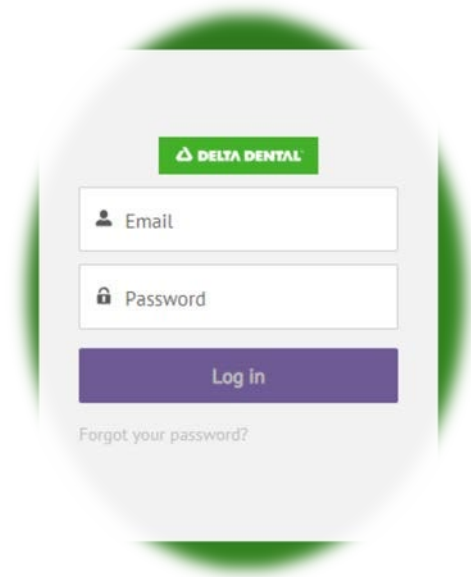


Broker Portal for Individual Business

Your Guide to Servicing
Your Individual
Delta Dental Clients



www.DeltaDentalCoversMyClient.com

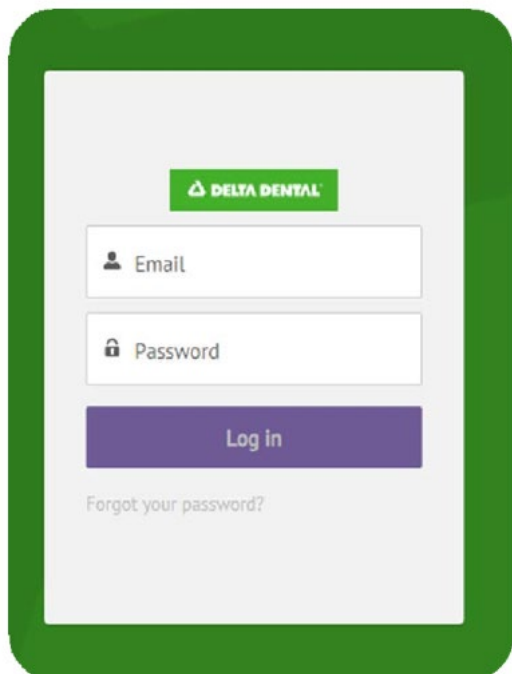
Thank you for offering Delta Dental's plans for individuals and families.

Delta Dental has created a broker portal to provide you with the information and resources you need to service your clients.

The portal is secure and can be accessed on mobile devices as well as on your computer. Use Google Chrome as your web browser for best results.

The Delta Dental team is always available to answer questions and provide additional support. **Simply call our Broker Hotline 1-844-335-8275 8:00 am – 5:00pm.**

Portal Login Page

A screenshot of the Delta Dental Policyholder Service Portal login page. The page features the Delta Dental logo at the top, followed by two input fields for 'Email' and 'Password'. Below the password field is a purple 'Log in' button. At the bottom left, there is a link for 'Forgot your password?'. The entire screenshot is framed by a green border.

DELTA DENTAL

Email

Password

Log in

Forgot your password?

Logging In to the Policyholder Service Portal

1. Go to www.DeltaDentalCoversMyClient.com
2. Enter your login credentials
3. If you forget your password, click the “Forgot Your Password” link and a password reset e- mail will be sent to you.

