



# DELTA DENTAL OF KANSAS TECHNOLOGY UPGRADE

*Learn more at*  
[DeltaDentalKS.com/Upgrade](https://DeltaDentalKS.com/Upgrade)

## ***ONLINE BROKER ACCOUNT USER GUIDE***

[DeltaDentalKS.com/Upgrade](https://DeltaDentalKS.com/Upgrade)

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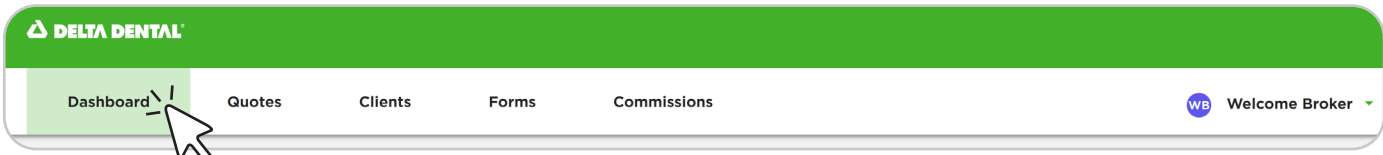
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# Dashboard Overview

## Online Broker Account User Guide

### ★ Navigating the Dashboard

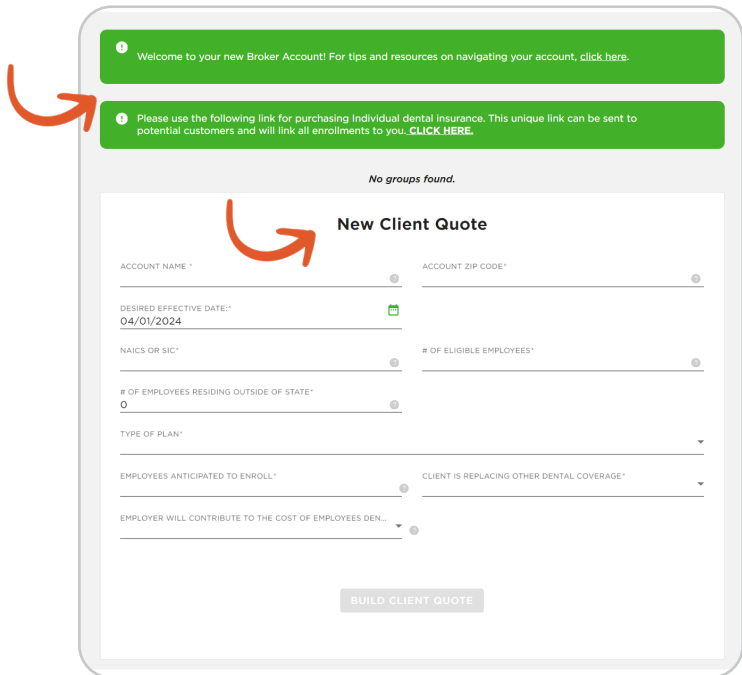
1 Our new layout provides easier navigation throughout your new online Broker Account. Right from the navigation bar you are able to start a small group quote, view active group information, access forms, and more!



2 Quickly access **tips and resources** on how to navigate your broker account.

3 If you sell individual dental insurance, you can access your **unique broker link**.

4 Easily start a new small group quote under **New Client Quote** right from the Dashboard.



### **Dashboard Overview** [Watch Video](#)

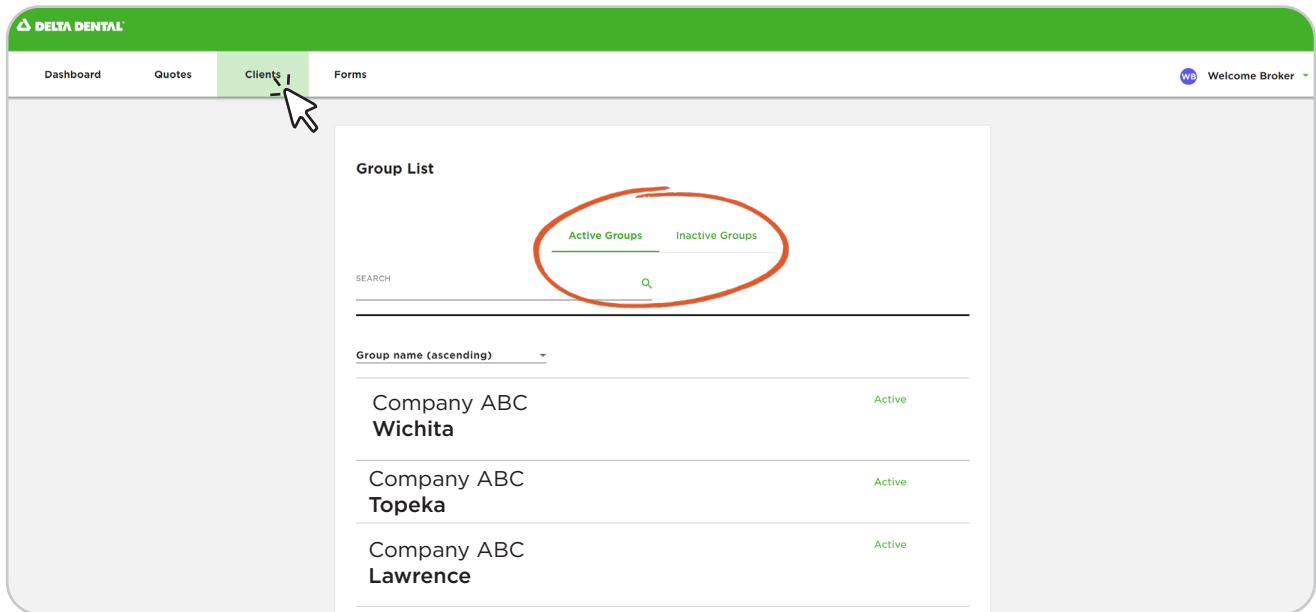
Watch this video to learn how to navigate the new online Broker Account **Dashboard**.

