#### **Employer Portal Overview**

Welcome to Delta Dental's Employer Web Portal! We've designed this user-friendly platform to enhance your experience and streamline your interactions with us.

This comprehensive guide will walk you through each feature, providing step-by-step instructions to help you navigate the portal with ease. Please note: not all of this content will apply to all users as functionality will vary depending on the user's role within their organization.

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### Account Activation

Following your account creation, you will receive a welcome email from noreply@deltadentalma.com, requesting that you activate your account. Click on the Activate account button.

Welcome to th	e client portal (activate your account)
Hi John,	
	or has created your user account.
Click the button below	v to activate your account:
	Activate account
	This link expires in 8 hours.
Your username is <b>john</b>	.doe@dentalclient.com
Your organization's sig	n-in page is https://clients.deltadentalma.com
If you're having trouble representative.	e accessing your account, request help from your client relation

Your Username will be auto filled in the Set-up security screen. Create a unique and secure password using the criteria listed on the screen. Re-enter the password and click on the Submit button.

Set up security The secure passed that does not include all any and your name or ownements. Any tabletaransame ever t tabletaransame ever t tabletaransame tabletaran					
tabletamename verd * er nee passeord * til deatamen * til deatamen time tabletamen time tabletamen time tabletamen time tabletamen time tabletamen * time tabletamen *					
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er new password					
- 32 characters E least Toppercase character E least Toppercase character Least Topper					
t least 1 uppercase character t least 1 lowercase character t least 1 number					
nter password *					
er password again 💿					
elta Dental or its service providers.					
Submit					
	agree to receivemails, voice calls, and/or SMS messages from hits Dental or its service providers. agree to the Terms of Use.	agree to receive e-mails, voice calls, and/or SMS messages from lefta Dental or its service providers. agree to the Terms of Use.	agree to receive e-mails, voice calls, and/or SMS messages from with Dental or its service providers. agree to the Terms of Use.	agree to receive e-mails, voice calls, and/or SMS messages from with Dental or its service providers. agree to the Terms of Use.	agree to receive e-mails, voice calls, and/or SMS messages from with Dental or its service providers. agree to the Terms of Use.

Your account is now activated, and a welcome screen will appear displaying your username and your organization's sign on page.

# Logging Into the Portal

Log into the portal using your organization's sign-in page, provided on the welcome screen. Enter your Username, Password, click on Remember me if desired and click on Sign in.

<b>Welcome</b> Sign in to the client portal	
to access member and claim informat	ion
Username	
Enter your username	
Password	
Enter your password	$\odot$
Remember me	
Sign in	

You will be asked to verify your email each time you log in. Follow the onscreen instructions and enter in the Verification code sent to your email address. Click on Next or the Resend code button if you did not receive a code.

Verify with your email	×
Email address	
j***e@dentalclient.com	
We sent an email to j***e@dentalclient.com. Click the verification link in your email to continue or enter the code below.	
Enter your verification code	
Resend code Next	

The screen below is an example of the verification code email.

Hi John, Here's the link you requested to sign in to the client portal. To sign in, click on the button below or enter the code provided. If you didn't request a link, please contact your client relations representative. Sign in This link expires in 5 minutes. Can't use the link? Enter a code instead: <b>123456</b>
This is an automatically generated message. Replies are not monitored or answered. Thank you.

## **Employer Portal Homepage**

The homepage displays all navigational options available to a user – depending on the type of user logged into the system. In other words, what you as a user see may vary depending on your security permissions and/or role within your organization. The screen shot below reflects what is seen for a user who is set up to manage enrollment for their organization.

C DELTA DENTAL Humanitaretta	Johnathan Smith $$
HOME   MEMBER SEARCH $\vee$   AUTHS & CLAIMS $\vee$   RESOURCES $\vee$	
Welcome back, Johnathan / ABC Company	
Enrollment	
SSQ link to enrollment	
© Copyright 2024 Delta Dental of Massachusetts. All right reserved.	
Delta Dental Massachusetts is a part of Delta Dental Plans Association. Through our national network of Delta Dental companies, we offer dental coverage in all 50 states, Puerto Rico and other US territories.	
Internet privacy policy Terms and conditions Portal terms of use Contact us Report fraud	

Legal disclosures and links are displayed in the page footer section.

### Find a Dentist

Click on the Resources tab on the Home page to access the Find a Dentist tool. Click on the link to start your search.

#### Resources → Find a Dentist

C DELTA DENTAL Massachusetts			Johnathan Smith $\leq$
HOME MEMBER SEARCH	AUTHS & CLAIMS V RESOURCES		
Resources			
Admin users	Administration	Find a Dentist	
User access >	Enrollment >	Find a dentist >	
	Billing & payments >		

Select a plan/network, enter in location criteria, select result sort type and maximum distance willing to travel, and click on Search to view results.

a Dental offers both local and national networks of dentists that exclend across the U.S. and Puerto Rico. Locate a network dentist near you by entering your city and state or zo you control withing to travel, dential speciality, and other criteria.					A A   Eine	d a Dentist   Abo	ut Us   Contact I	Js   <u>Trading Partner</u>   <u>R</u>	equest a Qu
nd a Network Dentist in Your Area  Dental offers both local and national networks of dentists that extend across the U.S. and Puerto Rico. Locate a network dentist near you by entering your city and state or zp code biow. Narrow down your search by the distance you're willing to travel, dential specialty, and other criteria.  ared fields are indicated with an asterisk (*)  n/Network Selection  bot your plan or network below.  Bota Dental EPO Data Choice PFO Data Dental FPO Data Dental PFO Data Dental PFO Desta Desta Desta Desta Desta Desta Des	DELTA DENTA	L' Mas	achusetts ( <u>Select</u>	your state )					Search
zip code below. Narrow down your search by the distance you're willing to travel, dental speciality, and other criteria.         uired fields are indicated with an asterisk (*)         In/Network Selection         ect your plan or network below.         @ Data Dental EPQ       Itala Choice PPQ       Data Dantal PPQ         Data Dental EPQ       Itala Choice PPQ       Data Data I PPQ         Data Dental EPQ       Itala Choice PPQ       Data Data I PPQ         Data Dental EPQ       Itala Choice PPQ       Data Choice PPQ         Data Dental EPQ       Itala Choice PPQ       Data Data I PPQ         Data Dental EPQ       Itala Choice PPQ       Data Data I Patient Direct         TE: Delta Dental EPO members looking for a dentist outside of Massachuseths should search the Data Dental PPO network.       Itale         Int Location       * Chy       * State       *         Sorting, Distance and Number of Results       *       *       *	Members	Dentists	Employers	Brokers D	ental Plans	Your Oral	Health		
a Dental offers both local and national networks of dentists that extend across the U.S. and Puerto Rico. Locate a network dentist near you by entering your city and state or zo code below.  wurde fields are indicated with an asterisk (*)  m/Network Selection  enty our plan or network below.   Detta Dental EPO Detta Dental EPO Detta Dental EPO Detta Dental PEO Detta Dental PEO Plans Premier Detta Choice PPO Detta Dental EPO Detta Dental PEO Plans Premier Detta Choice PPO Detta Dental EPO Detta Dental PEO Plans Premier Detta Choice PPO Detta Dental EPO Detta Dental EPO Detta Dental EPO Detta Dental PEO Plans Premier Detta Choice PPO Detta Dental EPO Detta Dental PEO Plans Premier Detta Choice PPO Detta Dental EPO Detta Dental EPO Detta Dental PEO Plans Premier Detta Choice PPO Detta Dental EPO Detta Dental EPO Detta Dental PEO Plans Premier Detta Choice PPO Detta Dental EPO Detta Dental EPO Detta Dental PEO Dett	ind a Not	work	Doptist in		22				
an/Network Selection  ied your plan or network below.	inu a Net	WORK	Jenust III	TOUL AN	ea				
puired fields are indicated with an asterisk (*)  ant/Network Selection  ied your plan or network below.							ork dentist near y	ou by entering your city a	ind state or
An/Network Selection  ted your plan or network below.									
ect your plan or network. below.	uneu neius are indicati	u with an aste	IBN (")						
ect your plan or network. below.	w Natural C-L	ation							
Detta Dental EPQ      Total Choice PPQ      Detta Dental PPO	m/network Ser	ction							
C Detta Dental EPO Plus Premier. C DettaCare USA C DettaCare C Detta Dental EPO members looking for a dentist outside of Massachusetts should search the Detta Dental PPO network.  Ir Location se enter your city and state OR enter your zip code. Address C C ty	lect your plan or netwo	k below.							
TE. Delta Dental EPO members looking for a dentist outside of Massachusetts should search the Delta Dental PPO network.  Ir Location se enter your city and state OR enter your zip code. Address City City City State Spring, Distance and Number of Results	Delta Dental EPO		O Total Choice PPO	O Delta Dental F	PO O Delta (	Dental Premier			
ar Location se enter your city and state OR enter your zip code. Address *City *State *City *State  Sorting, Distance and Number of Results	O Delta Dental PPO	Plus Premier	O DeltaCare USA	O DeltaCare	O Delta (	Dental Patient Dir	ect		
ur Location se enter your zip code. Address *City *State * OR - Zip Code Sorting, Distance and Number of Results									
se enter your city and state OR enter your zip code. Address OR - Zip Code Sorting, Distance and Number of Results	DTE: Delta Dental EPO	members looki	ing for a dentist outside o	of Massachusetts sho	uld search the Delt	a Dental PPO ne	work.		
ee enter your city and state OR enter your zip code. Address * City * State * Zip Code Sorting, Distance and Number of Results									
Address • Cby • State • OR - Zp Code Sorting, Distance and Number of Results									
or. Zp Cose Sorting, Distance and Number of Results		tate OR enter		ity			State	~	
Sorting, Distance and Number of Results				ny .			State	-	
ort Results By: Distance 🗸	Zip Code								
	Zip Code	e and Nu	nber of Results						

### Admin Panel

The account administrator can manage user access under the Resources tab. Select "User Access" to view the users that are registered on the portal. To add a new user, click the green "Add user" button on the upper right-hand side of the page.

