

# Member Annual Choice and Reassignment Mailing

Medicaid Member  
Town Hall

March 5, 2026



# Today's Agenda:

- ▶ Background and Member Reassignment
- ▶ Annual Choice Period and Dental Reassignment
- ▶ Annual Choice and Reassignment Mailing Packets
- ▶ Mailing Timeline
- ▶ Questions

# Background and Member Reassignment



Health and  
Human Services

# Background

- ▶ In February 2025, Iowa Medicaid released a Request for Proposal (RFP) to select qualified Dental Plans to deliver dental services for Iowa Medicaid members.
- ▶ On August 15, 2025, Iowa Department of Health and Human Services (HHS) selected **Delta Dental of Iowa (DDIA)** and **DentaQuest** to provide dental services starting **July 1, 2026**.
- ▶ DentaQuest is the new plan joining the Dental Wellness Plan (DWP) and Hawki Dental Program.
- ▶ MCNA is the plan leaving the Dental Wellness Plan. Their last day will be June 30, 2026.

# Member Reassignment

- ▶ Member Reassignment occurs when a **new** Dental Plan joins the Dental Wellness Plan and Hawki Dental Programs.
- ▶ Members will be distributed between all Dental Plans to ensure equal membership.
  - Dental Wellness Plan (adult and children) and Hawki Dental Programs.

## **The following are the goals of the member Reassignment logic:**

- ▶ Maintain continuity of care to the best extent possible.
- ▶ The logic was designed to keep family units together.
- ▶ Parents and siblings will be assigned to the same Dental Plan.
- ▶ Equitable member Reassignment to ensure all Dental Plans have the same membership proportion and that high-risk members are distributed evenly across plans.

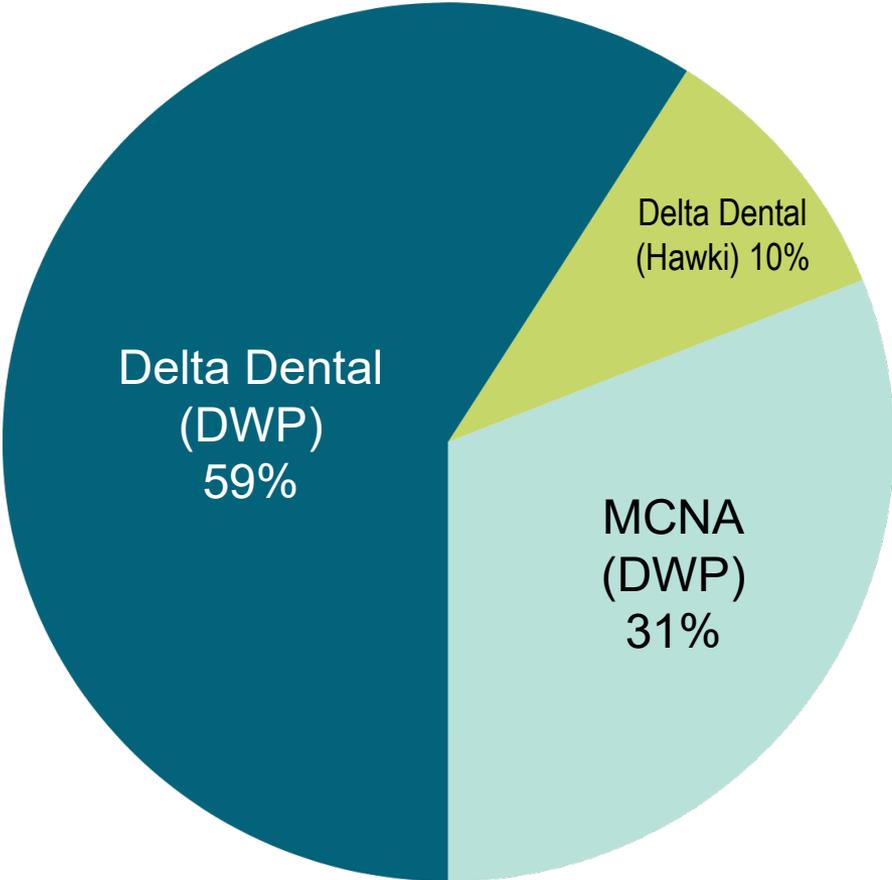
# Current Market Share

 Delta Dental (DWP)

 Delta Dental (Hawki)

