



DELTA DENTAL OF OKLAHOMA

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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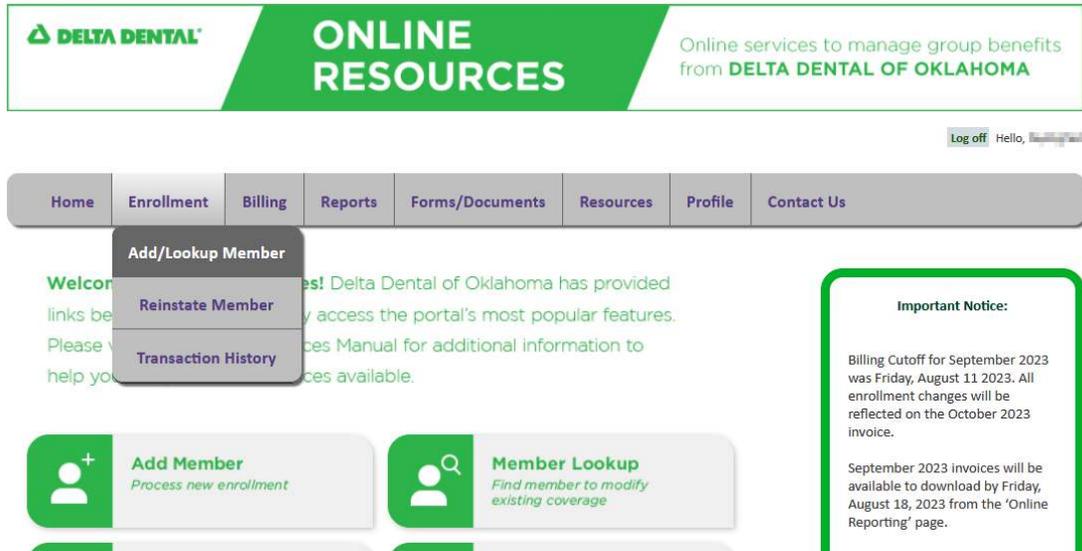
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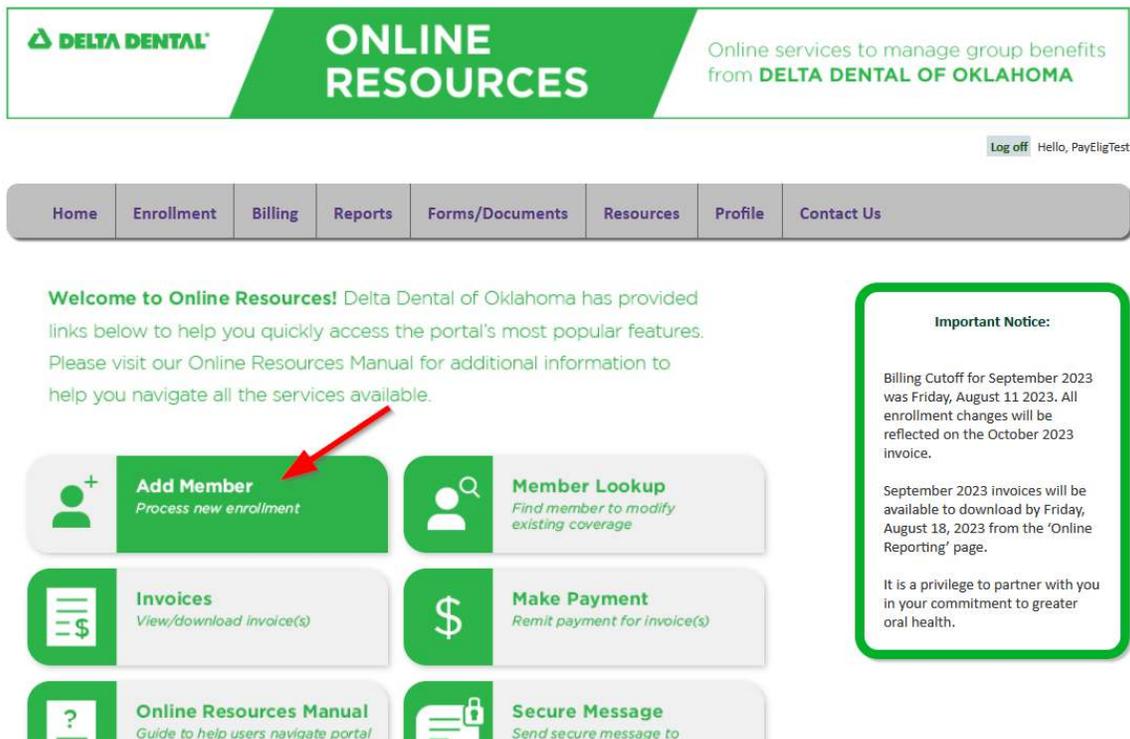
Add a New Subscriber and Dependents

STEP 1

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.





Add a New Subscriber and Dependents

STEP 2

Select 'Add New Member.'



Log off Hello, [User Name]



Add/Lookup Member

Add
To add a new member and his/her family members, please select 'Add New Member'. For detailed instructions, please visit the Information page located under the Contact Us tab.

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.

New Member

Group Information

Effective Date:* 04/01/2016 SSN/Member ID:* Confirm:*

Group Name:

Plan Type:

Group: 0006

Location:

Continue

April 2016						
Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
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



Add a New Subscriber and Dependents

STEP 4

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 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:* SSN/Member ID:* 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:

<input checked="" type="radio"/> Individual Coverage	• Only Subscriber has coverage.
<input type="radio"/> Employee and Spouse	• Individual and Spouse have coverage.
<input type="radio"/> Family Coverage	• Individual and members of their immediate family.
<input type="radio"/> Employee + 1	• Individual and 1 child
<input type="radio"/> Employee and Dependents	• Individual and More than 1 child.

Add a New Subscriber and Dependents

STEP 6

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

Subscriber Details

First Name:* Middle Name: Last Name:*

Birth Date:* Late Enrollee

mm/dd/yyyy

Address 1:* Address 2:

City:* State: * Zip:*

Email: Confirm Email:

STEP 7

If applicable, enter the required details for the Subscriber's spouse.

Spouse Details

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.

Dependent Details

Choose number of Dependents:

Dependent:

Dependent ID:

First Name:* Last Name:*

Birth Date:* Late Enrollee Disabled

mm/dd/yyyy

Dependent Count

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Add a New Subscriber and Dependents

STEP 9

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

Dependent Details

Choose number of Dependents:

Dependent:

Dependent ID: Confirm:

First Name:* Middle Name: Last Name:*

Birth Date:* Late Enrollee Disabled

mm/dd/yyyy

Next

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 Member

Subscriber Details

Group Name:

Group: Subgroup: Location Code:

Eff Date: Coverage Type: Family Coverage

SSN/Member ID: Birth Date:

First Name: Middle Name: Last Name:

Address 1: Address 2:

City: State: Zip:

Email: Late Enrollee:

Spouse Details

Spouse ID: Birth Date:

FirstName: MidName: LastName:

Dependent Details

Dep1 ID: Birth Date: Disabled:

FirstName: MidName: LastName:

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](#).



Add a New Subscriber and Dependents

STEP 11

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 Enrollment

There is not a current enrollment for this member.

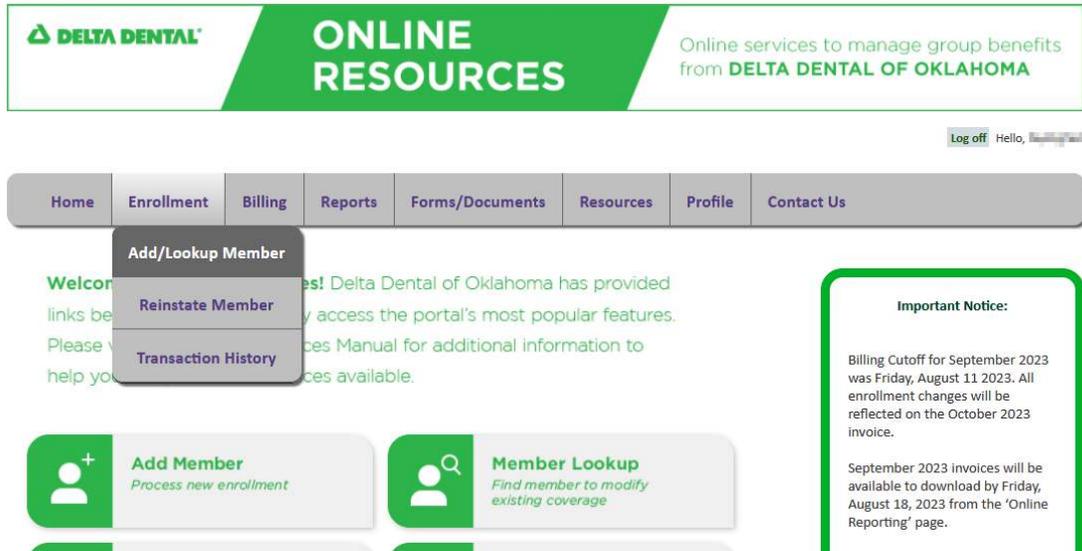
Future Enrollment

Relationship	SSN/Member ID Last 4	Name	DOB	Future Eff Date	Term Date
Primary	0000	SUBSCRIBER, SUBSCRIBER	12/26/1970	01/01/2016	

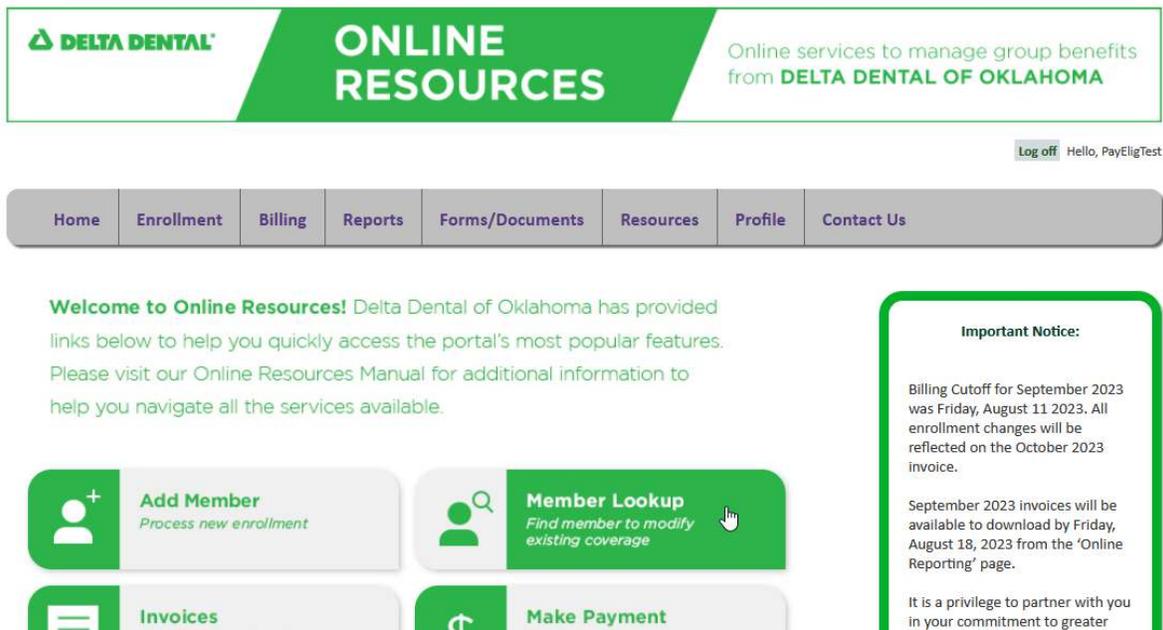
Enrollments with a future effective date cannot be edited online. To make an edit to this family, please email Client Relations through the Message Portal under the "Contact Us" tab in Online Resources or at clientrelations@deltadentalok.org

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.



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.: SubGroup No.:

SSN/Member ID: 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

STEP 4

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

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

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

Status Change History

For Member:

Name: SUBSCRIBER, SUBSCRIBER
 Status: Active
 SSN/Member ID Last 4: 0000
 Group-Subgroup: 0001100-0005

Exactly 1 record was found in this member'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

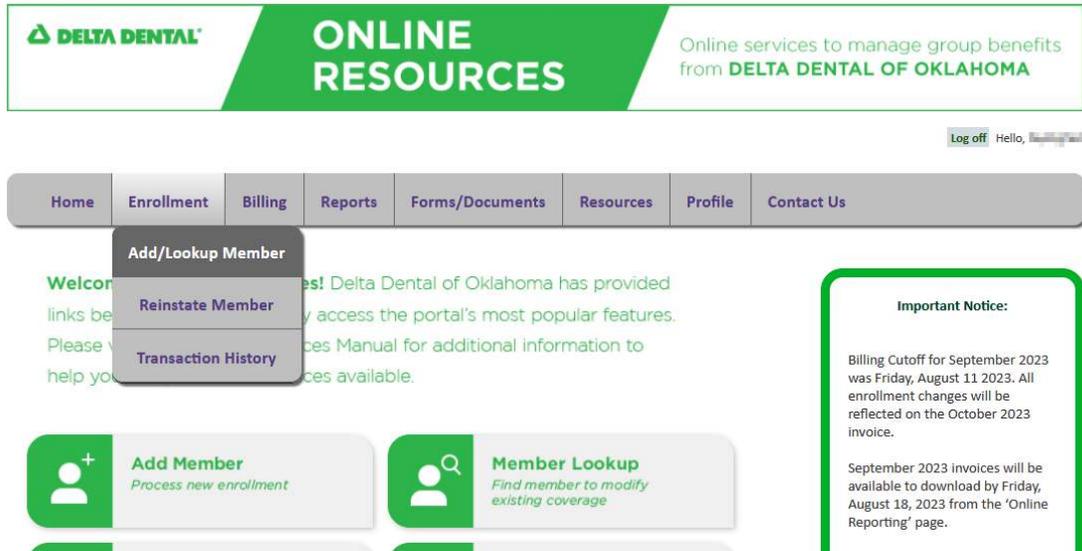
STEP 5

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

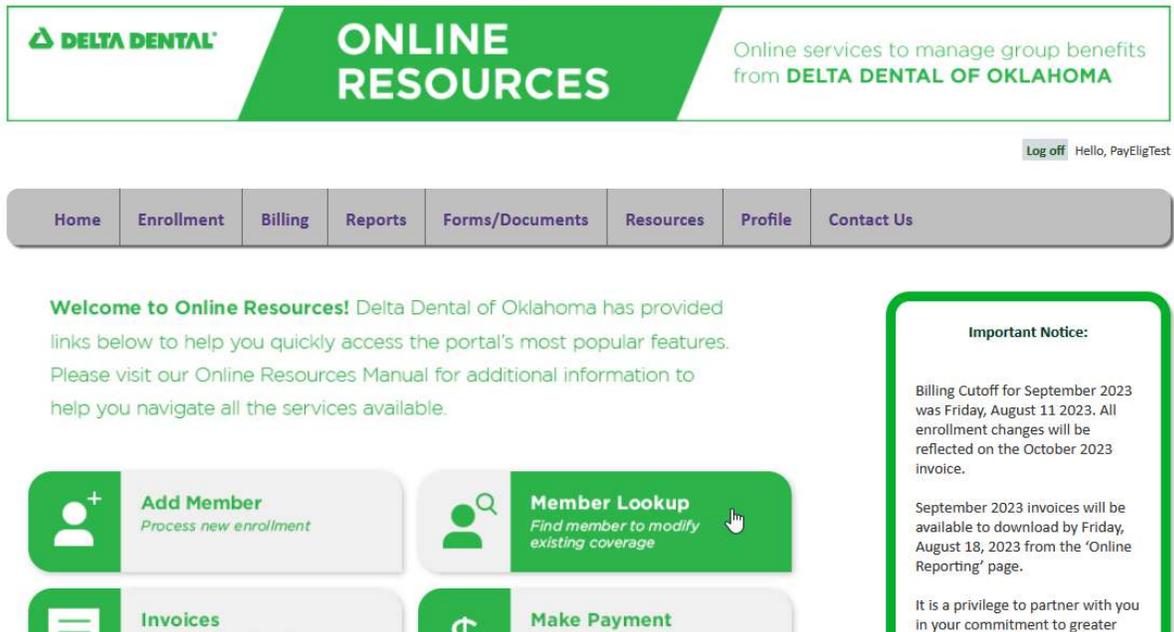
Manage Member Details – Change Primary Address

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.





Manage Member Details – Change Primary Address

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.: SubGroup No.:

SSN/Member ID: x 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

Manage Member Details – Change Primary Address

STEP 4

Select 'Manage Member Details'.

Current Enrollment

Relationship	SSN/Member ID Last 4	Name	DOB	Effective Date	Term Date	Status
Primary	0000	SUBSCRIBER, SUBSCRIBER	12/26/1970	01/01/2016		Active

Update Demographics

Update member address, names and birthdate.

Add/Remove Dependents

Add/Remove family members.

Terminate Subscriber Enrollment

Terminate enrollment for primary member.

COBRA

Transfer an active primary member to a cobra status.

Transfer

Transfer a member to a different group, subgroup or location code.

STEP 5

Select 'Edit This Address'.

Demographic Maintenance

[Return To Search Results](#)

Address

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 in Online Resources.

Current Address Line 1: 1111 STREET NAME

Current Address Line 2:

Current City: CITY NAME Current State: OK Current Zip: 73116

ATTN:

Note: Address change applies to all family members.

New Address Line 1: *

New Address Line 2:

New City: * New State: * New Zip: *

ATTN:

Last Updated On: 12/28/2015 at 02:45 PM

[Edit This Address](#)

Manage Member Details – Change Primary Address

STEP 6

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

Demographic Maintenance

Return To Search Results

Address

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 in Online Resources.

Current Address Line 1: 1111 STREET NAME
 Current Address Line 2:
 Current City: CITY NAME Current State: OK Current Zip: 73116
 ATTN:

Note: Address change applies to all family members.

New Address Line 1: *

New Address Line 2:

New City: * New State: * New Zip: *

ATTN:

Last Updated On: 12/28/2015 at 02:45 PM

Submit Address Change
Cancel Address Change

STEP 5

The updated address will display.

Demographic Maintenance

Return To Search Results

Address

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 in Online Resources.

Current Address Line 1: 1112 STREET NAME
 Current Address Line 2:
 Current City: CITY NAME Current State: OK Current Zip: 73116
 ATTN:

Note: Address change applies to all family members.

New Address Line 1: *

New Address Line 2:

New City: * New State: * New Zip: *

ATTN:

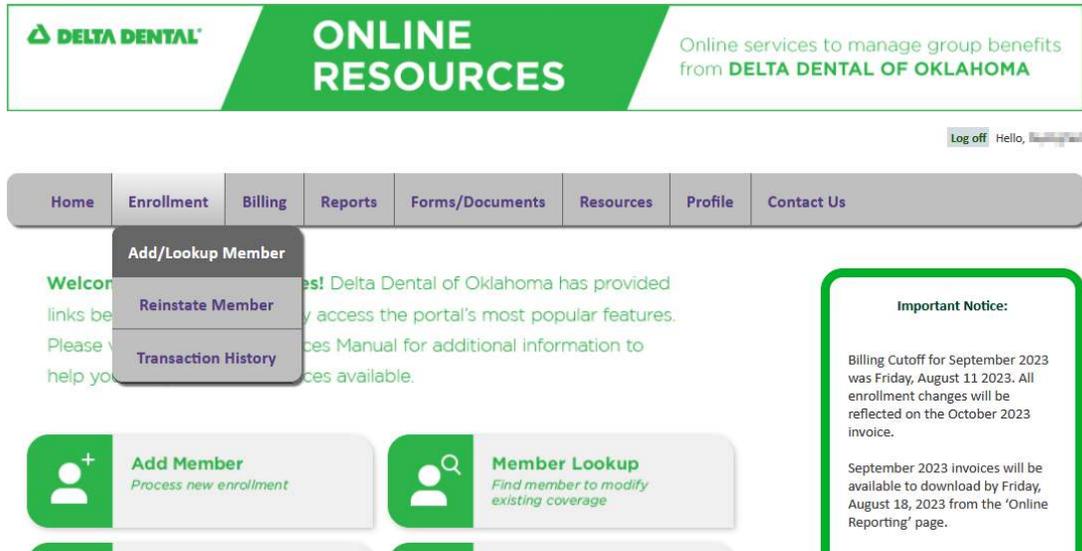
Last Updated On: 01/07/2016 at 03:57 PM

Edit This Address

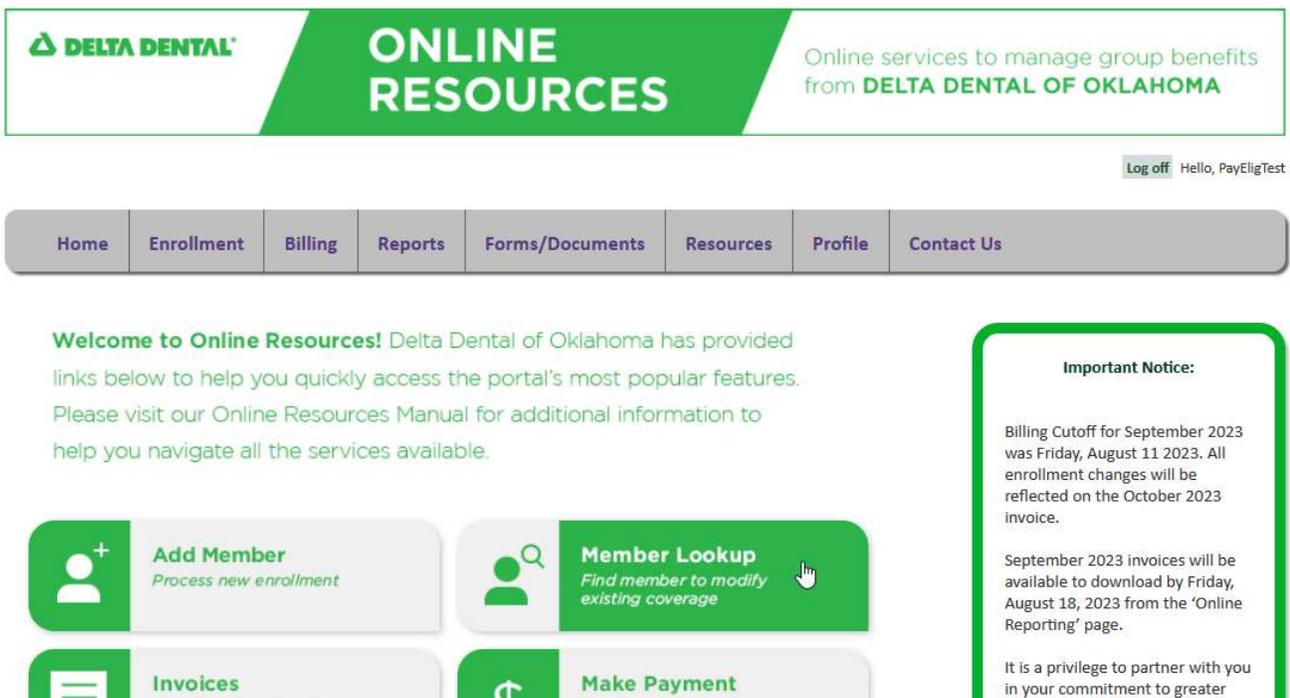
Manage Member Details – Change Name/Date of Birth

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.



