

YONKERS CLSA WELFARE FUND



MEMBER DHCLAIMS PORTAL GUIDE



Daniel H. Cook Associates, Inc. (Cook) has taken over administration for Yonkers CLSA Welfare Fund effective 01/01/2025. Please refer to the attached guide for how to access and use your exclusive Member Claims Portal! If you are experiencing technical difficulties, please do not hesitate to reach out at info@dhcook.com or (914) 250-0700.

PURPOSE OF THIS GUIDE

This document will serve as a guide for new/current active members to view their claims via Daniel H Cook Associates Inc claims website, dhclaims.com ([HTTPS://DHCLAIMS.COM](https://dhclaims.com)). When logged in users can view membership information, view plan information, check usage utilization, check claim status, print/download a copy of their Explanation of Benefits, find a provider, manage user credentials, and submit an inquiry.

HOW TO LOG IN

The method of logging into DHClaims.com is the same for all users regardless of what type of user is accessing the system. Users will need to open an internet browser of their choice.

Website URL <https://dhclaims.com>

The following website should display:

A screenshot of the DHClaims.com login page. At the top, there is a blue header bar with the Daniel H. Cook Associates Inc. logo on the left and the word "Logon" in white text on the right. Below the header, the page has a light gray background. In the center, there is a white box with a blue border titled "Logon". Inside this box, the text "Please login by entering your assigned username and password" is followed by a horizontal line. Below the line are two input fields: "User Name" and "Password". To the right of the "Password" field is a blue button with the word "Logon" in white. Below the input fields, there are two links: "Create New User" and "Forgot Password".

If it is your first time logging in to the portal, please click “Create New User” link to create your account:

Create an Account

1. Choose the TYPE of user you would like to create an account for:

Member

Select

For Question 1, select “Member” and click select.

You will then be prompted to enter in your identifiers and to self-elect a username and password. Please write down your username and password for safe keeping.

2. Enter the following account information below:

Member First Name:

Member Last Name:

Date of Birth (mm/dd/yyyy):

Last Four Digits of Insured SSN:

Account User Name:

Account Password:

Confirm Password:

Email Address:

Create Account

PLEASE NOTE: The main Subscriber to the Fund can view their benefits and the benefits of all dependents, except a spouse. If your spouse is a dependent on the plan, they will need to create their own/separate log in. If your child dependent is over the age of 19 and would like to opt-out of their claims being visible to the main Subscriber, please have them fill out the opt-out form available at <https://dhcook.com/groups/the-yonkers-police-captains-lieutenants-sergeants-association/>.

FORGOTTEN PASSWORD

If the user forgets their credentials, they should contact Daniel H Cook Associates Inc. Customer Service, at 212-505-5050 for assistance.

MY PREFERENCES

Upon a successful initial login, users will be taken to the [My Preference](#) page. Once the user presses the save button, all subsequent logins will not initially display this page. This screen allows the user to select the number of claims per page the system should display when the member views claims, as well as the time period which the system should automatically display claims. If the user has multiple coverages, selecting the desired coverage will show information for that specific coverage only. The active coverage is automatically elected.

My Preferences

1. Select your Coverage:

	Member #	Subscriber Name	Relationship	Group Name	Plan Name	Eff. Date	Exp. Date
Selected	XXXXXXXXXX	XXXX, XXXXX	Self	YCLSAWF Active Dental/Vision	YCLSAWF	1/1/2024	12/31/2050

2. How many claims to display per page:
50

3. How many days back for claims lookup:
Last Week

Save

To save any changes made to this screen, press the save or continue button at the bottom of the screen.

Users can always return to this screen by clicking on My Preferences on the menu options at the top of the page.

