

GUARDIAN

Reading, Pennsylvania

HEALTH AND WELFARE/PENSION GUARDIAN NEWSLETTER



From the Central
Pennsylvania Teamsters
Health & Welfare and
Pension Funds!

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IMPORTANT NEWS

PLEASE BE SURE TO REVIEW THE UPDATED PREFERRED BRAND NAME DRUG LIST
FOUND ON PAGES 12-13 WHICH IS EFFECTIVE OCTOBER 1, 2018.

This newsletter contains an insert with important information regarding
changes to the Defined Benefit Plan. The insert should be retained with
your SPD for future reference.

Sun Safety Tips

Exposure to ultraviolet (UV) rays causes most cases of melanoma, the deadliest kind of skin cancer. To lower your skin cancer risk, protect your skin from the sun and avoid indoor tanning.

Plan your sun protection using these tips—

- Seek shade, especially during late morning through mid-afternoon.
- Wear clothing that covers your arms and legs.
- Wear a hat with a wide brim that shades your face, head, ears, and neck.
- Wear sunglasses that block both UVA and UVB rays.
- Use sunscreen with SPF 15 or higher and both UVA and UVB (broad spectrum) protection.
- Remember to reapply sunscreen at least every 2 hours and after swimming, sweating, or toweling off.

Fast Facts About Skin Cancer

- Skin cancer is the most common cancer in the United States, and includes different types.
- Unprotected skin can be damaged by the sun's UV rays in as little as 15 minutes.
- Even if it's cool and cloudy, you still need protection. UV rays, not the temperature, do the damage.
- Anyone can get skin cancer, but some things put you at higher risk.
- Indoor tanning exposes users to two types of ultraviolet rays, which damage the skin and can lead to cancer.
- The most common signs of skin cancer are changes on your skin, such as a new growth, a sore that doesn't heal, or a change in a mole. □

Source: www.cdc.gov

How to Achieve Financial Freedom

Imagine having the money to live comfortably, take a dream vacation, pay for your child's education and maintain your lifestyle during retirement. For many, financial freedom may seem like a pipedream; however, by adhering to a spending plan (budget), it is possible to eliminate debt, save for a rainy day and alleviate the stress you feel every month when you pay your bills

SAVE MORE OF WHAT YOU EARN

Only **39%** of Americans have a "rainy day" fund that could cover at least three months of expenses.¹ An unexpected bill, an emergency or a job loss could put many Americans in a situation where they can't make ends meet. Even if money is tight, there are still ways to save more of what you earn.

1. **Know where your money is going.** This will help you figure out where you can adjust your current spending.
 - a. **List your fixed expenses**, such as your utilities, groceries and debt payments.
 - b. **List the expenses you have a few times a year**, such as taxes, car maintenance and vacations.
 - c. **List what you spent in the last month on the "extras,"** including shopping, going out to eat, morning coffee, etc.
 - d. **Total your expenses and compare them to your net income.** If you're spending more than you earn, make cuts to your "extras" first and then look for ways to adjust spending on your fixed expenses.

2. **Set a budget.** More than **82%** of Americans have a budget.² A budget helps people plan their finances and mitigate the impact of any surprise bills or expenses.
3. **Look for ways to save.** Some bills, like your utilities, vary each month, which makes it easier to save money by being more efficient with your use. For bills with a more fixed cost, such as cell phone, cable or internet, shop around for reduced service rates to help you save more money each month. Use your newfound savings to grow an emergency fund.
4. **Set up automatic savings if you haven't already done so.** That way, you don't have to think about transferring money over each month.
5. **Continue to track your spending.** This may be the most important step; after all, what good is a budget if you don't follow it? Track your receipts, review your budget and look over your bank statements online or on paper.

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Less than **40%** of Americans can cover an unexpected emergency bill between \$500 and \$1,000. Of those, **25%** said they'd cut back on spending, **16%** would ask family or friends for a loan and **12%** would use their credit card.



**CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH & WELFARE FUND
NOTICE OF NONDISCRIMINATION**

The Central Pennsylvania Teamsters Health & Welfare Fund ("Fund") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Fund does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Central Pennsylvania Teamsters Health & Welfare Fund:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Joseph J. Samolewicz, Administrator.

If you believe that the Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Joseph J. Samolewicz, Administrator, 1055 Spring Street, Wyomissing, PA 19610-1747, Toll Free in PA: 1-800-422-8330; Toll Free in USA: 1-800-331-0420, email address: jjsamolewicz@CentralPaTeamsters.com. You can file a grievance in person or by mail or email. If you need help filing a grievance, Mr. Samolewicz is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

1-610-320-5500. لكل رفوتت، ان اجم، ءي وغلل اءءع اس مل اءامءء، ءي بءر عل اءغلل اءءءء تنك اذا ءي بنء.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-610-320-5500

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-610-320-5500.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-610-320-5500.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-610-320-5500.

ਨੋ ੂ ੁ: 1-610-320-5500. ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਓ, ਨਿ: ਸ਼ੁਲਕ, ਆਪ ਕੇ ਲਏ ਉਪਲਬਧ ਹੈ।

ध्यान दें: यदि आप हकीं बोलते, भाषा सहायता सेवाओं, नि: शुल्क, आप के लिए उपलब्ध है। 1-610-320-5500 कहते हैं।

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-610-320-5500.

ஹ சா: 1-610-320-5500. உதவி: உங்களுக்கு உதவி செய்ய உதவி. உதவி: உங்களுக்கு உதவி.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-610-320-5500.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-610-320-5500.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-610-320-5500.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-610-320-5500.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-610-320-5500.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-610-320-5500.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	GEORGIA – Medicaid Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	IOWA – Medicaid Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhttp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

Central Pennsylvania Teamsters Health and Welfare Fund Prescription Benefit Plans

Plans 13, 14P, R7 and R7/65

RETAIL *	Generic for up to a 34 day supply	\$5
	Brand Preferred for up to a 34 day supply	\$15
	Brand Non-Preferred for up to a 34 day supply	\$30
MAIL ORDER	Generic for up to a 90 day supply	\$15
	Brand Preferred for up to a 90 day supply	\$30
	Brand Non-Preferred for up to a 90 day supply	\$60
SPECIALTY	Retail up to a 30 day supply	\$150
	Mail Order up to a 90 day supply	\$300

Plan 13Y

RETAIL *	Generic for up to a 34 day supply	\$10
	Brand Preferred for up to a 34 day supply	\$30
	Brand Non-Preferred for up to a 34 day supply	\$50
MAIL ORDER	Generic for up to a 90 day supply	\$30
	Brand Preferred for up to a 90 day supply	\$60
	Brand Non-Preferred for up to a 90 day supply	\$100
SPECIALTY	Retail up to a 30 day supply	\$150
	Mail Order up to a 90 day supply	\$300

Plans 14 and 16

RETAIL *	Generic for up to a 34 day supply	Option A \$5	Option B \$10	Option C \$10
	Brand Preferred for up to a 34 day supply	\$15	\$20	\$30
	Brand Non-Preferred for up to a 34 day supply	\$30	\$40	\$50
MAIL ORDER	Generic for up to a 90 day supply	\$15	\$30	\$30
	Brand Preferred for up to a 90 day supply	\$30	\$40	\$60
	Brand Non-Preferred for up to a 90 day supply	\$60	\$80	\$100
SPECIALTY	Retail up to a 30 day supply	\$150	\$150	\$150
	Mail Order up to a 90 day supply	\$300	\$300	\$300

*Effective January 1, 2016, any drug that costs \$3,000 or more per script will be classified as a "Specialty or High Cost Drug."

*NOTE: These copayments are applicable to 15-day scripts for drugs classified as "Class II" Pain Medications by the FDA. Also, effective January 1, 2016, the copayment for all Zohydro prescriptions will be \$150 per script.



