

# 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 JULY 1, 2022.

THIS NEWSLETTER CONTAINS AN INSERT WITH IMPORTANT INFORMATION REGARDING CHANGES TO PLAN 13, 13Y, 14, AND 16. THE INSERT SHOULD BE RETAINED WITH YOUR ACTIVE PLAN DOCUMENT FOR FUTURE REFERENCE.

## REDUCE YOUR RISK OF STROKE



### Take charge of your health

A stroke occurs when blood flow to the brain is cut off and can be caused by a number of health conditions, such as a blood clot, high blood pressure, clogged arteries or heart disease. Many factors can contribute to your risk of having a stroke. While age and genetics play a large role, your overall health and well-being greatly determine your risk. The good news is that those factors are in your hands.

### Take charge of your health

Whether or not the chance of stroke runs in your family, you should monitor and maintain your health to prevent high risk of having a stroke. Here are seven ways you can start reducing your risk today.

**Maintain a healthy weight.** Being overweight and its resulting impact on your health greatly increases your chance of having a stroke. You can take simple steps to lower your weight: reduce your daily caloric intake and increase your physical activity. Everything from walking to golfing to housework can add more activity to your day.

**Exercise more.** Moderate intensity exercise at least 30 minutes per day, five days a week, has been shown to reduce stroke risk. Even if you can't commit to a full 30 minutes, try 10 or 15 minute increments of activities. Taking a walk around your block or joining a gym with friends are great ways to fit in physical activity.

**Drink in moderation.** Studies show that having one drink a day can actually lower your risk of stroke. A five-ounce glass of wine, 12-ounce beer or one-and-a-half-ounce glass of hard liquor are standard sizes.

**Treat heart conditions.** If you experience any irregularity in your heart function, make sure you seek professional treatment and take care of your condition daily. Heart palpitations, irregular heartbeat or shortness of breath can indicate a possible blood clot that can travel to the brain and cause a stroke. You'll want to take extra care in monitoring your symptoms if you have any history of a heart condition.

**Watch your blood sugar.** If you have high blood sugar, you may be more likely to suffer from blood clots, especially if you're diagnosed with diabetes. You should closely monitor your blood sugar, with help from your doctor. A healthy diet and fitness routine can also help you regulate your blood sugar.

**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>.

لكل رفوتت، ان اجم، ةي وغللا ةدع اسمل تامدخ، ةي برعل ا ةغللا ش دحتت تنك اذا: ةي بننت 1-610-320-5500 ءاعدتسا.

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 हिंदी 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)] schwetzsch, kannschd 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.



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

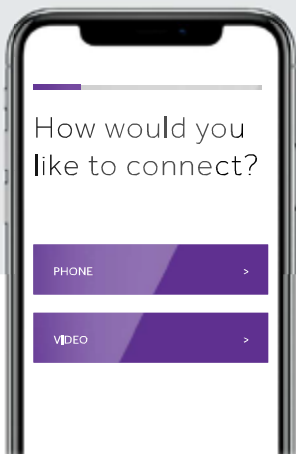
Use your device to request a visit and a Teladoc doctor will contact you at the requested time.

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 1-800-DOC-CONSULT (362-2667)



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# Central Pennsylvania Teamsters Health and Welfare Fund Prescription Benefit Plans

Plans 13, 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>MAIL ORDER</b>	<b>Generic</b> for up to a 90 day supply	\$15
		<b>Brand Preferred</b> for up to a 90 day supply	\$30
		<b>Brand Non-Preferred</b> for up to a 90 day supply	\$60
	<b>SPECIALTY</b>	<b>Retail</b> up to a 30 day supply	\$150
		<b>Mail Order</b> up to a 90 day supply	\$300

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>MAIL ORDER</b>	<b>Generic</b> for up to a 90 day supply	\$15	\$30	\$30
		<b>Brand Preferred</b> for up to a 90 day supply	\$30	\$40	\$60
		<b>Brand Non-Preferred</b> for up to a 90 day supply	\$60	\$80	\$100
	<b>SPECIALTY</b>	<b>Retail</b> up to a 30 day supply	\$150	\$150	\$150
		<b>Mail Order</b> up to a 90 day supply	\$300	\$300	\$300

\* 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.

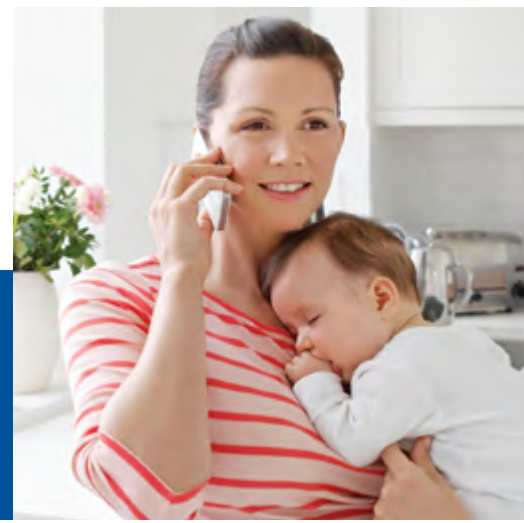
\* NOTE: CVS and Walgreens are not participating pharmacies.