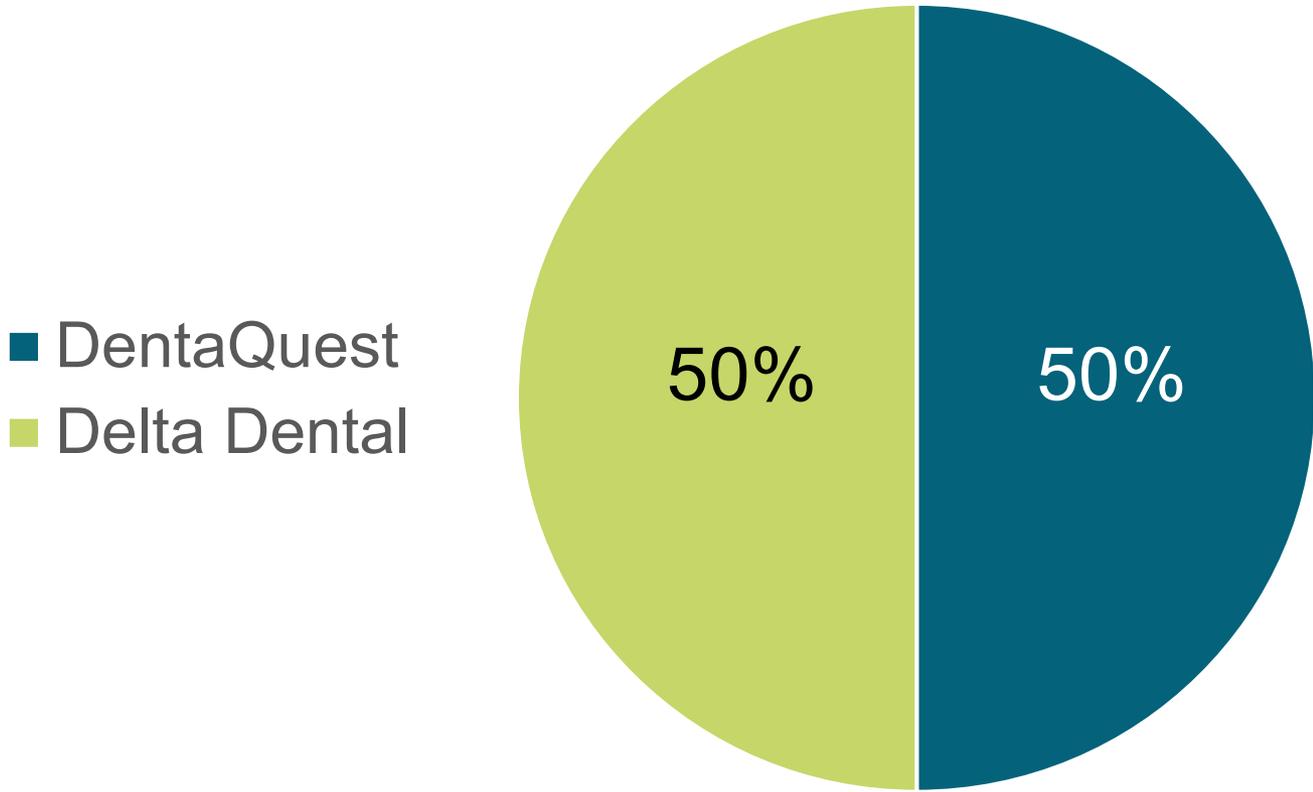
 MCNA (DWP)

DWP – Dental Wellness Plan



# Market Share After Reassignment

Member Count After Reassignment



# Annual Choice Period and Dental Reassignment



Health and  
Human Services

# Annual Choice Period

- ▶ Medicaid-eligible members can change their health or Dental Plan for any reason once every 12 months, depending on when their Medicaid eligibility began.

This process is known as the ‘**Annual Choice Period.**’

- ▶ This year, the Annual Choice Period and the dental member Reassignment are happening at the same time.

# Dental Member Reassignment

All members will have the opportunity to select a Dental Plan during the Annual Choice period, which is currently scheduled to start **April 6, 2026**.

This includes the members who were reassigned to DentaQuest, as well as members who were not reassigned.

1

Annual Choice period starts on **April 6, 2026**, through **June 18, 2026**, for an enrollment effective date of July 1, 2026.

2

All members will receive an Annual Choice letter announcing DentaQuest and plan Reassignments effective **July 1, 2026**.

3

After **June 18, 2026**, members will have 90 days to change Dental Plans, with changes taking effect prospectively.

