

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 OCTOBER 1, 2024.

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

NEW MEDICAL NETWORK

As mentioned in previous communication The Board of Trustees of the Central Pennsylvania Teamsters Health and Welfare Fund announced that, effective July 1, 2024, the Fund has contracted with Highmark Blue Shield to provide a nationwide network of providers that includes virtually all the Pennsylvania-based providers in the current network. Your prescription, dental, and vision provider networks remain unchanged.

If you would like to verify if your doctors are considered In-Network with Highmark please review page 2 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.



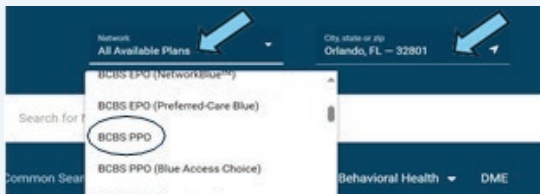
4 **For Providers in Pennsylvania**

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, sex, disability, or age.



HIGHMARKBLUESHIELD.COM



AVAILABLE NOW

You've got Teladoc Health

Talk to a doctor anytime, anywhere by phone or video.

Set up your account today to get care for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



Create account

Use your phone, the app, or the website to create an account and complete your medical history



Get Care

Request a time and a Teladoc Health provider will contact you





Feel better

The provider will diagnose symptoms and send a prescription if necessary

Get care now for free

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (800-835-2362) | Download the app  

*Teladoc Health is not available internationally.

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

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

The Central Pennsylvania Teamsters Health & Welfare Fund:

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Central Pennsylvania Teamsters Health and Welfare Fund Prescription Benefit Plans

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

RETAIL *	Generic for up to a 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 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 RELPAK 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.

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 ROWEEPRA SYMPAZAN TEGRETOL TOPAMAX TRILEPTAL TOKENDI VALTOCO VIMPAT XCOPRI ZARONTIN ZONEGRAN
PROTON PUMP INHIBITORS	OVER THE COUNTER ("OTC"); LANSOPRAZOLE DR OTC NEXIUM OTC OMEPRazole OTC OMEPRazole-BICARB OTC PREVACID OTC PRILOSEC OTC ZEGERID OTC	ACIPHEX DEXILANT ESOMEPRazole 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

PREFERRED BRAND NAME DRUG LIST

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

EFFECTIVE DATE: October 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

Dificid 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

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****

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VERY IMPORTANT

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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:

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 6–9 of this newsletter.

** Preferred Brand Formulary Drugs that cost in excess of \$3,000 are subject to a \$150 copay.

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



Open Enrollment – If you are eligible to enroll in Central Pennsylvania Teamster's Health and Welfare Fund coverage and previously elected not to do so, you may enroll yourself and/or your eligible dependents during the Open Enrollment period, November 1, 2024 to December 31, 2024 for coverage effective January 1, 2025. Please remember that, if you enroll yourself, you must also enroll all of your eligible dependents, unless your collective bargaining agreement allows for "dependent opt-out".

Enrollment forms and plan descriptions are available by calling the Central Pennsylvania Teamsters Contributions and Eligibility Department at 1-800-331-0420.



2025 SBC's ARE NOW LISTED ON WWW.CENTRALPATEAMSTERS.COM

Where's my ID card?

You don't need a Delta Dental ID card when you visit the dentist. Just provide your **name**, **birth date** and **enrollee ID** or **Social Security number**.

Have dependents on your plan? They'll need to use your details.

Still want one?



On your computer

You can download and print an ID card from computer.

- Log in to your Delta Dental account at **deltadentalins.com**.
- Click on **Get ID card** and then **Print ID card**.



Scan to visit
deltadentalins.com



On your phone

You can use your ID card in the app or add your ID card to your phone's mobile wallet.

- Download the **Delta Dental Mobile App** from the App Store or the Google Play Store.
- Log in to your **deltadentalins.com** account in the app. Your ID card information will be on the front page.

Motor Vehicle Accidents: How Are Medical and Wage Loss Benefits Paid by the Fund?