Manage Member Details – Change Name/Date of Birth

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.: SubGroup No.:

SSN/Member ID: 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



Manage Member Details – Change Name/Date of Birth

STEP 4

Select 'Manage Member Details'.

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

Update Demographics

Update member address, names and birthdate.

Add/Remove Dependents

Add/Remove family members.

Terminate Subscriber Enrollment

Terminate enrollment for primary member.

COBRA

Transfer an active primary member to a cobra status.

Transfer

Transfer a member to a different group, subgroup or location code.

STEP 5

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

Names

Click the 'Edit' link beside the name of the family member whose name is to be edited.

Edit	First	Middle	Last	DOB
Edit	XXXXXXXXXX		XXXXXXXXXX	MM/DD/YYYY
Edit	XXXX		XXXXXXXXXX	MM/DD/YYYY

STEP 6

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

Demographic Maintenance

[Return To Search Results](#)

Names

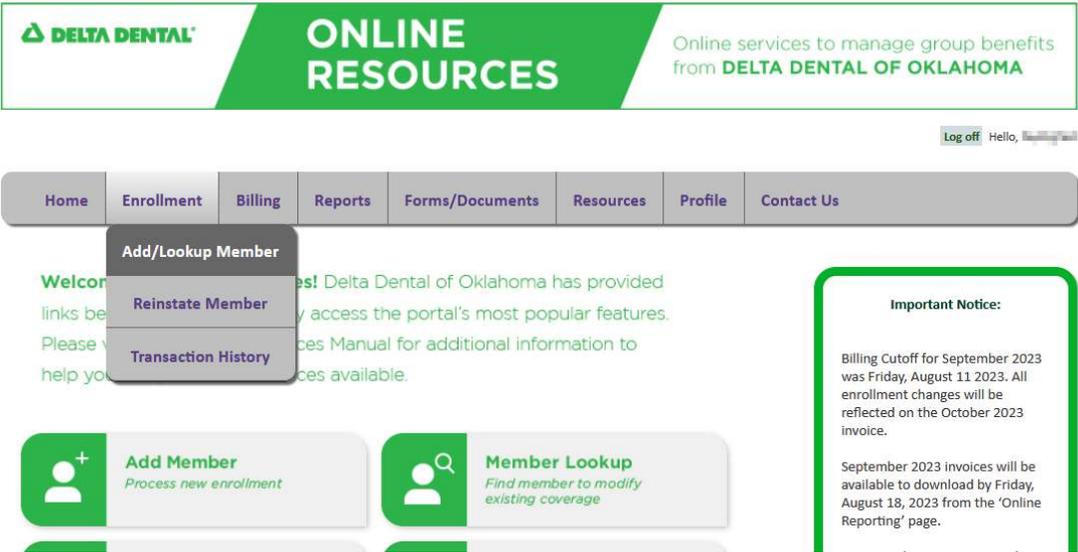
First	Middle	Last	DOB
XXXXXXXXXX		XXXXXXXXXX	MM/DD/YYYY
XXXX		XXXXXXXXXX	MM/DD/YYYY

mm/dd/yyyy

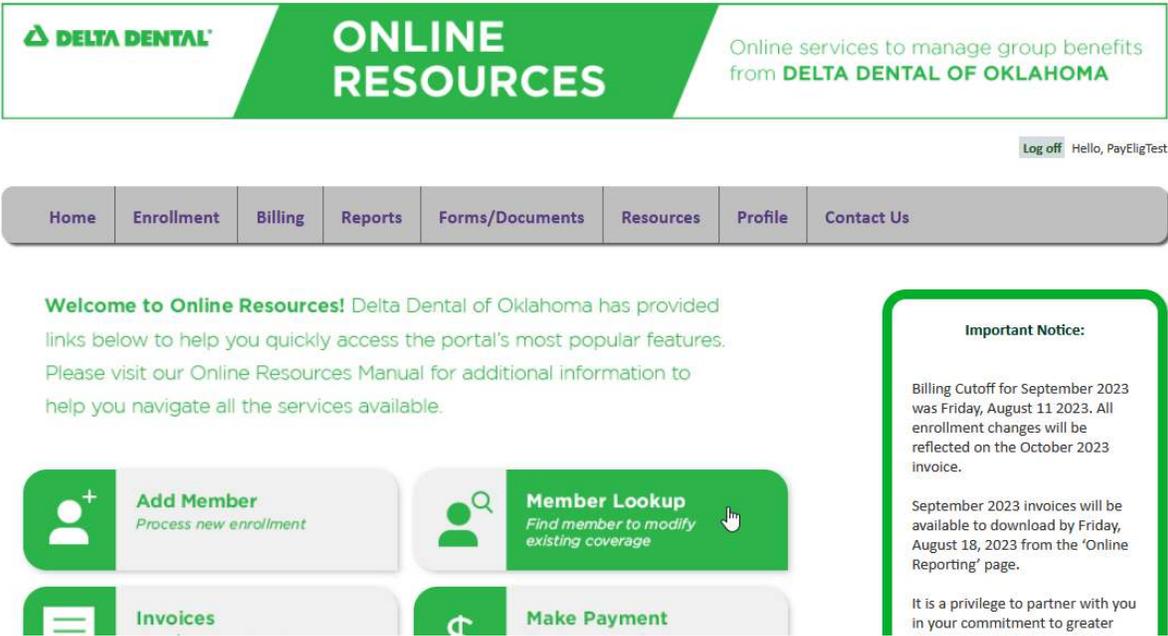
Last Updated On: 11/14/2019 at 02:44 PM

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.



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.: SubGroup No.:

SSN/Member ID: Last Name:

DOB:

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

STEP 4

Select 'Manage Dependents'.

Current Enrollment

Relationship	SSN/Member ID Last 4	Name	DOB	Effective Date	Term Date	Status
Primary	0001	PERSON, SAMPLE	04/30/1985	12/01/2015		Active

Update Demographics

Update member address, names and birthdate.

Add/Remove Dependents

Add/Remove family members.

Terminate Subscriber Enrollment

Terminate enrollment for primary member.

COBRA

Transfer an active primary member to a cobra status.

Transfer

Transfer a member to a different group, subgroup or location code.

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

[Return To Search Results](#)

Update Options

Change Date:* 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 Spouse

Spouse ID: Confirm:

First Name:* Middle Name: Last Name:*

Birth Date:* Late Enrollee

mm/dd/yyyy

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 Dependents
Choose number of Dependents:

Dependent:

Dependent ID: Confirm:

First Name:* Middle Name: Last Name:*

Birth Date:* Late Enrollee Disabled

mm/dd/yyyy

Next

STEP 8

Verify the information is correct and select 'Approve'.

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](#).

Terminate a Spouse/Dependent

STEP 1

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

Current Enrollment

Relationship	SSN/Member ID Last 4	Name	DOB	Effective Date	Term Date	Status
Primary	0001	PERSON, SAMPLE	04/30/1985	12/01/2015		Active

Manage Member Details

Update member address, names and birthdate.

Manage Dependents

Add/Remove family members.

Terminate Primary

Terminate enrollment for primary member.

COBRA

Transfer an active primary member to a cobra status.

Transfer

Transfer a member to a different group.

STEP 2

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).

[Return To Search Results](#)

Update Options

Change Date: * Coverage Type:

<input type="radio"/> Individual Coverage <input type="radio"/> Employee and Spouse <input type="radio"/> Family Coverage <input checked="" type="radio"/> Employee + 1 <input type="radio"/> Employee and Dependents	<ul style="list-style-type: none"> 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 above

First Name: Middle Name: Last Name:

Birth Date:

Dependent Details

Terminate on date above

First Name: Middle Name: Last Name:

Birth Date:

Terminate on date above

First Name: Middle Name: Last Name:

Birth Date:

STEP 4

Verify the information is correct and select 'Approve'.

Please Note

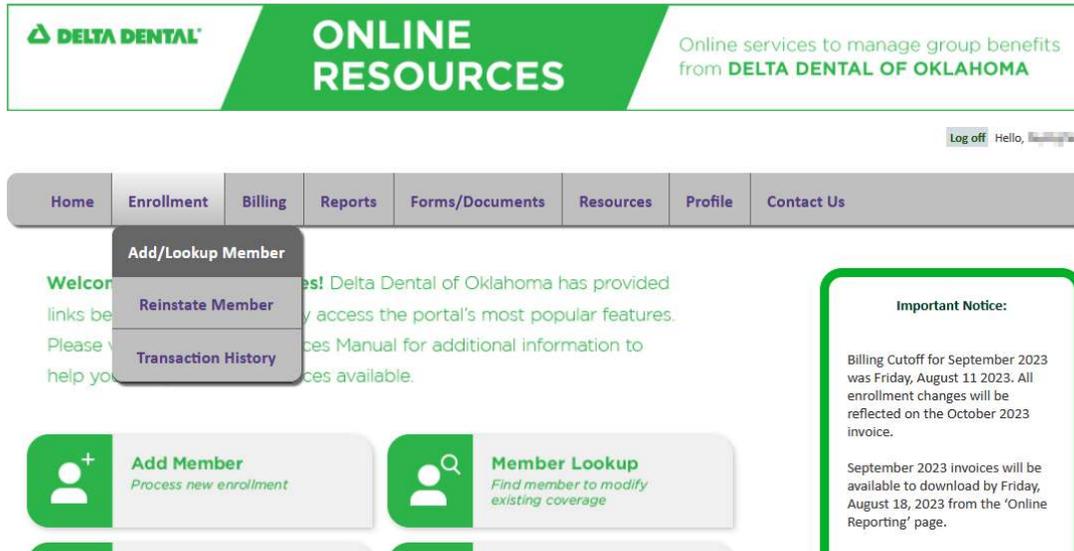
ENROLLMENT IS NOT COMPLETE UNTIL YOU CLICK APPROVE

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](#).

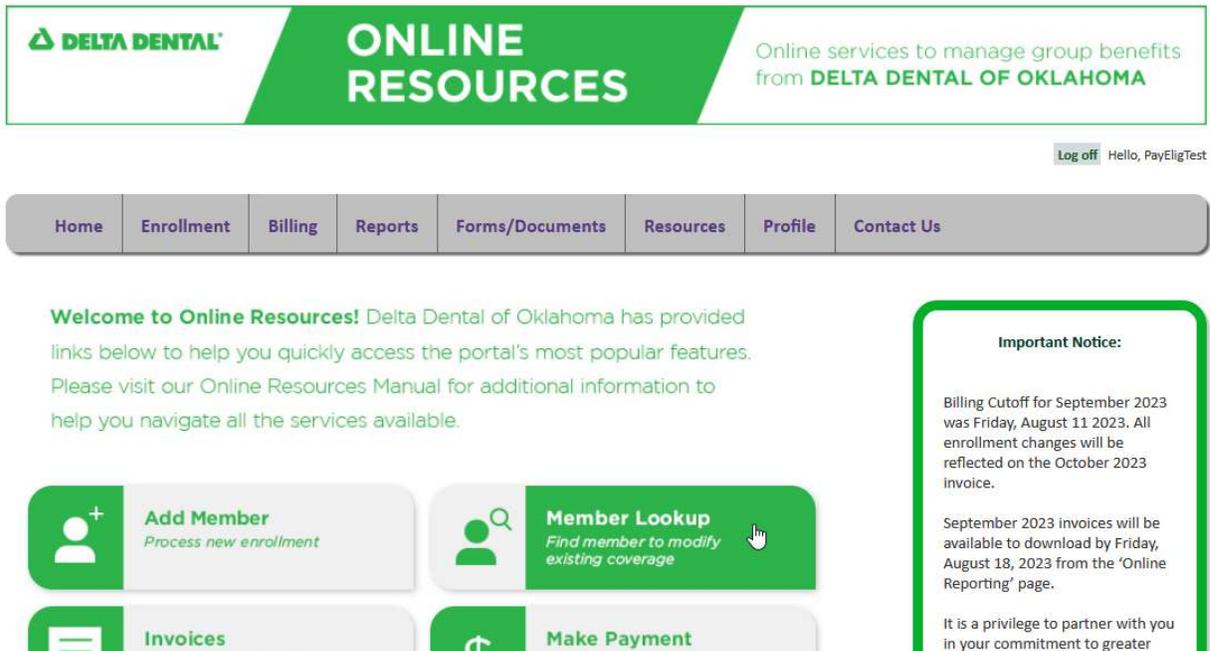
Terminate a Primary Subscriber

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.



Terminate a Primary Subscriber

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.: SubGroup No.:

SSN/Member ID: 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

Terminate a Primary Subscriber

STEP 4

Select 'Terminate Primary'.

Current Enrollment

Relationship	SSN/Member ID Last 4	Name	DOB	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 Demographics

Update member address, names and birthdate.

Add/Remove Dependents

Add/Remove family members.

Terminate Subscriber Enrollment

Terminate enrollment for primary member.

COBRA

Transfer an active primary member to a cobra status.

Transfer

Transfer a member to a different group, subgroup or location code.

STEP 5

Enter the termination date and select 'Approve'.

Terminate Enrollment

[Return To Search Results](#)

Update Options

Term Date:

mm/dd/yyyy

Subscriber Details

Group Name:

Plan Type: Delta Dental PPO - Plus Premier

Group: Subgroup: Location Code:

SSN/Member ID: Coverage Type:

First Name: Middle Name: Last Name:

Birth Date:

Address 1: Address 2:

City: State: Zip:

Email: Wait Exempt:

Spouse Details

FirstName: MidName: LastName:

Birth Date:

Dependent Details

FirstName: MidName: LastName:

Birth Date:

FirstName: MidName: LastName:

Birth Date:

Please Note

TERMINATION IS NOT COMPLETE UNTIL YOU CLICK APPROVE

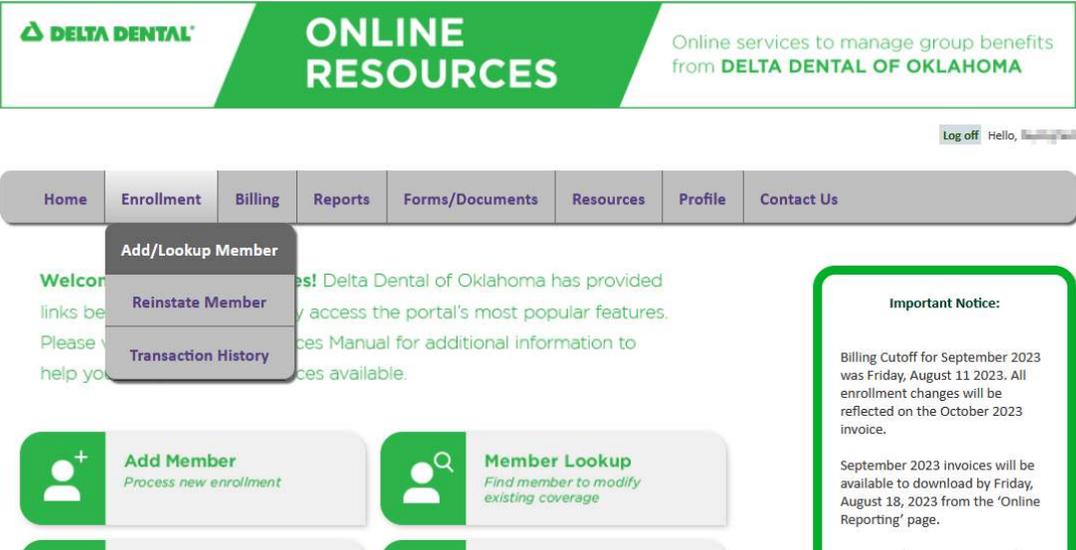
By submitting this enrollment, I agree to continue enrollment as provided by the contract between my Company and Delta Dental of Oklahoma and acknowledge I have read the [Privacy Policy](#).

With terminating the shown member, all family members covered under the plan will also be terminated on the designated date. Also note, that any dependents that wish to continue coverage through COBRA must be treated as a New Member.

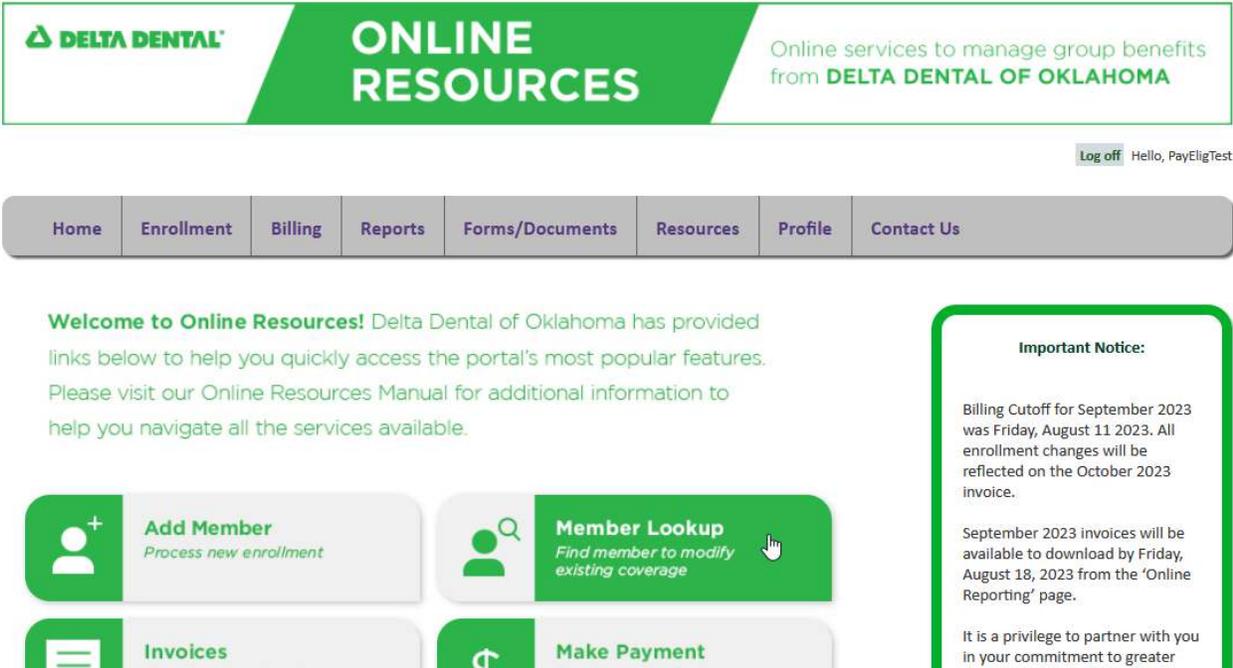
Transfer an Active Primary Member to COBRA

STEP 1

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



Or select 'Member Lookup' from the quick links.





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.: SubGroup No.:

SSN/Member ID: 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 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

STEP 4

Select 'COBRA'.

Current Enrollment

Relationship	SSN/Member ID Last 4	Name	DOB	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 Demographics

Update member address, names and birthdate.

Add/Remove Dependents

Add/Remove family members.

Terminate Subscriber Enrollment

Terminate enrollment for primary member.

COBRA

Transfer an active primary member to a cobra status.

Transfer

Transfer a member to a different group, subgroup or location code.

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 Options

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 in Online Resources.

Group Name: DELTA DENTAL OF OKLAHOMA

Plan Type: Delta Dental PPO

Group: Subgroup: Location:

Change Date*: 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 dependent by changing the coverage type on this screen. To add a dependent please go to the Manage Dependent screen.

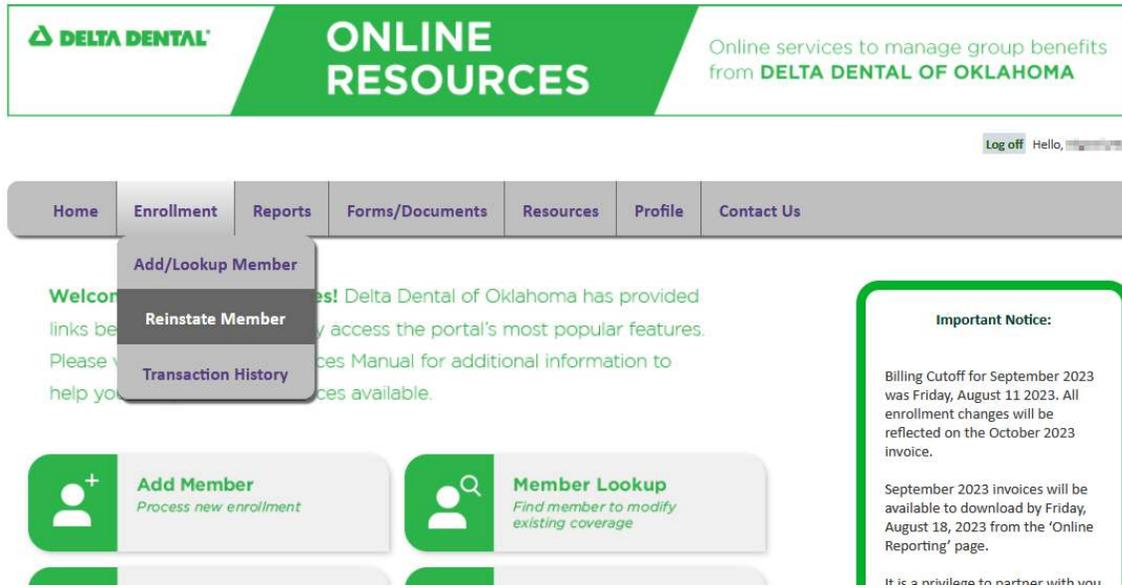
Subscriber Details

Group Name: DELTA DENTAL OF OKLAHOMA

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.



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'.

Reinstate Manager

Search
To find members that have terminated 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.: **SubGroup No.:**

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.

STEP 3

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	0001	SAMPLE PERSON	04/30/1985	12/31/2015

STEP 4

The Reinstatement 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'.

[Return To Search Results](#)

Previous Eligibility Information

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 in Online Resources.

Group Name: DELTA DENTAL OF OKLAHOMA

Plan Type: Delta Dental PPO

Group: Subgroup: Location:

Reinstatement Date:

Previous Coverage Type: Family Coverage 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 dependent by changing the coverage type on this screen. To add a dependent please go to the Manage Dependent screen.

Subscriber Details

SSN/Member ID: * 000000001 Birth Date: * 04/30/1985 Gender: * Male Female

First Name: SAMPLE Middle Name: Last Name: PERSON

Address 1: * Address 2:

City: * State: * Zip: *

Spouse Details

Exclude from Reinstatement

Spouse ID: Birth Date: 12/15/1980 Gender: M

First Name: SPOUSE Middle Name: 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

Next

[Website Liability/Privacy](#)

STEP 5

Verify the information is correct and select 'Approve'.