# Annual Choice and Reassignment Mailing Packets

# All mailing packets contain:

Iowa Department of Health and Human Services (HHS) envelope

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
IOWA MEDICAID – MEMBER SERVICES  
PO BOX 36510  
DES MOINES IA 50315-0314

470-4223

**RETURN SERVICE REQUESTED**

PRESORTED  
FIRST-CLASS MAIL  
US POSTAGE  
PAID  
DES MOINES, IA  
PERMIT NO. 1195

Window  
Size: 4.5" Long by 1.125" Tall  
Location: 0.875" from the Left and 0.625" from the Bottom

# Estate Recovery Program Information:

## Important Information for You and Your Family Members About the Estate Recovery Program

<Date>  
<Case Number>

Medicaid is a government program that pays for health care for people with limited income. If you are assigned to a managed care organization, the state pays the managed care organization a monthly fee, referred to as a capitation fee, to manage and pay for your medical services. Medicaid covers a variety of services, including but not limited to primary care, institutional care, hospitalization, prescription drugs, case management, and waiver services.

To help pay for these services, every state must have a Medicaid Estate Recovery Program. When you received Medicaid benefits, which includes capitation fees paid to managed care organizations, even if the plan did not pay for any services, the state of Iowa has the right to ask for money back from your estate after your death. The state will never ask for more money back than it paid. Estate recovery laws were passed by the U.S. Congress and all 50 states. In Iowa, the estate recovery program is run by the Iowa Department of Health and Human Services (HHS).

**Who does estate recovery impact?** Estate recovery only applies to Medicaid recipients who:

- Are age 55 or older, or
- Are under age 55 and live in a medical facility and will probably not return home.

**What part of an “estate” can be recovered?** An “estate” includes all:

- Real property, such as your house, land, etc.
- Personal property, such as household goods, personal effects, cars, etc. or
- Any other asset that you own at the time of your death.

This includes items you own with someone else such as property, trusts, most annuities, and retained life estates.

**Can repayment be delayed?** Medicaid repayment can be delayed if the repayment will create a hardship for your family. HHS decides, on a case-by-case basis, who gets a hardship. Your family will receive a letter about estate recovery and repayment. Your family will have 30 days from when the letter is received to apply for hardship. Hardship exists for a person applying for the waiver when:

- The total household income is less than 200% of the federal poverty level for the size of the household, and
- The total household resources are not more than \$10,000, and
- Recovering the resources of the “estate” denies your family of food, clothing, shelter or medical care that might put a person’s life or health in danger.

Medicaid repayment may be delayed if you have a spouse or a dependent child who is under age 21, blind, or disabled at your death.

**For more information, call Iowa Medicaid Member Services**

**Toll Free: 800-338-8366**

**515-256-4606 (Des Moines area)**

**8:00 a.m. – 5:00 p.m., Monday – Friday**

# Privacy Rights Information:

## Information About Your Privacy Rights

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This notice is given to you because your health plan is Medicaid or Healthy and Well Kids in Iowa (Hawki). The notice talks about your Protected Health Information (PHI). PHI means records that can be used to identify you or your children and have information about your health plan, medical care, or payment for medical care. Your PHI is protected by state and federal laws. It also includes the information for your dependent children under the health plan. This information does not affect eligibility for the health plan.

### Your Rights to Privacy

Federal law gives you rights about PHI. You have the right to:

- Receive notice of Iowa Department of Health and Human Services (HHS) policies and procedures used to protect your PHI.
- Ask that certain uses and disclosures of your PHI be restricted.
- Give a written request to inspect and copy your PHI.
- Give a written request that your PHI be changed.
- Ask for an accounting of disclosures by the health plan.
- Request communication of your PHI by alternative means or at an alternative address.
- Receive notice of unauthorized disclosure of your PHI.

### Use and Disclosure of PHI

HHS is committed to keeping your PHI confidential and safe from being used by others without permission.

Only people who have both the need and legal right will be allowed to view your PHI. Your PHI will not be sold, used or shared for marketing or fundraising.

[This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.](#)

Este aviso está disponible en español a petición.

Your health plan, Medicaid or Hawki, will ask for your written permission to release your PHI to others that are not given access to PHI under law. You may cancel your permission at any time by submitting your written instructions to the HHS Privacy Officer.

### As Required or Permitted By Law

**To avoid a serious threat to health or safety:** As permitted or required by law and standards of ethical conduct, we may release your PHI to the proper authorities if it is believed, in good faith, that it is necessary to prevent or minimize a serious and approaching threat to you or others' health or safety.

**Treatment:** Your PHI may be shared to coordinate health care. For example, your doctor may be notified about care you received in an emergency room.

# Mailing Packet – Plan Change Forms

# Plan Change Forms:



## Iowa Health Link: Health and Dental Plan Change Form

Only fill out this form if you want to change your health and/or dental plan.

If you are satisfied with your current plans, you do not need to complete this form.

Fields marked \* are required.

