

Benefit Manager Toolkit® User Manual

Prepared by Delta Dental

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Purpose

The purpose of this document is to educate internal business users on how to use the Benefit Manager Toolkit® application for all manual eligibility and related activities

Glossary

With the launch of Benefit Manager Toolkit®, you will notice some new terminology. Below is a list of the new words and what they're replacing:

- **Admin Payer** – replaces the field previously known as **Admin Plan**
- **Payer** – replaces the field previously known as **Plan**
- **Group** – replaces the field previously known as **Client**
- **Subgroup** – replaces the field previously known as **Subclient**
- **Alternate ID** – replaces the field previously known as **CAID**
- **System Generated ID** – replaces the field previously known as **DAI**

1. Benefit Manager Toolkit®

Benefit Manager Toolkit® is an application that allows groups, agents, agencies, and associations to perform a variety of manual eligibility functions including adding and modifying member information. These updates are performed in real time.

Click on the topics below for information on specific Benefit Manager Toolkit® functions:

Viewing

- [Access group information](#)
- [View family information](#)
- [View group benefits](#)
- [View member information](#)
- [View coverage type information](#)
- [View status information](#)

Adding

- [Add new primary members \(subscribers\)](#)
- [Add family members to a subscriber](#)

Updating

- [Update subscribers, spouses, and dependents](#)
- [Update custodial parent information](#)
- [Copy eligibility](#)
- [Transfer members](#)

Tracking and printing

- [Print ID cards](#)
- [View a summary of changes made in a session](#)
- [View reports](#)
- [View billing reports](#)

2. Signing On

1. Visit <https://www.deltadentalaz.com/employer> and click the **Sign In** button
2. Enter your username in the *Username* field.
3. Enter your password in the *Password* field.
4. Click **Log In**
5. You will be signed in and taken to the **Manage Eligibility** screen

3. Search for a Group

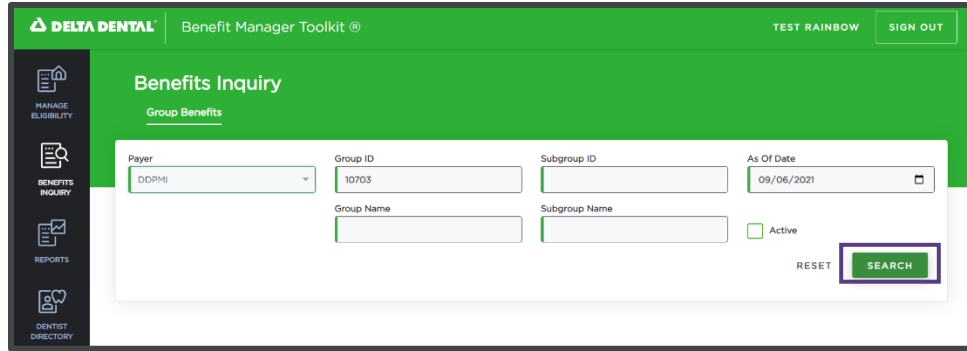
3.1 SEARCH ACTIVE GROUP OR SUBGROUP

Users can access the workflow to Search for a Group or Subgroup from multiple places within Benefit Manager Toolkit®, including **Add Member**, **Benefits Inquiry**, and other workflows including **Copy Member** and **Transfer Member**. Screenshots below reference searching for a group from the **Benefits Inquiry** workflow.

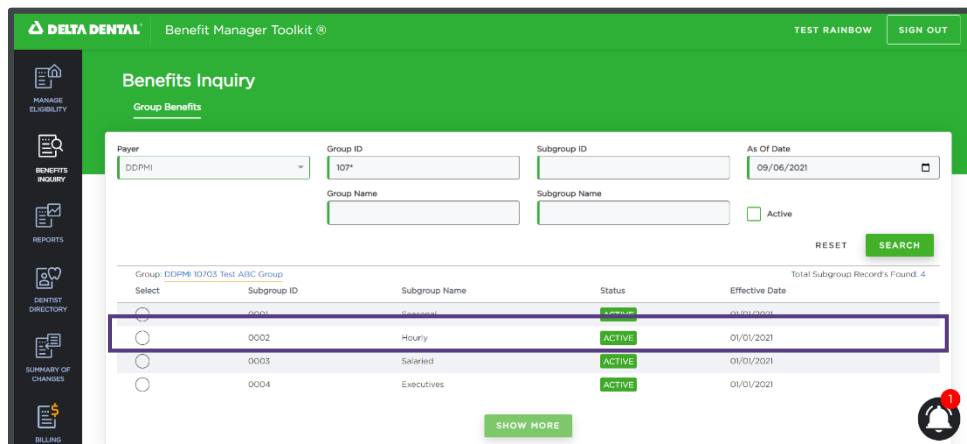
In most instances, you will have the option to select the **Payer** (e.g. *DDPMI*) in which you would like to search, although this is not required. Selecting a Payer will limit your search to Groups and Subgroups within that Payer.

To conduct a search, you are required to enter Group ID or Group Name, you may enter both. You can conduct a wildcard search on these fields by entering at least one number or one name followed by *. Performing a wild card search on Group ID will return any groups that begin with the number or numbers you entered before the asterisk. For example, searching on *50** could return groups *5010*, *5011*, *5013* but not group *5140*. Likewise you can conduct a wildcard search on Group Name. For example, searching for *Great** could return results for *Great Lakes Management*, *Greater Wine and Spirits*, and *Greatest Showman, Inc.*

After entering your search criteria in Group Name or Group ID press **Search**.



Once you search by a Group ID or Name, matching Groups will appear below. Select the desired **Group**. After a Group is selected, the applicable Subgroups will appear below. If you only have authorizations for one group, then the applicable Subgroups will automatically appear below. You will then select the **Subgroup** for which you'd like to take the desired action.

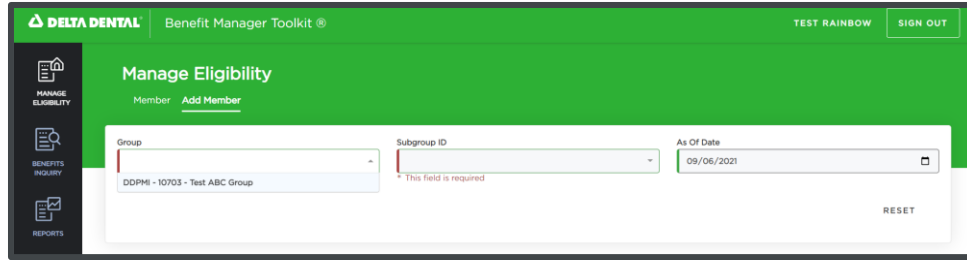


3.2 SEARCH FUTURE ACTIVE GROUP OR SUBGROUP

When searching for a Subgroup that is not effective until a date in the future, you must supply an **As of Date**. For example, if the system date (which defaults to today's date) is 12/01/2021, but the Subgroup is not effective until 01/01/2022, in order to return that result, you will need to specify 01/01/2022 as the **As of Date**. Then you will be able to continue the workflow.

3.3 SELECT A GROUP AND SUBGROUP

You may not need or want to search for a group if you only have access to a small number of Groups and Subgroups. It is easiest to just click in the **Group** field and a dropdown will appear that displays only the groups for which you have authorizations. After selecting a Group, you will then be able to do the same action in the **Subgroup** field and you will be presented with only the subgroups within the Group you selected, according to your authorizations

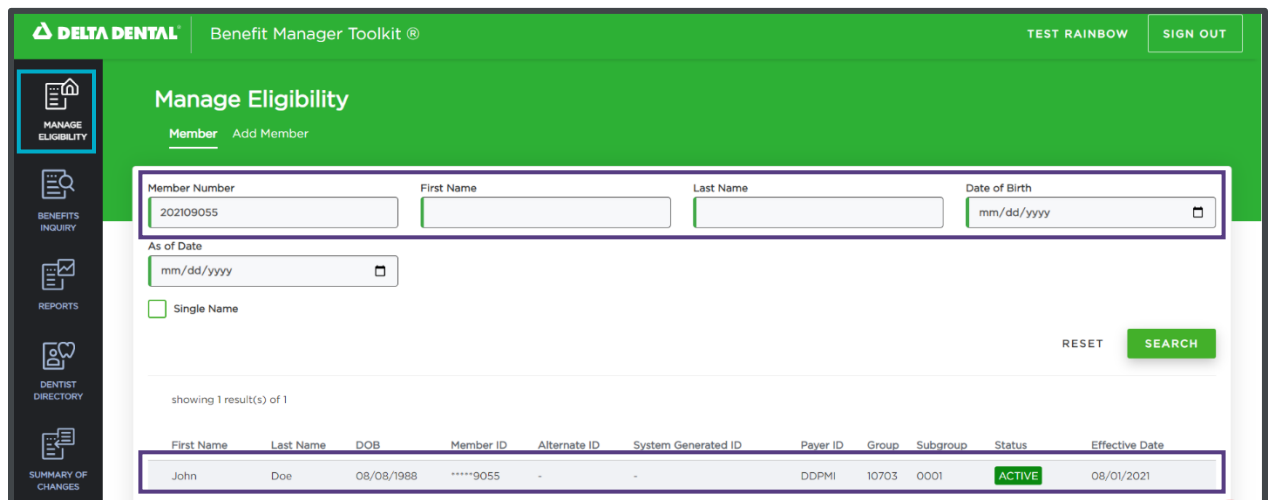


4. Search for a Member

To Search for a Member begin by navigating to the **Member** tab within the **Member Eligibility** section. You can specify a member by Member Number or by a combination of First Name, Last name, and Date of Birth.

