

# GUARDIAN



Reading, Pennsylvania

HEALTH AND WELFARE/PENSION GUARDIAN NEWSLETTER



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

our Union,  
Label Here

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### \* IMPORTANT NOTICE \*

THIS NEWSLETTER CONTAINS AN INSERT WITH IMPORTANT INFORMATION REGARDING CHANGES TO THE DEFINED BENEFIT PLAN. THE INSERT SHOULD BE RETAINED WITH YOUR SPD FOR FUTURE REFERENCE.

PLEASE BE SURE TO REVIEW THE UPDATED PREFERRED BRAND NAME DRUGS LIST FOUND ON PAGES 10-11 WHICH IS EFFECTIVE OCTOBER 1, 2021.

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



**THE FUND OFFICE HOURS OF OPERATION are between  
8:00 a.m. to 3:00 p.m., Monday through Friday.**

### **The Fund Office Lobby is now OPEN!**

We require anyone entering the building to wear a mask.

There is a max capacity of 3 people in the lobby at a time.

Every person entering the lobby must be temperature checked at the door.

Alliance Healthcare Clinic located at Local 429 will remain closed until further notice.

If you are interested in setting up a Pension Appointment for assistance with your paperwork please contact the Pension Department to schedule a time.

**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، ان اجم، ةي وغللا ةدعاسملا تامدخ، ةي برعلا ةغللا شدحتت 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 लए उपलब्ध है। 1-610-320-5500 कहते है।

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.



## ***Alliance PA Pharmacy, LLC located in Wyomissing, PA is now OPEN for business!***

If you are currently a patient of Alliance Community Healthcare you can now pick up all of your prescriptions for a **\$0 copay** as prescribed through Alliance Community Healthcare at this location.

Alliance PA Pharmacy is also a regular retail pharmacy and can fill prescription drug orders for all Health & Welfare Fund participants, NOT just Alliance Community Healthcare patients. They will provide prescription drugs, including refrigerated medication, at the same copayments and quantities for a 30-day supply normally filled at your local retail pharmacy AND for a 90-day supply which would normally go through the Mail Order program managed by Global Pharmaceutical Benefits (“GPB”) the Fund’s Pharmacy Benefit Manager. The staff at the Alliance PA Pharmacy is available and ready to assist Central PA Teamster Health & Welfare Fund Participants with their prescription needs. Scripts can be dropped off at the Penn Ave location, electronically uploaded to Alliance PA Pharmacy or faxed from a Physician.

**Please note:** This location does NOT carry or dispense any controlled substances.

**Location: 1235 Penn Ave, Wyomissing PA 19610.**

**Phone: 610-376-3000**

**Fax: 610-478-3000**

**Open Monday - Friday, 10 am - 6 pm**

# Central Pennsylvania Teamsters

## Health and Welfare Fund Prescription Benefit Plans

**Plans  
13Y, 14P, R7  
and R7/65**

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

**Plans  
14 and 16**

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

\* 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.





## Managing Stress and Chronic Pain

### High stress levels can have a negative effect on your health

Stress is a normal part of everyone's life. Stress is the result of a natural process, classically referred to as a fight or flight response, where your body decides to stay and fight impending danger or run from it. When you are put in a stressful situation, your heart rate and blood flow increase, getting your body ready to deal with a current crisis. Your body is suddenly energized and better equipped to complete the task that is being asked of it. In this way, occasional stress can be good.

When your body constantly is being bombarded with demands—mental, physical or emotional—chronic stress begins to take hold. Chronic stress can lower your immune system, cause arrhythmia or irregular heart rate, chest pain and even heart attack and stroke. It can worsen conditions such as type 2 diabetes, asthma or gastrointestinal problems. Chronic stress can also lead to depression and anxiety, alcohol and tobacco use, poor eating habits and trouble sleeping.

### Take steps to lower your stress level

- **Prioritize.** At the beginning of your day, review what you need to get done and prioritize what has to be done, what could be done and what can wait. Learn to say no if you can't reasonably accomplish an additional task.
- **Talk.** Bottling things up can add to your stress. Open up and talk to your closest friends or family members. Also consider talking with a therapist, doctor or church member, depending on the nature of the issue.



