

Getting to Know the Administrator Web Portal

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Overview

In this reference guide administrators will learn how to:

- Register your group
- Navigate the portal
- Search for an existing member
- View enrollment summary
- Add a new subscriber or dependent
- Terminate a member
- View monthly Administrative Invoices and Check Run Reports
- Retrieve program documents
- View your roster report
- Update account settings
- Contact Direct Dental

Portal Registration

You will receive an email to register as the administrator of your group from memberservices@directdentalplans.com. Click the link in the email to be directed to the registration page.

For your convenience, we've populated your group number for you. All you'll need to enter is your:

- First and last name
- Email address
- Valid user name
- Password meeting our security requirements
- 4-digit pin

Note – Currently the portal only allows one portal administrator per group. Please remember to save your credentials and share the login details only with administrators who also require access.

User Registration

Enter your identifying information

Subscriber ID

or

Last 4 digits of SSN

Date of Birth

Enter your contact information

First Name

Middle Name (optional)

Last Name

Email

Enter a unique user name and password

User Name

Logging into the Portal

Once you have registered to use the portal, you will simply navigate to www.directdentalplans.com and login as a **Returning User** using your user name and password.

If at any time you forget your username or password, follow the links to assist you in retrieving your credentials.

Note – If an incorrect password is entered 3 times, you will be locked out and will need to contact **Portal Support** at **844-275-8758** or email helpdesk@directdentalplans.com to reset the password. You will receive an email to reset your password.



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Returning Users

User Name

Password

Login

[Forgot your User Name or Password?](#)

Forgot Your User Name?

Enter the email address registered with your account, and then click Request User Name address.

Email Address

Email

Request User Name

Forgot Your Password?

Enter your user name and then click Request Password Reset.

A message with a link to reset your password will be sent to the email address registered with your account. make the request.

