## **User Guide**

#### Welcome to the Online Enrollment Tool

Use this guide to walk you through different features of the tool.

Need Help? Call the Group Administration Team at (800) 403-6101.

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### Setup

https://www.deltadentalwa.com/producer/resources/online-enrollment-information

### **Applying for Access:**

• Complete the Online Enrollment Application.

• Email it to <u>onlineapplications@deltadentalwa.com</u> or fax to: (206) 528-2342.

NOTE: The application should be signed by the current contract owner or authorized executive.

	Delta Dental of Washington		PO Box 75983 5e. (800) 403-6101	ottle, WA 98175 0983
	Online Enrollme	ent Application & Ch	ange Form	
Use the Online Enrollment t	cool to view or make changes to	eligibility records at Delt	aDentalWA.com/employ	er.
Register for Full Access to re	ceive invoices exclusively online.	Paper invoices will no lor	nger be mailed.	
Please complete the inform	ation below:			
Group Number	Group	Name		
Phone Number_	Group Address*			
TPA Address (if applicable)				
ADD A NEW USER OR CHANG	E A CURRENT USER'S PRIVILEGE			
User Type	Name	Email	Access to All Subgroups?	Which Subgroups Doe User Have Access To?
User Type	Name	Email	Access to All Subgroups?	Which Subgroups Doe User Have Access To?
User Type roup Physical Contact Group Billing Contact	Name	IS Email	Access to All Subgroups?	Which Subgroups Doe User Have Access To?
User Type  roup Physical Contact Group Billing Contact Contact Additional	Name	Email	Access to All Subgroups? Yes Yes	Which Solgroups Does User Have Access To?

### Logging in:

Our system will update July 2022 to a different system.

On the first time logging in after the update, all existing users will receive the Forgot your Password pop-up.

Enter your username, check the "I'm not a robot" box, and click continue.

Forgot you	ır password?
User Name	
I'm not a robot	INCAPTORA Price/- Terms
CONTINUE	CANCEL

## **User Guide**

A confirmation code will be sent via email to the group address associated with the username.

Enter the code and click continue.

Enter a new password, which must contain at least 8 characters and must meet at least three of the four following conditions:

- Uppercase
- Lowercase
- Number
- Special Character

Passwords must match and will show a green "Looks Good!" if all criteria are met.

### Click FINISH to continue.

Your Password has been changed successfully.	
SHOW SOOK IN	

Once the password has been successfully updated, click "Show Sign In." The registration section will appear. Sign in with your username and your new password.

Looking for a different state?	For employers (Not an employer?)	Contact us Sign in or Register V
Not registered online? Create an account to view your coverage, get personalized out-of-pocket cost estimates, and more!	Sign in or <u>register</u> to view your informat	tion 🛞
Benefits of registering online	hmoxemployer01	•
Register now	Sign in Forgot <u>username</u> or <u>password</u> ?	SECURE Commenter State
Delta Dental Join us V Our plans V Tools Delta Dental of Washington	s ❤ Resources ❤ Our company ❤ 🔍 Ty	pe your search here Search

Confirmation code: 401817		
If the username matcher to the verified phone or confirmation code to an not received your confir proceed.	d a record on file, we h verified email. Please a rive and also check you mation code, please co	ave sent a confirmation code Illow 5 minutes for your ir spam folder. If you have intact <u>customer services</u> to

lassword	
	<b>⊙</b> √
assword must be at least 8 characters long a	and must contain three of
he four following, uppercase, lowercase, num	nber or special character.
Confirm Password	
	<b>⊙</b> √
ooks good!	
assword must match that entered above.	
word must match that entered above.	

## **User Guide**

Accept the Terms and Conditions to move on.

#### Set up for new account validation:

Once your account is set up, we'll send you two emails to complete the registration.

An email will be generated during the registration process to complete your registration.

Account Provision				
noreniv@deltadentalwa.com	S Reply	() Reply All	-> Forward	
			Tue 2/2/2021	9:33 AA
() in there are problems with new this message is displayed, click here to view it in a web browser.				
[CAUTOR: External email]				
À DELTA DENTAL				
Delta Dental of Washington				
Welcome to Delta Dental of Washingto	'n			
Register				
Please click the link below to start your registration process.				
Start Registration				

A second email will be sent containing the passcode to complete the username and password process.

