



City of Edmonds Disability Board

POLICY AND PROCEDURE

Effective: As approved by the Board at the January 29, 2005 meeting
Revised: As approved by the Board at the July 2015 and July 5, 2016, and September 27, 2018 meeting(s)

SUBJECT: DENTAL EXPENSES, #02-05

The City of Edmonds LEOFF 1 Disability Board approved an annual benefit for LEOFF 1 members in the amount of up to \$175.00 for any dental service charges or dental insurance premiums. This benefit runs on a calendar year from January 1 through December 31 on a “use it or lose it” basis.

To receive a reimbursement under this policy, documentation of dental expenses or dental insurance premiums must include, at a minimum, the following information:

Dental Expenses

- Date of Service
- Name of Dental Provider
- Total cost of Dental Service/Charge
- Full Name of Person for Whom Service Was Provided
- Proof of Payment

Dental Insurance Premiums

- Invoice
- Proof of Payment

Documentation must be submitted to the Disability Board within a 12 month period from the date of service or dental insurance premium payment to be considered eligible for reimbursement under this policy.

NOTE: Any special needs above and beyond the dollar amount set in this policy are subject to appeal by the LEOFF 1 member to the City of Edmonds Disability Board with appropriate medically necessary documentation. This policy will be reviewed by the Disability Board on an annual basis.