

# GUARDIAN



Reading, Pennsylvania

HEALTH AND WELFARE/PENSION GUARDIAN NEWSLETTER



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

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## \*IMPORTANT NOTICE\*

PLEASE BE SURE TO REVIEW THE UPDATED PREFERRED BRAND NAME DRUGS LIST FOUND ON PAGES 10-11 WHICH IS EFFECTIVE OCTOBER 1, 2020.

PLEASE CONTINUE TO CHECK [WWW.CENTRALPATEAMSTERS.COM](http://WWW.CENTRALPATEAMSTERS.COM) FOR IMPORTANT INFORMATION UPDATES ON OFFICE HOURS AND OTHER IMPORTANT ANNOUNCEMENTS DURING THIS TIME.

## Central PA Teamsters Defined Benefit Pension Plan Certified Again in "Green Zone" for 2019

**U**nder 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 2018 because the Plan's PPA funded percentage was 84.61%. For 2019, 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 was 83.67%.

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 22, 2020. A copy of the Annual Funding Notice is available on the Fund website under Pension Fund-Reports and Notices.

## THE FUND OFFICE WILL BE CLOSED UNTIL FURTHER NOTICE TO MEMBERS.

In response to the ongoing COVID-19 situation and out of concern for the health and wellness of our members and Fund employees, all member service interactions are currently being supported remotely by Phone or email. Mail can be left in the front door mail receptacle. You may contact the Fund office by phone between 8:00 a.m. to 3:00 p.m., Monday through Friday by calling 610-320-5500 and selecting the department that you are trying to reach when prompted.

- For the Health & Welfare department, Press 1
- For the Pension department, Press 2
- For the Cash Receipts department, Press 3
- For the Precertification department, Press 4
- For Prescriptions, Press 5
- For Coordination of Benefits, Press 6

You can also reach us by email through our contact section located on our website.



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1



Create account

Use your phone, the app, or our website to create an account and quickly complete your medical history.

2



Request a visit

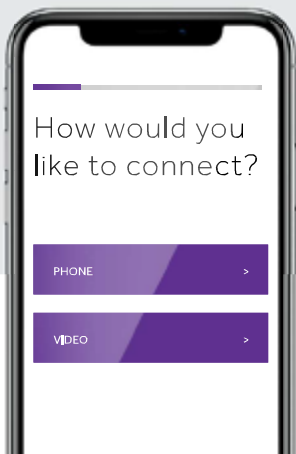
Use your device to request a visit and a Teladoc doctor will contact you at the requested time.

3



Feel better

Your doctor will diagnose your symptoms and even prescribe medicine, if needed.



Visit **[www.centralpateamsters.com](http://www.centralpateamsters.com)** for more information.

**Download the app and talk to a doctor anytime!**

[MyDrConsult.com](http://MyDrConsult.com) 1-800-DOC-CONSULT (362-2667)



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# Dr. Fauci Urges Americans to Get the Flu Vaccine This Fall

## Two Infections Circulating

Early in the pandemic, health experts hoped that COVID-19 would settle down during the summer months, as heat tends to quell the infectious nature of many viruses, including the flu. However, it has become clear with the recent surge of record-breaking coronavirus infections, hospitalizations, and deaths across the country—especially in southern states—that this isn't the case. Looking to the future, experts are focusing their efforts on figuring out how the COVID-19 is going to interact with another highly infectious and potentially deadly virus: the flu. In a new interview with *MarketWatch*, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, tackles the question of what is going to happen when the coronavirus pandemic meets flu season.

“How concerned are you that the U.S. will face a flu season and a rise in coronavirus cases in the winter or fall?” the publication asked one of the key members of the Coronavirus Task Force.

“If, in fact, and I hope it isn't the case, we have significant COVID-19 activity as we go into the fall and winter season, that will be problematic and complicate things because that's two respiratory infections circulating together,” Fauci admitted.

Because of the potential double infection, Fauci encourages everyone to do one thing this fall. This, “is one of the reasons why we're telling people that, when the flu vaccine becomes available, make sure you get vaccinated so that you could at least blunt the effect of one of those two potential respiratory infections,” he stated.

