

ONLINE RESOURCES MANUAL

A COMPLETE GUIDE FOR ASSISTING EMPLOYERS AND BROKERS WITH:

- Eligibility
- Billing
- Payment
- Reports

Note that this is a complete Online Resources guide. Availability to items mentioned depends on specific access granted by DDOK. Please contact Client Relations or your Account Service Representative for more information.

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ELIGIBILITY

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A DELTA DENTAL

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View Our Products View Broker Group Information Previous RFPs Request For Proposal View Commissions

From the Home Page, select the Enrollment tab, then select 'Add/Lookup Member' from the drop down menu.



Or Select 'Add Member' from the Quick Links.

À DELTA DENTAL		ONLINE RESOURCES					Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA			
								Log off Hello, PayEligTes		
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us			
Welcor links be Please help yo	ne to Online How to help y visit our Onlin u navigate all	Importar Billing Cutoff for was Friday, Augu enrollment chang	nt Notice: September 2023 st 11 2023. All ges will be							
*	Add Member Process new enrollment		Member Lookup Find member to modify existing coverage			reflected on the invoice. September 2023 available to down August 18, 2023 Reporting' page.	october 2023 invoices will be nload by Friday, from the 'Online			
=\$	Invoices S		\$ Make Pa	Make Payment Remit payment for invoice(s		It is a privilege to in your commitm oral health.	e partner with you nent to greater			
?	Online Res Guide to help	ources M	anual te portal		Message remessage to					

Select 'Add New Member.'

C DELTA DENTAL		ONLINE RESOURCES				Online services to manage group be from DELTA DENTAL OF OKLAHOM			
							Log o	ff Hello, Hello	
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us		
Add To add a new	member and his/h	er family me	mbers, please s	Add/Lookup	Member	tions, please	risit the Information page located under	er the Contac	
							Add New Mem	ber	

STEP 3

The Effective Date of coverage will default to the 1st of the month following the current date. Changing the effective date can be done one of two ways:

Enter the date in mm/dd/yyyy format or select the date from the Calendar pop-up.

Group Informa	tion –							
Effective Date:*	04/01/	2016			SSN	/Mem	ber ID:	Confirm:*
Group Name:	0		Ар	ril 20	16		0	
Plan Type:	Su	Мо	Tu	We	Th	Fr	Sa	
Group:	27	28	29	30	31	1	2	0006 V Location:
	3	4	5	6	7	8	9	Continu
	10	11	12	13	14	15	16	
	17	18	19	20	21	22	23	Website Liability/Pri
.016 Delta Dental of Okl	24	25	26	27	28	29	30	Treasing Edunity (TT

New Member

Enter and confirm the SSN/Member ID number.

Select the Group Number from the Group drop down menu. Once selected, the Group Name and Plan Type will display.

If applicable, select the Subgroup Number from the Subgroup drop down menu.

If applicable, enter the Location Code.

Select 'Continue'.

	New Member
Group Information	
Caution: This group's eligibility is Resources	also managed by an electronic file. If the file is not updated with the same changes, the electronic file will override any changes made in Online
Resources.	
Effective Date:* 11/01/2019	SSN/Member ID:* 1 Confirm:*
mm/dd/yyyy	
Group:	Location Code:
	Continue
Plan Information	
Plan Type:	Delta Dental PPO "Plus" Premier "Elite"
New Hire Probationary Period:	: the first of the month following sixty (60) days of continuous, full-time employment
Dependent Age Limitations:	twenty-six (26)
Member Term Rule:	End of the Month
Locations Codes:	Location codes used for billing purposes (see special instr)
Anniversary Date:	12/01/2019
Division field:	

STEP 5

Select the coverage type by clicking in the appropriate open circle next to the correct coverage type. This will determine what fields become available in the following step(s).

Coverage Codes Coverage Type: (Individual CoverageOnly Subscriber has coverage.Employee and SpouseIndividual and Spouse have coverage.Family CoverageIndividual and members of their immediate family.Employee + 1Individual and 1 childEmployee and DependentsIndividual and More than 1 child.	
------------------------------------	---	--

Enter the required details for the Subscriber. When entering the address, select the state from the drop down menu.

First Name:*	Subscriber	Middle Name:		Last Name:*	Subscriber
Birth Date:*	12/16/1970				🗌 Late Enrollee
	mm/dd/yyyy				
Address 1:*	1111 Street Name			Address 2:	
City:*	City Name	State: *	ОК 🗸	Zip:*	73116
Email:			Confirm Email:		

STEP 7

If applicable, enter the required details for the Subscribers spouse.

Spouse Det	ails		
Spouse ID:		Confirm:	
FirstName:*		MidName:	LastName:*
Birth Date: *			Late Enrollee
	mm/dd/yyyy		

STEP 8

If applicable, select the correct number of dependents from the drop down menu.

C Dependent Details		
Choose number of Dependents:	1 ~	
Dependent:	Dependent Count	
Dependent ID:	1	
First Name:*	3	Last Name:*
Birth Date:*	4	🗌 Late Enrollee 🔲 Disabled
mm/dd/yyyy	6	
	7	
	8	Next
	9	Next
9 2016 Delta Dental of Oklahoma. All Rights Reserved.	10	Website Liability/Privacy

Delta Dental of Oklahoma

▲ DELTA DENTAL[®]

Next

STEP 9

If applicable, enter the required details for each dependent. When all required fields are complete, select 'Next'.

Dependent D	er of Dependents: 1	~			
Dependent:					
Dependent ID:		Confirm:			
First Name:*	Child	Middle Name:	Last Name:*	Subscriber	
Birth Date:*	08/15/2000			Late Enrollee Disabled	
	mm/dd/yyyy				

STEP 10

Verify all information entered is correct.

If all information is correct, select 'Approve'. If information is not correct, select 'Decline'. This will take you back to the previous page to make any necessary corrections.

				New Mem	ber
Group Name:	etails		1.000		
Group	and the second s	Subgroup	THE R.	Location Code:	
Eff Date:	and the second second	Coverage Type	Family Coverage	Location Code.	
CENI/Mombor I	A statistic second in	Dirth Data	ranniy coverage		
Eirst Namo	Concentration of the local data	Middle Name:	Barry and a second	Last Namo	Subseribor
Addross 1:	Contractory Reserves	Addross 2:		Last Maine.	Subscriber
City:	The lines	State	100	Zin	20130
Empile	and the second s	Lato Enrolloo:	N	zip.	
Lindii.		Late Linonee.	N.		
Dependent D	etails		Lastivan		
Dep1 ID:	Birth	Date: (Thinking	10		Disabled: False
FirstName: 🕮	Mid	Name:	LastNam	ne: Mahazalian	
-					
Please Note					
ENROLLMENT IS	S NOT COMPLETE UN	TIL YOU CLICK A	PPROVE	al house an anna ha	
the Privacy Pol	icy .	e to continue en	rollment as provide	o by the contract be	etween my company and Deita Dentai of Okianoma and acknowledge i nave read
					Approve Decline

Once you select Approve, the Member Viewer page is available. Members with current effective dates will display as shown.

Member Viewer

Return To Search Results Print Member

Group Subgroup:	0001100-0005
Location Code:	
Address:	1111 STREET NAME, CITY NAME, OK 73116
Primary Member:	SUBSCRIBER, SUBSCRIBER (0000)
Program:	Delta Dental PPO - Point of Service
Current Cov Type:	Family Coverage

Current Enrollment

Relationship	SSN/Member ID Last 4	Name	DOB	Effective Date	Term Date	Status
Primary	0000	SUBSCRIBER, SUBSCRIBER	12/16/1970	12/01/2015		Active
Spouse		SPOUSE, SPOUSE	05/05/1971	12/01/2015		Active
Dependent		CHILD, CHILD	08/15/2000	12/01/2015	08/31/2026	Active

Note: if members have future effective dates, a message will display at the bottom of the page showing that changes cannot be made online.

(Current Enrollme	nt)
			There is not a current enrollment for	his member.		
ſ	Future Enrollmen	t				
	Relationship	SSN/Member ID Last 4	Name	DOB	Future Eff Date	Term Date
	Primary	0000	SUBSCRIBER, SUBSCRIBER	12/26/1970	01/01/2016	

Enrollments with a future effective date cannot be edited online. To make an edit to this family, please email Client Relations through the Message Portal under the "Contact Us" tab in Online Resources or at clientrelations@deltadentalok.org

From the Home Page, select the Enrollment tab, then select 'Add/Lookup Member' from the drop down menu.



Or select 'Member Lookup' from the quick links.

S DELT/	DENTAL'		ONL RES			Online s	services to manage group benefit: ELTA DENTAL OF OKLAHOMA
							Log off Hello, PayE
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us
Welcor links be Please help yo	ne to Online Iow to help y visit our Onlin u navigate all	Resource ou quickl e Resour the servi	es! Delta D y access th ces Manua ices availab	ental of Oklahoma I ne portal's most pop Il for additional infor ple.	has provided oular features mation to		Important Notice: Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.
2 ⁺	Add Memb Process new e	er nrollment		A Membel Find member existing co	r Lookup ber to modify werage	J	September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.
	Invoices			C Make Pa	ayment		It is a privilege to partner with you in your commitment to greater

Enter the Social Security Number/Member ID or the Last Name of the person you would like to lookup in the Search section. Select 'Member Lookup'.

Search To add new family men	nbers, make demographic changes	s or make eligibility changes to an existing n	nember please use 'Member Lookup' within the Search Box.
Group No.:	All 🗸	SubGroup No.:	All 🗸
SSN/Member ID:	00000000	× Last Name:	
DOB:			
			Member Lookup

Note: You may lookup the member by selecting the group and subgroup numbers. This will pull up all members for that group and subgroup. If a group has 500 or more primary subscribers, specific member detail is required.

STEP 3

Select the purple last 4 digits hyperlink in the SSN/Member ID Last 4 column to view the member you are searching for.

Member List						
Group Name	Group-Sub Num	SSN/Member ID Last 4	Member Name	DOB	Orig Eff Date	Coverage Code
DELTA DENTAL OF OKLAHOMA	0001100-0005	0000	SUBSCRIBER, SUBSCRIBER	12/16/1970	12/01/2015	03
DELTA DENTAL OF OKLAHOMA	0001100-0005	0000	SUBSCRIBER, SUBSCRIBER	12/26/1970	01/01/2016	01



To view the member details, select the green relationship hyperlink in the Relationship column.

Current Enrollme	ent					
Relationship	SSN/Member ID Last 4	Name	DOB	Effective Date	Term Date	Status
Primary	0000	SUBSCRIBER, SUBSCRIBER	12/16/1970	12/01/2015		Active
Spouse		SPOUSE, SPOUSE	05/05/1971	12/01/2015		Active
Dependent		CHILD, CHILD	08/15/2000	12/01/2015	08/31/2026	Active

A pop up window will display the Member details, see example below.

		Status	Change Hi	story		
For Member:						
Name:	SUBSCRIBER,	SUBSCRIBER				
Status:	Active					
SSN/Member ID Las	t 4: 0000					
Group-Subgroup:	0001100-000	5				
Exactly 1 record was	found in this mer	nber's history.				
Status Wait Exempt	Coverage Type	Effective Date	Termination Date	Transaction Date	Last Update	
Active	Family Coverage	12/01/2015		12/28/2015	12/28/2015	

You can also print the member details by selecting 'Print Member.' A new Internet browser tab will open with the member details. Select 'Print'.

Member Viewer

Return To Search Results
Print Member

Group Subgroup:	0001100-0005
Location Code:	
Address:	1111 STREET NAME, CITY NAME, OK 73116
Primary Member:	SUBSCRIBER, SUBSCRIBER (0000)
Program:	Delta Dental PPO - Point of Service
Current Cov Type	: Family Coverage

STEP 5

Select 'Return To Search Results' to go back to the Enrollment Manager

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ноw то Manage Member Details – Change Primary Address

STEP 1

From the Home Page, select the Enrollment tab, then select 'Add/Lookup Member' from the drop down menu.



Or select 'Member Lookup' from the quick links.

S DELT/	DENTAL		ONL RES			Online s from D	services to manage group benefit: ELTA DENTAL OF OKLAHOMA
							Log off Hello, PayE
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us
Welcor links be Please help yo	me to Online How to help y visit our Onlin u navigate all	Resourc ou quickl le Resour the servi	es! Delta D ly access th rces Manua ices availab	ental of Oklahoma I he portal's most pop Il for additional infor ple.	has provided bular features mation to	5.	Important Notice: Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.
• ⁺	Add Memb Process new e	er enrollment		A Member Find member existing co	r Lookup ber to modify werage	J.	September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.
	Invoices						It is a privilege to partner with you

Enter the Social Security Number/Member ID or the Last Name of the person you would like to lookup in the Search section. Select 'Member Lookup'.

Search				
To add new family mer	nbers, make demographic change	es or make eligibility ch	anges to an existing	g member please use 'Member Lookup' within the Search Box.
Group No.:	All 🗸		SubGroup No.:	All 🗸
SSN/Member ID:	000000000	×	Last Name:	
DOB:				
				MemberLookup
				Weinber Lookap
L				

Note: You may lookup the member by selecting the group and subgroup numbers. This will pull up all members for that group and subgroup. If a group has 500 or more primary subscribers, specific member detail is required.

STEP 3

Select the purple last 4 digits hyperlink in the SSN/Member ID Last 4 column to view the member you are searching for.

Member List						
Group Name	Group-Sub Num	SSN/Member ID Last 4	Member Name	DOB	Orig Eff Date	Coverage Code
DELTA DENTAL OF OKLAHOMA	0001100-0005	0000	SUBSCRIBER, SUBSCRIBER	12/16/1970	12/01/2015	03
DELTA DENTAL OF OKLAHOMA	0001100-0005	0000	SUBSCRIBER, SUBSCRIBER	12/26/1970	01/01/2016	01



Select 'Manage Member Details'.

Relationship S	SN/Member ID Last 4	Name	DOB	Effective Date	Term Date St
Primary	0000	SUBSCRIBER, SUBSCRIBER	12/26/1970	01/01/2016	Acti
Update Demogr	raphics Add/Remov	e Dependents Terminate Subscri	ber Enrollment	COBRA	Transfer

STEP 5

Select 'Edit This Address'.

