



Small Business Welcome Guide for Client Administrators



Delta Dental of Minnesota



Welcome to Delta Dental of Minnesota and DeltaVision®

We're so glad you've joined us as your partner in quality dental and vision benefits for your employees. Our top priority at Delta Dental of Minnesota and its affiliates is to make sure you, as the client administrator, and your employees have everything you need in order to utilize and manage your benefits seamlessly.

This Small Business Welcome Guide will help guide you through your dental and vision benefits!

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Employer Services Contact Information

Client Administrator:

Phone: (866) 318-9449

Client administrator menu options:

- Enrollment – press 1
- Billing – press 2
- Benefits & Eligibility – press 3
- Claims – press 4
- Employer Services Portal (ESP) – press 5
- All other inquiries – press 6

Billing: AR@deltadentalmn.org

Enrollment: Eligibility@mydeltadental.com

Employer Services Portal (ESP): DeltaDental@servicesportal.org

Delta Dental Connect* Minnesota and North Dakota:

*Your small business sales and service team.

Call to get more information on:

- Plan Documents
- Renewals
- Plan Options, including DeltaVision®

Phone: 1-800-906-5250

- Press 1 for Enrollment, Billing, Commissions or Broker Service Portal.
- Press 2 for Renewals and New Business.
- NOTE: Option 1 sends caller to alternative department. Option 2 sends caller to Delta Dental Connect for renewal information or new business such as adding DeltaVision®.

Email: DeltaDentalConnect@deltadentalmn.org

Customer service for your members:

Phone number: 1-800-448-3815 (7 a.m. – 7 p.m., M – F CST)

Our customer service team can assist members with the following topics:

Digital Access:

- Find a Dentist Tool
- Website Navigation
- Member Portal Questions

Questions on Coverage:

- Benefits and Eligibility
- Claim Status
- Explanation of Benefits Details

DeltaVision®:

Delta Dental of Minnesota is proud to partner with EyeMed through Delta Dental of Minnesota's affiliate Health Ventures Network to offer simple yet comprehensive vision benefits for employers large and small.

DeltaVision® customer service team can assist you with the following topics:

Digital Access:

- Find an in-network eye doctor
- EyeMed member portal

Questions on Coverage:

- Vision claim status
- Vision benefit questions

Phone: 1-833-279-4362

Mon-Sat: 6:30 a.m. – 10 p.m. CST

Sunday: 10 a.m. – 7 p.m. CST

Web: [DeltaDentalMN.org/DeltaVision](https://deltadentalmn.org/deltavision)

DeltaVision® Member Portal: <https://member.eyemedvisioncare.com/deltavisionmn/en>

Sales and Support Large Clients: (Custom risk and self-funded for clients 100+)

Phone: 1-800-328-1188 and ask for a large client sales representative

- Requests for proposals
- Individually rated and self-funded plans and pricing
- Account services

Find more on our website - DentalDentalMN.org

The primary focus of our website is to meet the needs of our members, brokers, client administrators and dentists. In addition to being a resource for oral healthcare needs, we also have several customer service resources to save time and money.

Employers

The Employer Services Portal (ESP) is your secure gateway to manage your benefits with Delta Dental of Minnesota. Member information is updated instantly on the portal and there is a library of online tutorials to help make it easy to use.

Manage Enrollment

- Enroll new members, update information on existing members or cancel members – all in real time
- Download digital ID cards

View Detailed Billing Information

- View current billing reports
- Download Excel files of your subscriber listing for ease of reconciliation
- View historical bills up to 12 months
- Set up ongoing or make a one time ACH payment

