



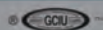
Central Pennsylvania Teamsters

# GUARDIAN

Health and Welfare/Pension Guardian Newsletter



Reading, Pennsylvania



July, 2017

## Summer Greetings

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

**\*IMPORTANT\* PLEASE BE SURE TO REVIEW THE UPDATED PREFERRED BRAND NAME DRUG LIST FOUND ON PAGES 10 & 11 WHICH IS EFFECTIVE OCTOBER 1, 2017.**

### Voluntary Life Insurance from The Hartford

#### Limited Time Opportunity

**Open Enrollment: August 1 – August 22, 2017**

Until August 22<sup>nd</sup>, you have the opportunity to enroll in guaranteed acceptance LIFE INSURANCE up to the following amounts:

- Up to \$200,000 for yourself
- Up to \$50,000 for your spouse
- Up to \$10,000 for your child

This is in addition to any death benefit that may be provided by the Fund under your collective bargaining agreement.

#### THEY MEAN SO MUCH TO YOU – HELP PROTECT THEM

Life insurance products can help secure your loved ones' future if you no longer can. Day in, day out, you work hard to provide for your loved ones. But who will care for them if something happens to you?

Though you'd like to think that nothing can happen to you, the unexpected is all too commonplace.

That's why it's important to learn about life insurance and understand the options available to you. By doing so, you can help provide financial protection for your family and gain peace of mind knowing that they'll be at a financial advantage to face the uncertainty of the future.

**CALL NOW TO  
ENROLL IN  
LIFE INSURANCE  
COVERAGE!**

#### HOW TO ENROLL IN LIFE INSURANCE WITH THE HARTFORD

Here are the easy steps to enroll in LIFE INSURANCE coverage:

- Your Open Enrollment for Life Insurance is from **August 1 - August 22, 2017**. This is a limited time offering to enroll without any medical questions.
  - To ENROLL, please call **888-212-8484**.
  - An Enrollment Specialist will be available to answer any questions and complete your enrollment form.
  - Once your enrollment form has been completed over the telephone, The Hartford will mail you the enrollment form to sign, date and return in the self-addressed envelope provided (address: The Hartford, Attn: Andrew Lerner, 277 Park Avenue, 16<sup>th</sup> Fl., New York, NY 10172)
- Coverage will be effective **November 1, 2017**.

**Please note, you will not be enrolled for this LIFE INSURANCE benefit unless you sign and mail the form back to The Hartford to the above address by August 29, 2017. A return envelope will be included with your enrollment form. ■**



# Diabetes? Heart disease? Osteoporosis?

**Your dentist may know before you do.**

*Oral health reflects overall health*

**R**esearch shows that more than 90 percent of all systemic diseases have oral manifestations, including swollen gums, mouth ulcers, dry mouth and excessive gum problems. Some of these diseases include:

- Diabetes
- Leukemia
- Oral cancer
- Pancreatic cancer
- Heart disease
- Kidney disease

Baby boomers are especially vulnerable to developing diabetes, osteoporosis and heart disease, the risks of which increase with age. Researchers believe that symptoms of these conditions can manifest in the mouth, making dentists key in diagnosing the diseases. For example:

- Bad breath and bleeding gums could be indicators of diabetes.
- Dental x-rays can show the first stages of bone loss.
- A sore and painful jaw could foreshadow an oncoming heart attack.

Seeing the dentist regularly is a good idea.

In many cases, a dentist may be the first health care provider to diagnose a health problem in its early stages since many people have regular oral examinations and see their dentist more often than their physician.

## What can you do?

Seeing a dentist regularly helps to keep your mouth in top shape and allows your dentist to watch for developments that may point to other health issues. A dental exam can also detect poor nutrition and hygiene, improper jaw alignment and signs of developing oral and overall health problems.

When you visit your dentist, be sure to provide a complete medical history and inform him or her of any recent health developments, even if they seem unrelated to your oral health. In addition, you can play a major role in improving your oral and overall health by following these practices:

- Brushing your teeth for two to three minutes, twice a day, with fluoridated toothpaste. Be sure to brush along the gumline.
- Flossing daily to remove plaque from places your toothbrush can't reach.
- Eating a healthy diet to provide essential nutrients (vitamins A and C, in particular).
- Avoiding cigarettes and smokeless tobacco.
- Limiting your alcohol intake.
- Carefully following your physician's and dentist's instructions about health care, including using prescription medications, such as antibiotics, as directed.
- Seeing your dentist immediately when you have any unusual oral symptoms like bad breath, mouth sores, red or swollen gums or sore jaws.

