



Central Pennsylvania Teamsters

GUARDIAN

Health and Welfare/Pension Guardian Newsletter



Reading, Pennsylvania



December 2015

Happy Holidays
from the Central Pennsylvania Teamsters
Health & Welfare and Pension Funds!

Important changes to your PRESCRIPTION BENEFITS Effective JANUARY 1, 2016

***** IMPORTANT *****

**PLEASE READ EACH ITEM BELOW CAREFULLY TO SEE
HOW YOUR PRESCRIPTION BENEFITS WILL BE AFFECTED**

The information in this SMM is different from the information you received in the Summary of Benefits and Coverage (SBC) which was mailed in September, 2015.

At the September 2015 meeting, the Trustees of the Central Pennsylvania Teamsters Health & Welfare Fund ("Fund") adopted the following changes to the Fund's Prescription Benefits. The changes below will be effective January 1, 2016.

1. **GPP FORMULARY ADOPTED:** As of January 1, 2016, your copayments for preferred and non-preferred brand name drugs and specialty drugs will be determined by the **GPP Formulary**. The new copayment description is included in this newsletter on Page 12. We will no longer use a negative formulary. "GPP" is the Funds prescription drug pharmacy benefit manager, General Prescription Programs, Inc.

The Fund will provide benefits for ALL medically necessary Generic drugs, not just those Generic medications listed on the Formulary. Unless subject to a specific exclusion or limitation, the Fund will provide benefits for medically necessary Brand Name drugs, even those not appearing on the Formulary. However, you will be responsible for the Non-Preferred Brand copayment.

Your copayment will depend on whether you receive a Generic or Brand Preferred or Non-Preferred or Specialty medication. Please see the **Copayment Chart** on Page 12. These copayments differ between Plans and depend on the level of benefit selected. Provided that other restrictions are not applicable, the Fund will provide benefits for Brand Name medications not appearing on the Formulary at the "Non-Preferred" or "Specialty" copayment level.

NOTE: This Formulary may change in the future without advance notice to you upon the advice of the Fund's pharmacy benefit manager. Please call the Fund Office or check

the Fund's website: www.centralpateamsters.com to verify whether the prescription medication your doctor prescribes is on the GPP Formulary. You will periodically receive a copy of the updated Formulary.

2. **STEP THERAPY:** The Trustees have expanded the Fund's "Step Therapy" Program. Effective January 1, 2016, under the "Step Therapy" Program, the Fund will **not** pay benefits for certain generic and brand name medications until you have first tried and failed a medication listed in Step I. After you have tried and failed on a medication in Step I, the Fund will **ONLY** provide benefits for the medications listed in Step II if the Fund's records (or documentation that you supply) show that you tried and failed on a Step I medication **and** your physician provides documentation demonstrating that the Step II medication is "medically necessary".

IMPORTANT! Please review the attached **Step Therapy Chart** carefully. **You may need to change medications effective January 1, 2016.** If your medication is not "grandfathered," the Fund will **not** provide benefits for the Step II medication after January 1, 2016 until you have documented that you have tried and failed on a Step I medication and your physician has demonstrated that it is "medically necessary" for you to have the Step II medication.

3. **INSULIN DRUGS:** Effective January 1, 2016, the Fund will **not** provide benefits for **any** new prescriptions for insulin medications **except Novolin®, Novolog, Levemir and Victoza**. If you are currently taking another insulin medication, you will be "grandfathered," that is, the Fund will continue to provide benefits for this medication.
4. **ADVAIR and BREO EXCLUDED FROM COVERAGE:** Effective January 1, 2016, the Fund will **not** provide **any** benefits for ADVAIR or BREO. The Fund will provide benefits for the Asthma medications listed on the attached Formulary or other medically necessary asthma medications to which Fund restrictions or prohibitions do not apply. Copayments will vary depending on the medication. ***No patients will be "grandfathered" for these medications.*** Therefore, if you currently use ADVAIR or BREO, it is essential that you speak with your physician **now** about moving to an alternative medication before January 1, 2016.
5. **SPECIALTY DRUGS DEFINED:** Effective January 1, 2016, **any** drug that costs \$3,000 or more per script will be classified as "Specialty Drugs."
6. **NEW COPAYMENT ADDED FOR SPECIALTY DRUGS:** Effective January 1, 2016, there will be a \$150 copayment for **any** "Specialty Drug," that is, for any drug that costs \$3,000 or more per script.
7. **LIMITED COVERAGE OF NEW BRAND MEDICATIONS:** Effective January 1, 2016, the Fund will provide no benefits for new brand-name prescription drugs for the first 6 months after their initial public release. After the initial six month period, these medications will be subject to any applicable plan rule (for example, copayment, pre-authorization, quantity limits, etc.).
8. **COMPOUND DRUGS EXCLUDED:** Effective January 1, 2016, the Fund will provide **no** benefits for **any** compound drugs.
9. **NEW RESTRICTIONS ON ZOHYDRO:** Effective January 1, 2016, the Fund will provide **no** benefits for Zohydro unless it has been submitted to GPP and approved pursuant to the Fund's pre-authorization criteria. The pre-authorization criteria include trying certain other medications listed in Step I under Narcotic Analgesics in the attached "Step Therapy" protocol. In addition, the copayment for all Zohydro prescriptions will be \$150 per script.

10. **PREAUTHORIZATION REQUIRED FOR PCSK9 (proprotein convertase subtilisin/kexin 9) MEDICATIONS:** Effective January 1, 2016, the Fund will **ONLY** provide benefits for PCSK9 medication where that medication has been pre-authorized under the Fund's criteria. The medications will be considered for patients with diagnosed and documented homozygous familial hypercholesterolemia (HoFH), who have no labeled contraindications to this therapy, where the therapy is prescribed by or in consultation with a cardiologist or lipid specialist, and who submit required documentation.
11. **HEPATITIS-C MEDICATIONS – PRE-AUTHORIZATION REQUIRED:** Effective January 1, 2016, the Fund will **ONLY** provide benefits where the medication has been pre-authorized under the Fund's criteria, which include the patient's Metavir score, as well as documentation of patient specific information related to their condition provided by the patient's physician.
12. **LIMITS ON FDA “CLASS II” PAIN MEDICATIONS:** Effective January 1, 2016, the Fund will provide benefits for a maximum of fifteen days (15) per script for medications classified as CLASS II medications by the U.S. Food and Drug Administration.
13. **NO BENEFITS FOR “REFORMULATED” MEDICATIONS:** Effective January 1, 2016, the Fund will **not** provide **any** benefits for the medications in Column A. The Fund will provide benefits for the medications in Column B. This list is subject to modification.

COLUMN A	COLUMN B
ATIVAN 0.5 MG TABLET	LORAZEPAM 0.5 MG TABLET
ATIVAN 1 MG TABLET	LORAZEPAM 1 MG TABLET
ATIVAN 2 MG TABLET	LORAZEPAM 2 MG TABLET
COLAZAL 750 MG CAPSULE	BALSALAZIDE DISODIUM 750 MG CAPSULE
DEXPAK 10 DAY 1.5 MG TABLET	DEXAMETHASONE 1.5 MG TABLET
FORTAMET ER 1,000 MG TABLET	METFORMIN ER 1,000 MG TABLET
GLUMETZA ER 1,000 MG TABLET	METFORMIN ER 1,000 MG TABLET
NORITATE 1% CREAM	METRONIZADOLE 1% GEL
VASOTEC 2.5 MG TABLET	ENALAPRIL MALEATE 2.5 MG TABLET
VASOTEC 5 MG TABLET	ENALAPRIL MALEATE 5 MG TABLET
VASOTEC 10 MG TABLET	ENALAPRIL MALEATE 10 MG TABLET
VASOTEC 20 MG TABLET	ENALAPRIL MALEATE 20 MG

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.

