



Right of Appeal

If you have questions about your claim, please contact TruAssure's Customer Service department at the telephone number listed on your EOB. Because most questions about benefits can be answered informally, we encourage you first to try resolving any problem by talking with us. Of course, you have the right to file an appeal requesting that we formally review our claim decision, without making an informal inquiry.

To file an appeal, you must send a written request within 180 days from the date you receive this form to: Re-evaluation Committee, TruAssure Insurance Company, 111 Shuman Boulevard, Naperville, IL 60563. You have the right to request free of charge reasonable access to and copies of all documents, records, communications, and other information and evidence regarding your claim.

If you or your authorized representative chooses to file an appeal of an adverse determination, the appeals are sometimes successful and you may benefit from free assistance from the Office of the Healthcare Advocate, which can assist you with the filing of your appeal. You are entitled and encouraged to submit any additional documents, records, or other information in support of your appeal, or if you want to submit written comments, you have the opportunity to do so. They should accompany your written request. Be sure to include the patient name, subscriber name, and the subscriber identification number on all documents.

You also have the right to an expedited appeal in certain circumstances. Call our customer/member services number at 888-559-0779 to get more information or to request a full copy of our Claims Appeals Procedures, or you can find these procedures on our website at: <https://www.truassure.com/forms>

TruAssure will provide a written decision on your appeal within 30 days. If your group dental plan is subject to the federal law known as the Employee Retirement Income Security Act ("ERISA"), you will have the right to bring a civil action under section 502(a) of ERISA should TruAssure make adverse benefit determination on appeal.

You have the right to contact the commissioner's office of the Office of the Healthcare Advocate in Connecticut for assistance at any time during the complaint and appeal process. The Office of the Healthcare Advocate can be contacted at P.O. Box 1543, Hartford, CT 06144 or by fax at 1-860-331-2499. You also have the right to file a civil action in a court of competent jurisdiction.