



LEOFF I Disability Board

Case #05-17 Dental Request

Agenda Date: 4/10/2017
Agenda Item Number: 4.B
File Number: 17-0375

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

Title

Case #05-17 Dental Request

Report

Issue:

Whether to approve payment for dental work for LEOFF member and for what amount.

Staff Contact:

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Background:

The board must decide whether or not to approve the request for dental work in the amount of \$2,270. The member was diagnosed with a split tooth. The procedure is necessary to prevent fracture and a catastrophic failure. The cost exceeds the allowable amount of \$600/year for regular dental care. This is in accordance with LEOFF I policies and procedures. This request is being submitted in advance of the procedure.

Attachments:

Attachments containing protected medical information will be sent via File Transfer Protocol (FTP)

Reference:

LEOFF Disability Board Policies and Procedures (2009) Paragraph Q, Dental Benefits.