

MEMBER BENEFITS GUIDE

LAKELAND CIVIL SERVICE WELFARE FUND

DENTAL / VISION / FLEX / LEGAL BENEFITS

2025-2026



DANIEL H. COOK
ASSOCIATES INC

1040 Avenue of the Americas, 24th Floor, New York, NY 10018

LAKELAND CIVIL SERVICE

WELFARE FUND

BENEFIT INFORMATION

WHAT'S INSIDE THIS GUIDE?

- General Information concerning Plan Coverage3
- Am I Eligible?3
 - Participants3
 - Dependents4
 - Coordination of Benefits Provision4
- How Do I Enroll?4
- Who Is Administering My Benefits?5
- Proof of Full-Time Student5
- Termination of Coverage6
- Leave of Absence6
- COBRA – Continuing/Extending Benefits6
- Dental Plan Overview8
 - Dental Plan8
 - Benefit Determination8
 - Preventative Services8
 - Diagnostic Services9
 - Basic Services9
 - Fillings and Prosthetic Services and Supplies10
 - Prosthetic Services and Supplies10
 - Implants11
 - Orthodontic Services11

Predetermination of Benefits	11
Dental Plan Limitations and Exclusions Applicable to the Dental Plan.....	12
Common Claim Problems	13
Claim Processing	13
Anthem’s Dental PPO Network	13
Coordination of Benefits.....	13
How to Find a Dental Provider Online	14
Vision Plan Overview	15
Vision Plan	15
Covered Services.....	15
Davis Vision Program and Participating Vision Providers	15
Viewing your Claims on DHClaims.com	17
How to Submit a Claim	20
Flexible Benefits Program	21
What is the Flexible Benefits Program?.....	21
Flexible Benefit Program Schedule of Benefits.....	21
Group Legal Service Plan	22
Included Services	22
Matters Not Covered.....	22
Reduced Fixed Fee Schedule for Non-Included Services	22



You and your dependents are eligible for coverage in accordance with the rules and regulations of the Lakeland Civil Service Welfare Fund. Your coverage and/or plan changes becomes effective on the first day of the month following the month you are employed. 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 26. Members are responsible for notifying the district benefit office when a dependent turns 19 and/or enrolls/graduates or is no longer attending school.

Your plan year is from **July 1 to June 30**. The mailing address is:

Lakeland Civil Service Welfare Fund
1040 Avenue of the Americas, 24th Floor
New York, NY 10018

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

GENERAL INFORMATION CONCERNING PLAN COVERAGE

The benefits provided by this plan are for **reimbursement of incurred expenses**, and payment by the plan will be made only for those costs actually incurred and paid for by the eligible participant. Reimbursement will not be made for any amounts for which the participant is not legally liable in the absence of coverage by this plan.

This guide describes the main features of the plan but is for **SUMMARY purposes only. Please refer to your official Plan Documents for all plan rules and regulations.** The benefits provided may be changed by the Board of Trustees. All provisions of the plan are subject to such rules and regulations adopted by the Trustees.

AM I ELIGIBLE?

Participants

The term “participant” used in this member guide means:

- A. Any employee for whom contributions are made to the Lakeland Civil Service Welfare Fund pursuant to any collective bargaining agreement, individual contract of employment or School Board policy.
- B. The eligible employee’s lawful spouse (see “Dependents” below).
- C. The eligible employees dependents (see “Dependents” below).
- D. A Retiree

Please Note: New members have limited benefits during the first year of participation in the welfare fund.



RETIREE: Retirees have three options: 1) retirement plan, 2) COBRA, or 3) not continuing in benefits. Upon retirement, you must enroll in the self-pay retirement plan or COBRA to continue coverage. Retirement coverage is on a direct pay basis with DH Cook.

Dependents

The following dependents are 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.
- Unmarried child who is a full-time student at an accredited institution of higher learning and has not attained the age of 26 years. Full-time student is defined as carrying at least 12 credits. Termination of coverage for a post-secondary student not returning to school is 30 days from the last day of enrollment (Please see “Proof of Full-Time Student” section below for more details).
- Unmarried child who was handicapped before the age of nineteen years, and is dependent upon his parent or legal guardian for support. The Plan may require written proof of such dependence.
- The eligible Retiree’s spouse or covered dependent child.

Coordination of Benefits Provision

Some individuals have coverage in addition to the benefits provided by this plan. When this happens, the amount of benefits payable under this plan will take into account any coverage a participant has under “other plans so the combined benefits under this plan and other plans” will not exceed the total expenses involved. For the purposes of coordinating benefits of multiple coverages, any “other plan,” means any plan of benefits provided by:

- A. Group insurance or any other arrangement of coverage for individuals in a group which provides benefits or services on an insured or an uninsured basis;
- B. “No-fault” automobile insurance which is required under any law and is provided on other than a group basis; or
- C. Plans provided by the U.S. Government, State Government, or any instrument thereof.

