

## GUARDIAN

Reading, Pennsylvania

HEALTH AND WELFARE/PENSION GUARDIAN NEWSLETTER



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

our Union,  
Label Here!

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**\*IMPORTANT NOTICE\***

PLEASE BE SURE TO REVIEW THE UPDATED PREFERRED BRAND NAME DRUGS LIST FOUND ON PAGES 10-11 WHICH IS EFFECTIVE JANUARY 1, 2024.

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

*Happy Holidays and  
Happy New Year from the*  
**Central Pennsylvania Teamsters  
Health & Welfare and Pension Funds!**

**The Board of Trustees of the Central Pennsylvania Teamsters HW Fund at their November 2023 Board Meeting approved the following benefit improvements:**

Effective January 1, 2024, for members that have Dental benefit coverage through the Central Pennsylvania Teamsters HW Fund, the dental maximum is increased for all Plans. The new annual allowance will increase to \$2,000 for Core A Plans, \$1,600 for Core B Plans and \$1,200 for Core C per covered individual.

Effective January 1, 2024, for members that have Vision benefit coverage through the Central Pennsylvania Teamsters HW Fund, the Davis Vision allowances have increased. The Frames and Lenses Allowance will increase from \$90 to \$150. Contact Lenses Allowances will increase from \$95 to \$150. There is also a new added benefit of a \$200 towards any bilateral Lasik procedure. If the procedure is performed on only one eye, the benefit is \$100.

**Interested in having a \$0 copay on your high-cost drugs? Sign up to become an Alliance Community Healthcare patient and enjoy a \$0 copay on your medications. Please contact Global Pharmaceutical Benefits at 1-800-314-2234 and they will assist you in starting the process.**





## Five Tips to Avoid The Winter Blues

It's the time of year when many people feel what is often called the "winter blues." Days are shorter and colder, which means you may have less energy or feel moody. Here are five tips to help you feel healthier and happier all winter long.

### 1. Exercise.

Exercise has many benefits to your health including relieving stress, improving your mood, and increasing your energy. The winter months can often hamper our exercise routines, but take time to get 30 minutes of activity most days of the week.

### 2. Eat healthy.

Eating the right food can help boost your energy. Eat a well-rounded diet including fruits, vegetables, whole grains, protein and dairy. Limit the number of holiday treats you eat and opt instead for a new, healthy recipe. Try a hearty stew with vegetables to keep you warm on cold days.

### 3. Get some sun.

The sun not only provides us with vitamin D but can also help improve our mood. We often get less sun in the winter because the days are shorter, so take a break from your daily routine to get outside. But don't forget the sunscreen! You can still get sunburned in the winter and on cloudy days.

### 4. Catch some Zs.

Busy schedules around the holidays can really affect our rest and relaxation time. To help keep your energy and mood up, set a goal to get eight hours of sleep per night. Create a relaxing routine before bed to unwind from the day and to help you sleep better.

### 5. Be social.

Sometimes our first instinct when we start to feel down is to be by ourselves. While we all need alone time, our friends and family can help when we're feeling blue. Take the time to enjoy social activities or catch up with an old friend.



## More than just the winter blues?

If you have symptoms such as anxiety, loss of energy, social withdrawal, loss of interest in activities you once enjoyed, or heavy feeling in the arms or legs, you might have more than the winter blues. If you've been feeling down for days at a time, see your doctor. He or she can determine if you are dealing with depression and provide advice on how you can start feeling better.

## Do you have a chronic condition and want help managing your diet?

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



### 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.

# Central Pennsylvania Teamsters Health and Welfare Fund Prescription Benefit Plans

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

<b>RETAIL *</b>	<b>Generic</b> for up to a 90 day supply	\$0
	<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	\$0
	<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 30 day supply	\$300

**Plans  
14 and 16**

<b>RETAIL *</b>	<b>Generic</b> for up to a 90 day supply	Option A \$0	Option B \$0	Option C \$0
	<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	\$0	\$0	\$0
	<b>Brand Preferred</b> for up to a 34 day supply	\$30	\$40	\$60
	<b>Brand Non-Preferred</b> for up to a 34 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 30 day supply	\$300	\$300	\$300

The Central Pennsylvania Teamsters Health and Welfare Fund recently updated the Prescription benefits to allow a \$0 copayment for up to a 90-day supply on all generic prescriptions retail and mail order effective 10/1/2023 on a one-year trial basis.

