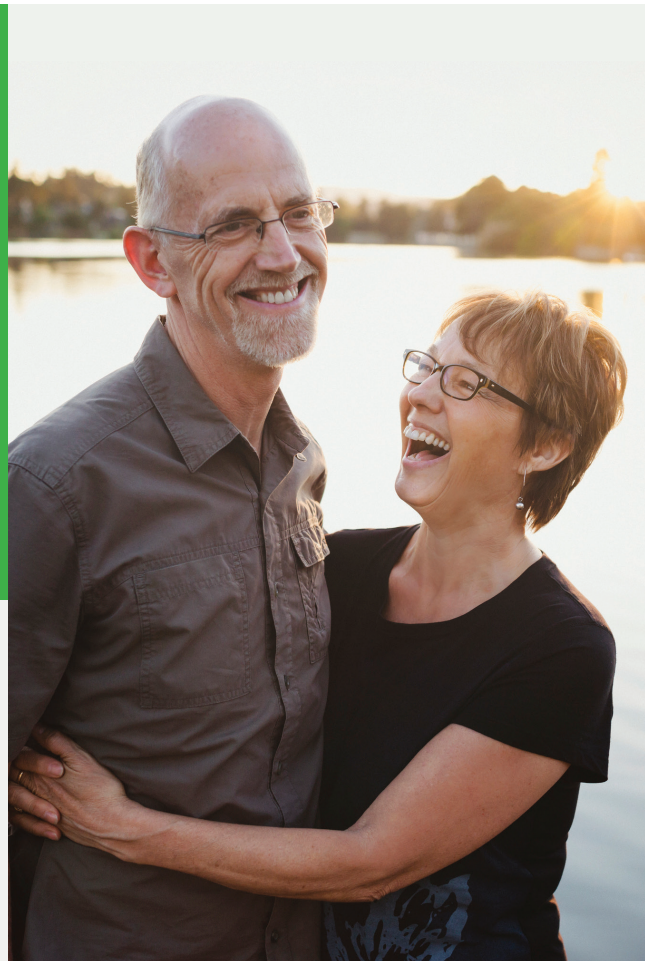


FREE

DENTAL PROGRAM
FOR OLDER ADULTS

GrinWell
for You



WHAT SERVICES ARE COVERED?

Up to \$1,250 in FREE dental care during 2016, including:

Cleanings • X-rays • Fillings • Extractions •

Dentures and denture repairs • Full listing available

TOO GOOD TO BE TRUE?

There are no hidden fees, surprises, or agendas.

We simply want you and others in the community to have the best health possible.

HOW DO I APPLY?

If you are a low income adult aged 60-79, please

call 1-866-894-3563 to receive an application and brochure with more program details.





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 outreach program for Idahoans ages 60-79 with limited incomes. There are no hidden fees, no deductibles or co-pays. We simply want you to have the best health possible.

The information in this brochure is valid for 2016 only.

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

HOW DO I QUALIFY?

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

- Currently live in Idaho
- Be between age **60 - 79**
- Have a combined household income within the ranges 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 through Medicaid or through Medicare Advantage
- Not have been a participant in the program before

QUESTIONS?

Contact us at 1-866-894-3563



FREE DENTAL PROGRAM FOR OLDER ADULTS



GrinWell for You

WHAT SERVICES ARE COVERED?

This is a one-time gift of \$1,250 in free dental coverage for 2016. You can use the coverage for services such as:

- Exams & Fillings
- Cleanings
- X-rays
- Extractions
- Dentures and partials including repairs
(Porcelain crowns and implants are not covered)

HOW DO I APPLY?

There are 670 spots available in the program this year. Applications for this year's program are accepted until all spots are filled, but no later than May 27th 2016.

Complete the Enrollment Application, including your proof of income and return before May 27, 2016 to:

Delta Dental of Idaho
Attn: Community Outreach
PO Box 2870
Boise, ID 83701

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.

IS THERE A COST?

There is no fee, co-pay, or deductible to use the \$1,250 benefit for covered services.



INCOME REQUIREMENTS

Household size is the number of people who live in the same residence. It does not include renters who live in your home.

Household income is the combined incomes of all people who live in the same residence, except for renters. It includes all income for the year such as pay from work, social security benefits, pension income, any disability payments, any rental income, investments, etc. Please report the income amount before taxes or deductions. You do not need to include assistance such as food stamps or utilities assistance.

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, please provide documentation showing your annual total household income such as: a copy of your most recent W-2 forms, social security award letters, pension statements, interest statements, etc.