		Demog	raphic Maint	enance		
Address Caution: This group's eli Resources.	gibility is also managed	by an electronic file. If the f	ile is not updated with t	he same changes, the o	electronic file will override	Return To Search Results e any changes made in Online
Current Address Line 1	: 1111 STREET NAME					
Current Address Line 2	:					
Current City: ATTN:	CITY NAME	Current State: OK	Current Zip	: 73116		
	Note: Address chang	e applies to all family mem	bers.			
New Address Line 1:	1111 STREET NAI	ME		*		
New Address Line 2:						
New City:	CITY NAME	New State: OK V	* New Zip:	73116 *		
ATTN:						
						Last Updated On: 12/28/2015 at 02:45 PM
						Edit This Address



ноw то Manage Member Details – Change Primary Address

STEP 6

Enter the necessary updates to the address and select 'Submit Address Change'.

Address Return To See Caution: This group's eligibility is also managed by an electronic file. If the file is not updated with the same changes, the electronic file will override any changes made Resources. Current Address Line 1: 1111 STREET NAME Current Address Line 2: Current City: CITY NAME Current State: OK Current Zip: 73116 ATTN:	ch Results
Caution: This group's eligibility is also managed by an electronic file. If the file is not updated with the same changes, the electronic file will override any changes mad Resources. Current Address Line 1: 1111 STREET NAME Current Address Line 2: Current City: CITY NAME Current State: OK Current Zip: 73116 ATTN:	
Current Address Line 1: 1111 STREET NAME Current Address Line 2: Current City: CITY NAME Current State: OK Current Zip: 73116 ATTN:	in Online
Current Address Line 2: Current City: CITY NAME Current State: OK Current Zip: 73116 ATTN:	
Current City: CITY NAME Current State: OK Current Zip: 73116 ATTN:	
Note: Address change applies to all family members.	
New Address Line 1: 1111 STREET NAME *	
New Address Line 2:	
New City: $(CITY NAME)_{*}$ New State: $OK \checkmark *$ New Zip: $(73116)_{*}$	
ATTN:	
Last Updated On: 12/28/	115 at 02:45 PM
Submit Address Change Cancel Address C	hange

STEP 5

The updated address will display.

Demographic	Maintenance
-------------	-------------

				1	Return To Search Results
Address				-	
Caution: This group's eli Resources.	gibility is also managed b	y an electronic file. If the file is not u	ipdated with t	the same changes, the electronic file will override any	zhanges made in Online
Current Address Line 1	: 1112 STREET NAME				
Current Address Line 2	:				
Current City:	CITY NAME	Current State: OK	Current Zip	p: 73116	
ATTN:					
	Note: Address change a	applies to all family members.			
	21				
New Address Line 1:	1112 STREET NAME	Ē		*	
New Address Line 2:					
New City:	CITY NAME	New State: OK V *	New Zin:	73116	
	*	Contraction (Contraction)		*	
ATTN:					
				Last Updated On:	01/07/2016 at 03:57 PM
				(Edit This Address

ноw то Manage Member Details – Change Name/Date of Birth

STEP 1

From the Home Page, select the Enrollment tab, then select 'Add/Lookup Member' from the drop down menu.



Or select 'Member Lookup' from the quick links.





Enter the Social Security Number/Member ID or the Last Name of the person you would like to lookup in the Search section. Select 'Member Lookup'.

Search			
To add new family mem	bers, make demographic changes or ma	ke eligibility changes to an existing r	member please use 'Member Lookup' within the Search Box.
Group No.:	All 🗸	SubGroup No.:	All 🗸
SSN/Member ID:	00000000	× Last Name:	
DOB:			
			Member Lookup
-			

Note: You may lookup the member by selecting the group and subgroup numbers. This will pull up all members for that group and subgroup. If a group has 500 or more primary subscribers, specific member detail is required.

STEP 3

Select the purple last 4 digits hyperlink in the SSN/Member ID Last 4 column to view the member you are searching for.

Member List						
Group Name	Group-Sub Num	SSN/Member ID Last 4	Member Name	DOB	Orig Eff Date	Coverage Code
DELTA DENTAL OF OKLAHOMA	0001100-0005	0000	SUBSCRIBER, SUBSCRIBER	12/16/1970	12/01/2015	03
DELTA DENTAL OF OKLAHOMA	0001100-0005	0000	SUBSCRIBER, SUBSCRIBER	12/26/1970	01/01/2016	01
-						,



Select 'Manage Member Details'.

Relationship	SSN/Member ID Last 4	Name	DOB	Effective Date	Term Date	Statu
Primary	0000	SUBSCRIBER, SUBSCRIBER	12/16/1970	12/01/2015		Active
Spouse		SPOUSE, SPOUSE	05/05/1971	12/01/2015		Active
ependent		CHILD, CHILD	08/15/2000	12/01/2015	08/31/2026	Active
			,,			
Update Demogr	raphics Add/Remove I	Dependents Terminate S	ubscriber Enrollment	COBRA Transfer an active primary	Transfer Transfer a member to eroup. subgroup or	a different location

STEP 5

Select 'Edit' next to the member that needs their name or date of birth changed.

Click the 'Edit' link besi	de the name of the family member w	hose name is to be edit	ed.	
Edit	First	Middle	Last	DOB
Edit	house the		CHARGE	NUMBER OF TAXABLE
Edit	100		12000	approximate a

STEP 6

Enter the necessary updates and select 'Submit Name/DOB Change.

Demographic Maintenance

-Namos				Neturn to Search Nesuits
- Nomes				
	First	Middle	Last	DOB
	ALC: NOT THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OWNER OF THE OWNER OWNE		Distantia di	NUMPER AND A DESCRIPTION OF
	100		Comparison No.	Intelligence in the second sec
First	Middle	Last	DOB	
			mm/dd/y	nyyy
				Last Updated On: 11/14/2019 at 02:44 PM
			Submit Name/DOB	Cancel Name/DOB Change

Add a Spouse/Dependent

STEP 1

From the Home Page, select the Enrollment tab, then select 'Add/Lookup Member' from the drop down menu.



Or select 'Member Lookup' from the quick links.

ک DELT/	DENTAL		ONL RES			Online s from D	services to m ELTA DENTA	anage group benefits L OF OKLAHOMA
								Log off Hello, PayEligTes
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us	
Welcon links be Please help yc	me to Online elow to help y visit our Onlir ou navigate all	Resourc You quickl ne Resour the serv	es! Delta D y access tł rces Manua ices availat	Pental of Oklahoma ne portal's most pop Il for additional infor ple.	has provided oular features mation to	1	Bill wa eni refi inv	Important Notice: ling Cutoff for September 2023 is Friday, August 11 2023, All rollment changes will be lected on the October 2023 roice.
•	Add Memb Process new e	oer enrollment		A Member Find memi existing co	r Lookup ber to modify werage	J	Sep ava Auj Rej	ptember 2023 invoices will be ailable to download by Friday, gust 18, 2023 from the 'Online porting' page.
	Invoices			Make Pa	ayment		It is in y	s a privilege to partner with you your commitment to greater



Enter the Social Security Number/Member ID or the Last Name of the person you would like to lookup in the Search section. Select 'Member Lookup'.

Search			
To add new family men	nbers, make demographic changes or make eligibili	ty changes to an existing i	member please use 'Member Lookup' within the Search Box.
Group No.:	0001100 🗸	SubGroup No.:	All 🗸
		-	
SSN/Member ID:	00000001	Last Name:	
	[7	
DOB:			
			Member Lookup

Note: You may lookup the member by selecting the group and subgroup numbers. This will pull up all members for that group and subgroup. If a group has 500 or more primary subscribers, specific member detail is required.

STEP 3

Select the purple last 4 digits hyperlink in the SSN/Member ID Last 4 column to view the member you are searching for.

Member List						
Group Name	Group-Sub Num	SSN/Member ID Last 4	Member Name	DOB	Orig Eff Date	Coverage Code
DELTA DENTAL OF OKLAHOMA	0001100-0005	0001	PERSON, SAMPLE	04/30/1985	12/01/2015	01

Select 'Manage Dependents'.

Relationship	SSN/Men	nber ID Last 4	Name	DOB	Effective Date	Term Date	Status
Primary	000	01	PERSON, SAMPLE	04/30/1985	12/01/2015		Active
Undate Demo	araphics	Add/Remove De	nendents Terminate 9	ubscriber Enrollment	COBPA	Transfer	

STEP 5

Enter the desired effective date of change by typing the date in the Change Date field or selecting the date from the calendar pop up. Select the coverage type by clicking in the appropriate open circle next to the correct coverage type. This will determine what fields become available in the following step(s).

Change Enrollment

Update Options		Return To Search Results
Change Date:* 02/01/2016 Coverage Type:	 Individual Coverage Employee and Spouse Family Coverage Employee + 1 Employee and Dependents 	 Only Subscriber has coverage. Individual and Spouse have coverage. Individual and all members of their immediate family. Individual and 1 child Individual and More than 1 child.

STEP 6

If applicable, enter spouse information in the required fields in the Add Spouse section.

Add S	Spouse	Confirm:	7
First N	Vame:*	Middle Name:	Last Name*
Birth (Date:*		Late Enrollee
	mm/dd/yyyy		



Next

STEP 7

If applicable, select the appropriate number of dependents and enter dependent information in the required fields in the Add Dependents section. Select 'Next'.

Add Depend Choose numb	ents er of Dependents: 1	· · · · · · · · · · · · · · · · · · ·	•			
Dependent:						
Dependent ID:		Confirm:]		
First Name:*		Middle Name:		Last Name:*		
Birth Date:*					🗌 Late Enrollee 🗌 Disabled	
	mm/dd/yyyy					

STEP 8

Verify the information is correct and select 'Approve'.

C Please Note
ENROLLMENT IS NOT COMPLETE UNTIL YOU CLICK APPROVE
By submitting this enrollment, I agree to continue enrollment as provided by the contract between my Company and Delta Dental of Oklahoma and acknowledge I have read
the Privacy Policy .
Approve Decline
Approt

Terminate a Spouse/Dependent

STEP 1

From the Member Viewer page, select 'Manage Dependents'.





Enter the desired effective date of change by typing the date in the Change Date field or selecting the date from the calendar pop up. Select the coverage type by clicking in the appropriate open circle next to the correct coverage type. This will determine what fields become available in the following step(s).

Update Options		Keturn To Search Results
Change Date:* 02/01/2016 Coverage Type:	 Individual Coverage Employee and Spouse Family Coverage Employee + 1 Employee and Dependents 	 Only Subscriber has coverage. Individual and Spouse have coverage. Individual and all members of their immediate family. Individual and 1 child Individual and More than 1 child.

STEP 3

- 'Terminate on date above' will be checked for any dependent that does not fit in the new coverage type.
 - If the box is unchecked, click in the box to select it, if the member needs to be terminated.
- Select 'Next' to continue.

Spouse Details			
Terminate on date al	bove		
First Name:	1.09	Middle Name:	Last Name:
Birth Date:	100,000		
Dependent Details			
Terminate on date a	bove		
First Name:	100703	Middle Name:	Last Name:
Birth Date:	100000		
Terminate on date a	bove		
First Name:	Contraction of the	Middle Name:	Last Name:
Birth Date:	10,000,000		

STEP 4

Verify the information is correct and select 'Approve'.





From the Home Page, select the Enrollment tab, then select 'Add/Lookup Member' from the drop down menu.

🛆 DELTA	DENTAL		ONL RES	INE OURCES		Online : from D	services to manage group benefits
							Log off Hello,
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us
Mala	Add/Lookup	Member					
links be	Reinstate N	Nember	y access th	ne portal's most por	nas provided pular features	1 5.	Important Notice:
Please v help you	Transaction	History	ces Manua ces availat	I for additional infor ble.	mation to		Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.
	Add Memb Process new o	oer enrollment		P Membe Find memi existing co	r Lookup ber to modify werage		September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.

Or select 'Member Lookup' from the quick links.

∆ DELT/	DENTAL		ONL RES	INE OURCES		Online s	services to ELTA DEN	manage group benefits FAL OF OKLAHOMA
								Log off Hello, PayEligTest
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us	
Welcon links be Please help yo	me to Online New to help y Visit our Onlir Nu navigate all	Resource You quickl ne Resour I the servi	es! Delta D y access th ces Manua ices availab	ental of Oklahoma ne portal's most pop I for additional infor ole.	has provided oular features mation to	1	ſ	Important Notice: Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.
	Add Memb Process new e	er enrollment		A Membe Find mem existing co	r Lookup ber to modify overage	Ð		September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.
	Invoices			Make P	ayment			It is a privilege to partner with you in your commitment to greater

Enter the Social Security Number/Member ID or the Last Name of the person you would like to lookup in the Search section. Select 'Member Lookup'.

To add new family members, make demographic changes or make eligibility changes to an existing member please use 'Member Lookup' within the Search Box.	
Group No.: 0001100 ∨ SubGroup No.: All ∨	
SSN/Member ID: 000000001 Last Name:	
DOB:	
Member Lookup	

Note: You may lookup the member by selecting the group and subgroup numbers. This will pull up all members for that group and subgroup. If a group has 500 or more primary subscribers, specific member detail is required.

STEP 3

Select the purple link under the SSN/Member ID Last 4 column for the subscriber you need to terminate.

Member List						
Group Name	Group-Sub Num	SSN/Member ID Last 4	Member Name	DOB	Orig Eff Date	Coverage Code
DELTA DENTAL OF OKLAHOMA	0001100-1001	0001	PERSON, SAMPLE	04/30/1985	01/01/2016	03

Select 'Terminate Primary'.

