



Right of Appeal

If you have questions about your claim, please contact TruAssure's Customer Service department at the telephone number listed on your EOB. Because most questions about benefits can be answered informally, we encourage you first to try resolving any problem by talking with us. Of course, you have the right to file an appeal requesting that we formally review our claim decision, without making an informal inquiry.

You have a right to appeal any decision we make that denies payment on your claim or your request for coverage of a health care service or treatment. You may request additional explanation when your claim or request for coverage of a health care service or treatment is denied or the health care service or treatment you received was not fully covered.

If your claim was denied due to missing or incomplete information, you or your health care provider may resubmit the claim to us with the necessary information to complete the claim.

Internal Appeal: All appeals to us for claim denials (or any decision that does not cover expenses you believe should have been covered) must be sent to Re-evaluation Committee, TruAssure Insurance Company, 111 Shuman Boulevard, Naperville, IL 60563 within 180 days of the date you receive our denial. We will provide a full and fair review of your claim by individuals associated with us, but who were not involved in making the initial denial of your claim. You may provide us with additional information that relates to your claim, and you may request copies of information that we have that pertains to your claim. Be sure to include the patient name, subscriber name, and the subscriber identification number on all documents.

You also have the right to an expedited appeal in certain circumstances. Call our customer/member services number at 888-559-0779 to get more information or to request full copy of our Claims Appeals Procedures, or you can find these procedures on our website at: <https://www.truassure.com/forms>

TruAssure will provide a written decision on your appeal within 30 days. If you do not receive our decision within 30 days of receiving your appeal, you may be entitled to file a request for external review. If your group dental plan is subject to the federal law known as the Employee Retirement Income Security Act ("ERISA"), you will have the right to bring a civil action under section 502(a) of ERISA should TruAssure make adverse benefit determination on appeal.

External Review: If We have denied your request for the provision of or payment for a health care service or course of treatment you may have the right to request an external review. If our decision involved making a judgment as to the medical necessity, appropriateness, health care setting, level of care or effectiveness of the health care service or treatment you requested, you may have a right to have our decision reviewed by health care professionals who have no association with us. Requests for external review may be submitted to the Commissioner of Insurance ,Iowa Insurance Division, 330 Maple, Des Moines, Iowa 50319; telephone 877-955-1212 or 515-281-6348; facsimile 515-281-3059; e-mail iid.marketregulation@iid.iowa.gov.