Effective immediately mail-order services for the Central Pennsylvania Teamsters Health & Welfare Fund will be processed by Alliance PA Pharmacy located in Wyomissing PA. Please have your physician E-Script or Surescript your prescriptions to:

Alliance PA Pharmacy  
1235 Penn Avenue, Suite 101  
Wyomissing, PA 19610

Phone: 610-376-3000  
Fax: 610-478-3000

If you wish to visit the Pharmacy in person to pick up your script, their walk-in hours are 9:00 a.m. to 5:00 p.m Monday through Friday.



# Your 24x7 Nurse Line Program

## What is the 24x7 Nurse Line?

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

You and your family can get health information or medical advice. You can also talk directly with a Registered Nurse (RN), or listen to recorded health topics. The RN can help you choose the best care for you, or suggest self-care techniques or over-the-counter medication.

## How does the 24x7 Nurse Line work?

### Speak with an RN.

The 24x7 Nurse Line is staffed by specially trained RNs who can answer your questions about a current illness, discuss alternative treatments for health conditions, and help you make healthy lifestyle choices.



**Keep this number handy!**

Meritain Health's 24x7 Nurse Line:  
**1.866.726.6529**

### Use the improved Health Information Library.

When you visit the recently enhanced Health Information Library, you can find over 1,000 health and wellness topics using voice activation! Simply state the topic you'd like to learn about, and you'll hear a recorded message on the topic you have chosen.

## When should I call?

You can call the 24x7 Nurse Line any time you have a question. The RNs can answer questions like:

- "It's 2:00 a.m. and my son has a high fever and a sore throat. Should I take him to the emergency room?"
- "I just sprained my wrist. Should I have an X-ray?"
- "I've heard about a new drug for weight loss. Could it help me?"
- "My doctor said I need to have surgery. What are my alternatives?"

You can speak with an RN by calling the 24x7 Nurse Line at 1.866.726.6529.

**If you have any questions, just call Meritain Health using the phone number on your member ID Card.**



# 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.

**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 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 PROPRANONOL SOTALOL TIMOLOL & ALL OTHER GENERICS	BYSTOLIC KAPSPARGO
<b>CALCIUM CHANNEL BLOCKERS</b> (ANTIHYPERTENSIVES)	AMLODIPINE ATORVASTATIN AMLODIPINE BESYLATE AMLODIPINE VALSARTAN DILTIAZEM 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 HYDROCODONE-ACETAMINOPHEN HYDROMORPHONE MEPERIDINE METHADONE MORPHINE SULFATE OXYCODONE OXYCODONE-ACETAMINOPHEN OXYCODONE-ASPIRIN OXYMORPHONE 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 IBANDRONATE 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*

<b>RHEUMATOID ARTHRITIS</b> (Continued)	CELECOXIB NABUMETONE PIROXICAM DIFLUNISAL INDOMETHACIN KETOPROFEN ETODOLAC PREDNISONE 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 TROSPIUM & ALL OTHER GENERICS	GELNIQUE GEMTESA 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>	ALL GENERICS	ADDERALL ADHANSIA XR ADZENYS AZSTARYS CONCERTA COTEMPLA XR DAYTRANA DESOXYN DEXEDRINE EVEKEO FOCALIN JORNAY METADATE METHYLIN MYDAYIS PROCENTRA QELBREE QUILLIVANT RELEXXII RITALIN VYVANSE ZENZEDI
<b>ANTI-MIGRAINE</b>	ALL GENERICS	AIMOVIG AJOVY AMERGE BRIVIACT CAFERGOT D.H.E.45 ELYXYB EMGALITY ERGOMAR FROVA IMITREX MAXALT MIGERGOT MIGRANAL NURTEC ONZETRA QULIPTA RELPAX





## 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 4.1.2022

<b>ANTI-MIGRAINE</b> (Continued)		REYVOW SUMAVEL TOSYMRA TREXIMET TRUDHESA UBELVY VYEPTI 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 DEPAKOTE DIACOMIT DILANTIN EPIDIOLEX FELBATOL FYCOMPA GABITRIL KEPPRA KLONOPIN LAMICTAL LIPRITIN MYSOLINE NAYZILAM NEURONTIN ONFI OXTELLAR PHENYTEK QUDEXY ROWEEPRA SYMPAZAN TEGRETOL TOPAMAX TRILEPTAL TROKENDI 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: July 1, 2022**