Step Therapy

NOTE: The medications in each category are subject to change. Please make sure to check with the Fund (Phone: Toll Free in PA: 1-800-422-8330; Toll Free in USA: 1-800-331-0420) or on the Fund's website (www.CentralPATeamsters.com) for updates to this chart before beginning a course of medication.

Please note: all brand contraceptives are covered under Step II medications and are not subject to grandfathering.

Effective March 8, 2016, the following generic drugs were added to the Step 1 Rheumatoid Arthritis step therapy: high dose ibuprofen and naproxen (requiring a prescription), celecoxib, nabumetone, piroxicam, diclofenac, diflunisal, indomethacin, ketoprofen, etodolac, prednisone, cyclophosphamide, cyclosporine, azathioprine, and methotrexate.

STEP THERAPY CATEGORIES NOT SUBJECT TO GRANDFATHERING:

Effective January 1, 2016, the Fund will NOT provide benefits for medications in Step II unless you have documented that you have tried and failed on a Step I medication and your physician has submitted documentation demonstrating that the Step II medications are "medically necessary" under the Fund's criteria.

CATEGORY	STEP I	STEP II
ALZHEIMER'S DISEASE	DONEPEZIL GALANTAMINE RIVASTIGMINE	ARICEPT EXELON NAMENDA RAZADYNE
ANGIOTENSIN RECEPTOR BLOCKERS (ANTIHYPERTENSIVES)	CANDESARTAN EPROSARTAN IRBESARTAN LOSARTAN TELMISARTAN VALSARTAN	ATACAND AVAPRO BENICAR COZAAR DIOVAN EDARBI MICARDIS TEVETEN
ANTI-DEPRESSANTS	BUPROPION HCL DESVENLAFAXINE DULOXETINE ESCITALOPRAM FLUOXETINE NEFAZODONE SERTRALINE TRAZODONE VENLAFAXINE	APLENZIN BRINTELLIX CYMBALTA EFFEXOR FETZIMA FORFIVO XL KHEDEZLA LEXAPRO OLEPTRO PRISTIQ PROZAC VILIBRYD WELLBUTRIN ZOLOFT
ANTI-GLAUCOMA EYE PREPARATIONS	APRACLONIDINE HCL BETAXOLOL BRIMONIDINE CARTEOLOL DORZOLAMIDE LATANOPROST LEVOBUNOLOL METIPRANOLOL PILOCARPINE TIMOLOL TRAVOPROST	ALPHAGAN AZOPT BETIMOL BETOPTIC COMBIGAN COSOPT IOPIDINE ISTALOL LUMIGAN PHOSPHOLINE RESCULA SIMBRINZA TIMOPTIC TRAVATAN TRUSOPT XALATAN ZIOPTAN
ANTIPSYCHOTICS	CLOZAPINE OLANZAPINE QUETIAPINE RISPERIDONE ZIPRASIDONE	ABILIFY – Evidence of "medical necessity" must include documentation of failure of all other therapies, including non-drug intervention

BETA-ADRENERGIC BLOCKERS (ANTIHYPERTENSIVES)	ACEBUTOLOL ATENOLOL BETAXOLOL BISOPROLOL METOPROLOL NADOLOL PINDOLOL PROPRANOLOL SOTALOL TIMOLOL	BYSTOLIC
CALCIUM CHANNEL BLOCKERS (ANTIHYPERTENSIVES)	AMLODIPINE ATORVASTATIN AMLODIPINE BESYLATE AMLODIPINE VALSARTAN DILTIAZEM FELODIPINE ISRADIPINE NICARDIPINE NIFEDIPINE NISOLDIPINE VERPAMIL	ADALAT CADUET CALAN CARDENE CARDIZEM CARTIA XT EFIDITAB EXFORGE NORVASC PROCARDIA XL SULAR TIAZAC ER VERELAN
CONTRACEPTIVES	All Generic Contraceptives	All Brand Contraceptives
DIABETES	ACARBOSE GLIMEPIRIDE GLIPIZIDE GLYBURIDE JANUMET JANUVIA METFORMIN PIOGLITAZONE REPAGLINIDE	INVOKANA JARDIANCE JENTADUETO KAZANO TRADJENTA
NARCOTIC ANALGESICS NOTE: BENEFITS WILL BE PROVIDED ONLY FOR NARCOTIC ANALGESIC AT THE MANUFACTURERS RECOMMENDED SCRIPT LEVEL	ACETAMINOPHEN-CODEINE HYDROCODONE-ACETAMINOPHEN HYDROMORPHONE MEPERIDINE METHADONE MORPHINE SULFATE OXYCODONE OXYCODONE-ACETAMINOPHEN OXYCODONE-ASPIRIN OXYMORPHONE TRAMADOL	DEMEROL DOLOPHINE LORTAB NORCO NUCYNTA OPANA OXYCONTIN PERCOCET PERCODAN TYLENOL WITH CODEINE ULTRACET ULTRAM VICODIN VICOPROFEN
OSTEOPOROSIS	ALENDRONATE CALCITONIN-SALMON BANDRONATE RALOXIFENE RISEDRONATE	ACTONEL ATELVIA BINOSTO BONIVA EVISTA FORTICAL FOSAMAX MIACALCIN PROLIA





Step Therapy

Continued

RHEUMATOID ARTHRITIS

HIGH DOSE IBUPROFEN
AND NAPROXEN
(PRESCRIPTION STRENGTH)
CELECOXIB
NABUMETONE
PIROXICAM
DICLOFENAC
DIFLUNISAL
INDOMETHACIN
KETOPROFEN
ETODOLAC
PREDNISONE
CYCLOPHOSPHAMIDE
CYCLOSPORINE
AZATHIOPRINE
METHOTREXATE
XELJANZ

ACTEMRA
CIMZIA
ENBREL
HUMIRA
KINERET
ORENCIA
SIMPONI
STELARA

URINARY AGENTS

TOVIAZ
FLAVOXATE
OXYBUTYNIN
TOLTERODINE
TROSPIMUM

ENABLEX
GELNIQUE
MYRBETRIQ
OXYTROL
VESICARE

GRANDFATHERED DRUGS: Effective January 1, 2016, any NEW prescriptions for the medications in the chart below are subject to the Step Therapy requirements set forth above. If, however, you began taking a medication in one of these categories prior to January 1, 2016, the Fund will continue to provide benefits for your medication.

CATEGORY	STEP I	STEP II
ADD & ADHD	AMPHETAMINE SALTS D-AMPHETAMINE ER DEXMETHYLPHENIDATE DEXTROAMPHETAMINE METHAMPHETAMINE METHYLPHENIDATE	ADDERALL CONCERTA DAYTRANA DESOXYN DEXEDRINE EVEKEO FOCALIN METADATE METHYLIN PROCENTRA QUILLIVANT RITALIN VYVANSE ZENZEDI
ANTI-MIGRAINE	DIHYDROERGOTAMINE ERGOTAMINE-CAFFEINE TABLET ISOMETHEPT-CAFF-APAP ISOMETHEPT-DICHLORALP-APAP NARATRIPTAN RIZATRIPTAN SUMATRIPTAN ZOLMITRIPTAN	ALSUMA AMERGE AXERT CAFERGOT D.H.E.45 ERGOMAR FROVA IMITREX MAXALT MIGERGOT MIGRANAL RELPA SUMAVEL TREXIMET ZOMIG

ANTI-CONVULSANTS	CARBAMAZEPINE CLONAZEPAM DIVALPROEX ETHOSUXIMIDE FELBAMATE FOSPHENYTOIN GABAPENTIN LAMOTRIGINE LEVETIRACETAM OXCARBAZEPINE PHENYTOIN PRIMIDONE TIAGABINE TOPIRAMATE VALPROATE VALPROIC ACID ZONISAMIDE	APTIOM BANZEL CARBATROL CELONTIN CEREBYX DEPACON DEPAKENE DEPAKOTE DILANTIN FANATREX FELBATOL FYCOMPA GABITRIL KEPPRA KLONOPIN LAMICTAL MYSOLINE NEURONTIN ONFI OXTELLAR PEGANONE PHENYTEK POTIGA QUDEXY TEGRETOL TOPAMAX TRILEPTAL TROKENDI VIMPAT ZARONTIN ZONEGRAN
	OVER THE COUNTER ("OTC"): LANSOPRAZOLE DR OTC NEXIUM OTC OMEPRazole OTC OMEPRazole-BICARB OTC PREVACID OTC PRILOSEC OTC ZEGERID OTC	ACIPHEX DEXILANT ESOMEPRazole LANSOPRAZOLE OMEPRazole LANSOPRAZOLE NEXIUM OMEPRazole OMEPRazole-BICARB PANTOPRAZOLE PREVACID PRILOSEC PROTONIX ZEGERID
PROTON PUMP INHIBITORS		
ULCERATIVE COLITIS	AZULFIDINE BALSALAZIDE SULFASALAZINE SULFAZINE	APRISO ASACOL COLAZAL DELZICOL DIPENTUM GIAZO LIALDA PENTASA

RX NEWS



**To locate a pharmacy
in your area
please contact GPP at
1-800-341-2234**

The Fund will only provide
Benefits for Insulin Drugs
that are listed on the
Preferred Brand Formulary
list.