The CDC is also in-line with Fauci's suggestion. “While it's not possible to say with certainty what will happen in the fall and winter, CDC believes it's likely that flu viruses and the virus that causes COVID-19 will both be spreading. In this context, getting a flu vaccine will be more important than ever. CDC recommends that all people 6 months and older get a yearly flu vaccine,” they write.

And, yes, you can be infected with both viruses simultaneously. “It is possible have flu (as well as other respiratory illnesses) and COVID-19 at the same time. Experts are still studying how common this can be,” they add.

As to when you should get the flu shot, the CDC maintains that “September and October are good times to get vaccinated.” “Getting vaccinated in July or August is too early, especially for older people, because of the likelihood of reduced protection against flu infection later in the flu season,” they explain. As for yourself, get that flu shot when it's available, and to get through this pandemic at your healthiest.

**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، اناجم، ءيوعغللا ءدعاسملا تامءء، ءيبرعلا ءغللا ءءءءء ءنك اذا: ءيبنء

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.

# 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 month 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 are now added to the Step 1 Rheumatoid Arthritis step therapy:** high dose ibuprofen and naproxen (requiring a prescription), celecoxib, nabumetone, piroxicam, diclofenac, diflunisal, indomethacin, ketoprofen, etodolac, prednisone, cyclophosphamide, cyclosporine, azathioprine, methotrexate, and xeljanz.

## 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
<b>ALZHEIMER'S DISEASE</b>	DONEPEZIL GALANTAMINE RIVASTIGMINE & ALL OTHER GENERICS	ARICEPT EXELON NAMENDA RAZADYNE
<b>ANGIOTENSIN RECEPTOR BLOCKERS (ANTIHYPERTENSIVES)</b>	CANDESARTAN EPROSARTAN IRBESARTAN LOSARTAN TELMISARTAN VALSARTAN & ALL OTHER GENERICS	ATACAND AVAPRO BENICAR BYVALSON COZAAR DIOVAN EDARBI MICARDIS
<b>ANTI-DEPRESSANTS</b>	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
<b>ANTI-GLAUCOMA EYE PREPARATIONS</b>	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
<b>ANTIPSYCHOTICS</b>	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

<b>BETA-ADRENERGIC BLOCKERS</b> (ANTIHYPERTENSIVES)	ACEBUTOLOL ATENOLOL BETAXOLOL BISOPROLOL NADOLOL PINDOLOL PROPRANOLONOL SOTALOL TIMOLOL & ALL OTHER GENERICS	BYSTOLIC
<b>CALCIUM CHANNEL BLOCKERS</b> (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 VERELAN
<b>CONTRACEPTIVES</b>	All Generic Contraceptives	All Brand Contraceptives
<b>DIABETES</b>	ACARBOSE GLIMEPIRIDE GLIPIZIDE GLYBURIDE JANUMET JANUVIA METFORMIN PIOGLITAZONE REPAGLINIDE & ALL OTHER GENERICS	INVOKANA JARDIANCE JENTADUETO KAZANO QTERN SEGLUROMET STEGLATRO STEGLUJAN TRADJENTA
<b>NARCOTIC ANALGESICS</b>  <b>NOTE:</b> 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
<b>OSTEOPOROSIS</b>	ALENDRONATE CALCITONIN-SALMON IBANDRONATE RALOXIFENE RISEDRONATE & ALL OTHER GENERICS	ACTONEL ATELVIA BINOSTO BONIVA EVENITY EVISTA FOSAMAX MIACALCIN PROLIA





## Step Therapy

*Continued*

<b>RHEUMATOID ARTHRITIS</b>	HIGH DOSE IBUPROFEN AND NAPROXEN (PRESCRIPTION STRENGTH) CELECOXIB NABUMETONE PIROXICAM 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
<b>URINARY AGENTS</b>	TOVIAZ 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.

