△ DELTA DENTAL®

Northeast Delta Dental

Group Admin Portal Reference Guide
for
Users with Add & Edit Enrollment Rights

HIPAA

Pursuant to the Health Insurance Portability and Accountability Act of 1996, every effort has been made to ensure that no text or screen prints contain personal information. Wherever possible, the data used is test data and fictitious in nature. If you have any concerns about the information contained herein, please notify your Account Manager immediately.

Contents

Introduction to the Group Admin Portal

The Group Admin Portal is designed specifically for Northeast Delta Dental plan purchasers. The portal provides approved users with the ability to review and modify their enrollment and is a resource for important content such as plan documents, forms, and policies.
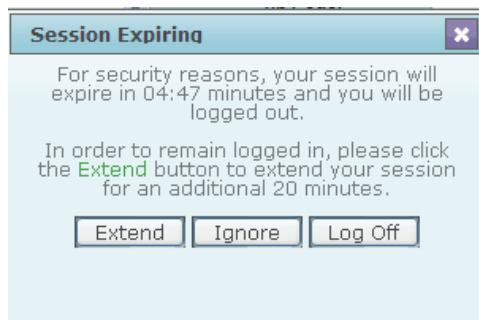
- If you enlist the services of a producer and wish to grant access allowing the producer make changes on your behalf via the Group Admin portal, you must provide Northeast Delta Dental with a **Producer Authorization** letter. Please contact your Account Manager for this form.

This Reference Guide is intended for Group Administrators who have full access rights to use Northeast Delta Dental's Group Admin Portal. Note: Users with view only rights will not see the Add Enrollment or Edit Enrollment pages
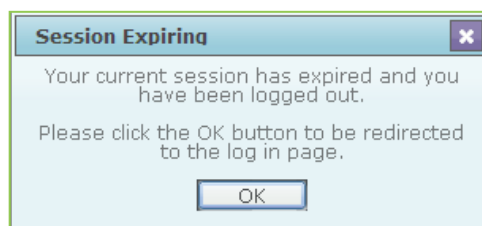
For questions related to benefits and claims, contact Customer Service at 800-832-5700. Contact your Account Manager for contracts and plan information (refer to Contact Us). Contact the Eligibility department for eligibility and billing questions at 800-537-1715.

Before You Begin

- There are circumstances when you will need to contact our Eligibility department for assistance with online enrollment. These include crediting of prior time and certain retroactive changes/additions/terminations.

- Once you start making your changes using our Group Admin Portal, we ask that you please use this system exclusively in place of submitting any paperwork to our Eligibility Department with the following exception: crediting of waiting periods for prior coverage.

- The system will end your session if there is no online activity after 20 minutes. A message will appear notifying you that the session is about to expire. You may select one of the following options: extend the session, ignore the warning, or log off.

Session Expiring [×]

For security reasons, your session will expire in 04:47 minutes and you will be logged out.

In order to remain logged in, please click the Extend button to extend your session for an additional 20 minutes.

[Extend] [Ignore] [Log Off]

If you do not select **Extend** or **Ignore**, the session will end. The following message will appear at which point you must log in again:

Session Expiring [×]

Your current session has expired and you have been logged out.

Please click the OK button to be redirected to the log in page.

[OK]

Locating the Group Admin Portal

The Group Admin Portal launches from the Northeast Delta Dental website.

1. Open the Northeast Delta Dental portal in your web browser: http://www.nedelta.com/
2. Select Employers.
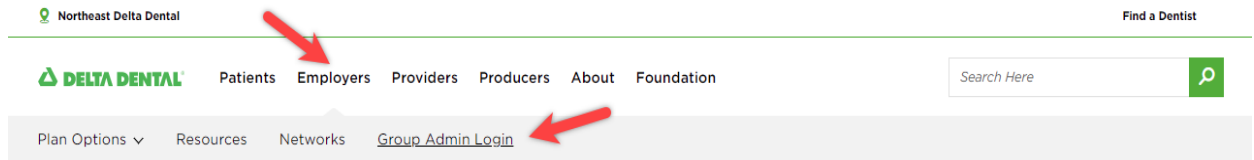
3. Login with your existing user information or register as a new user.

Registering as a New User on the Group Admin Portal

To register, follow the below instructions:

1. From the Employers page of www.nedelta.com, go to the Login to Group Admin box
2. Select the Register Here link:

3. The Group Administration Registration page will appear:

4. The group administration registration page contains two sections: Contact Information and Group Information.

Contact Information

The information provided in the **Contact Information** section (shown on previous page), creates the user's profile. All of the below fields are required:
  o To cancel at any time, select the **Cancel** button at the bottom of the page.
1. **First Name:** Enter user's first name.
2. **Last Name:** Enter user's last name.
3. **Phone Number:** Enter user's phone number.
4. **Email Address:** Enter the user's email address.
5. **Confirm Email Address:** Re-enter the user's email address.
6. *State:* Enter the state where the group is located (*ex. Corporate headquarters*).
7. **User Name:** Auto-populates with the user's email address.
8. **Password:** Enter the password
   a. *Passwords must contain at least 8-32 characters including a lowercase letter, uppercase letter, a number, at least one special character (not contacting % or &).*
9. **Confirm Password:** Re-enter the password.
10. **Password Question:** Select a password security question from the dropdown menu.
11. **Password Answer** Provide the answer to the password question.
12. **Are you a producer?:** Check only if the user is a producer/broker for the group.
   o **A Producer Authorization letter is required for each group to which the user requests access.*
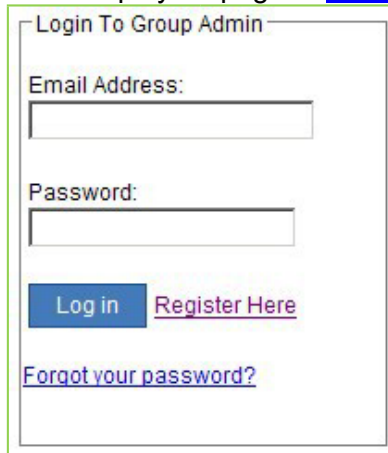
Group Information

The information provided in the **Group Information** section indicates the group(s) and sublocation(s) to which the user is seeking access.

