MEMBER BENEFITS GUIDE

SOMERS FACULTY ASSOCIATION TRUST FUND

DENTAL / VISION / TRUST ADDITIONAL BENEFIT DENTAL AND VISION / LIFE INSURANCE

2026/2027

UPDATED JULY 2026

DANIEL H. COOK ASSOCIATES INC

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

SOMERS FACULTY ASSOCIATION TRUST FUND

BENEFIT INFORMATION

WHAT'S INSIDE THIS GUIDE?

General Information concerning Plan Coverage 3

Am I Eligible? 3

- Participants 3
- Dependents 3
- Coordination of Benefits Provision 4

How Do I Enroll? 4

Who Is Administering My Benefits? 4

Termination of Coverage 5

Leave of Absence 5

COBRA – Continuing/Extending Benefits 5

HIPAA Privacy Notice 6

Dental Plan Overview 7

- Dental Plan 7
- Benefit Determination 7
- Preventative Services 7
- Diagnostic Services 8
- Basic Services 8
- Fillings and Prosthetic Services and Supplies 9
- Prosthetic Services and Supplies 9
- Implants 10
- Orthodontic Services 10

Pre Approval of Benefits 10
Dental Plan Limitations and Exclusions Applicable to the Dental Plan 11
Common Claim Problems 11
Claim Processing 12
Anthem's Dental PPO Network 12
Coordination of Benefits 12
How to Find a Dental Provider Online ..... **Error! Bookmark not defined.**
Vision Plan Overview 13
Vision Plan 13
Covered Services 13
Viewing your Claims on DHClaims.com 14
Purpose of this Section 14
How to Log in 14
Forgotten Password 16
My Preferences 16
Navigating DHClaims 17
View Member Info 18
My Plan 19
Check Utilizations 19
Claim Status 20
Talk to Us 20
How to Contact our Team 21
How to Submit a Claim 22
Trust Additional Benefit dental and vision Program 23
What is the Flexible Benefits Program? 23
Trust Additional Benefit Program Schedule of Benefits 23
Group life insurance 24

You and your dependents are eligible for coverage in accordance with the rules and regulations of the Somers Faculty Association Trust Fund. Your coverage and/or plan changes becomes effective on the date you are employed. Please refer to the Eligibility rules in this benefit booklet and your Plan documents.

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

Somers Faculty Association Trust Fund
c/o Daniel H. Cook Associates, Inc.
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 Somers Faculty Association Trust 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).

***RETIREE:** Retirees have two options: 1) COBRA, or 2) not continuing in benefits. Upon retirement, you must enroll in the self-pay COBRA plan to continue coverage. COBRA 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 26 years of age.
- **Dependent children will be covered up to the end of the month they turn age 26.**

- 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.

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 "Trust Additional Benefit" plan pays next to make up the difference, but the total benefit paid by both the primary and the Trust Additional Benefit 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 Trust Additional Benefit, 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 Trust Additional Benefit;
    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 Trust Additional Benefit 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 Somers Central School District.

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 (212) 505-5050.

Effective Date of Coverage Coverage under this plan will begin on the date hired.

WHO IS ADMINISTERING MY BENEFITS?

The benefits of Somers Faculty Association Trust 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!

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.

HIPAA PRIVACY NOTICE

The Plan shall disclose Protected Health Information (PHI) only to members of the Trust's workforce who are designated and authorized to receive such Protected Health Information, and only to the extent and in the minimum amount necessary for these persons to perform duties with respect to the Plan. The Trust may use or disclose PHI for operations such as auditing, quality improvement, premium or contribution calculations, and managing the plan. Additionally, the Trust may use or disclose PHI to coordinate your health care services with providers, such as doctors, pharmacies, or hospitals.

The Trust has implemented reasonable and appropriate administrative, physical, and technical safeguards to protect the confidentiality, integrity, and availability of Electronic Protected Health Information that the Trust creates, maintains, or transmits on behalf of the Plan. "Electronic Protected Health Information" refers to all Protected Health Information that is transmitted by or maintained in electronic media.

The Trust will never use your PHI for:

- Marketing Purposes
- Sale of your PHI, or
- Fundraising Communications

without your explicit written permission.