User Name

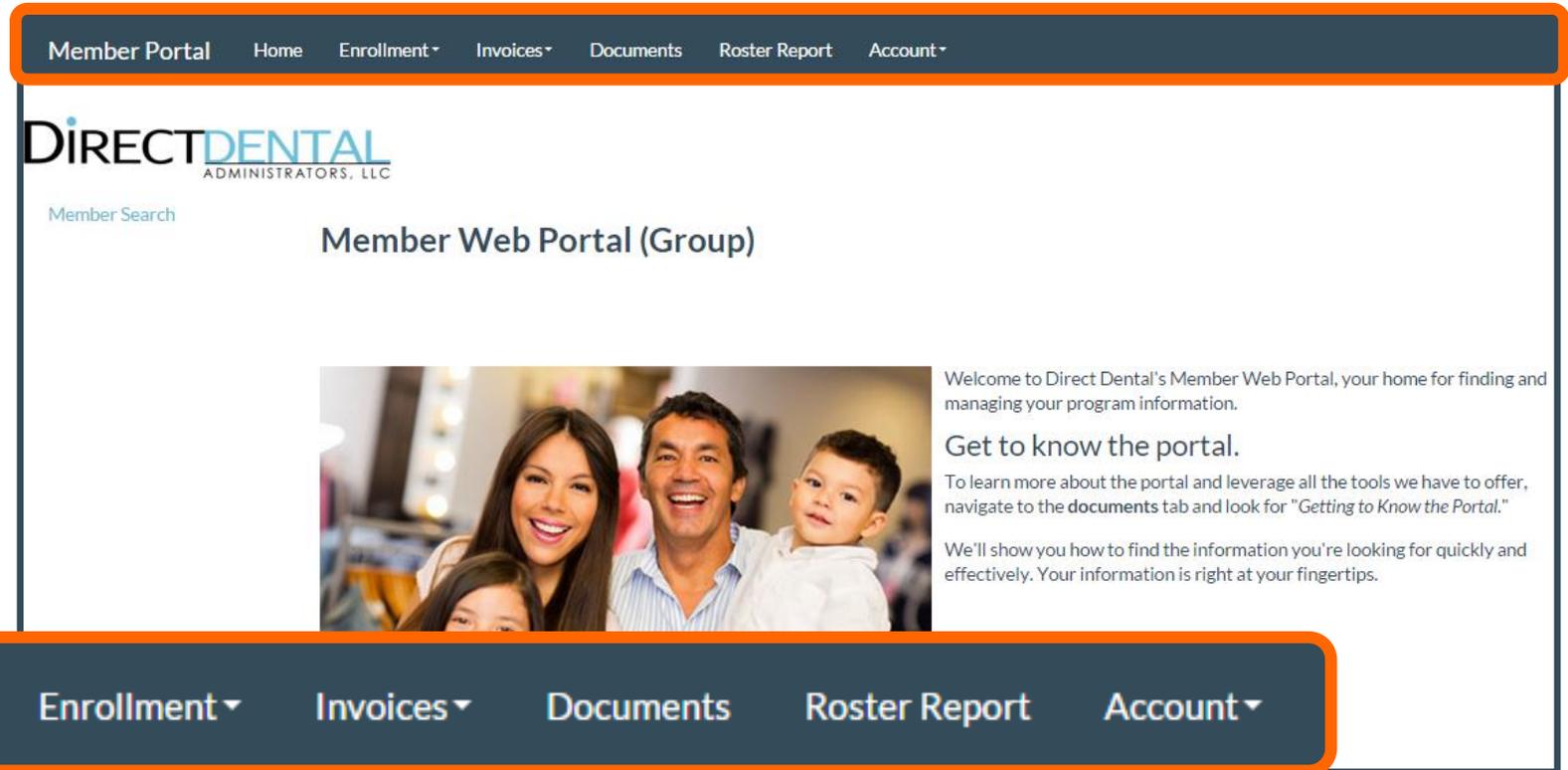
User Name

Request Password Reset

Navigating the Portal

Once inside the portal, rely on the top navigation tool bar to find the information you're looking for.

You'll see options for **enrollment**, **invoices**, **documents**, **roster reports** and **your account**.



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Member Search

Member Web Portal (Group)

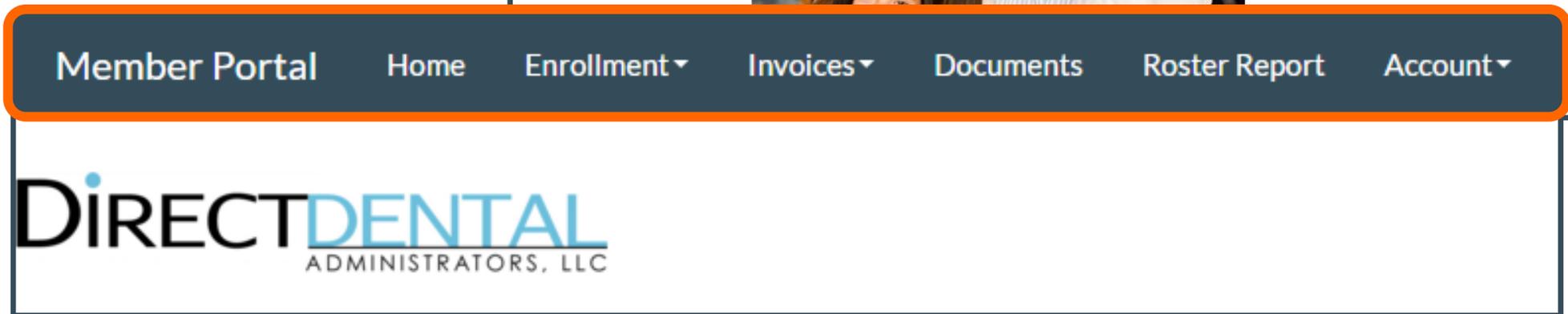


Welcome to Direct Dental's Member Web Portal, your home for finding and managing your program information.

Get to know the portal.

To learn more about the portal and leverage all the tools we have to offer, navigate to the **documents** tab and look for "Getting to Know the Portal."

We'll show you how to find the information you're looking for quickly and effectively. Your information is right at your fingertips.



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Search for a Member

Go to **Enrollment > Member Search**.

To search for a member, you must enter a combination of at least two demographics:

- **Last name and date of birth.**
- or –
- **Subscriber ID and date of birth.**

Click **Select** next to the record you wish to view.

Note – Your Administrative Invoice lists the Subscriber ID numbers for all members in your group.

Member Search

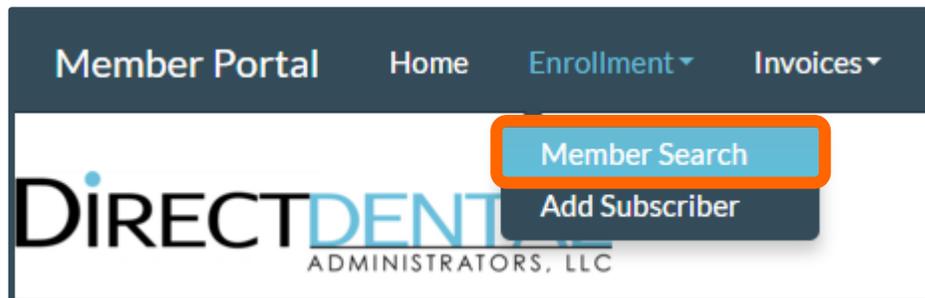
To search for a member, enter either Last Name and Date Of Birth or Da

First Name (optional)

Last Name

Date of Birth

Subscriber Number



	Last Name	First Name	Address
Select			

Enrollment Summary

On the **Enrollment Summary** page you can review and update:

- The demographics of the member.
- The benefit plan of the member.
- The Subscriber ID of the member.
- The status of the member.