Name of Person	Date of Birth* (MM/DD/YY)	ID Number*	Check One Health Plan	Check One Dental Plan
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest



## Hawki Health and Dental Plan Change Form

Only fill out this form if you want to change your children's health and/or dental plan.

If you are satisfied with your children's current plans, you do not need to complete this form.

Fields marked \* are required.

Name of Person	Date of Birth* (MM/DD/YY)	ID Number*	Check One Health Plan	Check One Dental Plan
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest



## Hawki Dental Plan Change Form

Only fill out this form if you want to change your children's dental plan.

If you are satisfied with your children's current dental plan, you do not need to complete this form.

Fields marked \* are required.

Name of Person	Date of Birth* (MM/DD/YY)	ID Number*	Check One Dental Plan*
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest



## Dental Wellness Plan (DWP): Plan Change Form

Only fill out this form if you want to change your dental plan.

If you are satisfied with your current plans, you do not need to complete this form.

Fields marked \* are required.

Name of Person	Date of Birth* (MM/DD/YY)	ID Number*	Check One Dental Plan
			Delta Dental of Iowa <a href="#">DentaQuest</a>
			Delta Dental of Iowa <a href="#">DentaQuest</a>
			Delta Dental of Iowa <a href="#">DentaQuest</a>
			Delta Dental of Iowa <a href="#">DentaQuest</a>

# Plan Change Forms (continued):

1. Members should include **all** the information requested.
2. Don't forget to check the authorization box at the bottom of the form!

**\*YES I am authorized to make changes on this account. I understand that by completing this form and submitting it to Member Services, I am changing the plans for the person(s) listed above.**

If you have questions about how to complete this form, call Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.

# Mailing Packet – Value-Added Services

# Value-Added Services Document

## Health and Dental Plan Value-Added Services

■ - This symbol means that a Health Plan or Dental provides the Value-Added Service

To learn more about these Value-Added Services and other resources offered, use the QR code or the website address provided. Some restrictions may apply.

Health Plan			
Pre-natal, post-partum and infant care	■	■	■
Access to transportation	■	■	■
Access to healthy food	■	■	■
Home support	■	■	■
Health and wellness – physical and behavioral	■	■	■
Healthy rewards	■	■	■
Learning and Development	■	■	■
Website	<a href="http://lowatotalcare.com/value-adds">lowatotalcare.com/value-adds</a>	<a href="http://molinahealthcare.com/members/ia/mem/medicaid/helpful-resources/Value-Added-Benefits.aspx">molinahealthcare.com/members/ia/mem/medicaid/helpful-resources/Value-Added-Benefits.aspx</a>	<a href="http://wellpoint.com/ia/medicaid/extras">wellpoint.com/ia/medicaid/extras</a>



Dental Plan		
Amazon Gift Card	■	■
Extra dental cleanings for pregnant members and members with diabetes, cardiovascular disease, or undergoing active cancer treatment.	■	■
Backpack with Dental Care Kit	N/A	■
Teledentistry Services	<a href="http://dwp Iowa.com/virtual">dwp Iowa.com/virtual</a>	<a href="http://dentaquest.com/members">dentaquest.com/members</a>
Website	<a href="http://dwp Iowa.com/vas">dwp Iowa.com/vas</a>	<a href="http://dentaquest.com/members">dentaquest.com/members</a>



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.

# VAS Documents



	Iowa Total Care	MOLINA HEALTHCARE	Wellpoint
<b>Website</b> Member portal, provider search directory and more.	<a href="http://IowaTotalCare.com">IowaTotalCare.com</a>	<a href="http://Molina.com/ia">Molina.com/ia</a>	<a href="http://wellpoint.com/ia/medicaid">wellpoint.com/ia/medicaid</a>
<b>Member Services</b> For questions about your coverage and assistance accessing benefits.	1-833-404-1061 (TTY 711)	1-844-236-0894 (TTY 711)	1-833-731-2140 (TTY 711)

Covered Benefits	These symbols mean the Health Plan offers the service for the coverage group:		
	■ Medicaid	◆ Iowa Health and Wellness Plan	
Behavioral Health	■ ◆	■ ◆	■ ◆
Telehealth Services	■ ◆	■ ◆	■ ◆
Primary Care	■ ◆	■ ◆	■ ◆
Hospital Services	■ ◆	■ ◆	■ ◆
Emergency Care	■ ◆	■ ◆	■ ◆
Preventive Services	■ ◆	■ ◆	■ ◆
Outpatient Therapy	■ ◆	■ ◆	■ ◆
Prescription Drugs	■ ◆	■ ◆	■ ◆
Long-Term Services and Supports	■	■	■

\*Iowa Health and Wellness Plan (IHAWP) members have limited behavioral health benefits. Detailed benefit information by coverage group is available at [hhs.iowa.gov/IHealthLink](http://hhs.iowa.gov/IHealthLink).