Pre-Determination of benefit requirement applies to Periodontal Surgery, Major Services i.e. Crowns, bridge dentures and implants and Orthodontics

Dental Plan

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

Benefits	Description
Annual Family Maximum Benefit	**$2,000.00** per Family (Member, Spouse and Dependents)
Orthodontia Lifetime Maximum Benefit	**$2,000 Lifetime Maximum – This benefit is available to Adults and Children**
Payment Percentage	100% of the Anthem Contracted Amount – In Network 100% of the Fee Schedule – Out of Network (Effective 7/1/2026)
Limitations at-a-Glance	Each covered member is entitled to: • 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 • Space Maintainers covered for children up to age 19 • 2 Periodontal Scaling per year • limitation applies to: Crowns, Bridges, dentures

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 two times during each plan year. If a periodontal (04341 - 04342) 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 prophylaxis within 30 days of a full-mouth periodontal scaling.
Fluoride Treatment	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.
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) 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. 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 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.

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/Onlays and Inlays	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. **Services must be pre-approved**. **Replacement crowns and onlays or inlays are not covered within (5) years of prior placement.** *See note below.*

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 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. **Services must be preapproved** **The plan will not cover replacement of prosthetic appliances in less than (5) years for any reason.**

NOTE:

Implants

Services	Limitations
Implants	Implants are a covered service if the tooth that is being replaced was extracted while the member was covered under the plan. **Services must be preapproved**

Orthodontic Services

Services	Limitations
Orthodontic Treatment for Dependent Children	The maximum lifetime benefit for orthodontic treatment is $2,000. This maximum is in addition to the annual dental maximum **Services must be preapproved**
Adult Orthodontia	The maximum lifetime benefit for orthodontic treatment is $2,000. This maximum is separate from the annual dental maximum **Services must be preapproved**

Pre Approval of Benefits

A treatment plan, with respect to a course of services or treatment, for Major Services and Orthodonture 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.

When sending in Preapproval of Benefits for Major services and Orthodonture, follow the steps below before starting a dental treatment.

A regular dental claim form is used for the preapproval 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.

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.

Employee's may cover each other as dependents.

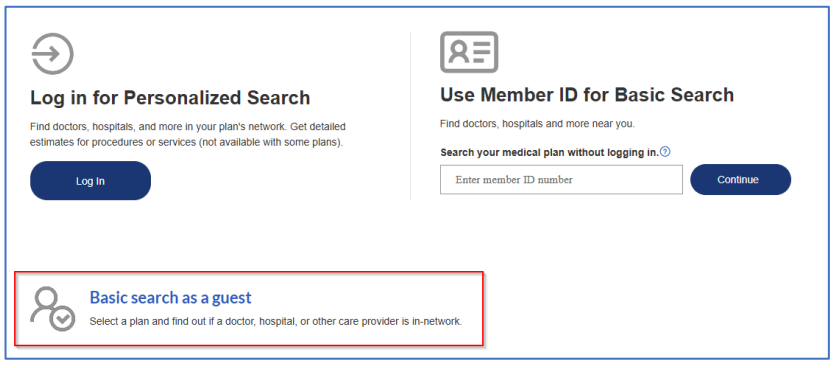
HOW TO FIND A DENTAL PROVIDER ONLINE

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 100/200/300 access" – please ensure the network name is correct to have a successful search.

STEP ONE

Visit https://www.unicare.com (then click "Find Care")

- Click on "Basic search as a guest"