Portal Main Menu

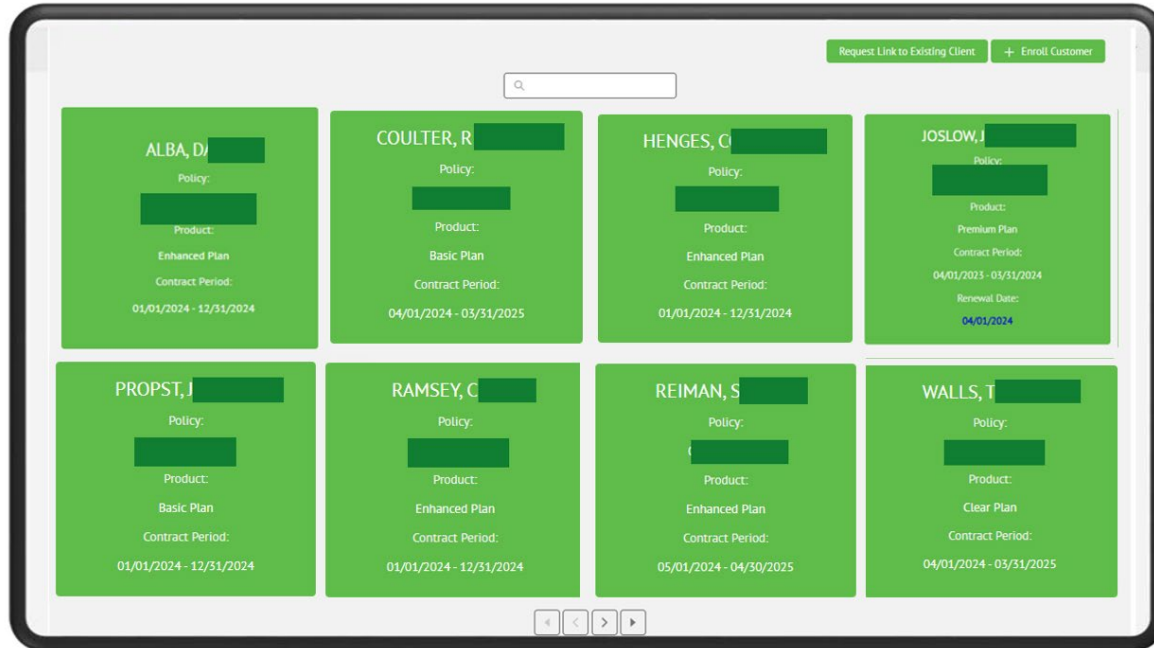
Need Assistance?

Call toll-free: 1(844) 335-8275, 7am to 7pm CT
Email us: WeLoveBrokers@DeltaDentalCoversMe.com
Enrollment Fax: (800) 807-1970

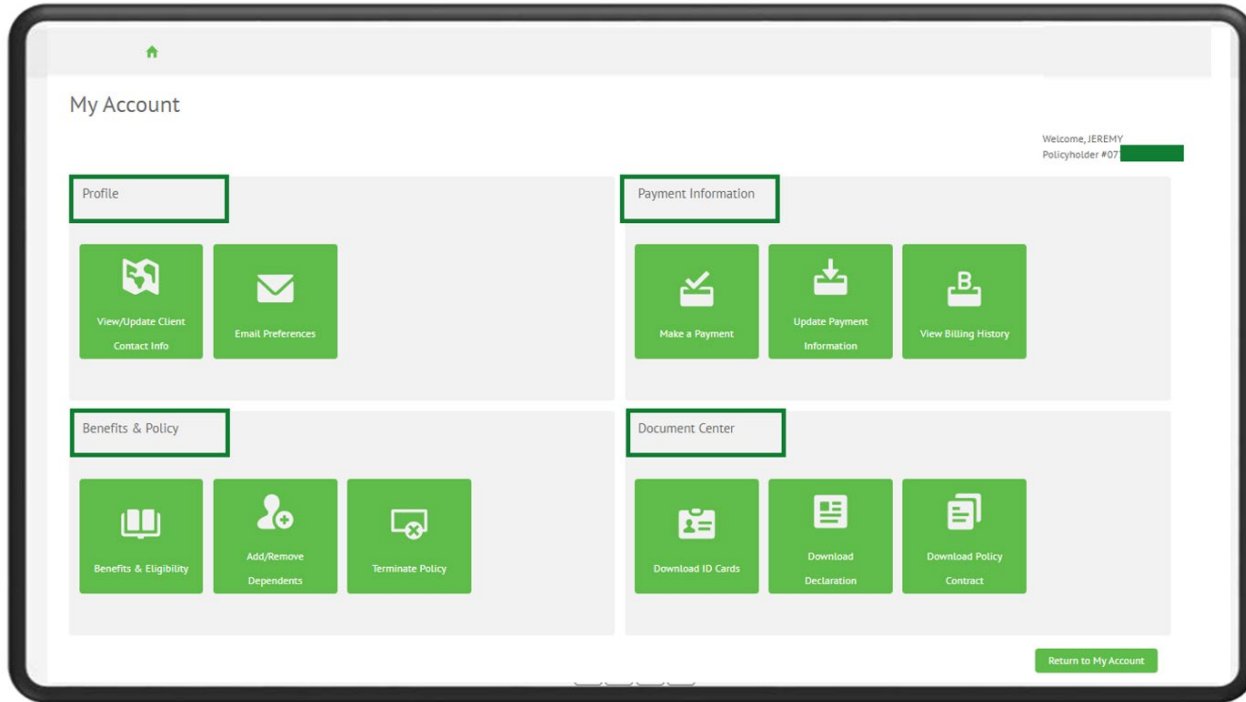
The main menu will display the following details:

