



LEOFF I Disability Board

Approval of Case #20-2 Dental Request

Agenda Date: 2/10/2020
Agenda Item Number: 4.A
File Number:20-0128

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

Title

Approval of Case #20-2 Dental Request

Report

Issue:

Whether to approve payment for dental expenses for LEOFF 1 member.

Staff Contact:

Debbi Hufana, HR Analyst, Human Resources, 360.753.8149

Background:

The board must decide whether or not to approve the request for dental work for a bridge, buildups and fillings in the amount of \$7,635.00.

The member is requesting dental work to include a bridge to replace missing teeth and fillings.

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

Attachments:

Application for Payment of Services
Letter of Current Condition and Recommended Treatment
Treatment Plan
Photo of Tooth Wear

Reference:

Section H. Dental Benefits