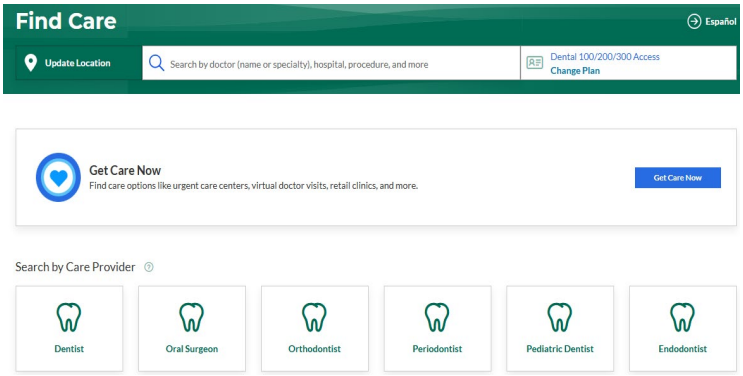
STEP TWO

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**

STEP THREE

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



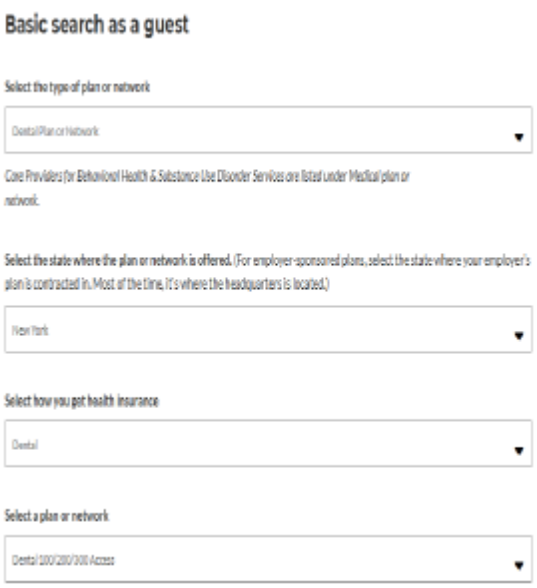
STEP FOUR

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

- Select a plan or network
    - Select 100/200/300 access

Patients," and can adjust distance, etc.)



VISION PLAN OVERVIEW

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
Benefit Overview	Eye examinations and glasses are covered **once per individual per plan year for primary members and their covered dependents.** The Plan will pay for glasses or contacts, annually, but not both.
Payment Type	Reimbursement
Payment Percentage	100% of the allowable charge up to the Annual Maximum
Annual Maximum per Plan Year	$500.00 Individual/Family Maximum combined

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.

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 Somers Faculty Association Trust Fund.

How-to File a Vision Claim

Obtain Vision Claims form and submit to

Somers Faculty Association
c/o Daniel H. Cook Associates, Inc.
1040 Avenue of the Americas, 24th Floor
New York, NY 10018

Questions? You can call our Customer Service Department at (212) 505-5050.

VIEWING YOUR CLAIMS ON DHCLAIMS.COM

MEMBER DHCLAIMS PORTAL GUIDE

Daniel H. Cook Associates, Inc. (Cook) has taken over administration for Somers Faculty Association Trust Fund effective 08/01/2026. 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 (212) 505-5050.

Purpose of this Section

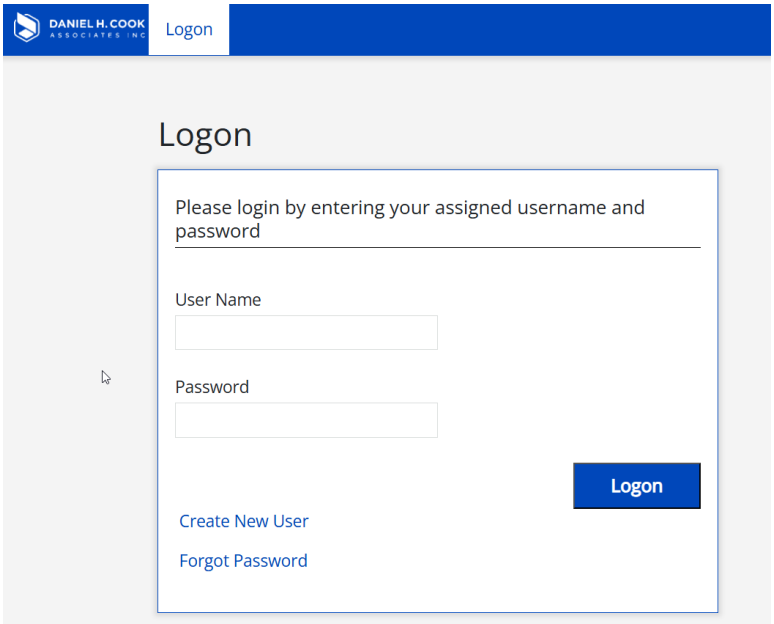
This section will serve as a guide for new/current active members to view their claims via Daniel H Cook Associates Inc claims website, dhclaims.com (HTTPS://DHCLAIMS.COM). When logged in users can view membership information, view plan information, check usage utilization, check claim status, print/download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

