DELTA DENTAL Delta Dental of Washington

ONLINE ENROLLMENT 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.

APPLY FOR ACCESS:

- Complete the Online Enrollment Application.
- Email it to onlineapplications@deltadentalwa.com or fax to: (206) 985-4783.

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

DELTA DENTAL Delta Dental of Washington

PO Box 75983 | Seattle, WA 98175-0983
(800) 403-6101

Online Enrollment Application & Change Form

Use the Online Enrollment tool to view or make changes to eligibility records at **DeltaDentalWA.com/employer**.

Register for Full Access to receive invoices exclusively online. Paper invoices will no longer be mailed.

Please complete the information below:

Group Number _____   Group Name _____

Phone Number_____   Group Address*_____

TPA Address (if applicable):_____

Billing contacts must use their billing address.

Online Enrollment Access Type (select only one):

☐ **Full Access:** Manage all Enrollments, Terminations & Changes to eligibility records exclusively with Online Enrollment Tool.

☐ **View Access:** View purposes only. All Enrollments, Terminations & Changes made via enrollment forms or electronic files.

ADD A NEW USER OR CHANGE A CURRENT USER'S PRIVILEGES

User Type	Name	Email	Access to All Subgroups?	Which Subgroups Does User Have Access To?
Group Physical Contact			☐ Yes	
Group Billing Contact			☐ Yes	
Contact Additional			☐ Yes	
Contact Additional			☐ Yes	

SET UP VALIDATION:

Once your account is set up, we'll send you two emails:

- Email #1 shows your assigned username
- Email #2 gives you a temporary password in a secure email

NOTE: Your secure email password is separate from the password you'll use to access the Online Enrollment tool.

Subject: Your User Name for the Delta Dental of Washington Online Enrollment tool

Your user name is: Enter user name

You will receive a separate email within the next business day with instructions for retrieving your password. Once you have retrieved your password, you can access Online Enrollment via the following link: https://www.deltadentalwa.com/Guest/Public/SignIn.aspx

For your convenience, an Online Enrollment User guide is also available via the following link: Online Enrollment Guide
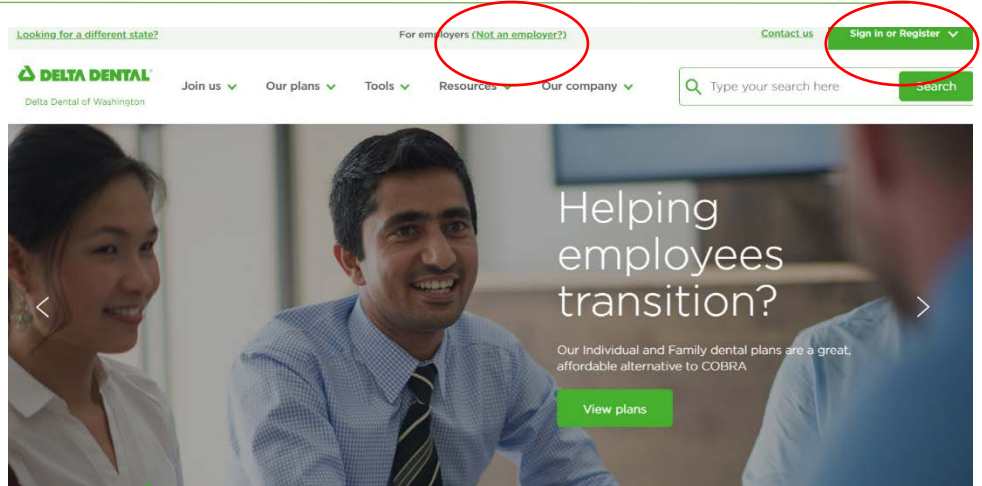
Subject: SECURE: Retrieve Your Password for the Delta Dental of Washington Online Enrollment tool

