



LEOFF I Disability Board

Approval of Case #20-3 Dental Request

Agenda Date: 2/10/2020
Agenda Item Number: 4.B
File Number:20-0140

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

Title

Approval of Case #20-3 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 upper and lower dentures for LEOFF 1 member. The charge for upper denture is \$980.00 and lower denture is \$1,370.00 for a total of \$2,350.00. The Denture Provision in the LEOFF 1 Disability Policies & Procedures, 2018 Revision, allows for reimbursement at 50% of the lowest quote. The member submitted two quotes as required in the Policies & Procedures from the same Denture Clinic from two different providers in the Denture Clinic. The LEOFF 1 member purchased the dentures on 12/23/2019. The attached treatment plan includes an oral evaluation and 4 extractions which have been reimbursed by staff approval per the Policies & Procedures. The additional charge on the treatment plan for relining in the amount of \$440.00 is work that will be performed in 6 months. That charge is under the \$600.00 annual allowance and can be staff approved at the time the claim is sent in for reimbursement.

This request is not in accordance with LEOFF 1 Disability Board Policies & Procedures which requires the member to submit the quotes prior to receiving services.

Attachments:

LEOFF Application for Payment of Services
Active Treatment Plan
Olympic Dental and Denture Clinic Statement

Reference:

Section III Procedures to Receive Benefits, H. Dental Benefits, 2 Denture Provision