

GUARDIAN



Reading, Pennsylvania

HEALTH AND WELFARE/PENSION GUARDIAN NEWSLETTER



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

our Union
Label Here!

In this edition

Mosquitoes and Ticks.....	1
Skin Safety.....	2
Prescription Benefit Plans	5
Step Therapy.....	6
Preferred Brand Drug List	10
Know your Pension Plan.....	12
Retirement 101.....	13
Health and Welfare Plan	14
Retirees	15
RIP Investment Return	16
CHIP	17
Creditable Coverage Notice	20

IMPORTANT NOTICE

PLEASE BE SURE TO REVIEW THE UPDATED PREFERRED BRAND NAME DRUGS LIST FOUND ON PAGES 10-11 WHICH IS EFFECTIVE JULY 1, 2023.

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

MOSQUITOES AND TICKS

Don't let mosquitoes and ticks ruin your carefree summer fun. As we spend more time outdoors for activities like camping, hiking, swimming, picnicking and barbecuing, there is a greater chance of getting bitten by mosquitoes and ticks. According to the **American Mosquito Control Association** there are 176 known species of mosquito in the U.S. — putting Americans at risk from coast to coast. And while mosquitoes may be the most obvious detractor from summer fun – ticks are silent but dangerous. Most active during warmer months (April to September), it is especially important to be vigilant of blacklegged ticks, more commonly known as deer ticks, especially if you live in the Northeast, Mid-Atlantic, North-central or Northwest.

Mosquitoes and ticks are more than just itchy and annoying — if infected, these pests can pose a major health risk to people by possibly transmitting diseases. Follow these tips to prevent mosquito and tick bites this summer:

- Use insect repellents containing DEET (N, N-diethyl-meta-toluamide) when you are outdoors. Be sure to follow the directions on the package.
- Consider staying indoors at dusk and dawn, when mosquitoes are most active.
- Wear long-sleeved shirts and long pants and tuck your pant legs into your socks or boots.
- Use a rubber band or tape to hold pants against socks so that nothing can get under clothing.
- Tuck your shirt into your pants. Wear light-colored clothing to make it easier to see tiny insects or ticks.
- When hiking in woods and fields, stay in the middle of trails. Avoid underbrush and tall grass.
- If you are outdoors for a long time, check yourself several times during the day. Especially check in hairy areas of the body like the back of the neck and the scalp line.
- Inspect yourself carefully for insects or ticks after being outdoors or have someone else do it.
- If you have pets that go outdoors, spray with repellent made for their breed/type. Apply the repellent according to the label and check your pet for ticks often.
- Get rid of mosquito breeding sites by emptying sources of standing water outside of the home, such as from flowerpots, buckets, and barrels.

Source: www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/summer-safety.html



Skin Safety

Over time, exposure to the sun has an effect on our skin. We develop wrinkles and age spots, but there's also a more serious concern—skin cancer. You can protect your skin by following these tips:

- **Cover up.** Cover your skin with clothing, like long-sleeved shirts, pants and hats to protect your face. Wear sunglasses that protect against UV rays to shield your eyes and the delicate skin around them.
- **Slather on sunscreen.** Choose a sunscreen with at least SPF 15 every day. Don't forget that you can burn and get sun damage even on cloudy days.
- **Be careful around water, snow and sand.** Each of these reflect and intensify sunlight, increasing your chance of sunburn.
- **Say no to tanning beds.** Tanning beds have the same damaging rays as the sun, and using them even occasionally almost triples your chances of developing melanoma, the most dangerous type of skin cancer.
- **Chill out in the shade.** Enjoy the outdoors but avoid direct sun exposure by cooling off in the shade. While exposure to the sun can be damaging any time of the day, its rays are strongest between 10:00 AM and 4:00 PM.

The A-B-C-D-Es of examining your skin

There are several types of skin cancer, but melanoma is the most deadly, causing 75 percent of deaths related to skin cancer. Catching skin cancer early is crucial to effective treatment. Examine your moles and skin lesions once a month and look for the A-B-C-D-Es of melanoma:

- **Asymmetry**—one half is unlike the other half
- **Border**—irregular, scalloped or poorly defined border
- **Color**—varied from one area to another; shades of tan, brown, black; sometimes white, red or blue
- **Diameter**—look especially for moles with a diameter of more than 6 mm (the size of a pencil eraser)
- **Evolving**—changing in size, shape or color

See a dermatologist immediately if you notice any of these signs.