Your temporary password

You can access the Online Enrollment application via the following link: https://www.deltadentalwa.com/Guest/Public/SignIn.aspx
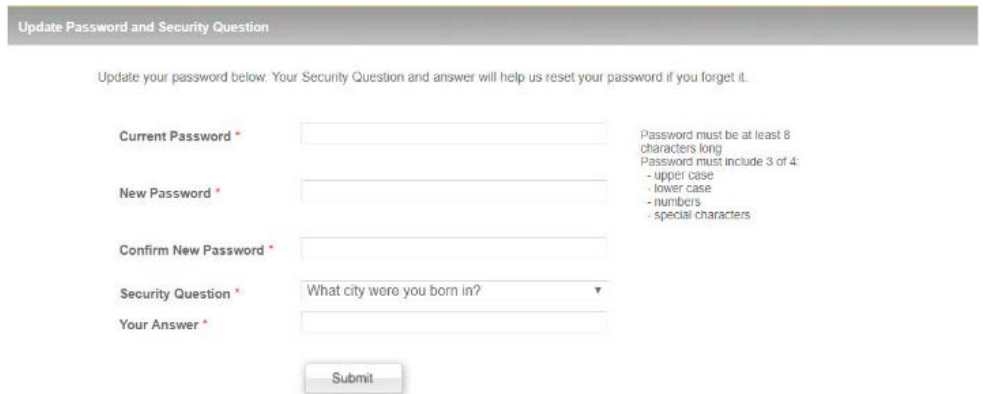
SIGN IN:

- From Delta Dental of Washington Homepage, select Employer button
- Click Sign in or Register
- Sign in with your assigned username and temporary password
- Accept Terms & Conditions

Looking for a different state?   For employers (Not an employer?)   Contact us   Sign in or Register ⌄

DELTA DENTAL
Delta Dental of Washington

Join us ⌄   Our plans ⌄   Tools ⌄   Resources ⌄   Our company ⌄   🔍 Type your search here   Search

Helping employees transition?

Our Individual and Family dental plans are a great, affordable alternative to COBRA

View plans

CHANGE YOUR PASSWORD:

- Enter your permanent password
- Enter security question & answer
- Click Submit

Update Password and Security Question

Update your password below. Your Security Question and answer will help us reset your password if you forget it.

Current Password *

New Password *

Confirm New Password *

Security Question *   What city were you born in?   ▼

Your Answer *

Submit

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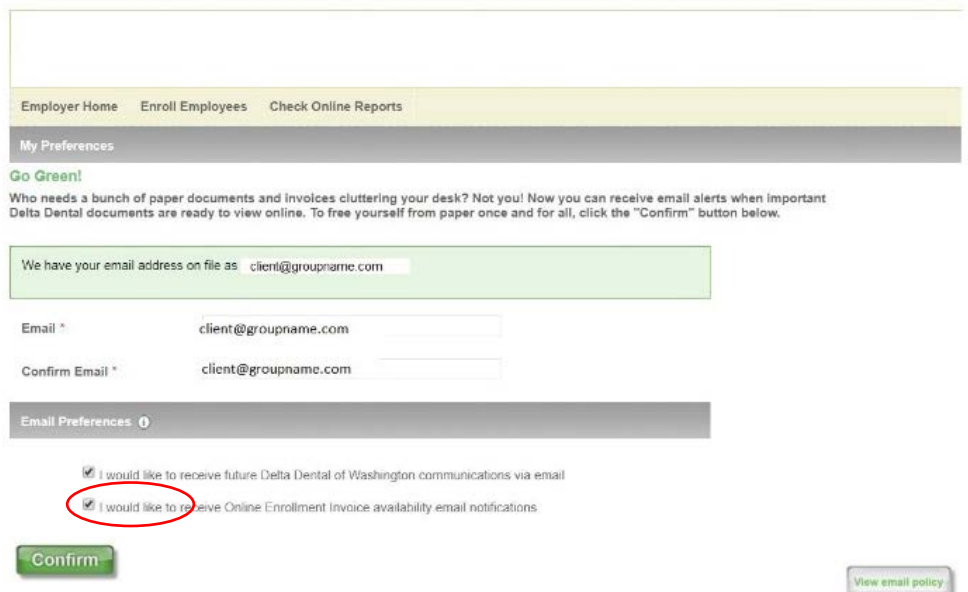- upper case
- lower case
- numbers
- special characters

MANAGE YOUR EMAIL COMMUNICATIONS:

- Click Email & communications
- Click the second box
- Click Confirm

IMPORTANT: 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 are available the 15th of every month.

Employer Home   Enroll Employees   Check Online Reports

My Preferences

Go Green!

Who needs a bunch of paper documents and invoices cluttering your desk? Not you! Now you can receive email alerts when important Delta Dental documents are ready to view online. To free yourself from paper once and for all, click the "Confirm" button below.

