

L.E.H.B. Vision and Dental Providers

Updated provider list available at www.lehb.org

Law Enforcement Health Benefits, Inc.

2233 Spring Garden Street Philadelphia, PA 19130

Phone: (215) 364-3529

Fax: (215) 763-8808

Website: www.lehb.org

John J. Gaittens, Administrator



Northeast Office

Law Enforcement Health Benefits, Inc.

2848 St. Vincent Street Philadelphia, PA 19149

Phone: (215) 338-6110

Fax: (215) 338-6412

Website: www.lehb.org

John J. Gaittens, Administrator



HIPAA PRIVACY NOTICE

Notice of Privacy Practices are available to L.E.H.B. members upon request. The original notice was provided to all members in 2003 when L.E.H.B. implemented privacy requirements under the HIPAA ACT of 1996.

The Notice of Privacy Practices describes how medical information about you on file with the Plan may be used and disclosed, as well as how you can access your medical information. In general, your individual health information may only be used and disclosed for treatment, payment, and operations purposes of the Plan, as well as other uses or disclosures allowed and/or required by law.

In order to obtain a copy of the Plan's Notice of Privacy Practices, which specifically outlines these uses and disclosures, please contact:

Cindy Garey, L.E.H.B. Office Manager

2233 Spring Garden Street

Philadelphia, PA 19130

(215) 763-8290 Fax: (215) 763-8808

Your privacy of participant information is of the highest priority to LEHB. Should you have any questions regarding this Notice of Privacy Practices, you may contact the above named Privacy Official during normal business hours.



Law Enforcement Health Benefits, Inc

Dental & Vision Member Benefits

Revised January 2013

John J. Gaittens

Administrator

Contacts—once every 12 months in lieu of frames and lenses from date of eligible

- L.E.H.B. will reimburse provider
 - Contact lenses \$80.00
- Therapeutic Contacts \$175.00 (with prior approval)

Participating providers agree to charge a maximum of no more than \$50.00 for standard 2-week disposable soft contact lenses; i.e. the eligible member or dependent should not be charged more than \$50.00 towards his contact lens and exam fee total fee.

\$40.00 Exam fee paid for by L.E.H.B.

\$80.00 Contact lens fee paid for by L.E.H.B.

\$50.00 From member

\$170.00 Global contact lens fee

The global contact lens fee (eye examination, contact lens fitting, 4 boxes of contact lenses, care kit, and 6 months follow-up care) should not exceed \$163.00 for a standard 2-week modality soft contact lens.

Lens Options

- Polycarbonates \$10.00 paid by L.E.H.B.
- **It is the members responsibility to review all charges for vision services billed to Blue Cross with a medical diagnosis to ensure you were made aware of your vision related medical problem. Call LEHB for more information**

VISION PLAN EXCLUSIONS

NO PORTION of the materials of related fees will be paid under this plan for the following:

- Field Vision Test
- Medical or Surgical treatment for the eyes
- Repair Charges
- Retinal Photography
- Replacement of scratched, lost or broken lenses or frames
- Sunglasses

The following lenses or lens options are not covered under your vision plan. You are urged to discuss the costs of these items prior to making your selection, since you are responsible for full payment directly to the provider.

- Plain Lenses (non-prescription)
- Anti-reflective lenses or coating
- Polarized lenses
- Mirror coated lenses
- Ultra violet coating
- Faceted edging
- Oversized lenses 58 eye size and above or E.D. 64mm/over
- Tinting
- Scratch coating
- Photochromic lenses
- Hi-index thin lenses

IMPORTANT NOTE:

Glasses and/or contact lenses will not be funded unless the prescription is a **.50 DIOPTRER OR GREATER** in any one field, sphere, cylinder or both.

Member Dental Benefits

- Members will receive an explanation of benefits form (EOB) following services. Which will indicate:
 - When patient is eligible for next routine eye exam or other services. For example: glasses
- If member is unclear if eligible for services please call (215) 364-3529
- Confirmation number is not required to process and pay claims
- Member should only use vision providers who post frame cost on frames.