A DELTA DENTAL Massachusetts				User 🗸
HOME RESOURCES $\lor$				
Resources / User Access				
User access				🛱 Print
				Add user
Username	First name	Last name	Email	
Username	First name	Last name	email@example.com	Search
Username ¢	First name \$	Last name 🗢	Email ¢	
KSmith0002	Katie	Smith	KSmith@youremail.com	
JJones0002	Jennifer	Jones	JJones@youremail.com	
MSmith0002	Michael	Smth	MSmith@youremail.com	
CTaylor002	Carol	Taylor	CTaylor@youremail.com	
BRoss002	Ben	Ross	BRoss@youremail.com	

### Add New User

Once you click the Add New User button, you can enter in the username, first and last name, email address and phone number as well as assign the user's permissions. You can also select the groups to assign to the new user.

△ DELTA DENTAL Massachusetts	L	ia DiFranco 🗸
HOME RESOURCES V		
Resources / User Access / Add user		
Add user		
User information		Permissions
Client info		Manage users
S000002		View billing
Username		Make payments (requires view billing)
Enter Username		Online enrollment
User First name	User Last name	
Enter User First name	Enter User last name	
Email		
Enter user email address		
Phone number		
Enter user phone number		
Access Level		
Parent Group		
Select All		
□ 012345 - ABC Trucking Company →		
		Cancel Add User

### **Updating Existing Users**

If you need to modify a user's permissions, grant or remove access to groups or change a user's first name, last name, email address or phone number, click on the Username of the user you'd like to modify.

Resources / User Access				
User access				Print
Username	First name	Last name	Email	Add user
Username	First name	Last name	email@example.com	Search
Username \$	First name \$	Last name \$	Email \$	
KSmith0002	Katie	Smith	KSmith@youremail.com	
JJones0002	Jennifer	Jones	JJones@youremail.com	
MSmith0002	Michael	Smith	MSmith@youremail.com	
CTaylor002	Carol	Taylor	CTaylor@youremail.com	
BRoss002	Ben	Ross	BRoss@youremail.com	

The user's information will be displayed on the User Detail page. To modify the user record, click on the "Edit" button in the upper right-hand corner of the page.

	User 💙	
HOME RESOURCES V		
Resources / User access / User Details User Details	🖉 Edit	
User information         Client         S0000002         Username         KSmth0002         User first name         Kate         Smth         Email         KSmth@youremail.com         Phone	Permissions Manage users View billing Make payments (requires view billing) Online enrollment	
Access Level Parent Group		
Select All 012345 - ABC Trucking Company →		

The fields that can be modified will be displayed on the Edit User page (permissions, group access, first name, last name, email address and phone number). Click the green "Save" to save your changes or the "Cancel" button to discard any changes and return to the User Detail page.

<b>DELTA DENTAL</b> ' Massachusetts			User 🗸
HOME RESOURCES V			
Resources / User access / Edit user			
Ealt user			
User information		Permissions	
Client 50000002		Manage users	
Username		View billing Make payments (requires view billing)	
KSmith0002			
User First name	User Last name		
Katie	Smith		
Email			
KSmith@youremail.com			
Phone number			
Enter user phone number			
Access Level			
Parent Group			
Select All			
012345 - ABC Trucking Company	$\rightarrow$		
			Cancel Save

## Enrollment

Login – Users will log into the main client portal to access the navigation from the home page to the Enrollment portal.

	Welcome Sign in to the client portal to access member and claim information	
	Username	
ortal Login ———	Enter your username	
	Password	
	Enter your password	$\bigcirc$
	Remember me	
	Sign in	

Home Page – Once a user is logged into the client portal and on the home page, it will display the Enrollment portal link to redirect them to the Enrollment member search.

	C DELTA DENTAL H	saarhoefis J	Johnathan Smith 🗸
	HOME MEM	BER SEARCH $$	
	Welcome	back, Johnathan / ABC Company	
	Enrollment SSO link to enr	blment	
		C DESA DENTAL Ressolvents	Johnathan Smith $$
Client Portal Home	Page	Welcome back, Johnathan / ABC Company Employer Portal Access	

Enrollment Portal – Once the user is redirected to the enrollment portal, they will be able to search for a member. The Employees page allows a user to conduct a basic search by Member ID or SSN or an advanced search using additional fields (pictured below).

	My Groups				
mployees	Main Po	age Links		M	essage Center
search for a Member using th	e Basic Search, select the op	tion in the drop-down to search	h by Member ID or SSN.		
search for a Member using th	e Advanced Search, enter:				
	o search for a specific Membe	ust enter at least one group nu er. You can also enter the "First			
Member(s) found will be list	ed below. To review the currer	it eligibility status for a specific	Member, click on the Member's	Name.	
	use the search options to p	erform a search of the Subs	criber. If no results are returne	ed, click on the Add New Memb	er button at the bottom of the
je.			Search Options		
			<u> </u>		
O Search by Memb	er ID 🗸 💿 Advanced s	earch			
Note: You must fill in at least	the Group or Last Name field.				
	Last Name	Date of Birth	Status Code	Group	Location
First Name	] [			0054369902	
First Name					
First Name					
First Name	Coverage Name	Hire Date	Org Provider ID		
	Coverage Name	Hire Date	Org Provider ID		

Eligibility quick links allow users to easily navigate to View/Print ID Card, Submit an ID Card request, make a subscriber or dependent change.

**PLEASE NOTE:** Group information will be available **<u>24 hours after</u>** the initial sign-in.

			MESSAGES	ර LOGOUT
Employees Resources				
Eligibility				
View/Print ID Card ID Card	d Request Subscriber Changes Depend	lent Changes	– Express Requests (eXRs)	
<u>&lt; Back</u> Sam Jones			Print View	
View all family members				
Member Info				
Name: Sam Jones	Member ID: 6666666600	Address: 4161 E 96th St Indianapolis IN, 46240	Status: Active	
Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City	
Group Number: 300	DOB: 01/05/1962	Plan: GH		
Coverages				
Coverage Type	Plan Name		Coverage Dates	
	VISION		01/01/2024 - Active	
	DENTAL		01/01/2024 - Active	
	MEDICAL		01/01/2024 - Active	

### Member Search

Enrollment Portal – Once the user is redirected to the enrollment portal, they will be able to search for a member. The Employees page allows a user to conduct a basic search by Member ID or SSN.

			Eの
Employees Resources			
Employees			
To search for a Member using the Basic S-	earch, select the option in the drop down	to search by Member ID or SSN	
To search for a Member using the Advance	ed Search, enter:		
	dependents. You must enter at least one for a specific Member. You can also enter		
Any Member(s) found will be listed below.	To review the current eligibility status for	a specific Member, click on the Member's N	lame.
page. ● Search by Member ID ● Member ID ● SSN	• Advanced search	ch Criteria (Membe Search Re	
Search Reset MC	ember Details Link		
Search Reset IVIE	inder Details Link		👼 Print Results 🖄 Download Results
Name Member ID	Group Date of Birth	Status Relationship Code	Relationship Description
Jones, Sam 11111111100	100 1/5/1962	Active 18	Insured (Policyholder/Employee)
Add New Member	441	41 Page 1 V of 1 12 124	

Numerical identifiers for the relationship codes are based on the HIPAA standards. For the full list of the relationship codes, please refer to page 40 in the Addendum.

View Member Details: View Member Name, ID, Address, coverage type and status.

					MESSAGES	ල LOGOUT
	Employees Resources					
	Eligibility	Subscriber Changes Dependent	Channes			
	<back Sam Jones</back 	Subscriber changes Dependent	Changes	Print View		
Member Details	View all family members Member Info Name:	Member ID:	Address:	Status:		
	Sam Jones	66666666600	4161 E 96th St Indianapolis IN, 46240	Active		
	Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City		
	Group Number: 300	DOB: 01/05/1962	Plan: GH			
	Coverages					
	Coverage Type	Plan Name		Coverage Dates		
		VISION		01/01/2024 - Active 01/01/2024 - Active		
		MEDICAL		01/01/2024 - Active		

#### **Advanced Member Search**

This menu item allows you to search for a member in the specific subgroup(s) you have been given user rights to view their eligibility. Once you find a member you can access the links to update their record. You can also add a new member.

### PLEASE NOTE: Group information will be available 24 hours after the initial sign-in.

Employees       Resources         Employees       Employees         To search for a Member using the Basic Search, select the option in the drop down to search by Member ID or SSN         To search for a Member using the Advanced Search, enter:         • "Group" to list all Members and any dependents. You must enter at least one group number         • "Last Name" and "Group" to search for a specific Member. You can also enter the "First Name" and/or "Date of Birth"         • Cick on the "Search" button         Any Member(s) found will be listed below. To review the current eligibility status for a specific Member, click on the Member's Name.         Before Adding a New Member, use the search options to perform a search of the Subscriber. If no results are returned, click on the Add New Member button at the bottom o page.         • Search by       Member[]>		A DELTA DEN	ITAL				MESSAGES LOGOL
To search for a Member using the Basic Search, select the option in the drop down to search by Member ID or SSN To search for a Member using the Advanced Search, enter:  • "Group" to list all Members and any dependents. You must enter at least one group number • "Last Name" and "Group" to search for a specific Member. You can also enter the "First Name" and/or "Date of Birth" • Click on the "Search" button Any Member(a) found will be listed below. To review the current eligibility status for a specific Member, click on the Member's Name. Before Adding a New Member, use the search options to perform a search of the Subscriber. If no results are returned, click on the Add New Member button at the bottom o page.  • Search by Member ID • * Advanced search  Advanced Member Search Option Note: At least Group or Last Name field must be filled.  First Name Last Name Date of Birth Status Code Group Location Cocation		Employees Resou	rces				
To search for a Member using the Advanced Search, enter:		Employee	S				
<ul> <li>Click on the "Search" button</li> <li>Any Member(s) found will be listed below. To review the current eligibility status for a specific Member, click on the Member's Name.</li> <li>Before Adding a New Member, use the search options to perform a search of the Subscriber. If no results are returned, click on the Add New Member button at the bottom opage.</li> <li>Search by Member ID  <ul> <li>Advanced search</li> <li>Advanced Member Search Option</li> </ul> </li> <li>Note: At least Group or Last Name field must be filled.</li> <li>First Name Last Name Date of Birth Status Code Group Location</li> </ul>		To search for a Member usi • "Group" to list all Mer	ing the Advanced Search, enter: mbers and any dependents. You m	nust enter at least one group n	umber		
Search by Member ID   Advanced search   Advanced Member Search Option Note: At least Group or Last Name field must be filled. First Name Last Name Date of Birth Status Code Group Location		Click on the "Search" Any Member(s) found will b Before Adding a New Men	button e listed below. To review the curre	nt eligibility status for a specifi	c Member, click on the Member's		lember button at the bottom of the
rch Fields		⊖ Search by M		search 🗲 🖊	Advanced Membe	er Search Optic	วท
	anced	First Name	Last Name	Date of Birth	Status Code	Group	Location
Benefit Plan Coverage Name Hire Date Org Provider ID	rch Fields						
		Benefit Plan	Coverage Name	Hire Date	Org Provider ID		

This menu item allows you to view a complete list of members (and dependents) in the specific subgroup(s).

