

# Benefit Manager Toolkit®

**Benefit Manager Toolkit (BMT) is your secure gateway into Delta Dental.**

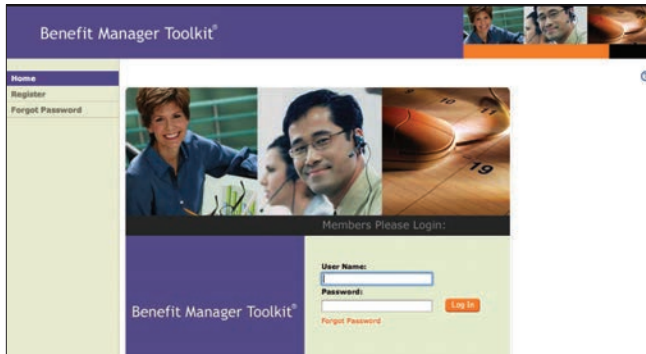
With BMT, you see the results of your actions immediately. Member information is updated instantly, even while the patient is still at the dental office, so there are no corrections after the fact for you or your members. The Toolkit allows you to:

- View current member and benefit information
- Enter, edit and terminate member eligibility
- Streamline the benefits management process



## Log in to the Toolkit

Visit [www.benefitmanagertoolkit.com](http://www.benefitmanagertoolkit.com). Log in or click the **Register** link (from the left-side menu).



## Add/update

Use this page to add new members or maintain existing ones in your group.

**Add Member**

Plan: DDPHI      Internal COB: No  
 Client-SubClient: 4602 - 0001      External COB: Yes  
 Member Name:      COB Tracking: No  
 SSN: 262626262

**Member Information**

Received Date: 07/24/2008

Prefix: Member      Last Name:      First Name: Joe      Middle Name:      Birth Date: 10/28/61

SSN: 262626262      Hire Date: 07/24/2008      Eligibility Status: Active      Eligibility Effective Date: 07/24/2008      Eligibility Status Reason: New enrollment

Address Line 1: 100 Rose Garden Ln      Address Line 2:      City: Detroit      County:      Country: United States      State: Michigan      Zip: 48864      EEOB Indicator:

Email Address(es): member@ad.com      Phone Number: (313) 437-1111      Extension:      Fax Number:      Cell Phone Number:      Fax Number:

Member Benefit Type:       Designated Representative:       Special Attribute:       Member Attribute:       Client Field:

## Family composite

Detailed information about your Delta Dental members can be found on this screen.

**Family Composite** Contract Language

Plan: DDPHI      Internal COB: No  
 Client-SubClient: 4602 - 0002      External COB: Yes  
 Member Name: Joe Member      COB Tracking: No  
 SSN: 1234567890      Product: Delta Dental PPO (Point-of-Service)  
 Address: 123 Anywhere St, Anytown, MI-12345      Coverage Type: Subscriber, Spouse, Children

**Family Information**

Name	Birthdate	DependentType	Eligibility Status	Eligibility Effective Date	Special Attribute	Options
Joe Member	10/28/1961	-	Active	07/24/2008		<input type="button" value="Update"/>
Mary Member	07/22/1971	Spouse	Active	07/24/2008		<input type="button" value="Update"/>
Ima Member	05/28/1995	Non-Spouse	Active	07/24/2008		<input type="button" value="Update"/>

[New Member Search](#) | [Print Card](#) | [Transfer](#) | [Copy](#) | [Add Dependent](#)

## Eligibility and benefit information

Review your group's benefit coverage, maximums, deductibles, percentages and more.

**Client Benefit Details**

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.