\* 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.

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

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

The Central Pennsylvania Teamsters Health & Welfare Fund:

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

1-610-320-5500. لكل رفوتت، اناجم، ةيوعلل اءءعاسمل اءامءء، ةيبرعلا ةغلل اءءءءء تنك اذا ءيبنء.

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

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

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

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

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

ध्यान दें: यदि आप 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.



# 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
<b>ALZHEIMER'S DISEASE</b>	DONEPEZIL GALANTAMINE RIVASTIGMINE & ALL OTHER GENERICS	ADLARITY ARICEPT EXELON LEQEMBI NAMENDA
<b>ANGIOTENSIN RECEPTOR BLOCKERS (ANTIHYPERTENSIVES)</b>	CANDESARTAN EPROSARTAN IRBESARTAN LOSARTAN TELMISARTAN VALSARTAN & ALL OTHER GENERICS	ATACAND AVAPRO BENICAR COZAAR DIOVAN EDARBI MICARDIS
<b>ANTI-DEPRESSANTS</b>	BUPROPION HCL CITALOPRAM DESVENLAFAXINE DULOXETINE ESCITALOPRAM FLUOXETINE NEFAZODONE PAROXETINE SERTRALINE TRAZODONE VENLAFAXINE & ALL OTHER GENERICS	APLENZIN AUVELITY CYMBALTA EFFEXOR FETZIMA FORFIVO XL LEXAPRO PRISTIQ PROZAC SPRAVATO TRINTELLIX VIIBRYD WELLBUTRIN ZOLOFT
<b>ANTI-GLAUCOMA EYE PREPARATIONS</b>	APRACLONIDINE HCL BETAXOLOL BRIMONIDINE CARTEOLOL DORZOLAMDE LATANOPROST LEVOBUNOLOL PILOCARPINE TIMOLOL TRAVOPROST & ALL OTHER GENERICS	ALPHAGAN AZOPT BETIMOL BETOPTIC COMBIGAN COSOPT ISTALOL LUMIGAN PHOSPHOLINE RHOPRESSA ROCKLATAN SIMBRINZA TIMOPTIC TRAVATAN 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 (ANTIHYPERTENSIVES)</b>	ACEBUTOLOL ATENOLOL BETAXOLOL BISOPROLOL METOPROLOL	BYSTOLIC KAPSPARGO



<b>BETA-ADRENERGIC BLOCKERS</b> (ANTIHYPERTENSIVES) (Continued)	NADOLOL PINDOLOL PROPRANOLOL SOTALOL TIMOLOL & ALL OTHER GENERICS	
<b>CALCIUM CHANNEL BLOCKERS</b> (ANTIHYPERTENSIVES)	AMLODIPINE ATORVASTATIN AMLODIPINE BESYLATE AMLODIPINE VALSARTAN DILTIAZEM FELODIPINE ISRADIPINE NICARDIPINE NIFEDIPINE NISOLDIPINE VERPAMIL & ALL OTHER GENERICS	CADUET CARDIZEM CARTIA XT CONJUPRI EXFORGE NORVASC PROCARDIA XL SULAR TIADYL TIAZAC ER VERELAN
<b>CONTRACEPTIVES</b>	All Generic Contraceptives	All Brand Contraceptives
<b>DIABETES</b>	ACARBOSE GLIMEPIRIDE GLIPIZIDE GLYBURIDE METFORMIN PIOGLITAZONE REPAGLINIDE & ALL OTHER GENERICS	INVOKANA INPEFA JANUMET JANUVIA 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 MITIGO NUCYNTA OXYCONTIN PERCOCET PROLATE TYLENOL WITH CODEINE XTAMPZA
<b>OSTEOPOROSIS</b>	ALENDRONATE CALCITONIN-SALMON BANDRONATE RALOXIFENE RISEDRONATE & ALL OTHER GENERICS	ACTONEL ATELVIA BINOSTO EVENITY EVISTA FOSAMAX MIACALCIN PROLIA
<b>RHEUMATOID ARTHRITIS</b>	HIGH DOSE IBUPROFEN AND NAPROXEN (PRESCRIPTION STRENGTH) CELECOXIB NABUMETONE PIROXICAM DIFLUNISAL INDOMETHACIN KETOPROFEN ETODOLAC	ACTEMRA AMJEVITA CIMZIA CYLTEZO ENBREL ENSPRYNG HADLIMA HULIO HUMIRA HYRIMOZ