- o The group, sublocation and division numbers can be found on the remittance page of the group bill.

1. **Group Name:** Enter the name of the group.
2. **Group Number:** Enter the group number
3. **Sublocation Number:** Enter the group sublocation number
4. **Division Number:** Enter the group division number, if applicable, or 0000.
5. **Additional Sublocations:** Click the 'Add Additional Sublocation' and repeat steps 3 & 4
6. **Additional Group:** Click the 'Add Additional Group' and repeat steps 1-4
7. Select the **Submit** button when finished. To cancel, select the **Cancel** button.
8. A confirmation message will appear indicating that you will receive an email regarding the approval status of your request within two business days.
   a. To access the secure functions of the Group Admin Portal you must be *an approved* registered user

Logging into the Group Admin Portal

To access the secure functions of the Group Admin Portal a registered user must login.

From the Employers page of www.nedelta.com, go to the Group Admin login area:

Login To Group Admin

Email Address:

Password:

Log in   Register Here

Forgot your password?

1. Enter the email address.
2. Enter the password. (*If forgotten, select* Forgot your password? to reset your password.*)*
3. Select the Log In button.
4. If you try to log in before receiving approval, the message "This account has not been approved, please contact account services at groupadminportal@nedelta.com" displays:
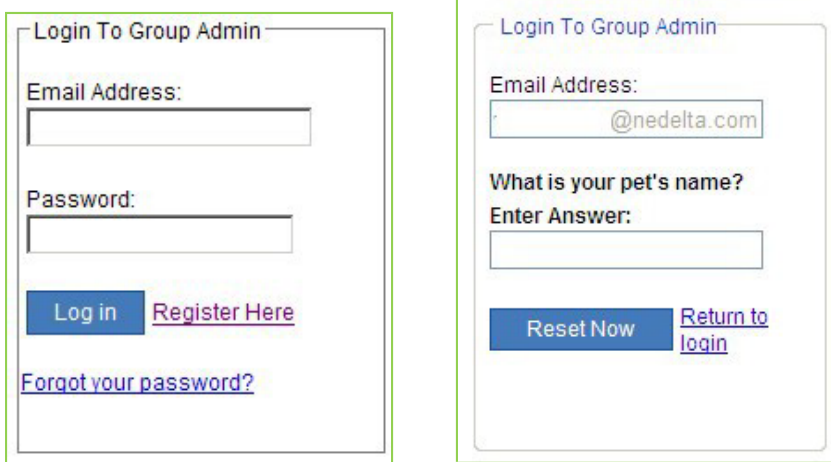
Login To Group Admin
This account has not been approved, please contact account services at groupadminportal@nedelta.com.
Email Address:

If the login is successful, the website displays the **Edit Enrollment** page and you will see **Hello [User Name]** in the upper right corner of the screen:

Resetting Your Password

If you have forgotten your password, you can reset it by clicking the Forgot your password? link.

1. From the Employers page of www.nedelta.com, go to the Group Admin login area

2. Enter the email address (If you do not first enter the email address, you will be prompted to enter it). Select the Forgot your password? link
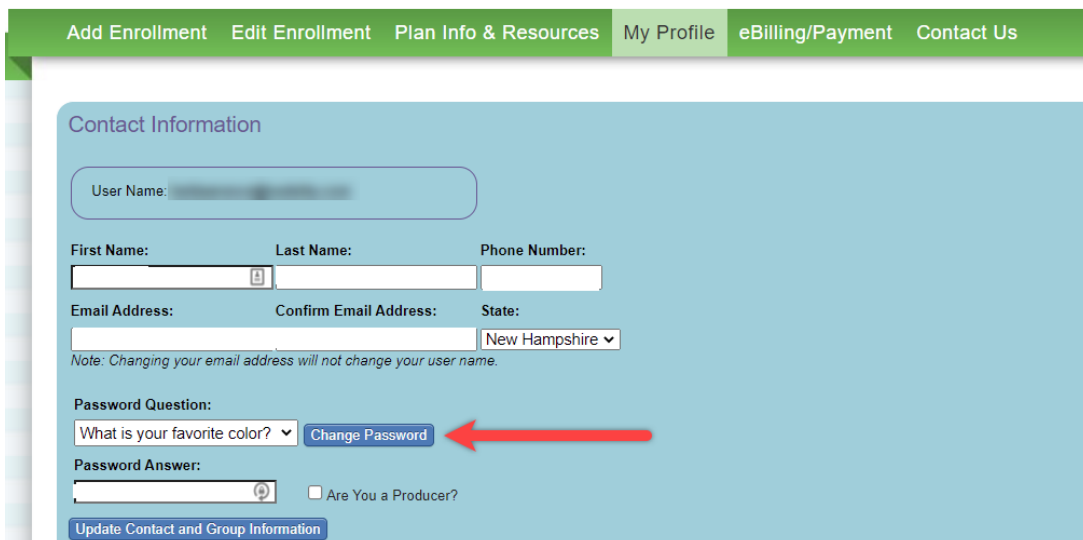

3. Your user security question will appear. Enter the correct answer.

4. Select the Reset Now button.

5. The following message appears:

   Your password has been reset. You should receive an email shortly.

6. You will receive an email with a new password. If you want to change this password, login again using the assigned password and select My Profile to change it. Refer to Changing Your Password.