NAVIGATING DHCLAIMS

The website menu is across the top of the page. Clicking on a menu item opens that page. Please refer to the table below:

Menu Item	Description
View Member Info	View your personal demographic data
View Financials	Not Available
My Plan	Display the Summary of Benefits
Check Utilizations	View the liabilities that you have used and the next date on which the liability will become available
Find Provider	Not Available
Assigned Providers	Not Available
Claim Status	Search your claims to check status, view, print, and download the Explanation of Benefits (EOB)
My Messages	Future Functionality

Talk To Us	Submit an inquiry regarding claims and/or benefits
Attachments	You can upload proof of full-time student.
Manage Users	Update portal login information and password
Member Resources	Future functionality
My Preferences	View and update web portal preferences
My Dependents	Dependents, other than a spouse, will be listed here
Document Options	Future Functionality
My Documents	Will currently display pre-authorization letters
Announcements	Quick announcements for the Member
Logoff	Close your portal session

VIEW MEMBER INFO

The View Member Info page displays the member's general demographic information that is stored in the system. A list of coverage slices for the Member is also displayed.

Member Info

Personal Information

Name:

Thomas Butler

DOB:

12/15/1988

Address:

6330 Lakewood Blvd
Portland, OR 97206-5000

Sex:

Male

Marital Status:

N/A

Home phone:

N/A

Work phone:

N/A

Email:

N/A

Language(s):

English (Primary),

Coverage 01/01/2024 - 12/31/2050

Group Name:

Active Dental/Vision

Group Number:

-ACTIVE

Benefit Plan:

Employer Name:

Subscriber Number:

DH [REDACTED]

Subscriber Policy Number:

DH [REDACTED]

Subscriber Name:

[REDACTED] Thomas

Relationship:

Self

Member Number:

DH [REDACTED]

MY PLAN

The [My Plan](#) page will display a Summary of Benefits for the plan.

Summary of Benefits

ViewPDF.aspx 1 / 8 67%

SUMMARY OF BENEFITS
YCLSAWF
In-Network

Category	Benefit Description	Benefit Details
Imaging		\$500 per member 1 every 5 years
Vision	Lasik Benefit Dependent	Age: 0 - 26 Years
	Lasik Left Eye	Age: 0 - 26 Years
	Lasik Right Eye	Age: 0 - 26 Years
	Lasik Benefit Member/Spouse	
	Lasik Left Eye	

To download or print the Summary of Benefits,

- Click the download icon  to save the Summary of Benefits to your computer.
- Click the print icon  to print the Summary of Benefits.

Clicking the hamburger icon  will show/hide the document map.

CHECK UTILIZATIONS

The [Check Utilizations](#) page allows the Member to view the liabilities that they have used and the next date on which a liability will become available. The Start Date and End Date needs to be manually set according to the plan's effective date.

View Utilizations

Member
Start Date: 6/1/2024 End Date: 5/14/2025

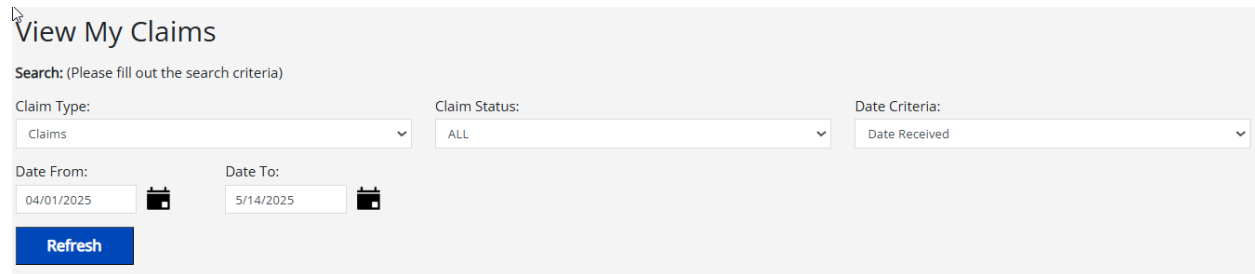
[Refresh](#) [Entity Level Utilization](#)

