



## TRUASSURE INSURANCE COMPANY

### CLAIMS APPEAL PROCEDURES

**Prior Approval of Benefits:** TruAssure Insurance Company does not require prior approval of dental services. Nonetheless, you or your dentist may request a pre-treatment estimate. A pre-treatment estimate is a request your dentist sends to us to find out how much we will pay for a dental service that is covered by your dental plan before treatment begins. A pre-treatment estimate gives you and your dentist an idea of how much we will pay your dentist and how much you will owe for a service. A pre-treatment estimate is only an estimate and not a guarantee of payment. Estimated payment may be less after treatment is completed due to a change in your or a family member's eligibility, your deductible has been met or renewed, or you exceeded the limit for your annual maximum by receiving other dental services not included in the pre-treatment estimate.

**Notice of Claim Denial:** If a claim is denied in whole or in part, we will notify you of the denial in writing, by issuing an Explanation of Benefits. The claim will be processed within the timeframe required by state law including any applicable extensions. We will notify the treating dentist as well by issuing an Explanation of Payment.

**Notice Contents:** Each claim denial will include the following information on the Explanation of Benefits:

- Through the use of a reference code (numerical code), a statement of the specific reason(s) why the claim was denied, in whole or in part, including specific plan provisions on which the denial is based and a description of any additional information needed in order to perfect the claim as well as the reason why such information is necessary;
- A description of TruAssure's appeal process and the time limits applicable to the process, including a statement of the Subscriber's right, if this group dental plan is subject to the federal law known as the Employee Retirement Income Security Act ("ERISA"), to bring a civil action under ERISA following a claim denial or adverse benefit determination;
- If applicable, through the use of a reference code (numerical code), a statement of the specific rule, guideline, or protocol relied upon in making the claim denial or adverse benefit determination;
- If applicable, through the use of a reference code (numerical code), a statement of the relevant scientific or clinical judgment, if the claim denial or adverse benefit determination is related to dental necessity, experimental treatment, or other similar exclusion or limitation.

**Request for Appeal of a Denied Claim:** If you have questions about the denial of a claim, you should contact us at 888-559-0779. Most questions about benefits can be answered over the phone. We encourage you and covered family members to first talk with our customer service team to try to fix any issues. If we can't reach a solution, you or your covered family members have the right to appeal our claim decision and request that we formally review your claim. You may appeal in writing a claim that is denied within 180 days from the date on the denial notice or the time allowed by state law. You should provide the reasons why you disagree with our decision and include any additional documents in support of your appeal. You should include your name, any related dependent's names, if applicable, and your member ID number on all documents.

Your appeal should be addressed as follows:

TruAssure Insurance Company  
Attn: Reevaluation Committee  
111 Shuman Boulevard  
Naperville, Illinois 60563

Upon request, we will provide, free of charge, reasonable access to and copies of all documents, records, and other information relevant to the denied claim.

**Reevaluation Committee's Review:** After we receive your appeal, we will review your request in the time required by state law. We will take into account all comments, documents, records, or other information submitted, regardless of whether such information was submitted or considered in the initial benefit determination.

The review shall be conducted by a person who did not make the initial claim denial. If the review is of a claim denial based in whole or in part on a dental necessity, experimental treatment, or a clinical judgment in applying the terms of the contract, the Reevaluation Committee shall consult with a dentist who has appropriate training and experience in the pertinent field of dentistry and who is not the dental consultant who made the initial claim denial.

**Notice of Review Decision:** The Reevaluation Committee shall notify you in writing of its decision on the appeal within the time required by state law and provide you with a new Explanation of Benefits.

If we grant your request, the decision will authorize the service or pay the claim and the appeal review is complete.

If you disagree with our decision regarding your appeal, you may request a second review. You must send a written request to us at the address listed above. Please include any additional information you or your dentist can send regarding your claim so that we can reconsider our decision.

**Confidentiality:** Dental records remain confidential. TruAssure Insurance Company follows all state and federal laws regarding privacy of dental records. If you participate in the appeal process, the relevant portions of your dental records may be disclosed only to persons authorized to participate in the review process for the dental condition under review. These select persons may not disclose your dental information to any person who is not involved in the appeal review process.

## Discrimination is Against the Law

TruAssure complies with all applicable Federal and State civil rights laws. TruAssure does not discriminate, exclude people, or treat them differently on the basis of gender, sex (which includes discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity or expression; and sex stereotypes), race, color, religious creed, national origin, citizenship, age, physical or intellectual disability, protected veteran status, marital status, genetic information, or any other characteristic protected by law.

### TruAssure:

- Provides free auxiliary aids and services to individuals with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, braille, audio, accessible electronic formats, etc.)
  - Provides free language assistance services to people whose primary language is not English, such as:
    - Qualified interpreters for oral interpretation
    - Electronic and written translated documents in other languages
- If you need these services, contact our Civil Rights Coordinator. If you believe that TruAssure has failed to provide these services or discriminated in any way, you can file a grievance with:

Civil Rights Coordinator  
TruAssure  
111 Shuman Boulevard  
Naperville IL 60563  
Phone: 630-718-4995  
Email: [compliance@truassure.com](mailto:compliance@truassure.com)

You can file a grievance in person or by mail, phone or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://hhs.gov/ocr/office/file/index.html>  
This notice is available at TruAssure's website at

<https://www.truassure.com/nondiscrimination-notice.html>

العربية (Arabic)	تنبیه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بنسبتيك يمكن الوصول إليها مجانًا. اتصل على ال 1-888-559-0779 أو تحدث إلى مقدم الخدمة.
繁體中文 (Chinese)	注意：如果您說中文，我們可以為您提供免費語言協助服務。您也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-888-559-0779 或與您的提供者討論。
Français (French)	ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-559-0779 ou parlez à votre fournisseur.
Keydol Aisyen (French Creole)	ATANSYON: Si w pale Keydol Aisyen, gen sèvis ed aladispozisyon w gratis pou lang ou pale a. Ed ak sèvis siplemante apwopriye pou bay enfòmasyon nan foma aksesib yo disponib gratis tou. Rele nan 1-888-559-0779 oswa pale avèk founisè w la.
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenten zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-559-0779 an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી (Gujarati)	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાશીલ સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. વોર્ડ્યુ યી[ક્રમ]દરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-888-559-0779 પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको बिना-शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी नि:शुल्क उपलब्ध हैं। 1-888-559-0779 पर कॉल करें या अपने प्रदाता से बात करें।
Italiano (Italian)	ATTENZIONE: se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il 1-888-559-0779 o parla con il tuo fornitore.
日本語 (Japanese)	注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できる）よう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-888-559-0779 までお電話ください。または、ご利用の事業者にご相談ください。
한국어 (Korean)	주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-559-0779 번으로 전화하거나 서비스 제공업체에 문의하십시오.
Português (Portuguese)	ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-888-559-0779 ou fale com seu provedor.
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-559-0779 или обратитесь к своему поставщику услуг.
Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-559-0779 o hable con su proveedor.
Tagalog (Tagalog – Filipino)	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulong sa wika. Magagamit din nang libre ang mga naangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-559-0779 o makipag-usap sa iyong provider.
Tiếng Việt (Vietnamese)	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-559-0779 hoặc trao đổi với người cung cấp dịch vụ của bạn.