The Fund Office receives many questions regarding coverage provided by the Fund when the claim is the result of an injury due to a motor vehicle accident. In accordance with Plan provisions, the Fund will **only** cover medical expenses on a subrogated basis once the maximum liability has been paid by the motor vehicle insurance carrier. In other words, the Fund will consider the payment of medical expenses only after benefits from the automobile 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) for injuries sustained in a motor vehicle accident. The only time the Fund will pay more than 5 days of short-term disability benefits is when written proof is submitted verifying that the state in which you reside does not allow you to purchase wage loss protection from your motor vehicle insurance carrier. The state of Pennsylvania allows residents to purchase wage loss protection. It is recommended that you contact your motor vehicle insurance carrier to evaluate the extent to which you are covered for wage loss benefits as a result of a motor vehicle accident. Check with your motor vehicle insurance carrier to ensure that your policy carries at least the minimum coverage required by the state in which you reside.

Do not wait until you have an accident to find out you have no wage loss coverage under your policy.

Payment for the first 5 days of short-term disability benefits **does not** apply to motorcycle accidents. There are **no** short-term disability benefits payable for injuries sustained as a result of a motorcycle accident.

Special Rules for Dental Implants:

If the Fund's dental advisor determines that an implant is necessary to maintain a Patient's dental health and function the Plan will pay the cost of the implant under the Medical Provisions of the Plan. Services related to implants, including but not limited to extractions and abutments, will remain subject to the rules for Dental Benefits.

IMPORTANT NOTE: A Provider, Participant, or Patient should submit a claim for implants to the Plan's dental advisor for determination of eligibility before installation of the implants. Failure to do so could leave the Provider and Patient with no source of payment for the implants if the plan's dental advisor subsequently determines that the implants do not qualify for coverage as a Medical Benefit. Please note that Delta Dental will administer the payment of the dental implants as a medical claim and pay the claim outside of the annual maximum in order to utilize the Delta Dental network discounts.

The key points of the Fund's dental implant policy are as follows:

- 1) ALL requests for dental implants must be submitted for pre-determination. If you or your provider do not submit the procedure for predetermination, the Fund will only pay up to your annual dental limit for the implant, and all related dental implant services, and will not consider the claim for payment under the medical provisions of the plan.
- 2) If the Fund and its dental advisor determine that the documentation submitted by your dentist demonstrates that the only mode of treatment available to maintain dental health and function is an implant-supported crown, bridge, partial or full denture, the implant claim will be paid **under** the medical provisions of the plan, and not under the dental provision of the plan.
- 3) On the other hand, if the Fund and its dental advisor determine that the documentation submitted by your dentist demonstrates that a regular bridge, partial or full denture can adequately maintain your dental health and function, the implant and all related expenses will be paid under the annual dental maximum set forth in your plan.
- 4) Finally, if the implant is sought for cosmetic or aesthetic purposes, payment for the implant will only be made under the annual dental maximum set forth in your plan

Short-Term Disability Benefits

(only applies if included in your benefit package)

The Plan Does Not Pay Short-Term Disability Benefits Under the Following Circumstances, even if you otherwise meet the Plan's definition of Disabled:

1. You are receiving workers compensation payments and are away from work for more than 14 days; or
 2. Your injury was caused by, or is the result of an Accident in which you are sky-diving, operating or otherwise riding, a motorcycle, a motorized land vehicle (*other than an automobile, a farm tractor, a lawn mower, or golf cart, all four of which are covered only if in regular use*), a motorized or non-motorized air vehicle (that is, an airplane not operated by a commercial airline, a helicopter, a hang glider, a parachute, or a balloon) or a personal watercraft (*such as a jet ski, not including boats*).
 3. Your injury or illness was the result of a condition for which Benefits are generally excluded (**for example**, you are recovering from a drunk driving accident);
 4. You are on strike, layoff, or leave of absence (unless your Disability began prior to the strike, layoff, or leave). If you became Disabled prior to the strike, layoff or leave of absence, the Fund will pay short-term Disability Benefits if you are recalled to work for your Employer but remain Disabled after the date of the recall. Benefits will be paid for up to twenty-six (26) weeks beginning on the date of the recall to work. The Fund will not pay short-term Disability Benefits if you are not recalled to work due to lack of seniority or comparable reasons.
 5. You are enrolled in the Plan under COBRA continuation coverage;
 6. Your injury was caused by, or is the result of a motor vehicle accident. If you live in a state (**for example**, Pennsylvania) in which you can purchase wage loss protection from your motor vehicle insurance carrier, the Fund will pay short-term Disability Benefits for the first five days of missed work caused by the motor vehicle accident Disability. If you live in a state in which you cannot purchase wage loss protection from your motor vehicle insurance carrier, the Fund will pay short-term Disability Benefits so long as you provide documentation required by the Fund to prove that you cannot purchase such protection in your state;
 7. You are self-employed and have not obtained liability insurance to provide the same coverage that an employee would receive from worker's compensation coverage for the same Disability.
 8. You have received Disability Benefits for less than twenty-six (26) weeks and return to work for a period of less than 30 days and then return to "Disabled" status. At that time, you will be entitled only to the remaining weeks of Disability Coverage, up to the original twenty six (26) weeks.
- NOTE:** For the purposes of this subsection 8 and subsection 9.b below, "return(ed) to work" means that you are physically at work, and not taking vacation, personal time/PTO, or other non-disability leave.
9. Multiple Disabling Events:
 - a) If you are receiving worker's compensation or other occupational disability benefits and, during that time, become Disabled and Eligible for non-occupational Short-Term Disability Benefits due to a second, unrelated Disability, the Fund will not begin paying Short Term Disability Benefits until the date that you would have returned to work after your first Disability was resolved.
 - b) If you are subsequently Disabled after you have returned to work for one day due to an injury or illness unrelated to an initial Disability, the Fund will pay Benefits for the second Disability as a new claim. However, if you received Short Term Disability but are again Disabled by the same injury or illness, the second Disability will be treated as the same as the first Disability unless you have returned to work for at least 30 calendar days.



Know Your Pension Plan

The Pension Fund frequently receives questions on the topics below. Additional information on these and other topics is available by visiting the Pension section of the website. When you are ready to apply for your pension, please refer to the “Important Items to Remember” section of the website under Pension for additional information.

1. Beneficiary Updates/Change in Marital Status –

Please review your beneficiary designation if you change your marital status. Please notify the Fund if you get married, divorced, or become widowed. If you get divorced, please forward a copy of the divorce decree. You will need to complete a new beneficiary form for your Pension Benefits after your divorce is finalized. If you become widowed, you will need to forward a copy of the death certificate and also complete a new beneficiary form. Downloadable beneficiary forms are available on the Fund’s website. You cannot name your pet as a beneficiary.

2. **Retirement Applications** – Contact the Pension Fund three months prior to your retirement date to begin the application process (6 months if you have time in another Fund and are applying for a reciprocal pension). The Pension Fund offers appointments to assist you with completing your Application for Pension paperwork. Please be sure to review your benefit options on your paperwork so that you are familiar with them prior to your appointment.

3. **Your Retirement Income Plan (RIP) 1987** balance is updated by the 15th of each month and subject to net gains or losses through the last day of

the month in which your application is approved for payment. Balances can be checked on the fund’s pension calculator.

4. **Power of Attorney** – If you cannot handle your own affairs, your Power of Attorney must provide the Fund with a copy of the Durable Power of Attorney before any information. The Pension Fund also requires, the Power of Attorney’s to contact the Pension Fund Office and provide their mailing address and your physical address. As Power of Attorney, you must sign the Participant’s name first and your name as Power of Attorney. For example – John J. Smith, Jane J. Smith, POA.

5. **Pension Checks** – Your checks from the Defined Benefit Plan (or monthly installments from the Retirement Income Plan 1987 if elected) are dated the first of each month. If you elect direct deposit, your check will be deposited on the first business day of the month. For example, if the first of the month falls on Sunday, your check will be deposited on Monday. All new Retirees are required to have their checks directly deposited.

