

MEMBER BENEFITS GUIDE

BRONXVILLE PUBLIC SCHOOL EMPLOYEES' BENEFIT TRUST

DENTAL / VISION BENEFITS

2023 - 2024



DANIEL H. COOK
ASSOCIATES INC

253 West 35th Street, 12th Floor, New York, NY 10001

BRONXVILLE PUBLIC SCHOOL

EMPLOYEES' BENEFIT TRUST

DENTAL AND VISION BENEFIT INFORMATION

WHAT'S INSIDE THIS GUIDE?

- Am I Eligible?3
 - Employees.....3
 - Dependents3
- How Do I Enroll?4
- Who Is Administering My Benefits?4
- Dental Plan Overview5
 - Dental Plan.....5
 - Preventative Services.....5
 - Diagnostic Services6
 - Basic Services.....6
 - Fillings and Prosthetic Services and Supplies6
 - Prosthetic Services and Supplies7
 - Implants7
 - Orthodontic Services7
 - Predetermination of Benefits8
 - Preferred Provider Dental Program & Anthem Empire BlueCross BlueShield8
 - Dental Plan Exclusions9
- How to Find a Dental Provider Online10
- Vision Plan Overview11
 - Vision Plan11
 - Preferred Providers for Vision11

Life and AD&D Insurance12

Group Legal Service Plan13

 Included Services13

 Matters Not Covered13

 Reduced Fixed Fee Schedule for Non-Included Services13

Viewing your Claims on DHClaims.com15

How to Submit a Claim18



You, as an active employee, and your dependents are eligible for coverage in accordance with the rules and regulations of Bronxville Public Schools Employees' Benefit Trust (BPSEBT). Coverage for Employees and their dependents begins on the first day of the month after the date they are employed and begin work. Retiree continued coverage for certain Trust benefits is available at the retiree's election at a cost set by the Trustees. Please refer to the Eligibility rules in this benefit booklet and your Plan documents.

Proof of full-time student status must be supplied in writing each semester for all dependents who are over 19 years of age but have not yet turned 25.

*Your plan year is from **July 1 to June 30**.*

All claims must be submitted within 90 days of the close of your plan year (by September 30).

AM I ELIGIBLE?

Employees

All full-time and part-time administrators, teachers, clerical, custodial, and professional civil service employees are eligible to participate in the Benefit Trust Fund according to the eligibility rules established by the Board of Trustees and reflecting any agreements between said employees and the Board of Education.

Trust members who retire are eligible to continue certain coverages, must elect those coverages at the time of retirement, and may not increase them after the effective date of retirement.



***"RETIREE"** shall mean any full-time employee who retires from the Bronxville Public Schools under the eligibility rules established by New York State Teachers Retirement System (for teachers and administrators) and who have been a member of the BPSEBT for at least 5 consecutive years just prior to retirement, or who meets the retirement eligibility rules established by the Bronxville Board of Education (for clerical, custodial, and civil service employees) and who has been a member of BPSEBT for at least 5 consecutive years just prior to retirement.*

Dependents

The following dependents are also eligible for coverage:

- Legal spouse.
- Each of your unmarried children, stepchildren, adopted and foster children who are two-weeks of age through 19 years of age and are not a full-time student at an accredited institution.
- Each of your unmarried children, stepchildren, adopted and foster children who are full-time students at an accredited institution of learning and are 19 years of age through 25 years of age. "Full-time student" is defined as carrying at least 12 credits. Proof is required.
 - NOTE: termination of coverage for a post-secondary student not returning to school is 30 days from the last day of enrollment.

- Unmarried children, stepchildren, adopted and foster children who were handicapped before the limiting age (19 or 25 if a full-time student), and is dependent upon their parent or legal guardian for support. Eligibility ends when the parent-employee retires or otherwise ends employment.
- A Domestic Partner with proper proof as required by the Fund.
- The eligible Retiree's spouse, domestic partner, or covered dependent child.

HOW DO I ENROLL?