View Detailed Benefit Information

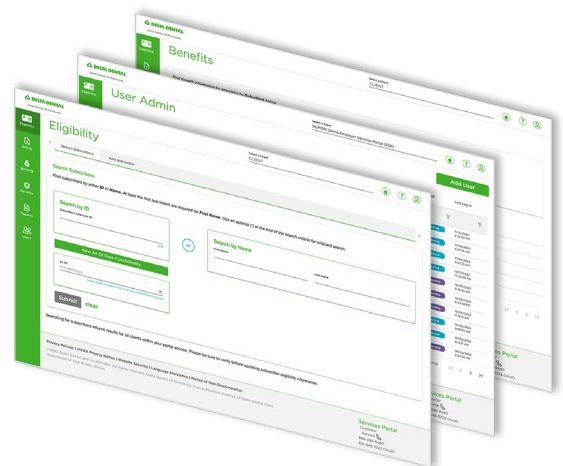
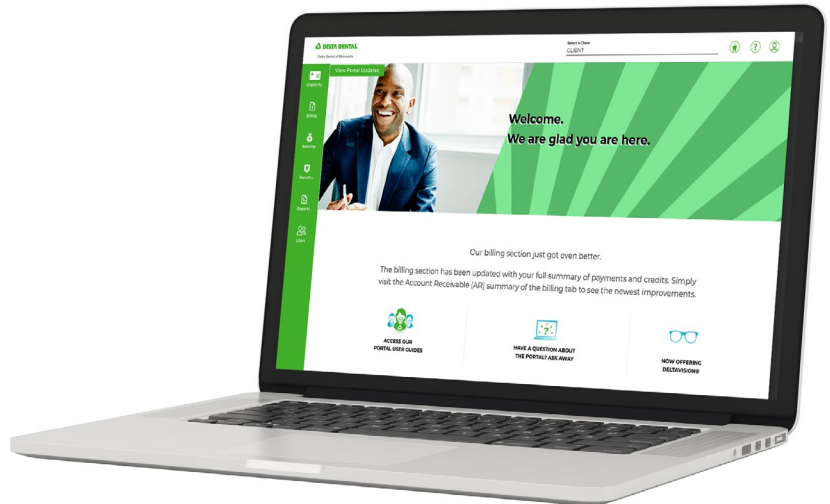
- View detailed benefit information
- Notifications indicate when benefits vary by category
- Ability to search code specific benefits
- View waiting periods by category if applicable

Manage Access (Designated Super Users and Delegates Only)

- Ability to manage your company's users
- Add and delete portal access as needed in real time
- Designate delegates to mirror Super Users' access

We're pleased to be your dental plan of choice and hope this guide is a useful tool in making your plan administration as effortless as possible. Our online tools make it easier to enroll, maintain member information, manage billing and more! Save time – go online!

Visit DentalDentalMN.org/Employers for online resources specifically for client administrators. Access commonly used forms, employer FAQs and helpful oral health and dental insurance information to share with your employees. This webpage is also where you can log in to ESP.



Members

Delta Dental of Minnesota Secure Member Portal

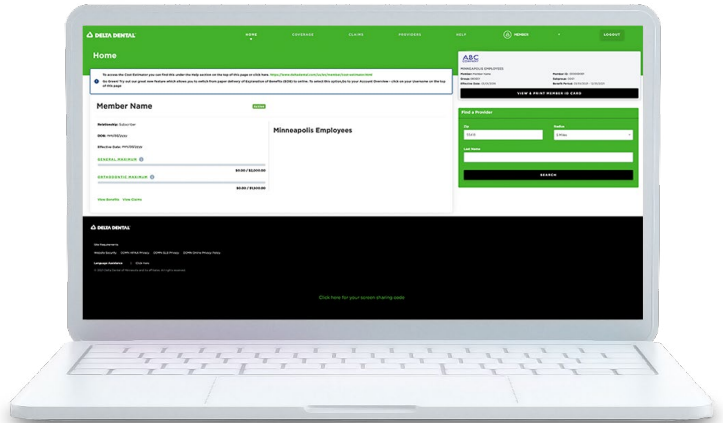
DeltaDentalMN.org/myaccount

Improved functionality and updated tools to manage your benefits.