Important Notice:
*If you are taking a
medication that was on
the preferred brand list,
you will be 'grandfathered'
and the Fund will continue
to provide benefits for
this medication.*

PREFERRED BRAND NAME DRUG LIST

EFFECTIVE DATE: October 1, 2018

PLEASE GIVE TO YOUR PHYSICIAN

VERY IMPORTANT

Please note that this drug list is subject to change without notice

ANALGESICS

Anti-Rheumatic

Rasuvo Injection

Non-steroidal anti-inflammatory agents

Indocin Supp 50 mg

Opioid Agonists

Embeda

Hysingla ER

Oxycontin

Misc

Depen

ANTI-ADDICTIVE AGENTS

Suboxone

Zubsolv

ANTI-INFECTIVES

Amebacides

Alinia

Hepatitis Agents

Epclusa

Epivir HBV Solution

Harvoni

Sovaldi

Vosevi

HIV Agents

Aptivus

Atripla

Complera

Crixivan

Descovy

Edurant

Emtriva

Evotaz

Genvoya

Intelence

Invirase

Isentress

Kaletra Tabs

Lexiva

Norvir

Odefsey

Prezcobix

Prezista

Rescriptor

Reyataz

Selzentry

Stribild

Tivicay

Triumeq

Truvada

Tyboost

Videx Solution

Videx ER 125mg Caps

Viracept

Viread

Zerit Solution

Micellaneous Anti-infectives

Biltricide

Emverm

Nebupent INH Powder

ANTINEOPLASTIC

Cabometyx Tabs

Caprelsa

Emcyt Caps

Erivedge

Fareston

Hexalen Caps

Jakafi Tabs

Leukeran Tabs

Lysodren Tabs

Matulane Caps

Mekinist Tabs

Myleran Tabs

Nexavar Tabs

Sprycel

Tabloid Tabs

Tafinlar Caps

Thalomid Caps

Tykerb Tabs

Xalkori Caps

Zolanza Caps

CARDIOVASCULAR

Angiotensin Receptor Blockers & Combinations

Byvalson Tabs

Anti-adrenergic Agents

Bystolic

Anti-Arrhythmics

Lanoxin Tabs

Norpace CR 100mg, 150mg Caps

Ranexa

Anti-hyperlipidemics, Bile Acid Sequestrants

Welchol

Fibric Acid Derivatives

Lipofen

Miscellaneous Cardiac Drugs

Vascepa

Beta Blockers & Combinations

Bystolic

Pulmonary Hypertension Agents

Adempas

Letairis

Opsumit

Tracleer

Miscellaneous Anti-hypertensives

Tekturna

Tekturna HCT

CNS AGENTS

Anti-convulsants

Lyrica Caps

Anti-depressants

Forfivo XL Tabs

Paxil Suspension

Anti-Psychotics

Saphris

Attention Deficit Disorder Treatment

Vyvanse

Cholinesterase Inhibitors

Mestinon syrup

Multiple Sclerosis Agents

Ampyra

Tecfidera

Miscellaneous CNS agents

Namzaric Caps

DERMATOLOGICALS

Acne Agents

Retin-A Micro 0.08% gel

Tretin-X 0.0375% Cream

Anti-bacterial Agents

Mirvaso

Soolantra 1% Cream

Anti-viral Agents

Zovirax Cream 5%

Hemorrhoidal Preparations

Proctofoam HC

Psoriasis & Eczema Agents:

Drithocrema HP

Eucrisa 2% ointment

Other Dermatologicals

Drysol Solution

Elidel

Eurax Cream/Lotion

EARS, NOSE & THROAT

Nasal Products, Antihistamines

Dymista

Nasonex

Otics

Ciprodex OTIC

Throat & Mouth Products

Prevident 5000 Enamel Protect

Prevident 5000 Sensitive Paste

ENDOCRINE

Androgens/Estrogens

Androderm Patch

AndroGel 1.62

Corticosteroids

Medrol 2mg Tablet

Millipred Tabs 5mg

Gout

Colcrys

Uloric

HYPERGLYCEMICS

Dipeptidyl Peptidase-4 &

Combos

Janumet

Janumet XR

Januvia

Jentadueto

Jentadueto XR

Tradjenta

GLP-1 Recep. Agonist

Bydureon

Bydureon BCise Autoinj

Byetta

Trulicity

Victoza

Insulins

Humalog

Humulin

Lantus

Levemir

Novolin

Novolog

Relion Novolin

Soliqua

Toujeo Solostar

Miscellaneous

Welchol

Sodium-Glucose Co

Transporter 2 Inhib

Invokamet

Invokamet XR

Invokana

Jardiance

Synjardy

Synjardy XR

Miscellaneous

DDAVP 10 mcg/0.1 mg sol

Glucagen Kit

Glucagon Kit

Proglycem Susp

Samsca Tabs

Synarel Nasal Spray

GASTROINTESTINAL AGENTS

Anti-spasmodic

Symax Duotabs

Anti-ulcer

Omeclamox

Pylera

Digestants

Creon

Zenpep DR

PREFERRED BRAND NAME DRUG LIST

EFFECTIVE DATE: October 1, 2018

PLEASE GIVE TO YOUR PHYSICIAN

VERY IMPORTANT

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Gastric Acid Secretion Reducers