You must enroll for benefits upon hire at Bronxville School through your Benefits Coordinator, Dawn Mulvey. Please remember that your benefit selection cannot change until our next open enrollment period, unless there is a Special Enrollment event or a Life Status Change that will allow a mid-year change.

Once you have received your Daniel H. Cook Associates, Inc. ID Card, you can track your claims at dhclaims.com.

If you have questions about your eligibility please call Daniel H. Cook Associates, Inc.'s Eligibility Department at (914) 250-0700.

WHO IS ADMINISTERING MY BENEFITS?

The benefits of BPSEBT are now being administered by Daniel H. Cook Associates, Inc. We have been trusted third-party administrators for over 45 years, founded in 1977, and have built a strong reputation for putting our clients' needs first. Your benefits are **not** changing, but who you call and submit your claims to is. Your new card and new forms will have all the information needed to communicate with our team.

All of us at Daniel H. Cook Associates, Inc. thank you for the opportunity to serve you and your Trust!



You should submit a pre-treatment estimate for any claim that is expected to exceed \$400 in cost.

Dental Plan

The following is an overview of the dental plan available to members:

| Benefits | Description |
|--------------------------------------|--|
| Annual Individual Maximum Benefit | \$2,200 Per Covered Individual |
| Annual Family Maximum Benefit | \$8,800 per Family |
| Orthodontia Lifetime Maximum Benefit | \$2,220 <i>*This is separate from the individual/family plan year maximum.</i> |
| Payment Percentage | 100% of the allowable charge |
| Dental Care Deductible | \$75 per person – applies to Administrators ONLY and applies to all benefits (not just Dental). \$0 per person – all other employee classes do not have a plan year deductible. NOTE: The deductible amount and the classes to which it applies can change from plan year to plan year. |



If family coverage is dropped and then reinstated at a later date, there is a waiting period of **24 months** for dependent coverage. This rule only applies to employees who dropped family coverage and then want it reinstated at a later date. Individuals can change to family coverage at any time.

Preventative Services

| Services | Limitations |
|---------------------------------|---|
| Cleaning of teeth (Prophylaxis) | Covered three (3) times during each plan year. If periodontal scaling and prophylaxis are performed on the same date, an allowance equal to the perio-prophylaxis will be applied. Preventative periodontal maintenance will be counted on the basis of three (3) per plan year, combined with prophylaxis. |
| Fluoride Treatment | Two (2) times per plan year, limited to children under age 18. |
| Sealants | No limitations. |
| Space Maintainers and Fitting | No limitations. |
| Emergency Treatment | Emergency visits are covered by the plan even if no actual dental treatment is provided during the same day. No more than two (2) emergency treatments will be covered in any one plan year. |

Diagnostic Services

| Services | Limitations |
|--|--|
| Routine Oral Exams | Three (3) times per plan year. |
| X-rays, Laboratory, and Full mouth/Panoramic X-ray | The Plan will cover no more than four (4) X-rays for any one oral examination. However, a full mouth X-ray of all teeth taken as a part of a general examination is covered once in a three-year period. |

Basic Services

| Services | Limitations |
|---|--|
| Removal of teeth (Extractions) and cutting procedures in the mouth (Oral Surgery) | The Plan covers all extractions and/or other necessary oral surgery including fractures and dislocations. Allowances for extractions and oral surgery procedures includes routine post-operative care. |
| Endodontics-Root Canal Therapy | The Plan covers root canal and other endodontic treatment. |
| Periodontics (Treatment of Gum Disease) | The Plan Covers necessary periodontic treatment of the gums and supporting structure of the teeth. Subgingival curettage and Periodontal Scaling/Root planning are covered by the quadrant with one service treatment per quadrant per plan year. Periodontal prophylaxis will be covered under the preventive treatment. See preventative services for details. Major periodontal work must be pre-approved with supporting x-rays and charting. Osseous surgery will not be covered within five (5) years of the last treatment. |
| Anesthesia | A separate charge for general anesthesia is only covered in conjunction with oral surgery, periodontics, fractures, or dislocation. A charge for local anesthesia is not covered, as it is included within the normal charge for the treatment for which the local is given. |
| Medication | The Plan covers charges for injectable antibiotics administered by a dentist or physician for covered dental care. |