In coordinating benefits for a participant having multiple coverages, the “primary” plan pays first and the “secondary” plan pays next to make up the difference, but the total benefit paid by both the primary and the secondary plans will not exceed 100% of the allowable expenses incurred. In addition, no plan will pay more benefits than it would normally provide without this special coordinating provision. In determining which plan is primary and which plan is secondary, the following order will be used:

- A. A plan without a coordination of benefits provision will always be the primary plan; and
- B. If all plans have a coordination of benefits provision then:
 - a. The Plan covering the participant as an employee is primary;
 - b. The Plan covering the participant as a dependent spouse is secondary;
 - c. With respect to dependent children, the plan that covers a person as a dependent of an employee whose month and day of birth occur earlier in the calendar year will be considered primary.

When submitting claims for members of the family (dependents) who are primary through another carrier and secondary to this plan, a copy of the primary plans payment must accompany the claim.

HOW DO I ENROLL?

You must enroll for benefits upon hire at Lakeland Central District through your Benefits and Payroll department.

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.

Effective Date of Coverage Coverage under this plan will begin on the first day of the month after the month you are hired. The twelve month waiting period on certain defined procedures is calculated from the date coverage begins.

WHO IS ADMINISTERING MY BENEFITS?

The benefits of Lakeland Civil Service Welfare Fund 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.

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

PROOF OF FULL-TIME STUDENT

All dependents covered under the Lakeland Civil Service Welfare Fund are entitled to full coverage until they reach the limiting age of 19. After this, dependents can extend their coverage up until age 26 if they are a full-time student at an accredited institution of learning. When the dependent reaches the limiting age of 26, coverage will end on the last day of their birthday month.

"Full-time student" is defined as carrying at least 12 credits. To continue your dependent's coverage as a full-time student under 26 years of age, proof is required **every semester**. Fall semester covers dates 9/1 to 1/31, and Spring semester covers 2/1 to 8/31. Separate proof is needed for each dependent on your plan.

Please note, that if proof of full-time student is not received in a timely fashion, your dependent's coverage will be terminated. Termination of coverage for a post-secondary student not returning to school is 30 days from the last day of enrollment.

Accepted Documentation and Requirements

You may submit the following as proof of full-time student:

- Paid Bursar's bill, letter from or Registrar, or similar (see below requirements).
 - All proof must specify the following:
 - Semester/term dates
 - School name
 - Amount of credits
 - Name of student

We **do not** need your grades, schedule, tuition amount, phone number, or student ID number. Feel free to block this information out.

You should submit your proof of enrollment documentation in English. If your document is not in English, you must also provide a translation to English as one of the pages. Failure to provide a translation will result in a rejection of your proof. You may translate the documentation yourself.



Please email your Proof of Full-Time Student to the following Email Address:
Eligibility.dept@dhcook.com

TERMINATION OF COVERAGE

Coverage will end on the earliest of the following events:

- (1) Your employment ceases;
- (2) You cease to be an eligible member or dependent;
- (3) You stop making any payments required for your coverage; or
- (4) The Plan terminates.

LEAVE OF ABSENCE

Any member of the Trust granted a leave of absence by the Board of Education after at least one year of continuous membership in the Trust, may maintain his/her membership through direct personal payment to the Trust. Payment will be required in full within 30 days of last day worked and will be equal to the amount that would have been due from the Board of Education. **In the event payment is not received within 30 days, membership will be terminated.** If membership is not maintained the member, upon return, will be subject to all rules affecting new members. **The Trust will carry a participant on leave for a maximum of two years.**

COBRA – CONTINUING/EXTENDING BENEFITS

Under the Consolidated Omnibus Reconciliation Act of 1985 (COBRA) certain individuals are given the option of continuing their group health benefits under specified conditions.

You and your dependents are eligible to continue coverage for up to 18 months when termination is due to a reduction in your hours worked, or upon termination of your employment.

A member who (a) elects continuation coverage as the result of termination of employment and (b) is subsequently determined by Social Security to have been disabled as of the date of termination, is entitled to continue coverage for 29 months instead of 18 months.

Your dependents are eligible to continue their coverage for up to 36 months upon the occurrence of the following events:

- a) The spouse and children upon the death of the covered employee.
- b) The spouse, upon divorce or legal separation from the employee;
- c) The spouse and children of Medicare-eligible employees, when the employee ceases to participate in the plan (dental and vision benefits are not covered by Medicare.)