Search results will appear, based on the inputted criteria. Click anywhere on the desired record to view that enrollment.

*To locate a Dependent, search for the dependent's primary member.



4.1 SEARCH BY MEMBER NUMBER

Specify a member by Member Number (Member ID, Alternate ID, or System Generated ID) and then press **Search**.

4.2 SEARCH BY FULL NAME WITH DATE OF BIRTH AS OPTIONAL

Specify a member's First Name and Last Name and then press **Search**. To help narrow down the search results, you can optionally specify the member's Date of Birth. You can conduct a wildcard search on the first and last name. You do this by entering at least one letter followed by *. Performing a wild card search on First Name will return any members whose

name begin with the letter or letters you entered before the asterisk. For example, searching on *Jo** in the First Name field and *Sm** in the Last Name field could return results for *Joe Smith, John Smith, Joey Smits, Job Smuthers, etc.*

4.3 SEARCH BY SINGLE NAME WITH DATE OF BIRTH AS OPTIONAL

To locate members that exist in the system without a Last Name, select the **Single Name indicator**, specify the member's First Name and then press **Search**.

4.4 SEARCH FOR MEMBER WITH AN AS OF DATE

If you do not specify an As of Date, then all enrollments will be returned with the most recent slice of Eligibility – this includes Future Active and Future Inactive.

Optionally you can specify an As of Date to see only enrollments in effect as of the date entered. For example, if there is a record with an effective date of 06/01/2020 and you have entered an As of Date prior to that, you won't see it. An As of Date or 06/01/2020 or *after* would show a status and effective date in the search results.

5. View Member Information

After searching for and selecting a record, the **Enrollment Details Screen** will be the starting point for all member-related actions.

This screen has four key sections:

- **Plan Details** section documents all relevant Group, Subgroup, and Contract information.
- **Family Enrollment** section would detail any family members included within this Subscriber's enrollment.
- **Member Details** will show the Member's Personal, Eligibility, and Contact information, in addition to Eligibility History.
- **Coverage Information** will display additional details about the Member's coverage.
- Each section can be expanded or collapsed by selecting the **caret icon** depending on where you would like to focus. When the caret icon displays **^** the section is collapsed, when the caret icon shows **v** the section is expanded



5.1 VIEW PLAN DETAILS

The **Plan Details** includes the following sections:

Group

- Group ID — the unique number assigned to the group
- Group Name — the name of the group, generally including the company name and sometimes a brief description of the type of employee covered under this group
- Effective Date — the date when status occurred
- Group Health Plan Cert - will be yes or no; For risk clients, if the client has signed the Group Health Plan Certificate, they have met HIPAA requirements to receive Protected Health Information (PHI) and this box should be checked. The Group Health Plan Certificate allows Delta Dental to release PHI. ASO clients are NOT required to sign the Group Health Plan Certificate
- Status — whether the group is active or inactive
- ID Card — indicates if ID cards are configured at the Group level; if yes, you can click to view ID Card configuration details

Subgroup

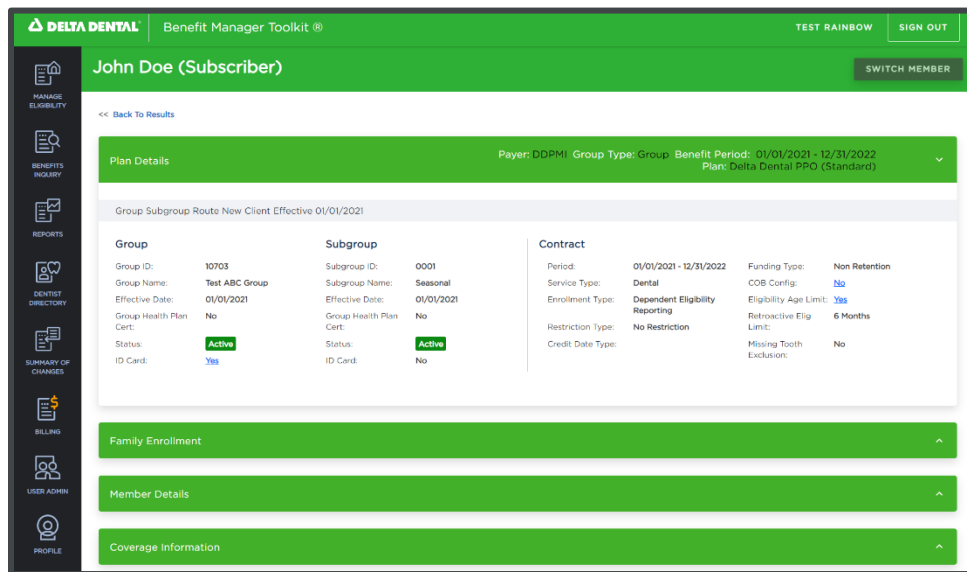
- Subgroup ID — the unique number assigned to the subgroup
- Subgroup Name — the name of the subgroup, generally including the company name and sometimes a brief description of the type of employee covered under this subgroup
- Effective Date — the date when status occurred
- Group Health Plan Cert – will be Yes or No
- Status — whether the subgroup is active or inactive
- ID Card — indicates if ID cards are configured at the Subgroup level; if yes, you can click to view ID Card configuration details

Contract

- Period – indicates that start and end dates of the contract

- Service Type - indicates the type of services covered by the contract; For example: Dental, Vision
- Enrollment Type - indicates how dependents are enrolled (e.g., explicitly enrolled with Dependent type, or added from claims with Family type)
- Restriction Type – indicates any restrictions that might be configured
- Credit Date Type – indicates which type of Credit Restriction Dates, if any, can be applied to a member
- Funding Type – how the Group is charged, i.e. Non-Retention, ASO
- COB Configuration – indicates whether there is COB; if yes, you can click to view COB configuration details
- Eligibility Age Limit – indicates that there are eligibility age limits; if yes, you can click to view configuration details
- Retroactive Elig Limit – how far back (days, weeks, months, years) members can be added or terminated
- Missing Tooth Exclusion – indicates if there is a missing tooth clause; if yes, you can click to view configuration details

*If there is a Route Condition at either the Group or Subgroup Level, as shown in the image below, the Reason as well as Effective Date will be shown at the top of the Plan Details section.



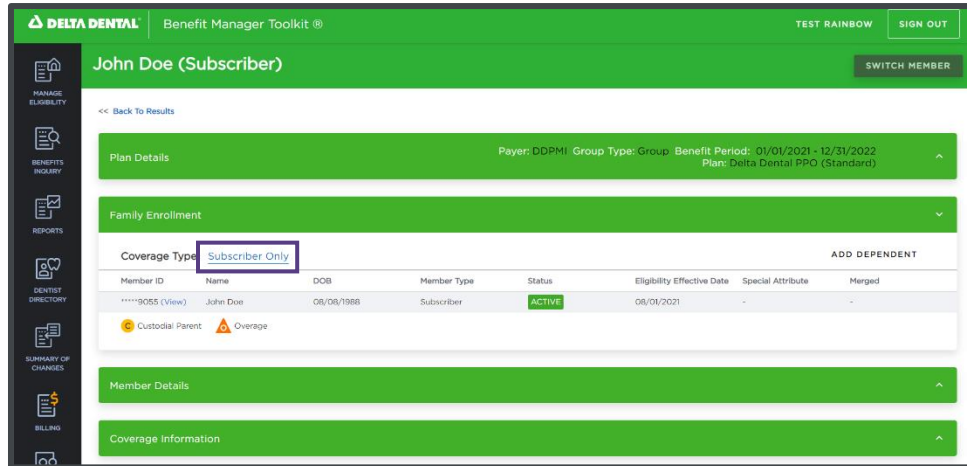
5.2 VIEW FAMILY ENROLLMENT

The **Family Enrollment** lists all family members and includes the following information for each member including *Member ID, Name, Date of Birth, Type, Status, Eligibility Effective Date, Special Attribute*, and indicates if they have been *merged* at some point in time.

If they have a Custodial Parent or are Endangered or Overage then the applicable indicator will appear to the right of their name.

If you hover over a member’s DOB, a tool tip will appear with their exact age in year/month/days.

Also, by clicking on the **Coverage Type** that is displayed you will be taken directly to the Coverage Information section where you can view the Coverage Type History.