SECURE: Retrieve Your Passcode for the Delta Dental of Washington Online Enrollment tool	
A	$\fbox{Reply} ~~ & \ref{reply} ~~ All ~~ & \ref{reply} ~~ & \ef{reply} ~~ & \ref{reply} ~~ & \ref{reply} ~~ & rep$
1 Section	Tue 6/28/2022 8:56 AM
Phish Alert	+ Get more add-ins
Your passcode: dummy code	
Important Note: This passcode will expire after 24 hours.	
You can access the Online Enrollment application via the following link: https://www.deltadentalwa.com/employer. Please click on the Employer	tab once onto the website.
NOTE: On retrieving your passcode to gain access to Delta Dental of Washington's online applications, you agree to the following:	
<ol> <li>The group will take reasonable and prudent measures to prevent unauthorized access to the website by someone acting or purporting to steps needed to comply with the HIPAA privacy and security regulations. (see <a href="http://www.hhs.gov/ocr/hipaa/">http://www.hhs.gov/ocr/hipaa/</a>)</li> <li>A group may have multiple authorized users, but each user MUST have his or her own account (identifying username and pase accounts and to take any necessary steps to prevent the unauthorized use of accounts</li> <li>Delta Dental of Washington may avail itself of any remedy under the law or the group contract, including cancellation of the group contract group's behalf accesses the website for any purpose other than specified herein.</li> <li>Either the group or Delta Dental of Washington may revoke any user's access to the website at any time with or without cause. The revor revocation by email, fax or mail.</li> </ol>	o act on the group's behalf. This includes all required sword). The group agrees not to allow "shared" act, if any user who is authorized to act on the oking entity will promptly notify the other of the
When you use this passcode to Register, you will be directed to the Register Employer Account screen, where you can create your username a Company Roles.	nd password of your choice and select your
<ul> <li>Please remember when creating your new password that it must contain three of the four following, uppercase, lowercase, number or spassword confidential.</li> </ul>	pecial character. Please keep your username and
Once your Registration is complete you will receive a separate email to verify your account.	
If you have any questions regarding Online Enrollment or your passcode has expired, please reply to this email or contact me at (800) 408-9850	).
Thank you for partnering with Delta Dental of Washington	

Accept the Terms and Conditions to move on.

# **User Guide**

### **Change Your Password**

- Enter your permanent password.
- Enter your security question and answer.
- Click Submit.

Password must be at least 8 characters long
Password must include 3 of 4:
- upper case - lower case - numbers - special characters
in? *
1

### Manage Your Email Communications

Communication preferences are important. Completing this allows us to send you an email notification every month when your invoice is ready to be viewed.

Once your online account is validated, no further paper invoices are mailed to you. Your invoices will be available on the 15th of every month.



# Welcome to your User Dashboard

Features of the dashboard All users can access	Looking for a different statet           Detta DENTAL:         Our plans v         Tools v         About us v         Resources v           Inter Dental of Neethnater         Moreau >> My Dashboard         Second Seco	Contactus A, My account v
<ul> <li>DDWA contacts.</li> <li>Document repository.</li> <li>Users with more permissions can also</li> </ul>	Hello, Amalea Welcome to your employer portal. Welcome tay suc on revery our group enrolment and invarians, and find decuments to help support your employee.	Helpful Links online Billing find a dentist
<ul> <li>Online enrollment.</li> <li>Online reporting – please contact your client</li> </ul>	Invoices and Enrollment Reports Use this tool to access incent invoices or enrollment reports for your pounds. INVOICES AND ENROLLMENT REPORTS	FORMS & APPLICATIONS FAG
manager for more information for online reporting.	Enrollment Use this tool to review current enrolment for your group(c). You can also manage enrollment if your account has the appropriate permissions. MANAGE ENROLLMENT	Vere the latest decounterts for your group, including Bandts. Summaries, Forms, and Bendtt Information. VIEW ALL DOCUMENTS
	Reporting Access your groups reports here. VIEW REPORTING	Ind

Here you will access all the tools you need to keep your account active and current.

From the dashboard you can access your user tools.

