

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 12-13 WHICH IS EFFECTIVE JULY 1, 2024.

NEW MEDICAL NETWORK

The Board of Trustees of the Central Pennsylvania Teamsters Health and Welfare Fund is pleased to announce that, effective July 1, 2024, the Fund has contracted with Highmark Blue Shield to provide a robust network of providers that includes virtually all the Pennsylvania-based providers in the current network. Participants and beneficiaries seeking treatment should experience a greater choice of providers with minimal disruption through the Highmark network of providers. Participants and beneficiaries seeking treatment outside of the Fund's primary geographic area should also experience a greater choice of providers and minimal disruption and nationwide access through the BlueCard® program that provides access to providers nationwide.

Information about the new network and new ID cards were mailed to participants' homes in May and June 2024. Please present your new benefit card when you are asked to provide insurance identification to your medical provider so the Highmark network is noted on your account. Your prescription, dental, and vision provider networks will remain unchanged.

If you would like to verify if your doctors are considered In-Network with Highmark please review the next page of this newsletter for more information. You can also access the Highmark network of participating providers at the Fund website www.centralpateamsters.com under the Health and Welfare section, using the tab labeled "Providers" to find a network provider, or to check whether your current provider is in-network.



Highmark Inc. d/b/a Highmark Blue Shield is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Central PA Teamsters Health and Welfare Fund

How to Find In-Network Doctors

In and Out of Service Area

Quickly and easily find in-network doctors participating in your health plan

1 Go to: www.highmarkblueshield.com/find-a-doctor/

2 Click medical and hit **CONTINUE** to be redirected to the Sapphire Digital site to search for providers



3 Click **Dismiss** in the **Narrow Your Search Results** box that pops up.



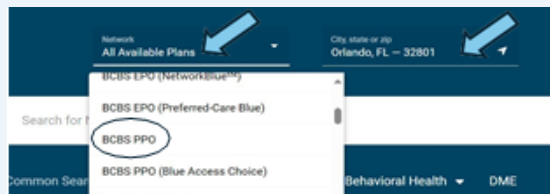
4 **For Providers in Pennsylvania**

In the Network drop down, scroll down and choose or begin to type **PPOBlue** (no spaces).



5 **For Providers outside of Pennsylvania: (BlueCard Providers)**

Type * **BCBS PPO** (with a space) to find BlueCard providers outside of Highmark's service area. Enter the City, State, and Zip of where you'd like to search.



6 **Search for a provider by Name or Specialty**

You can also scroll down on the page and Browse by Category. If you key in a provider's name or specialty, you will see suggested search terms to choose from. **Only the Medical Care and Urgent Care Center options are applicable to the Central PA Teamsters Health and Welfare Fund.



Helpful Tips

- Only the provider search feature should be used.
- You can also change your location in the City, State, or Zip box.
- Still can't find your specific provider? Call the Blue Cross Blue Shield Association for additional assistance: 1-800-810-2583 (BLUE).

Insurance or benefit administration may be provided by Highmark Blue Shield, Highmark Benefits Group, Highmark Health Insurance Company or Highmark Select Resources, all of which are independent licensees of the Blue Cross and Blue Shield Association. Health care plans are subject to terms of the benefit agreement. The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



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.**

Effective January 1, 2024 – If you have dental coverage through the Central Pennsylvania Teamsters the dental maximum has increased for all of our 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 Plans per covered individual.



Resources at your fingertips

Go online to manage your plan



Whether you need to check your benefits or select a new dentist, you can do it all with Delta Dental's online tools.

Create an account

What you can do:

- Check your plan details and eligibility.
- Browse claim history.
- Download plan documents.
- Find an in-network dentist.
- View your member ID card or print a paper copy.
- Update your settings to go paperless.



Try it out: Go to **deltadentalins.com** and choose **Log in** to create an account or log in to your existing account.

Tip: Access your benefits info on mobile, tablet or desktop!

Find an in-network dentist

What you can do:

- Search by distance, specialty, language spoken, extended office hours, wheelchair accessibility and more.
- Browse Yelp ratings and reviews from real patients, and check out DentaQual scores for an objective quality metric based on actual claims data.