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

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



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.

Please remember to keep your address with the Pension Fund updated if you have moved or if you have a temporary address at different times throughout the year.



Retirement 101

Ready to retire?

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

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

Request for Application Packet

(sometimes referred to as the “1st Set of Papers”)

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

Application (2nd Set of Papers)

After you have sent in the above information, the Fund will calculate your final retirement benefits, based on your declared retirement date. This process can take approximately six to eight weeks. Your Retirement Application (sometimes referred to as the “2nd set of papers”) will then be mailed to you. These papers will provide your benefit amounts and options for receiving your benefits.

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

Your completed application must be received by the 15th of the month to be approved for payment. Upon receipt of your application, a letter may be sent by the Fund Office to your employer to confirm your final day of work and termination date. This letter must also be returned by the 15th of the month for your final application to be approved for payment. You will then receive a letter stating that your pension has been approved.

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

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

Direct deposit is required for all new Retirees.

Retirees Approved for Pensions June, 2024 through August 2024

Name	Local	Employer
June 2024		
BACHER, LORNE R	229	ROADWAY EXPRESS INC
BARR, ERIC	764	UNITED PARCEL SERVICE INC
BARTON, DAVID F	401	DARON BLOCK INC
BLACK, JOHN S	776	ANDERSON LOGISTICS
BRADLEY, RICH	229	YRC FREIGHT
BROOKINS, LLOYD N	776	ARKANSAS BEST FREIGHT SYS INC
BRUBAKER, JAY M	771	THE SICO COMPANY
CAMILLI, LAWRENCE M	429	WINDSOR SERVICE INC
CHATCHO, CRAIG A	429	WEINER IRON & METAL CORP
CLEARY, JOHN M	999	ALLIED SYSTEMS LTD
COYNE, JOSEPH R	229	HARPER COLLINS PUBLISHERS INC
CRAWFORD, MICHAEL D	776	ARKANSAS BEST FREIGHT SYS INC
CROUCH, ROBERT	776	ARKANSAS BEST FREIGHT SYS INC
DEPIETRO, JUDY A	229	THE BAZOOKA CO INC
DIBLASIO, DANIEL J	776	UNITED PARCEL SERVICE INC
DOLIN, DOUGLAS A	764	UNITED PARCEL SERVICE INC
DROSNOK, PAUL S	773	EASTERN INDUSTRIES INC DIV OF
EVONITS, LORI R	229	HARPER COLLINS PUBLISHERS INC
FLEMING, THOMAS J	229	HARPER COLLINS PUBLISHERS INC
FOOSE, TIMOTHY	776	YRC FREIGHT
GEORGE, ROBERT D	229	TOPPS CHEWING GUM INC
GIPE, RANDY	776	YRC FREIGHT
GROMALA, GAYLE	229	TOPPS CHEWING GUM INC
GROVE, DUANE E	776	ARKANSAS BEST FREIGHT SYS INC
HARMAN, CHARLES A	401	WISE FOODS
HEERE JR, MICHAEL K	429	UNITED PARCEL SERVICE INC
JACKSON, ROGER C	764	D/B/A VALLEY FARMS DAIRY
KAUCHER, KEITH L	776	R J C INDUSTRIES INC
KING JR, PARKE N	771	CONSOLIDATED FREIGHTWAYS
KNORR, GLENN K	776	DRIVERS INC
KOCH, STEVEN A	429	LEHIGH VALLEY DAIRIES INC
KOENIG, RONALD M	429	PA HAULAGE-A DIV OF TRANSPVCE
KULP, RICKY	429	BRENNTAG NORTHEAST LLC
KUNKELMAN, DENNIS S	429	SUPERVALU INC
LANDIS, KEVIN G	776	FLEMING COMPANIES INC
LITWACK, BRUCE R	429	ASSOCIATED WHOLESALERS INC
LOBODA, RAYMOND	776	UNITED PARCEL SERVICE INC
MANEVAL, KENNETH	764	UNITED PARCEL SERVICE INC
MILLER JR, THOMAS W	429	GOODMAN VENDING SERVICE
MOSTELLAR, DEAN K	401	YRC FREIGHT
MUMMA, JEFFREY B	776	W & L SALES COMPANY INC
ONEILL, SEAN P	771	YRC FREIGHT
PAGE, SCOTT R	776	MAIERS BAKERY
PROPST, JOHN I	764	MCCORMICK DRAY LINE INC
PULLY, DOUGLAS E	776	ARKANSAS BEST FREIGHT SYS INC
QUINNAN, DOROTHY	229	TOPPS CHEWING GUM INC
RAKOWIECKI, CRAIG	429	SUPERVALU INC
RENNINGER, GREGORY S	776	YRC FREIGHT
RODRIGUEZ, RICHARD	429	VICTUS LTD
RUPP, THOMAS D	429	YEAGER SUPPLY INC
SAFI, BASSAM A	229	ROADWAY EXPRESS INC
SEITZ III, PAUL B	776	UNITED PARCEL SERVICE INC
SHEARER JR, MARLIN D	776	EAGLE SNACKS INC
SIMITZ, LOUIS E	773	P I E NATIONWIDE INC
SNEERINGER, JOHN	776	UNITED PARCEL SERVICE INC
STEAGER, KEVIN	776	UNITED PARCEL SERVICE INC
STOUDT, BELINDA M	429	CENTRAL PENNSYLVANIA TEAMSTERS
SUPINSKI JR, EDWARD	229	UNITED PARCEL SERVICE INC