Note – You can also view existing dependents, add a new dependent or terminate the policy through the **Enrollment Summary** page.

The screenshot displays the 'Enrollment Summary' page. At the top, it shows 'Policy Holder' information: Group Name (Company A (DD - AFP)), Benefit Plan (Company A Dental Plan), Subscriber ID (515458176), and Enrollment Status (Active). Below this, there are sections for 'Name', 'Address', 'Phone', 'Date of Birth', 'Gender', 'Marital Status', 'SSN', 'Special Needs', and 'Primary Care Provider', each with a 'Change' button. The 'Dependent Coverage' section shows 'No Dependents' and includes 'Add Dependent' and 'Terminate Policy' buttons. A callout box highlights the 'Add Dependent' and 'Terminate Policy' buttons in the dependent coverage section.

Enrollment Summary			
Policy Holder			
Group Name (Number)	Company A (DD - AFP)		
Benefit Plan	Company A Dental Plan		
Subscriber ID	515458176		
Enrollment Status	Active		
Name			
Address			
Phone	Marital Status	Not Provided	
Date of Birth	SSN	No SSN	
Gender	Male	Special Needs	No
Primary Care Provider			
Dependent Coverage			
No Dependents			
Add Dependent		Terminate Policy	

Dependent Coverage

No Dependents

Add Dependent

Terminate Policy

Add a New Subscriber

On the top navigation bar, select **Enrollment > Add Subscriber**.

At a minimum, fill in the required fields then click **Review**. This will pull up a sample enrollment summary of the new subscriber for you to review.

If all fields are correct, click **Add**.

Add Subscriber

Enter information, click Review and if information is correct click Add.

Subscriber Information

First Name

Last Name

Middle Name

Social Security Number

Phone

Gender

Date of Birth

Review

Please click Add Subscriber if the following information is correct.

Subscriber Information

Name	John Doe
Qualifying Event	Annual Open Enrollment
Benefit Plan	Company A Dental Plan
PCP	
Address	1234 Main Street Anytown, CA 94520
Phone	Gender
Relationship	Date of Birth
Special Needs	No
Premium Division	Premium Unit

Cancel Edit **Add**

Member Portal Home **Enrollment** Invoices Documents Roster Report Account

Member Search **Add Subscriber**

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Subscriber Qualifying Event

The **Qualifying Event** is the reason the employee you are trying to add is eligible to receive benefits:

- Annual Open Enrollment
- Loss of other Health Care Coverage
- New Hire

Benefit Plan Enrollment

Qualifying Event	<input type="text"/>
Event Date	<input type="text"/>
Benefit Plan	<input type="text"/>
Hire Date	<input type="text"/>

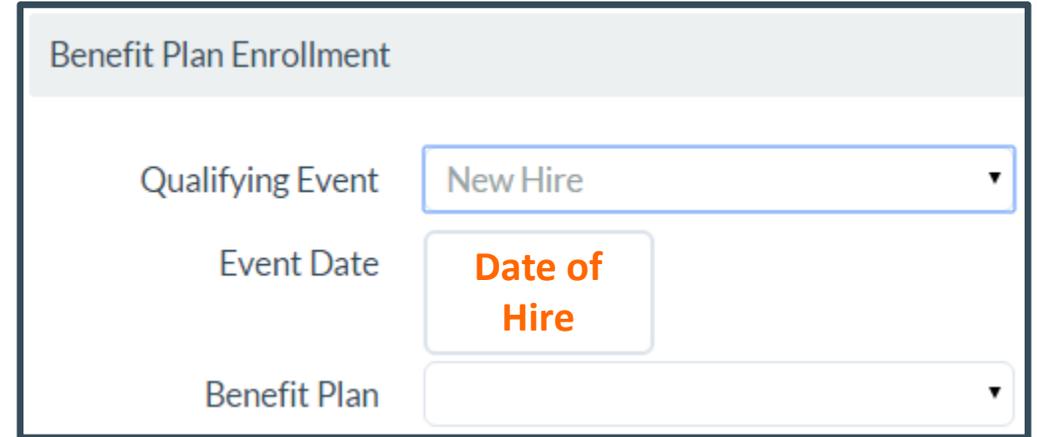
The image shows a screenshot of a 'Benefit Plan Enrollment' form. The 'Qualifying Event' dropdown menu is open, showing three options: 'Annual Open Enrollment' (highlighted in blue), 'Loss of other Health Care Coverage', and 'New Hire'. The other fields (Event Date, Benefit Plan, and Hire Date) are empty text boxes.

Subscriber Event Date: New Hire

The **Event Date** for a New Hire is always the **Date of Hire**.