5.3 VIEW MEMBER DETAILS

The **Member Details** section includes all member information and allows you to make the following actions:

- Selecting **ID Card** (opens a dialogue box where a printable version of the Member ID Card, similar to what is displayed on Member Portal. *(Only available for Subscribers)*
 - User can print only if they are Active
 - User can order a hard copy if the Member is Active and the Group/Subgroup is configured to allow it
 - User can view ID Card history if Group/Subgroup is configured for ID Cards.
- Selecting **View History** presents options to view *Address History*, *Attribute History*, and *Person History*. After selecting a type of history to view, you will have the option to view **Composite History** or view **Transactional History**.
- If a Member is inactive, you may select **Reinstate** to open a dialogue box that will walk you through the process of reinstating them to active or future active status
- If a Member is active, you may select **Terminate** to open a dialogue box that will walk you through the process of terminating them to inactive or future inactive status
- Selecting **Transfer** opens a dialogue box that will allow you to transfer the member to a different group or subgroup. *(Only available when viewing the Subscriber)*
- Selecting **Copy** opens a dialogue box that will allow you to copy the member to a different group or subgroup. *(Only available when viewing the Subscriber)*

The **Personal Info** section displays member information including name, DOB, and gender

- **EEOB** will show yes if the member has opted-in to receiving only electronic EOBs. Email address is required to be opted into EEOBs.
- Hovering the cursor over the **DOB** will display the member’s age.

The **Member ID Numbers** section displays the Member ID which is considered sensitive data and will be automatically hidden until **View** is selected; after selecting, the full value will show for 30 seconds or until you press **Hide**.

- If configured, the Alternate ID with the Source in Parentheses will appear (ex: 123456789 (Group Assigned) vs. 987654321 (Delta Assigned)). *Note: This is only viewable for a Subscriber.*
- If configured, the System Generated ID will display. *Note: This is only viewable for a Subscriber.*

Member Details

[ID CARD](#) | [VIEW HISTORY](#)

Personal Info

Prefix:	-
Last Name:	Giles
First Name:	Rupert
Single Name Indicator:	No
Middle Name:	-
Suffix:	-
Gender:	Unknown
Date of Birth:	05/15/1985
EEOB Indicator:	No

Member ID Numbers

Member ID:	*****6303 (View)
Alternate ID:	931383806 (Group Assigned)
System Generated ID:	05000005833724

The **Eligibility** section displays the following information:

- Member Type – Subscriber, Spouse or Non-Spouse Dependent
- Eligibility Status – whether the member is Active, Future Active, Inactive, or Future Inactive
- Eligibility Status Reason – further explanation of the member’s status
- Hire Date – (Subscriber only) if applicable, the date the Subscriber was hired
- Eligibility Effective Date – when the coverage starts or ends; works in combination status, as shown in the table below
- Received Date – when the member’s enrollment was received

Eligibility Statuses are listed below and are indicated throughout Benefit Manager Toolkit® by the following color coded bars:

Indicator	Description	Status Date Is
ACTIVE	Member is currently eligible	The first day the member became eligible
INACTIVE	Member is currently ineligible	The first day the member became ineligible (e.g first day without coverage)
FUTURE INACTIVE	Member is eligible but has a future termination date	The day the member will become ineligible
FUTURE ACTIVE	Member is ineligible but has a future effective date	The day the member will become eligible

The **Contact Info** section displays the member’s general address, email address, and phone numbers.

The **Additional Attributes** and **Additional Addresses** sections only appears if the member has any attributes configured. [See More Here.](#)

The **Eligibility History** section displays all current and past eligibilities for the selected member. Toggling from **Composite** to **Transactional** view allows you to view additional details about certain alterations to a Member’s eligibility.

- Composite – shows the member’s eligibility status periods indicating whether the person is (or was) active.
- Transactional – details when a transaction occurred. An eligibility status change with a transaction date later than the effective date indicates that, during that period, the system was processing claims according to the previous eligibility status.

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John Doe (Subscriber) SWITCH MEMBER

<< Back To Results

Plan Details Payer: DDPMI Group Type: Group Benefit Period: 01/01/2021 - 12/31/2022
Plan: Delta Dental PPO (Standard)

Family Enrollment

Member Details

ID CARD | VIEW HISTORY TERMINATE | TRANSFER | COPY | EDIT

Personal Info	Eligibility	Contact Info
Prefix: -	Member Type: Subscriber	Address: 123 ABC Street, Anywhere, MI, 48888
Last Name: Doe	Eligibility Status: ACTIVE	Country: -
First Name: John	Eligibility Status Reason: New enrolment	Country: US
Single Name Indicator: No	Hire Date: -	Email Address: -
Middle Name: Lyn	Eligibility Effective Date: 08/01/2021	Phone Number: (517) 555-5555
Suffix: -	Date: 09/06/2021	Phone Ext: -
Gender: Unknown	Received Date: 09/06/2021	Secondary: -
Date of Birth: 08/08/1988		Cell: -
EEOB Indicator: No		Fax Number: -

Member ID Numbers
Member ID: *****9055 (View)

Eligibility History COMPOSITE TRANSACTIONAL

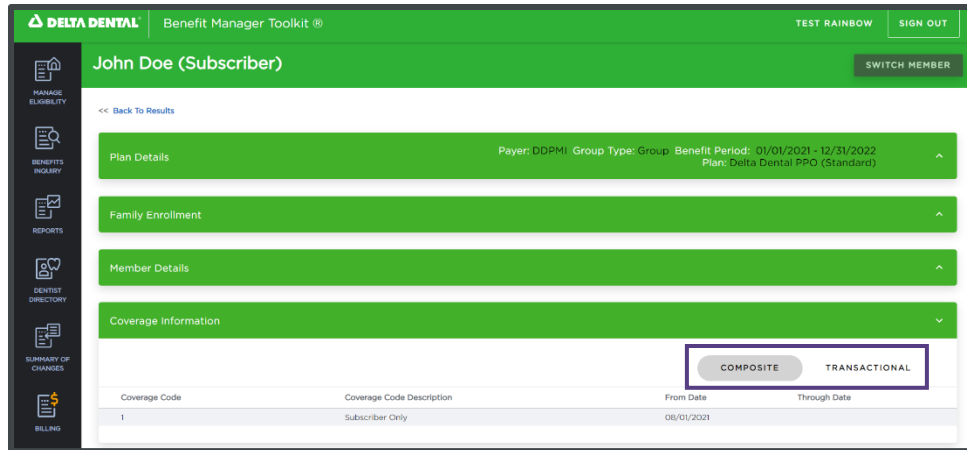
Status	From Date	Through Date	Eligibility Status Reason	Waiting Period Exempt
ACTIVE	08/01/2021		New enrolment	No

Coverage Information

5.4 VIEW COVERAGE INFORMATION

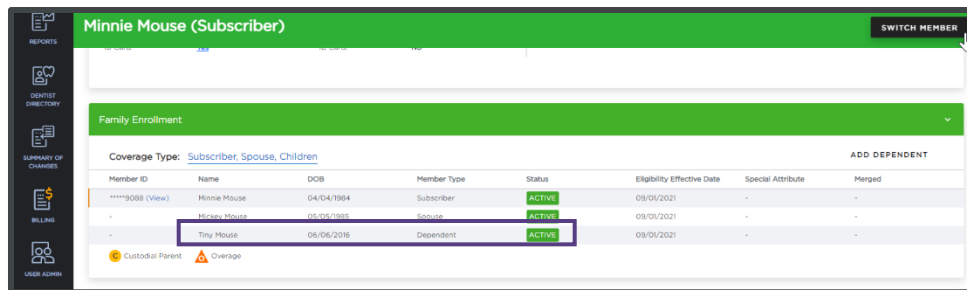
The **Coverage Information** section will display additional details about the Member’s coverage including *Coverage Code*, *Coverage Code Description*, and *Dates*. Toggling from **Composite** to **Transactional** view allows you to view additional details about certain alterations to a Member’s coverage.

- Composite – shows coverage type periods indicating whether the Subscriber, Spouse and/or Dependents are (or were) covered.
- Transactional – details when a transaction occurred.



5.5 VIEW DEPENDENT DETAILS

To view dependent details select **Switch Member** in the top right or select the dependent you'd like to view in **Family enrollment** section. When you select the dependent, their name will populate the header With *FirstName LastName (Dependent)*.



6. Additional Attributes and Addresses

In the Member Record, you will be able to view, add, edit, and remove **Additional Attributes** and **Additional Addresses**.

6.1 ADDITIONAL ATTRIBUTES

Additional Attributes are based on configurations and will not always be an option for a given Payer, Group, Subgroup, or Member. Additionally, not all users are able to view or edit all of these details.

The list of additional attributes is below:

- **Billing Frequency:** Required for a Subscriber when either the Group/Subgroup support Coverage Continuation.

