Broker Individual Business Web Portal

A dedicated resource to service your individual Delta Dental of Virginia clients — **www.DeltaDentalCoversMyClient.com**.

Features of the broker portal

A secure web portal with access to a direct link to your personal broker portal

For best results, use Chrome as your browser.

Access client policy information such as:

- Identification numbers;
- Renewal periods;
- Billing history; and
- Policy documents such as:
  - ID cards;
  - Declaration pages;
  - Policy contracts;
  - Renewal documents; and
  - Other state-specific documents.

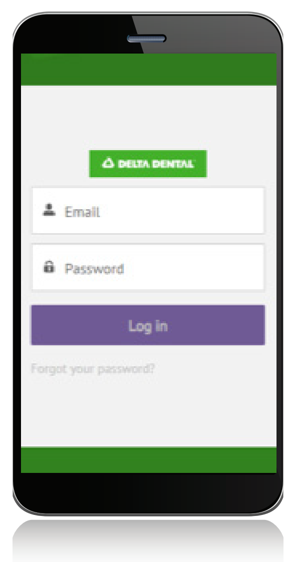
Service individual Delta Dental of Virginia clients through:

- Processing premium payments;
- Updating automatic premium payment methods;
- Updating client contact information; and
- Submitting plan changes and terminations.

Find information on a dedicated Broker Hotline

The Broker Hotline at 844-335-8275 connects you to Customer Service for help with information you need to serve your clients.

Email portal questions and feedback to **WeLoveBrokers@DeltaDentalCoversMe.com**.



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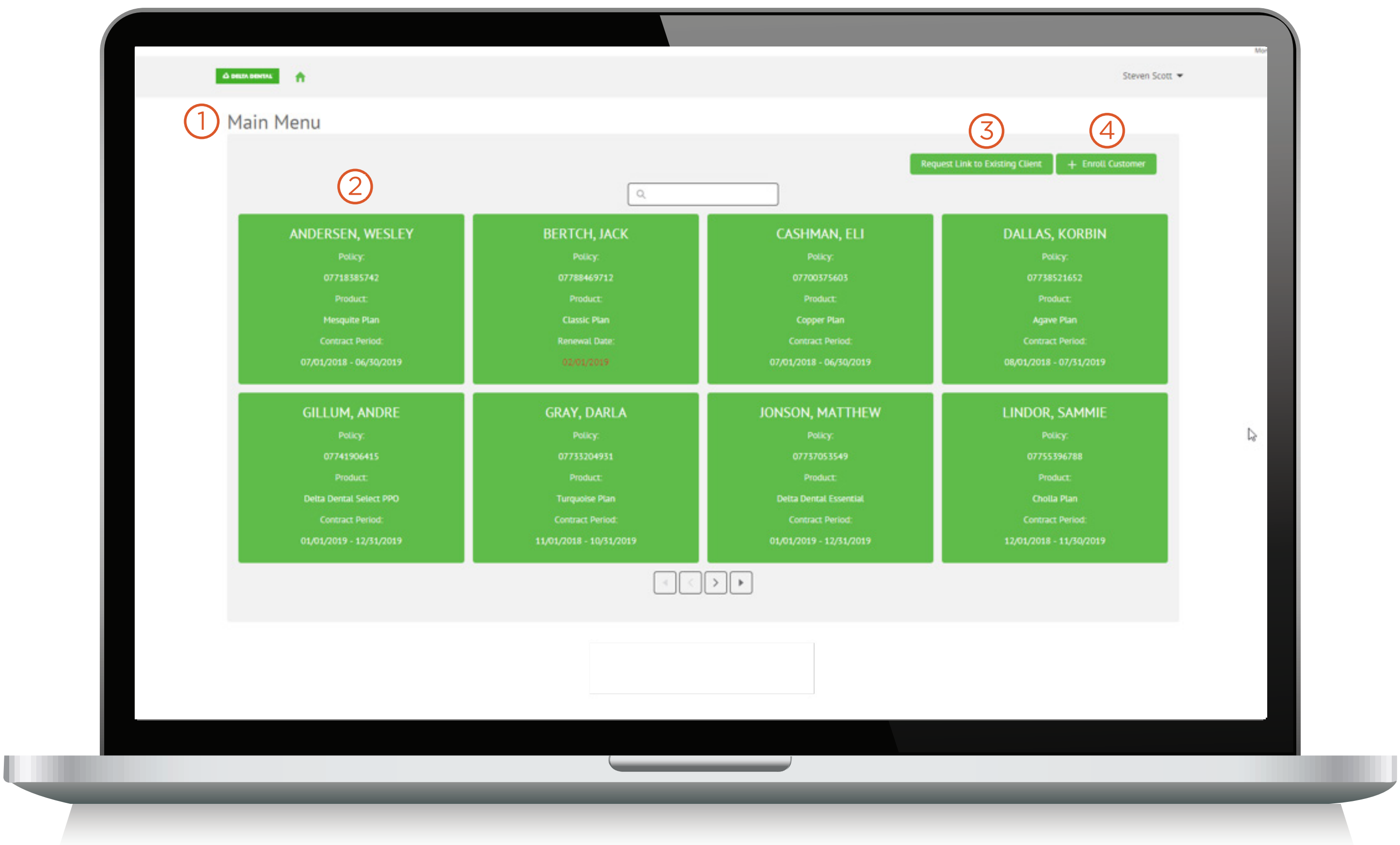
Portal Main Menu

1. The **Main Menu** displays current client listings alphabetically by last name. You can also search by client name.
2. Each client displays with policy ID, policy name and contract details.
3. Click **Request Link to Existing Client** to send an email request to the account administrator to add that client to your portal book.
4. Click **+ Enroll Customer** to view your personal webpage for quoting and enrolling new clients.