- **Dedicated contact details for brokers:** Phone #, email address, fax#
- **Current client listing by last name & search bar**
- **Client's dashboard:** Policy ID#, Policy Name and Contract period details.
- **Link to request AOR:** "+ Request Link to Existing Client"
Link to open personalized URL to quote and enroll: "+ Broker Enrollment Link"

No commission information is displayed through this portal.

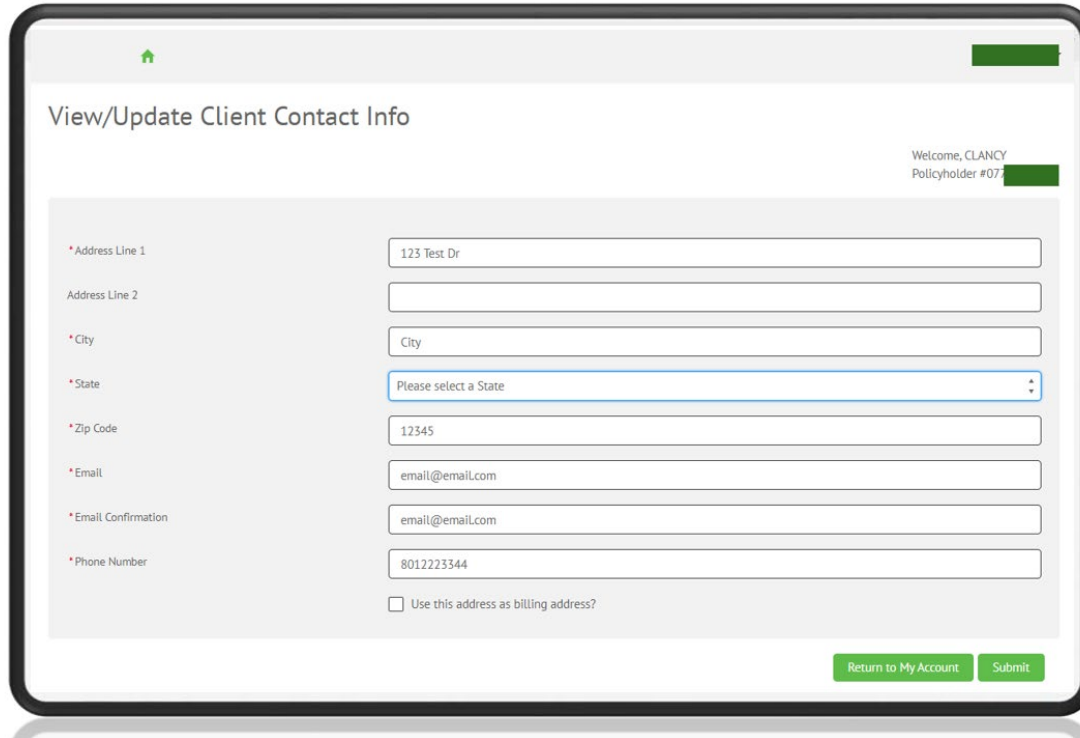


Client Home (My Account)



- After clicking on a specific client, you will be taken to the **My Account** page.
- This is where you can view and initiate updates and transactions on a client's behalf.
- It presents the following four sections:
 - Profile
 - Payment Information
 - Benefits & Policy
 - Document Center

Profile: View/Update Client Contact Information



The screenshot shows a web interface for updating client contact information. At the top, there is a home icon and a user profile picture. The main heading is "View/Update Client Contact Info". On the right, it says "Welcome, CLANCY" and "Policyholder #077". The form contains several input fields: "Address Line 1" (123 Test Dr), "Address Line 2" (empty), "City" (City), "State" (Please select a State), "Zip Code" (12345), "Email" (email@email.com), "Email Confirmation" (email@email.com), and "Phone Number" (8012223344). There is a checkbox for "Use this address as billing address?". At the bottom right, there are two buttons: "Return to My Account" and "Submit".