How to Log in

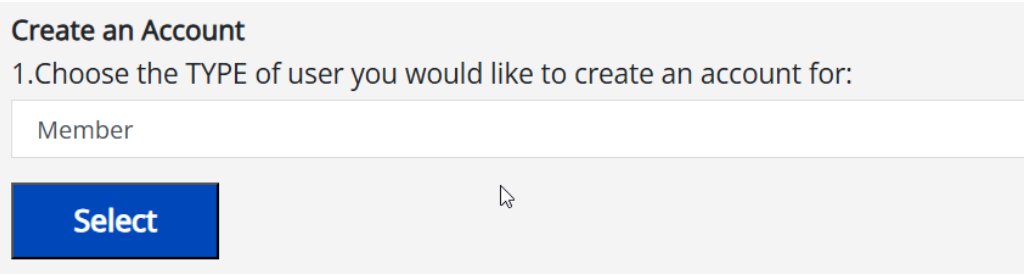
The method of logging into DHClaims.com is the same for all users regardless of what type of user is accessing the system. Users will need to open an internet browser of their choice.

Website URL	Https://dhclaims.com

The following website should display:

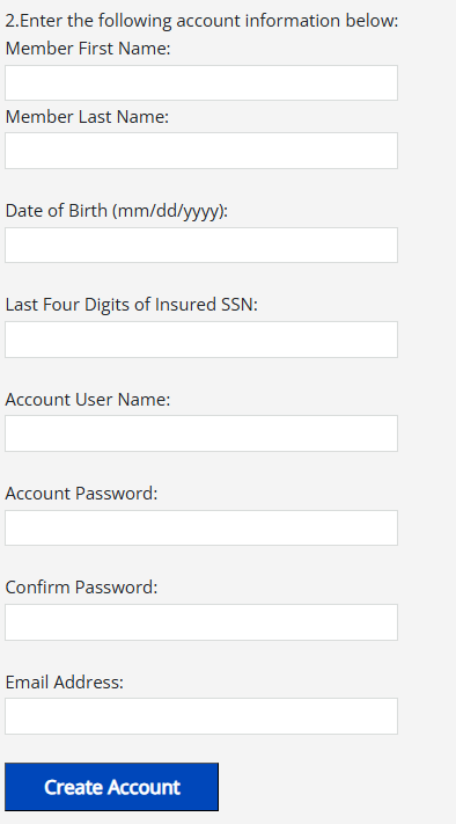


If it is your first time logging in to the portal, please click “Create New User” link to create your account:



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.



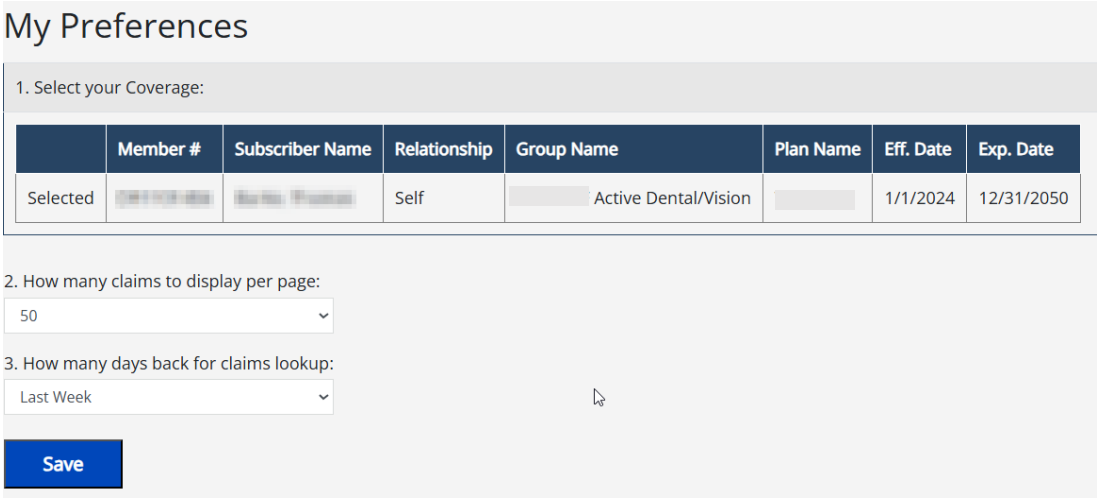
PLEASE NOTE: The main Subscriber to the Fund can view their benefits and the benefits of all dependents, except a spouse. **If your spouse is a dependent on the plan, they will need to create their own/separate log in.** If your child dependent is over the age of 19 and would like to opt-out of their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

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.