- Member Benefit Type: Refers to which the benefit components applies (i.e. grandfathered, late enrollee), if required
- Designated Representative: to indicate who should or should not be given information on the member.
- Billing Division Code: A Required field for a Subscriber if specified in the Group record. To meet this requirement, a Client Field 1 with a Value of up to 5 characters must be added. This will populate on the Billing Subscriber Listing.
- Client Field: Three fields that the client can use to describe the employee. Reports can be produced based on this information.
- Special Attribute: These can display based on a Group's Contract with Delta Dental and include the following:
 - a. Sponsored: Sponsored Dependents whom you are legally responsible for could include parents, grandparents and foreign exchange students.
 - b. Special Health Care Needs: Includes any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.
 - c. Adult (IRS) Dependent: An individual who is your dependent child according to the U.S. Internal Revenue Code. This could include your unmarried or married dependent child who is attending a university, college, community college, junior college or trade school on a full-time basis and for whom you provide principal support.
 - d. COBRA: to indicate that a member(s) are on a COBRA status.
 - e. Handicapped: to indicate a permanently disabled child.
 - f. Retiree: to indicate that a member(s) are on a Retiree status.
 - g. Student: a dependent child who is attending university, college, community college, junior college or trade school on a full-time basis.
 - h. Surviving: The surviving spouse or child of a deceased subscriber.
 - i. VIP: Used for identification only, no functionality

7. Add Member

When adding a member be aware that if Electronic Eligibility files are sent, any changes made through Benefit Manager Toolkit® will be overwritten by information in the next file.

7.1 ADD SUBSCRIBER

To Add a Member begin by navigating to the **Add Member** tab within the **Member Eligibility** section conducting a [Search for a Group](#).

After selecting a Group and Subgroup to which you'd like to add a member, enter all required information, which will be indicated by the red bar on the left side of the field. Once the required information is entered then the red bar changes to green.

- **Last Name** and **First Name** are required. Prefix, Middle Name, and Suffix are optional.
- If the member has only one name (such as Cher or Madonna), select the **SingleName Indicator**.
- The **Eligibility Status Reason** is preset to New Enrollment; if necessary, select another option.
- If the group or subgroup has a **retro-enrollment limit** and the date you entered exceeds the limit, you may override the retro enrollment limit. *Only some users will have the ability to do this.

To complete the addition, select **Save Changes**.

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Manage Eligibility / Add Member
Add New Member

Plan Details Payer: DDPHI Group Type: Group Benefit Period: 01/01/2021 - 12/31/2022 Plan: Delta Dental PPO (Standard)

Group Subgroup Route New Client Effective 01/01/2021

Group		Subgroup		Contract	
Group ID:	10703	Subgroup ID:	0001	Period:	01/01/2021 - 12/31/2022
Group Name:	Test ABC Group	Subgroup Name:	Seasonal	Service Type:	Dental
Effective Date:	01/01/2021	Effective Date:	01/01/2021	Enrollment Type:	Dependent Eligibility Reporting
Group Health Plan Cert:	No	Group Health Plan Cert:	No	Restriction Type:	No Restriction
Status:	Active	Status:	Active	Credit Date Type:	
ID Card:	Yes	ID Card:	No	Funding Type:	Non Retention
				COB Config:	No
				Eligibility Age Limit:	Yes
				Retrospective Elig Limit:	6 Months
				Missing Tooth Exclusion:	No

Member Details

CANCEL SAVE CHANGES

Personal Info	Eligibility	Contact Info
Prefix: <input type="text"/>	Member Type: Subscriber	Home Address: <input type="text"/>
Last Name: <input type="text"/> <small>* This field is required</small>	Eligibility Status: ACTIVE	Address Line2: <input type="text"/>
First Name: <input type="text"/> <small>* This field is required</small>	Eligibility Status Reason: New enrollment	City: <input type="text"/>
Single Name Indicator: <input type="checkbox"/>	Hire Date: <input type="text"/> <small>mm/dd/yyyy</small>	State: <input type="text"/>
Middle Name: <input type="text"/>	Eligibility Effective Date: <input type="text"/> <small>mm/dd/yyyy</small> <small>* This field is required</small>	Country: United States
Suffix: <input type="text"/>	Received Date: <input type="text"/> <small>09/06/2021</small>	Zip: <input type="text"/> Ext: <input type="text"/>
Gender: Unknown		County: <input type="text"/>
Date of Birth: <input type="text"/> <small>mm/dd/yyyy</small> <small>* This field is required</small>		Email Address: <input type="text"/>
Member ID Numbers		Phone Number: <input type="text"/>
Member ID: 188818881		Phone Ext: <input type="text"/>
		Secondary: <input type="text"/>
		Cell: <input type="text"/>
		Fax Number: <input type="text"/>

Additional Attributes ADD ATTRIBUTE

Category	Sub-Category	Type	Order	Value	Start Date	End Date

Additional Addresses ADD ADDITIONAL ADDRESS

Type	Full Name	Address	County	Country	Phone Number	Start Date	End Date	Bad Address Indicator

CANCEL SAVE CHANGES

7.2 ADD ADDITIONAL MEMBER INFORMATION

These workflows allow you to view or add less common information about the member. In some cases, available options may be dependent upon the contract in effect at the time of the change. There are two workflows, **Additional Attributes** and **Additional Addresses**.

To add **additional attributes**:

1. On the **Member Details** screen, select the **Add Attribute** button for the information you wish to change.
2. Work left to right, starting with the **Category**, and then the following fields will either be indicated as required, optional, or not applicable
3. Fill out the remaining fields and select **Save Changes** button to save your changes

To add **additional addresses** select Add Additional Address and complete the workflow in the subsequent dialogue box. Select **Save** to save changes or select **Add** to add another additional address.

7.3 ADD FAMILY ENROLLMENTS

Once a subscriber has been added, you can add the subscriber's family members.

1. If the subscriber's information is not currently displayed in the Family Information section, access the member as described in [Search for a Member](#)
2. Select **Add Dependent**

3. The **Add Dependent** screen displays information about the plan, group and subgroup, and the member number. *Received Date* is set to the current date; some users will be able to enter a different date if necessary. Fill in the member's

information, making sure to fill in any required fields, which will be indicated by the red bar on the left side of the field.

4. To successfully add a Dependent, the dependent's eligibility effective date must be equal to or greater than the Subscriber's eligibility effective date.
5. See [Add Subscriber](#) for information on specific fields; in the *Member Type* field you will be able to select **Spouse** or **Non-Spouse**

6. If you have completed all required fields, the **Save Changes** button will be enable at the top and bottom of the section. Select that button to complete the addition. You will be directed to the **Member Information** screen for the dependent that you just added. You can select **Switch Member** or navigate to the **Family Enrollment** section to go back to the subscriber record.

7.4 SPECIAL SITUATIONS

Shared Members

Sometimes members are enrolled under more than one Group at a time. The following describes how this may affect you:

- If you try to update a member and you only have access to one group that the member belongs to, you can only view member information. You will not be able to update the information. A message appears on your screen instructing you to call Customer Service for assistance with your change.
- If a member is enrolled under more than one group, they may show up multiple times in search results.
- You cannot update a custodial parent if the member is shared. Contact Customer Service to help you make the change.
- If you add a member and they already exist under a different group that you do not have security for, only the member's name, date of birth, and gender is displayed. Select the member to add an enrollment for this existing member. The Add Member screen appears with all data filled in and the Eligibility Start Date enabled. If you want to change anything else for this member, contact Customer Service.

How Member IDs work

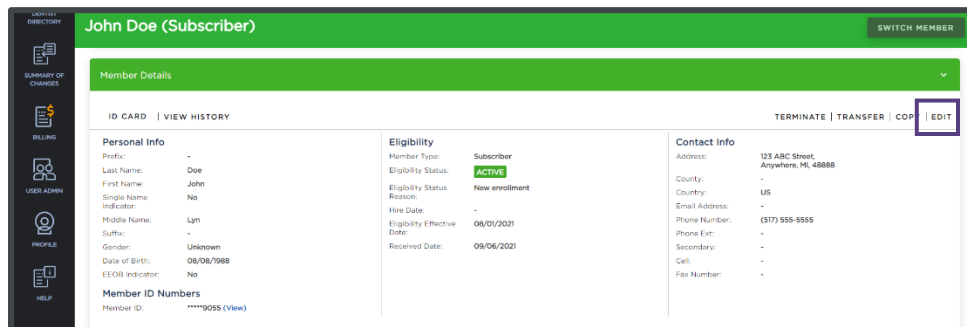
Members can be identified by one of three Identifiers

- *Member ID* is the Member’s social security number (SSN)
 - *Alternate ID (formerly known as CAID)* is a Group or Delta assigned ID number that is designated at the Subgroup level. If Delta Assigned will be 9 digits in length. If Group Assigned can be 5-18 digits in length.
 - *System Generated ID* is an ID number assigned by Delta Dental (*formerly known as DAI*).
- You see different information depending on what you are doing and which identifier you are working with. The following describes what may occur:
 - Two or more groups can use the same Alternate ID, but a subgroup cannot use the same Alternate ID for more than one person. If you are trying to add a new member and the Alternate ID is already in use within the group and subgroup:
 - Check to make sure you are using the correct subgroup number.
 - Update the record if the person you found is in fact the correct person.
 - Find a new Alternate ID if the first two items do not apply.
 - Since an SSN is unique to a person within the US, a Member ID can be used only once in the entire system. If the Member ID is already in use, you can call Customer Service for assistance.