- d) Dependent children when they cease to be a dependent child under the definition in the Plan.

Coverage cannot be continued beyond any of the following dates.

- a) The date on which the Trust ceases to provide any Plan to any member.
- b) The date the premium is not paid by the individual.
- c) When the individual becomes covered by any other group health plan, except if the other group health plan contains a preexisting condition limitation that applies to the person receiving continuation coverage, or when the individual is entitled to Medicare benefits.
- d) In the case of a spouse, when the spouse remarries and becomes covered under another group health plan, except if the other group health plan contains a preexisting condition limitation that applies to the person receiving continuation coverage.

If your coverage terminates, or is about to terminate, you will be provided with a Continuation of Coverage Election Form, which will enable you and your spouse to elect or reject continuation of group health coverage. You are responsible for providing us with current information as to your family status (i.e. separation, divorce or dependent ineligibility for coverage.)

Your election to continue coverage must be completed within 60 days after you receive this Continuation of Coverage Election Form, or your termination date, whichever occurs last. Benefits provided shall be identical to coverage provided for active full-time employees and their dependents who have coverage under the Plan but have not yet terminated their coverage. The cost to continue coverage is paid for by the individual. Within 180 days before the expiration of your continuation of coverage, you shall have a right to convert to a conversion policy if such a policy is part of the group dental/vision plan at the time of your termination and is being offered to other active full-time employees under the plan.

For a complete description of COBRA and questions regarding your right to continue coverage after your termination date, please contact your Trustees or Plan Administrator.

NEW MEMBERS

New members have a **one year waiting period** for the following:

- 1) Bridges and Crowns
- 2) Periodontal (Osseous) Surgery
- 3) Dentures, Inlays, Onlays
- 4) Major Services



You should submit a pre-treatment estimate for any claim that is expected to exceed \$300 in cost.

Dental Plan

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

Benefits	Description
Annual Individual Maximum Benefit	\$2,000.00 Per Covered Individual
Annual Family Maximum Benefit	\$2,500.00 per Family
Orthodontia Lifetime Maximum Benefit	No Orthodontic services are covered.
Payment Percentage	100% of the allowable charge
Limitations at-a-Glance	<p>Each covered member is entitled to:</p> <ul style="list-style-type: none"> • 2 Cleanings or Periodontal Maintenance per Plan Year • 2 Oral Exams with 4 X-rays per visit • 1 Full Mouth X-Ray every 3 years. • 2 Fluorides per Plan Year to age 19 • 2 Emergency Dental Treatments per Plan Year



NEW MEMBERS have a one year waiting period for the following:

- 1) Bridges and Crowns
- 2) Periodontal (Osseous) Surgery
- 3) Dentures, Inlays, Onlays
- 4) Major Services

Benefit Determination

The Plan covers treatment performed while covered. Treatment will be considered to have been performed for the listed procedure as follows:

- A. Dentures, full or partial – when impression is taken for the appliance.
- B. Fixed bridgework, crowns and gold restorations – when the tooth is first prepared.
- C. Root canal therapy – when tooth is opened.

Preventative Services

Services	Limitations
Cleaning of teeth (Prophylaxis)	Cleaning of teeth (prophylaxis) is covered twice during each plan year. If a periodontal (04341 - 04340) scaling and a prophylaxis (01110) are performed

	on the same date, the plan will only pay for the scaling. Additionally, the plan will not cover a prophylaxis within 30 days of a full-mouth periodontal scaling.
Fluoride Treatment	A fluoride treatment will be covered twice each plan year for children up to age 19.
Space Maintainers and Fitting	For children only.
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	Oral exams are covered twice per plan year. The Plan covers oral examinations that may be necessary to diagnose a specific symptom.
X-rays, Laboratory, and Full mouth/Panoramic X-ray	The Plan covers oral examinations, x-rays and laboratory tests that may be necessary to diagnose a specific symptom. 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. Allowances for films or other procedures covered by the Plan include the charge for examination and diagnosis.

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 include routine post-operative care. The Plan covers oral surgery related to the excision of tumors and/or cysts, which are located on the teeth, gum tissue and the alveolus surrounding the teeth. Claims for extraction of wisdom teeth must be accompanied by x-rays of the area in question.
Endodontics-Root Canal Therapy	The Plan covers root canal and other endodontic treatment. All services provided that are normally associated with root canal therapy are included in the scheduled fee.
Periodontics (Treatment of Gum Disease)	The Plan covers necessary periodontic treatment of the gums and supporting structure of the teeth. <u>The plan will pay for two (2) periodontal scalings per year.</u> Periodontal maintenance and perio-prophy will be counted as preventive care, which is covered twice per year. The Plan will only pay for periodontic maintenance (04190) where the individual has been involved with procedures of periodontal curettage or osseous surgery. (See Preventive Treatment)

	<p>In the event that the Plan is billed for full-mouth periodontal scaling, full-mouth periodontal curettage and full-mouth periodontal osseous surgery, the plan will not pay for periodontal curettage.</p> <p>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.</p>
Anesthesia	A separate charge for general anesthesia is only covered in conjunction with partial and full bone extraction, osseous surgery, 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.