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

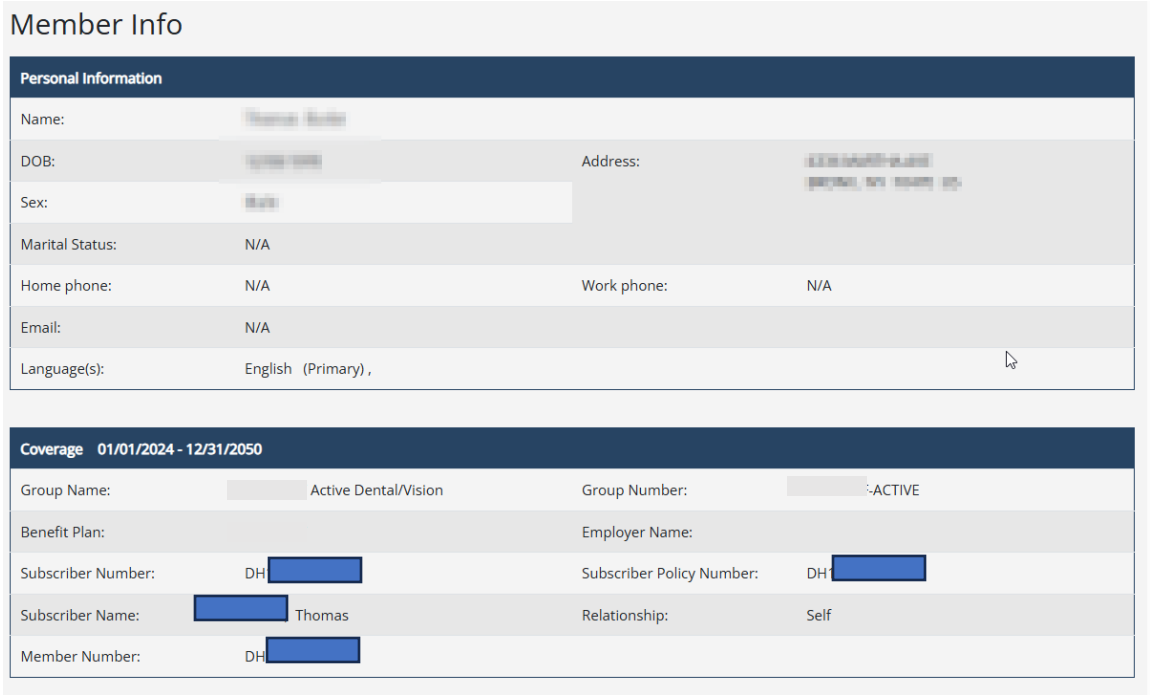
The website menu is across the top of the page. Clicking on a menu item opens that page. Please refer to the table below:

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

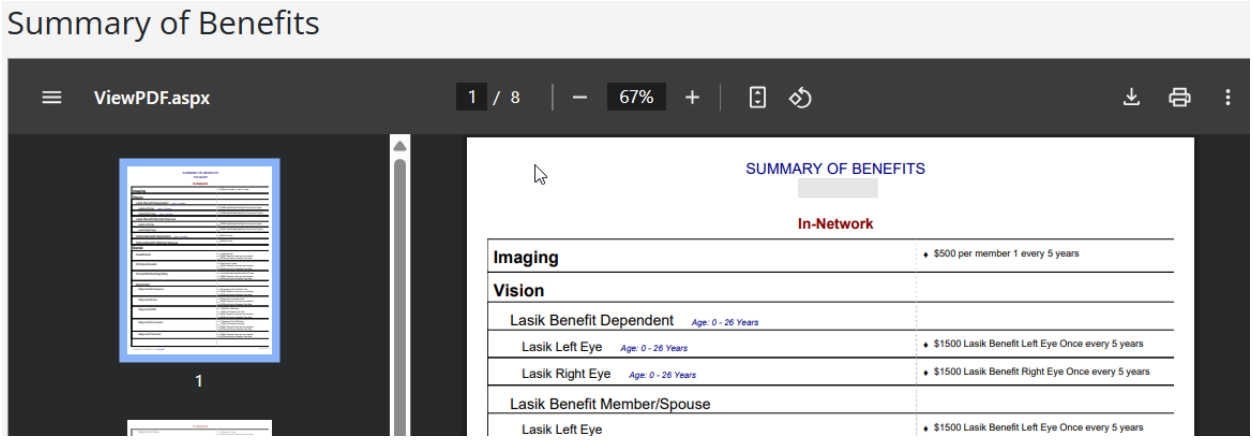
View Member Info

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.