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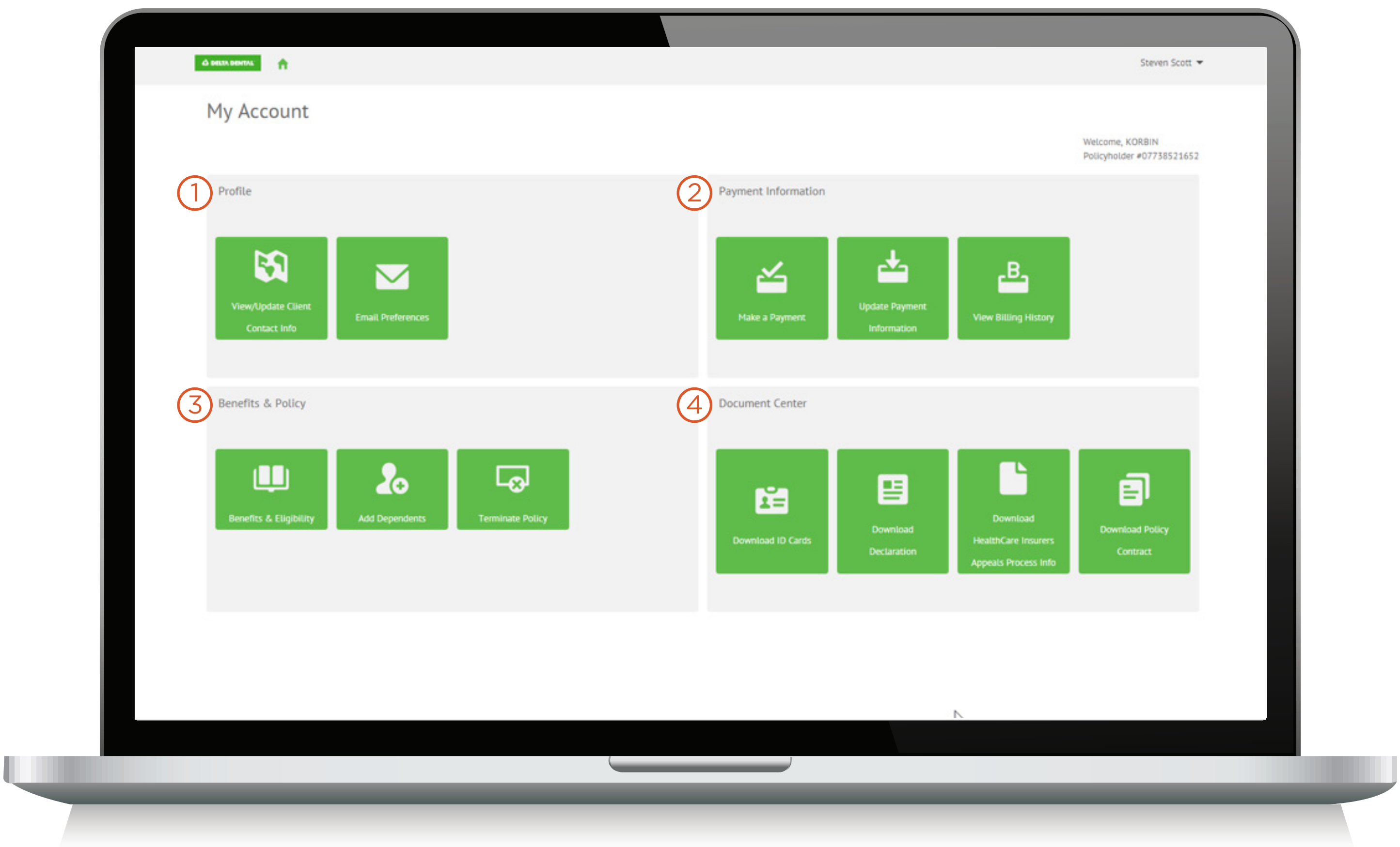
Client Home (My Account)

Click on a specific client to go from the Main Page to the **My Account** page. This is where you can view and initiate updates and transactions on a client's behalf.

The **My Account** page has four sections:

1. Profile
2. Payment Information
3. Benefits & Policy
4. Document Center



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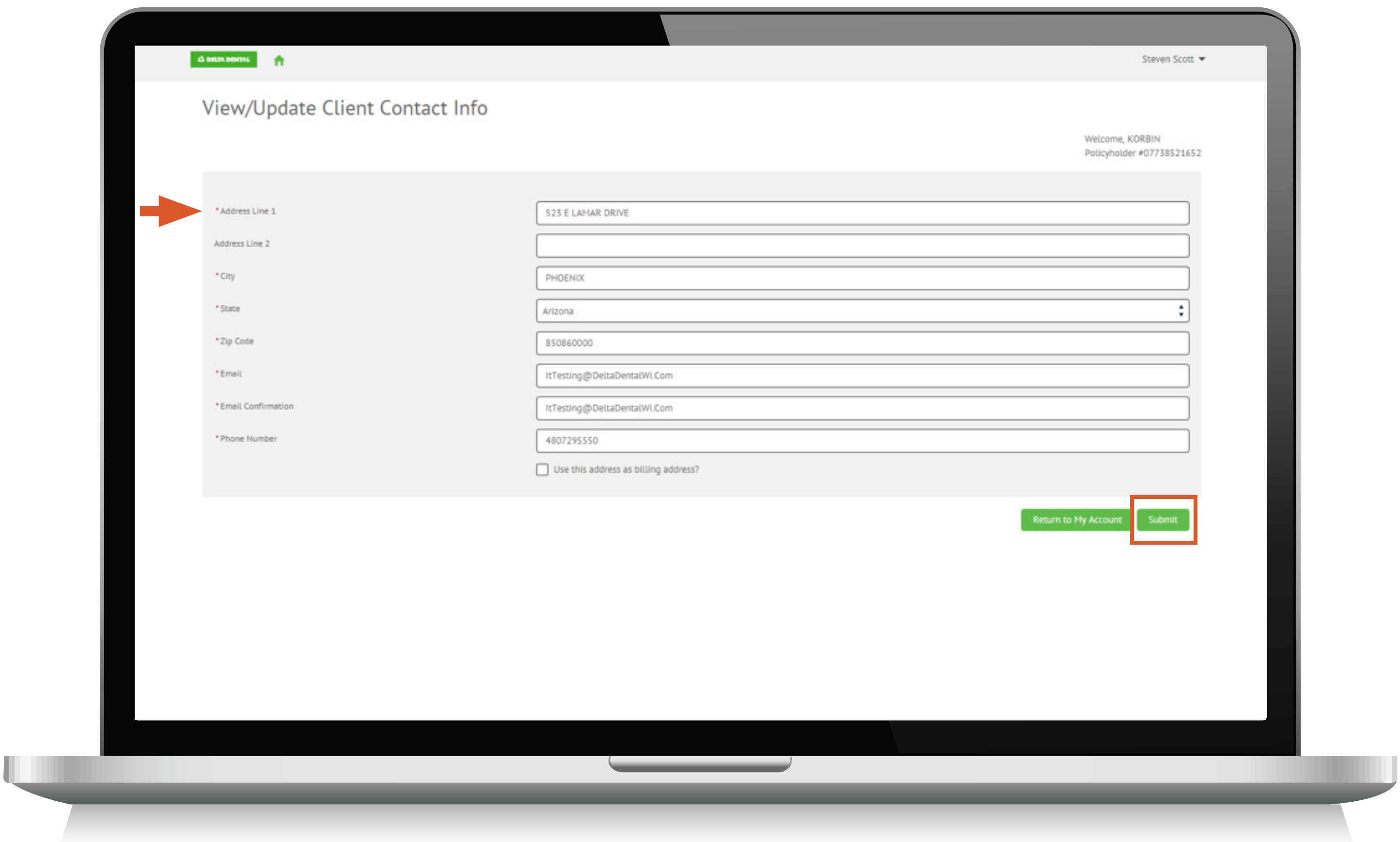
Profile — View/Update Client Contact Information

From the **Profile** section of the **My Account** page, select **View/Update Client Contact Info** to update a client's address, email and phone number. All updates take effect after you hit "Submit".