		DENTAL						MESSAGES LOGOUT
	Employees	Resources						
	Emplo	yees						
	To search for a M To search for a M - "Group" to 1 - "Last Name" - Click on the Any Member(s) fo Before Adding a page.	ember using the E ember using the A st all Members at and "Group" to s "Search" button und will be listed New Member, us	Indivanced S and any deprivation of the rearch for a below. To make the sear	earch, enter endents. You specific Mer eview the cu ch options t # Advance st be filled. he	i must enter at lear nber. You can also ment eligibility stati to perform a sear	ch of the Subscriber. Birth	and/or "Date of Birth" er, click on the Member's Name	ck on the Add New Member button at the bottom of the
	Search R	eset						
Search Results ———	Name Jones, Sam Jones, Sam Jones, Sam Jones, Sam Jones, Sam	Member 10 66666666660 1111111100 111111100 111111100 1111111	16 18 15 17	GROUP 300 100 100 100 100 100 100	Date of Birth 1/5/1962 1/5/1962 1/5/1962 1/5/1962 1/5/1962 1/5/1962 Details L	Status Active Terminated Future Eighbitt Active Terminated Terminated 4 41 Page 1	18 18 18	Print Results      Download Results     Relationship. Description     Insured (Policyholder/Employee)     Insured (Policyholder/Employee)     Insured (Policyholder/Employee)     Insured (Policyholder/Employee)     Insured (Policyholder/Employee)     Insured (Policyholder/Employee)

Benefit details including coverage types are shown under Coverages on the Eligibility Screen.

△ DELTA DENTAL			NESSAGES	0 LOGOUT
Employees Resources				
Eligibility				
ViewPrint ID Card ID Ca	erd Request Subscriber Changes Dep	pendent Changes		
< Back Sam Jones			Print Vew	
/ew all family members				
Member Info				
Name: Sam Jones	Member ID: SMPL0001	Address: 4161 E 96th St Sile 101 Indianapolis IN, 46240	Status: Active	
Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date: 01/01/2009	Group Name: Circle City	
Group Number: 100	DOB: 0105/1962	Plan: HWP10016	Full-time Student: No	
Disabled: No				
Coverages				
Coverage Type	Plan Name		Coverage Dates	
DENTAL	Silver		01/01/2024 - Active	
MEDICAL	Silver		01/01/2024 - Active	
VISION	Silver		01/01/2024 - Active	
MEDICAL	Silver		01012023 - 12/31/2023	
DENTAL	Silver		01/01/2023 - 12/31/2023	
Maximums				
Medical			Plat	Year: 202
In Network v				
Individual/Family	Type		Maximum Amount	
Individual	Deductible		\$1,000.00	
Indvidual	Out-of-pocket		\$4,000.00	
Family	Deductible		\$3,500.00	
Family	Out-of-pocket		\$20,000.00	
Dental				
In Network •				
Individual/Family	Type		Maximum Amount	
Individual	Deductible		\$500.00	
Individual	Out-of-pocket		\$2,000.00	
Family	Deductible		\$400.00	
Family	Out-of-pocket		\$7,500.00	
In Network				
Individual/Family	Type		Maximum Amount	
Individual	Deductible		\$500.00	
Individual	Out-of-pocket		\$2,000.00	
Family	Deductible		\$1,000.00	
Family	Out-of-pocket		\$3,000.00	

	△ DELTA DENTAL			м	ESSAGES LOG
	Employees Resources				
	Eligibility				
	View/Print ID Card ID Card Reg	uest Subscriber Changes Depend	ent Changes		
	<u>&lt; Back</u> Sam Jones			Print View	
	View all family members				
	Member Info				
nber nils	Name: Sam Jones	Member ID: 66666666600	Address: 4161 E 96th St Indianapolis IN, 46240	Status: Active	
	Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City	
	Group Number: 300	DOB: 01/05/1962	Pian: GH		
	Coverages				
	Coverage Type	Plan Name	Co	verage Dates	
		VISION	01	/01/2024 - Active	
		DENTAL	01	/01/2024 - Active	
		MEDICAL	01	/01/2024 - Active	

Additional Plan benefit detail based on a member search includes, calendar / plan maximums, dependent information, deductibles.

A DELTA DENTAL			100 0 101111111111111111111111111111111
England Stream			
Eligibility			
VewPrint ID Card ID Ca	nd Request Subscriber Changes Dep	endent Changes	
<.liack Sam Jones			W.Print Mean
View all family members			
Member Info			
Name:	Member ID:	Address:	Status:
Sam Jones	SMPL0001	4181 E 9681 81 Sile 101 Indianapolis IN, 46240	Active
Relationship Code	Relationship	Original Effective Date:	Group Name:
18	Insured (PolicyholderEmployee)	01/01/2009	Circle City
Group Number:	008:	Plan:	Pull-time Student:
100	01/05/1962	HMP10016	No
Disabled: No			
	Plan Name		
Coverage Type DENTAL	Plan Name		Coverage Dates 01/01/2024 - Active
MEDICAL	Silver		01/01/2024 - Adlive
VISION	Silver		01/01/2024 - Active
MEDICAL	Silver		01012023 - 12/31/2023
DENTAL	Silver		010102023 - 12/01/2023
Maximums			
Medical			Plan Year: 2024
In Network w			
Individual#amily	Type		Maximum Amount
Individual	Deductible		\$1,000.00
Individual	Out-of-pocket		\$4,000.00
Family	Deductible		\$3,500.00
Family	Out-of-pocket		\$29,000.00
Dental In Network			
Individual#amily	Type		Maximum Amount
Individual	Deductible		\$500.00
Individual	Out-of-pocket		\$2,000.00
Family	Deductible		\$400.00
Family	Out-of-pocket		\$7,500.00
Vision			
In Network ~			
Individual#amily	Type		Masimum Amount
Individual	Deductible		\$500.00
Individual	Out-of-pocket		\$2,000.00
Family	Deductible		\$1,000.00

	Medical In Network ~				Plan Year: 2024
	Individual/Family	Туре	Amount Met	Maximum Amount	Progress
	Individual	Deductible	\$238.54	\$1,000.00	-
	Individual	Out-of-pocket	\$238.54	\$4,000.00	۲
	Family	Deductible	\$833.80	\$3,500.00	-
ember	Family	Out-of-pocket	\$833.80	\$20,000.00	0
Details	Dental In Network	Туре	Amount Met	Maximum Amount	Progress
	Individual	Deductible	\$0.00	\$500.00	
	Individual	Out-of-pocket	\$0.00	\$2,000.00	
	Family	Deductible	\$0.00	\$400.00	
	Family	Out-of-pocket	\$0.00	\$7,500.00	

Additionally, balance information for individual and family coverage with out of pocket and deductible maximums and amounts met.

C DELTA DENTAL			antiphoto Looput
Employee - Antonio			
Eligibility			
ViewPrint ID Card	rd Request Subscriber Charges Dep	endent Changes	
<li>dack Sam Jones</li>			The Print View
/ew all family members			
Member Info			
Name: Sam Jones	Member ID: BMPL0001	Address: 4161 E. 9691 BI Bite 101 Indianapolis IN, 48240	Status: Active
Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date: 01/01/2009	Group Name: Circle City
Group Number: 100	D08: 01/05/1962	Plan: HWP10016	Pull-time Student:
Disabled:	111000110002	mar to the	140
Coverages			
Coverage Type	Plan Name		Coverage Dates
DENTAL	Silver		01.01/2024 - Active
MEDICAL	Silver		01/01/2024 - Active
VISION	Silver		01/01/2024 - Active
MEDICAL	Silver		01/01/2023 - 12/31/2023
DENTAL	Silver		01/01/2023 - 12/31/2023
Maximums			
Medical			Plan Year: 2004 +
In Network w			
IndividualiFamily	Type		Maximum Amount
Individual	Deductible		\$1,000.00
Individual	Out-of-pocket		\$4,000.00
Family	Deductible		\$3.500.00
Family	Out-of-pocket		\$20,000.00
Dental In Network •			
IndividualiFamily	Type		Maximum Amount
Individual	Deductible		\$500.00
Individual	Out-of-pocket		\$2,000.00
Family	Deductible		\$400.00
Family Vision	Duł-of-pocket		\$7,500.00
Individual#amily	Type		Maximum Amount
Individual	Deductible		\$500.00
Individual	Out-of-pocket		\$2,000.00
Family	Deductible		\$1,000.00
Family Family	Deductible Out-of-pocket		\$1,000.00 \$3,000.00

	Vision In Network v	Туре	Amount Met	Maximum Amount		Progress
	Individual	Deductible	\$103.35	\$500.00		-
	Individual	Out-of-pocket	\$103.35	\$2,000.00		•
mhar	Family	Deductible	\$407.45	\$1,000.00		-
Member Details	Family	Out-of-pocket	\$407.45	\$3,000.00		
uns	Office Visits					
	Name	Amount Met		Maximum Amount	Progress	5
	Chiropractic	0		0	(	

## Add New Member

Users will select the Add New Member EXR at the bottom of the page.