Reinstate Terminated Family

[Return To Search Results](#)

Subscriber Details

Group No.: 0001100	Subgroup: 1001	Location: COBRA
Eff Date: 01/01/2016	Coverage Type: Family Coverage	
SSN/Member ID: 000000001	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: OK	Zip: 73116
Email:	Lat:	

Spouse Details

Spouse ID:	Birth Date: 12/15/1980	Gender: M	Status: Unchanged
FirstName SPOUSE	MidName	LastName PERSON	

Dependent Details

Dep1 ID:	Birth Date: 05/20/2008	Gender: M	Status: Unchanged
FirstName CHILD	MidName	LastName PERSON	
Dep2 ID:	Birth Date: 05/20/2008	Gender: M	Status: Unchanged
FirstName CHILD	MidName	LastName PERSON	

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

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

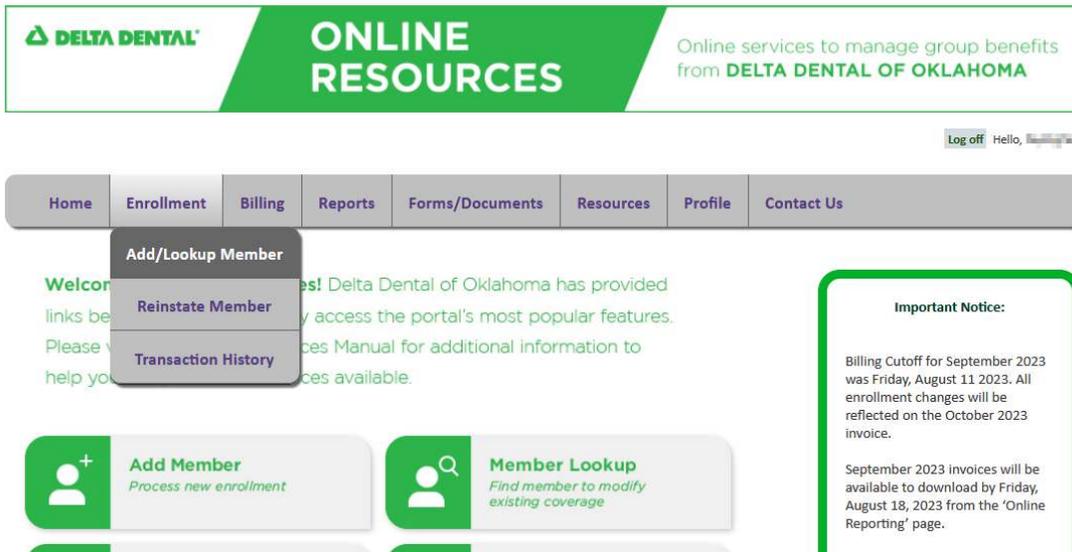


HOW TO Enter or Update to COBRA

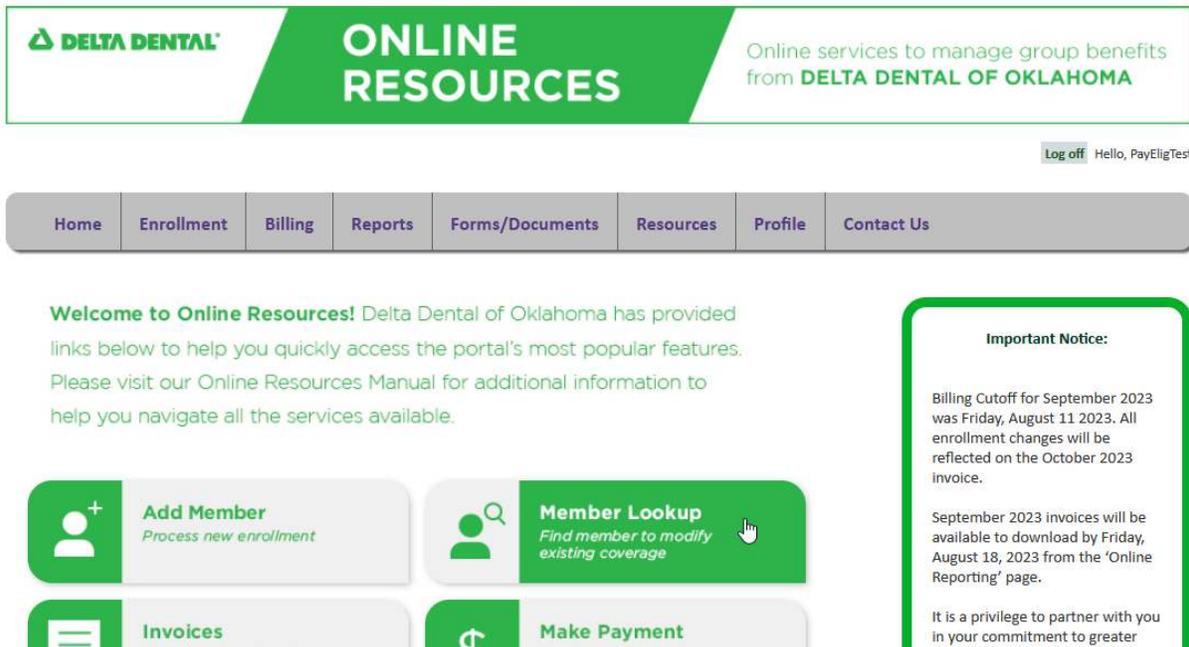
Add a New Primary Subscriber to COBRA

STEP 1

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

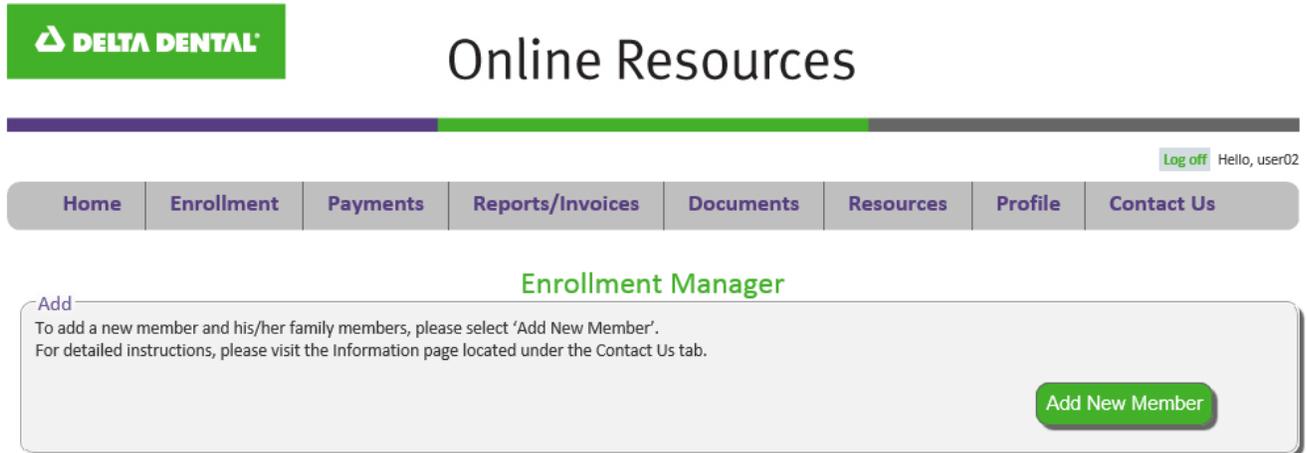


Or select 'Add Member' from the quick links.



STEP 2

Select 'Add New Member.'



DELTA DENTAL Online Resources

Log off Hello, user02

Home Enrollment Payments Reports/Invoices Documents Resources Profile Contact Us

Enrollment Manager

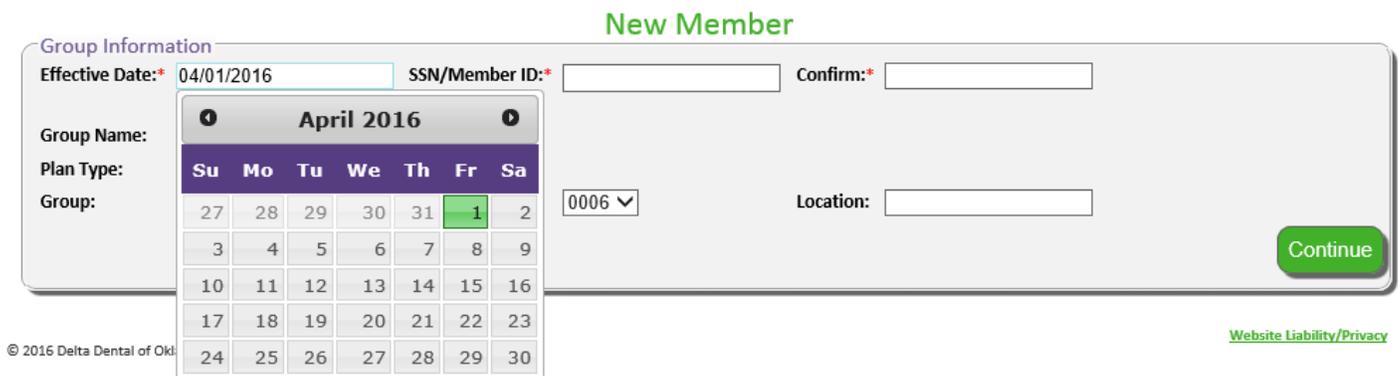
Add
To add a new member and his/her family members, please select 'Add New Member'.
For detailed instructions, please visit the Information page located under the Contact Us tab.

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.



New Member

Group Information

Effective Date:* 04/01/2016 SSN/Member ID:* Confirm:*

Group Name: Plan Type: Group: Location:

0006

Continue

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April 2016						
Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
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

STEP 4

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

Group Information

Effective Date:* SSN/Member ID:* Confirm:* x
mm/dd/yyyy

Group Name: DELTA DENTAL OF OKLAHOMA
 Plan Type: Delta Dental PPO - Point of Service

Group: Subgroup: Location:

Continue

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:

<input checked="" type="radio"/> Individual Coverage	• Only Subscriber has coverage.
<input type="radio"/> Employee and Spouse	• Individual and Spouse have coverage.
<input type="radio"/> Family Coverage	• Individual and members of their immediate family.
<input type="radio"/> Employee + 1	• Individual and 1 child
<input type="radio"/> Employee and Dependents	• Individual and More than 1 child.

STEP 6

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

Subscriber Details

First Name:* Middle Name: Last Name:*

Birth Date:* Gender:* Male Female Late
mm/dd/yyyy

Address 1:* Address 2:

City:* State:* Zip:*

STEP 7

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

Spouse Details

Spouse ID: Confirm:

FirstName:* MidName: LastName:*

Birth Date:* Gender:* Male Female Late

STEP 8

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

Dependent Details
Choose number of Dependents:

Dependent:

Dependent ID:

First Name:* Last Name:*

Birth Date:* Gender:* Male Female Late Disabled

Dependent Count

1

2

3

4

5

6

7

8

9

10

STEP 9

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

Dependent Details
Choose number of Dependents:

Dependent:

Dependent ID: Confirm:

First Name:* Middle Name: Last Name:*

Birth Date:* Gender:* Male Female Late Disabled

Next

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 Member

Subscriber Details

Group Name: DELTA DENTAL OF OKLAHOMA
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:** M
First Name: Subscriber **Middle Name:** **Last Name:** Subscriber
Address 1: 1111 Street Name **Address 2:**
City: City Name **State:** OK **Zip:** 73116
Email: **Late:** N

Spouse Details

Spouse ID: **Birth Date:** 05/05/1971 **Gender:** F
FirstName: Spouse **MidName:** **LastName:** Spouse

Dependent Details

Dep1 ID: **Birth Date:** 08/15/2000 **Gender:** M **Disabled:** False
FirstName: Child **MidName:** **LastName:** Child

Please Note

ENROLLMENT IS NOT COMPLETE UNTIL YOU CLICK APPROVE

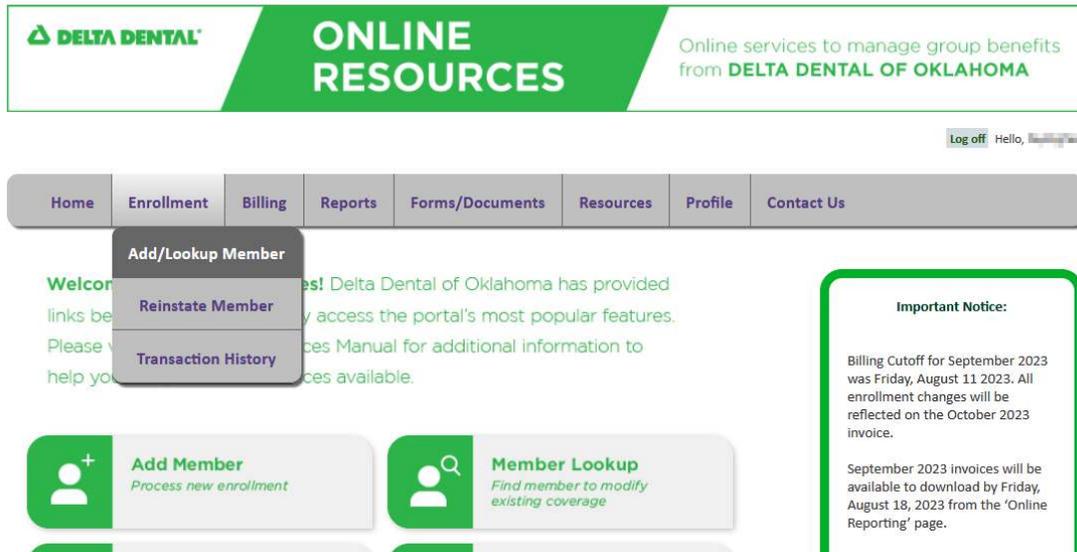
By submitting this enrollment, I agree to continue enrollment as provided by the contract between my Company and Delta Dental of Oklahoma and acknowledge I have read the [Privacy Policy](#).

Approve

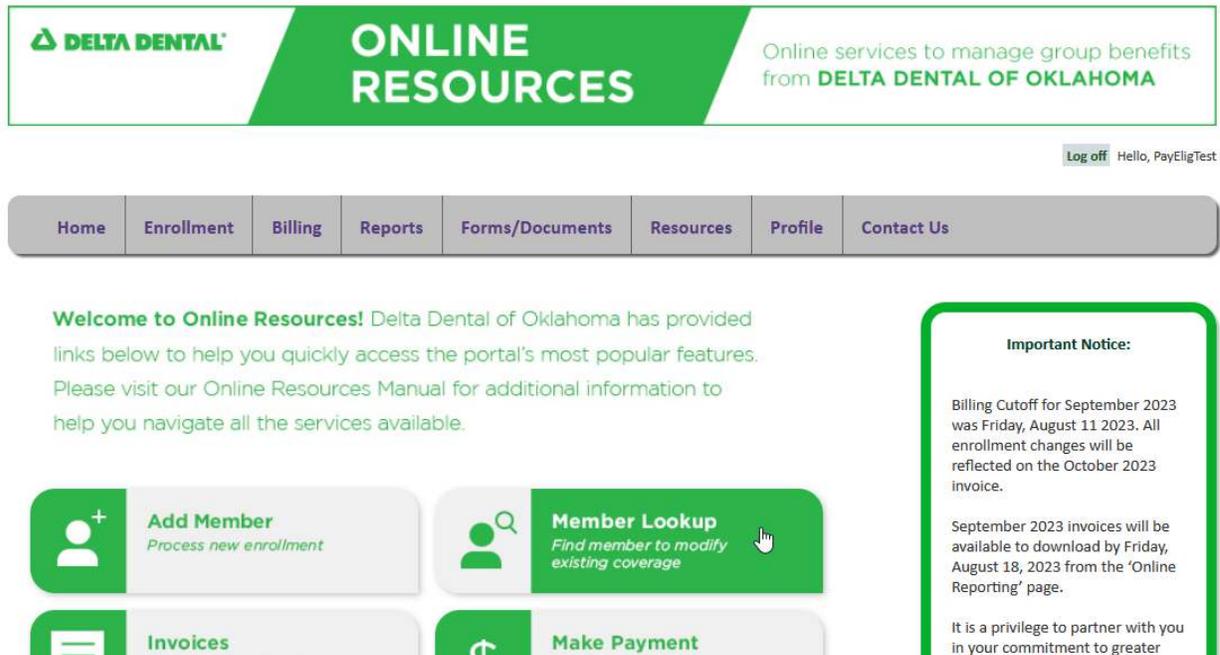
Decline

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.



Transfer a Primary Subscriber

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.: SubGroup No.:

SSN/Member ID: 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	0001100-1001	0001	PERSON, SAMPLE	04/30/1985	01/01/2016	03

STEP 4

Select 'Transfer'.

Current Enrollment

Relationship	SSN/Member ID Last 4	Name	DOB	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 Demographics

Update member address, names and birthdate.

Add/Remove Dependents

Add/Remove family members.

Terminate Subscriber Enrollment

Terminate enrollment for primary member.

COBRA

Transfer an active primary member to a cobra status.

Transfer

Transfer a member to a different group, subgroup or location code.

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

[Return To Search Results](#)

Update Options

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 in Online Resources.

Transfer Group Name: DELTA DENTAL OF OKLAHOMA

Transfer Plan Type: Delta Dental PPO

Transfer Group: Transfer Subgroup: Transfer Location:

Transfer Date:*

Subscriber Details

Current Group Name: DELTA DENTAL OF OKLAHOMA

Current Plan Type: Delta Dental PPO

Current Group No.: 0001100 Current Subgroup: 1001 Current Location:

SSN/Member ID: 000000001 Coverage Type: Family Coverage

First Name: SAMPLE Middle Name: Last Name: PERSON

Birth Date: 04/30/1985 Gender: F

Address 1: 1112 ANY STREET Address 2:

City: ANY TOWN State: OK Zip: 73116

Email: Wait Exempt: Late:

Spouse Details

Spouse ID:

FirstName: SPOUSE MidName: LastName: PERSON

Birth Date: 12/15/1980 Gender: M

Dependent Details

Dep1 ID:

FirstName: CHILD MidName: LastName: PERSON

Birth Date: 05/20/2008 Gender: M Disabled:

Please Note

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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](#).

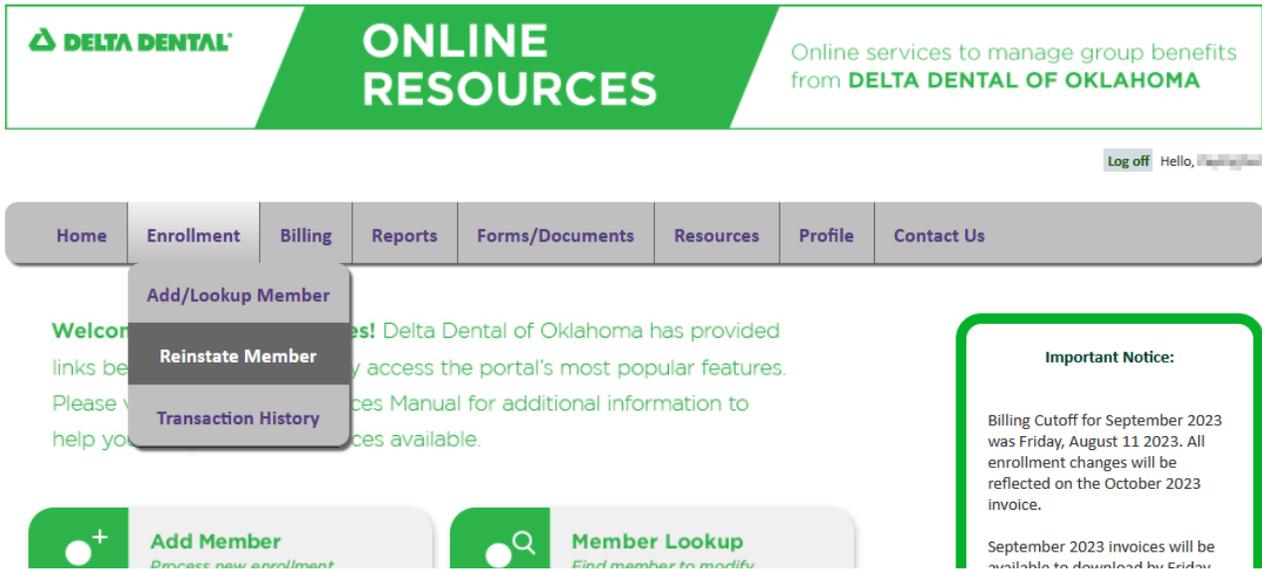
Approve

Decline

Reinstate a Primary Subscriber

STEP 1

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



STEP 2

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

Reinstate Manager

Search
To find members that have terminated 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.:	<input type="text" value="0001100"/>	SubGroup No.:	<input type="text" value="1001"/>
SSN/Member ID:	<input type="text" value="000000001"/> (optional)		

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.

Reinstate a Primary Subscriber

STEP 3

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

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

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[Website Liability/Privacy](#)

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'.

[Return To Search Results](#)

Previous Eligibility Information

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 in Online Resources.

Group Name: DELTA DENTAL OF OKLAHOMA
 Plan Type: Delta Dental PPO
 Group: Subgroup: Location:
 Reinstate Date:

Previous Coverage Type: Family Coverage 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 dependent by changing the coverage type on this screen. To add a dependent please go to the Manage Dependent screen.

Subscriber Details

SSN/Member ID: * 000000001 Birth Date: * 04/30/1985 Gender: * Male Female

First Name: SAMPLE Middle Name: Last Name: PERSON

Address 1: * Address 2:
 City: * State: * Zip: *

Spouse Details

Exclude from Reinstatement

Spouse ID: Birth Date: 12/15/1980 Gender: M
 First Name: SPOUSE Middle Name: 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

Next

[Website Liability/Privacy](#)

Reinstate a Primary Subscriber

STEP 5

Verify information is correct then select 'Approve'.

Subscriber Details

Group No.: 0001100	Subgroup: 1001	Location:
Eff Date: 01/01/2016	Coverage Type: Family Coverage	
SSN/Member ID: 000000001	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: OK	Zip: 73116
Email:	Phone:	

Spouse Details

Spouse ID:	Birth Date: 12/15/1980	Gender: M	Status: Unchanged
FirstName: SPOUSE	MidName:	LastName: PERSON	

Dependent Details

Dep1 ID:	Birth Date: 05/20/2008	Gender: M	Status: Unchanged
FirstName: CHILD	MidName:	LastName: PERSON	

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

View the Status of a Pending Item

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.

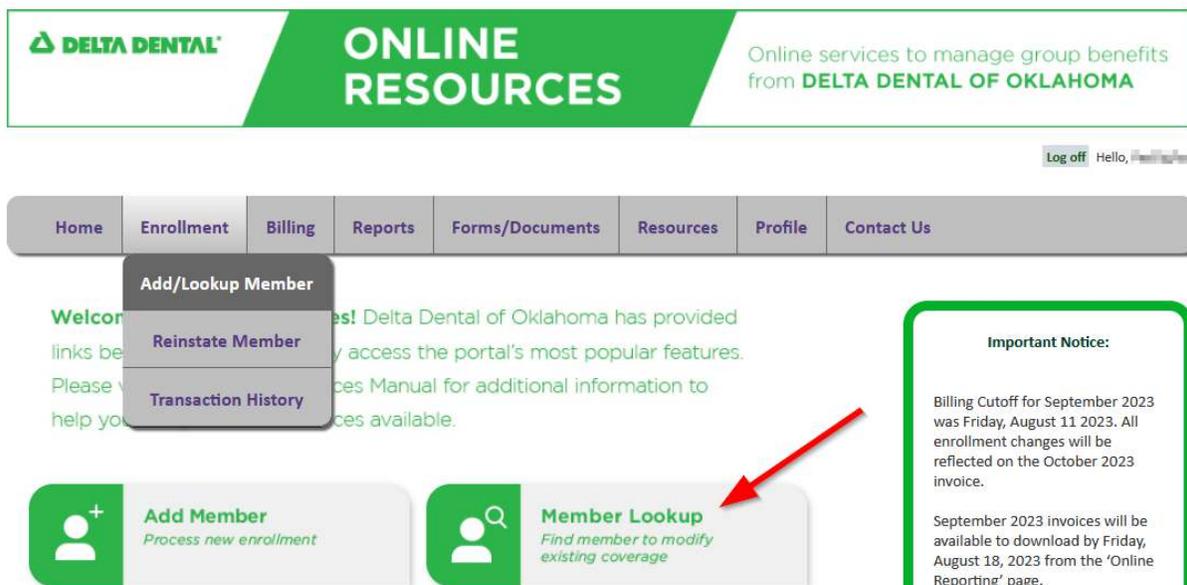
New Member

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.