# Looking up a Group

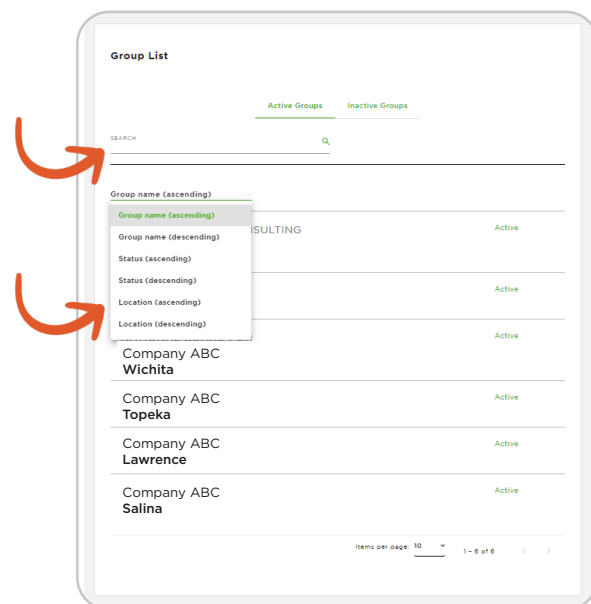
## Online Broker Account User Guide

### ★ How to Look Up a Group

- 1 In the **Clients** tab, you will be able to view your **active and inactive groups** under **Groups List**.



- 2 You can **Search** for a group in the search bar.  
  
You can also filter by **Group Name, Status, and Location**.





# Review Commissions

## Online Broker Account User Guide

### ★ How to Review Commission Statements

3 Within the Producer Commission Statement, you can view the **account number, subscriber name, billing month, invoice amount, premium received, and more!**



**DELTA DENTAL** Producer Commission Statement

Delta Dental of Kansas  
1619 N. Waterfront Parkway Wichita, KS 67206  
Phone 1-800-234-3375 Broker Tax ID: 00-000000

Company Name  
1234 Test Rd.  
Wichita, KS 67206

Account Name	Subscriber Name	Billing Month	Invoice Amount	Premium Received	Commission Basis	Rate	Commission Amount
Company ABC							
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00
0000000000-0000000000		Feb 2024	100.00	100.00	100.00	5.50	10.00

Commission statements are processed separately from commission payments. This will result in a variance between the date of the payment and the date you receive documentation. Printed on: 04/02/2024 FINKLR0023PRCOMST

4 At the end of the report, you can view the Producer Commission Summary that will list the **invoice amount, premium received, and current commission.**

**DELTA DENTAL** Producer Commission Statement

Delta Dental of Kansas  
1619 N. Waterfront Parkway Wichita, KS 67206  
Phone 1-800-234-3375 Broker Tax ID: 00-000000

Company Name  
1234 Test Rd.  
Wichita, KS 67206

Producer Commission Summary	Invoice Amount	Premium Received	Current Commission
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
Company ABC	100.00	100.00	100.00
<b>Total:</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

Commission statements are processed separately from commission payments. This will result in a variance between the date of the payment and the date you receive documentation. Printed on: 04/02/2024 FINKLR0023PRCOMST

### ▶ Review Commissions Watch Video

Watch this video to view how to review your Producer Commission Statements on the new online Broker Account.

# ONLINE QUOTING

Online Broker Account User Guide

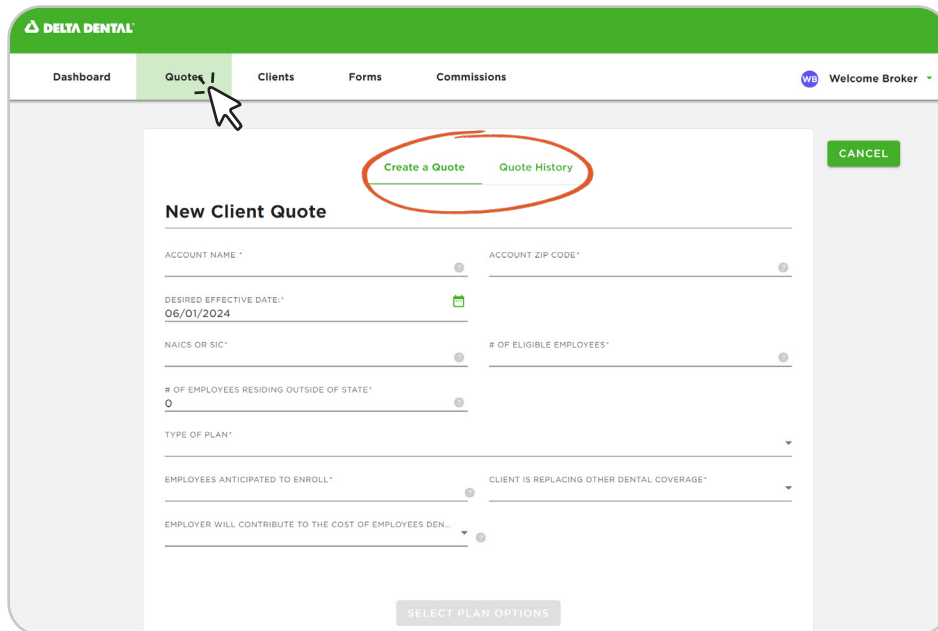
Learn more on how to generate, edit and  
clone a quote.