	ත්ත ප් MESSAGES LOGOUT
Employees Resources My Groups	
Employees	
To search for a Member using the Basic Search, select the option in the drop-down to search by Member ID or SSN.	
To search for a Member using the Advanced Search, enter:	
<ul> <li>"Group" to list all Members and any dependents. You must enter at least one group number</li> <li>"Last Name" and "Group" to search for a specific Member. You can also enter the "First Name' and/or "Date of Birth"</li> <li>Click on the "Search" button</li> </ul>	
Any Member(s) found will be listed below. To review the current eligibility status for a specific Member, click on the Member's Name.	
Search by     Member ID      Advanced search	
Separate Member IDs by commas	
Search View All Reset	
Add New Member	
sers click on the appropriate group number.	

	DENTAI	•		MESSAGES	<mark>ம்</mark> LOGOUT
Employees	Resources	My Groups			
			To add a member, please select a group and click on the "Add New Member" button.		

Group Number	Group Name	Available Coverage Codes	Effective Date	Termination Date
0001367401	Faber Daeufer & Rosenberg PC	EMP-Enrollee Only, FAM-Family	3/15/2007	2/28/2010
0001369999	Faber Daeufer & Itrato PC - COBRA	EMP-Enrollee Only, E1D-Enrollee + One, FAM-Family	6/1/2023	12/31/9999
0009009181	Faber Daeufer & Itrato PC	EMP-Enrollee Only, E1D-Enrollee + One, FAM-Family	3/1/2010	12/31/9999

44 4 Page 1 ✔ of 1 ↓

Verify that the correct subgroup has been selected and click on Add New Member.

	DENTAL			MESSAGES LOGOUT	
	To add	a member, please select a group and click on the "Add New Member" butte	on.		
Group Number	Group Name	Available Coverage Codes	Effective Date	Termination Date	
0001367401	Faber Daeufer & Rosenberg PC	EMP-Enrollee Only, FAM-Family	3/15/2007	2/28/2010	
				🍣 Print View	
Group Faber Daeufer & Ro	osenberg PC				
Group Faber Daeufer & Ro Add New Member	osenberg PC				
Add New Member	ssenberg PC				
Add New Member	Faber Daeufer &	Rosenberg PC			
Add New Member Group Group Name:	-	Rosenberg PC	03/15/2007		
Group Faber Daeufer & Ro Add New Member Group Group Name: Group Namber: Status:	- Faber Daeufer &	-	03/15/2007 02/28/2010		

The SubGroup Number and SubGroup Name will auto-populate on the EXR.

	DENTAL		MESSAGES	ம் LOGOUT
Employees	Resources	My Groups		

# **Add New Member**

Please use this form to enroll a new member/family.

Complete Section A with Subscriber information only.

Complete Section B for all spouse/partner and/or dependents that are being added to the Subscriber's plan. Effective dates for all spouse/partners and/or dependents should be the same or after the Subscribers coverage effective date.

NOTE: Do not complete Section B if there are no spouse/partners and/or dependents to be added.

Section A: Please enter the Subscriber information only

SubGroup Number
0001367401

SubGroup Name Faber Daeufer & Rosenberg PC

# View/Print ID Card

MESSAGES LOGOUT **△** DELTA DENTAL Eligibility View/Print View/Print ID Card ID Card Request Subscriber Changes Dependent Changes Online ID Card < Back A Print View Sam Jones /iew all family members Member Info Address: 4161 E 96th St Indianapolis IN, 46240 Member ID: 66666666600 Status: Active Name: Sam Jones Original Effective Date: Relationship Code 18 Relationship Group Name: Circle City Insured (Policyholder/Employee) Group Number: 300 DOB: 01/05/1962 Plan: GH Coverages Coverage Type Plan Name Coverage Dates VISION 01/01/2024 - Active DENTAL 01/01/2024 - Active 01/01/2024 - Active MEDICAL

Users can view or print an ID Card under the Eligibility section of the portal.

To print the card, press Control + P on your keyboard or right-click and select print

	🛆 DELTA DENTAL	MESSAGES	0 LOGOUT
	Employees Resources		
Viewing ID Card	Temporary ID Card, press Control P on your keyboard, or right click and select Print.		
	To Plan Subscriber: This identification card provides you with information your dentist will need to set up a patient information record for you or one of your eligible degendents for billing purposes. This card does not guarantee that your coverage is currently in effect. To detain full notice of banefils, your mout receive services from a dentist who putpolaries in your plan network. Submitting Claims Delta Dental of Massachusetts, P.O. Box 2907; Milwaukee, WI 53201- 2907		

# **ID** Card Request

To request an ID card for the Subscriber, click on ID Card Request.

					MESSAGES	ው LOGOUT
	Employees Resources					
	Eligibility					
ID Card Mailer	View/Print ID Card	Subscriber Changes Depen	ndent Changes			
Request	<u>&lt; Back</u> Sam Jones			Print View		
	View all family members					
	Member Info					
	Name: Sam Jones	Member ID: 66666666600	Address: 4161 E 96th St Indianapolis IN, 46240	Status: Active		
	Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City		
	Group Number: 300	DOB: 01/05/1962	Plan: GH			
	Coverages					
	Coverage Type	Plan Name		Coverage Dates		
		VISION		01/01/2024 - Active		
		DENTAL		01/01/2024 - Active		
		MEDICAL		01/01/2024 - Active		

Next, complete the required fields and click submit.

	À DELTA DENTAL	MESSAGES	්) LOGOUT
	Employees Resources		
	ID Card Request		
	Use this form to order an ID card for a member. Note: ID cards will always have the Subscriber name and number on them (even for dependents) - Member will receive 2 ID cards. SubGroup Number		
ID Card Mailer ──→	300 Suthsriter Number e666666600		
Form	Subscriber First Name Sam Subscriber Middle Initial J		
	Subscriber Last Name Jones Subscriber Address 1*		
	4161 E 90th St Sutscriber Address 2 Ste 101		
	Subscriber City* Indianapolis Subscriber State*		
	IN Subscriber Zip Code* Format: 9999		
	46240 Submit		

# Subscriber Changes

Subscriber changes are also available via the quick link on the Eligibility screen.

					MESSAGES	() LOGOUT
	Employees Resources					
	Eligibility					
Subscriber	View/Print ID Card ID Card Request	Subscriber Changes Dependent	Changes			
Change ——— Request	<u>&lt; Back</u> Sam Jones			Print View		
	View all family members					
	Member Info					
	Name: Sam Jones	Member ID: 66666666600	Address: 4161 E 96th St Indianapolis IN, 46240	Status: Active		
	Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City		
	Group Number: 300	DOB: 01/05/1962	Plan: GH			
	Coverages					
	Coverage Type	Plan Name		Coverage Dates		
		VISION		01/01/2024 - Active		
		DENTAL		01/01/2024 - Active		
		MEDICAL		01/01/2024 - Active		

#### **Terminate a Subscriber**

To terminate a subscriber, first search for the subscriber and click on the subscriber's name. Then click on Subscriber Changes and click on the Terminate Subscriber Coverage checkbox.

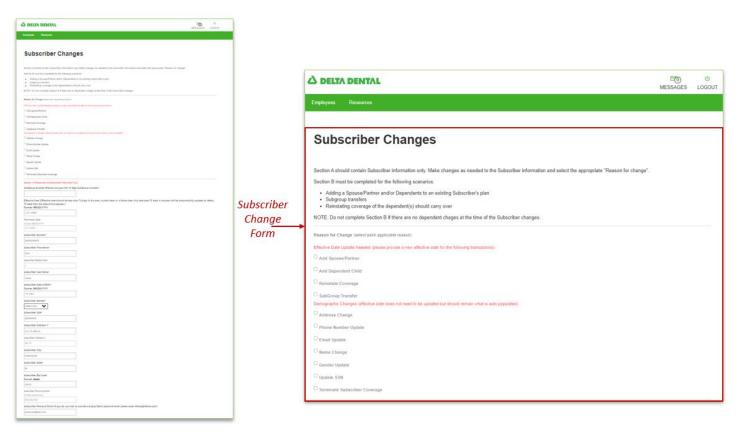
	MESSAGES	(D) LOGOUT
Employees Resources		
Subscriber Changes		
Section A should contain Subscriber information only. Make changes as needed to the Subscriber information and select the approp	riate "Reason fo	or change".
Section B must be completed for the following scenarios:		
<ul> <li>Adding a Spouse/Partner and/or Dependents to an existing Subscriber's plan</li> <li>Subgroup transfers</li> <li>Reinstating coverage of the dependent(s) should carry over</li> </ul>		
NOTE: Do not complete Section B if there are no dependent chages at the time of the Subscriber changes.		
Reason for Change (select each applicable reason):		
Effective Date Update Needed (please provide a new effective date for the following transactions):		
Add Spouse/Partner		
Add Dependent Child		
□ Reinstate Coverage		
□ SubGroup Transfer		
Demographic Changes (effective date does not need to be updated but should remain what is auto populated):		
Address Change		
Phone Number Update		
C Email Update		
□ Name Change		
Gender Update		
Update SSN		
Terminate Subscriber Coverage		

In Section A, please ensure the correct coverage code is selected. The effective date will fill automatically and does not need to be updated. Please enter in the date for the coverage to be terminated in the termination date field. Please scroll down to the bottom of the page and check off the two notifications and hit submit.

△ DELTA DENTAL	MESSAGES	0 LOGOUT
Employees Resources		
Section A: Please enter the Subscriber Information only		
SubGroup Number (Please use your full 10 digit SubGroup number)* 0054369901		
Coverage Code* EMP - Employee Only		
Effective Date (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be auto 72 days from the date of the request.)* Format: MM/DD/YYYY	matically update	d to reflect
12/11/2014		
Format: MM/DD/YYYYY 2023199599 Subscriber Number*		
Subscriber First Name*		
Subscriber Middle Initial		
Subscriber Last Name* Page   24 Last updated 2/21/2025		

### **Additional Subscriber Changes**

For additional subscriber changes, please complete the required fields for the request and scroll down to view additional fields.