## Step Therapy

*Continued*

### 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>RHEUMATOID ARTHRITIS</b> (Continued)	PREDNISONE CYCLOPHOSPHAMIDE CYCLOSPORINE AZATHIOPRINE METHOTREXATE & ALL OTHER GENERICS	IDACIO ILUMYA INFLECTRA KEVZARA KINERET OLUMIANT ORENCIA RENFLEXIS RINVOQ SIMPONI SILIQ SKYRIZI STELARA TALTZ XELJANZ YUFLYMA YUSIMRY
<b>URINARY AGENTS</b>	FLAVOXATE OXYBUTYNIN TOLTERODINE TROSPIMUM & ALL OTHER GENERICS	GELNIQUE MYRBETRIQ OXYTROL TOVIAZ VESICARE
<b>ADD &amp; ADHD</b>	ALL GENERICS	ADDERALL ADZENYS AZSTARYS CONCERTA COTEMPLA XR DAYTRANA DESOXYN DEXEDRINE DYANAVEL EVEKEO FOCALIN JORNAY METHYLIN MYDAYIS PROCENTRA QELBREE QUILLIVANT RELEXXI RITALIN VYVANSE XELSTRY ZENZEDI
<b>ANTI-MIGRAINE</b>	ALL GENERICS	AIMOVIG AJOVY BRIVIACT ELYXYB EMGALITY ERGOMAR FROVA IMITREX MAXALT MIGERGOT MIGRANAL NURTEC ONZETRA QULIPTA RELPA REYVOW TOSYMRA TREXIMET TRUDHESA UBRELVY





## Step Therapy

*Continued*

### RX NEWS



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

rev. 12.8.23

<b>ANTI-MIGRAINE</b> (Continued)		VYEPTI ZAVZPRET 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	APTOM BANZEL CARBATROL CELONTIN CEREBYX DEPAKOTE DIACOMIT DILANTIN ELEPSIA EPIDIOLEX EPRONTIA FELBATOL FINTEPLA FYCOMPA KEPPRA KLONOPIN LAMICTAL 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 KONVOMEP LANSOPRAZOLE NEXIUM OMEPRazole OMEPRazole-BICARB PANTOPRAZOLE PREVACID PRILOSEC PROTONIX ZEGERID
<b>ULCERATIVE COLITIS</b>	AZULFIDINE BALSALAZIDE MESALAMINE SULFASALAZINE & ALL OTHER GENERICS	AMJEVITA APRISO COLAZAL DELZICOL DIPENTUM ENTYVIO HUMIRA LIALDA PENTASA SIMPONI STELARA

# PREFERRED BRAND NAME DRUG LIST

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

**EFFECTIVE DATE: January 1, 2024**

**VERY IMPORTANT**

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

## ANALGESICS

### *Anti-Migraine*

Aimovig  
Ajovy  
Emgality  
Nurtec ODT  
Qulipta  
Ubrelyv

### *Opioid Agonist*

Belbuca  
Xtampza ER

### *Misc*

Depen

## ANTI-INFECTIVES

### *Miscellaneous Anti-infectives*

Emverm

## CARDIOVASCULAR

### *Angiotensin Receptor Blockers & Combinations*

Entresto

### *Anti-hyperlipidemics*

Livalo  
Nexeletol  
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 BCise  
Byetta  
Ozempic  
Rybelsus Tab  
Trulicity  
Victoza

## *Insulins*

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

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

Farxiga  
Glyxambi  
Jardiance  
Synjardy  
Synjardy XR  
Trijardy XR  
Xigduo XR

### *Miscellaneous*

Baqsimi Spray  
Mounjaro  
Omnipod 5 G6 Intro Kit  
Omnipod 5 G6 Pods (5pk)  
Symlinpen  
Zegalogue

# PREFERRED BRAND NAME DRUG LIST

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## **GASTROINTESTINAL AGENTS**

### ***Anti-ulcer***

Pylera

### ***Digestants***

Creon

Zenpep DR

### ***Miscellaneous Products, Gastrointestinal***

Apriso

Linzess

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

Premarin

Premarin vaginal cream

Premphase

Prempro

### ***Miscellaneous***

Myfembree Tabs

Oriahnn Caps

Orilissa Tab

## **OPHTHALMIC AGENTS**

### ***Glaucoma Agents:***

Alphagan P 0.1%,

Lumigan

Simbrinza

### ***Miscellaneous***

Prolensa

Restasis Multidose

Xiidra

## **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 15<sup>th</sup> 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.