Try it out: Go to **deltadentalins.com**, enter your address or ZIP code and select your network. Not sure which network to choose? Log in to your account first and follow the prompts to find a dentist.

Understand your plan

What you can do:

- Browse answers to frequently asked questions.
- Get tips on planning for a dental visit.
- Find claim forms.
- Learn how to go paperless, sign up for a virtual dental visit and coordinate coverage with two or more plans.



Try it out: Visit deltadentalins.com/members for useful resources and tips.

Explore dental wellness

What you can do:

- Browse articles on everything from acid reflux to xylitol.
- Check out videos on preventive care and common procedures.
- Find delicious recipes for healthy meals.



Try it out: Visit deltadentalins.com/wellness to start learning.

Download the app

What you can do:

- Check your plan details and eligibility.
- Get a cost estimate.
- Browse claim history.
- Find an in-network dentist.
- View your member ID card.



Try it out: Search for Delta Dental in the App Store or Google Play.

Tip: Don't need another app? Just visit deltadentalins.com on your smartphone or tablet and log in to your account.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

Summer 2024

Central Pennsylvania Teamsters Health and Welfare Fund Prescription Benefit Plans

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

RETAIL *	Generic for up to a 90 day supply	\$0
	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	\$0
	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 30 day supply	\$300

**Plans
14 and 16**

RETAIL *	Generic for up to a 90 day supply	Option A \$0	Option B \$0	Option C \$0
	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	\$0	\$0	\$0
	Brand Preferred for up to a 34 day supply	\$30	\$40	\$60
	Brand Non-Preferred for up to a 34 day supply	\$60	\$80	\$100
SPECIALTY	Retail up to a 30 day supply	\$150	\$150	\$150
	Mail Order 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.



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	ADLARITY ARICEPT EXELON LEQEMBI NAMENDA
ANGIOTENSIN RECEPTOR BLOCKERS (ANTIHYPERTENSIVES)	CANDESARTAN EPROSARTAN IRBESARTAN LOSARTAN TELMISARTAN VALSARTAN & ALL OTHER GENERICS	ATACAND AVAPRO BENICAR COZAAR DIOVAN EDARBI MICARDIS
ANTI-DEPRESSANTS	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
ANTI-GLAUCOMA EYE PREPARATIONS	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
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 METOPROLOL	BYSTOLIC KAPSPARGO

BETA-ADRENERGIC BLOCKERS (ANTIHYPERTENSIVES) (Continued)	NADOLOL PINDOLOL PROPRANOLOL SOTALOL TIMOLOL & ALL OTHER GENERICS	
CALCIUM CHANNEL BLOCKERS (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 TIADYLT TIAZAC ER VERELAN
CONTRACEPTIVES	All Generic Contraceptives	All Brand Contraceptives
DIABETES	ACARBOSE GLIMEPIRIDE GLIPIZIDE GLYBURIDE METFORMIN PIOGLITAZONE REPAGLINIDE & ALL OTHER GENERICS	INVOKANA INPEFA JANUMET JANUVIA 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 MITIGO NUCYNTA OXYCONTIN PERCOCET PROLATE TYLENOL WITH CODEINE XTAMPZA
OSTEOPOROSIS	ALENDRONATE CALCITONIN-SALMON BANDRONATE RALOXIFENE RISEDRONATE & ALL OTHER GENERICS	ACTONEL ATELVIA BINOSTO EVENITY EVISTA FOSAMAX MIACALCIN PROLIA
RHEUMATOID ARTHRITIS	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.