STEP 2

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

The Status column shows the status of the enrollment.

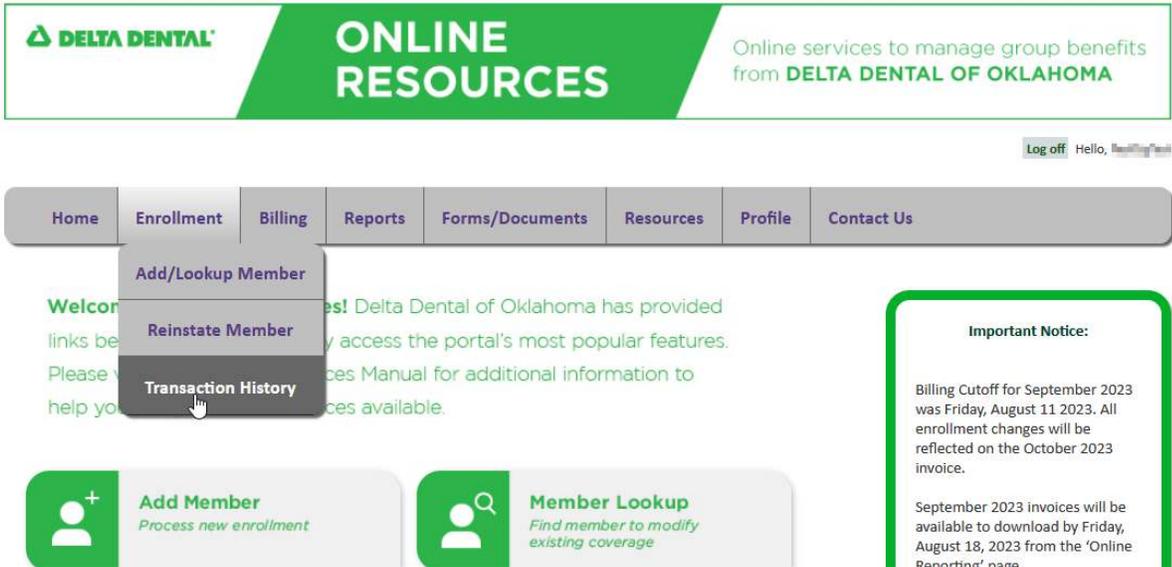
- If the status is listed as Sent, the notification has been sent to the Client Relations Team to process. If necessary, a pending item can be removed by selecting the 'X' in the Remove column.
- If the status is listed as In Process, the Client Relations Team has received and selected the enrollment 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.

Members with Pending Changes

Group-Sub	SSN/Member ID Last 4	Member Name	DOB	Status	Remove
0001100-0005	0121	TESTING SAMPLE	01/01/1950	Sent	X

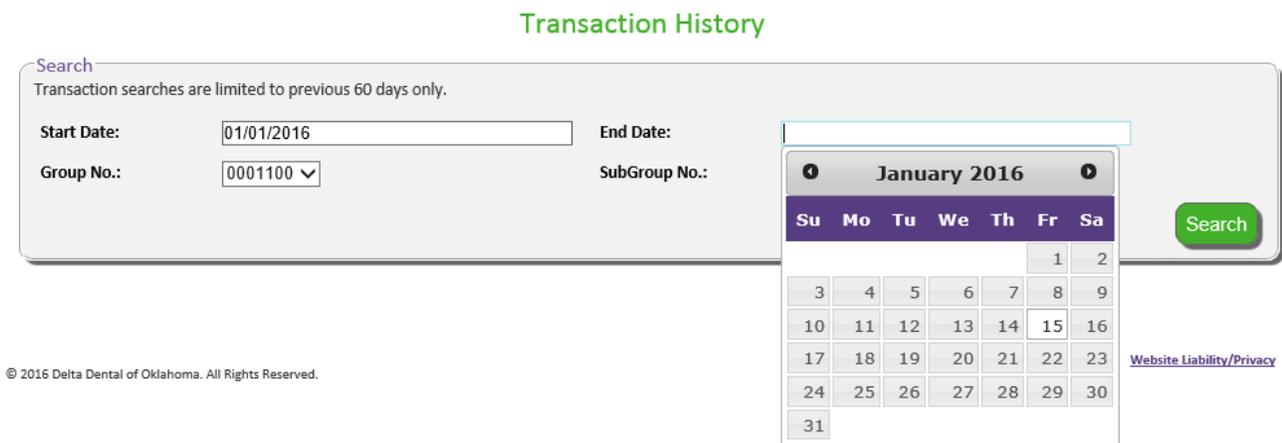
STEP 1

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



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'.



STEP 3

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.

Transaction List

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

[Return To Search Results](#)

Transaction Information

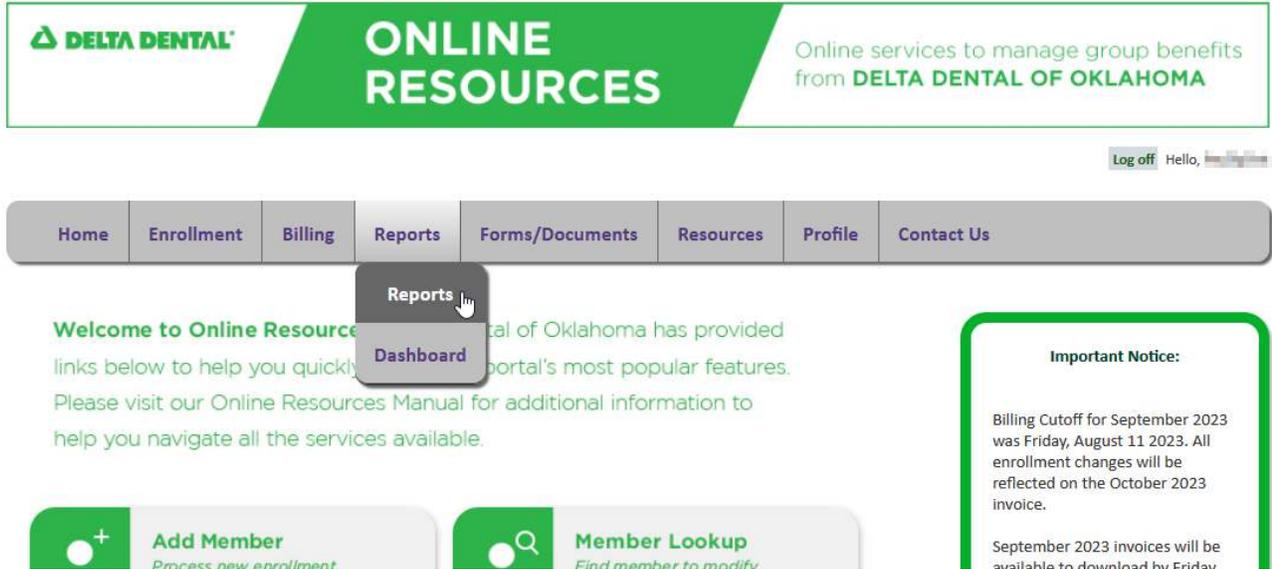
Group: 0001100 **Subgroup:** 0005
Transaction ID: 000000000459497
Transaction Date: 01/14/2016 03:50 PM
Transaction Type: TERM
Transaction User: user01
Transaction Status: Complete

Details

ID Number: 000000001 **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

STEP 1

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.

Online Reporting

Reporting Instructions:

1. Choose a report.
2. Fill in this report's parameters.
3. Click the View Report button to view the report.

Delta Dental of Oklahoma uses pop-up windows to display PDFs.

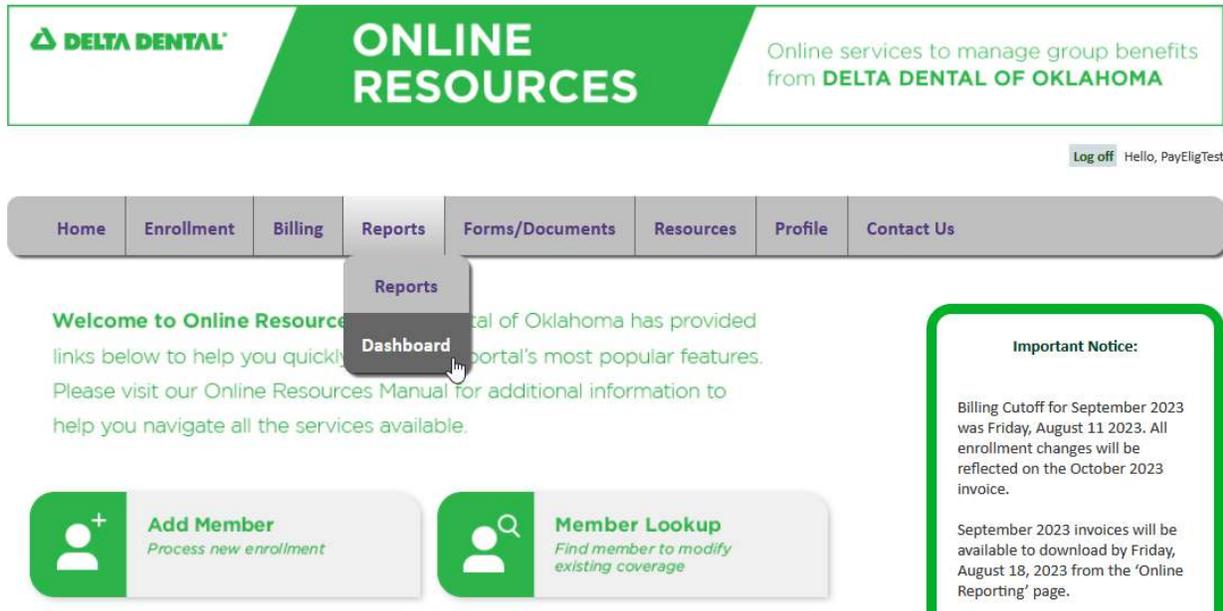
PDF reports display in [Adobe Acrobat Reader](#)

Select a Report:

- Aggregate Claims
- Claims LAG
- Covered Lives List
- Eligibility Lookup
- Overage Dependent
- Subscriber List
- Claims-Premium-Enrollment Summarized by Month
- Claims-Premium-Enrollment Summarized by Month - Excel
- Group Bills by Member for Date Range for Reconciliation with Dependents

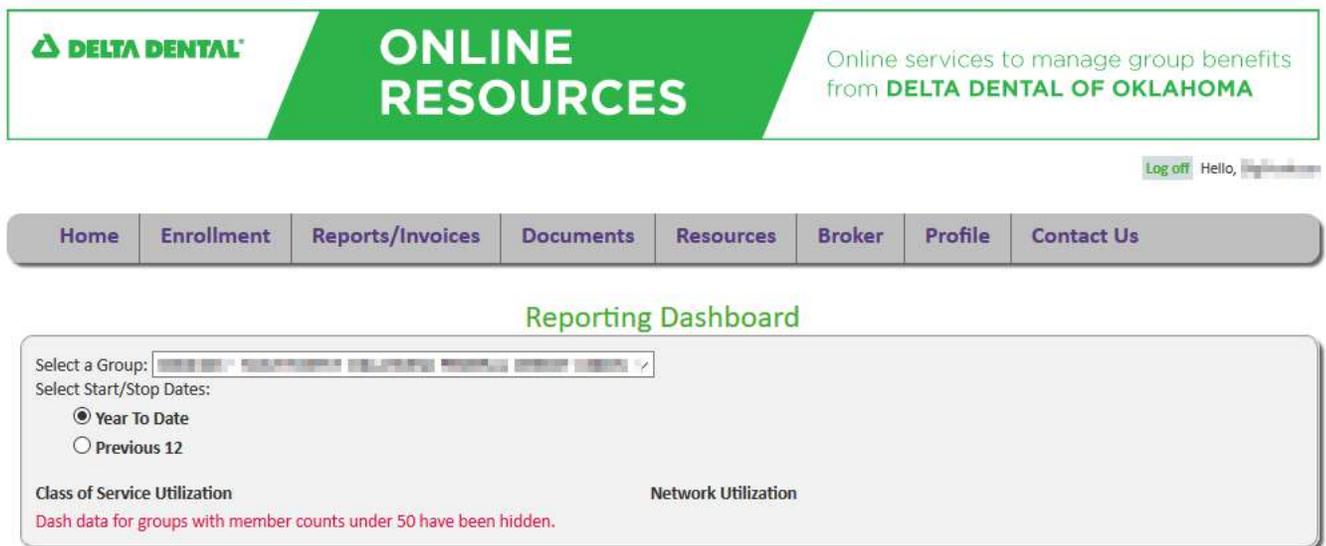
STEP 1

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



STEP 2

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



STEP 2 (continued)

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



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

Reporting Dashboard

Select a Group:

Select Start/Stop Dates:

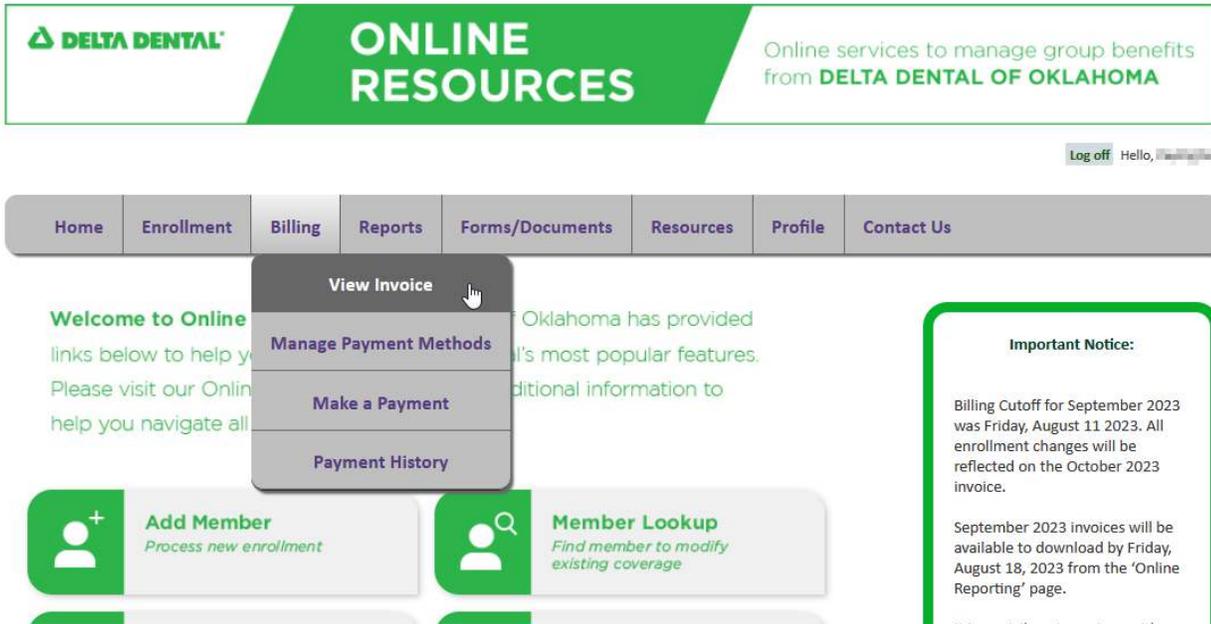
Year To Date (1/1/2019 - 9/30/2019)

Previous 12 (1/1/2018 - 1/1/2019)

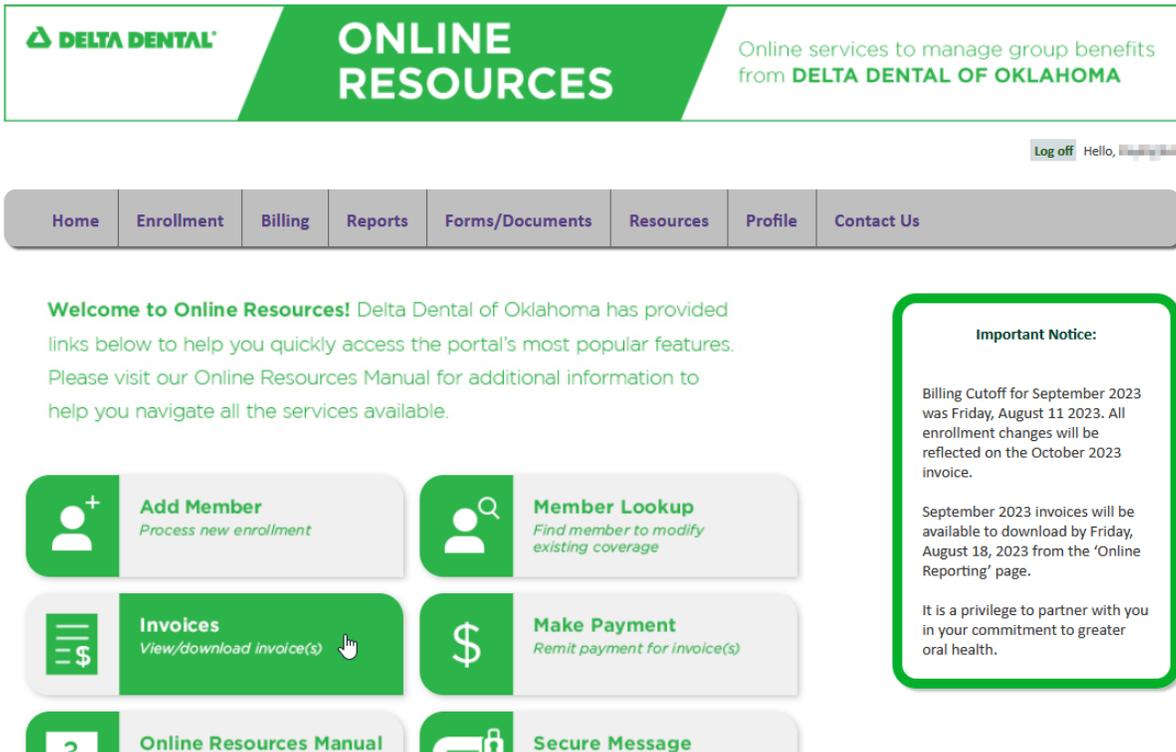
Class of Service Utilization			Network Utilization		
Category	NetPaid	Percent	Network	Amount	Percentage
Preventive & Diagnostic	\$212,306.15	44.35%	PPO	\$262,178.84	54.77%
Basic	\$151,146.35	31.57%	Premier	\$214,451.79	44.80%
Major	\$74,014.41	15.46%	Out-of-Network	\$2,095.23	0.44%
Orthodontics	\$41,258.95	8.62%			

STEP 1

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



Or select 'Invoices' on the quick links.



STEP 2

Select the preferred format.

View Invoice

Reporting Instructions:

1. Choose a report.
2. Fill in this report's parameters.
3. Click the View Report button to view the report.

Delta Dental of Oklahoma uses pop-up windows to display PDFs.

PDF reports display in [Adobe Acrobat Reader](#)



Select a Report:

Billing Invoice 

Note for Self-Funded Accounts: Billing invoices are for eligibility information purposes only.

Billing Invoice Excel 

Note for Self-Funded Accounts: Billing invoices are for eligibility information purposes only.

STEP 3

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

Complete the Report Parameters:

Group:

Subgroup:

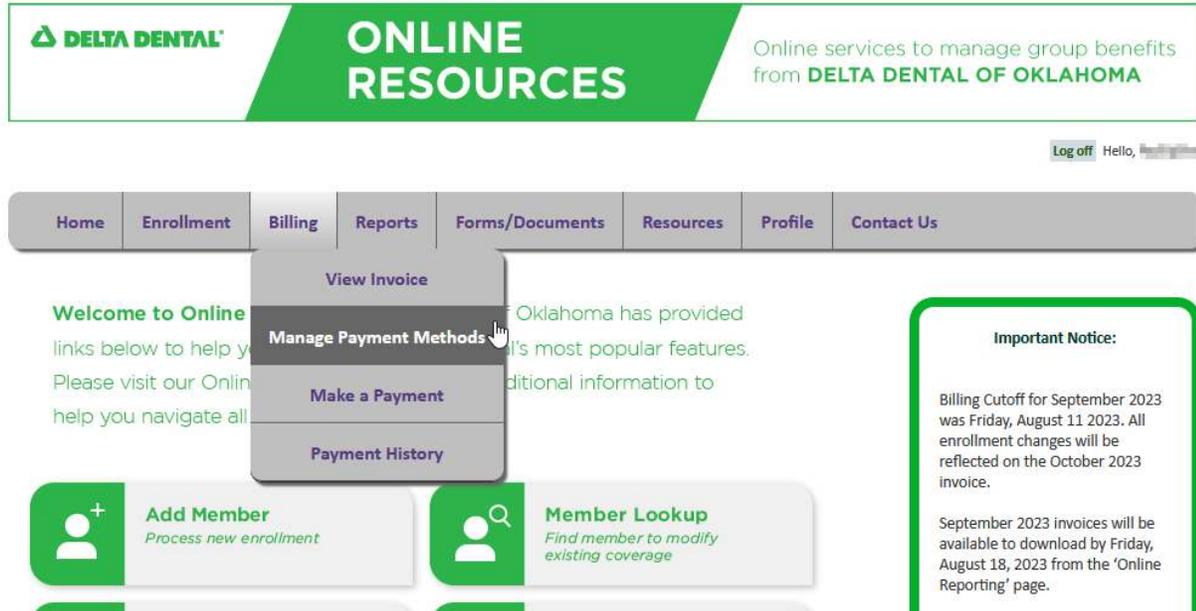
Start Date:

[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

STEP 1

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



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.*

[Add Payment Method](#)

*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 [here](#) 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.

STEP 3

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

DELTA DENTAL

Please select account type to create. Save your account information by checking the 'save this information for use with future payments' box. Select 'Save Funding Account' when complete.

[Credit / Debit Card](#) [Bank Account](#)

Name on Card (max 45 characters)

State **Card's Billing Zip Code:**

Enter Card Number

Credit Card Expiration Date **Month** **Year**

Save this information for use with future payments.

Payment Account Nickname (for your reference only)

[Cancel](#)

STEP 4

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

DELTA DENTAL

Please select account type to create. Save your account information by checking the 'save this information for use with future payments' box. Select 'Save Funding Account' when complete.

[Credit / Debit Card](#) [Bank Account](#)

Name on Funding

State **Funding Account Zip Code**

Bank Account Type:

Routing Slip:
 John Doe
 123 10th Avenue
 Whereville, NJ 03000
 DATE _____
 PAY TO THE ORDER OF \$ _____
 ENCLAM
 @@ 123456789 @@ 1234567 1001

Routing Number (ABA) **Bank Account Number (DDA)**

Save this information for use with future payments.

Payment Account Nickname (for your reference only)

[Cancel](#)



STEP 5

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

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.*

Add Payment Method

*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 [here](#) 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.