## **User Guide**

#### Enrollment



By clicking Manage Enrollment the user will go to the enrollment portal.

From here you can:

- Search for a member.
- Add a new member.
- View recent activity.

## Search and add new members

Enrollment	Subsci	riber Member ID	٩	Last Name, First Name	Q + NEW	мемві
Recent Activity from this page you can review th ihow 10 + entries	e recent activity for your group	s or search for a subscriber	to review their enro	ilment and submit changes.	Search:	
Name	👻 Member ID	Group ID	O Status	Changed by	Changes made on	
felicia gallant		00036-00120	Completed	Daric Leedy	06/06/2022 10:37	0
paw.patrol		00036-00130	Completed	Wilford Gonringer	06/02/2022 08:05	0
Zulu McMinnville		00036-00140	Completed	Wilford Gonringer	06/02/2022 08:01	0

## **User Guide**

### Add the details

	Huma > Evolvent South > And a member		
+ ENBOLLMENT HOME Add a member to enrollment			
Coverage Details Next texes Sectors Peace astect a Subgroup		Member Details Fint Name	Hidde Kame sever
kalashar Ganaga Khutas bata mmildad yyyy	Conneys Type Lond Safeet Subgroup Part *	Last Name Goder Select a gender	bots Boted a wolfer www bon 0 tion men/dd/yyyy
Contact Information Prove house	Emil Addres sense		
Chy Zip Code	verse Pases select State • Contry United States of America •		
SAGINT CANCEL			

### **Coverage details:**

- 1. Select Sub-group.
- 2. Enter effective date.
- 3. Select coverage level (employee, employee + dependents etc.)
  - a. Dependent details will appear when a coverage tier that includes dependents is activated.

#### Add:

- Contact information.
  - o Phone number
  - o Email address
  - o Address
  - o City, State
  - o Zip and country
- Add all other member details.

### **Click submit**

A bright blue box will appear in the top right-hand corner of the screen when the record has been saved successfully.





## **User Guide**

#### Add a dependent

Details:

Click "add dependent" to open the details.

- o First name
- o Middle Name
- Last name
- o Gender
- o Date of birth
- Relationship
- Effective date
  - If same a subscriber, leave line checked
- o Address
  - If same as subscriber, leave line checked

ependent Details		
e coverage type you have selected allows for dependents to be activ	·	
+ ADD DEPENDENT		
Enter Details For Dependent I		
First Name	Middle Name	
Last Name	Optional Suffix Select a suffix	
Gender Select a gender	Optional Dete Of Birth • mm/dd/yyyyy	
Relationship Relationship		
Phone Number		
Optional		
Vse same effective date as Member		
Address is the same as Member		
SEMONE .		

Groups will have the ability to add disabled status via the portal.

- Verification type will appear when dependent is chosen from the relationship drop down.
- Select disabled from the drop down.
- Check box to accept the verification terms that are outlined in the group contact.

Dependent	v
Verification Type Disabled	~
Optional	
I accept the verification terms	
Phone Number	
Phone Number	
Phone Number	
Phone Number (	

### Search for a current member:

Enrollment		Sub	scrib	er Member I	D	۹	Ľ.	Barney Rubb	ble			Q.	+ N	EW MEMBER
earch results have been returned	i based on	the groups for wit	ich yo	u have permissio	л.									
Search Results														
Show termed members														
ihow 10 + entries											3	Search:		
Name	٠	Member ID	÷	Group ID	¢	Effective Date	¢	Termination Date	¢	Coverage Level	s	Enrollme Status	nt 🤹	
BARNEY RUBBLE		965033277		09207-0001	0	05/01/2022		12/31/9999		ESD		Active		O ID Card

To search by member ID or UID:

• Enter ID number in the subscriber member ID filed and click

To search by name:

• Enter the member's name or partial name in the last name and/or first name field and click

Click the green link to open an existing record

- Only active records will be returned.
- To include terminated records in a search, click "show termer members" box.

#### **Recent Activity**

From the online enrollment landing page, you can view work with Recent Activity.