Fillings and Prosthetic Services and Supplies

| Services | Limitations |
|---------------------|---|
| Fillings and Crowns | The Plan covers fillings and crowns that are necessary to restore the structure of the teeth that have broken down by decay or traumatic injury. This includes all silver (amalgam), porcelain, and plastic restorations. Crowns and gold fillings are also covered if the tooth cannot be reconstructed by a filling or other material. Allowances for occlusal adjustment are covered once per quadrant per Plan year. Crowns are not covered within five (5) years of prior placement. Fillings involving the same surfaces are not covered within two (2) years of date of service. Crowns are not covered for 18 months for all new members of the Plan. |



NOTE: The Plan will cover porcelain gold crowns as well as composite fillings on molars. The Plan may request certification of oral health prior to placement of a crown.

Prosthetic Services and Supplies

| Services | Limitations |
|--|--|
| Full or partial dentures and fixed bridgework to replace missing natural teeth | <p>The Plan covers prosthetic appliances (full denture, partial removable or fixed bridgework). The Plan will not cover the initial placement of appliances involving teeth extracted prior to coverage. However, the Plan will cover dentures or fixed bridges that replace an existing appliance even if the teeth are not extracted while covered, if the prior appliance is more than five (5) years old and cannot be made satisfactory.</p> <p>Where teeth are being replaced within the same arch, but not within the same quadrant, an allowance for a partial will be made and not for a fixed bridgework. The Plan also includes benefits for repairing damaged dentures or adding teeth to existing dentures or rebasing the denture. If the Plan pays for a new denture, it will not also cover the repair or rebasing of an old set of false teeth.</p> <p>Relines are not covered within the first six (6) months from the date of placement and are not covered more than once per Plan year. The Plan may request certification of oral health prior to placement of any prosthetic appliance.</p> |

Implants

| Services | Limitations |
|----------|---|
| Implants | Implants are a covered service as long as the tooth which is being replaced was extracted while the member was covered under this plan. |

Orthodontic Services

| Services | Limitations |
|------------------------------------|---|
| Orthodontic Treatment up to age 18 | <p>There is a maximum life-time benefit of \$2,220.</p> <p>The Plan considers a full orthodontic case to involve the full banding of the upper and lower teeth. All maximums will apply to this type of orthodontic procedure. All procedures less than a full banded case will be assigned a half-case allowance, which will constitute a maximum of 50% of the total life-time allowance by the Plan.</p> |

| | |
|-------------------|---|
| Adult Orthodontia | <p>Adult Orthodontia is covered up to the Lifetime Maximum of \$2,220 and all three classifications are covered. A submission of a pre-estimate with X-rays and models is required. The classifications are defined as follows:</p> <p>Class 1 Neutral Occlusion – The arches are in normal mesiodistal relationship. The mesiobuccal cusp of the maxillary first permanent molar occludes in the buccal groove of the mandibular first permanent molar. There may be anterior crowding of the teeth, and extractions may be the only treatment necessary.</p> <p>Class 2 Retrognathism – The mandibular arch is distal (back) compared to the normal relation with the maxillary arch. The mesiobuccal cusp of the maxillary first permanent molar occludes mesial to the buccal groove of the mandibular first permanent molar. There are two divisions, and treatment may be by appliances and/or banding.</p> <p>Class 3 Prognathism – The mandibular arch is mesial to normal in its relation to the maxillary arch. Surgical correction may be required if the condition cannot be treated by the usual orthodontic methods. The mandibular arch is forward of its normal jaw regarding the maxillary arch.</p> |
|-------------------|---|

Predetermination of Benefits

When sending in Predetermination of Benefits for charges expected over \$400, follow the steps below before starting a dental treatment.

A regular dental claim form is used for the predetermination of benefits. The covered Employee fills out the Member and Patient section(s) of the form and then gives the form to the Dentist.