My Plan

The My Plan page will display a Summary of Benefits for the plan.



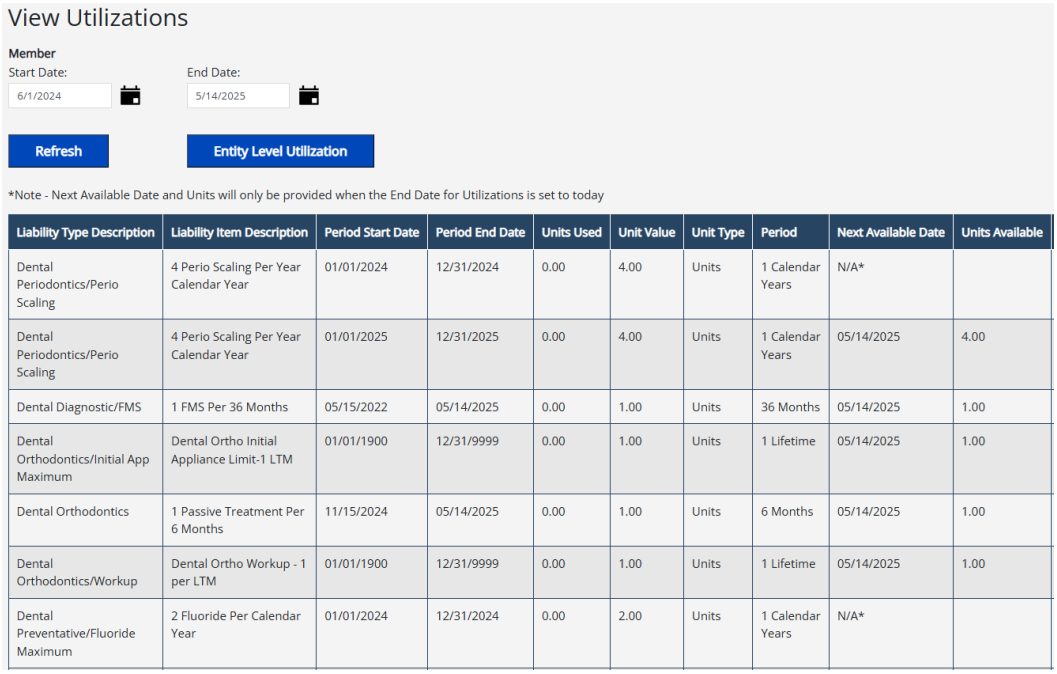
To download or print the Summary of Benefits,

- 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

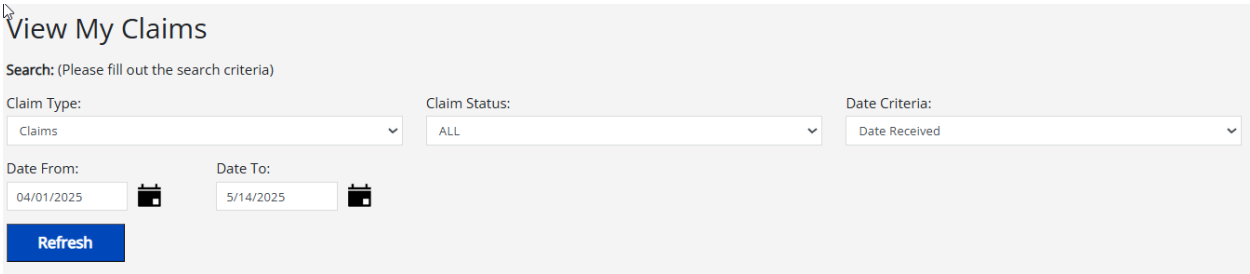
The Check Utilizations page allows the Member to view the liabilities that they have used and the next date on which a liability will become available. The Start Date and End Date needs to be manually set according to the plan's effective date.



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.



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.

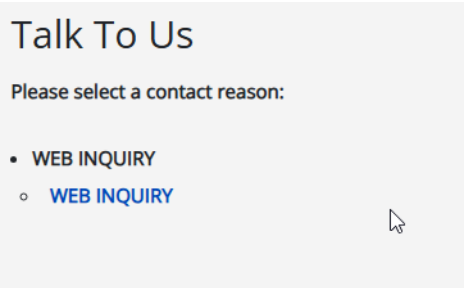
To view the desired claim's Explanation of Benefit, click on the claim number.