At Delta Dental of Minnesota, we're focused on providing effective digital resources for our members that align with our sustainability initiatives. Enhancements to the member portal provide more tools for members to self serve.

Features:

-  Coverage details
-  Claims status and history
-  Digital Explanation of Benefits (EOBs)
-  Digital ID card



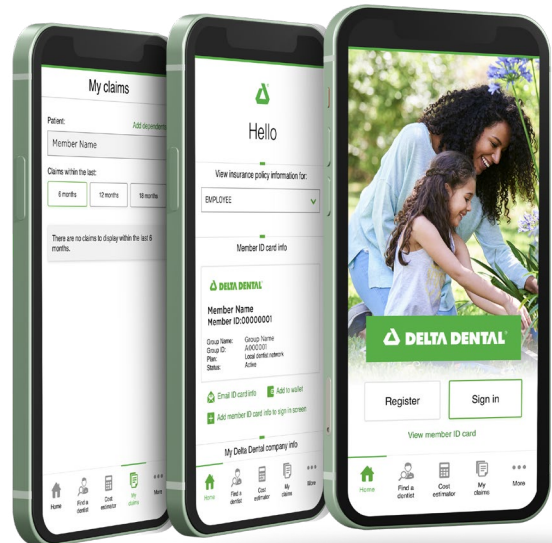
Delta Dental Mobile App

We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are.



Features:

-  Find a dentist
-  Cost estimator
-  Claims status and history
-  Digital ID card



Logging on has never been easier

The Delta Dental Mobile App and Delta Dental Member Portal uses single sign on, meaning only one username and password for both!

Once you have registered your account on the Delta Dental Member Portal, members can sign in to the Delta Dental App using the same username and password. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App or member portal.

Oral Health Information

The Power of Smile™

blog.deltadentalmn.org

Learn about current topics and trends in dentistry and the importance of oral health as it relates to overall health from our team of experts. The Power of Smile™ blog is backed by our in-house team of clinicians with over 100 blog articles.

Features:



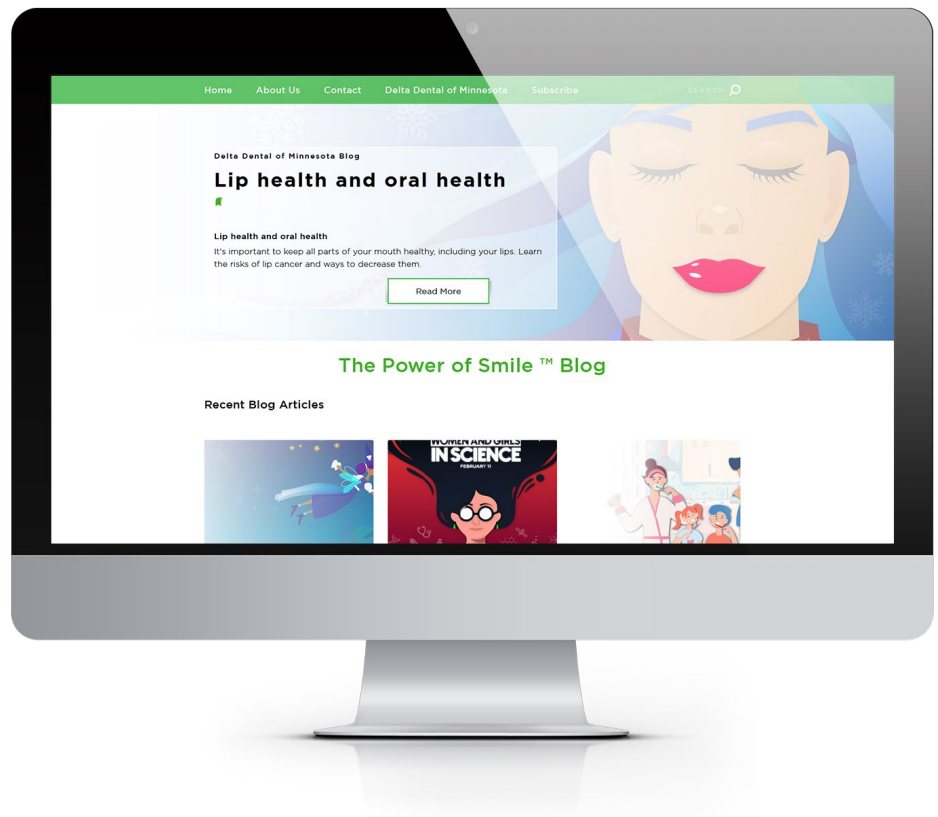
Extensive library of topics



Easy subscription sign up



Quick filters and search capabilities



Visit the blog today

Access the blog directly from our homepage at DeltaDentalMN.org or bookmark it at Blog.DeltaDentalMN.org.

Quick and easy subscription:

1. Visit Blog.DeltaDentalMN.org
2. In the header click on the “subscribe” link
3. Enter your preferred contact information

Getting Started As A Client Administrator With Your Dental And Vision Plan

Once your organization is set up in our system, you along with your broker will receive a welcome email.

The following documents will be attached in the welcome email:

1. Contract - Includes contract dates, rates and other important information
2. Summary of Dental Plan Benefits – Includes details on covered procedures and any limitations or exclusions intended for your employees

Additional information on accessing digital resources, including ID cards, will be available in your welcome email.

Getting your employees started:

- As the client administrator, you are responsible for sending employees their Summary of Dental Plan Benefits
- Inform your employees that they can access digital tools via our website:
 - a. Find a Dentist
 - b. Sign up for the member portal
 - c. Download the Mobile App
 - d. Access oral health information

New Client Resources:

Also included in your welcome email are New Client Resources.

DeltaDentalMN.org/Employers/NewGroup is dedicated to our new group customers. When visiting this page you will find these tools to assist you in managing your plan:

1. Digital guides
2. Delta Dental of Minnesota and DeltaVision® Small Business Guide
3. Billing Schedule
 - a. Billing due dates, eligibility cut off dates, payment due dates, ACH (Automatic Withdrawal) sign up

Member Enrollment

Accurate and timely enrollment information from your organization allows us to respond to member inquiries, process claims correctly and generate accurate billing statements. Delta Dental of Minnesota offers five methods for reporting enrollment information: Employer Services Portal (ESP), electronic file, pre-defined enrollment spreadsheet, email or paper.

Anyone who meets the eligibility requirements outlined in your Delta Dental of Minnesota contract is eligible to enroll in your dental plan.

Important enrollment details:

- It is important to remember that any changes to eligibility will appear on your invoice based on eligibility cutoff dates. You can find our billing schedule which outlines eligibility cutoff dates for each month at <https://www.deltadentalmn.org/employers/employer-billing-assistance>. Any eligibility changes made after the cutoff dates will be reflected credited or debited on your next bill, if applicable. We are unable to revise an invoice that has already been billed.
- Review the billing Subscriber Listing on a monthly basis and submit any necessary changes via the methods below. We are unable to accept changes made directly to the paper copy of the Subscriber Listing.
- It is the client's responsibility to oversee their Third-Party Administrator (TPA)/COBRA vendor to ensure the vendor administers their program in accordance with our timely enrollment process.

How to submit your enrollment:



Option 1: Employer Services Portal

Immediate updates can be completed on our Employer Services Portal (ESP). For more information on how to submit information online in our ESP, visit <https://www.deltadentalmn.org/quick-guides#>

Option 2: Submitting Information via electronic file

With a standard 834 file format our clients can enjoy ease of enrollment through an electronic file. Electronically submitting information about your members is the most efficient and effective method. Electronic submission is fast and secure, and reduces the chances for human error. When we load the information into our system, it automatically enrolls new members and makes changes to existing members, including cancellations of coverage.