<b>ADD &amp; ADHD</b>	AMPHETAMINE SALTS D-AMPHETAMINE ER DEXMETHYLPHENIDATE DEXTROAMPHETAMINE METHAMPHETAMINE METHYLPHENIDATE & ALL OTHER GENERICS	ADDERALL ADHANSIA XR ADZENYS CONCERTA COTEMPLA XR DAYTRANA DESOXYN DEXEDRINE EVEKEO FOCALIN JORNAY METADATE METHYLIN PROCENTRA QUILLIVANT RELEXXII RITALIN VYVANSE ZENZEDI
<b>ANTI-MIGRAINE</b>	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 RELPAX REYVOW SUMAVEL

		TOSYMRA TREXIMET UBELVY ZEMBRACE SYMTOUCH ZOMIG
<b>ANTI-CONVULSANTS</b>	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 NAYZILAM NEURONTIN ONFI OXTELLAR PEGANONE PHENYTEK QUDEXY SYMPAZAN TEGRETOL TOPAMAX TRILEPTAL TROKENDI VALTOCO VIMPAT ZARONTIN ZONEGRAN
<b>PROTON PUMP INHIBITORS</b>	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
<b>ULCERATIVE COLITIS</b>	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

Effective 4/1/2020  
rev. 3/3/2020

# PREFERRED BRAND NAME DRUG LIST

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

**EFFECTIVE DATE: October 1, 2020**

**VERY IMPORTANT**

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

## ANALGESICS

### *Anti-Migraine*

Aimovi  
Emgality

### *Misc*

Depen  
Ridaura Caps

## ANTI-ADDICTIVE AGENTS

Suboxone  
Zubsolv

## ANTI-INFECTIVES

### *Hepatitis Agents*

Epclusa  
Harvoni  
Mavyret  
Sovaldi  
Vosevi

### *Miscellaneous Anti-infectives*

Emverm

## ANTINEOPLASTIC

Trexall

## CARDIOVASCULAR

### *Angiotensin Receptor Blockers & Combinations*

Entresto

### *Anti-adrenergic Agents*

Bystolic

### *Anti-Arrhythmics*

Lanoxin Tabs  
Norpace CR 100mg,  
150mg Caps

### *Anti-hyperlipidemics*

Livalo  
Praluent  
Repatha

### *Beta Blockers & Combinations*

Bystolic

## *Diuretics*

Carospir 25mg/5ml sus

## *Nitrates*

Nitro-Bid 2% ointment

## CNS AGENTS

### *Attention Deficit Disorder Treatment*

Vyvanse

### *Multiple Sclerosis Agents*

Aubagio  
Avonex  
Gilenya  
Plegridy Pen & Syr  
Tecfidera

### *Miscellaneous CNS agents*

Nuedexta Caps

## DERMATOLOGICALS

### *Anti-bacterial Agents*

Mirvaso

### *Hemorrhoidal Preparations:*

Proctofoam HC

### *Psoriasis & Eczema Agents:*

Eucrisa 2% ointment

## EARS, NOSE & THROAT

### *Nasal Products, Antihistamines*

Dymista

### *Otics*

Ciprodex OTIC

## ENDOCRINE

### *Androgens/Estrogens*

Androderm Patch

### *Corticosteroids*

Medrol 2mg Tablet  
Millipred Tabs 5mg

### *Gout*

Colcrys

### *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/Solostar  
Levemir/Flextouch  
Novolin  
Novolog  
Relion Novolin  
Soliqua  
Toujeo Solostar  
Toujeo Max Solostar  
Tresiba Vial, Flextouch

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

Glyxambi  
Invokamet  
Invokamet  
Invokamet XR  
Invokana  
Jardiance  
Synjardy  
Synjardy XR

### *Thiazolidinediones*

Avandia

### *Miscellaneous*

Glucagen Kit  
Glucagon Kit  
Synarel Nasal Spray

# PREFERRED BRAND NAME DRUG LIST

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

**EFFECTIVE DATE: October 1, 2020**

**VERY IMPORTANT**

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

## GASTROINTESTINAL AGENTS

### *Anti-ulcer*

Pylera

### *Digestants*

Creon

Zenpep DR

### *Gastric Acid Secretion Reducers*

Dexilant

### *Miscellaneous Products,*

### *Gastrointestinal*

Apriso

Linzess

Movantik

Symproic Tab

Viberzi 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

Skyrizi

Stelara

Trexall

## OB/GYN

### *Estrogenics*

Climara Pro Patch

Divigel Packets

Duavee

Estring

Menest 0.3 mg

Premarin

Premarin vaginal cream

Premphase

Prempro

### *Topical Anti-Infectives*

Cleocin Vaginal Ovules

### *Miscellaneous*

Orilissa Tab

## OPHTHALMIC AGENTS

### *Anti-histamines*

Pazeo

### *Anti-infectives*

Moxeza

### *Glaucoma Agents:*

Alphagan P 0.1%, 0.15%

Azopt

Combigan

Lumigan

Rhopressa

Rocklatan

Simbrinza

Travatan Z

Xelpros

### *Miscellaneous*

Prolensa

Restasis

Xidra

## 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

## UROLOGICAL AGENTS

### *Anesthetics*

Elmiron

### *Antispasmodics*

Myrbetriq

\* Please note, certain drugs contained in this list are subject to Step Therapy. Please refer to the Step Therapy List of drugs on page 6-9 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. All new Retirees are required to have their checks directly deposited.