*Source: National survey reveals baby boomers miss links between oral and overall health. Academy of General Dentistry. ■*

## 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.

## 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.



# Central Pennsylvania Teamsters Health and Welfare Fund Prescription Benefit Plans

## Plans 13, 14P, R7 and R7/65

<b>RETAIL*</b>	<b>Generic</b> for up to a 34 day supply	\$ 5
	<b>Brand Preferred</b> for up to a 34 day supply	\$ 15
	<b>Brand Non-Preferred</b> for up to a 34 day supply	\$ 30
<b>MAIL ORDER</b>	<b>Generic</b> for up to a 90 day supply	\$ 15
	<b>Brand Preferred</b> for up to a 90 day supply	\$ 30
	<b>Brand Non-Preferred</b> for up to a 90 day supply	\$ 60
<b>SPECIALTY</b>	<b>RETAIL</b> up to a 30 day supply	\$150
	<b>MAIL ORDER</b> 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

<b>RETAIL*</b>	<b>Generic</b> for up to a 34 day supply	\$ 10
	<b>Brand Preferred</b> for up to a 34 day supply	\$ 30
	<b>Brand Non-Preferred</b> for up to a 34 day supply	\$ 50
<b>MAIL ORDER</b>	<b>Generic</b> for up to a 90 day supply	\$ 30
	<b>Brand Preferred</b> for up to a 90 day supply	\$ 60
	<b>Brand Non-Preferred</b> for up to a 90 day supply	\$100
<b>SPECIALTY</b>	<b>RETAIL</b> up to a 30 day supply	\$150
	<b>MAIL ORDER</b> up to a 90 day supply	\$300

## Plans 14 and 16

		Option A	Option B	Option C
<b>RETAIL*</b>	<b>Generic</b> for up to a 34 day supply	\$ 5	\$ 10	\$ 10
	<b>Brand Preferred</b> for up to a 34 day supply	\$ 15	\$ 20	\$ 30
	<b>Brand Non-Preferred</b> for up to a 34 day supply	\$ 30	\$ 40	\$ 50
<b>MAIL ORDER</b>	<b>Generic</b> for up to a 90 day supply	\$ 15	\$ 30	\$ 30
	<b>Brand Preferred</b> for up to a 90 day supply	\$ 30	\$ 40	\$ 60
	<b>Brand Non-Preferred</b> for up to a 90 day supply	\$ 60	\$ 80	\$100
<b>SPECIALTY</b>	<b>RETAIL</b> up to a 30 day supply	\$150	\$150	\$150
	<b>MAIL ORDER</b> 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.

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

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

## STEP THERAPY

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

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

*Effective March 8, 2016, the following generic drugs were added to the Step I 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	APRACLONIDINE HCL BETAXOLOL BRIMONIDINE CARTEOLOL DORZOLAMIDE LATANOPROST LEVOBUNOLOL METIPRANOLOL PILOCARPINE TIMOLOL TRAVOPROST	ALPHAGAN AZOPT BETIMOL BETOPTIC COMBIGAN COSOPT IOPIDINE ISTALOL LUMIGAN PHOSPHOLINE RESCULA SIMBRINZA

<b>ANTI-GLAUCOMA EYE PREPARATIONS</b> (con't)		TIMOPTIC TRAVATAN TRUSOPT XALATAN ZIOPTAN
<b>ANTIPSYCHOTICS</b>	CLOZAPINE OLANZAPINE QUETIAPINE RISPERIDONE ZIPRASIDONE	ABILIFY - Evidence of "medical necessity" must include documentation of failure of all other therapies, including non-drug intervention
<b>BETA-ADRENERGIC BLOCKERS</b> (ANTIHYPERTENSIVES)	ACEBUTOLOL ATENOLOL BETAXOLOL BISOPROLOL METOPROLOL NADOLOL PINDOLOL PROPRANOLOL SOTALOL TIMOLOL	BYSTOLIC
<b>CALCIUM CHANNEL BLOCKERS</b> (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
<b>CONTRACEPTIVES</b>	All Generic Contraceptives	All Brand Contraceptives
<b>DIABETES</b>	ACARBOSE GLIMEPIRIDE GLIPIZIDE GLYBURIDE JANUMET JANUVIA METFORMIN PIOGLITAZONE REPAGLINIDE	INVOKANA JARDIANCE JENTADUETO KAZANO TRADJENTA
<b>NARCOTIC ANALGESICS</b>  NOTE: BENEFITS WILL BE PROVIDED ONLY FOR NARCOTIC ANALGESIC PRESCRIBED AT THE MANUFACTURERS RECOMMENDED SCRIPT LEVEL.	ACETAMINOPHEN-CODEINE HYDROCODONE-ACETAMINOPHEN HYDROMORPHONE MEPERIDINE METHADONE MORPHINE SULFATE OXYCODONE OXYCODONE-ACETAMINOPHEN OXYCODONE-ASPIRIN OXYMORPHONE	DEMEROL DOLOPHINE LORTAB NORCO NUCYNTA OPANA OXYCONTIN PERCOCET PERCODAN TYLENOL WITH CODEINE

<b>NARCOTIC ANALGESICS</b> (con't)	TRAMADOL	ULTRACET ULTRAM VICODIN VICOPROFEN
<b>OSTEOPOROSIS</b>	ALENDRONATE CALCITONIN-SALMON BANDRONATE RALOXIFENE RISEDRONATE	ACTONEL ATELVIA BINOSTO BONIVA EVISTA FORTICAL FOSAMAX MIACALCIN PROLIA
<b>RHEUMATOID ARTHRITIS</b>	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
<b>URINARY AGENTS</b>	TOVIAZ FLAVOXATE OXYBUTYNIN TOLTERODINE TROSPIMUM	ENABLEX GELNIQUE MYRBETRIQ OXYTROL VESICARE
<b>GRANDFATHERED DRUGS:</b> Effective January 1, 2016, any NEW prescriptions for the medications in the chart below are subject to the Step Therapy requirements set forth above. If, however, you began taking a medication in one of these categories prior to January 1, 2016, the Fund will continue to provide benefits for your medication.		
<b>CATEGORY</b>	<b>STEP I</b>	<b>STEP II</b>
<b>ADD &amp; ADHD</b>	AMPHETAMINE SALTS D-AMPHETAMINE ER DEXMETHYLPHENIDATE DEXTROAMPHETAMINE METHAMPHETAMINE METHYLPHENIDATE	ADDERALL CONCERTA DAYTRANA DESOXYN DEXEDRINE EVEKEO FOCALIN METADATE METHYLIN PROCENTRA QUILLIVANT

