

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 SU \$300.00	CLAIM SUMMARY \$300.00 Amount Submitted Claim Number: Member: JANE					
	\$100.00	Network Savings		Member ID: 51000000XXXXXX-01 Patient: JANE SMITH			
	\$200.00	Total Charge (Allov	ved Amount)	Relationship: Self			
	\$150.00	\$150.00 Your Dental Plan Paid		Dentist: Family Dental Group: 0000000000			
	\$20.00	Other Insurance Pai	d				
	\$30.00	Amount You Owe		PLAN OVERVIEW \$1,200.00 maximum allowance			
		DT A BILL. Your dentis ount you owe (if you c	\$200.00 used \$1,000 availab				
	Payment Sent To Date Check Amoun			t			
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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.

billed for services that to you or your dependent. billed for services that to you or your dependent. billed for services that to you or your dental plan. billed for services that to your dental plan starts to pay. billed for services that to pay. billed for to pay to to pay to to pay. billed for to pay to to to to pay to to pay to to pay to to pay to to to to to					F Your Benefits	<u> </u>		Your Share	
Procedure: XXXXX Procedure: Code: 00000 Reason Codes 10 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. Amount Submitted is the amount your dentist billed for services performed. Allowed Amount is the amount charged by your dentist that is eligible for payment by you or your dental plan. Network Savings is the amount saved when using a network dentist. Coverage Percentage is the percentage of the allowed amount that is covered by your dental plan. Deductible Applied is the amount applied to your annual deductible — the total you owe before you dental plan starts to pay. Your Dental Plan Paid is the amount covered by your dental plan. Amount You Owe is the portion of the allowed amount that you owe your dentist. Reason Codes explain procedure limitations, non-covered procedures and other reasons why a procemany not be eligible for payment by your dental plan.		Submitted The amount your dentist billed for services that were provided to you or your	Amount The amount charged by your dentist that is eligible for payment by you or your	Savings The amount saved by using a network	Percentage The percentage of the allowed amount that is covered by your dental	Applied The amount applied to your annual deductible – the total you owe before your dental plan starts	Plan Paid The amount covered by your dental	You Owe The portion of the allowed amount that you owe your	Code The reference code that explair procedure limitation, non- covered procedu and other reason for why a proced may not be eligib
Procedure Code: 10 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. Amount Submitted is the amount your dentist billed for services performed. Allowed Amount is the amount charged by your dentist that is eligible for payment by you or your dental plan. Network Savings is the amount saved when using a network dentist. Coverage Percentage is the percentage of the allowed amount that is covered by your dental plan. Deductible Applied is the amount applied to your annual deductible — the total you owe before you dental plan starts to pay. Your Dental Plan Paid is the amount covered by your dental plan. Amount You Owe is the portion of the allowed amount that you owe your dentist. Reason Codes explain procedure limitations, non-covered procedures and other reasons why a procemany not be eligible for payment by your dental plan.	00-00-0000	\$000.00	\$000.00	\$0.00	00%	\$0.00	\$00.00	\$000.00	[101, 102]
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Procedure Description and Procedure Code explain the services performed on the patient.	Network Savir Coverage Perc Deductible Ap dental plan sta Your Dental P	centage is t oplied is the arts to pay. lan Paid is t	he percent amount ap he amount	ed when u age of the oplied to y	using a netw e allowed ar your annual by your den	ork dentis nount tha deductibl ital plan.	t. t is coverec e — the tot	d by your de al you owe	ental plan.
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If you have any questions, please contact customer service at **888-559-0779**, Monday — Thursday, 7:00 a.m. to 5.30 p.m. central time and Friday, 7:00 a.m. to 5:00 p.m. central time.