Note Section A is the subscriber information only.

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Subscriber Changes		
Sector 4 study symmetry balances of sectors and study as a series to be balances of sectors are set of a supervise. Manage to the part		
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1 M December 201		Section A: Prease enter the Subscriber Internation only
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Constrained barge		
These factors lights		
1 parame		Effective Date (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be automatically updated to reflect
T Res Darys		72 days from the date of the request.)*
17 Aantan Salmas		Format: MM/DD/YYYY
Classe Sile Phone Classifier Strange		12/31/9999
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		Subscriber First Name*
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Subscriber data at brett		An and the second se
Takina WEDDAWW		Subscriber Last Name*
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ianathe ian		Subscriber Date of Birth*
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processory of a set of the set of		1/5/1962
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449 mar //		Select One V
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·····		Subscriber SSN*
Seineller 3p Sein' Farme Mass		66666666
4899		
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Subscript Penant Smith (Paul Is not view is prioritical Subscript) penant enant place error Mated when samp		
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Continue to enter in the necessary data fields and submit.

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Subscribe information only Wate charges as needed to the Subscribe information and select the appropriate "Research or charge".				
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	Employees Resources	Employees Resources	Employees Resources	Employees Resources
	Select One	Select One	Select One	Select One
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	66666666			
	Subscriber Address 1*			
Subceriber	4161 E 96th St	4161 E 96th St	4161 E 96th St	4161 E 96th St
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	Indianapolis	Indianapolis	Indianapolis	Indianapolis
	Subscriber State*	Subscriber State*	Subscriber State*	Subscriber State*
	IN			
	Subscriber Zip Code*			
	Format: 99999 46240			
	Subscriber Phone Number Format (conjunx-soor			
	608-526-2028			
	Subscriber Personal Email (if you do not wish to provide a Subscriber's personal email please enter refuse@refuse.com)*	Subscriber Dorennel Emeil III you do not wish to norwide a Subscriber's nersonal amail plasse enter refuse/Prefuse com)*	Subscriber Dorennel Emeil III wurde net wish to nerwide a Subscriber's nersonal amail plaase enter refuse/Prefuse com)*	Subscriber Dersonal Email // you do not wish to provide a Subscriber's personal email plaase enter refuse/Prefuse com)*
	subscriber rensonal cmail (n you do not wish to provide a subscriber s personal email pease enter renseigneruse.com) samjones@test.com			
	Changes should be applied to (Select 1):			
	Select One	Select One	Select One	Select One V
	Section B (if applicable): Please enter the Spouse/Partner & Dependent information. Note: All information is required below for Spouse/Partner and/or Depende	Section B (if applicable): Please enter the Spouse:Partner & Dependent information. Note: All information is required below for Spouse:Partner and/or Dependents to be enrolled.	Section B of applicable): Please enter the Spouse/Partner & Dependent Information. Note: All information is required below for Spouse/Partner and/or Dependents to be enrolled.	Section B (if applicable): Please enter the Spouse/Partner & Dependent information. Note: All information is required below for Spouse/Partner and/or Dependents to be enrolled.
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	Dependent 1 Type	Dependent 1 Type	Dependent 1 Type	Dependent 1 Type
	Select One 🗸	Select One	Select One 👻	Select One 👻
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# **Dependent Changes**

Note: Section B is the dependent information only.

In order to add a dependent, complete the fields labeled "Required".

				MESSAGES	් LOGOUT	
Employees Resources						
Eligibility						
View/Print ID Card ID Card	rd Request Subscriber Changes Depend	lent Changes				Dependent Change
<u>&lt; Back</u> Sam Jones			A Print View			Request
View all family members						
Member Info						
Name: Sam Jones	Member 1D: 6666666600	Address: 4161 E 96th St Indianapolis IN, 46240	Status: Active			
Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City			
Group Number: 300	DOB: 01/05/1962	Plan: GH				
Coverages						
Coverage Type	Plan Name		Coverage Dates			
	VISION		01/01/2024 - Active			
	DENTAL		01/01/2024 - Active			
	MEDICAL		01/01/2024 - Active			

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Dependent Changes			
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Aurile Testa'		Please be sure the auto populated member information is either a Spouse/Partner or Dependent you are trying to make changes to.	
and a factor of		The blank fields below the initially selected dependent are to add any other dependents that need to be updated on this same Subscriber's plan.	
		Information for the dependent is being auto populated for your convenience please do not remove information you are not making changes to.	
adar 1 u Maari			
		Reason for Change (select each applicable reason):	
And Table of			
7.90 F		Effective Date Update Needed (please provide a new effective date for the following transactions);	
der Bentr'		museum mass obsess (second factors particular and the supervised and the subsecond beautiful and the supervised second seco	
		Terminate Dependent(s)	
A	Dependent	- remain opprioring)	
	Dependent	Reinstate Coverage	
Recht Agentellien in die ein diese Maark Spyliete ofgestelingenheit alles Unterdie Index Follen, U.S. aus in Rechter der die datab im Deue Houwite, aufen alle			
heles follows, 7 37 (1960 il	Change Form	Demographic Changes (effective date does not need to be updated but should remain what is auto populated):	
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nder R.a.		Name Change	
unio Po font		- Henry Change	
500 - 19 Aur 200, 1988 - 10		Gender Update	
		└─ Gender Update	
		Full-Time student update	
takin Research Rauli (P pro to sel als ) is profile - Related and procession also also also also also also also			
		Disable dependent update	
		Section A: Please enter the Subscriber information only	
ener 🐨			
		SubGroup Number (Please use your full 10 digit SubGroup number)*	
ar Baladar		Effective Date (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be automat	cally undate
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		72 days from the date of the request.)*	
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Dependent Changes		
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Annual Annua		Subscriber Number*
		5656565600
Reservice Acad (1997)	Dependent	Member First Name*
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Rear Ty' Interprise		Jones
Name Nari Name Aylan' Name Ny Sari		Member Date of Birth* Format: MMQD/YYYY
Mark Market		1/5/1962
termine and Testing Accord that if you have a trip parties. Also adord, you can also also adord above the glob same incomparison on		Member Gender*
kan Afrikalan Kanala Indone Mana Mana Magada Salamba Kanala Indone Salamba Agada Afrika Afrika Afrika Afrika Manala Salamba Agada Salamba Afrika		Select One
Name of Type Team of Type All and All Type All and All Type All and All Type All and All All All All All All All All All Al		Member SSN*
and the second s		00000000
Naparal Web 101 Bandol 111 Ban		Does this dependent have an alternate address? Check if applicable and provide dependent address information below. If address is the same as Subscriber do not check box & leave this section black.
Name of the State		Member Address 1*
		4161 E 90th St
The second of The IP The The The The The The The The The The		Member Address 2
Restort (1980)		die 101
Name of States		

### Messages

The message center allows portal users a secure way to contact us.

	DENTAL					පැර ද එ MESSAGES PROFILE LOGOUT
Employees	Resources					
Emplo	yees					Message Center
To search for a Me	ember using the Basic Sear	ch, select the	option in the drop down	to search by Me	ember ID or SSN	
To search for a Me	ember using the Advanced S	Search, enter				
<ul> <li>"Last Name"</li> </ul>	ist all Members and any dep and "Group" to search for a "Search" button				and/or "Date of Birth"	
Any Member(s) fo	und will be listed below. To	review the cu	rrent eligibility status for	a specific Memb	er, click on the Member's	Name.
Search by     IIIIIIIIII00     Search R	v Member ID v Member ID SSN	O Advance	rd search			👼 Print Results 🖞 Download Results
Name	Member ID	Group	Date of Birth	Status	Relationship Code	Relationship Description
Jones, Sam	1111111100	100	1/5/1962	Active	18	Insured (Policyholder/Employee)
Add New Mem	ber		44	I Page 1	♥ of 1 li≥ li≥i≥	

Messages will list all messages in your inbox with an associated Tracking #.

	\L			MESSAGES LOGOUT
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## Resources

Under quick links, users can click on Find a Dentist to search for dentist or office.

	A DELTA DENTAL	MESSAGES LOGOUT
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essage dates Contact Us	Quick Links	Delta Dental Mobile App The Delta Dental Mobile App gives members the ability to manage their plan on the go. Members can access their mobile ID card, look up coverage, review claims, find a dentist and use the cost of care calculator to get a personalized estimate on a treatment before going to the dentist.
ind a entist ink	Contact Us Customer care P. 617-886-1234 P. 800-872-0500 F: 617-866-1199 customer care@deltadentalma.com	Virtual dental visits TeleDentistry com allows members to access dental care anytime, anywhere—whether they have an urgent issue, their regular dentist is unavailable, or they need a consultation while traveling.
	Representatives are available Mon. – Fri. from 8am until 8 pm (EST) Claims submissions Delta Dental of Massachusetts P.O. Box 2807 Milwaukee, WI 53201-2907 Fax 617 2865.1199	Express Your Health tools and resources Plan Express Your Health is our one-stop shop for empowering smiles. Find helpful articles, guizzes, flyers and videos to share with employees.

The search feature allows users to find dentists in your area based on your plan/network and address.

S DELTA DENTAL Mass	sachusetts ( <u>Selecty</u>	our state )			Searc
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our zip code below. Narrow down your s lequired fields are indicated with an aste		re willing to travel, dentai	specialty, and other cri	teria.	
Plan/Network Selection					
Select your plan or network below.      Delta Dental EPO	O Total Choice PPO	O Delta Dental PPO	O Delta Dental Pre	miar	
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NOTE: Delta Dental EPO members looki	ing for a dentist outside of	Massachusetts should se	earch the Delta Dental I	PPO network.	
our Location					
ease enter your city and state OR enter					
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### Addendum

#### **Employer Portal Homepage**

The homepage displays navigational options to perform a member search, a claim/re-authorization search, access the Enrollment Portal and/or the Billing Portal. What you as a user see may vary depending on your security permissions and/or role within your organization.

Within the client portal, you will be able to conduct a basic Members, Claims or Pre-Determination Search. Or choose to select an Advanced Search.

