

GUARDIAN

Reading, Pennsylvania

HEALTH AND WELFARE/PENSION GUARDIAN NEWSLETTER

our Union,
Label Here

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

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IMPORTANT NOTICE

PLEASE BE SURE TO REVIEW THE UPDATED STEP THERAPY LIST FOUND ON PAGES 8-11, AND THE UPDATED PREFERRED BRAND NAME DRUG LISTS FOUND ON PAGES 12-13 WHICH IS EFFECTIVE OCTOBER 1, 2019 AND PAGES 14-15 WHICH IS EFFECTIVE JANUARY 1, 2020.

THIS NEWSLETTER CONTAINS AN INSERT WITH IMPORTANT INFORMATION REGARDING CHANGES TO PLAN 13, 13Y, 14 AND R7/R7-65. THE INSERT SHOULD BE RETAINED WITH YOUR ACTIVE PLAN DOCUMENT FOR FUTURE REFERENCE.

Central PA Teamsters Defined Benefit Pension Plan Certified Again in “Green Zone” for 2018

Under the Pension Protection Act (“PPA”), the Fund’s Pension Plan Actuary must annually perform a “status certification” to determine if the Plan is in one of the three problem categories identified by Congress (called Endangered, Seriously Endangered, or Critical).

You may recall the Plan was certified in the “green” or “safe zone” in 2017 because the Plan’s PPA funded percentage was 84.53%. For 2018, the Trustees are once again pleased to inform you the Plan is certified in the “green” or “safe zone” and the Plan’s PPA funded percentage has increased to 84.61%.

A notice entitled “Annual Funding Notice for the Central Pennsylvania Teamsters Defined Benefit Plan” was mailed to plan participants, plan beneficiaries, and bargaining parties on April 30, 2019. A copy of the Annual Funding Notice is available on the Fund website under Pension Fund-Reports and Notices.

Have you visited the Central Pennsylvania Teamsters Health and Welfare and Pension Fund’s website lately? If not, make a point to log on to www.CentralPATeamsters.com. The website has a new look and new information.

Members can access the site 24 hours a day, 7 days a week. They can download a form or find a health, vision or dental provider when it is convenient for them. We will be constantly updating our content with helpful information, articles, newsletters, important announcements in the News section on a regular basis.



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

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

The Central Pennsylvania Teamsters Health & Welfare Fund:

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

1-610-320-5500. لكل رفوتت، ان اجم، ةي وغللا ةدعاسملا تامدخ، ةي برعلا ةغللا شذحتت تنك اذا: ةي بننت

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 हद्दि 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.

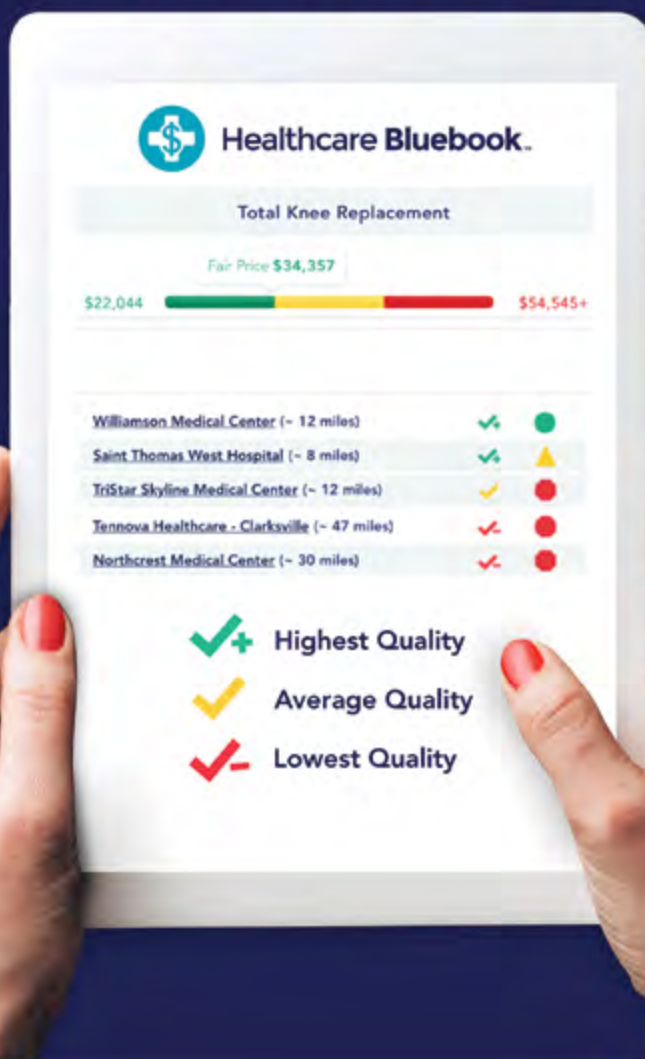
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-610-320-5500.

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.

DON'T GAMBLE WITH YOUR HEALTH CARE!



No hospital is good at everything and if you don't use **Healthcare Bluebook** to find a high-quality facility for your procedure, the cards are stacked against you.

Healthcare Bluebook shows you facility cost and quality rankings, so you can hit the jackpot by finding high-quality care at a Fair Price™.



Check It Out!
centralpateamsters.com
800-341-0504

Download
the App:



Company Code:
CentralPATeamsters

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: Medicaid www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid	KANSAS – Medicaid
Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512

KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll-Free: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 or 651-431-2670	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid and CHIP
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
NEBRASKA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEVADA – Medicaid	RHODE ISLAND – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347

SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

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

Central Pennsylvania Teamsters Health and Welfare Fund Prescription Benefit Plans

Plans 13, 14P, R7 and R7/65

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

Plan 13Y

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

Plans 14 and 16

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

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

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



Step Therapy

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

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

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 1	STEP 1
ALZHEIMER'S DISEASE	DONEPEZIL GALANTAMINE RIVASTIGMINE & ALL OTHER GENERICS	ARICEPT EXELON NAMENDA RAZADYNE
ANGIOTENSIN RECEPTOR BLOCKERS (ANTIHYPERTENSIVES)	CANDESARTAN EPROSARTAN IRBESARTAN LOSARTAN TELMISARTAN VALSARTAN & ALL OTHER GENERICS	ATACAND AVAPRO BENICAR BYVALSON COZAAR DIOVAN EDARBI MICARDIS
ANTI-DEPRESSANTS	BUPROPION HCL CITALOPRAM DESVENLAFAXINE DULOXETINE ESCITALOPRAM FLUOXETINE NEFAZODONE SERTRALINE TRAZODONE VENLAFAXINE & ALL OTHER GENERICS	APLENZIN BRINTELLIX CYMBALTA EFFEXOR FETZIMA FORFIVO XL KHEDEZLA LEXAPRO PRISTIQ PROZAC SPRAVATO TRINTELLIX VIIBRYD WELLBUTRIN ZOLOFT
ANTI-GLAUCOMA EYE PREPARATIONS	APRACLOPIDINE HCL BETAXOLOL BRIMONIDINE CARTEOLOL DORZOLAMIDE LATANOPROST LEVOBUNOLOL METIPRANOLOL PILOCARPINE TIMOLOL & ALL OTHER GENERICS	ALPHAGAN AZOPT BETIMOL BETOPTIC COMBIGAN COSOPT IOPIDINE ISTALOL LUMIGAN PHOSPHOLINE SIMBRINZA TIMOPTIC TRAVATAN TRUSOPT XALATAN XELPROS ZIOPTAN
ANTIPSYCHOTICS	CLOZAPINE OLANZAPINE QUETIAPINE RISPERIDONE ZIPRASIDONE & ALL OTHER GENERICS	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 NADOLOL PINDOLOL PROPRANOLONOL SOTALOL TIMOLOL & ALL OTHER GENERICS	BYSTOLIC
CALCIUM CHANNEL BLOCKERS (ANTIHYPERTENSIVES)	AMLODIPINE ATORVASTATIN AMLODIPINE BESYLATE AMLODIPINE VALSARTAN DILTIAZEM FELODIPINE ISRADIPINE NICARDIPINE NIFEDIPINE NISOLDIPINE VERPAMIL & ALL OTHER GENERICS	ADALAT CADUET CALAN CARDENE CARDIZEM CARTIA XT EFIDITAB EXFORGE NORVASC PROCARDIA XL SULAR TIAZAC ER VERELA
CONTRACEPTIVES	All Generic Contraceptives	All Brand Contraceptives
DIABETES	ACARBOSE GLIMEPIRIDE GLIPIZIDE GLYBURIDE JANUMET JANUVIA METFORMIN PIOGLITAZONE REPAGLINIDE & ALL OTHER GENERICS	INVOKANA JARDIANCE JENTADUETO KAZANO QTERN SEGLUROMET STEGLATRO STEGLUJAN 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 OXYMORPHONE TRAMADOL & ALL OTHER GENERICS	APADAZ ARYMO DEMEROL DOLOPHINE LORTAB NORCO NUCYNTA OPANA OXYCONTIN PERCOCET TYLENOL WITH CODEINE ULTRACET ULTRAM VICODIN XTAMPZA
OSTEOPOROSIS	ALENDRONATE CALCITONIN-SALMON IBANDRONATE RALOXIFENE RISEDRONATE & ALL OTHER GENERICS	ACTONEL ATELVIA BINOSTO BONIVA EVENITY EVISTA FOSAMAX MIACALCIN PROLIA





