

Online Member Account

How to Renew Your Plan

When logging into your account, you can review your renewal date and how much your rate will be at the time of renewal.

You are able to make changes to your plan up to your renewal date. If you do not need to make changes to your plan, you do not need to do anything. Your plan will automatically renew.



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Click on the green text to update your payment method. To change or cancel your plan, click on the green button at the bottom of the pop-up.

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🖌 How to Renew Your Plan

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On the Account Renewal page, you can make changes to your plan. Select the pencil icon to change your plan.



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On the Select Plans page, you can browse and choose the plan best suited for you. Click "Select Plan" to view more details.

ard	Claims	Cost Estimator	Find a Dentist	Forms &	Resources	Dual Coverage	2	
:	Select I	Plans	< Back to Rene					ck to Renewals
			Current		5	elected		
E	Benefit Plan Name :		INDIVIDUAL PRODUCT - GOLD			DELTA DENTAL OF KANSAS- INDIVIDUAL PRODUCT - PLATINUM		
¢	Coverage Le	evel :	2 Members		2	Members		
	Rate :		\$90.93		9	148.79		
	Plat	tinum	Gold	1	Si	ver	Bron	ze
	Plat \$148.	tinum 79 per month	Gold \$93.66 ⊨	er month	Si \$78.3	Ver 7 per month	Bron \$69.75	Ze per month
	Plat \$148.	79 per month	Gold \$93.66 P	ir month \$1,500.00	Sil \$78.3 Annual Maximu	Ver 7 per month m \$1,000.00	Bron \$69.75	Ze per month \$1,000.00
	Plat \$148. Annual Maxim Preventative	79 per month um \$2,500.00 100%	Gold \$93.66 pt Annual Maximum	r month \$1,500.00	Sil \$78.3 Annual Maximu Preventative	Ver 7 per month m \$1,000.00 100%	Bron \$69.75 Annual Maximum Preventative	Ze per month \$1,000.00 100%
	Plat \$148. Annual Maxim Preventative Basic	tinum 79 per month 100% 80%	Gold \$93.66 PC Annual Maximum Preventative Basic	r month \$1,500.00 100%	Si \$78.3 Annual Maximu Preventative Basic	Ver 7 per month m \$1,000.00 100% 50%	Bron \$69.75 Annual Maximum Preventative Basic	Ze per month \$1,000.00 100% 80%

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🖈 How to Renew Your Plan

Once you've chosen a plan, click "Save".

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Plan : Platinum (\$148.79/mo) **Delta Dental PPO Benefits** Dentist Annual Maximum \$2,500 The total dollar amount that your plan will pay for dental care incurred by an individual member in a benefit plan year. Preventative 100% check-ups, teeth cleanings, x-rays, sealants, fluoride, space maintainers No waiting period, no deductible Basic 80% fillings, non-surgical extractions 6 month waiting period Major 70% dentures, root canals, gum disease treatment, crowns, bridges, surgical tooth extractions 12 months waiting period Implants 70% artificial teeth securied to the jaw, certain limitations may apply 12 month waiting period CINCEL

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🖈 How to Renew Your Plan

On the Account Renewal page, you can also terminate a member, restart your renewal, or add a member to your plan.

hboard Claims Cost Estima	ator Find a Dentist Forms & Resourc	ces Dual Coverage	J
Account Renev	wal		
	Current	Selected 🖍	
Benefit Plan Name :	INDIVIDUAL PRODUCT - GOLD	DELTA DENTAL OF KANSAS- INDIVIDUAL PRODUCT - PLATINUM	
Coverage Level :	2 Members	2 Members	
Rate :	\$90.93	\$148.79	
Members		Demographics	
±		~	
±		Terminate 🗸	

Individual and Family Plan Renewal Watch Video

Watch this video on how to renew your individual and family plan.