- **Count to 10.** This simple task can help you to clear your head. Breathe deeply and close your eyes while you do this.
- **Exercise.** Exercise is a natural stress reliever which releases endorphins into your bloodstream. Endorphins are chemicals that help your body to reduce stress. Also, exercise boosts immunity, among many other health benefits.
- **Meditation, yoga and Pilates.** All three of these methods help promote deep breathing and becoming more in tune with your body. Take classes at your local gym, or get a video or DVD. All are relaxing, and yoga and Pilates can help with strength and flexibility, as well.
- **Get enough sleep.** Go to bed on time to help you feel refreshed and awake the next day. A lack of sleep in itself can cause you to feel more stressed, or add to the stress of your day because it will be harder to concentrate. If your stressors are preventing you from falling asleep, go into another room and do a relaxing activity to help you feel sleepy, such as deep breathing, stretching or reading.

### We can help you manage your chronic pain!

Members enrolled in a company sponsored medical plan are eligible for the Meritain Health Nurse Health Coaching Program. Call 1.888.610.0089 to enroll or learn more.



# Step Therapy

## STEP THERAPY

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.

**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 Step II medications.**

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 CYMBALTA DRIZALMA EFFEXOR FETZIMA FORFIVO XL KHEDEZLA LEXAPRO PEXEVA PRISTIQ PROZAC SPRAVATO TRINTELLIX VIIBRYD WELLBUTRIN ZOLOFT
<b>ANTI-GLAUCOMA EYE PREPARATIONS</b>	APRACLONIDINE HCL BETAXOLOL BRIMONIDINE CARTEOLOL DORZOLAMIDE LATANOPROST LEVOBUNOLOL METIPRANOLOL PILOCARPINE TIMOLOL & ALL OTHER GENERICS	ALPHAGAN AZOPT BETIMOL BETOPTIC COMBIGAN COSOPT IOPIDINE ISTALOL LUMIGAN PHOSPHOLINE ROCKLATAN RHOPRESSA SIMBRINZA TIMOPTIC TRAVATAN TRUSOPT VYZULTA 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 KAPSPARGO
<b>CALCIUM CHANNEL BLOCKERS</b> (ANTIHYPERTENSIVES)	AMLODIPINE ATORVASTATIN AM- LODIPINE BESYLATE AMLODIPINE VALSARTAN DILT- AZEM FELODIPINE ISRADIPINE NICARDIPINE NIFEDIPINE NISOLDIPINE VERPAMIL & ALL OTHER GENERICS	CADUET CALAN CARDENE CARDIZEM CARTIA XT CONJUPRI EFIDITAB EXFORGE NORVASC PROCARDIA XL SULAR TIADYLT 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 HY- DROCODONE-ACETAMINOPHEN HYDROMORPHONE MEPERIDINE METHADONE MORPHINE SULFATE OXYCODONE OXYCODONE-ACETAMINOPHEN OXYCODONE-ASPIRIN OXYMOR- PHONE TRAMADOL & ALL OTHER GENERICS	APADAZ DEMEROL DSUVIA LAZANDA LORTAB MITIGO NUCYNTA OXYCONTIN PERCOCET PROLATE TYLENOL WITH CODEINE ULTRACET ULTRAM XTAMPZA
<b>OSTEOPOROSIS</b>	ALENDRONATE CALCITONIN-SALMON IBANDRO- NATE RALOXIFENE RISEDRONATE & ALL OTHER GENERICS	ACTONEL ATELVIA BINOSTO BONIVA EVENITY EVISTA FOSAMAX MIACALCIN PROLIA
<b>RHEUMATOID ARTHRITIS</b>	HIGH DOSE IBUPROFEN AND NAPROXEN (PRESCRIPTION STRENGTH)	ACTEMRA CIMZIA ENBREL





## Step Therapy

*Continued*

	CELECOXIB NABUMETONE PIROXICAM DIFLUNISAL INDOMETHACIN KETOPROFEN ETODOLAC PREDNISON CYCLOPHOSPHAMIDE CYCLOSPORINE AZATHIOPRINE METHOTREXATE XELJANZ & ALL OTHER GENERICS	ENSPRING HUMIRA ILUMYA INAVIX INFLECTRA KEVZARA KINERET OLUMIANT ORENCIA RENFLEXIS RINVOQ SIMPONI SILIQ SKYRIZI STELARA TALTZ
<b>URINARY AGENTS</b>	TOVIAZ FLAVOXATE OXYBUTYNIN TOLTERODINE TROSPIMUM & ALL OTHER GENERICS	GELNIQUE GEMTESA MYRBETRIQ OXYTROL VESICARE

