## Making Your LIBERTY Exchange Dental Plan Payment in 5 Easy Steps

This tutorial is for members who have purchased a LIBERTY Individual Exchange Plan.

- 1) From <a href="https://libertydentalplan.com">https://libertydentalplan.com</a>, select
  LOGIN
  to access your existing account, or create a new one.
  Image: the second se
- Navigate to the 'My Preferences' page, then select the appropriate plan coverage year. New user? Upon initial log-in, you will be directed to the 'My Preferences' page. Existing user? Click 'My Preferences' on the left menu pane.

		Member #	Subscriber Name	Relationship	Group Name	Plan Name	Eff. Date	Exp. Date
View Member Info	1 Calest your Compress	Select		Self	LDP Cov CA Individuals Region 4	Family Dental Select HMO - Individual Marketplace	1/1/2020	12/31/99
	1. Select your Coverage.	Select		Self	Cov Ca Individuals Region 4	Family Dental HMO CA - Individual Marketplace	1/1/2018	12/31/20
My Plan	ſ	Select		Self	Cov Ca Individuals 2017 Region 4	Family Dental HMO CA-Individual Marketplace	1/1/2017	11/30/20
Check Utilizations	<ol> <li>How many claims to display per page:</li> </ol>	50 🗸						
ind Provider	3. How many days back for claims lookup:	Last Week						
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alk To Us								
and and the first management								
Attachments								
Attachments Manage Users								

3) Select, 'Billing 2020' on the left menu pane to be redirected to the appropriate payment website.



4) Once redirected to the payment website, under the 'Billing' dropdown, select 'Schedule Payment.'

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Home	Coverage	Billing 🗸	E-Delivery	Resource Center		🖱 Logout	
合 Home	ť	Billing History			Welcome	Today is March 26th, 2020	
Policy Dashboa		Schedule Payment 23					
The policy dashbo	ard provides a snapshot of c	Account Vault	e demographics, c	overages, the latest billing information, rece	ent documents and agent inform	nation.	
Case Infor	mation	Payment History					
Mama		Baliau Statue: 100	1150	Turne: Industrial List Dill	Member ID:		

5) Complete the required fields, then click 'Schedule Payment.'

Schedule Par	yment ayment on the form below. You may choose to pay the total amount, add/or a past amount of	or another amount. You may also select a preferred account.			
Schedule a Payment	for Bill Period: 04/01/2020	Payment Terms and Condition			
		One-time payment authorization			
Payment Amount	Pay Total Amount (\$8.45)     Pay Past Due (\$0.00)	Today 03/26/2020 you are scheduling a one-time payment of \$0.00 to be debited from your payment card ending in 3139 on or after 03/26/2020.			
	O Pay Other Amount \$ 0.00	Do you authorize LIBERTY Dental Plan to initiate a one-time debit from your payment card for your premium?			
		Notice to change/cancel required			
Payment Date	03/26/2020	Payments cannot be cancelled within 4 business days of scheduled date.			
Payment Account	Create a new Account	Account Holder Agreement:			
	Enable Recurring Draft with this Online Payment.	You confirm that:			
<	I agree to the payment's terms and conditions.  SCHEDULE PAYMENT	<ol> <li>You are the account holder and agree the policy premium may be deducted from your payment card.</li> <li>You agree to the terms and conditions of this authorization and approve this one-time debit.</li> <li>You agree this payment may be processed by a third- party vendor on behalf of LIBERTY Dental Plan</li> </ol>			