**VERY IMPORTANT**

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

## ANALGESICS

### *Anti-Migraine*

Aimovig  
Emgality  
Nurtec ODT

### *Opioid Agonist*

Xtampza ER

### *Misc*

Depen

## ANTI-ADDICTIVE AGENTS

Zubsolv

## ANTI-INFECTIVES

### *Hepatitis Agents*

Epclusa  
Harvoni  
Mavyret  
Sovaldi  
Vosevi

### *Miscellaneous Anti-infectives*

Emverm

## CARDIOVASCULAR

### *Angiotensin Receptor Blockers & Combinations*

Entresto

### *Anti-hyperlipidemics*

Livalo  
Nexeletol  
Nexlizet  
Praluent  
Repatha

### *Miscellaneous Cardiovascular*

Verquvo

## CNS AGENTS

### *Attention Deficit Disorder Treatment*

Vyvanse

### *Multiple Sclerosis Agents*

Aubagio  
Avonex  
Gilenya  
Plegridy Pen & Syr

### *Miscellaneous CNS agents*

Nuedexta Caps

## DERMATOLOGICALS

### *Hemorrhoidal Preparations:*

Proctofoam HC

### *Psoriasis & Eczema Agents:*

Eucrisa 2% ointment

## ENDOCRINE

### *Androgens/Estrogens*

Androderm Patch

### *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

Victoza

### *Insulins*

Humalog  
Humulin  
Lantus/Solostar  
Levemir/Flextouch  
Lyumjev  
Novolin  
Novolog  
Relion Novolin  
Relion Novolog  
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

### *Miscellaneous*

Baqsimi Spray

Glucagon Kit

Gvoke

Symlinpen

Zegalogue

## GASTROINTESTINAL AGENTS

### *Anti-ulcer*

Pylera

### *Digestants*

Creon

Zenpep DR

# PREFERRED BRAND NAME DRUG LIST

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

**EFFECTIVE DATE: July 1, 2022**

**VERY IMPORTANT**

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

***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

**OB/GYN**

***Estrogenics***

Climara Pro Patch  
Duavee

Evamist

Invexxy

Premarin

Premarin vaginal cream

Premphase

Prempro

***Miscellaneous***

Myfembree Tabs

Oriahnn Caps

Orilissa Tab

**OPHTHALMIC AGENTS**

***Anti-infectives***

Moxeza

***Glaucoma Agents:***

Alphagan P 0.1%, 0.15%

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 100-62.5-25

***Glucocorticoids, Inhalation***

Arnuity Ellipta

Flovent Diskus

Flovent HFA

Pulmicort Flexhaler

QVAR redihaler

Symbicort

***Miscellaneous agents***

Xolair

**UROLOGICAL AGENTS**

***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 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 Central Pennsylvania Teamsters Pension Fund has released an improved web portal called MyRetirement. The website is currently LIVE and available to you. The new website address is:

<https://cpat.cbiz.com/>. You can obtain copies of your Annual Benefit Statements on the site under My Documents section. Please note that if you are Retired or don’t have a RIP balance, you can not register and you should contract the Pension department with any questions pertaining to your benefits.

For New employees please make sure you fill out your Seniority Confirmation Form and Beneficiary Form included in your New Employee packets from the Central Pennsylvania Teamsters.

If you are Married, a copy of your Marriage Certificate, not a Marriage License, is needed to apply for your benefits.



# 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)



**The Central Pennsylvania Teamsters Health and Welfare Fund does not provide coverage for childhood or adult immunizations at a retail Pharmacy. Only flu, pneumonia, shingles or COVID-19 vaccines are payable for these locations.**

**If you are enrolled in an HRA through the Fund you must have eligible coverage at the time of service or purchase to receive reimbursement. The proper documentation of eligible expenses should be submitted within 1 year.**

**If you are a UPS employee** and you are planning on going out on Disability you will need to contact **myHR support center** for a case number and a disability approval, or UPS may not continue to pay contributions for your benefits with the Central Pennsylvania Teamsters Health and Welfare Fund. You can contact myHR support center at **1-800-877-6947** or go to [upers.com](http://upers.com) and go to myHR link.



# Healthy Vision Month

## 10 healthy habits that can protect your lifelong vision health

By developing these simple habits, you can help protect your eye health.

### 1—Wash your hands

Many vision-related diseases can be spread by touching in or near the eye with an unwashed hand.

### 2—Safely handle and store contacts

Remember to avoid extended wear and to always toss your solution when it expires. Of course, never touch contacts without washing your hands.

### 3—Avoid risky cosmetic procedures

Don't risk your eye health by getting dangerous procedures like iris tattooing or unnecessary lid lifts.

### 4—Wear eye protection

Wear eye protection any time you are near equipment that could fling debris or projectiles. In addition, be sure to wear sunglasses with both UVA and UVB protection.

