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LEOFF 1 Disability Board

Approval of Case #08-19 Dental Request

Agenda Date: 10/14/2019
Agenda Item Number: 4.A
File Number: 19-0929

Type: decision **Version:** 1 **Status:** Passed

Title

Approval of Case #08-19 Dental Request

Report

Issue:

Whether to approve payment for dental work for a LEOFF 1 member.

Staff Contact:

Debbi Hufana, H R Analyst, Human Resources, 360.753.8149

Background:

The Board must decide whether or not to approve the request for dental work in the amount of \$13,998.00.

The member originally contacted the City by email with a request for the City to assist in the cost to replace a bridge of 3 teeth that were crowns. On the estimate, those are identified as teeth #11- #13. The dentist is also recommending filling tooth #10 at the same time due to decay. Total cost for this portion of the work is \$4,846.00 which includes the cost to seat the new bridge.

The treatment plan provided by the dentist includes treatment on 12 additional teeth; however, the member's application for payment is only asking for a new bridge to replace the one that fell out.

This request is in accordance with LEOFF 1 Disability Board Policies & Procedures.

Attachments:

Application for Payment of Services

Explanation of treatment plan

Treatment Plan

Reference:

H. Dental Benefits