Tips for buying and applying sunscreen

- **Choose a broad spectrum sunscreen.** This protects you against both of the sun's rays (UVA and UVB).
- **Use a sunscreen that is SPF 15 or higher.** SPF, or Sun Protection Factor, measures how well your sunscreen deflects UVB rays, which cause sunburn.
- **Apply sunscreen 30 minutes before going outside.** This allows time for the active ingredients to start working.
- **Reapply every two hours, after swimming or after activity that causes you to sweat.** No sunscreen is truly waterproof. You'll need to reapply for your best protection.

Sources: American Academy of Dermatology, Skin Cancer Foundation, Mayo Clinic



We are Meritain Health®

As Advocates for Healthier Living, we provide easy-to-use health care benefits you can use to live well. We also take steps to help you save on the cost of your care. Contact us at the number on your ID card if you have any questions about your plan.

This flyer is for information and is not meant as medical advice. Health benefits plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change.

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

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

The Central Pennsylvania Teamsters Health & Welfare Fund:

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

1-610-320-5500. لكل رفوت، ان اجم، ةيوغلل اءءاسمل اءاءء ةيبرءلا ءءءء ءنك اءا ءيبنء.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Central Pennsylvania Teamsters Health and Welfare Fund Prescription Benefit Plans

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

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

**Plans
14 and 16**

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

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

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

* 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.



Step Therapy

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

STEP THERAPY CATEGORIES NOT SUBJECT TO GRANDFATHERING:

Effective January 1, 2016, the Fund will **NOT** provide benefits for medications in Step II unless you have documented that you have tried and failed on a Step I medication and your physician has submitted documentation demonstrating that the Step II medications are "medically necessary" under the Fund's criteria.

CATEGORY	STEP I	STEP II
ALZHEIMER'S DISEASE	DONEPEZIL GALANTAMINE RIVASTIGMINE & ALL OTHER GENERICS	ARICEPT EXELON NAMENDA RAZADYNE
ANGIOTENSIN RECEPTOR BLOCKERS (ANTIHYPERTENSIVES)	CANDESARTAN EPROSARTAN IRBESARTAN LOSARTAN TELMISARTAN VALSARTAN & ALL OTHER GENERICS	ATACAND AVAPRO BENICAR BYVALSON COZAAR DIOVAN EDARBI MICARDIS
ANTI-DEPRESSANTS	BUPROPION HCL CITALOPRAM DESVENLAFAXINE DULOXETINE ESCITALOPRAM FLUOXETINE NEFAZODONE SERTRALINE TRAZODONE VENLAFAXINE & ALL OTHER GENERICS	APLENZIN CYMBALTA DRIZALMA EFFEXOR FETZIMA FORFIVO XL KHEDEZLA LEXAPRO PEXEVA PRISTIQ PROZAC SPRAVATO TRINTELLIX VIBRYD WELLBUTRIN ZOLOFT
ANTI-GLAUCOMA EYE PREPARATIONS	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
ANTIPSYCHOTICS	CLOZAPINE OLANZAPINE QUETIAPINE RISPERIDONE ZIPRASIDONE & ALL OTHER GENERICS	ABILIFY - Evidence of "medical necessity" must include documentation of failure of all other therapies, including non-drug intervention

BETA-ADRENERGIC BLOCKERS (ANTIHYPERTENSIVES)	ACEBUTOLOL ATENOLOL BETAXOLOL BISOPROLOL NADOLOL PINDOLOL PROPRANOLONOL SOTALOL TIMOLOL & ALL OTHER GENERICS	BYSTOLIC KAPSPARGO
CALCIUM CHANNEL BLOCKERS (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
CONTRACEPTIVES	All Generic Contraceptives	All Brand Contraceptives
DIABETES	ACARBOSE GLIMEPIRIDE GLIPIZIDE GLYBURIDE JANUMET JANUVIA METFORMIN PIOGLITAZONE REPAGLINIDE & ALL OTHER GENERICS	INVOKANA JARDIANCE JENTADUETO KAZANO QTERN SEGLUROMET STEGLATRO STEGLUJAN TRADJENTA
NARCOTIC ANALGESICS NOTE: BENEFITS WILL BE PROVIDED ONLY FOR NARCOTIC ANALGESICS PRESCRIBED AT THE MANUFACTURERS RECOMMENDED SCRIPT LEVEL.	ACETAMINOPHEN-CODEINE HYDROCODONE-ACETAMINOPHEN HYDROMORPHONE MEPERIDINE METHADONE MORPHINE SULFATE OXYCODONE OXYCODONE-ACETAMINOPHEN OXYCODONE-ASPIRIN OXYMORPHONE TRAMADOL & ALL OTHER GENERICS	APADAZ DEMEROL DSUVIA LAZANDA LORTAB MITIGO NUCYNTA OXYCONTIN PERCOCET PROLATE TYLENOL WITH CODEINE ULTRACET ULTRAM XTAMPZA
OSTEOPOROSIS	ALENDRONATE CALCITONIN-SALMON IBANDRONATE RALOXIFENE RISEDRONATE & ALL OTHER GENERICS	ACTONEL ATELVIA BINOSTO BONIVA EVENITY EVISTA FOSAMAX MIACALCIN PROLIA
RHEUMATOID ARTHRITIS	HIGH DOSE IBUPROFEN AND NAPROXEN (PRESCRIPTION STRENGTH)	ACTEMRA CIMZIA ENBREL