- From the **Profile** section of the **My Account** page, select **“View/Update Client Contact Info”** to view/update a client’s address, email and phone number.
- All updates take effect in real time after you hit **“Submit”**.

Profile: E-Mail Preferences

Home icon

Email Preferences

Welcome, CLANCY
Policyholder #077

Preferred Communication Method

Explanation of Benefits ⓘ	Paper	Email
Policy ⓘ	Paper	Email
ID Cards ⓘ	Paper	Email

Additional Notification Options

Billing Reminders ⓘ	<input checked="" type="checkbox"/>
Marketing and Promotions ⓘ	<input type="checkbox"/>

Return to My Account Submit

- From the **Profile** section of the **My Account** page, select “**Email Preferences**” to change how a client receives policy information and notifications.
- Examples include benefit explanations, policy documents and billing reminders.

Payment Information: Make a Payment

Pay Now

Next Month's Premium - \$16.80

Please Select a Billing Method

Credit Card Electronic Funds Transfer (EFT)

Billing Information

*Address Line 1 123 test

Address Line 2

*City city

*State New Jersey

*Zip Code 12345

*Contact Telephone 2223334455

Method of Payment

*Name on Card Name on Card

*Card Type Visa

*Card Number 1234567891234566

*CVV2 Number 123

*Expiration Month January

*Expiration Year 2024

Make a payment for next month?

Sign up for automatic withdrawal using this as my future payment method?

[Return to My Account](#) [Pay Now](#)

- Select **“Make a Payment”** from the **Payment Information** section of the **My Account** page to go to the **Pay Now** page.
- You can make a one-time or advanced payment via electronic funds transfer (EFT) or credit card. Payments set up using EFT or credit card remit automatically if the payment information is current.
- Select the **“Pay Now”** button at the bottom of the screen to process the payment. The policyholder’s chosen payment information in this section is secured, so it is not fully visible.

Payment Information: Update Payment Information

Update Payment Information

Welcome, CLANCY
Policyholder #07

Please Select a Billing Method

Credit Card Electronic Funds Transfer (EFT)

Changes to credit card billing method made on or following the 27th of the month may not be reflected until the next billing period.

