

Your Annual Choice Period Has Begun.

<Date> , <Case Number>

You/your family are currently enrolled in the Dental Wellness Plan, with dental coverage through a dental carrier. You have two dental carriers to choose from for your Dental Wellness Plan coverage. You may change your dental carrier each year during your Annual Choice Period.

Your Annual Choice Period Has Begun, and Ends <<End Date>>

During this Annual Choice Period the person(s) listed on this letter has the opportunity to change their dental carrier for any reason.

IF YOU WANT TO KEEP THINGS JUST THE WAY THEY ARE, YOU DO NOT HAVE TO DO ANYTHING.

If you wish to change your dental carrier, follow the instructions below.


In this mailing you will find information about the two dental carriers that you can choose from:


- Delta Dental
- MCNA Dental




To change your dental carrier:

 **Online:** Complete the Dental Carrier Change Form on the DHS website at www.dhs.iowa.gov/dental-wellness-plan/choice.

 **Email:** Iowa Medicaid Member Services at IMEMemberServices@dhs.state.ia.us.

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

 **Mail:** If you wish, you may request a paper form to send your choice by mail. To request a paper form, call Iowa Medicaid Member Services at **1-800-338-8366**.

If you decide to change your dental carrier, your coverage with your new dental carrier will begin on <<Coverage Begin Date>>. After your Annual Choice Period has ended, and throughout the year, you may change your dental carrier for reasons of “Good Cause.” For more information, please call Iowa Medicaid Member Services at **1-800-338-8366** or **515-256-4606** in the Des Moines area.

Your Current Dental Carrier

State ID Number	Member Name	Dental Carrier	Dental Carrier 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>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
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<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>

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.