We have your email address on file as   client@groupname.com

Email *   client@groupname.com

Confirm Email *   client@groupname.com

Email Preferences ⓘ

☑ I would like to receive future Delta Dental of Washington communications via email

☑ I would like to receive Online Enrollment Invoice availability email notifications

Confirm   View email policy

Delta Dental of Washington

FIND CURRENT OR FORMER SUBSCRIBERS OR DEPENDENTS:

- Click Enroll Employees tab
- Enter employee first and last name OR member ID
- Click Search

NOTE: You can also use the side tiles to navigate to any feature.

NOTE: If your group has 15+ subgroups, enter the subgroup number in the open field

If your group has less than 15 subgroups, choose from the drop down menu.

Delta Dental of Washington

ADD SUBSCRIBERS:

- Click Enroll Employee
- Click Add Subscribers
- Select your group name and, if applicable, the subgroup number from dropdown boxes
- Update all necessary fields. Required fields are marked with an *****
- Enter subscriber email address
- Click Submit

Note: Emails entered will not override the subscribers' existing MySmile registration email address.

IF YOU RECEIVE THIS INFORMATION MESSAGE:

- Click Continue to complete the dependent enrollment form
- Click Cancel to change the coverage level for this subscriber

Delta Dental of Washington

EDIT SUBSCRIBER

- Find the Subscriber
- Click Edit Subscriber Details
- Update all necessary fields
- Click Submit

Subscriber Information

View Details for Subscriber MOLLY MOLAR   #123456789

Find another Subscriber

Edit Subscriber Details   Change Subgroup   Change Coverage Level   Terminate Coverage   Reinstate Subscriber   Print ID Card   Email ID Card   Change Effective Date

Date of Birth:	01/01/1978	Group Name:	GroupABC	Original Effective Date: 07/01/2015
Address:	123 Main Street	Group Number:	00000	Termination Date: 12/31/9999
Address 2:		Subgroup Name:	SubGroupDEF	Coverage Level: FAM
City:	SEATTLE			Coverage Level Effective Date: 07/01/2015
State:	WA	Subgroup Number:	00000-11111	Last Modified: 07/01/2015
Country:	USA	Email:	subscriber@groupname.com	
Zip:	98101			
Phone:	0000000000			

Covered Dependents

Add Dependent   Edit Dependent   Terminate Dependent   Reinstate Dependent   Change Effective Date

Relation	First name	Middle Name	Last Name	Individual Effective	Individual Termination	Verification Type	Verification Status	Verification Expiration
Spouse	WILLIAM		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	SUSAN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	JOHN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A

Note: Contact your Group Administration representative for help in editing the SSN field.

Edit details for Subscriber MOLLY MOLAR #123456789

Personal Information

First Name * MOLLY

Middle Name

Last Name * MOLAR

Suffix

Date of Birth * 01/01/1978
mmddyyyy

Gender * ○ Male ● Female ○ Unknown

Social Security Number ___ - ___ - ___

Address 1 * 123 Main Street

Address 2

City * SEATTLE

State/Province * Washington

Postal/Zip Code * 98101

Country * United States

Home Phone 000 000 0000

Email ⓘ subscriber@groupname.com

Submit   Cancel

Required fields are indicated with an asterisk (*).

Delta Dental of Washington

ADD DEPENDENT

- Find the Subscriber
- Click Add Dependent
- Update all necessary fields
- Click Submit

Subscriber Information

View Details for Subscriber MOLLY MOLAR   #123456789

Find another Subscriber

Edit Subscriber Details   Change Subgroup   Change Coverage Level   Terminate Coverage   Reinstate Subscriber   Print ID Card   Email ID Card   Change Effective Date

Date of Birth:	01/01/1978	Group Name:	GroupABC	Original Effective Date:	07/01/2015
Address:	123 Main Street	Group Number:	00000	Termination Date:	12/31/9999
Address 2:		Subgroup Name:	SubGroupDEF	Coverage Level:	FAM
City:	SEATTLE			Coverage Level Effective Date:	07/01/2015
State:	WA	Subgroup Number:	00000-11111	Last Modified:	07/01/2015
Country:	USA	Email:	subscriber@groupname.com		
Zip:	98101				
Phone:	0000000000				

Covered Dependents

Add Dependent   Edit Dependent   Terminate Dependent   Reinstate Dependent   Change Effective Date