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 MYDAYIS PROCENTRA QUILLIVANT RELEXXII RITALIN VYVANSE ZENZEDI
<b>ANTI-MIGRAINE</b>	DIHYDROERGOTAMINE ERGOTAMINE-CAFFEINE TABLET NARATRIPTAN RIZATRIPTAN SUMATRIPTAN ZOLMITRIPTAN & ALL OTHER GENERICS	AIMOVIG AJOVY AMERGE BRIVIACT CAFERGOT D.H.E. 45 EMGALITY ERGOMAR FROVA IMITREX MAXALT MIGERGOT MIGRANAL NURTEC ONZETRA RELPAX REYVOW





## Step Therapy

*Continued*

### RX NEWS



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

Effective 4.1.2021

<b>ANTI-MIGRAINE</b> (Continued)		SUMAVEL TOSYMRA TREXIMET UBELVY VYEPTI ZEMBRACE SYMTOUCH ZOMI
<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	APTOM BANZEL CARBATROL CELONTIN CEREBYX DEPAKOTE DIACOMIT DILANTIN EPIDIOLEX FELBATOL FYCOMPA GABITRIL KEPPRA KLONOPIN LAMICTAL LIPRITIN MYSOLINE NAYZILAM NEURONTIN ONFI OXTELLAR PHENYTEK QUDEXY ROWEEPR SYMPAZAN TEGRETOL TOPAMAX TRILEPTAL TOKENDI VALTOCO VIMPAT XCOPRI 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

# PREFERRED BRAND NAME DRUG LIST

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

**EFFECTIVE DATE: October 1, 2021**

**VERY IMPORTANT**

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

## ANALGESICS

### *Anti-Migraine*

Aimovi  
Emgality

### *Opioid Agonist*

Xtampza ER

### *Misc*

Depen  
Ridaura Caps

## ANTI-ADDICTIVE AGENTS

Suboxone

## 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  
Nexeletol  
Nexlizet  
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

### *Miscellaneous CNS agents*

Nuedexta Caps  
Sunosi Tabs

## DERMATOLOGICALS

### *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

### *Growth Hormones*

Norditropin Flexpro

## *Hyperglycemics Dipeptidyl*

### *Peptidase-4 & Combos*

Janumet  
Janumet XR  
Januvia  
Jentadueto  
Jentadueto XR  
Tradjenta

### *GLP-1 Recep. Agonist*

Bydureon  
Byetta  
Ozempic  
Rybelsus Tab  
Trulicity  
Victozaa

### *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*

Farxiga  
Glyxambi  
Jardiance  
Synjardy  
Synjardy XR  
Trijardy XR  
Xigduo XR

### *Thiazolidinediones*

Avandia

### *Miscellaneous*

Baqsimi Spray  
Glucagon Kit  
Symlinpen

# PREFERRED BRAND NAME DRUG LIST

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

**EFFECTIVE DATE: October 1, 2021**

**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

Retacrit

Udenyca

Zarxio

## IMMUNOSUPPRESSANTS

Dupixent

Enbrel

Humira

Otezla

Rinvoq ER

Skyrizi

Stelara

Trexall

## OB/GYN

### *Estrogenics*

Climara Pro Patch

Divigel Packets

Duavee

Evamist

Menest 0.3 mg

Premarin

Premarin vaginal cream

Premphase

Prempro

### *Topical Anti-Infectives*

Cleocin Vaginal Ovules

### *Miscellaneous*

Oriahnn Caps

Orilissa Tab

## OPHTHALMIC AGENTS

### *Anti-infectives*

Moxeza

### *Glaucoma Agents:*

Alphagan P 0.1%, 0.15%

Azopt

Combigan

Lumigan

Simbrinza

Xelpros

### *Miscellaneous*

Prolensa

Restasis

Xidra

## RESPIRATORY AGENTS

### *Anti-muscarinic and Combos*

Spiriva Handihaler

Spiriva Respimat

### *BetaAdrenergic & Combos*

Anoro Ellipta

Breztri

Combivent

Serevent Diskus

Stiolto Respimat

Striverdi Respimat

Symbicort

Trelegy Ellipta

### *Glucocorticoids, Inhalation*

Arnuity Ellipta

Flovent Diskus

Flovent HFA

Pulmicort Flexhaler

QVAR redihaler

Symbicort

### *Miscellaneous agents*

Xolair

## 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 retail copay, or \$300 mail order 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 1987 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** –

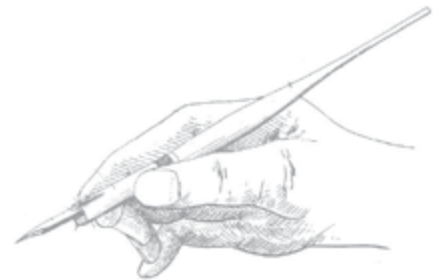
Please sign all Fund documents with your legal name, which must match what is on file with the Fund Office. Please be sure to use your full name (no nicknames) and suffix (Jr., Sr., III), if applicable.