Step Therapy

Continued

RHEUMATOID ARTHRITIS	HIGH DOSE IBUPROFEN AND NAPROXEN (PRESCRIPTION STRENGTH) CELECOXIB NABUMETONE PIROXICAM DICLOFENAC DIFLUNISAL INDOMETHACIN KETOPROFEN ETODOLAC PREDNISONE CYCLOPHOSPHAMIDE CYCLOSPORINE AZATHIOPRINE METHOTREXATE XELJANZ & ALL OTHER GENERICS	ACTEMRA CIMZIA ENBREL HUMIRA INFLECTRA KEVZARA KINERET OLUMIANT ORENCIA RENFLEXIS SIMPONI STELARA TALTZ
URINARY AGENTS	ATOZIAZ FLAVOXATE OXYBUTYNIN TOLTERODINE TROSPIMUM & ALL OTHER GENERICS	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.

ADD & ADHD	AMPHETAMINE SALTS D-AMPHETAMINE ER DEXMETHYLPHENIDATE DEXTROAMPHETAMINE METHAMPHETAMINE METHYLPHENIDATE & ALL OTHER GENERICS	CONCERTA DAYTRANA DESOXYN DEXEDRINE EVEKEO FOCALIN JORNAY METADATE METHYLIN PROCENTRA QUILLIVANT RELEXXII RITALIN VYVANSE ZENZEDI
ANTI-MIGRAINE	DIHYDROERGOTAMINE ERGOTAMINE-CAFFEINE TABLET NARATRIPTAN RIZATRIPTAN SUMATRIPTAN ZOLMITRIPTAN & ALL OTHER GENERICS	AAIMOVIG AJOVY AMERGE CAFERGOT D.H.E.45 EMGALITY 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 & ALL OTHER GENERICS	APTIOM BANZEL CARBATROL CELONTIN CEREBYX DEPACON DEPAKENE DEPAKOTE DILANTIN EPIDIOLEX FANATREX FELBATOL FYCOMPA GABITRIL KEPPRA KLONOPIN LAMICTAL MYSOLINE NEURONTIN ONFI OXTELLAR PEGANONE PHENYTEK QUDEXY SYMPAZAN 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 NEXIUM OMEPRAZOLE-BICARB PANTOPRAZOLE PREVACID PRILOSEC PROTONIX ZEGERID
ULCERATIVE COLITIS	AZULFIDINE BALSALAZIDE MESALAMINE SULFASALAZINE & ALL OTHER GENERICS	APRISO ASACOL COLAZAL DELZICOL DIPENTUM ENTYVIC HUMIRA LIALDA PENTASA SIMPONI STELARA

RX NEWS



To locate a pharmacy in your area please contact Global Pharmaceutical Benefits (formerly GPP) at 1-800-341-2234

PREFERRED BRAND NAME DRUG LIST

EFFECTIVE DATE: October 1, 2019

PLEASE GIVE TO YOUR PHYSICIAN

VERY IMPORTANT

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

ANALGESICS

Anti-Migraine

Aimovi
Emgality

Anti-Rheumatic

Rasuvo Injection

Non-steroidal anti-inflammatory agents

Indocin Supp 50 mg

Opioid Agonists

Belbuca
Embeda
Hysingla ER
Oxycontin

Misc

Depen

ANTI-ADDICTIVE AGENTS

Suboxone
Zubsolv

ANTI-INFECTIVES

Amebacides

Alinia

Hepatitis Agents

Epclusa
Epivir HBV Solution
Harvoni
Mavyret
Sovaldi
Vosevi

HIV Agents

Aptivus
Cimduo
Complera
Crixivan
Edurant
Emtriva
Evotaz
Intelence
Invirase
Isentress/HD
Juluca
Kaletra Tabs
Lexiva
Norvir Sol, Powder Pckt
Prezcobix
Prezista
Rescriptor
Reyataz
Selzentry
Symfi
Symfi Lo

Tivicay
Triumeq
Truvada
Tybost
Videx Solution
Videx EC 125mg Caps
Viracept
Viread 150, 200, 250 mg
Miscellaneous Anti-infectives
Emverm
Nebupent INH Powder

ANTINEOPLASTIC

Cabometyx Tabs
Caprelsa
Emcyt Caps
Erivedge
Hexalen Caps
Jakafi Tabs
Leukeran Tabs
Lysodren Tabs
Matulane Caps
Mekinist Tabs
Myleran Tabs
Nexavar Tabs
Sprycel
Tabloid Tabs
Tafinlar
Thalomid Caps
Tykerb Tabs
Xalkori Caps
Zolanza Caps

CARDIOVASCULAR

Angiotensin Receptor Blockers & Combinations

Byvalson Tabs
Entresto

Anti-adrenergic Agents

Bystolic

Anti-Arrhythmics

Lanoxin Tabs
Norpace CR 100mg,
150mg Caps

Anti-hyperlipidemics

Praluent
Repatha
Vascepa

Beta Blockers & Combinations

Bystolic

Pulmonary Hypertension Agents

Adempas
Letairis

Opsumit
Tracleer

Miscellaneous Anti-hypertensives

Tekturna HCT

CNS AGENTS

Anti-convulsants

Lyrica Caps

Anti-depressants

Paxil Suspension

Anti-Psychotics

Saphris

Attention Deficit Disorder Treatment

Vyvanse

Multiple Sclerosis Agents

Aubagio
Avonex
Copaxone
Gilenya
Plegridy Pen & Syr
Tecfidera

Miscellaneous CNS agents

Namzaric Caps

DERMATOLOGICALS

Acne Agents

Retin-A Micro
0.06% & 0.08% gel

Anti-bacterial Agents

Mirvaso
Soolantra 1% Cream

Hemorrhoidal Preparations:

Proctofoam HC

Psoriasis & Eczema Agents:

Eucrisa 2% ointment

Other Dermatologicals:

Drysol Solution
Eurax Cream/Lotion

EARS, NOSE & THROAT

Nasal Products,

Antihistamines

Dymista

Otics

Ciprodex OTIC

Throat & Mouth Products

Prevident

ENDOCRINE

Androgens/Estrogens

Androderm Patch

Corticosteroids

Medrol 2mg Tablet
Millipred Tabs 5mg

Gout

Colcryst
Uloric

Growth Hormones

Norditropin Flexpro

Hyperglycemics Dipeptidyl Peptidase-4 & Combos

Janumet
Janumet XR
Januvia
Jentadueto
Jentadueto XR
Tradjenta

GLP-1 Recep. Agonist

Bydureon
Bydureon BCise Autoinj
Byetta
Ozempic
Trulicity
Victoza

Insulins

Humalog
Humulin
Lantus
Levemir
Novolin
Novolog
Relion Novolin
Soliqua
Toujeo Solostar
Toujeo Max Solostar
Tresiba Vial, Flextouch

Sodium-Glucose Co Transporter 2 Inhib

Glyxambi
Invokamet
Invokamet XR
Invokana
Jardiance
Synjardy
Synjardy XR

Miscellaneous

DDAVP 10 mcg/0.1 mg sol
Forteo
Glucagen Kit
Glucagon Kit
Proglycem Susp
Samsca Tabs
Synarel Nasal Spray