Changing Your Password

To change your password:
1. After logging in, select **My Profile** in the ribbon to display your Contact Information

2. Select the Change Password button to display the Change Password dialog box.
3. Type your old password
4. Type your new password

   ➢ *Passwords must contain at least 8-32 characters including a lowercase letter, uppercase letter, a number, at least one special character (not contacting % or &).*

5. Type your new password again.
6. Select the **Change** button.
   ➢ The "User updated successfully" message will display to indicate the password is changed.
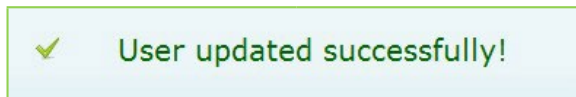
Logging Off of the Group Admin Portal

When finished using the portal, you will end your session by logging off. If you do not properly log off of the Group Admin Portal, you may experience issues when reconnecting.

1. Select **Log Off** in the upper right corner of the portal screen:
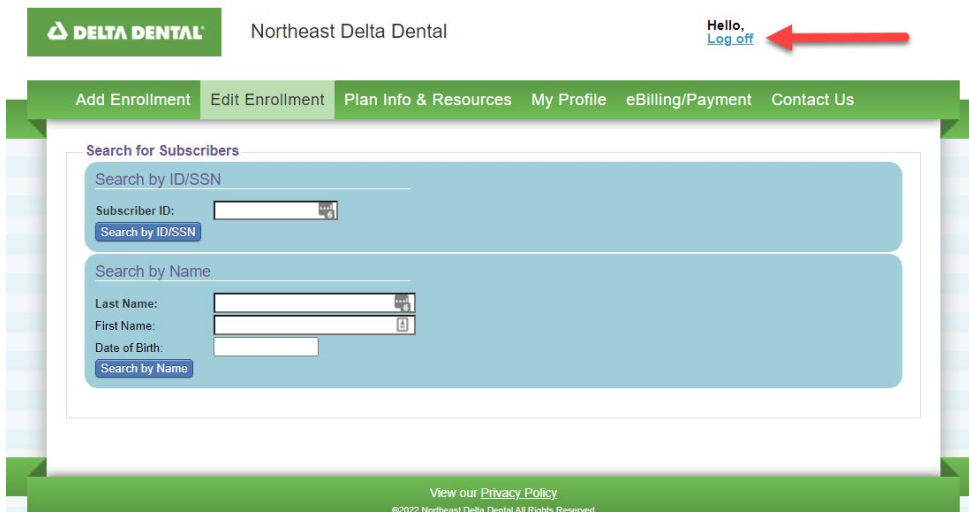
Overview of Group Admin Portal

The group-specific content provided in the website contains the following functions:

➢ **Add Enrollment:** Enroll a new subscriber onto the plan.

➢ **Edit Enrollment:** Edit/Review information about subscribers and dependents.

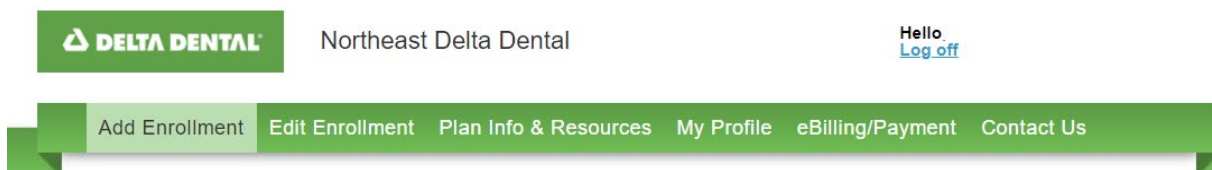➢ **Plan Info & Resources:** Request ID cards, download documents and forms; view enrollment reporting data; review plan benefit information including frequency/time limitations, etc.

➢ **My Profile:** Review group contact and password information, and listing of group(s) and sublocation(s) to which the user has been granted access.

➢ **eBilling/Payment:** Information about signing up for electronic delivery of bills

➢ **Contact Us:** Provides important Northeast Delta Dental contact information and also contains your Account Manager's contact information.

Remember: If you do not have add or edit enrollment rights, you will not see the Add Enrollment or Edit Enrollment pages. You will see the View Enrollment page which is described in the *Group Admin Portal Reference Guide for Users with View Only Access Rights*.

Add Enrollment

New Subscribers are enrolled using the **Add Enrollment** function. This screen is comprised of two sections: **Enrollment Information** and **Coverage and Individuals**.

- Use the Tab key after each field entry to move the cursor to the next field.
    - All fields must be completed from top to bottom.
    - Bold fields are required.
    - You must use the Add Enrollment function for all reinstatements, including COBRA.
    - The Subscriber ID/SSN field is an alpha-numeric field only. Do not enter special characters such as dashes.

Enrollment Information

In this section, enter the new subscriber's enrollment information.

- All fields are required except the Phone, Email, and Misc (Store loc) fields.

   Enter the following fields:

Assigned ID/SSN	the employee's SSN or group-submitted ID (*alpha-numeric*)
Effective Date	the correct effective date according to the hire date and eligibility waiting period for the group. *The user can either key the date (mm/dd/yyyy) or populate the date using the calendar*
Hire Date	the employee's date of hire. *The user can either key the date (mm/dd/yyyy) or populate the date using the calendar*
Qualifying Event	select the appropriate option from the drop-down menu
Marital Status	select the appropriate option from the drop-down menu
Phone	the employee's home or cell phone number (*dashes are not permitted*)
Email	the employee's home email address
Address	the employee's mailing address
Zip Code	the appropriate Zip code for the above address (*numeric only*)
City	the city/town name auto populates based on the Zip code entered above. Select the appropriate town from the dropdown if more than one town is served by the same Zip.
Country	the default is the United States.
Misc. (Store loc)	the store location, if applicable (*up to 10 characters*)
Foreign Address Instructions	select the link for instructions on entering addresses outside of the United States

Coverage and Individuals

In this section, enter the coverage information and all individuals to be enrolled in the coverage.

- You may select the **Cancel** button to clear data entries from the fields.

Dental Group	Select the appropriate group-sublocation-division number from the drop-down menu.
Vision Group	If enrolling onto a vision plan, select the appropriate vision group-sublocation-division number from the dropdown menu.