**P**lease 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. With a new year right around the corner, Form 1099-Rs will be mailed out in January 2024 and the Internal Revenue Service recommends that taxpayers notify their employers, the IRS and the USPS if their addresses have changed so there are no delays in receiving your tax documents. Copies will also be available on our website, [www.CentralPATeamsters.com](http://www.CentralPATeamsters.com), under the link for the Pension Calculator.







# The Teladoc Health™ Mobile App



The mobile app from Teladoc Health makes access to health care even easier. You can download the Teladoc Health app for your mobile device from the App Store® or Google Play™



## Common conditions treated

When your primary doctor isn't available, Teladoc Health can provide you with treatment for acute conditions, including:

- Allergies.
- Bronchitis.
- Cold or flu.
- Headaches or migraines.
- Eye or ear infections.
- Skin irritations and rashes.
- Respiratory infections.
- Sinus infections.
- Stomachache or diarrhea.
- Urinary tract infections.
- Many other conditions.

## Simple. Transparent. Versatile.

At Meritain Health®, we're creating unrivaled connections.

Follow us: @meritainhealth | Meritain Health

www.meritain.com | © 2023–2024 Meritain Health, Inc.

You can reach a doctor 24/7/365 with the Teladoc Health mobile app —without having to wait for an appointment!. It works with all Apple® and Android™ mobile devices. To download, just visit the App Store or Google Play.

## There's more than one way to contact a doctor

- Call **1.800.835.2362**.
- Visit **[www.Teladoc.com](http://www.Teladoc.com)**.
- Download the mobile app from the App Store or Google Play.

**Need help? You can contact a Teladoc Health doctor at 1.800.835.2362 or visit them online at [www.Teladoc.com](http://www.Teladoc.com).**

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**Meritain Health®**  
an **aetna** company

# 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)



**P**lease notify both the Health and Welfare Fund and your employer of any changes in your marital status (married, divorced, or widowed) so that the change can be reflected on the Health and Welfare billing statement for proper reporting of dependent coverage.

**Please note:** the Fund does not consider your ex-spouse to be an eligible dependent under the Health and Welfare Plan after the effective date of your divorce. Members are required to reimburse the Fund for any claims paid on behalf of an ex-spouse after the date a divorce becomes final, based on the divorce decree.



## 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, 2023. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	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="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	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>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
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://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/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.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<p align="center"><b>GEORGIA – Medicaid</b></p> <p>GA 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>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>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>KANSAS – Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-766-9012</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>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</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: 1-800-977-6740  TTY: Maine relay 711</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  TTY: (617) 886-8102</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>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>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  Email: <a href="mailto:HHSHIPPProgram@mt.gov">HHSHIPPProgram@mt.gov</a></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://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>



<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	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
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
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 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	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)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.vermont.gov/health/hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	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/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	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)
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
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	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