FREE CHOICE OF VISION CARE PROVIDERS

By selecting a L.E.H.B. in-network participating vision provider you minimize your out of pocket expense and are guaranteed to receive the highest level of care maximizing your vision benefits.

We have an available list of 356 participating vision providers either on web (www.lehb.org) or you may call for a booklet. The participating providers have agreed to accept the L.E.H.B. vision payment as payment in full for a complete eye examination and a pair of basic eyeglasses. Extra charges may apply if designer frames, contact lenses, and/or special spectacle lens options are selected.

NON-PARTICIPATING VISION PROVIDERS

If member selects a non-participating out-of-network vision provider, (whether it be for exam, glasses or both) the member will be reimbursed at 75% of the LEHB allowed rate for services rendered.

Members should be aware the out-of-network vision provider is allowed to bill a member for their actual charges and the member will incur out-of-pocket expense.

Example; routine eye examination LEHB allowable rate \$33.00. Using an out-of-network provider, the member is reimbursed \$24.75 (75% of LEHB's allowable rate for service). The out-of-network provider billed member \$100.00 which means the member will owe the doctor a balance of \$75.25.

MAXIMIZE YOUR VISION BENEFIT BY USING THE IN-NETWORK PARTICIPATING VISION PROVIDERS

FREQUENCY OF BENEFITS

All eligible employees, spouses' and unmarried eligible dependent children are eligible for the following vision benefits:

- Vision Exam
 - Optometrist: \$40.00
 - Ophthalmologist: \$47.00
 - Once every 12 months
 - Each exam shall consist of but not be limited to: Please ensure you receive all below services:
 1. A complete history of patient
 2. External examination of the eyes and adnexa, papillary reflexes, cover test ocular motilities, convergence near point
 3. Ophthalmoscopy
 4. Biomicroscopy
 5. Tonometry
 6. Refraction
 7. Stereopsis testing
 - Color vision testing

VISION FEE SCHEDULE----SERVICE MAXIMUM ALLOWANCE

Frames (prescription required)—once every 12 months from date of eligible

- Wholesale cost \$30.00—Estimated retail cost \$90.00
- **Participating provider must supply a minimum of 100 frames that will be completely covered by allowance. Please ask provider for free frame selection.**

Lenses—once every 12 months from date of eligible

- Single vision \$32.00
- Bifocal \$50.00
- Trifocal \$60.00*
- Progressive \$80.00*
- Lenticular \$100.00 (with prior approval)
***submitted with lab bill**

Members will continue to be **COVERED** as long as they are in **ACTIVE STATUS (city funded benefit)**. **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. Future Federal City/State changes may affect eligibility.**

RETIRED Police Officers and their eligible dependents as determined by the September 2010 Healthcare Reform Act will be provided coverage for their current contractual five years plus additional time derived from converting accumulated sick time.

DEPENDENTS ELIGIBLE FOR ENROLLMENT

Eligible dependents must be biological children and/or adopted dependents of the insured officer prior to their 19th birthday.

The September 2010 Healthcare Reform Act allows adult dependents from 19 years to their 26th birthday access to medical coverage under certain circumstances.

An adult dependent application must be completed, notarized and returned to LEHB within 60 days of notification.

Physically or mentally incapable of self-support prior to attaining age 19

- If the child is totally disabled and incapacitated as documented by a medical professional, an annual application is not required. Blue Cross disability guidelines are followed
- If the child is partially disabled or incapacitated an annual application must be completed by a medical professional and forwarded to Blue Cross for review and approval.

DENTAL BENEFITS

Selecting a dentist:

- Member may select any dentist to provide services; however, using a L.E.H.B. Dental In-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 (January-December)
- If member is unclear if eligible for routine dental exam, please call (215) 364-3529.
- Confirmation number is not required to process and pay claims.