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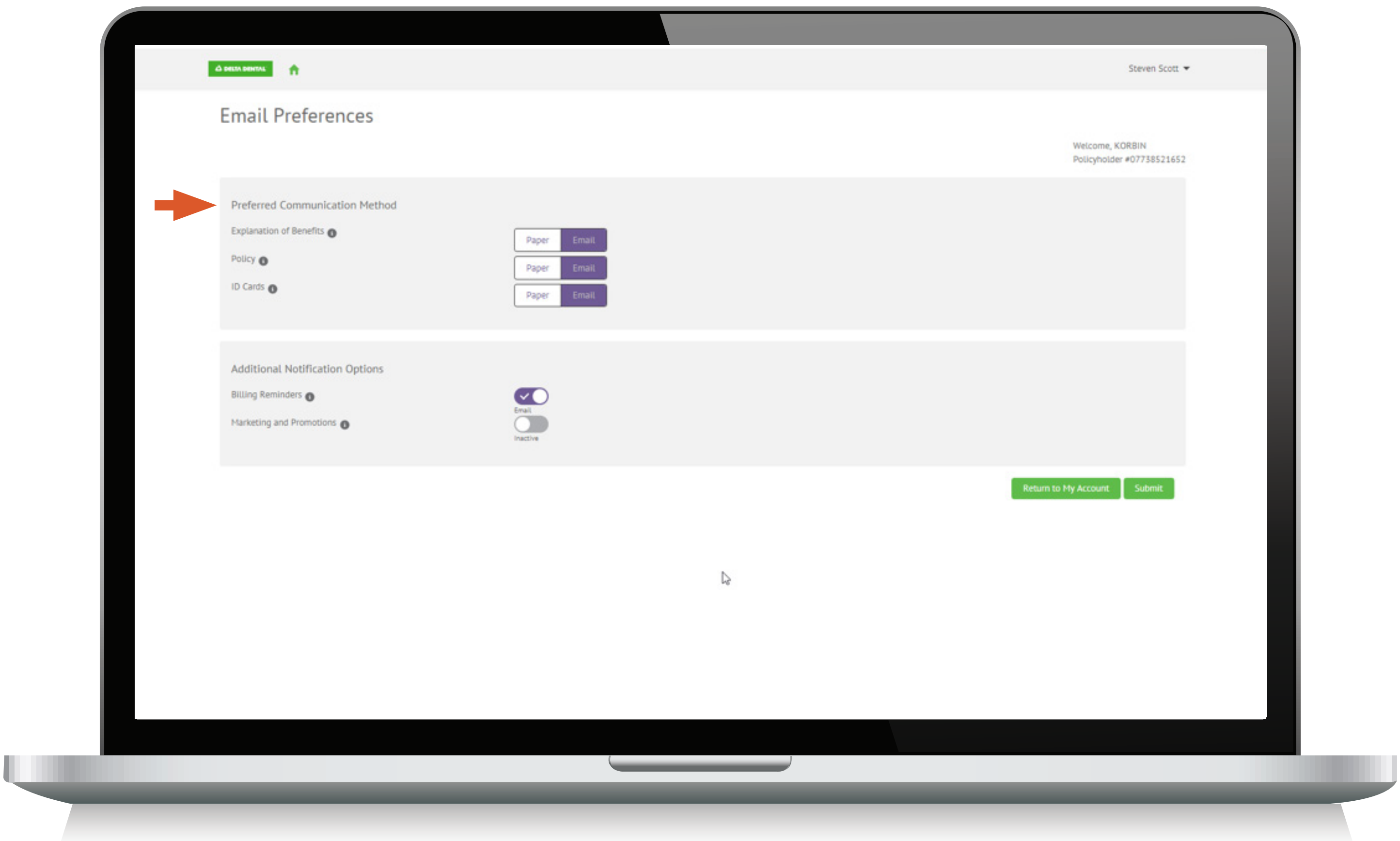
Profile — Email Preferences

From the **Profile** section of the **My Account** page, select **Email Preferences** to change how a client receives policy information and notifications. Examples include benefit explanations, policy documents and billing reminders.



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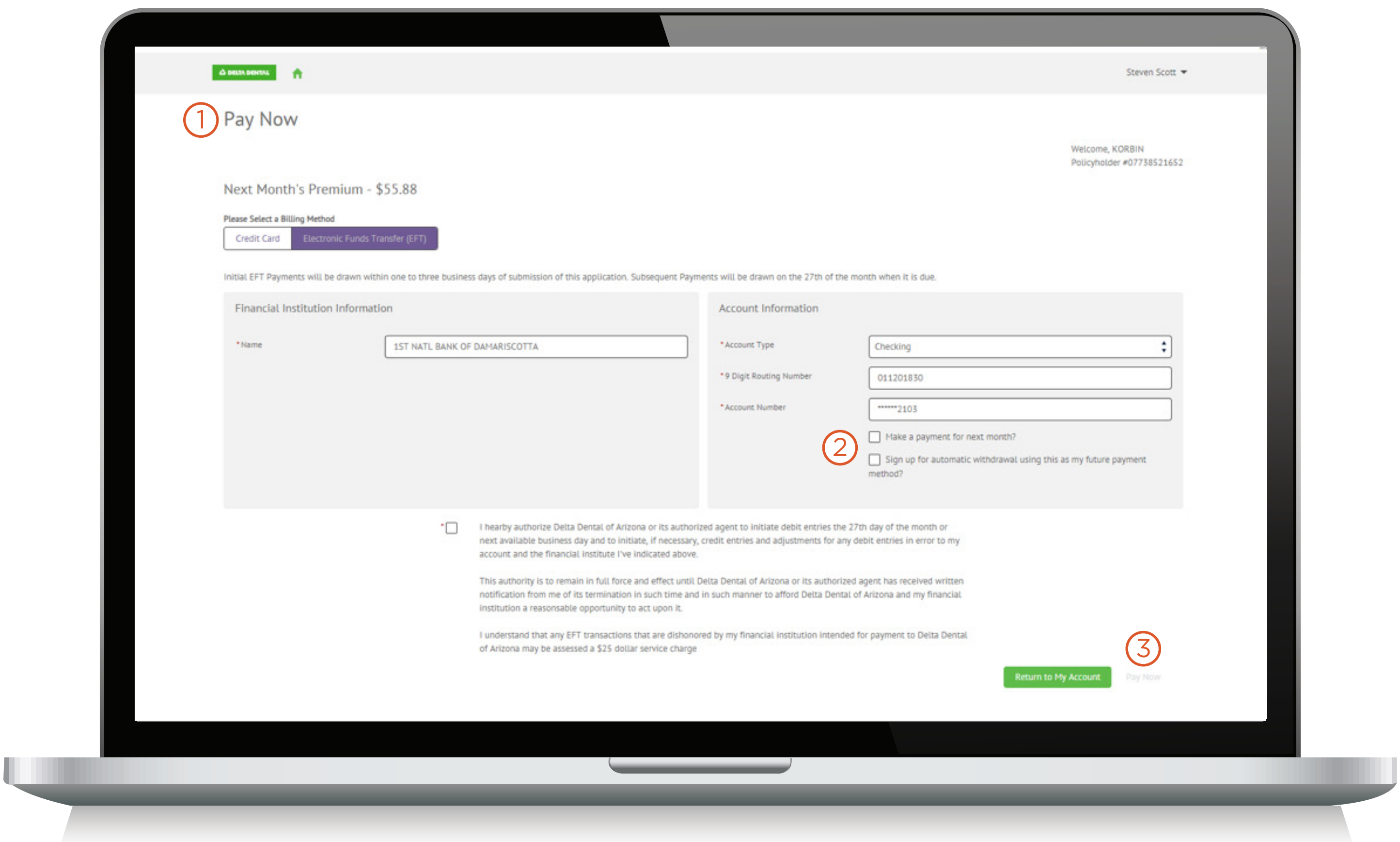
Payment Information — Make a Payment

1. Select **Make a Payment** from the **Payment Information** section of the **My Account** page to go to the **Pay Now** page.
2. The **Make a Payment** section allows you to make a one-time or advanced payment for your client via electronic funds transfer (EFT) or credit card. Payments set up using EFT or credit card remit automatically as long as the payment information is current.
3. Select the **Pay Now** button at the bottom of the screen to process the payment. The policyholder's chosen payment information in this section is secured, so it is not fully visible.