# Generating a Quote

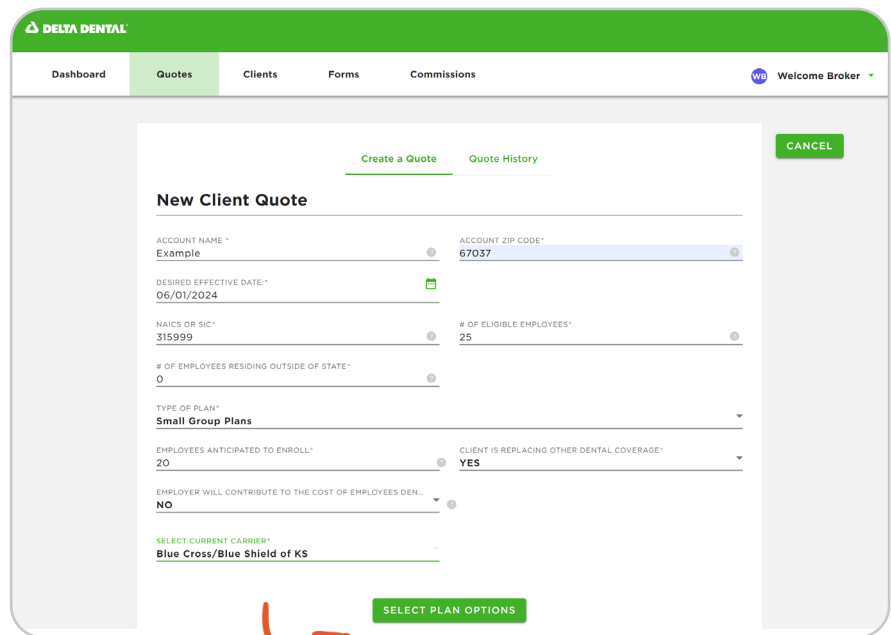
## Online Broker Account User Guide

### ★ How to Generate a Quote

1 In the **Quotes** tab, you will be able to create a quote or view your quote history.



2 To start a quote, fill out the necessary fields and click **Select Plan Options**.





# Generating a Quote

## Online Broker Account User Guide

### ★ How to Generate a Quote

5 To create a new template plan option for future use, fill out all the necessary information for the plan and create a new configuration name for the template.

Click **Save**. You will be able to use this template for future quotes.

**Template Plan Options**

▲ Template Configuration: No template selected

TEMPLATE CONFIGURATION  
**No template selected**

Save Configuration as Default

NEW CONFIGURATION NAME  
New Template

**SAVE**

---

DIAGNOSTIC AND PREVENTIVE / TYPE I\* **100**

MAJOR / TYPE III\* **60**

COMPOSITE FILLINGS ON ALL TEETH\* **NOT COVERED**

FOR GROUPS 10-200 ONLY - INCLUDE IMPLANTS IN MAJOR?\* **Yes**

WAITING PERIOD / ORTHO BENEFITS\* **0 mo.**

DOES THE CLIENT HAVE ORTHO WITH THEIR CURRENT CARRIER?\* **Yes**

ANNUAL MAXIMUM\* **3000**

PRODUCT\* **PPO plus Premier**

BASIC / TYPE II\* **90**

WILL D&P COUNT TOWARDS MAXIMUM?\* **Yes**

ENDODONTIC / PERIODONTIC\* **Type II - Basic**

ORTHOBENEFITS / TYPE IV\* **No Ortho Benefits**

ORTHOLIFETIME MAXIMUM\* **1000**

DEDUCTIBLE\* **50**

NUMBER OF TIERS\* **2-Tier**

**SEARCH PLANS**

6 Once you have filled out a template or filled out the information for the plan, click **Search Plans**.

**Template Plan Options**

▼ Template Configuration: No template selected

---

DIAGNOSTIC AND PREVENTIVE / TYPE I\* **100**

MAJOR / TYPE III\* **60**

COMPOSITE FILLINGS ON ALL TEETH\* **COVERED**

FOR GROUPS 10-200 ONLY - INCLUDE IMPLANTS IN MAJOR?\* **Yes**

WAITING PERIOD / ORTHO BENEFITS\* **0 mo.**

DOES THE CLIENT HAVE ORTHO WITH THEIR CURRENT CARRIER?\* **Yes**

ANNUAL MAXIMUM\* **3000**

PRODUCT\* **PPO**

BASIC / TYPE II\* **90**

WILL D&P COUNT TOWARDS MAXIMUM?\* **No**

ENDODONTIC / PERIODONTIC\* **Type II - Basic**

ORTHOBENEFITS / TYPE IV\* **No Ortho Benefits**

ORTHOLIFETIME MAXIMUM\* **1000**

DEDUCTIBLE\* **50**

NUMBER OF TIERS\* **2-Tier**

**SEARCH PLANS**

# Generating a Quote

## Online Broker Account User Guide

### How to Generate a Quote

7 Plan Options will populate based on the fields entered. When you find a plan you want to quote, click **Select Plan**.

**Dental Plans**

**Delta Dental PPO™ Plan 4 PPO 10-75 2-Tier Vol**

**ANNUAL MAXIMUM:** Per person, per calendar year  
**DEDUCTIBLE:** Per Calendar Year, per person, limited to three per family

**SELECT PLAN**

1-YEAR RATES

EMPLOYEE  
 EMPLOYEE / SPOUSE  
 EMPLOYEE / CHILD  
 EMPLOYEE / CHILDREN  
 FAMILY

[See Plan Details](#)

