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Dental Benefits - Our Focus

Employers



Information for you...

We have the information you need as a Benefit Administrator, Employer, or Benefit Decision Maker.

- Claim forms, COBRA forms, and more...
- Dental and vision coverage benefits
- Important updates and news
- Answers to your dental health insurance questions
- [What Northeast Delta Dental Can Do for You](#)
- [New Television Spots - Dental Benefits - Our Focus](#)

Great News! The enhanced Group Admin Portal is now available! Please click on this [link](#) to fill out the Group Authorization letter to determine the type of access you will have.

Plan Options

Top Forms

Oral Health

Dental Benefit Plans for Employers and Groups

Northeast Delta Dental administers dental benefits to more than 740,000 people in Maine, New Hampshire, and Vermont and designs programs for organizations of all sizes.

Delta Dental PPOSM

Delta Dental PPO is one of our contracted national network based programs. Participating PPO dentists agree to fee schedules as payment in full. These schedules provide deeper discounts that result in greater savings to groups and enrollees.

As with all Delta Dental networks, PPO dentists agree to processing policies and are prohibited from billing and collecting fees in excess of the agreed upon schedule. Delta Dental PPO allows enrolled patients to visit any dentist but offers additional savings when visiting a PPO network dentist.

Login To Group Admin

Email Address:

Password:

[Log in](#) [Register Here](#)

[Forgot your password?](#)

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- Print ID Card
- Oral Health Toolkit

Plans

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Add Enrollment

Edit Enrollment

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Enrollment Information

Assigned ID/SSN:

Effective Date: (MM/DD/YYYY)

Hire Date: (MM/DD/YYYY)

Qualifying Event: New Enrollment

Marital Status: -- Select Marital Status --

Phone: (Numbers only)

Emal:

* **Bolded** fields are required.

Address:

Zip Code:

City: **State:**

Country: UNITED STATES

Misc. (Store loc):

[Foreign Address Instructions](#)

Coverage and Individuals

Dental Group: -- Select a Dental Group --

Dental Coverage:

Relation	First Name	Last Name	Birth Date	Sex	Handicap	Dental	Vision
Subscriber <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select a Sex <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there other coverage?

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Add Enrollment

Enroll a new subscriber onto the plan.



Add Enrollment

Edit Enrollment

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Search for Subscribers

Search by ID/SSN

Subscriber ID:

Search by ID/SSN

Search by Name

Last Name:

First Name:

Date of Birth:

Search by Name

	Subscriber ID	Last, First Name	Birth Date	Effective Date	Term Date	GroupType
Select	111221121	DOE, JOHN	02/04/1988	03/01/2014	Active	Dental

First Previous 1 Next Last

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Edit Enrollment

Search for an existing subscriber and make changes to an existing subscriber's enrollment.



View Enrollment

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Group Selection: 00000-0000-00000000-0000

First Previous **1** Next Last

Search:

Group	Sublocation	Division	Group Name	Type	City	State
00000-0000	00001000	0000	ABC Company, Inc.	Dental	Anytown	NH
00000-0000	00002000	0000	ABC Company, Inc.	Dental	Anytown	NH
00000-0000	00003000	0000	ABC Company, Inc.	Dental	Anytown	NH
00000-0000	00004000	0000	ABC Company, Inc.	Dental	Anytown	NH

Order ID Cards

Reports

Forms/Documents

Frequency/Time Limitation

Rates

Combined Services

To order ID Cards, please select a Group from the top of the page.

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Plan Info & Resources

Request ID cards; download documents and forms; view enrollment reporting data; review plan benefit information including frequency/time limitations, etc.



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[My Profile](#)

[Contact Us](#)

Contact Information

User Name:

First Name: Last Name: Phone Number:

Email Address: Confirm Email Address: State:

Password Question:

Password Answer: Are You a Producer?

Group Information ?

Group Name: **ABC Company, Inc.** Group Number: **00000-0000**

[Add Additional Sublocation](#)

Sublocation Number	Division Number	Status
00001000	0000	Approved
00002000	0000	Approved
00003000	0000	Approved
00004000	0000	Approved

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My Profile

Review group contact and password information, and listing of group(s) and sublocation(s) to which the user has been granted access.



[View Enrollment](#)

[Plan Info & Resources](#)

[My Profile](#)

[Contact Us](#)

How To Contact Us

Phone Numbers: 603-223-1230 (Eligibility)
603-223-1000 (General)
800-537-1715 (General)

Fax Numbers: 603-223-1252 (Eligibility)
603-223-1129 (Marketing)

Mailing Address: Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302

For general Marketing inquiries, [Send Email](#)

For general Eligibility inquiries, [Send Email](#)

Account Manager

Dental Group:

Vision Group:

Account Manager:

Email Address:

Phone Number:

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Contact Us

Provides helpful Northeast Delta Dental contact information and contains your Account Manager's contact information.