 **NOTE: New members are not covered for perio-surgery for a period of 12 calendar months from the effective date of coverage.**

Fillings and Prosthetic Services and Supplies

Services	Limitations
Fillings	The Plan covers fillings that are necessary to restore the structure of teeth that have been broken down by decay or traumatic injury. This includes all silver (amalgam) and composite fillings. Fillings involving the same surfaces are not covered within two (2) years of date of service.
Crowns	Crowns that are necessary to restore the structure of teeth that have been broken down by decay or traumatic injury and cannot be reconstructed by a filling or other material are covered. This includes gold, porcelain and plastic restorations. Gold onlays and inlays are also covered if the tooth cannot be reconstructed by a filling of other material. Crowning of teeth for periodontal support is not covered. Replacement crowns and onlays or inlays are not covered within (5) years of prior placement. <i>See note below.</i>

 **NOTE: New members are not covered for crowns for a period of twelve calendar months from the effective date of coverage.**

Prosthetic Services and Supplies

Services	Limitations
Prosthetics	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 (5) years old and cannot be made satisfactory. 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 fixing 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

	<p>repair or rebasing of an old denture. Relines are not covered within the first six (6) months from the date of placement, and are not covered more often than once per plan year. The Plan does not cover precision or semi-precision attachments.</p> <p>The plan will not cover replacement of prosthetic appliances in less than (5) years for any reason.</p>
--	--



NOTE: New members are not covered for prosthetics for a period of twelve calendar months.

Implants

Services	Limitations
Implants	Implants which are not of an experimental nature are considered a covered service.

Orthodontic Services

Services	Limitations
Orthodontic Treatment for Dependent Children	No orthodontia is covered.
Adult Orthodontia	No orthodontia is covered.

Predetermination of Benefits

A treatment plan, with respect to a course of services or treatment, that is expected to exceed \$300.00 in cost must be submitted to the Plan within 20 days following the examination which reveals the need for such services or treatment. Such Treatment Plan MUST include appropriate x-rays, a description of services to be furnished, as well as an explanation of the need for such services or treatment. The Pre-Treatment estimate shall be submitted on official claim forms. With the exception of emergency work, failure to obtain pre-approval could result in non-payment of claim if need cannot be clearly established.

When sending in Predetermination of Benefits for charges expected over \$300, 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.
1040 Avenue of the Americas, 24th Floor
New York, NY 10018

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.

Dental Plan Limitations and Exclusions Applicable to the Dental Plan

“Covered Dental Charges” shall in no event be deemed to include expenses incurred for the service, supplies or treatment:

- A. Unless such services, supplies or treatment were prescribed as necessary by a dentist or physician.
- B. In a Veteran’s Administration Hospital, or which in the absence of coverage, would have been furnished without cost, or are furnished under conditions where the covered individual has no legal obligations to pay, or if the expenses are reimbursable by a local or other governmental agency.
- C. Covered under any group program or union, employer or association program to the extent that more than 100% recovery by the participant would be made for any charges for which benefits are provided hereunder.
- D. Covered under the U.S. Social Security Act (Title XVIII) as amended from time to time.
- E. If they were incurred on account of:
 - (1) war, declared or undeclared, included armed aggression;
 - (2) Services, supplies or treatment received from a dental or medical department maintained by an employer, a mutual benefit association, labor union, trustee or similar type of group;
 - (3) Loss or theft of dentures or bridgework;
 - (4) Dentistry for cosmetic purposes, inclusive of orthodontia, including alteration or extraction and replacement of sound teeth for the purpose of changing appearance;
 - (5) Bodily injury arising out of and in the course of employment by any employer, or disease or defect with respect to which benefits are payable under any Workmen’s Compensation or Occupational Disease Act or Law.
- F. There are time restrictions indicated in the plan document for certain procedures. All members are expected to adhere to these time restrictions.
- G. Crowning of teeth for periodontal support is not covered.
- H. Temporary services are not covered expenses.

Common Claim Problems

- Incomplete information regarding whether you or your spouse has other group insurance coverage, and if so, name or group, name of insurance company, address, policy number, etc.

If there is other group coverage, send a copy of the benefit payment record furnished by the other plan.

- Incomplete information regarding dates of birth or age.