Dental Coverage	Select the appropriate dental coverage level for the individual being enrolled on the plan.
Vision Coverage	If enrolling onto a vision plan, select the appropriate vision coverage level for the individual being enrolled on the vision plan.
Relation	Select the appropriate relationship to the Subscriber from the dropdown menu, when applicable.
First Name	the first name of the individual being enrolled
Last Name	the last name of the individual being enrolled
Birth Date	the date of birth of the individual being enrolled (mm/dd/yyyy)
Sex	Select the gender for the individual being enrolled.
Handicap	Check this box if the individual possesses a permanent or temporary handicap. *Documentation by the attending physician must be submitted.*
Dental	Check this box to enroll in the dental plan. *(This field is active/enabled only when the Dental Group and Dental Coverage level has been selected.)*
Vision	Check this box to enroll in the vision plan *(This field will only be active when a Vision Group and Vision Coverage level has been selected.)*
Is there other coverage?	If yes, select the **Yes** button and complete the required information. If no, skip this step.
Add Subscriber	Select the Add Subscriber button when all fields are completed.

The Enrollment Added Successfully window displays to indicate the process completed as expected.
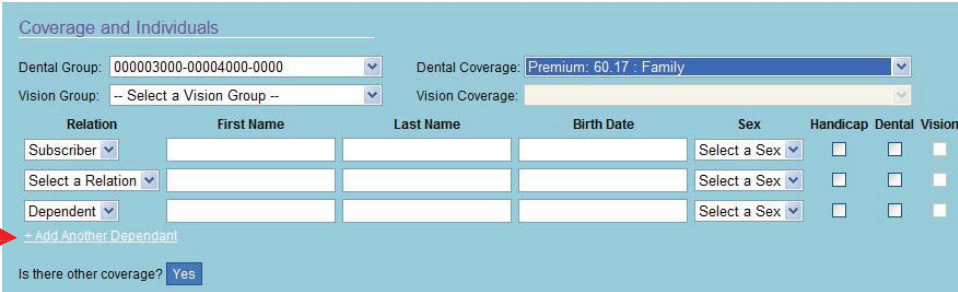
Adding more than one dependent

When the selected dental coverage and/or vision coverage rate is Family or Subscriber/Children, you have the option to enter up to two Dependents.
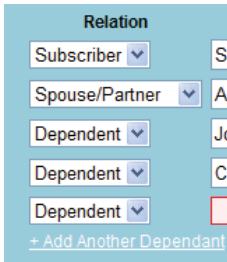
To add more dependents:
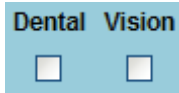
1. Select the **+Add Another Dependent** link.

2. Another Dependent field will appear. You may select **+Add Another Dependent** for each additional dependent being added:

- For each dependent being added, the appropriate check boxes for Dental and/or Vision must be checked.

How to make changes when entering a new enrollment

Once you have selected either the Dental Group number or the Vision Group number in the **Coverage and Individuals** section, the information entered in the **Enrollment Information** section defaults to fixed state.

The Edit button will also appear at the top of the screen.

To make a change to any of the data in the **Enrollment Information** section, follow the below steps:

1. Select the Edit button.

2. Make the necessary changes.

3. Reselect the appropriate **Dental Group** and/or **Vision Group** number

4. Reselect the appropriate **Dental Coverage** and/or **Vision Coverage**

Edit Enrollment

Edit Enrollment provides information about both the group's coverage and the subscriber and dependents who are enrolled.

An existing subscriber can be searched for in two ways:

- Search by Subscriber ID/ Social Security Number (SSN)
- Search by Last Name

To search **by ID**, enter one of the following numbers and select the **Search by ID** button:

Dental ID number; Vision ID number; Social Security Number (SSN); or Assigned ID

To search **by last name**, enter the desired surname and select the **Search by Last Name** button.

Searching Hints	
You Can…	**You Cannot…**
✓ search by an existing Subscriber's last name in order to see both dental and vision IDs for groups with both dental and vision plans. ✓ specify additional criteria (First Name, Date of Birth) when there is more than one Subscriber enrolled on the plan with the same last name. ✓ search using only the first letters of the last name and first name. ✓ search using only the last letter of the last name and the full first name.	✕ search with only the first name. ✕ search with only the date of birth. ✕ search with only the first name and date of birth.

When the results appear, choose the [Select](#) link next to the Subscriber ID to view the enrollment information:

- Future, current and past 24 months of coverage for each Subscriber will display when applicable
- If the query method used returns more than one Subscriber, you can sort the list using the arrow functions at the top of each column heading
- For groups with both vision and dental plans: Subscribers who have both dental and vision coverage will be listed twice. Select the appropriate line according to the plan type shown under the Group Type column (dental or vision).
- At this time, once you select a Subscriber and continue, the search results will not be retained.

The Edit Enrollment screen will appear once you have selected a Subscriber from the results on the Search for Subscriber page. This screen allows you to make changes to a Subscriber's enrollment.

Reminder: Any changes made will apply only to the Subscriber ID and group type selected on the Search for Subscribers page. If a subscriber has both dental and vision, remember to also make the changes to the other coverage when applicable.

This screen is divided into two sections.