### 5—Eat eye-healthy foods

Reduce your risk of cataracts, macular degeneration, night-blindness, and other eye problems with a balanced diet containing fish, eggs, and whole grains.

### 6—Exercise

Exercise helps reduce stress, regulate blood sugar, and increase blood flow. All of these are great for staying fit and for maintaining healthy eyes.

### 7—Manage blood sugar and cholesterol

Uncontrolled blood sugar, high cholesterol, and high blood pressure can reduce the efficiency of your circulatory system. Diabetic retinopathy, glaucoma, or blurry vision may result.

### 8—Rest your eyes

If you're not using your distance vision while overusing your near vision, you may develop nearsightedness or eye strain. Take regular breaks.

### 9—Stop smoking

Smoking increases the risk of vision loss as you age. The smoke is constantly irritating and inflaming your eyes. Eventually, eyesight will decline.

### 10—Get regular eye exams

Eye exams aren't just for correcting vision issues. They are also key in the early detection of systemic diseases like diabetes and hypertension. Your eye exam is one of the most important preventative care services available to you.

Sources: All About Vision, AAO, AOA, Glaucoma.org, NIH.gov

— [Learn more at versanthealth.com/blog](https://www.versanthealth.com/blog)

# Retirees Approved for Pensions February 2022 through May 2022

Name	Local	Employer
<b>February 2022</b>		
ANDERSON, EDWARD S	429	SINGER EQUIPMENT CO INC
ASH SR, JERRY L	776	ARKANSAS BEST FREIGHT SYS INC
BARGER, JAMES E	764	UNITED PARCEL SERVICE INC
BERTONE JR, PETER J	771	YRC FREIGHT
BOLLINGER, DONALD L	429	CLOVER FARMS DAIRY
BORN, PAUL H	229	ROADWAY EXPRESS INC
BOWERS, CRAIG S	429	WETTERAU FOOD SERVICES INC
BOYKO, CONSTANCE M	773	UNITED PARCEL SERVICE INC
BRUDOWSKY, STEPHEN P	776	YRC FREIGHT
BUCKVITZ, DOUGLAS W	773	ABM INDUSTRIES
CAPUTO, ROBERT S	429	KANE STEEL COMPANY
CARLSON, DARRELL T	429	YEAGER SUPPLY INC
CHOCOLAS, JOSEPH A	401	R F TRUESDELL COMPANY INC
CUSIMANO IV, FRANCIS P	429	ASSOCIATED WHOLESALERS INC
DALE, PHILIP E	776	PRESTON TRUCKING CO INC
DICKISON, RICHARD A	229	CONSOLIDATED FREIGHTWAYS
DIETRICH, RICHARD C	429	BRENNTAG NORTHEAST LLC
DRIES, JEFFREY A	429	LENTZ MILLING CO LLC
GRASSIE, MICHAEL	771	YRC FREIGHT
GRUBE, KENNETH D	776	FLEMING COMPANIES INC
HEFFLEY, JACK A	776	YRC FREIGHT
HIGH, JAMES A	776	ARKANSAS BEST FREIGHT SYS INC
HIGH, SCOTT R	429	AIRCO GASES DIV OF BOC GRP INC
HOSLER, JERRY L	429	ASSOCIATED WHOLESALERS INC
KEATON, DAVID E	776	YRC FREIGHT
KELLER, DALE L	771	CPC TANKER LLC
KERSHNER, CONSTANCE R	773	PEOPLE FIRST
KNAUER, GARY J	401	UNITED PARCEL SERVICE INC
KUHN, MICHAEL A	771	YRC FREIGHT
LAUDENSLAGER, GAIL	429	UNITED PARCEL SERVICE INC
LUTZ JR, RONALD G	429	SINGER EQUIPMENT CO INC
MACE, PAMELAA	429	CENTRAL PENNSYLVANIA TEAMSTERS
MANNEY, RONALD T	429	MINKER STEEL PRODUCTS CORP
MARCHETTI, WILLIAM J	429	UNITED PARCEL SERVICE INC
MCCREARY, RICHARD	776	JONES MOTOR CO INC
MILLER, DARYL	771	UNITED PARCEL SERVICE INC
MORGAN, CHARLES P	764	CENTRAL BUILDERS SUPPLY CO
OMALLEY, CATHY	229	UNITED PARCEL SERVICE INC
PAULEY, JAMES P	429	LENTZ MILLING CO LLC
PRAEFKE, GERALD R	229	HCSC LAUNDRY
REED SR, ROBERT L	429	ASSOCIATED WHOLESALERS INC
REINHART, MARTIN E	229	CONSOLIDATED FREIGHTWAYS
RENSHAW, ALBERT S	570	MAIERS BAKERY
RUNKLE, ROBERT E	776	FLEMING COMPANIES INC
SAWYER, DAVID K	776	YRC FREIGHT
SCHAEFFER, ROBERT S	429	NEW PENN MOTOR EXPRESS INC
SHANK, SCOTT	776	YRC FREIGHT
SHEARS, RICHARD	776	YRC FREIGHT
SMITH, DEANNA I	776	YRC FREIGHT
SMITH, ROBERT J	429	VICTUS LTD
SNYDER, NEAL L	771	YRC FREIGHT
SPYKER, KATHRYN D	776	ASSOCIATED WHOLESALERS INC
SULLENBERGER, THOMAS	771	YRC FREIGHT
SUTTON JR, WILLIAM W	776	YRC FREIGHT
TAYLOR, CHARLES J	429	UNITED PARCEL SERVICE INC
TAYLOR, JOHN M	773	UNITED PARCEL SERVICE INC
WEAVER, JAMES R	776	ASSOCIATED WHOLESALERS INC
WELSH, DAVID L	776	YRC FREIGHT
WERNER, GREGORY	773	YRC FREIGHT
WOLPERT, DENNIS M	771	YELLOW FREIGHT SYSTEM INC
YELK, THOMAS R	771	ENERGY FLEET RESOURCES INC
ZIELINSKI, ANDRZEJ	429	E J BRENNEMAN L.P.
ZIMMERMAN, RICHARD A	776	YRC FREIGHT
ZIMMERMAN, WALTER	776	YRC FREIGHT

