



Central Pennsylvania Teamsters

GUARDIAN

Health and Welfare/Pension Guardian Newsletter



Reading, Pennsylvania



July 2016

Summer Greetings

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

Death and Accidental Death and Dismemberment Benefits will be Provided through The Hartford Effective August 1, 2016

The Fund will change its Death and Dismemberment Benefits carrier to The Hartford effective on August 1, 2016. The transition to The Hartford will not change your benefits. Your collective bargaining agreement spells out whether or not your plan provides Death and Accidental Death and Dismemberment benefits

through the Central PA Teamsters Health and Welfare Fund and, if so, which Plan level you are covered under.

Look for information on additional benefits provided through The Hartford in a future edition of The Guardian and also on the Fund's website.

General Prescription Programs News

Flonase and its generic equivalent Fluticasone are now sold over-the-counter (OTC). They will no longer be covered under the prescription benefits through General Prescription Programs.

HEALTH AND WELFARE FREQUENTLY ASKED QUESTIONS

I am covered by the Health and Welfare Fund and also have Medicare as my primary insurance. If I am admitted to the hospital and then transferred to an in-patient rehab facility, do I need to get precertification from the Fund, even though Medicare is primary?

Yes. The Fund requires pre-certification when all participants are being transferred from an in-patient hospital facility to an in-patient rehab facility.

Participants covered by Medicare please note: Health and Welfare participants who are covered under Medicare must also obtain precertification with the Fund prior to being transferred from the hospital to an in-patient rehab facility, even though Medicare is primary.

If I am treated at the emergency room and then admitted directly to the hospital, must I pay a \$100 co-pay?

If you are covered under Plan 13, Plan 14 (Base Benefit A), Plan 16 or Plan R7-65, and you are admitted directly to the hospital through the emergency room, you will owe a \$100 in-patient hospital co-pay. If the emergency room and in-patient hospital charges are billed separately, the \$100 co-pay for the

emergency room will be waived and you will owe a \$100 in-patient hospital co-pay.

Emergency room and in-patient hospital charges under Plan 14 (Base Benefit B), Plan 14 (Base Benefit C) and Plan R-7 are subject to a deductible and co-insurance. Participants are not charged a co-pay for emergency room and in-patient hospital charges under these plans.

Why Does the Fund require that I provide an updated Coordination of Benefits (COB) Form?

The Fund needs to obtain updated insurance information on each participant's family periodically in order to determine the primary insurance carrier for participants and their dependents when there is more than one insurance carrier. The Health and Welfare Fund periodically mails out a Coordination of Benefits form to participants in order to get this information.

The Health and Welfare Fund may be unable to process your claims without updated Coordination of Benefits information. Your claims may be pended until the Health and Welfare Fund receives your updated Coordination of Benefits form.

When you receive the form, please take a few minutes to complete and return it to the Fund. If you have any questions about the form, please call the Health and Welfare Fund for assistance. Thank you for your cooperation!

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 are now 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 VIIBRYD WELLBUTRIN ZOLOFT
ANTI-GLAUCOMA EYE PREPARATIONS	APRACLOPIDINE HCL BETAXOLOL BRIMONIDINE CARTEOLOL DORZOLAMIDE LATANOPROST LEVOBUNOLOL METIPRANOLOL PILOCARPINE TIMOLOL TRAVOPROST	ALPHAGAN AZOPT BETIMOL BETOPTIC COMBIGAN COSOPT IOPIDINE ISTALOL LUMIGAN PHOSPHOLINE RESCULA

ANTI-GLAUCOMA EYE PREPARATIONS (con't)		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 PROPRANONOL 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 ANALGESICS PRESCRIBED AT THE MANUFACTURERS RECOMMENDED SCRIPT LEVEL.	ACETAMINOPHEN-CODEINE HYDROCODONE-ACETAMINOPHEN HYDROMORPHONE MEPERIDINE METHADONE MORPHINE SULFATE OXYCODONE OXYCODONE-ACETAMINOPHEN OXYCODONE-ASPIRIN	DEMEROL DOLOPHINE LORTAB NORCO NUCYNTA OPANA OXYCONTIN PERCOCET PERCODAN

