



# Benefit Service

An Extension of Your Staff



Trojan works as an extension of your staff. You are initially provided with thousands of plans that are accessible through your practice management software. Simply locate your plan and link it to the patient's record. Each subsequent update will automatically reflect changes to the plans Trojan has researched. If you don't see the plan you are looking for, simply delegate that task to Trojan. We will contact the payer, obtain and return the benefits to your office. You will also receive an update allowing you to link that plan to your patient.

## Benefit Service Provides Your Office With:

- Listing of group benefits for your insured patients
- Call-in service to request additional benefits
- Assistance with claims documentation
- Optional additional benefit information tailored to your office needs
- Assistance with denied claims
- Assistance with questions regarding CDT codes and usage
- Access to a live customer service agent in 1 minute or less
- Timely assistance from our skilled customer service staff





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## Benefit Service Sample Plan:

Trojan ID	1105165	Trojan Benefit Service	
Employer	<b>TROJAN SAMPLE PLAN</b> NON-PREFERRED BRANCH I 4410 CERRITOS AVE LOS ALAMITOS, CA 90720	Carrier	<b>THIS PLAN IS SELF INSURED</b> MAIL CLAIMS TO ADDRESS LISTED BELOW IN THE MAIL TO SECTION BELOW
Employer Phone	(800) 633-3060	Carrier Phone	(800) xxx-xxxx
Policy Number	15478	E-Claims	NO
Mail Claims To	<b>TROJAN SAMPLE PLAN</b> 4410 CERRITOS AVE. LOS ALAMITOS, CA 90720	Eligibility	(800) 633-3060
		Trace Payment	(800) 633-3060
Plan Maximum	\$1500 per person per year	Notes and Limitations	Sealants Preventive to age 16 Sealants permanent molars only Sealants once every 3 years Fluoride Preventive to age 18 Fluoride 1 per year PA x-rays basic other x-rays prev. Perio surg major, other perio basic RCT on molars Major All other RCT Basic ORAL SURGERY BY REVIEW. PLAN MAY HAVE WAITING PERIODS. VERIFY WITH ELIGIBILITY Perio maint. basic, 2 year Paid in addition to prophy.
Plan Year	Calendar Year		
Deductible	\$50 per person per year \$150 family maximum Preventive waived		
Carryover Deductible	No		
Payment Base	Usual customary and reasonable		
C.O.B.	Standard birthday rule		
Dependent Coverage	To age 25		
Uniclim	Yes		
Assignment of Benefits	To dentist with valid assignment		
Predetermination	Not mandatory		
Preventive	100% see notes		
Basic	80% see notes		
Major	50%		
Single Crowns	Paid Major		
Prior Extractions Cov.	No		
Prosth. Replacement	5 yrs dent br no lmt crns		
Posterior Composites	Post com. Incuspids paid as composites Molars are paid as amalgams		
Occlusal Guards	Nightguards Bruxism only Basic		
FMX Frequency	Once every 36 months		
Panorex	Panorex not paid in addition to FMX		
Prophy	2 per year		
Ortho Maximum	\$1500 lifetime		
Ortho Percent	50%		
Ortho Deductible	\$50 Lifetime		
Ortho Age Limits	All insured		
Trojan does not guarantee payment or accuracy of the information received from payors.			