**Member Type: All**      **Benefit Member Type: All**      **Specialty Type: All**  
 Standard Benefit      Product: Delta Dental PPO (Point-of-Service)      PPO Dentist, Premier Dentist, Nonparticipating Dentist

Code Search:

Code	Exclusions and Limitations	%	Waiting Period
Diagnostic	<input checked="" type="checkbox"/>	100*	
Preventive	<input checked="" type="checkbox"/>	100*	
Bitewing Radiographs	<input checked="" type="checkbox"/>	100	
All Other Radiographs	<input checked="" type="checkbox"/>	100*	
Brush Biopsy		100	
Sealants		Not Covered	
Minor Restorative	<input checked="" type="checkbox"/>	90*	
Major Restorative	<input checked="" type="checkbox"/>	60*	12 Months
Endodontics		90*	12 Months
Periodontics	<input checked="" type="checkbox"/>	90*	12 Months
Retines and Repairs		90*	
Simple Extractions		90	
Other Oral Surgery		90*	12 Months
THD		Not Covered	
Other Basic Services		90*	
Prosthetics	<input checked="" type="checkbox"/>	60*	12 Months
Implants	<input checked="" type="checkbox"/>	60*	12 Months
Orthodontic Services		50*	

**Maximums and Deductible**

PPO Dentist, Premier Dentist, Nonparticipating Dentist

Type	Category	Suffix	Name	Individual Amount	Family Amount	Accum Period From	To
Maximum	General	I	All, except orthodontics	1200.00		01/01/2008	12/31/2008
Deductible	General	1005	All, except diagnostic and preventive, sealants and orthodontic services.	50.00	150.00	01/01/2008	12/31/2008
Maximum	Orthodontic	I	Orthodontics	2000.00			Life time

**Ortho Age Limit**

PPO Dentist, Premier Dentist, Nonparticipating Dentist

Name	Max Age	Min Age	Rule
IRS	19	0	Birth Day
Minor	19	0	Birth Day
Spouse	19	0	Birth Day
Student	19	0	Birth Day
Subscriber	19	0	Birth Day

**COB Information**      Client-Subscriber: 4602-0003

COB Payment Order: Birthday      COB Payment Option Type: Standard

COB Tracking:       Internal COB:       External COB:

Coordination of benefits is not allowed when the other member is covered within this group.      Coordination of benefits is allowed when the other member covered with another dental plan.

## Billing details

You can also access your billing details anytime online. If you are currently registered and do not yet have access to billing details, please contact your account manager.

**Billing Reports**      Red denotes a required field

Plan: DDPHI    Client: 9999    Subclient: 9999

Specify the date range for the report:

From Date:

To Date:

Run Date	Run Number	Start Date	End Date	Billing Reports
07/23/2008	1009928	08/01/2008	08/31/2008	View Subscriber Listing View Billing Adjustments Report View Current Period Changes Report View Invoice
07/23/2008	1009928	08/01/2008	08/02/2008	View Invoice
07/23/2008	1009928	07/27/2008	07/31/2008	View Invoice
07/23/2008	1009928	07/28/2008	07/26/2008	View Invoice
07/20/2008	1009751	07/13/2008	07/19/2008	View Invoice
07/13/2008	1008888	07/06/2008	07/12/2008	View Invoice
07/06/2008	1008888	07/01/2008	07/05/2008	View Invoice

[Back to Client selection](#)

## Summary of changes

Use this page as your reference point for daily activities.

**Summary of Changes**

Member Number	Transaction Id	Date	Type	Result
262626262	560584127	Thu Jul 24 13:24:55 EDT 2008	MODIFY_DEPENDENT	SUCCESS
262626262	-2114821807	Thu Jul 24 13:24:31 EDT 2008	ENROLL_DEPENDENT	SUCCESS
262626262	-1248310053	Thu Jul 24 13:23:24 EDT 2008	ENROLL_DEPENDENT	SUCCESS
262626262	1395460236	Thu Jul 24 13:22:05 EDT 2008	ENROLL_SUBSCRIBER	SUCCESS

[View Previous Transactions](#)

Additional help topics can be accessed by clicking the question mark icon at any time within the Toolkit. If you need further assistance, call Toolkit Support at 866-356-0301.

**Start taking advantage of this innovative tool today!**