RHEUMATOID ARTHRITIS (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
URINARY AGENTS	FLAVOXATE OXYBUTYNIN TOLTERODINE TROSPIMUM & ALL OTHER GENERICS	GELNIQUE MYRBETRIQ OXYTROL TOVIAZ VESICARE
ADD & ADHD	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
ANTI-MIGRAINE	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



The Board of Trustees of the Central Pennsylvania Teamsters Health and Welfare Fund recently increased the Epi Pen max to allow 3 packages (6 Epi Pens) per year effective immediately.

rev. 12.8.23

ANTI-MIGRAINE (Continued)		VYEPTI ZAVZPRET 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 ELEPSIA EPIDIOLEX EPRONTIA FELBATOL FINTEPLA FYCOMPA KEPPRA KLONOPIN LAMICTAL MYSOLINE NAYZILAM NEURONTIN ONFI OXTELLAR PHENYTEK QUDEXY ROWEPPRA SYMPAZAN TEGRETOL TOPAMAX TRILEPTAL TROKENDI 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 KONVOMEP LANSOPRAZOLE NEXIUM OMEPRazole OMEPRazole-BICARB PANTOPRAZOLE PREVACID PRILOSEC PROTONIX ZEGERID
ULCERATIVE COLITIS	AZULFIDINE BALSALAZIDE MESALAMINE SULFASALAZINE & ALL OTHER GENERICS	AMJEVITA APRISO COLAZAL DELZICOL DIPENTUM ENTYVIO HUMIRA LIALDA PENTASA SIMPONI STELARA

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. ءاعدتسا .كل رفوت ،ان اجم ،ةيوغللا ءدعاسلما تامدخ ،ةيبرعلا ءغللا شدحت تنك اذا :هي بنت

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 નિઃશલક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-610-320-5500**.

ध्यान दें: यदि आप हार्दी बोलते, भाषा सहायता सेवाओं, न. शलक, आप के लिए उपलब्ध है। 1-610-320-5500 कहते है।

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

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

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, 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.

PREFERRED BRAND NAME DRUG LIST

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

EFFECTIVE DATE: July 1, 2024

VERY IMPORTANT

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

ANALGESICS

Anti-Migraine

Aimovig
Ajovy
Emgality 100, 120, 300 MG
Nurtec ODT
Qulipta
Reyvow
Ubrelvy

Opioid Agonist

Nucynta ER
Xtampza ER

ANTI-INFECTIVES

Anti-infectives

Difcid 200 MG Tab/40 MG Susp

CARDIOVASCULAR

Angiotensin Receptor Blockers & Combinations

Entresto

Anti-arrhythmics

Multaq

Anti-hyperlipidemics

Nexletol
Nexlizet

Nitrates

Nitro-Bid 2% Ointment

Miscellaneous Cardiovascular

Corlanor
Verquvo

CNS AGENTS

Anti-anxiety/Sedative- Hypnotics

Belsomra

Anti-convulsants

Aptiom

Anti-psychotic Agents

Rexulti

Attention Deficit Disorder Treatment

Azstarys Cap
Vyvanse

Miscellaneous CNS Agents

Sunosi Tab

ENDOCRINE

Hyperglycemics Dipeptidyl Peptidase-4 & Combos

Janumet
Janumet XR
Januvia

GLP-1 Recep. Agonist

Ozempic
Rybelsus Tab
Trulicity

Insulins

Fiasp Flextouch, Vial, Penfill
Levemir/Flextouch
Novolin
Novolog
Relion Novolin
Relion Novolog
Soliqua
Toujeo Solostar
Toujeo Max Solostar
Tresiba Vial, Flextouch
Xultophy

Sodium-Glucose Co Transporter 2 Inhib

Glyxambi
Jardiance
Synjardy
Synjardy XR
Trijardy XR
Xigduo XR

Miscellaneous

Baqsimi Spray
Mounjaro
Zegalogue

PREFERRED BRAND NAME DRUG LIST

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

EFFECTIVE DATE: July 1, 2024

VERY IMPORTANT

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

GASTROINTESTINAL AGENTS

Digestants

Creon
Zenpep DR

Miscellaneous Products, Gastrointestinal

Cortifoam 10% Aerosol
Movantik
Symproic Tab
Trulance 3 MG Tab
Viberzi Tabs
Xifaxan 550 MG Tab

HEMATOLOGY

Anti-Coagulants, Direct Factor X

Eliquis
Xarelto

Anti-Platelet

Brilinta

NUTRITION

Electrolyte Modifiers

K-Phos #2 Tab
Lokelma 5 & 10 GM Pow Pkts
Velphoro 500 MG Chew Tab
Veltassa Pow Pkts

