



Understanding Your EOB

Learn how to read your Explanation of Benefits (EOB).

After a trip to the dentist’s office, you’ll likely receive an EOB from TruAssure outlining what your dentist charged for procedures performed, what is covered by your dental plan and what you owe the dentist (if you owe anything). **THIS IS NOT A BILL. It’s simply an FYI.**

A This section contains member and patient identification information, dentist name and the claim number.

Explanation of Benefits

You recently visited the dentist. We processed your claim. This explains what your dentist charged, what your insurance covered and what you owe the dentist (if you owe anything). THIS IS NOT A BILL. It's just FYI.

CLAIM SUMMARY

\$300.00	Amount Submitted
\$100.00	Network Savings
\$200.00	Total Charge (Allowed Amount)
\$150.00	Your Dental Plan Paid
\$20.00	Other Insurance Paid
\$30.00	Amount You Owe

THIS IS NOT A BILL. Your dentist will send you a bill for the amount you owe (if you owe anything).

Payment Sent To	Date	Check Amount

Claim Process Date: 04-20-2023
Claim Number: 000000000000
Member: JANE SMITH
Member ID: 5100000XXXXX-01
Patient: JANE SMITH
Relationship: Self
Dentist: Family Dental
Group: 0000000000

PLAN OVERVIEW

\$1,200.00 maximum allowance
\$200.00 used \$1,000.00 available

used
available

B This section includes detail about TruAssure’s payment to your dentist. The check amount listed on the EOB is a bulk check amount, meaning it includes amounts from other patients treated by the dentist. Members should reference the Claim Summary section above for any information related to their claim.

		Your Benefits					Your Share	
Service Date	Amount Submitted <small>The amount your dentist billed for services that were provided to you or your dependent.</small>	Allowed Amount <small>The amount charged by your dentist that is eligible for payment by you or your dental plan.</small>	Network Savings <small>The amount saved by using a network provider.</small>	Coverage Percentage <small>The percentage of the allowed amount that is covered by your dental plan.</small>	Deductible Applied <small>The amount applied to your annual deductible – the total you owe before your dental plan starts to pay.</small>	Your Dental Plan Paid <small>The amount covered by your dental plan.</small>	Amount You Owe <small>The portion of the allowed amount that you owe your dentist.</small>	Reason Code <small>The reference code that explains procedure limitation, non-covered procedure and other reasons for why a procedure may not be eligible for payment by your dental plan.</small>
00-00-0000	\$000.00	\$000.00	\$0.00	00%	\$0.00	\$00.00	\$000.00	[101, 102]
K Procedure: XXXXXX Procedure Code: 00000								

Reason Codes

101 Coverage for this procedure is subject to an age limitation.

102 Procedure is not a covered benefit of your dental plan and, therefore, patient is responsible for the entire billed amount.

- C** **Amount Submitted** is the amount your dentist billed for services performed.
- D** **Allowed Amount** is the amount charged by your dentist that is eligible for payment by you or your dental plan.
- E** **Network Savings** is the amount saved when using a network dentist.
- F** **Coverage Percentage** is the percentage of the allowed amount that is covered by your dental plan.
- G** **Deductible Applied** is the amount applied to your annual deductible — the total you owe before your dental plan starts to pay.
- H** **Your Dental Plan Paid** is the amount covered by your dental plan.
- I** **Amount You Owe** is the portion of the allowed amount that you owe your dentist.
- J** **Reason Codes** explain procedure limitations, non-covered procedures and other reasons why a procedure may not be eligible for payment by your dental plan.
- K** **Procedure Description** and **Procedure Code** explain the services performed on the patient.

If you have any questions, please contact customer service at **888-559-0779**.