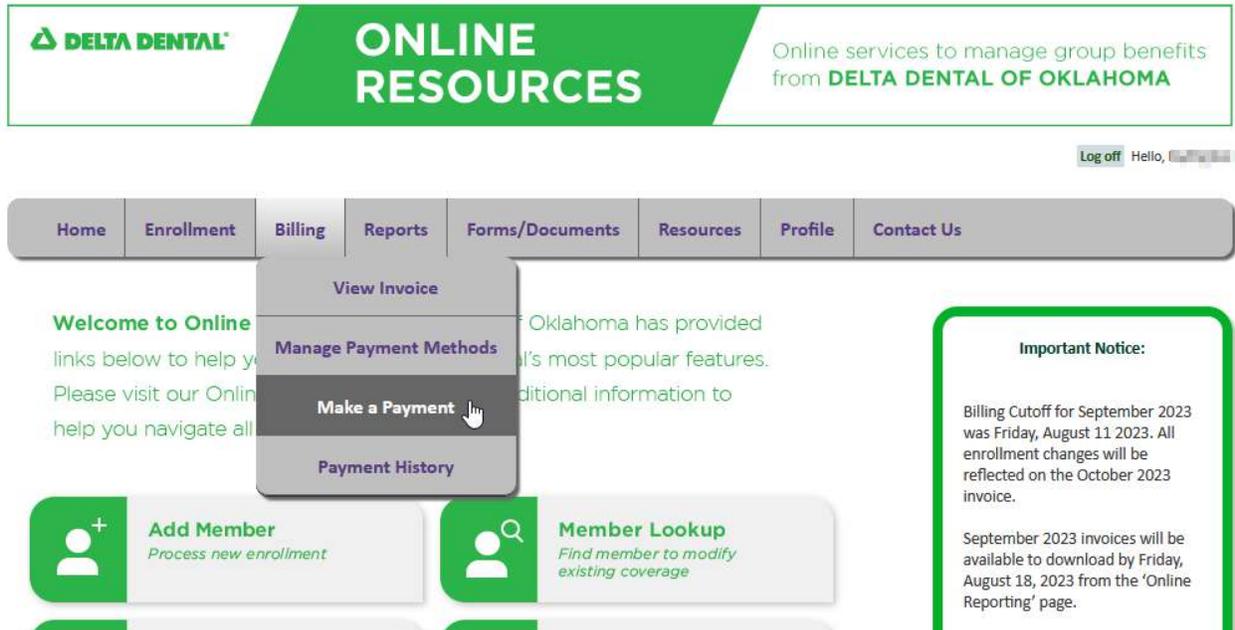
Payment Methods

[Go to Make a Payment](#)

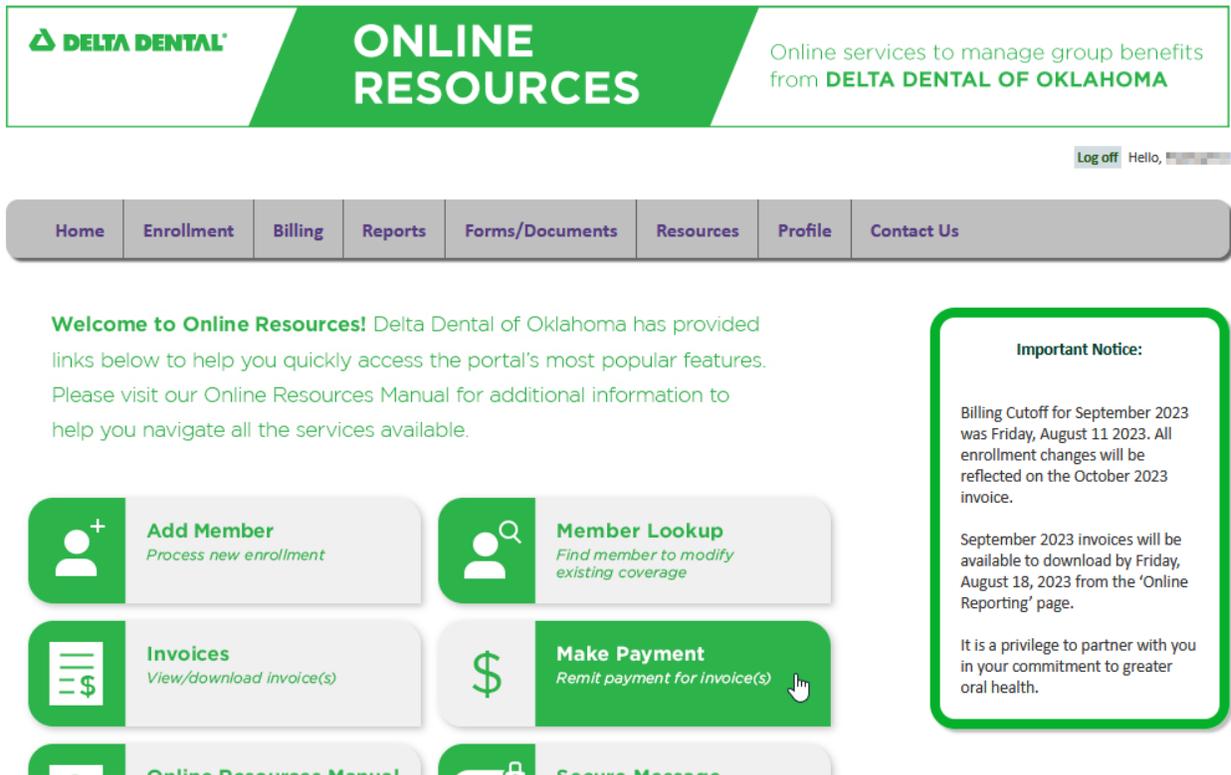
Payment Method Name	Payment Method Type	Masked Account Number	Delete
My Business	Business Checking	****1234	X

STEP 1

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.



STEP 2

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

Invoices issued during the past twelve (12) billing periods are listed below.

Payments can be made via a bank account or Visa, MasterCard or Discover credit card. To add a payment method, please visit the ['Manage Payment Methods'](#) page.

To make a payment, select the payment method from the drop-down menu below and choose the payment date (up to 14 days in advance). Then enter the payment amount(s) next to the appropriate invoice(s) and select 'Review Payment.' On the Payment Review screen, you may edit, cancel and/or submit the payment(s), as needed.

Payments may be canceled at any time before 5:00 p.m. CT on its scheduled effective date. To view cancel a previously scheduled payment, please visit the ['Payment History'](#) page.

Your payment data is being redirected to a third-party website associated with DDOK.

Invoice List

Payment Method:

Payment Date:
mm/dd/yyyy

Group:

Status	Group-Subgroup	Group Name	Inv Date	Inv Num	Inv Amt	Inv Bal	Payment Amount
Unpaid	000000-0000	000000-000000	01/01/20	000001	\$10,000.00	\$10,000.00	\$ <input type="text"/>
Unpaid	000000-0000	000000-000000	01/01/20	000002	\$10,000.00	\$10,000.00	\$ <input type="text"/>
Unpaid	000000-0000	000000-000000	01/01/20	000003	\$10,000.00	\$10,000.00	\$ <input type="text"/>
Unpaid	000000-0000	000000-000000	01/01/20	000004	\$10,000.00	\$10,000.00	\$ <input type="text"/>
Unpaid	000000-0000	000000-000000	01/01/20	000005	\$10,000.00	\$10,000.00	\$ <input type="text"/>
Unpaid	000000-0000	000000-000000	01/01/20	000006	\$10,000.00	\$10,000.00	\$ <input type="text"/>
Unpaid	000000-0000	000000-000000	01/01/20	000007	\$10,000.00	\$10,000.00	\$ <input type="text"/>
Unpaid	000000-0000	000000-000000	01/01/20	000008	\$10,000.00	\$10,000.00	\$ <input type="text"/>
Unpaid	000000-0000	000000-000000	01/01/20	000009	\$10,000.00	\$10,000.00	\$ <input type="text"/>
Unpaid	000000-0000	000000-000000	01/01/20	000010	\$10,000.00	\$10,000.00	\$ <input type="text"/>

1 2 3 4 5 6 7 8 9 10 ...

*This group is currently setup on automatic draft and payment will be processed on the fifth (5th) day of each month.

[Review Payment\(s\)](#)

View when a credit card payment method is selected.

Invoice List

A \$1.50 convenience fee is assessed to each credit card transaction.

Payment Method:

Payment Date:
mm/dd/yyyy

Group:

Status	Group-Subgroup	Group Name	Inv Date	Inv Num	Inv Amt	Inv Bal	Payment Amount
Unpaid	000000-0000	000000-000000	01/01/20	000001	\$10,000.00	\$10,000.00	\$ <input type="text"/> + \$1.50 fee
Unpaid	000000-0000	000000-000000	01/01/20	000002	\$10,000.00	\$10,000.00	\$ <input type="text"/> + \$1.50 fee
Unpaid	000000-0000	000000-000000	01/01/20	000003	\$10,000.00	\$10,000.00	\$ <input type="text"/> + \$1.50 fee
Unpaid	000000-0000	000000-000000	01/01/20	000004	\$10,000.00	\$10,000.00	\$ <input type="text"/> + \$1.50 fee

STEP 3

Select Submit Payment

Make a Payment

Payment(s) Review

Payment Method:

Payment Date:

Status	Group-Subgroup	Group Name	Inv Date	Inv Num	Inv Amt	Inv Bal	Payment Amount

PAYMENT IS NOT COMPLETE UNTIL YOU CLICK SUBMIT PAYMENT

By submitting this payment, I agree to execute this transaction electronically and authorize Delta Dental of Oklahoma to electronically debit the bank account or credit card specified above to make the payment set forth above and acknowledge I have read the [Privacy Policy](#).

STEP 4

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

Make a Payment

Payment(s) Confirmation

Thank you for your scheduled premium payment.

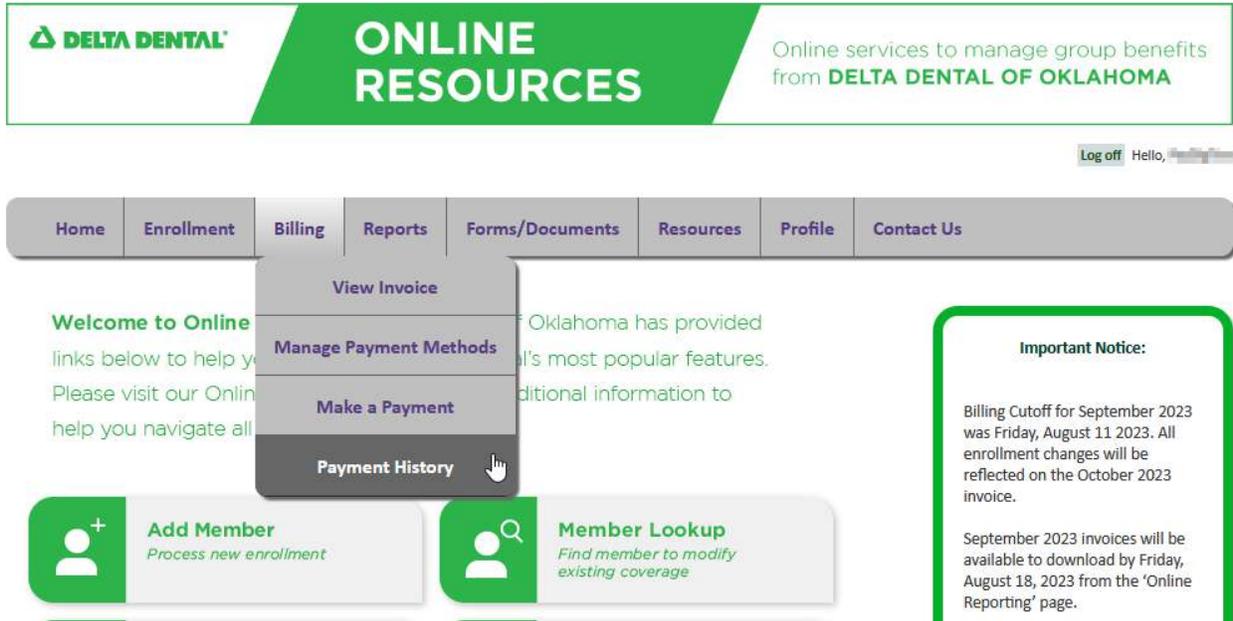
Please allow two (2) – four (4) business days for the payment to post to your account. A confirmation page is available to download/print for your records. To view or cancel a previously scheduled payment, please visit the ['Payment History'](#) page.

Group-Subgroup	Group Name	Payment Amount	Inv Num	Inv Date	Payment Date	Confirmation Number	User	Print Confirmation
								Print

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 ClientRelations@DeltaDentalOK.org

STEP 1

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

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
						X

Payments are processed at 5:00 PM through our payment vendor on the selected Payment Effective date.



HOW TO View Payment History

STEP 3

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.

Payment History

Payment History reflects all payments posted in the past twelve (12) months for the selected group, including payments submitted via check, automatic draft and Online Resources.

Group:

Group	Group Name	Effective Date	Reference	Payment Method	Payment Amount
			web021023	Online Resources	
			web020723	Online Resources	
			web020723	Online Resources	
			web020723	Online Resources	
			web020723	Online Resources	
			web020723	Online Resources	
			web020723	Online Resources	
			eft 020623	EFT	
			00015135	Check	
			web020223	Online Resources	
			web 012023	Online Resources	

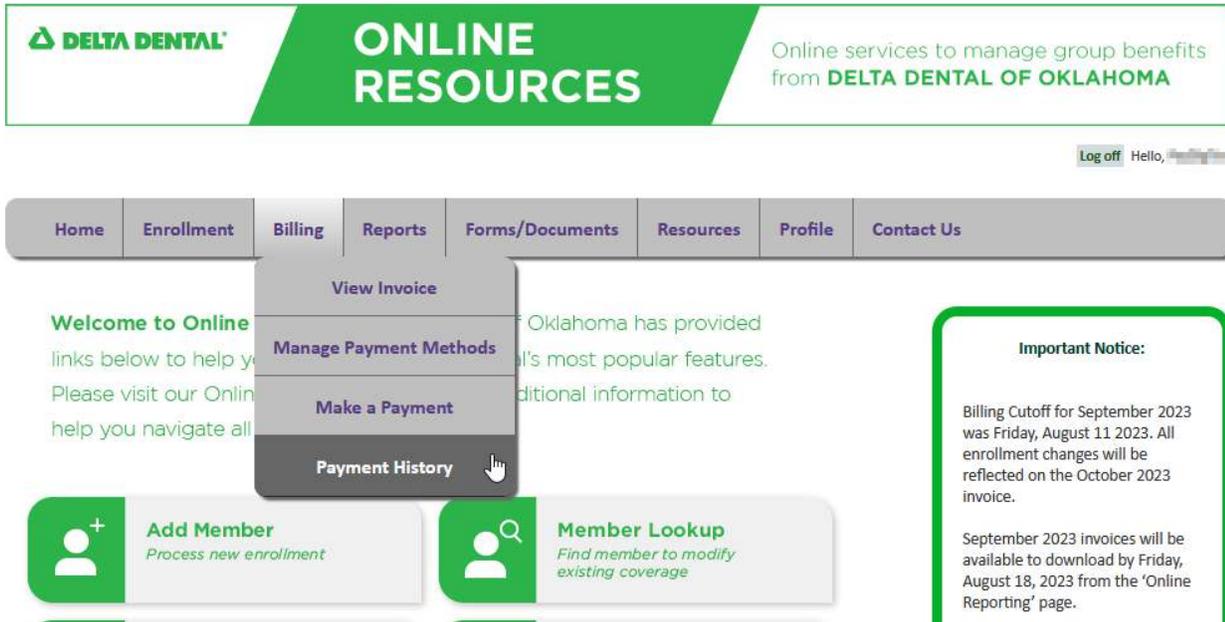
... 8 9 10 11 12 13 14 15 16 17

[Export to Excel](#)

Online Resources allows cancellation 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.



STEP 2

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.

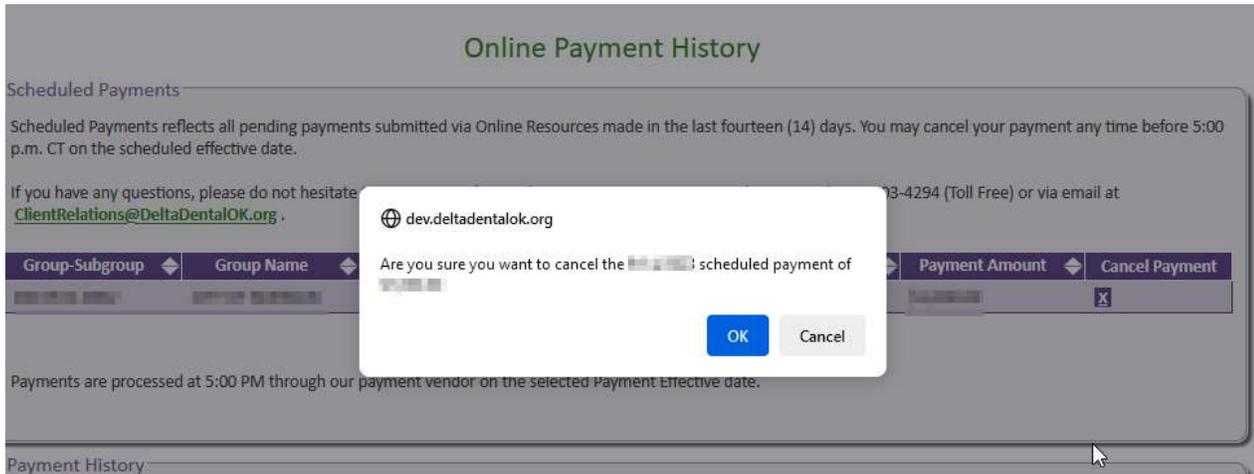
If you have any questions, please do not hesitate to contact our Client Relations team at 405-607-4777 (OKC Metro), 866-503-4294 (Toll Free) or via email at ClientRelations@DeltaDentalOK.org.

Group-Subgroup	Group Name	Date Submitted	Payment Effective	Payment Method	Payment Amount	Cancel Payment
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	X

Payments are processed at 5:00 PM through our payment vendor on the selected Payment Effective date.

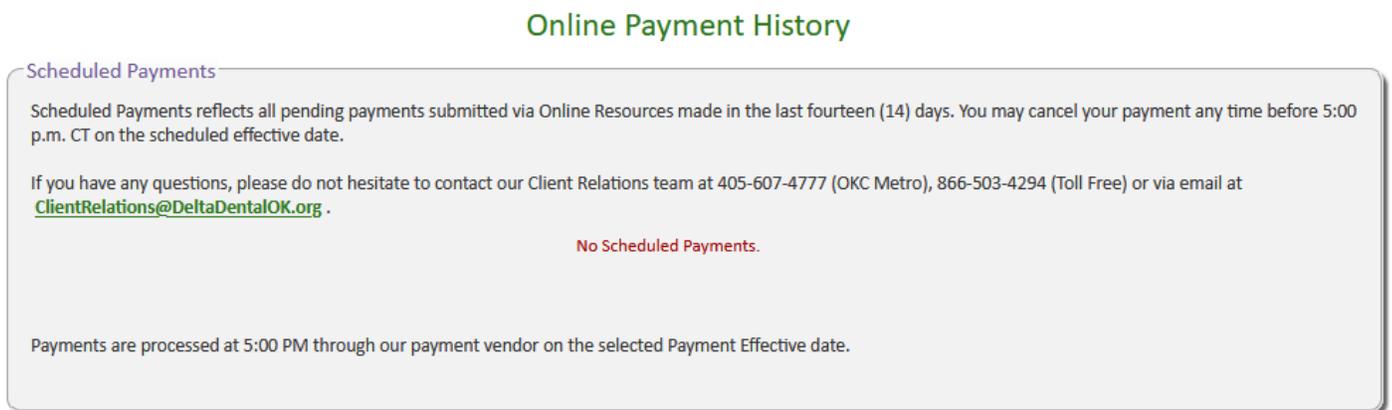
STEP 3

Click 'OK' on the pop up window.



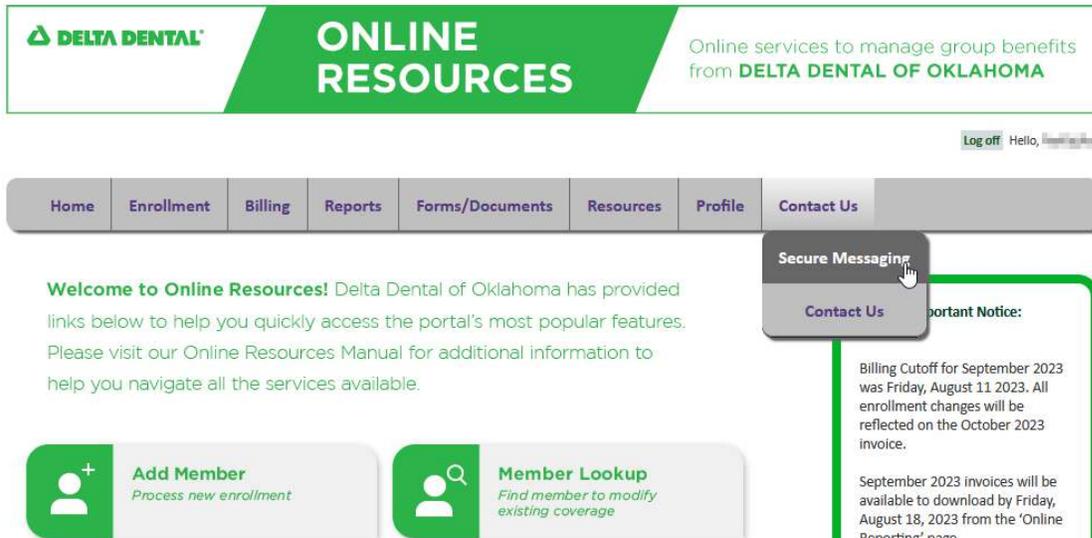
STEP 4

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

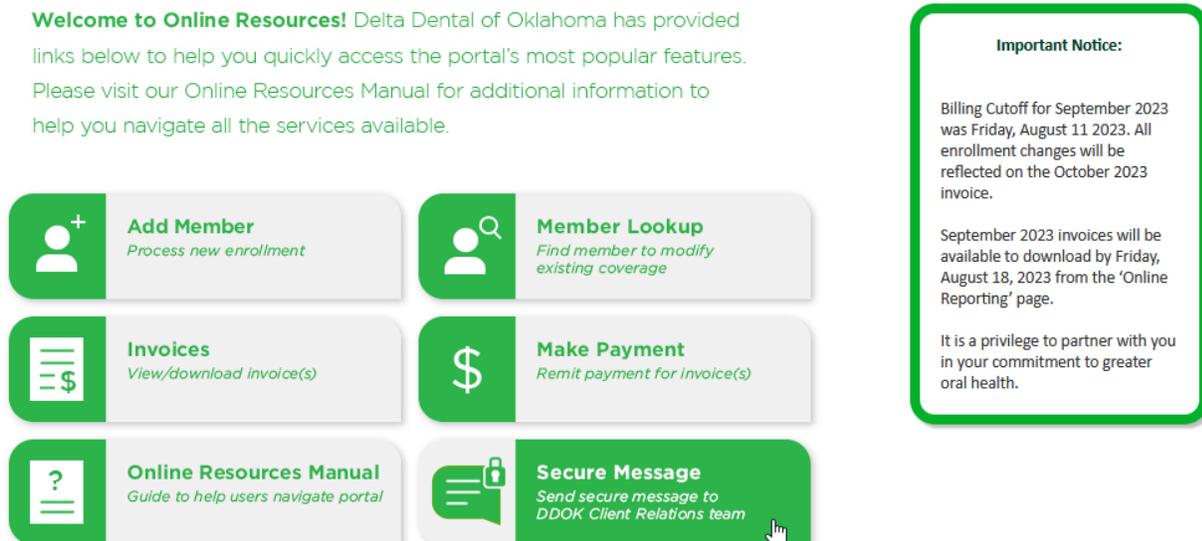


STEP 1

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.