	C DELTA DENTAL Massachusetts			Johnathan Smith $$
	HOME   MEMBER SEARCH $\vee$   AUTHS & CLA		ient portal navigation menu	
	Welcome back, Johnathan /	ABC Company	Enrollment portal access	Billing portal access
Client portal search ——•	Member search Member ID Search by ID Advanced search for member	Claim/pre-authorization search Claim/pre-auth number Search by ID Advanced search for claim Advanced search for pre-authorization	Enrollment SSO link to enrollment	Billing & payments

Legal disclosures and links are displayed in the page footer section.

# Member Search Features

#### Landing Page

The landing page displays access permissions for either the Client Portal, Enrollment Portal (separate training) and/or the Billing Portal.

You can conduct a basic Members, Claims or Pre-Determination Search. Or choose to select an Advanced Search.

	C DELTA DENTAL Massachusetts			Johnathan Smith $$
	HOME   MEMBER SEARCH $\lor$   AUTHS & CL	AIMS $\vee$   resources $\vee$		
	Welcome back, Johnathan /	ABC Company		
Basic member, claim or pre-auth search Advanced searches ——	Member search Member ID Search by ID Advanced search for member	Claim/pre-authorization search Claim/pre-auth number Search by ID Advanced search for claim Advanced search for pre-authorization	Enrollment SSO link to enrollment	Billing & payments

#### Basic Member ID Search

The Members tab on the Home page view allows you to conduct a Member ID search. Once the results are displayed, you can conduct an advanced member search.

HOME       MEMBERS       AUTHS & CLAIMS       RESOURCES         Member search       Search Criteria         Date of service*       Member ID       Date of birth       Member last name       Member first name         01/11/2024       T8358903567       Date of birth       Member ID       Date of birth       Member last name         Effective date       \$       Member name \$       Member ID       Date of birth \$       Network \$       Active State	Johnathan Sm				tta	DELTA DENTAL Massachusette
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10/02/2023 Clarice Smith 784358903567 01/01/1980 Delta Dental O Activ	280 Delta Dental 📀 Active	01/01/1980	784358903567	Clarice Smith		10/02/2023

Search Results

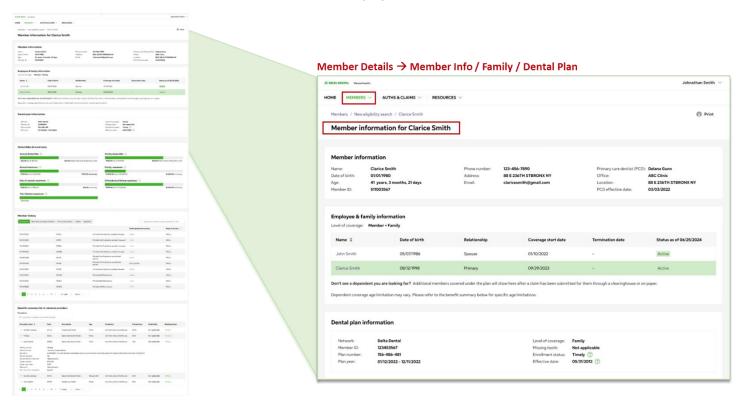
#### Advanced Member Search

From the Home page, you can select to perform an advanced member search by entering in the search criteria which will display all member results for their search criteria. From this list you can select a member to view their member details and eligibility.

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	01/21/2023	Jane Cooper	578930493578	01/01/1980	Delta Dental	<ul> <li>Active</li> </ul>
	01/15/2023	Annette Black	789329023589	01/01/1980	Delta Dental	<ul> <li>Active</li> </ul>
Search Results	09/01/2023	Kristin Watson	574893433590	01/01/1980	Delta Dental	<ul> <li>Active</li> </ul>
	12/23/2023	Dianne Russell	984378293124	01/01/1980	Delta Dental	<ul> <li>Active</li> </ul>
	08/05/2023	Cody Fisher	943789433346	01/01/1980	Delta Dental	<ul> <li>Active</li> </ul>
	05/13/2023	Albert Flores	678493453457	01/01/1980	Delta Dental	<ul> <li>Active</li> </ul>
	05/03/2023	Arlene McCoy	894738943854	01/01/1980	Delta Dental	<ul> <li>Active</li> </ul>
	06/09/2023	Savannah Nguyen	789457893287	01/01/1980	Delta Dental	<ul> <li>Inactive</li> </ul>
	09/20/2023	Dianne Russell	567839429976	01/01/1980	Delta Dental	Inactive

#### **Member Details**

Once a member is selected, the full member details will display.



The Deductibles & maximums section will list accumulators such as Annual deductible, Family deductible and more.

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#### Member Details $\rightarrow$ Member History $\rightarrow$ Eligibility

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Member ID	Plan name		Coverage effective date	Ter	rmination date	Status	
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******7635	Delta Dental		05/07/2023	11/1	11/2023	Active	
******3521	Delta Dental		04/20/2023	-		Inactive	
******2643	Delta Dental		01/04/2023	-		Gap	
*******8905	Delta Dental		12/07/2022	-		Inactive	
******4321	Delta Dental		12/07/2022	-		Inactive	
******8364	Delta Dental		12/07/2022	-		Inactive	
******0997	Delta Dental		12/07/2022	-		Inactive	
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# The Benefits Summary section lists all procedures for in-network providers.

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# **Claims Search Features**

The Claim/pre-determination search section allows you to search for a claim/pre-determination number by claim/pre-determination number. Or conduct an advanced search for a claim or a pre-determination.

#### Member Details $\rightarrow$ Member History $\rightarrow$ Procedures

#### **Claims Search**

C DELTA DENTAL Massachusetts			Johnathan Smith $$
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Advanced Search

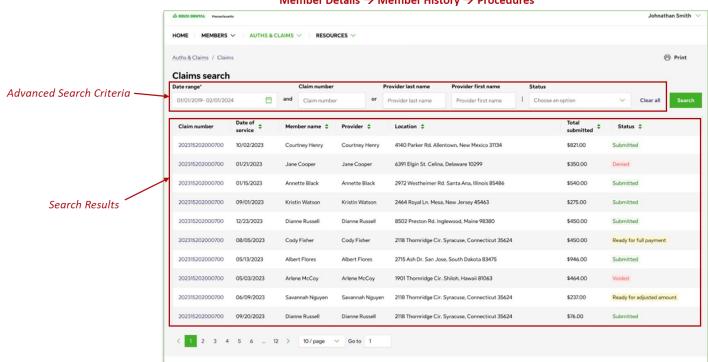
In the Claims search section, enter in the Claim number as your search criteria. Then click on the Search button to display search results.

#### Member Details $\rightarrow$ Member History $\rightarrow$ Procedures

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Search Results

To conduct an advanced search, enter in a Date range, Provider last name, Provider first name and/or Status. Then click on the Search button to display search results.



Procedures can also be found in the Member History section of the Member Details page.

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Clicking on an individual claim will allow you to view the Procedure Information.

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# **Pre-Determination Search Features**

The Members tab on the Home page view allows you to conduct a Pre-Determination search using the Pre-Determination number. Once the results are displayed, you can conduct an advanced member search.

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Search Results

To conduct an advanced search, enter in a Date range, Provider last name, Provider first name and/or Status. Then click on the Search button to display search results.

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	202315202000700	10/02/2023	Courtney Henry	Courtney Henry	4140 Parker Rd. Alle	entown, New Mexico 31134	\$821.00	Submitted
	202315202000700	01/21/2023	Jane Cooper	Jane Cooper	6391 Elgin St. Celin	a, Delaware 10299	\$350.00	Denied
	202315202000700	01/15/2023	Annette Black	Annette Black	2972 Westheimer R	d. Santa Ana, Illinois 85486	\$540.00	Submitted
Search Results	202315202000700	09/01/2023	Kristin Watson	Kristin Watson	2464 Royal Ln. Mes	a, New Jersey 45463	\$275.00	Submitted
	202315202000700	12/23/2023	Dianne Russell	Dianne Russell	8502 Preston Rd. Ir	nglewood, Maine 98380	\$450.00	Submitted
	202315202000700	08/05/2023	Cody Fisher	Cody Fisher	2118 Thornridge Cir	Syracuse, Connecticut 35624	\$450.00	Ready for full payment
	202315202000700	05/13/2023	Albert Flores	Albert Flores	2715 Ash Dr. San Jo	rse, South Dakota 83475	\$946.00	Submitted
	202315202000700	05/03/2023	Arlene McCoy	Arlene McCoy	1901 Thornridge Ci	r. Shiloh, Hawaii 81063	\$464.00	Voided
	202315202000700	06/09/2023	Savannah Nguyen	Savannah Nguyei	n 2118 Thornridge Cir	. Syracuse, Connecticut 35624	\$237.00	Ready for adjusted amoun
	202315202000700	09/20/2023	Dianne Russell	Dianne Russell	2118 Thornridge Cir	. Syracuse, Connecticut 35624	\$76.00	Submitted

Procedures can also be found in the Member History section of the Pre-determinations page.

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~ 04/06/003	DO789	00789	\$750.00	\$101.04	k320.00	\$120.00	Textbury
~ 06060025	60789	04789	¥750.00	8105.04	\$320.00	\$120.00	Text here
~ 979202	00789	00789	\$750.00	\$101.06	\$320.00	\$120.00	Text here
~ 01/6/028	E0789	00789	¥750.00	\$101.04	\$320.00	\$320.00	Texthem
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Click on an individual procedure to view details.