<b>ADD &amp; ADHD</b> (con't)		RITALIN VYVANSE ZENZEDI
<b>ANTI-MIGRAINE</b>	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 RELPAX SUMAVEL TREXIMET ZOMIG
<b>ANTI-CONVULSANTS</b>	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

## “RX NEWS”

### 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.



# PREFERRED BRAND NAME DRUG LIST

EFFECTIVE DATE: October 1, 2017

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

VERY IMPORTANT

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

## ANALGESICS

### *Anti-Rheumatic*

Rasuvo Injection

### *Non-steroidal anti-inflammatory agents*

Indocin Supp 50 mg

### *Opioid Agonists*

Embeda

Opana ER

Oxycontin

### *Misc*

Depen

## ANTI-ADDICTIVE AGENTS

Suboxone

Zubsolv

## ANTI-INFECTIVES

### *Amebacides*

Alinia

### *Anti-Virals*

### *Miscellaneous*

Valcyte SOL

### *Hepatitis Agents*

Epclusa

Harvoni

Sovaldi

Zepatier

### *HIV Agents*

Aptivus

Atripla

Complera

Crixivan

Descovy

Edurant

Emtriva

Epivir Solution

Evotaz

Genvoya

Intelence

Invirase

Isentress

Kaletra Tabs

Lexiva

Norvir

Odefsey

Prezcobix

Prezista

Rescriptor

Reyataz

Selzentry

Stribild

Sustiva

Tivicay

Triumeq

Truvada

Tybost

Videx Solution

Viracept

Viread

Zerit Solution

Ziagen Solution

### *Miscellaneous Anti-infectives*

Biltricide

Nebupent INH Powder

## ANTINEOPLASTIC

Alkeran 2mg Tabs

Caprelsa

Emcyt Caps

Erivedge

Fareston

Hexalen Caps

Jakafi Tabs

Leukeran Tabs

Lysodren Tabs

Matulane Caps

Mekinist Tabs

Myleran Tabs

Nexavar Tabs

Sprycel

Tabloid Tabs

Tafinlar Caps

Thalomid Caps

Treanda Injection

Tykerb Tabs

Xalkori Caps

Zolinza Caps

## CARDIOVASCULAR

### *Anti-adrenergic Agents*

Bystolic

### *Anti-Arrhythmics*

Lanoxin

Norpace CR 100mg, 150mg

Caps

Ranexa

### *Anti-hyperlipidemics,*

### *Bile Acid Sequestrants*

Welchol

### *Fibric Acid Derivatives*

Lipofen

### *Miscellaneous Cardiac Drugs*

Vascepa

### *Beta Blockers & Combinations*

Bystolic

Dutoprol

### *Nitrates*

Dilatrate SR

Isordil 40mg

Nitro-Bid

Nitro-Dur 0.3mg & 0.8mg patch

### *Pulmonary Hypertension Agents*

Adempas

Letairis

Opsumit

Tracleer

### *Miscellaneous Anti-hypertensives*

Tekturna

Tekturna HCT

## CNS AGENTS

### *Anti-convulsants*

Lyrica Caps

### *Anti-depressants*

Forfivo XL Tabs

Paxil Suspension

### *Anti-Psychotics*

Saphris

### *Attention Deficit Disorder Treatment*

Strattera

Vyvanse

### *Cholinesterase Inhibitors*

Mestinon syrup

### *Multiple Sclerosis Agents*

Ampyra

Tecfidera

### *Miscellaneous CNS agents*

Namenda XR Caps

Namzaric Caps

## DERMATOLOGICALS

### *Acne Agents*

Retin-A Micro 0.08% gel

### *Anti-bacterial Agents*

Mirvaso

Soolantra 1% Cream

### *Anti-viral Agents*

Zovirax Cream 5%

### *Hemorrhoidal Preparations:*

Proctofoam HC

### *Psoriasis & Eczema Agents:*

Drithocrema HP

### *Other Dermatologicals:*

Drysol Solution

Elidel

Eurax Cream/Lotion

## EARS, NOSE & THROAT

### *Nasal Products, Antihistamines*

Dymista

Nasonex

### *Otics*

Ciprodex OTIC

### *Throat & Mouth Products*

Prevident 5000 Enamel Protect

Prevident 5000 Sensitive Paste

## ENDOCRINE

### *Androgens/Estrogens*

Androderm Patch

Androgel 1.62

### *Corticosteroids*

Medrol 2mg Tablet

Millipred Tabs 5mg

### *Gout*

Colcrys

Uloric

### *Hyperglycemics*

### *Dipeptidyl Peptidase-4 &*

### *Combos*

Janumet

Janumet XR

Januvia

Jentadueto

Jentadueto XR

Tradjenta

### *GLP-1 Recep. Agonist*

Bydureon

Byetta

Trulicity

Victoza

### *Insulins*

Humalog

Humulin

Lantus

Levemir

Novolin

Novolog

Relion Novolin

Toujeo Solostar

### *Miscellaneous*

Welchol

### *Sodium-Glucose Co Transporter 2 Inhib*

Invokamet

Invokamet XR

Invokana

Jardiance

Synjardy

Synjardy XR

### *Miscellaneous*

Glucagen Kit

Glucagon Kit

Proglycem Susp

Samsca Tabs

Synarel Nasal Spray

## GASTROINTESTINAL

### AGENTS

### *Anti-spasmodic*

Symax Duotabs

### *Anti-ulcer*

Omeclamox

Pylera

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## Anti-vertigo and Anti-emetic