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.



The Pension Annual Funding Notice was mailed in April 2020. A copy of the Annual Funding Notice is available on the Fund website under Pension Fund-Reports and Notices.

Now more than ever is the time to consider moving to direct deposit instead of receiving your check in the mail. You can find a direct deposit form under the Pension forms section on the website.



## 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 Active Plan Document 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](http://www.CentralPATeamsters.com)



Please remember to check your mail for letters the Fund may have sent requesting additional information that is needed to process your claims.

**If you have Vision Benefits through Central PA Teamsters H&W all members and dependents over the age of 19 will be entitled to 1 pair of eyeglasses and a dispense of contacts, or 2 pairs of eyeglasses (in or out-of-network) within the 24 month period. All Materials must be ordered at the same time..**



# Retirees Approved for Pensions March 2020 through July 2020

Name	Local	Employer
<b>March 2020</b>		
ALLEN, JACQUELINE	764	B & D TRANSFER
AMMANN, RICHARD A	429	ASSOCIATED WHOLESALERS INC
BOWERS, BRYAN D	429	ASSOCIATED WHOLESALERS INC
BOWMAN, MARK E	776	NEW PENN MOTOR EXPRESS INC
COWOSKI, CHRISTOPHER J	776	ROADWAY EXPRESS INC
CRAMER, PETER B	776	YORK DRILLING CO INC
DAWSON, KEITH L	429	POWER PACKAGING INC
DEFRAIN, WALTER F	773	EASTERN INDUSTRIES INC
DOTTERER, DEAN	429	RYDER TRANSPORTATION SERV INC
DUSSINGER JR, WAYNE A	771	MILLER & HARTMAN INC
FORSYTHE, JEFFREY L	776	YRC FREIGHT
FYE, CAMERON L	764	ARROW CONCRETE
GALLAGHER, KAREN	229	HARPER COLLINS PUBLISHERS INC
GAMBY, RONALD A	776	UNITED PARCEL SERVICE INC
GLAGOLA, CHARLES J	776	HESS TRUCKING COMPANY
GREEN, JAMES W	773	BEAN INC
GUERCIO, SANTO	229	ROADWAY EXPRESS INC
HANDLEY JR, DAVID	776	UNITED PARCEL SERVICE INC
HEBE, FRANK L	764	B & D TRANSFER
HEFFNER, RICHARD K	429	UNITED PARCEL SERVICE INC
HELLER JR, WILLIAM E	570	MAIERS BAKERY
HENZE, DARREN L	776	UNITED PARCEL SERVICE INC
HERSTER, STANLEY E	773	MAIERS BAKERY
HOGUE, EDWARD	771	MILLER & HARTMAN INC
IRVIN JR, JOSEPH M	776	W & L SALES COMPANY INC
JONES, SCOTT A	773	EASTERN INDUSTRIES INC
KATSOCK, JOSEPH G	401	CITY CHEVROLET COMPANY
KLIMASIEWFSKI, NORMAN	401	KEYSTONE COCA-COLA BOTTLING CO
KLINGER, KENNETH	429	SINGER EQUIPMENT CO INC
KRICK SR, STEVEN L	771	HERMAN R EWELL INC
KRINER, TODD G	773	T B A SUPPLY CO
LESAGONICZ, DAVID	429	LENTZ MILLING CO LLC
MALDONADO, ARISTEA	429	CENTRAL PENNSYLVANIA TEAMSTERS
MARTINEZ, MAYRA I	773	ABM INDUSTRIES
MAXWELL, JACKY M	773	PRESTON TRUCKING CO INC
MCPHERSON, DONNY	764	UNITED PARCEL SERVICE INC
METCALF, BARRY	776	YRC FREIGHT
NAYLOR, DAVID E	776	YRC FREIGHT
NIEVESNA, CRUZ MARIA	229	ROADWAY EXPRESS INC
PALMERTREE, ROBERT L	429	CARL R BIEBER INC
RUDOLPH, RUSSELL	771	YRC FREIGHT
SAKOSKY, RICHARD A	401	FALCONE BEVERAGE
SALM, JOSEPH R	429	POLLOCK-READING INC
SATTER JR, LEON F	429	SUPERVALU INC
SCHUCKER, LARRY G	429	CLOVER FARMS DAIRY
SEIDENSTRICKER, RICHARD	776	ROADWAY EXPRESS INC
SERSCH, MARK ANTHONY	776	ST JOHNSBURY TRUCKING CO INC
SMITH, GLORIA W	776	ARKANSAS BEST FREIGHT SYS INC
STRONG, EDWARD	776	YRC FREIGHT
TATE, MICHAEL P	773	YELLOW FREIGHT SYSTEM INC
TISEO, BRIAN J	229	ROADWAY EXPRESS INC
WALTMYER, KENNETH L	776	FLEMING COMPANIES INC
WICKIZER, RANDALL	429	GROCERY HAULERS INC
ZELLER, CRYSTAL	429	ASSOCIATED WHOLESALERS INC