OB/GYN

Estrogenics

Climara Pro Patch
Duavee
Estrogel 0.06% Gel
Premarin Tab
Premphase
Prempro

Miscellaneous

Myfembree Tabs
OriaHnn Caps
Orilissa Tab

OPHTHALMIC AGENTS

Anti-infectives

Ciloxan 0.3% Ointment
Zylet Eye Drops

Glaucoma Agents:

Alphagan P 0.1%,
Lumigan
Simbrinza

Miscellaneous

Natacyn 5% Eye Drops

RESPIRATORY AGENTS

Anti-muscarinic and Combos

Atrovent 17 MCG HFA Inhaler
Incruse Ellipta
Spiriva Respimat

BetaAdrenergic & Combos

Anoro Ellipta
Breztri
Combivent
Dulera
Serevent Diskus
Stiolto Respimat
Trelegy Ellipta 100-62.5-25

Glucocorticoids, Inhalation

Arnuity Ellipta
Asmanex HFA & Twisthaler
QVAR redihaler

* Please note, certain drugs contained in this list are subject to Step Therapy. Please refer to the Step Therapy List of drugs on page 7-10 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 are on 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.

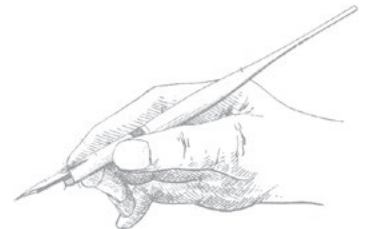
6. **Website** – Please visit the website for Summary Plan Descriptions, Forms and Notices and Important Items to Remember. You can also access the Fund's Pension Calculator to view your pension benefits, including your RIP 1987 account balance, if applicable.

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. You can obtain a new beneficiary form on our website, www.centralpateamsters.com, or by calling the Pension Fund Office. You can also check your designated beneficiaries through the Pension Calculator located on our website.

If you become widowed, you will need to forward a copy of the death certificate to the Pension Fund. It is illegal to accept, 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. When calling the Pension Fund Office, please remember to have the member's social security number ready.