Name	Local	Employer
<b>March 2022</b>		
ANSPACH, LUKE	429	ASSOCIATED WHOLESALERS INC
APONTE, EUGENIA	773	ABM INDUSTRIES
BARSHINGER, ALAN L	776	FLEMING COMPANIES INC
BEDDIGES, PAUL D	773	YRC FREIGHT
BENNICK, RONALD M	764	CENTRAL BUILDERS SUPPLY CO
BERGER, JEFFREY	773	UNITED PARCEL SERVICE INC
BICKEL JR, BARRY N	429	ASSOCIATED WHOLESALERS INC
BINDAS, JAMES J	401	USF HOLLAND INC
BITTINGER III, EARL E	776	HESS TRUCKING COMPANY
BLATNIK, VICTOR	776	YRC FREIGHT

## Summer 2022

Name	Local	Employer
BRESNICK, DAVID	771	YRC FREIGHT
BREYMIER SR, RICHARD A	229	NEW PENN MOTOR EXPRESS INC
BUKOFSKI, WALTER J	229	ROADWAY EXPRESS INC
CAPOOCI, MICHAEL J	229	ROADWAY EXPRESS INC
CARTER, DION A	776	ST JOHNSBURY TRUCKING CO INC
CHESNIAK, RICHARD	401	PITTSTON LUMBER COMPANY
CLARK, JOHN	764	YRC FREIGHT
CLYMER, JAMES D	776	ARKANSAS BEST FREIGHT SYS INC
DEMLER, DEBRA A	771	UNITED PARCEL SERVICE INC
EISENHART, LEONARD L	429	SUPERVALU INC
FEHNEL, JEFFREY FORREST	773	USF RED STAR
GALLAGHER, EDWARD J	773	GENERAL SUPPLY COMPANY
GARDNER, LARRY D	776	ANDERSON LOGISTICS
GEHRET SR, MICHAEL R	429	CLOVER FARMS DAIRY
GERLOTT, WILLIAM R	429	READING FOUNDRY & SUPPLY CO
GIVLER II, CARL W	429	CEMPORT INC
GROFF, HERBERT E	776	YRC FREIGHT
GUSTANTINO, MICHAEL J	429	STROEHMANN BAKERIES INC.
HARTLAUB, DONALD E	776	NEW PENN MOTOR EXPRESS INC
HAUCK, DAVID J	771	HAUCK & SONS INC
HOFFERT, TIMOTHY M	429	STROEHMANN BAKERIES
HOYT, LYNN M	764	UNITED PARCEL SERVICE INC
KEEFER, LISA L	771	UNITED PARCEL SERVICE INC
KRUPIAK, STEPHEN J	429	CLOVER FARMS DAIRY
KYLOR JR, DAVID R	776	YRC FREIGHT
LANDER, DALE H	776	ARKANSAS BEST FREIGHT SYS INC
LICHTI, RANDY S	771	TRANS-MATERIALS CO
MCLAIN, GARY L	401	YRC FREIGHT
MECKLEY, ALICIA A	776	KEYSTONE DISTRIBUTION CTR INC
MILLER, HORACE A	429	EJB PAVING AND MATERIALS CO
PALM, SAMUEL D	776	YRC FREIGHT
PERKINS, DONALD	776	UNITED PARCEL SERVICE INC
PINA, CATHERINE E	773	ABM INDUSTRIES
POWELL, RICHARD J	401	FRIEDMANS EXPRESS INC
PUTT, NANCY A	429	TEAMSTERS LOCAL UNION 429
REBER, HAROLD D	764	INTERSTATE MTR FREIGHT SYS INC
REINHART, TERRY L	429	WINDSOR DISTRUBUTING CO
ROSHANNON, DENNIS J	429	READING FOUNDRY & SUPPLY CO
SHELL, JAY	776	PERK FOODS C/O HEINZ PET
SCHRUM, MICHAEL F	429	BSP SOFT PRETZEL
SCOTT, RICHARD M	429	SAVOR STREET FOODS INC
SHURR, STEVEN W	429	POWER PACKAGING
SNYDER, ROBIN L	776	UNITED PARCEL SERVICE INC
SPOHN, SCOTT	773	EASTERN INDUSTRIES INC DIV OF
SWANK, JEFFREY L	776	ARKANSAS BEST FREIGHT SYS INC
THOMAS, EDWARD	229	SCRANTON SEWER AUTHORITY
TYSON, GEORGE K	771	YRC FREIGHT
VIVALDA, DIANE	229	TOPPS CHEWING GUM INC
WEITKAMP, STEVEN E	776	FLEMING COMPANIES INC
WYCHUNAS, ANTHONY T	429	KANE STEEL COMPANY

