

Welfare Benefit Fund

1. We are *not* part of the District health insurance plan; we are a supplemental self-insured benefit fund.
2. **Dental:** Bring form to the dentist and the dental office must fill it out and send to D.H. Cook Associates who administer our benefits. The list of providers who accept our payment schedule can be found on the Dobbs Ferry School District website. Check with your dental office prior to your visit to be sure they currently accept our reimbursement schedule. Members can visit any dentist of their choice, pay the dental fee, submit their claim, and D.H. Cook Associates will reimburse accordingly.

Address: D.H. Cook Associates
1040 Avenue of the Americas, 24th Floor
New York, NY 10018
Phone number: 212-505-5050
Website: www.dhcook.com

3. **Optical Benefit:** This benefit is \$500 every year per FAMILY, not per person in household. The benefit runs according to the calendar year, not the school year. Please submit your itemized bill from your optical provider. Do not send a credit card receipt. Please show proof of prescription for eyeglasses, contact lenses, etc. Submit forms as soon as you use the optical benefit. We have a partnership with Raymond Opticians. Information about the package deals can be found in this packet and on the link for the Welfare Fund on the DFSD website. **Note: this \$500 per year does not begin until 01/01/2025**
4. **Medical and Prescription Reimbursement:** You can apply for this benefit between January 1st and no later than March 1st. It is based on the tax year. When the year is over, print your latest Explanation of Benefits from the insurance company website or what you receive in the mail. For prescriptions, obtain a printout of copays from the pharmacy. Send these to D.H. Cook Associates. The documents must state the date of service, patient's name and the amount paid. Keep copies of everything you send. If you do not hear anything in 30 days, we encourage you to call D.H. Cook Associates or visit their website and register your account. If they did not receive your information, resubmit your claim. New hires are only able to submit claims/receipts from their Date of Hire through December 31st. **Do not send in individual E.O.B.s for each visit/prescription.**

Reimbursement amounts:

- \$300 + 1% prescription co-pay
- \$300 + 1% medical co-pay

5. **Legal Benefit:** The Legal Services Plan is provided by NYSUT. It gives members access to attorneys who will answer legal questions, write letters, and review documents relating to personal legal matters. The handout on the website has detailed information about the benefits that are provided. To access this benefit, call the National Legal Office of Feldman, Kramer & Monaco at (800)832-5182 or (631)231-1450.
6. **Dependents:** Children can receive benefits until their 19th birthday, unless they are enrolled in a college or university, in which they are covered until their 23rd birthday. The member must send proof of full-time college status at the beginning of each semester to D.H. Cook Associates.

7. **Status Change:** It is **your** responsibility to keep the Fund updated on any changes. If you get married, divorced, have children, or change your address, please complete a new enrollment form and give to Stephanie Gonzalez (Middle School rm M-110). When Stephanie receives your enrollment forms, she will email you a confirmation of enrollment/changes. If you do not receive this within 7 days, please follow up with her.
8. If you have any questions, please contact the Welfare Fund at welfarefund@dfsd.org

Welfare Fund Trustees

Karen LaPorte – Co-chair	Springhurst
Stephanie Gonzalez– Co-chair	Middle School
Frank Ferry – Secretary	Springhurst
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Adrienne Bell – Legal	High School
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All forms are available at the DFUT website www.dfsd.org located under:

¹ Staff Resources – Human Resources – Welfare Fund

¹ Effective as of July 2024