The Dentist must itemize all recommended services and costs and attach all supporting x-rays to the form.

The Dentist should send the form to the Claims Administrator at this address:

Daniel H. Cook Associates, Inc.
 253 West 35th Street, 12th Floor
 New York, NY 10001

The Claims Administrator will notify the Dentist of the benefits payable under the Plan. The Covered Person and the Dentist can then decide on the course of treatment, knowing in advance how much the Plan will pay.

If a description of the procedures to be performed, x-rays, and an estimate of the Dentist's fees are not submitted in advance, the Plan reserves the right to make a determination of benefits payable taking into account alternative procedures, services, or courses of treatment, based on accepted standards of dental practice. If verification of necessity of dental services cannot reasonably be made, the benefits may be for a lesser amount than would otherwise have been payable.

Preferred Provider Dental Program & Anthem Empire BlueCross BlueShield

Your dental coverage is now through Anthem Empire BlueCross Blue Shield. Your plan/network name is: "DENTAL 100/200/300 ACCESS." In addition to Anthem's network of dental providers, the Plan offers the services of a group of participating dentists. Dentists within this network have agreed to the Plan's fee schedule as payment in full or offer a reduced fee for service. Using providers from this network will limit the out-of-pocket expenses. Members

may still have to pay for non-covered services. **NOTE:** The Fund does not recommend the services of any preferred dentist. The preferred providers have been selected solely because they have agreed to accept the Fund’s fee schedule.

It is recommended that members call the dentist’s office, identify themselves as a Bronxville Public School Employees Benefit Trust member and make sure that they are still a preferred provider before making an appointment.

A current list of providers can be found on the Daniel H. Cook Associates, Inc. website. Please navigate to www.dhcook.com → Client Center → Member & Administrative Services, then use the “What is your group...” drop-down to find Bronxville Public School Employees’ Benefit Trust.

Dental Plan Exclusions

The Dental Schedule of Benefits indicates time restrictions before certain expenses are covered. The Trust will not waive these restrictions.

A charge for the following is not covered:

| | |
|--|--|
| Administrative Costs | Administrative costs of completing claim forms or reports or for providing dental records. |
| Broken Appointments | Charges for broken or missed dental appointments. |
| Bodily Injury | Bodily injury arising out of and in the course of employment by an employer or disease or defect with respect to which benefits are payable under any Workman’s Compensation or Occupational Disease Act or Law. However, this exclusion will not apply if the law does not permit a family member’s employer (or the family member) to obtain coverage for the family member under a Worker’s Compensation Act or similar act. Nor will it apply if the law permits but does not require a family member who is a partner or an individual proprietor to have coverage under a Workers’ Compensation Act or similar act and that person does not have such coverage. |
| Crowns | Crowns for teeth that are restorable by other means or for the purpose of Periodontal Splinting. |
| Cosmetic Procedures | Charges in connection with dental services primarily for the purpose of improving appearance, with the exception of orthodontia, are not covered. For example, the following are not covered: porcelain or other veneer crowns or pontics to replace molar teeth porcelain or other veneer facings on crowns or pontics to replace molar teeth, composite or plastic fillings placed in molar teeth. |
| Government Services | Charges for dental services furnished by or paid for by any government or government agency are not covered. Charges for dental services are not covered if the family member would not have been required to pay for the services in the absence of insurance for dental care. However, this exclusion will not apply where prohibited by law. |
| Hygiene | Oral hygiene, plaque control programs or dietary instructions. |
| Miscellaneous Services | <ul style="list-style-type: none"> a. Any service or supply which is not customarily performed, not reasonably necessary for dental care or treatment, or is experimental in nature. b. Any service or supply which is not furnished by a Dentist, except: <ul style="list-style-type: none"> a. A service performed by a Dentist Hygienist working under the supervision of a Dentist. b. X-rays ordered by a Dentist. c. Charges for services which you would not normally be required to pay in the absence of this coverage. For example, services performed by a family member related by blood or marriage |
| No Listing | Services which are not included in the list of covered dental services. |
| Occupational Sickness | Charges due to any sickness which would entitle the family member to benefit under a Workers’ Compensation Act or similar act are not covered. |
| Personalization | Personalization of dentures. |
| Replacement | Replacement of existing dentures or fixed bridgework, or addition of teeth to existing dentures or fixed bridgework, unless the existing denture or fixed bridgework was installed at least five years prior to the replacement and cannot be made serviceable. |
| Replacement | Replacement of lost or stolen appliances. |
| Splinting | Crowns, fillings, or appliances that are used to connect (splint) teeth, or change or alter the way the teeth meet, including altering the vertical dimension, restoring the bite (occlusion) or are cosmetic. |
| Temporary Services | Temporary services are not covered expenses. |
| Treatment Started Before Coverage Begins | Charges for the following are NOT covered: <ul style="list-style-type: none"> a. Dentures, if the impression for the denture was taken before coverage begins under the Dental Care Plan. b. Crowns, bridges, or gold restorations if preparation of the tooth was started before coverage begins under the Dental Care Plan. c. Root canal therapy if started before coverage begins under the Dental Care Plan. d. Orthodontic charges which were charged prior to the participant’s effective date of coverage. |
| War | Any loss that is due to a declared or undeclared act of war. |