Name	Local	Employer
<b>APRIL 2022</b>		
ASPREY, SHERRY	764	UNITED PARCEL SERVICE INC
BERGER, JEFFERY W	764	SCHNEIDER-VALLEY FARMS INC
BHATTI, KALIM A	776	CONSOLIDATED FREIGHTWAYS
BIEBER, THOMAS E	773	EASTERN INDUSTRIES INC
BIXLER, KERRY L	429	PRESTON TRUCKING CO INC
BOYER, ROSEANNE	773	PEOPLE FIRST
BRIGGS, BLANCHE M	401	WISE FOODS
BRINICH, CHRISTOPHER F	429	SUPERVALU INC
CASSATT, KYLE SCOTT	773	PENN-ASSOC.LINEN & UNIFORM
CLEARY, JOHN M	999	ALLIED SYSTEMS LTD
COSTENBADER, SCOTT	773	UNITED PARCEL SERVICE INC
CRAIG JR, WILLIAM	229	ROADWAY EXPRESS INC
EDELMAN, TERRY	229	YRC FREIGHT
ETZWEILER, RANDY L	771	KUNZLER & COMPANY INC
FERRERI, ANTHONY S	429	J C EHRlich CO INC
FISHER, JOHN K	771	UNITED PARCEL SERVICE INC
FOYTACK, BRIAN	229	HARPER COLLINS PUBLISHERS INC
HARTBERGER, KEVIN	429	NEW ENTERPRISE STONE & LIME CO
HARTMAN, GREGORY M	776	ARKANSAS BEST FREIGHT SYS INC
HARVEY, RICHARD L	401	COON INDUSTRIES INC.
HELM SR, STEPHEN J	771	YELLOW FREIGHT SYSTEM INC
HITT SR, KEVIN L	429	CLOVER FARMS DAIRY
HOLLAND, THOMAS L	429	BRENNTAG NORTHEAST LLC
HOLMES, ROBERT CARL	229	ROADWAY EXPRESS INC
HUNSICKER, WILLIAM G	429	ASSOCIATED WHOLESALERS INC