The Pension Fund cannot accept white out. If you make an error, please draw a line through it and initial.

The Pension Annual Statements were mailed in April 2021.

For information regarding your UPS Part-time Pension please call 1-800-643-4442 as this is not handled by the Central PA Teamsters.



## 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 including xrays and narrative. 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)



With a script from your physician, the Health and Welfare Fund only provides over-the-counter medication for Proton Pump Inhibitors (PPI), and Preventative Services such as vitamins and supplements listed under the Affordable Care Act. All other over-the-counter medication is not covered. This also includes generic equivalent medication when the brand name drug went over-the-counter.







You've got **Teladoc**.  
24/7 access to doctors  
by phone or video



**\$0 copay for participants in the Central Pennsylvania Teamsters Health and Welfare Fund.**

**You already have Teladoc** as part of your benefits. Our U.S. board-certified doctors can diagnose, treat, and even prescribe medicine, if needed, for a wide range of medical needs, including the flu, allergies, rash, upset stomach and much more.

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

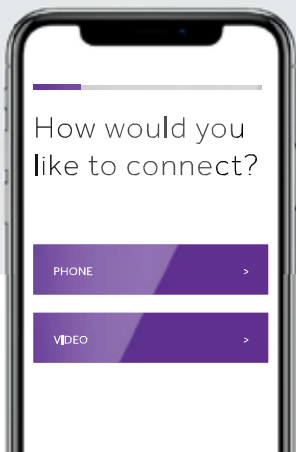
Use your device to request a visit and a Teladoc doctor will contact you at the requested time.

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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# Retirees Approved for Pensions March 2021 through May 2021

