



<Print Date>

<Case Number>

## Dental Wellness Plan Members Have a Choice

Dear Member,

We are writing with important information about your Iowa Medicaid dental coverage and the choices available to you. The information on the back of this letter lists the dental plan you will be assigned to effective <effective date>.

Your dental plan assignment has not changed. However, during this open choice period, you have the option to change your dental plan, if you desire.

These are the plans you can choose from:

- Delta Dental of Iowa
- MCNA Dental

More information about these plans is included in this mailing.

If you are happy with the plans assigned on the back of this letter, you don't need to do anything.

**If you want to switch to a different dental plan, please complete the included Plan Change Form and return it to Member Services by <choice period end date>.**

Please see the back of this letter for additional information about deadlines.

### To change your dental plan:

Email: [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)

Phone: Iowa Medicaid Member Services: 1-800-338-8366 or 515-256-4606 in the Des Moines area

Mail: Iowa Medicaid Member Services  
PO Box 36510  
Des Moines, IA 50315

**Turn this letter over to see which dental plan you will be assigned to effective <effective date>.**

**Your Assigned Dental Plan Effective <effective date>**

<b>State ID Number</b>	<b>Member Name</b>	<b>Dental Plan</b>	<b>Dental Plan Phone</b>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>

**Important Deadline Information**

If you wish to request changes to your health or dental plan, you must do so by <choice period end date>. To confirm when your choice will be effective, please contact Iowa Medicaid Member Services by calling 1-800-338-8366 or 515-256-4606 in the Des Moines area.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

Llame al 1-800-735-2942, a Relay Iowa TTY (teléfono de texto para personas con problemas de audición, del habla y ceguera) si necesita asistencia telefónicamente.

The Iowa Department of Health and Human Services (HHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.