PREFERRED BRAND NAME DRUG LIST

EFFECTIVE DATE: October 1, 2019

PLEASE GIVE TO YOUR PHYSICIAN

VERY IMPORTANT

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

GASTROINTESTINAL AGENTS

Anti-ulcer

Omeclamox
Pylera

Digestants

Creon
Zenpep DR

Gastric Acid Secretion

Reducers

Dexilant

Miscellaneous Products, Gastrointestinal

Apriso
Linzess
Movantik
Sfrowasa
Symproic Tabs

HEMATOLOGY

Anti-Coagulants, Direct Factor X

Eliquis
Xarelto

Miscellaneous

Pradaxa

Anti-Platelet

Brilinta

Miscellaneous Agents

Aranesp
Granix
Neulasta
Neupogen 300 mcg Syr & Vial
Neupogen 480 mcg Vial
Nivestym Syr
Retacrit Vial
Udenyca
Zarxio

IMMUNOSUPPRESSANTS

Dupixent
Enbrel
Humira
Otezla
Oxsoralen-UL Caps 10mg
Sandimmune SOL 100 mg/ml
Stelara

Nutrition

Vitamins/Minerals/Electrolyte

Modifiers

Escavite Tabs Chewable
Escavite LQ Drops
Florical Tab & Cap

Fluorabon Drops
Flura-Drops
Monocal Tab
Poly-Vi-Flor Tabs Chewable
Poly-Vi-Flor Tabs Chewable with Iron
Poly-Vi-Flor Drops 0.25
Poly-Vi-Flor Drops w/ Iron 0.25
Quflora Tabs Chewable
Tri-Vi-Flor Drops

OB/GYN

Estrogenics

Climara Pro Patch
Duavee
Menest
Premarin
Premarin vaginal cream
Premphase
Prempo

Prenatal Products

Atabex EC
Citranatal Bloom
Citranatal RX Tabs
C-Nate DHA
Completenate Tab Chew
Conept DHA Caps
Concept OB Caps
Dothelle DHA Caps
Duet DHA Balanced
Enbrace HR Caps
Folivane-OB Caps
Marnatal- F Caps
Mynatal Advance Tabs
Mynatal Caps
Mynatal Plus Captab
Mynatal Ultracaplets
Mynatal- Z Captabs
Mynate 90 Plus Caplet SA

Natachew Tabs
Natelle One Caps
Neevo DHA
Nestabs Tabs
Niva-Plus Tabs
OB Complete advanced
OB Complete One
OB Compete Petite
OB Complete Caplets
OB Complete Premier
OB Complete with DHA
Obstetrix EC
O-Cal Prenatal Tabs
O-Cal FA Tabs

Prefera OB Tabs
Prenal Tabs Chewable
Prenal Pearl
Prenate AM Tabs
Prenate Elite Tabs
Prenate Essential
Primacare
Provida OB Caps
Select-OB Caps Chewable
Se-Natal 19 Tabs & Tabs Chew
Thrivite 19 Tabs
Thrivite RX Tabs
Tricare Tabs Chewable
Tricare Tabs
Tricare DHA One
Tricare DHA One/Folate
Trinatal Rx 1 Tab
Vitafof Gummies
Vitafof Nano Tabs
Vitafof OB Caplets
Vitamed MD Redichew Tabs
Vitapearl Softgels
Vol-Nate Tabs
Vol-Plus Tabs
Vol-Tab RX Tabs
Zatean-PN Plus

Topical Anti-Infectives

Cleocin Vaginal Ovules

Miscellaneous

Orilissa Tab

OPHTHALMIC AGENTS

Anti-histamines

Pazeo

Anti-infectives

Moxeza
Natacyn

Glaucoma Agents:

Alphagan P 0.1%, 0.15%
Azopt
Combigan
Lumigan
Phospholine Iodide
Rhopressa
Simbrinza
Travatan Z

Steroids

FML Ointment
FML Forte
Pred Mild

Miscellaneous

Prolensa
Restasis

Xiidra

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
Trelegy Ellipta
Ventolin HFA

Glucocorticoids, Inhalation

Arnuity Ellipta
Flovent Diskus
Flovent HFA
Pulmicort Flexhaler
QVAR redihaler
Symbicort

Miscellaneous Agents, Respiratory

Bethkis
Pulmozyme

UROLOGICAL AGENTS

Anesthetics

Elmiron

Antispasmodics

Myrbetriq
Vesicare

Weight Management

Contrave

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

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

PREFERRED BRAND NAME DRUG LIST

EFFECTIVE DATE: January 1, 2020

PLEASE GIVE TO YOUR PHYSICIAN

VERY IMPORTANT

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ANALGESICS

Anti-Migraine

Aimovi
Emgality

Anti-Rheumatic

Rasuvo Injection

Non-steroidal anti-inflammatory agents

Indocin Supp 50 mg

Opioid Agonists

Belbuca
Embeda
Hysingla ER
Oxycontin

Misc

Depen

ANTI-ADDICTIVE AGENTS

Suboxone
Zubsolv

ANTI-INFECTIVES

Amebacides

Alinia

Hepatitis Agents

Epivir HBV Solution
Harvoni
Mavyret
Sovaldi
Vosevi

HIV Agents

Aptivus
Cimduo
Complera
Crixivan
Edurant
Emtriva
Evotaz
Intence
Invirase
Isentress HD
Juluca
Kaletra Tabs
Lexiva Susp
Norvir Sol, Powder Pckt
Prezcobix
Prezista
Rescriptor
Reyataz Powder Packet
Selzentry
Symfi
Symfi Lo
Tivicay

Triumeq
Truvada
Tybost
Videx Solution
Viracept
Viread 150, 200,
250 mg Powder
Miscellaneous Anti-infectives
Emverm
Nebupent INH Powder

ANTINEOPLASTIC

Afinitor Tabs
Cabometyx Tabs
Caprelsa
Emcyt Caps
Erivedge
Jakafi Tabs
Leukeran Tabs
Lysodren Tabs
Matulane Caps
Mekinist Tabs
Myleran Tabs
Nexavar Tabs
Sprycel
Tabloid Tabs
Tafinlar
Thalomid Caps
Tykerb Tabs
Xalkori Caps
Zolanza Caps

CARDIOVASCULAR

Angiotensin Receptor Blockers & Combinations

Entresto

Anti-adrenergic Agents

Bystolic

Anti-Arrhythmics

Lanoxin Tabs
Norpace CR 100mg,
150mg Caps

Anti-hyperlipidemics

Praluent
Repatha
Vascepa

Beta Blockers & Combinations

Bystolic

Pulmonary Hypertension Agents

Adempas
Opsumit
Tracleer

Miscellaneous

Anti-hypertensives

Tekturra HCT

CNS AGENTS

Anti-convulsants

Lyrica Caps

Anti-depressants

Paxil Suspension

Anti-Psychotics

Saphris

Attention Deficit Disorder Treatment

Vyvanse

Multiple Sclerosis Agents

Aubagio
Avonex
Copaxone
Gilenya
Plegridy Pen & Syr
Tecfidera

Miscellaneous CNS agents

Namzaric Caps

DERMATOLOGICALS

Acne Agents

Aczone 7.5% Gel Pump
Retin-A Micro 0.08% gel

Anti-bacterial Agents

Mirvaso
Soolantra 1% Cream

Hemorrhoidal Preparations:

Proctofoam HC

Psoriasis & Eczema Agents:

Eucrisa 2% ointment

Other Dermatologicals:

Eurax Cream/Lotion

EARS, NOSE & THROAT

Nasal Products,

Antihistamines

Dymista

Otics

Ciprodex OTIC

Throat & Mouth Products

Prevident

ENDOCRINE

Androgens/Estrogens

Androderm Patch

Corticosteroids

Medrol 2mg Tablet
Millipred Tabs 5mg

Gout

Colcrys
Uloric

Growth Hormones

Norditropin Flexpro

Hyperglycemics Dipeptidyl Peptidase-4 & Combos

Janumet
Janumet XR
Januvia
Jentadueto
Jentadueto XR
Tradjenta

GLP-1 Recep. Agonist

Bydureon
Bydureon BCise Autoinj
Byetta
Ozempic
Trulicity
Victoza

Insulins

Humalog
Humulin
Lantus
Levemir
Novolin
Novolog
Relion Novolin
Soliqua
Toujeo Solostar
Toujeo Max Solostar
Tresiba Vial, Flextouch

Sodium-Glucose

Co Transporter 2 Inhib

Glyxambi
Invokamet
Invokamet XR
Invokana
Jardiance
Synjardy
Synjardy XR

Miscellaneous

DDAVP 10 mcg/0.1 mg sol
Forteo
Glucagen Kit
Glucagon Kit
Proglycem Susp
Samsca Tabs
Synarel Nasal Spray