Name	4	Member ID	44	Group ID	4	0	Status	÷	Changed by	4	Changes made	
Malayzia O'Doireidh		996651662		00036-00110		Co	mpleted		Marcail Choak		06/07/2022 16:08	₽
MIKE HOOPER		965033554		00036-00110		Per	nding		Marcail Choak		06/08/2022 16:33	
lee-ann st james				00036-00000	í.	Fa	iled		Sarri Silverson		06/08/2022 11:23	

Recent activity will show the last 30 days of changes via the portal. Users can make changes 24 hours a day, but changes will only sync 7 am – 10pm Monday through Saturday.

## **User Guide**

#### **Terminate Member**

Conduct a member's search as above, enter termination date in the subscriber coverage termination date field, and then click "submit changes."

CONTRACTOR RECORDS AND ADDRESS OF			
Coverage Details			
Parent Group: BGIS Global Integrated Sc	olutions US LLC BGIS Global Integrated S	iolutions US LLC.	
Sub Group			
			v
Subscriber Original Coverage Effect	tive Date	Subscriber Coverage Effective Date	
Subscriber Coverage Termination D 06/30/2022	ate	Coverage Type/Level	,

Note: terminating a subscriber's benefits will automatically terminate a dependent's benefits.

### **Terminate Dependent**

- Expand the dependent zone of the dependent terminating.
- Enter the termination date in the dependent coverage termination field.
- Click submit changes.
- Confirm changes by clicking submit on the pop-up box.

he coverage type you have selected allows for dependents to be active.		
+ ADD DEPENDENT		
DEPENDENT HOOPER DEPENDENT HOOPER - Dependent - Active		^
First Name DEPENDENT HOOPER	Middle Name DEPENDENT HOOPER	
	Optional	
Last Name DEPENDENT HOOPER	suffix Select a suffix	
	Optional	
Gender Male	Date Of Birth 01/01/2014	
Relationship Dependent		
Verification Type Verification Type		
Optional Phone Number		
Optional	-	
Dependent Coverage Effective Date 05/05/2022	Dependent Coverage Termination Date  0 6/30/2022	~
	Current Value: 12/31/9999	
Address is the same as Subscriber		
nten Conces		
have an effect the second Plana and an and a barran before		
news modernals of a record, means review your charges because		
and Pield Old value M opendents Dependent Coverage Termination Date 12/31/9999 O	iwi value Name 6/30/2022 DEPENDENT HOOPER DEPENDENT HOOPE	IR - Dupender

A DELTA DENTAL

### **Member Reinstatement**

- Perform a member search.
- Member's information will pull up grayed out.
- Scroll to the bottom of the screen.
- Click reinstate.

MIKE ROCKER - Enrollment			
Coverage Details Naming transmission investor transmission of the second		Member Details	Nith fare ion
Salambar Daine Comme Distriction DA/0/2022	Advector Group Division Tem Divisio Division Tem	untime BOOKER	Mini surits and a second secon
Admitter Correspondence Inter 🖤 04/101/2022	Brentenne Territore Brentenne + Banane SPI Chiefmeit	s Coldred	546 0 000 • 65/6 001
		Average N 90002243	Engine D
		100	
		THE O	
Contact Information		Dependent: Details	
Humitader (2012000-0000	Deal Address	The characterized are than before prove the approxi-	arre to adva
Admini Unici 2003 W EUCLIO 49/8	Address Une 2	senselina ACOLO - Januar - Termai	•
Inv SPOLAE	una Ten Kadagian		
Section Manuality	Tavits Tribul Kary of America		
86-6634T			

The existing information will populate the screen.

- Select subgroup from drop down.
- Enter effective date.
- Select coverage level.
- Make necessary updates to demographic information in the member details, contact information and/or dependent details zones.
- Click submit changes.
- Confirm changes in pop-up box and click submit.

- Enrollment			
Coverage Details Twee lower We have a Manufacture of the second secon	biological Restation and a second se	Member Details Inter Int	Mode Same
Contact information	Ensi Abbas mere Abbas 1		

## **User Guide**

### **Reinstate Dependent**

Expand the dependent record to be reinstated by clicking the drop down.

It will be grayed out. Scroll down and click re-instate. Click submit to save the record.