Billing Information

* Address Line 1

Address Line 2

* City

* State

* Zip Code

* Contact Telephone

Method of Payment

* Name on Card

* Card Type

* Card Number

* CV2 Number

* Expiration Month

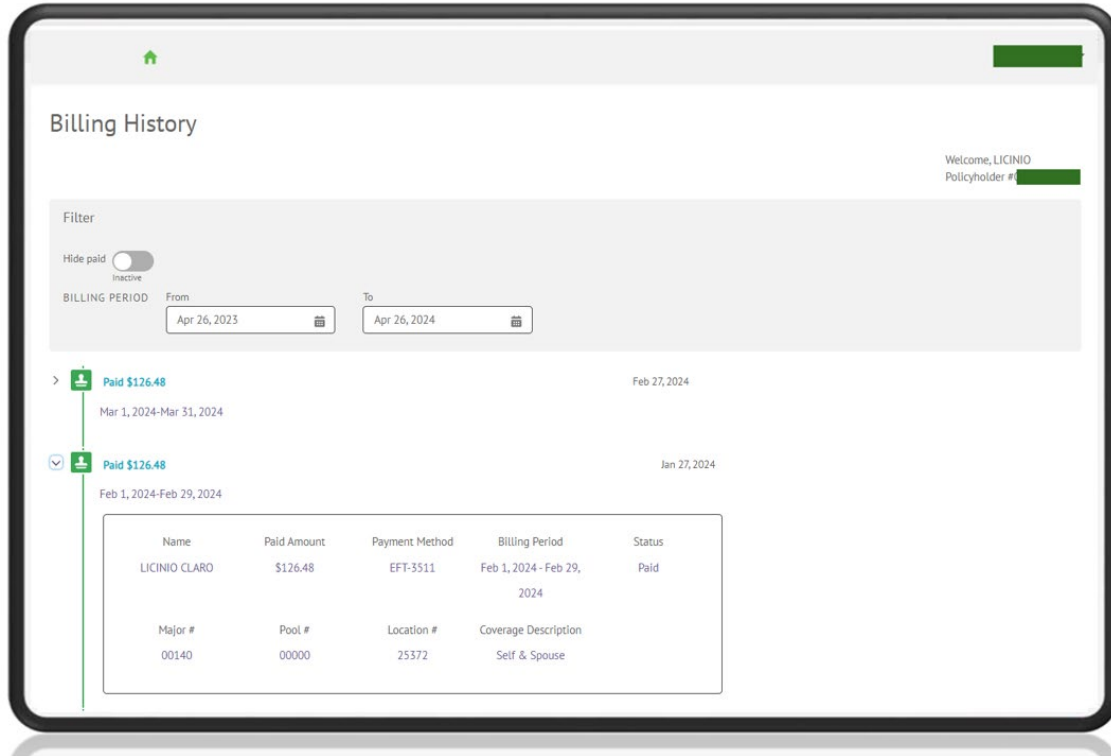
* Expiration Year

I understand that this payment method will be used for automatic withdrawal for future payments.

[Return to My Account](#) [Update](#)

- Select **Update Payment Information** from the Payment Information section of the **My Account** page to update a client's automatic billing payment method. Automatic payments can be electronic funds transfers or credit card transactions and occur on the 27th of the month.
- The policyholder's chosen payment information in this section is secured, so it is not fully visible.

Payment Information: View Client Billing History



Billing History

Welcome, LICINIO
Policyholder # [REDACTED]

Filter

Hide paid inactive

BILLING PERIOD From To

Apr 26, 2023 Apr 26, 2024

> **Paid \$126.48** Feb 27, 2024
Mar 1, 2024-Mar 31, 2024

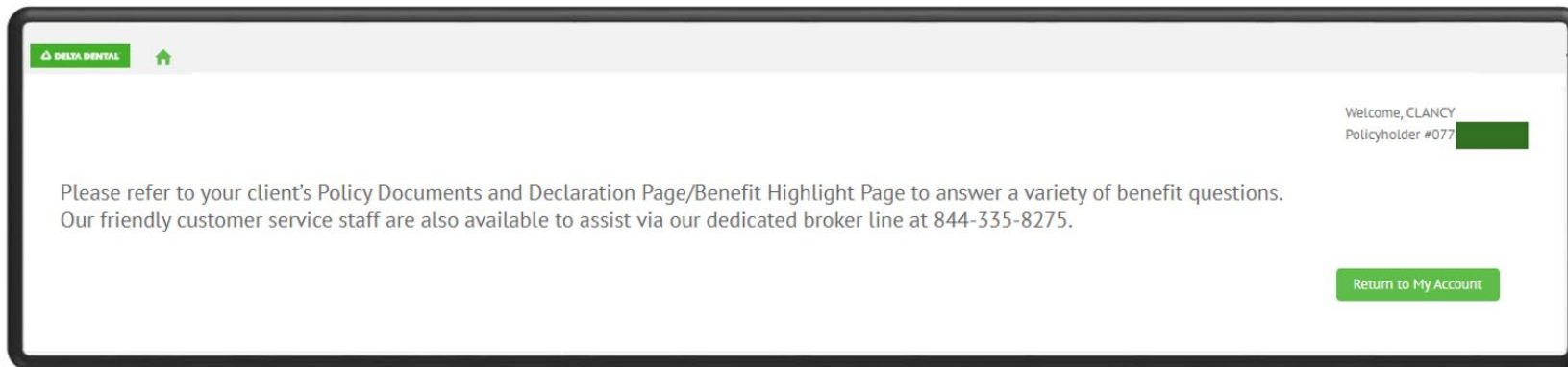
✓ **Paid \$126.48** Jan 27, 2024
Feb 1, 2024-Feb 29, 2024

Name	Paid Amount	Payment Method	Billing Period	Status
LICINIO CLARD	\$126.48	EFT-5511	Feb 1, 2024 - Feb 29, 2024	Paid
Major #	Pool #	Location #	Coverage Description	
00140	00000	25372	Self & Spouse	

- From the **“Payment Information”** section of the **“My Account”** page, you can select **“View Billing History”**
- The **“View Billing History”** section will allow you to view your client’s payment history within a specific date period. From this screen, you will be able to view:
 - The amount of premium paid
 - The payment method
 - The date of the payment

Benefits & Policy — Benefits & Eligibility

- From the “**Benefits & Policy**” section of the “**My Account**” page, you can select “**Benefits and Eligibility**.”
- To obtain this information, you can **call Customer Service at 1-844-335-8275**. Delta Dental representatives are available to answer policy specific questions, such as coverage levels, deductibles and maximums.