Claim Processing

Examination – The Trust, at its own expense, shall have the right and opportunity to examine any member information as often as it may reasonably require during the review and processing of the claim.

Anthem's Dental PPO Network

The Providers have agreed to accept the fee schedule as payment in full; they will submit the bills directly to us and we will pay them directly. If you choose a non-participating dentist you will be responsible for any amount billed over the plan amount for the services provided. If a provider would like to join the network they can contact the plan to request and accept the fee schedule.

Coordination of Benefits

If you and your spouse each have coverage, your dependent children will be considered primary by the plan of the person whose **month and day of birth** occur earlier in the calendar year.

When you submit claims for members of the family who are primary through another carrier, a copy of the primary plan's payment must accompany the claim.

HOW TO FIND A DENTAL PROVIDER ONLINE

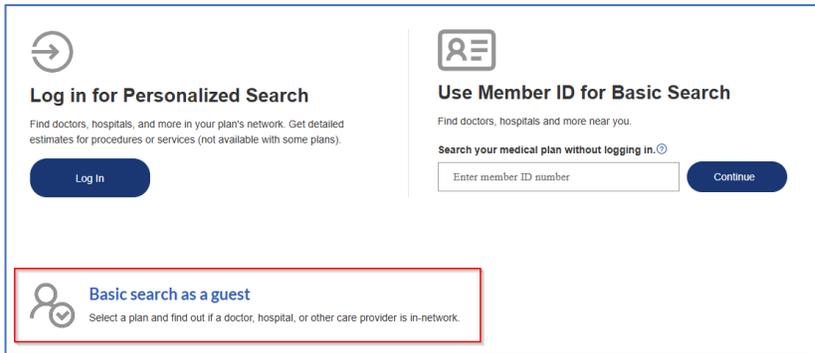


 **Your dental coverage is through Anthem Empire BlueCross Blue Shield. Please use the instructions below to find a dentist online. Your plan/network name is: "DENTAL PPO ACCESS" – please ensure the network name is correct to have a successful search.**

STEP ONE

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

- Click on "Basic search as a guest"



Log in for Personalized Search
Find doctors, hospitals, and more in your plan's network. Get detailed estimates for procedures or services (not available with some plans).
[Log In](#)

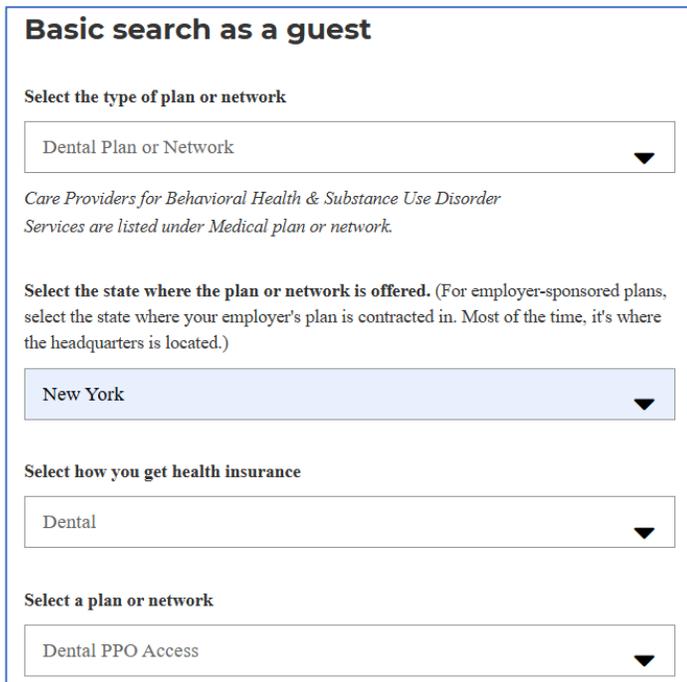
Use Member ID for Basic Search
Find doctors, hospitals and more near you.
Search your medical plan without logging in.
Enter member ID number [Continue](#)

Basic search as a guest
Select a plan and find out if a doctor, hospital, or other care provider is in-network.

STEP TWO

When searching as a guest, complete the following fields:

- Select the type of plan or network.
 - Select **Dental Plan or Network**
- Select the state where the plan or network is offered.
 - Select **New York** (this will not limit out-of-state searches)
- Select how you get health insurance.
 - Select **Dental**
- Select a plan or network
 - Select **PPO Access**



Basic search as a guest

Select the type of plan or network
Dental Plan or Network

Care Providers for Behavioral Health & Substance Use Disorder
Services are listed under Medical plan or network.

