

# ASURIS TRUADVANTAGE

Asuris TruAdvantage is our Medicare Advantage preferred provider organization plan. Asuris TruAdvantage includes all Medicare benefits plus coverage for preventive dental.

## Benefit Specifications

Asuris TruAdvantage includes a preventive dental benefit of \$500 per year. Members can go to any dentist and are covered up to \$500 annually for preventive dental services such as cleanings, x-rays, and exams.

## Frequencies:


- Cleanings - 2 per calendar year
- Bitewings - 2 per year (whatever combination)
- Panoramic film - once every 3 years
- Fluoride - 2 times per calendar year for members 17 and under
- Exams - 2 per calendar year, any combo
- Intraoral complete series - once every 3 years
- Sealants, on permanent bicuspid and molars - only provided for members 17 and under


## Dental codes that are covered for Asuris TruAdvantage:


- D0120 Periodic oral evaluation
- D0140 Limited oral evaluation. Problem focused
- D0150 Comprehensive oral evaluation - new or established patient
- D0160 Detailed and extensive oral evaluation. Problem focused
- D0170 Re-evaluation, limited problem focused
- D0180 Comprehensive periodontal evaluation
- D0210 Intraoral - complete series (including bitewings)
- D0220 Intraoral - periapical first film
- D0230 Intraoral - periapical each additional film
- D0240 Intraoral - occlusal film
- D0270 Bitewing - single film
- D0272 Bitewings - two films
- D0274 Bitewings - four films
- D0277 Vertical bitewings - 7 -8 films
- D0330 Panoramic film
- D1110 Prophylaxis - adult
- D1120 Prophylaxis - child
- D1203 Topical application of fluoride (prophylaxis not included) - child
- D1204 Topical application of fluoride (prophylaxis not included) - adult
- D1351 Sealant
- D4910 Periodontal maintenance

# Asuris TruAdvantage Member Cards

## Sample Member Cards

		MEDICARE ADVANTAGE   PPO		This card is for information only and does not certify eligibility or guarantee benefits. <a href="http://www.myAsuris.com">www.myAsuris.com</a>	
Group Name <b>ASURIS TRUADVANTAGE</b>		Card Issue Date <b>10/11/07</b>		Submit Medical Claims to: Asuris PO Box 30271 Salt Lake City, UT 84130	
Group No.      BC Plan      BS Plan <b>999999999</b> <b>351</b> <b>850</b>		M V R X <b>Y Y Y</b>		Important Numbers: Customer Service    1 (800) 541-8981 TTY/TDD Line        1 (800) 382-1003 Med Preauth         1 (800) 824-8563 Nurseline             1 (800) 267-6729	
RX BIN 610623 RX PCN 02050000		*MEDICARE LIMITING CHARGES MAY APPLY*		VISION EXAM / HARDWARE PREVENTATIVE DENTAL ONLY SHOW CARD FOR RX DISCOUNT	
ID 999999999999 Name <b>01 JON Q PUBLIC</b>					

		MEDICARE ADVANTAGE   PPO		This card is for information only and does not certify eligibility or guarantee benefits. <a href="http://www.myAsuris.com">www.myAsuris.com</a>	
Group Name <b>ASURIS TRUADVANTAGE + RX</b>		Card Issue Date <b>10/11/07</b>		Submit Medical Claims to: Asuris PO Box 30271 Salt Lake City, UT 84130	
Group No.      BC Plan      BS Plan <b>999999999</b> <b>351</b> <b>850</b>		M V R X <b>Y Y Y</b>		Important Numbers: Customer Service    1 (800) 541-8981 TTY/TDD Line        1 (800) 382-1003 Med Preauth         1 (800) 824-8563 Nurseline             1 (800) 267-6729	
RX BIN 610623 RX PCN 02100000		MedicareRx Prescription Drug Coverage CMS-H5010 002		*MEDICARE LIMITING CHARGES MAY APPLY*	
Issuer (80840) ID 999999999999 Name <b>01 SUZY PUBLIC</b>		Submit Rx Claims to: Pharmacy Services PO Box 12625 M/S S2P Salem, OR 97309-0625			
		Important Numbers: Customer Service    1 (800) 541-8981 TTY/TDD Line        1 (800) 382-1003 Rx Preauth            1 (800) 437-1508			