# Retirees Approved for Pensions February 2022 through May 2022

Name	Local	Employer	Name	Local	Employer
JACKSON, DAVID P	764	CENTRE CONCRETE COMPANY	DANKO, JOHN C	401	ACME MARKETS INC
KIRSCH, TERRENCE M	776	YRC FREIGHT	DELCOLLO, MICHAEL D	429	COTT BEVERAGES WYOMISSING INC
KNAPPENBERGER, GARY C	773	MYERS MEN	EHRENFELD, RICKY L	776	BRANDT DISTRIBUTORS
KOCH III, JAMES E	773	COCA-COLA BTLNG CO LEHIGH VALLEY	FASHOUER, JEAN	229	SUPER MARKET SERVICE CORP
LAZOWSKI, MICHAEL	229	TOPPS CHEWING GUM INC	FRANKENFIELD, JEFFREY	773	UNITED PARCEL SERVICE INC
MACK JR, DARWIN	401	ACME MARKETS INC	FREET, JOHN K	771	KEREK AIR FREIGHT CORP
MADARA, RONALD C	429	ASSOCIATED WHOLESALERS INC	GARRISON, THOMAS H	312	MATLACK INC TERMINAL 52
MATTHEWS, GARY P	773	ASHLAND CHEMICAL COMPANY	GERVASI, ANTHONY J	229	ROADWAY EXPRESS INC
MCCAULEY, KAREN	776	UPS CARTAGE SERVICES INC	GLESSNER, WADE A	776	YRC FREIGHT
MILLER, BRENT A	776	FLEMING COMPANIES INC	GUTKOWSKI, LEONARD J	401	SANITARY LEASING SERVICES INC
MLADENOFF, MICHAEL L	776	FLEMING COMPANIES INC	HALUPA, STEPHEN T	429	DEAN DAIRY FLUID LLC
MUSSER, TERRY LEE	429	SCHROCK CABINET COMPANY	HEIDEL, PEGGY S	771	YELLOW FREIGHT SYSTEM INC
NALLY JR, VINCENT R	429	GOODMAN VENDING SERVICE	HILT, BETHAMY E	776	ARKANSAS BEST FREIGHT SYS INC
OXENDINE, MICHAEL A	776	PERK FOODS C/O HEINZ PET	HULL, JEFFREY	773	UNITED PARCEL SERVICE INC
PHILLIPS JR, MICHAEL P	429	NEW PENN MOTOR EXPRESS INC	JAMES, JOSEPH F	429	DEAN DAIRY FLUID LLC
POTTEIGER, ROGER K	776	ARKANSAS BEST FREIGHT SYS INC	JANESKI, LEONARD	229	HARPER COLLINS PUBLISHERS INC
RESENDIZ, JOSEPH E	429	NEW PENN MOTOR EXPRESS INC	JOHNSON, MICHAEL	771	YRC FREIGHT
RODRIGUEZ, LUIS A	776	YRC FREIGHT	KERN, DENNIS J	773	EASTERN INDUSTRIES INC DIV OF
SCHAEFFER, DAVID B	429	DEAN DAIRY FLUID LLC	KIEHL, PHILLIP MATTHEW	776	YRC FREIGHT
SITES, GREGORY A	429	ASSOCIATED WHOLESALERS INC	LIONTI, MARK A	429	STROEHMANN BAKERIES
SNYDER JR, ROBERT L	764	UNITED PARCEL SERVICE INC	MCGLYNN, MICHAEL K	229	LWR LACKAWANNA VLY SANITARY AU
TROUT, TAMI L	429	BRENNTAG NORTHEAST LLC	MICHALOWSKI JR, LEON	429	CENTRAL DOOR & PLYWOOD CO
WERNER, DENNIS P	429	ALL STAR DISTRIBUTING INC	MILLER, JILL	776	NATIONS WAY TRANSPORT SERVICES
WESTLEY, TIMOTHY S	429	CENTRAL DOOR & PLYWOOD CO	MILLER, LEONARD	776	YRC FREIGHT
WINDER, EDWARD	771	MILLER & HARTMAN INC	MULL, KARLA J	429	NEW PENN MOTOR EXPRESS INC
WOODS, ROBERT S	771	MILLER & HARTMAN INC	MYERS, JEFFREY S	229	CONSOLIDATED FREIGHTWAYS
YARKO, GARY M	773	J C EHRlich CO INC	OSBORNE, JAMES	229	PEPSI COLA BOTTLING
ZIELINSKI, JOSEPH	229	COON INDUSTRIES	OTSTOT, RANDALL J	776	NATIONS WAY TRANSPORT SERVICES
<b>May 2022</b>			PARZANESE, JEFFREY P	429	ALL STAR DISTRIBUTING INC
ALHOUSE SR, BARRY L	429	SINGER EQUIPMENT CO INC	PERRY, MICHAEL J	776	BROCKER REBAR CO INC
BALIK, JOHN T	773	EASTERN INDUSTRIES INC DIV OF	PHILLIPS, DAVID	429	BRENNTAG NORTHEAST LLC
BERSTLER, DAVID C	429	PETRO OIL	REED, ROBERT	771	YRC FREIGHT
BESTRYCKI, EDWARD	229	UNITED PARCEL SERVICE INC	RITCHEY JR, JAMES D	776	ROADWAY EXPRESS INC
BLESSING, RICKI V	776	LEVINSON STEEL COMPANY	ROCKEL, WILLIAM H	773	ST JOHNSBURY TRUCKING CO INC
BRENNER III, LEONARD	776	YRC FREIGHT	ROJEK, MICHAEL A	229	OKLAHOMA OIL COMPANY
BURKE, CHRISTIE R	773	J D M MATERIALS CO INC	SHIFFLETT, MARK D	776	USF RED STAR
CARBONE, DAVID C	776	UNITED PARCEL SERVICE INC	SISSICK JR, THOMAS	401	UNITED PARCEL SERVICE INC
CLANCY, CYNTHIA L	776	ASSOCIATED WHOLESALERS INC	STEFFY, RALPH E	771	APEX EQUIPMENT COMPANY
CLARE, MICHAEL S	771	YELLOW FREIGHT SYSTEM INC	STINES III, MARTIN G	776	YRC FREIGHT
CLAYSON, BRENT A	229	ROADWAY EXPRESS INC	SULZER, RONALD D	776	YRC FREIGHT
CLINGAMAN, JOHN R	429	JOHN PFROMMER INC	TRIMBLE, BRIAN	771	YRC FREIGHT
COMER, JEFFREY A	773	EASTERN INDUSTRIES INC	WASILEWSKI, JOAN M	229	TOPPS CHEWING GUM INC
DANIELS, MARK	771	YRC FREIGHT	WASSMER SR, DAVID A	429	WINDSOR SERVICE TRUCKING
			WOELFEL, ANDREA K	773	UNITED PARCEL SERVICE INC