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 VIIBRYD 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	BEYAZ CYCLESSA DESOGEN MODICON NATAZIA ORTHO MICRONOR ORTHO TRI-CYCLEN ORTHO-CEPT ORTHO-CYCLEN ORTHO-NOVUM SAFYRAL YASMIN YAZ
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 ANALGESICS PRESCRIBED AT THE MANUFACTURERS RECOMMENDED SCRIPT LEVEL.	ACETAM INOPHEN-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
RHEUMATOID ARTHRITIS	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 are currently taking a medication in one of these categories, 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- ACETAMINOPHEN ISOMETHEPT-DICHLORALP- ACETAMIN NARATRIPTAN RIZATRIPTAN SUMATRIPTAN ZOLMITRIPTAN	ALSUMA AMERGE AXERT CAFERGOT D.H.E.45 ERGOMAR FROVA IMITREX MAXALT MIGERGOT MIGRANAL RELPAX 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

PROTON PUMP INHIBITORS	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
ULCERATIVE COLITIS	AZULFIDINE BALSALAZIDE SULFASALAZINE SULFAZINE	APRISO ASACOL COLAZAL DELZICOL DIPENTUM GIAZO LIALDA PENTASA

Fund Announces Partnership with Hamilton Health Center in Harrisburg, PA

Members and their families can receive primary care with a \$0 co-pay

The Health and Welfare Fund recently entered into a partnership with the Hamilton Health Center in Harrisburg, PA. Located in a state of the art facility, Hamilton Health Center has a team of well-trained health care providers available to meet the primary care needs of Fund members and their families.

This partnership benefits you and your family and the Fund in several important ways:

- You and your eligible dependents can receive primary care (adults, children, gynecological, obstetric, and behavioral health) all at the Hamilton Health Center with a \$0 co-pay
- A dedicated phone number just for participants (717-230-3909) is provided in order to streamline the appointment process.
- Hamilton will make every attempt to provide you and your family with a same-day appointment if you call in at 7 am.
- Walk-in services are available on a first-come, first-serve basis.
- Coordinated care is available if a specialist is needed.
- A pharmacy and lab are located on-site for your convenience.

Treatment at the Hamilton Health Center is completely voluntary. Members who are looking for "one-stop shopping" primary care are encouraged to visit the center for treatment. However, members may keep their existing primary care health provider if they wish.

Hamilton Health Center is conveniently located at 110 South 17th Street, Harrisburg, PA 17104.

Their hours are:

Monday and Wednesday: 7 am – 7 pm

Tuesday and Thursday: 7 am – 8 pm

Friday: 8 am – 5 pm

Every other Saturday: 8 am – 12 pm

(for Dental, Adult Medicine and Pediatrics)

For more information, please contact Hamilton Health Center or visit their website,
www.hamiltonhealthcenter.com.

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OneNet providers will not be treated as Network providers after February 29, 2016

The OneNet network is offered to participants who live in Virginia, West Virginia, Maryland, North Carolina, and Washington DC.

The Central Pennsylvania Teamsters Health and Welfare Fund ("Fund") contracted with OneNet to provide Fund Participants and their families access to a network of providers.

OneNet has informed the Fund that OneNet will cease all network access and operations effective March 15, 2016. Due to this change, the Fund will be terminating coverage with OneNet effective February 29, 2016 in order to transition to other networks.

Patients who have received services from OneNet providers will be contacted directly by the Fund. The Fund is a PPO Plan; therefore, patients can still utilize OneNet providers. However, these providers will be considered Non-Network and benefits will be paid as Non-Network. If a OneNet provider participates with another Fund network, the patient will be notified that the Fund will continue to consider the provider as in-Network.

Please note that benefits for bona fide emergency services are payable at the same rate regardless of whether the provider is a network or non-network provider.

The Fund will issue new identification cards in the upcoming weeks to participants who are affected by this change.

Attention Retirees:

If you plan to be away from home for an extended period, please change your address directly through the Pension Fund. **The Post Office will not honor forwarding requests for certain mail such as tax documents. This is especially important during the winter months.** The Fund mails a Form 1099R to each retiree in January for tax filing purposes. The Post Office will not honor a forwarding request for Form 1099R and instead will return it to the Fund.

For example, Mary receives a monthly pension check from the Fund. Each January through March, Mary relocates to Florida to visit her daughter. Last year, Mary requested that the Post Office forward her mail to her daughter's home in Florida. The Fund mailed Mary's Form 1099R to her home. The Post Office had a forwarding request on file for Mary. Since the Form 1099R is a tax document, the Post Office was unable to forward it, and instead returned the Form 1099R to the Pension Fund. Mary did not have her Form 1099R available when she was ready to file her tax return.

This year, Mary will change her address to her daughter's home in Florida by contacting the Fund directly. The Fund will mail Mary's Form 1099R to her daughter's address in Florida, and Mary will receive her Form 1099R in time to file her tax return.

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.
9. **Urgent Care Facilities** - coverage for Urgent Care Facilities is for medical conditions only. Physical exams at Urgent Care Facilities are not covered.

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, you must provide the Fund with a Durable Power of Attorney before any information can be given to the person who you designate to handle your affairs.
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.

Important Information on the Health and Welfare Fund's Subrogation Program

This article provides important information about the Fund's Subrogation Program. According to the documents that govern the Fund, this Program applies whenever a member or dependent: (1) suffers injuries, (2) receives benefits from the Fund to treat those injuries, and (3) then receives compensation from an outside source for those injuries. In such circumstances, the Fund will “subrogate” against the third-party recovery and require the member, dependent, or both, to reimburse the Fund for a portion of the benefits paid by the Fund.

You can find the specific rules that cover the Subrogation Program in your Summary Plan Description, which you can find in the Health and Welfare Section on our website at www.CentralPATeamsters.com. You and your lawyer must take the Subrogation Program into account if you file or consider filing a workers' compensation claim, lawsuit, or other legal claim that seeks compensation for injuries for which you have already received benefits from the Fund.

The Fund may ask you to sign a Subrogation Agreement that recognizes your obligations under the Subrogation Policy. However, that Policy will apply regardless of whether you sign such an agreement.

The Fund will reduce a subrogation claim by up to 20 percent to cover the legal fees that you incur in obtaining compensation from an outside source. The Fund strictly applies this limit in workers's compensation cases, in which the 20 percent cap is established by law. The Fund realizes that lawyers typically charge higher fees for lawsuits. If your lawyer charges a higher fee, he or she should contact the Fund Office and request negotiations on this issue.