8. Update Member

8.1 UPDATE SUBSCRIBERS, SPOUSES, AND DEPENDENTS

You can update a member's name, address, and other eligibility information all at the same time by selecting **Edit** from the **Member Details** section of the **Member Information** Screen.



After selecting **Edit**, all fields in the **Member Details** section will become editable. After making all required edits, you can select **Save Changes**. Selecting **Cancel** will return you to the **Member Information** page without saving changes.

8.2 COPY ELIGIBILITY

If a member already exists in a group/subgroup and you need to add (not transfer) the member to another group/subgroup, you can copy the member's information from one to the other. You must have authorization for both groups.

1. If the subscriber's information is not currently displayed in the **Member Information** screen, access the member as described in [Search for a member](#).
2. Select **Copy** in the top right of the **Member Details** section, and the Copy Member dialogue box will appear.
3. To identify the destination for the copy, select *Payer* from the dropdown and then enter *Group ID* and select the *Subgroup ID* from the options provided

4. Proceed through the workflow to select if overrides apply, which members should be copied, and which attributes should be copied.
5. You will be presented with a screen that summarizes the copy and give you the option to complete.
6. Select **Complete Copy** and you will be presented with a screen that confirms the success of the copy or provides a detailed error message

Copying From:		Copying To:			
Payer:	DDPMI	Payer:	DDPMI	Received Date:	-
Group ID:	10703	Group ID:	10703	Hire Date:	-
Subgroup ID:	0001	Subgroup ID:	0004	Effective Date:	10/03/2021
				Override Retro Enrollment Limit:	No
				Override Paid Claims:	No
				Override Age Limits:	No

Name	Member Type	Details
John Doe	Subscriber	Failed: Member is currently covered under S01 2020/0001. Member can have only one active record as designated by your contract. Please correct so the benefits eligibility is accurate.

8.3 TRANSFER MEMBER

You can transfer members within groups and subgroups for which you have authorization. When you transfer a subscriber, you can also transfer all currently active family members under that subscriber.

1. If the subscriber's information is not currently displayed in the **Member Information** page, access the member as described in [Search for a member.](#)
2. Select **Transfer** in the top right of the **Member Details** section, and the Transfer Member dialogue box will appear.
3. To identify the destination for the transfer, select *Payer* from the dropdown and then enter *Group ID* and select the *Subgroup ID* from the options provided

4. Proceed through the workflow to select if overrides apply, which members should be transferred, and which attributes should be transferred.
5. You will be presented with a screen that summarizes the copy and give you the option to complete.

Transferring From:		Transferring To:					
Payer:	DDPMI	Payer:	DDPMI	Received Date:	-	Override Retro Enrollment Limit:	No
Group ID:	10703	Group ID:	10703	Hire Date:	-	Override Paid Claims:	No
Subgroup ID:	0001	Subgroup ID:	0003	Effective Date:	09/12/2021	Override Age Limits:	No

John Doe
Subscriber

Buttons: BACK, COMPLETE TRANSFER

6. Select **Complete Transfer** and you will be presented with a screen that confirms the success of the copy or provides a detailed error message

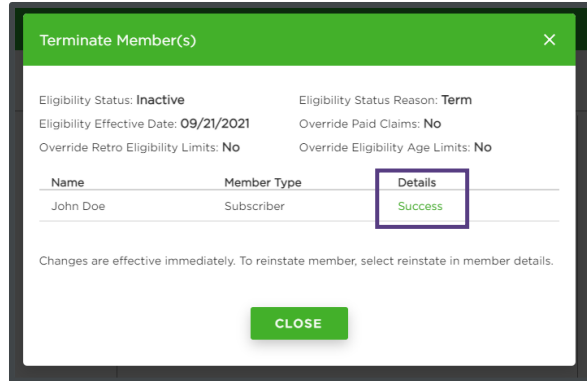
8.4 TERMINATE AND REINSTATE MEMBER

You can terminate a member or members within groups and subgroups for which you have authorization. The option to Terminate and/or Reinstate will appear based on the member's current eligibility status. This is available on all member records – not just the subscriber. When you terminate a subscriber, any members under that subscriber are also terminated, with the same effective date.

1. If the subscriber's information is not currently displayed in the **Member Information** page, access the member as described in [Search for a Member](#).
2. Select **Terminate** in the top right of the **Member Details** section, and the Terminate Member dialogue box will appear.

3. Select which Member(s) you want to terminate and then select **Continue** to proceed in the workflow

4. Fill out the *Eligibility Effective Date*, *Status Code Reason*, and select if overrides apply. In many cases, a member is not allowed to have a termination date earlier than the date of service on the last paid claim. If this is the case, the system will reset the termination date accordingly. Then click **Terminate**
5. You will be presented with a screen that confirms the success of the termination or provides a detailed error message

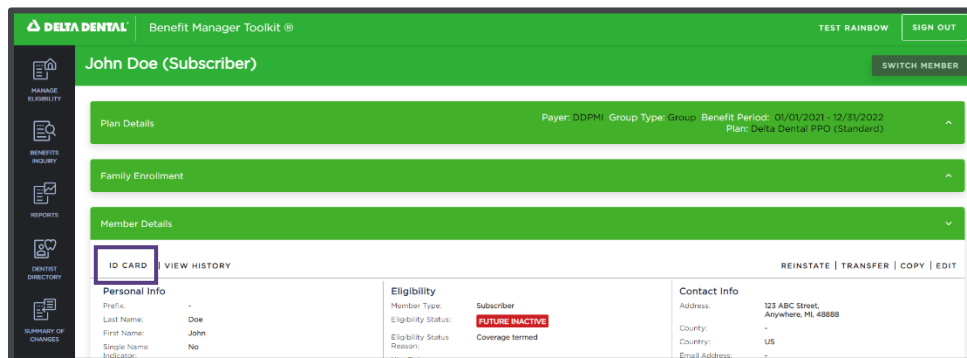


9. ID Cards

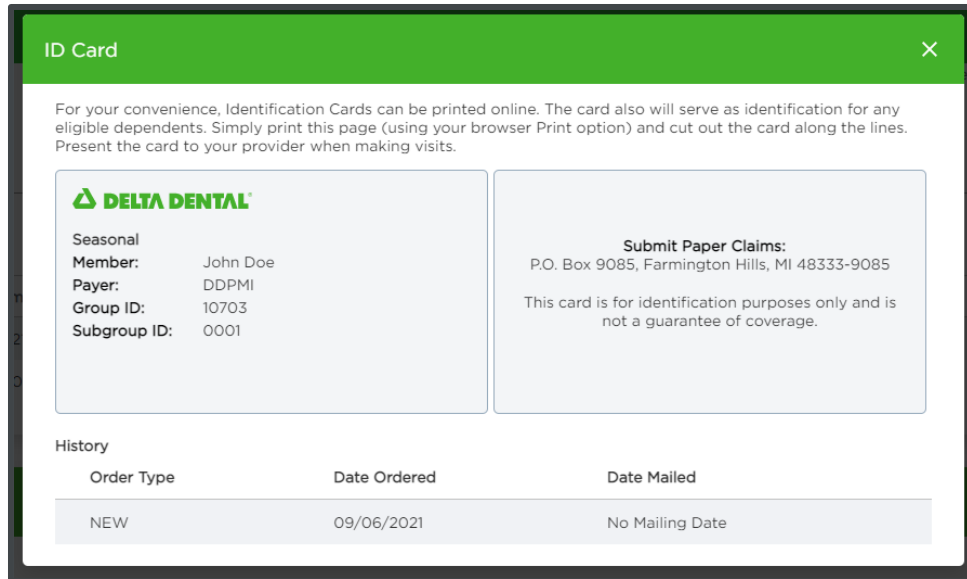
9.1 PRINT ID CARDS

You can print ID cards for Active Subscribers from the **Member Information** screen

1. Access the member as described in [Search for a Member](#).
2. In the **Member Details** section of the **Member Information** screen, click **ID Card** at the top of the screen.