Primary 0001 PERSON, SAMPLE 04/30/1985 01/01/2016 Active Spouse PERSON, SPOUSE 12/15/1980 01/01/2016 Active Dependent PERSON, CHILD 05/20/2008 01/01/2016 05/31/2034 Active Update Demographics and birthdate. Add/Remove Dependents Terminate Subscriber Enrollment Terminate enrollment for primary member. COBRA Transfer Transfer a member to a different group, subgroup or location code.	Relationship	SSN/Member ID Last 4	Name	DOB	Effective Date	Term Date	Status
Spouse PERSON, SPOUSE 12/15/1980 01/01/2016 Active Dependent PERSON, CHILD 05/20/2008 01/01/2016 05/31/2034 Active Update Demographics Add/Remove Dependents Terminate Subscriber Enrollment COBRA Transfer Update member address, names and birthdate. Add/Remove family members. Terminate enrollment for primary member. Transfer an active primary member to a cobra status. Transfer a member to a different group, subgroup or location code.	Primary	0001	PERSON, SAMPLE	04/30/1985	01/01/2016		Active
Dependent PERSON, CHILD 05/20/2008 01/01/2016 05/31/2034 Active Update Demographics and birthdate. Add/Remove Dependents Terminate Subscriber Enrollment COBRA Transfer an active primary member to a cobra status. Transfer Transfer a member to a different group, subgroup or location code.	<u>Spouse</u>		PERSON, SPOUSE	12/15/1980	01/01/2016		Active
Update Demographics Add/Remove Dependents Terminate Subscriber Enrollment COBRA Transfer Update member address, names and birthdate. Add/Remove family members. Terminate enrollment for primary member. Transfer an active primary member to a cobra status. Transfer a member to a different group, subgroup or location code.	Dependent		PERSON, CHILD	05/20/2008	01/01/2016	05/31/2034	Active
	Update Demograph	nics Add/Remove Dep	endents Terminate 9	Subscriber Enrollment	COBRA	Transfer a mer	insfer
	Update Demograph Update member address, r and birthdate.	Add/Remove Dep	endents Terminate S nembers. Terminate enro	Subscriber Enrollment	COBRA Transfer an active prin member to a cobra stat	Transfer a mer group, subgr tus.	nsfer nber to a different oup or location ode.

STEP 5

Enter the termination date and select 'Approve'.

			Ter	minate Enrol	ment	
Update Option	ns					Return To Search Result
Term Date:* 9/	30/2023					
mm	n/dd/yyyy					
Subscriber De	tails					
Dian Tuno	Delta Dental PPO	- Plus Promior				
Group:	Dena Denta Pro	Subgroup	10000	Location Code:		
SSN/Member ID		Supproup		Coursess Tures		
First Name	Configuration of the local division of the l	Middle Name	o- 11	Last Name	The Mark	
Birth Date:	0.000.000	induic num		- cost manner	100 - 100 - 100 -	
Address 1:	International Stationary	Address 2:				
City:	manual.	State:	100	Zip:	100.00	
Email:		Wait Exempt			12-7 (MILLION	
Dopondont Dr	etails					
Donondont Dr	etails			-		
Dependent De	2 A 412		Lastinam	le:		
FirstName:	Mid	iname:				
FirstName:	Mid	iname:				
FirstName: Birth Date: FirstName:	Mid Time Mid	Name:	LastNam	ie: The Party of the		
FirstName: Birth Date: Birth Date:	Mid Mid Mid	Name:	LastNam	e:		
FirstName: Birth Date: Birth D	Nice Mid	Name:	LastNam	ie:		
FirstName: Birth Date: FirstName: Birth Date: Please Note	Mid Mid	Name:	LastNam	e:		
FirstName: Birth Date: Birth Date: Birth Date: Please Note TERMINATION IS Sy submitting this	Nid	Name: Name: NTIL YOU CLICK APP	LastNam PROVE	e:	een my Company and Delta Dental of C	klahoma and acknowledge I have read
FirstName: Birth Date: FirstName: Birth Date: Please Note TERMINATION IS By submitting thi the <u>Privacy Polic</u>	Nid Mid NOT COMPLETE UI is enrollment, I agre	Name: Name: NTIL YOU CLICK APF ee to continue enrol	LastNam PROVE Ilment as provide	e:	een my Company and Delta Dental of O	klahoma and acknowledge I have read
FirstName: Birth Date: FirstName: Birth Date: Please Note TERMINATION IS y submitting thi the <u>Privacy Polic</u> With termination	NOT COMPLETE UI	Name: Name: NTIL YOU CLICK APP ee to continue enrol	LastNam PROVE Ilment as provide	e: dby the contract betw	een my Company and Delta Dental of O	klahoma and acknowledge I have read
FirstName: Birth Date: FirstName: Birth Date: Please Note TERMINATION IS Sysubmitting thi the Privacy Polic With terminating continue coverage	NICH MICH	Name: VTIL YOU CLICK APF re to continue enroi er, all family membe nust be treated as a	LastNam PROVE Ilment as provide ers covered under New Member.	e: d by the contract betw r the plan will also be to	een my Company and Delta Dental of O erminated on the designated date. Also	klahoma and acknowledge I have read
Presentent Dr FirstName: Birth Date: FirstName: Birth Date: Please Note TERMINATION IS By submitting thi the <u>Privacy Polic</u> With terminating continue coverage	Mid Mid NOT COMPLETE UI is enrollment, I agre EV - g the shown membe	Name: NTIL YOU CLICK APF te to continue enrol er, all family membe nust be treated as a	LastNam PROVE Ilment as provide ers covered under New Member.	e: d by the contract betw	een my Company and Delta Dental of O erminated on the designated date. Also	klahoma and acknowledge I have read note, that any dependents that wish to
Presentent DF FirstName: Birth Date: FirstName: Birth Date: Please Note TERMINATION IS By submitting thi the <u>Privacy Polic</u> With terminating continue coverage	Nid Mid NOT COMPLETE UI is enrollment, I agre CY - t the shown member coBRA r	Name: NTL YOU CLICK APP te to continue enroi er, all family membe nust be treated as a	LastNam PROVE Ilment as provide ers covered unde a New Member.	e: d by the contract betw	een my Company and Delta Dental of O erminated on the designated date. Also	klahoma and acknowledge I have read note, that any dependents that wish to Approve Decine

Transfer an Active Primary Member to COBRA

STEP 1

From the Home Page, select the Enrollment tab, then select 'Add/Lookup Member' from the drop down menu.

	DENTAL		ONL RES	INE OURCES		Online s from Di	services to manage group benefits ELTA DENTAL OF OKLAHOMA
							Log off Hello,
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us
Welcon	Add/Lookup	Member	es! Delta D	ental of Oklahoma I	nas provided		Important Notice
links be Please v help you	Transaction	History	y access th ces Manua ces availab	le portal's most pop I for additional infor Ile.	oular features mation to	i.	Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.
	Add Memb Process new o	oer enrollment		P Member Find member existing co	r Lookup ber to modify verage		September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.

Or select 'Member Lookup' from the quick links.

S DELT/	DENTAL		ONL RES	INE OURCES	. /	Online : from D I	services to manage gr ELTA DENTAL OF OK	roup benefit: LAHOMA
								Log off Hello, PayE
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us	
links be Please help yc	elow to help y visit our Onlir nu navigate all	rou quickl ne Resour I the servi	y access th rces Manua ices availab	ne portal's most pop I for additional infor	mai provided oular features mation to	5.	Importa Billing Cutoff for was Friday, Augu enrollment char reflected on the invoice.	Int Notice: [•] September 2023 ust 11 2023. All nges will be [•] October 2023
2 ⁺	Add Memb Process new e	oer enrollment		A Membe Find mem existing co	r Lookup ber to modify overage	4	September 2023 available to dow August 18, 2023 Reporting' page	3 invoices will be /nload by Friday, 3 from the 'Online 4.
	Invoices			Make P	ayment		It is a privilege to in your commitr	o partner with yo ment to greater

Transfer an Active Primary Member to COBRA

STEP 2

Enter the Social Security Number/Member ID or the Last Name of the person you would like to lookup in the Search section. Select 'Member Lookup'.

Search								
To add new family members, make demographic changes or make eligibility changes to an existing member please use 'Member Lookup' within the Search Box.								
Group No.:	0001100 🗸	SubGroup No.:	All 🗸					
SSN/Member ID:	00000001	Last Name:						
DOB:								
			Men	hber Lookup				

Note: You may lookup the member by selecting the group and subgroup numbers. This will pull up all members for that group and subgroup. If a group has 500 or more primary subscribers, specific member detail is required.

STEP 3

Select the purple link in the SSN/Member ID Last 4 column for the member you need to update.

Member List						
Group Name	Group-Sub Num	SSN/Member ID Last 4	Member Name	DOB	Orig Eff Date	Coverage Code
DELTA DENTAL OF OKLAHOMA	0001100-1001	0001	PERSON, SAMPLE	04/30/1985	01/01/2016	03

ноw то Enter or Update to COBRA

STEP 4

Select 'COBRA'.

Relationship	SSN/Member I	D Last 4	Name	DOB	Effective Date	Term Date	Status
Primary	0001		PERSON, SAMPL	LE 04/30/1985	01/01/2016		Active
<u>Spouse</u>			PERSON, SPOUS	SE 12/15/1980	01/01/2016		Active
Second and							
			PERSON, CHILE	05/20/2008	01/01/2016	05/31/2034	Active

STEP 5

Enter the effective of change for the transfer to COBRA in the Change Date field. If COBRA enrollment is in a different subgroup change the Subgroup field. Otherwise, leave as is. Select 'Next' at the bottom of the screen.

Update Optic Caution: This gr Resources.	ons oup's eligibility is also manage	ed by an electronic file	e. If the file is not updated with the s	ame changes, the electronic file will override any changes made in Online			
Group Name:	DELTA DENTAL OF OKLAHO	MA					
Plan Type:	Delta Dental PPO						
Group:	0001100 🗸	Subgroup: 1	001 V Location:	COBRA			
Change Date:*	03/01/2016	Coverage Type:	 Individual Coverage Employee and Spouse Family Coverage Employee + 1 Employee and Dependents 	 Only Subscriber has coverage. Individual and Spouse have coverage. Individual and members of their immediate family. Individual and 1 child Individual and More than 1 child. 			
Please Note: Y	Please Note: You may remove a dependent by changing the coverage type on this screen. To add a dependent please go to the Manage Dependent screen.						
Subscriber D	etails						
Group Name:	DELTA DENTAL OF OF	KLAHOMA					

Verify the information is correct and select 'Approve'.

Subscriber Deta	ils					Neturn 10 Search Nesura
New Group Name	: DELTA DENTAL OF	OKLAHOMA				
Group No.:	0001100	Subgroup:	1001	Location:	COBRA	
Eff Date:	01/01/2016	Coverage Type:	Family Coverage			
SSN/Member ID:	00000001	Birth Date:	04/30/1985	Gender:	F	
First Name	SAMPLE	Middle Name		Last Name	PERSON	
Address 1:	1112 ANY STREET	Address 2:				
City:	ANY TOWN	State:	ОК	Zip:	73116	
Email:		Late:				
FirstName SPOUS	iE MidNa	me	LastName	PERSON		
Dependent Deta	ails	a du	Chatura	Unchanged		
First Name CHILD	Middle	Name	Last Nar	me PERSON		
Birth Date: 05/20	/2008 Gende	r: M	Late:			
Please Note ENROLLMENT IS NO By submitting this the <u>Privacy Policy</u>	OT COMPLETE UNTI enroliment, I agree 1	L YOU CLICK APPF	KOVE ment as provided	by the contract be	etween my Compan	y and Delta Dental of Oklahoma and acknowledge I have read

Please continue to the next page for instructions on how to Reinstate a Terminated Primary Subscriber to COBRA.



Reinstate a Terminated Primary Subscriber to COBRA

STEP 1

From the Home Page, select the 'Enrollment' tab, then select 'Reinstate Member' from the drop down menu.

A DELIA DENTAL			ONLINE RESOURCES			Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA		
							Log off Hello,	
Home	Enrollment	Reports	Forms/Documents	Resources	Profile	Contact Us		
Welcon links be	Add/Lookup Reinstate M	Member lember	s! Delta Dental of Ol access the portal's	klahoma has most popula	provided r features	5.	Important Notice:	
Please v help you	Transaction	History	es Manual for additi es available.	onal informa	tion to		Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.	
	Add Memb Process new e	enroliment	2 °	Member Lo Find member t existing covera	o kup o modify ge		September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.	
							It is a privilege to partner with you	

STEP 2

Enter the Social Security Number/Member ID or the Last Name of the person you would like to lookup in the Search section. Select 'Member Lookup'.

	Reir	istate Manager					
Search To find members that have termed within the last 90 days, enter your search criteria and click the 'Search' button. *Please note: SSN/Member IDs which are grayed out are unable to be reinstated due to updates currently being processed.							
Group Name:	DELTA DENTAL OF OKLAHOMA						
Plan Type:	Delta Dental PPO						
Group No.:	0001100 🗸	SubGroup No.:	1001 🗸				
SSN/Member ID:	(optional)			Member Lookup			
SSN/Member ID:	(optional)			Member Lookup			

Note: You may lookup the member by selecting the group and subgroup numbers. This will pull up all members for that group and subgroup. If results are 500 or more primary subscribers, specific member detail is required.



.

Select the purple link in the SSN/Member ID Last 4 column for the member you need to update.

Group Name	SSN/Member ID Last 4	Member Name	DOB	Term Date			
0001100-1001	<u>0001</u>	SAMPLE PERSON	04/30/1985	12/31/2015			

STEP 4

The Reinstate Date will default to the first available date for reinstatement.

- Select the Group/Subgroup numbers for the assigned COBRA Group/Subgroup numbers
- If there is not an assigned Group/Subgroup number for COBRA, type COBRA in the Location field.
- If reinstating the member as is, select 'Next'.
- If all family members are not being reinstated, select the appropriate coverage type, then select 'Next'.