The system will automatically calculate the effective date for new hires based on the event date using the enrollment rules for your plan.

Note – If for any reason you need to enroll a member outside of the enrollment rules of your plan, please send the enrollment form to enrollment@directdentalplans.com and we will process your application within two business days.



The screenshot shows a form titled "Benefit Plan Enrollment" with three fields:

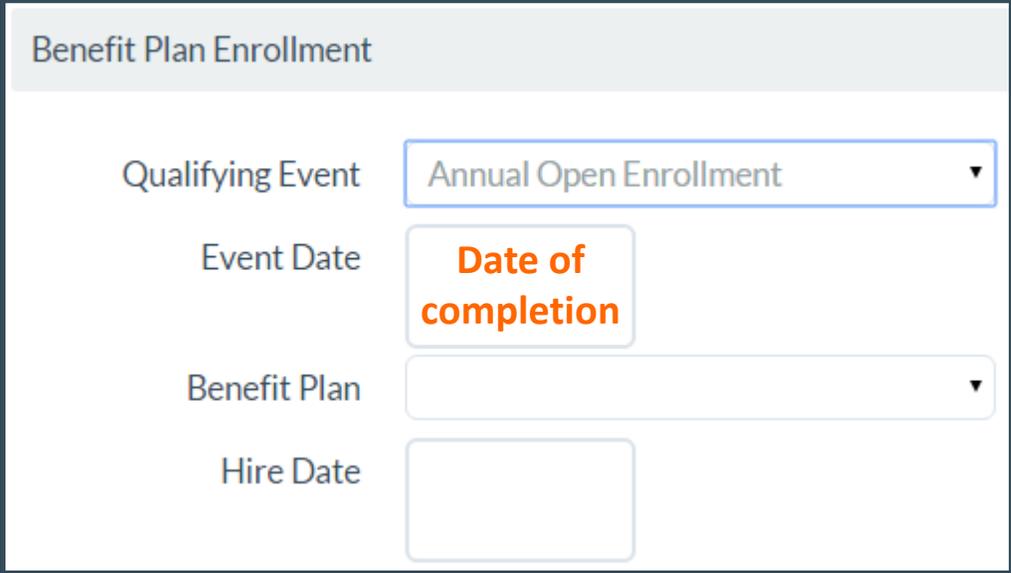
- Qualifying Event:** A dropdown menu with "New Hire" selected.
- Event Date:** A text box containing "Date of Hire" in orange text.
- Benefit Plan:** An empty dropdown menu.

Subscriber Event Date: Open Enrollment

The **Event Date** for Annual Open Enrollment is always the **date the enrollment paperwork is completed during the open enrollment period** and not the effective date.

The system will automatically calculate the effective date for open enrollment based on the event date using the enrollment rules for your plan.

Note – If for any reason you need to enroll a member outside of the enrollment rules of your plan, please send the enrollment form to enrollment@directdentalplans.com and we will process your application within two business days.



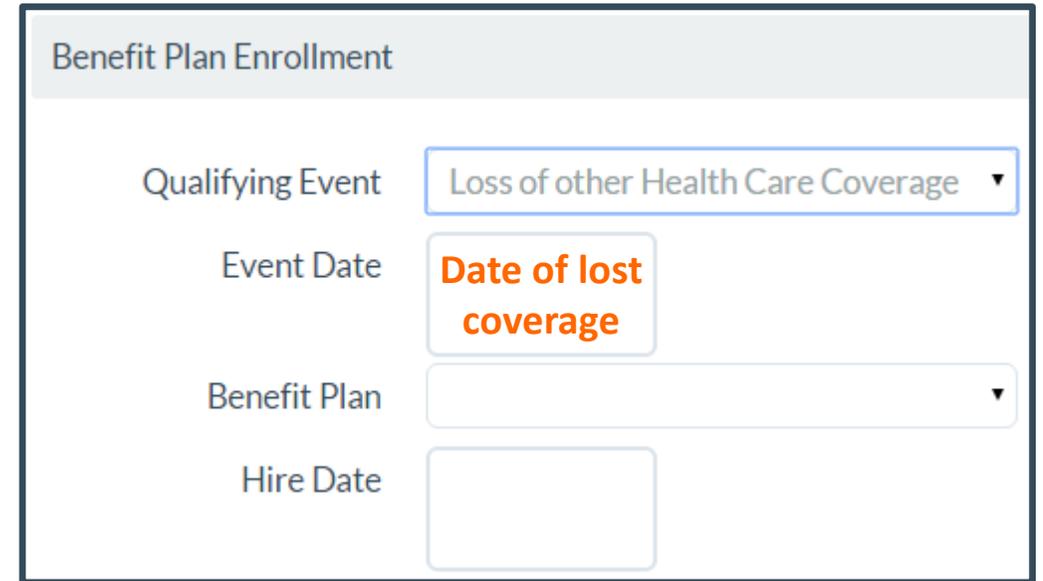
Benefit Plan Enrollment	
Qualifying Event	Annual Open Enrollment ▼
Event Date	Date of completion
Benefit Plan	▼
Hire Date	

Subscriber Event Date: Loss of Other Coverage

The **Event Date** for Loss of other Health Care Coverage is always the **date the other coverage was lost** and not the effective date.