Endodontic / Periodontic: **Type II - Basic**  
 Ortho Benefits / Type Iv: **No Ortho Benefits**  
 Will D&p Count Towards Maximum?: **No**  
 Does The Client Have Ortho With Their Current Carrier?: **Yes**  
 Annual Maximum: **3000**

Deductible: **50**  
 Number Of Tiers: **2-Tier**  
 Product: **PPO**  
 For Groups 10-200 Only - Include Implants In Major?: **Yes**  
 Composite Fillings On All Teeth?: **COVERED**

	PPO	PREMIER	OON
DIAGNOSTIC AND PREVENTIVE CARE	100	100	100
BASIC DENTAL CARE	90	80	80
MAJOR DENTAL CARE	60	50	50
ORTHO DENTAL CARE			

8 The quote for the plan will appear where you can view plan details and rates. Click **Download** to view the quote in a PDF.

**Quote for Example**

NAICS CODE: 315999  
 DESIRED EFFECTIVE DATE: 06/01/2024  
 NUMBER OF ENROLLEES: 20

**Dental Plans**

**Quote 1**

**Delta Dental PPO™ Plan 4 PPO 10-75 2-Tier Vol**

**ANNUAL MAXIMUM:** Per person, per calendar year  
**DEDUCTIBLE:** Per Calendar Year, per person, limited to three per family

1-YEAR RATES

EMPLOYEE  
 EMPLOYEE / SPOUSE  
 EMPLOYEE / CHILD  
 EMPLOYEE / CHILDREN  
 FAMILY

[See Plan Details](#)

On behalf of external broker:

**DOWNLOAD AS PDF**

**DELTA DENTAL**

**DENTAL BENEFITS RATE QUOTE**

Prepared for  
 Example

Prepared by  
 INSURANCE RESOURCES LLC

Effective Date:  
 Rating Zip Code  
 Number of Enrolled: 20

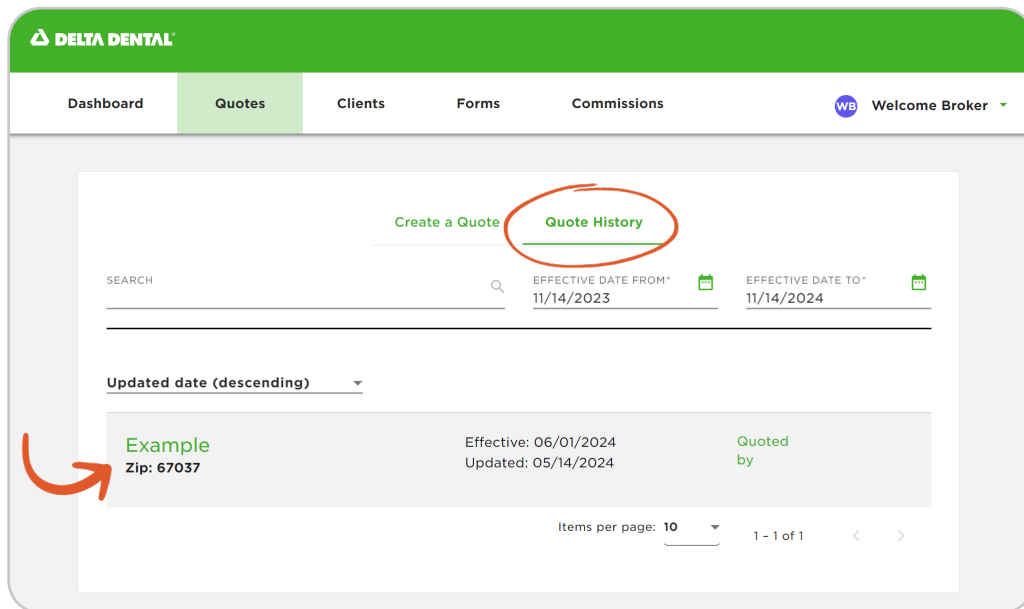
\* Hold for processing and enrollment purposes shown in this proposal.  
 Rates are guaranteed for one year from the effective date, subject to the Underwriting Guidelines. If Underwriting Guidelines are not included, contact your Broker or Delta Dental Sales Representative.

# Generating a Quote

## Online Broker Account User Guide

### ★ How to Generate a Quote

- 9 After creating the quote, you will be able to find and review the quote in the **Quotes tab** under **Quote History**.