Name	Local	Employer
<b>APRIL 2020</b>		
ANDERSON, ANDREW M	773	MACINTOSH LINEN & UNIFORM
BARNDT, JAY D	764	CENTRE CONCRETE COMPANY
BATEMAN, ROY ALFRED	771	HERMAN R EWELL INC
BEARD, DALE E	776	PRESTON TRUCKING CO INC
BECHTEL, EUGENE	776	PERK FOODS C/O HEINZ PET
BROTHERS, KURT C	401	WISE FOODS
CANADY, RONALD JOSEPH	776	USF RED STAR
CARY, PHILIP S	773	UNITED PARCEL SERVICE INC
DAWSON, CARMEN D	429	POWER PACKAGING, AN EXEL CO
DOUGHERTY, KEVIN S	229	UNITED PARCEL SERVICE INC
HEIM, RANDY L	776	NEW PENN MOTOR EXPRESS INC
HOFFMAN, RICHARD M	776	ARKANSAS BEST FREIGHT SYS INC
HOHE, NADINE R	773	PEOPLE FIRST
HOUSE, SCOTT L	771	YRC FREIGHT
JASINSKI, DENNIS M	429	GROCERY HAULERS INC
JOHNSON, DOUGLAS	764	CENTRAL BUILDERS SUPPLY CO
KEIFRIDER, DAVID K	429	READING FOUNDRY & SUPPLY CO
KING, TIMOTHY M	776	YRC FREIGHT
KRICK, GREGORY A	429	RACHLIN FURNITURE INC
KUNKLE, PATRICK L	771	YRC FREIGHT
LARUSSO, DOMINIC	229	J D M MATERIALS CO INC
LENTZ, TERRY	776	PERK FOODS C/O HEINZ PET
MOYER III, RAYMOND E	429	CLOVER FARMS DAIRY
MYERS, DAVID A	776	PRESTON TRUCKING CO INC
NAGEL, LANCE J	773	CONSOLIDATED FREIGHTWAYS
PIZZO, VITO J	229	SCRANTON SEWER AUTHORITY
READ II, MICHAEL P	776	NATIONS WAY TRANSPORT SERVICES
SEIDEL, WILLIAM	429	STROEHMANN BAKERIES L. C.
SHAY, STEPHEN J	229	YRC FREIGHT
STINE II, ERNEST S	429	SUPERVALU INC
STUMP, LONNIE R	429	READING FOUNDRY & SUPPLY CO
SWOPE, NORMAN B	776	CONSOLIDATED FREIGHTWAYS
TALARICO, LOUIS A	776	ROADWAY EXPRESS INC
VIVALDA, CHRISTOPHER M	229	TOPPS CHEWING GUM INC
WALTMAN SR, BENJAMIN G	771	MILLER & HARTMAN INC
WYSOCKI, DAVID A	401	STATE PRODUCTS