Name	Local	Employer	Name	Local	Employer
March 2024			May 2024		
BALTIMORE, CLARENCE E	776	UNITED PARCEL SERVICE INC	CAPONE, JOSEPH P	229	SCRANTON SEWER AUTHORITY
BEACHLER, KENNETH J	429	GENERAL COMMODITIES WAREHOUSE	CRAGO, VAUGHN	776	R F TRUESDELL COMPANY INC
BROCK, RAYMOND K	771	CPC TANKER LLC	DICKINSON, BRIAN L	429	BRENNTAG NORTHEAST LLC
BROWN, KENNETH R	401	GLEN SUMMIT SPRINGS WATER CO	DIETRICH, DENNIS L	429	CLOVER FARMS DAIRY
BURTON, GARY L	229	WILLIAM ROSENSTEIN & SONS	DRUM, ALLEN M	229	QUAKER LEASING COMPANY INC
BUTCHER, AWILDA M	773	ONE SOURCE	EBLING, CHARLES W	429	BRENNTAG NORTHEAST LLC
CRUZADO, JUSTINA	773	ABM INDUSTRIES	ELMO, ANTHONY J	429	ARKEMA INC
CURFMAN, BRENT A	776	CAROLINA FREIGHT CARRIERS CORP	ENDRES, DAVID A	229	TOPPS CHEWING GUM INC
DATTISMAN, DUANE L	776	PRESTON TRUCKING CO INC	ENSTE, RUSSELL	771	YRC FREIGHT
DELILLO, KEVIN B	429	GLEN-GERY CORPORATION	FIES, RANDY L	776	NEW PENN MOTOR EXPRESS INC
DEPEW III, LINDSAY C	776	TEAMSTERS LOCAL UNION 776	FURST, MARK W	776	CONSOLIDATED FREIGHTWAYS
DEPRIMO, DEBORAH A	229	C&S WHOLESALE GROCERS	GRIM, ROBERT S	429	BERKS PRODUCTS CORP
EDMISTON, LEE J	773	W S REICHENBACH & SON INC	GROMLING, BRENDA A	776	ASSOCIATED WHOLESALERS INC
GRIFFITH, KENNETH E	773	SILVER LINES INC	GUINTER, CRAIG H	764	CENTRE CONCRETE COMPANY
GROFF, GLADWIN G	429	SUPERVALU INC	HARTLEY, WILLIAM C	771	BEAR DISTRIBUTING CO INC
HAIR, HAROLD W	776	BRANDT DISTRIBUTORS	HECKMAN, CHARLES W	429	WINDSOR SERVICE INC
HAMMER, GARY L	776	ST JOHNSBURY TRUCKING CO INC	HERR, MICHAEL J	771	APEX EQUIPMENT COMPANY
HENRY, DAVID M	771	BEAR DISTRIBUTING CO INC	HERZOG JR, ROBERT G	773	HARRY E ORKIN INC
HOFFERT, SCOTT A	429	CLOVER FARMS DAIRY	HIRT JR, LEWIS J	776	PRESTON TRUCKING CO INC
HOLDEN, BRIAN M	401	YRC FREIGHT	HOFFA, SCOTT E	429	BERKS PACKING COMPANY INC
JACKSON, PHILIP D	429	POWER PACKAGING, AN EXEL CO	HOFFMAN, MARK W	429	READING FOUNDRY & SUPPLY CO
KASCHAK, JOHN	229	C&S WHOLESALE GROCERS	JACOBS, DWIGHT D	776	YRC FREIGHT
KNAUB, DUANE D	771	MILLER & HARTMAN INC	KATZ, MARY P	429	POWER PACKAGING AN EXEL CO
LEWIS, BRIAN E	776	ROADWAY EXPRESS INC	KEMMERER, BRUCE N	771	YRC FREIGHT
MARCIN, JOHN J	229	TOPPS CHEWING GUM INC	KIESS, GREGORY A	773	UNITED PARCEL SERVICE INC
MEDELLIN, RICHARD	776	UNITED PARCEL SERVICE INC	LONG, THOMAS M	229	UNITED PARCEL SERVICE INC
MILLER, MICHAEL WILLIS	401	UNITED PARCEL SERVICE INC	MAST, GLEN D	429	BRENNTAG NORTHEAST LLC
MISCANNON, STEPHEN P	776	UNITED PARCEL SERVICE INC	MORAVETZ, ALAN J	776	UNITED PARCEL SERVICE INC