- Provious Eligibility Information	Return To Search Results
Caution: This group's eligibility is also managed by an electronic file. If the file Resources.	is not updated with the same changes, the electronic file will override any changes made in Online
Group Name: DELTA DENTAL OF OKLAHOMA	
Plan Type: Delta Dental PPO	
Group: 0001100 ∨ Subgroup: 1001 ∨	Location:
Reinstate Date:* 01/01/2016	
Indiv Previous Coverage Type: Family Coverage Coverage Type: Famil Famil Empl Empl Empl	idual CoverageOnly Subscriber has coverage.oyee and SpouseIndividual and Spouse have coverage.ly CoverageIndividual and members of their immediate family.oyee + 1Individual and 1 childoyee and DependentsIndividual and More than 1 child.
Please Note: You may remove a dependent by changing the coverage type	on this screen. To add a dependent please go to the Manage Dependent screen.
SSN/Member ID: * 000000001 Birth Date:* 0	04/30/1985 Gender:* O Male • Female
First Name SAMPLE Middle Name	Last Name PERSON
Address 1:* 1112 ANY STREET Address 2:	
City:* ANY TOWN State:	OK ♥ * Zip:* 73116
Spouse Details	
Exclude from Reinstatement	
Spouse ID: Birth Date: 12/15/1980	Gender: M
First Name SPOUSE Middle Name I	Last Name PERSON
Dependent Details	
Exclude from Reinstatement	
Dependent ID: Birth Date: 05/20/2008	Gender: M
First Name CHILD Middle Name	Last Name PERSON



Verify the information is correct and select 'Approve'.

Reinstate Terminated Family

C 1 D	4						Return To Search Results
Subscriber Det	alls	C . I	1001		00004		
Group No.:	0001100	Subgroup:	1001	Location:	COBRA		
Eff Date:	01/01/2016	Coverage Type:	Family Coverage				
SSN/Member ID:	00000001	Birth Date:	04/30/1985	Gender:	F		
First Name	SAMPLE	Middle Name		Last Name	PERSON		
Address 1:	1112 ANY STRE	ET Address 2:					
City:	ANY TOWN	State:	ОК	Zip:	73116		
Email:		Late:					
Spouse Details	<u>.</u>						
Shouse ID:	Bi	rth Date: 12/15/198	0 Gender	м	Status:	Unchanged	
FirstName SDOL		idName	LastNamo	DERSON	otatasi	onenangea	
		luivame	Lastivanie	PERSON			
Dependent De	tails						7
Dep1 ID:	Bi	rth Date: 05/20/200	8 Gender:	М	Status:	Unchanged	
FirstName CHILE	M	idName	LastName	PERSON			
Dep2 ID:	Bi	rth Date: 05/20/200	8 Gender:	М	Status:	Unchanged	
FirstName CHILD) M	idName	LastName	PERSON			
Please Note ENROLLMENT IS I By submitting this the Privacy Police	NOT COMPLETE I s enrollment, I ag L ·	UNTIL YOU CLICK API	PROVE ollment as provided	by the contrac	t between my Compar	ny and Delta Dental of Okla	homa and acknowledge I have read

Please continue to the next page for instructions on how to Add a New Primary Subscriber to COBRA.

Add a New Primary Subscriber to COBRA

STEP 1

From the Home Page, select the Enrollment tab, then select 'Add/Lookup Member' from the drop down menu.

A DELTA DENTAL		ONLINE RESOURCE				Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA			
			L.				Log off Hello,		
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us		
	Add/Lookup	Member							
Welcon links be	Welcor links be Reinstate Member			ental of Oklahoma I ne portal's most pop	has provided Jular features		Important Notice:		
Please v help you	Transaction	History	ces Manua ces availab	I for additional infor de.	mation to		Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.		
	Add Member Process new enrollment			P Member Find member existing co	Lookup ber to modify verage		September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.		

Or select 'Add Member' from the quick links.

A DELTA DENTAL		ONLINE RESOURCES			Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA			
								Log off Hello, PayEligTe:
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact U	Js
Welcon links be Please help yc	me to Online elow to help y visit our Onlin ou navigate all	Resourc ou quickl ne Resour the servi	es! Delta D y access tł rces Manua ices availab	ental of Oklahoma he portal's most po Il for additional info ble.	has provided pular features rmation to	5.		Important Notice: Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.
•	Add Memb Process new e	er enrollment		Member Find mem existing c	er Lookup ber to modify overage	ł		September 2023 Invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.
	Invoices			C Make P	ayment			It is a privilege to partner with you in your commitment to greater



Select 'Add New Member.'

ک DELT/	DENTAL'		Online Resources						
		67					Log off Hello, user02		
Home	Enrollment	Payments	Reports/Invoices	Documents	Resources	Profile	Contact Us		
Add To add a new r For detailed in	nember and his/her fa structions, please visit	imily members, plea the Information pag	Enrollment se select 'Add New Member'. ge located under the Contact (Stab.		Add	New Member		

STEP 3

The Effective Date of coverage will default to the 1st of the month following the current date. Changing the effective date can be done one of two ways:

Enter the date in mm/dd/yyyy format or select the date from the Calendar pop-up.

-Group Informa	tion -							New Member
Effective Date:* 04/01/2016 SSN/Member ID:*						/Mem	ber ID:	Confirm:*
Group Name:	0		Арі	ril 20	16		0	
Plan Type:	Su	Мо	Tu	We	Тh	Fr	Sa	
Group:	27	28	29	30	31	1	2	0006 V Location:
	3	4	5	6	7	8	9	Continue
	10	11	12	13	14	15	16	
	17	18	19	20	21	22	23	Website Liability/Privac
2016 Delta Dental of Okl	24	25	26	27	28	29	30	
Enter and confirm the SSN/Member ID number.

Select the Group Number from the Group drop down menu. Once selected, the Group Name and Plan Type will display.

If applicable, select the Subgroup Number from the Subgroup drop down menu.

If there is not a Group/Subgroup number assigned to COBRA, type COBRA in the location field.

Select 'Continue'.

				New Member	r		
6	iroup Intorma	tion		[]			
E	ffective Date:*	04/01/2016	SSN/Member ID:*	00000000	Confirm:*	000000000 ×	
		mm/dd/yyyy					
G	roup Name:	DELTA DENTAL OF OKLAHOI	AN				
P	lan Type:	Delta Dental PPO - Point of S	ervice				
G	roup:	0001100 🗸	Subgroup:	0006 🗸	Location:		
							Continue
1							

STEP 5

Select the coverage type by clicking in the appropriate open circle next to the correct coverage type. This will determine what fields become available in the following step(s).

Coverage Codes Coverage Type: Individual Coverage Employee and Spouse Family Coverage Family Coverage Employee + 1 Employee and Dependents Individual and More than 1 child. Only Subscriber has coverage. Individual and Spouse have coverage. Individual and members of their immediate family. Individual and 1 child 	
---	--

STEP 6

Enter the required details for the Subscriber. When entering the address, select the state from the drop down menu.

Subscriber I First Name:*	Details Subscriber	Middle Name:			Last Name:*	Subscriber	
Birth Date:*	12/16/1970	Gender:*	\bigcirc Male	• Female		Late	
	mm/dd/yyyy						
Address 1:*	1111 Street Name		Address 2:]
City:*	City Name	State: *	ок 🗸		Zip:*	73116	



Next

Website Liability/Privacy

STEP 7

If applicable, enter the required details for the Subscribers spouse.

Spouse Details	
Spouse ID:	Confirm:
FirstName:* Spouse	MidName: LastName:* Spouse
Birth Date: * 05/05/1971	Gender:* O Male

STEP 8

If applicable, select the correct number of dependents from the drop down menu.

Dependent Details Choose number of Dependents:	Dependent Count 1	
Dependent:	2 3 4	
Dependent ID:	5	
First Name:*		Last Name:*
Birth Date:*	10 Gender:*	○ Male ○ Female □ Late □ Disabled

STEP 9

If applicable, enter the required details for each dependent. When all required fields are complete, select 'Next'.

Choose number of Dependents: 1	~			
Dependent:				
Dependent ID:	Confirm:			
First Name:* Child	Middle Name:		Last Name:*	Child
Birth Date:* 08/15/2000	Gender:*	Male O Female	☐ Late ☐ Disabled	



Verify all information entered is correct.

If all information is correct, select 'Approve'. If information is not correct, select 'Decline'. This will take you back to the previous page to make any necessary corrections.

- Subsoribas Date	aile			New Membe	er
Group Name:	DELTA DENTAL OF	OKLAHOMA			Ì
Group No.:	0001100	Subgroup:	1001	Location:	
Eff Date:	01/01/2016	Coverage Type:	Family Coverage		
SSN/Member ID:	000000000	Birth Date:	12/16/1970	Gender:	Μ
First Name	Subscriber	Middle Name		Last Name	Subscriber
Address 1:	1111 Street Name	Address 2:			
City:	City Name	State:	ОК	Zip:	73116
Email:		Late:	Ν		
Spouse Details					
Spouse ID:	Birth	Date: 05/05/197	Gender:	F	
FirstName Spous	ie MidM	lame	LastName	Spouse	
Dependent Det	ails				
Dep1 ID:	Birth	Date: 08/15/200	00 Gender:	Μ	Disabled: False
FirstName Child	MidN	lame	LastName	Child	
Please Note ENROLLMENT IS N By submitting this the <u>Privacy Policy</u>	IOT COMPLETE UN enrollment, I agree	TIL YOU CLICK API e to continue enro	PROVE as provided	by the contract betw	veen my Company and Delta Dental of Oklahoma and acknowledge I have read

From the Home Page, select the Enrollment tab, then select 'Add/Lookup Member' from the drop down menu.



Or select 'Member Lookup' from the quick links.

ک Delt/	DENTAL		ONL RES	.INE OURCES		Online s from D	services to manage group benefits ELTA DENTAL OF OKLAHOMA
							Log off Hello, PayEligTe
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us
Welcon links be Please help yc	me to Online elow to help y visit our Onlir ou navigate all	Resource You quickle The Resour The servi	es! Delta D y access th ces Manua ices availab	ental of Oklahoma I ne portal's most pop I for additional infor Ile.	nas provided bular features mation to		Important Notice: Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.
2 ⁺	Add Memb Process new e	er enrollment		A Member Find member existing co	r Lookup per to modify verage	J	September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.
	Invoices			Make Pa	yment		It is a privilege to partner with you in your commitment to greater



Enter the Social Security Number/Member ID or the Last Name of the person you would like to lookup in the Search section. Select 'Member Lookup'.

Search				
To add new family men	bers, make demographic changes or make eligibility	changes to an existing me	mber please use 'Member Lookup'	within the Search Box.
Group No.:	0001100 🗸	SubGroup No.:	All 🗸	
SSN/Member ID:	00000001	Last Name:		
DOB:				
				Member Lookup

Note: You may lookup the member by selecting the group and subgroup numbers. This will pull up all members for that group and subgroup. If a group has 500 or more primary subscribers, specific member detail is required.

STEP 3

Select the purple last 4 digits hyperlink in the SSN/Member ID Last 4 column to view the member you are searching for.

ſ	Member List						
	Group Name	Group-Sub Num	SSN/Member ID Last 4	Member Name	DOB	Orig Eff Date	Coverage Code
	DELTA DENTAL OF OKLAHOMA	0001100-1001	0001	PERSON, SAMPLE	04/30/1985	01/01/2016	03

STEP 4

Select 'Transfer'.

Deletionship	CCN/Mambas ID Last 4	Blama	DOD	Effective Data	Taum Data	Chatava
Relationship	SSN/Member ID Last 4	Name	DOR	Effective Date	Term Date	Status
Primary	0001	PERSON, SAMPLE	04/30/1985	01/01/2016		Active
Spouse		PERSON, SPOUSE	12/15/1980	01/01/2016		Active
Dependent		PERSON, CHILD	05/20/2008	01/01/2016	05/31/2034	Active
Update Den	nographics Add/Remove	Dependents Terminate S	Subscriber Enrollment	COBRA	Transfe	



Approve

STEP 5

Select Group number, Subgroup number, and/or Location code to for the Group the member will be transferred to.

Select the effective date of the transfer and select 'Approve'

Transfer Enrollment

-Undate Options	14				Return to Search Results
Caution: This group Resources.	y's el <mark>ig</mark> ibility is also man	aged by an electronic	file. If th <mark>e file</mark> is no	t updated with the sar	me changes, the electronic file will override any changes made in Online
Transfer Group Name:	elta dental of okla	AHOMA			
Transfer Dian Turnet	elta Dental PPO				
Transfer	0001100 54	Transfer	Tr	ansfer	
Group:	001100 🗸	Subgroup:	Lo	cation:	
Transfer Date:*	03/01/2016				
Subscriber Deta	ils				
Current Group Na	me: DELTA DENTAL OF	OKLAHOMA			
Current Plan Type	: Delta Dental PPO				
Current Group No	.: 0001100	Current Subgroup:	1001	Current Location:	
SSN/Member ID:	00000001	Coverage Type:	Family Coverage		
First Name	SAMDI F	Middle Name	ranni, corciogo	Last Name	DERSON
Rirth Date:	04/20/1985	Gender:	F	Last Name	FLIGON
Address 1	1112 ANY STREET	Address 2:	F		
Address 1:	1112 ANY STREET	AAddress 2:		_	
City:	ANY TOWN	State:	OK	Zip:	73116
Cilidii.		wait exempt.		Late.	
Spouse Details					
Spouse ID:	SE MidNom		LastNamo DEPSO	N	
Rist Data: 12/15		5	Lastivanie PENSO	n	
Birth Date: 12/15	/1980 Gender:	IVI			
Dependent Det	ails				
Dep1 ID:					
FirstName CHILD) MidNam	e	LastName PERSO	N	
Birth Date: 05/20	/2008 Gender:	М	Disabled:		
ENROLLMENT IS N	OT COMPLETE UNTIL Y	OU CLICK APPROVE			

By submitting this enrollment, I agree to continue enrollment as provided by the contract between my Company and Delta Dental of Oklahoma and acknowledge I have read the Privacy Policy.

From the Home Page, select the Enrollment tab, then select 'Reinstate Member' from the drop down menu.