### ▶ Generating a Quote [Watch Video](#)

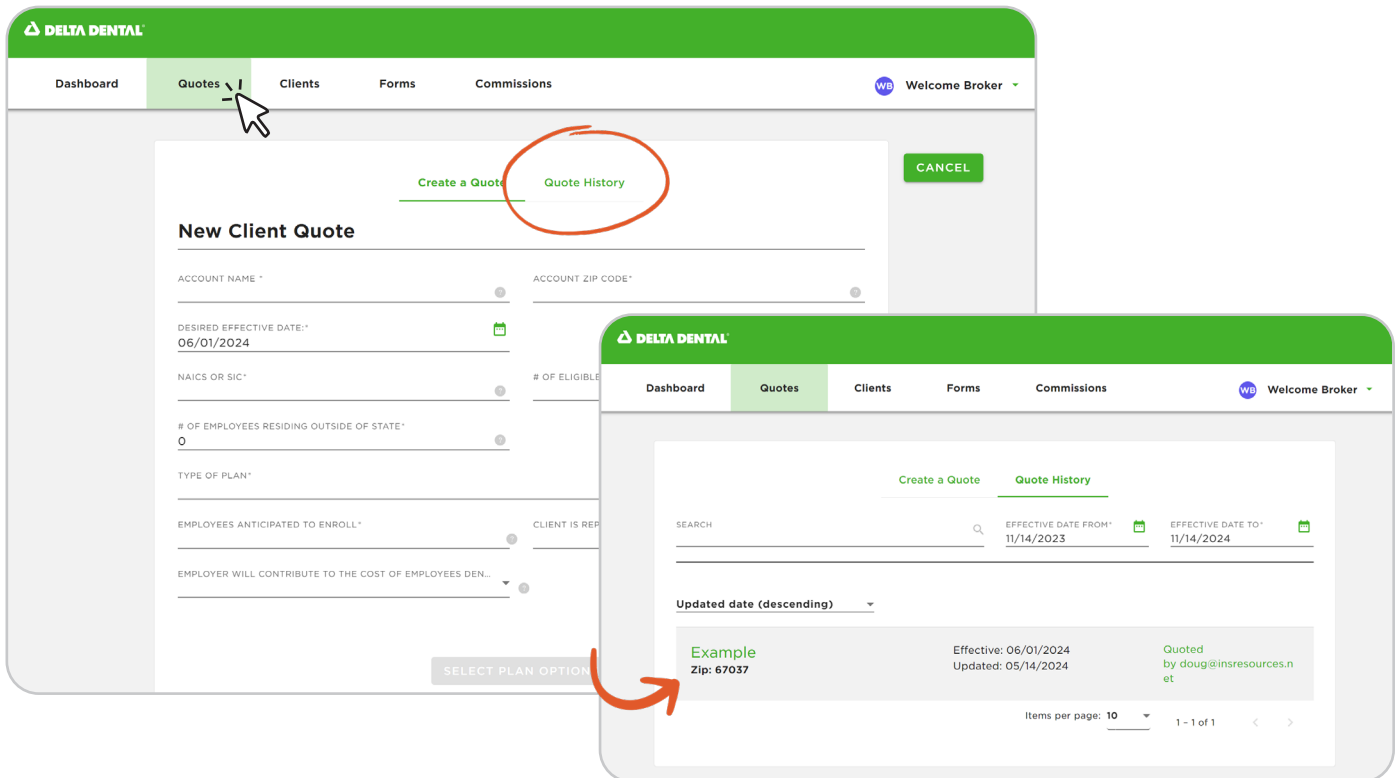
Watch this video to view how to generate a quote on the new online Broker Account.

# Edit or Clone a Quote

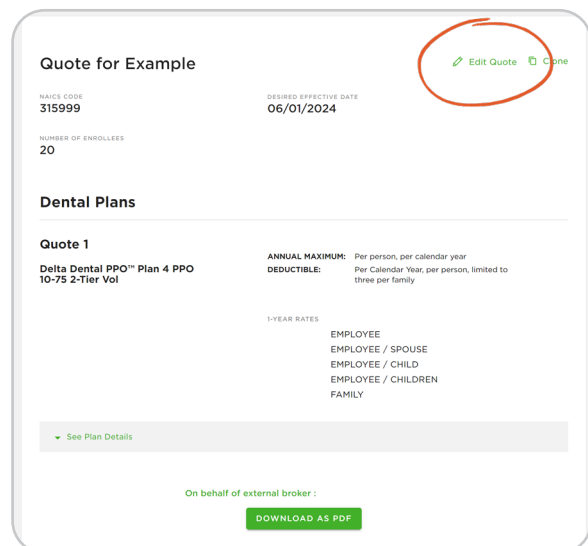
## Online Broker Account User Guide

### How to Edit or Clone a Quote

1 In the **Quotes** tab, click **Quote History**. Click on the quote you would like to edit or clone.



2 To edit the quote, click **Edit Quote**.



# Edit or Clone a Quote

## Online Broker Account User Guide

### ★ How to Edit or Clone a Quote

3 You will be able to edit your quote or search for a new plan option. You can also remove plans from the quote by clicking **Remove From Quote** at the bottom of the screen. Once you make your edits, click **Save Quote**. You can view your new quote with any changes saved.

**New Client Quote**

ACCOUNT NAME \* Example  
ACCOUNT ZIP CODE \* 67037  
DESIRED EFFECTIVE DATE \* 06/01/2024  
NAICS OR SIC \* 315999  
# OF ELIGIBLE EMPLOYEES \* 25  
# OF EMPLOYEES RESIDING OUTSIDE OF STATE \* 0  
TYPE OF PLAN \* Small Group Plans  
EMPLOYEES ANTICIPATED TO ENROLL \* 20  
CLIENT IS REPLACING OTHER DENTAL COV \* YES  
EMPLOYER WILL CONTRIBUTE TO THE COST OF EMPLOYEES DEN \* NO  
SELECT CURRENT CARRIER \* Blue Cross/Blue Shield of KS

**Template Plan Options**

Template Configuration: [No template selected](#)

DIAGNOSTIC AND PREVENTIVE / TYPE I \* 100  
MAJOR / TYPE III \* 60  
COMPOSITE FILLINGS ON ALL TEETH \* COVERED  
FOR GROUPS 10-200 ONLY - INCLUDE IMPLANTS IN MAJOR \* YES  
WAITING PERIOD / ORTHO BENEFITS \* 0 mo.  
DOES THE CLIENT HAVE ORTHO WITH THEIR CURRENT CARRIER \* Yes  
ANNUAL MAXIMUM \* 3000  
PRODUCT \* PPO