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:

Body:

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.

Message Portal

Search
To Search messages, you can either search by subject or message content. To create a new communication, please click the link below.

Subject:

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.

Message History [Create New Message](#)

Direction	Subject	Created On
OUTBOUND	sample	01/13/2016

Communication Message Detail

Subject:

Body:

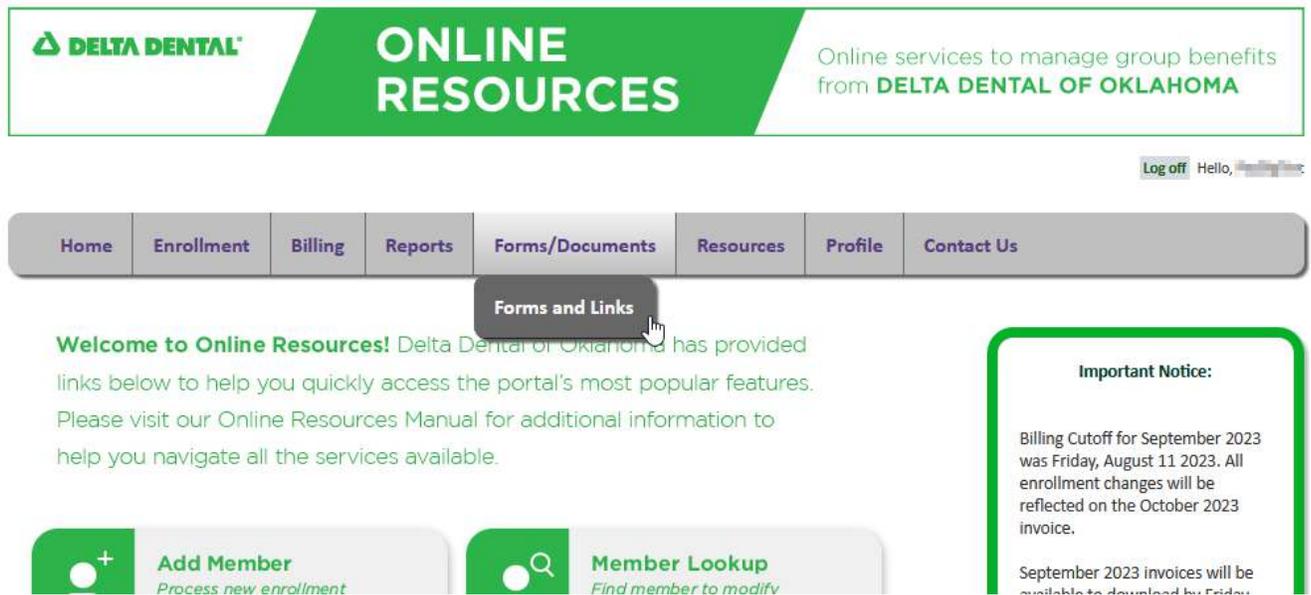
sample

Attachment: NO

[Clear](#)

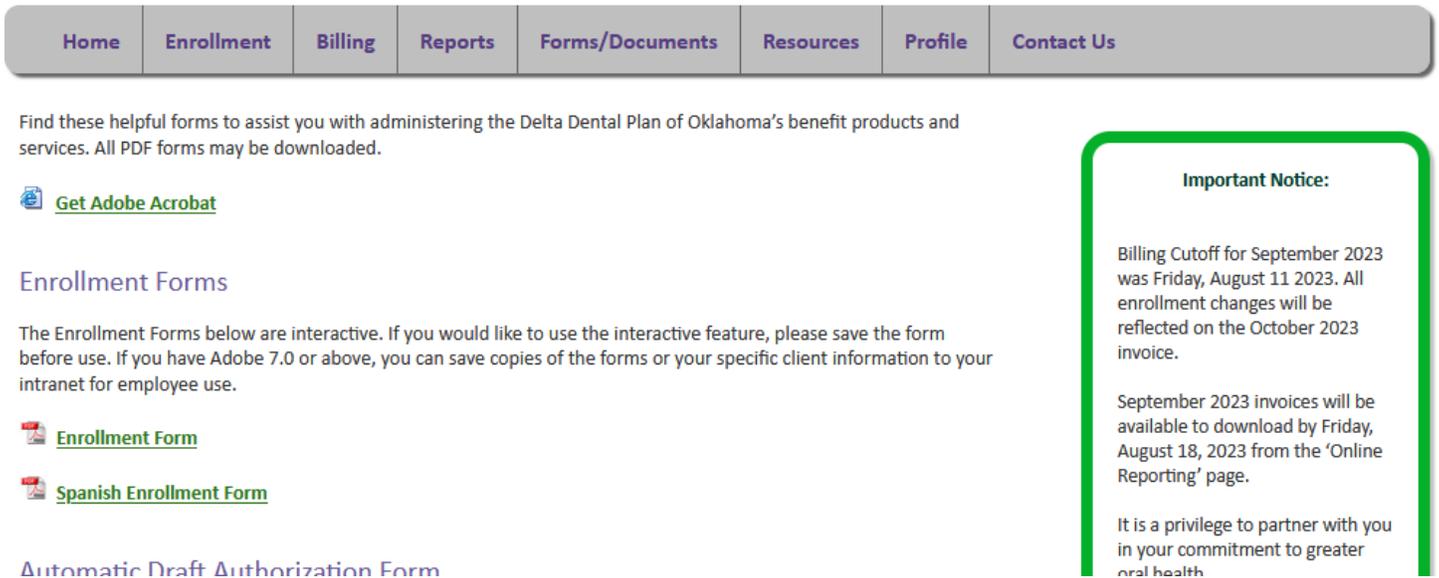
STEP 1

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



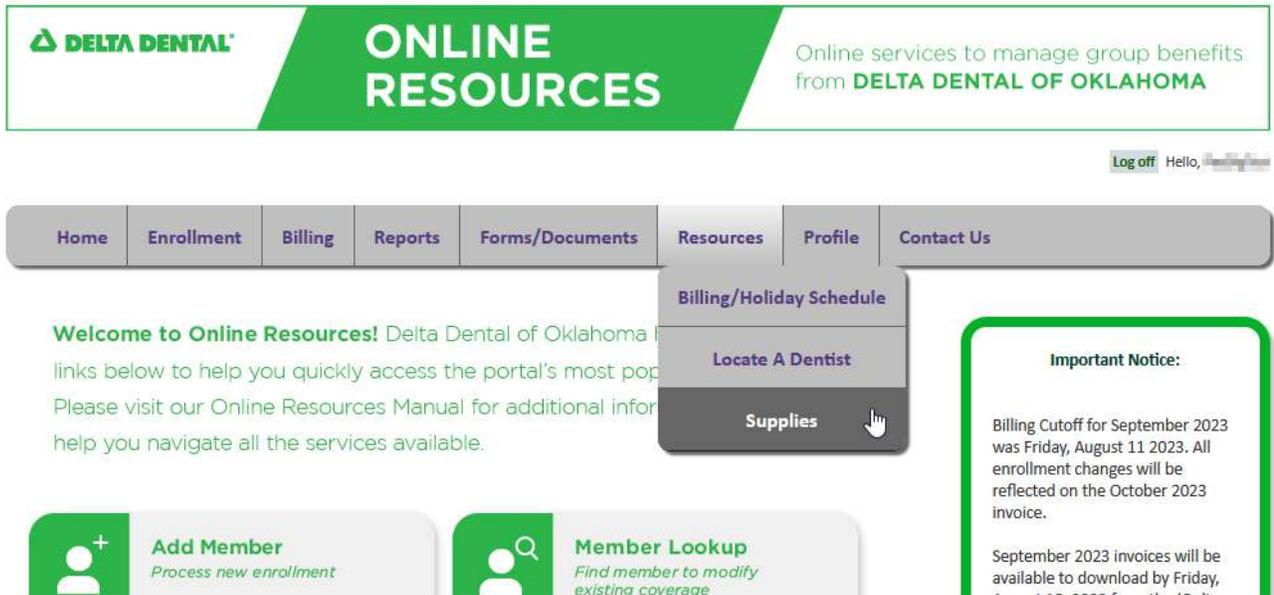
STEP 2

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



STEP 1

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



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? Please refer to the [Forms and Links](#) page located under the Documents tab. If you would like a printable version of our dentist directory, please visit the [Locate A Dentist](#) page located under the Resources tab.

To request group supplies, email 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 (includes SPD/ID card/Eyemed)

SPD packets (includes SPD/ID card)

Toothbrushes

Dentist Directories

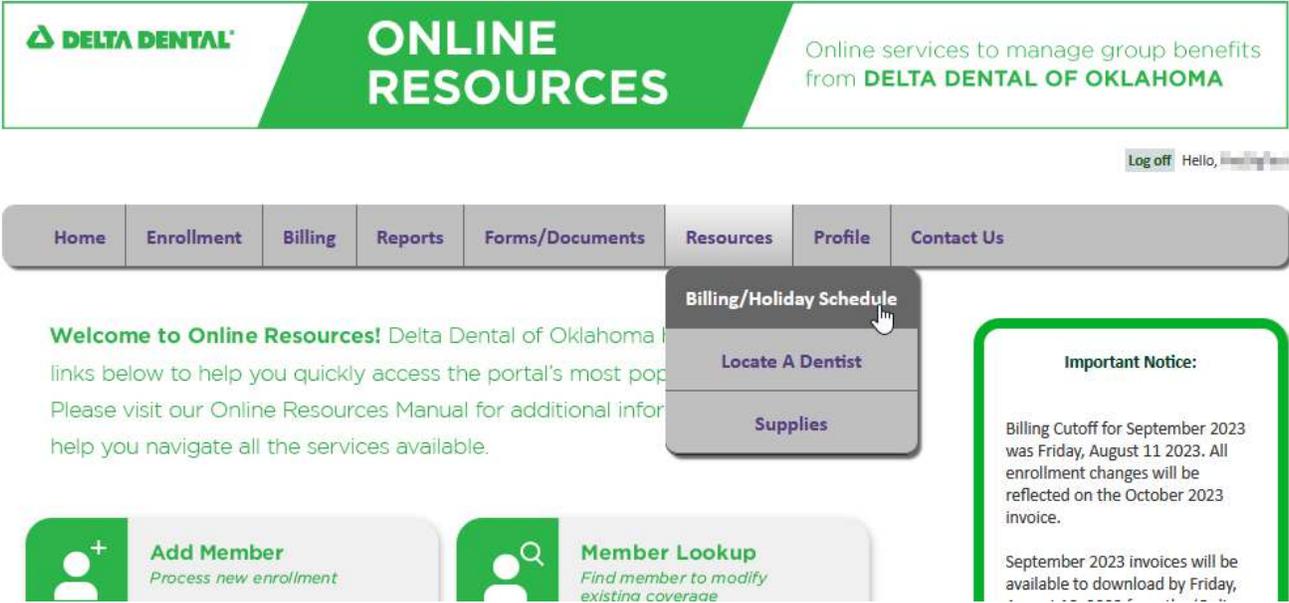
Submit



HOW TO 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

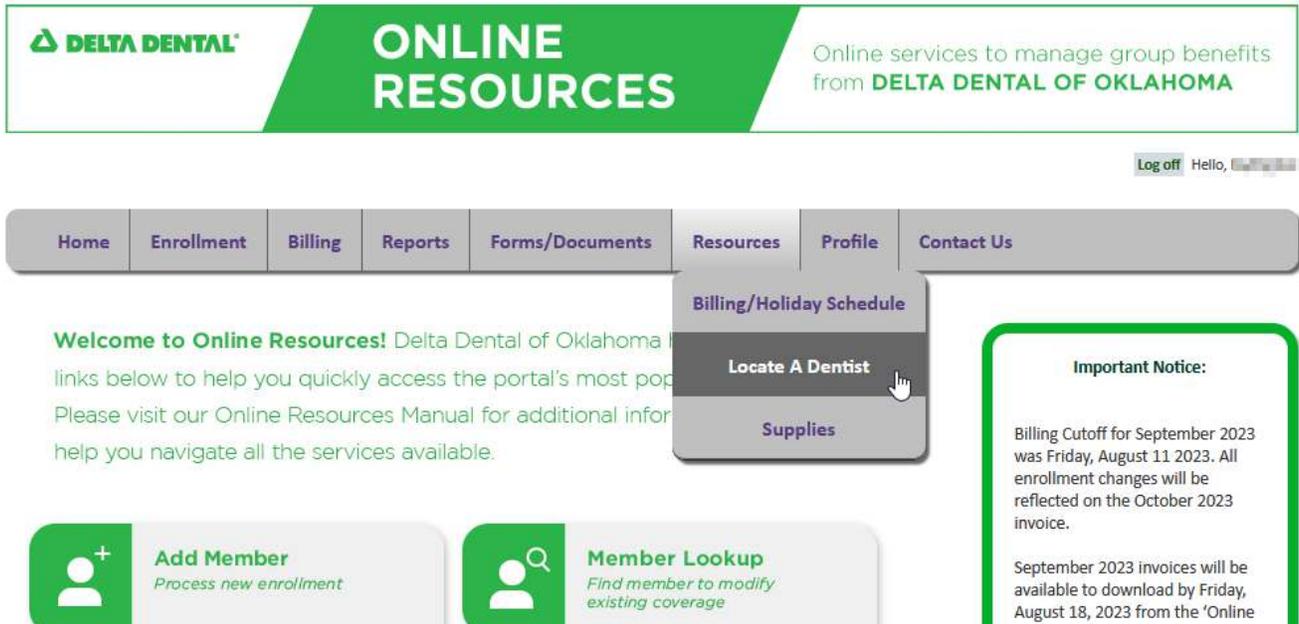
Billing Month	Friday – Cutoff Date
January 2023	December 16, 2022
February 2023	January 13, 2023
March 2023	February 17, 2023
April 2023	March 17, 2023
May 2023	April 14, 2023
June 2023	May 12, 2023
July 2023	June 9, 2023
August 2023	July 14, 2023
September 2023	August 11, 2023
October 2023	September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

STEP 1

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



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

Looking for a dentist locally or nationwide? Access a national database of Delta Dental providers.

[Click here for our Dentist Search tool.](#)

For a printable version of the most recent Oklahoma provider directory, please open the following pdf.

[PDF Dentist Directory](#)

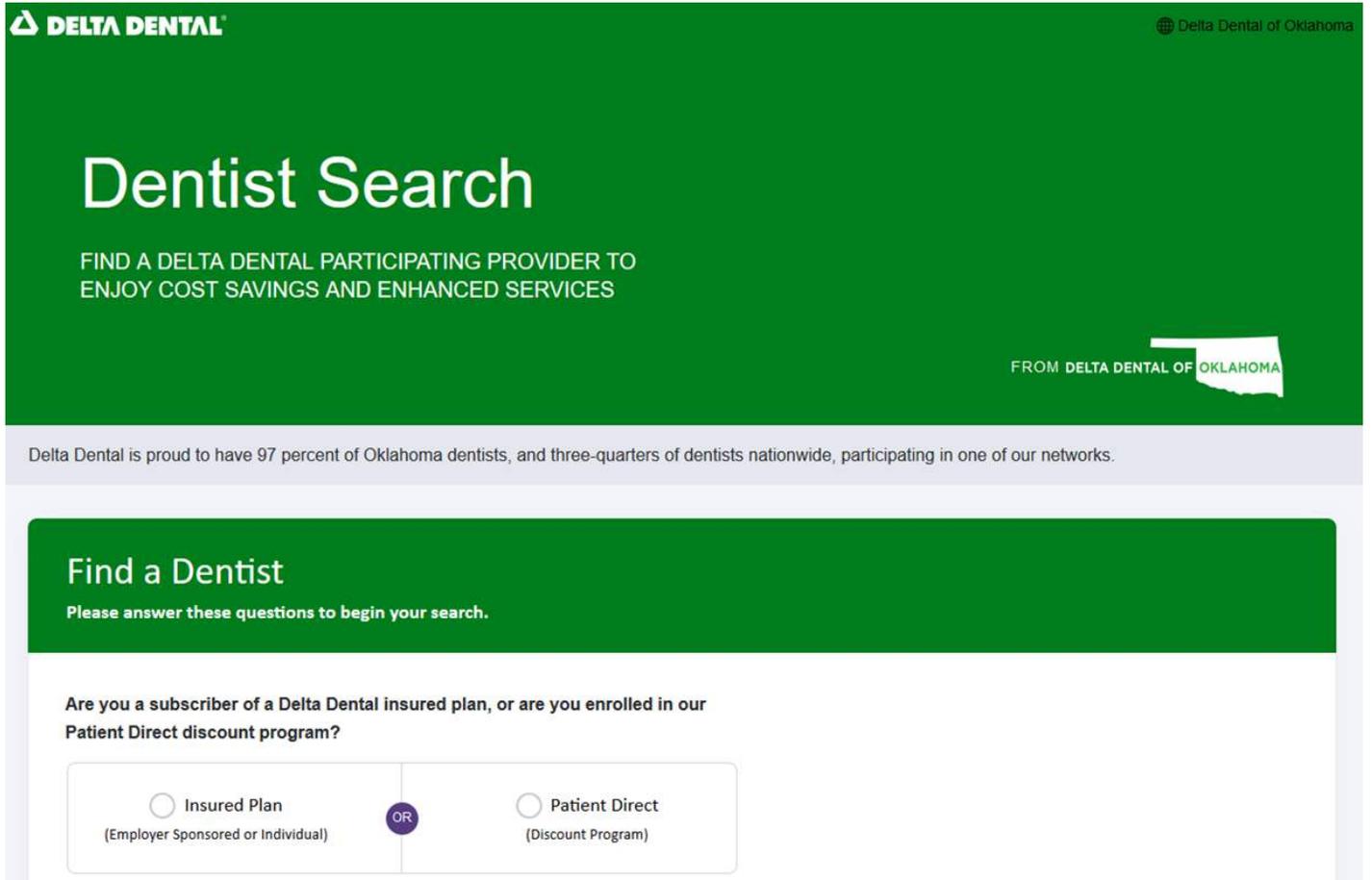
Important Notice:

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.

STEP 3

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



DELTA DENTAL Delta Dental of Oklahoma

Dentist Search

FIND A DELTA DENTAL PARTICIPATING PROVIDER TO ENJOY COST SAVINGS AND ENHANCED SERVICES

FROM DELTA DENTAL OF OKLAHOMA

Delta Dental is proud to have 97 percent of Oklahoma dentists, and three-quarters of dentists nationwide, participating in one of our networks.

Find a Dentist

Please answer these questions to begin your search.

Are you a subscriber of a Delta Dental insured plan, or are you enrolled in our Patient Direct discount program?

Insured Plan
(Employer Sponsored or Individual) **OR** Patient Direct
(Discount Program)

STEP 4

Continue to fill out the form.

Find a Dentist

Please answer these questions to begin your search.

Are you a subscriber of a Delta Dental insured plan, or are you enrolled in our Patient Direct discount program?

Insured Plan
 (Employer Sponsored or Individual)
 OR
 Patient Direct
 (Discount Program)

What is most important to you when selecting a dentist – to achieve maximum savings on covered treatments, or the convenience of having a dentist close to your home or work?

Savings
 OR
 Convenience

What location should we focus your search around? Please enter at least a city and state, or a zip code.

Address

Zip Code

STEP 5

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

Additional Criteria

Optional

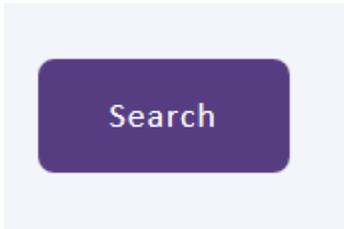
Gender, language spoken and/or extended hours information is not currently available in all areas. If no results are found in your area for the criteria you selected, the search filter may exclude this criteria from your search.

HOW® Selecting the box below will limit your search to dentists currently registered to perform the clinical risk assessment associated with Health through Oral Wellness® (HOW®) enhanced benefits. Click [here](#) to learn more about HOW®.

Only include HOW® provider offices

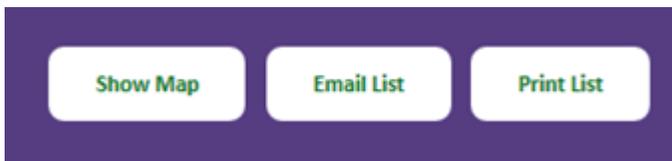
STEP 7

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.

Locate A Dentist

Looking for a dentist locally or nationwide? Access a national database of Delta Dental providers.

 [Click here for our Dentist Search tool.](#)

For a printable version of the most recent Oklahoma provider directory, please open the following pdf.