Relation	First name	Middle Name	Last Name	Individual Effective	Individual Termination	Verification Type	Verification Status	Verification Expiration
Spouse	WILLIAM		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	SUSAN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	JOHN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A

Add Dependent Information

For Subscriber: MOLLY MOLAR #123456789   Coverage Level: FAM Effective Date: 07/01/2015

Personal Information

First Name *
Middle Name
Last Name * MOLAR
Suffix
Date of Birth * mmddyyyy
Gender * Male Female Unknown
☑ Use subscriber address
Address 1 123 Main Street
Address 2
City SEATTLE
State/Province Washington
Postal/Zip Code 98101
Country United States
Home Phone 000 000 0000

Dental Coverage Information

Relation to Subscriber * -- Select Relationship --
Dependent Effective Date* 09/01/2018 mmddyyyy

Submit   Cancel

Required fields are indicated with an asterisk (*).

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TERMINATE SUBSCRIBER

- Find the Subscriber
- Click Terminate Coverage
- Enter the termination date in the Subscriber Termination Date box
- Click Submit

Subscriber Information ⓘ

View Details for Subscriber MOLLY MOLAR   #123456789

Find another Subscriber

Edit Subscriber Details   Change Subgroup   Change Coverage Level   Terminate Coverage   Reinstate Subscriber   Print ID Card   Email ID Card   Change Effective Date

Date of Birth:	01/01/1978	Group Name:	GroupABC	Original Effective Date:	07/01/2015
Address:	123 Main Street	Group Number:	00000	Termination Date:	12/31/9999
Address 2:		Subgroup Name:	SubGroupDEF	Coverage Level:	FAM
City:	SEATTLE	Subgroup Number:	00000-11111	Coverage Level Effective Date:	07/01/2015
State:	WA			Last Modified:	07/01/2015
Country:	USA	Email:	subscriber@groupname.com		
Zip:	98101				
Phone:	0000000000				

Covered Dependents ⓘ

Add Dependent   Edit Dependent   Terminate Dependent   Reinstate Dependent   Change Effective Date

Relation	First name	Middle Name	Last Name	Individual Effective	Individual Termination	Verification Type ⓘ	Verification Status ⓘ	Verification Expiration ⓘ
Spouse	WILLIAM		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	SUSAN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	JOHN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A

NOTE: Terminating an employee will automatically terminate all dependents

Terminate Coverage

For Subscriber: **MOLLY MOLAR #123456789**

Please check the details of the coverage

Subscriber Effective Date:	**07/01/2015**
Subscriber Termination Date:*	12/31/9999
	mmddyyyy

Submit   Cancel

Required fields are indicated with an asterisk (*).

TERMINATE DEPENDENT

- Find the Subscriber
- Click Edit Subscriber/Dependents
- Click on radio button beside the chosen dependent
- Click Terminate Dependent
- Enter termination date in the Individual Term Date field
- Click Submit

NOTE: You will receive an error message if the dependent(s)' termination date does not match the coverage level or effective date of the subscriber.

REINSTATE DEPENDENT

- Find the Subscriber
- Click Edit Subscribers/Dependents
- Click on the radio button beside the chosen dependent
- Click Reinstate Dependent
- Enter the Dependent Effective Date
- Click Submit

Note: The effective date is a required field and may not be prior to the dependent's new effective date.

Subscriber Information

View Details for Subscriber MOLLY MOLAR #123456789

Find another Subscriber

Edit Subscriber Details   Change Subgroup   Change Coverage Level   Terminate Coverage   Reinstate Subscriber   Print ID Card   Email ID Card   Change Effective Date

Date of Birth:	01/01/1978	Group Name:	GroupABC	Original Effective Date:	07/01/2015
Address:	123 Main Street	Group Number:	00000	Termination Date:	12/31/9999
Address 2:				Coverage Level:	FAM
City:	SEATTLE	Subgroup Name:	SubGroupDEF	Coverage Level Effective Date:	07/01/2015
State:	WA	Subgroup Number:	00000-11111	Last Modified:	07/01/2015
Country:	USA				
Zip:	98101				
Phone:	0000000000	Email:	subscriber@groupname.com		

Covered Dependents

Add Dependent   Edit Dependent   Terminate Dependent   Reinstate Dependent   Change Effective Date