The system will automatically calculate the effective date for open enrollment based on the event date using the enrollment rules for your plan.

Note – If for any reason you need to enroll a member outside of the enrollment rules of your plan, please send the enrollment form to enrollment@directdentalplans.com and we will process your application within two business days.



The screenshot shows a form titled "Benefit Plan Enrollment" with the following fields:

- Qualifying Event:** A dropdown menu with the selected option "Loss of other Health Care Coverage".
- Event Date:** A text input field containing the text "Date of lost coverage" in orange.
- Benefit Plan:** A dropdown menu that is currently empty.
- Hire Date:** An empty text input field.

Retroactive Enrollments

If you attempt to retroactively enroll a member or dependent more than one month prior to the current month, you'll receive a prompt denying your request.

This is to ensure accurate billing and that the appropriate debits and credits are accounted for on your next bill.

For these historic records, please send the enrollment form to enrollment@directdentalplans.com and we will process your enrollment within two business days.

1. COMPANY NAME		2. EFFECTIVE DATE	3. DATE OF HERE			
4. SSN	5. LAST NAME (SUBSCRIBER)	6. FIRST NAME	7. DOB	8. SEX (M/F)		
9. ADDRESS		10. CITY	11. STATE	12. ZIP		
BENEFITS						
13. SELECT YOUR BENEFIT PLAN:						
13A. DENTAL (Y/N)	13B. PLAN NAME		13C. COBRA (Y/N)			
13D. VISION (Y/N)	13E. PLAN NAME		13F. COBRA (Y/N)			
DEPENDENTS (PLEASE LIST ALL)						
14. FIRST NAME	15. LAST NAME (if different)	16. DOB	17. ADDRESS (if different)	18. BENEFIT (D = dental, V = vision, B = both)	17. SEX (M/F)	18. STUDENT OVER 18 (Y/N)
SPOUSE						
CHILDREN						
REASON FOR SUBMISSION						
19. CHANGE REASON:						
19A. NEW MEMBER <input type="checkbox"/>		19B. ADD DEPENDENTS <input type="checkbox"/>		19C. REINSTATEMENT <input type="checkbox"/>		19D. OTHER <input type="checkbox"/>
19E. NAME CHANGE <input type="checkbox"/>		19F. ADDRESS CHANGE <input type="checkbox"/>		19G. TERMINATION <input type="checkbox"/>		19H. TERMINATION DATE
I CERTIFY THAT ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.						
NAME _____				DATE _____		
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Add a Dependent

To add a dependent, search for the employee and navigate to their **Enrollment Summary**.

Click the **Add Dependent** button at the bottom of the summary page to bring up the add dependent page.

Note – You must always enroll a subscriber before enrolling a dependent.

The screenshot shows the 'Enrollment Summary' page for a policy holder. The page is divided into several sections: 'Policy Holder' with details like Group Name, Benefit Plan, and Subscriber ID; a personal information section with fields for Name, Address, Phone, Date of Birth, Gender, Marital Status, SSN, and Special Needs; and a 'Primary Care Provider' section. At the bottom, there is a 'Dependent Coverage' section showing 'No Dependents' and two buttons: 'Add Dependent' and 'Terminate Policy'. A callout box on the right side of the page highlights the 'Add Dependent' button with an orange border.

Enrollment Summary			
Policy Holder			
Group Name (Number)	Company A (DD - AFP)		
Benefit Plan	Company A Dental Plan		
Subscriber ID	515458176		
Enrollment Status	Active		
Name			
[Redacted]			Change
Address			
[Redacted]			Change
Phone		Marital Status	Not Provided
Date of Birth	[Redacted]	SSN	No SSN
Gender	Male	Special Needs	No
Primary Care Provider			Change
Dependent Coverage			
No Dependents			
Add Dependent		Terminate Policy	

Dependent Coverage

No Dependents

Add Dependent

Terminate Policy

Add a Dependent

Fill out at a minimum the required fields and indicate a **Qualifying Event** and **Event Date**. The event date follows the enrollment rules for your plan and should be the date the change occurred.

Note – If for any reason you need to enroll a dependent outside of the enrollment rules of your plan, please send the enrollment form to enrollment@directdentalplans.com and we will process your application within two business days.

Once complete, click **Review** to review your record, and then **Add** the record.

Now, on the **Enrollment Summary** page, you will see a section for **Dependent Coverage**. Click on **View Details** to view dependent enrollment details.