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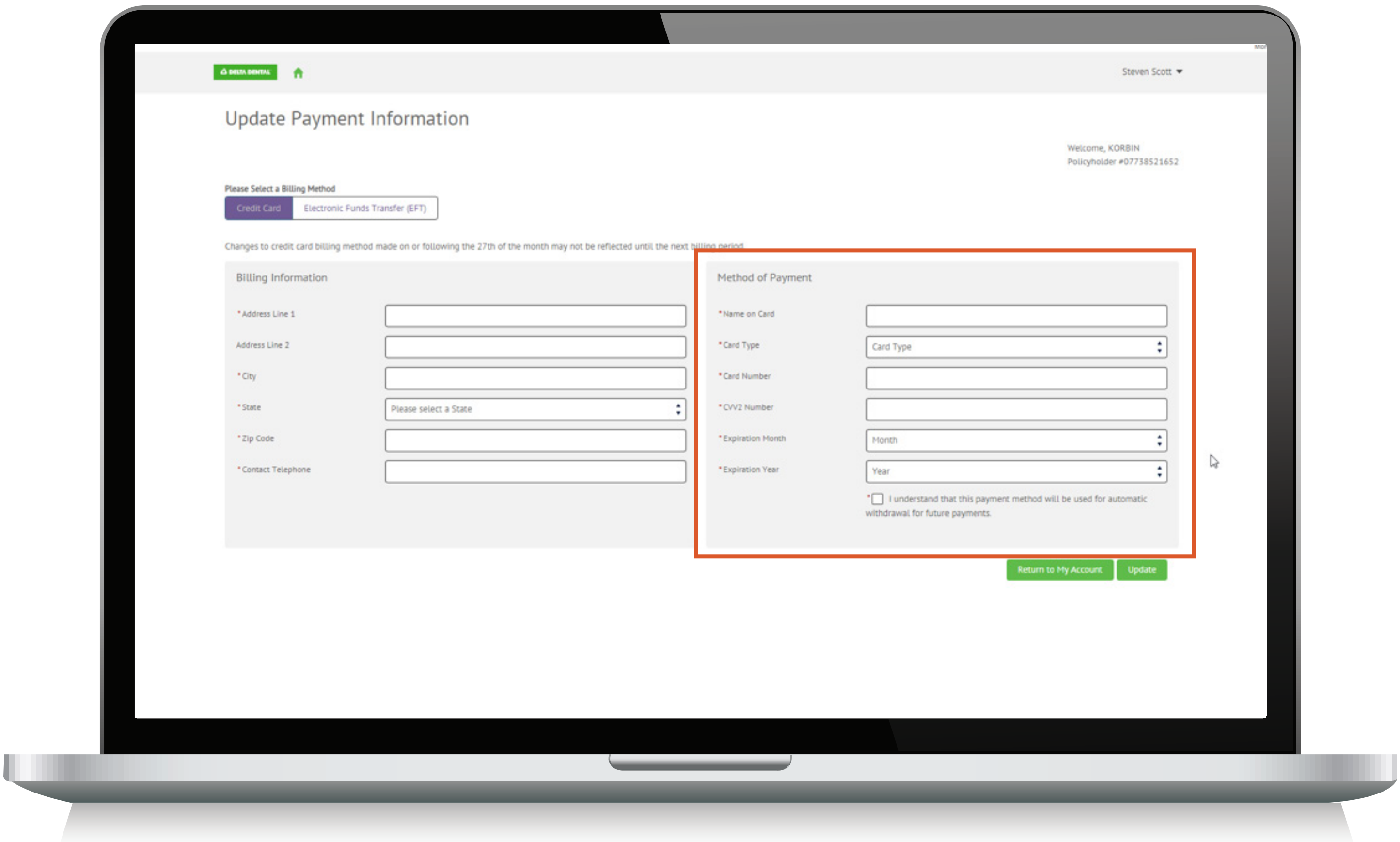
Payment Information — Update Payment Information

Select **Update Payment Information** from the **Payment Information** section of the **My Account** page to update a client's automatic billing payment method. Automatic payments can be electronic funds transfers or credit card transactions and occur on the 27th of the month.

The policyholder's chosen payment information in this section is secured, so it is not fully visible.



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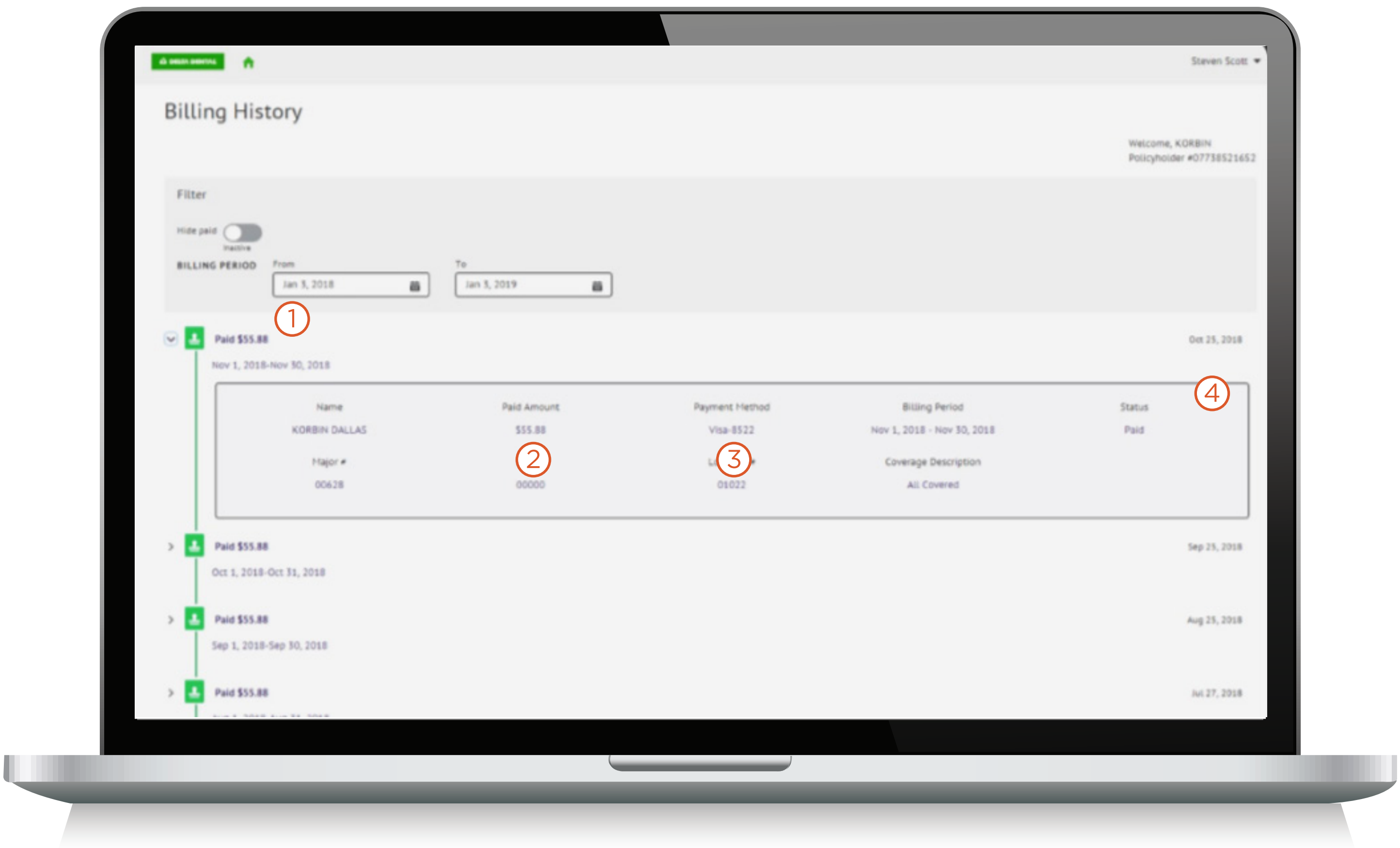
Payment Information — View Client Billing History

From the **Payment Information** section of the **My Account** page, select **View Billing History**.

