

# How to print a Delta Dental ID card

1. Go to [www.deltadentalins.com](http://www.deltadentalins.com) and log in to the **Online Services** section. If you are a new user, please select the **Register here** link and follow the three-step process to register.

**Online Services**

Obtain benefit and eligibility information, claims status, and more.

Username:

Password:

[Login](#)

[Forgot Username or Password?](#)

---

Don't have an online account yet?  
[Register Today](#)

2. After logging in, click on the **Eligibility & Benefits** tab at the top of the page or the **View Eligibility and Benefits** link under the “Manage Your Account” heading.

**DELTA DENTAL**

Overview    Eligibility & Benefits

Membership Materials

**Manage Your Account**

- [View eligibility & benefits \(and print ID cards\)](#)
- [View claims](#)

**Manage Your Care**

- [Find an International Dentist](#)
- [Find average fees charged by dentists](#)
- [Learn about dental health](#)

3. On the **Eligibility & Benefits** page, click the **Eligibility** or **Benefits** link on the left. On the new screen, click **Print ID card** on the left.

**DELTA DENTAL**

Overview    Eligibility & Benefits

**Eligibility**

**Benefits**

[Print ID Card\\*\\*\\*](#)

**ELIGIBILITY**

Enrollee Name: JOE JONES  
 Enrollee ID: 950000001  
 Coverage Began: 01/01/2005  
 Children Covered to Age: 19  
 Student Covered to Age: 19

For your convenience, we have provided an ID card for each enrollee. Use this ID for all coverage.

**Family Members**

Name	Relation
JOE	Self
JANE	Spouse
JACK	Child

4. Then click the **Print** button to print your ID card and the **Close** button to close the screen.

**DELTA DENTAL**

Delta Dental  
 Delta Dental PPO  
 Group #: XXXX  
 J. JONES    XXXXX6789

This card is for informational purposes and is not a guarantee of coverage. Please contact Delta at the listing on the reverse to confirm eligibility at the time of your appointment.

----- Fold Here -----

**When arriving at your appointment, give your dentist your group number shown on the reverse of this card and the primary enrollee's name and identification number.**

**Submit claims to:**  
 Delta Dental  
 One Delta Drive  
 Mechanosburg, PA 17055

Toll-free:                    (800) 932-0783  
 E-mail:                      [contactus@deltadentalpa.org](mailto:contactus@deltadentalpa.org)  
 Web site:                     [www.deltadentalins.com](http://www.deltadentalins.com)

[Visit www.deltadentalins.com](http://www.deltadentalins.com)