Step Therapy

Continued

RHEUMATOID ARTHRITIS (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
URINARY AGENTS	TOVIAZ FLAVOXATE OXYBUTYNIN TOLTERODINE TROSPIMUM & 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.

ADD & ADHD	ALL GENERICS	ADDERALL ADHANSIA XR ADZENYS CONCERTA COTEMPLA XR DAYTRANA DESOXYN DEXEDRINE EVEKEO FOCALIN JORNAY METADATE METHYLIN MYDAYIS PROCENTRA QUILLIVANT RELEXXII RITALIN VYVANSE ZENZEDI
ANTI-MIGRAINE	ALL GENERICS	AIMOVIG AJOVY AMERGE BRIVIACT CAFERGOT D.H.E.45 EMGALITY ERGOMAR FROVA IMITREX MAXALT MIGERGOT MIGRANAL NURTEC ONZETRA 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 7.1.23
rev. 6.20.23

ANTI-MIGRAINE (Continued)		REYVOW SUMAVEL TOSYMRA TREXIMET UBELVY VYEPTI ZEMBRACE SYMTOUCH ZOMIG
ANTI-CONVULSANTS	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
PROTON PUMP INHIBITORS	OVER THE COUNTER ("OTC"): LANSOPRAZOLE DR OTC NEXIUM OTC OMEPRazole OTC OMEPRazole-BICARB OTC PREVACID OTC PRILOSEC OTC ZEGERID OTC	ACIPHEX DEXILANT ESOMEPRazole NEXIUM OMEPRazole-BICARB PANTOPRAZOLE PREVACID PRILOSEC PROTONIX ZEGERID
ULCERATIVE COLITIS	AZULFIDINE BALSALAZIDE MESALAMINE SULFASALAZINE & ALL OTHER GENERICS	APRISO ASACOL COLAZAL DELZICOL DIPENTUM ENTYVIC HUMIRA LIALDA PENTASA SIMPONI STELARA

PREFERRED BRAND NAME DRUG LIST

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

EFFECTIVE DATE: July 1, 2023

VERY IMPORTANT

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

ANALGESICS

Anti-Migraine

Aimovig
Ajovy
Emgality
Nurtec ODT
Qulipta
Uberlvy

Opioid Agonist

Belbuca
Xtampza ER

Misc

Depen

ANTI-ADDICTIVE AGENTS

Zubsolv

ANTI-INFECTIVES

Micellaneous Anti-infectives

Emverm

CARDIOVASCULAR

Angiotensin Receptor Blockers & Combinations

Entresto

Anti-hyperlipidemics

Livalo
Nexeleto
Nexlizet

Miscellaneous Cardiovascular

Verquvo

CNS AGENTS

Attention Deficit Disorder Treatment

Vyvanse

DERMATOLOGICALS

Hemorrhoidal Preparations:

Proctofoam HC

Psoriasis & Eczema Agents:

Eucrisa 2% ointment

ENDOCRINE

Androgens/Estrogens

Androderm Patch

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
Mounjaro
Omnipod 5 G6 Intro Kit
Omnipod 5 G6 Pods (5pk)
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, 2023

VERY IMPORTANT

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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

OB/GYN

Estrogenics

Climara Pro Patch

Duavee

Evamist

Imvexxy

Premarin

Premarin vaginal cream

Premphase

Prempro

Miscellaneous

Myfembree Tabs

Oriahnn Caps

Orilissa Tab

OPHTHALMIC AGENTS

Glaucoma Agents:

Alphagan P 0.1%, 0.15%

Lumigan

Simbrinza

Xelpros

Miscellaneous

Prolensa

Restasis Multidose

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

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. Balances can be checked on the fund’s pension calculator.

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 and Important Items to Remember. You can also access the Fund’s Pension Calculator to view your pension benefits, including your RIP 1987 account balance, if applicable.

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.



Please remember to check your beneficiary information that was listed on your Annual Pension Statement. If you are changing your beneficiary, you can not designate yourself or someone who is deceased.

When calling the Pension Fund Office, please remember to have the member’s social security number ready.