- The top half displays the current enrollment information for the Subscriber, including all dependents enrolled.
- The bottom half provides the following functions to make changes to a Subscriber's enrollment:

1. **Assigned ID/SSN:** the SSN or group submitted ID preceded by the type of coverage (Dental or Vision) located after the Subscriber's name.
2. **Original:** the correct effective date according to the hire date and
3. **Effective Date:** eligibility waiting period for the group
4. **Plan:** the name of the plan (for example PPO Experience Rated)

5. **Coverage:** the type of coverage (for example Family – Ortho (Adult))

6. **Group Number:** the subscriber's group-sublocation-division

7. **Group Name:** the name of the group

8. **Subscriber Address:** the mailing address

9. **Email:** the home email address

10. **Phone:** the home or cell phone number (dashes are not needed)

11. **Misc. (Store loc):** the store location

Subscriber and dependent information display in the View Enrollment grid:
1. **Relation:** how the individual is related to the subscriber
2. **First Name:** the individual's given name
3. **Last Name:** the individual's surname
4. **Birth Date:** the individual's birth date
5. **Sex:** the individual's gender
6. **Effective Date:** the date on which the coverage became effective
7. **Term Date:** displays if the individual's coverage is Active or shows the date on which it was terminated
8. **Handicap:** indicates (yes/no) if the individual is handicapped or not

Editing enrollment:
1. **Change Address**: Change or correct a Subscriber's address
2. **Change Sublocation**: Transfer from one group sublocation to another
3. **Change Coverage**: Changing the coverage level when the addition or removal of dependents to the plan results in a rate change
4. **Terminate Coverage**: Terminating the Subscriber's plan
5. **Add Dependent**: Enroll eligible dependents (* Coverage level change may apply)
6. **Terminate Dependent**: Terminate ineligible dependents (* Coverage level change may apply)
7. **Change Information**: Name and date of birth changes/corrections for Subscriber and/or Dependents
8. **Edit Misc Information**: Adding, updating or deleting store location information when applicable

Change the subscriber's address, follow the instructions below.

1. Select the **Change Address** button from the left side menu.

2. Enter the new address information into the **Address** field.

3. If needed, use the additional address lines to complete the address information.

4. Enter the 5-digit Zip Code in the **Zip Code** field and select the Tab key.

   - The **City** and **State** fields are display only and will populate based on the Zip code that is entered.
   - If the Zip code applies to more than one city, a dropdown menu displays. Select the appropriate city from the dropdown.

5. Select the **Update** button

6. On the confirmation page, verify the changed information is correct.

7. If desired, select the **Print** button to retain a copy of the confirmation page.

8. Select the **Close** button.

If the address is not in the United States, select the Foreign Address Instructions link for information on how to enter the address.

✓ Sublocation changes must be done on the first of the month unless otherwise specified in your contract.

✓ When changing sublocations, and also changing rate level, the rate level must be changed first via **Change Coverage** then the sublocation can be updated via **Change Sublocation**.

Change the subscriber's sublocation, follow the instructions below.

1. Select the **Change Sublocation** button from the left side menu.

2. Enter the date (mm/dd/yyyy) the new sublocation will take effect in the **Effective Date** field.

3. Select the new sublocation in the **New Sublocation** dropdown menu.

4. Select the new coverage type in the **New Coverage** dropdown menu.

5. Select the appropriate reason for the sublocation change in the **Qualifying Event** dropdown menu.

6. Select the **Update** button.

7. On the confirmation page, verify the changed information is correct.

8. If desired, select the **Print** button to retain a copy of the confirmation page.

9. Select the **Close** button.

To change the subscriber's coverage, follow the instructions below.

✓ Coverage changes must be done on the first of the month unless otherwise specified in your contract.

✓ You must select all individuals who are remaining on the coverage. If not, their coverage will be terminated.

Change Address	**Change Coverage**
Change Sublocation	Effective Date:
Change Coverage	New Coverage:
Terminate Coverage	Qualifying Event: -- Select a Qualifying Event --
Add Dependent	Update Cancel
Terminate Dependent	
Change Information	
Edit Misc. Information	

Prior to performing the change coverage steps, identify which of the following four scenarios applies and which additional procedure should also be performed.

If the rate level for a subscriber. . .	then do this. . .
will *increase* as the result of enrolling a new dependent(s)	1. First select **Change Coverage** and choose the new coverage type. 2. Then select **Add Dependent** and enroll the dependent(s).
will *decrease* as the result of removing *some but not all* dependent(s) from the plan	1. Select **Change Coverage** to choose the new coverage type. 2. Indicate by checking the box next to each individual who will remain on the coverage.
will change with the removal and/or addition of dependents. *For example:* a family plan with spouse and one child in which the spouse is coming off and another child is coming on.	1. First select **Change Coverage** and indicate which dependent(s) will remain covered. 2. Next select **Add Dependent** and enroll the new dependent(s).
will *decrease* as the result of removing *all* dependents	1. Select **Change Coverage** and choose the Subscriber Only coverage type. • All dependents *except for the subscriber* will be removed.

To change coverage, perform the following steps:

1. Select the **Change Coverage** button from the left side menu.

2. Enter the date (mm/dd/yyyy) the new coverage will take effect in the **Effective Date** field.

3. Select the new coverage type in the **New Coverage** dropdown menu.

4. Select the appropriate reason for the coverage change in the **Qualifying Event** dropdown menu.

5. If applicable, indicate who will be remaining on the coverage as the result of the change.

6. Select the **Update** button.

7. On the confirmation page, verify the changed information is correct.

8. If desired, select the **Print** button to retain a copy of the confirmation page.

9. Select the **Close** button.

10. If applicable, select Add Dependent to enroll any new dependents for the new coverage. *Refer to chart on preceding page.*

To Terminate Coverage, perform the following steps:

✓ Terminations must be the *last day* of the month unless otherwise specified in your contract

✓ Northeast Delta Dental allows retroactive terminations within three months of the current date. In cases where a claim has been paid, the termination date will be adjusted to include the date of service.

1. Select the **Terminate Coverage** button from the left side menu. Enter the end date when coverage will terminate in the **Coverage Term Date (MM/DD/YYYY)** field.