<b>May 2020</b>		
BANSNER, SCOTT J	429	J C EHRLICH CO INC
BECKER, TODD M	429	SUPERVALU INC
BLASKOVICH, BARBARA	229	HARPER COLLINS PUBLISHERS INC
BOLLMAN, MICHAEL L	429	ASSOCIATED WHOLESALERS INC
BOLTZ, WILLIAM J	429	UNITED PARCEL SERVICE INC
BURGER, GUNTHER	773	YRC FREIGHT
CLARK, DAVID S	429	BIRDSBORO BOROUGH
CLERKIN, PETER C	776	PRESTON TRUCKING CO INC
DELONG, MICHAEL L	429	SUPERVALU INC
GRIFFIN III, WILLIE	429	LENTZ MILLING CO LLC
HOWE, MICHAEL R	429	DAIRY FARMERS OF AMERICA INC
HRACHO, MICHAEL A	429	SUPERVALU INC
HUTT, TERENCE C	429	JOHN PFROMMER INC
JUDGE, KATHY A	229	C&S WHOLESALE GROCERS
KANTOR, YAKOV	776	YRC FREIGHT
KEEFER, DAVID	776	BROCKER REBAR CO INC

Name	Local	Employer
KETNER, MARY LORRAINE	771	YRC FREIGHT
KLEIN, RICHARD M	776	PRESTON TRUCKING CO INC
KOPKA, JOSEPH P	401	GLEN SUMMIT SPRINGS WATER CO
KOSER, LANE B	771	WEYERHAEUSER COMPANY
KREADY III, JAMES H	429	A T V BAKERY
KUNKELMAN, DENNIS S	429	SUPERVALU INC
LEONARD, MICHAEL A	401	MAS OLD FASHION BOTTLING INC
MUNDT, DENNIS T	773	UNITED PARCEL SERVICE INC
ORR, FLORENCE L	776	ASSOCIATED WHOLESALERS INC
PARTYKA, NANCY E	229	C&S WHOLESALE GROCERS
REDINGER, RANDALL T	429	ASSOCIATED WHOLESALERS INC
ROZAIESKI, PAUL	229	AFFILIATED FOOD DISTR INC
SENNETT, MARK S	776	CONAGRA INC
SHARRAH, MICHAEL	776	UNITED PARCEL SERVICE INC
SHAW, JEFFREY E	773	CONSOLIDATED FREIGHTWAYS
SHUTY, DANIEL	776	YRC FREIGHT
SITES , GREGORY A	429	ASSOCIATED WHOLESALERS INC
STUMBAUGH, KEVIN	776	YRC FREIGHT
WAGNER, JEFFREY	773	YRC FREIGHT
WATT, PAUL F	773	BERKS PRODUCTS CORPORATION
WENTZEL JR, RALPH L	429	BRENNTAG NORTHEAST LLC
WHITMAN, RICHARD LEE	776	ROADWAY EXPRESS INC
ZALESKI, EDWARD P	229	TOPPS CHEWING GUM INC

#### June 2020

BLAIR, STEVEN	776	ARKANSAS BEST FREIGHT SYS INC
CAMMAUF, MARK A	429	CLOVER FARMS DAIRY
CASSIDY, KATHLEEN	773	PRAXAIR DIST. MID-ATLANTIC LLC
CHARLES, MARVIN	771	UNITED PARCEL SERVICE INC
DELINKO, RONALD J	429	ASSOCIATED WHOLESALERS INC
DOUGLAS, RONALD K	401	ROADWAY EXPRESS INC
EBERLY, IRA	429	YEAGER SUPPLY INC
EISWERTH, GREGORY	776	ARKANSAS BEST FREIGHT SYS INC
FRIESE, JOHN	776	UNITED PARCEL SERVICE INC
HANSON, SHANE	776	YRC FREIGHT
HARRIS, KERRY	429	ASSOCIATED WHOLESALERS INC
HAUT, STEPHEN B	999	ARKANSAS BEST FREIGHT SYS INC
HAYDUK, RAYMOND D	773	ASHLAND CHEMICAL COMPANY
HECKMAN, STEVEN K	429	NEW PENN MOTOR EXPRESS INC
HENNES, GREGG S	429	COTT BEVERAGES WYOMISSING INC
HORN, PATRICIA L	429	NEW PENN MOTOR EXPRESS INC
IVANOFF, JOHN MICHAEL	776	ARKANSAS BEST FREIGHT SYS INC
KIENE, GEORGE P	429	CLOVER FARMS DAIRY
KLAN, FRANK	776	ARKANSAS BEST FREIGHT SYS INC
KUNDER, GARY	776	WILSBACH DISTRIBUTORS INC
LEWIS JR, THOMAS J	776	CONSOLIDATED FREIGHTWAYS
LUTTON, MARSHALL	776	YRC FREIGHT
MCCREIGHT, BRIAN	776	YRC FREIGHT
MCGUIGAN, TERRANCE C	776	FLEMING COMPANIES INC
MOWRER, JOHN E	429	ASSOCIATED WHOLESALERS INC
PHILIPS, SCOTT C	429	BERKS PRODUCTS CORP
PRICE, STEVEN ALAN	764	NEW PENN MOTOR EXPRESS INC
RAGER JR, ROBERT W	764	CENTRAL BUILDERS SUPPLY CO
REINHART JR, JOHN S	429	WINDSOR SERVICE INC
SEELEY, STANLEY	771	YRC FREIGHT

