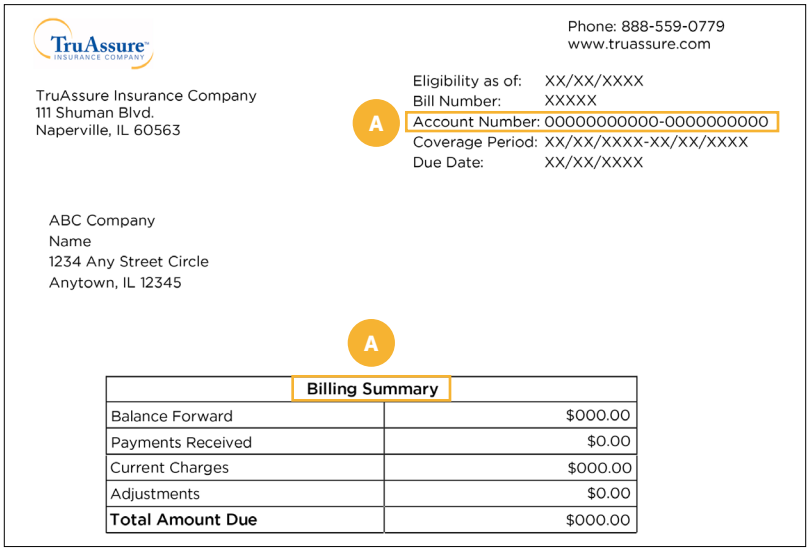
Your TruAsssure Bill

TruAssure has updated the look and format of our bills.

The TruAssure bills that fully insured groups receive moving forward will look different, but the information needed is still included. See below for an overview of TruAssure's bill for fully insured groups. For any questions, contact TruAssure at 888-559-0779 or email billing@truassure.com.

The primary change you will notice is we have reorganized the account structure to include more information. Your group number will remain the same but will have additional preceding zeros before the group number and zeros following the group number. Bills may also display new subscriber attributes like Employment Status, Employee Type, Union Status and Rate Code. Excel versions of your bills can be accessed in the TruAssure employer portal and will allow you to sort the bill by a particular category.

A The first page will contain the group **account number,** in addition to a **billing summary** which identifies any balance forward charges, current charges and total amount due for the current billing period.



TruAssure Insurance Company

Phone: 888-559-0779
www.truassure.com

TruAssure Insurance Company
111 Shuman Blvd.
Naperville, IL 60563

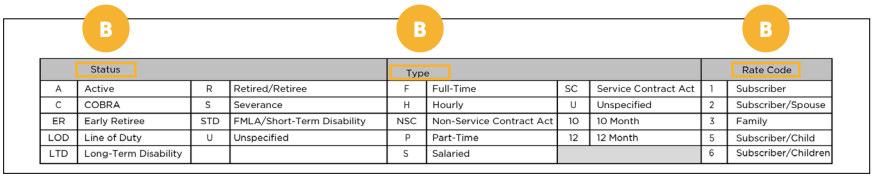
Eligibility as of: XX/XX/XXXX
Bill Number: XXXXX
A Account Number: 00000000000-0000000000
Coverage Period: XX/XX/XXXX-XX/XX/XXXX
Due Date: XX/XX/XXXX

ABC Company
Name
1234 Any Street Circle
Anytown, IL 12345

A

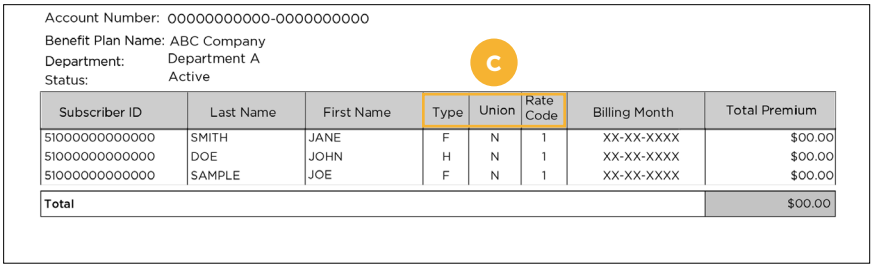
Billing Summary	
Balance Forward	$000.00
Payments Received	$0.00
Current Charges	$000.00
Adjustments	$0.00
Total Amount Due	$000.00

B The next page includes a key to help you understand your bill. However, not all items in the key may apply to your group.