If you become widowed, you will need to forward a copy of the death certificate to the Pension Fund. It is illegal to accept (physical check or direct deposit), deposit or cash a check that is issued under the deceased member’s name and Social Security Number. Even if the member has selected a survivor benefit, the death still needs to be reported to the Pension Fund along with the death certificate.

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



Retirement 101

Ready to retire?

When you are ready to retire or have questions about retiring, contact the Central Pennsylvania Teamsters Pension Fund at **1-800-331-0420**. Pension Fund representatives can help you get you started with the Pension Application process.

Your final benefit amounts cannot be determined until you declare your date of retirement. Your date of retirement for pension benefit purposes is always the 1st day of the month.

Request for Application Packet (sometimes referred to as the “1st Set of Papers”)

Once you have chosen a retirement date, call the Pension Fund three months (six months if you have accrued credit in another Teamsters Pension Fund) before your anticipated retirement date. A Fund representative will check your eligibility, answer your questions, and arrange to have your Request for Application Packet (or “1st set of papers”) mailed to you. You must declare your retirement date (always the 1st day of the month) as well as provide your birth certificate and your spouse’s birth certificate, marriage certificate, divorce decree, or spouse’s death certificate, if applicable. Only clean and readable copies are acceptable.

Application (2nd Set of Papers)

After you have sent in the above information, the Fund will calculate your final retirement benefits, based on your declared retirement date. This process can take approximately six to eight weeks. Your Retirement Application (sometimes referred to as the “2nd set of

papers”) will then be mailed to you. These papers will provide your benefit amounts and options for receiving your benefits.

After you have reviewed your application, you can contact the Pension Fund to arrange for assistance in completing your paperwork. You can schedule an appointment at the Fund Office or arrange to complete your application over the phone. All appointments should be arranged through the Pension Fund at **1-800-331-0420**.

Your completed application must be received by the 15th of the month to be approved for payment. A letter may be sent by the Fund Office to your employer to confirm your final day of work and termination date. This letter must also be returned by the 15th of the month for your final application to be approved for payment.

You will then receive a letter stating that your pension has been approved.

When Will I Receive My First Monthly Pension Check after my Application has been approved?

Your checks from the Defined Benefit Plan (or monthly payments from the Retirement Income Plan 1987 if elected) will begin on the first of the month following approval of your Retirement application by the Board of Trustees. Retirement checks are issued on the first day of the month and represent benefits for the previous month. For example, if your retirement date is October 1, you will receive your first check dated November 1, representing benefits for the month of October. If your retirement date is retroactive, your retroactive payment will be paid in a separate check on the first day of the month after your application is approved.

Direct deposit is required for all new Retirees.

IMPORTANT THINGS TO REMEMBER

- ✓ If you are a family member of a Participant and he/she passes away, please make sure to contact the Pension Department.
- ✓ If your bank is purchased and changes names, account numbers, or routing numbers please contact the Pension Department to complete a new Direct Deposit form, or visit our website.
- ✓ If you made an appointment with the Pension Department for assistance filling out your Pension Application and decide you no longer need the appointment or have to cancel for any reason, please make sure that you contact the Pension Department to cancel the appointment.
- ✓ **Please remember to keep your address with the Pension Fund updated if you have moved or if you have a temporary address at different times throughout the year.**

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



It's very important to return any forms to the Health and Welfare when they are requesting additional information. These forms can be returned by mail, fax at 610-320-9236 or via email at hwfund@centralpateamsters.com.

Genetic Testing does require preauthorization.

Always check the drug manufacturer's website for any prescriptions that you may be taking for any possible coupons.

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 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 and go to myHR link.**