Aloxi

## Digestants

Creon

Zenpep DR

## Gastric Acid Secretion Reducers

Dexilant

## Miscellaneous Products,

## Gastrointestinal

Amitiza

Apriso

Canasa Suppositories

Lialda

Linzess

Sfrowasa

## HEMATOLOGY

## Anti-Coagulants, Direct

## Factor X

Xarelto

## Miscellaneous

Pradaxa

## Anti-Platelet

Brilinta

Effient

## Miscellaneous Agents,

## Hematology

Mephyton

## IMMUNOSUPPRESSANTS

Oxoralen-UL Caps 10mg

Sandimmune SOL 100 mg/ml

## Nutrition

## Vitamins/Minerals/Electrolyte

## Modifiers

Escavite Tabs Chewable

Escavite D Tabs Chewable

Escavite LQ Drops

Floriva Drops

Floriva Plus Drops

Fluorabon Drops

Fluor-A-Day Tabs Chewable

Flura-Drops

Poly-Vi-Flor FS

Quflora Tabs Chewable

Tri-Vi- Flor Drops

## OB/GYN

## Estrogenics

Climara Pro Patch

Duavee

Menest

Premarin

Premarin vaginal cream

Premphase

Prempro

## Contraceptives

Natazia

Nuvaring

## Prenatal Products

Bal-Care DHA

Calcium-PNV Caps

Citranatal B-Calm

Citranatal RX Tabs

C-Nate DHA

Concept DHA Caps

Concept OB Caps

Dothelle DHA Caps

Duet DHA Balanced

Duet DHA 400

Enbrace HR Caps

Folivane-OB Caps

Hemenatal OB + DHA

Hemenatal OB Tabs

Kosher Prenatal + Iron Tabs

Marnatal- F Caps

Mynatal Advance Tabs

Mynatal Caps

Mynatal Ultracaplets

Mynatal- Z Captabs

Natachew Tabs

Natelle One Caps

Neevo DHA

Nestabs Tabs

Nestabs DHA

Newgen Tabs

Niva-Plus Tabs

OB Complete One

OB Compete Petite

OB Complete Caplets

OB Complete Premier

OB Complete with DHA

Obstetrix DHA

Obstetrix EC

O-Cal Prenatal Tabs

O-Cal FA Tabs

PNV-Ferrous Fumarate

PNV Prenatal Plus Tabs

PNV 29-1 Tabs

PNV-Omega

PNV-VP-U Caps

Prefera OB Tabs

Prena1 Tabs Chewable

Prena1 Pearl

Prenata Tabs Chewable

Prenatal 19 Tabs Chewable

Prenatal 19 Tabs

Prenatal-U Caps

Prenatal Vitamin plus low iron

Prenate AM Tabs

Prenate Elite Tabs

Prenate Essential

Prenate Star Tabs

Preplus CA-FE Tabs

Pretab Tabs

Primacare

Provida OB Caps

Purefe OB Plus Caps

Relnate DHA

Select-OB Caps Chewable

Taron-C DHA

Thrivite 19 Tabs

Thrivite RX Tabs

Tricare Tabs Chewable

Tricare Tabs

Tricare DHA One

Trinatal GT Tabs

Tri-Tabs DHA

Vena-Bal DHA

Vinate DHA

Virt-Advance Tabs

Virt-C DHA

Virt-Nate Tabs

Virt-Nate DHA

Virt-PN Tabs

Virt-PN Plus

Virt-Vite GT Tabs

Vitafof Gummies

Vitafof Nano Tabs

Vitafof OB Caplets

Vitamed MD Redichew Tabs

Vitapearl Softgels

Vol-Nate Tabs

Vol-Plus Tabs

Vol-Tab RX Tabs

VP-GGR-B6 Tabs

VP-HEME OB Tabs

VP-PNV-DHA Softgels

Zatean-PN Plus

## Topical Anti-Infectives

Cleocin Vaginal Ovules

## OPHTHALMIC AGENTS

## Anti-histamines

Pataday

Pazeo

## Anti-infectives

Moxeza

Natacyn

Vigamox

## Glaucoma Agents:

Alphagan P 0.1%

Azopt

Betoptic-S

Combigan

Lumigan

Phospholine Iodide

Simbrinza

Timoptic Ocudose

Travatan Z

## Steroids

FML Ointment

FML Forte

Pred Mild

## Miscellaneous

Restasis

Xidra

## PHOSPHATE BINDERS

Renvela

## RESPIRATORY AGENTS

## Anti-muscarinic and Combos

Incruse Ellipta

Spiriva Handihaler

Spiriva Respimat

## BetaAdrenergic & Combos

Anoro Ellipta

Combivent

Proair HFA

Proair Respiclick

Serevent Diskus

Stiolto Respimat

Symbicort

Ventolin HFA

## Glucocorticoids, Inhalation

Arnuity Ellipta

Flovent Diskus

Flovent HFA

Pulmicort Flexhaler

QVAR 40, 80

Symbicort

## Miscellaneous Agents,

## Respiratory

Bethkis

Epipen

Epipen Jr

## UROLOGICAL AGENTS

## Anesthetics

Elmiron

## Antispasmodics

Myrbetriq

Vesicare

## Benign Prostatic

## Hypertrophy Agents

Rapaflo

\* Please note, certain drugs contained in this list are subject to Step Therapy. Please refer to the Step Therapy List of drugs on page 5-9 of this newsletter.

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

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

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

The Central Pennsylvania Teamsters Health & Welfare Fund:

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

1-610-320-5500. لكل رفوتت، أن اجم، ةيو غللا ددع اسمل اام دح، ةيبر علا ةغللا ائدحتت تنك اذا: ةيبن ت

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

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

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

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

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-610-320-5500.

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

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

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-610-320-5500 번으로 전화해 주십시오.