	DELTA DENTAL	DentaQuest <sup>SM</sup> a Sun Life company
<b>Website</b> Member portal, provider search directory and more.	<a href="http://smileja.com">smileja.com</a>	<a href="http://dentaquest.com/members">dentaquest.com/members</a>
<b>Member Services</b> For questions about your coverage and assistance accessing benefits.	1-800-544-0718 (TTY 711)	1-866-629-6074 (TTY 711)
<b>Covered Benefits</b> Diagnostic, Preventive, Restorative, Specialty, Orthodontia*, Emergency	✓	✓

\*When medically necessary.

Comm 504 (2/26)

Iowa Medicaid Member Services: 1-800-338-8366



	Iowa Total Care	MOLINA HEALTHCARE	Wellpoint
<b>Website</b> Features member portal, provider search directory, and more.	<a href="http://Iowatotalcare.com">Iowatotalcare.com</a>	<a href="http://molina.com/ia">molina.com/ia</a>	<a href="http://wellpoint.com/ia/medicaid">wellpoint.com/ia/medicaid</a>
<b>Member Services</b> For questions about your coverage and assistance accessing benefits.	1-833-404-1061 (TTY 711)	1-844-236-0894 (TTY 711)	1-833-731-2140 (TTY 711)

Covered Benefits	■ Medicaid	◆ Iowa Health and Wellness Plan	
Preventive Services	■	■	■
Telehealth Services	■	■	■
Routine Check-ups	■	■	■
Emergency Room *	■	■	■
Pharmacy/Medication	■	■	■
Allergy Testing	■	■	■
Routine Eye Exam **	■	■	■
Routine Hearing Exam	■	■	■
Inpatient Hospital Services	■	■	■

\*Emergency services for non-emergent conditions are subject to a \$25 copay if the family pays a premium for the Hawki program.

\*\*There is a \$100 annual limit on eyeglasses.

	DELTA DENTAL	DentaQuest <sup>SM</sup> a Sun Life company
<b>Website</b> Member portal, provider search directory and more.	<a href="http://smileja.com">smileja.com</a>	<a href="http://dentaquest.com/members">dentaquest.com/members</a>
<b>Member Services</b> For questions about your coverage and assistance accessing benefits.	1-800-544-0718 (TTY 711)	1-866-629-6074 (TTY 711)
<b>Covered Benefits</b> Diagnostic, Preventive, Restorative, Specialty, Orthodontia*, Emergency	✓	✓

\*When medically necessary.

Comm. 514 (2/26)

Hawki Member Services

1-800-257-8563



Health and Human Services

# VAS Documents (continued)



	DELTA DENTAL	DentaQuest <sup>SM</sup> a Sun Life company
<b>Website</b> Member portal, provider search directory and more.	<a href="http://smileia.com">smileia.com</a>	<a href="http://dentaquest.com/members">dentaquest.com/members</a>
<b>Member Services</b> For questions about your coverage and assistance accessing benefits.	<b>1-800-544-0718</b> (TTY 711)	<b>1-866-629-6074</b> (TTY 711)
<b>Covered Benefits</b> Diagnostic, Preventive, Restorative, Specialty, Orthodontia*, Emergency	✓	✓

\*When medically necessary.

### Dental Plan Value-Added Services

To learn more about these Value-Added Services and other resources offered, use the QR code or the website address provided. Some restrictions may apply.

	DELTA DENTAL	DentaQuest <sup>SM</sup> a Sun Life company
Amazon Gift Card	✓	✓
Extra dental cleanings for pregnant members and members with diabetes, cardiovascular disease, or undergoing active cancer treatment.	✓	✓
Backpack with Dental Care Kit	N/A	✓
Teledentistry Services	<a href="http://dwp Iowa.com/virtual">dwp Iowa.com/virtual</a>	<a href="http://dentaquest.com/members">dentaquest.com/members</a>
Website	<a href="http://dwp Iowa.com/vas">dwp Iowa.com/vas</a>	<a href="http://dentaquest.com/members">dentaquest.com/members</a>



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.

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Updated (2/26)

**Hawki Member Services: 1-800-257-8563**



Health and  
Human Services

# Mailing Packet for Iowa Health Link- Health and Dental Members



Health and  
Human Services

<Print Date>

<Case Number>

## Dental Wellness Plan Members Have a New Dental Plan Option

This letter tells you about your health **and** dental coverage starting July 1, 2026. You have a new Dental Wellness Plan option and the Annual Choice Period for the health plan is happening at the same time. This letter informs you of your health and dental plan options **effective July 1, 2026**.