PREFERRED BRAND NAME DRUG LIST

EFFECTIVE DATE: January 1, 2020

PLEASE GIVE TO YOUR PHYSICIAN

VERY IMPORTANT

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

GASTROINTESTINAL AGENTS

Anti-ulcer

Omeclamox
Pylera

Digestants

Creon
Zenpep DR

Gastric Acid Secretion

Reducers

Dexilant

Miscellaneous Products,

Gastrointestinal

Apriso
Linzess
Movantik
Sfrowasa
Symproic Tabs

HEMATOLOGY

Anti-Coagulants,

Direct Factor X

Eliquis
Xarelto

Miscellaneous

Pradaxa

Anti-Platelet

Brilinta

Miscellaneous Agents

Aranesp
Neulasta
Udenyca
Zarxio

IMMUNOSUPPRESSANTS

Dupixent
Enbrel
Humira
Otezla
Oxsoralen-UL Caps 10mg
Sandimmune SOL 100 mg/ml
Stelara

Nutrition

Vitamins/Minerals/

Electrolyte Modifiers

Corvite Tabs
Corvite 150 Tabs
Escavite Tabs Chewable
Escavite LQ Drops
Florical Tab & Cap
Fluorabon Drops
Flura-Drops
Folgard Rx Tablet

Hematron-AF SR Caplet
Icar-C Plus Tablet
Monocal Tab
Poly-Vi-Flor Tabs Chewable
Poly-Vi-Flor Tabs Chewable
with Iron
Poly-Vi-Flor Drops 0.25
Poly-Vi-Flor Drops with
Iron 0.25
Quflora Tabs Chewable
Tri-Vi-Flor Drops

OB/GYN

Estrogenics

Climara Pro Patch
Duavee
Menest
Premarin
Premarin vaginal cream
Premphase
Prempo

Prenatal Products

Atabex EC
Azesco
Citranatal Bloom
Citranatal RX Tabs
C-Nate DHA
Completenate Tab Chew
Conept DHA Caps
Concept OB Caps
Duet DHA Balanced
Enbrace HR Caps
Folivane-OB Caps
Marnatal-F Caps
Mynatal Advance Tabs
Mynatal Caps
Mynatal Plus Captab
Mynatal Ultracaptabs
Mynatal-Z Captabs
Mynate 90 Plus Caplet SA
Natachew Tabs
Natelle One Caps
Neevo DHA
Nestabs Tabs
Nestabs DHA
Newgen Tabs
Niva-Plus Tabs
OB Complete One
OB Complete Petite
OB Complete Caplets
OB Complete Premier
OB Complete with DHA
Obstetrix EC
O-Cal Prenatal Tabs

O-Cal FA Tabs
Prefera OB Tabs
Prena1 Tabs Chewable
Prena1 Pearl
Prenate AM Tabs
Prenate Elite Tabs
Prenate Essential
Primicare
Provida OB Caps
Select-OB Caps Chewable
Se-Natal 19 Tabs & Tabs Chew
Thrivite 19 Tabs
Thrivite RX Tabs
Tricare Tabs
Trinatal Rx 1 Tab
Vitafof Gummies
Vitafof Nano Tabs
Vitafof OB Caplets
Vitamed MD Redichew Tabs
Vitapearl Softgels
Vol-Nate Tabs
Vol-Plus Tabs
Vol-Tab RX Tabs
Zatean-PN Plus

Topical Anti-Infectives

Cleocin Vaginal Ovules

Miscellaneous

Orilissa Tab

OPHTHALMIC AGENTS

Anti-histamines

Pazeo

Anti-infectives

Moxeza
Natacyn

Glaucoma Agents:

Alphagan P 0.1%, 0.15%
Azopt
Combigan
Lumigan
Phospholine Iodide
Rhopressa
Simbrinza
Travatan Z

Steroids

FML Ointment
FML Forte
Pred Mild

Miscellaneous

Prolensa
Restasis
Xiidra

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
Trelegy Ellipta
Ventolin HFA

Glucocorticoids, Inhalation

Arnuity Ellipta
Flovent Diskus
Flovent HFA
Pulmicort Flexhaler
QVAR redihaler
Symbicort

Miscellaneous Agents,

Respiratory

Bethkis
Pulmozyme

UROLOGICAL AGENTS

Anesthetics

Elmiron

Antispasmodics

Myrbetriq

Weight Management

Contrave

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

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

Know Your Pension Plan

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

1. **Beneficiary Updates/Change in Marital Status** –

Please review your beneficiary designation if you change your marital status. Please notify the Fund if you get married, divorced, or become widowed. If you get divorced, please forward a copy of the divorce decree. You will need to complete a new beneficiary form for your Pension Benefits after your divorce is finalized. If you become widowed, you will need to forward a copy of the death certificate and also complete a new beneficiary form. Downloadable beneficiary forms are available on the Fund's website. You cannot name your pet as a beneficiary.

2. **Retirement Applications** –

Contact the Pension Fund three months prior to your retirement date to begin the application process (6 months if you have time in another Fund and are applying for a reciprocal pension). The Pension Fund offers appointments to assist you with completing your Application for Pension paperwork. Please be sure to review your benefit options on your paperwork so that you are familiar with them prior to your appointment.

3. **Your Retirement Income Plan (RIP) 1987**

balance is updated by the 15th of each month and subject to net gains or losses through the last day of the month in which your application is approved for payment.

4. **Power of Attorney** –

If you cannot handle your own affairs, your Power of Attorney must provide the Fund with a copy of the Durable Power of Attorney before any information. The Pension Fund also requires, the Power of Attorney's to contact the Pension Fund Office and provide their mailing address and your physical address. As Power of Attorney, you must sign the Participant's name first and your name as Power of Attorney. For example – John J. Smith, Jane J. Smith, POA.

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.



Your annual benefit statements were mailed on April 11, 2019.

You should review your statement to make sure that all your information is correct. Your beneficiary is listed on your statement. If you need to change your beneficiary info please contact the fund office or you can find the form on the website.

If you are a Zone 2 Pipeline member your Pension benefits are not through Central Pennsylvania Teamsters. You would need to contact the Teamsters National Pipeline Pension Fund at 317-248-3278.



Know Your Health & Welfare Plan

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

- 1. Dental Implants** – All requests for dental implants must be submitted for pre-determination for review under the implant policy. Failure to do so could mean higher out of pocket expenses.
- 2. Health Savings Accounts for Dependents** – If your spouse (or eligible dependent) is covered under a high-deductible health plan with a health savings account (HSA), this spouse or dependent may not be covered under the Central PA Teamsters Health and Welfare Plan. If your employer pays on a Component basis, the Employer will not be responsible for contributions for this spouse or dependent.
- 3. Motor Vehicle Accidents** – The Fund will consider payment of medical expenses only after the benefits from the auto insurance carrier have been exhausted. In addition, the Fund will not provide coverage for Short Term Disability Benefits (except for the first 5 days of missed work). Contact your auto insurance carrier to make sure that your policy includes payment for missed work due to injuries sustained in an auto accident.
- 4. Illegal Acts** – The Fund does not cover medical services rendered as a result of your committing an illegal act (misdemeanor or felony). This includes driving while intoxicated (DUI).
- 5. Change in Family Status** – Please review your beneficiary designation if there is a change in your family status. Please notify the Fund if you get married, divorced, are widowed or have a child. The Fund does not allow divorced spouses to continue to be covered under the member's coverage.
- 6. Moonlighting** – The Fund does not cover participants or eligible dependents for illness or injuries that occur as a result of performing non-covered employment for wage or profit.
- 7. Dependent Daughter Pregnancies** – The Fund does not cover medical expenses associated with a dependent's pregnancy.
- 8. Address Change** – Please remember to contact the Fund office if your address changes.

Visit our website at www.CentralPATeamsters.com



Special Rules for Dental Implants: If the Fund's dental advisor determines that an implant is necessary to maintain a Patient's dental health and function the Plan will pay the cost of the implant under the Medical Provisions of the Plan. Services related to implants, including but not limited to extractions and abutments, will remain subject to the rules for Dental Benefits.