3. A dialogue box appears, displaying the ID card information. Select **Print ID** to print the card.



9.2 ORDER ID CARDS

You are able to order a hard-copy ID card if the Subscriber is currently *Active* and either the Group or Subgroup is configured. Note: in the Plan details section you can view this information

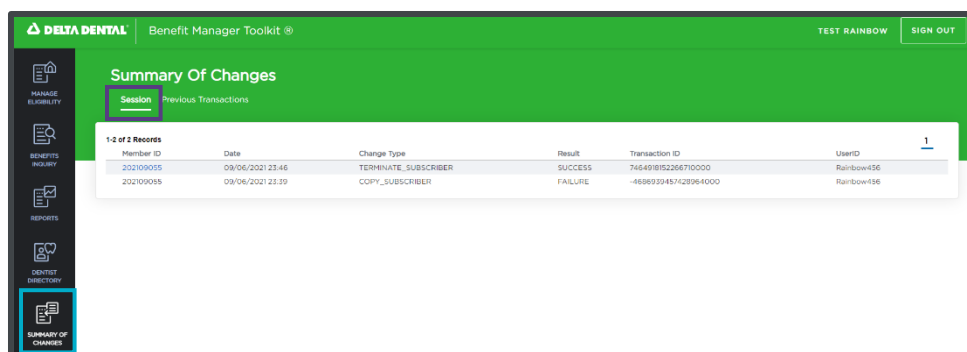
9.3 ID CARD ORDER HISTORY

When ID Cards are required, this section provides details on when the ID Card was ordered and the Date it was Mailed and if it was a new Card or a reorder.

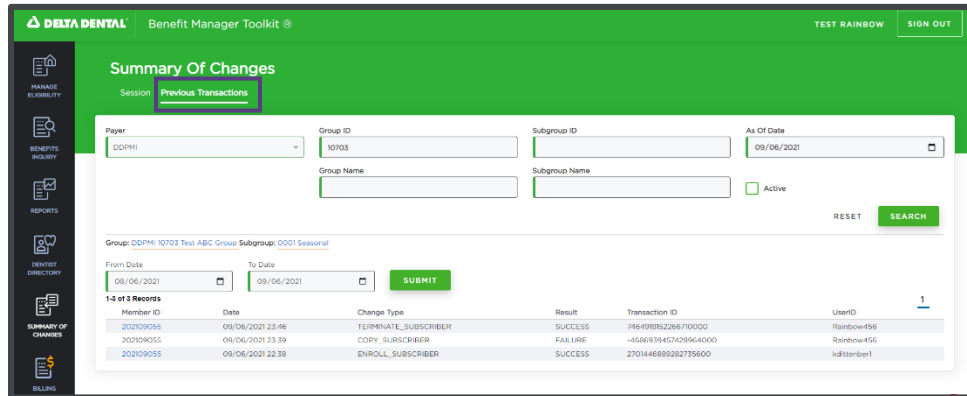
10. View Summary of Changes

The **Summary of Changes** option allows you to view the changes made during the current session. You can also view changes made for a particular group and subgroup and for a date range.

1. Select **Summary of Changes** from the side menu. The Summary of Changes screen for the current session appears.



- To view previous transactions, select **Previous Transactions** from the top menu. After selecting the group and subgroup click **Search** to display the Summary of Changes screen.



11. Custodial Parent

It is possible for a member to provide coverage for dependent children of whom the member does not have custody. To send explanations of benefits and predetermination information to the custodial parent, we need a way to store information about the custodial parent. Below are instructions on how to add that information.

Select the Non-Spouse Dependent's record and click **Edit**. Then select **Add Additional Address**, pick **Custodial Parent** in the **Contact Type** field and then fill in the remainder of the required fields.

The select **Save** to keep your changes. This information will be viewable in the Member Details section and at a glance a user will know there is a dependent that has a Custodial Parent by the indicator show in the Family Enrollment section.

Member Details

VIEW HISTORY TERMINATE | EDIT

Personal Info Prefix: - Last Name: Mouse First Name: Tiny Single Name Indicator: No Middle Name: - Suffix: - Gender: Unknown Date of Birth: 06/06/2016 Member ID Numbers Member ID: -	Eligibility Member Type: - Relationship Type: - Eligibility Status: ACTIVE Eligibility Status Reason: New enrollment Eligibility Effective Date: 09/01/2021 Received Date: 09/08/2021	Contact Info Address: - Country: - Country: - Email Address: - Phone Number: - Phone Ext: - Secondary: - Cell: - Fax Number: -
---	---	--

Additional Addresses

Type	Full Name	Address	Country	Country	Phone Number	Start Date	End Date	Res Address Indicator
CUSTODIAL PARENT	Donald Duck	456 American Way 44444 Somewhere MI	US			09/01/2021		

Eligibility History COMPOSITE TRANSACTIONAL

Status	From Date	Through Date	Eligibility Status Reason	Waiting Period Exempt
ACTIVE	09/01/2021		New enrollment	No

Family Enrollment

Coverage Type: Subscriber, Spouse, Children ADD DEPENDENT

Member ID	Name	DOB	Member Type	Status	Eligibility Effective Date	Special Attribute	Merged
****9088 (view)	Minnie Mouse	04/04/1984	Subscriber	ACTIVE	09/01/2021	-	-
-	Mickey	03/05/1985	Spouse	ACTIVE	09/01/2021	-	-
-	Tiny Mouse	06/06/2016	Dependent	ACTIVE	09/01/2021	-	-

👤 Custodial Parent ⚠️ Overlap

12. Overage Dependent Reports

To view information related to overage dependents a user should navigate to the Reports Section in the left hand nav. In the tabs within that section, a user should see overage dependent adhoc which is one of the 3 ways a user can view this data. If you select the dropdown to the right of the tab, you will be able to select from the other two options: dependent notice and term consolidated report

DELTA DENTAL Benefit Manager Toolkit TEST RAINBOW SIGN OUT

Reports

Overage Dependent Notice ▼

Dependent Notice

⚠️ This field is required

RESET **GET REPORT**

12.1 OVERAGE DEPENDENT ADHOC

To generate this report, you must enter the following required fields:

- Payer
- Group ID (Subgroup ID is optional)
- As of Date that is greater than today's date
- Start of Age Range – defaults to 19 but can be updated
- Up to, but not including age – defaults to 99 but can be updated

Once all of the required fields have been specified, the **Get Report** button is enabled and selecting it will generate an Excel document with the following data:

- *Plan*
- *Group Number*
- *Subgroup Number*
- *Subscriber First, Middle and Last Name*
- *Subscriber SSN*
- *Subscriber Alternate ID*
- *Dependent First, Middle and Last Name*
- *Dependent Birthdate*
- *Dependent Age*
- *Dependent Calendar Year End Age*

The report will also indicate if a dependent is a Student, Handicapped, or an Adult Dependent.

12.2 OVERAGE DEPENDENT NOTICE

A monthly email will be sent if and when a dependent has or is about to reach the maximum dependent age for coverage under their group dental plan. This notification alerts the recipient that detailed information is posted to their Benefit Manager Toolkit (BMT) account. To generate this report, you must enter the following required fields:

- *Payer*
- *Group ID (Subgroup ID is optional)*

Once all of the required fields have been specified, the [Get Report](#) button is enabled and once clicked will return a list of available notices that a user can click to download. These will immediately start to download as a PDF.

12.3 OVERAGE DEPENDENT TERM CONSOLIDATED

Term Consolidated is a Group Level only report. To generate this report, you must enter the following required fields:

- *Payer*
- *Group ID*
- *Month* – defaults to the current month
- *Year* – defaults to current year or user can update a past year

Once all of the required fields have been specified, the [Get Report](#) button is enabled and once clicked will generate an Excel document that a user can download. If there are no results in which to generate the report the message 'No Term Consolidated Report Found' and the user would have to adjust their criteria.

13. Billing Reports: Consolidated & Non-Consolidated

13.1 INVOICES

To view Invoices for a Group or Subgroup, begin by navigating to the **Invoices** tab within the **Billing** section and conducting a [Search for a Group](#).

The screenshot shows the 'Billing' section of the Delta Dental Benefit Manager Toolkit. The 'Invoices' tab is selected. Search criteria include: Payer (dropdown), Group ID (text input, required), Subgroup ID (text input), Group Name (text input, required), Subgroup Name (text input), and an 'Active' checkbox. A 'SEARCH' button is visible. Below the search fields, a table header is shown with columns: Select, Group ID, Group Name, Payer, Status, and Effective Date. A 'SHOW MORE' button is located below the table header.

After selecting a Group (required) and Subgroup (optional) for which you'd like to view invoices, select **Search** and invoices will display below. A list of available invoices will display below and, depending on your search criteria, the configuration of the client, and your specific authorizations, you may have the opportunity to toggle between **Group Reports**, **Subgroup Reports**, and **Consolidated Reports**.

The screenshot shows the results of a search for invoices. The search criteria are: Payer (dropdown), Group ID (1234), Subgroup ID (empty), Group Name (empty), Subgroup Name (empty), and 'Active' checkbox. A 'SEARCH' button is visible. Below the search fields, a 'Group' dropdown is set to 'All Subgroups' and a 'Total Balance' of '\$3,189.76' is displayed. Date range fields for 'From Date' and 'To Date' (format: mm/dd/yyyy) are present, with a 'SUBMIT' button. A note states: 'Date Range is optional. If not specified will default to the last 3 months worth of processed invoices'. Below the date fields, three tabs are visible: 'Consolidated Reports', 'Group Reports', and 'Subgroup Reports'. The 'Consolidated Reports' tab is selected, showing a table with columns: Consolidation Name, Consolidation Invoices, Parent Subgroup, Start Date, End Date, and Status. A single row is displayed with values: Consolidation Name (expandable), Consolidation Invoices (3), Parent Subgroup (1001), Start Date (07/01/2021), End Date (09/30/2021), and Status (Active).