The back of this letter shows the health and dental plans you have been assigned. Please note, the dental plan may be different from the one you have now.

From now until **<<Choice Period End Date>>** you can change your health and/or dental plan.

**If you want to keep things as listed on the back of this letter, you do not have to do anything.**

To change to a different health plan and/or dental plan, follow the steps below.

### Step 1

#### Review

- Review the enclosed information about your plan choices to make the best choice for your health and dental care needs.

### Step 2

#### Choose

- For each person listed on the **back** of this letter, choose the health and/or dental plan that best fits their needs. Each person may choose a different health and/or dental plan.
- You can choose from these health plans:
  - Iowa Total Care
  - Molina Healthcare of Iowa
  - Wellpoint Iowa, Inc.
- You can choose from these dental plans:
  - Delta Dental of Iowa
  - DentaQuest
- You have until **<<Choice Period End Date>>** to change your assigned plan(s) for any reason.

### Step 3

#### Enroll (Choose One)

- Phone:** Call Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**.
- Mail:** Return the completed plan change form (enclosed) to:  
Member Services  
PO Box 36510  
Des Moines, IA 50315
- Email:** Plan change form can be sent to [imember@hhs.iowa.gov](mailto:imember@hhs.iowa.gov)

Turn this letter over to see your assigned health and dental plan enrollment.

Your assignments for your health and dental plans are listed below. If you want to keep things just the way they are, you do not have to do anything. If you want to make a change to your enrollment, please follow the steps on the front of this letter.

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

#### Health and Dental Plan Selection Information

After July 1, 2026 you will have 90 days to change your enrollment for any reason. The table below lists the effective date of your enrollment.

Enrollment Cut Off Dates	
Choice Cut-Off Date	Effective Date
June 18, 2026	July 1, 2026
July 19, 2026	August 1, 2026
August 19, 2026	September 1, 2026
September 17, 2026	October 1, 2026
October 19, 2026	November 1, 2026

**Choice Cut-Off Date:** Members must change their health plan and/or dental plan by this date for the change to take effect by the Effective Date.

**Effective Date:** Date the health plan and/or dental plan will take effect.

If you need help picking a plan, call Medicaid Member Services for choice counseling. For general questions and additional information, contact Medicaid Member Services at **1-800-338-8366** or in the Des Moines area at **515-256-4606**, Monday through Friday 8a.m. to 5 p.m. or email [imember@hhs.iowa.gov](mailto:imember@hhs.iowa.gov)

Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono **1-800-338-8366** de 8 a.m. a 5 p.m., de Lunes a Viernes.

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.

# Mailing Packet for Hawki Health and Dental Members



<Print Date>

<Case Number>

## Hawki Members Have a New Dental Plan Option

This letter tells you about your children's health **and** dental coverage starting July 1, 2026. You have a new Hawki Dental Plan option and the Annual Choice Period for the health plan is happening at the same time. This letter informs you of your Hawki health and dental plan options **effective July 1, 2026**.

The back of this letter shows the health and dental plans your children have been assigned. Please note, the Hawki Dental plan may be different from the one they have now.

From now until **<<Choice Period End Date>>** you can change your children's health and/or dental plan.

**If you want to keep things as listed on the back of this letter, you do not have to do anything.**

To change to a different health plan and/or dental plan, follow the steps below.

### Step 1

#### Review

- Review the enclosed information about your children's plan choices to make the best choice for their health and dental care needs.

### Step 2

#### Choose

- For each child listed on the **back** of this letter, choose the health and/or dental plan that best fits their needs. Each child may choose a different health and/or dental plan.
- You can choose from these health plans:
  - Iowa Total Care
  - Molina Healthcare of Iowa
  - Wellpoint Iowa, Inc.
- You can choose from these dental plans:
  - Delta Dental of Iowa
  - DentaQuest
- You have until **<<Choice Period End Date>>** to change their assigned plan(s) for any reason.

#### Enroll (Choose One)

- Phone:** Call Hawki Member Services at **1-800-257-8563** or locally in the Des Moines area at **515-256-4606**.
- Mail:** Return the completed plan change form (enclosed) to:  
Member Services  
PO Box 36510  
Des Moines, IA 50315
- Email:** Plan change form can be sent to [hawki@hhs.iowa.gov](mailto:hawki@hhs.iowa.gov)

Turn this letter over to see your [children's](#) assigned health and dental plan enrollment.

Your children's assigned enrollment for health and dental plans is listed below. **If you want to keep things just the way they are, you do not have to do anything.** If you want to make a change to their health and/or dental plan enrollment, please follow the steps on the front of this letter.