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

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

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

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

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

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



## Retirees Approved for Pensions April 2017 through May 2017

April 2017			May 2017		
Name	Local	Employer	Name	Local	Employer
BASSLER, RICHARD A	429	E J BRENNEMAN L.P.	ALBERT, ROBIN L	429	GOODMAN VENDING SERVICE
BEARD, RONALD L	771	KEREK AIR FREIGHT CORP	AMERMAN, JOHN	771	UNITED PARCEL SERVICE INC
BENSON, ROBERT P	771	WEYERHAEUSER COMPANY	AMMANN, BLAINE W	429	ASSOCIATED WHOLESALERS INC
BENTZ JR, JOHN R	429	BOYERTOWN AUTO BODY WORKS INC	ATKINS, ROBERT A	776	BROCKER REBAR CO INC
BOLLING, KEITH B	773	PENSKE TRUCK LEASING CO LP	BAKER, TERRY L	429	DAIRY FARMERS OF AMERICA INC
BRIGHTBILL, BRIAN TODD	771	YELLOW FREIGHT SYSTEM INC	BEAHM, SCOTT A	776	YRC FREIGHT
BROWN, DONALD N	429	BERKS PACKING COMPANY INC	BEARLEY, STEPHEN L	776	PILOT FREIGHT CARRIERS INC
BUCHANAN, STEVEN	776	YRC FREIGHT	BRAITHWAITE, PAMELA	776	CONSOLIDATED FREIGHTWAYS
BYERS, RICHARD D	776	FLEMING COMPANIES INC	BRILL JR, JOHN	401	HAZLE TOWNSHIP SUPERVISORS
CAPOFERRI, NICK S	429	CLOVER FARMS DAIRY	BULL, JOHN E	776	ST JOHNSBURY TRUCKING CO INC
CROUTHAMEL, H LYNN	773	MASON & DIXON LINES INC	COLES, CHARLES W	776	ARKANSAS BEST FREIGHT SYS INC
DASILVA ROSARIO, DEAN	429	PETRO OIL	CROSS, GEORGE O	776	FLEMING COMPANIES INC
DELONG, DAVID G	773	EASTERN INDUSTRIES INC DIV OF	DANIELS, DAVID A	401	COON INDUSTRIES INC.
DOUGHERTY, DENNIS A	429	ARKANSAS BEST FREIGHT SYS INC	ESSER SR, MICHAEL L	429	WINDSOR SERVICE TRUCKING
DOYLE, DAVID T	429	CENTRAL PENNSYLVANIA TEAMSTERS	EVANS, RICHARD W	429	NEW PENN MOTOR EXPRESS INC
DRAKE, RICHARD	229	YRC FREIGHT	GETZ, FREDERICK M	776	YRC FREIGHT
EBERLY, ALLAN L	429	CONSOLIDATED FREIGHTWAYS	GRAFF, WILLIAM	229	C&S WHOLESALE GROCERS
EMIG JR, ROBERT EUGENE	776	ROADWAY EXPRESS INC	GRANT JR, THOMAS R	773	UNITED PARCEL SERVICE INC
FERREE, KEITH D	776	CAROLINA FREIGHT CARRIERS CORP	HAGER, ROBERT G	429	DIETRICH'S MILK PRODUCTS INC
FILINGO, FAUST	229	CONSOLIDATED FREIGHTWAYS	HINES, RANDY L	776	YORK GROUP INC
FLEISCHER, EDWARD P	776	CAROLINA FREIGHT CARRIERS CORP	HOCKENBERRY, GARY L	776	YRC FREIGHT
GEESAMAN, CLINTON L	999	ARKANSAS BEST FREIGHT SYS INC	HROBUCHAK, JOAN	229	TOPPS CHEWING GUM INC
GIANNOTTI, SANTO	429	COTT BEVERAGES WYOMISSING INC	KELLY, JOSEPH R	776	TRIANGLE PACIFIC CORPORATION
GRAJCAR, JOHN P	229	SCRANTON BRUSH CO	KILLIAN, GARY W	429	A T V BAKERY
HARRELL, RONALD	771	YRC FREIGHT	KIRCHNER, ANN M	771	UNITED PARCEL SERVICE INC
HERR SR, DONALD L	764	ROADWAY EXPRESS INC	KISTLER, DAVID P	429	BERKS PRODUCTS CORP