To learn more about submitting an electronic file, please contact your sales and service team, Delta Dental Connect Phone: (800) 906-5250 or DeltaDentalConnect@deltadentalmn.org.

Option 3: Delta Dental of Minnesota pre-defined spreadsheet template

If you have 5 or more changes, our system allows for an upload of a spreadsheet in a pre-defined format, saving time and ensuring accuracy. For more information and to receive a copy of the spreadsheet template, please contact your sales and service team, Delta Dental Connect Phone: (800) 906-5250 or DeltaDentalConnect@deltadentalmn.org.

Delta Dental of Minnesota generally completes enrollment requests within five to seven business days of receipt.

Option 4: enrollment email process (without forms)

This option is available for requests with less than five changes.

Changes can be sent to eligibility@mydeltadental.com. Please be sure to include all information needed to process your request accurately.

For all requests, please include:

1. Client name
2. Client and sub-client number
3. Subscriber first and last name
4. Subscriber ID (Full) or alternate ID
5. Effective date of change MM-DD-YYYY (For cancellations, please include actual cancellation date, which is considered the first day without coverage)

In addition to the above, please include the following for these specific changes:

Enrolling a new subscriber:

- Address (Apt/Unit#), City, State, Zip Code
- Date of Birth MM-DD-YYYY
- Date of Hire MM-DD-YYYY

Enrolling dependent(s):

- Dependent(s) First and Last Name
- Dependent(s) Date of Birth MM-DD-YYYY

Canceling coverage – subscriber and dependent(s):

- If subscriber cancels, all other dependents are automatically canceled. For surviving dependents, new enrollment is required under COBRA

Canceling coverage – dependent(s) only:

- Dependent(s) First and Last Name
- Dependent(s) Date of Birth MM-DD-YYYY

Changing/correcting a member's name or ID:

- Incorrect information (currently listed)
- Accurate information to be listed
- Date of Birth MM-DD-YYYY

Delta Dental of Minnesota generally completes enrollment requests within five to seven business days of receipt.

Option 5: submitting information on paper enrollment forms

We will accept paper enrollment for clients with 100 or less subscribers. A copy of our paper enrollment form can be found on our website:

Dental and vision

<https://www.deltadentalmn.org/library/2021-MN-Eligibility-Enrollment-Update-Form-Dental-and-DeltaVision.pdf>

Dental only

https://www.deltadentalmn.org/library/2021-Enrollment-form-ddmn10_2021.pdf

In order to submit paper changes:

- Make sure your organization's (client) name and Delta Dental of Minnesota client and sub-client number are at the top of the form.
- Review the form for accuracy before submitting

In order to receive timely updates concerning your changes as well as confirmation of receipt, please email the completed form direction to eligibility@mydeltadental.com

Delta Dental of Minnesota generally completes enrollment requests within five to seven business days of receipt.

Please note:

This email address should not be provided to subscribers. It is reserved for client administrators and their brokers to update eligibility information for their members.

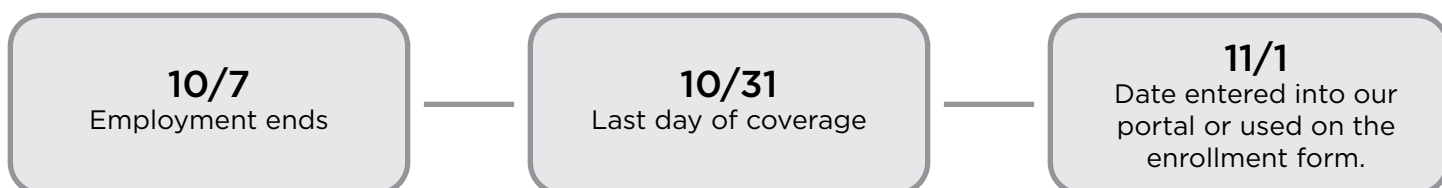
*In order to use the client form, client must send the form to Delta Dental Connect for approval before use. This also applies to COBRA reporting.