PETROFF JR, STEVE	776	HALLS MOTOR TRANSIT CO	MURLATT, JEFFREY L	776	YRC FREIGHT
PUPO , SCOTT F	776	UNITED PARCEL SERVICE INC	NEITZ JR, MARTIN W	764	CENTRAL BUILDERS SUPPLY CO
RISHEL, JEFFREY SCOTT	776	NATIONS WAY TRANSPORT SERVICES	PAGAN, NELSON	771	UNITED PARCEL SERVICE INC
ROBSON, MICHAEL J	771	UNITED PARCEL SERVICE INC	PETERS, PAUL M	429	BRENNTAG NORTHEAST LLC
SCHILLING, BERNARD D	771	MILLER & HARTMAN INC	PRITTS JR, CHARLES L	776	PRESTON TRUCKING CO INC
SEMDER, BRIAN P	776	CAROLINA FREIGHT CARRIERS CORP	REVIELLO, RICHARD P	229	HARPER COLLINS PUBLISHERS INC
SHAPPELL, KEVIN E	429	DEAN DAIRY FLUID LLC	ROBERTS, ROBERT J	401	RIDGLEY VIBRATED BLOCK INC
SMITH, WILLIAM C	764	LOYALSOCK TOWNSHIP	ROTEN, STEPHAN A	771	APEX EQUIPMENT COMPANY
SPYKER, DONALD E	776	FLEMING COMPANIES INC	RULE, JEFFREY S	771	MILLER & HARTMAN INC
TILLOU, GRANT E	229	ROADWAY EXPRESS INC	SERFASS, ROBERT L	773	ASHLAND CHEMICAL COMPANY
WAGNER, IRENE	429	UNITED PARCEL SERVICE INC	SEYLAR, BRIAN R	776	CAROLINA FREIGHT CARRIERS CORP
WALKER, BRYAN P	229	NEW PENN MOTOR EXPRESS INC	SIMPSON, SCOTT W	776	ARKANSAS BEST FREIGHT SYS INC
WEAVER, KEITH T	429	SCHROCK CABINET COMPANY	SKAE, DAVID J	229	ROADWAY EXPRESS INC
WHITE, MICHAEL S	776	CONSOLIDATED FREIGHTWAYS	SMITH, LARRY D	764	CENTRAL BUILDERS SUPPLY CO
			SMITH, WILLIAM C	764	LOYALSOCK TOWNSHIP
			ST CLAIR, RANDY A	229	JOS NOTARIANNI & CO
April 2024			SVRCEK, JOHN J	429	LENTZ MILLING CO LLC
ANDERSON SR, JEFFREY B	429	BRENNTAG NORTHEAST LLC	THEODORE, BRUCE	771	YRC FREIGHT
BACHMAN, RICHARD J	773	TEAMSTERS LOCAL UNION 773	TRAXLER, TERRY L	776	PRESTON TRUCKING CO INC
BARANOSKI, GARY E	776	YRC FREIGHT	VANMETER, MARK A	776	YRC FREIGHT
BARO, JEFFERY S	429	PENSKE TRUCK LEASING CO LP	WETZEL, CURTIS A	429	ASSOCIATED WHOLESALERS INC
BEARD, GEORGE L	776	MODESTO INC.	WICKIZER, DONALD	229	HARPER COLLINS PUBLISHERS INC
BLAINE SR, TRACY L	229	PRESTON TRUCKING CO INC	WIGGINS, JAMES A	771	UNITED PARCEL SERVICE INC
BOHN, TERRY L	429	BRENNTAG NORTHEAST LLC	WITMER, BRADFORD L	776	YRC FREIGHT
BOND, KAREN M	776	NEW PENN MOTOR EXPRESS INC	YODER JR, DAVID L	429	YODERS HEATING SERVICE INC
BRABSON, GAYLE P	771	HERMAN R EWELL INC	ZIGARSKI III, ALBERT J	776	ROADWAY EXPRESS INC
BUCKLES, CHRIS D	764	NEW PENN MOTOR EXPRESS INC	ZIMMERMAN, KEVIN S	429	NEW PENN MOTOR EXPRESS INC
BUGBEE, CONSTANCE M	773	PEOPLE FIRST			
BURKHART, MITCHELL A	429	CLOVER FARMS DAIRY			
BUSH, RICHARD J	429	READING FOUNDRY & SUPPLY CO			