Name	Local	Employer	Name	Local	Employer
<b>March 2021</b>					
ADAMS, DALE A	773	W S REICHENBACH & SON INC	KIRWIN-AUMAN, BETH	764	UNITED PARCEL SERVICE INC
APONTE, MILAGROS	773	ABM INDUSTRIES	KULP, RONALD T	771	YELLOW FREIGHT SYSTEM INC
AUTEN, JOHN A	771	PENNCAST CORPORATION	LAWRENCE, WILLIAM	229	TOPPS CHEWING GUM INC
BEHM, R RANDALL	429	WINDSOR SERVICE INC	MACONEGHY, JAMES	229	DIMARE FRESH INC
BURROWS, FORREST W	773	SEVEN UP BOTTLING CO	MCLAUGHLIN, ROBERT T	429	J C EHRlich CO INC
CRUZ, FRANCISCO	429	CLOVER FARMS DAIRY	MELENDEZ, JENNIFER	229	YRC FREIGHT
CUBIDES, JUAN A	429	POWER PACKAGING	MERTZ, LEE	401	YRC FREIGHT
DAVIS, DAVID E	776	ANDERSON LOGISTICS	MEYERS, DWAYNE T	773	ABM INDUSTRIES
DAVIS, GERALD F	429	DEAN DAIRY TRANSPORTATION LLC	MINGORA, JOHN J	773	J R BUTLER INC
DAVIS, MICHAEL C	429	CLOVER FARMS DAIRY	MOSER, ANTHONY	776	ROADWAY EXPRESS INC
DEBICH, CHARLES	771	YRC FREIGHT	MUNDORFF, GARY L	776	SNYDERS OF HANOVER INC
DEIBLER, FRANK G	776	CAROLINA FREIGHT CARRIERS CORP	MUNIZ, JOEL	776	YORK COUNTY TRANSP AUTHORITY
DESANTIS JR, EMIDIO	429	BRENNTAG NORTHEAST LLC	MUSSARI, FRANCES	229	SUPER MARKET SERVICE CORP
DONAN, DEBRA A	776	FLEMING COMPANIES INC	OLIVER, ANDREW	776	UNITED PARCEL SERVICE INC
FOX, STEVEN L	771	CPC TANKER LLC	PEIFFER, WILLIAM R	429	ASSOCIATED WHOLESALERS INC
FREED, DOUGLAS C	429	APEX EQUIPMENT COMPANY	PHILLIPS, MICHAEL S	429	ASSOCIATED WHOLESALERS INC
GATI, STEVEN L	776	PRESTON TRUCKING CO INC	PRITCHARD, STEVEN A	429	J C EHRlich CO INC
GERHART, TERRY G	429	RYDER TRANSPORTATION SERV INC	ROHN, DAVID	773	YRC FREIGHT
GLYNN, TIMOTHY P	429	HOFMANN INDUSTRIES INC	SMITH, JOSEPH	776	YRC FREIGHT
GRAVINESE, RANDY A	429	SUPERVALU INC	SMITH JR, CLOYD E	776	ANDERSON LOGISTICS
GRAZER, DAVID	771	YRC FREIGHT	SOURBER, SCOTT	771	UNITED PARCEL SERVICE INC
HAUSE, KEVIN	776	YRC FREIGHT	STONE, STEPHEN R	771	YRC FREIGHT
HIMES, KENNETH P	776	YRC FREIGHT	STRUNK, MICKEY S	429	COTT BEVERAGES WYOMISSING INC
KAPUSNIAK, EDWARD	229	ROADWAY EXPRESS INC	STUTZMAN, JAMES M	776	ARKANSAS BEST FREIGHT SYS INC
KARICHNER, DON A	401	SHANAHANS EXPRESS	VALENT JR, ROBERT M	229	ROADWAY EXPRESS INC
KELLEY, PATRICK M	776	ARKANSAS BEST FREIGHT SYS INC	WACHILLA, ALLEN J	229	NEW PENN MOTOR EXPRESS INC
KINT, CHARLES J	776	UNITED PARCEL SERVICE INC	WEILACHER, MELVIN L	429	ALL-STAR DISTRIBUTING INC
KNAUB, BRIAN	776	YRC FREIGHT	WELLER, STEPHEN G	429	ARKANSAS BEST FREIGHT SYS INC
KUBALA, TODD R	776	FLEMING COMPANIES INC	WHITMAN, KEITH R	776	YRC FREIGHT
MICHAELS, THOMAS L	764	CENTRAL BUILDERS SUPPLY CO	WILHIDE, GREGORY	776	ROADWAY EXPRESS INC
MOORE JR, ROBERT T	771	MILLER & HARTMAN INC	WOOD, WILLIAM E	229	PEPSI COLA BTLG OF SCRANTON
MUNDIS, JAY E	776	PRESTON TRUCKING CO INC	ZELLNER JR, ERNEST M	773	EASTERN INDUSTRIES INC
NOLL, SCOTT A	429	LENTZ MILLING CO LLC			
NYE, DEBRA L	776	PRESTON TRUCKING CO INC	<b>May 2021</b>		
OCWIEJA JR, JOSEPH	229	UNITED PARCEL SERVICE INC	ALENA, ROBERT C	429	PACO PRODUCTS INC
PANUSKY, DENNIS	401	YRC FREIGHT	ALOE, MICHAEL A	229	TOPPS CHEWING GUM INC
PARRY, CYNTHIA	229	HARPER COLLINS PUBLISHERS INC	BECKER, GAIL M	429	ASSOCIATED WHOLESALERS INC
PEIPER, LAWRENCE E	776	CAROLINA FREIGHT CARRIERS CORP	BOWEN, WILLIAM C	776	ARKANSAS BEST FREIGHT SYS INC
REMLEY, ESTHER N	401	USF HOLLAND INC	CALLANAN, VINCENT P	773	OGDEN FACILITY SERVICES
ROSSI, DAVID L	401	USF HOLLAND INC	CHELIUS, MICHAEL L	429	BERKS PACKING COMPANY INC