Dexilant

Miscellaneous Products,

Gastrointestinal

Amitiza

Apriso

Canasa Suppositories

Lialda

Linzess

Sfrowasa

HEMATOLOGY

Anti-Coagulants, Direct

Factor X

Xarelto

Miscellaneous

Pradaxa

Anti-Platelet

Brilinta

Miscellaneous Agents,

Hematology

Mephyton

IMMUNOSUPPRESSANTS

Oxsoralen-UL Caps 10mg

Sandimmune SOL 100 mg/ml

NUTRITION

Vitamins/Minerals/Electrolyte

Modifiers

Escavite Tabs Chewable

Escavite D Tabs Chewable

Escavite LQ Drops

Floral Tab & Cap

Floriva Drops

Floriva Plus Drops

Fluorabon Drops

Fluor-A-Day Tabs Chewable

Flura-Drops

Monocal Tab

Poly-Vi-Flor Tabs Chewable

Poly-Vi-Flor Tabs Chewable
with Iron

Poly-Vi-Flor Drops 0.25

Poly-Vi-Flor Drops with Iron
0.25

Quflora Tabs Chewable

Quflora Gummies

Tri-Vi-Flor Drops

OB/GYN

Estrogenics

Climara Pro Patch

Duavee

Menest

Premarin

Premarin vaginal cream

Premphase

Prempro

Prenatal Products

Atabex EC

Bal-Care DHA

Calcium-PNV Caps

Citranatal B-Calm

Citranatal RX Tabs

C-Nate DHA

Concept DHA Caps

Concept OB Caps

Dothelle DHA Caps

Duet DHA Balanced

Duet DHA 400

Elite-OB

Enbrace HR Caps

Folivane-OB Caps

Hemenatal OB + DHA

Hemenatal OB Tabs

Kosher Prenatal + Iron Tabs

Marnatal-F Caps

Mynatal Advance Tabs

Mynatal Caps

Mynatal Ultracaplets

Mynatal-Z Captabs

Natachew Tabs

Natelle One Caps

Neevo DHA

Nestabs Tabs

Nestabs DHA

Newgen Tabs

Niva-Plus Tabs

OB Complete advanced

OB Complete One

OB Compete Petite

OB Complete Caplets

OB Complete Premier

OB Complete with DHA

Obstetrix DHA

Obstetrix EC

O-Cal Prenatal Tabs

O-Cal FA Tabs

PNV-Ferrous Fumarate

PNV-Prenatal Plus Tabs

PNV 29-1 Tabs

PNV-Omega

PNV-VP-U Caps

Prefera OB Tabs

Prena1 Tabs Chewable

Prena1 Pearl

Prenata Tabs Chewable

Prenatal 19 Tabs Chewable

Prenatal 19 Tabs

Prenatal Plus Tabs

Prenatal Plus Iron

Prenatal-U Caps

Prenatal Vitamin plus low iron

Prenate AM Tabs

Prenate Elite Tabs

Prenate Essential

Prenate Star Tabs

Preplus CA-FE Tabs

Pretab Tabs

Primacare

Provida OB Caps

Purefe OB Plus Caps

Select-OB Caps Chewable

Taron-C DHA

Thrivite 19 Tabs

Thrivite RX Tabs

Tricare Tabs Chewable

Tricare Tabs

Tricare DHA One

Tricare DHA One/Folate

Trinatal GT Tabs

Tri-Tabs DHA

Vena-Bal DHA

Vinate DHA

Virt-Advance Tabs

Virt-C DHA

Virt-Nate Tabs

Virt-Nate DHA

Virt-PN Tabs

Virt-PN Plus

Virt-Vite GT Tabs

Vitafol Gummies

Vitafol Nano Tabs

Vitafol OB Caplets

Vitamed MD Redichew Tabs

Vitapearl Softgels

Vol-Nate Tabs

Vol-Plus Tabs

Vol-Tab RX Tabs

VP-GGR-B6 Tabs

VP-HEME OB Tabs

VP-PNV-DHA Softgels

Zatean-PN Plus

Topical Anti-Infectives

Cleocin Vaginal Ovules

OPHTHALMIC AGENTS

Anti-histamines

Pazeo

Anti-infectives

Moxeza

Natacyn

Glaucoma Agents

Alphagan P 0.1%

Azopt

Betoptic-S

Combigan

Lumigan

Phospholine Iodide

Simbrinza

Timoptic Ocudose

Travatan Z

Steroids

FML Ointment

FML Forte

Pred Mild

Miscellaneous

Restasis

Xidra

PHOSPHATE BINDERS

Renvela

RESPIRATORY AGENTS

Anti-muscarinic and Combos

Incruse Ellipta

Spiriva Handihaler

Spiriva Respimat

BetaAdrenergic & Combos

Anoro Ellipta

Combivent

Proair HFA

Proair Respiclick

Serevent Diskus

Stiolto Respimat

Symbicort

Ventolin HFA

Glucocorticoids, Inhalation

Arnuity Ellipta

Flovent Diskus

Flovent HFA

Pulmicort Flexhaler

QVAR 40, 80

QVAR redihaler

Symbicort

Miscellaneous Agents,

Respiratory

Bethkis

Pulmozyme

UROLOGICAL AGENTS

Anesthetics

Elmiron

Antispasmodics

Myrbetriq

Vesicare

Benign Prostatic Hypertrophy

Agents

Rapaflo

Weight Management

Contrave

*Please note, certain drugs contained in this list are subject to Step Therapy. Please refer to the Step Therapy List of drugs on page 8-11 of this newsletter.

**Preferred Brand Formulary
Drugs that cost in excess of \$3,000 are subject to a \$150 copay.

Know Your Pension Plan

The Pension Fund frequently receives questions on the topics below. Additional information on these and other topics is available by visiting the Pension section of the website. When you are ready to apply for your pension, please refer to the "Important Items to Remember" section of the website under Pension for additional information.

1. **Beneficiary Updates/Change in Marital Status** – Please review your beneficiary designation if you change your marital status. Please notify the Fund if you get married, divorced, or become widowed. If you get divorced, please forward a copy of the divorce decree. You will need to complete a new beneficiary form for your Pension Benefits after your divorce is finalized. If you become widowed, you will need to forward a copy of the death certificate and also complete a new beneficiary form. Downloadable beneficiary forms are available on the Fund's website. You cannot name your pet as a beneficiary.
2. **Retirement Applications** – Contact the Pension Fund three months prior to your retirement date to begin the application process (6 months if you have time in another Fund and are applying for a reciprocal pension). The Pension Fund offers appointments to assist you with completing your Application for Pension paperwork. Please be sure to review your benefit options on your paperwork so that you

are familiar with them prior to your appointment.

3. **Your Retirement Income Plan (RIP) 1987** balance is updated by the 15th of each month and subject to net gains or losses through the last day of the month in which your application is approved for payment.
4. **Power of Attorney** – If you cannot handle your own affairs, your Power of Attorney must provide the Fund with a copy of the Durable Power of Attorney before any information. The Pension Fund also requires, the Power of Attorney's to contact the Pension Fund Office and provide their mailing address and your physical address.
5. **Pension Checks** – Your checks from the Defined Benefit Plan (or monthly installments from the Retirement Income Plan if elected) are dated the first of each month. If you elect direct deposit, your check will be deposited on the first business day of the month. For example, if the first of the month falls on Sunday, your check will be deposited on Monday.
6. **Website** – Please visit the website for Summary Plan Descriptions, Forms and Notices, Important Items to Remember or to view your RIP 1987 balance.
7. **Signatures on Fund Documents** – Please sign all Fund documents with your legal name, which must match what is on file with the Fund Office. Please be sure to use your full name (no nicknames) and suffix (Jr., Sr., III), if applicable.



Retirees: Direct Deposit Makes Sense!

Would you like to be sure that your pension check is available to you on the first business day of each month? You can be certain if you use direct deposit! Eliminate the worries of delayed mail delivery, postponed trips to the bank because of bad weather or other commitments, lost or stolen checks, standing in long lines at the bank, or waiting for your check to clear at the bank.

Convenience. With direct deposit, your check goes directly into your bank account. There's no need to make a trip to the bank to deposit a check.

Security. Since your check goes directly into your account, there's no risk of your check being stolen or lost in the mail.

Ease. Choosing direct deposit is easy. It's easy to sign up! Just call the Pension Department or visit the Pension Section of the Central PA Teamsters website www.CentralPATeamsters.com (click on "Forms") to get the form. Fill it out and return it to the Fund Office. It takes about 30 days to complete the process. Then relax and enjoy the comfort of knowing that your pension check is available to you each month without delay.

Direct deposit is required for all new Retirees unless the Fund receives a written request stating the reason(s) why you require a paper check.

Important: If you are currently using direct deposit and your bank name and/or account changes, please notify the Pension Department immediately and request a new direct deposit form to complete (even if your bank informs you that no notification is needed.) If you change banks and need to complete a new form, simply call the Pension Department or visit www.CentralPATeamsters.com (click on "Pension"—"Forms") to get a new form. Please note that direct deposit changes usually take 30 days to become effective after you notify the Fund. After you request a change, your first check may be mailed to your home. Thereafter, your check will be directly deposited to your bank account. □

Know Your Health & Welfare Plan

The Health and Welfare Fund frequently receives questions on the topics below. Additional information on these topics is available in your Summary Plan Description or by visiting the Fund website.