Submitting COBRA Information:

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) includes a provision that requires most employers to offer extended dental coverage to qualified beneficiaries who are losing their employer's coverage. Beneficiaries are responsible for the cost of this coverage.

When an employee is no longer eligible for benefits, it is the client administrator's responsibility to cancel their coverage as soon as possible. The date of cancellation is considered the first day without coverage. If an employee is no longer eligible for benefits on the seventh of a month, the first day without coverage is considered the first of the following month.

Example:



If a member elects to continue coverage under COBRA after they lose eligibility, the member's coverage must be updated by the client administrator. The client administrator must reinstate the member and add a special attribute in ESP. You can update COBRA information using any of the methods described earlier. When COBRA coverage expires, the member's coverage must be canceled.

If a spouse or dependent child elects to continue coverage under COBRA due to a qualifying event such as divorce or death, you will need to enroll that individual as a new subscriber under their own Social Security number.

It is the client's responsibility to oversee their TPA/COBRA vendor to ensure the vendor administers their program in accordance with Delta Dental procedures including monthly reviews of subscriber lists.

Timely Enrollment Policy

Keeping your employee's enrollment in their dental and vision plans up to date is essential for claims processing and the best member experience. For both your dental and vision plans, enrollment updates should be submitted as soon as possible to ensure you receive full credit for any monies paid.

Delta Dental of Minnesota timely enrollment policy

For your dental plan, Delta Dental of Minnesota provides a grace period for most enrollment changes. Delta Dental of Minnesota must receive requests within 90 days* of the effective date.

90

Day Period

*Please note, if Delta Dental of Minnesota receives a cancellation notice within a 90-day period, but a claim has already been paid, coverage termination dates will adjust to the first of the month following the paid claim on your dental plan.

DeltaVision® timely enrollment policy

Due to vision benefits being paid on a point of sale, no enrollment changes will be allowed beyond a 30-day grace period.

30

Day Period



Billing Information

Monthly bills are available via our Employer Services Portal (ESP). ESP is the most informative and quickest way to access your monthly invoices and Subscriber Listings.

Monthly bills include an invoice that summarizes all membership activity for the client, including all current and retroactive charges since the prior month's billing.

Client administrators are encouraged to pay the amount as it appears on the invoice. The Delta Dental of Minnesota billing system automatically adjusts the next month's billed amount for enrollment changes received.

In addition to the invoice, the client may access their supporting billing reports including the Subscriber Listing. The Subscriber Listing Excel version contains tabs for COBRA, Retro Changes (changes that occurred in the past), and Current Period Changes.

Using the Subscriber Listing billing reports, the client administrator can verify employees covered. Please review your Subscriber Listing every month to confirm that all expected changes have been made.

Please Note:

Manual adjustments made by the client administrator often result in inaccurate payments which make it more difficult for the client and the Delta Dental of Minnesota billing team to rectify any balances.

Continuation of Coverage (COBRA) Clients are responsible for administering COBRA billing.

Billing schedules are available here:

<https://www.deltadentalmn.org/employers/employer-billing-assistance>

A closer look at your invoice:

See below for a sample invoice.

A fully-insured plan with Delta Dental of Minnesota is a prepaid plan. Fully-insured bills are generated in advance of the month of coverage. You will receive your invoice approximately two weeks prior to the month being billed.

For example:

January invoices are issued around December 15th and payment is due on January 5th. Your payment is due by the 5th day of the month being billed.

For more precise billing dates and ACH draws, visit:

<https://www.deltadentalmn.org/employers/employer-billing-assistance>

Compare the numbers below with those on the sample invoice to help understand your bill:

1. The invoice number and date, your client number, the payment terms, due date and billing period. This information helps us identify you when responding to billing questions.
2. Consolidated invoice details by client number. Please note, our DeltaVision® client numbers begin with the letter V.
3. Amount Due - The total amount due, including the current month and all prior month debits or credit balances.
4. If you're enrolled in ACH payment method, the amount remitted will show "do not pay/auto-deducted."