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

Liability Type Description	Liability Item Description	Period Start Date	Period End Date	Units Used	Unit Value	Unit Type	Period	Next Available Date	Units Available
Dental Periodontics/Perio Scaling	4 Perio Scaling Per Year Calendar Year	01/01/2024	12/31/2024	0.00	4.00	Units	1 Calendar Years	N/A*	
Dental Periodontics/Perio Scaling	4 Perio Scaling Per Year Calendar Year	01/01/2025	12/31/2025	0.00	4.00	Units	1 Calendar Years	05/14/2025	4.00
Dental Diagnostic/FMS	1 FMS Per 36 Months	05/15/2022	05/14/2025	0.00	1.00	Units	36 Months	05/14/2025	1.00
Dental Orthodontics/Initial App Maximum	Dental Ortho Initial Appliance Limit-1 LTM	01/01/1900	12/31/9999	0.00	1.00	Units	1 Lifetime	05/14/2025	1.00
Dental Orthodontics	1 Passive Treatment Per 6 Months	11/15/2024	05/14/2025	0.00	1.00	Units	6 Months	05/14/2025	1.00
Dental Orthodontics/Workup	Dental Ortho Workup - 1 per LTM	01/01/1900	12/31/9999	0.00	1.00	Units	1 Lifetime	05/14/2025	1.00
Dental Preventative/Fluoride Maximum	2 Fluoride Per Calendar Year	01/01/2024	12/31/2024	0.00	2.00	Units	1 Calendar Years	N/A*	

CLAIM STATUS

The [Claim Status](#) page provides the Member with a way to find the status of their claims. The Claim Status page is the default page which appears each time a member logs into the DHClaims portal.



The screenshot shows the 'View My Claims' section of the DHClaims portal. It features a search criteria form with the following elements:

- Search:** (Please fill out the search criteria)
- Claim Type:** A dropdown menu with 'Claims' selected.
- Claim Status:** A dropdown menu with 'ALL' selected.
- Date Criteria:** A dropdown menu with 'Date Received' selected.
- Date From:** A date input field showing '04/01/2025' with a calendar icon.
- Date To:** A date input field showing '5/14/2025' with a calendar icon.
- Refresh:** A blue button to initiate the search.

To search for a claim(s):

- Select the Claim Type: Claims or Pre-Estimate
- Select a Claim Status: All, Pending, Paid, Denied, or Historical.
- Select the dates between which to search for claims. The date from and date to interval needs to be within a year.
- Click the refresh button to initiate the search.

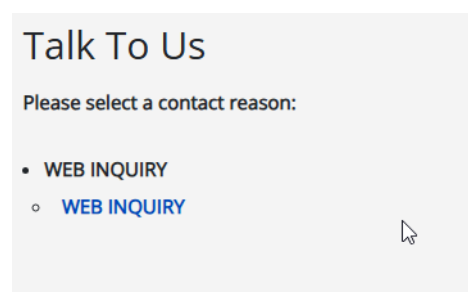
To view the desired claim's Explanation of Benefit, click on the claim number.

To download or print the Explanation of Benefits:

- Click the download icon  to save the Summary of Benefits to your computer.
- Click the print icon  to print the Summary of Benefits.
- Clicking the hamburger icon  will show/hide the document map.

TALK TO US

The [Talk To Us](#) page provides Members with a way to send DH Cook an electronic inquiry regarding claims or benefits.



The screenshot shows the 'Talk To Us' section of the DHClaims portal. It features a contact form with the following elements:

- Talk To Us**
- Please select a contact reason:**
- WEB INQUIRY** (selected)
- WEB INQUIRY** (unselected)

To submit an inquiry:

- Click on Web Inquiry
- Complete the corresponding form in its entirety

Talk To Us: (Please be sure to fill out all required fields)
Contact Reason: **WEB INQUIRY**
Description: WEB INQUIRY

* Subject:

* Details:

*Email Address:

Attachment(s):
 No file chosen

Files can be attached as long as they meet the following criteria:

- File size must be less than 5 MB
- Image file types can be tiff,gif,jpg, or png.
- Document file types can be pdf, txt, doc, docx, xls, xlsx, or csv.

HOW TO CONTACT OUR TEAM

Please never hesitate to reach out to our team! We are here to help.



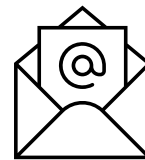
Write to us!

Daniel H. Cook Associates, Inc.
1040 6th Avenue, 24th Floor
New York, NY, 10018



Call us!

(914) 250-0700



Email us!

info@dhcook.com for general
questions