IMPORTANT NOTE: A Provider, Participant, or Patient should submit a claim for implants to the Plan's dental advisor for determination of eligibility before installation of the implants. Failure to do so could leave the Provider and Patient with no source of payment for the implants if the plan's dental advisor subsequently determines that the implants do not qualify for coverage as a Medical Benefit. Please note that, if approved, Delta Dental will consider the installation of the dental implants as a medical claim and pay the claim outside of the annual Dental maximum.



Retirees Approved for Pensions February 2019 through June 2019

Name	Local	Employer
February 2019		
ALLEMAN, MICHAEL E	776	YRC FREIGHT
AMBERMAN, RANDAL G	776	CONSOLIDATED FREIGHTWAYS
ARCHAMBAULT, FRANK G	429	JOHN PFROMMER LLC
BACKHAUS JR, EDWARD W	773	J C EHRlich CO INC
BANKER, DONNA B	429	COTT BEVERAGES WYOMISSING INC
BARTON, GARY J	771	MILLER & HARTMAN INC
BARYCK, LAWRENCE G	229	AFFILIATED FOOD DISTR INC
BAYURA, DAVID G	776	YRC FREIGHT
BENNER, SHARON L	773	PEOPLE FIRST
BERGER, DONNA J	429	LENTZ MILLING CO LLC
BIRMINGHAM, RANDALL L	429	SCHROCK CABINET COMPANY
BOGAROWSKI, JOHN	401	NORTHEAST EAGLE DISTRIBUTOR
BONCZKIEWICZ, LINDA	229	SUPER MARKET SERVICE CORP
BOYER, ROBERT	776	ARKANSAS BEST FREIGHT SYS INC
BRITT, JAMES A	429	POLLOCK-READING INC
BROSEY, ROGER K	771	PENNSY SUPPLY INC
BYERS JR, JOHN	776	YRC FREIGHT
CHRIST, CHARLES F	776	ANDERSON LOGISTICS
CLARK SR, GEORGE I	771	PENNCast CORPORATION
CODDINGTON, DONALD J	776	ARKANSAS BEST FREIGHT SYS INC
COLLINS, KENNETH M	776	UPS CARTAGE SERVICES INC
CRIMMINS, RODNEY K	771	YELLOW FREIGHT SYSTEM INC
CURRAN, ROBERT T	776	ARKANSAS BEST FREIGHT SYS INC
CUSTER, RICKY A	773	STROEHMANN BAKERIES
DESCH, DAVID	429	J C EHRlich CO INC
DOBOSH, MICHAEL J	401	UNITED PARCEL SERVICE INC
EDELMAN, TERRY	229	YRC FREIGHT
EDKIN, PAUL L	776	DRIVERS INC
ERDIE JR, MATTHEW J	773	ASHLAND CHEMICAL COMPANY
FAIRCHILD, TROY T	429	J C EHRlich CO INC
FEGER, ROBERT D	764	MANDATA POULTRY COMPANY
FELLIN, SHERRY	429	LENTZ MILLING CO LLC
FLETCHER, DAVID W	776	ROADWAY EXPRESS INC
GANTT, RANDY	776	YRC FREIGHT
GAUL, RANDY LEE	429	J C EHRlich CO INC
GLASS, FREDERICK A	776	NATIONS WAY TRANSPORT SERVICES
GORDON JR, WALTER R	764	ARKANSAS BEST FREIGHT SYS INC
GRUBE, JOSEPH C	429	QUAKER MAID KITCHENS
HANNA, JOHN C	773	NORTH PENN TRANSFER INC
HICKS JR, ROY D	776	ARKANSAS BEST FREIGHT SYS INC
HUFF, JOSEPH P	429	CENTRAL DOOR & PLYWOOD CO
JOHNSON, JEFFREY LEWIS	776	ST JOHNSBURY TRUCKING CO INC
JOHNSON, VINCENT C	776	ARKANSAS BEST FREIGHT SYS INC
KASTELEBA, SUZANNE M	229	TOPPS CHEWING GUM INC
KELLENBERGER, KEITH A	776	FLEMING COMPANIES INC
KILLIAN, MARK C	429	LEHIGH VALLEY DAIRIES INC
KLIMOVSKY, ROBERT E	776	NATIONS WAY TRANSPORT SERVICES
KNIZNER, CARLEENE	776	ANDERSON LOGISTICS
KREIDER, BRIAN L	771	MILLER & HARTMAN INC
LORUSSO, STACEY	229	UNITED PARCEL SERVICE INC
LOWE, KIM S	776	TEAMSTERS LOCAL UNION 776
MAXWELL, MICHAEL C	429	BOB WHITE QUAL FROSTED FOODS
MCHALE, DONNA	229	TOPPS CHEWING GUM INC
MCNICHOL, JOHN J	312	MATLACK INC TERMINAL 52
MCNULTY, ANNMARIE	229	TOPPS CHEWING GUM INC
MCPHILLIPS, ARTHUR W	229	DARLING INTERNATIONAL
MURPHY, KEITH	773	UNITED PARCEL SERVICE INC
NIEHAUS, LARRY L	771	KEREK AIR FREIGHT CORP
O'DONNELL, MARGARET	401	UNITED PARCEL SERVICE INC
OSTOPICK, JOHN P	229	YRC FREIGHT
PARMER, DENNIS J	429	NEW PENN MOTOR EXPRESS INC
PIERCE, DENNIS H	776	WILSBACH DISTRIBUTORS INC
PLUBELL, GREGORY J	429	ASSOCIATED WHOLESALERS INC
RAILING, DALE E	776	WILSBACH DISTRIBUTORS INC
REED JR, EVERETT D	776	YORK COUNTY TRANSP AUTHORITY
REINHART, ROBIN J	773	MACK TRUCKS INC NVSSC
REMMEL, DANIEL A	773	CARTER RICE/LEHIGH VALLEY
RENNINGER, DAVID C	776	YRC FREIGHT
ROOT, SANDRA P	773	UNITED PARCEL SERVICE INC
SATTAZAHN, PATRICIA	776	UNITED PARCEL SERVICE INC
SCHAFFNER, JEANINE KAY	776	ROADWAY EXPRESS INC
SCHEIB, PATRICIA	776	UNITED PARCEL SERVICE INC
SHAULIS, JAMES D	776	ARKANSAS BEST FREIGHT SYS INC
SHERTZER, JAY N	771	KUNZLER & COMPANY INC
SHERTZER JR, JOHN E	776	ARKANSAS BEST FREIGHT SYS INC
SHUMAKER, IVAN	771	PENNCast CORPORATION
SOROKA, BOHDAN	429	ASSOCIATED WHOLESALERS INC
SPOON, MICHAEL	776	YRC FREIGHT

Name	Local	Employer
STEIER, FRANCIS J	773	UNITED PARCEL SERVICE INC
STOLTZ, DAVID R	429	A T V BAKERY
STRAWSER JR, GERALD L	776	ARKANSAS BEST FREIGHT SYS INC
STROHL, RODNEY L	773	ROCK HILL TRUCKING CO INC
SULLIVAN, RAYMOND D	776	ROADWAY EXPRESS INC
THOMAS, ROBERT L	776	YRC FREIGHT
TROUTMAN, DEAN R	429	BRENNTAG NORTHEAST LLC
UNGER, FRANK E	773	ARKANSAS BEST FREIGHT SYS INC
URCIUOLO, JOSEPH	229	AFFILIATED FOOD DISTR INC
VARISH, THOMAS E	776	UNITED PARCEL SERVICE INC
WARNKE, BARRY J	776	PRESTON TRUCKING CO INC
WEALAND, RANDY	429	CENTRAL DOOR & PLYWOOD CO
WEAVER, SCOTT R	429	J C EHRlich CO INC
WEBSTER, EDWARD D	776	CENTRAL STORAGE & TRANSFER CO
WENRICH, KEVIN J	429	SUPERVALU INC
WOLFE SR, THOMAS C	764	INTERSTATE MTR FREIGHT SYS INC
WOLFGANG JR, GEORGE H	776	ARKANSAS BEST FREIGHT SYS INC
YOUNG, JOSEPH D	776	EAZOR EXPRESS INC
ZUFALL, CHARLES T	776	ARKANSAS BEST FREIGHT SYS INC

