

WELFARE FUND



Day Care Council/Council of Supervisors and Administrators
40 Rector Street, 12th Floor • New York, New York 10006-1729
Telephone: (212) 962-6061 • Fax: (212) 964-4357

DAY CARE DIRECTORS

Susan Barone,
Administrator

Dear Member:

Congratulations on your retirement! As a result of your significant contribution to the education of the early childhood children of the City of New York, you are provided with Supplemental Medical Coverage from the DCC/CSA Welfare Fund.

Your coverage by the DCC/CSA Retiree Welfare Fund is different from the coverage provided to you by the DCC/CSA Welfare Fund while you were actively employed. Although many of the benefits remain the same, such as Dental, Optical and Hearing Aid, other benefits such as an enhanced prescription copay reimbursement at the rate of \$1500 per calendar per person now applies.

If you elect to maintain your Supplemental Medical Coverage through the DCC/CSA Retiree Welfare Fund, you will need to complete the enclosed application and enrollment card. Both forms should be completed and submitted to our Fund Office at 40 Rector Street. ***Please indicate on the CIRS Form to deduct \$100 Monthly Medical Deduction. You do not need to list anything for Dental Deduction as that is a covered benefit.***

Please note, you may elect to terminate these benefits at any time, by writing a letter to the Fund Administrator and sending it to the address above. ***Likewise, you must complete this application within 12 months of retirement, or you will not qualify for benefits.***

The DCC/CSA Retiree Welfare Fund is here to serve you. We urge you to call if you have any questions or need our assistance.

Sincerely,

Susan Barone

BOARD OF TRUSTEES: Henry Rubio, CSA; Rosemarie Sinclair, CSA; Tashoy Saddler-Morris, CSA;
Tara N. Gardner, DCC; Betty Jones, DCC; Alice B. Owens, DCC



DCC/CSA WELFARE FUND
BENEFIT COVERAGE AT A GLANCE

The following benefits are provided to you by the DCC/CSA Welfare Fund:

1. The Fund will reimburse \$1500 in out-of-pocket Prescription Co-pay costs, per person, per year. To claim reimbursement the participant must submit a copy of the pharmacy medication for a Federal legend medication, showing the drug name, quantity, and amount paid.
2. The reimbursement for a hearing aid is up to \$800 once every three years.
3. Members and their eligible dependents can purchase glasses or contact lenses at any GVS optical store and/or through an out-of-network provider. If a member goes to an out-of-network provider they may be reimbursed up to \$150 per person, per year.
4. Dental coverage remains the same under the SIDS Dental Program, Careington or Healthplex.
5. Access to Aetna's Resource for Living, which offers support and solutions for real life situations.