Retirees Approved for Pensions March, 2024 through May 2024

Name	Local	Employer	Name	Local	Employer
ARNDT, MARY COLLEEN	229	TOPPS CHEWING GUM INC	MEHLER, JAMES J	429	ASSOCIATED WHOLESALERS INC
BARRETT, THOMAS J	429	ASSOCIATED WHOLESALERS INC	MURRAY, JOHN	229	HARPER COLLINS PUBLISHERS INC
BELLES, ROBERT JOSEPH	229	CONSOLIDATED FREIGHTWAYS	NICKEL, ANDREW M	771	PENNSY SUPPLY INC
BURCH SR, WILLIAM	773	ABM INDUSTRIES	PARSELL, TIMOTHY S	764	SCHNEIDER-VALLEY FARMS INC
CARUSO, CHERYL L	429	CLOVER FARMS DAIRY	PAUL, TINA M	776	YRC FREIGHT
CHICOINE, STEVE N	776	ARKANSAS BEST FREIGHT SYS INC	POLIFKA, ROBERT P	429	J C EHRlich CO INC
CHRISTIE, CRAIG D	776	YRC FREIGHT	REINHART, KENNETH G	771	YELLOW FREIGHT SYSTEM INC
CONCORDIA, VIRGINIA J	429	TEAMSTERS LOCAL UNION 429	ROMANIES, JOHN R	429	YEAGER SUPPLY INC
DOOLEY, MARK	776	YRC FREIGHT	ROSS, ADAM J	764	SCHNEIDER-VALLEY FARMS INC
DZIEDZIC, JEFFREY E	773	EASTERN INDUSTRIES INC DIV OF	RUBY JR, JOHN F	776	FLEMING COMPANIES INC
FITZGERALD, DAVID	429	WINDSOR SERVICE TRUCKING	RUHL, JERALD L	771	THE SICO COMPANY
FRANCKOWIAK, AARON T	429	EXETER TOWNSHIP BD OF SUPV	SANDOE, MICHAEL	776	YRC FREIGHT
GORDNER, KEITH A	764	GALLIKER DAIRY COMPANY	SCOTT, RICHARD P	229	CONSOLIDATED FREIGHTWAYS
HALUSKA JR, GEORGE	229	J D M MATERIALS CO INC	SHIVELY, MAURICE H	401	ACME MARKETS INC
HAMILTON II, FRED L	764	SCHNEIDER-VALLEY FARMS INC	SHUTTER, DOUGLAS A	429	ASSOCIATED WHOLESALERS INC
HAMMAKER JR, RAYMOND G	776	ARKANSAS BEST FREIGHT SYS INC	SMITH, RICHARD D	401	WISE FOODS
HARPSTER, DAVID K	764	CENTRE CONCRETE COMPANY	STEPHENSON, THOMAS L	429	DAIRY FARMERS OF AMERICA INC
HART, CHRISTINE	429	ASSOCIATED WHOLESALERS INC	STITZ JR, CHARLES J	764	UNITED PARCEL SERVICE INC
HEIKES, JAMES F	776	NEW PENN MOTOR EXPRESS INC	STOVER, JOHN M	771	KEREK AIR FREIGHT CORP
HESS, FRED L	771	YRC FREIGHT	TALBERT JR, GLENN C	776	CONSOLIDATED FREIGHTWAYS
HOENL, THOMAS E	773	COCA-COLA BTLNG CO LEHIGH VLLY	ULRICH, DENNIS	771	YRC FREIGHT
KLINE, JOSEPH J	773	WELCO/CGI	WANNER, JEFFREY W	429	NEW PENN MOTOR EXPRESS INC
KRASEVIC, WILLIAM J	776	RAYTHEON CONSTRUCTORS	WEAVER, CARLA	429	ASSOCIATED WHOLESALERS INC
LENICH, CHRISTOPHER	776	YRC FREIGHT	WILK JR, DALE D	429	DEAN DAIRY TRANSPORTATION LLC
LOCKARD, ROBIN	229	ROADWAY EXPRESS INC	ZIMMERMAN JR, RAYMOND J	429	COTT BEVERAGES WYOMISSING INC
MANGHAM, ARTHUR J	229	C&S WHOLESALE GROCERS			
MAURICE, ERIC	776	ARKANSAS BEST FREIGHT SYS INC			

MAY 2024 RETIREMENT INCOME PLAN (RIP) INVESTMENT RETURN

The following is the approximate net investment return for the Central PA Teamsters RIP 1987 retirement plan for the 5 month period ending May 31, 2024. The net investment return equals the gross investment return less investment and administrative expenses plus the reallocation of forfeited account balances from terminated non-vested participants who incurred a 5-year break in service.

Plan	Approximate Net Investment Return
RIP 1987	2.9% 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, 2024. 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

GEORGIA – Medicaid 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	INDIANA – Medicaid 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
IOWA – Medicaid and CHIP (Hawki) 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	KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid 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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid 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	MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid 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	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number - HIPP program: 1-800-852-3345, ext. 5218

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, 2024, 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

- \$ 0 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

- \$ 0 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	\$ 0.00	\$ 0.00	\$ 0.00
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	\$ 0.00	\$ 0.00	\$ 0.00
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.

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 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, 2024
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 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?

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

- \$ 0 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

- \$ 0 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 Toll Free 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, 2024
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 1-800-331-0420

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

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Daniel W. Schmidt
Secretary & Employer Trustee
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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
Willig, Williams and Davidson
Legal Co-Counsel
Novak Francella, LLC
Certified Public Accountants
Investment Performance Services
Investment Consultant
**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 1-800-331-0420

Pension

(610) 320-5505

Toll Free 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