The **View Billing History** section will allow you to view:

1. A client's payment history within a specific date period
2. The amount of premium paid
3. The payment method
4. The date of the payment



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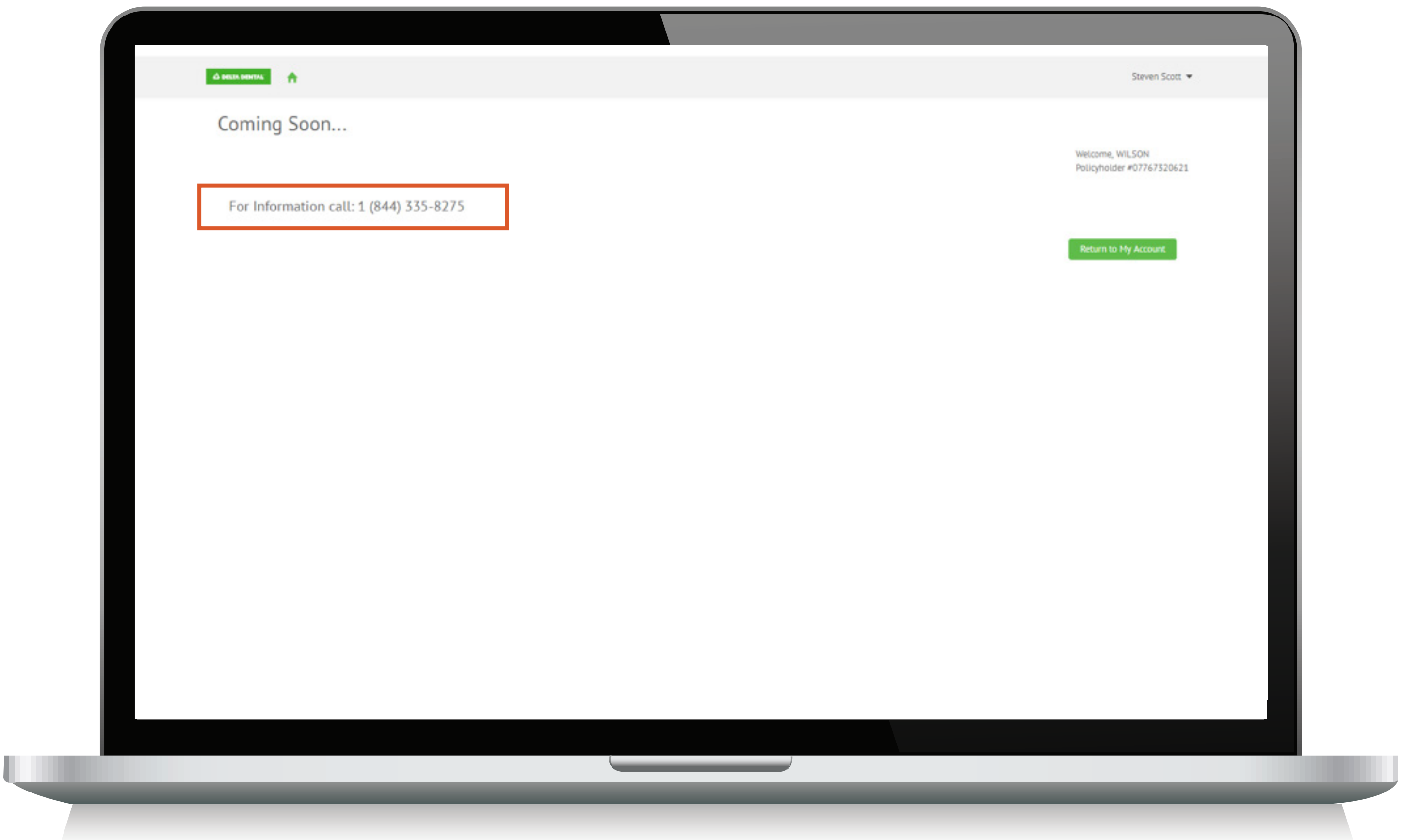
Benefits & Policy — Benefits & Eligibility

Coming soon: In the **Benefits & Policy** section of the **My Account** page, you will be able to select **Benefits & Eligibility**. The **Benefits & Eligibility** section will display client information such as coverage levels, maximum used and deductibles. Currently you can access this information by calling the dedicated Broker Hotline.



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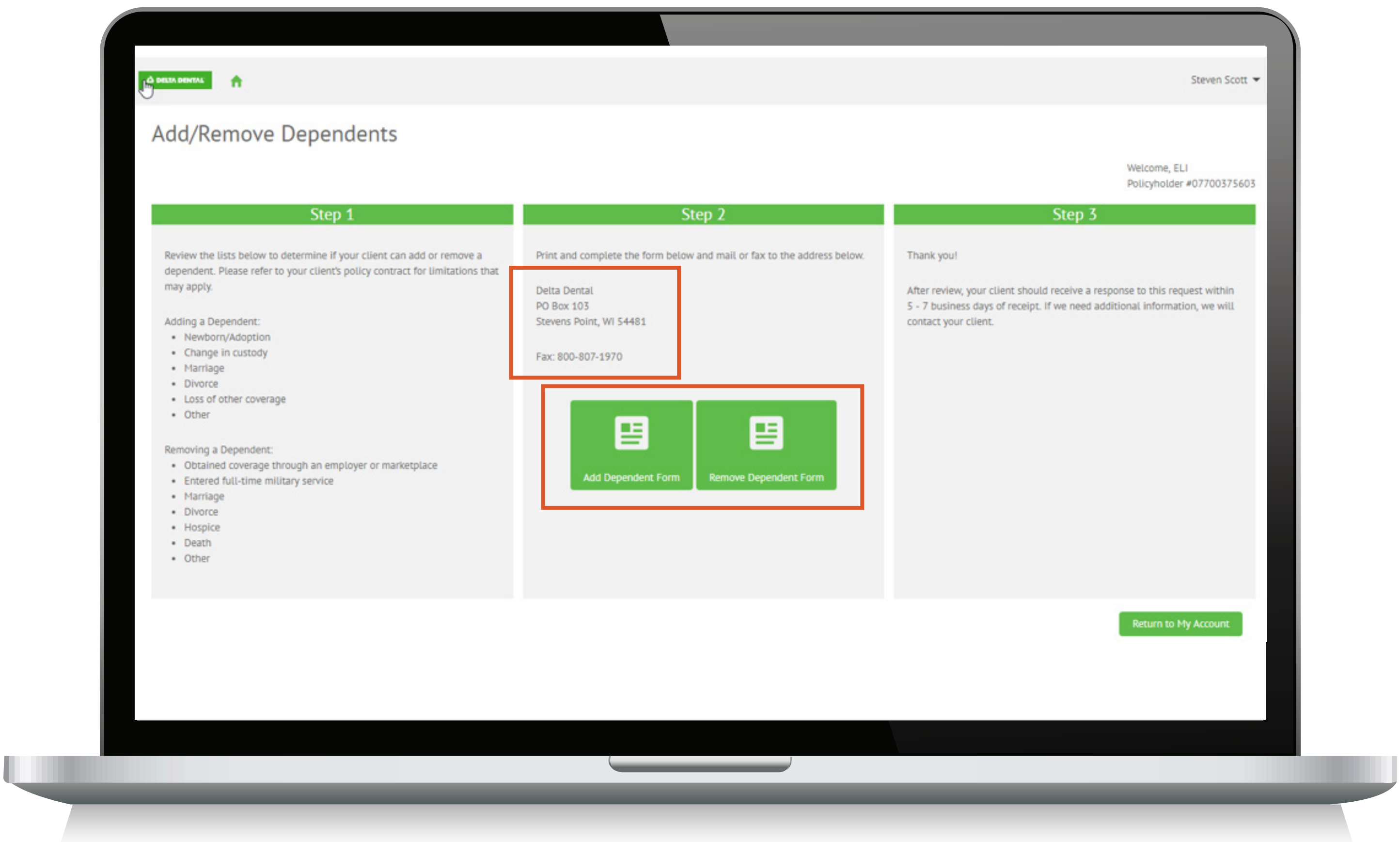
Benefits & Policy — Add/Remove Dependents