March 2019		
ALICEA, MILDRED	773	ABM INDUSTRIES
BAHN, RODNEY L	776	CONSOLIDATED FREIGHTWAYS
BANGERT, FRANCIS E	384	MATLACK INC
BECHTEL, ROBERT M	776	PERK FOODS C/O HEINZ PET
BEHLER, RONALD R	773	ROCK HILL TRUCKING CO INC
BENNETT, JAMES M	771	YELLOW FREIGHT SYSTEM INC
BROMLEY JR, RICHARD	429	UNITED PARCEL SERVICE INC
BROWNSBERGER, FLOYD K	776	SHANAHANS EXPRESS
BUNCE, ARTHUR F	771	TRANS-MATERIALS INC
BYERS JR, WILLIAM D	776	ROADWAY EXPRESS INC
CONWAY, PATRICK	229	ROADWAY EXPRESS INC
DOWNING, DENNIS B	429	J C EHRlich CO INC
DRUCK, KEITH F	776	YRC FREIGHT
EVANS, FRANK E	773	USF HOLLAND INC
FALCHEK JR, ROBERT J	229	YRC FREIGHT
FINK, ROBERT E	776	NATIONS WAY TRANSPORT SERVICES
FRANTZ, DAVID W	764	CENTRE CONCRETE COMPANY
HANSFORD, JOHN WAYNE	429	CLOVER FARMS DAIRY
HELLARD, ROBIN M	776	FLEMING COMPANIES INC
HESS, GARY L	771	YELLOW FREIGHT SYSTEM INC
HORNING, PERRY J	999	ARKANSAS BEST FREIGHT SYS INC
JOHNSTON, WILLIAM P	764	B & D TRANSFER
JURKIEWICZ, FRANK J	229	THE SCRANTON TIMES
KESTER, JACK C	229	YELLOW FREIGHT SYSTEM INC
KOLP, ROGER L	776	YRC FREIGHT
KRICHTEN, THOMAS FRANCIS	776	ASSOCIATED WHOLESALERS INC
LABDIK III, JOSEPH S	773	CINTAS CORPORATION
MAKOS, JOHN R	773	P I E NATIONWIDE INC
MATTIS, BENJAMIN P	776	PRESTON TRUCKING CO INC
MCCARRY, JAMES	773	MACK TRANSPORTATION CO
MCCRACKEN, PATRICK W	764	KEPLER BROTHERS
MECKLEY, GERALD E	776	FLEMING COMPANIES INC
MICHAEL JR, ROBERT L	776	UNITED PARCEL SERVICE INC
MILL, GREGORY R	429	DIETRICH'S MILK PRODUCTS INC
MILLHOUSE, GREG	776	YRC FREIGHT
MOYER, KEVIN L	429	SUPERVALU INC
MULL, RONALD E	764	WILLIAMSPORT MOVING CO INC
PARCINSKI, LISA	401	ST JOHNSBURY TRUCKING CO INC
POLUSKI, JAMES H	776	HESS TRUCKING COMPANY
PONATOSKI, DONALD J	776	ARKANSAS BEST FREIGHT SYS INC
RONEY, JOHN R	776	ARKANSAS BEST FREIGHT SYS INC
SOLT, JEFFREY P	773	EASTERN INDUSTRIES INC DIV OF
SPOONER, ROBERT H	773	MACINTOSH LINEN & UNIFORM
STOUDT, DALE R	429	ASSOCIATED WHOLESALERS INC
SWIRBLE, MICHAEL A	773	EXIDE
TREXLER, LYNN T	429	CLOVER FARMS DAIRY
WEAKLAND, JOHN	776	YRC FREIGHT
WEAVER, ORVILLE W	401	USF RED STAR
ZATORSKI, CYNTHIA	429	UTILITY LINE SERVICES INC
ZIEGLER, BRUCE R	773	EASTERN INDUSTRIES INC
ZOOK, KEVIN H	771	YRC FREIGHT

April 2019		
ADDLEMAN, KATHY L	764	UNITED PARCEL SERVICE INC
ARMENT, KENNETH	771	YRC FREIGHT
BAMFORD, BRIAN M	776	YRC FREIGHT
BANKS, ALBERT H	776	USF HOLLAND INC
BARNES, DEE WAYNE	776	NELSONS EXPRESS INC

Name	Local	Employer
BEIERSCHMITT, FRANK J	429	ASSOCIATED WHOLESALERS INC
BENYO, MARK D	401	HAZLE TOWNSHIP SUPERVISORS
BERARDINUCCI, ROCCO J	773	ASHLAND CHEMICAL COMPANY
BIEBER, STEPHEN B	429	J C EHRlich CO INC
BOBENICH, JOHN	429	CARL R BIEBER INC
BONAR, DUANE	401	COON INDUSTRIES INC.
BOWER, RICHARD LEE	776	CARNATION CO/NESTLE USA INC.
BOWERS, JAMES F	776	CONSOLIDATED FREIGHTWAYS
BRANDT, DEANN E	429	CENTRAL PENNSYLVANIA TEAMSTERS
BRENNAN, PAUL	401	UNITED PARCEL SERVICE INC
BUCHKO, STEPHEN M	776	CONSOLIDATED FREIGHTWAYS
BUPP, BARRY L	776	ARKANSAS BEST FREIGHT SYS INC
BURKE, TIMOTHY M	229	SCRANTON SEWER AUTHORITY
CANCELLERI, CHARLES A	229	SCRANTON SEWER AUTHORITY
CHESTNUT, RANDY	776	YRC FREIGHT
CIAVARELLA, JOANN G	776	UNITED PARCEL SERVICE INC
DALBERTO, ANTHONY L	401	WISE FOODS
DAVIS JR, EDWARD JOHN	229	TOPPS CHEWING GUM INC
DEHAUT, RAYMOND	771	JOHN S EWELL INC
DEIHL, JOSEPH K	429	ARAMARK UNIFORM & CAREER APPAR
DEPAULI, LOUIS M	429	AIRCO GASES DIV OF BOC GRP INC
FIRTH JR, PHILIP W	776	CONSOLIDATED FREIGHTWAYS
FISHER, THOMAS LEE	776	ROADWAY EXPRESS INC
FOOTE SR, DAVID P	401	ROADWAY EXPRESS INC
FORSYTHE JR, JOHN W	401	WISE FOODS
GILL, DAVID MICHAEL	771	YRC FREIGHT
GREEN SR, JOHN D	773	USF RED STAR
GRUGAN, KIRK L	771	HERMAN R EWELL INC
HARTMAN, THOMAS	429	UNITED PARCEL SERVICE INC
HAYES, RANDOLPH B	429	GENERAL COMMODITIES WAREHOUSE
KABONICK, DANIEL F	776	YORK COUNTY TRANSP AUTHORITY
LONGO, JOSEPH	776	UNITED PARCEL SERVICE INC
MACKE, DAVID J	776	ROADWAY EXPRESS INC
MCCUNE, BRIAN	776	YRC FREIGHT
MIKOWICH, SHARON	229	SUPER MARKET SERVICE CORP
MILLER, ROLAND J	776	NATIONS WAY TRANSPORT SERVICES
MORGAN, BARBARA R	229	HARPER COLLINS PUBLISHERS INC
MOYER, SCOTT	776	ARKANSAS BEST FREIGHT SYS INC
NOLL, GARY D	429	CENTRAL PENNSYLVANIA TEAMSTERS
OSBORNE, WILLIAM	229	SCRANTON SEWER AUTHORITY
OVERHOLT, WILLIAM W	773	FRANK CASILIO & SONS INC
RHINEHART, ROBERT N	776	PRESTON TRUCKING CO INC
RHONE, GEORGE G	771	MILLER & HARTMAN INC
RICE, FRANCIS	429	PLYMOUTH ROCK TRANSPRTATN CORP
RODGERS, JOSEPH P	229	ROADWAY EXPRESS INC
SAUERS, DANNY D	764	SCHNEIDER-VALLEY FARMS INC
SCHEPPER, HEINZ	771	YRC FREIGHT
SHURR, DONALD BARRY	429	BERKS PACKING COMPANY INC
SIBERT, DAN	776	ANDERSON LOGISTICS
SMITH, JOSEPH	776	YRC FREIGHT
SMITH, WILLIAM M	229	SCRANTON SEWER AUTHORITY
TENETYLO, JAMES	776	YRC FREIGHT
TURNER, MICHAEL A	764	SCHNEIDER-VALLEY FARMS INC
VEACH III, SIMON LEWIS	771	PENNCAST CORPORATION
VRESK, JAMES G	773	COCA-COLA BTLNG CO LEHIGH VLLY
WHREN, DEAN	401	HAZLE TOWNSHIP SUPERVISORS
WILSON, RONALD E	429	APEX EQUIPMENT COMPANY