Name	Local	Employer
SMITH, DALE E	229	ROADWAY EXPRESS INC
STANTON, PAUL A	229	SCRANTON TOBACCO COMPANY
TAVELLA, VICTORIA	429	APEX EQUIPMENT COMPANY
ULRICH, TIMOTHY J	776	FLEMING COMPANIES INC
WIKE, KENNETH L	776	ROADWAY EXPRESS INC
ZATWARNICKI, DEBORAH	429	CENTRAL PENNSYLVANIA TEAMSTERS

#### July 2020

APGAR JR, BYRON	773	EASTERN INDUSTRIES INC DIV OF
BARTKOWSKI, MICHAEL	229	UNITED PARCEL SERVICE INC
BAUMAN, JOHN J	771	YRC FREIGHT
BLACKBURN, ROBERT L	429	SINGER EQUIPMENT CO INC
CONWAY, JAMES B	776	ST JOHNSBURY TRUCKING CO INC
CROMWELL, CHRISTOPHER L	771	YRC FREIGHT
DIETTERICK, GARY L	764	CENTRAL BUILDERS SUPPLY CO
EPTING, MARLIN E	773	YELLOW FREIGHT SYSTEM INC
ESH, DAVID K	429	NEW PENN MOTOR EXPRESS INC
FARMER JR, DAVID C	429	NEW PENN MOTOR EXPRESS INC
FEDUCHAK, BRUCE M	229	PEPSI COLA BTLG OF SCRANTON
HADDOCK, ROBERT J	771	YELLOW FREIGHT SYSTEM INC
HAEFKA, KARL	401	UNITED PARCEL SERVICE INC
HARTRANFT, PAUL T	429	QUINLAN PRETZEL
HINNERSHITZ, DAVID B	429	LENTZ MILLING CO LLC
IBAUGH, MICHAEL R	776	FLEMING COMPANIES INC
JACH, ROMAN	229	CONSOLIDATED FREIGHTWAYS
JEFFERYS, EDWARD B	229	HARPER COLLINS PUBLISHERS INC
JULIANO, JAMES A	229	PEPSI COLA BOTTLING
KREISER, CONNIE L	429	CLOVER FARMS DAIRY
LUBENESKY, RICKY	773	ARAMARK UNIFORM & CAREER APPAR
LUKOW, DAVID D	773	OGDEN FACILITY SERVICES
MARTIN, JAMES J	401	TOWN & COUNTRY FURNITURE GALL
MATHIS, DAVID CHANDLER	776	ST JOHNSBURY TRUCKING CO INC
MCCAUSLIN JR, DONALD J	776	ROADWAY EXPRESS INC
MCGUIGAN, SEAN	229	UNITED PARCEL SERVICE INC
MICHEWICZ, MICHAEL	429	YEAGER SUPPLY INC
MILLER, RONALD	773	COCA-COLA BTLNG CO LEHIGH VLLY
MUSSER, SCOTT A	776	ANDERSON LOGISTICS
ORAVIC, RICHARD G	401	YAH INC T/A ESJAY DIST CO
PAULEY, JAMES P	429	LENTZ MILLING CO LLC
PETERS, CLIFFORD	401	DARON BLOCK INC
PETERS, LAWRENCE W	773	SEDROCK INC
PETSCH, THOMAS J	429	CEMPORT INC
PHELPS, GEORGE C	429	COTT BEVERAGES WYOMISSING INC
REDDING, LEONARD C	776	FLEMING COMPANIES INC
RICKERT, JAMES	771	YRC FREIGHT
SEITZ, JOANNE H	776	ASSOCIATED WHOLESALERS INC
SHAWVER, JAMES	764	CENTRE CONCRETE COMPANY
SULLIVAN, GERARD T	773	W S REICHENBACH & SON INC
WERT JR, GARY	429	SUPERVALU INC
ZILLA, STEPHEN J	229	PEPSI COLA BOTTLING
ZOHNER, BRIAN W	429	NEW PENN MOTOR EXPRESS INC

