your dependents.

Household income includes all income for the year such as pay from work, social security benefits, pension income, any disability payments, any rental income, investments, etc.

Proof of household income is required. Please send a copy of the **first page of the most recent tax return** for your household. If your household does not file taxes, the following documents can be used instead:

- Your most recent W-2 form
- A social security award letter
- A pension or interest statement

Please report your gross income amount. Gross income is your total income **before taxes or deductions**.