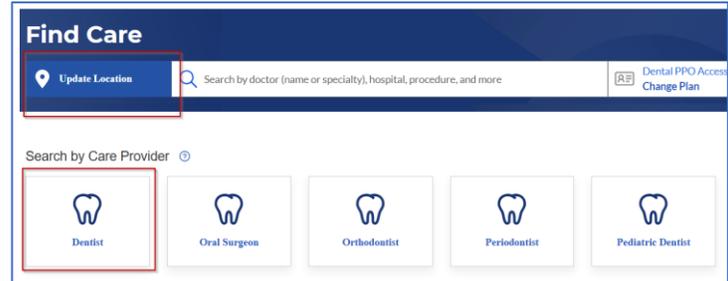
Select the state where the plan or network is offered. (For employer-sponsored plans, select the state where your employer's plan is contracted in. Most of the time, it's where the headquarters is located.)
New York

Select how you get health insurance
Dental

Select a plan or network
Dental PPO Access

STEP THREE

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



Find Care

[Update Location](#) 18567 Search by doctor (name or specialty), hospital, procedure, and more [Dental PPO Access Change Plan](#)

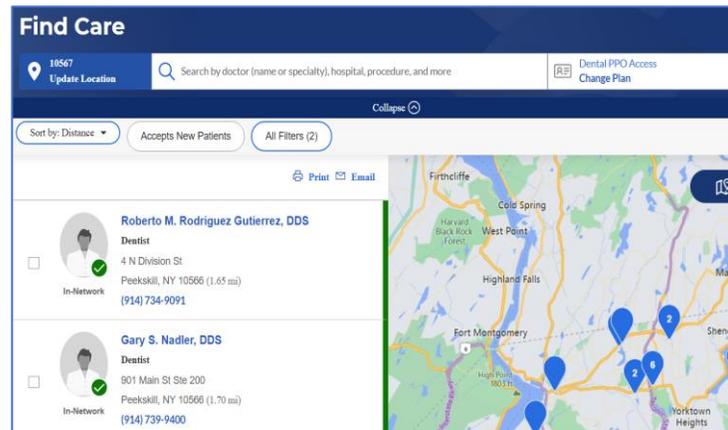
Search by Care Provider

Dentist Oral Surgeon Orthodontist Periodontist Pediatric Dentist

STEP FOUR

View your search results.

- Use the icons on the right-hand side to automatically download your search list to PDF for easy printing and emailing of your search results.
- You can continue to filter your search results using the options on the left-hand side (Can select "Accepting New Patients," and can adjust distance, etc.)



Find Care

18567 [Update Location](#) Search by doctor (name or specialty), hospital, procedure, and more [Dental PPO Access Change Plan](#)

Sort by: Distance Accepts New Patients All Filters (2) Collapse

[Print](#) [Email](#)

Roberto M. Rodriguez Gutierrez, DDS
Dentist
4 N Division St
Peeckskill, NY 10566 (1.65 mi)
(914) 734-9091
In-Network

Gary S. Nadler, DDS
Dentist
901 Main St Ste 200
Peeckskill, NY 10566 (1.70 mi)
(914) 739-9400
In-Network

Map showing locations near Fort Montgomery, High Falls, and Yorktown Heights.



 *The Plan will only pay amounts up to the actual charge and is not responsible for charges in excess of the schedule. Services are offered through the DAVIS VISION program.*

Vision Plan

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

Benefits	Description
Benefit Overview	Eye examinations and glasses are covered once per individual per plan year for primary members . For dependents, once every other year . The Plan will pay for glasses or contacts, annually, but not both.
Payment Type	Reimbursement
Payment Percentage	100% of the allowable charge
Annual Maximum per Plan Year	If you use your own eye doctor, you will be reimbursed a maximum of \$120 per individual for these services.

Covered Services

1. **Eye Examination:** Check of principal visual functions, ability, and condition of vision. If a medical diagnosis exists, the claim should be filled with your medical carrier.
2. **Glasses/Contacts:** Covered if a visual deficiency exists.

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

Davis Vision Program and Participating Vision Providers

Vision services are offered through the Davis Vision Program. By using utilizing the participating providers, you and your eligible dependents will be able to receive a vision examination and glasses with no out-of-pocket expense. The program offers a selection of frames and lenses from which you may choose. If you decide not to use frames and lenses offered through the program, you will have to pay the optometrist’s charge for the frames and lenses you choose. A list of optometrists participating in the program is available on the Davis Vision website. You are offered the “Premium Platinum Plan” which, in addition to offering the above “covered services,” also features the following:

- Premier Frames
- Progressive Lenses
- Photogrey Lenses
- Scratch Coat

You may also use Raymond Opticians at any of their locations. If you use Raymond Opticians, simply bring a claim form and identify yourself as having vision coverage through Lakeland Civil Service Welfare Fund.