) DELTA	DENTAL		ONL RES	INE OURCES		Online s from DI	services to ELTA DEN	manage group benefits TAL OF OKLAHOMA
								Log off Hello,
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact U	S
	Add/Lookup	Member						
Welcor links be	Reinstate N	lember	e s! Delta D y access th	ental of Oklahoma I ne portal's most pop	nas provided pular features	l 5.	ſ	Important Notice:
Please v help you	Transaction	History	ces Manua ces availab	l for additional infor Ile.	mation to			Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023
•+	Add Memb	per encolment		Q Member	r Lookup			invoice. September 2023 invoices will be

STEP 2

Enter the Social Security Number/Member ID of the person you would like to lookup in the Search section. Select 'Member Lookup'.

c	Rein	state Manager		
Search To find members that hav *Please note: SSN/Memb	ve termed within the last 90 days, enter your search er IDs which are grayed out are unable to be reinst	n criteria and click the 'Sear ated due to updates currer	ch' button. tly being processed.	
Group Name:	DELTA DENTAL OF OKLAHOMA			
Plan Type:	Delta Dental PPO			
Group No.:	0001100 🗸	SubGroup No.:	1001 🗸	
SSN/Member ID:	00000001 (optional)			Member Lookup

Note: You may lookup the member by selecting the group and subgroup numbers. This will pull up all members for that group and subgroup. If results are 500 or more primary subscribers, specific member detail are required.

Select the purple link that is the last 4 digits of the primary SSN/Member ID.

SSN/Member ID Last 4	Member Name	DOB	Term Date
<u>0001</u>	SAMPLE PERSON	04/30/1985	12/31/2015
0001	SAMPLE PERSON	04/30/1985	12/51/2015
d			Website Liability/P
	<u>0001</u> d.	0001 SAMPLE PERSON	0001 SAMPLE PERSON 04/30/1985

STEP 4

The Reinstate Date will default to the first available date for reinstatement.

- If reinstating the member as is, select 'Next'.
- If all family members are not being reinstated, select the appropriate coverage type, then select 'Next'.

Group Name: Delta Den Group Name: Delta Den Group: 0001100 Reinstate Date:* 01/01/20	managed by an electronic file. I NTAL OF OKLAHOMA Ital PPO	f the file is not updated with the s	ame changes, the electronic file will override any changes made in Online
Group Name: DELTA DE Plan Type: Delta Den Group: 0001100 Beinstate Date:* 01/01/20	NTAL OF OKLAHOMA		
Plan Type: Delta Der Group: 0001100 Beinstate Date:* 01/01/20	tal PPO		
Group: 00001100			
Reinstate Date:* 01/01/20	Subgroup: 100	1 ✓ Location:	
01/01/20	16		
Previous Coverage Type: Family Co	verage Coverage Type:	 Individual Coverage Employee and Spouse Family Coverage Employee + 1 Employee and Dependents 	 Only Subscriber has coverage. Individual and Spouse have coverage. Individual and members of their immediate family. Individual and 1 child Individual and More than 1 child.
Please Note: You may remove a de	pendent by changing the covera	age type on this screen. To add a d	dependent please go to the Manage Dependent screen.
SSN/Member ID: * 000000001	Birth D	ate:* 04/30/1985	Gender:* OMale • Female
First Name SAMPLE	Middle	Name	Last Name PERSON
Address 1:* 1112 ANY STR	REET Addres	s 2:	
City:* ANY TOWN	State:	OK ✔	Zip:* [73116
Spouse Details			
Exclude from Reinstatement			
Spouse ID: B	lirth Date: 12/15/1980	Gender: M	
First Name SPOUSE N	Aiddle Name	Last Name PERSON	
Dependent Details			
Exclude from Reinstatement			
Dependent ID:	Birth Date: 05/20/200	8 Gender: M	
First Name CHILD	Middle Name	Last Name PERSON	



Verify information is correct then select 'Approve'.

Subscriber Det	ails							
Group No.:	0001100		Subgroup:	1001		Location:		
Eff Date:	01/01/2016		Coverage Type:	Family C	Coverage			
SSN/Member ID:	00000001		Birth Date:	04/30/1	.985	Gender:	F	
First Name	SAMPLE		Middle Name			Last Name	PERSON	
Address 1:	1112 ANY ST	REET	Address 2:					
City:	ANY TOWN		State:	OK		Zip:	73116	
Email:			Late:					
Spouse Details								
Spouse ID:		Birth I	Date: 12/15/198	30	Gender:	Μ	Status:	Unchanged
FirstName SPOU	SE	MidNa	ame		LastName	PERSON		
Dependent Det	tails							
Dep1 ID:		Birth [Date: 05/20/200	8	Gender:	Μ	Status:	Unchanged
FirstName CHILD)	MidNa	ame		LastName	PERSON		
Please Note								
ENROLLMENT IS N By submitting this read the Privacy I	NOT COMPLET enrollment, I Policy .	<mark>E UNT</mark> agree	IL YOU CLICK APF to continue enro	PROVE Ilment a	s provided	by the contract	between my Compan	ny and Delta Dental of Oklahoma and acknowledge I have



Introduction

Delta Dental of Oklahoma Online Resources portal will automatically send the Client Relations Team an electronic notification when an enrollment entered requires their attention. An example of when this may occur is when the employee entered has history in the system that does not match the new enrollment entered. This is known as a Pending Item. When this occurs, you will receive the notification pictured below. The standard turnaround time for a Pending Item is 48 business hours. To view the status of a pending item, follow the steps below.

New Member
Enrollment Errors
This enrollment requires manual entry by the DDOK Client Relations department. The information entered has been sent to them and they will contact
you if further information is required. To view the status of this enrollment, please review the Members with Pending Changes section located on the
Enrollment Manager page.

STEP 1

From the Home Page, select the Enrollment tab, then select 'Add/Lookup Member' from the drop down menu or select 'Member Lookup' button on the Home page, if available.

	DENTAL		ONL RES	INE OURCES		Online : from D	services to manage group benefits ELTA DENTAL OF OKLAHOMA
							Log off Hello,
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us
Welcon	Add/Lookup Reinstate N	Member Iember	es! Delta D	ental of Oklahoma l ne portal's most por	nas provided pular features		Important Notice:
Please v help you	Transaction	History	ces Manua ces availat	I for additional infor le.	mation to		Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.
_	Add Memb Process new e	er enrollment		A Member Find member existing co	r Lookup ber to modify verage		September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.

STEP 2

Any pending items for the group will be listed under the Search section.

The Status column shows the status of the enrollment.

- If the status is listed as Sent, the notification has been sent to the Client Relations Team to process. If necessary, a pending item can be removed by selecting the 'X' in the Remove column.
- If the status is listed as In Process, the Client Relations Team has received and selected the enrollment to process. The pending item cannot be removed and the X will not be visible in the Remove column.
- If the item is no longer listed, the Client Relations Team has completed the enrollment process.

	Viembers with Pending Char	nges				
	Group-Sub	SSN/Member ID Last 4	Member Name	DOB	Status	Remove
	0001100-0005	0121	TESTING SAMPLE	01/01/1950	Sent	X
<u> </u>						

From the Home Page, select the Enrollment tab, then select 'Transaction History' from the drop down menu.

	DENTAL		ONL RES	INE OURCES		Online s from DI	services to manage group benefits ELTA DENTAL OF OKLAHOMA
			19				Log off Hello,
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us
	Add/Lookup	Member					
Welcon links be	Reinstate N	lember	es! Deita D y access th	ental of Oklahoma ne portal's most pop	has provided oular features	5.	Important Notice:
Please help yo	Transaction	History	ces Manua ces availat	I for additional infor ble.	mation to		Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.
_ *	Add Memb Process new o	oer enroliment		A Member Find member existing co	r Lookup ber to modify werage		September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' nage

STEP 2

Enter the Start Date and End Date for the date range of transactions you would like to view. You can do this by typing the date in mm/dd/yyyy format or selecting the date from the calendar pop up. Select the Group and Subgroup numbers, if applicable. Select 'Search'.

	Transaction History	/							
s are limited to previous 60 days only.									
01/01/2016	End Date:								
0001100 🗸	SubGroup No.:	0	-	Janu	ary 2	016		0	
		Su	Мо	Tu	We	Th	Fr	Sa	Search
		_					1	2	
		3	4	5	6	7	8	9	
		10	11	12	13	14	15	16	
All Distan Deserved		17	18	19	20	21	22	23	Website Liability/Priva
ima. All kights keserved.		24	25	26	27	28	29	30	
		31							
	s are limited to previous 60 days only. 01/01/2016 0001100 ma. All Rights Reserved.	s are limited to previous 60 days only. 01/01/2016 End Date: 0001100 ~ SubGroup No.:	s are limited to previous 60 days only. 01/01/2016 End Date: 0001100 • SubGroup No.: SubGroup No.: 3 10 17 24 31	s are limited to previous 60 days only. 01/01/2016 End Date: 0001100 • SubGroup No.: Su Mo 3 4 10 11 17 18 24 25 31	s are limited to previous 60 days only. 01/01/2016 End Date: 0001100 • SubGroup No.: SubGroup No.: 3 4 5 10 11 12 17 18 19 24 25 26 31	s are limited to previous 60 days only. 01/01/2016 End Date: 0001100 C SubGroup No.: 3 4 5 6 10 11 12 13 17 18 19 20 24 25 26 27 31	Transaction History s are limited to previous 60 days only. 01/01/2016 End Date: 0001100 • SubGroup No.: 3 4 5 6 7 0 11 12 13 14 17 18 19 20 21 24 25 26 27 28 31	Transaction History s are limited to previous 60 days only. 01/01/2016 End Date: 0001100 v SubGroup No.: SubGroup No.: 0 January 2016 1 3 4 5 6 7 8 oma. All Rights Reserved. Image: Colspan="2">Image: Colspan="2" Image: Colspan="2	Transaction History s are limited to previous 60 days only. 01/01/2016 End Date: 0001100 ▼ SubGroup No.: 0 January 2016 Su Mo Tu We Th Fr Sa 4 5 6 7 8 9 10 11 12 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 4 5 6 7 8 9



From the Transaction List, select the purple last 4 digits hyperlink in the SSN/Member ID column to view the transaction you are searching for.

10 matching	records	were	found.
-------------	---------	------	--------

Transactio								
Date	Group Name	Group Number	Туре	DOB	SSN/Member ID	Member Name	Eff Date	Status
01/14/2016	DELTA DENTAL OF OKLAHOMA	0001100-0005	TERM	04/30/1985	<u>0001</u>	SAMPLE PERSON	11/30/2015	Complete
01/14/2016	DELTA DENTAL OF OKLAHOMA	0001100-0005	TERM	12/15/1980	<u>0001</u>	SAMPLE PERSON	11/30/2015	Complete
01/14/2016	DELTA DENTAL OF OKLAHOMA	0001100-0005	TERM	05/20/2008	<u>0001</u>	SAMPLE PERSON	11/30/2015	Complete
01/14/2016	DELTA DENTAL OF OKLAHOMA	0001100-0005	TERM	04/30/1985	<u>0001</u>	SAMPLE PERSON	01/31/2016	Complete
01/14/2016	DELTA DENTAL OF OKLAHOMA	0001100-0005	TERM	12/15/1980	<u>0001</u>	SAMPLE PERSON	01/31/2016	Complete
01/14/2016	DELTA DENTAL OF OKLAHOMA	0001100-0005	ADD	04/30/1985	<u>0001</u>	SAMPLE PERSON	02/01/2016	Complete
01/14/2016	DELTA DENTAL OF OKLAHOMA	0001100-0005	TERM	04/30/1985	<u>0001</u>	SAMPLE PERSON	01/31/2016	Complete
01/14/2016	DELTA DENTAL OF OKLAHOMA	0001100-0005	ADD	04/30/1985	<u>0001</u>	SAMPLE PERSON	02/01/2016	Complete
01/14/2016	DELTA DENTAL OF OKLAHOMA	0001100-0005	ADD	12/15/1980	0001	SAMPLE PERSON	02/01/2016	Complete
01/14/2016	DELTA DENTAL OF OKLAHOMA	0001100-0005	ADD	05/20/2008	<u>0001</u>	SAMPLE PERSON	02/01/2016	Complete

STEP 2

The Transaction Detail Manager will open as pictured below. Select 'Return To Search Results' to go back to the Transaction History page and resume your search.

Transaction Detail Manager

Transaction	Infomation		Inclaim to scale in Academic
Group:	0001100	Subgroup:	0005
Transaction II	0000000045	59497	
Transaction D	ate: 01/14/2016	03:50 PM	
Transaction T	ype: TERM		
Transaction U	ser: user01		
Transaction S	tatus: Complete		
Details			
ID Number:	00000001	Location:	
First Name:	SAMPLE	Eligibility Status:	TERMINATED
Middle Name	:	Late Enrollee:	Yes
Last Name:	PERSON	Wait Exempt:	Yes
Birth Date:	04/30/1985	Effective Date:	11/30/2015
Gender:	F		
Address 1:	1112 ANY STREET		
Address 2:			
City:	ANY TOWN		
State:	OK		
Zip:	73116		

From the Home Page, select the Reports tab, then select 'Reports' from the drop down menu.



STEP 2

Select the desired report.

Enter the requested parameters for the selected report and select 'View Report'.

Note: 'Aggregate Claims' will not display if requested Group/Subgroup has fewer than 100 members.

Reporting Instructions:	Select a Report:
 Choose a report. Fill in this report's parameters. Click the View Report button to view the report. 	 Aggregate Claims Claims LAG Covered Lives List Eligibility Lookup
Delta Dental of Oklahoma uses pop-up windows to display PDFs.	 ○ Overage Dependent ○ Subscriber List
PDF reports display in <u>Adobe Acrobat Reader</u>	 Claims-Premium-Enrollment Summarized by Month ²³ Claims-Premium-Enrollment Summarized by Month - Excel³³ Group Bills by Member for Date Range for Reconciliation with Dependents³³
Reader	
	View Repo

Online Reporting

From the Home Page, select the Reports/Invoices tab, then select 'Reports Dashboard' from the drop down menu.

	À DELTA DENTAL'O		ONL RES	NLINE SOURCES			Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA		
							Log off Helio, PayEligTes		
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us		
Welcon links be Please help yo	me to Online How to help y visit our Onlir Hu navigate all	Resourc ou quickl ne Resour the servi	Reports Dashboard ces Manua ces availab	tal of Oklahoma portal's most pop for additional infor	has provided bular features mation to	l 3.	Important Notice: Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.		
• ⁺	Add Memb Process new e	er nrollment		A Member Find member existing co	r Lookup ber to modify werage		September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.		