 **Your dental coverage is now through Anthem Empire BlueCross Blue Shield. Please use the instructions below to find a dentist online. Your plan/network name is: "DENTAL 100/200/300 ACCESS" – please type the entire name in to have a successful search.**

STEP 1

Visit www.unicare.com/find-care/ (or visit unicare.com and then click "Find a Doctor/Find Care")

- Click on "Select a plan for basic search"

The screenshot shows two login options: "Log in for Personalized Search" and "Use Member ID for Basic Search". Below these is a "Select a plan for basic search" button, which is highlighted with a red rectangular box.

STEP 2

When searching as guest, complete the following fields:

- What type of care are you searching for? Select "Dental"
- What state do you want to search in? Select a state
- What type of plan? Select "Dental"
- Select a plan/network – **Dental 100/200/300 Access**

The screenshot shows a series of dropdown menus for filtering search results: "Select the type of plan or network" (Dental Plan or Network), "Select the state where the plan or network is offered" (New York), "Select how you get health insurance?" (Dental), and "Select a Plan or Network" (Dental 100/200/300 Access). A green "Continue" button is at the bottom.

STEP 3

Enter your zip code and then click on the type of Dental Provider you are searching for.

The screenshot shows a search bar with the zip code "10546" and a search button. Below the search bar are several buttons for selecting a care provider: "Dentist", "Oral Surgeon", "Orthodontist", "Periodontist", "Pediatric Dentist", and "Endodontist". The "Dentist" button is highlighted with a red rectangular box.

STEP 4

View your search results.

The screenshot shows a list of dental professionals. The first entry is "THE TELEDENTIST", an online dentist. The second entry is "CAROLINA JIMENEZ SOTO", a female dentist located at 30 Butler Rd, Coalinga, NY 32562. The third entry is "HOWARD A. GORDON", an in-network dentist. Each entry has a "View Details" button.



 *Eye exams are covered once, each Plan year. Eyeglasses or contact lenses (not both) are covered once per plan year.*

The Plan will only pay amounts up to the actual charge and is not responsible for charges in excess of the schedule.

Vision Plan

The following is an overview of the vision plan available to members:

| Benefits | Description |
|------------------------------|--|
| Vision Care Deductible | <p>\$75 per person that applies to Administrators ONLY and applies to all benefits. (Not just Vision)</p> <p>*All other employee classes do not have a plan year deductible.</p> <p><i>This deductible as described is only valid for the current plan year. The deductible amount and the classes to which it applies can change from plan year to plan year.</i></p> |
| Payment Percentage | 100% of the allowable charge |
| Annual Maximum per Plan Year | None |

Preferred Providers for Vision

For direct reimbursement, please refer to the Vision Plan above. In addition to this, the Plan has a preferred set of providers:

Raymond Opticians, a family-owned business with locations throughout Westchester and surrounding counties, will provide at no cost to all eligible members and their dependents the following:

- A comprehensive eye exam
- A choice of approximately 400 frames
- UV scratch coating and tinting
- Certain contact lenses
- A second pair of single vision eyeglasses or sunglasses from a special collection of frames

Mendel Optical Insight is also a preferred provider for the Bronxville Trust and more can be found at mendelopticalinsight.com.