Expand the dependent record again that states "reinstate" to expand record

- Enter the effective date.
- Click submit changes.
- Confirm changes by clicking submit in the popup box.

he coverage type you have selected allows for deper	ndents to be active.	
+ ADD DEPENDENT		
- Active		^
First Name	Middle Name	
Last Name	Optional Suffix Solent a suffix	
-	Optional	
Gender	Date Of Birth	
Relationship		
Phone Number (000)000-0000		
Optional		
Dependent Coverage Effective Date	Dependent Coverage Termination Date <b>(</b>	
Address is the same as Subscriber		
Address Line 1	Address Line 2	
City	State	
Zip Code	Country	
- Active		~

## **User Guide**

## Subgroup Changes

- Select the new subgroup from the drop down in the coverage detail zone.
- A pop-up will appear id there are also dependents active on the old subgroup.
- Click OK.
- Enter the effective date for the change.
- Confirm changes by clicking submit.

coverage becans	
arent Group: Saltchuk Resources, Inc TOTE Ser	rvices, Inc.
luh Groun	
00036-00120	
00036-00130	
00036-00210	
00036-00220	
00036-32653	
00036-22653	y
00036-00652	
00036-12652	
00036-22652	
00036-20653	

Dependent(s) Effective Date Inherited	×
With the new Sub Group selected, all dependent( coverage will automatically inherit the Subscriber Effective Date.	s) under the new 's new Coverage
	ок

Confirm Changes					×
You have changed the s Please review your char	subgroup/coverage for this member(s). Previous coverage ges below.	will be automatically termed.			
Card	Field	Old value	New value	Name	
Coverage Details	Sub Group	Saltchuk Resources, Inc TOTE	Saltchuk Resources, Inc TOTE Services, Inc.		
Coverage Details	Subscriber Coverage Effective Date	03/01/2022	06/01/2022		
Coverage Details	Subscriber Original Coverage Effective Date	03/01/2022	03/01/2022		
Coverage Details	Subscriber Coverage Termination Date	12/31/9999			
New dependents adde	d				
Name: DEPENDE	INT HOOPER DEPENDENT HOOPER - Depen	dent			
			SUBMIT	CANCEL	

## Invoices

From the dashboard click on the Invoices and Enrollment Reports.

### **View Invoice**

- Click View Invoice.
- Select your group name or number and subgroup (if applicable) from the drop-down boxes.
- Select the Invoice Date from the dropdown box.
- Click View Invoice.
- Download your invoice by clicking Export to Excel/PDF.



Add Subscribers Edit Subscr	bers/Dependents View Invoice View Enrollment Reports	
View Enrollment Reports		
Select a Group		
Group name or number *	GroupABC - 00000 *	
Subgroup	All subgroups	
Subscribers only     Subscribers and Depen	tents	
Members by Group/SubGroup	fonte	
Members by Coverage Level Subscribers only Subscribers and Depen	ients	
Transactions	ange	

- Group level invoices show group & subgroup information.
- Subgroup level invoices show only subgroup information.
- You have access to invoices for the past 24 months.

TIP: If you get an error message stating: "No invoice reprints available", clear the subgroup drop-down box to continue.

## **User Guide**

## **Your Documents**

To access your documents, click on "view all documents" on the dashboard.

The document repository contains documents such as the group's contract, booklet request forms and more. The repository is supported by the client management team.

You	r Documents
View the Summari	latest documents for your group, including Benefit: es, Forms, and Benefit Information.
	VIEW ALL DOCUMENTS

	General Documents	
Document Repository Private Employer	2019_LG_Change_Page_NCC	
There are currently no documents for your groups.	2020_LG_Change_Page_NCC	
	2021_LG_Change_Page_NCC	
	Booklet Request Form 20180109	
	DDWA_NOPP_122019	
	DDWA_NOPP_2017	

# **ID Card**

search results have been returned Search Results	based on t	he groups for whi	ich yoi	u have permission	n.					
Show termed members									Search:	

To view or order ID Cards, start by doing a member search.

Click the green link on the far right of the item you wish to open.

Clicking the ID Card link will download a PDF document with the member information.

ID Cards can also be accessed on the subscriber's page by clicking the green ID Card link on the top right-hand corner of the screen.

