



# Law Enforcement Health Benefits

2233 Spring Garden Street Philadelphia, PA 19130 215-763-8290  
[www.lehb.org](http://www.lehb.org)

## *Law Enforcement Health Benefits, Inc. Member Dental Benefits*

Members will continue to be **COVERED** as long as they are in **ACTIVE STATUS**. **BENEFITS** will **TERMINATE** due to a **Resignation, Dismissal, or ALL Leave of Absences, except for Family Medical Leave of Absence & Military Leave of Absence (Post 911) War on Terrorism.**

**RETIRED** Police Officers and Unmarried Eligible Dependents are **COVERED** for **FIVE (5) YEARS** plus any additional years converted from sick time.

### **UNMARRIED DEPENDENTS ELIGIBLE FOR ENROLLMENT**

Your legal spouse and all unmarried, biological or adopted children under 19 years of age are eligible for enrollment. Children are eligible from birth with a copy of the birth certificate listing the covered member's first and last name, or adoption papers. An unmarried dependent child is covered until the end of the month in which he/she turns 19 years of age. Unmarried dependent children in full-time attendance at an accredited secondary school or college may be included up to age 23 upon receipt each semester (twice a year), our required student verification form (available on L.E.H.B. website [www.lehb.org](http://www.lehb.org)).

An unmarried child, who is physically or mentally incapable of self-support prior to attaining age 19, may be continued under the plan while remaining incapacitated and unmarried, subject to your own coverage continuing in effect. A letter of verification (Independence Blue Cross disability form) is required on an annual basis from the unmarried dependent's physician.

### **DENTAL BENEFITS**

#### **SELECTING A DENTIST:**

- Member may select any dentist to provide services; however, using a L.E.H.B. Dental Network Provider will minimize member out of pocket expenses.
- If a member selects a participating L.E.H.B. dentist listed in our provider book, the member will enjoy the highest level of dental benefits at the lowest possible cost.
- Members will receive an explanation of benefits form (EOB) which will indicate:
  - When member is eligible for next routine dental exam
  - Balance remaining in annual dental cap
  - If member is unclear if eligible for routine dental exam, please call 215-364-3529
- Please review L.E.H.B. dental benefit book to review members' out of pocket responsibility.

#### **NON-PARTICIPATING DENTIST:**

- If member selects to have dental services rendered by a non-participating dentist, not listed in the L.E.H.B. provider book, the member could incur out of pocket expenses.
- L.E.H.B. will reimburse the non-participating dentist, upon receipt of proper documentation, 75% of the L.E.H.B. allowable rate for that specific service. The member should understand that a non-participating dentist is allowed to collect the full charged amount from the member.

- Example; Member receives dental services from a non-participating dentist.
  - The non-participating dentist charges \$100.00
  - The L.E.H.B. allowable rate for that service paid to a participating dentist is \$75.00 and accepted as payment in full.
  - This means when L.E.H.B. receives the proper documentation from the member using a non-participating dentist L.E.H.B. will then process the member reimbursement at 75% of the \$75.00 allowable rate, which is \$56.25. The member would then incur \$43.75 out of pocket expense for one specific service rendered by a non-participating dentist.

#### PARTICIPATING DENTIST:

- Members using participating L.E.H.B. dentists will have no office visit co-pay and no out of pocket deductibles, as long as you do not exceed your annual maximum dental allowance.
- Member co-pay applies if porcelain crowns are requested on molars.
- A \$75.00 member co-pay is required if the member request porcelain crowns on molar teeth (12). Co-pay would apply for each molar. There will be no co-pay if the normal crowns are used.

#### OFFICE VISITS AND PROPHYLAXIS:

- Not more than once in any period of six consecutive months
- Fluoride Treatment
  - For unmarried eligible dependent children under age 19, but not more than once in any period of six consecutive months.
- Sealants
  - Molar teeth only for unmarried eligible dependent children under age 17 and payable one time.
- X-rays
  - Additional films (up to 12) once very every 4 years
  - Intra-oral occlusal view
    - Once every 12 months
  - Bitewing films
    - Every 12 months
- Panoramic survey
  - Once every 4 years
- Adjustments to Dentures
  - Covered six months after insertion
  - Not more than one reline or rebasing in any period of 36 consecutive months
  - Replacement of an existing partial or full denture or bridge by a new bridge (Only if satisfactory evidence is presented that the existing denture or bridge is at least 5 years old, and the existing denture or bridge is not serviceable and cannot be made serviceable. If the existing denture or bridge can be made serviceable, payment will be made toward the cost of the services, which

are necessary to render such appliance serviceable.)

- Replacement of crowns, inlays and onlays (only if satisfactory evidence is presented that it is at least 5 years old and is not serviceable and cannot be made serviceable.)
- Pre-authorization is required for all major dental services over \$275.00 and services listed below:
  - All major dental claims \$275.00 and over must be pre-certified.
  - Properly mounted x-rays must accompany these claims.
  - Doctor must submit treatment plan with pre-operative x-rays
  - Pre-authorization required for periodontics over \$100.00
  - Services requiring pre-authorization:
    - All major treatment plans of \$275.00 or more
    - Prosthetic crowns, bridges, dentures
    - Periodontics over \$100.00
    - Orthodontics
    - Endodontics may be performed without pre-authorization; however, pre-op and post-op x-rays must accompany claims for payment.
    - Extractions of six or more teeth (except for emergencies)
    - Cosmetic Crowns are not covered

#### ANNUAL MAXIMUM DENTAL ALLOWANCE

- The yearly maximum dental allowance payable by the L.E.H.B. Dental Fund is \$2,500.00 per year per covered person for all allowable procedures with the exceptions of orthodontics. Your annual allowance will correspond to the calendar year, beginning January 1<sup>st</sup> and ending December 31<sup>st</sup>.
- Your L.E.H.B. Dental Explanation of Benefits will notify member of annual dollars used.
- Orthodontics (braces) (Unmarried eligible dependent children Only)
- Orthodontics require pre-authorization

No copay or deductible would be incurred when using a L.E.H.B. participating orthodontist.

- Maximum allowable payment is \$3,000.00 when selecting a participating L.E.H.B. orthodontist, which will be accepted as payment in full by participating L.E.H.B. orthodontist.
- This does not include Phase I treatment which is the responsibility of the member. A financial agreement should be signed by the member with the treating orthodontist before Phase I treatment is started.
- If you select a non-participating orthodontist, the L.E.H.B. Dental Fund (upon receipt of proper documentation) will reimburse the provider \$2,400.00 and the member will be responsible for any balance billed by the non-participating orthodontist.
- Orthodontic benefits are paid over the (normal) two year period. If, for some reason, the unmarried eligible dependent is terminated with the L.E.H.B. Dental Fund, the orthodontic payments will be terminated and you will be responsible for the balance due.
- Extractions
  - Pre-authorization required for extraction of six (6) or more teeth

- Note: Properly mounted x-rays must accompany all pre-authorization services
- Implants
  - Implants may be partially covered in lieu of bridge. Please call L.E.H.B. (215) 763-8290 for terms and conditions of coverage and your financial responsibility.