Non-participating dentist:

- If member selects to have dental services rendered by a non-participating dentist, not listed in the L.E.H.B. in-network provider book, the member will incur out of pocket expenses.
- L.E.H.B. will reimburse the member, 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 choosing to use a non-participating dentist L.E.H.B. will process the member reimbursement at 75% of the \$75.00 LEHB allowable rate, which is \$56.25. The member would then incur \$43.75 out of pocket expense for that specific service rendered by a non-participating dentist.

Participating Dentist:

Members using participating L.E.H.B. dentists will have no office visit copay and no out of pocket deductibles, as long as you do not exceed your annual maximum dental allowance.

If a medical specialist provides dental care such as an oral surgeon then the services are covered by Blue Cross and the member will incur a \$25.00 copay per visit. **IT IS THE MEMBERS RESPONSIBILITY TO ENSURE AN ORAL SURGEON PARTICIPATES WITH LEHB AND IBC. IF ORAL SURGEON IS NOT PARTICIPATING THE MEMBER WILL INCUR COST.**

Member copay applies if porcelain crowns are requested on molars.

- A \$75.00 member copay is required if the member requests porcelain crowns on molar teeth (12). Copay would apply for each molar. There will be no copay 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 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 relin 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
- Prosthetic crowns, bridges, dentures
- Extractions of six or more teeth except for emergencies
- Orthodontics—**ONLY COVERED UP TO DAY OF THE 19TH BIRTHDAY**
 - FIRST PHASE NOT COVERED –Call LEHB For Information
- Pre-authorization required for periodontics over \$100.00
 - Dr. must submit treatment plan with pre-operative x-rays and/or charting for Periodontic work.
 - **Periodontics costing over \$100.00 require pre-authorization.**
 - If a pre-authorization is not obtained by the treating dentist prior to treatment, the claim will be rejected and the LEHB member will be held harmless

Please Note: Endodontics may be performed without pre-authorization; however, pre-op and post-op x-rays must accompany claims for payment.

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 1st and ending December 31st.

- Your L.E.H.B. Dental Explanation of Benefits updates member of annual dollars used.

Orthodontics (braces) (Unmarried eligible dependents up to day of the 19th Birthday ONLY)

- Orthodontics require pre-authorization
- No copay or deductible would be incurred when using a L.E.H.B. participating in-network 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.
- Phase I treatment is not covered for all orthodontic cases. Please discuss possible alternative treatments with your doctor or seek a second opinion before agreeing to Phase I treatment.
- If you select a non-participating orthodontist, the L.E.H.B. Dental Fund (upon receipt of proper documentation) will reimburse the member a maximum of \$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 at time of treatment.

Extractions

- Pre-authorization required for extraction of six (6) or more teeth (except for emergencies)
- Note: Properly mounted x-rays must accompany all pre-authorization services

Implants

- Implants may be partially covered in lieu of bridge only. Please call L.E.H.B. (215) 364-3529 for terms and conditions of coverage and your financial responsibility.

Member Vision Benefits

Members will continue to be **COVERED** as long as they are in **ACTIVE OR RETIRED STATUS (still receiving City funded benefits)**. **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. Future Federal City/State may change eligibility.**

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

DEPENDENTS ELIGIBLE FOR ENROLLMENT

Eligible dependents must be biological children and/or adopted dependents of the insured officer prior to their 19th birthday.

The September 2010 Healthcare Reform Act allows adult dependents from 19 years to their 26th birthday access to medical coverage under certain circumstances.

An adult dependent application must be completed and notarized within 60 days of notification.

Physically or mentally incapable of self-support prior to attaining age 19

- If the child is totally disabled and incapacitated as documented by a medical professional, an annual application is not required. Blue Cross disability guidelines are followed
- If the child is partially disabled or incapacitated an annual application must be completed by a medical professional and forwarded to Blue Cross for review and approval

VISION BENEFITS

The L.E.H.B. Vision Fund helps promote good eyesight for you and your family. It also aims to minimize the development of more severe vision problems, which could lead to blindness and/or other long-term deficiencies. The L.E.H.B. Vision Fund strongly urges you and your family to maintain routine vision check-ups.