PLEASE DO NOT RESOLVE A WORKERS' COMPENSATION CLAIM, LAWSUIT, OR ANY OTHER CLAIM FOR COMPENSATION UNLESS YOUR LAWYER (OR YOU, IF YOU HAVE NO LAWYER) HAS CONTACTED THE FUND AND RESOLVED THE SUBROGATION CLAIM. Such action could subject you, your lawyer, and others to litigation and an obligation to pay the Fund's attorneys fees in that litigation. Also, the applicable plan documents permit the Fund to deduct the amount of money that an active member has failed to pay the Fund under the Subrogation Policy from the benefits due the member.

The Subrogation Policy saves the Fund several hundred thousand dollars each year. All that money is used to serve the primary purpose of the Fund: To pay benefits to members and dependents – all of whom benefit from the Policy.



October 2015 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 10 month period ending October 31, 2015. The net investment return equals the gross investment return less investment and administrative expenses plus the reallocation of forfeited account balances from terminated non-vested participants who incurred a 5-year break in service.

Plan	Approximate Net Investment Return
RIP 1987	0.4%

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."

Have Health Care Questions? Call NurseLine.

NurseLine is a free service available 24 hours a day, 7 days a week to help you and your family with health issues. Call NurseLine toll-free, at 1-866-491-4462 for help when you are sick, injured or have a health care question.

A SUGGESTION FROM THE HEALTH & WELFARE FUND

Compare any provider bills with your Explanation of Benefits (EOB) before you pay an outstanding balance. When you receive a doctor's or dentist's bill reflecting a balance due, please compare the bill with the Explanation of Benefits (EOB) you receive from the Fund. Do not pay any balances until after you have received and reviewed the EOB. The estimated balance on a bill generated before the claim is paid by the Fund may not be correct.

Please note: the EOB reflects any co-pay amounts associated with the medical treatment, whether or not the co-pays were actually paid at the time of treatment.

If you have any questions about a claim, be sure to contact the Health & Welfare Fund.

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

***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.

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
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***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.

Plans 14 and 16

		OPTION A	OPTION B	OPTION C
RETAIL	Generic for up to a 34 day supply	\$ 5	\$ 10	\$ 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

***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.

PREFERRED BRAND NAME AND GENERIC DRUG LIST

VERY IMPORTANT

****PLEASE GIVE TO YOUR PHYSICIAN****

VERY IMPORTANT

Not all generic drugs appear on this drug list due to space limitations

ANALGESICS

Anti-Migraine

butalbital/cafeine/APAP
butalbital/cafeine/ASA
isometheptene/APAP/dichlpen
naratriptan
RELPAK
sumatriptan succ.
zolmitriptan

Anti-Rheumatic

hydroxychloroquine
methotrexate

Muscle Relaxants

baclofen
carisoprodol
chlorzoxazone
cyclobenzaprine/ER
dantrolene sodium
methocarbamol
orphenadrine
orphenadrine comp
tizanidine

Non-steroidal anti-inflammatory agents

choline salicylate/magnesium
diclofenac
diflunisal
etodolac
etodolac SA
FLECTOR PATCH
flurbiprofen
ibuprofen
indomethacin
ketoprofen
ketorolac
leflunomide
meclofenamate sod.
meloxicam
nabumetone
naproxen
naproxen sodium
oxaprozin
piroxicam
salsalate
sulindac
tolmetin

NSAIDs, COX II Inhibitors

celecoxib caps

Opioid Agonist

codeine sulfate
butorphanol NS
BUTRANS
fentanyl patch
hydromorphone
HYSINGLA ER
meperidine
methadone
morphine sulfate
oxycodone
OXYCONTIN
oxymorphone
propoxyphene hcl
tramadol/ER

Combinations:

acetaminophen/butalbital
acetaminophen/butalbital/cafeine
acetaminophen/codeine
acetaminophen/dichlorophenazone/isom
acetaminophen/hydrocodone

acetaminophen/oxycodone
acetaminophen/propoxyphene hcl
aspirin/butalbital/cafeine
aspirin/butalbital/cafeine/codeine
aspirin/oxycodone
pentazocine/naloxone
pentazocine/naltrexone
roxicep
tramadol/acetaminophen

ANTI-ADDICTIVE AGENTS

acamprosate tab
buprenorphine tab
buprenorphine/naloxone tab
disulfiram

ANTI-INFECTIVES

Amebicides

paromomycin

Anti-bacterial

Cephalosporins

cefaclor
cefadroxil
cefdinir
cefpodoxime
cefprozil
cefuroxime
cephalexin
Lincosamides
clindamycin
Macrolides
azithromycin
clarithromycin
clarithromycin ER
erythromycin base
erythromycin ES
erythromycin ES/sulfisoxazole

Nitrofurantoin

nitrofurantoin macro
nitrofurantoin micro
nitrofurantoin oral susp

Penicillins

amoxicillin
amoxicillin TR/pot. clavulanate
ampicillin
dicloxacillin
penicillin VK

Quinolones

ciprofloxacin
levofloxacin
moxifloxacin
ofloxacin

Sulfonamides

sulfisoxazole
sulfamethoxazole/trimethoprim
sulfamethoxazole/trimethoprim DS
sulfasalazine/DR

Tetracycline

doxycycline
doxycycline DR 100mg
minocycline
SOLODYN
tetracycline

Anti-Fungals

clotrimazole troches
fluconazole tabs
GRIFULVIN
Griseofulvin

GRIS-PEG
itraconazole
ketoconazole
nystatin
terbinafine
voriconazole tabs

Anti-Virals

Miscellaneous

acyclovir
famciclovir
ganciclovir
valacyclovir

Hepatitis Agents

PEG INTRON
ribasphere
ribavirin

HIV Agents

abacavir
abacavir/lamivudine/zidovudine
didanosine
lamivudine
lamivudine/zidovudine
nevirapine
stavudine
zidovudine

Influenza Agents

amantadine
rimantadine

Miscellaneous Anti-infectives:

atovaquone susp
chloroquine phosphate
dapsone
ethambutol
hydroxychloroquine
isoniazid
mebendazole
mefloquine
methenamine hippurate
metronidazole
pyrazinamide
quinine sulfate
rifampin
trimethoprim

ANTINEOPLASTIC

anastrozole tabs
bicalutamide tabs
bleomycin
carboplatin
cladribine
cyclophosphamide tabs
dacarbazine
daunorubicin
docetaxel
doxorubicin
etoposide
exemestane tabs
floxuridine
fludarabine
fluorouracil vial
flutamide caps
gemcitabine
hydroxyurea caps
idarubicin
irinotecan Hcl vial
letrozole tabs
leucovorin
megesterol tabs

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mercaptopurine tabs
methotrexate
mitomycin
mitoxantrone
paclitaxel
tamoxifen
temozolomide caps
vincristine
vinorelbine

CARDIOVASCULAR

Ace Inhibitors & Combinations:

amlodipine/benazepril
benazepril
benazepril/HCTZ
captopril
captopril/HCTZ
enalapril
enalapril/HCTZ
fosinopril
fosinopril/HCTZ
lisinopril
lisinopril/HCTZ
moexipril
moexipril/HCTZ
perindopril erbumine
quinapril
quinaretic
ramipril
trandolapril
trandolapril/verapamil

Angiotensin Receptor Blockers & Combinations:

AZOR
BENICAR
BENICAR HCT
candesartan
candesartan HCTZ
telmisartan
telmisartan HCTZ
telmisartan/amlodipine
TRIBENZOR
valsartan
valsartan HCTZ

Anti-adrenergic Agents:

carvedilol
clonidine
doxazosin
guanabenz
guanfacine
prazosin
terazosin

Anti-arrhythmics

amiodarone
digoxin
disopyramide
flecainide
mexiletine
propafenone
quinidine gluconate
quinidine sulfate
sotalol

Anti-hyperlipidemics:

Bile Acid Sequestrants
cholestyramine
cholestyramine light
colestipol
WELCHOL

Fibric Acid Derivatives

fenofibrate
gemfibrozil

HMG-CoA Reductase

Inhibitors/Combo

amlodipine/atorvastatin
atorvastatin
CRESTOR
lovastatin
pravastatin
simvastatin

Miscellaneous

ZETIA

Beta Blockers & Combinations:

acebutolol
atenolol
atenolol/chlorthalidone
bisoprolol fumarate
bisoprolol/hydrochlorothiazide
labetalol
metoprolol
metoprolol/hydrochlorothiazide
metoprolol succ. ER
nadolol
nadolol/bendroflu.
pindolol
propranolol
propranolol/hctz
timolol maleate

Calcium Antagonists & Combos:

amlodipine/atorvastatin
amlodipine besylate
amlodipine/benazepril
AZOR
diltiazem
diltiazem CD
diltiazem ER
diltiazem SR
felodipine ER
isradipine
nifedipine ER
TRIBENZOR
verapamil
verapamil SR

Diuretics:

amiloride
amiloride/hydrochlorothiazide
bumetanide
chlorothiazide
chlorthalidone
eplerenone
furosemide
hydrochlorothiazide
hydrochlorothiazide/spironolactone
hydrochlorothiazide/triamterene
indapamide
mexolazone
spironolactone
torsemide

Nitrates:

isosorbide dinitrate
isosorbide mononitrate
isoxsuprine
nitroglycerin patch
nitroglycerin SL
nitroglycerin SR
nitroglycerin topical

Miscellaneous Anti-hypertensives:

hydralazine
methyldopa
minoxidil

CNS AGENTS

Anti-anxiety/Sedative-Hypnotics

alprazolam
alprazolam ER/XR
BELSOMRA
buspirone
chloral hydrate
chlordiazepoxide
clonazepam
clonazepam Distab
clorazepate
diazepam
hydroxyzine HCl
INTERMEZZO
lorazepam
meprobamate
oxazepam
temazepam
zaleplon
zolpidem tartrate

Anti-convulsants:

carbamazepine/ER
clonazepam
clonazepam Dis Tab
diazepam
divalproex sod. tabs EC
ethosuximide
gabapentin
lamotrigine dispers tabs
LYRICA
oxcarbazepine
phenobarbital
phenytoin sodium
primidone
valproic acid
zonisamide

Anti-depressants:

amitriptyline
amitriptyline/perphenazine
bupropion
bupropion ER/SR
citalopram
clomipramine
desipramine
doxepin
fluoxetine
fluvoxamine
imipramine
mirtazapine
nefazodone
nortriptyline
paroxetine Hcl
paroxetine CR
phenelzine
PRISTIQ
sertraline
tranylcypromine sulf. tabs
trazodone
trimipramine
venlafaxine/ER

Anti-Manic Agents:

lithium carbonate
lithium carbonate tabs ER

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Anti-parkinson Agents:

amantadine
benztropine
bromocriptine
carbidopa/levodopa
pramipexole Di-Hcl
ropinirole Hcl
selegiline
trihexyphenidyl

Anti-psychotic Agents:

chlorpromazine
clozapine
fluphenazine
haloperidol
loxapine
perphenazine
quetiapine fum.
risperidone
risperidone ODT
SEROQUEL XR
thioridazine
thiothixene
trifluoperazine
ziprasidone

Cholinesterase Inhibitors:

donepezil
donepezil ODT
galantamine HBR
galantamine ER
pyridostigmine br.
rivastigmine

Stimulants:

amphetamine salts
dexamethylphenidate
dextroamphetamine
methamphetamine
methylphenidate
methylphenidate ER
methylphenidate SA
methylphenidate SR
QUILLIVANT XR SUSP

Miscellaneous CNS Agents:

bupropion SR tabs
ergoloid mesylate
midodrine
pilocarpine tabs
ropinirole Hcl

DERMATOLOGICALS

Acne Agents:

ACANYA
ATRALIN
adapalene
benzoyl peroxide
clindamycin phos. topical
clindamycin/benzoyl peroxide gel
erythromycin topical
erythromycin-benzoyl gel
ONEXTON
sodium sulfacetamide/sulfur
sulfacetamide sod. 10% lot
tretinoin (acne only)
ZIANA

Antibacterial Agents:

gentamicin topical
metronidazole cream/lotion
mupirocin ointment
silver sulfadiazine

Antifungal Agents:

ciclopirox
clotrimazole/betamethasone
econazole
ERTACZO
ketoconazole topical
nystatin topical
nystatin/triamcinolone

Antiviral Agents:

XERESE

Corticosteroids:

alclometasone dip. oint.
amcinonide
betamethasone dipropionate
betamethasone valerate
clobetasol
desonide
desoximetasone
fluocinonide
fluocinolone acetonide
fluticasone
halobetasol
hydrocortisone 0.1% buty.
hydrocortisone 0.2% val.
hydrocortisone 2.5%
mometasone
prednicarbate cream
triamcinolone acetonide

Hemorrhoidal Preparations:

lidocaine HC

Keratolytics:

podofilox
urea

Psoriasis & Eczema Agents:

calcipotriene sol
diflorasone
ELIDEL
selenium sulfide

Other Dermatologicals:

aluminum chloride
ammonium lactate
CARAC
diclofenac sodium gel
hydroquinone 4%
imiquimod cream
lidocaine cream, lot, patches
lindane
malathion lotion
permethrin
sulfacetamide sodium
ZYCLARA

EARS, NOSE, & THROAT

Anti-histamines/Allergenic Extracts:

cypheptadine
GRASTEK
hydroxyzine hcl
hydroxyzine pamoate
levocetirizine tabs
promethazine
RAGWITEK

Cough & Cold Preps:

benzonatate
codeine
codeine/guaifenesin
codeine/promethazine
dextromethorphan/promethazine
guaifenesin SR & LA

hydrocodone/chlorpheniramine susp
hydrocodone/guaifenesin
hydrocodone bit./homatropine

Decongestants & Combinations:

brompheniramine/pseudoephedrine
carbinoxamine/pseudoephedrine
carbinoxamine/pseudoephedrine SR
chlorpheniramine/pseudoephedrine SR

Nasal Products:

ASTEPRO
azelastine nasal spray
DYMISTA
flunisolide solution
fluticasone nasal spray
NASONEX

Otics:

acetic acid/hydrocortisone otic
acetic acid otic drops
antipyrine/benzocaine otic drops
hydrocortisone/neomycin/polymyxin B otic
ofloxacin ear drops

Throat & Mouth Products:

chlorhexidine gluconate
lidocaine viscous
sodium fluoride
triamcinolone in orabase

ENDOCRINE

Androgens/ Estrogens:

danazol

Bone Resorption

alendronate sodium tabs
etidronate disodium
risedronate sodium tabs

Corticosteroids:

cortisone acetate
dexamethasone
fludrocortisone acetate
hydrocortisone
methylprednisolone
prednisolone
prednisone

Diabetic Aids

NOVOFINE/PLUS PEN NEEDLES
NOVOFINE AUTOCOVER 30G
NOVOTWIST NEEDLES

Gout:

allopurinol
colchicine
colchicine/probenecid
probenecid

Hypoglycemics:

Biguanides

metformin
metformin ER

Combination Products

glipizide/metformin
glyburide/metformin

Dipeptidyl Peptidase-4 & Combos

JANUMET/XR
JANUVIA
KOMBIGLYZE
ONGLYZA

Insulins

LEVEMIR
NOVOLIN
NOVOLOG

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Meglitinides

nateglinide
repaglinide

Miscellaneous

VICTOZA
WELCHOL

Sodium-Glucose Co Transporter 2 Inh.