Detailed billing line items:

Your invoice by sub-client (non-consolidated invoice) provides more detail on coverage type counts.

5. More details on your subscriber's coverage types are located in your non-consolidated invoice that is accessed through Billing Reports in ESP.
6. Any debit or credit balance from a prior month's bill.

A closer look at your Subscriber Listing:

The Subscriber Listing details all of the subscribers who are active in our system as of the eligibility cutoff date each month. This report is available through ESP. Log in, click Billing, then download the specific invoice Excel document. For non-consolidated, click on Billing Reports tab.

For instructions on how to access in ESP, see quick guides here:

<https://www.deltadentalmn.org/quick-guides>

Subscriber Listings are available in PDF or Excel. The Excel version provides additional tabs for COBRA, Retro Changes, and Current Billing Period changes. Each report available has individual downloads in PDF on the Billing Reports tab in ESP.

Verify Subscriber and coverage information:

1. The subscriber's name.
2. The last four digits of the subscriber's ID, used to uniquely identify the subscriber. Generally, only the last four digits of each subscriber's ID are included, to better protect your employees' identities.
3. Coverage type. Coverage type is derived by the enrollment within the family.
 - For example, an employee electing single coverage will be listed as subscriber only
 - An employee electing coverage for them and their spouse will be listed as subscriber plus spouse
 - An employee electing coverage for their dependent children will be listed as subscriber and 1 child or subscriber and 2+ children
 - An employee electing coverage for their spouse and children will be listed as subscriber, spouse, children
4. The rate associated with that coverage type. If you have subscribers with COBRA coverage, a separate COBRA Subscriber Listing is available. It is identical to the Subscriber Listing except that it lists only COBRA subscribers and rates.

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CONSOLIDATED INVOICE

Client Name: CLIENT NAME

Client No.: See Below

Invoice No.: R00000000000001

Invoice Date: XX/XX/XXXX

Billing Period: XX/XX/XXXX THRU XX/XX/XXXX

Client	Subscriber	Subscriber Name	Balance Forward	Sub Count	Description	Invoice No.	Current Due	Amount Due
T06823	0140	SUBNAME	0.00	4	Premium	R00000000000001	370.48	370.48
	Total		0.00	4			370.48	370.48
T06824	0553	SUBNAME	0.00	2	Premium	R00000000000001	89.88	89.88
	Total		0.00	2			89.88	89.88
	Total		\$0.00	6			\$460.34	\$460.34

For inquiries on the following services, please call:
 Enrollment/Claims/Benefits and Eligibility: 1-866-318-9449
 Past Due Amounts/Payments/Customer Balances: 1-800-906-4702
 Charges made after XX/XX/XX will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

REMITTANCE

Invoice No.: R00000000000001

Invoice Date: XX/XX/XXXX

PO Number: 00000001

Client No.: 00000001

Due Date: XX/XX/XXXX

Billing Period: XX/XX/XXXX THRU XX/XX/XXXX

AMOUNT DUE: \$460.34

Amount Remitted: DO NOT PAY/AUTODEDUCTED

PLEASE SEND PAYMENT TO:
 DELTA DENTAL OF MINNESOTA
 NW 5772
 PO Box 1450
 Minneapolis, MN 55485-5772

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INVOICE

Client Name: CLIENT NAME

Client No.: 0000000001

Invoice No.: R00000000000001

Invoice Date: XX/XX/XXXX

Billing Period: XX/XX/XXXX THRU XX/XX/XXXX

For inquiries on the following services, please call:
 Enrollment/Claims/Benefits and Eligibility: 1-866-318-9449
 Past Due Amounts/Payments/Customer Balances: 1-800-906-4702
 Charges made after XX/XX/XX will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

