



VIEW ELIGIBILITY & BENEFITS APPLICATION (EB)

Print ID Card option

- User log in at <u>www.deltadentalins.com</u>
- Landing Page see below
- Select 'View Eligibility & Benefits' link under Eligibility & Benefits, OR select 'Eligibility & Benefits' from the task bar

A https://mot.deltadentalins.com/RSO/home.do 🔎 - 🔒 Delta Denta	tal of Cali 🗘 🖪 Benefit Administrator Over 🗙	Ĥ ★ ‡
Eile Edit View Favorites Tools Help		
🗙 📆 Convert 👻 🗟 Select		
	My Profile Log Out Home Welcome Karen, September 04, 2014	^
	Overview Fee Finder Eligibility & Benefits Eligibility Management	
J	Invoice & Payment Membership Materials	
	Eligibility & Enrollment Invoice & Membership Benefits Eligibility Management Payment Materials View Eligibility & Benefits Show Activities Useful information about your oral health and more Fee Finder Find average fees charged by dentists Health and more	
	HIPAA Notice of Privacy Practices Web Site Privacy Notice © 2006 Detta Dental	

Search by enrollee requires the following:

- Enrollee ID (SSN, Alternate ID, or Delta Dental Member ID)
- Last Name
- First Name
- Date of Birth
- Select 'Submit' button

Note: the information entered must match exactly to the data we have in the Delta Dental Enrollment system

🗲 🕘 🔼 https://mot.deltadentalins.com/EB/eligibility.dr 🖉 👻 🔒 Delta l	Dental of Cali 🖒 🛆 Eligibility 8	& Benefits ×			Ĥ ★ @
Eile Edit View Favorites Tools Help					
				Mu Drofile II on Out I Home	
				My Profile Log Out Home	^
	DELTA DENTAL			September 04, 2014	
	Overview	Membership Materials	Eligibility & Benefits		
]					
	New Search				
		SEARCH			
		To view eligibility/benefits, please	e enter the following information	for the primary enrollee:	
				for the printing enrolled.	
		Enrollee ID 425736618	(no hyphens)		
		First Name Captain			
		Last Name Hook			
		Date of Birth 07 / 02	/ 1987 (mm/dd/yyyy)		
		Submit Cancel			
				- 1961 ON D	
			HIPAA Notice of Privacy Prac	© 2006 Delta Dental	
4					\sim

If the member has been enrolled under multiple divisions, select the latest date link to proceed (see below example):

				ð 🔀
🗲 🕘 🛆 https://mot.deltadentalins.com/indService/face 🔎 🖌 🔒 Delta Dental of Cali 🖒 🔼 Individual Portal - Home 🛛 🗙			ú) ☆ 🕸
Eile Edit View Favorites Iools Help				
🔆 X 📆 Convert 🔻 🔂 Select			Oveniew Centert Lie	Logout
			<u>Overview Contact Os</u>	
▲ DELTA DENTAL'			Thursday, September 04, 2014	- 11:02 AM
Home				
Plans:				
Please Select which Plans/Contracts you would like to view				
Group Name	Contract ID	Start Date	End Date	
EMA Demo Group - EMA Demo Division (01234-00002)	0071605776	10/01/2007	09/30/2014	
EMA Demo Group - EMA Demo Division (01234-00001)	0071605776	10/01/2014		
)		
User Terms and Conditions Web Privacy Notice		© Delta Dental		

Temporary Print ID Card option:

• Select 'My ID Card' link as shown below

			*
File Edit View Favorites T	and Individual Portal - Home ×		<u>ີ</u> ພີ
× ∰Convert ▼ ∰Select	2002 Tich		\frown
			Overview Contact Us Lo
	AL.		Thursday, Septem ber 04, 2014 -
Home Benefits			
Contract ID: 1006632455	NOTIFICATIONS/UPDATES FOR YOUR POLICY		
Effective Date: 12/01/2011			
My ID card			
	Benefits		
	Captain Hook Vie	ew Benefits	
QUICK LINKS	· · · · · · · · · · · · · · · · · · ·	Derefte	
SmileWay Wellness	Missy flook	ew Denemits	
Encollee Claim Statement			
Provider Directory			
Find A Dentist			
User Terms and Conditions Web Pr	ivacy Notice		© Delta Dental

User Terms and Conditions Web Privacy Notice

Temporary Print ID Card pop-up example:

- Choose 'Print' to print copy
- Choose 'Close Window' to exit the screen
- Choose 'Overview' option top right of screen to continue with next member search

🥖 https://mot.delta	adentalins.com/indService/faces/IDCard.jspx?_afrLoop=12411422 👝 💿 🗾
[Close Window]	[Print]
	Enrollee Name: Captain Hook
	Enrollee ID: 100663245501
	Effective Date: 12/01/2011
	Group Number: 01234-00002
	For information, please contact Customer Service at:
	Delta Dental Insurance Company PO Box 1809 Alpharetta, GA 30023-1809
	Toll-free 800-521-2651
	website: http://deltadentalins.com
	Detach and retain this card.

• Choose 'Overview' again to get back to Landing Page, or Logout to close application.

🗲 💮 🔼 https://mot.deltadentalins.com/EB/eligibility.dc 🔎 👻 🔒 Delta Dental of Cali 🖒	🗅 Eligibility & Benefits 🛛 🖈 🗇
<u>File Edit View Favorites Tools H</u> elp	
i × • Convert ▼ BSelect	
	ENTAL'
Over	lew Membership Materials Eligibility & Benefits
New Search	SEARCH To view eligibility/benefits, please enter the following information for the primary enrollee:
	Enrollee ID 425/36618 (no hyphens)
	Last Name Hook
	Date of Birth 07 / 02 / 1987 (mm//dd/yyyy)
	Submit Cancel
	HIPAA Notice of Privacy Practices Web Site Privacy Notice
	Construction of the second sec

Note: The Print ID Card option is not available for members under DeltaCare Plans (DHMO).