Services or supplies beyond which are listed may require having to pay the provider the difference.



Provided by Guardian:

Guardian Group Number: 00427087

*The Guardian Life Insurance
Company of America
7 Hanover Square
New York, NY 10004-2616*

Each eligible employee receives life insurance coverage under a group plan provided contractually by the Board of Education and administered by the Trust. There is separate booklet explaining this program. Coverage under this Plan begins with the effective date of employment. If an employee chooses to elect less than the full coverage offered at the time of initial employment, the employee will have to complete an "Evidence of Insurability" in order to increase coverage at a future date. This must be submitted to and approved by the insurance company before any increases will be allowed. The policy ends when an employee leaves active employment in the Bronxville School District for reasons other than for retirement.

Each eligible employee who meets the definition for a retiree set forth in this document is entitled to take into retirement one-half of the face value of the basic policy. No portion of any supplementary policy may be taken. At age 70, the face value of the policy is reduced to \$2,000 and the premium is appropriately adjusted.

At the termination of employment, time of retirement, age 70, or when a decrease in life coverage occurs, the employee has the option to convert any lost coverage into a whole life policy without medical evaluation. The increased premiums would be the responsibility of the employee.

An addendum to the life insurance policy is an Accidental Death and Dismemberment policy. This added insurance will pay a sum of money if certain injuries or death result from an accident. A separate rider explaining this feature is available. A.D.&D. coverage ceases at the termination of employment for any reason.



The plan covers the plan member, spouse, children to the age of 19, living at home, or dependent children in school and not gainfully employed to age 25.

The plan is limited to the practice of law in the States of New York, Connecticut and New Jersey and within a 50-mile radius of Bronxville, New York (see Reduced Fee # 10 & 11 below for member parent benefits).

Included Services

- Consultation and Advice (in office or by phone)
 - Any personal matter
 - Any business matter
- Simple Document Preparation or Review (personal, non-business matters):
 - Loan Agreements
 - Contracts to buy or sell personal property, e.g. automobiles
 - Installment sale contract, e.g. to purchase household furnishings
 - Leases
- Correspondence and Telephone Communication to Third Parties (personal, non-business matters), e.g.:
 - Property damages claims, e.g. automobile accidents
 - Consumer problems, e.g. defective products or services
 - Negotiation of debt repayment obligations
 - Protection against improper debt collection practices
 - Landlord/Tenant problems
- Purchase and sale of house, condominium or cooperative apartment (Member's primary residence)
- Simple Will for member and spouse
- Living Will, Medical Care Proxy
- General Power of Attorney
- Initial appearance at Criminal and Family Court

Matters Not Covered

- Anything not specifically included in the Plan
- Claims between members of the Plan
- Claims between the member, spouse, or dependent and the Trust Fund, the Association or School District or arising under the Collective Bargaining Agreement
- Matters currently with another attorney
- Unmeritorious or spite claims
- Litigation before any Court or Administrative Tribunal

Reduced Fixed Fee Schedule for Non-Included Services

- Purchase or sale of house, condominium or cooperative apartment (non-primary residence): \$1,000
- Traffic Court matters: \$150 per pre-trial Court appearance: trial by agreement
- Administration or Probate of Estate: 2.5% of gross estate (minimum \$1,500)
- Name change: \$750
- Uncontested Divorce or Uncontested Separation Agreement (excludes negotiation): \$750

- Uncontested Personal Bankruptcy: \$2,500
- Personal Injury actions: 25% contingency fee
- Business and personal matters not set forth in the Fixed Fee Schedule: Fees shall be mutually agreed to by the attorney and client
- Simple will, living will, medical care proxy and general power of attorney to parents and parents-in-law of members: \$500 per couple or individual (NY and CT residents only for documents prepared and signed at our White Plains, NY office)
- Referral to Elder Law attorney with 20% discount on attorney's fees. Applies for member, spouse, parents, and parents-in-law



NOTE: Court and filing fees or other disbursements are payable by the client.