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

# Retirees Approved for Pensions October, 2023 through November 2023

Name	Local	Employer
<b>October 2023</b>		
AYERS, MICHAEL	776	YRC FREIGHT
BARKER, JAMES E	776	CONSOLIDATED FREIGHTWAYS
BECHTOLD, DOUGLAS	776	YRC FREIGHT
BLEES III, WILLIAM R	776	YRC FREIGHT
BROWN, MICHAEL	776	ARKANSAS BEST FREIGHT SYS INC
BROWN, ROGER	776	YRC FREIGHT
BROWNAWELL, JAMES C	776	YRC FREIGHT
CARNES, DAVID E	776	ROADWAY EXPRESS INC
CHILDS, DENNIS M	776	CONSOLIDATED FREIGHTWAYS
DEIHM, DONALD H	429	BERKS PRODUCTS CORP
DELINSKI, EDWARD	764	UNITED PARCEL SERVICE INC
DOUGHERTY, SCOTT E	771	HERMAN R EWELL INC
EBERT, PATRICK J	429	CARL R BIEBER INC
ESHLEMAN, NINA C	771	UNITED PARCEL SERVICE INC
FINK, JAMES	229	TOPPS CHEWING GUM INC
FLUKE, MICHAEL A	776	YRC FREIGHT
GEHRIS, STEVEN R	429	NORTHEASTERN DISTRIBUTING INC
GILSON, RUSSELL D	776	YRC FREIGHT
GRAFF, JAMES G	776	YRC FREIGHT
GROFF, MICHAEL R	776	YRC FREIGHT
HARMER, ROBERT T	229	PEPSI COLA BTLG OF SCRANTON
HARTLIEB, RICHARD J	429	NEW PENN MOTOR EXPRESS INC
HAUT, PAUL	776	YRC FREIGHT
HERTZOG, RANDY E	776	YRC FREIGHT
HILLIBUSH, HYE	401	SCHULTZ'S INC.
HOFFMAN, MICHAEL L	776	YRC FREIGHT
HOOK, TIMOTHY T	776	WILSBACH DISTRIBUTORS INC
HUNSICKER, WILLIAM G	429	ASSOCIATED WHOLESALERS INC
IWANYSZYN, STEPHEN R	429	UNITED PARCEL SERVICE INC
JACKSON, JAMES W	776	YRC FREIGHT
JAMES, STEPHEN C	771	YRC FREIGHT
JURY, MICHAEL H	776	PERK FOODS C/O HEINZ PET
KOCHANOWSKI, CHRISTOPHER	229	TOPPS CHEWING GUM INC
LEFEVER, DONALD E	771	JOHN S EWELL INC
LEHMAN, JEFFREY C	776	YRC FREIGHT
LENICH, CHRISTOPHER	776	YRC FREIGHT
LEROSE JR, SAMUEL J	229	NEW PENN MOTOR EXPRESS INC
MACK, BRIAN F	773	SCHWERMANN TRUCKING CO
MANN, LYNN J	229	KEYSTONE COCA-COLA BTLG CO INC
MARO, THOMAS A	229	HARPER COLLINS PUBLISHERS INC
MAYBERRY, SANDY L	776	USF RED STAR
MCCARTNEY, JOHN	776	UNITED PARCEL SERVICE INC
MCCONNELL, ROBERT	401	YRC FREIGHT
MCKARCHEY JR, CHARLES	776	YRC FREIGHT
MERTZ, FRANK A	773	MACK TRUCKS INC NVSSC
MILLER, KAREN F	429	VICTUS LTD
MILLER, MARY E	771	HAUCK & SONS INC
MOORE, KEITH E	764	KEPLER BROTHERS
MOYER, WILLIAM	429	UNITED PARCEL SERVICE INC
MYERS JR, JOHN C	776	YRC FREIGHT
NAMEY, NEAL J	401	ARKANSAS BEST FREIGHT SYS INC
NEELY, SHAWN	776	YRC FREIGHT
NOVACK, RONALD	229	TREE PRESERVATION CO INC
OBERHOLZER, KIRK D	776	YRC FREIGHT
PILARCIK, MARY B	401	NACHLIS FURNITURE
PINKERTON, SCOTT	776	YRC FREIGHT
PISANO SR, ROBERT V	401	SHAWNEE READY MIX CONCRETE CO
POPLASKI, STEVEN F	776	YRC FREIGHT
PRATT, SCOTT	229	UNITED PARCEL SERVICE INC
RISHCOFF, CHRISTOPHER	773	PRESTON TRUCKING CO INC
ROBBINS, WILLIAM	776	YRC FREIGHT
RODRIGAN, RICHARD	429	ST CLAIR BOROUGH COUNCIL
ROUSE, JEFFREY A	776	YRC FREIGHT
RYAN, PHILIP J	773	J C EHRLICH CO INC