Policyholder: Josefita Jacop		Policyholder: Josefita	Jacop
Group Name: Saltchuk Reso	uroes, linc.	Group Name: Saltchu	Resources, Inc.
Network: Delta Dental P	PO	Network: Delta D	ertal PPO
Member ID: 994718344	Deita Phone:	Member ID: 994718	644 Delta Phone:
Group ID: 00036-11410	Delta Text: 1-833-604-1246	Group ID: 00036-1	1410 Delta Text: 1-833-604-1246
Covered Dependent(s) Josefita Jacop	Effective Date 08/01/2019	Covered Dependent(	b) Effective Date 08/01/2019
		÷	
82 82 120082	eW to leaned stied e27 xo8 Oq X186 AW elthee2	183 180	infaew to leaned cated 58927 xo8 Oq 20-27189 AW elitise2
2-0983 83 18µington Lcom	Witanedatied eW to intro detail e27 xog O9 C188 AW eitteeZ	183 1930 1910 1910	DeitaDeritaDesidu Delta Dental of Vusahir S8927 x08 09 20-27189 AW sittes2
stion, visit Lcom 83 05883 28800	montini trinenterita Witanedetiad Wita Dental of We We Dental Calture STISE AW elthee2	n, visit 100 183	ocidemrointi stitened ro- benedited Date Dented of the Saezt xog O 20-27189 AW states2
5-09683 stion, visit Lcom b3 b3 b3 b3 b3 b3 b3 b3 b3 b3 b3 b3 b3	io no egunerange o on zi monti trinond to Awiennodetiad Wiennodetiad Weat o entra Santa Sa	IS3 In visit In visit Pressore	Is not a guarantee of con For benefits information Delta Dental of Washir Po Box 75983 Po Box 75983 Po Box 75983 Po Box 75983

## **History**

To view history, start by doing a member search by ID number, UID or name (see above). Click the green link on the far right of the item you wish to open.

osefita Jacop		994718344		00036-11410		08/01/2019		12/31/9999		SPO		Active		O ID Card
lame		Member ID	-	Group ID	\$	Effective	÷	Termination	÷	Coverage	÷	Enrollment		
how 10 = entries												Search:		
Show termed members														
earch Results														
earch results have been returned b	ased on t	the groups for whi	ch you	have permission										
Enrollment		Subs	cribe	er Member I	D	٩		jaco				۹	+ NE	EW MEMBER

The history link will redirect the user to a new screen that will show all the changes that have been made to the member's record.

nick mahoney - I	Mei	mber History		1000000000				
Enrollment history is available for the	past 3	8 months.						
Subscriber enrollment submitted on (	06/06/	/2022 by feduat03.						
Show 10 e entries							Search:	
Username	4	Field Changed	÷	Original Value	4	Submitted Changes 🗧 🐤	Submitted on 🔅	Processed on
feduat03		Field_Subscriber_CoverageEffectiveDate		06/01/2022		03/01/2022	06/06/2022 11:01	06/06/2022 11:01
feduat03		Field_Subscriber_CoverageTerminationDate		12/31/9999			06/06/2022 11:01	06/06/2022 11:01
feduat03		Field_CoverageCode		Employee + Spouse/DF		Employee Only	06/06/2022 11:01	06/06/2022 11:01
feduat03		Field_Subscriber_CoverageEffectiveDate		03/01/2022		06/01/2022	06/06/2022 10:56	06/06/2022 10:56
feduat03		Field_Subscriber_CoverageTerminationDate		12/31/9999			06/06/2022 10:56	06/06/2022 10:56
feduat03		Field_CoverageCode		Employee Only		Employee + Spouse/DP	06/06/2022 10:56	06/06/2022 10:56

Changes to the technology of our portal will limit the history download. If the view is limited this pop-up will show:

Currently there is no history data or you do not have permissions to view history data for the selected subscriber.

## **User Guide**

Questions on online enrollment eligibility and billing?

Contact your Delta Dental of Washington Group Administration Representative at (800) 403-6101.

DeltaDentalWA.com

Western Washington 400 Fairview Ave North, Suite 800 Seattle, WA 98109 (206) 522-1300 | (800) 367-4104 GroupSales@DeltaDentalWA.com

Eastern Washington 611 N Iron Bridge Way, Suite 200 Spokane, WA 99202 (509) 535-1080 | (800) 564-8832 Spokane@DeltaDentalWA.com