- 1. Dental Implants** – All requests for dental implants must be submitted for pre-determination for review under the implant policy. Failure to do so could mean higher out of pocket expenses.
- 2. Health Savings Accounts for Dependents** – If your spouse (or eligible dependent) is covered under a high-deductible health plan with a health savings account (HSA), this spouse or dependent may not be covered under the Central PA Teamsters Health and Welfare Plan. If your employer pays on a Component basis, the Employer will not be responsible for contributions for this spouse or dependent.
- 3. Motor Vehicle Accidents** – The Fund will consider payment of medical expenses only after the benefits from the auto insurance carrier have been exhausted. In addition, the Fund will not provide coverage for Short Term Disability Benefits (except for the first 5 days of missed work). Contact your auto insurance carrier to make sure that your policy includes payment for

missed work due to injuries sustained in an auto accident.

- 4. Illegal Acts** – The Fund does not cover medical services rendered as a result of your committing an illegal act (misdemeanor or felony). This includes driving while intoxicated (DUI).
- 5. Change in Family Status** – Please review your beneficiary designation if there is a change in your family status. Please notify the Fund if you get married, divorced, are widowed or have a child. The Fund does not allow divorced spouses to continue to be covered under the member's coverage.
- 6. Moonlighting** – The Fund does not cover participants or eligible dependents for illness or injuries that occur as a result of performing non-covered employment for wage or profit.
- 7. Dependent Daughter Pregnancies** – The Fund does not cover medical expenses associated with a dependent's pregnancy.
- 8. Address Change** – Please remember to contact the Fund office if your address changes.

Visit our website at www.CentralPATeamsters.com



Want information about your dental plan? Take advantage of Delta Dental's web and mobile resources to:

- ▶ Check your eligibility
- ▶ Look up coverage details
- ▶ check claims
- ▶ Find a network dentist
- ▶ Improve your oral wellness
- ▶ and more



Visit the website at deltadentalins.com/enrollees or use the free app.

CREDITABLE COVERAGE NOTIFICATION

PLAN 13, PLAN 13Y, PLAN 14, Plan 14P and PLAN 16

Important Notice from

THE CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Central Pennsylvania Teamsters Health & Welfare Fund ("Fund"). This information can help you decide whether you need to take action regarding joining a Medicare drug plan (also known as Medicare Part D). If you were covered for prescription drug benefits from the Fund last year, the Fund sent you a similar notice to this one.

NOTE: You are only eligible to elect Medicare prescription benefits if you are eligible to elect Medicare.

If you lose the Fund's coverage and you are eligible for Medicare coverage, you can get Medicare coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium. This coverage is separate from the coverage you have from the Fund.

The Fund, using the standards established by the federal government, has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out at least as much as standard Medicare prescription drug coverage pays. **The Fund's prescription drug coverage is considered Creditable Coverage.** Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a penalty of a higher Medicare Part D premium if you later decide to timely enroll in Medicare prescription drug coverage.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you are considering electing Medicare Part D coverage, you should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. **Keep in mind that this Fund may provide you with medical, dental, vision, and other benefits that are described in the next section. If you enroll in a Medicare prescription drug plan and lose your coverage from the Fund (for example, if you drop your coverage under the Fund in order to take the Medicare Part D plan), you and your eligible dependents will also lose those other benefits in addition to your prescription coverage.**

If you elect both Fund coverage and Medicare coverage and you have Fund coverage on account of your own active employment or on account of the active employment of your spouse or parent, the Fund will be the primary payor of benefits and Medicare will be the secondary payor of benefits. You will want to take a careful look at the Fund's coverage (including both the Fund's benefits and any payments you may make toward that coverage) when making your decision about whether to purchase a Medicare Part D plan.

The Fund offers the following prescription benefits:

PLAN 13 PRESCRIPTION COVERAGE:

MAIL ORDER COPAYMENTS

- \$15 Generic for up to a 90 day supply
- \$30 Brand Preferred for up to a 90 day supply
- \$60 Brand Non-Preferred for up to a 90 day supply
- \$300 Specialty for up to a 90 day supply

RETAIL PHARMACY COPAYMENTS

- \$5 Generic for up to a 34 day supply
- \$15 Brand Preferred or up to a 34 day supply
- \$30 Brand Non-Preferred for up to a 34 day supply
- \$150 Specialty for up to a 30 day supply

PLAN 13Y PRESCRIPTION COVERAGE:

MAIL ORDER COPAYMENTS

- \$ 30 Generic for up to a 90 day supply
- \$ 60 Brand Preferred for up to a 90 day supply
- \$100 Brand Non-Preferred for up to a 90 day supply
- \$300 Specialty for up to a 90 day supply

RETAIL PHARMACY COPAYMENTS

- \$10 Generic for up to a 34 day supply
- \$30 Brand Preferred for up to a 34 day supply
- \$50 Brand Non-Preferred for up to a 34 day supply
- \$150 Specialty for up to a 30 day supply

PLAN 14, 14P AND PLAN 16 PRESCRIPTION COVERAGE:

<u>MAIL ORDER COPAYMENTS</u>	<u>Option A</u>	<u>Option B</u>	<u>Option C</u>
Generic for up to a 90 day supply	\$ 15.00	\$ 30.00	\$ 30.00
Brand Preferred for up to a 90 day supply	\$ 30.00	\$ 40.00	\$ 60.00
Brand Non-Preferred for up to a 90 day supply	\$ 60.00	\$ 80.00	\$100.00
Specialty	\$300.00	\$300.00	\$300.00
<u>RETAIL PHARMACY COPAYMENTS</u>	<u>Option A</u>	<u>Option B</u>	<u>Option C</u>
Generic for up to a 34 day supply	\$ 5.00	\$ 10.00	\$ 10.00
Brand Preferred for up to a 34 day supply	\$ 15.00	\$ 20.00	\$ 30.00
Brand Non-Preferred for up to a 34 day supply	\$ 30.00	\$ 40.00	\$ 50.00
Specialty	\$150.00	\$150.00	\$150.00

This Fund also offers medical benefits:

Plans 13 offers physician office visits, hospital benefits, inpatient benefits, physical therapy benefits, surgical benefits, prescription benefits, outpatient diagnostic benefits, dental/orthodontic benefits, hearing/vision benefits, and mental illness/substance abuse benefits, as well as death and accidental death and dismemberment benefits and short-term disability benefits.

Plan 13Y offers physician office visits, hospital benefits, inpatient benefits, physical therapy benefits, surgical benefits, prescription benefits, outpatient diagnostic benefits, dental/orthodontic benefits, hearing/vision benefits, and mental illness/substance abuse benefits, as well as death and accidental death and dismemberment benefits.

Plans 14, 14P and 16 provide the following core benefits: physician office visits, hospital benefits, inpatient benefits, physical therapy benefits, surgical benefits, outpatient diagnostic benefits, transplant benefits, immunization and injection benefits and major medical benefits. Plans 14 and 16 also offer the following benefits on an optional basis, to be selected in collective bargaining and reflected in the contract with the employer: death and accidental death and dismemberment benefits, dental/orthodontic benefits, hearing/ vision benefits, prescription benefits, mental illness/substance abuse benefits, and short-term disability benefits.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

If you don't join when you are first eligible, and don't have creditable prescription coverage, you may have to wait to join a Medicare drug plan and you may pay a higher premium if you join later. You may pay that higher premium for as long as you have Medicare prescription drug coverage if you join later. Be aware that if you lose your coverage with the Fund and don't enroll in Medicare prescription drug coverage after your current coverage ends, you risk paying a higher premium to enroll in Medicare prescription drug coverage later. If there is a break in coverage of 63 days or longer of prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two month Special Enrollment Period (SEP) to join a Part D plan. In addition, if you lose or decide to leave the Fund's coverage, you may be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period.

For more information about this notice or your current prescription drug coverage...