May 2019

ALBERTINI, RICHARD J	776	ARKANSAS BEST FREIGHT SYS INC
ARMSTRONG, DENISE C	229	C&S WHOLESALE GROCERS
BOSSLER, GARY	429	ASSOCIATED WHOLESALERS INC
BUCK, JEFFREY S	773	OGDEN FACILITY SERVICES
CAMPANICKI, JOHN B	429	WINDSOR SERVICE TRUCKING
CARTER, ROWAN	429	MAIERS BAKERY
CHRISTINI, JOSEPH S	776	NEW PENN MOTOR EXPRESS INC
CUNNINGHAM, GLEN A	229	AFFILIATED FOOD DISTR INC
DAY, DWAYNE R	764	UNITED PARCEL SERVICE INC
DONALDSON, KYLE	773	OGDEN FACILITY SERVICES
GRIM, JAMES R	776	BROCKER MANUFACTURING INC
HATESAUL, CHRIS	771	YRC FREIGHT
HOLLAND, MARTIN L	429	YEAGER SUPPLY INC
HUNTER, BRIAN	999	CASSENS TRANSPORT
JABLONSKI, WILLIAM A	229	SCRANTON SEWER AUTHORITY
JURELL, KENNETH L	776	HESS TRUCKING COMPANY
KARZENOSKI, STEPHEN	229	SCRANTON SEWER AUTHORITY
KELLY SR, DAVID J	229	JOS NOTARIANNI & CO
LUDY JR, JAMES W	776	UPS CARTAGE SERVICES INC
MARKO, FRANK	776	UNITED PARCEL SERVICE INC
MAURICE, JOHN W	776	CARNATION CO/NESTLE USA INC.
MEYERS, BRUCE L	429	ASSOCIATED WHOLESALERS INC
MILLER II, LEON C	429	ASSOCIATED WHOLESALERS INC

Name	Local	Employer
MITCHELL, VALDA	776	YORK COUNTY TRANSP AUTHORITY
PADILLA, DANIEL	773	ABM INDUSTRIES
PATERNOSTRO, TIMOTHY	764	YRC FREIGHT
PRICE, KEVIN D	429	BIMBO BAKERIES USA
REIDINGER, KAREN S	429	POWER PACKAGING
REMLINGER, CHRIS A	429	CLOVER FARMS DAIRY
ROCCO, JOHN A	776	UNITED PARCEL SERVICE INC
ROSETTI, WILLIAM L	229	UNITED PARCEL SERVICE INC
RUTH, JOHN	771	YRC FREIGHT
RUTTER, RICHARD E	776	YRC FREIGHT
SASLO JR, ELMER P	229	HARPER COLLINS PUBLISHERS INC
SHARTLE, DEBRA J	429	ASSOCIATED WHOLESALERS INC
SHAUP, ROBERT W	429	ALLIED SIGNAL TRANS INC
SPEICHER, THELMA C	429	POWER PACKAGING INC
SPENCE, DONNA M	429	HRM/FRITZ MOVING COMPANY INC
STACEY, JOHN M	229	TOPPS CHEWING GUM INC
STEIDLER, HAROLD R	776	NORTH ATLANTIC TRANSPORT
STERN, IRENE M	429	COTT BEVERAGES WYOMISSING INC
STUMP, CINDY K	429	BERKS PACKING COMPANY INC
VAITKUS, THERESA	229	TOPPS CHEWING GUM INC
WENRICH, KERRY E	429	SUPERVALU INC
WESOLOSKI, JOSEPH A	229	WILLIAM ROSENSTEIN & SONS
WITTICH, SCOTT A	429	SCHROCK CABINET COMPANY
WOROZILCAK, DWAYNE E	229	NEW PENN MOTOR EXPRESS INC
YERGER, RICKY D	429	SUPERVALU INC
ZUCATTI, JOSEPH	776	YRC FREIGHT

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ARMILLAY, JAMES J	229	HARPER COLLINS PUBLISHERS INC
BAUMGARTNER, JON	764	CENTRE CONCRETE COMPANY
BENNETT JR, DONALD L	773	BERKS PRODUCTS CORPORATION
BERGER, KRISTIAN P	229	ROADWAY EXPRESS INC
BLAIR, JOHN E	776	RANGER TRANSPORTATION INC
BOYER, ROBERT A	429	LEHIGH VALLEY DAIRIES DIV OF
BURNS, FREDERICK	776	NU-CAR CARRIERS INC
COYLE, EDWARD J	771	HERMAN R EWELL INC
DAVIS, JOANN	229	DIMARE FRESH INC
EISENHOWER, ROBERT C	429	DAIRY FARMERS OF AMERICA INC
FAIRCLOTH, RITA D	776	ST JOHNSBURY TRUCKING CO INC
FELLA, JAMES	773	UNITED PARCEL SERVICE INC
FOLEY, BETH	229	UNITED PARCEL SERVICE INC
GRAYBILL, STEPHEN T	776	HESS TRUCKING COMPANY
GREGORSKI, JOHN W	229	AFFILIATED FOOD DISTR INC
GROMPONE, VINCENT P	401	ACME MARKETS INC
HADDAD, JOSEPH	773	UNITED PARCEL SERVICE INC
HADUCK, DANIEL	773	UNITED PARCEL SERVICE INC
HERRING, DAVID	401	UNITED PARCEL SERVICE INC
HIGH, LEROY D	771	MILLER & HARTMAN INC
HVOZDOVIC JR, JOSEPH	401	UNITED PARCEL SERVICE INC
KAPINUS JR, MICHAEL	229	UNITED PARCEL SERVICE INC
KEEBAUGH, EDGAR R	776	ROADWAY EXPRESS INC
KENDIG, MICHAEL D	771	HAUCK & SONS INC
KERSAVAL, GEORGINA A	229	SUPER MARKET SERVICE CORP
KRATZER, DONALD N	776	TRANSCON LINES
KRICK, CARL R	429	BERKS PACKING COMPANY INC
KRILL, KENNETH C	429	CLOVER FARMS DAIRY
KRISTIE, LARRY J	229	ROADWAY EXPRESS INC
LAPP, KENNETH R	771	MILLER & HARTMAN INC
MAZUR, JOHN M	773	UNITED PARCEL SERVICE INC
MCEWEN, JAMES T	776	HESS TRUCKING COMPANY
MCFATE, JEFFRY R	776	CONSOLIDATED FREIGHTWAYS
MILLER, ROBERT A	429	YEAGER SUPPLY INC
NARO, JOSEPH J	229	SUPER MARKET SERVICE CORP
NEFF, NICHOLAS A	773	EASTERN INDUSTRIES INC
ORPHANOS, DONALD P	429	SUPERVALU INC
PIETROLAJ JR, LEONARD J	229	PEPSI COLA BOTTLING
ROSS, CHRISTINE	764	KEPLER BROTHERS
RUTKOWSKI, KEVIN L	429	BERKS PRODUCTS CORP
SCHILDT, KENNETH D	429	CLOVER FARMS DAIRY
SHERMAN, DAVID	776	UNITED PARCEL SERVICE INC
SITMAN, CHRISTOPHER A	776	ROADWAY EXPRESS INC
STEWART, TERRY L	773	COCA-COLA BTLNG CO LEHIGH VLLY
STROHL, PATRICE S	773	PEOPLE FIRST
VASQUEZ, ANGEL L	773	ABM INDUSTRIES
WEST, TODD J	429	BRENNTAG NORTHEAST LLC
WILSON, MARK D	771	MILLER & HARTMAN INC
WOOD, HAROLD A	776	BROCKER REBAR CO INC
WOROZILCAK, DWAYNE E	229	NEW PENN MOTOR EXPRESS INC
YODER, HARRY	776	YRC FREIGHT

CREDITABLE COVERAGE NOTIFICATION

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

Important Notice from

THE CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND

About Your Prescription Drug Coverage and Medicare

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

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

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

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

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

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

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

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

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

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

The Fund offers the following prescription benefits:

PLAN 13 PRESCRIPTION COVERAGE:

MAIL ORDER COPAYMENTS

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

RETAIL PHARMACY COPAYMENTS

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

PLAN 13Y PRESCRIPTION COVERAGE:**MAIL ORDER COPAYMENTS**

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

RETAIL PHARMACY COPAYMENTS

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

PLAN 14, 14P AND PLAN 16 PRESCRIPTION COVERAGE:**MAIL ORDER COPAYMENTS**

Generic for up to a 90 day supply
 Brand Preferred for up to a 90 day supply
 Brand Non-Preferred for up to a 90 day supply
 Specialty

Option A

\$ 15.00
 \$ 30.00
 \$ 60.00
 \$300.00

Option B

\$ 30.00
 \$ 40.00
 \$ 80.00
 \$300.00

Option C

\$ 30.00
 \$ 60.00
 \$100.00
 \$300.00

RETAIL PHARMACY COPAYMENTS

Generic for up to a 34 day supply
 Brand Preferred for up to a 34 day supply
 Brand Non-Preferred for up to a 34 day supply
 Specialty

Option A

\$ 5.00
 \$ 15.00
 \$ 30.00
 \$150.00

Option B

\$ 10.00
 \$ 20.00
 \$ 40.00
 \$150.00

Option C

\$ 10.00
 \$ 30.00
 \$ 50.00
 \$150.00

This Fund also offers medical benefits:

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

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

Plans 14, 14P and 16 provide the following core benefits: physician office visits, hospital benefits, inpatient benefits, physical therapy benefits, surgical benefits, outpatient diagnostic benefits, mental illness/substance abuse 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, 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).