 [PDF Dentist Directory](#)

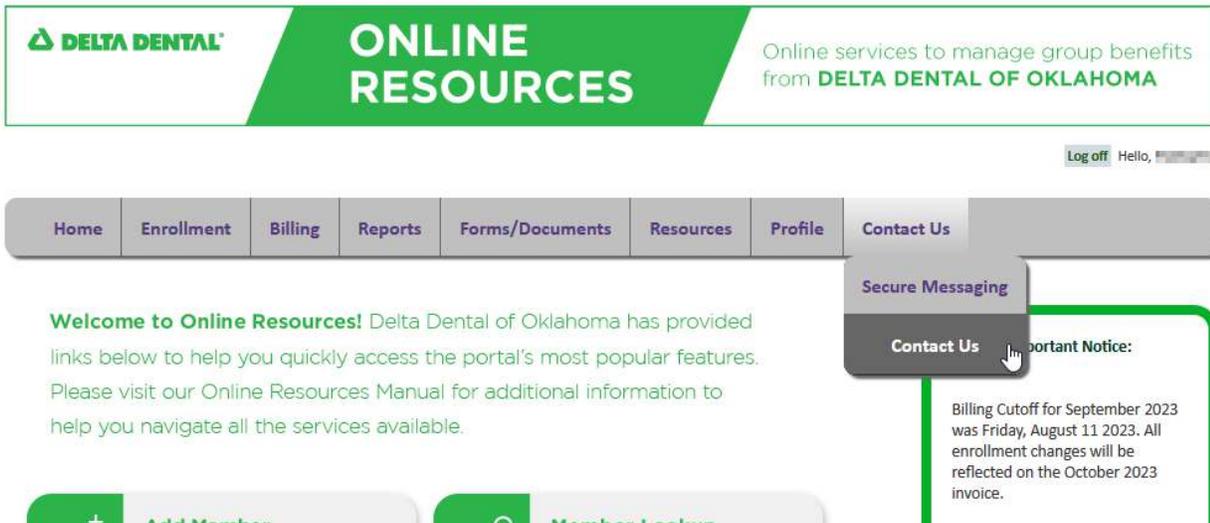
Important Notice:

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

STEP 1

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



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)

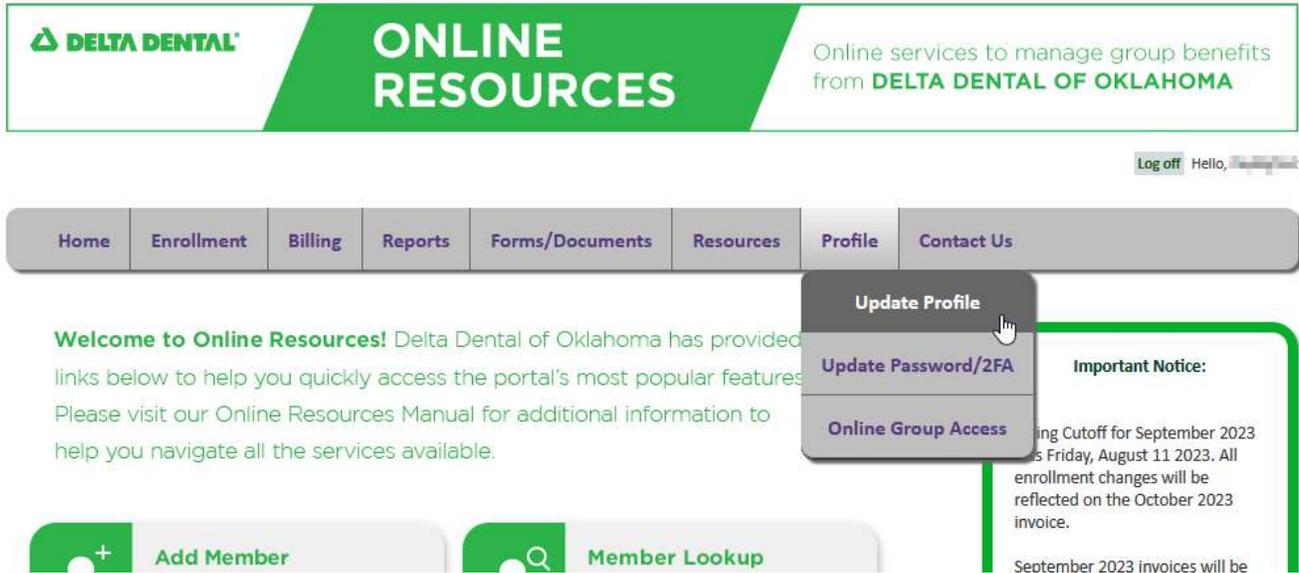
Fax:
405-607-2136

E-mail:
ClientRelations@DeltaDentalOK.org



STEP 1

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



STEP 2

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

Update My Profile

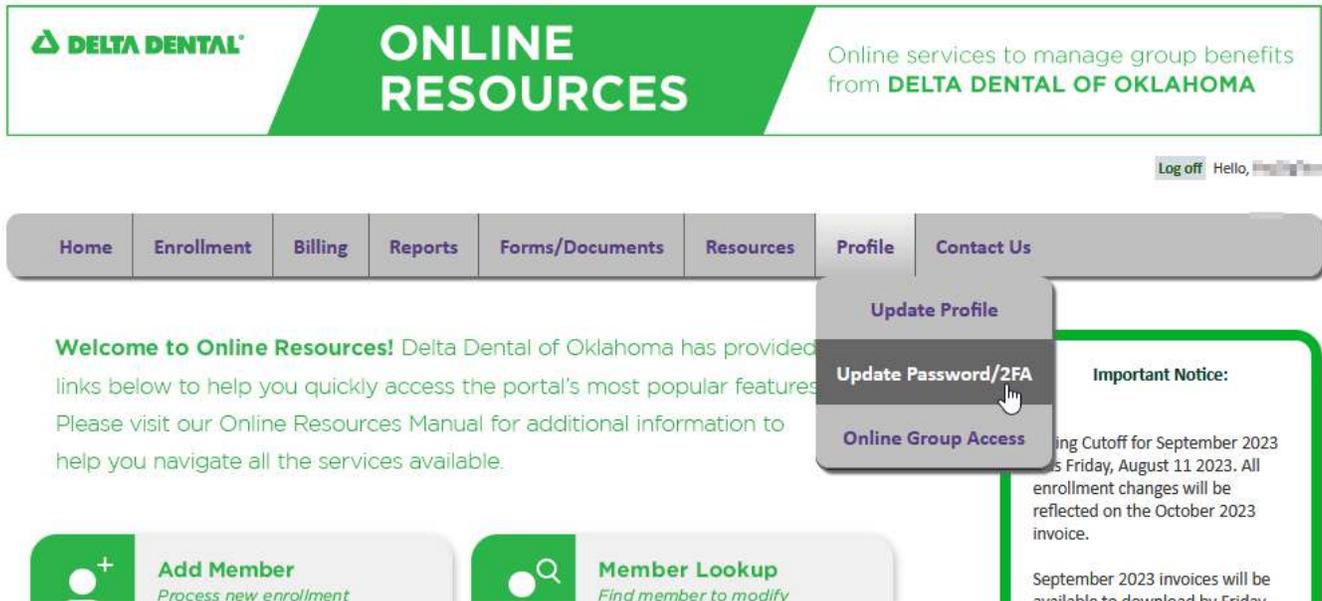
Profile Information

First Name:* <input type="text" value="Group"/>	Middle Name: <input type="text"/>	Last Name:* <input type="text" value="Contact"/>
Address 1:* <input type="text" value="123 S Main St"/>	Address 2: <input type="text"/>	
City:* <input type="text" value="OKLAHOMA CITY"/>	State:* <input type="text" value="OK"/>	Zip:* <input type="text" value="73116"/>
Day Phone:* <input type="text" value="4055555555"/>	Evening Phone: <input type="text"/>	Fax: <input type="text"/>
Email:* <input type="text" value="gcontact@companyname.com"/>	Confirm Email:* <input type="text" value="gcontact@companyname.com"/>	

A valid email address is required to retrieve forgotten passwords.

STEP 1

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



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 must be between 6 to 25 characters.
 2. Password must have at least 2 numeric characters.
 3. Password can not have special characters listed below:
'%', '(', ')', '*', '\', '&', '#'

STEP 1

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

Update My Password

User Name:

XXXXXXXXXX

Old Password: *

New Password: *

Confirm New Password: *

Save Changes

Please Note

Notes:

1. Password must be between 6 to 25 characters.
2. Password must have at least 2 numeric characters.
3. Password can not have special characters listed below:
'%', '(', ')', '*', '\', '&', '#'

Set up Two Factor Authentication

Two Factor Authentication (2FA) is an optional way to add another layer of security to your Online Resources account.

To enable 2FA, you 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.

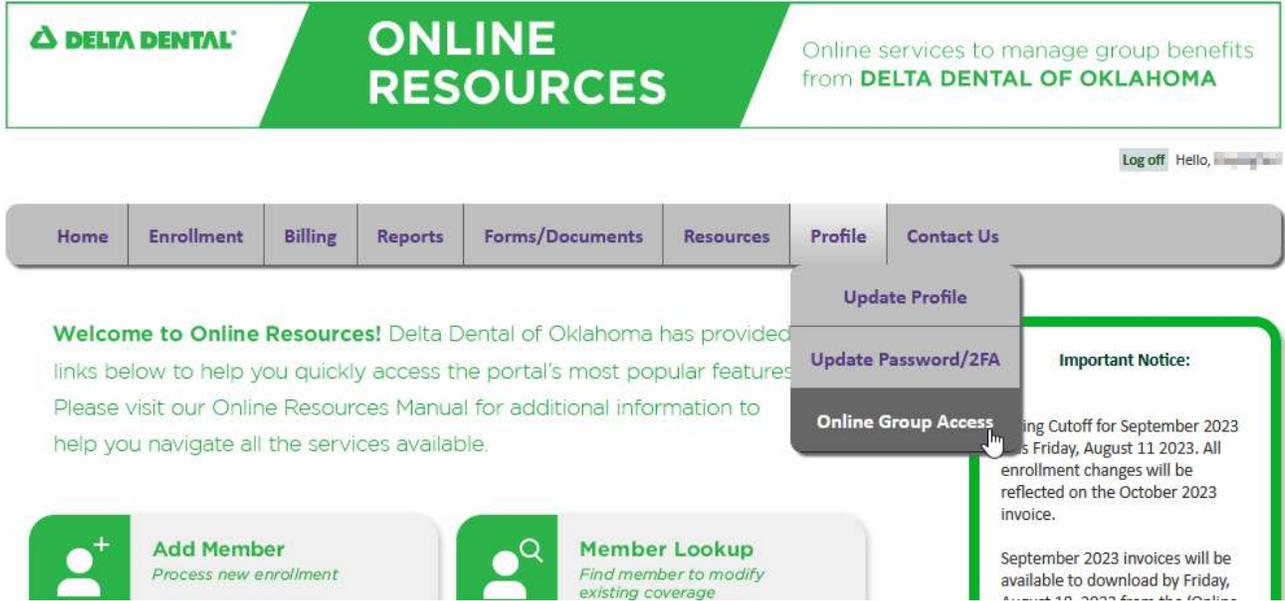
Once enabled, a verification code is texted to you each time you log into Online Resources to verify your account. Enter the code on the login page to complete the process. You may choose to remember the current computer or device for 90 days so you are not prompted for a code each time you log in.

Two Factor Authentication is currently disabled

Enable

STEP 1

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



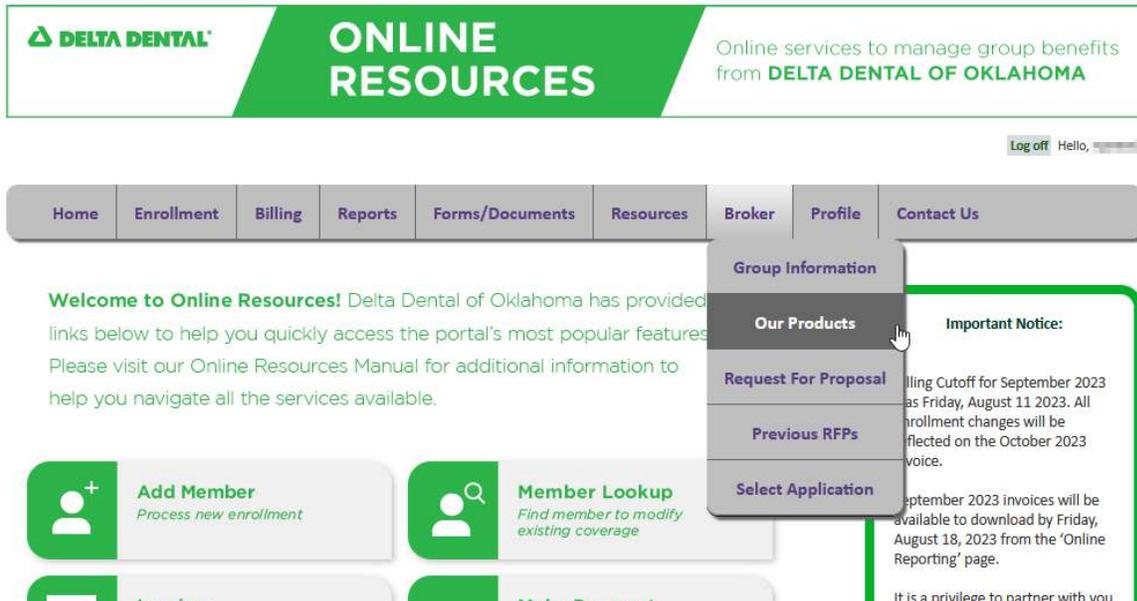
From the Group Access page, you are able to view the list of groups that you have access to modify eligibility.

Online Group Access

Group Num	Subgroup Num	Group Name	Plan Type	Read Only
000001	0001	Delta Dental of Oklahoma (Member Group)	Delta Dental PPO - Plan Member	No
000002	0001	Delta Dental of Oklahoma (Member Group)	Delta Dental PPO - Plan Member	No
000003	0001	Delta Dental of Oklahoma (Member Group)	Delta Dental PPO	No
000004	0001	Delta Dental of Oklahoma (Member Group)	Delta Dental PPO - Plan Member	No
000005	0001	Delta Dental of Oklahoma (Member Group)	Delta Dental PPO - Plan Member	No
000006	0001	Delta Dental of Oklahoma (Member Group)	Delta Dental PPO	No
000007	0001	Delta Dental of Oklahoma (Member Group)	Delta Dental PPO - Plan Member	No
000008	0001	Delta Dental of Oklahoma (Member Group)	Delta Dental PPO - Plan Member	No
000009	0001	Delta Dental of Oklahoma (Member Group)	Delta Dental PPO	No
000010	0001	Delta Dental of Oklahoma (Member Group)	Delta Dental PPO - Plan Member	No
000011	0001	Delta Dental of Oklahoma (Member Group)	Delta Dental PPO - Plan Member	No

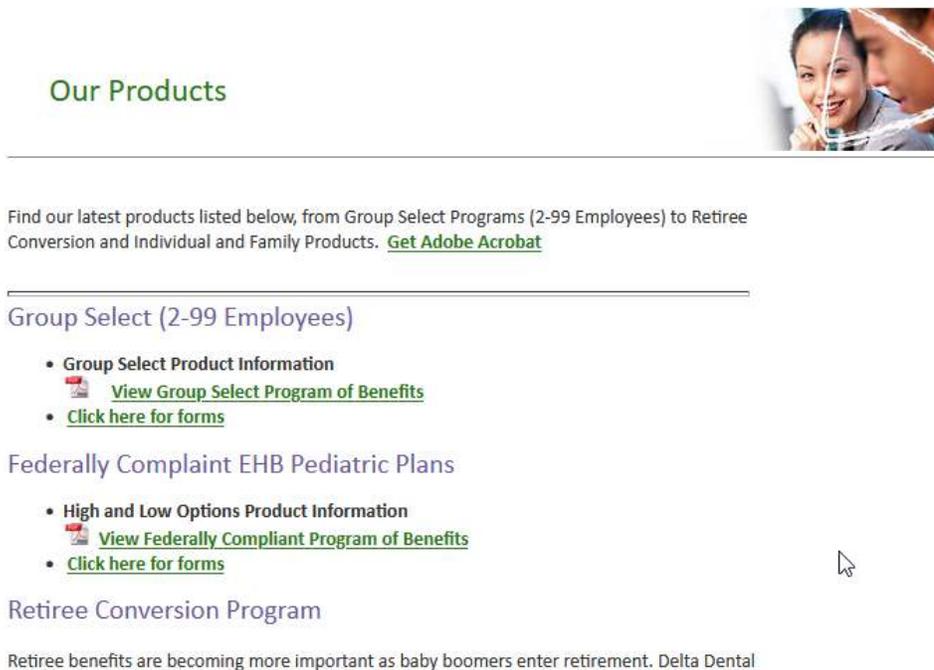
STEP 1

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



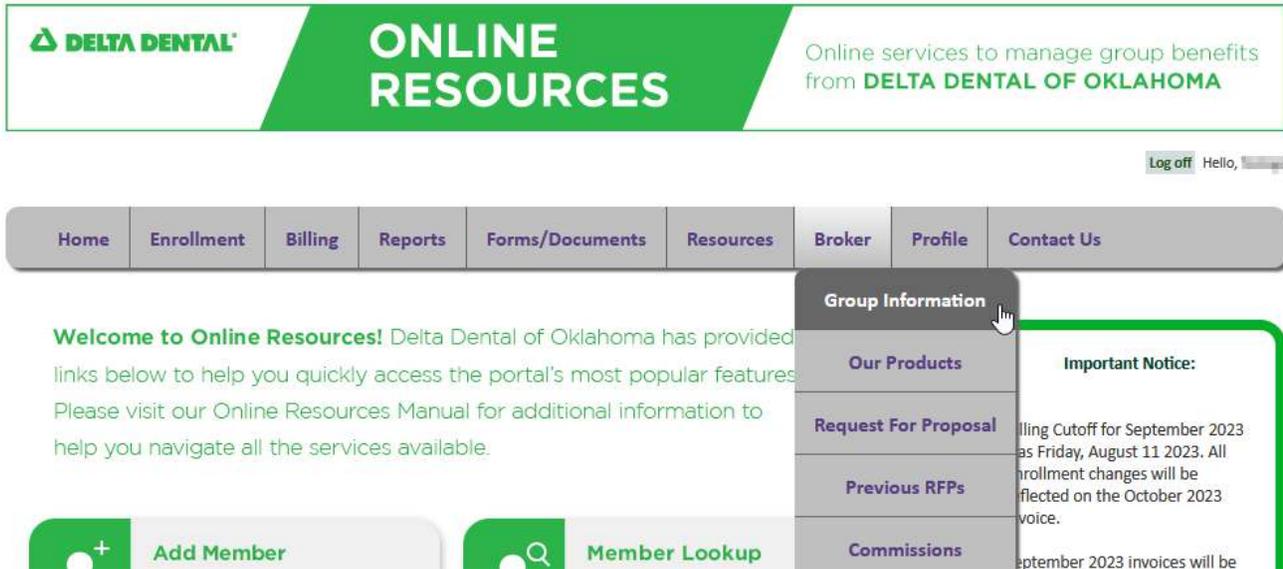
STEP 2

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



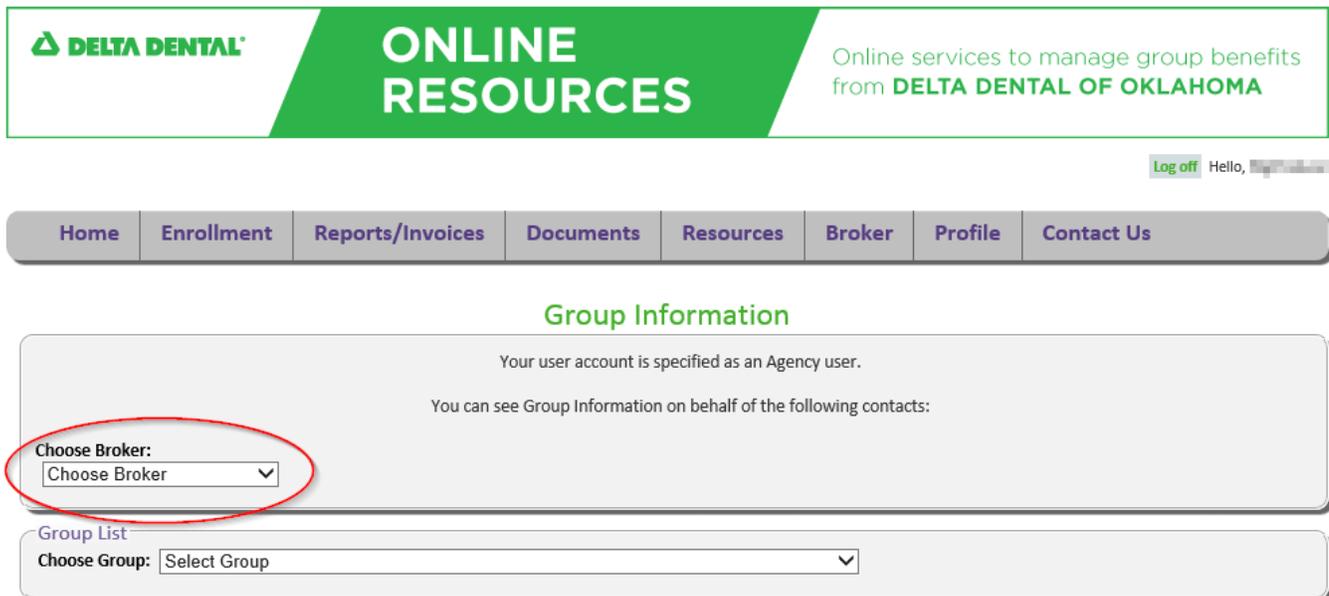
STEP 1

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



STEP 2

Choose the broker assigned to the group client in question.



STEP 3

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: [Broker Name]

Broker Info

Vendor Number:	00000	Name:	[Redacted]
Address:	[Redacted]	Email:	[Redacted] Phone: [Redacted]
Agency Specific INDY URL:	https://individual.deltadentalok.org/Enroll/Start?l=[Redacted]		

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 Name]

Broker Info

Vendor Number:	[Redacted]	Name:	[Redacted]
Address:	[Redacted]	Email:	[Redacted] Phone: [Redacted]

Group List

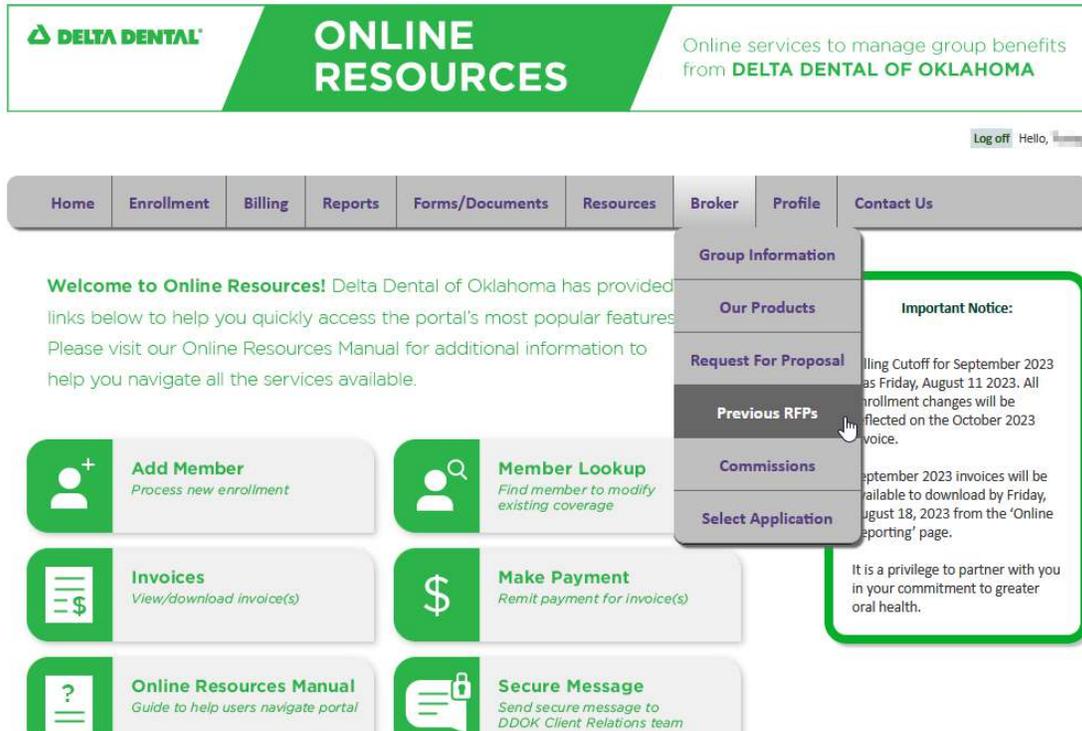
Choose Group: [Group Name]

Group Info

Group Number:	[Redacted]	Group Name:	[Redacted]
Group Address:	[Redacted]	Plan Name:	[Redacted]
Effective Date:	[Redacted]	Renewal Month:	[Redacted]
Billing Received:	[Redacted]	Elig Maintenance:	[Redacted] Payment Remit: [Redacted]

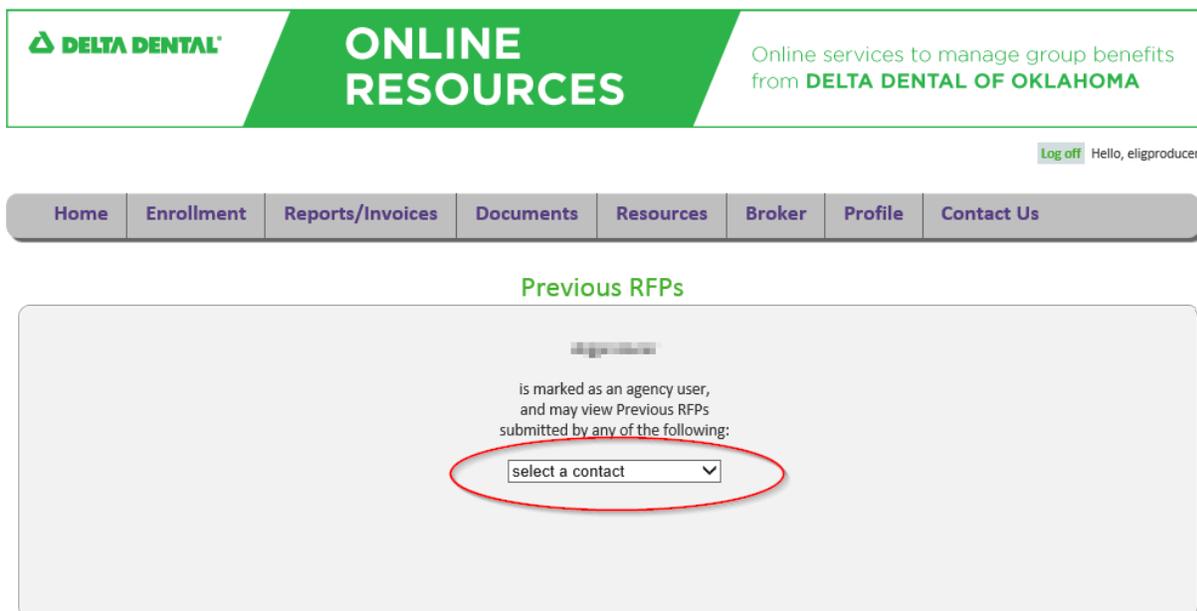
STEP 1

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.