Contact the Fund's Prescription office at Toll Free In PA 1-800-422-8330 or Toll Free in USA 1-800-331-0420.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offers prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date:	August 1, 2018
Name of Entity/Sender:	Central Pennsylvania Teamsters Health & Welfare Fund
Contact—Position/Office:	Prescription Department
Address:	1055 Spring Street, Wyomissing, PA 19610
Telephone Number:	Toll Free In PA 1-800-422-8330 Toll Free in USA 1-800-331-0420

CREDITABLE COVERAGE NOTIFICATION

PLAN R7 and PLAN R7-65

Important Notice from

THE CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND

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NOTE: You are only eligible to elect Medicare prescription benefits if you are eligible to elect Medicare.

If you lose the Fund’s coverage and you are eligible for Medicare coverage, you can get Medicare drug coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium. This coverage is separate from the coverage you have from the Fund.

The Fund, using the standards established by the federal government, has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out at least as much as standard Medicare prescription drug coverage pays. **The Fund’s prescription drug coverage is considered Creditable Coverage.** Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a penalty of a higher Medicare Part D premium if you later decide to timely enroll in Medicare prescription drug coverage.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you are considering electing Medicare Part D coverage, you should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. **Keep in mind that this Fund provides you with medical benefits that are described in the next section. If you enroll in a Medicare prescription drug plan and you lose your coverage from the Fund (for example, if you drop your coverage under the Fund in order to enroll in a Medicare Part D plan), you and your eligible dependents will lose those other benefits in addition to your prescription coverage and will not be permitted to re-enroll under the Fund’s coverage.**

The Fund offers the following prescription benefits:

PLAN R7 and PLAN R7-65 COVERAGE:

MAIL ORDER COPAYMENTS

\$15 Generic for up to a 90 day supply
\$30 Brand Preferred for up to a 90 day supply
\$60 Brand Non-Preferred for up to a 90 day supply
\$300 Specialty for up to a 90 day supply

RETAIL PHARMACY COPAYMENTS

\$5 Generic for up to a 34 day supply
\$15 Brand Preferred for up to a 34 day supply
\$30 Brand Non-Preferred for up to a 34 day supply
\$150 Specialty for up to a 30 day supply

This Fund also offers medical benefits:

Retiree Plans R7 and R7-65 provide benefits for hospitalization, physician office visits, physical therapy, surgical procedures, immunizations, outpatient diagnostics, major medical and certain other limited benefits.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

If you don't join when you are first eligible, and don't have creditable prescription coverage, you may have to wait to join a Medicare drug plan and you may pay a higher premium if you join later. You may pay that higher premium for as long as you have Medicare prescription drug coverage if you join later. Be aware that if you drop or lose your coverage with the Fund and don't enroll in Medicare prescription drug coverage after your current coverage ends, you risk paying a higher premium to enroll in Medicare prescription drug coverage later. If there is a break in coverage of 63 days or longer of prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

However, if you lose creditable prescription drug coverage, through no fault of your own you will be eligible for a two month Special Enrollment Period (SEP) to join a Part D plan. In addition, if you lose or decide to leave the Fund's coverage, you may be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period.

For more information about this notice or your current prescription drug coverage...

Contact the Fund's Prescription office at Toll Free In PA 1-800-422-8330 or

Toll Free in USA 1-800-331-0420.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offers prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date:	August 1, 2018
Name of Entity/Sender:	Central Pennsylvania Teamsters Health & Welfare Fund
Contact—Position/Office:	Prescription Department
Address:	1055 Spring Street, Wyomissing, PA 19610
Telephone Number:	Toll Free In PA 1-800-422-8330
	Toll Free in USA 1-800-331-0420

Retirees Approved for Pensions February 2018 through March 2018

February 2018		
Name	Local	Employer
ABSALOM, DAVID J	429	J C EHRLICH CO INC
ANELLI, JOHN A	229	CONSOLIDATED FREIGHTWAYS
ARECHIGA, MICHAEL A	773	ABM INDUSTRIES
BAKER, DIANE	771	THE SICO COMPANY
BALDWIN, JEFFREY L	776	PRESTON TRUCKING CO INC
BANIC, JOHN E	771	YRC FREIGHT
BOWMAN, MELODY A	429	POWER PACKAGING INC
BYMESSER, GARY L	776	ANDERSON LOGISTICS
CARDONI, EUGENE J	229	M & G CONVOY INC
CARE, GREG S	429	SAVOR STREET FOODS INC
CASSNER, HARVIE	776	YRC FREIGHT
COLKITT, FRED J	771	MILLER & HARTMAN INC
CORRELL, GLENDA J	429	SCHROCK CABINET COMPANY
DELONG, GREGORY A	429	SCHROCK CABINET COMPANY
DISSINGER, BRUCE J	429	GOTWALS RENTAL COMPANY
DONATO-KOPPENHAVER, MARISA	776	ARKANSAS BEST FREIGHT SYS INC
DOZIER, FRANKLIN W	776	ARKANSAS BEST FREIGHT SYS INC
EGAN JR, STANLEY S	429	NEW PENN MOTOR EXPRESS INC
FICKS, WILLIAM C	764	BRANCH MOTOR EXPRESS CO
FIGUEROA, ISAIAS S	773	PRAXAIR DIST. MID- ATLANTIC LLC
FLORKIEWICZ, MICHAEL	229	NEW PENN MOTOR EXPRESS INC
FRANKHOUSER, JOHN R	429	NEW ENTERPRISE STONE & LIME CO
GAGATEK, THOMAS M	229	TOPPS CHEWING GUM INC
GERNER, CINDY LOU	429	WETTERAU FOOD SERVICES INC
GOOD, MELODY A	776	NEW PENN MOTOR EXPRESS INC
HAMMAKER, GREGORY	776	UNITED PARCEL SERVICE INC
HARBOLD, LARRY M	776	FLEMING COMPANIES INC
HARTMAN III, JOHN A	773	MACKS TRUCKS INC NVSSC
HARVEY SR, FREDERICK C	776	W & L SALES COMPANY INC
HELLER, LINWOOD	429	BOYERTOWN AUTO BODY WORKS
HIMMELBERGER, DAVID	776	YRC FREIGHT
HOLLENBACH, RICKY L	773	EASTERN INDUSTRIES INC DIV OF
HUFFSMITH, THOMAS S	229	YELLOW FREIGHT SYSTEM INC
JACKSON, WILLIAM H	429	ARKEMA INC
KEELER, BRUCE D	429	CARL R BIEBER INC
LEFEVER, RICHARD E	771	PENNSY SUPPLY INC
MADAYA, BRIAN M	773	UNITED PARCEL SERVICE INC
MAGUIRE, DOUGLAS A	776	UNITED PARCEL SERVICE INC
MALOZI JR, THOMAS	773	YRC FREIGHT
MARCH, WILLIAM L	776	PILOT FREIGHT CARRIERS INC
MCLAUGHLIN, MICHAEL	118	TOPPS CHEWING GUM INC
MISKIN, THOMAS J	776	CONSOLIDATED FREIGHTWAYS
MITCHELL, EDWARD S	429	CLOVER FARMS DAIRY
MOORE, ANTHONY N	771	MILLER & HARTMAN INC
MORGAN, RICKY LEE	771	YELLOW RFEIGHT SYSTEM INC
MYERS, GARY L	776	ARKANSAS BEST FREIGHT SYS INC
NICHOLSON, JOHN	773	YRC FREIGHT
OTT, DANIEL L	776	ANDERSON LOGISTICS
PAPAY, GREGORY	429	ASSOCIATED WHOLESALERS INC
PARKINS, RICARDO A	429	CARL R BIEBER INC
PAULEY, KERRY E	429	UNITED PARCEL SERVICE INC
PHOTIS, GEORGE P	771	MILLER & HARTMAN INC
RAYMER, RICHARD A	401	KEYSTONE COCA-COLA BOTTLING CO
REHM JR, RALPH J	776	ARKANSAS BEST FREIGHT SYS INC
REMPE, PETER J	229	TOPPS CHEWING GUM INC
RICHARDSON, RANDY LEE	771	KEREK AIR FRIEGHT CORP
ROCELLA, SERAFINO F	229	AKZO NOBEL SALT INC
SERRANO, LORRAINE	429	VICTUS LTD
SHANK, JAMES	771	KENOSHA AUTO TRANSPORT CORP
SHOLLY, ARTHUR E	776	USF HOLLAND INC
SHUGHART II, WAYNE R	776	CAROLINA FREIGHT CARRIERS CORP
SMITH SR, RONALD N	776	BRANDT DISTRIBUTORS