The date fields above the report type tabs will allow users to view only reports in a given date range. The default setting will display invoices only from the preceding three months, but you can also look for a specific date range. When entering the date range, you have the option to only enter a date in the **From** field and then it will return all invoices from that date until today. Users can also select **All Subgroups** which will display a list of available subgroups. From there you can pick a single subgroup for which to view reports.

Selecting the **Consolidated Reports** tab will display reports in the given date range organized by consolidation. You can click on the consolidation to expand the list and view the individual reports as well accompanying details.

Consolidated Reports		Group Reports	Subgroup Reports			
Consolidation Name	Consolidation Invoices	Parent Subgroup	Start Date	End Date	Status	
▼ [Redacted]	3	1001	07/01/2021	09/30/2021	Active	
Invoice #	Invoice Type/Name	Start Date	End Date	Total Invoice Count	Invoice Amount	Remaining Balance
CNS00007	Invoice	09/01/2021	09/30/2021	1	\$3,189.76	\$3,189.76
CNS00007	Invoice	08/01/2021	08/31/2021	1	\$3,218.04	\$0.00
CNS00007	Invoice	07/01/2021	07/31/2021	1	\$3,161.48	\$0.00

1-3 of 3 Records 1

Selecting the **Group Reports** tab will display reports in the given date range organized by date.

Consolidated Reports		Group Reports	Subgroup Reports			
Name	Invoices	Start Date	End Date	Status		
Invoice	1	09/01/2021	09/30/2021	Active		
Invoice	1	08/01/2021	08/31/2021	Active		
Invoice	1	07/01/2021	07/31/2021	Active		

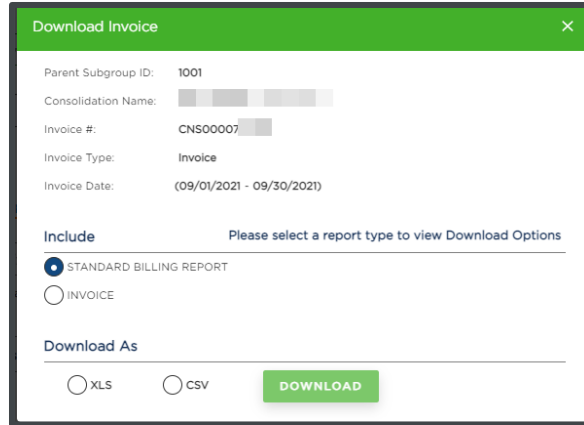
1-3 of 3 Records 1

Selecting the **Subgroup Reports** tab will display reports in the given date range organized by subgroup. You can click on the name to expand the list and view the individual reports as well accompanying details.

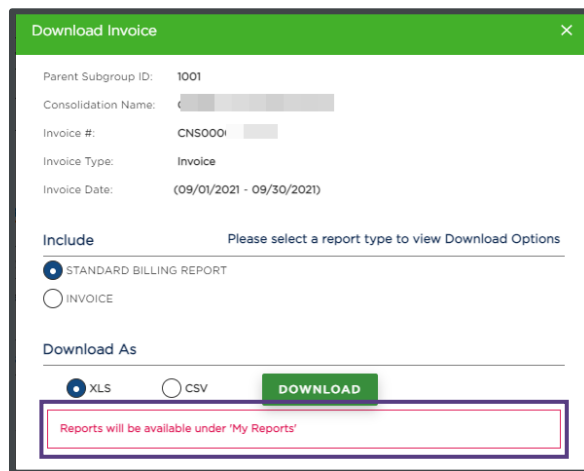
Consolidated Reports		Group Reports	Subgroup Reports			
Name	Subgroup ID	Invoices	Start Date	End Date	Status	
▼ [Redacted]	1001	3	07/01/2021	09/30/2021	Active	
Invoice #	Invoice Type/Name	Start Date	End Date	Invoice Amount	Remaining Balance	
RIS000	Invoice	09/01/2021	09/30/2021	\$3,189.76	\$3,189.76	
RIS000	Invoice	08/01/2021	08/31/2021	\$3,218.04	\$0.00	
RIS000	Invoice	07/01/2021	07/31/2021	\$3,161.48	\$0.00	

1-3 of 3 Records 1

Clicking on the Invoice # (in **Consolidated** and **Subgroup** tabs) or Invoice (**Group** tab) that is highlighted in blue will allow you to download the report. You will be presented with a dialogue box that displays information about the report you selected. Select the report type you wish to include and the format to proceed downloading the report.

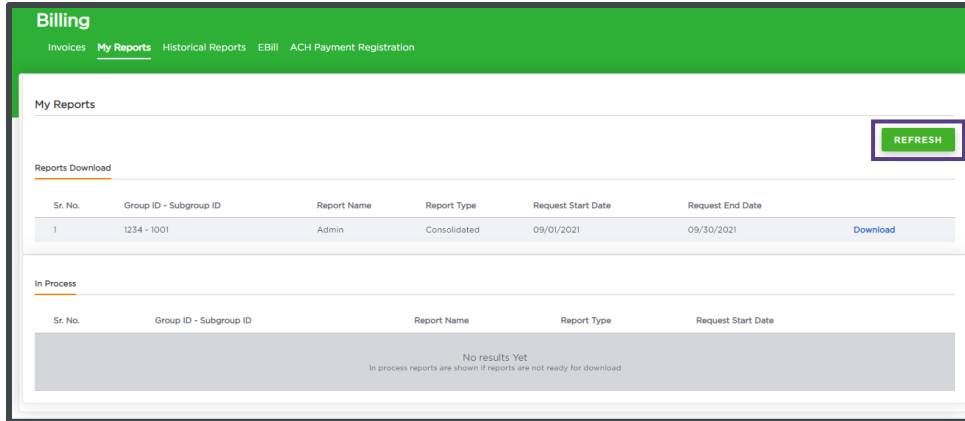


In the **Download As** section, you will be presented with a variety of formats depending on the type of report. If you download as an **XLS** or **CSV** file, your report will begin processing and can be accessed in the **My Reports** tab of the **Billing** section. If you select **PDF** the report will begin to download immediately in the browser.



13.2 MY REPORTS

Toggling to the **My Reports** section will provide the user with a view of all reports that they have downloaded, with a list of information about each report. The page is divided into two sections, one for reports that have been fully generated, and the other for reports that are still in process. If a report you need to view is still in process, hit the **Refresh** button to ensure you have the most up-to-date view.

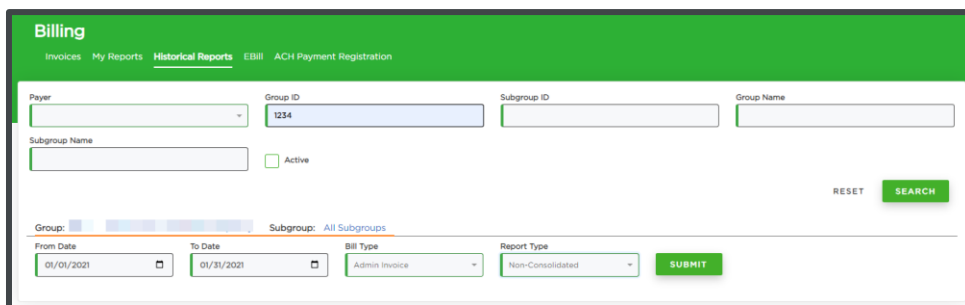


Select **Download** to download any report that is in the **Reports Download** section. Reports that you have requested will be saved if you log out, regardless of whether they are in the **In Process** or **Reports Download** section.

13.3 HISTORICAL REPORTS

To view Invoices for a Group or Subgroup, begin by navigating to the **Historical Invoices** tab within the **Billing** section. This section makes it easier to find and see specific reports, both current and historical. Depending on the history of your group, this section may allow you to access older reports.

Conduct a **Search for a Group** and, after selecting a Group (required) and Subgroup (optional) for which you'd like to view invoices, select **Search** and you will be presented with additional search criteria.



To determine the reports you'd like to view, select a *From Date*, *To Date*, *Bill Type*, and *Report Type*. After selecting your search criteria, select **Submit** and you will be presented with a dialogue box that displays information about the report you selected. As with the **Invoices** section, you will be able to select the report type as well as format.

Download Invoice
✕

Group ID: 1234

Group Name: [REDACTED]

Subgroup ID: [REDACTED]

Subgroup Name: [REDACTED]

Invoice Type: Admin Invoice

Invoice Date: (01/01/2021 - 01/31/2021)

Include Please select a report type to view Download Options

SUBSCRIBER LISTING NON COBRA REPORT

SUBSCRIBER CURRENT UPDATE REPORT

SUBSCRIBER RETRO UPDATE REPORT

INVOICE

Download As

XLS CSV PDF

DOWNLOAD

13.4 EBILL

To view E-Bill functionality, select a *Group* and *Subgroup*. As soon as you select a *Subgroup* a new window will open and there will be a single sign on to PeopleSoft. Once there, users can see invoice payment details.