How-to File a Vision Claim

If you are using a participant provider, the optometrist will file the claim on your behalf and will be paid directly by the claims administrator.

If you use your own optometrist, outside of the participating providers, please fill out a vision claim form. The vision claim form can be found on the D. H. Cook website. Please navigate to www.dhcook.com → Client Center → Member & Administrative Services, then use the “What is your group...” drop-down to find Lakeland Civil Service.



Mail Completed Claim Form To:

Daniel H. Cook Associates, Inc.

1040 Avenue of the Americas,
24th Floor

New York, NY 10018



Fax Completed Claim Form To:

(646) – 381 – 8853



Email Completed Claim Form To:

intake@dhcook.com

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

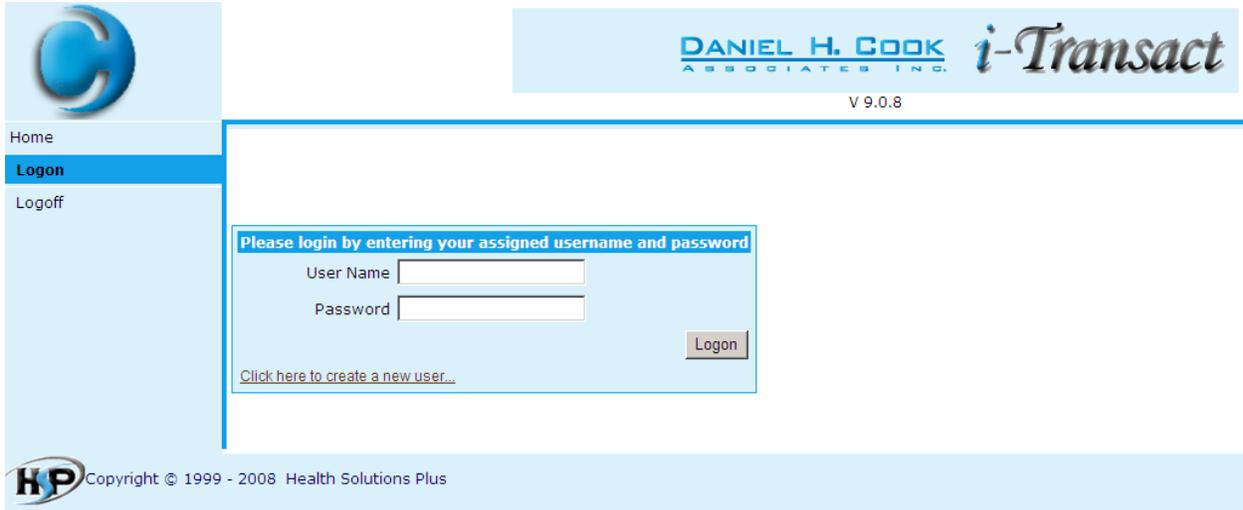


STEP ONE

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

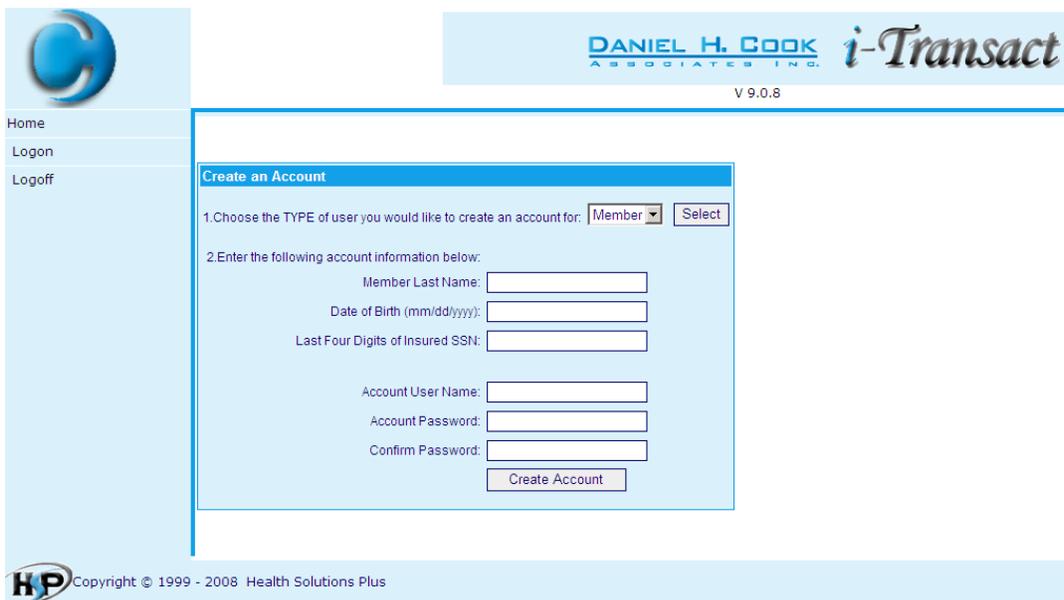
STEP TWO

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 in the i-Transact system. The left-hand navigation menu includes 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 displays a table of member information and three preference settings:

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

Below the table, there are three preference settings:

1. Select your Coverage: (indicated by a 'Continue' button)
2. How many claims to display per page: 50
3. How many days back for claims lookup: Last Week

The footer of the page includes the HP logo and the text 'Copyright © 1999 - 2008 Health Solutions Plus'.

