



## WHO IS DELTA DENTAL?

Delta Dental of Idaho is a not-for-profit organization offering dental benefits. We are dedicated to improving the oral health of all Idahoans. Our Community Outreach programs provide services for children and older adults 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 the *GrinWell for You* program for limited-income Idahoans ages 60 and above. There are no hidden fees, no deductibles, and no co-pays. We simply want you to have the best oral health possible.

## QUESTIONS?

Contact us at 1-866-894-3563



2023

# FREE DENTAL PROGRAM

for adults age 60 and older



The information in this brochure is valid for the 2023 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**

“The *GrinWell for You* program came at just the right time! I am no longer ashamed to smile, I feel so good, and have recommended this program to more people.

During the first year of my retirement, money was short and I would never have been able to afford any type of dental care without it.”

- *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。

# GrinWell for You

# GrinWell for You

## WHAT IS COVERED?

This is a one-time gift of \$1,850 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: Not all procedures are covered, such as porcelain crowns and implants.**

## HOW DO I QUALIFY?

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

- Currently live in Idaho
- Are age 60 or older
- Have a combined household income as shown in the income chart (refer to chart)
- Submit proof of all household income
- Can independently travel to the dental office for treatment within 60 days of acceptance into the program
- Do not have any current dental benefits



### PLEASE NOTE:

- If you have dental insurance and enroll in the program, we are required to remove you from the program immediately and not reimburse your claims.
- If you have preventive dental benefits included in your medical plan without an “opt-out” option, you may still qualify for our program.



## IS THERE A COST?

There is no fee, co-pay, or deductible to use the \$1,850 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, 2023**. 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  
Fax: 208-488-7772

We will review your application and let you know if you have been accepted into this year’s program. If you are accepted, 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	\$30,578 or less	\$2,548 or less
2	\$41,198 or less	\$3,433 or less
3	\$51,818 or less	\$4,318 or less
4	\$62,438 or less	\$5,203 or less

For families/households with more than 4 persons, add \$10,620 yearly or \$885 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 Federal 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**.