

<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 imemember@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> | <###-###-####> | <###-###-####> |

Health and Dental Plan Selection Information

After July 1, 2026 you will have 90 days to change your enrollment for any reason.

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 imemember@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.