



Law Enforcement Health Benefits

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

DEPENDENTS ELIGIBLE FOR ENROLLMENT

Your legal spouse and all biological or adopted children under 26 years of age are eligible for enrollment. LEHB requires a copy of the birth certificate or adoption papers listing the covered member's first and last name. A dependent child's benefits will terminate the last day of the month of their 26th Birthday.

A child, who is physically or mentally incapable of self-support prior to attaining age 19, may be continued under the plan while remaining incapacitated, 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 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.
- 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 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 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 copay and no out of pocket deductibles, as long as you do not exceed your annual maximum dental allowance.
- Member copay applies if porcelain crowns are requested on molars.
 - A \$75.00 member copay is required if the member request 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.
 - Not within 90 days of Periodontal maintenance and Scalings.
- Scalings
 - Not more than once in 5 years.
 - Not within 90 days of Prophylaxis or Periodontal maintenance.
- Periodontal Maintenance
 - Not within 90 days of Prophylaxis or Scalings.
- Fluoride Treatment
 - For unmarried eligible dependent children under age 19, but not more than once in any period of six consecutive months.
- Sealants
 - One (1) molar tooth per quadrant only for unmarried eligible dependent children under age 17 and payable one time.
- X-rays
 - Intra-oral occlusal view
 - Once every 12 months

- Bitewing films
 - Every 6 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 dental services over \$500.00 and services listed below:
 - Properly mounted x-rays must accompany these claims.
 - Doctor must submit treatment plan with pre-operative x-rays
 - Services requiring pre-authorization:
 - All treatment plans of \$500.00 or more
 - Prosthetic crowns
 - Periodontics over \$500.00
 - Orthodontics
 - Endodontics (Pre-Op & Post-Op X-rays) except for emergencies
 - Extractions of six or more teeth

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 will notify member of annual dollars used.
- Orthodontics (braces) (Unmarried eligible dependent children ONLY – up to age 18)
 - Orthodontics require pre-authorization
 - No copay or deductible would be incurred when using a L.E.H.B. participating orthodontist.

- Maximum allowable payment is \$4,500.00 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 member \$3,375.00 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
 - Pre-authorizations for Implants are highly recommended. Implant Abutment and Crown NOT Covered. Implants may be partially covered in lieu of bridge or partial denture. Please call L.E.H.B. (215) 364-3529 for terms and conditions of coverage and your financial responsibility.