February 2018		
Name	Local	Employer
SNELL ESTY, JULIE	229	TEAMSTERS LOCAL UNION 229
SPENCE, EDWARD R	773	MYERS MEN INC
SROCK, DALE	771	HERMAN R EWELL INC
STAPLES, DENNIS A	429	BRENNTAG NORTHEAST INC
STEINOUR, LOIS B	776	UNITED PARCEL SERVICE INC
STRUSS, SCOTT P	773	DICK MILHAM CHEVROLET INC
TARRIS, FRANKLIN GEORGE	429	SINGER EQUIPMENT CO INC
TAWNER SR, DOUGLAS S	776	UNITED PARCEL SERVICE INC
TOTH, RICHARD F	773	UNITED PARCEL SERVICE INC
WARFORD, VINCENT	776	ARKANSAS BEST FREIGHT SYS INC
WEITZEL SR, RUSSELL W	429	GENERAL COMMODITIES WAREHOUSE
WENGER SR, ROBERT F	429	PACEMAKER DRIVER SERVICE INC
WERT, DAVID J	776	YRC FREIGHT
YAPLE, GARY LEE	764	INTERSTATE MTR FREIGHT SYS INC
YODER, DENNIS M	429	BOYERTOWN AUTO BODY WORKS INC
ZIATS, JOHN	429	ALL STAR DISTRIBUTING INC

March 2018		
Name	Local	Employer
ACE, DUANE H	229	ROADWAY EXPRESS INC
ARNDT, JAMES P	429	RDG COCA COLA BOTTLING WORKS
BENDER III, JAMES L	764	UNITED PARCEL SERVICE INC
BOND, JAMES A	776	YRC FREIGHT
BRESSLER, CHARLES H	429	ASSOCIATED WHOLESALERS INC
BURKARD, RONALD E	776	CENTRAL STORAGE & TRANSFER CO
COLDREN, TROY	429	SINGER EQUIPMENT CO INC
CORRELL, DALLAS	429	CLOVER FARMS DAIRY
DERMODY, JOHN J	229	SUPER MARKET SERVICE CORP
ECKROTH, JAMES A	429	J C EHRLICH CO INC
FEGLEY, GREGORY B	773	OGDEN FACILITY SERVICES
FLOREY, DONALD C	773	ROCK HILL TRUCKING CO INC
GETTLER, LEON S	776	USF RED STAR
GONZALEZ, EDNA M	429	POWER PACKAGING
HASSLER, ALAN	776	YRC FREIGHT
HERBERT, NATHANIEL	776	ARKANSAS BEST FREIGHT SYS INC
HINKLE, SCOTT A	773	EASTERN INDUSTRIES INC
HOFFMAN, RICK L	771	YRC FREIGHT
HOFFMAN, WILLIAM	776	YRC FREIGHT
HOYER, TERRY	429	BRENNTAG NORTHEAST INC
HUDACHEK, PAUL M	229	FERRANTI BEER DIST CO
KERRIGAN, JUDE C P	229	YRC FREIGHT
KOSIEROWSKI, NADINE	229	TOPPS CHEWING GUM INC
LEUPOLD, ERIC R	773	MAIERS BAKERY
MRAX JR, STANLEY J	401	MAS OLD FASHION BOTTLING INC
NEY, DONALD J	429	SUPERVALUE INC
PETIX, JOSEPH R	401	G R SCHALL TRUCKING
REIFINGER, DANIEL D	773	COCA-COLA BTLING CO LEHIGH VALLEY
REX, ROBERT A	773	W S REICHENBACH & SON INC
ROHN, DAVID	773	YRC FREIGHT
ROMIG III, WALLACE E	773	EASTERN INDUSTRIES INC
SALTZMAN, DEBORAH	429	SCHROCK CABINET COMPANY
SHANK, BARRY L	776	YRC FREIGHT
SIMPSON, CHRIS K	776	ROADWAY EXPRESS INC
SLOSS, JAMES J	429	E J BRENNEMAN LLC
SPYKER, KATHRYN D	776	ASSICAIED WHOLES SALERS INC
STANK, TERRY A	429	LEHIGH VALLEY DAIRIES INC
STARR, KELLY A	429	LEHIGH VALLEY DAIRIES INC
STRAUKAS, JOHN W	773	ARKANSAS BEST FREIGHT SYS INC
STROHL, LEROY S	773	FRANTZ BROTHERS INC
TANNER, JAMES E	764	DAY EQUIPMENT COMPANY
TREVIS, JOHN	773	YRC FREIGHT
WAGAMAN, TERRY J	776	COYNE TEXTILE SERVICES

Retirees Approved for Pensions March 2018 through April 2018

March 2018			April 2018		
Name	Local	Employer	Name	Local	Employer
WEAVER, RODER L	429	JONES MOTOR CO INC	KRULICK, STEPHEN J	229	TOPPS CHEWING GUM INC
WENTZ, WILLIAM R	776	CONSOLIDATED FREIGHTWAYS	KYERMEH, BERTHA A	429	ASSOCIATED WHOLESALERS INC
WILEY, LEON W	771	MILLER & HARTMAN INC	LAUER, LANCE M	776	FLEMING COMPANIES INC
WILSON, ERROLL D	229	NORTHEREASTERN TRAINING INST	LAWS, RUDOLPH V	773	ASHLAND CHEMICAL COMPANY
ZIMMERMAN, RICKY L	429	ASSOCIATED WHOLESALERS INC	LEHMAN, NEIL DAVID	776	ST JOHNSBURY TRUCKING CO INC
ZLOGER, ROBERT M	776	UNITED PARCEL SERVICE INC	LLYOD, DONALD R	776	CONSOLIDATED FREIGHTWAYS
April 2018					
Name	Local	Employer			
BRENDEL, DAVID	429	BERKS PRODUCTS CORP	MALLIN, MARK H	776	YRC FREIGHT
CAMPBELL, GEORGE A	429	ASSOCIATED WHOLESALERS INC	MARTIN, CHERYL	429	SCHROCK CABINET COMPANY
CONTRES, COY J	776	ST JOHNSBURY TRUCKING CO INC	MCGINTY, MICHAEL F	229	CONSOLIDATED FREIGHTWAYS
COX, RAY O	429	LENTZ MILLING CO LLC	MOORE, KAREN K	429	SCHROCK CABINET COMPANY
DERR, STEVEN L	429	LEHIGH VALLEY DAIRIES INC	MOSHOS, GREGORY A	771	UNITED PARCEL SERVICE INC
DEWEES, TIMOTHY P	771	PENNCAST CORPORATION	MOYER, TIMOTHY D	429	RDG REGIONAL AIRPORT AUTHORITY
ENTZ, LARRY W	764	D/B/A VALLEY FARMS DAIRY	MUDLOCK JR, WILLIAM S	401	COON INDUSTRIES INC
ESPIE, WILLIAM J	229	C&S WHOLES GROCERS	NAMEY, JOSEPH L	401	UNITED PARCEL SERVICE INC
EVANS, LOURN B	776	ROADWAY EXPRESS INC	NENNINGER, GORDON E	776	YRC FREIGHT
FAUSEY, BRUCE D	764	BRANCH MOTOR EXPRESS CO	OSWALD, STEVE J	773	EASTERN INDUSTRIES INC
FERRIS, THOMAS J	764	WILLIAMSPORT MOVING CO INC	RAZZANO JR, THOMAS A	771	YELLOW FREIGHT SYSTEM INC
FIMIANO JR, CHESTER	773	BIMBO BAKERIES USA	READINGER, ROBERT R	429	ARKEMA INC
FLYNN, KEITH A	776	UNITED PARCEL SERVICE INC	REESE, JAMES J	429	L J DAVISON FURNITURE CO
GILROY, PATRICK J	229	UNITED PARCEL SERVICE INC	RENFREW, WALTER F	776	CONSOLIDATED FREIGHTWAYS
HAAG, RANDALL K	429	LEHIGH VALLEY DAIRIES INC	ROE, HAL	773	ASHLAND CHEMICAL COMPANY
HEFFELFINGER, GARY LEE	773	J R BUTLER INC	ROYER, BRIAN	429	LENTZ MILLING CO LLC
HILL, RUSSELL J	776	ROADWAY EXPRESS INC	SANTIAGO, CRISPIN	771	PENNCAST CORPORATION
HOAK, MARTIN F	776	CONSOLIDATED FREIGHTWAYS	SCOPELLITI, PHILIP M	229	SUPER MARKET SERVICE CORP
HUGHES, GERARD J	229	CRYSTAL SODA WATER CO	SHEPHERD JR, GERALD E	776	YRC FREIGHT
HYDER, SAMUEL J	401	ACME MARKETS INC	SHIRK, THOMAS G	429	ASSOCIATED WHOLESALERS INC
JONES, ROBERT L	429	ASSOCIATED WHOLESALERS INC	SHIRK SR, RICHARD E	776	USF HOLLAND INC
KLEINFELTER, ROY A	429	BIG A AUTO PARTS INC	STACKFIELD, GARY LEE	776	CARNATION CO/NESTLE USA INC
KLINE, JASON L	429	J C EHRLICH CO INC	SWEIMLER, KEITH G	429	LENTZ MILLING CO LLC
KNAPP JR, GEORGE F	429	J C EHRLICH CO INC	TURNER, ANN MARIE	229	TOPPS CHEWING GUM INC
KOCH, JOSEPH D	773	ROCK HILL TRUCKING CO	WALAITIS, ANTHONY J	401	KEYSTONE COCA-COLA BOTTLING
KRAMER, CARL E	429	BRENNTAG NORTHEAST LLC	WALTER, MELISSA	776	ARKANSAS BEST FREIGHT SYS INC
			WINOWICH, NORMA J	229	YRC FREIGHT
			YEAGER, MICHAEL A	429	SAVOR STREET FOODS INC
			YUHASZ, STEPHEN M	429	CLOVER FARMS DAIRY