The **Add/Remove Dependents** section in the broker portal takes you through step-by-step instructions for making changes to a client's policy and includes required forms to fill out and send to Customer Service via mail or fax.



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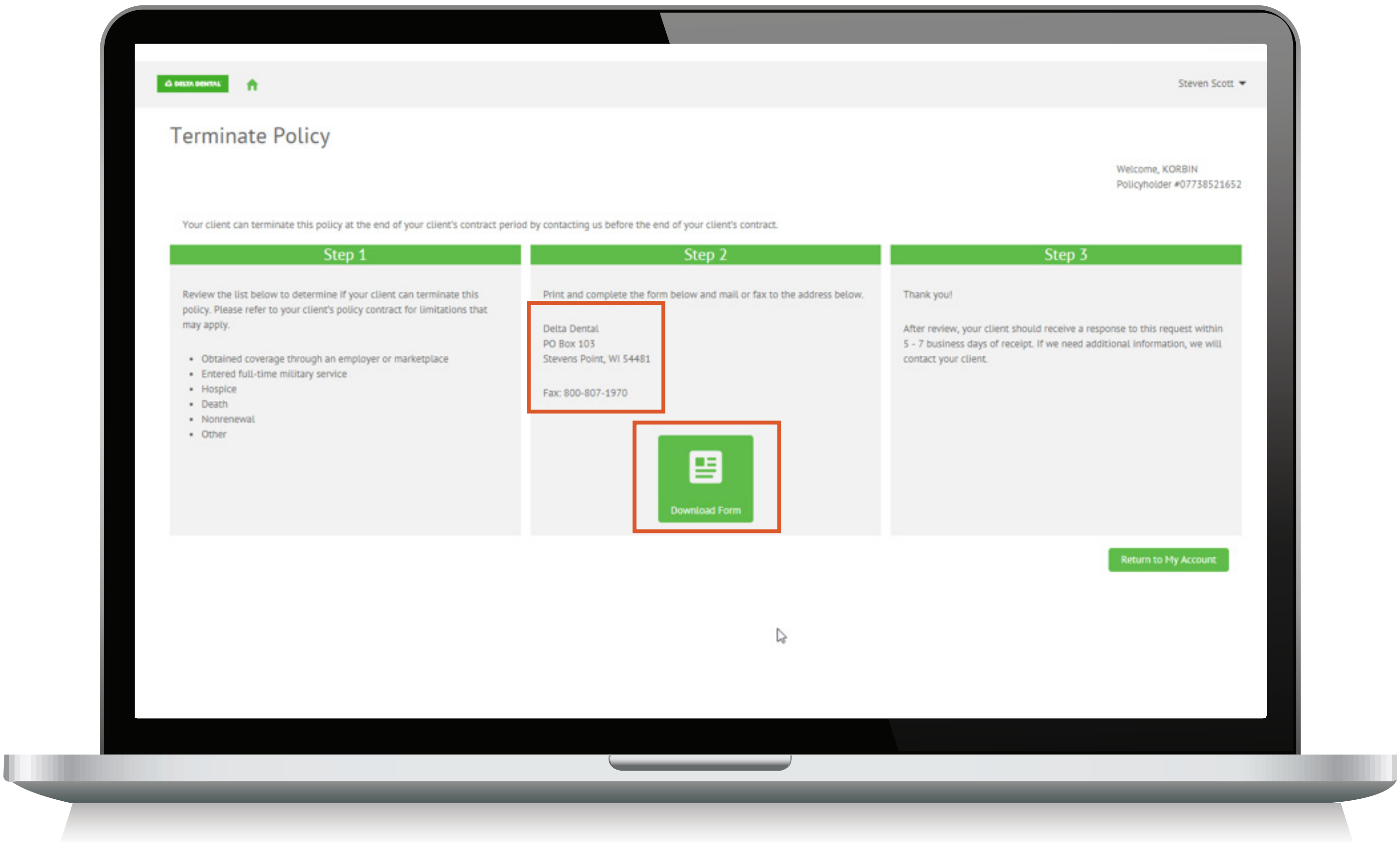
Benefits & Policy — Terminate Policy

The **Terminate Policy** section in the broker portal takes you through step-by-step instructions for terminating a client's policy, including the required forms to fill out and send to Customer Service via mail or fax.