NARCOTIC ANALGESICS (con't)	OXYMORPHONE TRAMADOL	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	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 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-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	APTIO BANZEL CARBATROL CELONTIN CEREBYX DEPAON DEPAKENE DEPAKOTE DILANTIN FANATREX FELBATOL FYCOMPA GABITRIL KEPPRA KLONOPIN LAMICTAL MYSOLINE NEURONTIN ONFI OXTELLAR PEGANONE PHENYTEK POTIGA QUDEXY TEGRETOL TOPAMAX TRILEPTAL TOKENDI 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

PROTON PUMP INHIBITORS (con't)		PREVACID PRILOSEC PROTONIX ZEGERID
ULCERATIVE COLITIS	AZULFIDINE BALSALAZIDE SULFASALAZINE SULFAZINE	APRISO ASACOL COLAZAL DELZICOL DIPENTUM GIAZO LIALDA PENTASA

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 and notices, investment reports, forms, wellness information and provider network links. Smart phone users can access the website by using the scanning feature on their phones. Users must first download a bar code or QR reader app to their smart phone. Simply scan the code and you will be directed to the website. Questions on accessing Fund website by scanning the QR code should be directed to the Fund's Information Resources Department.



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.



HAMILTON HEALTH CENTER IN HARRISBURG, PA PROVIDES PRIMARY CARE WITH A \$0 CO-PAY

Hamilton Health Center in Harrisburg, PA offers primary care for adults and children with a \$0 co-pay for your medical office visit. Hamilton has a team of well-trained health care providers available to meet the primary care needs of Fund members and their families. Their services include: Internal Medicine, Adult Medicine, Pediatrics, Obstetrics and Gynecology, Podiatry, Behavioral/Mental Health Services, X-Ray and Laboratory, and Dental Services.

Members who are looking for “one-stop shopping” primary care are encouraged to visit the center for treatment.

Additional benefits include:

- A dedicated phone number just for Fund participants and their eligible dependents (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.

The Health and Welfare Fund offers the \$0 co-pay as a benefit to participants. Treatment at the Hamilton Health Center is completely voluntary.

**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.

Fund Requirements for Allowing the Disclosure of Pension Information to a Person Other than Yourself



If you are unable to contact the Pension Fund Office during regular business hours and you would like the Fund to disclose pension information to a person other than yourself, you may do so by contacting the Pension Fund Office to request a Telephone Authorization Form.

Your completion of the Telephone Authorization Form allows the Fund to disclose pension information to the person you designate for a period of up to one year from the date that you sign the form. You may revoke or terminate this authorization at any time by submitting a letter to the Central Pennsylvania Teamsters Pension Fund. A separate form must be completed for each individual to whom you are granting authorization.

The Telephone Authorization Form is also available on the Fund website (Pension-Forms).

Annual Pension Statements Mailed in April

Annual pension statements for 2015 were mailed in April to participants in the Central Pennsylvania Teamsters Pension Fund. Please review your statement carefully to make sure that the information the Fund has on file for you is correct.

Please keep your statement in a safe place for review as you plan for retirement. The Pension Fund cannot provide you with an exact benefit amount until you actually apply for your pension benefits and declare a retirement date. Your annual pension statement provides you with the best estimate of your pension benefits at various retirement ages.

The Pension Fund added a beneficiary section this year. The statements now list the names of your beneficiaries. Please review your beneficiary information carefully to make sure it is up to date.

If you wish to name or change your beneficiary, you must complete a Pension Designation of Beneficiary form and submit it to the Pension Fund. The forms are available on the Fund website (Pension-Forms) or by calling the Pension Fund.

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 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

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 AND PLAN 16
PRESCRIPTION COVERAGE:**

MAIL ORDER COPAYMENTS

	Option A	Option B	Option C
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
RETAIL PHARMACY COPAYMENTS			
	Option A	Option B	Option C
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 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, 2016

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
About Your Prescription Drug Coverage and Medicare

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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, 2016

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





WHAT IS A SILENT HEART ATTACK?

A silent heart attack is a heart attack that has few, if any, symptoms. You may have never had any symptoms to warn you that you've developed a heart problem, such as chest pain or shortness of breath. Some people later recall their silent heart attack was mistaken for indigestion, nausea, muscle pain or a bad case of the flu.

The risk factors for a silent heart attack are the same as those for a heart attack with symptoms.