FARXIGA
XIGDUO XR

Sulfonylureas

chlorpropamide
glimepiride
glipizide
glipizide ER
glipizide XL
glyburide
glyburide micro
tolazamide
tolbutamide

Thyroid Products:

levothyroxine
liothyronine sod
methimazole
paricalcitol
propylthiouracil
thyroid

Miscellaneous:

cabergoline
desmopressin NS, tabs

GASTROINTESTINAL AGENTS

Anti-diarrheals:

atropine/diphenoxylate
paregoric

Anti-spasmodic:

belladonna tincture
belladonna/phenobarbital
dicyclomine
hyoscyamine
hyoscyamine SR

Anti-ulcer:

misoprostol
sucralfate

Anti-vertigo & Anti-emetic:

granisetron tabs
ondansetron
ondansetron ODT
prochlorperazine
promethazine
trimethobenzamide

Laxatives:

Lactulose

P.A.M.O.R.A.:

MOVANTIK

Miscellaneous Products:

amylase/lipase/protease
balsalazide disodium
hydrocortisone enema
hydrocortisone AC supp
mesalamine enema
metoclopramide
sulfasalazine/DR
ursodiol

HEMATOLOGY

Anti-coagulants:

Direct Factor X
SAVAYSA

Miscellaneous

clopidogrel
heparin
warfarin
Anti-platelet:
anagrelide HCl

BRILINTA

cilostazol
dipyridamole
ticlopidine

Fibrinolytic:

pentoxifylline

Miscellaneous Agents:

aminocaproic acid

IMMUNOSUPPRESSANTS

azathioprine
cyclosporine

NUTRITION

Systemic Alkalizers:

Ca monohydrate/K+Cit
NaCit/K + Cit/Ca
potassium citrate ER

Vitamins/Minerals/Electrolyte Modifiers:

calcitriol
calcium acetate caps
cyanocobalamin (vitamin B12)
folic acid
potassium chloride
vitamin A,C,&D w/fluoride
vitamin multiple w/fluoride
vitamin multiple w/fluoride & Fe

OB/GYN

Estrogens:

estradiol
estropipate
jinteli 1-5
PREMARIN
PREMPHASE
PREMPRO

Oxytocics:

methylergonovine

Prenatal Products:

generic prenatal vitamins

Progestins:

medroxyprogesterone
norethindrone acetate

Topical Anti-Infectives

clindamycin vag. cr.
metronidazole vaginal gel
nystatin vaginal
terconazole
triple sulfa vaginal

OPHTHALMIC AGENTS

Anti-histamines:

azelastine
epinastine

Anti-infectives:

bacitracin
bacitracin/neomy/polymyxin B oint.
bacitracin/polymyxin B
ciprofloxacin
dexaamethasone/neomy/polymyxin B
erythromycin
gentamicin

gramicidin/neomycin/polymyxin B soln
ofloxacin
polymyxin B/trimethoprim
prednisolone/sodium sulfacetamide
sodium sulfacetamide
tobramycin
trifluridine drops

Glaucoma Agents:

acetazolamide
apraclonidine
betaxolol
brimonidine
dipivefrin
latanoprost
levobunolol
methazolamide
metipranolol
pilocarpine
timolol drops, gel
TIMOPTIC OCUDOSE

Steroids:

dexamethasone
fluorometholone
prednisolone acetate
prednisolone sodium phos.

Miscellaneous:

atropine sulfate
bromfenac
cromolyn sodium
cyclopentolate
flurbiprofen
ketorolac

RESPIRATORY AGENTS

Bronchodilators:

albuterol
aminophylline
DULERA
FORADIL AERO
ipratropium bromide
PROVENTIL HFA
SYMBICORT
theophylline
theophylline SR

Glucocorticoids, Inhalation:

AEROSPAN
ASMANEX
PULMICORT FLEXHALER
PULMICORT RESPULES
SYMBICORT

Miscellaneous agents:

acetylcysteine
cromolyn neb. Sol.
montelukast
terbutaline
zafirlukast

UROLOGICAL AGENTS

Anesthetics:

phenazopyridine

Antispasmodics:

oxybutynin
oxybutynin ER
flavoxate hcl
tolterodine
tolterodine ER
TOVIAZ

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Benign Prostatic Hypertrophy Agents

doxazosin
finasteride
tamsulosin caps
terazosin

Cholinergic Stimulants:

bethanechol

WEIGHT MANAGEMENT

diethylpropion
phentermine
SAXENDA



Employer Group Coverage Requirements under USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA), prohibits discrimination against persons because of their service in the Armed Forces Reserve, the National Guard, or other uniformed services.

USERRA requires that employees who are called up to active service and who are eligible for their employer's group health coverage must be allowed to continue their health coverage for themselves, their spouse and their dependent children. Individuals electing continuation of coverage on or after December 10, 2004 can elect coverage for up to 24 months. Prior to December 10, 2004, eligible individuals could elect coverage for up to 18 months.

The Act also requires that employers provide an annual notice of USERRA rights and obligations to employees entering military service. This notice requirement can be met by posting the notice in a location where the employer customarily places notices to employees. The requirement also applies to unions that operate hiring halls.

Please call your employer or the Fund Office if you have questions about your USERRA rights.

