



## HOW DO I APPLY?

We enroll applicants quarterly (every three months) on a first-come, first-served basis until the program is full.

Apply online; scan the QR code or go to [deltadentalid.com/GrinWell](http://deltadentalid.com/GrinWell). Or 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.

Apply immediately by scanning the QR code and filling out our online application.



## WHO IS DELTA DENTAL OF IDAHO?

We're a not-for-profit organization offering dental benefits, and we're dedicated to improving the oral health of all Idahoans. Our Community Outreach team provides services and programs for people living in the Gem State.

## TOO GOOD TO BE TRUE?

Delta Dental of Idaho offers the *GrinWell for You* program to eligible Idahoans because we believe everyone deserves a healthy smile. There are no hidden fees, no deductibles, and no co-pays.

We simply want you to have the best oral health possible.



# GrinWell for You



## QUESTIONS?

Contact us at 1-866-894-3563

2024  
**FREE DENTAL  
PROGRAM**

for adults age 26-34 and 60+

## WHAT IS COVERED?

This is a one-time gift of \$1,850 in free dental coverage. You can use the coverage over 12 months 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).**



**The information in this brochure is valid for the 2024 enrollment year only.**

*Services listed in this brochure are examples of covered dental services.*

*For a full listing, please contact us at:*

**1-866-894-3563**

## 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 patient's responsibility.*

## HOW DO I QUALIFY?

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

- Currently live in Idaho
- Are age 26-34 or 60+
- 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 must 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.

## INCOME CHART

Household Size	Household Gross Yearly Income Limit	Household Gross Monthly Income Limit
1	\$32,805 or less	\$2,734 or less
2	\$44,370 or less	\$3,698 or less
3	\$55,935 or less	\$4,661 or less
4	\$67,500 or less	\$5,625 or less

*For families/households with more than 4 persons, add \$11,565 yearly or \$964 monthly, for each additional person.*

## INCOME REQUIREMENTS

**Household size** 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, one of the following documents can be used instead:

- Your most recent W-2 form
- A Social Security award letter
- A pension or interest statement
- Bank Statement
- Most recent tax return

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