



The information in this brochure is valid for the 2022 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.”

- 2018 *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 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



2022

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: Not all procedures are covered, such as porcelain crowns and implants.

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 limit shown in the income chart in this brochure.
- Submit proof of all household 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.
PLEASE NOTE: This includes any embedded dental plans.

(If you have dental insurance and enroll in the program, we are required to remove you from the program immediately and claims will not be reimbursed.)

- 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, 2022**. 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	\$25,760 or less	\$2,147 or less
2	\$34,840 or less	\$2,903 or less
3	\$43,920 or less	\$3,660 or less
4	\$53,000 or less	\$4,417 or less

For families/households with more than 4 persons, add \$9,080 yearly or \$757 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**.