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.

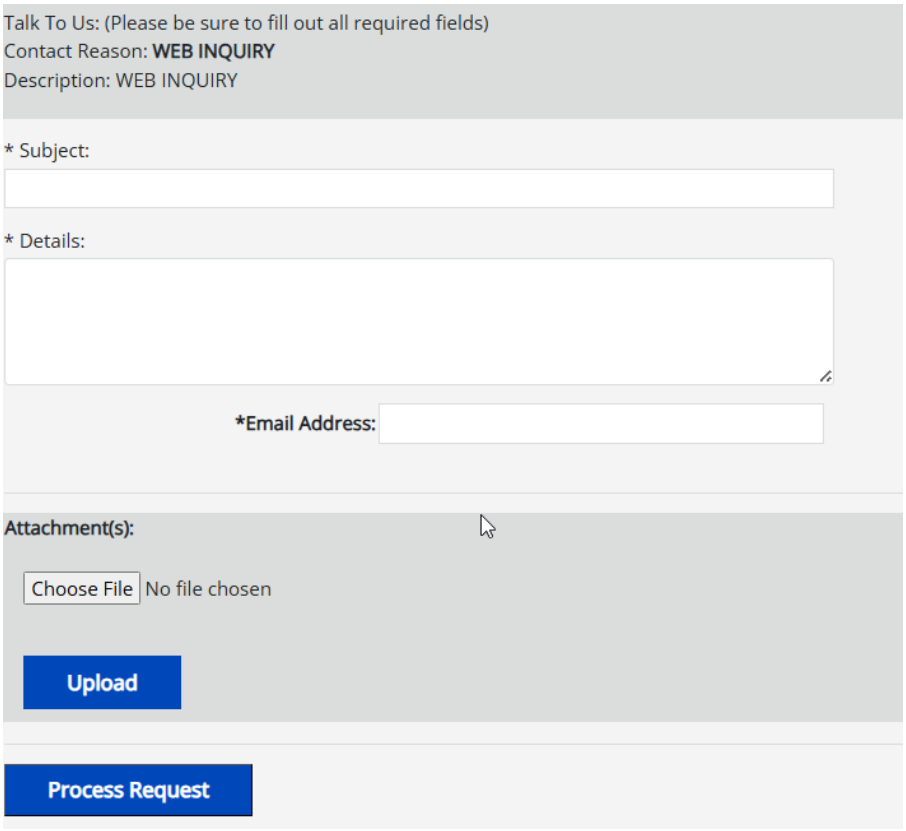
Talk to Us

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



To submit an inquiry:

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

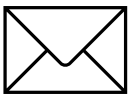


Files can be attached as long as they meet the following criteria:

- 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!

(212) 505-5050



Email us!

info@dhcook.com for general questions

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 Somers Faculty Association.

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

Email Completed Form To:

intake@dhcook.com

Questions? You can call our Customer Service Department at (212) 505-5050.

The Plan offers the Trust Additional Benefit Program to members of Somers Faculty Association Trust Fund for annual expenses incurred that are not fully covered under dental or vision plans.

What is the Flexible Benefits Program?

The Trust Additional Benefit Program is designed to assist in the payment of incurred bills that have not fully been covered by existing dental and vision plan or where payment is denied completely. The Uncovered Dental and/or Vision Expense Benefit may be utilized on the following items:

- Optical – out of pocket expenses – please submit vision explanation of benefits showing out of pocket amount.
- Dental – out of pocket expenses – please submit dental explanation of benefits showing out of pocket amount.

Trust Additional Benefit Program Schedule of Benefits

The following is an overview of the Trust Additional Benefit plan available to members:

Benefits	Description
Benefit Overview	$300.00 Per family – Per plan year
Payment Type	Reimbursement
Submitting Claims	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).

GROUP LIFE INSURANCE

Your Group Life Insurance Plan is through The Hartford Life Insurance Company

The Somers Faculty Trust Fund provides a life insurance policy with The Harford. This policy is a Basic Term Life Insurance Policy with a benefit of $30,000.

- Please know this policy is **separate** from the policy teachers have with The NY State Retirement System. When changing address information, name information, or beneficiary information please contact the district office for your retirement policy and contact a Trustee for the Trust Fund Life Insurance policy.
- Please keep a copy of your beneficiary form for your records.
- If you need to change, add, or remove a beneficiary please contact a Trustee in your building.