Retirees Approved for Pensions March, 2023 through June 2023

Name	Local	Employer	Name	Local	Employer
March 2023					
APSOKARDU, MICHAEL	429	CLOVER FARMS DAIRY	PASSALACQUA-CIPRIANO JAMIE	773	BIMBO BAKERIES USA
ARNOLD, JEFFREY	764	YRC FREIGHT	PERKINS JR, EUGENE W	429	UNITED PARCEL SERVICE INC
BARRETT JR, JOHN	776	YRC FREIGHT	RICCIARDI, ALEXANDER J	229	SUPER MARKET SERVICE CORP
BECK, KENNETH B	776	W & L SALES COMPANY INC	RIDDLE, JEFFREY M	776	KELLOGG'S SALES COMPANY
CLAYTOR, JERRY E	776	FLEMING COMPANIES INC	ROHRBACH, RICKY R	429	SCHROCK CABINET COMPANY
CORMAN, MICHAEL A	776	YRC FREIGHT	SCHREADER, MARK W	429	J C EHRlich CO INC
DESANTO JR, RALPH A	776	NEW PENN MOTOR EXPRESS INC	SCUBELEK, JAMES	229	ROADWAY EXPRESS INC
DETWEILER, PAUL C	429	ASSOCIATED WHOLESALERS INC	SECHRIST, JAN S	776	CONSOLIDATED FREIGHTWAYS
FENTON, GARY J	229	PENN AUTO SERV & SUPPLY CO INC	SECKMAN, WILLIAM FREDDIE	999	ARKANSAS BEST FREIGHT SYS INC
FRACCICA, VINCENT B	773	UNIFIED DOOR & HARDWARE GROUP	SHANNON, JOHN	776	ROADWAY EXPRESS INC
GEESAMAN, DAVID	776	YRC FREIGHT	SMITH, ERNEST	401	YRC FREIGHT
GLOSE, DAVID H	773	KELLER MOVING & STORAGE INC	SMRCINA, ROBERT	776	FLEMING COMPANIES INC
GREEN, MICHAEL	229	UNITED PARCEL SERVICE INC	SNYDER, JERRY S	764	PROFESSIONAL DRIVERS SERVICE
GROSS, KENNETH W	776	CONSOLIDATED FREIGHTWAYS	STRAUSER, DANIEL C	776	ARKANSAS BEST FREIGHT SYS INC
HAUER, LESTER E	429	ASSOCIATED WHOLESALERS INC	SUGGS, LAURA A	771	MILLER & HARTMAN INC
HAYDUK JR, MICHAEL S	773	ASHLAND CHEMICAL COMPANY	TONER, MICHAEL J	764	WILLIAMSPORT MOVING CO INC
JENNINGS, SHARON L	776	ASSOCIATED WHOLESALERS INC	WARD, JOSEPH	773	YRC FREIGHT
KILER, ROBERT	776	UNITED PARCEL SERVICE INC	WOODARD, NELLIE A	776	ASSOCIATED WHOLESALERS INC
KULICK, THOMAS G	229	DEFAZIO EXPRESS INC	May 2023		
LEONARD, KIMBERLY A	776	TEAMSTERS LOCAL UNION 776	ALBINO BONILLA, JACQUELINE	429	POWER PACKAGING AN EXEL CO
LUCABAUGH, DWAIN	776	UNITED PARCEL SERVICE INC	AMSDEN, ZANE P	776	QUALITY CARRIERS INC
MANMILLER, DANIEL R	429	BERKS PRODUCTS CORP	BICKSLER, JAY A	429	ASSOCIATED WHOLESALERS INC
MARAKOVITS, RONALD J	773	W S REICHENBACH & SON INC	BURKART, STEVEN L	429	BRENNTAG NORTHEAST LLC
MCKISSIC, DAVID	429	READING FOUNDRY & SUPPLY CO	COBB, MICHAEL J	229	PEPSI COLA BOTTLING
MILLER, DONALD E	776	ARKANSAS BEST FREIGHT SYS INC	COOPER, ALONZO E	429	DIETRICH'S MILK PRODUCTS INC
PARKER, BRUCE W	429	READING FOUNDRY & SUPPLY CO	CRAMER, MARC	776	METALS USA
PHILLIPS, DAVID F	229	ROADWAY EXPRESS INC	CRAMER, MICHAEL L	776	KEEBLER COMPANY
POND, WILLIAM W	429	SUPERVALU INC	CROWLEY, MARYANN T	229	C&S WHOLESALE GROCERS
RHOADES, GEOFFREY	429	NEW PENN MOTOR EXPRESS INC	CUNNINGHAM JR, THOMAS J	773	COCA-COLA BOTTLING CO LEHIGH VALLEY
RIVERA, GRACE	773	ABM INDUSTRIES	CYPHERS, DAVID W	429	NEW PENN MOTOR EXPRESS INC
SCHNETZKA, SCOTT A	776	YRC FREIGHT	DRAYTON, KEVIN L	771	MILLER & HARTMAN INC
SHANER, CLAUDE A	429	CLOVER FARMS DAIRY	DUNKER, JEFFREY H	429	NEW PENN MOTOR EXPRESS INC
SUBSAK, JOSEPH	229	TOPPS CHEWING GUM INC	EIKER, JEFFREY L	776	YRC FREIGHT