APRIL 2018 RETIREMENT INCOME PLAN (RIP) INVESTMENT RETURN

The following is the approximate net investment return for the Central PA Teamsters RIP 1987 retirement plan for the 4 month period ending April 30, 2018. The net investment return equals the gross investment return less investment and administrative expenses plus the re-allocation of forfeited account balances from terminated non-vested participants who incurred a 5-year break in service.

Plan	Approximate Net Investment Return
RIP 1987	-0.5%

You may also view your RIP 1987 balance on the Fund website through the Pension Fund Web Portal. Click on the Pension section and then "Pension Fund Web Portal." You must register first before you can access your account information.

For more information on investment results, visit the Central Pennsylvania Teamsters website, www.CentralPATeamsters.com. Click on Pension Fund and then "Reports and Notices."



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To locate a physician or facility for treatment participating with Aetna Meritain:

Please call Meritain at 1-800-343-3140 or visit www.CentralPATEamsters.com for help finding an in-network provider. Choose Aetna Choice POS II (Open Access) under Select a Plan. Please be aware that the providers are listed as address specific so be careful if you utilize that physician in another office. Providers should also contact Meritain at the same phone number if they have a dispute regarding the contracted fee.

All benefit questions should still be addressed to the Fund office at 1-800-422-8330 (PA), 1-800-331-0420(US) or email us at hwfund@centralpateamsters.com

SUGGESTIONS?

If you have feedback about our newsletter please feel free to email Charlotte Houser at chouser@centralpateamsters.com

VISIT OUR WEBSITE

Members and their families, as well as contributing employers, can access the Fund website, www.CentralPATEamsters.com for benefits information, announcements, reports, notices, investment reports and provider network links.

Nurse Line Program Continues under Meritain Health



Improved Information and a New Phone Number

Keep this number handy!

**Meritain Health's 24x7
Nurse Line: 1.866.726.6529**

**You can reach the Meritain Nurse Line 24 hours a day,
seven days a week for your health-related questions**



In December 2017 Davis Vision was acquired by Centerbridge Partners, a private equity group and current owner of Superior Vision.

After extensive planning, collaborative development and internal integration of the companies, they are now one company, Versant Health. No changes will be made to current member benefits at this time, and there will be no disruption in coverage or service. The new visual identity of Davis Vision will be transitioning throughout 2018 with the complete transition completed by January 1, 2019.

The web address for Davis Vision remains the same and you can still access your account in the portal using the same logo credentials. www.davisvision.com

Central PA Teamsters
P.O. Box 15223
Reading, PA 19612-5223

ADDRESS SERVICE REQUESTED

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**Central Pennsylvania Teamsters Pension Fund and
Central Pennsylvania Teamsters Health and Welfare Fund**

Trustees:

William M. Shappell
Chairman & Union Trustee
Tom J. Ventura
Secretary & Employer Trustee
Kevin Bolig
Union Trustee
Eric Bucheit
Employer Trustee
Howard W. Rhinier
Union Trustee
Kenneth A. Ross
Employer Trustee
Daniel W. Schmidt
Employer Trustee
Charles Shafer
Union Trustee
Jeff Strause
Union Trustee
Joseph J. Samolewicz
Administrator
Martin L. Cullen
Assistant Administrator

Professional Advisors:

Beyer-Barber
*Health & Welfare Fund Actuary
& Consultant*
CBIZ Savitz
Pension Fund Actuary & Consultant
Morgan Lewis
Legal Co-Counsel
Novak Francella, LLC
Certified Public Accountants
Summit Strategies
Investment Consultant
Stevens & Lee
Legal Co-Counsel
Willig, Williams and Davidson
Legal Co-Counsel
**Investment Managers for the
Central Pennsylvania Teamsters
Health and Welfare Fund**
AJO, LP
Causeway Capital Management, LLC
SEI Investments
Walter Scott & Partners, Ltd.

Westfield Capital Management, LLC
William Blair & Company, LLC
**Investment Managers for the Central
Pennsylvania Teamsters Pension Fund**
AJO, LP
Causeway Capital Management, LLC
Income Research & Management
Loomis, Sayles & Company
LSV Asset Management
Northern Trust Investments, Inc.
Oakbrook Investments
Parametric Portfolio Associates, LLC
Penn Capital Management
PGIM Real Estate
Pictet Asset Management, Ltd.
Principal Financial Group
Segall Bryant & Hamill
Tortoise Capital Advisors, LLC
Walter Scott & Partners, Ltd.
Westfield Capital Management
Company, LLC
William Blair & Company, LLC

**IMPORTANT INFORMATION-
FROM THE FUND OFFICE**

Fund Office Contact Information

Contact the Fund Office directly with any questions on Health and Welfare or Pension benefits. The Fund staff is available Monday through Friday from 7:00 a.m. to 4:00 p.m.

Telephone Numbers:

Health & Welfare

(610) 320-5500

Toll free in PA 1-800-422-8330

Nationwide 1-800-331-0420

Pension

(610) 320-5505

Toll free in PA 1-800-343-0136

Nationwide 1-800-331-0420

REMINDER

**Keep Your Information Current
with the Fund Office**

Please remember to keep your address, dependent and beneficiary information updated with the Funds. You can call or mail in address changes to the Fund. You can call the Fund office or visit www.CentralPATeamsters.com to obtain beneficiary change forms to complete and send in to the Fund Office.

Visit Our Website at: www.CentralPATeamsters.com