Add Dependent

Enter information, click Review and if information is correct click Add.

Dependent Information

First Name

Last Name

Middle Name (optional)

Social Security Number (optional)

Phone (optional)

Gender

Relationship

Date of Birth

Special Needs

Dependent Address

Use Employee's Address Use The Following Address

Dependent Coverage

Name	DOB	Relationship	Enrollment Status	
[REDACTED]	[REDACTED]	Spouse	Coverage Begins 10/01/2014	View Details

Terminate a Member

To terminate a member, search for the employee and navigate to their **Enrollment Summary**.

Click the **Terminate Policy** button at the bottom of the summary page to bring up the member termination page.

Enrollment Summary

Policy Holder

Group Name (Number) Company A (DD - AFP)
Benefit Plan Company A Dental Plan
Subscriber ID 515458176
Enrollment Status Active

Name XXXXXXXXXX Change

Address XXXXXXXXXX
XXXXXXXXXX Change

Phone		Marital Status	Not Provided	
Date of Birth	XXXXXXXXXX	SSN	No SSN	Change
Gender	Male	Special Needs	No	

Primary Care Provider Change

Dependent Coverage

No Dependents

Add Dependent Terminate Policy

Dependent Coverage

No Dependents

Add Dependent Terminate Policy

Terminate a Member

On the Terminate Policy page, select the **Termination Reason** and input the **Event Date**.

The **Event Date** follows the termination rules for your plan and should be the date the change occurred.

Then click **Terminate Policy**.

Note – To terminate coverage effective more than 30 days ago, send an enrollment form or email request to enrollment@directdentalplans.com. This is to ensure your monthly billing prior period adjustments are accurate.

Reason for Terminating Policy

Please select a reason for terminating your policy.

Termination Reason
Has Other Coverage

Event Date
09/29/2014

Terminate Policy

Termination Reason

- Death of Employee (COBRA)
- Has Other Coverage
- No Longer Wants Coverage
- Other
- Reduction in Hours Worked (COBRA)
- Termination - Trade Act Applies (COBRA)
- Termination of Employment (COBRA)
- Transferred to Spouses Coverage

Terminate a Dependent

To terminate a dependent, first search for the associated employee and navigate to their **Enrollment Summary**.

Scroll down to the bottom of the page to **Dependent Coverage**.

Click **View Details** next to the dependent you wish to terminate.

Enrollment Summary

Policy Holder

Group Name (Number) Company A (DD - AFP)
Benefit Plan Company A Dental Plan
Subscriber ID 515458176
Enrollment Status Active

Name DEPENDENT Change

Address DEPENDENT Change

Phone DEPENDENT Marital Status Not Provided
Date of Birth DEPENDENT SSN No SSN Change
Gender Male Special Needs No

Primary Care Provider Change

Dependent Coverage

Name	DOB	Relationship	Enrollment Status	
DEPENDENT DEPENDENT	2/1/2016	Child	Active	View Details

Terminate a Dependent

Scroll to the bottom of the **Dependent Enrollment Summary** page and select **Drop Dependent**.

Dependent Enrollment Summary

Policy Holder

Group Name (Number)	Direct Dental Administrators (DD007)
Benefit Plan	Annual Reviews
Subscriber ID	533968572
Enrollment Status	Active

Name	DEPENDENT DEPENDENT
------	---------------------

Address	321 ASH AVE SEATTLE, WA 98101+
---------	-----------------------------------

Phone	
Date of Birth	02/01/2016
Gender	Unknown

Primary Care Provider

Drop Dependent

Dependent Drop Reason & Event Date

Indicate the appropriate **Drop Reason** from the list of available choices.

The **Event Date** follows the termination rules for your plan and should be the date the change occurred.

Select **Drop Dependent** to process the termination.

Reason to Drop Dependent

Please state why you are requesting to drop DEPENDENT DEPENDENT from your policy.

Drop Reason

Event Date

Reason to Drop Dependent

Please state why you are requesting to drop DEPENDENT DEPENDENT from your policy.

Drop Reason

- Anticipation of Divorce or Legal Separation
- Child Loses Dependent Status (COBRA)
- Child Loses Dependent Status due to Aged-Off Plan (COBRA)
- Child Loses Dependent Status due to Full-Time Job(COBRA)
- Child Loses Dependent Status due to Last Day Full-Time Student (COBRA)
- Child Loses Dependent Status due to Marriage (COBRA)
- Divorce or Legal Separation (COBRA)
- Has Other Coverage
- No Longer Wants Coverage
- Other
- Transferred to Spouses Coverage

Drop Dependent

Retroactive Terminations

If you attempt to retroactively terminate a member or dependent more than one month prior to the current month, you will receive a prompt denying your request.