REMITTANCE

Invoice No.: R00000000000001

Invoice Date: XX/XX/XXXX

PO Number: 00000001

Client No.: 00000001

Due Date: XX/XX/XXXX

Billing Period: XX/XX/XXXX THRU XX/XX/XXXX

AMOUNT DUE: \$780.10

Amount Remitted: DO NOT PAY/AUTODEDUCTED

PLEASE SEND PAYMENT TO:
 DELTA DENTAL OF MINNESOTA
 NW 5772
 PO Box 1450
 Minneapolis, MN 55485-5772

Payment method:



Automated Clearing House (ACH)

Delta Dental of Minnesota recommends paying premiums electronically through an Automated Clearing House (ACH) debit to your bank account.

Benefits of using ACH:

- The bill is paid electronically and conveniently.
- ACH eliminates the cost of lost, misdirected payments or mail delays, and ensures that bills are paid consistently each billing cycle.
- ACH helps eliminate late payments or lapses in coverage.
- ACH is safer than writing a check, as the customer has additional rights with the bank which are not available with a check.

If you did not sign up for ACH as a new client, you can sign up at any time. ESP allows for quick and easy ACH sign up and updates to your bank account. Log in to ESP, click on the banking tab and send us the information on screen.

Or access the form here:

<https://www.deltadentalmn.org/library/Direct-Debit-Form-07-26-2022.pdf>

Making a one-time payment in ESP

Within ESP you can click on the Pay Now icon on the AR Summary screen. This will allow you to make a one-time ACH payment of the remaining balance on a specific consolidated invoice.

Making a one-time ACH payment is also available utilizing the Banking tab which allows you to pay non-consolidated invoices or additional monies due

Check by phone

We also accept payment by phone. Please call Delta Dental of Minnesota Billing Team to make this payment type at 800-906-4702.

If you have any questions, call Delta Dental of Minnesota Client Billing at 800-906-4702 or email AR@deltadentalmn.org.

If none of the above methods are available to you, you may remit payment by check.

Please print and provide payment remittance with your check.

When submitting payment by check, remit payment to:

Delta Dental of Minnesota
NW5772
P.O. Box 1450
Minneapolis, MN 55485-5772

Renewals and Cancellations

Contract Renewals:

Renewal communications are sent via email to the broker and client approximately 90 days in advance of the client's contract renewal date.

Great news—Your contract will automatically be accepted and renewed by simply paying your next month's premium. The renewal email serves as an amendment to the contract.

If you choose to change coverage at renewal, you must notify our Small Business Team at DeltaDentalConnect@DeltaDentalMN.org 30 days in advance of your renewal date.

Cancellations and Terminations:

Contracts canceled by the client

Please email our Small Business Team at DeltaDentalConnect@DeltaDentalMN.org should you wish to cancel your client's coverage 30 days in advance.

Contracts canceled by Delta Dental of Minnesota

Failure to Meet Underwriting Guidelines:

If a client does not meet underwriting guidelines as defined in the contract and Master Dental Application, the contract may be terminated. Delta Dental of Minnesota will notify the broker and client by letter.

Contracts terminated for non-payment

When a payment is overdue, Delta Dental of Minnesota will send a letter to inform the client that the account is delinquent and claims may be placed on hold until payment is received.

Delta Dental of Minnesota will give the client a 31-day grace period in which to make the payment. If payment is received during the grace period, the hold on claims is lifted. If payment is not received during this period, Delta Dental of Minnesota will send a letter to notify the client of termination of the contract which will result in claims being denied.

Clients that have not paid will have their contract terminated effective on the last day of the month for which the premium was paid. If payment is received after the contract is terminated, the client may apply for re-instatement by contacting Delta Dental Billing Team at 800-906-4702 or email AR@deltadentalmn.org. Should the reinstatement be approved, the client will be required to make future payments via Automated Clearing House (ACH).