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 July 31, 2014. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtplecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150

IDAHO – Medicaid	MONTANA – Medicaid
Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	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
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofc/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid	VERMONT– Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	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
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, you can contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
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OMB Control Number 1210-0137 (expires 10/31/2016)

Retirees Approved For Pensions July 2015 through October 2015

July 2015

<u>Name</u>	<u>Local</u>	<u>Employer</u>
ALBRIGHT, DOUGLAS R.	773	FRANK CASILIO & SONS INC.
BARDZEL, GORDON E.	229	AFFILIATED FOOD DISTR INC.
BATES, ROY R.	429	HERTZ PENSKE TRUCK LEASING INC.
BERKENSTOCK, RALPH J.	771	YELLOW FREIGHT SYSTEM INC.
BOYER, JOHN	429	WINDSOR SERVICE TRUCKING
BRANNON, JAMES T.	776	TRANSCON LINES
CALLMANN, INGRID G.	773	UNITED PARCEL SERVICE INC.
CHAPPELL, RODGER W.	764	NEW PENN MOTOR EXPRESS INC.
CONRAD SHRADER, LORI A	776	KEYSTONE DISTRIBUTION CTR INC.
CRUSE, FREDERICK W.	776	R F TRUESDELL COMPANY INC.
CULP JR., AMOS M.	771	KEREK AIR FREIGHT CORP.
DALVET, THOMAS	429	POWER PACKAGING AN EXEL CO.
DAVID, KURT D.	429	ASSOCIATED WHOLESALERS INC.
DELKER, WAYNE E.	764	YRC FREIGHT
DIEHL, DONNA K.	773	T B A SUPPLY CO.
ECKHART, SHARI J.	773	MATERIALS TRANSPORT SERVICE
EVANS, EDWARD A.	776	HESS TRUCKING COMPANY
FACKLER, DAVE G.	429	LENTZ MILLING COMPANY
GOTTSCHALL, LYNN B.	429	COTT BEVERAGES WYOMISSING INC.
GRAMMES, BRYAN R .	773	UNITED PARCEL SERVICE INC.
GRATER, EDWARD C.	429	NEW PENN MOTOR EXPRESS INC.
HAND, KEITH L.	776	ROADWAY EXPRESS INC.
HARRIS, DAVID E.	312	MATLACK INC TERMINAL 5
HARTMAN, BRET E.	771	NEW PENN MOTOR EXPRESS INC.
HOWARD, DARRYL J.	776	UNITED PARCEL SERVICE INC.
HOWELL, RANDY E.	773	OGDEN FACILITY SERVICES
HUBER, JAMES W.	429	JONES MOTOR CO INC.
HURST, THOMAS J.	771	YRC FREIGHT
KIMMEL JR., WILLIAM R.	429	GENERAL COMMODITIES WRHS.
KISSLING, DEBORAH	429	SUPERVALU INC.
MACHEMER SR., GARY C.	429	SCHROCK CABINET COMPANY
MATHIESON JR., ROBERT P.	771	YRC FREIGHT
MCGRAW, ROBERT S.	229	AFFILIATED FOOD DISTR INC.
MOORE, RALPH W.	771	KEREK AIR FREIGHT CORP.
NOLL, KERRY C.	429	JONES MOTOR CO INC.
PENA, JOHN B.	773	EASTERN INDUSTRIES INC DIV OF PERUN
ROMAN, J.	229	ROADWAY EXPRESS INC.
RAINES, SHELLY J.	776	CONSOLIDATED FREIGHTWAYS
REISINGER, RICK D.	776	UNITED PARCEL SERVICE INC.
RHOADS, DENISE E.	429	VICTUS LTD.
RODGERS, JOSEPH P.	229	ROADWAY EXPRESS INC.
ROOP JR., JAMES E.	771	UNITED PARCEL SERVICE INC.
SENSENI, JAY R.	771	JOHN S EWELL INC.
SHANER, BRUCE R.	771	HERMAN R EWELL INC.

SHOBACK, ESTHER	229	TOPPS CHEWING GUM INC.
SMALSTIG, RONALD	776	USF HOLLAND INC.
SMOREY, KIP ALAN	429	CENTRAL DOOR & PLYWOOD CO.
ULRICH III, AUGUST D.	771	YELLOW FREIGHT SYSTEM INC.
VOGT, JOHN R.	773	CONSOLIDATED FREIGHTWAYS
WEAVER, GALEN K.	429	COTT BEVERAGES WYOMISSING INC.
WESSNER, JACOB C.	429	DIETRICH'S MILK PRODUCTS INC.
WOLGEMUTH, LESTER E.	776	HESS TRUCKING COMPANY
YOUNG JR., BIRTHON	773	P I E NATIONWIDE INC.
ZUKOWSKI, DAVID	773	MAIERS BAKERY

August 2015

<u>Name</u>	<u>Local</u>	<u>Employer</u>
ADAMS, TRACEY L.	776	YELLOW FREIGHT SYSTEM INC.
AHNER, BRIAN A.	773	LEASEWAY DELIVERIES INC.
BLAKESLEE, RONALD J.	401	OLEY INDUSTRIES LLC D/B/A
BURNS, RICHARD A.	429	COTT BEVERAGES WYOMISSING INC.
CLOUSER, TERRY LEE	776	UNITED PARCEL SERVICE INC.
COMMODORE, SONYA R.	773	ABM INDUSTRIES
CRATER, EDWARD L.	776	ROADWAY EXPRESS INC.
DAILEY, STACEY	776	USF RED STAR
DAMATO, ANTHONY R.	429	ARKEMA INC.
DEJESUS SR., PERRY V.	776	CONSOLIDATED FREIGHTWAYS
DELONG, DAVID P.	429	MORRIS KREITZ & SONS INC.
DELONG, KENNETH F.	429	ASSOCIATED WHOLESALERS INC.
DUFFY, WILLIAM H.	773	COCA-COLA BTLNG CO LEHIGH VLLY
FERRELL, MARY JOAN	776	TEAMSTERS LOCAL UNION 776
FETTER, BARRY D.	776	ARKANSAS BEST FREIGHT SYS INC.
FRYMOYER, GEORGE A .	429	SAVOR STREET FOODS INC.
GEIST, TIMOTHY J.	429	BERKS PRODUCTS CORP.
GROFF, J. KENNETH	776	ROADWAY EXPRESS INC.
HEDMECK, PAUL	229	YRC FREIGHT
HIREL, DANIEL A.	429	ASSOCIATED WHOLESALERS INC.
HOLDER, DONALD E.	771	HERMAN R EWELL INC.
HOWER, STEVEN A.	776	YRC FREIGHT
HUMMEL, LARRY DANIEL	429	MCLEAN TRUCKING CO MECHANIC
JACKSON JR., JAMES	771	YELLOW FREIGHT SYSTEM INC.
JONES JR., JOHN A.	776	UNITED PARCEL SERVICE INC.
KELLOGG, BRADLEY A .	776	ARKANSAS BEST FREIGHT SYS INC.
KUHNS, RICHARD W.	771	HERMAN R EWELL INC.
KURTZ, RONALD M.	773	CARTER RICE/LEHIGH VALLEY
LLOYD, BARRY L.	776	YORK COUNTY TRANSP AUTHORITY
MCCLOY, KEVIN J.	429	SUPERVALU INC.
MEEKER, TRACI A.	429	APEX EQUIPMENT COMPANY
MERRITT JR., CHRISTIAN C.	429	UNITED PARCEL SERVICE INC.
MESSNER, GREGG A.	776	ROADWAY EXPRESS INC.