BASIC / TYPE II \* 90  
WILL DBP COUNT TOWARDS MAXIMUM \* No  
ENDODONTIC / PERIODONTIC \* Type II - Basic  
ORTHOBENEFITS / TYPE IV \* No Ortho Benefits  
ORTHOLIFETIME MAXIMUM \* 1000  
DEDUCTIBLE \* 50  
NUMBER OF TIERS \* 2-Tier

SEARCH PLANS

Dental Plans

1 plan selected. Save as a quote? [view all plans](#) **SAVE QUOTE**

Dental Plans

Delta Dental PPO™ Plan 4 PPO 10-75 2-Tier Vol [remove from quote](#)

4 You can view your new quote with any changes saved.

**Quote for Example** [Edit Quote](#) [Clone](#)

NAICS CODE 315999  
DESIRED EFFECTIVE DATE 06/01/2024  
NUMBER OF ENROLLEES 20

**Dental Plans**

**Quote 1**  
Delta Dental PPO™ Plan 4 PPO 10-75 2-Tier Vol

ANNUAL MAXIMUM: Per person, per calendar year  
DEDUCTIBLE: Per Calendar Year, per person, limited to three per family

1-YEAR RATES

EMPLOYEE  
EMPLOYEE / SPOUSE  
EMPLOYEE / CHILD  
EMPLOYEE / CHILDREN  
FAMILY

[See Plan Details](#)

On behalf of external broker:

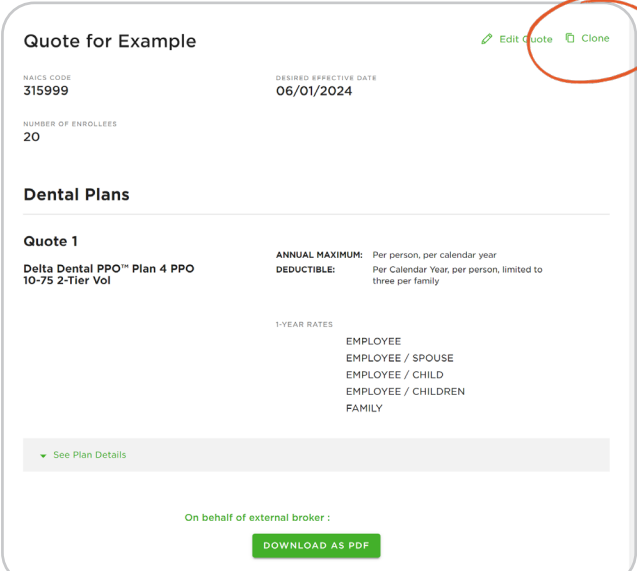
**DOWNLOAD AS PDF**

# Edit or Clone a Quote

## Online Broker Account User Guide

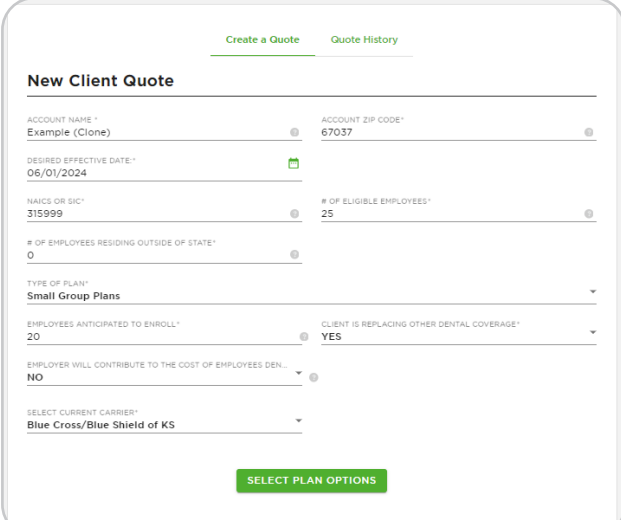
### ★ How to Edit or Clone a Quote

5 To clone a quote, click **Clone**.



The screenshot shows a quote page titled "Quote for Example". In the top right corner, there are two buttons: "Edit Quote" and "Clone". The "Clone" button is circled in red. Below the title, there are fields for "NAICS CODE" (315999) and "DESIRED EFFECTIVE DATE" (06/01/2024). Further down, there is a section for "Dental Plans" with a sub-section for "Quote 1" titled "Delta Dental PPO™ Plan 4 PPO 10-75 2-Tier Vol". It lists "ANNUAL MAXIMUM" and "DEDUCTIBLE" details. At the bottom, there is a "DOWNLOAD AS PDF" button.

6 A clone of the quote will be made and you can edit any part to apply to the new quote. Once you make all the necessary adjustments, click **Save Quote**. You will see your new quote to view and download as a PDF.



The screenshot shows a "New Client Quote" form. At the top, there are tabs for "Create a Quote" and "Quote History". The form contains several fields: "ACCOUNT NAME" (Example (Clone)), "ACCOUNT ZIP CODE" (67037), "DESIRED EFFECTIVE DATE" (06/01/2024), "NAICS OR SIC" (315999), "# OF ELIGIBLE EMPLOYEES" (25), "# OF EMPLOYEES RESIDING OUTSIDE OF STATE" (0), "TYPE OF PLAN" (Small Group Plans), "EMPLOYEES ANTICIPATED TO ENROLL" (20), "CLIENT IS REPLACING OTHER DENTAL COVERAGE" (YES), "EMPLOYER WILL CONTRIBUTE TO THE COST OF EMPLOYEES DEN..." (NO), and "SELECT CURRENT CARRIER" (Blue Cross/Blue Shield of KS). At the bottom, there is a "SELECT PLAN OPTIONS" button.