The risk factors include:

- Smoking or chewing tobacco
- Family history of heart disease
- Age
- High cholesterol
- High blood pressure
- Diabetes
- Lack of exercise
- Being overweight

Having a silent heart attack puts you at a greater risk of having another heart attack, which could be fatal. Having another heart attack also increases your risk of complications, such as heart failure.

The only way to tell if you've had a silent heart attack is to have imaging tests, such as an electrocardiogram, echocardiogram or others. These tests can reveal changes that signal you've had a heart attack.

If you wonder if you've had a silent heart attack, talk to your doctor. A review of your symptoms, health history and a physical exam can help your doctor decide if more tests are necessary.

Source: Mayo Clinic

PREVENT BUG BITES

Find the Insect Repellent that is Right for You

Summer is an especially important time to watch out for ticks, mosquitoes and other insects, especially with the predicted spread of the Zika virus. The Environmental Protection Agency (EPA) has information on its website to help you find the insect repellent that is right for you:

www.epa.gov/insect-repellents/find-insect-repellent-right-you

The results from the search tool include only skin-applied insect repellent products registered by EPA. No unregistered products are listed.

You can specify the:

- insect,
- protection time,
- active ingredient, or
- other product-specific information.

Consider these factors when choosing an insect repellent:

- Do you need protection from mosquitoes, ticks or both?
- How long will you be exposed to them? Be sure to use a product with a protection time that fits your activity.

For the safe and effective use of pesticide products, always read the product label before using the product.

Any products listed are for informational purposes only. Inclusion of a product listed/referenced is not an endorsement. EPA and the U.S. Government do not endorse any product or service.

Source: Environmental Protection Agency

PROPER HYDRATION IN THE WARM WEATHER

Warm weather brings with it thoughts of cool ocean breezes, napping in a hammock, and sipping a tall glass of lemonade. Now hold on to the mental image of that lemonade because summer is also a time to be wary of dehydration: the lack of sufficient water in the body.

Water is important to the body at all times, but especially in warm weather. It keeps the body from overheating. When you exercise, your muscles generate heat. To keep from burning up, your body needs to get rid of that heat. The main way the body discards heat in warm weather is through sweat. As sweat evaporates, it cools the tissues beneath. Lots of sweating reduces the body's water level, and this loss of fluid affects normal bodily functions.

SIGNS OF DEHYDRATION

If you suspect that someone is dehydrated, seek immediate medical attention.

Signs of dehydration include:

- fatigue
- loss of appetite
- flushed skin
- heat intolerance
- light-headedness
- dark-colored urine
- dry cough

The best way to beat dehydration is to drink before you get thirsty.

If you wait until after you're thirsty, you're already dehydrated.

HOW TO AVOID DEHYDRATION

According to the American College of Sports Medicine, to avoid dehydration, active people should drink at least 16- 20 ounces of fluid one to two hours before an outdoor activity. After that, you should consume 6 to 12 ounces of fluid every 10 to 15 minutes that you are outside. When you are finished with the activity, you should drink more. How much more? To replace what you have lost: at least another 16 to 24 ounces (2- 3 cups).

One way to make sure you are properly hydrated is to check your urine. If it's clear, pale or straw-colored, it's OK. If it's darker than that, keep drinking!

BEVERAGES: SOME HYDRATE, OTHERS DEHYDRATE

Some beverages are better than others at preventing dehydration. Water is all you need if you are planning to be active in a low or moderate intensity activity, such as walking, for only an hour or less. If you plan to be exercising longer than that, or if you anticipate being out in the sun for more than a few hours, you may want to hydrate with some kind of sports drink. These replace not only fluid, but also chemicals like sodium and potassium, which are lost through perspiration. Too much or too little sodium and potassium in the body can cause trouble. Muscle cramping may be due to a deficiency of electrolytes, such as sodium and potassium.

Alcoholic and caffeinated beverages, such as coffee, teas, and colas, are not recommended for optimal hydration. These fluids tend to pull water from the body and promote dehydration. Fruit juice and fruit drinks may have too many carbohydrates, too little sodium, and may upset the stomach. If you're going to drink fruit juices while exercising, you may try diluting them with 50% fruit juice and 50% water first.

Adequate hydration will keep your summer activities safer and much more enjoyable. If you need to increase your fluid intake, keep an extra pitcher of water with fresh lemons, limes, or cucumber in the refrigerator.