HOLCOMBE, JAMES K	429	CLOVER FARMS DAIRY	KWIATKOWSKI, DAVID J	229	TOPPS CHEWING GUM INC
HYLAN, THOMAS M	776	HALLS MOTOR TRANSIT CO	LACKO, ANDREW F	771	YRC FREIGHT
KEELER, GARY W	773	MAKOVSKY BROTHERS INC	LENTZ JR, ELWOOD V	771	YELLOW FREIGHT SYSTEM INC
KILLMER, JERRY E	429	ASSOCIATED WHOLESALERS INC	LODER, HOWARD	229	UNITED PARCEL SERVICE INC
KISSINGER, SCOTT A	776	USF RED STAR	MARKOWSKI, MICHAEL J	773	LIQUID CARBONIC INDUSTRIES CRP
LAKATOSH JR, EDWARD J	773	P I E NATIONWIDE INC	MCCUNE, BRIAN	776	YRC FREIGHT
LAMPMAN, JOHN C	229	C&S WHOLESALE GROCERS	MEADE, DONALD G	401	WISE FOODS
LAND, FLOYD	771	YRC FREIGHT	MILLER, JOSEPH F	764	HANSON READY MIX INC
LIGHTY JR, WALTER F	776	CONSOLIDATED FREIGHTWAYS	MILLER, LEWIS	776	YORK GROUP INC
LYNOTT, MICHAEL F	229	C&S WHOLESALE GROCERS	MILLER JR, ARTHUR J	429	COTT BEVERAGES WYOMISSING INC
MACLAUGHLIN, DANIEL B	773	CINTAS CORPORATION	MONTGOMERY JR, ALBERT W	776	ROADWAY EXPRESS INC
MARSH, JOHN A	776	YRC FREIGHT	ODAY, VINCENT	401	PEPSI-COLA BOTTLING COMPANY
MARTZ, KENNETH	776	UNITED PARCEL SERVICE INC	REIGLE, GREGORY A	776	PACIFIC RAIL SERVICE
MCCANDLESS, DAVID C	776	HESS TRUCKING COMPANY	RHYDER, DENNIS C	429	ASSOCIATED WHOLESALERS INC
MCCANDLESS, MICHAEL	776	FLEMING COMPANIES INC	RICE, GEORGE A	229	YRC FREIGHT
MEHALSHICK, MICHAEL A	773	P I E NATIONWIDE INC	RIVERA, JOSEFA	773	TEAMSTERS LOCAL UNION 773
MORGAN, PATRICIA A	229	TOPPS CHEWING GUM INC	RUTKOWSKI, KEVIN	229	C&S WHOLESALE GROCERS
PRATO, JOSEPH F	401	KEYSTONE COCA-COLA BOTTLING CO	SALAMO, JOSEPH GARY	776	NEW PENN MOTOR EXPRESS INC
RICHARDS, TERRY	229	YRC FREIGHT	SCHUSTER, KAREN	229	C&S WHOLESALE GROCERS
RINTZ, MARY	771	UNITED PARCEL SERVICE INC	SHARTLE, DEBRA	429	ASSOCIATED WHOLESALERS INC
ROBINSON, SHARON M	229	C&S WHOLESALE GROCERS	SHARTLE, TODD P	429	CLOVER FARMS DAIRY
ROTHERMEL, MARK S	429	LENTZ MILLING COMPANY	SHEW JR, MELVIN L	999	ARKANSAS BEST FREIGHT SYS INC
SANNA, ANTHONY P	771	HERMAN R EWELL INC	SHIRES, JOHN L	401	WISE FOODS
SCOTT, DAVID	776	YRC FREIGHT	SIMPSON, CHRIS K	776	ROADWAY EXPRESS INC
SHEMANSKI, BARBARA	229	TOPPS CHEWING GUM INC	SUPERKO, GERALD	401	WISE FOODS
SMITH, MICHAEL E	776	CAROLINA FREIGHT CARRIERS CORP	THOMPSON, LEIGH R	401	KEYSTONE COCA-COLA BOTTLING CO
SMYSER JR, ROBERT A	776	YRC FREIGHT	TRYGAR, BRADLEY W	773	UNITED PARCEL SERVICE INC
SOBOCINSKI, FRANK A	229	HARPER COLLINS PUBLISHERS INC	WAHL SR, MICHAEL E	429	BERKS PRODUCTS CORP
SPEICHER, RODNEY L	429	CLOVER FARMS DAIRY	WALLS, DAVID	776	YRC FREIGHT
SWINKOWSKI, DAVID	229	CONSOLIDATED FREIGHTWAYS	WARD, LINDA	776	PRESTON TRUCKING CO INC
WASHINGTON, MICHAEL A	776	ST JOHNSBURY TRUCKING CO INC	WELGOSS, DAVID	429	EXETER TOWNSHIP BD OF SUPV
ZELLERS SR, GARY L	764	CENTRE CONCRETE COMPANY	YANTORN, DEBORAH	229	C&S WHOLESALE GROCERS
ZIMMERMAN JR, LEROY H	776	CAROLINA FREIGHT CARRIERS CORP	YORK II, LEROY R	429	PA HAULAGE-A DIV OF TRANSRVCE