SCHAEFFER JR, CHARLES R	429	YEAGER SUPPLY INC	CZENIEWICZ, LAURENCE F	429	YEAGER SUPPLY INC
SIKANEN, LARRY E	764	VALLEY FARMS INC	CLOUSER, ROBERT E	776	ARKANSAS BEST FREIGHT SYS INC
SMITH JR, FLOYD CURTIS	776	ARKANSAS BEST FREIGHT SYS INC	COOPER, DANNY A	776	CONSOLIDATED FREIGHTWAYS
THORNE, MICHAEL D	401	WISE FOODS	DAVIS, KANDY	229	HARPER COLLINS PUBLISHERS INC
TISSERA, JOSEPH L	429	CARL R BIEBER INC	DAVIS, MICHAEL	776	ARKANSAS BEST FREIGHT SYS INC
WEAVER, GALEN K	429	COTT BEVERAGES WYOMISSING INC	DOUGHTON, MICHAEL	771	UNITED PARCEL SERVICE INC
			FARNSWORTH, ROBERT G	773	EASTERN INDUSTRIES INC
			FIGUEROA, MARTHA C	773	ABM INDUSTRIES
			GILBERT, DONALD E	776	CENTRAL STORAGE & TRANSFER CO
			HAMAKER, ROBERT C	429	SUPERVALU INC
			KIZINA, SHERRY R	764	UNITED PARCEL SERVICE INC
			LEAYMAN, GLENROY H	773	MYERS MEN
			LERCH, RICKY L	429	SCHROCK CABINET COMPANY
			LILLINGTON, DEREK	429	CLOVER FARMS DAIRY
			MCGAVIN, WILLIAM	401	PEPSI-COLA BOTTLING COMPANY
			MCLANE, ROBERT	229	AKZO NOBEL SALT INC
			MOORE, RALPH W	771	KEREK AIR FREIGHT CORP
			MUSSARE, ANTHONY R	764	UNITED PARCEL SERVICE INC
			NORRIS, ESTHER P	776	YORK COUNTY TRANSP AUTHORITY
			OSTROWSKI, THOMAS M	229	CONSOLIDATED FREIGHTWAYS
			PARSON, DANA JAY	776	AYCOCK INC
			PEARSALL, JESSIE	776	FLEMING COMPANIES INC
			RICHARDS, ROGER	776	YRC FREIGHT
			ROBERTSON, G MARK	429	BERKS PRODUCTS CORP
			ROSS, DAVID E	776	YRC FREIGHT
			SHOMO JR, DAVID E	429	ALL STAR DISTRIBUTING INC
			SHYMANSKI, CHRIS	776	ROADWAY EXPRESS INC
			TANEY, RANDAL	773	FRIEDMANS EXPRESS INC
			TIERNEY, PATRICK P	773	J D M MATERIALS CO INC
			TROIANI, RANDY J	229	PEPSI COLA BTLG OF SCRANTON
			TYLER III, FRED J	429	BERKS PRODUCTS CORP
			WALTZ, JAMES E	764	CENTRE CONCRETE COMPANY
			WEAVER, ROBERT	776	UNITED PARCEL SERVICE INC
			YEAGER SR, GARY L	429	SINGER EQUIPMENT CO INC
			YOST, WILLIAM A	776	ARKANSAS BEST FREIGHT SYS INC
			ZIEGLER, BARRY R	429	NEW PENN MOTOR EXPRESS INC
			ZURINSKI, MARK F	401	ACME MARKETS INC
<b>APRIL 2021</b>					
AMMON JR, DAVID R	429	YEAGER SUPPLY INC			
APPLE, THOMAS L	776	ARKANSAS BEST FREIGHT SYS INC			
ARVONIO, GAIL	229	TOPPS CHEWING GUM INC			
BAILEY, KAREN P	429	BERKS PRODUCTS CORP			
BAKER, HAROLD L	771	A-P-A TRANSPORT CORPORATION			
BELL, NATHAN A	771	PENNCAST CORPORATION			
BERG JR, WILLIAM L	429	HERTZ PENSKE TRUCK LEASING INC			
BOUCH, CINDY L	776	HESS TRUCKING COMPANY			
BROWN, RODNEY L	764	CENTRAL BUILDERS SUPPLY CO			
CERNERA, RALPH	229	UNITED PARCEL SERVICE INC			
COOPER, DALE E	429	WINDSOR SERVICE INC			
DAVIS, THOMAS R	429	BRENNTAG NORTHEAST LLC			
DICKSON SR, BILLY	776	UNITED PARCEL SERVICE INC			
DRUCK JR, WILLIAM S	776	ARKANSAS BEST FREIGHT SYS INC			
FOX, CHRISTOPHER B	429	SUPERVALU INC			
GABRIEL, ROBERT	229	TOPPS CHEWING GUM INC			
GARBER, WILLIAM H	429	GROCERY HAULERS INC			
GILLESPIE, JOHN W	773	P I E NATIONWIDE INC			
GOCEK, LOUIS J	229	C&S WHOLESALE GROCERS			
GRIGGS, JARVIS LESTER	776	ARKANSAS BEST FREIGHT SYS INC			
GROVE, CARL L	776	YRC FREIGHT			
GUNTHER, ANNE	229	ROADWAY EXPRESS INC			
HAAS, THOMAS A	429	SINGER EQUIPMENT CO INC			
HAINES, STEVEN D	429	RDG REGIONAL AIRPORT AUTHORITY			
HANNAH, TERRY W	429	JONES MOTOR CO INC			
HARROLD, KAYE M	776	YRC FREIGHT			
HISSICK, CHARLES D	401	R F TRUESDELL COMPANY INC			
HOCKENBURY, KENNETH A	401	KEYSTONE COCA-COLA BOTTLING CO			
JONES, GARTH D	771	YELLOW FREIGHT SYSTEM INC			
<b>Summer 2021</b>					