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STEP ONE

Type in www.dhclaims.com in your preferred web browser and hit enter.

STEP TWO

You should see the web page below. Click “Logon” to gain access to the website. For **first-time users**, click on “Click here to create a new user” to create an account. If you **already have an account**, proceed to enter your username and password, and click “Logon.”

STEP THREE (FIRST-TIME USERS)

For **first-time users**, be sure to complete all fields on the “Create an Account” page. Keep in mind, each person covered needs to create their own account. Date of birth is what differentiates each member of the family. We recommend you choose an account username and password that is easy to remember. Click “create account.”

STEP FOUR (FIRST-TIME USERS)

After logging on for the first time, you need to set your preferences. You can leave these as is or modify and then click “continue.”

The screenshot shows the 'My Preferences' page for a user named Alvarado, Angelica. The page includes a navigation menu on the left with options like Logon, Member, View Member Info, My Plan, Check Utilizations, Find Provider, Claim Status, Request Id Card, Talk To Us, Manage Users, Member Resources, My Preferences (highlighted), and Logoff. The main content area has three preference settings: 1. Select your Coverage: (a table with columns Member #, Subscriber Name, Relationship, Group Name, Plan Name, Eff. Date, Exp. Date), 2. How many claims to display per page: (a dropdown menu set to 50), and 3. How many days back for claims lookup: (a dropdown menu set to Last Week). A 'Continue' button is located below the settings.

| Member # | Subscriber Name | Relationship | Group Name | Plan Name | Eff. Date | Exp. Date |
|----------|-----------------------------------|--------------|----------------|----------------|------------|------------|
| Selected | Daniel H. Cook Alvarado, Angelica | Self | Daniel H. Cook | Daniel H. Cook | 01/01/2007 | 12/31/9999 |

STEP FIVE

Click on the links on the left-hand menu bar to gain access to different parts of the website. After selecting a link, please follow the directions located on the top of each page.



View Member Info – Allows members to view their personal and contact information. This link has been disabled.

My Plan – Displays an abridged version of the member’s benefits.

Check Utilizations – Allows the member to view \$ or units used as of given date.

Find Providers – Members can search for providers based on their Network and area.

Claim Status – Allows members to view the status of their claims

Request Id Card – Allows the member to print a temporary ID Card.

Manage Users – Allows the member to create, update or remove user accounts

Member Resources – Provides members with pertinent information concerning their benefit plan, Forms, and tips on choosing a provider and ways to expedite the handling and processing of their claims.

Talk To Us – This is a messaging center where members can leave questions concerning claims and benefits.

CHECK UTILIZATIONS

Allows the member to view the amount (\$) and units used for the given "as of date." Below is an example of the check utilizations page:

Viewing : Alvarado, Angelica - (ta13868q) - Daniel H. Cook, Daniel H. Cook, Effective period: 01/01/2007-12/31/9999

Member

As Of Date:

*Note - Next Available Date and Units will only be provided when the As of Date for Utilizations is set to today

| Liability Type | Description | Units Used | Unit Value | Unit Type | Period | Next Available Date | Units Available |
|------------------------------------|-------------|------------|-------------|-----------|------------|---------------------|-----------------|
| MM Lifetime \$ Max | | \$0.00 | \$40,000.00 | Dollars | 1 Lifetime | 10/14/2008 | \$40,000.00 |
| Dental Yearly Maximum | | \$0.00 | \$1,200.00 | Dollars | 1 Years | 10/14/2008 | \$1,200.00 |
| Major Medical Calendar Year \$ Max | | \$0.00 | \$5,000.00 | Dollars | 1 Years | 10/14/2008 | \$5,000.00 |
| Vision Family Yearly \$ Limit | | \$0.00 | \$150.00 | Dollars | 1 Years | 10/14/2008 | \$150.00 |
| Variable Supplemental | | \$0.00 | \$225.00 | Dollars | 1 Years | 10/14/2008 | \$225.00 |

