



Benefit Service

Doing Benefit Research for you Today and Every Day!



With Trojan's **Desktop Benefit Service** program, you are initially provided with thousands of Trojan Benefit Plans at your fingertips. First, look for your Trojan Benefit Plan by searching with a group/policy number, employer name, or a Trojan Benefit Plan number. If you don't see the Trojan Benefit Plan you are looking for, simply delegate that task to Trojan. **We** will contact the carrier, obtain the benefits, and return the Trojan Benefit Plan to your office in an easy to read, printable format!

Trojan's **Integrated Benefit Service** program allows you to click the Trojan Benefit Plan directly into the patient's coverage tables in your practice management system, making them immediately ready for billing, entering treatment plans and presenting co-payment estimates.

Benefit Service Provides Your Office With:

- A comprehensive breakdown of group benefits, by employer
- Over 80 questions answered in every single breakdown
- Call-in service to request additional group benefits
- Client Service available in 1 minute or less
- Additional Patient History
- Optional Custom Benefits tailored to your office needs
- Customer service agents available in 1 minute or less

Trojan's Helpline:

- Current information on ADA codes
- Assistance with choosing correct codes for treatment rendered
- Investigation of denied claims
- Help determining coordination of benefits with primary and secondary





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Benefit Service Sample Plan:

Trojan ID	1105165	Trojan Benefit Service	
Employer	TROJAN SAMPLE PLAN NON-PREFERRED BRANCH I 4410 CERRITOS AVE LOS ALAMITOS, CA 90720	Carrier	THIS PLAN IS SELF INSURED 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	TROJAN SAMPLE PLAN 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 lint 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.			