## 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, 2021. Contact your State for more information on eligibility –**

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
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>	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 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<b>GEORGIA-Medicaid</b>	<b>MASSACHUSETTS-Medicaid and CHIP</b>
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	Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a> Phone: 1-800-862-4840
<b>INDIANA-Medicaid</b>	<b>MINNESOTA-Medicaid</b>
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="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584	Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
<b>IOWA-Medicaid and CHIP (Hawki)</b>	<b>MISSOURI-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 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	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
<b>KANSAS-Medicaid</b>	<b>MONTANA-Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>KENTUCKY-Medicaid</b>	<b>NEBRASKA-Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPI.PROGRAM@ky.gov">KIHIPPI.PROGRAM@ky.gov</a>  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>	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>LOUISIANA-Medicaid</b>	<b>NEVADA-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)	Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>MAINE-Medicaid</b>	<b>NEW HAMPSHIRE-Medicaid</b>
Enrollment Website: <a href="https://www.maine.gov/dhhs/of/applications-forms">https://www.maine.gov/dhhs/of/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711  Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/of/applications-forms">https://www.maine.gov/dhhs/of/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	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>NEW JERSEY-Medicaid and CHIP</b>	<b>SOUTH DAKOTA-Medicaid</b>
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	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW YORK-Medicaid</b>	<b>TEXAS-Medicaid</b>
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	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NORTH CAROLINA-Medicaid</b>	<b>UTAH-Medicaid and CHIP</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	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>NORTH DAKOTA-Medicaid</b>	<b>VERMONT-Medicaid</b>
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	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>OKLAHOMA-Medicaid and CHIP</b>	<b>VIRGINIA-Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	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>OREGON-Medicaid</b>	<b>WASHINGTON-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="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>PENNSYLVANIA-Medicaid</b>	<b>WEST VIRGINIA-Medicaid</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>RHODE ISLAND-Medicaid and CHIP</b>	<b>WISCONSIN-Medicaid and CHIP</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.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>SOUTH CAROLINA-Medicaid</b>	<b>WYOMING-Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, 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



**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**

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

**RETAIL PHARMACY COPAYMENTS**

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

**PLAN 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...](#)**

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, 2021</b>
<b>Name of Entity/Sender:</b>	<b>Central Pennsylvania Teamsters Health &amp; Welfare Fund</b>
<b>Contact—Position/Office:</b>	<b>Prescription Department</b>
<b>Address:</b>	<b>1055 Spring Street, Wyomissing, PA 19610</b>
<b>Telephone Number:</b>	<b>Toll Free In PA 1-800-422-8330</b>
	<b>Toll Free in USA 1-800-331-0420</b>

## CREDITABLE COVERAGE NOTIFICATION

### PLAN R7 and PLAN R7-65

#### Important Notice from

## THE CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND

### About Your Prescription Drug Coverage and Medicare

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

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

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

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

#### **WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?**

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

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

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

If you are considering electing Medicare Part D coverage, you should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. ***Keep in mind that this Fund provides you with medical benefits that are described in the next***

*section. If you enroll in a Medicare prescription drug plan and you lose your coverage from the Fund (for example, if you drop your coverage under the Fund in order to enroll in a Medicare Part D plan), you and your eligible dependents will lose those other benefits in addition to your prescription coverage and will not be permitted to re-enroll under the Fund's coverage.*

The Fund offers the following prescription benefits:

**PLAN R7 and PLAN R7-65 COVERAGE:**

**MAIL ORDER COPAYMENTS**

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

**RETAIL PHARMACY COPAYMENTS**

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

**This Fund also offers medical benefits:**

Retiree Plans R7 and R7-65 provide benefits for hospitalization, physician office visits, physical therapy, surgical procedures, immunizations, outpatient diagnostics, major medical and certain other limited benefits.

**WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?**

If you don't join when you are first eligible, and don't have creditable prescription coverage, you may have to wait to join a Medicare drug plan and you may pay a higher premium if you join later. You may pay that higher premium for as long as you have Medicare prescription drug coverage if you join later. Be aware that if you drop or lose your coverage with the Fund and don't enroll in Medicare prescription drug coverage after your current coverage ends, you risk paying a higher premium to enroll in Medicare prescription drug coverage later. If there is a break in coverage of 63 days or longer of prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

However, if you lose creditable prescription drug coverage, through no fault of your own you will be eligible for a two month Special Enrollment Period (SEP) to join a Part D plan. In addition, if you lose or decide to leave the Fund's coverage, you may be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period.