STEP 2

Select the group to pull the report. The report is aggregate claims for groups over fifty (50) members or selfinsured clients. An error will display if group is under fifty (50) members.

A DELTA DENTAL		ONLI RESC	ONLINE RESOURCES			Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA			
							Log off Hello,		
Home	Enrollment	Reports/Invoices	Documents	Resources	Broker	Profile	Contact Us		
Select a Group Select Start/S	o: Dates:	LINE DELTER	Reporting	Dashboard					
• Year 1 • Previe	lo Date ous 12								
	ce Utilization			Network Utilization	1				

STEP 2 (continued)

Any group over fifty (50) will have information displayed.

À DELT∧	DENTAL'	ONLI RESC	NE DURCE	s	Online from E	services to ELTA DEN	o manage group benefit: TAL OF OKLAHOMA
							Log off Hello
Home	Enrollment	Reports/Invoices	Documents	Resources	Broker	Profile	Contact Us
Select Start/Si Year 1 Previo	top Dates: To Date (1/1/2019 - 9 Dus 12 (1/1/2018 - 1	9/30/2019) I/1/2019)		_			
Class of Servi	ce Utilization			Network Utilization			
	Diagnostia	\$212 306 15	Percent 44.35%	PPO	K	Amou \$262,178.84	54.77%
Preventive 8	LDIAGHOSLIC	9212,000,10					
Preventive & Basic	Diagnostic	\$151,146.35	31.57%	Premier		\$214,451.79	44.80%
Preventive & Basic Major	i Diagnostic	\$151,146.35 \$74,014.41	31.57% 15.46%	Premier Out-of-Network		\$214,451.79 \$2,095.23	44.80% 0.44%

From the Home Page, select the Billing tab, then select 'View Invoice' from the drop down menu.



Remit payment for invoice(s)

Secure Message

oral health.

Online Resources Manual

- \$

Select the preferred format.

View Invoice

Reporting Instructions:	Select a Report:
1. Choose a report.	O Dillion Investor
2. Fill in this report's parameters.	Note for Self-Funded Accounts: Billing invoices are for eligibility information purposes only
 Click the View Report button to view the report. 	O Billing Invoice Excel Note for Self-Funded Accounts: Billing invoices are for eligibility information purposes only.
Delta Dental of Oklahoma uses pop-up windows to display PDFs.	
PDF reports display in Adobe Acrobat Reader	
Get Adobe:	

STEP 3

Select the group/subgroup and Start Date. Click 'View Report'.

Complete the Report	arameters:
Group:	
Start Date:	
	View Report

Deciphering Invoice Rate Codes	
Coverage Type	Rate Code
Individual Coverage (Subscriber only)	01
Employee and Spouse (Subscriber + Spouse)	02
Family Coverage (Subscriber + Spouse + 1 or more child)	03
Employee + 1 (Subscriber + 1 child)	05
Employee and Dependents (Subscriber + 2 or more children)	06

From the Home Page, select the Billing tab, then select 'Manage Payment Methods' from the drop down menu.

ک DELT/	DENTAL'		ONL RES	INE OURCES		Online : from DI	services to manage group benefits ELTA DENTAL OF OKLAHOMA
							Log off Hello,
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us
Welco links be Please help yc	Welcome to Online links below to help y Please visit our Onlin		iew Invoice Payment Me ke a Paymen	t Oklahoma I thods i's most pop t	nas provided pular features mation to	5.	Important Notice: Billing Cutoff for September 2023 was Friday, August 11 2023, All
2+	Add Membe Process new er	Pay er nroliment	rment Histor	Member Find memb existing co	Lookup ber to modify verage		enrollment changes will be reflected on the October 2023 invoice. September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.

STEP 2

Click on the green 'Add Payment Method' button.

Manage Payment Methods

To pay an invoice online, please establish a valid payment method. Accepted payment methods are a checking or savings bank account, or Visa, Mastercard or Discover credit card. All credit card transactions will be assessed with a \$1.50 convenience fee at the time of payment. You may store multiple payment methods in your Online Resources account. Select 'Add Payment Method' below to begin this process.*

*Adding/updating a bank account within Online Resources will only affect your payment methods in Online Resources. If your group is setup for Automatic Draft payments, please click <u>here</u> to update your account.

By registering a Payment Method, I hereby affirm that I am an authorized user of the account. I acknowledge that the information provided is accurate and correct to the best of my knowledge, and that the intentional misuses of, or the falsification of, information provided is punishable by applicable local, state, and federal statutes and regulations and will be prosecuted to the fullest extent allowed. I acknowledge that the origination of ACH transactions to the registered checking or savings account(s) must comply with the provisions of applicable local, state, and federal statutes and regulations. I acknowledge compliance with issuing bank cardholder agreement when making payments via credit card.

ноw то Manage Payment Methods

STEP 3

Select 'Credit/Debit Card' to enter a credit card payment. Enter credit card information.

DELTA DENTAL	your account information by checking the 'save	e this information for use with	future payments' box. Select	'Save Funding Account' when complete.
Credit / Debit Card Ba	nk Account			
Name on Card (max 45 characters)	Name on Card			
State	Alabama 🔻	Card's Billing Zip Code:	zipcode	
Enter Card Number	Card Number			
Credit Card Expiration Date	Month 🔻 Year -	v		
	□ Save this information for use with futu	ure payments.		
Payment Account Nickname (for your reference only)	Nickname			
Submit Funding Account	Cancel			

STEP 4

Select 'Bank Account' to enter a bank account as payment. Enter banking information.

ase select account type to create. Save	your account information by checking	g the 'save this information for use	e with future payments' box. Sel	ect 'Save Funding Account' when co
Name on Funding	Account Holder Name			
State	Alabama	Funding Account	nt zipcode	
Bank Account Type:	PERSONAL CHECKING	v		
	John Doe 123 10th Avenue Whereville, NJ 00000	1001		
	Part To Tree Ordern Or	\$ Dollars		\square
	*: 123456789 *: 12345 Routing Number (ABA) A	67 1001 ccount Number (DDA)		
Routing Number (ABA)	Routing numb	Bank Account Number (DDA	Account Number	
	Save this information for use	e with future payments.		
Payment Account Nickname (for	Nickname			



ноw то Manage Payment Methods

STEP 5

Manage Payment Methods page will display any existing payment accounts that were previously entered.

	Manage Payment M	ethods	
To pay an invoice online, please establish a valid pay credit card. All credit card transactions will be asses Resources account.	ment method. Accepted payment methods a sed with a \$1.50 convenience fee at the time	ire a checking or savings bank account, or Visa, Ma of payment. You may store multiple payment meth	stercard or Discover nods in your Online
Select 'Add Payment Method' below to begin t	his process.*		
Add Payment Method			
*Adding/updating a bank account within Online Reso payments, please click <u>here</u> to update your account	ources will only affect your payment methods	in Online Resources. If your group is setup for Auto	omatic Draft
By registering a Payment Method, I hereby affirm that the best of my knowledge, and that the intentional n statutes and regulations and will be prosecuted to the savings account(s) must comply with the provisions of cardholder agreement when making payments via cr	It I am an authorized user of the account. I ac isuses of, or the falsification of, information p e fullest extent allowed. I acknowledge that t if applicable local, state, and federal statutes edit card.	knowledge that the information provided is accura provided is punishable by applicable local, state, an the origination of ACH transactions to the registere and regulations. I acknowledge compliance with is	ite and correct to Id federal d checking or suing bank
Payment Methods			
			Go to Make a Payment
Payment Method Name	Payment Method Type	Masked Account Number	Delete
The Property of Contract	NONCE DECEMBER	100 B (100 B)	x

From the Home Page, select the Billing tab, then select 'Make a Payment' from the drop down menu.



Or select 'Make Payment' on the quick links.





Select preferred 'Payment Method', 'Payment Date, and 'Group'. Note: 'Payment Date' can be up to 14 days from current date. Enter amount to pay in blanks under 'Payment Amount' column. Note: Several payments can be entered at once.

Click 'Review Payments'

Make a Payment

Payments o	an be made via a bank a	ccount or Visa, MasterCard or	Discover credit card.	To add a payme	nt method, please	visit the <u>'Manage P</u>	ayment Methods' page.
To make a amount(s)	payment, select the paym next to the appropriate ir	nent method from the drop-d nvoice(s) and select 'Review P	own menu below and ayment.' On the Payn	l choose the pay nent Review scre	ment date (up to 1 en, you may edit, (4 days in advance). ancel and/or submi	Then enter the payment the payment the payment(s), as neede
^p ayments r History' pa	nay be canceled at any ti age.	me before 5:00 p.m. CT on its	scheduled effective of	late. To view can	cel a previously scl	neduled payment, p	lease visit the <u>'Payment</u>
Your paym	ent data is being redirecte	ed to a third-party website as	sociated with DDOK.				
nvoice Lis	st						
Payment N	lethod:						
Payment D	ate:	R. R. Talant					
		mm/dd/yyyy					
Group:		All		~			
Status 4	Group-Subgroup	🔶 🛛 Group Name	🔶 Inv Date 🗧	Inv Num	🔶 🛛 Inv Amt	🔶 🛛 Inv Bal	Payment Amount
reat.	CONTRACTOR OF STREET	in the property of	N/NORMAL	State of the	personal.	[m],mm,82	\$
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a part	100000-0100	ETVO NORMAN	Resident and	pile76-	[initiality]	Long and	\$
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View when a credit card payment method is selected.

Invoice List	t													
			A \$1.50 con	venie	nce fee is ass	esse	d to each cre	dit (card transactio	n.				
Payment Me	ethod:				1000	``	•							
Payment Da	ite:		mm/dd/yyyy											
Group:							~				6			
Status 🔶	Group-Subgroup	¢	Group Name	¢	Inv Date	¢	Inv Num	¢	Inv Amt	¢	Inv Bal	V	Payment Amount	
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and particular in the	100 C 100 C 100 C		CONTRACTOR OF STREET		1/1/100		10.000		Section 1		(appendix)		\$ + \$1.50 fee	

Select Submit Payment

			Make a P	ayment			
Payment(s) Payment Met	Review hod:	Opolitanue					
Payment Date	2:	10/10/10/1					
Status	Group-Subgroup	Group Name	Inv Date	Inv Num	Inv Amt	Inv Bal	Payment Amount
and participants and the	and the second second	100 01000000	39,000	Sec. 20	(aquate)	(aspects)	(append)
PAYMENT IS N By submitting specified abov	OT COMPLETE UNTIL YOU this payment, I agree to e e to make the payment so	J CLICK SUBMIT PAYMENT xecute this transaction electro et forth above and acknowledg	nically and autho ge I have read the	rize Delta Dental Privacy Policy .	of Oklahoma to elec	ctronically debit the	bank account or credit card
				Edit	Payment Ca	ncel Payment	Submit Payment

STEP 4

A payment confirmation page displays and an generic email was sent.

	Make a Payment							
Payment(s) Conf	firmation							
Thank you for	Thank you for your scheduled premium payment.							
Please allow two (2) – four (4) business days for the payment to post to your account. A confirmation page is available to download/print for your records. To view or cancel a previously scheduled payment, please visit the 'Payment History' page.								
Group-Subgroup	Group Name	Payment Amount	Inv Num	Inv Date	Payment Date	Confirmation Number	User	Print Confirmation
00.000.000	States of the states of the	Same	10.000	0.000	10,000	10.0000.000	nyatiyan -	<u>Print</u>
If you have any questions, please do not hesitate to contact us at 405-607-4777 (OKC Metro), 866-503-4294 (Toll Free) or via email at <u>ClientRelations@DeltaDentalOK.org</u>								
	Print All Return to Make a Payment Review Payment History							

From the Home Page, select the Billing tab, then select 'Payment History' from the drop down menu.



STEP 2

Review pending future payments on top box.

Online Payment History



Review pending future payments on top box and the complete payment history for twelve (12) months in the bottom box.

Export to Excel if needed.

roup:	All					~								
Group 🔶		Group Name				¢	Effectiv	ve Date	V	Reference	•	Payment Method	¢	Payment Amount
	ALC: NOT THE OWNER OF	100 A 100 A			÷		a fair fair	100		web021023		Online Resources		provide the second
1.00	STREET, SOLD STREET,	* (1996)					L/Hard	lt.		web020723		Online Resources		MINUTE .
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			8	9	10	11	12	13	14	15	16	17		



Online Resources allows cancelation of payments up to 5:00 pm CST for the day of payment.

STEP 1

From the Home Page, select the Billing tab, then select 'Payment History' from the drop down menu.

À DELTA DENTAL' ONLINE RESOU				E IRCES		Online services to manage group benefit: from DELTA DENTAL OF OKLAHOMA			
								Log off Hello,	
Home	Enrollment	Billing	Reports	Forms	s/Documents	Resources	Profile	Contact Us	
		v	iew Invoice						
Welcome to Online links below to help ye Please visit our Onlin help you navigate all		Manage Payment Methods			T Oklahoma II's most pop	has provided bular features		Important Notice:	
		Ma	ke a Paymen	nt	ditional information to			Billing Cutoff for September 2023	
		Pay	ment Histor	у 🖖				enrollment changes will be reflected on the October 2023 invoice.	
2	Add Membe Process new er	e r nroliment			A Member Find memi existing co	r Lookup ber to modify verage		September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page.	

STEP 2

e - L - J - J - J - D

Click on the 'x' in the 'Cancel Payment' column on the payment that is to be canceled.

Online Payment History

Scheduled Payments							
Scheduled Payments reflects all pending payments submitted via Online Resources made in the last fourteen (14) days. You may cancel your payment any time before 5:00 p.m. CT on the scheduled effective date.							
If you have any questions, please do not hesitate to contact our Client Relations team at 405-607-4777 (OKC Metro), 866-503-4294 (Toll Free) or via email at ClientRelations@DeltaDentalOK.org .							
Group-Subgroup 🔶 Group Name 🔶	👂 Date Submitted 🔶	Payment Effective 🔺	Payment Method 🔶	Payment Amount 🔶	Cancel Payment		
RENEWOOD CONTRACTORS	SALES OF	1004088	00000000	1,00.00	X		
Payments are processed at 5:00 PM through our payment vendor on the selected Payment Effective date.							