## 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](http://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](http://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](http://www.askebsa.dol.gov)** or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility.**

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

KANSAS – Medicaid		NEW HAMPSHIRE – Medicaid	
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512		Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218	
KENTUCKY – Medicaid		NEW JERSEY – Medicaid and CHIP	
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570		Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	
LOUISIANA – Medicaid		NEW YORK – Medicaid	
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447		Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	
MAINE – Medicaid		NORTH CAROLINA – Medicaid	
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711		Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100	
MASSACHUSETTS – Medicaid and CHIP		NORTH DAKOTA – Medicaid	
Website: <a href="http://www.mass.gov/cohhs/gov/departments/masshealth/">http://www.mass.gov/cohhs/gov/departments/masshealth/</a> Phone: 1-800-462-1120		Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	
MINNESOTA – Medicaid		OKLAHOMA – Medicaid and CHIP	
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739		Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	
MISSOURI – Medicaid		OREGON – Medicaid	
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005		Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	
MONTANA – Medicaid		PENNSYLVANIA – Medicaid	
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084		Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462	
NEBRASKA – Medicaid		RHODE ISLAND – Medicaid	
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633		Website: <a href="http://www.cohhs.ri.gov/">http://www.cohhs.ri.gov/</a> Phone: 401-462-5300	
NEVADA – Medicaid		SOUTH CAROLINA – Medicaid	
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900		Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	

SOUTH DAKOTA – Medicaid		WASHINGTON – Medicaid	
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059		Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473	
TEXAS – Medicaid		WEST VIRGINIA – Medicaid	
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493		Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability	
UTAH – Medicaid and CHIP		WISCONSIN – Medicaid and CHIP	
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669		Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002	
VERMONT – Medicaid		WYOMING – Medicaid	
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427		Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531	
VIRGINIA – Medicaid and CHIP			
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282			

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

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

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

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



# CREDITABLE COVERAGE NOTIFICATION

PLAN 13, PLAN 13Y, PLAN 14, 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 15<sup>th</sup> through December 7<sup>th</sup>.

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 COPAYMENT

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

###### RETAIL PHARMACY COPAYMENTS

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

##### PLAN 13Y PRESCRIPTION COVERAGE:

###### MAIL ORDER COPAYMENTS

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

###### RETAIL PHARMACY COPAYMENTS

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

**PLAN 14 AND PLAN 16 PRESCRIPTION COVERAGE:**

<b>MAIL ORDER COPAYMENTS</b>	<b>Option A</b>	<b>Option B</b>	<b>Option C</b>
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

<b>RETAIL PHARMACY COPAYMENTS</b>	<b>Option A</b>	<b>Option B</b>	<b>Option C</b>
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](http://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](http://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.**

<b>Date:</b>	<b>August 1, 2017</b>
<b>Name of Entity/Sender:</b>	<b>Central Pennsylvania Teamsters Health &amp; Welfare Fund</b>
<b>Contact—Position/Office:</b>	<b>Prescription Department</b>
<b>Address:</b>	<b>1055 Spring Street, Wyomissing, PA 19610</b>
<b>Telephone Number:</b>	<b>Toll Free In PA 1-800-422-8330</b>
	<b>Toll Free in USA 1-800-331-0420</b>

## **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**

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 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 15<sup>th</sup> through December 7<sup>th</sup>.

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](http://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](http://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.**

<b>Date:</b>	<b>August 1, 2017</b>
<b>Name of Entity/Sender:</b>	<b>Central Pennsylvania Teamsters Health &amp; Welfare Fund</b>
<b>Contact—Position/Office:</b>	<b>Prescription Department</b>
<b>Address:</b>	<b>1055 Spring Street, Wyomissing, PA 19610</b>
<b>Telephone Number:</b>	<b>Toll Free In PA 1-800-422-8330</b>
	<b>Toll Free in USA 1-800-331-0420</b>





## Using Technology for Wellness

**T**oday's mobile technology advances make it easier to live well in a busy world. With the use of apps and tracking technology, you can monitor how much exercise, what you eat, how well you sleep and even how much stress you feel. While there are thousands of mobile apps to choose from, here are a few worth checking out to help you on your health and wellness journey.

- **Sleep Cycle.** Tired of being ripped out of a sound sleep? This alarm clock app actually monitors your sleep cycle and wakes you during your lightest sleep phase. You can download for free from the App Store or Google Play.
- **Superfood HD.** For less than a dollar, you can research “superfoods” and recipes to use them in. This app can integrate with Facebook for customized lists based on your personal nutrition goals.
- **Calorie Counter.** Easily keep track of your daily calorie consumption with this app. With over 500,000 foods in its database, you can download for free.
- **Fooducate.** This app grades your favorite foods based on nutritional facts and ingredients. You can also browse already graded items, keep track of your average food grade and calorie counts and receive diet tips and trending recipes.
- **Lose It!** This popular free app helps you set up a personalized weight loss plan and tracks your meals and exercise. You can connect several different devices for more accurate tracking.
- **Fitness Buddy.** With its large exercise database, Fitness Buddy allows you to customize a routine that works for you. You can learn new exercises and bond with a fitness community for just \$2.99.
- **Authentic Yoga Life.** Whether you're a beginner or advanced, this app shows you routines for improving your strength, balance and flexibility.
- **Heartwise Blood Pressure Tracker.** This app helps you record and track your blood pressure, heartrate and weight and helps explain what the data means. ■