## MAY 2022 RETIREMENT INCOME PLAN (RIP) INVESTMENT RETURN

The following is the approximate net investment return for the Central PA Teamsters RIP 1987 retirement plan for the 5 month period ending May 31 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.

<b>Plan</b>	<b>Approximate Net Investment Return</b>
<b>RIP 1987</b>	<b>-6.4% YTD</b>

You may also view your RIP 1987 balance on the Fund website through the Pension Fund Calculator. Click on the Pension section and then "Pension Calculator." 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."





## 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, 2022. 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 Fax: 916-440-5676 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

<p align="center"><b>GEORGIA-Medicaid</b></p> <p>A HIPP 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, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: (678) 564-1162, Press 2</p>	<p align="center"><b>MAINE-Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: -800-977-6740.  TTY: Maine relay 711</p>
<p align="center"><b>INDIANA-Medicaid</b></p> <p>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</p>	<p align="center"><b>MASSACHUSETTS-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840</p>
<p align="center"><b>IOWA-Medicaid and CHIP (Hawki)</b></p> <p>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</p>	<p align="center"><b>MINNESOTA-Medicaid</b></p> <p>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</p>
<p align="center"><b>KANSAS-Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p align="center"><b>MISSOURI-Medicaid</b></p> <p>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</p>
<p align="center"><b>KENTUCKY-Medicaid</b></p> <p>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:KIHIPP.PROGRAM@ky.gov">KIHIPP.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></p>	<p align="center"><b>MONTANA-Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>
<p align="center"><b>LOUISIANA-Medicaid</b></p> <p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.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)</p>	<p align="center"><b>NEBRASKA-Medicaid</b></p> <p>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</p>
<p align="center"><b>NEVADA-Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p align="center"><b>SOUTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>

<p align="center"><b>NEW HAMPSHIRE-Medicaid</b></p> <p>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</p>	<p align="center"><b>SOUTH DAKOTA-Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<p align="center"><b>NEW JERSEY-Medicaid and CHIP</b></p> <p>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</p>	<p align="center"><b>TEXAS-Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>
<p align="center"><b>NEW YORK-Medicaid</b></p> <p>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</p>	<p align="center"><b>UTAH-Medicaid and CHIP</b></p> <p>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</p>
<p align="center"><b>NORTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p align="center"><b>VERMONT-Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>
<p align="center"><b>NORTH DAKOTA-Medicaid</b></p> <p>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</p>	<p align="center"><b>VIRGINIA-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a>  <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>  Medicaid Phone: 1-800-432-5924  CHIP Phone: 1-800-432-5924</p>
<p align="center"><b>OKLAHOMA-Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p align="center"><b>WASHINGTON-Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>
<p align="center"><b>OREGON-Medicaid</b></p> <p>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</p>	<p align="center"><b>WEST VIRGINIA-Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>PENNSYLVANIA-Medicaid</b></p> <p>Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>  Phone: 1-800-692-7462</p>	<p align="center"><b>WISCONSIN-Medicaid and CHIP</b></p> <p>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</p>
<p align="center"><b>RHODE ISLAND-Medicaid and CHIP</b></p> <p>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)</p>	<p align="center"><b>WYOMING-Medicaid</b></p> <p>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</p>

To see if any other states have added a premium assistance program since January 31, 2022, 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, 2022</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, 2022</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*  
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*  
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  
Grosvenor Capital Management, L.P.  
Hamilton Lane Advisors  
Intercontinental Real Estate Corp.  
Loomis, Sayles & Company  
Mesirow Financial Services, Inc.  
Northern Trust Investments, Inc.  
Segall Bryant & Hamill  
Sierra Investment Partners, Inc.  
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 7:30 a.m. to 4:00 p.m.

**Telephone Numbers:**

**Health & Welfare**  
(610) 320-5500  
Toll free in PA 1-800-422-8330  
Nationwide 1-800-331-0420

**Pension**  
(610) 320-5505  
Toll free in PA 1-800-343-0136  
Nationwide 1-800-331-0420

**REMINDER**

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

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

Visit Our Website at: [www.CentralPATeamsters.com](http://www.CentralPATeamsters.com)