2. Select the reason why the coverage is being terminated in the **Termination Reason** dropdown menu.

3. Select the **Update** button.

4. On the confirmation page, verify the changed information is correct.

Coverage Terminated Successfully

Dental -

Original Effective Date:
Effective Date: 8/1/2012
Plan: PPO Experience Rated
Coverage: Family - Ortho (Adult)
Group Number: 00000   -0000   -0000
Group Name:

Subscriber Address:

Email:
Phone:
Misc. (Store loc.):

Relation	First Name	Last Name	Birth Date	Sex	Effective Date	Term Date	Handicap
Subscriber	GARY			Male	08/01/2012	10/31/2013	No
Spouse/Partner	JANEEN			Female	08/01/2012	10/31/2013	No
Dependent	ADAM			Male	08/01/2012	10/31/2013	No
Dependent	NICOLE			Female	08/01/2012	10/31/2013	No

First Previous 1 Next Last
Print Close

5. If desired, select the **Print** button to retain a copy of the confirmation page.

6. Select the **Close** button.

To Reinstate Coverage when there is no break in coverage, perform the following steps:

Reinstate Coverage

* This functionality is only for reinstatement of coverage with no break *

Effective Date: 05/01/2022
Dental Group 000000   -0000   -0000
Dental Coverage Premium: $0.01 : Family - Ortho (Adult)
Qualifying Event: -- Select a Qualifying Event --
Misc. Information (Store loc):

* All Dependents below will be reinstated unless you uncheck the reinstate box.
* To enroll dependents not listed below, select Add Dependent.

☑ Spouse/Partner   JANE DOE

☑ Dependent   SALLY DOE

Update Cancel

1. The effective date is the date following the subscriber's termination and cannot be modified from this screen.
2. Select the new sublocation in the **Dental Group / Dental Vision** drop down menu if applicable.
3. Select the new coverage level in the **Dental Coverage / Vision Coverage** drop down menu if applicable.
4. Select the appropriate reason for the reinstatement in the **Qualifying Event** dropdown menu.
5. Enter the Store Location in the **Misc. Information (Store loc)** field if applicable.

6. Uncheck the box next to any dependent that should not be reinstated.
7. Select the **Update** button
8. On the confirmation page, verify the changed information is correct.

9. If desired, select the **Print** button to retain a copy of the confirmation page.
10. Select the **Close** button.

To Add a Dependent, perform the following steps:

✓ The effective date must be the first of the month unless otherwise specified in your contract.

✓ You may need to change the coverage before adding new dependents. For example, a subscriber who is changing from single to family. Refer to the section in your reference guide titled Edit Enrollment – Change Coverage.

Follow the below steps to add a dependent:

1. Select the **Add Dependent** button from the left side menu.

2. Enter the appropriate **Effective Date** (mm/dd/yyyy).

3. Select the appropriate relationship in the **Relation** dropdown menu. Options are

Spouse/Partner or Dependent.

4. Enter the new dependent's **First Name**.

5. Enter the new dependent's **Last Name**.

6. Enter the new dependent's **Birth Date**.

7. Select the new dependent's gender in the **Sex** dropdown menu.

8. Select the **Handicap** checkbox, as appropriate.

9. Select the **Update** button.

10. On the confirmation page, verify the changed information is correct.

11. If desired, select the **Print** button to retain a copy of the confirmation page.

12. Select the **Close** button.

To Terminate a Dependent, perform the following steps:

✓ The termination date must be the last day of the month unless otherwise specified in your contract.

✓ You may need to change the coverage before terminating dependent(s). For example, a subscriber changing from two person to single, family to single, or family to two person.

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Follow the below steps to terminate a dependent:

1. Select the **Terminate Dependent** button from the left side menu.

2. Enter the **Termination Date** (mm/dd/yyyy) in the field to the left of the dependent to be terminated.

3. Select the **Update** button.

4. On the confirmation page, verify the changed information is correct.

5. If desired, select the **Print** button to retain a copy of the confirmation page.

6. Select the **Close** button.

The Change Information function allows you to update a member's personal information, such as:

   ✓ name changes as a result of marriage, divorce, or adoption, for example

   ✓ correct the spelling of first and last names

   ✓ correct the date of birth

   ✓ update the handicap status

Follow the below steps to change existing information:

1. Select the **Change Information** button from the left side menu.

2. Make the change to the **First Name**, **Last Name**, **Date of Birth, Sex** or **Handicap** fields, as appropriate.

3. Select the **Update** button.

4. On the confirmation page, verify the changed information is correct.

5. If desired, select the **Print** button to retain a copy of the confirmation page.

6. Select the **Close** button.

The Misc (for miscellaneous) Information field can be used for a number of different reasons.

For example, groups who administer COBRA coverage for their employees can enter the letter **C** to indicate COBRA coverage. This separates COBRA individuals from the regular employees on the group's dental billing invoices. The field can also be used to identify different locations where subscribers work.

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Follow the below steps to update the field:

1. Select the **Edit Misc. Information** button from the left side menu.

2. Type the appropriate data in the field (up to 10 alpha-numeric characters).

    - If removing existing information in the field, delete the data and proceed to Step 3.

3. Select the **Update** button.

4. On confirmation page, verify the changed information is correct.

5. If desired, select the **Print** button to retain a copy of the confirmation page.

6. Select the **Close** button.

Plan Info & Resources

The Plan Info & Resources page provides group administrators with tools and information needed to manage the group's benefits.

1. Select **Plan Info & Resources** in the green ribbon.

2. The **Group Selection** control section appears above all the Plan Info & Resources tabs.
3. Select the group in the **Group Selection** grid for which you want to request ID cards or review information.
   - You can select a Group-Sublocation-Division (GSD) from the list at any time when viewing the information in the below tabs.
4. Select the appropriate tab.

   - **View/Print ID Cards Tab:** This is the default tab where dental and vision ID cards are requested

   - **Reports Tab:** Provides access to several different reports

   - **Forms/Documents Tab:** Provides access to various forms, guides and plan information

   - **Benefits Tab:** Provides an overview of benefit details

   - **Rates Tab:** Displays current contracted rates

View/Print ID Cards - Dental Groups

- ✓ The Order ID Cards feature is only for lost or destroyed cards. New ID cards will automatically be generated when enrolling new subscribers.

- ✓ The View and Print ID Card* button allows you to print out a paper facsimile of the Dental identification card at your own printer.