Source: [www.meritain.com](http://www.meritain.com)



## ULTRAVIOLET AWARENESS

KEEP THE FUN IN YOUR SUMMER & UV RAYS OUT OF YOUR EYES

UV rays are invisible, high-energy light beams that radiate from the sun all year-round. They pass through haze and thin clouds and reflect off bright surfaces such as water, snow, white sand and pavement. Artificial light sources, such as tanning beds and welding machines, also produce UV rays. These same UV rays that cause tanning, sunburn and skin cancer can also harm your eyes.

Short-term UV overexposure can cause immediate pain which subsides over a couple of days, but the damage caused by long-term exposure develops so slowly that it is not felt. Over the course of many years without eye protection, small amounts of UV light can lead to in the development of cataracts and age-related macular degeneration (AMD), the leading cause of vision loss among older Americans. Long-term UV exposure may also contribute to the gradual development of skin cancer around the eyelids and abnormal growths on the eye's surface.

### WHO IS MOST AT RISK?

Everyone under the sun is susceptible to UV radiation damage, although there are certain circumstances that can place eyes at a great risk of damage such as:



Young eyes. Children's eyes are especially vulnerable, as their ocular lens is still developing and they are unable to effectively filter out UV rays



Artificial light. UV radiation levels are much greater in a tanning booth than outdoors.



Being outdoors. Those who work or play in the sun for long periods need to take extra precautions.

### HOW CAN I PROTECT MY EYES?

Whenever you are outdoors during the day, protect your eyes in the following ways:



Wear sunglasses or prescription eyeglasses with you photochromic lenses (such as Transitions Signature) or select lenses that filter out 99%-100% of both UV-A and UV-B rays.



Wear a wide-brimmed hat or cap, which will block about half of UV rays.



Eat a healthy diet. A diet rich in brightly colored fruits and vegetables helps reduce the risk of sun damage. ■

Source: American Academy of Ophthalmology, American Optometric Association, Prevent Blindness America

## MAY 2017 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, 2017. 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	7.8%

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](http://www.CentralPATeamsters.com). Click on Pension Fund and then "Reports and Notices."



### Meritain Health, An Aetna Company

#### ***Please remember to use your new Health and Welfare ID cards***

The Fund mailed new ID cards to participants in December (prior to the network changeover from HealthAmerica to Aetna). Please discard your old ID cards and be sure to show your medical providers your new ID card when seeking treatment.

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

Please call Meritain at 1-800-343-3140 or visit [www.CentralPATeamsters.com](http://www.CentralPATeamsters.com) for help finding an in-network provider. Choose Aetna Choice POS II (open Access) under Select a Plan. Providers should also contact Meritain at the same phone number if they have a dispute regarding the contracted fee.

Members' questions about benefits and providers questions about claims status should continue to be directed to the Health and Welfare Fund. Thank you.

### Nurse Line Program Continues under Meritain Health

#### ***Improved Information and a New Phone Number***

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

Keep this number handy!  
Meritain Health's 24x7  
Nurse Line: 1.866.726.6529

### SUGGESTIONS?

If you have feedback about our newsletter please feel free to email Charlotte Houser at [chouser@centralpateamsters.com](mailto:chouser@centralpateamsters.com).

### Visit our Website

Members and their families, as well as contributing employers, can access the Fund website, [www.CentralPATeamsters.com](http://www.CentralPATeamsters.com) for benefits information, announcements, reports, notices, investment reports and provider network links.



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

**ADDRESS SERVICE REQUESTED**

NONPROFIT ORG.  
U.S. POSTAGE  
**PAID**  
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 office or visit [www.CentralPATeamsters.com](http://www.CentralPATeamsters.com) to obtain beneficiary change forms to complete and send in to the Fund Office.

**Visit Our Website at:**  
**[www.CentralPATeamsters.com](http://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 & Welfare Fund Actuary  
& Consultant*

CBIZ Savitz  
*Pension Fund Actuary & Consultant*

Morgan Lewis  
*Legal Co-Counsel*

Novak Francella, LLC  
*Certified Public Accountants*

Summit Strategies  
*Investment Consultant*

Stevens & Lee

*Legal Co-Counsel*

Willig, Williams and Davidson  
*Legal Co-Counsel*

### **Investment Managers for the Central Pennsylvania Teamsters Health and Welfare Fund**

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  
Income Research & Management  
Loomis, Sayles & Company  
LSV Asset Management  
Northern Trust Investments, Inc.  
Oakbrook Investments  
Parametric Portfolio Associates, LLC  
Penn Capital Management  
PGIM Real Estate  
Pictet Asset Management, Ltd.  
Principal Financial Group  
Segall Bryant & Hamill  
Tortoise Capital Advisors, LLC  
Walter Scott & Partners, Ltd.  
Westfield Capital Management  
Company, LLC  
William Blair & Company, LLC