**For more information about this notice or your current prescription drug coverage...**

Contact the Fund's Prescription office at Toll Free In PA 1-800-422-8330 or Toll Free in USA 1-800-331-0420.

**For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you can call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offers prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.**

<b>Date:</b>	<b>August 1, 2021</b>
<b>Name of Entity/Sender:</b>	<b>Central Pennsylvania Teamsters Health &amp; Welfare Fund</b>
<b>Contact—Position/Office:</b>	<b>Prescription Department</b>
<b>Address:</b>	<b>1055 Spring Street, Wyomissing, PA 19610</b>
<b>Telephone Number:</b>	<b>Toll Free In PA 1-800-422-8330</b>
	<b>Toll Free in USA 1-800-331-0420</b>

## JUNE 2021 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 6 month period ending June 30, 2021. 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	8.6% 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."



## Pension Hot Topic:

### What happens if I die after I have started to receive my retirement benefit?

If you die after your Retirement benefit payments have begun, any benefit payable on account of your death will be determined by the form of benefit you elected before your death. For example, if you elected a Joint and Survivor Annuity when you retired, your surviving spouse would receive 50% of your monthly benefit amount each month for his or her lifetime.

### What happens if I die before I have started to receive my Retirement benefit?

For RIP 1987, the plan provides an automatic Pre-Retirement Survivor Annuity to your spouse which is equal to 100% of your Account balance, provided you did not forfeit your Account prior to your death. In lieu of a Pre-Retirement Survivor Annuity, your spouse could elect to receive your lump sum in the form of a Single Life Annuity, Monthly Installment Payments or a Lump Sum Payment. However, if the value of your benefit is \$1,000 or less, your benefit will be paid in a single cash payment.

If you are single when you pass away before retirement and you did not forfeit your Account prior to your passing, your named beneficiary will receive 100% of your Account balance in a Lump Sum payment.

For the Defined Benefit Plan, the plan provides a Pre-Retirement Survivor Annuity to your spouse in the event you are fully vested when you pass away before Retirement either as a vest active Participant or a vested former Participant. Your spouse will be entitled to receive a monthly benefit payable for his or her life. Your surviving spouse will receive a benefit commencing on the first day of the month after you would have reached your Earliest Retirement age. The amount of this monthly benefit is equal to the amount your spouse would have been entitled to receive under the Qualified Joint and 50% Survivor Annuity option.

### What is a Single Life Annuity with 36 Months Certain?

Under this form of payment, 100% of your accrued benefit will be paid to you in equal monthly payments for your lifetime, and if you die before 36 monthly payments are made, your beneficiary will receive the remaining payments in an amount equal to the monthly amount you received. Alternatively, your beneficiary may elect to receive the present value of your remaining payments in the form of a lump sum payment.



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*  
Daniel W. Schmidt  
*Secretary & Employer Trustee*  
Kevin Bolig  
*Union Trustee*  
Bryan A. Swaim  
*Employer Trustee*  
Howard W. Rhinier  
*Union Trustee*  
Edgar H. Thompson  
*Union Trustee*  
Kenneth A. Ross  
*Employer Trustee*  
Mark Gladfelter  
*Employer Trustee*  
Jim Geise  
*Union Trustee*  
Joseph J. Samolewicz  
*Administrator*  
Martin L. Cullen  
*Assistant Administrator*

**Professional Advisors:**

Foster & Foster  
*Health & Welfare Fund Actuary  
& Consultant*  
CBIZ Retirement Plan Services  
*Pension Fund Actuary & Consultant*  
Morgan Lewis  
*Legal Co-Counsel*  
Novak Francella, LLC  
*Certified Public Accountants*  
Investment Performance Services  
*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**

Boyd Watterson Asset Mgmt, LLC  
Causeway Capital Mgmt., LLC  
Chartwell Investment Partners

Great Lakes Advisors  
Intercontinental Real Estate Corp.  
Northern Trust Investments, Inc.  
Segall Bryant & Hamill

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

Boyd Watterson Asset Mgmt., LLC  
Causeway Capital Mgmt., LLC  
Corbin Capital Partners, LP  
Golden Tree Asset Management  
Great Lakes Advisors  
Hamilton Lane Advisors  
Intercontinental Real Estate Corp.  
Loomis, Sayles & Company  
Northern Trust Investments, Inc.  
Segall Bryant & Hamill  
Siguler Guff & Company, LP  
Washington Capital Mgmt.  
Westfield Capital Mgmt. Co., 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)