VASQUEZ, PEDRO	773	ABM INDUSTRIES	FOSTER, IRVING T	776	ROADWAY EXPRESS INC
VOLOSIN, MICHAEL J	771	HERMAN R EWELL INC	HARNISH, DARYL L	429	J M SWANK LLC
VOLPETTI, NICHOLAS J	401	UNITED PARCEL SERVICE INC	HEINTZ, JERRY	773	UNITED PARCEL SERVICE INC
WALLS, WILLIAM C	776	CAROLINA FREIGHT CARRIERS CORP	HEMLER, JEFFREY S	776	CONSOLIDATED FREIGHTWAYS
WARREN, JEFFREY L	776	FLEMING COMPANIES INC	KOSTICK, JEFFREY M	429	BRENNTAG NORTHEAST LLC
April 2023			KREIDER, BRIAN L	771	MILLER & HARTMAN INC
ALLMAN, KARL F	229	PEPSI COLA BOTTLING	KREIDER, DONNA	776	ARKANSAS BEST FREIGHT SYS INC
AULISIO, GREGORY L	401	UNITED PARCEL SERVICE INC	KURONYA JR, ALEXANDER	773	PENSKE LEASING
BAKER, MARK J	776	CAROLINA FREIGHT CARRIERS CORP	LEFEVER JR, CARL R	771	LEISURE LAUNDRY SERVICE
BALES, CHARLES E	776	CONSOLIDATED FREIGHTWAYS	LUSH, BRYAN P	429	PENSKE TRUCK LEASING CO LP
BEERS JR, FRANKLIN D	773	EASTERN INDUSTRIES INC DIV OF	LUTZ, EDWARD P	429	ASSOCIATED WHOLESALERS INC
BONILLA, MAURICIO	429	CARL R BIEBER INC	MACKEY, JAMES A	776	NEW PENN MOTOR EXPRESS INC
BRENNAN, CHRISTOPHER P	776	NEW PENN MOTOR EXPRESS INC	MARTIN, BRIAN	773	A-P-A TRANSPORT CORPORATION
BURCICKI, THOMAS J	401	KEYSTONE COCA-COLA BOTTLING CO	MIERZEJEWSKI, THOMAS	429	UNITED PARCEL SERVICE INC
COTTO, HILDA R	773	ABM INDUSTRIES	MISIURA, MATTHEW R	229	ROADWAY EXPRESS INC
CRUZ, RANDALL	776	UNITED PARCEL SERVICE INC	OPP, PHILLIP S	764	D/B/A VALLEY FARMS DAIRY
DIAZ, SANDRA I	773	ABM INDUSTRIES	PASKO, JASON D	229	HARPER COLLINS PUBLISHERS INC
DOMONKOS, ANDREW	771	YRC FREIGHT	PATTI, PLACIDO	999	ROADWAY EXPRESS INC
DUNKELBERGER, GARY	429	MAIERS BAKERY	PLAVIER, RICHARD N	773	UNARCO COMMERCIAL PRODUCTS INC
FRY, DARRIN L	773	TEAMSTERS LOCAL UNION 773	RICCIARDI, DEBORAH M	229	C&S WHOLESALE GROCERS
GATES GREENAWALT, REBECCA LYNN	776	ROADWAY EXPRESS INC	SCARAMASTRO, FRANCES	229	TOPPS CHEWING GUM INC
GILROY, JOSEPH P	229	HARPER COLLINS PUBLISHERS INC	SMITH, GEORGE C	776	DRIVERS INC
GRIFFITH JR, THOMAS B	776	ST JOHNSBURY TRUCKING CO INC	SMITH, KENNETH	771	YRC FREIGHT
HIMIC, DAVID L	429	UNITED PARCEL SERVICE INC	SPARANEY, ROBERT	229	CRYSTAL SODA WATER CO
HYLE, LOGAN BRUCE	776	KEEBLER COMPANY	STAVARSKI, THOMAS	429	ARKANSAS BEST FREIGHT SYS INC
KOPPENHAVER, TIMOTHY L	776	USF RED STAR	SUGALSKI, WILLIAM T	401	COON INDUSTRIES INC
LASTRO, MATTHEW Z	999	LEASEWAY MOTORCAR TRANSPORT CO	SWEITZER III, MAURICE E	771	YELLOW FREIGHT SYSTEM INC
LOBB, DAVID	401	YRC FREIGHT	SZERENCITS, DONALD J	773	EASTERN INDUSTRIES INC
LOFF, DENISE ORTALANO	229	SUPER MARKET SERVICE CORP	WANSON, STEVEN M	771	MILLER & HARTMAN INC
MCGUIRE, ROBERT E	229	UNITED PARCEL SERVICE INC	WEAVER JR, DONALD	764	NEW PENN MOTOR EXPRESS INC
MELENDEZ, JENNIFER	229	YRC FREIGHT	WISE, JOHN E	776	ANDERSON LOGISTICS
MONTINI JR, ANTHONY P	401	NORTHEAST EAGLE DISTRIBUTOR	WOLFE, JERRY F	429	WINDSOR SERVICE INC
NARO, ANGELO	229	AFFILIATED FOOD DISTR INC	WYLAM, JANICE L	229	SUPER MARKET SERVICE CORP
NEWSON, LINDA M	776	ASSOCIATED WHOLESALERS INC	ZAYAC, CHARLES C	229	ROADWAY EXPRESS INC