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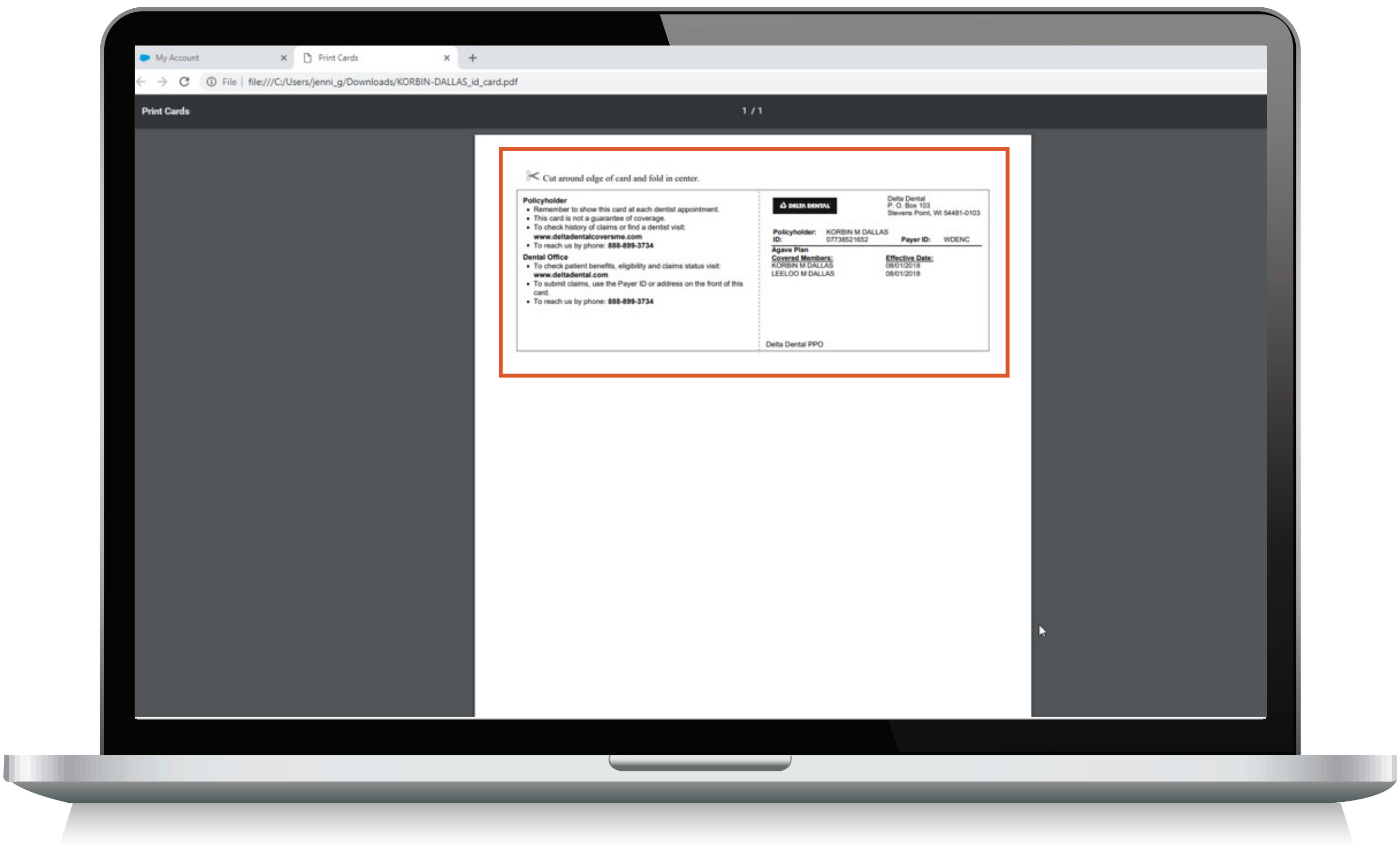
Document Center — Download ID Cards

The **Download ID Cards** link opens a printable version of a client's ID card.



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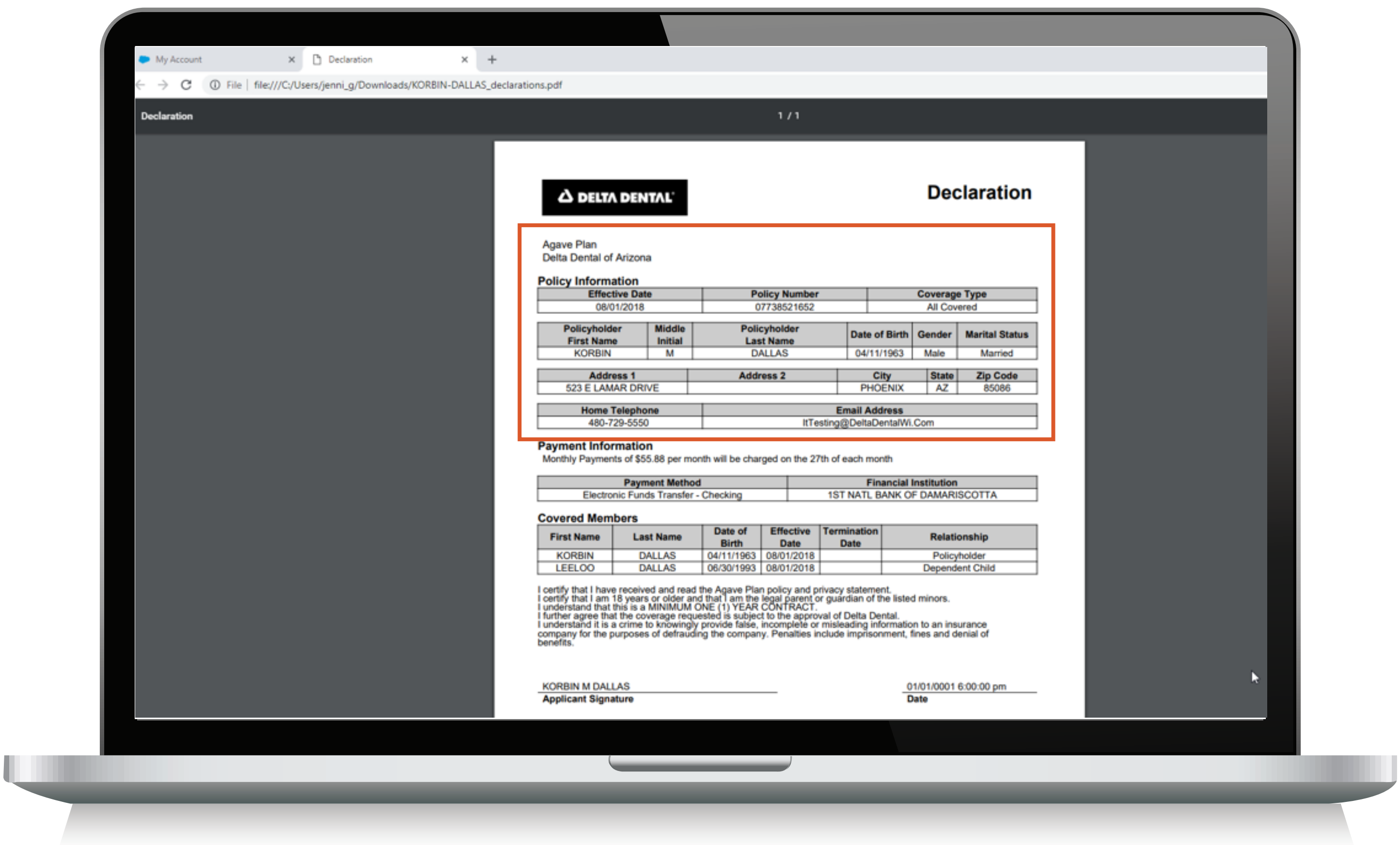
Document Center — Download Declaration

The **Download Declaration** link opens a printable version of your client's declaration page. The declaration page displays current enrollment information.



Declaration

Agave Plan
Delta Dental of Arizona

Policy Information

Effective Date	Policy Number	Coverage Type
08/01/2018	07738521652	All Covered

Policyholder First Name	Middle Initial	Policyholder Last Name	Date of Birth	Gender	Marital Status
KORBIN	M	DALLAS	04/11/1963	Male	Married

Address 1	Address 2	City	State	Zip Code
523 E LAMAR DRIVE		PHOENIX	AZ	85086

Home Telephone	Email Address
480-729-5550	ItTesting@DeltaDentalWi.Com

Payment Information

Monthly Payments of $55.88 per month will be charged on the 27th of each month

Payment Method	Financial Institution
Electronic Funds Transfer - Checking	1ST NATL BANK OF DAMARISCOTTA

Covered Members

First Name	Last Name	Date of Birth	Effective Date	Termination Date	Relationship
KORBIN	DALLAS	04/11/1963	08/01/2018		Policyholder
LEELOO	DALLAS	06/30/1993	08/01/2018		Dependent Child

I certify that I have received and read the Agave Plan policy and privacy statement.
I certify that I am 18 years or older and that I am the legal parent or guardian of the listed minors.
I understand that this is a MINIMUM ONE (1) YEAR CONTRACT.
I further agree that the coverage requested is subject to the approval of Delta Dental.
I understand it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of benefits.

