

| Benefit Service Provides Your Office |

- 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

| How It Works |

Our staff works as an extension of your staff. You are initially provided with tens of 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.

| The Most Efficient Way to Use Trojan |

1. Review your patient schedule as early as possible (preferably a week in advance).
2. For patients of record, pull patient charts and verify insurance. For new patients, obtain the name of who insures them (employer/union), as well as the location and phone number.
3. Use the rules in your Plan Location Guide to locate the benefit information in the listing of Trojan plans. If you cannot locate benefit information, please contact Trojan, and we will assist you with obtaining benefits in time for the patient's appointment.
4. Print out a copy of the plan benefits and insert in patient's chart, link the plan to your patient's file in your practice management system, and prepare an additional copy to give your patient at the time of appointment. You will have everything ready when the patient arrives at the office.

Need Assistance with Plan Information?

If you locate the employer, but realize there are several plans to choose from and you are unsure which plan applies to your patient, call Trojan. We will assist you.

Have an emergency patient?

If you are unable to locate benefits in the Trojan listing, call us and let us know you have a patient coming in immediately. Give us the information we need. We will make every effort to get the information to you within an hour.

Let us know when the patient is coming in.

Next week? Next month? When you request a plan, and a date of return is not specified, the turnaround date will default to three business days from the date the plan was requested.



How to Reach Us

Trojan's Service Department: 800-633-3060. Office hours: Monday through Thursday, 6 a.m. - 5 p.m. PST, and Friday from 6 a.m. - 4 p.m. PST.

(We are closed every Friday 1 - 2 p.m. for training, to continually improve our service to you.)

Trojan Plan

TROJAN PROFESSIONAL SERVICES

An extension of your staff

Trojan ID	1399615	Trojan Benefit Service	
Employer	TROJAN SAMPLE PLAN NON PREFERRED BRANCH I	Carrier	THIS PLAN IS SELF INSURED MAIL CLAIMS TO ADDRESS IN THE "MAIL TO" SECTION
Employer Phone	(800) 451-9723	Carrier Phone	(800) 451-9723
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 xrays basic other 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 prophyl.
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 comp bicuspid 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		



| Plan Administrative Information |

FIELD NAME	FIELD INFORMATION	BENEFIT OF TROJAN
Trojan ID	1002055	The Trojan ID is a unique identifier assigned by Trojan to make plans easier to locate.
Employer	100 SALES NON PREFERRED 210 TRAVELERS WAY SAN MARCOS, CA 90000	Patients know who they work for, but won't always know their carrier, group number, or benefits.
Employer Phone	(800) 451-9723	
Policy Number	M90060	Additional way to locate plan.
Mail Claims To	BLUE CROSS PO BOX 9999 OXNARD, CA 90000	Many carriers have a different address for mailing claims than their mailing address.
Carrier	BLUE CROSS PO BOX 1111 OXNARD, CA 90000	Mailing address.
Carrier Phone	(800) 451-9723	
E-Claims	YES Payer ID 47198	Know if the carrier accepts electronic claims and lists Payer ID#. If not, claims can be printed and mailed.
Eligibility Phone	(800) 451-9723	Provides the number to call to verify your patient's eligibility.
Trace Payment	(800) 451-9723	Provides information to track a claim payment.

| Plan Benefit Information |

FIELD NAME	FIELD INFORMATION	BENEFIT OF TROJAN
Plan Maximum	\$1000 per person per year	Know your patient's benefit maximum when presenting treatment plans. Plan maximums vary, as do all benefits.
Plan Year	Calendar year	Know how the plan year is structured, i.e. calendar year, benefit year, or anniversary year.
Deductible	\$50 per person per year \$150 family maximum	Allows you to collect deductibles at the time of treatment and know which treatment is applicable.
Carryover Deductible	No	Know if deductibles will carry over from the end of one year to satisfy the first 3 months of the next.
Payment Base	Usual Customary Reasonable	Shows how the benefits will be paid – based on your fee or on a set schedule of benefits.
C.O.B.	Standard Birthday Rule	Know if benefits will be coordinated and how.
Dependent Coverage	To age 19 or FTS to 24	Shows dependent children age limits and whether age limits are extended for full-time students.
Uniclam	Yes	Know if the carrier will accept a universal claim form. (Especially helpful if the carrier doesn't accept electronic claims.)

Plan Benefit Information (continued)

	FIELD INFORMATION	
Assignment of Benefits	To Dentist with Valid Assignment	Tells whether payment will go to you or to the patient. If benefits are not assigned, payment will go to the patient and you will need to collect your fee from the patient.
Predetermination	Not Mandatory	Most plans don't require pre-determinations. Trojan will let you know if this is a mandatory requirement for payment.
Preventive	80%	Shows how much the carrier will pay for exams, x-rays, and cleanings so the proper co-pays can be collected at the time of treatment.
Basic	80% Perio Endo OS Major	Know what the carrier will pay on restorative, perio, endo, and oral surgery benefits so the proper co-pays can be collected at the time of treatment.
Major	50% wait 1 yr – see notes	Know what the carrier will pay on fixed or removable prosthetics (bridges, dentures, partials).
Single Crowns	Paid major wait 1 yr – see notes	It is very important to know if a free-standing crown is paid as a major (prosthetic) or a basic (restorative) procedure.
Prior Extraction Coverage	No	It is extremely important to know when a patient is missing a tooth. This will tell you whether the carrier will pay for the bridge if the tooth was extracted before coverage. This information may preclude requirement for a predetermination.
Prosthetic Replacement	5 yrs wait 1 yr – see notes	Shows the frequency for replacing prosthetics.
Posterior Composites	Posterior composites paid as amalgams	Shows how the carrier will pay on a posterior composite – as a composite or an amalgam. This is important to know when collecting co-pays.
Occlusal Guards	Nightguards not covered	Informs the office if there is coverage and under what conditions, i.e. bruxism, perio, ortho, or TMJ.
FMX Frequency	Once every 36 months	Shows the frequency limitations for full mouth x-rays.
Panorex	Panorex not paid in addition to FMX	Know if the plan pays for a panorex in addition to an FMX.
Prophy	2 per year	This is important to know when scheduling recalls. Every 6 months must be at least 181 days apart.
Ortho Maximum	This plan has no Ortho	Very helpful to know the ortho benefits and how they're paid, whether doing the ortho in your office or referring it out.
Ortho Percent		
Ortho Deductible		
Ortho Age Limits		
Notes and Limitations	Sealants Preventive to age 16 Seal per 1st and 2nd molars Sealants ltd to virgin teeth Sealants once every 3 years Fluoride Preventive to age 16 Fluoride 2 per year DMO available Waiting period may be waived Verify with eligibility NO WAIT ON ENDO OR ORAL SURGERY 1 YEAR WAIT ON PERIO	Trojan lists plan limitations and benefit restrictions. These notes are very helpful in producing more dentistry. (For example: A parent will be more inclined to have sealants performed on a child prone to caries if the plan covers sealants.) This information allows you to increase the amount of dentistry you produce in the office and to maximize your patient's benefits. By knowing your patient's benefits, you are better able to know when and what to collect, thereby increasing your cash flow and eliminating back-end billing.