Retirees Approved for Pensions March, 2023 through June 2023

Name	Local	Employer	Name	Local	Employer
June 2023					
ALICEA, JUAN	771	MILLER & HARTMAN INC	KLICK, RICKY LYNN	429	ASSOCIATED WHOLESALERS INC
ARMSTRONG, ROBERT M	229	C&S WHOLESALE GROCERS	KLINE, ALBERT C	764	WOOD-MODE INC
BACHMAN, GREGORY R	776	RITTER BROTHERS INC	KOVAK, MICHAEL S	429	WINDSOR SERVICE INC
BARGERSTOCK, HARLAND R	776	HESS TRUCKING COMPANY	KRUPA, TIMOTHY J	773	HERTZ PENSKE TRUCK LEASING INC
BAUMAN, PHILLIP R	429	BRENNTAG NORTHEAST LLC	LEAMER, RONALD	771	YRC FREIGHT
BEARD, TOMMY R	776	ARKANSAS BEST FREIGHT SYS INC	LEES, THOMAS J	773	ABM INDUSTRIES
BLANKENBILLER, JAY	429	POWER PACKAGING, AN EXEL CO	MARKS, ALLEN G	429	ASSOCIATED WHOLESALERS INC
BOGUSLOWSKI, JOSEPH J	429	SUPERVALU INC	MARTIN, BONNIE L	776	YORK COUNTY TRANSP AUTHORITY
BONSHOCK, SANDRA M	764	CENTRAL BUILDERS SUPPLY CO	MUSHENO, MICHAEL	229	SCRANTON SEWER AUTHORITY
BRICKER, JOHN J	429	BERKS PRODUCTS CORP	NIGRELLI, MICHAEL	429	WETTERAU FOOD SERVICES INC
CEASE, JOHN K	776	R F TRUESDELL COMPANY INC	NIGRELLI JR, SAMUEL	429	ASSOCIATED WHOLESALERS INC
CHISOLM JR, WILLIE J	429	SCHROCK CABINET COMPANY	NOTZ JR, RICHARD A	776	ROADWAY EXPRESS INC
CHOFFY, JAMES M	429	NEW PENN MOTOR EXPRESS INC	OBERRENDER, DAVID	401	YRC FREIGHT
CORBIN, DANIEL E	776	UNITED PARCEL SERVICE INC	PENTZ JR, RICHARD E	429	LUDENS INCORPORATED
CROCKENBERG, DOUGLAS	229	UNITED PARCEL SERVICE INC	POTTS, TIMOTHY J	771	KUNZLER & COMPANY INC
D'AGOSTINO, STEVEN T	429	DIETZ & WATSON	RADUJ, STANLEY M	773	GENERAL SUPPLY COMPANY
DISTASIO, GARY L	429	BRENNTAG NORTHEAST LLC	RIVERA, ROY CHARLES	773	WELCO/CGI
DUNSING, MICHAEL A	773	J D M MATERIALS CO INC	SCHEITRUM JR, JOHN	773	EASTERN INDUSTRIES INC DIV OF
EBLING, WILLIAM	429	UNITED PARCEL SERVICE INC	SEFERYN JR, STANLEY	401	WISE FOODS
ECK, MICHAEL	771	YRC FREIGHT	SHARBAUGH, WILLIAM A	773	EASTERN INDUSTRIES INC
FARABAUGH, LEROY	776	UNITED PARCEL SERVICE INC	SHUNK, MICHAEL J	429	MAIERS BAKERY
FOLTA, JOHN W	229	CONSOLIDATED FREIGHTWAYS	STAUFFER, JAMES W	764	NEW PENN MOTOR EXPRESS INC
GAMBLE, JEFFREY A	776	YRC FREIGHT	STRAUB, JAMES L	776	CONSOLIDATED FREIGHTWAYS
GATTO, NICHOLAS R	429	SUPERVALU INC	SWEIGART, DAVID L	429	STROEHMANN BAKERIES L.C.
HOFFMAN, RANDY S	771	HERMAN R EWELL INC	TANEY, RANDAL	773	FRIEDMANS EXPRESS INC
HOLLAND, DONALD	773	ABM INDUSTRIES	TUCKER, SCOTT M	429	LENTZ MILLING CO LLC
HORBAL, WAYNE G	429	LEHIGH VALLEY DAIRIES INC	WEATHERHOLTZ, CLARKE L	776	WILSBACH DISTRIBUTORS INC
HUMMEL, CARL E	764	NEW PENN MOTOR EXPRESS INC	WOLF, JOSEPH R	773	SCHWERMANN TRUCKING CO
JOHNSON, STEVEN E	229	NEW PENN MOTOR EXPRESS INC	WOOD, DOUGLAS	429	BRENNTAG NORTHEAST LLC
KAUFFMAN, ANDREW L	771	APEX EQUIPMENT COMPANY	YELLES, DOUGLAS A	773	P I E NATIONWIDE INC
KELLICHNER, WILLIAM K	999	CAROLINA FREIGHT CARRIERS CORP	YORDY, TERRY M	773	INTERNATIONAL DISTR CENTER INC

