



Right of Appeal

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 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. Contact us if:

- Do not understand the reason for the denial;
- Do not understand why the health care service or treatment was not fully covered;
- Do not understand why a request for coverage of a health care service or treatment was denied;
- Cannot find the applicable provision in your Evidence of Coverage or Certificate of Coverage;
- Want a copy (free of charge) of the guideline, criteria or clinical rationale that we used to make our decision; or Disagree with the denial or the amount not covered and you want to appeal.

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.

All appeals 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 claims. They should accompany your written request. Be sure to include the patient name, subscriber name, and the subscriber identification number on all documents. We will notify you of our decision in writing within 30 days of receiving your appeal.

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>

You have the right to receive help from the Office for Consumer Health Assistance in Nevada during the appeals process. You can contact them at (702) 486-3587 or (888) 333-1597.

TruAssure will provide a written decision on your appeal within 30 days. 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.