Benefits & Policy: Adding & Removing Dependents

The screenshot displays a three-step process for adding or removing dependents. Step 1 provides instructions and lists reasons for adding or removing dependents. Step 2 offers two submission options: online and fax/mail, with red boxes highlighting the 'Option 1: Online submission' and 'Option 2: Fax or Mail submission' headers. Step 3 is a 'Thank you' message. A 'Return to My Account' button is located at the bottom right.

Add/Remove Dependents

Welcome, CLANCY
Policyholder #0 [REDACTED]

Step 1

Review the lists below to determine if your client can add or remove a dependent. Please refer to your client's policy contract for limitations that may apply.

Adding a Dependent:

- Newborn/Adoption
- Change in custody
- Marriage
- Divorce
- Loss of other coverage
- Other

Removing a Dependent:

- Obtained coverage through an employer or marketplace
- Entered full-time military service
- Marriage
- Divorce
- Hospice
- Death
- Other

Step 2

Submit the add/remove request in one of the following ways:

Option 1: Online submission

1. Complete the Email Us/Contact Us Form (link below).
2. Enter the Policyholder's information in the required fields.
 - You may enter your email address so the reply is sent to you.
3. In the "Question/comment" section, provide the following details:
 - Your Name and Agency Name
 - The full name of the dependent the PH wants to remove/add
 - The qualifying event and its date
 - * If adding a dependent who had prior coverage, state the name of the carrier and coverage start & end date to verify eligibility to waive waiting periods.
4. [Click here to access the online form.](#)

Option 2: Fax or Mail submission

1. Complete the form provided below.
2. Mail the form to the following address:
 - PO Box 103, Steven's Point, WI, 54481.
3. Alternatively, fax the completed form to:
 - 800-807-1970
4. Download the required form

Step 3

Thank you!

After review, your client should receive a response to this request within 5 - 7 business days of receipt. If we need additional information, we will contact your client.

[Return to My Account](#)

- From the **“Benefits & Policy”** section of the **“My Account”** page, you can select **“Add Dependents.”**
- The **Add/Remove Dependents** section in the broker portal takes you through step-by-step instructions for making changes to a client’s policy. You may use the web form or print & download a paper form to fax or mail to Customer Service.

Benefits & Policy: Terminating a Policy

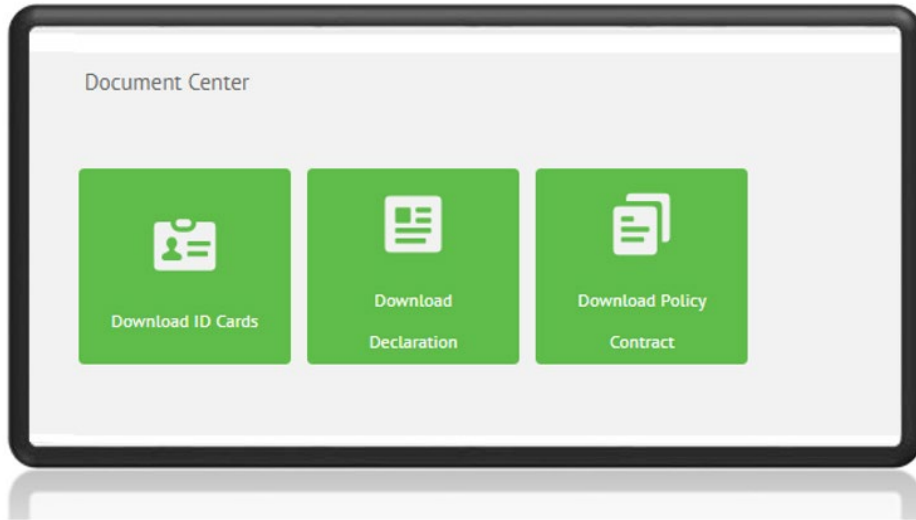
The screenshot displays a web interface for terminating a policy. At the top, there is a home icon and a user greeting: "Welcome, CLANCY Policyholder #077". The main heading is "Terminate Policy". Below this, a note states: "Your client can terminate this policy at the end of your client's contract period by contacting us before the end of your client's contract." The process is divided into three steps:

