

## 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.	<b>Explanation of Benefits</b> 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			
		<b>DT A BILL.</b> Your dentis ount you owe (if you c	\$200.00 used \$1,000 availab				
	Payment Sent To Date Check Amoun			t			
				J			

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]
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.         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 procema may not be eligible for payment by your dental plan.	ĸ								
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 proc may not be eligible for payment by your dental plan.						nt is responsible	e for the entire bi	lled amount.	
<ul> <li>Deductible Applied is the amount applied to your annual deductible — the total you owe before you dental plan starts to pay.</li> <li>Your Dental Plan Paid is the amount covered by your dental plan.</li> <li>Amount You Owe is the portion of the allowed amount that you owe your dentist.</li> <li>Reason Codes explain procedure limitations, non-covered procedures and other reasons why a procema not be eligible for payment by your dental plan.</li> </ul>	dontal plan			ged by ye	Jur dentist ti	hat is eligi	ole for payr	ment by yo	u or your
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 proc may not be eligible for payment by your dental plan.	Network Savir	-		ed when u	ising a netw	ork dentis	t.		
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 proc may not be eligible for payment by your dental plan.	Network Savir Coverage Pero Deductible Ap	centage is t	he percent	ed when u age of the	using a netw e allowed ar	ork dentis nount tha	t. t is covered	l by your de	ental plan.
may not be eligible for payment by your dental plan.	Network Savir Coverage Pero Deductible Ap dental plan sta	centage is t oplied is the arts to pay.	he percent amount ap	ed when u age of the oplied to y	using a netw e allowed ar your annual	ork dentis nount tha deductibl	t. t is covered	l by your de	ental plan.
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.
	Network Savir Coverage Perc Deductible Ap dental plan sta Your Dental Pl Amount You C Reason Codes	centage is t oplied is the arts to pay. lan Paid is t Dwe is the p s explain pro	he percent amount ap he amount portion of th	ed when u age of the oplied to <u>y</u> covered he allowe	using a netw e allowed ar your annual by your den d amount th non-covered	ork dentis mount tha deductibl atal plan. nat you ow	t. t is covered e — the tot ve your der	d by your de cal you owe	ental plan. e before you

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.