This is to ensure your monthly billing prior period adjustments are accurate.

To terminate coverage effective more than 30 days ago, send an enrollment form or email request to enrollment@directdentalplans.com and we will process your enrollment within two business days.

1. COMPANY NAME		2. EFFECTIVE DATE	3. DATE OF HERE			
4. SSN	5. LAST NAME (SUBSCRIBER)	6. FIRST NAME	7. DOB	8. SEX (M/F)		
9. ADDRESS		10. CITY	11. STATE	12. ZIP		
BENEFITS						
13. SELECT YOUR BENEFIT PLAN:						
13A. DENTAL (Y/N)	13B. PLAN NAME		13C. COBRA (Y/N)			
13D. VISION (Y/N)	13E. PLAN NAME		13F. COBRA (Y/N)			
DEPENDENTS (PLEASE LIST ALL)						
14. FIRST NAME	15. LAST NAME (if different)	16. DOB	17. ADDRESS (if different)	18. BENEFIT (D = dental, V = vision, B = both)	17. SEX (M/F)	18. STUDENT OVER 18 (Y/N)
SPOUSE						
CHILDREN						
REASON FOR SUBMISSION						
19. CHANGE REASON:						
19A. NEW MEMBER <input type="checkbox"/>		19B. ADD DEPENDENTS <input type="checkbox"/>		19C. REINSTATEMENT <input type="checkbox"/>		19D. OTHER <input type="checkbox"/>
19E. NAME CHANGE <input type="checkbox"/>		19F. ADDRESS CHANGE <input type="checkbox"/>		19G. TERMINATION <input type="checkbox"/>		19H. TERMINATION DATE
I CERTIFY THAT ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.						
NAME _____				DATE _____		
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View Your Administrative Invoices

To quickly review the latest administrative invoices, payments, and balances, navigate to **Invoices > Invoice Register**

You can search for a specific invoice if you know the invoice number, or for invoices during a specific date range.

Otherwise, select **None** in the invoice date field to review all invoices.

A report will run based on your criteria and you will see your results listed.

You can also quickly navigate to a specific invoice by clicking the **Reference Number**.



The screenshot shows the 'Invoice Register' search form. It has two input fields: 'Invoice Number' and 'Invoice Date(s)'. The 'Invoice Date(s)' dropdown menu is set to 'None'. A 'Search' button is located below the fields.

The screenshot shows the 'Invoice Register' table. The table has a header row with the following columns: Group Name, Group Number, Bill Period, Reference, Current Premium, Interest & Late, Admin, Current Invoice, Prior Period Adjustments, Payments, Write Offs, and Invoice Balance Due. The first row of data is for 'Company A' with a 'Reference' of '20140926000001', which is highlighted with an orange border.

Group Name	Group Number	Bill Period	Reference	Current Premium	Interest & Late	Admin	Current Invoice	Prior Period Adjustments	Payments	Write Offs	Invoice Balance Due
Company A	DD - AFP	10/01/2014	20140926000001	\$365.00	0.0000	\$0.00	\$365.00	\$0.00	\$0.00	\$0.00	\$365.00
				\$365.00	0.0000	\$0.00	\$365.00	\$0.00	0.00	\$0.00	\$365.00

View Your Documents

Your benefit summary, SPD and Claim Reports will be posted to the portal under **Documents**.

To find a document, specify the document type and the date range. To search for all types, select document type **All**.

All documents meeting your search criteria will show for you to select from and view.

View Documents

Specify criteria and click Search

Document Type

From

To

Date	Description	Document Type
9/26/2014	 Getting to Know the Portal.pptx	Other
9/29/2014	 Company A_Summary.pdf	Summary Plan Description
9/29/2014	 Company A SPD Full.pdf	Summary Plan Description

Member Portal Home Enrollment Invoices **Documents** Roster Report Account

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View Your Roster Report

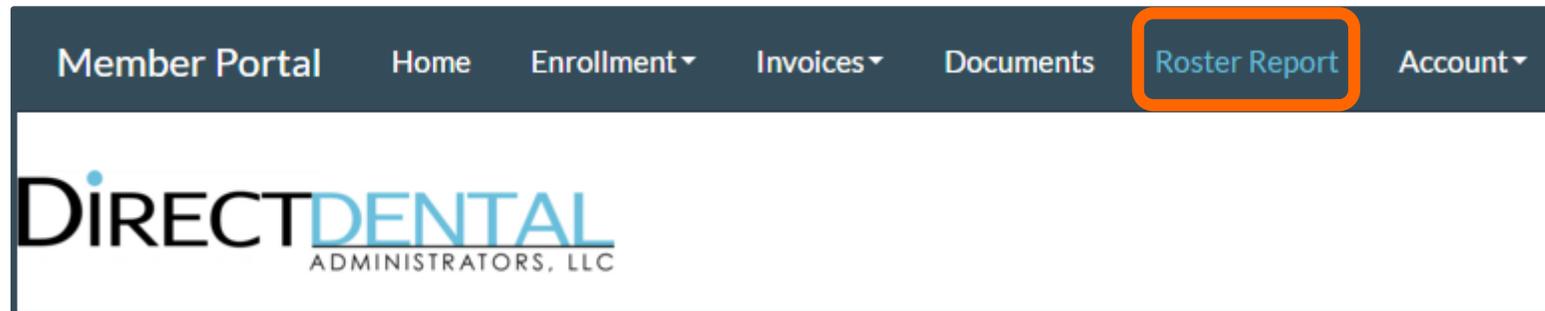
The roster report was designed to give you quick access to all of the employees who have coverage under your plan & their Subscriber ID numbers.