Click 'OK' on the pop up window.

	Online Payment History		
Scheduled Payments			
Scheduled Payments reflects all pending payments p.m. CT on the scheduled effective date.	submitted via Online Resources made in the last fourteen (14) days. Y	ou may cancel your payment ar	ny time before 5:00
If you have any questions, please do not hesitate ClientRelations@DeltaDentalOK.org -	⊕ dev.deltadentalok.org	73-4294 (Toll Free) or via ema	iil at
Group-Subgroup 🔶 Group Name 🔶	Are you sure you want to cancel the scheduled payment of	Payment Amount	Cancel Payment
Payments are processed at 5:00 PM through our b	OK Cancel		

STEP 4

The page will revert back to the 'Online Payment History' page and show that the payment is removed.

Online Payment History

Scheduled Payments
Scheduled Payments reflects all pending payments submitted via Online Resources made in the last fourteen (14) days. You may cancel your payment any time before 5:00
p.m. CT on the scheduled effective date.
If you have any questions, please do not hesitate to contact our Client Relations team at 405-607-4777 (OKC Metro), 866-503-4294 (Toll Free) or via email at
<u>ClientRelations@DeltaDentalOK.org</u>.
No Scheduled Payments.
Payments are processed at 5:00 PM through our payment vendor on the selected Payment Effective date.

From the Home Page, select the Contact Us tab, then select 'Secure Messaging' from the drop down menu.



Or click on 'Secure Message' on the quick links section.

Welcome to Online Resources! Delta Dental of Oklahoma has provided links below to help you quickly access the portal's most popular features. Please visit our Online Resources Manual for additional information to help you navigate all the services available.



Important Notice: Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice. September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Reporting' page. It is a privilege to partner with you in your commitment to greater oral health.



Create a New Message

STEP 1

Select 'Create New Message'.

←Message History		Create New Message
Direction	Subject	Created On
OUTBOUND	sample	01/13/2016
OUTBOUND	test	01/13/2016

STEP 2

Enter the subject and message content in the applicable fields. Attach a file, if applicable. Select 'Send'. The message will be available to view in the Message History section.

New Communicaiton	Message	
Subject:	message	
Body:	message	
Attachment:	~	Browse
		Send



Lookup a Message

STEP 1

From the Message Portal, enter the subject or message content and select 'Lookup Message'. A list will display with all related messages.

- C	Message Portal	
To Search messages you	can either search by subject or message content. To create a new communication, please click the link below	
To ocaran messages, you		
Subject:	sample	
Message:		
		Lookup Message

STEP 2

In the Message History section, select the purple hyperlinked subject in the Subject column. The message will display as pictured below.

	Create New Message
Subject	Created On
sample	01/13/2016
	Subject <u>sample</u>

Communicaiton Mes	sage Detail	
Subject:	sample]
Body:	sample	
	×	
Attachment:	NO	
		Clear

From the Home Page, select the Form/Documents tab, then select 'Forms and Links' from the drop down menu.

A DELTA DENTAL			ONLINE RESOURCES			Online services to manage group benefit from DELTA DENTAL OF OKLAHOMA		
		14					Log off Hello,	
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us	
Welcon links be	me to Online Nelow to help y	Resource	es! Delta D y access ti	Forms and Links	has provideo oular feature:	1 5.	Important Notice:	
Please help yc	visit our Onlir ou navigate all	the servi	ces Manua ces availat	al for additional infor	mation to		Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.	
•	Add Memb	er enrollment		Q Membe	r Lookup		September 2023 invoices will be	

STEP 2

From there, you may select the hyperlink for any form or link you need to access.



From the Home Page, select the Resources tab. Then select 'Supplies' from the drop down menu.

🛆 DELTA DENTAL'		ONLINE RESOURCES				Online s from DE	ervices to manage group benefits ITA DENTAL OF OKLAHOMA		
							Log off Hello,		
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us		
					Billing/Holic	lay Schedul	e		
Welcon links be	ne to Online Now to help y	Resource	es! Delta D v access tł	ental of Oklahoma l ne portal's most pop	Locate A	Dentist	Important Notice:		
Please help yc	visit our Onlir au navigate all	ne Resour I the servi	ces Manua ces availat	Il for additional infor ble.	Sup	plies 🗸	Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be		
•	Add Memb Process new e	oer enrollment		Member Find member existing co	Lookup her to modify verage		September 2023 invoices will be available to download by Friday,		

STEP 2

To order supplies, you can either email GroupSupplies@DeltaDentalOK.org or complete the applicable fields on the Order Supplies page. Once the applicable fields are complete, select 'Submit'. This will generate an email to GroupSupplies@DeltaDentalOK.org, to complete your request.

In need of general forms? P would like a printable versio Resources tab.	ease refer to the <u>Forms and Links</u> page located under the Documents tab. If you in of our dentist directory, please visit the <u>Locate A Dentist</u> page located under the
To request group supplies, e	mail GroupSupplies@DeltaDentalOK.org or complete the form below.
Name	
Email	
Group Name	
Group Number	
Enter quantities below:	
SPDs Only	
ID cards Only	÷
Eyemed flyers Only	
Benefit flyers	÷
SPD packets w/Eyemed	
card/Eyemed)	
SPD packets (includes SPD/ID card)	×.
Toothbrushes	
Dentist Directories	•
	Submit

ноw то View Our Schedules

STEP 1

From the Home Page, select the Resources tab, then select 'Billing/Holiday Schedule' from the drop down menu.



This page allows you to view the Client Relations Hours of Operation, the Client Relations Billing Schedule and the Delta Dental Holiday Schedule. There is also a section detailing Invoice Rate Codes.

You can access a PDF version of this information by selecting the hyperlink located at the top of the page.

Hours of Operation

Monday - Thursday: 7:30 a.m. to 6 p.m. Friday: 8 a.m. to 5 p.m.

% Our Schedules

2023 Client Relations Billing Schedule

Billing Month	Friday – Cutoff Date	
January 2023	December 16, 2022	
February 2023	January 13, 2023	
March 2023	February 17, 2023	
April 2023	March 17, 2023	
May 2023	April 14, 2023	
June 2023	May 12, 2023	
July 2023	June 9, 2023	
August 2023	July 14, 2023	
September 2023	August 11, 2023	63
October 2023	September 15, 2023	
November 2023	October 13, 2023	
December 2023	November 10, 2023	
January 2024	December 15, 2023	

2022/2023 Delta Dental Holiday Schedule

Date	Holiday
December 23-26, 2022	Christmas Holiday
January 2, 2023	New Year's Holiday

From the Home Page, select the Resources tab, then select 'Locate a Dentist' from the drop down menu.

A DELTA DENTAL			ONLINE RESOURCES			Online s from D	vices to manage group benefits FA DENTAL OF OKLAHOMA	
							Log off Hello,	
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us	
					Billing/Holid	lay Schedul	le	
Welcon links be	me to Online Now to help y	Resource	es! Delta E y access ti	ental of Oklahoma I ne portal's most pop	Locate A	Dentist	Important Notice:	
Please help yc	visit our Onlir ou navigate all	ne Resour the servi	ces Manua ces availat	Il for additional infor ble.	Supj	plies	Billing Cutoff for September 2023 was Friday, August 11 2023. All enrollment changes will be reflected on the October 2023 invoice.	
2	Add Memb Process new e	er enrollment		A Member Find member existing co	r Lookup ber to modify verage		September 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online	

STEP 2

To use the Dentist Search tool, select the hyperlink 'Click here for our Dentist Search tool'. A new window will open to allow you to search for a dentist.

	Locate A Dentist
ooking for a dentist locally or nationwide	? Access a national database of Delta Dental providers.
Click here for our Dentist Search too	<u>L</u>
or a printable version of the most recent	Oklahoma provider directory, please open the following pdf.
PDF Dentist Directory	

Important Notice:

Any news content from Delta Dental of Oklahoma to our Online Resources clients will be displayed here.

It is a privilege to partner with you in your commitment to greater oral health.



Select the Delta Dental Provider Network by clicking in the open circle next to the desired network.





Continue to fill out the form.

lease answer these questions to b	egin your search.				
re you a subscriber of a Delta De atient Direct discount program?	ntal insured plan, o	or are you enrolled in o	ur		
(Employer Sponsored or Individual)	OR	O Patient Direct (Discount Program)			
nat is most important to you wh	en selecting a denti	st – to achieve maxim	ım		
nat is most important to you wh vings on covered treatments, or your home or work?	en selecting a denti the convenience o	st – to achieve maxim f having a dentist clos	um e		
nat is most important to you wh vings on covered treatments, or your home or work? Savings	en selecting a denti the convenience o	st – to achieve maximu f having a dentist close Convenience	am		
hat is most important to you wh vings on covered treatments, or your home or work? Savings	en selecting a denti the convenience o OR	ist – to achieve maximu f having a dentist close Convenience	um e		
hat is most important to you wh vings on covered treatments, or your home or work? Savings nat location should we focus yo y and state, or a zip code.	en selecting a denti the convenience o OR ur search around? I	ist – to achieve maximu f having a dentist close Convenience Please enter at least a	um e		

STEP 5

If looking for a HOW provider then click on the check box towards the bottom of the form.

Additional Criteria	Optional
Gender, language spoken and/or extended hours information is not currently available in all areas. If no results are found in your area for the criteria you search filter may exclude this criteria from your search.	selected, the
Belecting the box below will limit your search to dentists currently registered to perform the clinical risk assessment associated with Health through Wellness® (HOW®) enhanced benefits. Click here to learn more about HOW®. Only include HOW® provider offices	ugh Oral


Select 'Search'. The Dentist Search tool will generate results based on your search criteria.



STEP 7

There is the option to 'Show Map', "Email List', and "Print List'.



Note: You may also view a PDF of the Delta Dental Dentist Directory. To do so, select 'PDF Dentist Directory' from the Locate a Dentist page.



Important Notice:

Any news content from Delta Dental of Oklahoma to our Online Resources clients will be displayed here.

It is a privilege to partner with you in your commitment to greater oral health.

From the Home Page, select the Contact Us tab, then select 'Contact Us' from the drop down menu.

DELTA DENTAL		ONLINE RESOURCES				Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA			
								Log off Hello,	
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us		
							Secure Messaging		
Welcor links be	ne to Online Now to help y	Resource ou quickl	es! Delta D y access th	ental of Oklahoma ne portal's most por	has providec pular feature:	1 S.	Contact Us	ortant Notice:	
Please	visit our Onlin	e Resour	ces Manua	l for additional infor	mation to		Dilling Cotof	* fan Cantanhan 2022	
help yo	u navigate all	the servi	ces availab	ole.			enrollment reflected on invoice.	August 11 2023. All changes will be the October 2023	

The Information page displays the address, telephone numbers, fax number and email address for the Client Relations department.

Client Relations

Delta Dental of Oklahoma's Client Relations team is available for training or to assist you with your Online Resources questions.

To Contact Our Client Relations Department:

Write: Delta Dental of Oklahoma Attn: Client Relations P.O. Box 54709 Oklahoma City, Oklahoma 73154-1709

Call: 866-503-4294 (Toll Free) 405-607-4777 (OKC Metro)

Fax: 405-607-2136

E-mail: ClientRelations@DeltaDentalOK.org



From the Home Page, select the Profile tab, then select 'Update profile' from the drop down menu.

A DELTA	DENTAL'		ONL RES	INE OURCES		Online s from DE	services to r ELTA DENTA	nanage group benefits AL OF OKLAHOMA
								Log off Hello,
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us	
						Upda	nte Profile	
links be	ne to Online low to help y	Resource	es! Delta D y access th	ental of Oklahoma ne portal's most pop	has provided oular features	Update F	Password/2FA	Important Notice:
Please help yo	visit our Onlir u navigate all	ie Resour the servi	ces Manua ices availat	l for additional infor ble.	mation to	Online (Group Access	ing Cutoff for September 2023 s Friday, August 11 2023. All nrollment changes will be eflected on the October 2023
+	Add Memb	er		Q Member	r Lookup		ir S	ivoice. eptember 2023 invoices will be

STEP 2

Enter the information you would like to update in the appropriate required fields, and select 'Save Changes'.

Update My Profile

Profile Infor	mation				ľ
First Name:*	Group	Middle Name:		Last Name:*	Contact
Address 1:*	123 S Main St	Address 2:]	
City:*	OKLAHOMA CITY	State:*	OK 🗸	Zip:*	73116
Day Phone:*	4055555555	Evening Phone:		Fax:	
Email:*	gcontact@companyname.com	Confirm Email:*	gcontact@companyname.com]	
	A valid email address is required to ret	rieve forgotten pas	swords.		
					Save Changes

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Website Liability/Privacy

From the Home Page, select the Profile tab, then select 'Update Password/2FA' from the drop down menu.

DELTA DENTAL		ONLINE RESOURCES			Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA			
								Log off Hello,
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us	
		**************************************			0,7	Upd	ate Profile	
Welcor	ne to Online Now to help y	Resource	es! Delta E y access th	ental of Oklahoma ne portal's most por	has provided oular features	Update	Password/2FA	Important Notice:
Please help yo	visit our Onlir ou navigate all	ne Resour I the servi	ces Manua ces availat	I for additional infor	mation to	Online	Group Access e r ii	ing Cutoff for September 2023 s Friday, August 11 2023. All mrollment changes will be effected on the October 2023 nvoice.
•	Add Memb	er enrollment		Q Membe Find memi	r Lookup		s	eptember 2023 invoices will be

STEP 2

Enter your old password then enter your new password in the New Password and Confirm New Password fields. To ensure your password strength, please follow the guidelines noted below the Update My Password section. Select 'Save Changes' and you will be redirected to the confirmation page.

	Update My Password	
User Name: Old Password: * New Password: * Confirm New Password: *		Save Changes
Please Note Notes: 1. Password 2. Password 3. Password '%', '(', ')', '*	must be between 6 to 25 characters. must have at least 2 numeric characters. can not have special characters listed below: ', ` '&', '#'	



Click 'Enable' at the bottom of the page to set up two factor authentication.

