

# Understanding 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 FYI.**

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

**CLAIM SUMMARY**

\$300	Amount Submitted
\$100	Network Savings
<b>\$200</b>	<b>Total Charge (Allowed Amount)</b>
\$150	Your Dental Plan Paid
\$20	Other Insurance Paid
<b>\$30</b>	<b>Amount You Owe</b>

**PLAN OVERVIEW**  
\$1,200.00 maximum allowance  
\$200.00 used | \$1,000.00 available

Service Date	Your Benefits					Your Share		Reason Code
	B Amount Submitted	C Allowed Amount	D Network Savings	E Coverage Percentage	F Deductible Applied	G Your Dental Plan Paid	H Amount You Owe	
09/09/2018	\$0000.00	\$0000.00	\$0000.00	000%	\$000	\$0.00000	\$0.00000	101, 102, 103

**J** Procedure: XXXXXX  
Procedure Code: 0000

K			
Payment Sent To	Date	Check Number	Check Amount

**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.  
103 Reason code information.

If you have any questions, please contact Customer Service at **888-559-0779, Monday-Friday, 7 a.m. – 5 p.m. CST.**