- Step 1:** "Review the list below to determine if your client can terminate this policy. Please refer to your client's policy contract for limitations that may apply." A bulleted list includes: "Obtained coverage through an employer or marketplace", "Entered full-time military service", "Hospice", "Death", "Nonrenewal", and "Other".
- Step 2:** "Submit the termination request in one of the following ways:"
 - Option 1: Online submission** (highlighted with a red box):
 - Complete the Email Us/Contact Us Form (link below).
 - Enter the Policyholder's information in the required fields.
 - You may enter your email address so the reply is sent to you.
 - In the "Question/comment" section, provide the following details:
 - Your Name and Agency Name
 - Clearly state your client's request to cancel.
 - Provide the qualifying event and its date.
 - Click here to access the online form.
 - Option 2: Fax or Mail submission** (highlighted with a red box):
 - Complete the form provided below.
 - Mail the form to the following address:
 - PO Box 103, Steven's Point, WI, 54481.
 - Alternatively, fax the completed form to:
 - 800-807-1970
 - Download Form

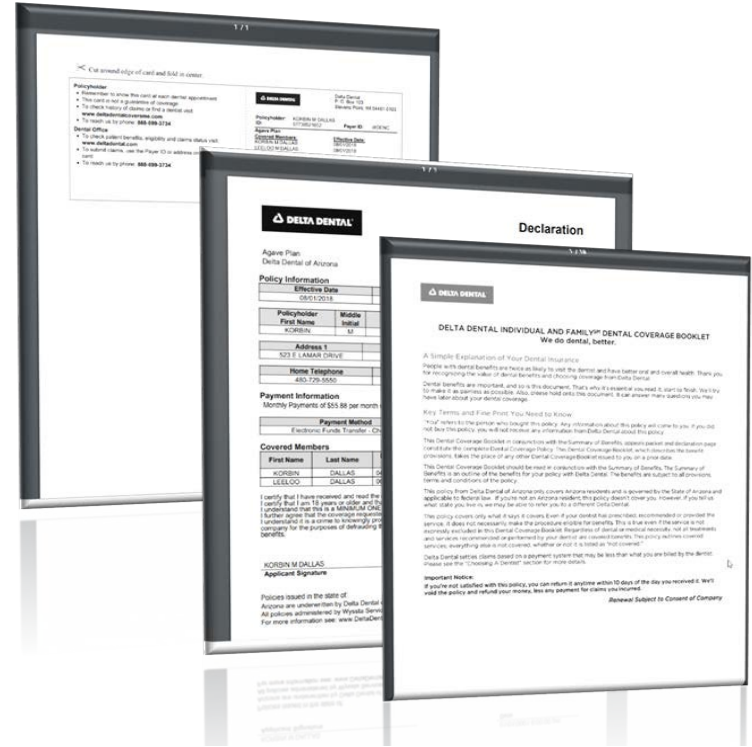
A "Download Form" button is located at the bottom of Step 2. At the bottom right of the page, there is a "Return to My Account" button.

- From the **“Benefits & Policy”** section of the **“My Account”** page, you can select **“Terminate Policy.”**
- The **“Terminate Policy”** section provides eligibility guidelines and step-by-step instructions to terminate your client’s policy. You may use the web form or print & download a paper form to fax or mail to Customer Service.

Document Center: Downloading Documents



- From the “Document Center” on the “My Account” page, you can download printable PDF versions of your clients ID card, policy declaration page showing current enrollment information, and the policy which covers your client.



Broker Support:

If you need assistance reach us one of two ways:

Call our Broker Hotline at 1-844-335-8275

- Broker Hotline Representatives can:
 - Confirm you are linked to a specific client policy
 - Provide all enrollment and policy information for your client
 - Answer general policy and coverage questions
 - Help you in using your unique broker URL for quoting and enrollment

Email our dedicated Broker email inbox:

- WeLoveBrokers@DeltaDentalCoversMe.com