

# **LEOFF I Disability Board**

# Case #13-17 Dental Request

# Agenda Date: 9/11/2017 Agenda Item Number: 4.B File Number: 17-0918

Type: decision Version: 1 Status: Passed

### Title

Case #13-17 Dental Request

### Report

Issue:

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

### Staff Contact:

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### Background:

The board must decide whether to approve the request for dental work for \$2,241. The member has a large amalgam filling with recurrent decay and a fractured amalgam that needs restoration. These issues are preventing the member from properly chewing his food. This in turn has an impact on nutrition. The cost exceeds the allowable amount of \$600/year for regular dental care. This is in accordance with LEOFF I policies and procedures. The LEOFF member has already paid \$727 of this claim so that portion of the request is not 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.