Source: Cleveland Clinic

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.

May 2016 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 5 month period ending May 31, 2016. 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	1.9%

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."



JUNE 2015 SUMMARY OF MATERIAL MODIFICATIONS

In 2015, the Board of Trustees adopted an amendment that provided for a temporary benefit increase for participants whose employer made contributions at a rate above \$10.145 per hour (or its \$1,758.47 monthly equivalent), where they would otherwise have been limited by the \$140 benefit accrual cap under the Defined Benefit Plan.

The Summary of Material Modifications (“SMM”) printed below was previously mailed to all affected participants, and any benefit increase was reflected on their 2015 Annual Benefit Statements.

TO ELIGIBLE PARTICIPANTS COVERED UNDER THE CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND’S DEFINED BENEFIT PLAN

Summary of Material Modifications

June 2015

We are pleased to present you with this Summary of Material Modifications (“SMM”), which provides a descriptive summary of a recent change to the Central Pennsylvania Teamsters Defined Benefit Plan (“Plan”). On February 25, 2015, the Board of Trustees unanimously adopted an amendment to the Plan, summarized here as follows:

- Beginning on August 1, 2014 and ending on July 31, 2015, for the portion of any contributions made at a rate above \$10.145 per hour (or its \$1,758.47 monthly equivalent), the Future Service benefit shall include an accrual at the rate of 1.25% without regard to the application of any Cap in effect for the applicable Plan Year.
- This amendment is effective on the **later date** of: August 1, 2014 or the effective date of the collective bargaining agreement or participation agreement which requires contributions at a rate above \$10.145 per hour (or its monthly equivalent).
- Below are two examples of the calculation of the Future Service benefit accruals for the applicable Plan Years.
 1. The Future Service benefit accrual for a Participant who is credited with a total of 2,080 hours in 2014, but at different contribution rates (1,213 hours from January 1 to July 31 at a pension contribution rate of \$10.145 per hour, and 867 hours from August 1 to December 31 at a pension contribution rate of \$10.545 per hour), will be calculated as follows:
$$1.25\% \times \$10.145 \times 2,080 = \$263.77 \text{ (capped at \$140), plus}$$
$$1.25\% \times \$0.40 \times 867 = \$4.33 \text{ (uncapped)}$$
$$\text{Total Accrual} = \$140.00 + \$4.33 = \$144.33$$
 2. The Future Service benefit accrual for a participant who is credited with a total of 2,080 hours (1,213 hours from January 1 to July 31) in 2015 at a pension contribution rate of \$10.545 per hour will be calculated as follows:
$$1.25\% \times \$10.145 \times 2,080 = \$263.77 \text{ (capped at \$140), plus}$$
$$1.25\% \times \$0.40 \times 1,213 = \$6.07 \text{ (uncapped)}$$
$$\text{Total Accrual} = \$140.00 + \$6.07 = \$146.07$$

*NOTE: In example 2, **ONLY** hours accumulated before August 1, 2015 can be considered for accruals in excess of the \$140 Cap.

If you have any questions, please contact the Pension Fund Office.

The Board of Trustees, Central Pennsylvania Teamsters Pension Fund

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.**

- 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.
- 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.
- 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.
- 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.
- 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.
- Website** - Please visit the website for Summary Plan Descriptions, Forms and Notices, Important Items to Remember or to view your RIP 1987 balance.
- 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 Approved For Pensions April 2016 through May 2016