Name	Local	Employer
SANDEN, TIMOTHY J	776	YRC FREIGHT
SCARAMASTRO, FRANCES	229	TOPPS CHEWING GUM INC
SHARPLES, JOHN P	771	YRC FREIGHT
SHORTWAY, ANTHONY	776	YRC FREIGHT
SHRECKENGAST, JOSEPH H	764	D/B/A VALLEY FARMS DAIRY
SINGLETON, DAVID	776	UNITED PARCEL SERVICE INC
SMITH, TODD B	776	YRC FREIGHT
STEWART, WALTER S	773	MACINTOSH LINEN & UNIFORM
STINE, RICHARD L	776	ARKANSAS BEST FREIGHT SYS INC
STOLTZFUS, DWANE E	776	YRC FREIGHT
STUMP, MICHAEL A	429	ASSOCIATED WHOLESALERS INC
SULLIVAN, JOHN L	776	YRC FREIGHT
SWAB, MICHAEL A	776	YRC FREIGHT
SWARTZ, JAMES M	776	UNITED PARCEL SERVICE INC
TENORIO, KIM P	771	YELLOW FREIGHT SYSTEM INC
TWOMBLY, KENNETH	776	ROADWAY EXPRESS INC
WAKALOWSKI, BRUCE	229	DEDICATED DELIVERY SERVICE INC
WELSH, SCOTT	776	YRC FREIGHT
WHITEAKER, JOSEPH W	776	YRC FREIGHT
WILEY, ROBERT F	429	STROEHMANN BAKERIES
WINDISH, JEFFREY	429	BOYERTOWN AUTO BODY WORKS INC
WISSER, DONNA	773	YRC FREIGHT
WORLEY, DAVID	776	YRC FREIGHT
WRIGHTS, ANDREW P	776	KEYSTONE DISTRIBUTION CTR INC
YOUNG, DUWAYNE	776	YRC FREIGHT
ZARICK, JAMES A	771	YRC FREIGHT

<b>November 2023</b>		
ADAMS, JOSEPH M	764	PORTION PACK FOOD SERVICES INC
AINEY, JACK E	229	NEW PENN MOTOR EXPRESS INC
AMENT, STEVEN A	771	YRC FREIGHT
ANDERSON JR, THOMAS R	776	YRC FREIGHT
BAKER, ANDREW W	776	YRC FREIGHT
BASHORE, KEITH W	773	YRC FREIGHT
BATDORF JR, WARREN	776	ROADWAY EXPRESS INC
BAUMERT, RICKY E	776	ARKANSAS BEST FREIGHT SYS INC
BAYLY, CHARLES P	771	YRC FREIGHT
BEAL, MICHAEL L	776	YRC FREIGHT
BEATTY, JAMES	771	YRC FREIGHT
BELL, ARLINGTON	773	YRC FREIGHT
BENFER, DAVID A	764	PRESTON TRUCKING CO INC
BENNETT JR, HUGH P	776	YRC FREIGHT
BERNHARD, JILL R	773	PENSKE TRUCK LEASING CO LP
BIGGS, BARRY	776	YRC FREIGHT
BOWMAN, JAMES D	771	HERMAN R EWELL INC
BRUMBACH, TROY	776	YRC FREIGHT
BURKEY, MICHAEL L	776	UNITED PARCEL SERVICE INC
CUMMINGS, TIMOTHY M	401	UNITED PARCEL SERVICE INC
DAVIS, CATHERINE	229	TOPPS CHEWING GUM INC
DAVIS, TIMOTHY	776	YRC FREIGHT
DAVIS, TIMOTHY S	776	YRC FREIGHT
DEIBLER, RANDOLPH	776	YRC FREIGHT
DUKE JR, BENJAMIN F	776	YRC FREIGHT
DYNARSKI, LAWRENCE	776	YRC FREIGHT
EDMISTON, CARL S	776	ARKANSAS BEST FREIGHT SYS INC
EMENHEISER, CHRISTINE	771	UNITED PARCEL SERVICE INC
ENTERLINE, ROBERT J	776	ARA/SMITHS
FALISIEWICZ, WALTER S	999	JACK COOPER TRANSPORT CO
FANNON, KEITH A	429	CLOVER FARMS DAIRY
FLYNN III, BERNARD I	776	ROADWAY EXPRESS INC
GASSERT, ROBERT	771	YRC FREIGHT
GILBERT, BARNEY C	429	ASSOCIATED WHOLESALERS INC
GRAY, MICKEY C	764	D/B/A VALLEY FARMS DAIRY
GREENFIELD, DOUGLAS L	776	YRC FREIGHT
GRUBB, DONALD E	429	NEW PENN MOTOR EXPRESS INC