Relation	First name	Middle Name	Last Name	Individual Effective	Individual Termination	Verification Type	Verification Status	Verification Expiration
Spouse	WILLIAM		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	SUSAN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A
Dependent Child less than 26 years	JOHN		MOLAR	07/01/2015	12/31/9999	N/A	N/A	N/A

CHANGE COVERAGE LEVEL

- Find the Subscriber
- Click Change Coverage Level
- Select new coverage level from the dropdown box
- Enter the effective date
- Click Submit

NOTE: The system automatically terminates the subscriber's previous coverage level as of the day prior to the new effective date

Employer Home   Enroll Employees   Check Online Reports

Add Subscribers   Edit Subscribers/Dependents   View Invoice   View Enrollment Reports

Change Coverage Level

For Subscriber: **MOLLY MOLAR - #123456789**

Please edit the details of the coverage level. If no edits are required, hit Cancel.

From Coverage Level:	FAM - Employee + Spouse/DP, Child(ren)
To Coverage Level:*	▼
Effective Date of Coverage Level Change: *	07/01/2018 mmddyyyy

Submit   Cancel

Required fields are indicated with an asterisk (*).

CHANGE SUBGROUP

- Find the Subscriber
- Click Change Subgroup
- Select Subgroup from the dropdown box
- Select Coverage Level from the dropdown box
- Enter the effective date
- Click Submit

NOTE: The system will automatically terminate the subscriber from the previous subgroup, effective the day prior to the date entered

VIEW ENROLLMENT REPORTS

- Click View Enrollment Reports
- Choose your group name or number and, if applicable, the subgroup
- Click the radio button to select report type
- Select report date
- Click Submit
- Your report can be exported to Excel or PDF

NOTE: The report displays only eligible subscribers during the time period you've selected.

Click Show all to view all members, active and inactive, during the selected time period.

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
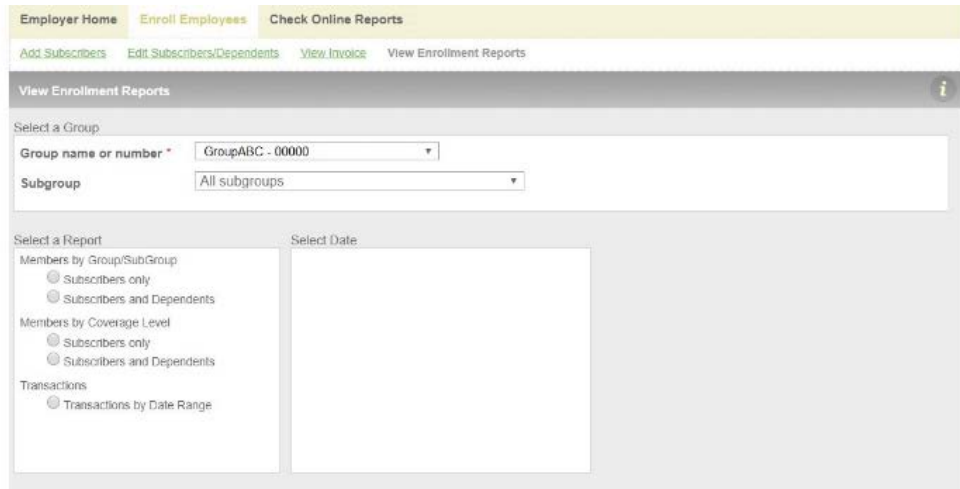
NOTE:

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", just clear the subgroup drop down box to continue

PRINT OR EMAIL ID CARDS

(FOR INDIVIDUAL MEMBERS)

- Find the Subscriber
- Click Print ID Card or Email ID Card

You can print the card from a PDF file or email it directly to an Inbox.

PRINT OR EMAIL ID CARDS

(FOR ENTIRE GROUP)

- From Delta Dental of Washington Homepage, select Employer button
- Click Print ID cards
- Login to your account
- Select your group
- Select or enter the subgroup

You can print the cards from a PDF file or email them to an Inbox.

Employer tools

Print ID cards 🔒
Fill out your information to create and print ID cards for your employees

Find a dentist
Help your employees find their favorite in-network dentist based the criteria that matters most

Print\Email ID Card

Select a Group

Group name or number * GroupABC - 00000 ▾

Subgroup * ⓘ GroupABC - 00000-1111 ▾

Print ID Card   **Email ID Card**

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