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

#### Health and Dental Plan Selection Information

- After July 1, 2026 you will have 90 days to change your children's health and/or dental plan for any reason. Please refer to the table below for the effective date of your children's enrollment.

Enrollment Cut Off Dates	
Choice Cut-Off Date	Effective Date
June 18, 2026	July 1, 2026
July 19, 2026	August 1, 2026
August 19, 2026	September 1, 2026
September 17, 2026	October 1, 2026
October 19, 2026	November 1, 2026

**Choice Cut-Off Date:** Members must change their health plan and/or dental plan by this date for the change to take effect by the Effective Date.

**Effective Date:** Date the health plan and/or dental plan will take effect.

- If you need help picking a plan, call Hawki Member Services for choice counseling. For general questions and additional information, contact Hawki Member Services at:
  - Phone: **1-800-257-8563** or locally in the Des Moines area at **515-256-4606**, Monday through Friday, from 8 a.m. to 5 p.m.
  - Email: [Hawki@hhs.iowa.gov](mailto:Hawki@hhs.iowa.gov)

Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono **1-800-338-8366** de 8 a.m. a 5 p.m., de Lunes a Viernes.

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.

If your child has a Hawki premium, you have the option to pay the premium online using the web application [ClickPay](#), administered through US Bank. You can find more information at [hhs.iowa.gov/hawki](https://hhs.iowa.gov/hawki)

- You can make a one-time or recurring monthly withdrawal from your bank account to pay this premium.
- You are limited to 12 recurring payments. It is your responsibility to setup recurring payments again after 12 months or stop your recurring payment when your premium obligation or enrollment in the Hawki program ends. Your bank will continue to make payments until you stop them.

# Mailing Packet for Hawki Dental Only Members



<Print Date>

<Case Number>

## Hawki Members Have a New Dental Plan Option

This letter tells you about your children's dental coverage starting July 1, 2026. You have a new Hawki Dental Plan option and the Annual Choice Period for the dental plan is happening at the same time. This letter informs you of your Hawki dental plan options **effective July 1, 2026**.

The back of this letter shows the dental plan your children have been assigned. Please note, the Hawki dental plan may be different from the one they have now.

From now until **<<Choice Period End Date>>** you can change your children's dental plan.

**If you want to keep things as listed on the back of this letter, you do not have to do anything.**

To change to a different dental plan, follow the steps below.

### Step 1

#### Review

- Review the enclosed information about your children's dental plan choices to make the best choice for their dental care needs.

### Step 2

#### Choose

- For each child listed on the **back** of this letter, choose the dental plan that best fits their needs. Each child may choose a different dental plan.
- You can choose from these dental plans:
  - Delta Dental of Iowa
  - DentaQuest
- You have until **<<Choice Period End Date>>** to change their assigned plan for any reason.

### Step 3

#### Enroll (Choose One)

- Phone:** Call Hawki Member Services at **1-800-257-8563** or locally in the Des Moines area at **515-256-4606**.
- Mail:** Return the completed plan change form (enclosed) to:  
Member Services  
PO Box 36510  
Des Moines, IA 50315
- Email:** Plan change form can be sent to [hawki@hhs.iowa.gov](mailto:hawki@hhs.iowa.gov)

Turn this letter over to see your children's assigned dental plan enrollment.

Your children's assigned enrollment for a dental plan is listed below. **If you want to keep things just the way they are, you do not have to do anything.** If you want to make a change to their dental plan enrollment, please follow the steps on the front of this letter.

State ID Number	Member Name	Dental Plan	Dental Plan Phone
<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>	<###-###-####>

#### Dental Plan Selection Information

- After July 1, 2026, you will have 90 days to change your children's dental plan for any reason. Please refer to the table below for the effective date of your children's enrollment.

Enrollment Cut Off Dates	
Choice Cut-Off Date	Effective Date
June 18, 2026	July 1, 2026
July 19, 2026	August 1, 2026
August 19, 2026	September 1, 2026
September 17, 2026	October 1, 2026
October 19, 2026	November 1, 2026

**Choice Cut-Off Date:** Members must change their dental plan by this date for the change to take effect by the Effective Date.

**Effective Date:** Date the dental plan will take effect.

- If you need help picking a plan, call Hawki Member Services for choice counseling. For general questions and additional information, contact Hawki Member Services at:
  - Phone: **1-800-257-8563** or locally in the Des Moines area at **515-256-4606**, Monday through Friday, from 8 a.m. to 5 p.m.
  - Email: [Hawki@hhs.iowa.gov](mailto:Hawki@hhs.iowa.gov)

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Find more information at [hhs.iowa.gov/hawki](https://hhs.iowa.gov/hawki).