Retirees Approved For Pensions July 2015 through October 2015

MICCICHE, WILLIAM J.	776	YRC FREIGHT
MILLER, DALE J.	429	PETRO OIL
MILLON, BONNIE R.	229	HARPER COLLINS PUBLISHERS INC.
MIRACLE, EDNA M.	776	ARKANSAS BEST FREIGHT SYS INC.
MORTON, DAVID L.	776	ROADWAY EXPRESS INC.
MOYER, DALE E.	429	ASSOCIATED WHOLESALERS INC.
MOYER JR., DARRYL C.	776	ROADWAY EXPRESS INC.
MURRAY, JAMES DAVID	776	CAROLINA FREIGHT CARRIERS CORP.
PELTIER, DENNIS J.	776	ARKANSAS BEST FREIGHT SYS INC.
PERRY, MICHAEL J.	776	BROCKER REBAR CO INC.
PHILLIPS, BRUCE P.	401	STATE PRODUCTS
PHILLIPS, DANIEL N.	764	PRESTON TRUCKING CO INC.
PORTER, DONALD	776	DRIVERS INC.
REESE, LEONARD V.	764	B & D TRANSFER
RILEY, TERRENCE J.	776	YRC FREIGHT
RITTER, CHARLES D.	776	UNITED PARCEL SERVICE INC.
SCHILLING, JAMES L.	776	KEYSTONE DISTRIBUTION CTR INC.
SCOTT, REESE P.	229	UNITED PARCEL SERVICE INC.
SEPINSKY JR., JOSEPH	229	C&S WHOLESALE GROCERS
SHARPLES, JOHN P.	771	YRC FREIGHT
SMITH, ELVIN G.	771	HAUCK & SONS INC.
STABLEY, RUSSELL D.	776	FLEMING COMPANIES INC.
STANIORSKI, STANLEY	401	MAS OLD FASHION BOTTLING INC.
STEINBACHER, WAYNE P.	764	SCHNEIDER-VALLEY FARMS INC.
STOLL, DAVID D.	771	BABYS DY-DEE SERVICE
STRAUSE, ELAINE	429	SCHROCK CABINET COMPANY
STUMP, BERNARD L.	429	BERKS PRODUCTS CORP.
TAPPER, DONALD R.	764	P I E NATIONWIDE INC.
TITUS, DENNIS L.	401	WISE FOODS
TRAUTMAN, RONALD A.	429	GENERAL COMMODITIES WRHS
TRESIZE JR., WILLIAM	429	VICTUS LTD.
WHITE, JEFFREY A.	773	EASTERN INDUSTRIES INC DIV OF
WILSON, TYRONE	229	ROADWAY EXPRESS INC.
WOLFE, LUANN M.	429	CENTRAL PENNSYLVANIA TEAMSTERS
YUSHINSKY, GERALD S.	229	TRANSPERSONNEL INC.
ZERN, JOSEPH F.	771	JOHN A ZERN & SONS

September 2015

<u>Name</u>	<u>Local</u>	<u>Employer</u>
ADAIR, CHARLES C.	776	NEW PENN MOTOR EXPRESS INC.
ADAMS SR., CHRISTOPHER R.	229	CONSOLIDATED FREIGHTWAYS
ALMONEY, CYNTHIA LEE	776	UNITED PARCEL SERVICE INC.
BEARD, RONALD L.	771	KEREK AIR FREIGHT CORP.
BECHTEL, LARRY E.	776	ARKANSAS BEST FREIGHT SYS INC.
BENNER, MITCHELL R.	429	CLOVER FARMS DAIRY
BIAGIANTI, DANIEL F.	429	SINGER EQUIPMENT CO INC.

BOSCO, VICTOR	401	KEYSTONE COCA-COLA BOTTLING CO.
BREWER, SUZAN C.	429	COTT BEVERAGES WYOMISSING INC.
BROWN, THOMAS F.	776	USF RED STAR
CASSEL, TIMOTHY P.	776	UNITED PARCEL SERVICE INC.
COLLINS, MARK E.	773	ASHLAND CHEMICAL COMPANY
DOYLE, DAVID T.	429	CENTRAL PENNSYLVANIA TEAMSTERS
ENGLE, ROBERT E.	776	YRC FREIGHT
FERRI, RICHARD PETER	764	UNITED PARCEL SERVICE INC.
FINN, COLLEEN	776	ARKANSAS BEST FREIGHT SYS INC.
FLYNN III, FRANCIS T.	773	ARAMARK UNIFORM & CAREER APPAR.
GAVIN JR., EDWARD R.	773	UNITED PARCEL SERVICE INC.
GAZDOWICZ, JOHN JOSEPH	401	BECHTEL CONSTRUCTION INC.
GRECO, ANTHONY	229	AFFILIATED FOOD DISTR INC.
GREENAWALT, DENNIS L.	776	YRC FREIGHT
GRIFFITH, CRAIG L.	776	YRC FREIGHT
GRISI, FRANK	999	ROADWAY EXPRESS INC.
HOFFMAN, RICHARD M.	776	ARKANSAS BEST FREIGHT SYS INC.
HOFFNER III, AMMON E.	776	USF HOLLAND INC.
HOUCK SR., DENNIS J.	771	HERMAN R EWELL INC.
HUBBS, JOHN M.	776	YRC FREIGHT
JEWELL, PETER	771	YRC FREIGHT
JONES, LESTER R.	429	MORRIS KREITZ & SONS INC.
JOSEPH, JACOB L.	773	CONSOLIDATED FREIGHTWAYS
JURY, WILMER	776	YRC FREIGHT
KALMANOWICZ, CHRISTOPHER L.	229	LWR LACKAWANNA VLY SANITARY AU.
KLEIN, GARRY	999	ALLIED SYSTEMS LTD.
KNAUB, MICHAEL H.	776	MARKEY TRUCKING INC.
KRAUSE, WILLIAM J.	773	PEPSI COLA BOTTLING GROUP
LAGGAN, HAZEL	771	YRC FREIGHT
LEINAWEAVER, WILLIAM L.	776	TRIANGLE PACIFIC CORPORATION
LEIPHART, RODNEY E.	776	ST JOHNSBURY TRUCKING CO INC.
LINDNER, GERALD J.	229	YRC FREIGHT
LLEWELLYN, EDWARD	429	CLOVER FARMS DAIRY
LUTZ, RONALD E.	429	SUPERVALU INC.
LYONS, LISA K.	776	YRC FREIGHT
MATTERN JR., HERBERT E.	771	MILLER & HARTMAN INC.
MCMICHAEL, JAMES W.	429	BERKS PRODUCTS CORP.
MIZERAK, MICHAEL J.	776	YRC FREIGHT
MORRIS, SCOTT A.	776	ROADWAY EXPRESS INC.
MUNOZ, LOUIS E.	999	ALLIED SYSTEMS LTD.
NOERR, SCOTT A.	776	UNITED PARCEL SERVICE INC.
RHOADS, JOHN C.	776	YRC FREIGHT
ROGERS, JAMES	229	YRC FREIGHT
SAUNDERS III, EDWARD C.	771	MILLER & HARTMAN INC.
SHEFFIELD, JOEL D.	776	NEW PENN MOTOR EXPRESS INC.
SHEPHERD, WILLIAM A.	401	ACME MARKETS INC.

Retirees Approved For Pensions July 2015 through October 2015

SHIPPEY, CARL E.	776	ARKANSAS BEST FREIGHT SYS INC.
SHOWALTER, ALLEN	429	SCHROCK CABINET COMPANY
SHUMAN, DEAN ALBERT	776	ARKANSAS BEST FREIGHT SYS INC.
SKAE, DAVID J.	229	ROADWAY EXPRESS INC.
SMITH, PAUL D.	776	YRC FREIGHT
SMITH, ROBERT K.	776	YRC FREIGHT
SNYDER III, RAYMOND H.	773	EXIDE
STACKHOUSE, BONNIE	401	PENSKE TRUCK LEASING CO LP
STOLTZFUS, ELMER Z.	776	YRC FREIGHT
TESTERMAN, JAMES K.	776	ARKANSAS BEST FREIGHT SYS INC.
THOMAS, JENNIFER A.	773	W S REICHENBACH & SON INC.
UNGER, DEBORAH	429	J C EHRlich CO INC.
WERTZ, DEBORAH	776	CONAGRA INC.