April 2016

Name	Local	Employer
ALTLAND, KEITH A.	776	CONSOLIDATED FREIGHTWAYS
ARMBRUSTER, KEVIN M.	773	J R BUTLER INC.
AVILES, JUAN	773	ABM INDUSTRIES
BADER, ANNE T.	229	BANKO NORTH INC.
BARILLO, DENNIS T.	229	ROADWAY EXPRESS INC.
BLACK, GERARD M.	764	MCCORMICK DRAY LINE INC.
BRENNER, FIANNA W.	429	COTT BEVERAGES WYOMISSING INC.
BROUGHER, DOUGLAS R.	429	INTERNATIONAL DISTR CENTER INC.
CARTER, GARY F.	771	JOHN S EWELL INC.
CECCARELLI, PAULA A.	229	SUPER MARKET SERVICE CORP.
CHIU, JEFFREY J.	773	YRC FREIGHT
CONKLIN JR., WILLIAM R.	776	ARKANSAS BEST FREIGHT SYS INC.
COOPER, TERRY L.	776	NEW PENN MOTOR EXPRESS INC.
COREY, KENNETH R.	429	ASSOCIATED WHOLESALERS INC.
DELONG, LOU ANN	429	CENTRAL PENNSYLVANIA TEAMSTERS
DEVAULT, LEROY R.	771	HERMAN R EWELL INC.
DONAHUE, RICHARD M.	776	TRANSCON LINES
DUFFY, GEORGE P.	229	YRC FREIGHT
DZIEMIANOWICZ, POLLY M.	229	TOPPS CHEWING GUM INC.
FISHER, FRANKLIN H.	429	NEW PENN MOTOR EXPRESS INC.
FREEMAN, HARRY A.	429	E.S. SAVAGE INC.
GOTTSCH, JOSEPH M.	776	MAIERS BAKERY
GRAYBILL, ROBERT M.	771	DRESSEL WELDING SUPPLY INC.
GROCHOWSKI, DEBRA E.	229	SCRANTON SEWER AUTHORITY
HAFER, STEVEN L.	429	LENTZ MILLING COMPANY
HARACH, EDWARD	776	CENTRAL STORAGE & TRANSFER CO.
HECKMAN, TERRY L.	776	ARKANSAS BEST FREIGHT SYS INC.
HEDGCOCK, MICHAEL E.	764	D/B/A VALLEY FARMS DAIRY
HINKLE, DENNIS E.	773	EASTERN INDUSTRIES INC.
HOCH, JOSEPH W.	773	W S REICHENBACH & SON INC.
HODNIK, WILLIAM M.	429	READING HEATER & SUPPLY CO.
HOFFNER III, AMMON E.	776	USF HOLLAND INC.
HOGAN, FLORENCE K.	229	HARPER COLLINS PUBLISHERS INC.
HOSTETTER, DAVID E.	429	ASSOCIATED WHOLESALERS INC.
JONES, CRYSTAL	771	YRC FREIGHT
KATCHMORE, ALAN JOHN	229	HARPER COLLINS PUBLISHERS INC.
KELLEY, DANIEL BRUCE	776	ROADWAY EXPRESS INC.
KLINGEL, BARRY	773	J D M MATERIALS CO INC.
LANDIS, GARY M.	776	UNITED PARCEL SERVICE INC.
MERRILL, RICHARD D.	764	INTERSTATE MTR FREIGHT SYS INC.
MILLER, ADA K.	776	ASSOCIATED WHOLESALERS INC.
MILLER, J. MARK	771	MILLER & HARTMAN INC.

Retirees Approved For Pensions April 2016 through May 2016

MONROE, WILLIAM	771	YRC FREIGHT
MOSEMAN, CRAIG R.	429	EMPIRE WRECKNG CO OF READNG PA
MUELA, DAVID H.	776	UNITED PARCEL SERVICE INC.
PHILLIPS, JOHNNIE L.	999	ARKANSAS BEST FREIGHT SYS INC.
REBER, DEBBIE R.	429	CARL R BIEBER INC.
RUPPERT, DANIEL J.	776	FLEMING COMPANIES INC.
SLUSSER, ROBIN	229	TOPPS CHEWING GUM INC.
SMITH, KEITH E.	776	YRC FREIGHT
SOTO, JUAN	771	PENNCAST CORPORATION
STETLER III, THOMAS H.	429	ARAMARK REFRESHMENT SERV INC.
STITES, DAVID L.	429	J C EHRlich CO INC.
STOLLAR, DENNIS L.	999	ARKANSAS BEST FREIGHT SYS INC.
STUTZMAN SR., DANIEL M.	429	ASSOCIATED WHOLESALERS INC.
ULMER JR., ROBERT	771	UNITED PARCEL SERVICE INC.
ULRICH, JAMES T.	429	EXIDE CORPORATION
VOGEL JR., FRED C.	771	KEREK AIR FREIGHT CORP.
WAGNER JR., FRANKLIN G.	776	ARKANSAS BEST FREIGHT SYS INC.
WATERS, MICHELLE B.	776	YRC FREIGHT
WERT, JOHN G.	776	CAROLINA FREIGHT CARRIERS CORP.
WOLFE, BRADLEY L.	401	ACME MARKETS INC.
ZEIGLER, DAVID L.	776	CONSOLIDATED FREIGHTWAYS