	Update My Password
User Name: Old Password: *	Padlates
New Password: *	
Confirm New Password: *	
	Save Changes
Please Note Notes: 1. Password 2. Password 3. Password "%', '(', ')', '*'	must be between 6 to 25 characters. must have at least 2 numeric characters. can not have special characters listed below: , '\', '&', '#'
	Set up Two Factor Authentication
Two Facto To enable 2FA, you Once enabled, a vo login page to compl	or Authentication (2FA) is an optional way to add another layer of security to your Online Resources account. must verify your account by entering the mobile phone number to which you would like your six (6)-digit verification code delivered. Enter the verification code sent via text to complete the setup process. erification code is texted to you each time you log into Online Resources to verify your account. Enter the code on the ete the process. You may choose to remember the current computer or device for 90 days so you are not prompted for a code each time you log in.
	Two Factor Authentication is currently disabled

From the Home Page, select the Profile tab, then select 'Online Group Access' from the drop down menu.

DELTA DENTAL			ONLINE RESOURCES				Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA			
								Log off Hello,		
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Profile	Contact Us			
				A		Upda	ate Profile			
Welcon	me to Online Now to help y	Resource	es! Delta D y access th	ental of Oklahoma ne portal's most pop	has provided oular features	Update F	Password/2FA	Important Notice:		
Please help yc	visit our Onlir ou navigate all	ne Resour I the servi	ces Manua ces availat	I for additional infor ble.	mation to	Online (Group Access	ing Cutoff for September 2023 is Friday, August 11 2023. All irollment changes will be flected on the October 2023 voice.		
2	Add Memb Process new e	er enrollment		A Member Find member existing co	r Lookup ber to modify werage		Se	eptember 2023 invoices will be ailable to download by Friday,		

From the Group Access page, you are able to view the list of groups that you have access to modify eligibility.

Online Group Access

Group Num	Subgroup Num	Group Name	Plan Type	Read Only
Inter-section	10000	BREAD THREE BARA STREET	tails inclusion that the burner	50
(MILLIER		BRID KOOS MALINES	Debularia WO Har Avenue	1
in the	-	and a second second second second	Collection and Co	No.
Real Property lies	10000	Starte with the local second	Industry in Man. The Restand	100
And the second s	10000	STATE THE TOP OF THE STATE	the burner of the burner	200
(mail project)	1000	respected and an other works represent the rest	Detection of the D	10
in the second	H H	sinche education in the state of design of the state of the	Delocarity Hith-Net Revine	ing .
Surl, Surl,	1 Million	STRATE CONTRACTOR OF THE OWNER CONTRACTOR AND ADDRESS	Industry in 1970. The Property	16
Road and Day 1	10000	second and second as	Della Carlos Maria	100
(mainting)	100.001	1955071 designs and	Detection of the Original Avenue	10
Sec. Aller	1.0	W Deal Britshill	Delectrony WO - No. America	No.

From the Home Page, select the Broker tab, then select 'Our Products' from the drop down menu.

DELTA DENTAL		ONL RES	ONLINE RESOURCES			Online services to manage group benefit from DELTA DENTAL OF OKLAHOMA			
									Log off Hello,
Home	Enrollment	Billing	Reports	Forms/Do	ocuments	Resources	Broker	Profile	Contact Us
					1.1.1. XX		Group I	nformation	
Welcor links be	ne to Online Now to help y	Resourc	es! Delta E y access ti	ental of O ne portal's	klahoma l most pop	nas provided oular features	Our	Products	Important Notice:
Please	visit our Onlir	ne Resour	rces Manua ices availat	l for additi	ional infor	mation to	Request	For Proposa	al Iling Cutoff for September 2023
Help yo	a navigate al	T the serv	ices availat	JIC.			Previ	ious RFPs	nrollment changes will be flected on the October 2023
!	Add Memb Process new e	oer enrollment		2 ^Q	Member Find member existing co	Lookup ber to modify verage	Select Application		voice. ptember 2023 invoices will be available to download by Friday, August 18, 2023 from the 'Online Benorting' page.
									It is a privilege to partner with vo

STEP 2

Choose a link to open the document of the product to review.



From the Home Page, select the Broker tab, then select 'Group Information' from the drop down menu.

S DELTA DENTAL			ONLINE RESOURCES			Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA			
								Log off Hello, I	
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Broker	Profile	Contact Us	
				(Group I	nformation	լիպ	
Welcon links be	ne to Online Now to help y	Resource	es! Delta D y access th	ental of Oklahoma I ne portal's most pop	has provided bular features	Our	Products	Important Notice:	
	visit our Onlin	ie Resour	ces Manua	l for additional infor	mation to	-			
Please belo vo	u pavigate all	the servi	cos availab		macionito	Request	For Proposa	I ling Cutoff for September 2023	
Please help yc	u navigate all	the servi	ces availab	ole.	indion to	Request Previ	For Proposa	 lling Cutoff for September 2023 as Friday, August 11 2023. All prollment changes will be flected on the October 2023 	

STEP 2

Choose the broker assigned to the group client in question.

الله من	DENTAL'	ONLI RESC	NE DURCE	s	Online from D	services t ELTA DEN	o manage group benefits ITAL OF OKLAHOMA		
							Log off Hello,		
Home	Enrollment	Reports/Invoices	Documents	Resources	Broker	Profile	Contact Us		
	Group Information								
		,	Your user account is s	specified as an Agen	cy user.				
Choose Broke	r:	You can s	ee Group Informatior	n on behalf of the fo	llowing contac	ts:			
Choose Bro	oker 🗸)							
Group List Choose Grou	p: Select Group				~				

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Website Liability/Privacy



The broker information will display.

Group Information	
Your user account is specified as an Agency user.	
You can see Group Information on behalf of the following contacts:	
Choose Broker:	

Vendor Number: Address: Agency Specific INDY URL:	00000 https://individual.deltadentalok.org/Enr	Name: Email:	Phone:
Group List Group: No Groups Found			

STEP 4

Choose a group from the 'Group List'.

Group Information								
Your user account is specified as an Agency user.								
You can see Group Information on behalf of the following contacts:								
Choose Broker:								
Broker Info								
Vendor Number: Name: Phono: Ph								
Audress. Phone.								
Group List Choose Group:								
Group Number: Group Name:								
Group Address: Plan Name:								
Effective Date: Renewal Month:								
Billing Received: Elig Maintence: Payment Remit:								

From the Home Page, select the Broker tab, then select 'Previous RFPs' from the drop down menu.



STEP 2

Select the contact that may have submitted the RFP.

	DENTAL	ONLI RESC	NE DURCE	s	Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA				
							Log off He	ello, eligproducer	
Home	Enrollment	Reports/Invoices	Documents	Resources	Broker	Profile	Contact Us		
		(Is marked a and may vie submitted by a select a com	us RFPs s an agency user, ew Previous RFPs any of the following ttact					

The list of RFPs under the selected contact will display.

🛆 DELTA	A DELTA DENTAL' ONLINE RESOURCES						Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA			
							Log off Hello,			
Home	Enrollment	Reports/Invoices	Documents	Resources	Broker	Profile	Contact Us			
Previous RFPs										
	alaanal aaa									
			is marked a and may vie submitted by a	s an agency user, w Previous RFPs ny of the following	:					
			Apple Law							
Name:	A	ddress:	A. 2017A							
Phone:	A	lternate Phone:								
Fax:	E	mail:	discher angeste	100						
D. I	N			01						
Busin	ess Name 10	5 09/10/2019 Show P	Status Status As							
in the second se	Contraction of the local division of the loc	11 10/02/2018 Show R	eceived 10/02/18 02:	18 PM						
Street links for	Contraction of the	3 10/02/2018 Show R	eceived 10/02/18 02;	44 PM						
	-		,,,							

From the Home Page, select the Broker tab, then select 'Request For Proposal' from the drop down menu.

	À DELTA DENTAL		ONLINE RESOURCES					manage group benefits TAL OF OKLAHOMA	
								Log off Hello,	
Home	Home Enrollment Billing Reports Forms/Docum		Forms/Docume	nts Resources	Broker	Profile	Contact Us		
				Group I	nformation				
Welcor links be	Welcome to Online Resources! Delta Dental of Oklahoma has provide links below to help you quickly access the portal's most popular feature							Important Notice:	
Please v	visit our Onlir u navigate all	the servi	ces Manua ces availab	l for additional i	nformation to	Request	For Propose	lling Cutoff for September 2023	
, terp ye	a nangato an					Previ	ious RFPs	rollment changes will be flected on the October 2023	
•+	Add Memb	er	Q		Member Lookup		missions	= voice. •ptember 2023 invoices will be	
<u> </u>	Process new en		bliment		existing coverage		Application	ailable to download by Friday, Jgust 18, 2023 from the 'Online eporting' page.	
=\$	Invoices View/downloa	d invoice(s)		\$ Mal	ke Payment It payment for invoic	e(s)		It is a privilege to partner with you in your commitment to greater oral health.	

Or select 'Request Proposal on the quick links section .





Select the contact that is requesting the proposal.

الك DELTA	DENTAL [®]	ONLI RESC	s	Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA						
							Log off Hello,			
Home	Enrollment	Reports/Invoices	Documents	Resources	Broker	Profile	Contact Us			
	Request For Proposal									
		١	our user account is s	pecified as an Agen	cy user.					
	You can submit Requests for Proposals on behalf of the following contacts:									
			Select a cor	ntact 🗸	>					

STEP 3

Select the group size.

الك DELTA	DENTAL'	ONLI RESC	Online from D	services t ELTA DEN	o manage group benefits NTAL OF OKLAHOMA					
							Log off Hello,			
Home	Enrollment	Reports/Invoices	Documents	Resources	Broker	Profile	Contact Us			
	Request For Proposal									
	 Small Business (2-25 Employees) Large Business (26+ Employees) 									

	ENTAL'	ONLI RESO	NE DURCE	s	Online : from D	services to ELTA DEN	o manage group ben ITAL OF OKLAHOMA
							Log off Hello,
Home	Enrollment	Reports/Invoices	Documents	Resources	Broker	Profile	Contact Us
			Request F	or Proposal			
		Pl	ease choose the app	ropriate size for you iness (2-25 Employe siness (26+ Employe	ur group. ees) ees)		
Name:	Ad	ldress:	8.00/0				
Phone: Fax:	Em	nail:	discheren angeweit	-			
Phone: Fax: Group Informa Name Of Busine	En tion	nail:	doctor-agend				
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Phone: Fax: Fax: Group Informa Name Of Busine Address Line 1: Address Line 2: City: State: ZIP:	ition iss: OK	eenate Prone:					
Phone: Fax: Fax: Group Informa Name Of Busine Address Line 1: Address Line 2: City: State: ZIP: Nature of Busine	En E	etrate Prone:					

Enter the group client's information. Required information is labeled with an asterisk (*).

STEP 5

Click on 'Submit'.

Employee + Family:	0
Total Eligible Employees (calculated):	0
· · · · · ·	
C	omments:
(Submit)	



Click 'OK' on the confirmation pop-up window.



STEP 7

Confirmation screen will display.



From the Home Page, select the Broker tab, then select 'Commissions' from the drop down menu.

∆ DELT/	A DELTA DENTAL'ON			INE OURCES	Online services to manage group ben from DELTA DENTAL OF OKLAHOM				
Home	Enrollment	Billing	Reports	Forms/Documents	Resources	Broker	Profile	Log off Hello,	
						Group I	nformation	1	
Welcon	me to Online	Resourc	es! Delta D v access th	ental of Oklahoma le portal's most por	has provided oular features	Our	Products	Important Notice:	
Please	visit our Onlir	ne Resour	ces Manua	l for additional infor	mation to	Request For Proposal		 Iling Cutoff for September 2023 	
neip yc	u navigate ali	the serv	ices availab	ile.		Previ	ious RFPs	as Friday, August 11 2023. All prollment changes will be flected on the October 2023	
0+	Add Memb	er Proliment		Q Member Lookup		Commissions		ptember 2023 invoices will be	
<u>e</u>				existing coverage		Select Application		igust 18, 2023 from the 'Online eporting' page.	
<u> </u>	Invoices Uiew/download invoice(s)		1	\$ Make P Remit pay	(5)		It is a privilege to partner with you in your commitment to greater oral health.		

Or select 'Commissions' from the quick links section.



Commission statements are displayed and can be sorted by any header of the table. Commissions can be displayed using PDF or Excel formats. Supplemental Commissions, if available, will be displayed PDF only.

ender No.	Agency Nam	e		Mo	nth 🗳	🕈 Year 🖨	Com	nission Tot	al 🔶	Com	nissions PDF	Supplemental Commissions
10.01	KINE OF BOUR DAMAGE	1.0.00		14		10-1	-	-		PDF	Excel	PDF
	REALITY IN CASE AND ADDRESS.	Section 1		1.1		1205.005	1,000,7	1		PDF	Excel	
	ALC: N DOLLARS	1.080		8.8		100.00	1	10		PDF	Excel	
	STATISTICS INC. P. CO. P.	ALC: UNK		- 100		354	-			PDF	Excel	
-	station intervention	1.1.1		. P		10-61	N 18			PDF	Excel	
	ADDRESS OF DESIGNATION	and an		1		1 STREET	1000	-		PDF	Excel	
	and the second second	Ball Ball		P		100.00	-	10		PDF	Excel	
	Diversity of the Party of the	0.000				100	(interest			PDF	Excel	
initia -	allowing the second strength	1. 1. 1.		. H		10.41	1.00	H		PDF	Excel	
100	KINDO DOUT-ON-RE	Real Property				10040	1.000	8		PDF	Excel	
		1	2	3	4	5	6	7	8	2	10	

STEP 3

When desired format is selected the commission statement will be displayed and can be saved.

		Broker Report fro	Broker Commission Report Report from : Commission Commission							
	DELTA DENTAL	Created E	Created Date:							
ADDITION LAB	OF ADDRODUCTION	Ve	endor ID:							
Mas_Cust ID	Name	PaymentDescription	InvoiceDate	Amount	Comm. Type	Commission				
	Description of the party of	100-0070	MORE:	10050.0	First PL	1000				
			Т	otal Commissio	onable Payments:	E8.08.04				
				Tot	tal Commission					