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

INCOME CHART

AGES 60 - 64 Household Income Limits (effective 1/1/16)		
HOUSEHOLD SIZE	GROSS YEARLY INCOME RANGE	GROSS MONTHLY INCOME RANGE
1	23,737 or less	1,979 or less
2	31,995 or less	2,667 or less
3	40,253 or less	3,356 or less
4	48,511 or less	4,043 or less

For households with more than 4 people: add \$8,258 yearly or \$688 monthly for each additional person

AGES 65 - 79 Household Income Limits (effective 1/1/16)		
HOUSEHOLD SIZE	GROSS YEARLY INCOME RANGE	GROSS MONTHLY INCOME RANGE
1	*9,614 to 23,737	801 to 1,979
2	12,958 to 31,995	1,081 to 2,667
3	16,303 to 40,253	1,359 to 3,356
4	19,648 to 48,511	1,638 to 4,043

For households with more than 4 people:
Yearly add: \$3,345 to the lower range and \$8,258 to the upper range for each additional person

Monthly add: \$279 to the lower range and \$688 to the upper range for each additional person

** For Idahoans age 65 or older whose gross income is below \$9,614 yearly or \$801 monthly, you likely qualify for dental benefits through Idaho Medicaid. Therefore, you are not eligible for the GrinWell for You program.*

To Qualify You Must:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Currently live in Idaho • Be between age 60 - 79 • Have a combined household income within the ranges shown in the income chart (on the back page) • Submit proof of income • Have not been a participant in the program before | <ul style="list-style-type: none"> • Be independently mobile and able to travel to dental offices for treatment within 60 days of being accepted into the program • Must not have any current dental benefits including Medicaid or through Medicare Advantage |
|--|--|

To Apply:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Complete and sign this application • Send copies of proof of income (more information on back) | <ul style="list-style-type: none"> • By May 27th, 2016 mail application and proof of income to:
Delta Dental of Idaho Community Outreach
PO Box 2870
Boise, ID 83701 |
|---|---|

If more than one person in your household is applying, you may send completed applications and forms together

PLEASE PRINT CLEARLY

First Name:		MI:	Last Name:		Date of Birth:
Social Security Number:			Phone Number: (with area code)		
Gender: M/F	E-mail Address:				
Mailing Address:			City:	State:	Zip:
Number of people in your household:		Gross Monthly Household Income:		Gross Yearly Household Income:	
<u>Are you currently in any of the following programs?</u>					
<input type="checkbox"/> Food Stamps <input type="checkbox"/> Home Energy Assistance Program <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Medicaid					
If the <i>GrinWell for You</i> program is full, would you like to be placed on a waiting list?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Questions? Call us toll free at 1-866-894-3563

Income Chart:

Ages 60-64 Household Income Limits (Effective January 2016)		
Household Size	Gross Yearly Income Range	Gross Monthly Income Range
1	\$23,737 or less	\$1,979 or less
2	\$31,995 or less	\$2,667 or less
3	\$40,253 or less	\$3,356 or less
4	\$48,511 or less	\$4,043 or less
For households with more than 4 people, add \$8,258 yearly or \$688 monthly for each additional person		
Ages 65-79* Household Income Limits (Effective January 2016)		
Household Size	Gross Yearly Income Range	Gross Monthly Income Range
1	\$9,614 to \$23,737	\$801 to \$1,979
2	\$12,958 to \$31,995	\$1,081 to \$2,667
3	\$16,303 to \$40,253	\$1,359 to \$3,356
4	\$19,648 to \$48,511	\$1,638 to \$4,043
For households with more than 4 people: <ul style="list-style-type: none"> • Yearly add: \$3,345 to the lower range and \$8,258 to the upper range • Monthly add: \$279 to the lower range and \$688 to the upper range *If your gross income is below the \$9,614 yearly or \$801 monthly limit you likely qualify for dental benefits through Idaho Medicaid and therefore you are not eligible for the <i>GrinWell for You</i> program		

Household size is the number of people who live in the same residence. It does not include renters who live in your home.

Household income is the combined incomes of all people who live in the same residence, except for renters. It includes all income for the year such as pay from work, social security benefits, pension income, any disability payments, any rental income, investments, etc. Please report the income amount before taxes or deductions. You do not need to include assistance such as food stamps or utilities assistance.

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, please provide documentation showing your annual total household income such as: a copy of your most recent W-2 forms, social security award letters, pension statements, interest statements, etc.

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

Application Agreement:

I hereby apply for coverage through the Delta Dental *GrinWell for You* program. I understand that this application will be accepted only if I meet the eligibility requirements, including having no other dental benefits.

If accepted, I understand:

- The \$1,250 in coverage will be provided only for services available under the *GrinWell for You* program and that I am responsible for any services I agree to that are not covered by the program
- The \$1,250 in coverage will be provided for 2016 only
- I must visit a participating dentist within 60 days of being accepted into the program

I hereby certify that all the information contained in this application is true and correct to the best of my knowledge.

Applicant Signature

Date

- Please check here if you are willing to share your dental need story to help us promote the *GrinWell for You* program (not required to participate in the program).

For office use only: Eligible Date: _____ Ineligible Reason: _____ Date: _____