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.

The screenshot shows the navigation menu on the left side of the website. The 'Claim Status' link is highlighted in blue. The menu items are: 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, and Logoff. The HP logo and 'Copyright © 1999' are visible at the bottom of the menu.

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:

DANIEL H. COOK ASSOCIATES INC. i-Transact
V 9.0.8

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

Member
As Of Date: 10/14/2008 Refresh

*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

Copyright © 1999 - 2008 Health Solutions Plus

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.

DANIEL H. COOK ASSOCIATES INC. i-Transact
V 9.0.8

Viewing : , 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: Claims Claim Status: All From: 01/07/2008 To: 10/14/2008 Refresh

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 328J	In Net			Pending	09/17/2008	09/17/2008	\$500.00	09/18/2008	HCF C
0003636711	00203035	Provider 328J	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: ANGELICA
PATIENT: ANGELICA
PATIENT NUMBER: XXXXX084
CLAIM NUMBER: 0003636722
PROVIDER: PROVIDER 328J IN NET
PATIENT ACCT#: N
EOB PRINTED: N
EOP PRINTED: N
DATE PRINTED: 10/14/2008

Code	Provider Description	Cofc	Deductible	Co. Insurance	Tar Charge	Net Payable	Allowed	Tar Benefit
1	09/17/2008 12001 FRANKS/PURCHASED SPECIAL	0.00	0.00	0.00	200.00	0.00	0.00	0.00

* Service Line Explanation
Services rendered by PROVIDER 328J IN NET.

Check Date	Check Number	Check Amount	Form Type	Valid 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 Lakeland Civil Service.

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:



Mail Complete Form to:

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

VISION CLAIM FORMS SHOULD BE SENT TO:



Mail Completed Form To:

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



Fax Completed Form To:

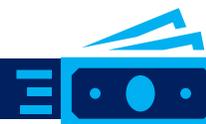
(646) – 381 – 8853



Email Completed Form To:

intake@dhcook.com

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



 *The Plan offers the Flexible Benefit Program to members of Lakeland Civil Service Trust Fund for annual expenses incurred that are not fully covered by existing insurance programs.*

What is the Flexible Benefits Program?

The Flexible Benefits Program is designed to assist in the payment of incurred bills that have not fully been covered by existing insurance programs or where payment is denied completely. The Uncovered Medical Expense Benefit may be utilized on the following items:

- Optical
- Major Medical Deductible
- The 20% co-insurance of medical bills not paid by health insurance
- Orthotic devices
- Hearing Aids
- Dental expenses incurred by you, your spouse, and/or eligible dependents and not reimbursed by any other dental plan
- Medical expenses not covered by/or in excess of any insurance plan
- Prescription co-payment.

For orthotic devices and hearing aid reimbursement, you must submit the bills to the health insurance company and be rejected. To submit for the Flexible Benefits Program, please include a copy of the rejection and a copy of the bill.

The flexible benefits program cannot be used for over-the-counter drugs.

Flexible Benefit Program Schedule of Benefits

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

Benefits	Description
Benefit Overview	\$300 annually
Payment Type	Reimbursement
Number of Claims Permitted	You may file twice in any plan year. The submissions may include items from different family members covered under the plan to accumulate the maximum benefit.
Permitted Dates of Submission	Services must be incurred within the plan year. All claims must be received within 90 days of the plan year close (Sept 30).



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 75-mile radius or the District (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.

Christopher Harold, Esq.

Elizabeth Harold, Esq,

HAROLD, SALANT, STRASSIELD & SPIELBERG

81 Main Street, Suite 205

White Plains, New York 10601

T: (914) 683-2500 Ext: 310; F: (914) 683-1279

Email: charold@haroldsalant.com

(Christopher Harold's Cellphone Number, EMERGENCY USE ONLY, Cell: (914) 420-8636

Elizabeth Harold, Esq.: ext. 322; email: eharold@haroldsalant.com

Paula Thomas, Paralegal: ext. 306; email: pthomas@haroldsalant.com