JUNE 2023 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, 2023. 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	6.0% YTD

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. 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.

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

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

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

CREDITABLE COVERAGE NOTIFICATION

PLAN 13, 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 AND 14P 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 14 AND PLAN 16 PRESCRIPTION COVERAGE:

MAIL ORDER COPAYMENTS	Option A	Option B	Option C
Generic for up to a 90 day supply	\$ 15.00	\$ 30.00	\$ 30.00
Brand Preferred for up to a 90 day supply	\$ 30.00	\$ 40.00	\$ 60.00
Brand Non-Preferred for up to a 90 day supply	\$ 60.00	\$ 80.00	\$100.00
Specialty	\$300.00	\$300.00	\$300.00
RETAIL PHARMACY COPAYMENTS	Option A	Option B	Option C
Generic for up to a 34 day supply	\$ 5.00	\$ 10.00	\$ 10.00
Brand Preferred for up to a 34 day supply	\$ 15.00	\$ 20.00	\$ 30.00
Brand Non-Preferred for up to a 34 day supply	\$ 30.00	\$ 40.00	\$ 50.00
Specialty	\$150.00	\$150.00	\$150.00

This Fund also offers medical benefits:

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

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

Plans 14, 14P and 16 provide the following core benefits: physician office visits, hospital benefits, inpatient benefits, physical therapy benefits, surgical benefits, outpatient diagnostic benefits, transplant benefits, immunization and injection benefits and major medical benefits. Plans 14 and 16 also offer the following benefits on an optional basis, to be selected in collective bargaining and reflected in the contract with the employer: death and accidental death and dismemberment benefits, dental/orthodontic benefits, hearing/ vision benefits, prescription benefits, mental illness/substance abuse benefits, and short-term disability benefits.

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

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

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

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

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

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

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

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

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

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

Date:	August 1, 2023
Name of Entity/Sender:	Central Pennsylvania Teamsters Health & Welfare Fund
Contact—Position/Office:	Prescription Department
Address:	1055 Spring Street, Wyomissing, PA 19610
Telephone Number:	Toll Free In PA 1-800-422-8330
	Toll Free in USA 1-800-331-0420

CREDITABLE COVERAGE NOTIFICATION

PLAN R7 and PLAN R7-65

Important Notice from

THE CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND

About Your Prescription Drug Coverage and Medicare

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

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

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

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

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

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

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

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

If you are considering electing Medicare Part D coverage, you should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. **Keep in mind that this Fund provides you with medical benefits that are described in the next section. If you enroll in a Medicare prescription drug plan and you lose your coverage from the Fund (for example, if you drop your coverage under the Fund in order to enroll in a Medicare Part D plan), you and your eligible dependents will lose those other benefits in addition to your prescription coverage and will not be permitted to re-enroll under the Fund’s coverage.**

The Fund offers the following prescription benefits:

PLAN R7 and PLAN R7-65 COVERAGE:

MAIL ORDER COPAYMENTS

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

RETAIL PHARMACY COPAYMENTS

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

This Fund also offers medical benefits:

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

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

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

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

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

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

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

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

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

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

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

Date:	August 1, 2023
Name of Entity/Sender:	Central Pennsylvania Teamsters Health & Welfare Fund
Contact—Position/Office:	Prescription Department
Address:	1055 Spring Street, Wyomissing, PA 19610
Telephone Number:	Toll Free In PA 1-800-422-8330 Toll Free in USA 1-800-331-0420

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

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Central Pennsylvania Teamsters
for important information.**

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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
Edgar H. Thompson
Union Trustee
Kenneth A. Ross
Employer Trustee
Mark Gladfelder
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
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 3:30 p.m.

Telephone Numbers:

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

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

REMINDER

Keep Your Information Current with the Fund Office

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

Visit Our Website at: www.CentralPATeamsters.com