October 2015

<u>Name</u>	<u>Local</u>	<u>Employer</u>
BLATT, HAROLD R.	429	CLOVER FARMS DAIRY
BRENNEMAN, WILBERT C.	776	CONSOLIDATED FREIGHTWAYS
BREZNER, BARRY G.	773	MAKOVSKY BROTHERS INC.
BUGGY, JEROME	776	UNITED PARCEL SERVICE INC.
BURNEY JR., JOHN	776	CAROLINA FREIGHT CARRIERS CORP.
CHECK, CHRISTOPHER E.	776	YRC FREIGHT
CHRISTMAN, DAVID L.	773	P I E NATIONWIDE INC.
COLES SR., DONALD L.	776	ARKANSAS BEST FREIGHT SYS INC.
DIETZ, KAREN A.	776	TEAMSTERS LOCAL UNION 776
EDWARDS, NORMAN A .	429	SCHROCK CABINET COMPANY
EISENHOUR JR., WILLIAM J.	776	UNITED PARCEL SERVICE INC.
EISENHOWER, JESS N.	429	J C EHRlich CO INC.
ERDMAN, LUCINDA A.	773	PEOPLE FIRST
FETROW III, JOHN G.	776	PRESTON TRUCKING CO INC.
FLICK, BRAD	764	UNITED PARCEL SERVICE INC.
GOLOWSKI, JAMES P.	429	BERKS PACKING COMPANY INC.
GOWER, WILLIAM C.	773	SCHWERMEN TRUCKING CO.
HAFER JR., ALBERT D.	429	LENTZ MILLING COMPANY
HELLER, DAVID J.	776	CAROLINA FREIGHT CARRIERS CORP.
HESS, GALE E.	776	ARKANSAS BEST FREIGHT SYS INC.
HOGAN, FLORENCE K.	229	HARPER COLLINS PUBLISHERS INC.
HOLLAND, RONALD M.	771	HERMAN R EWELL INC.
HURLEY, DEBORAH K.	429	SCHROCK CABINET COMPANY
JENNINGS, JOHN	229	ROADWAY EXPRESS INC.
KYZER, TERRY L.	776	UNITED PARCEL SERVICE INC.
LANCASTER, WILLIAM	776	NORTH ATLANTIC TRANSPORT
LENTZ, JANET L.	776	CONSOLIDATED FREIGHTWAYS
LOCH, DAVID L.	773	YRC FREIGHT
LUCAS, LARRY L.	764	D/B/A VALLEY FARMS DAIRY
MARKEL, STEVEN B.	776	YRC FREIGHT

MCCAULEY, TERRY L.	764	CHAMPION PARTS REBUILDERS INC.
MCDANIELS, GEORGE	401	FALCONE BEVERAGE
MCGEE JR., WILLIAM I.	776	YRC FREIGHT
MEITZLER, PERRY T.	429	SCHROCK CABINET COMPANY
MEREDITH, OLLIE P. W.	776	ROADWAY EXPRESS INC.
MITCHELL, FRED J.	229	HARPER COLLINS PUBLISHERS INC.
MOSKALCZYK, WILLIAM	229	SCRANTON BRUSH CO.
MOYER, PATRICIA A.	429	POWER PACKAGING AN EXEL CO.
PEAPOS, JOHN J.	773	MACK TRUCKS INC NVSSC
PRATT, MIRIAM	773	SEVEN UP BOTTLING CO.
PROCK, JOSEPH	429	WEINER IRON & METAL CORP.
REASNER, FRANK E.	776	ARKANSAS BEST FREIGHT SYS INC.
SHUTT, BRIAN T.	771	UNITED PARCEL SERVICE INC.
SKIPPER JR., HAROLD W.	429	SCHROCK CABINET COMPANY
SMALLWOOD, DWAIN	776	UNITED PARCEL SERVICE INC.
SNYDER, PATRICIA B.	776	CONSOLIDATED FREIGHTWAYS
STATKIEWICZ, JOSEPH E.	401	ACME MARKETS INC.
STOLTZFUS, JOHN M.	773	J C EHRlich CO INC.
STROMAN, LOWELL R.	776	YRC FREIGHT
STUDY, BRUCE A .	776	YRC FREIGHT
SURMAN, CHARLES	773	UNITED PARCEL SERVICE INC.
SUTTER, GLEN W.	229	TOPPS CHEWING GUM INC.
SUTTER, SHIRLEY	229	TOPPS CHEWING GUM INC.
TARPAY, WILLIAM F.	776	HESS TRUCKING COMPANY
UEBERROTH, LEE ANNE	771	WEYERHAEUSER COMPANY
VALLE, RICHARD L .	429	DAIRY FARMERS OF AMERICA INC.
VERBOYS, RICHARD	229	CRYSTAL SODA WATER CO.
WAKEFIELD, RALPH A.	776	YRC FREIGHT
WALLACE SR., RICHARD P.	771	A-P-A TRANSPORT CORPORATION
WALSH, JAMES	229	HARPER COLLINS PUBLISHERS INC.
WALTER JR., JOHN F.	401	COON INDUSTRIES INC.
WEBB, EVON	429	POWER PACKAGING AN EXEL CO.
WERT, WILLIAM L .	764	PROFESSIONAL DRIVERS SERVICE



Central PA Teamsters

P.O. BOX 15223

Reading, PA 19612-5223

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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 offices 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

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 and Welfare Fund Actuary
& Consultant*
Morgan Lewis
Legal Co-Counsel
Novak Francella, LLC
Certified Public Accountants
Summit Strategies
Investment Consultant
Stevens & Lee
Legal Co-Counsel
The Savitz Organization
Pension Fund Actuary & Consultant
Willig, Williams and Davidson
Legal Co-Counsel

Investment Managers for the Central Pennsylvania Teamsters Health and Welfare Fund

Aronson+Johnson+Ortiz, LP
Causeway Capital Management, LLC
SEI Investments
Tortoise Capital Advisors, LLC
Walter Scott & Partners, Ltd.
Westfield Capital Management, LLC
William Blair & Company, LLC

Investment Managers for the Central Pennsylvania Teamsters Pension Fund

Aronson+Johnson+Ortiz, LP
Causeway Capital Management, LLC
Entrust Capital, Inc.
Income Research & Management
Loomis, Sayles & Company
LSV Asset Management
Mesirow Financial, Inc.
Northern Trust Investments Inc.
Oakbrook Investments
Penn Capital Management
Pictet Asset Management Ltd.
Principal Financial Group
Prudential Insurance Company
of America
Segall Bryant & Hamill
Tortoise Capital Advisors, LLC
Walter Scott & Partners, Ltd.
Westfield Capital Management
Company, LLC
William Blair & Company, LLC