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VIEW CLAIM STATUS

On this page, the member can view all claims for the date range selected. Click on desired "claim number" and an EOB will be shown with more detailed information. This EOB can be printed or saved in different formats, like PDF or as a word document.

Viewing : Alvarado, Angelica - (Daniel H. Cook) - Daniel H. Cook, Daniel H. Cook, Effective period: 01/01/2007-12/31/9999

Search: (Please fill out the search criteria)

Claim Type: Claim Status: From: To:

2 Claim(s) found

| Claim Number | Provider Number | Provider Last Name | Provider First Name | Patient Account Number | Ext. CLM # | Claim Status | Service Date From | Service Date To | Total Charges | Date Received | Form Type |
|----------------------------|-----------------|--------------------|---------------------|------------------------|------------|--------------|-------------------|-----------------|---------------|---------------|-----------|
| 0003636722 | 00203035 | Provider 32B | In Net | | | Pending | 09/17/2008 | 09/17/2008 | \$500.00 | 09/18/2008 | HCF C |
| 0003636711 | 00203035 | Provider 32B | In Net | | | Pending | 08/15/2008 | 08/15/2008 | \$200.00 | 09/18/2008 | DEN C |

Daniel H. Cook
EXPLANATION OF BENEFITS
THIS IS NOT A BILL

SUBSCRIBER: ALVARADO, ANGELICA
PATIENT: ALVARADO, ANGELICA
PATIENT NUMBER: XXXX2046
CLAIM NUMBER: 0003636722
PROVIDER: PROVIDER12B2 IN NET
PATIENT ACCT#: PROVIDER12B2 IN NET
EOB PRINTED: N
EOP PRINTED: N
DATE PRINTED: 10/14/2008

| Code | Description | C/Pr | Dedicable | Co. Insurance | Tar Charge | Net Pmt | Allowed | Tar Benefit |
|---------------|---|------|-----------|---------------|------------|---------|---------|-------------|
| 1 | 10/17/2008 12001 FRANCHISE/RENTAL SPECIAL | 0.00 | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 |
| Total: | | 0.00 | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 |

* Service Line Explanation
Services rendered by PROVIDER 12B2 IN NET.

| Payment History | Check Date | Check Number | Check Amount | Form Type | Total Date |
|-----------------|------------|--------------|--------------|-----------|------------|
|-----------------|------------|--------------|--------------|-----------|------------|



FILL OUT A CLAIM FORM

Your Dental and Vision Claim Forms can be found on the Daniel H. Cook Associates, Inc. website. Please navigate to www.dhcook.com → Client Center → Member & Administrative Services, then use the “What is your group...” drop-down to find Bronxville Public School Employees’ Benefit Trust.

Remember to fill out all relevant fields, some of which need to be completed by your provider, and to attach a copy of the provider’s bill showing itemized services, fees, and date.

DENTAL CLAIM FORMS SHOULD BE SENT TO:



If using an Anthem Provider:

Payor ID: 84105
Anthem Dental Claims
P.O. Box 659444
San Antonio, TX 78265-9444



If using a Preferred Provider:

Daniel H. Cook Associates, Inc.
253 West 35th Street, 12th Floor
New York, NY 10001-1907

VISION CLAIM FORMS SHOULD BE SENT TO:



Mail Completed Form To:

Daniel H. Cook Associates, Inc.
253 West 35th Street, 12th Floor
New York, NY 10001-1907



Fax Completed Form To:

(646) – 381 – 8853



Email Completed Form To:

intake@dhcook.com

Questions? You can call our Customer Service Department at (914) 250 – 0700.