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 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, 2019
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

Your Preventive Care

Take an easy step towards good health

Your number one way to help yourself and your family stay healthy is with preventive care. When combined with healthy eating and exercise, vaccines and early detection are your key to a long and healthy life.

How often should you get screened?

A lot of factors can come into play when figuring out how often you should be getting certain preventive exams. Age, health status and family history are some of the things to consider when scheduling exams. It's important to talk to your doctor about your screening schedule.

Centers for Disease Control and Prevention (CDC) adult preventive care guidelines

- **Blood pressure.** It's important to get tested for high blood pressure annually, or as needed beginning at age 18. High blood pressure is greater than 140/90.
- **Cholesterol.** It's recommended that men aged 35 and older get checked for high cholesterol levels every five years. Men and women at high risk who are 20 and older should also be screened. Increased cholesterol levels can lead to a higher risk factor for coronary heart disease.
- **Colorectal cancer screening.** Beginning at the age of 50, you should get screened to check for early signs of colon cancer. The CDC recommends getting a sigmoidoscopy every five years (or as needed) or a colonoscopy every ten years (or as needed).



- **Diabetes.** If you're at low risk for diabetes, you should take a blood sugar (glucose) exam every three years. If you're at high risk, then it should be taken annually. If you have symptoms of diabetes, it's important to see a doctor right away.

Additional preventive care

- **Oral health.** You should brush your teeth twice a day and try to replace your tooth brush every three or four months. It's also important to visit your dentist regularly for cleanings and check-ups.
- **Eye health.** Get an eye exam every one to two years, or as recommended. Already wear glasses or contacts? No worries, this just means more frequent check-ups. Regular eye exams are important to your health. This is especially true if you have diabetes, as you're at greater risk for eye complications.

Adults need vaccines, too

Just because you're an adult, doesn't mean you don't need vaccines to stay healthy. An annual flu shot can prevent influenza. Beginning at age 19, and every ten years after, you should get the Tetanus-Diphtheria-Pertussis vaccine. At age 60, get a single dose of the shingles vaccine. Check with your doctor about other recommended vaccines.

For more information about preventive care, you can visit the website for the United States Department of Health and Human Services at: <http://healthfinder.gov/myhealthfinder>.

Fund Announces Partnership with Alliance Community Health Center

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



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

- ▶ You and your eligible dependents with Central Pennsylvania Teamsters Health & Welfare as your primary insurance can receive primary care at the Local 429 building with a \$0 co-pay.
- ▶ Also, \$0 co-pays for covered name brand drugs prescribed through Alliance Health Group and filled through Pharmaceutical Prescription Services (PPS). This program does not include generics. Currently only mail order.
- ▶ A dedicated phone number just for Fund participants (551)256-8418 is provided in order to streamline the appointment process.
- ▶ Walk-in services are available on a first-come, first-serve basis.
- ▶ Coordinated care is available.

Alliance Community Health Center is conveniently located at the Local 429 building at 1055 Spring Street, Wyomissing PA 19610. Hours of operation are currently Monday's and Wednesday's from 9am to 3pm.

For more information, please contact Alliance Community Health Center at (551)256-8418 or visit their website, <http://www.alliancecommunityhealth.org/>.

JUNE 2019 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 period ending June 30 2019. 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 – June 30 2019 11.9% YTD

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."



Four tips for healthy vision

As people age, many take steps to improve their overall health by exercising or eating healthier foods, but eye health is often overlooked. Eye care professionals and ophthalmologists recommend the following tips to keep your vision healthy.



Get an annual eye exam

Your ophthalmologist will check for common age-related eye conditions such as glaucoma and macular degeneration, and an eye exam may detect signs of other serious health conditions.



Don't smoke

Smoking increases your chances of developing eye diseases such as age-related macular degeneration and cataracts. It can also affect the risks of cardiovascular disease which indirectly can affect your overall eye health.



Look at your family history

Eye disorders are sometimes passed on genetically so be sure to clarify with your doctor on any known family history regarding eye disease.



Eat healthy

Certain foods have been shown to be healthy for your eyes by providing them the vitamins and minerals needed for both general and eye health. Some of these foods include salmon, tuna, vegetable oils, citrus fruits and kale.

Want more tips on maintaining healthy vision?

Visit library.davisvision.com for articles covering all things eye health and wellness.

Open Enrollment

If you are eligible to enroll in Central Pennsylvania Teamsters Health and Welfare Fund and did not do so, you may enroll yourself and/or your eligible dependents during the Open Enrollment period, November 1, 2019 to December 31, 2019.

Please remember that, if you enroll yourself, you must also enroll all of your eligible dependents.

Enrollment forms and plan descriptions are available by calling the Central Pennsylvania Teamsters Health and Welfare Fund at 610-320-5500.

Congratulations

We would like to congratulate the following winner's for our Healthcare Bluebook Price is right game that was running June 1, 2019 to August 31, 2019.

- Justin Everhart
- Brock Gerhart
- Steffan Gomez
- Terry Hohl
- Jonathan Horner
- Tommy James
- April Maisonet
- Gregory Morris
- Jeanette Rentschler
- Mark Wilson

Medicare

If you and your spouse are on Medicare you are required to provide the following information on your COB Form.

- Part A Effective Date
- Part B Effective Date
- MBI Number is 11 characters consisting of alpha and numeric on ID Card

2020 SBC's are now listed on
www.centralpateamsters.com

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

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Central Pennsylvania Teamsters Health and Welfare Fund**

Trustees:

William M. Shappell
Chairman & Union Trustee
Tom J. Ventura
Secretary & Employer Trustee
Kevin Bolig
Union Trustee
Brian A. Swaim
Employer Trustee
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Kenneth A. Ross
Employer Trustee
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Employer Trustee
Charles Shafer
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Union Trustee
Joseph J. Samolewicz
Administrator
Martin L. Cullen
Assistant Administrator

Professional Advisors:

Beyer-Barber
*Health & Welfare Fund Actuary
& Consultant*
CBIZ Retirement Plan Services
Pension Fund Actuary & Consultant
Morgan Lewis
Legal Co-Counsel
Novak Francella, LLC
Certified Public Accountants
Mercer
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
Causeway Capital Management, LLC
Northern Trust Investments, Inc.
SEI Investments

Walter Scott & Partners, Ltd.
William Blair & Company, LLC

**Investment Managers for the
Central Pennsylvania
Teamsters Pension Fund**

AJO, LP
Ashmore Group, LLC
Causeway Capital Management, LLC
Loomis, Sayles & Company
LSV Asset Management
Northern Trust Investments, Inc.
PGIM Real Estate
Principal Financial Group
Segall Bryant & Hamill
Tortoise Capital Advisors, LLC
Walter Scott & Partners, Ltd.
Westfield Capital Management
Company, LLC
William Blair & Company, LLC

Visit Our Website at: www.CentralPATeamsters.com

**IMPORTANT INFORMATION
FROM THE FUND OFFICE**

Fund Office Contact Information

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

Telephone Numbers:

Health & Welfare

(610) 320-5500

Toll free in PA 1-800-422-8330

Nationwide 1-800-331-0420

Pension

(610) 320-5505

Toll free in PA 1-800-343-0136

Nationwide 1-800-331-0420

REMINDER

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

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