  - o *This function cannot be used for DeltaVision® cards. Please refer to the following page for vision card instructions.*

1. At the Group Selection grid, highlight and select the correct group and sub location on which the Subscriber is enrolled

2. Enter the Subscriber ID number
3. Select the View and Print ID Card button
4. The Print ID Card window will appear displaying the facsimile. Select Print.

View/Print ID Cards - Vision Groups

- • New ID cards will automatically generate when enrolling new DeltaVision® subscribers.
- • To order additional or replacement for DeltaVision, please email your request to eligibilitydepartment@nedelta.com with the following information:

  - ✓ DeltaVision® group number
  - ✓ DeltaVision® subscriber ID
  - ✓ Name of the subscriber (s) for whom ID cards are needed

Reports

The Group Admin Portal provides group administrators with four online reports that can be generated as needed.
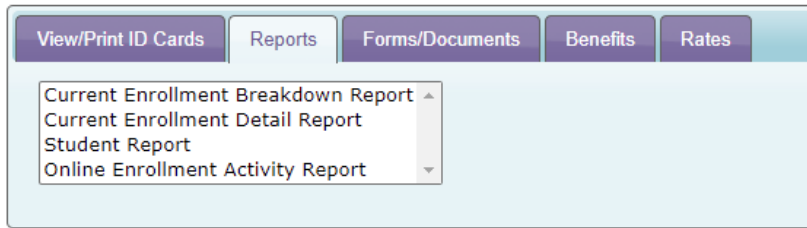
> ➢ Users can only request reports for the group(s) and sublocation(s) to which they have access.

> ➢ All reports can be viewed online, exported to an excel spreadsheet, or saved as a PDF

> ➢ When you export to excel a report that includes multiple sub locations, each sub location will appear on its own worksheet tab at the bottom of the spreadsheet

> ➢ Please note that when generating reports, large files may take several minutes to download.

Current Enrollment Breakdown Report

The Current Enrollment Breakdown report will provide a summary of the total number of Subscribers enrolled as well as the totals by coverage rate levels.

1. On the **Group Selection** grid, select the **Group** and **Sublocation**
   a. The Group and Sublocation fields will auto-populate in the gray Group and Sublocation fields.
2. To include all sub locations of the selected group, check the **Include all?** check box

3. Select **View Report** if you want the report to display immediately
4. Select **Export to Excel** to download the report into an excel spreadsheet

Current Enrollment Breakdown Report

Description	Count
Subscriber	75
Subscriber-Spouse	16
Family	23
Subscriber-Children	20
Total Subscribers	134
Covered Lives as of 9/18/2013	245

Current Enrollment Detail Report

The Current Enrollment Detail report will provide detailed information for each subscriber and their dependents such as address, date of birth, and individual termination dates.

Follow the below steps to generate the report:
1. On the **Group Selection** grid, select the **Group** and **Sublocation**

   ➢ The Group and Sublocation fields will auto-populate in the gray Group and Sublocation fields.

2. To include all sub locations of the selected group, check the **Include all?** check box

3. At the **Sort By** field, select how to sort the information:

   ➢ Subscriber ID

   ➢ Last Name, First Name ➢ First Name, Last Name

   ➢ Coverage (Rate)

4. Select **View Report** if you want the report to display immediately

5. Select **Export to Excel** to download the report into an excel spreadsheet

Current Enrollment Detail Report

Subloc	Subr ID	Last Name	First Name	DOB	Sex	Relation	Address1	City	State	Zip	Coverage	Eff. Date	Term Date	Misc Info
00004106	3300009		ABIGAIL		F	Dependent					Subscriber/Children	2011-01-01		
	3300009		EMILY		F	Dependent					Subscriber/Children	2011-01-01		
	3300009		MELISA		F	Subscriber		MANCHESTER	NH	03104	Subscriber/Children	2011-01-01		
	3300007		CHELSEA		F	Dependent					Subscriber/Children	2011-01-01		
	3300007		MCKENZIE		F	Dependent					Subscriber/Children	2011-01-01		
	3300007		MICHELLE		F	Subscriber		ALLENSTOWN	NH	03275	Subscriber/Children	2011-01-01		
	3300007		ALEX		M	Dependent					Subscriber/Children	2011-01-01		
	3300007		HANNAH		F	Dependent					Subscriber/Children	2011-01-01		

Student Report

The Student Report shows all student-age dependents (over the age of 19) for the month specified.

Follow the below steps to generate the report:

1. On the **Group Selection** grid, select the **Group** and **Sublocation**

   ➢ The Group and Sublocation fields will auto-populate in the gray Group and Sublocation fields.

2. To include all sub locations of the selected group, check the **Include all?** check box

3. At the **Sort By** field, select how to sort the information:

   ➢ Subscriber ID
   ➢ Last Name, First Name ➢ First Name, Last Name
   ➢ Coverage (Rate)

4. At the **2 digit month** field, enter the month in which to show student-age dependents

       EXAMPLE: For May, enter 05
              For July, enter 07

   • To request a report showing student-age dependents for ALL months, check the Include all? box next to the 2 digit month field.

5. Select **View Report** if you want the report to display immediately

6. Select **Export to Excel** to download the report into an excel spreadsheet

Online Enrollment Activity Report

This report will show online activity in the following categories:
> ➢ Personal Information Maintenance (online changes to names, dates of birth)
> ➢ Address Information Maintenance (online changes to addresses)
> ➢ Coverage Information Maintenance (online changes to group/sublocations, coverage levels, effective and termination dates)
> ➢ Termination Information Maintenance (online changes to terminate coverage)

Follow the below steps to generate the report:
1. On the Group Selection grid, select the **Group** and **Sublocation**

   - The Group and Sublocation fields will auto-populate in the gray Group and Sublocation fields.