# Edit or Clone a Quote

## Online Broker Account User Guide

### ★ How to Edit or Clone a Quote

6 Once you make all the necessary adjustments, click **Save Quote**.

**New Client Quote**

ACCOUNT NAME \*  
Example (Clone)

ACCOUNT ZIP CODE\*  
67037

DESIRED EFFECTIVE DATE\*  
06/01/2024

NAICS OR SIC\*  
315999

# OF ELIGIBLE EMPLOYEES\*  
25

# OF EMPLOYEES RESIDING OUTSIDE OF STATE\*  
0

TYPE OF PLAN\*  
Small Group Plans

EMPLOYEES ANTICIPATED TO ENROLL\*  
20

CLIENT IS REPLACING OTHER DENTAL COVERAGE\*  
YES

EMPLOYER WILL CONTRIBUTE TO THE COST OF EMPLOYEES DENTAL\*  
NO

SELECT CURRENT CARRIER\*  
Blue Cross/Blue Shield of KS

**SELECT PLAN OPTIONS**

**Template Plan Options**

Template Configuration: `Na.template.selected`

DIAGNOSTIC AND PREVENTIVE / TYPE I\*  
100

BASIC / TYPE II\*  
90

MAJOR / TYPE III\*  
60

WILL DBP COUNT TOWARDS MAXIMUM\*  
No

COMPOSITE FILLINGS ON ALL TEETH\*  
COVERED

ENDODONTIC / PERIODONTIC\*  
Type II - Basic

FOR GROUPS 10-200 ONLY - INCLUDE IMPLANTS IN MAJOR\*  
Yes

ORTHOBENEFITS / TYPE IV\*  
No Ortho Benefits

WAITING PERIOD / ORTHO BENEFITS\*  
0 mo.

ORTHOLIFETIME MAXIMUM\*  
1000

DOES THE CLIENT HAVE ORTHO WITH THEIR CURRENT CARRIER\*  
Yes

DEDUCTIBLE\*  
50

ANNUAL MAXIMUM\*  
3000

NUMBER OF TIERS\*  
2-Tier

PRODUCT\*  
PPO

**SEARCH PLANS**

**Dental Plans**

ANNUAL MAXIMUM: Per person, per calendar year

1 plan selected. Save as a quote? view all plans **SAVE QUOTE**

**Dental Plans**

Delta Dental PPO™ Plan 4 PPO 10-75 2-Tier Vol remove from quote

7 You will see your new quote to view and download as a PDF.

**Quote for Example (Clone)** Edit Quote Clone

NAICS CODE  
315999

DESIRED EFFECTIVE DATE  
06/01/2024

NUMBER OF ENROLLEES  
20

**Dental Plans**

**Quote 1**

Delta Dental PPO™ Plan 4 PPO 10-75 2-Tier Vol

ANNUAL MAXIMUM: Per person, per calendar year

DEDUCTIBLE: Per Calendar Year, per person, limited to three per family

1-YEAR RATES

EMPLOYEE
EMPLOYEE / SPOUSE
EMPLOYEE / CHILD
EMPLOYEE / CHILDREN
FAMILY

[See Plan Details](#)

On behalf of external broker:

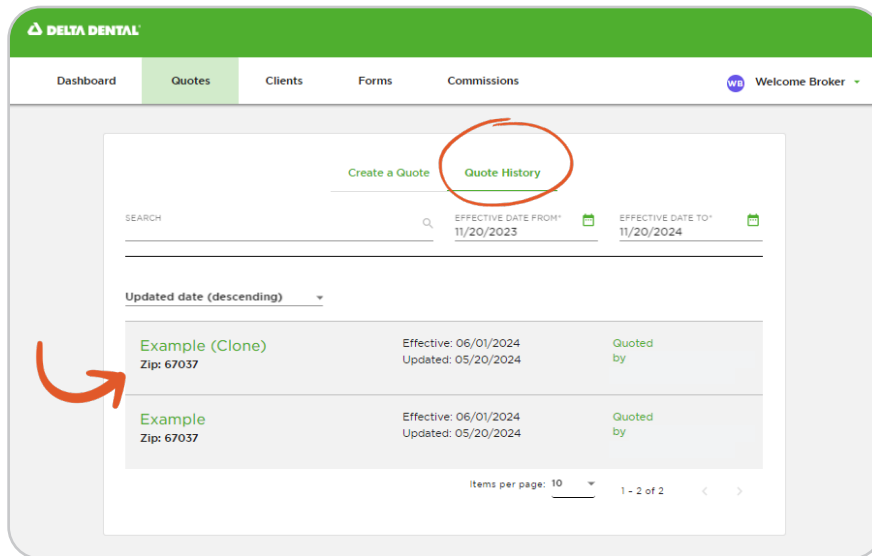
**DOWNLOAD AS PDF**

# Edit or Clone a Quote

## Online Broker Account User Guide

### ★ How to Edit or Clone a Quote

- 8 You can view the new quote in the **Quote tab** under **Quote History**.



### ▶ Edit or Clone a Quote [Watch Video](#)

Watch this video to edit or clone a quote on the new online Broker Account.

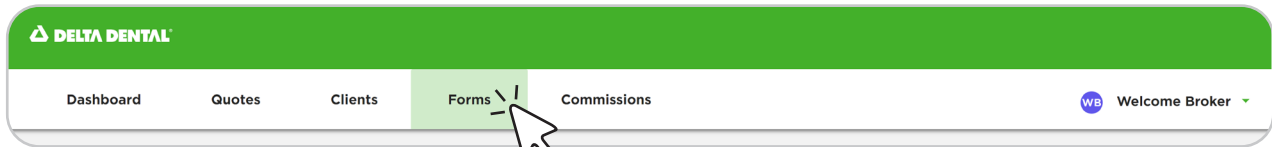


# Forms

## Online Broker Account User Guide

### ★ How to Access Forms

1 You can view helpful documents and forms in categories by selecting the **Forms Tab** in the navigation bar.



2 In the **Small Group** section, you will find the Small Group Applications, Employer Account Registration Form, and more!