STEP 3

The list of RFPs under the selected contact will display.



ONLINE RESOURCES

Online services to manage group benefits
from **DELTA DENTAL OF OKLAHOMA**

[Log off](#) Hello, [User Name]

Home
Enrollment
Reports/Invoices
Documents
Resources
Broker
Profile
Contact Us

Previous RFPs

[Redacted]

is marked as an agency user,
and may view Previous RFPs
submitted by any of the following:

[Redacted]

Name: [Redacted] Address: [Redacted]

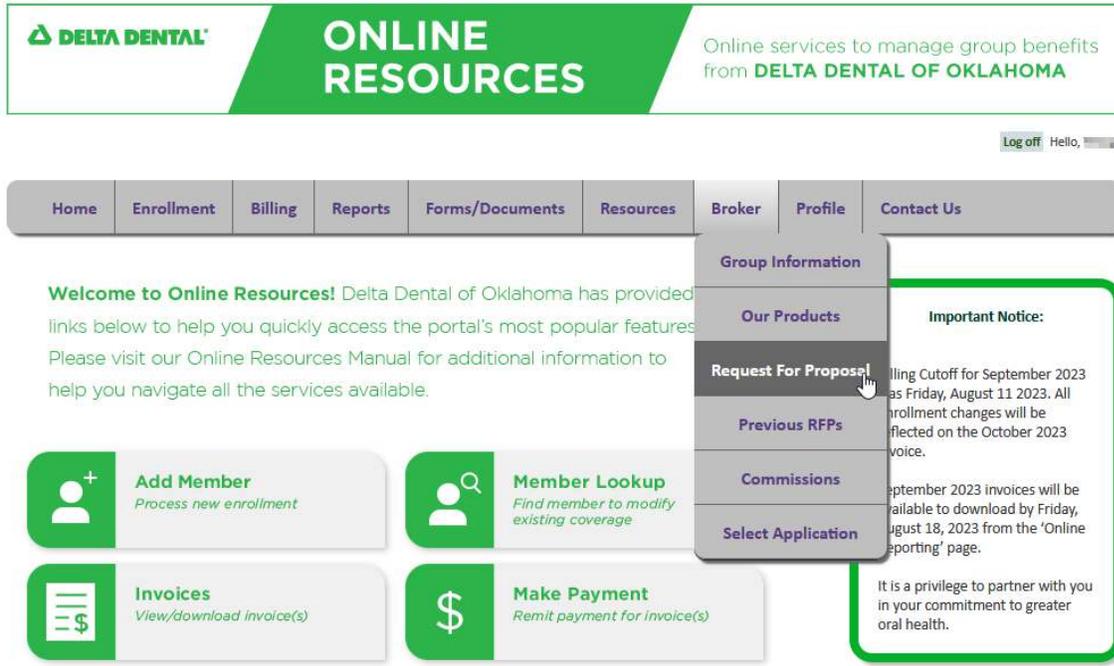
Phone: [Redacted] Alternate Phone: [Redacted]

Fax: [Redacted] Email: [Redacted]

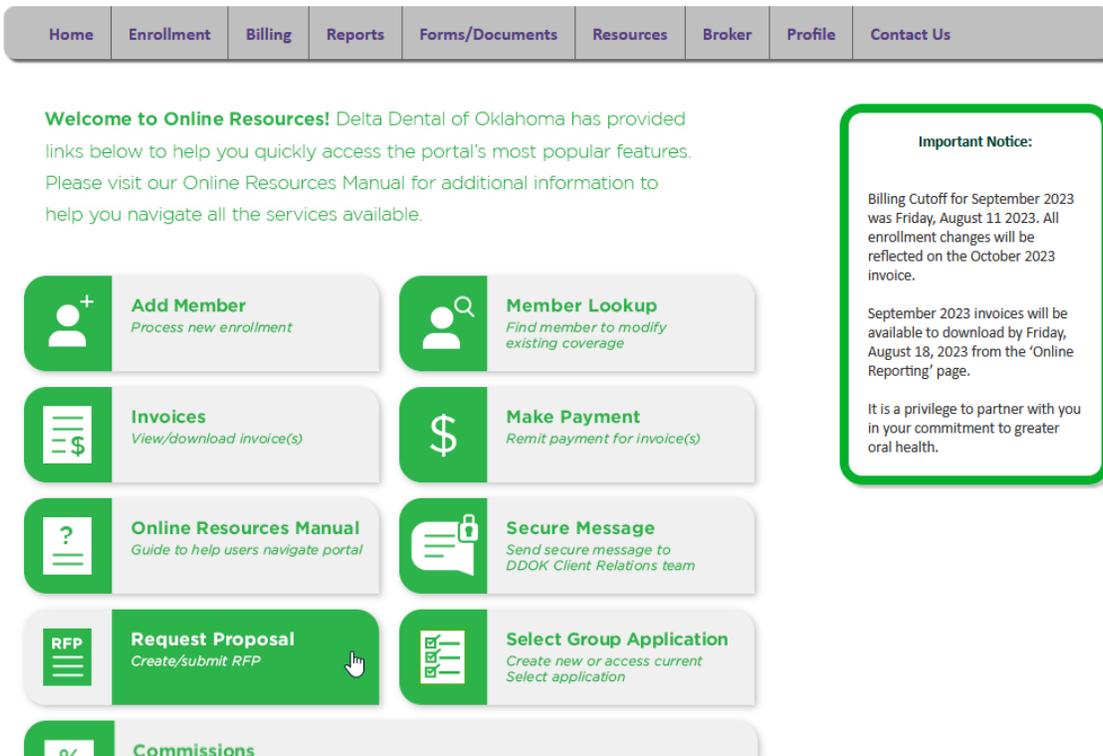
Business Name	Total Elig	Submitted	Details	Status	Status As Of
[Redacted]	5	09/10/2019	Show	Received	09/10/19 03:38 PM
[Redacted]	11	10/02/2018	Show	Received	10/02/18 02:48 PM
[Redacted]	3	10/02/2018	Show	Received	10/02/18 02:44 PM

STEP 1

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

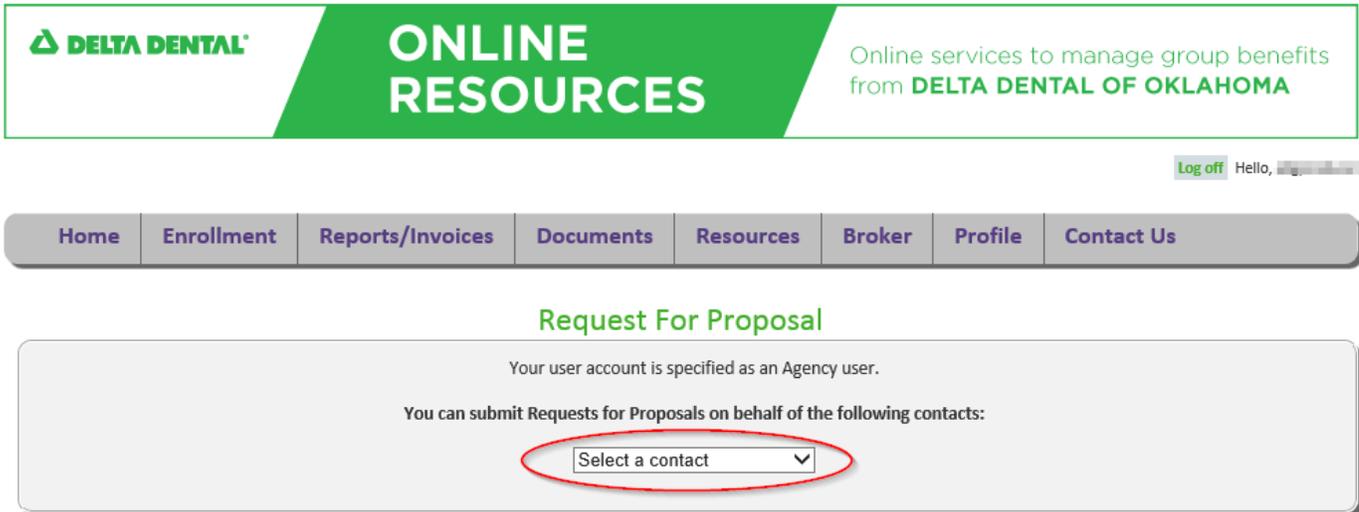


Or select 'Request Proposal on the quick links section .



STEP 2

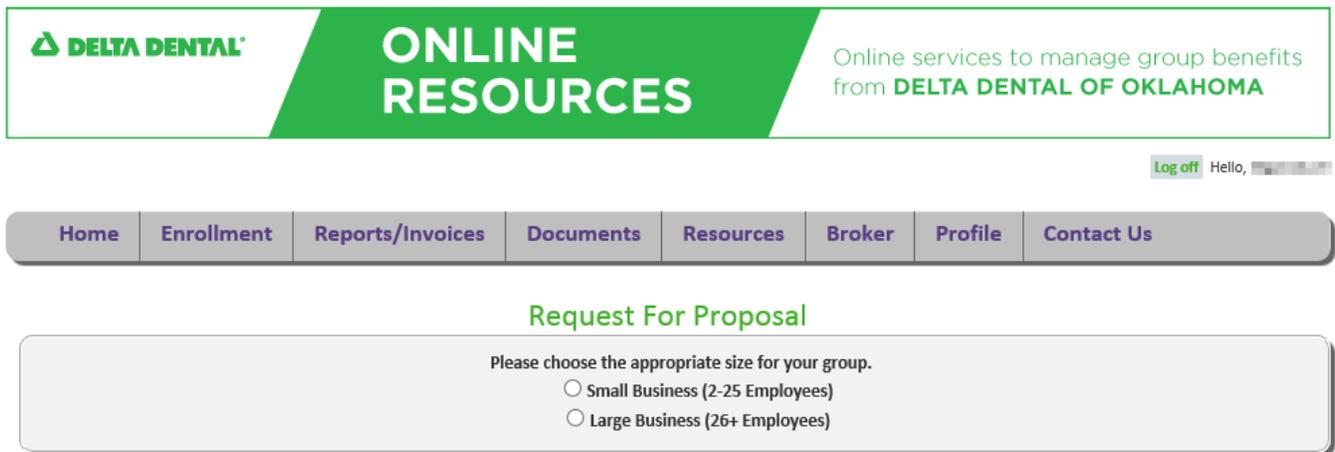
Select the contact that is requesting the proposal.



The screenshot shows the Delta Dental Online Resources interface. At the top left is the Delta Dental logo. To its right, the text reads "ONLINE RESOURCES" in large white letters on a green background, followed by "Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA" in smaller green text. In the top right corner, there are links for "Log off" and "Hello, [user name]". Below this is a horizontal navigation menu with buttons for "Home", "Enrollment", "Reports/Invoices", "Documents", "Resources", "Broker", "Profile", and "Contact Us". The "Resources" button is highlighted. The main content area is titled "Request For Proposal" and contains the text: "Your user account is specified as an Agency user. You can submit Requests for Proposals on behalf of the following contacts:". Below this text is a dropdown menu with the placeholder text "Select a contact" and a downward arrow. The dropdown menu is circled in red.

STEP 3

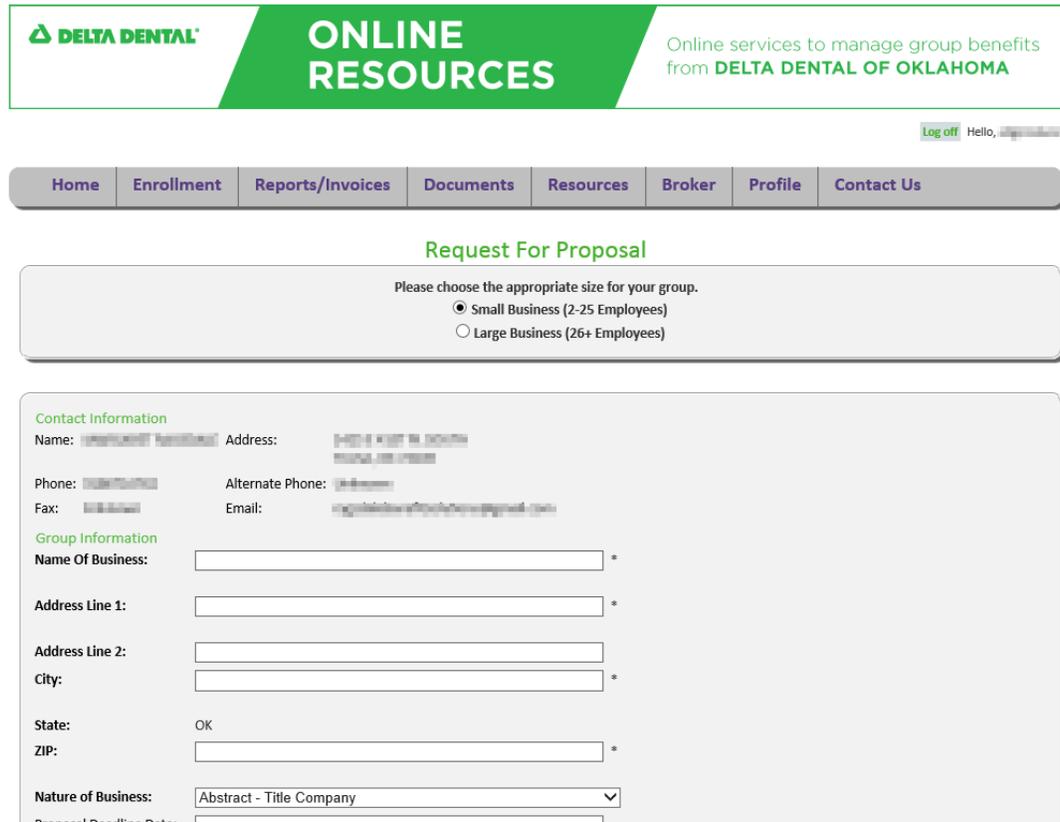
Select the group size.



The screenshot shows the Delta Dental Online Resources interface for Step 3. It features the same header and navigation menu as Step 2. The main content area is titled "Request For Proposal" and contains the text: "Please choose the appropriate size for your group." Below this text are two radio button options: "Small Business (2-25 Employees)" and "Large Business (26+ Employees)".

STEP 4

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



The screenshot shows the Delta Dental Online Resources portal. At the top, there is a navigation menu with links for Home, Enrollment, Reports/Invoices, Documents, Resources, Broker, Profile, and Contact Us. The main heading is "Request For Proposal". Below this, there is a section for selecting the group size, with "Small Business (2-25 Employees)" selected. The form includes sections for Contact Information (Name, Address, Phone, Alternate Phone, Fax, Email) and Group Information (Name Of Business, Address Line 1, Address Line 2, City, State, ZIP, Nature of Business). The "Submit" button is highlighted with a red circle.

STEP 5

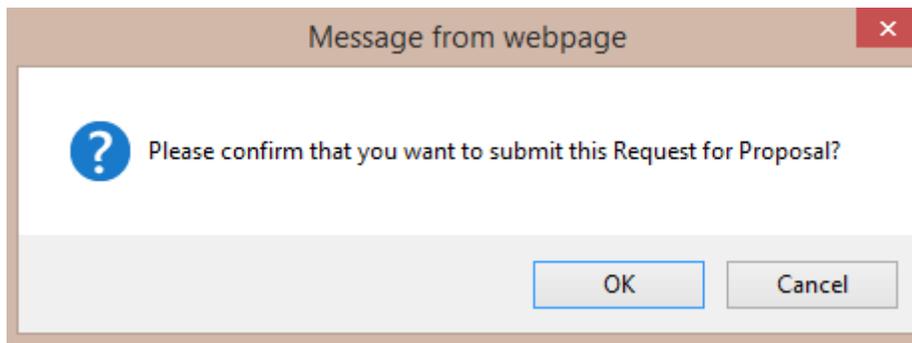
Click on 'Submit'.



The screenshot shows the final form fields: "Employee + Family:" with a value of 0, "Total Eligible Employees (calculated):" with a value of 0, and a "Comments:" text area. The "Submit" button is highlighted with a red circle.

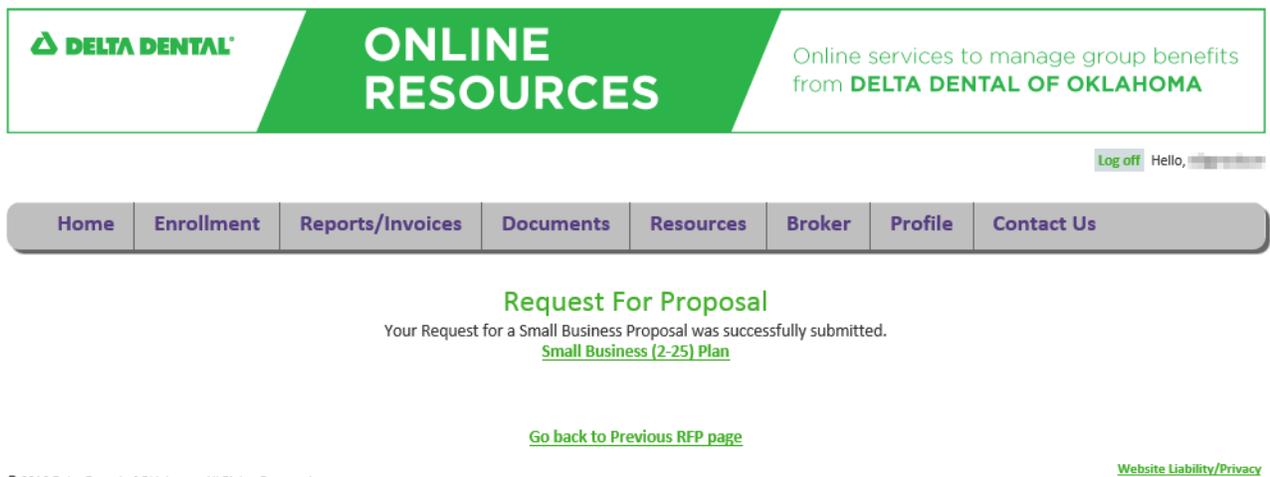
STEP 6

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



STEP 7

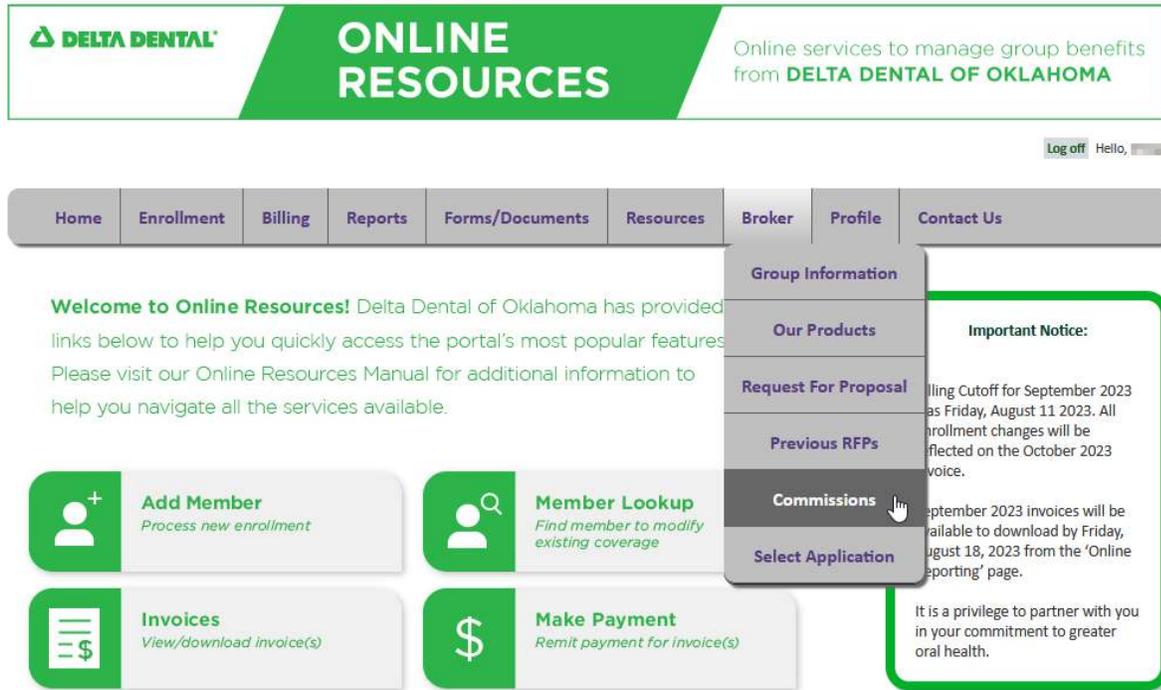
Confirmation screen will display.



The screenshot shows the Delta Dental Online Resources page. At the top left is the Delta Dental logo. The main header area is split into a green section with "ONLINE RESOURCES" and a white section with "Online services to manage group benefits from DELTA DENTAL OF OKLAHOMA". Below this is a navigation bar with buttons for Home, Enrollment, Reports/Invoices, Documents, Resources, Broker, Profile, and Contact Us. The main content area displays "Request For Proposal" in green, followed by "Your Request for a Small Business Proposal was successfully submitted." and a link to "Small Business (2-25) Plan". At the bottom, there is a link to "Go back to Previous RFP page" and a "Website Liability/Privacy" link in the footer.

STEP 1

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



Or select 'Commissions' from the quick links section.