## JULY 2020 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 7 month period ending July 31, 2020. 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	-2.5% 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](http://www.CentralPATeamsters.com). Click on Pension Fund and then "Reports and Notices."



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## Motor Vehicle Accidents:

### How Are Medical and Wage Loss Benefits Paid by the Fund?

The Fund Office receives many questions regarding coverage provided by the Fund when the claim is the result of an injury due to a motor vehicle accident. In accordance with Plan provisions, the Fund will **only** cover medical expenses on a subrogated basis once the maximum liability has been paid by the motor vehicle insurance carrier. In other words, the Fund will consider the payment of medical expenses only after benefits from the automobile 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) for injuries sustained in a motor vehicle accident. The only time the Fund will pay more than 5 days of short-term disability benefits is when written proof is submitted verifying that the state in which you reside does not allow you to purchase wage loss protection from your motor vehicle insurance carrier. The state of Pennsylvania allows residents to purchase wage loss protection. It is recommended that you contact your motor vehicle insurance carrier to evaluate the extent to which you are covered for wage loss benefits as a result of a motor vehicle accident. Check with your motor vehicle insurance carrier to ensure that your policy carries at least the minimum coverage required by the state in which you reside.

**Do not wait until you have an accident to find out you have no wage loss coverage under your policy.** Payment for the first 5 days of short-term disability benefits **does not** apply to motorcycle accidents. There are no short-term disability benefits payable for injuries sustained as a result of a motorcycle accident.

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Visit our website at [www.centralpateamsters.com](http://www.centralpateamsters.com) for important changes throughout the year.

## 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, 2020. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	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="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – 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://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_content.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_content.aspx</a> Phone: 1-800-541-5555	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

<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>MONTANA – Medicaid</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>KANSAS – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>KENTUCKY – Medicaid</b>	<b>NEVADA – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx</a> Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>LOUISIANA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>MAINE – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
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	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
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	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
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
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://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825

<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	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
<b>OREGON – Medicaid</b>	<b>VERMONT– Medicaid</b>
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	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	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
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, 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 1/31/2023)

**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 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, 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, 2020</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 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, 2020</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 Toll Free in USA 1-800-331-0420</b>

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

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

**Trustees:**

William M. Shappell  
*Chairman & Union Trustee*

Kevin Bolig  
*Union Trustee*

Bryan A. Swaim  
*Employer Trustee*

Howard W. Rhinier  
*Union Trustee*

Kenneth A. Ross  
*Employer Trustee*

Daniel W. Schmidt  
*Employer Trustee*

Charles Shafer  
*Union Trustee*

Mark Gladfelter  
*Employer Trustee*

Jim Geise  
*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 Mgmt., LLC  
Northern Trust Investments, Inc.  
SEI Investments

Walter Scott & Partners, Ltd.

William Blair & Company, LLC

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

Ashmore Group, LLC

Boyd Watterson Asset Mgmt., LLC

Causeway Capital Mgmt., LLC

Loomis, Sayles & Company

LSV Asset Management

Northern Trust Investments, Inc.

PGIM Real Estate

Principal Financial Group

Segall Bryant & Hamill

Siguler Guff & Company, LP

Tortoise Capital Advisors, LLC

Walter Scott & Partners, Ltd.

Wellington Trust Company, NA

Westfield Capital Mgmt. Co., LLC

William Blair & Company, LLC

**IMPORTANT INFORMATION  
FROM THE FUND OFFICE**

**Fund Office Contact Information**

Contact the Fund Office directly with any questions on Health and Welfare or Pension benefits. The Fund staff is available Monday through Friday from 8:00 a.m. to 3:00 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)