May 2016

<u>Name</u>	<u>Local</u>	<u>Employer</u>
BECK, TOBY L.	776	BROCKER REBAR CO INC.
BRESSLER, DANIEL E.	776	UPS CARTAGE SERVICES INC.
BRETZ, STEPHEN J.	776	PROCTOR EXPRESS INC.
BURKHART, SCOTT W.	429	MAIERS BAKERY
CASAL, ALLEN C.	229	YRC FREIGHT
DELGADO SR., EDWIN	773	ONE SOURCE
DELL, MARLIN E.	776	USF RED STAR
DINATALE, ANTHONY	776	NEW PENN MOTOR EXPRESS INC.
DOWNS, JAMES S.	776	ARKANSAS BEST FREIGHT SYS INC.
DOYLE JR., BAZIL F.	999	CAROLINA FREIGHT CARRIERS CORP.
ECK, EARL B.	401	OLEY INDUSTRIES LLC D/B/A
EWELL, CINDY S.	771	HERMAN R EWELL INC.
FOX, JOHN	401	AIRPORT SAND & GRAVEL CO INC.
GALE, ROBERT R.	401	COON INDUSTRIES INC.
GOLDEN, KENNETH M.	429	SCHROCK CABINET COMPANY
HOFFMAN, ROBERT J.	773	INTERNATIONAL DISTR CENTER INC.
HOHL JR., GEORGE H.	773	MAKOVSKY BROTHERS INC.
HOSFELD, GEORGE	429	COTT BEVERAGES WYOMISSING INC.
HOWELL, CASSANDRA SARAH	773	SCHWERMANN TRUCKING CO.
HUTZEL, DOUGLAS B.	776	UNITED PARCEL SERVICE INC.
KISTLER, NINA F.	429	CENTRAL PENNSYLVANIA TEAMSTERS
KNIGHT, JOSEPH A.	776	YRC FREIGHT

KOENIG, LYNN J.	429	BRENNTAG NORTHEAST INC.
KUKOWSKI, TIMOTHY D.	771	YRC FREIGHT
LEHMAN JR., ARTHUR J.	771	YELLOW FREIGHT SYSTEM INC.
LINDERMAN, PATRICK S.	429	SUPERVALU INC.
MALOZI, THOMAS	773	YRC FREIGHT
MARX, KEVIN P.	773	P I E NATIONWIDE INC.
MCCORMICK, JON F.	764	INTERSTATE MTR FREIGHT SYS INC.
MILLER, THOMAS LAMBERT	764	D/B/A VALLEY FARMS DAIRY
MOYER, GLEN R.	776	CONSOLIDATED FREIGHTWAYS
REINOEHL JR., HAROLD K.	776	ROADWAY EXPRESS INC.
REISINGER, KENNETH B.	776	YRC FREIGHT
SAVAGE, ALAN R.	771	YELLOW FREIGHT SYSTEM INC.
SEACE, MILDRED L.	771	KEREK AIR FREIGHT CORP.
SEIDERS, AMOS	429	POLLOCK-READING INC.
SIER JR., ROBERT E.	776	FLEMING COMPANIES INC.
SMITH, RONALD L.	401	WISE FOODS
SOLINSKI, RICHARD A.	776	ST JOHNSBURY TRUCKING CO INC.
SPAHR, JEFFERY L.	776	FLEMING COMPANIES INC.
STAHLER JR., RONALD E.	776	YRC FREIGHT
STORRIE, TIMOTHY G.	776	YRC FREIGHT
TAYLOR, GARY L.	764	D/B/A VALLEY FARMS DAIRY
TAYLOR V, ROBERT	776	CONSOLIDATED FREIGHTWAYS
UGLOW SR., KEITH E.	771	YRC FREIGHT
WEAVER, EDWARD A.	776	YRC FREIGHT
WHALEN, THOMAS P.	229	CONSOLIDATED FREIGHTWAYS
YOUSAITIS JR., PETER J.	429	UNITED PARCEL SERVICE INC.



Central PA Teamsters

P.O. BOX 15223

Reading, PA 19612-5223

Address Service Requested

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U.S. POSTAGE

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Lehigh Valley, PA

Permit No. 1

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