



HOW DO I QUALIFY?

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

- Currently live in Idaho in Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, or Twin Falls counties
- Be a senior, age 60 –79
- Have a combined household income within the ranges shown in the income chart in this brochure
- Be independently mobile and able to travel to dental offices for treatment within 60 days of being accepted into the program
- Submit proof of income

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.

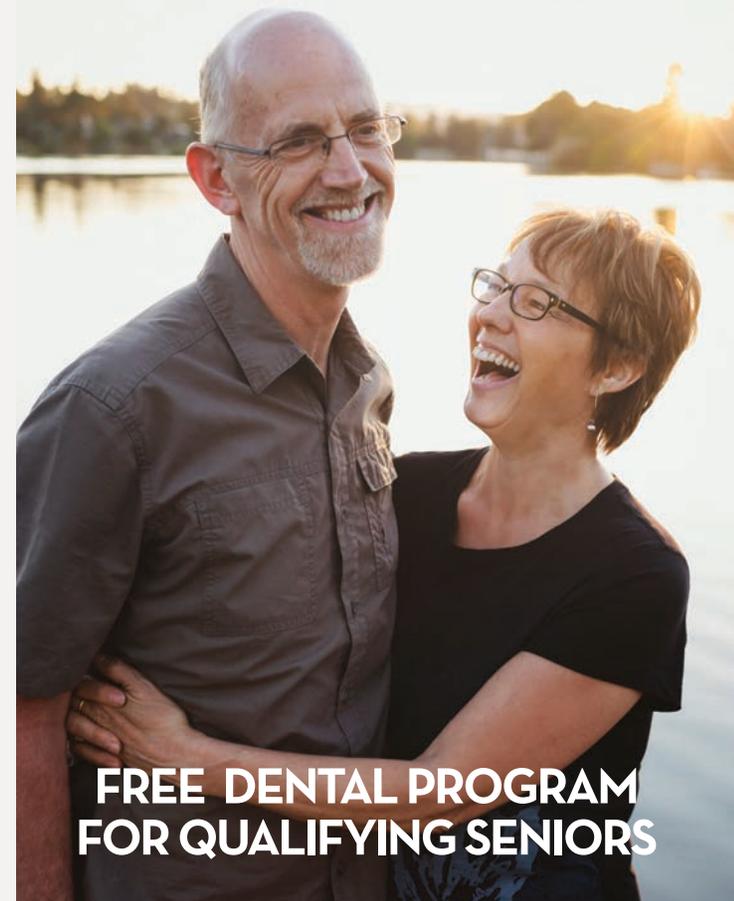
QUESTIONS?

Contact us for more information at 1-866-894-3563

The information in this brochure is valid January 1, 2015 – September 1, 2015
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



GrinWell for You



**FREE DENTAL PROGRAM
FOR QUALIFYING SENIORS**



EVERY SMILE IS A GIFT

Delta Dental of Idaho believes everyone deserves a healthy smile. That is why we created this outreach program to provide **FREE DENTAL SERVICES** to Idahoans ages 60-79 with limited incomes.

TOO GOOD TO BE TRUE?

There are no hidden fees, surprises, or agendas. We simply want you and others in your community to have the best health possible.

WHAT SERVICES ARE COVERED?

Up to \$1,250 in **FREE** dental care during 2015, including:

- Cleanings
- X-rays
- Fillings
- Some root canals
- Stainless steel crowns
- Extractions
- Dentures & denture repairs

HOW MUCH WILL IT COST?

There is no cost to use the \$1,250 benefit.



HOW DO I APPLY?

Complete the Enrollment Application and return before May 29, 2015 to:

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

WHAT'S NEXT?

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

AGES 60 - 64 Household Income Limits (effective 1/1/15)

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 1/1/15)

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.

† Household size is defined as you, your spouse, and any dependent children