## Retirees Approved for Pensions October, 2023 through November 2023

Name	Local	Employer	Name	Local	Employer
GUESTO, JOSEPH	401	ACME MARKETS INC	RADZIEWICZ, LEONARD J	429	NEW PENN MOTOR EXPRESS INC
GUTHRIE, JOSHUA T	429	NEW PENN MOTOR EXPRESS INC	RANGE, PAUL J	776	YRC FREIGHT
HALLACHER, DONALD A	771	YRC FREIGHT	RICKARD, GENE T	229	ROADWAY EXPRESS INC
HARMAN, TIMOTHY L	776	SNYDERS OF HANOVER INC	RINEHOLD, MICHAEL A	776	LEVINSON STEEL COMPANY
HOLDREN, ROBERT M	776	YRC FREIGHT	ROBINSON JR, RONALD P	776	YRC FREIGHT
HORNBERGER, DAVID	771	YRC FREIGHT	ROBLES, MARIA A	773	ABM INDUSTRIES
KASPER, DALE J	776	YRC FREIGHT	ROHRER, ALEX	776	UNITED PARCEL SERVICE INC
KELLER, DENNIS M	776	YRC FREIGHT	RUHL, CHARLES E	776	YRC FREIGHT
KEMFORT JR, ENNIS E	429	BRENTAG NORTHEAST LLC	RUPP, CRAIG M	771	YRC FREIGHT
KLINE JR, KENNETH E	776	YRC FREIGHT	SANDS, PAUL	776	YRC FREIGHT
KLUSMAN JR, WILLIAM A	776	YRC FREIGHT	SANTORO JR, VICTOR N	776	YRC FREIGHT
KREIDER, BRADLEY L	771	READY MIXED CONCRETE CO	SELL, VICKI L	773	PEOPLE FIRST
LAWRENCE, ROBERT S	776	YRC FREIGHT	SHAUD JR, VICTOR A	771	YRC FREIGHT
LENKER, GARY L	776	YRC FREIGHT	SHOEMAKER II, MARK L	401	UNITED PARCEL SERVICE INC
LEOMBRUNI, ROLAND J	771	YRC FREIGHT	SOROKACH, JAMES J	429	PENSKE TRUCK LEASING CO LP
LEYDA, KENNETH A	771	YRC FREIGHT	SPEESE, CRAIG A	776	YRC FREIGHT
LONG, WILLIAM M	776	UNITED PARCEL SERVICE INC	STAPLETON, ROBERT	429	BIMBO BAKERIES USA
LYNCH, DARREN M	771	YRC FREIGHT	STRASBURGER, LUCILLE	229	C&S WHOLESALE GROCERS
MAZERO, JOSEPH A	771	UNITED PARCEL SERVICE INC	STRAWSER, SHAWN D	776	YRC FREIGHT
MECKLEY, THOMAS J	776	FLEMING COMPANIES INC	STROHM, JAMES C	429	NEW PENN MOTOR EXPRESS INC
MEYER, JOHN R	429	GENERAL COMMODITIES WAREHOUSE	SUAREZ, ARMANDO	771	YRC FREIGHT
MOHN, STEVEN C	429	ASSOCIATED WHOLESALERS INC	TRACY, LAWRENCE	229	UNITED PARCEL SERVICE INC
MOL, WILLIAM J	776	YRC FREIGHT	TU, MANH V	776	YRC FREIGHT
MOSTARDI JR, SAMUEL J	771	YRC FREIGHT	TUCKEY, DANIEL R	771	YRC FREIGHT
MULLARKEY, HELEN	429	COTT BEVERAGES WYOMISSING INC	VULOPAS JR, ANTHONY S	776	YRC FREIGHT
MUNDIS, JAY E	776	PRESTON TRUCKING CO INC	WARNER, JAMES E	776	YRC FREIGHT
NEWMAN, DERON A	771	YRC FREIGHT	WEAVER, DEAN C	776	YRC FREIGHT
O'LEARY, SUSAN	229	TOPPS CHEWING GUM INC	WRIGHT, DONALD K	764	YRC FREIGHT
PACINI JR, JOHN J	229	C&S WHOLESALE GROCERS	WUNDERLICH, DEBRA E	771	HERMAN R EWELL INC
PENLEY JR, JERRY D	771	ROADWAY EXPRESS INC	ZURAWSKI JR, DENNIS B	401	FRIEDMANS EXPRESS INC
PEPPERMAN, MELVIN L	764	D/B/A VALLEY FARMS DAIRY			

## NOVEMBER 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 11 month period ending November 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	6.7% 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](http://www.CentralPATeamsters.com). Click on Pension Fund and then "Reports and Notices."



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

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*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 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  
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](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)