13.5 ACH PAYMENT REGISTRATION

BMT allows you to set up recurring ACH Payment for your invoices. To get started, navigate to the **ACH Payment Registration** and select a Group and Subgroup or multiple Subgroups. After doing so, a form will appear that includes all the fields necessary to completely register for ACH withdrawals

DELTA DENTAL
Benefit Manager Toolkit ©
TEST RAINBOW
SIGN OUT

Billing

Invoices My Reports Historical Reports EBILL **ACH Payment Registration**

Group: DDPMI - 10703 - Test ABC Group Subgroup ID: * 0001 - Seasonal * 0002 - Hourly * 0003 - Salaried As Of Date: 09/08/2021

RESET

Group: DDPMI Test ABC Group 10703 | Subgroup: 0001, 0002, 0003

Financial Institution Information

<p>Account Name: <input type="text"/> * This field is required</p> <p>Bank Name: <input type="text"/> * This field is required</p> <p>Account Type: <input type="radio"/> Checking <input type="radio"/> Savings</p> <p>Account Number: <input type="text"/> * This field is required</p> <p>Re-type Account Number: <input type="text"/> * This field is required</p> <p>Routing Number: <input type="text"/> * This field is required</p> <p>Re-type Routing Number: <input type="text"/> * This field is required</p>	<p>Bank Address</p> <p>Address Line1: <input type="text"/> * This field is required</p> <p>Address Line2: <input type="text"/></p> <p>City: <input type="text"/> * This field is required</p> <p>State: <input type="text"/> * This field is required</p> <p>Country: <input type="text"/> * This field is required</p> <p>Zip: <input type="text"/> * This field is required</p>
--	--

Requester Information

First Name: * This field is required Last Name: * This field is required

Phone Number: * This field is required Email Address: * This field is required

Effective Date: * This field is required

NEXT

Selecting **Next** will take users to an authorization screen where they can see the information that they just entered. Users will be presented with a prompt to print the page for their records. You cannot proceed to select **Submit** unless you check the box authorizing Delta Dental to draw ACH payments.

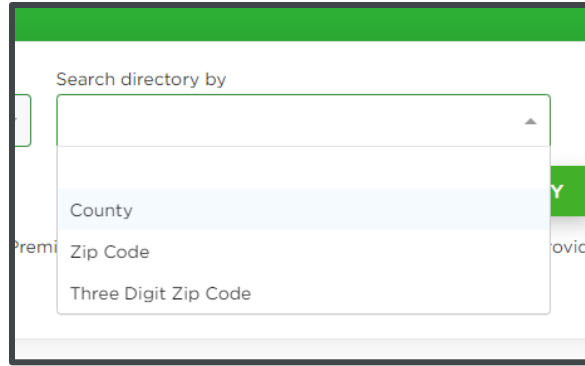
After submitting this form, BMT sends banking information to the Account Department at Delta Dental who will set up recurring ACH withdrawals.

14. Dentist Directory

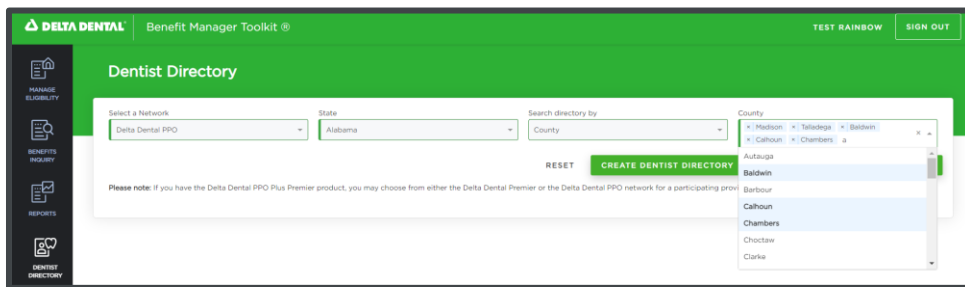
Create a Dentist Directory by navigating to the **Dentist Directory** section and following these steps:

1. Start by selecting a **Network** (options will display based on Payer) and then specifying a **State**.
2. Once these two required fields have been selected, the two create buttons become enabled and you could go ahead and generate the directory as a .pdf or .xlsx

3. After clicking on either creation options, it will immediately start to download.
4. The user also has the option of further refining their directory by specifying a **Search directory by** – either by County, Zip Code or 3-digit Zip Code



- Once specified, the 4th and final field will be present and a user can then single select or multi-select from the choices populated in the dropdown.



Tip: Rather than scrolling through a list, to select from the drop down, you can start to type in the result and it will be found.

15. View Group Benefits

15.1 INQUIRING ON A GROUP AND SUBGROUP

Member benefits are determined by the Group. Benefits may vary among Subgroups or due to the member’s relationship to the subscriber. To view group benefits, begin by navigating to the **Benefits Inquiry** section. Then do the following

- The **Group-Subgroup Search** screen appears. Fill in the information as needed. See [Search for a Group](#) for more information on using this screen.
- The Search Group Benefits screen appears listing your Group and Subgroup selections.
- Scroll to the bottom to select the Member Type whose benefits you wish to view. If a Subgroup only has one type of benefits, it will automatically take you to the **Plan Details** screen
- The **Plan Details** screen appears. See View Benefits for a detailed description of the screen.

15.2 PLAN DETAILS SECTION

The **Plan Details** section documents all relevant Group, Subgroup, and Contract information. Please see the [View Plan Details](#) section for more information

15.3 VIEW BENEFIT PROGRAM DETAILS

To view benefit program details, see the sections below. By default, it shows benefits as of the date inquired, but a user can specify a different date in the **Benefit Program as of Date** field at any point in time. You can view the following sections by clicking on the button – when the button is selected it will display blue, when it is not selected it is gray.

- **Coinsurance:** Provides detailed information about coinsurance levels by procedure code category, including information specific to network, waiting periods, and exclusions and limitations

Benefit Program as of Date:

• In the event that treatment is rendered from a dentist that does not participate in any of Delta Dental's programs, the patient may be responsible for more than the percentage indicated below.

Procedure Code:

Standard Benefits	PPO Dentist, Premier Dentist, Nonparticipating Dentist			
	Exclusions & Limitations	Maximums & Deductibles	Coinsurance	Waiting Periods
▶ Diagnostic		Max	50%	
▶ Preventive		Max	50%	
▶ Bitewing Radiographs		Max	50%	
▶ All Other Radiographs		Max	50%	
▶ Brush Biopsy		Max	50%	
▶ Sealants		Max		Not Covered
▶ Minor Restorative		Max	50%	
▶ Major Restorative		Max	50%	
▶ Endodontics		Max	50%	
▶ Periodontics		Max	50%	
▶ Relines and Repairs		Max	50%	
▶ Simple Extractions		Max	50%	
▶ Other Oral Surgery		Max	50%	
▶ TMD		Max		Not Covered
▶ Other Basic Services		Max	50%	
▶ Prosthodontics		Max	50%	
▶ Implants		Max	50%	
▶ Orthodontic Services		Max	50%	

- Not all procedure codes in the category are covered
 - Details for individual procedure codes in the category are different than the category level
 - Services in this category require medical necessity
 - Indicates service is only payable if medically necessary

- Payment for crowns, bridges, full and partial dentures are based on the seat/delivery date of the permanent appliance.

- **Maximums and Deductible:** Shows information about General, Orthodontic, and other maximums as well as deductibles. Details include amounts, accumulator periods, individual and family amounts, and history.

COINSURANCE **MAXIMUMS & DEDUCTIBLES** ORTHODONTIC INFO EXPAND ALL

Maximums & Deductibles

Maximums Accum Period Type: Calendar Year

PPO Dentist, Premier Dentist, Nonparticipating Dentist				
Orthodontic Maximum	Total	Name	Accum Period	Claim History Accumulator
Individual Amount:	\$1000.00	on orthodontic services.	Lifetime	NO
Family Amount:				
General Maximum	Total	Name	Accum Period	Claim History Accumulator
Individual Amount:	\$1500.00	on all services, except orthodontic services.	01/01/2021 - 12/31/2021	NO
Family Amount:				

There are no deductibles for this plan

- Orthodontic Info: Shows information about Orthodontic age limits and payment schedules

COINSURANCE MAXIMUMS & DEDUCTIBLES **ORTHODONTIC INFO** EXPAND ALL

Orthodontic Information

ORTHODONTIC AGE LIMITS ORTHO PAYMENT SCHEDULE

PPO Dentist, Premier Dentist, Nonparticipating Dentist				
Name	Minimum Age	Max Age	Rule	
RS	0	19	Birth Day	
Minor	0	19	Birth Day	
Spouse	0	19	Birth Day	
Student	0	19	Birth Day	
Subscriber	0	19	Birth Day	