		MEDICARE ADVANTAGE   PPO		This card is for information only and does not certify eligibility or guarantee benefits. <a href="http://www.myAsuris.com">www.myAsuris.com</a>	
Group Name <b>ASURIS TRUADVANTAGE+RX ENHANCED</b>		Card Issue Date <b>10/11/07</b>		Submit Medical Claims to: Asuris PO Box 30271 Salt Lake City, UT 84130	
Group No.      BC Plan      BS Plan <b>999999999</b> <b>351</b> <b>850</b>		M V R X <b>Y Y Y</b>		Important Numbers: Customer Service    1 (800) 541-8981 TTY/TDD Line        1 (800) 382-1003 Med Preauth         1 (800) 824-8563 Nurseline             1 (800) 267-6729	
RX BIN 610623 RX PCN 02100000		MedicareRx Prescription Drug Coverage CMS-H5010 004		*MEDICARE LIMITING CHARGES MAY APPLY*	
Issuer (80840) ID 999999999999 Name <b>01 JOHNATHON Q PUBLIC</b>		Submit Rx Claims to: Pharmacy Services PO Box 12625 M/S S2P Salem, OR 97309-0625			
		Important Numbers: Customer Service    1 (800) 541-8981 TTY/TDD Line        1 (800) 382-1003 Rx Preauth            1 (800) 437-1508			

\*\*Please note, even though all of the member cards do not contain the "Preventive Dental Only" informational line, the preventive dental benefit exists.

# Asuris TruAdvantage Voucher

Sample Asuris TruAdvantage Voucher



## CLAIM VOUCHER STATEMENT

Joe Dentist, DMD  
123 SW Main St  
Anytown, USA 12345

Provider Number NP0001234 00

Page 1  
Date 08/15/07

NPI XXXXXXXXXXXX

\*\*\*Asuris TruAdvantage\*\*\*

PATIENT NAME	SERVICE DATE	GROSS CHARGES	FEE ADJUSTMENT	PAID BY OTHERS	PATIENT RESPONSIBILITY		REASON CODE	BENEFITS PAID
					DEDUCTIBLE	COPAY/ OTHER		
TYPE OF SERVICE								
JANE SMITH	MEM #:	920123456	PAT ID:	GRP #:	123456789	CLM #:	012345678	
D0120 PERIODIC ORAL	03/01/07	40.00	.00	.00	.00	.00		40.00
D0220 INTRAORAL;	03/01/07	18.00	.00	.00	.00	.00		18.00
D0230 INTRAORAL;	03/01/07	16.00	.00	.00	.00	.00		16.00
D0230 INTRAORAL;	03/01/07	16.00	.00	.00	.00	.00		16.00
D0274 BITEWING; 4 FILMS	03/01/07	49.00	.00	.00	.00	.00		49.00
D1110 PROPHYLAXIS; AD	03/01/07	87.00	.00	.00	.00	.00		87.00
D2920 RECEMENT CROWN	03/01/07	90.00	.00	.00	.00	90.00	020	.00
** CLAIM TOTOALS **		316.00	.00	.00	.00	90.00		226.00
*** VOUCHER TOTALS ***		316.00	.00	.00	.00	90.00		226.00



**CLAIM VOUCHER STATEMENT**

Joe Dentist, DMD  
 123 SW Main St  
 Anytown, USA 12345

Provider Number NP0001234 00

Page 2  
 Date 08/15/07

NPI XXXXXXXXXX

\*\*\*Asuris TruAdvantage\*\*\*

PATIENT NAME	SERVICE DATE	GROSS CHARGES	FEE ADJUSTMENT	PAID BY OTHERS	PATIENT RESPONSIBILITY		REASON CODE	BENEFITS PAID
					DEDUCTIBLE	COPAY/ OTHER		
TYPE OF SERVICE								
***** EXPLANATION OF 020 THIS SERVICE IS ALREADY DONE SO, SHOWN UNDER	CODES NOT PLEASE TOTAL	***** COVERED PAY THE MEMBER	***** BY YOUR PLAN. PROVIDER OF RESPONSIBILITY	***** IF YOU SERVICE ON THIS		HAVEN'T THE AMOUNT FORM.		

Contact Information

Asuris TruAdvantage Customer Service.....1 (800) 541-8981

Customer Service Fax.....(503) 391-4534

Submit claims to:

**Asuris Northwest Health  
PO Box 30271  
Salt Lake City, UT 84130-0271**

\*\*For Asuris TruAdvantage claims, you must include the 3 letter alpha prefix of the patient's ID number.