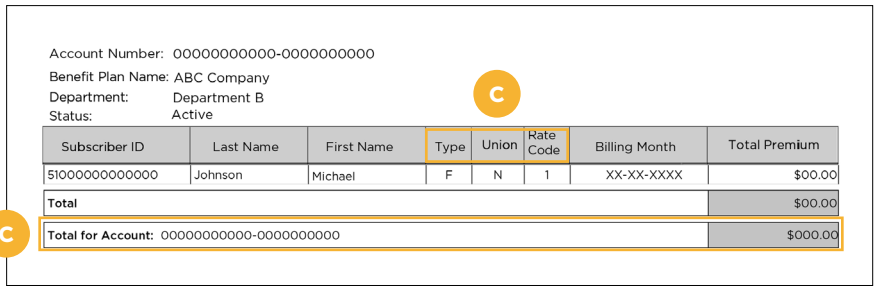
Status				Type				Rate Code	
A	Active	R	Retired/Retiree	F	Full-Time	SC	Service Contract Act	1	Subscriber
C	COBRA	S	Severance	H	Hourly	U	Unspecified	2	Subscriber/Spouse
ER	Early Retiree	STD	FMLA/Short-Term Disability	NSC	Non-Service Contract Act	10	10 Month	3	Family
LOD	Line of Duty	U	Unspecified	P	Part-Time	12	12 Month	5	Subscriber/Child
LTD	Long-Term Disability			S	Salaried			6	Subscriber/Children

C The following pages include a summary detail by department in the new account structure. The detail by department will reflect the current charges due for the billing period.



Account Number: 00000000000-0000000000
Benefit Plan Name: ABC Company
Department: Department A
Status: Active

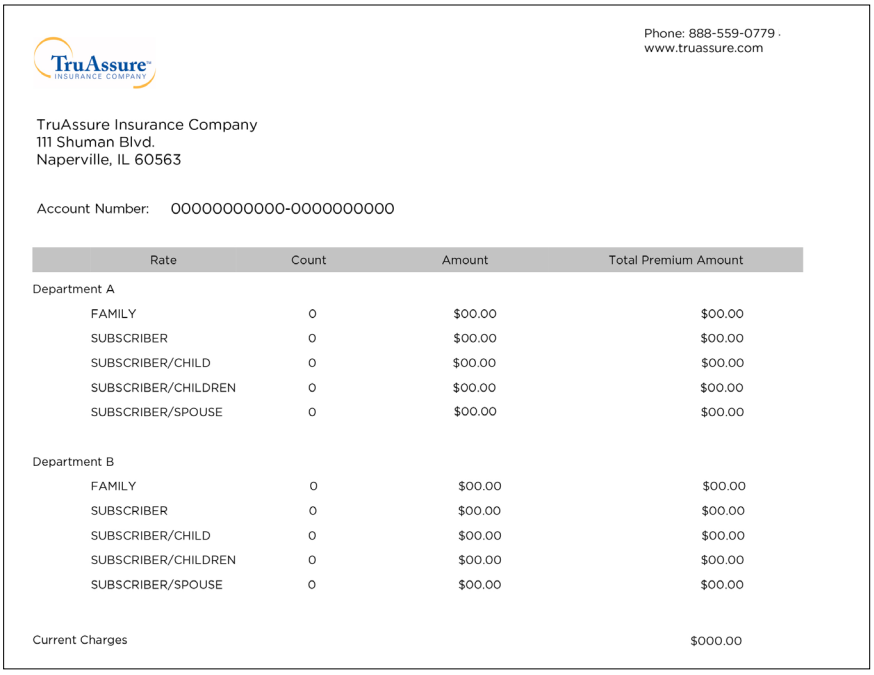
Subscriber ID	Last Name	First Name	Type	Union	Rate Code	Billing Month	Total Premium
51000000000000	SMITH	JANE	F	N	1	XX-XX-XXXX	$00.00
51000000000000	DOE	JOHN	H	N	1	XX-XX-XXXX	$00.00
51000000000000	SAMPLE	JOE	F	N	1	XX-XX-XXXX	$00.00
Total							$00.00



Account Number: 00000000000-0000000000
Benefit Plan Name: ABC Company
Department: Department B
Status: Active

Subscriber ID	Last Name	First Name	Type	Union	Rate Code	Billing Month	Total Premium
51000000000000	Johnson	Michael	F	N	1	XX-XX-XXXX	$00.00
Total							$00.00
Total for Account: 00000000000-0000000000							$000.00

D The last page of the bill reflects a summary of total transactions, including total retroactive transactions. This summary will identify the plan count by rate, total premium amount and current charges.



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Account Number: 00000000000-0000000000

	Rate	Count	Amount	Total Premium Amount
Department A				
	FAMILY	0	$00.00	$00.00
	SUBSCRIBER	0	$00.00	$00.00
	SUBSCRIBER/CHILD	0	$00.00	$00.00
	SUBSCRIBER/CHILDREN	0	$00.00	$00.00
	SUBSCRIBER/SPOUSE	0	$00.00	$00.00
Department B				
	FAMILY	0	$00.00	$00.00
	SUBSCRIBER	0	$00.00	$00.00
	SUBSCRIBER/CHILD	0	$00.00	$00.00
	SUBSCRIBER/CHILDREN	0	$00.00	$00.00
	SUBSCRIBER/SPOUSE	0	$00.00	$00.00
Current Charges				$000.00