2. Enter the range of dates in which to view online activity:
   - Activity From: mm/dd/yyyy
   - Activity To: mm/dd/yyyy
3. Select **View Report** if you want the report to display immediately

4. Select **Export to Excel** to download the report into an excel spreadsheet

Forms/Documents

- The Forms/Documents page provides the following group-specific materials
1. Select a group from the Group Selection grid
2. Click on link to view form or document
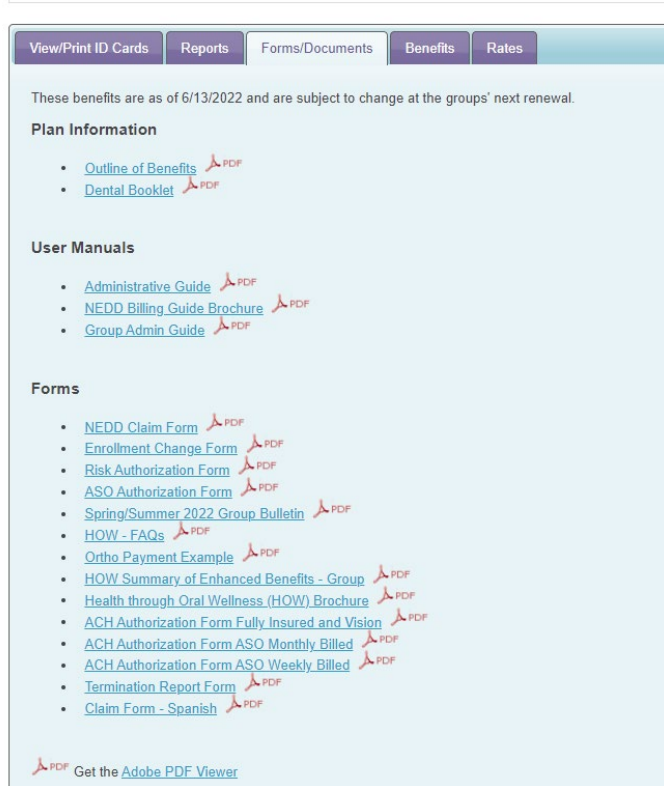
- ➤ **Plan Information**: examples include the Dental or Vision plan booklets, Outline of Benefits (dental), Outline of Coverage (vision), etc.

- ➤ **User Manuals**: examples include Administrative guides, Group Admin Portal reference guide, Commonly Asked Questions, Billing Guide

- ➤ **Forms**: examples include enrollment form, COBRA enrollment form, dependent verification form

Benefits

- To view the selected group's benefits as of the current date, select the **Benefits** tab:

Rates

To view the selected group's rates as of the current date, select the **Rates** tab:

Product	Plan Desc	Rate Desc	Premium Amount
Delta Dental PPO	PPO Experience Rated	Subscriber - Ortho (Adult)	
Delta Dental PPO	PPO Experience Rated	Subscriber/Spouse - Ortho (Adult)	
Delta Dental PPO	PPO Experience Rated	Family - Ortho (Adult)	
Delta Dental PPO	PPO Experience Rated	Subscriber/Child - Ortho (Adult)	
Delta Dental PPO	PPO Experience Rated	Subscriber/Children - Ortho (Adult)	

Rates are as of today; subject to change upon renewal.

Claim Viewer

This tab is available for self-insured groups when Plan Admin is requested for access. If you do not have that type of group or access, you will not see this tab on your screen.

1. Enter the subscriber ID and click 'Find Subscriber
2. Click 'select' on the claim you would like to view
3. Review the claim information

My Profile

The current contact information for the user will appear in the **Contact Information** section on the My Profile tab.

- The User Name is the original email you provided when you initially registered. If you change your email address, it will not change your User Name. If you want to change your User Name, you will need to re-register as a new user.

Update any field

1. Revise the existing data
2. Select the **Update Contact and Group Information** button
   - When updating any field in the Contact Information section, it is immediate. User will receive UPDATE SUCCESSFUL message that disappears after a few seconds. Changes remain on the screen.

Change User Name

1. [Re-register](#) as a new user with the email address you want as the user name
2. Send an email to groupadminportal@nedelta.com asking us to terminate the old user name and include that email address in your request.

Change Password

1. Select the Change Password button to display the **Change Password** dialog box.
2. Type your old password
3. *Type your new password*
   - *Passwords must contain at least 8-32 characters including a lowercase letter, uppercase letter, a number, at least one special character (not contacting % or &).*
4. Type your new password again.
5. Select the **Change** button.
6. The "User updated successfully" message will display to indicate the password is changed.

The second section of the **My Profile** screen displays Group Information - the listing of all groups and sublocations to which the user has access.

To request access to additional sublocations for a particular group

1. Select the Add Additional Sublocation link for each sublocation request

2. Enter the sublocation number and division number in the two blank field boxes that appear

3. Select one of the Update buttons to submit.

4. The requested sublocation and division will appear with a Pending status and the following message will appear: Your request has been received. An email will be sent to the email address on file regarding the status of your request within two business days.

   • Select the Remove link to delete the request prior to submitting.

Request Access to Additional Groups

1. Select the Add Additional Group button

2. Enter the Group Name

3. Enter the Group Number

4. Enter the sublocation number (Select Add Additional Sublocation link if access to more is needed.)

5. Enter the division number (tab through the field to auto-populate zeros)

6. Select Update Group Information button to submit

7. The requested group will appear with a pending status and the following message will appear: Your request has been received. An email will be sent to the email address on file regarding the status of your request within two business days

   • Select the Remove link to delete the request prior to submitting

eBilling/Payment

Contact Us

- The Contact Us page provides Northeast Delta Dental contact information.
- Your Account Manager information is provided when you select your dental group or vision group information from the drop-down menu.
- If you need assistance the Eligibility department is available Monday through Friday 8:00 AM – 4:45 PM (EST).
- For questions relating to claims and benefits the Customer Service department is available Monday through Friday 8:00 AM – 4:45 PM (EST) at 800-832-5700.