Navigate to **Roster Report** and your report will automatically generate in a new window in pdf format.

Group Roster

Group Name: Company A
Group Number: DD - AFP
Employee Count: 34

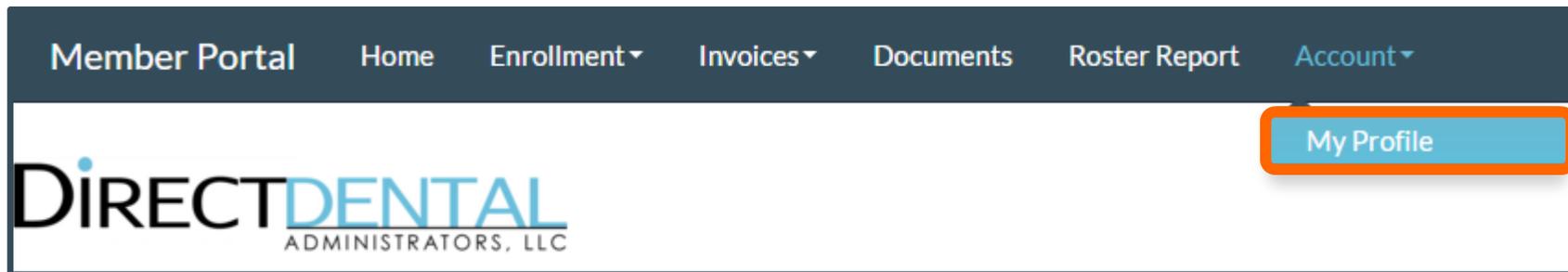
EMPLOYEE NAME	SUBSCRIBER ID	BENEFIT PLAN	EFF DATE	TERM DATE	DEP	PREM TYPE
		Company A Dental Plan	08/01/2014		5	Family
		Company A Dental Plan	08/01/2014		0	Employee
		Company A Dental Plan	08/01/2014		2	Family
		Company A Dental Plan	08/01/2014		0	Employee
		Company A Dental Plan	08/01/2014		3	Family
		Company A Dental Plan	08/01/2014		1	Employee and Spouse
		Company A Dental Plan	08/01/2014		1	Employee and Spouse
		Company A Dental Plan	08/01/2014		2	Family
		Company A Dental Plan	08/01/2014		1	Employee and Spouse
		Company A Dental Plan	08/01/2014		3	Family
		Company A Dental Plan	08/01/2014		1	Employee and Spouse
		Company A Dental Plan	08/01/2014		3	Family
		Company A Dental Plan	08/01/2014		4	Family
		Company A Dental Plan	08/01/2014		1	Employee and Spouse
		Company A Dental Plan	08/01/2014		0	Employee
		Company A Dental Plan	08/01/2014		0	Employee
		Company A Dental Plan	09/01/2014		0	Employee
		Company A Dental Plan	08/01/2014		1	Employee and Spouse
		Company A Dental Plan	08/01/2014		0	Employee



Update Account Settings

If you would like to change your general account settings, navigate to **Account > My Profile**.

Update your personal information, set change your password, and set a new PIN.



A screenshot of the 'My Profile' form. At the top, there are three tabs: 'Profile' (selected), 'Change Password', and 'Set PIN'. Below the tabs is a section titled 'Personal Information' with a light gray background. The form contains the following fields: 'First Name' with the value 'Human', 'Middle Name' (empty), 'Last Name' with the value 'Resources', and 'Email' with the value 'administrator@hr.com'. Below the email field, there is a note: 'System-generated messages are sent to this email address.' At the bottom of the form is a dark blue 'Save' button.

Questions? Contact Us!

Administrator Support

Phone: 415-526-1401

helpdesk@directdentalplans.com

Portal Support Team

Phone: 844-275-8758

helpdesk@directdentalplans.com

Member Services

Phone: 855-844-0626

memberservices@directdentalplans.com

Provider Services

Phone: 855-866-2615

providerservices@directdentalplans.com