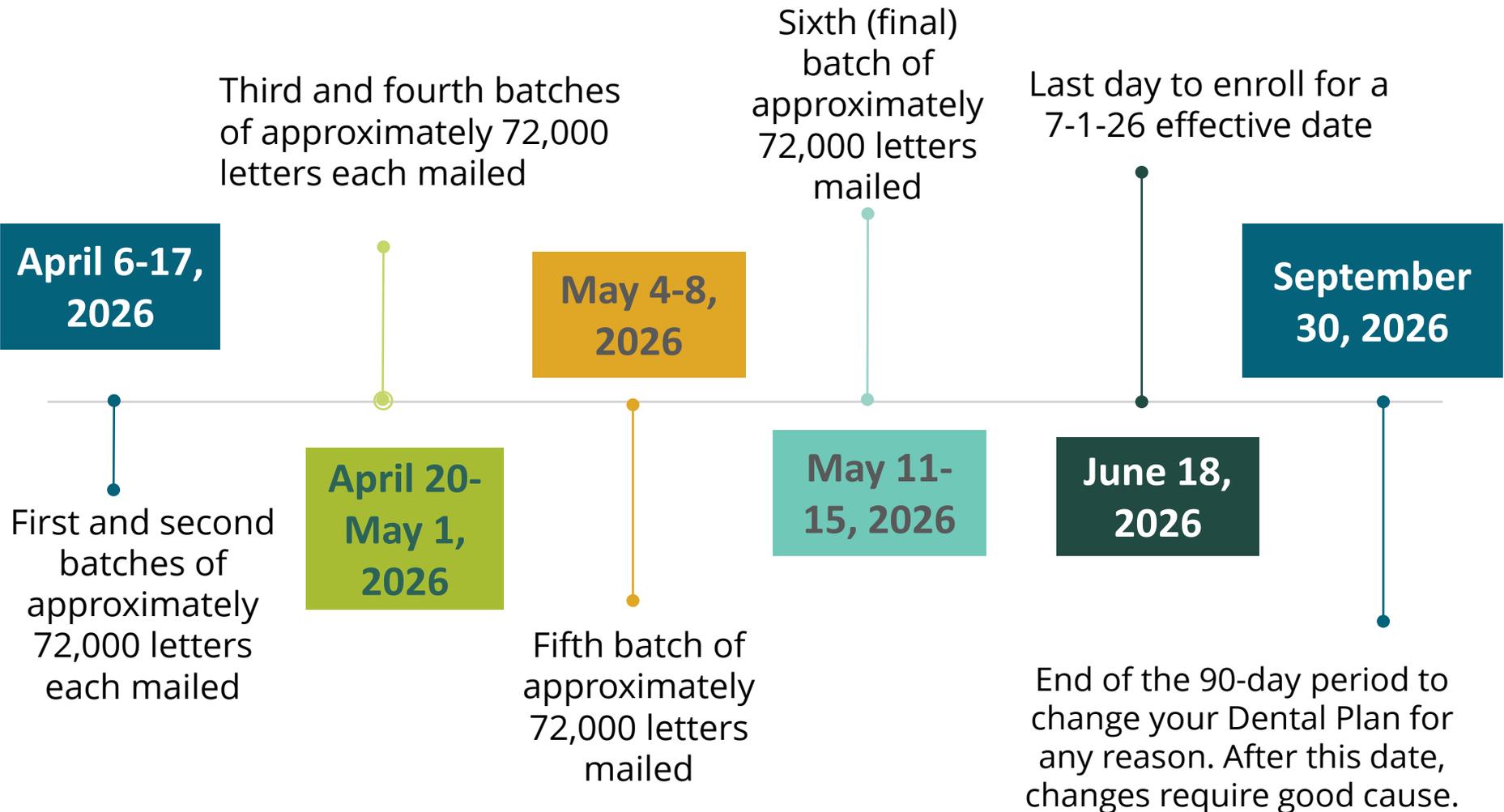
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- You are limited to 12 recurring payments. It is your responsibility to setup recurring payments again after 12 months or stop your recurring payment when your premium obligation or enrollment in the Hawki program ends. Your bank will continue to make payments until you stop them.

# Mailing Packet for Dental Only Members



# Mailing Timeline

# Annual Choice Mailing Timeline



The last day members can make changes to their Dental Plan enrollment for it to be effective on July 1, 2026 is June 18, 2026.

Members have an additional 90 days after June 18, 2026, to change their Dental Plan enrollment with a prospective effective date.

# Questions