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~ 04050005	DOTES	00799	\$750.00	\$10104	\$320.00	\$120.00	Texthere
V 06060025	DOTES	00789	¥750.00	8187.04	\$320.00	\$320.00	Text here
× 905200	00789	00789	\$750.00	8197.04	\$320.00	\$325.00	Texthere
~ 0796/2023	DOTES	00789	1750.00	810104	\$320.00	\$120.00	Text here
V 05042025	DOTES	00789	8750.00	819124	\$320.00	\$120.00	Text here
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Related document							

#### Member Details → Member History → Procedures

Date of service \$	Submit	ted code	Paid code	Total submitted	Patient pay	Plan payment	Writeoff	Processing policy
∨ 11/19/2023	D0789		D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
V 06/07/2023	D0789		D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
∧ 11/15/2023	D0789		D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
Procedure description: Tooth/quad/arch/surface Quantity: Coinsurance: Required legal disclaime Limitation: Documentation: Processing policy: Link to ORM:		1 Coinsurance infe Peer-to-peer rig Every 6 months Documentation Text here	D-UR/Lower/Distal (D) prmation hts					
V 12/14/2023	D0789		D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
· 03/09/2023	D0789		D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
V 09/20/2023	D0789		D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
∨ 08/26/2023	D0789		D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
∨ 12/28/2023	D0789		D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
V 07/10/2023	D0789		D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
· 09/04/2023	D0789		D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
			Total:	\$7,500.00	\$1,498.60	\$3.200.00	\$3,200.00	

Processing policy, Optional information, Attachments, Related documents and Transaction history is also displayed.

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Main Information							
Member informa	Clarice Smith			Provider infor	Jule Smith		
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~ 1/H (925	DOM:	DOWN	87620	\$147.04	10108	8320.00	Text here
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Related documen	ts.						
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Processing policy			
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Office reference number:		This service qualifies as Early and Periodic Screening. Diagnostic and Treatment :	Yes
Referral number: Notes:	Text here Lorem ipsum dolor sit amet consectetur. Justo id posuere in tristique at vitae blandit lectus gravida. Id non erat risus omare aliquet. Purus sed amet felis sit eget turpis idkoa… Read more	Diagnostic and Treatment.: This was an emergency service:	Yes
Attachments			
Document number one.do	CX .		
Document number two.pd	1		
Document number three.x	ls		
Related document	ts		
Resubmitted pre-authoriz	ation: 20230612173, 07/17/2023		
Claim submitted:	20230612173, 07/17/2023		

# Patient Relationship Codes

HIPAA Individual Relationship Codes	Valid Values	
G8	Other Relationship	
53	Life Partner	
43	Child Where Insured Has No Financial Responsibility	
41	Injured Plaintiff	
40	Cadaver Donor	
39	Organ Donor	
36	Emancipated Minor	
33	Father	
32	Mother	
29	Significant Other	
24	Dependent of Minor Dependent	
23	Sponsored Dependent	
22	Handicapped/Dependent	
21	Unknown	
20	Employee	
19	Child	
18	Self	
17	Stepson or Stepdaughter	
15	Ward of the Court	
10	Foster Child	
7	Nephew or Niece	
5	Grandson or Granddaughter	
4	Grandfather or Grandmother	
1	Spouse	

Source: CMS (https://med.noridianmedicare.com/web/jea/topics/claim-submission/patient-relationship-codes) Last Updated Dec 09 , 2023

# **Billing and Payment**

# **Pay Invoice Options**

This allows you to pay an invoice online and set up recurring payments.

Administration Online Enrollment Billing & Payment • Pay Invoice • View Invoice Tools Delta Dental Find a Dentist Privacy Policy Terms of Use

## **Make Payment:**

#### Make a One Time Payment:

1. Click Make Payment to make a onetime or recurring payment online.

#### Notes:

- This only displays if you have the necessary security to make a payment.
- The first time you make a payment, you will be asked to choose a security image and give it a label. This will help you confirm when a notification is received from Delta Dental Plan.

> Invoices	Set up Account Security
Make Payment	Choose a Security Image and give it a label You'll see your selected security image and label in email notifications. When you see
D Electronic Payment History	your image and label on a notification, you can be sure it is from us.
Account Settings	
🔦 Terms & Conditions	
Contact Us	Give your image a label
D Log Off	By clicking this box, you are enrolling in this service and have read and agree to the <u>Terms of Service</u> for this site.

2. Click on the circle to the left of the current invoice.

	ISTORY		Hide Account Groupings E
Total Balance: \$18,954.59	nber Amount Due	Remaining Amount	Payment Payment Code / Amount Comments
Group ID 0012349901 S. ABC Corporation			

- 3. Click on the down arrow in the **Payment Amount** column, to view the total amount due:
  - a. Risk/Premium/Fully Insured groups will only see the total amount due for this invoice.

#### Notes:

- This will reflect the total amount due (invoice amount plus any amount past due and credits).
- This will not reflect payments made outside the portal (i.e. via check or ACH/wire transfer).
- b. Self-Insured groups will see the claims and admin.
  - In the Amount Due, you will see the claims and admin for the current month plus any past due amount
  - In the Claim Amount Due (self-insured only) you will only see the current month's claims.
  - In the Administrative Amount Due (self-insured only) you will only see the current month's administrative cost.

Amount Due	\$226,371.86
Claims Amount Due	\$208,209.99
Administrative Amount Due	\$22,919,20

### Notes:

- This will reflect the total amount due (invoice amount plus any amount past due and credits).
- This will not reflect payments made outside the portal (i.e. via check or ACH/wire transfer).

4. Enter the amount you want to pay in the **Payment Amount** column.

## Note:

• If you are paying the amount listed, you do not have to type anything.

	🛆 DE	ELTA DENTAL	e -		Home	Pay My	Bills Re	ecurring Payment	0	Test_Group_Name	
Pa	ay M	y Bills			Due	Date 🗸		Q Advanced Search	MESSAGES		View
ι		D AND PART		✓ HISTORY			н	de Account Groupings Export	paper billing and	erless. Switching fro payment to paperle Ask your Benefits	
	Total	Balance: \$662,74	5.24 Due Date	Invoice Number	Amount Due	Remaining Amount	Payment Amount	t Payment Code / Comments			
•	Ø	Group ID 001 Test_Group_Nam							O Invoices	UMMARY	\$0.0
	$\oslash$	7/1/2020	7/13/2020	12345678	43,326.72	43,326.72	43,326.72 👻		Remove All Payment Method	Add A Payme	nt Metho
	$\bigcirc$	6/1/2020	6/11/2020	98765432	29,440.71	29,440.71	29,440.71 💌				~
										Pay Date 8/6/2020	m
									06, 2020 4:00 PM August 07, 2020. Thursday, August	ned before Thursday, 1 ET will be posted of Payments confirmer 06, 2020 4:00 PM E y, August 10, 2020.	August n Friday, i after
									Can	<u>cel</u> Continue to I	Payment

- 5. If you are paying an amount other than the total, you will be prompted to select a Payment Code. Choose the item from the dropdown that describes what you are paying.
- 6. Click on the Edit Comment Pencil to add a comment to explain your payment.



- 7. The Payment Summary box will display the number of invoices you've selected and the total amount to be paid.
  - a. **Remove all** will remove the invoices chosen.
  - b. Click **Add a Payment Method**, if you are a first-time payer or if you want to add a new payment method.
    - i. Enter the bank information.
    - ii. Click Add. This will bring you back to the Payment page.

BANK ACCOUNT		
Account Type		Account #
Personal	Business	123456
Banking Type		Re-enter Account #
Checking Account Savi	ngs Account	123456
Delta Dental Payment Name on the Account ABC Company Routing Number		Pay to the Order of
123456789		Make sure to use your bank account number, not your ATI or Debit card number.
By selecting "Agree and Add Acc creation of a charge to the account	int listed above. You a	he information you've provided on the above account to be used fi Iso affirm that the information you provided is correct, that you are ids to cover the amount of any transactions that you authorize.

- 8. In **Payment Summary** section, choose the correct bank from the dropdown.
- 9. Click on the calendar in the **Pay Date** section, to choose the date you want the funds pulled from your bank account.
- 10. Click **Continue to Payment**.

1 Invoice Remove All		\$341.2
Payment Method	O Add A Pay	ment Methor
Anybank USA	is:	•
	Pay Date	1.4
	7/24/2020	6
Payments confirmed b		
2020 4:00 PM ET will July 27, 2020. Paymer		
July 24, 2020 4:00 PM		osted on
Tuesday, July 28, 202	0.	

11. The **Verify Payment** screen will display. Validate that the bank, payment amount and payment date are correct.

12. Click the box for "By checking this box you agree to the terms and conditions above".

# 13. Click Make Payment.

- 14. The **Payment Confirmation** page will appear. You can:
  - a. Print a Confirmation Page
  - b. Return to Pay My Bills
  - c. Log Out

Thank Your Your	noumont has	hoon mode		
Thank You! Your	payment has	been made.		
A Print Confirmation 6	age	Payr	ment Date	7/20/202
	- ng n	Payr	ment Method	Delta Dental Paymen
				Anybank US/
ABC Co., Boston				*****6789
		Tota	al Payment	\$642.0
You have been provided	d a confirmation nu	mber. Please save t	this page for your	records.
Payments confirmed be Payments confirmed aft	fore Monday, July 2 er Monday, July 20,	0, 2020 4:00 PM E 2020 4:00 PM ET	T will be posted or will be posted on V	n Tuesday, July 21, 2020. Wednesday, July 22, 2020
Payments confirmed be Payments confirmed aft If you have any further	fore Monday, July 2 er Monday, July 20, questions about pa	0, 2020 4:00 PM E 2020 4:00 PM ET	T will be posted or will be posted on V	n Tuesday, July 21, 2020. Wednesday, July 22, 2020
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Payments confirmed aft If you have any further office at 800-872-0500	fore Monday, July 2 er Monday, July 20, questions about pa	0, 2020 4:00 PM E 2020 4:00 PM ET yments to Delta De Confirmation #	T will be posted or will be posted on intal of Massachus	n Tuesday, July 21, 2020. Wednesday, July 22, 2020 etts, please contact our nt Number of Invoice

### Make a Recurring Payment

1. Click Make Payment to make a recurring payment.

#### Notes:

- This only displays if you have the necessary security to make a payment.
- The first time you are making a payment, you will be asked to choose a security image and give it a label. This will insure you that the notification is from us.

> Invoices	Set up Account Security
Make Payment	Choose a Security Image and give it a label You'll see your selected security image and label in email notifications. When you see
D Electronic Payment History	your image and label on a notification, you can be sure it is from us.
Account Settings	
K Terms & Conditions	
Contact Us	Give your image a label
D Log Off	By clicking this box, you are enrolling in this service and have read and agree to the <u>Terms of Service</u> for this site.