KORBIN M DALLAS
Applicant Signature

01/01/0001 6:00:00 pm
Date

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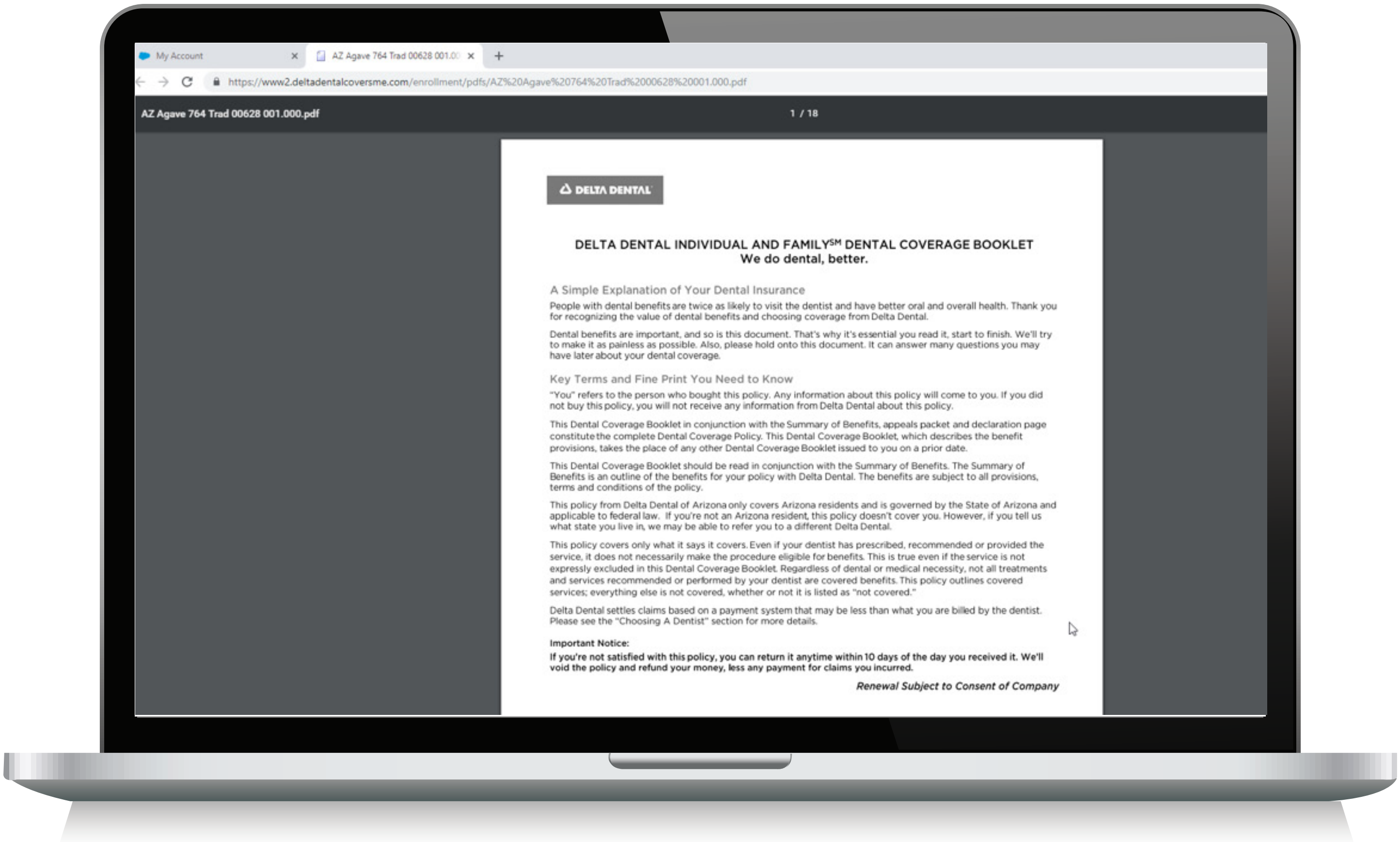
Document Center — Download Policy Contract

The **Download Policy Contract** link will open a printable version of the client's current policy contract.



DELTA DENTAL INDIVIDUAL AND FAMILY℠ DENTAL COVERAGE BOOKLET
We do dental, better.

A Simple Explanation of Your Dental Insurance

People with dental benefits are twice as likely to visit the dentist and have better oral and overall health. Thank you for recognizing the value of dental benefits and choosing coverage from Delta Dental.

Dental benefits are important, and so is this document. That's why it's essential you read it, start to finish. We'll try to make it as painless as possible. Also, please hold onto this document. It can answer many questions you may have later about your dental coverage.

Key Terms and Fine Print You Need to Know

"You" refers to the person who bought this policy. Any information about this policy will come to you. If you did not buy this policy, you will not receive any information from Delta Dental about this policy.

This Dental Coverage Booklet in conjunction with the Summary of Benefits, appeals packet and declaration page constitute the complete Dental Coverage Policy. This Dental Coverage Booklet, which describes the benefit provisions, takes the place of any other Dental Coverage Booklet issued to you on a prior date.

This Dental Coverage Booklet should be read in conjunction with the Summary of Benefits. The Summary of Benefits is an outline of the benefits for your policy with Delta Dental. The benefits are subject to all provisions, terms and conditions of the policy.

This policy from Delta Dental of Arizona only covers Arizona residents and is governed by the State of Arizona and applicable to federal law. If you're not an Arizona resident, this policy doesn't cover you. However, if you tell us what state you live in, we may be able to refer you to a different Delta Dental.

This policy covers only what it says it covers. Even if your dentist has prescribed, recommended or provided the service, it does not necessarily make the procedure eligible for benefits. This is true even if the service is not expressly excluded in this Dental Coverage Booklet. Regardless of dental or medical necessity, not all treatments and services recommended or performed by your dentist are covered benefits. This policy outlines covered services; everything else is not covered, whether or not it is listed as "not covered."

Delta Dental settles claims based on a payment system that may be less than what you are billed by the dentist. Please see the "Choosing A Dentist" section for more details.

Important Notice:

If you're not satisfied with this policy, you can return it anytime within 10 days of the day you received it. We'll void the policy and refund your money, less any payment for claims you incurred.

Renewal Subject to Consent of Company

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Broker Hotline

If you need support, Delta Dental offers a **Broker Hotline** at **844-335-8275**.

Representatives are available to:

- Confirm you are linked to a specific client policy;
- Provide enrollment and policy information for a client;
- Answer general policy and coverage questions; and
- Help you use your unique broker portal for quoting and enrollment.

For information on the appointment process to receive commissions on Delta Dental Individual and Family Plans, as well as commission payment information, go to **DeltaDentalVA.com/brokers.html**.