



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. If you have 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 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.

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 full copy of our Claims Appeals Procedures, or you can find these procedures on our website at: <https://www.truassure.com/forms>

If we have denied your request for the provision of or payment for a health care service or course of treatment, you or your authorized representative may have the right to have our decision reviewed by health care professionals who have no association with us if our decision involved making a judgment as to the dental necessity, appropriateness, health care setting, level of care or effectiveness of the health care service or treatment you requested. You may qualify for an external review if the claim you are appealing is over \$250 and you have exhausted your internal appeals with us, or if we have not responded to your request for an appeal within 30 days. You or your authorized representative can seek an external review by submitting a request to us within 4 months after the date of the adverse determination.

You or your authorized representative also have the right to an expedited external review if you have a medical condition where the time frame for completion of an expedited internal appeal would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function, as substantiated by a dentist either orally or in writing. You or your authorized representative may file a request for an expedited external review at the same time as the request for an expedited appeal.

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.

If you need help with your appeal the Office of Health Consumer Affairs of the Louisiana Department of Insurance is available to assist with the appeals process. You or your authorized representative can contact the Louisiana Department of Insurance, Office of Consumer Advocacy at 225-342-5900 (local) or 800-259-5300 if you have questions about filing an external review.