#### 2. Click Recurring Payment.

	Home	Pay My Bills	Recurring Payment	0	ABC Co., Boston
Pay My Bills	Due Da	ite +	Q Advanced Search	MESSAGES	View

## 3. Click Create New Recurring Payment.

△ DELTA DENTAL	Home	Pay My Bills	Recurring Payment	🎄 ABC Co., Boston	
Recurring Payment					
Recurring Payment			• 0	reate New Recurring Payment	
Recurring Payment Message Auto-Pay will begin following the first billing cycle after you have set up the Recurring Payment. Continue to pay as usual until you receive an email notifying you the Recurring Payments are being processed.			Example: If an invoice is generated in March for an April payment and you select Recurring Payment: 1. You will still need to make the April payment as a one-time payment online		

4. Enter a name for the payment in the Payment Name box (i.e. ABC Company, Monthly Dental Payment).

Note:

• You must set up recurring for each subgroup separately.

- 5. Click **Continue**.
- 6. Select the day of the month you want Delta Dental to withdraw the money, in the **When would you like to make your payment** box.
- 7. In the **Payment Amount** section, select the Amount Due.

Note:

- The amount due on the bill is the total amount due, including any past due balances shown on the invoice.
- 8. In the Keep Making This Payment Section, select one of the following:
  - a. **I Stop the Payment**: the recurring payment will continue until it's cancelled.
  - b. Number of Payments: allows you to enter a specific number of payments.
  - c. **Specific Date**: allows you to enter a specific date when you want to stop recurring payments. The recurring payment will execute up to and including the date entered.
- 9. Optional: Click the box to Send a reminder a certain number of days before the payment is processed.
- 10. Click Continue.
- 11. On the Recurring Payment Setup screen:
  - a. Select a payment method from the dropdown, if it is already created or
  - b. Click Add a Payment Method to create a new one.
    - i. Enter the bank information.
    - ii. Click Add. This will bring you back to the Payment page.

BANK ACCOUN	п	
Account Type		Account #
Personal	Business	123456
Banking Type		Re-enter Account #
Checking Account	Savings Account	123456
Give This Account a Nick Delta Dental Payment Name on the Account ABC Company Routing Number	name	Pey to the
creation of a charge to t	he account listed above. You a	or Debit card number. the information you've provided on the above account to be used also affirm that the information you provided is correct, that you an do to cover the amount of any transactions that you authorize.

- 12. The **Recurring Payment Setup Payment Method** section will reappear. If there is more than one payment method, select the correct banking information from the drop down.
- 13. Click Continue.
- 14. On the **Billing Authorization** screen, click **By checking this box you agree to the terms and conditions stated above**.

15. Click **Finish**. A confirmation page will appear.

#### Note:

• Click the Review/Edit/Delete button if you want to review, make changes or delete the recurring payment.

	Home	Pay My Bills	Recurring Payment	🌣 ABC Co., Boston
Recurring Payment				
Recurring Payment				
ABC CO. RECURRING PAYMENT	Review/Edit/Delete			
Paid on Account 012345678 Paid on the Last day of the Month				
© 2004-2020 Delta Dental Plans Association. All Rights Reserved.   <u>Privacy Polic</u>	cy Terms of Use Log.out			

16. Click **Pay My Bills** if you want to return to the main payment screen. You must pay any outstanding balances before Recurring Payment begins.

### **Electronic Payment History**

1. Click this to display any payments that were made on the Delta Dental Portal.

#### Notes:

- This will not display payments made directly to Delta Dental by check or ACH/wire transfer.
- This will display up to 12 months of payments.

Invoices							
Make Payment	Electronic	: Payment	History				
Electronic Payment History	Welcome!						
Account Settings	Transaction Confirmation Number	Transaction Type	Payment Method	Group Number	Invoice Number	Payment Date	Payment Amount
K Terms & Conditions			yments for you to vi				
Contact Us			,				
D Log Off							

#### **View Invoice Options**

The left-hand toolbar contains the following options:

- 1. Go Paperless: to go from paper to online payment
- 2. Invoices: to view invoices
- 3. Make a Payment: to make a one time or recurring payment
- 4. Electronic Payment History: to view online payment history
- 5. Account Settings: to view your personal settings
- 6. Terms & Conditions: to view the terms and conditions of use
- 7. Contact Us: to view options for contacting Delta Dental of MA
- 8. Log Off: to log off the portal

# **Go Paperless**

1. Click this option to switch from receiving paper invoices and viewing your invoices online.

#### Notes:

- If you sign up for paperless invoices, you will get an e-mail when your next new invoice is available.
- You should not choose "Go Paperless" if you want to continue to pay by check. Payments by check require the remittance stub from the paper invoice that is mailed to you.
- The "Go Paperless" menu item disappears after you have selected to go Paperless.
- You must have an email address to Go Paperless.
- The "Go Paperless" screen will only display the groups that are assigned to you.
- 2. If you have not accepted the Terms and Conditions:
  - a. Click **Terms and Conditions** to see the requirements for using this feature.
  - b. Click I have read and accept the Terms & Conditions.
- 3. Click Enroll/Go Paperless to enroll all the groups that display on the Go Paperless screen.

Invoices Make Payment	Group Number	rs associated with this p	ofile		
D Electronic Payment History	Action	Status	Group Number	Group Name	
Account Settings		Print/Mail Print/Mail	001234-9901 001234-9902	ABC Co., Boston ABC Co., Georgia ABC Co., COBRA	
K Terms & Conditions		Print/Mail	001234-9903	ABC CO., COBRA	
Contact Us					
D Log Off	Paperless (F	Electronic Only) Enrollmo	ent Confirmation		
	-	Terms & Conditions	on to read and understand w		
	2. check t	he box confirming that you	have read and accept.		
	□ I h	ave read and accept the To	erms & Conditions		
	3. Click th	e button below to complete	e the enrollment for Paperle	ss/Electronic Bill Statements.	

### Note:

• If there are some groups you do not want to go paperless, and you are a super user, you can click on Unenroll on specific groups after you enrolled them all.

Invoices	My User Ac	count Setting	5	
Make Payment     Electronic Payment History	You must provide y	our current password to	o update your User Profile.	
Account Settings	Email			
🔦 Terms & Conditions	Mary.Smith	@mail.com		
📞 Contact Us				
D Log Off	Group Numbers	associated with this pr	ofile	
	Action Unenroll	<u>Status</u> Paperless	Group Number 001234-9901	Group Name ABC Co., Boston
	Unenroll	Paperless	001234-9902	ABC Co., Georgia
	Unenroll	Paperless	001234-9903	ABC Co., COBRA

## Invoices

1. Click Invoices to display invoices for all subgroups that have been assigned to you.

#### Notes:

- This will only display up to 12 months of invoices.
- If you want to keep invoices longer than the 12 months, download and save a copy in a PDF or HTML format for your records.

1	Invoices	
C	Make Payment	
3	Electronic Payment History	
0	Account Settings	
*	Terms & Conditions	
c	Contact Us	
5	Log Off	

nvoic	es						
/elcom	el					L3	
PDF	HTML	Group Number	Invoice Date	Due Date	Invoice Number	Amount Due	
		001234-9901	07/10/2020	08/01/2020	01234567	31748.56	
		001234-9902	06/10/2020	07/01/2020	98765432	21301.47	•

- 2. Click on a column label, to sort by that column.
- 3. Enter specific criteria in a search box to narrow down your search. For example, enter an Invoice Number.
- 4. Click on the dropdown next to an invoice to see a snapshot of the Activity Summary page of the invoice.

Activity Summary for	Billing Period: 08/01/202	20 - 08/31/2020	
BC Co., Boston			
Previous Balance	\$21,301.47	Activity Summary	
Payment	-\$21,301.47	Claims Paid During Jun 2020	\$24,992.51
Adjustment	\$0.00	Administrative Expense Per Member	\$6,676.45
Carried Forward	\$0.00	Administrative Adjustment	\$79.60
		Subtotal	\$31,748.56
		Total Amount Due	\$31,748.56

## **Self-Insured View**

#### Fully Insured/Risk View

BC Co., Boston			
Previous Balance	\$302.40	Activity Summary	
Payment	-\$302.40	Current Amount Due	-\$753.90
Adjustment	\$0.00	Total Amount Due	-\$753.90
Carried Forward	\$0.00		

5. To view or save a PDF or HTML copy of the invoice.

## Note:

- From HTML you can also export an employee or claims listing, when available, to Excel.
- bo get and save a PDF version. a. Click
- to get and save a HTML version. This allows you to click on an item, like the b. Click subscriber listing, and export to Excel.

### Make Payment:

If you also have the security to make a payment, you can do that from this menu. Please go to the **Make Payment** section of the manual for further instructions.

#### **Account Settings:**

Click this to display:

- Your email.
- View whether you are set up for Paperless or Print Mail.
  - o If you are Print Mail, you have the option to Go Paperless from this screen.

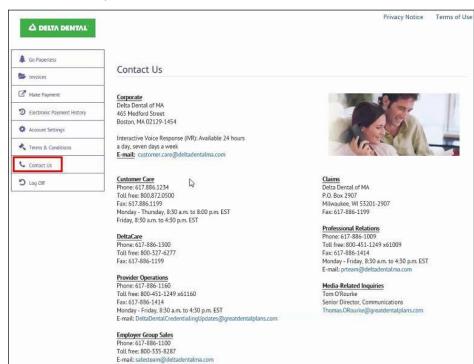
4y User A	ccount Settings	5	
Email			
Mary.Smith	@mail.com		
Group Number	rs associated with this pr	ofile	
Action	<u>Status</u> Print/Mail	Group Number 001234-9901	Group Name ABC Co., Boston
			NOT enrolled for Paperless (Electronic only) delive
Click here to G	o Paperless and begin rec	eiving invoice(s) electroni	cally starting with the next billing cycle.

# Terms and Conditions of Use:

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# **Contact Us:**

Click this to view phone, address and email links to contact Delta Dental of MA.



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