



## LEOFF I Disability Board

### Case #15-17 Dental Request

**Agenda Date:** 11/13/2017  
**Agenda Item Number:** 4.B  
**File Number:** 17-1174

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

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#### **Title**

Case #15-17 Dental Request

#### **Report**

##### **Issue:**

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

##### **Staff Contact:**

Carl Watts, Personnel Analyst, General Government, Human Resources, 360.753.8305

##### **Background:**

The board must decide whether to approve the request for dental work for \$597. The member had tooth decay and this caused him to need a crown. Failure to treat would lead to further medical problems. 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.

##### **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.