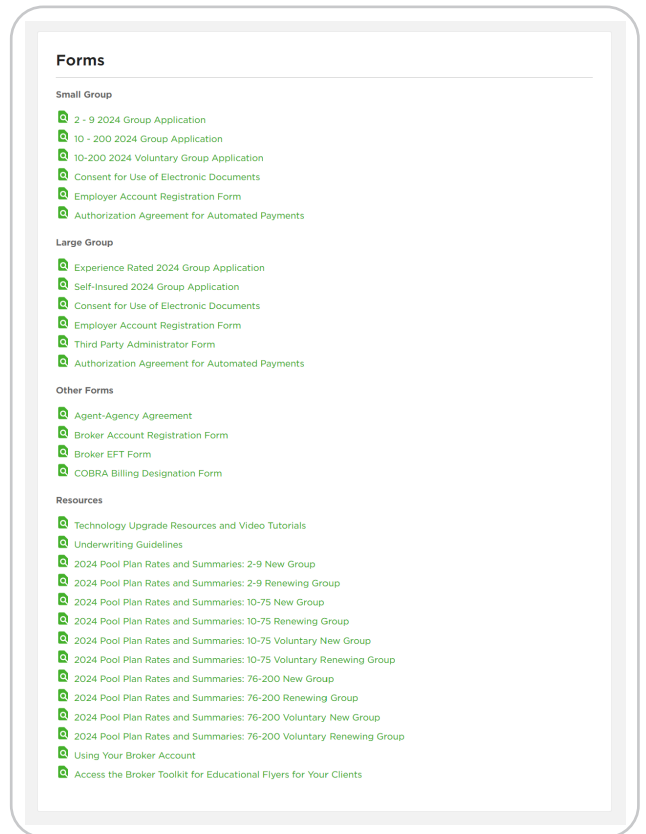
3 Under **Large Group**, you will find the Experienced Rated/Self Insured Group Applications, Third Party Administrator Form and more!



4 Under **Other Forms**, you will find the Agent-Agency Agreement, Broker Account Registration Form and other miscellaneous documents.



5 Under **Resources**, you will find the Pool Plan Summaries and other resources.



### Forms [Watch Video](#)

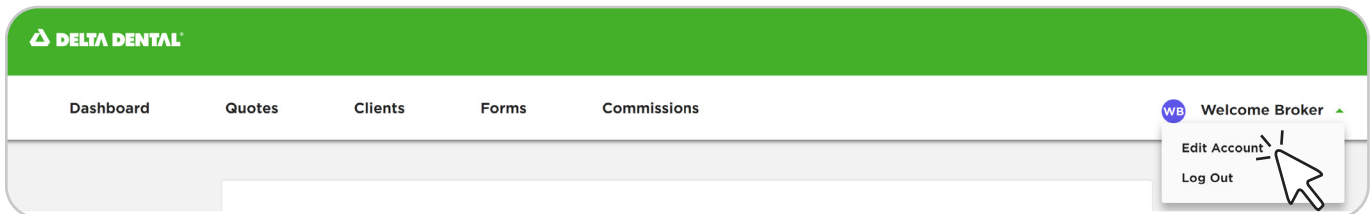
Watch this video to view forms and documents that will be available to you on the new online Broker Account.

# Update Account Information

## Online Broker Account User Guide

### *How to Update Your Account Information*

- 1 You can edit your account information by clicking on your name and selecting **Edit Account**.



- 2 Quickly update your first name, last name, and/or email address under **Edit Account**.

- 3 Here you can also reset your password by clicking **Reset Password**.

**Edit Account**

**Personal Information**

FIRST NAME\* \_\_\_\_\_ LAST NAME\* \_\_\_\_\_

EMAIL ADDRESS\*  
success@simulator.amazoneses.com

### *Updating Account Information* [Watch Video](#)

Watch this video to learn how to update your account information on the new online Broker Account.

# Upgrade Page

## Online Broker Account User Guide



### *Visit our Technology Upgrade Webpage*

#### **Upgrade Page**

Our new layout gives easier navigation throughout your new online Broker Account. Right from the navigation bar you are able to find a patient, view claims, view payments, access documents, and more!

#### **Updates**

View updates and all communications about our technology upgrade.

#### **Text Alerts**

Receive notifications on the most up-to-date information on our technology upgrade, videos, educational resources all by signing up for text alerts.

#### **Helpful Videos**

Access helpful videos that show you all functionalities and how to navigate your online broker account.

#### **Educational Materials**

Access educational materials and a comprehensive user guide on how to navigate your online broker account.

[Click here to visit our Technology Upgrade Page](#)

# Client Help Desk

## Online Broker Account User Guide



### *Contact Us*

We're here to help! We are upgrading our technology to continue to provide best-in-class service to our customers. We're committed to keeping you informed throughout the process.

Contact your Account Representative or the Client Help Desk at [upgrade@deltadentalks.com](mailto:upgrade@deltadentalks.com) with any questions you have about your new online employer account.

### **CLIENT HELP DESK**

800-264-9462

Email - [upgrade@deltadentalks.com](mailto:upgrade@deltadentalks.com)

*We look forward to serving you better!*