Name	Local	Employer
July 2024		
SWARTZ, TIMOTHY A	776	CONSOLIDATED FREIGHTWAYS
SWEITZER, JOHN H	429	YEAGER SUPPLY INC
VALENTIN, HECTOR	771	ARKANSAS BEST FREIGHT SYS INC
WELFLEY, JAMES A	764	CENTRE CONCRETE COMPANY
WOODWARD SR, ROGER D	764	SCHNEIDER-VALLEY FARMS INC
YOUSE, MARK R	429	CLOVER FARMS DAIRY
July 2024		
AAHN, TIMOTHY C	776	UNITED PARCEL SERVICE INC
ALTAVILLA, DIANA L	429	ARKEMA INC
ALTIERI, MICHAEL J	229	TOPPS CHEWING GUM INC
ASHBY, MARK A	776	ARKANSAS BEST FREIGHT SYS INC
BERGSTRESSER, CHARLES H	776	YRC FREIGHT
BERVINCHAK, KEVIN	771	UNITED PARCEL SERVICE INC
BILLET, STEVEN	776	UNITED PARCEL SERVICE INC
BOEHNING, ROBERT P	773	UNITED PARCEL SERVICE INC
BOROWITZ, STEPHEN R	776	HALLS MOTOR TRANSIT CO
BRYANT, DEBORAH A	776	CONSOLIDATED FREIGHTWAYS
BUTLER, JAY R	229	MERCHANTS PRODUCE CO
CLARK, STEPHEN J	776	UNITED PARCEL SERVICE INC
DEFILIPPO, ROBERT E	776	UNITED PARCEL SERVICE INC
DYE, MONTE L	776	ROADWAY EXPRESS INC
FIERRO, CHARLES J	771	YRC FREIGHT
FINDLEY, DENNIS E	771	KUNZLER & COMPANY INC
FINSTERBUSH, LARRY D	764	UNITED PARCEL SERVICE INC
FUCHS, ALLEN	776	CAROLINA FREIGHT CARRIERS CORP
GEBHART JR, FREDERICK	771	YRC FREIGHT
GRUGAN, BRIAN F	429	SUPERVALU INC
HEISEY, SCOTT A	429	ASSOCIATED WHOLESALERS INC
HINE, EDWARD J	429	LENTZ MILLING CO LLC
HNOT JR, FRANCIS	429	SAVOR STREET FOODS INC
IRWIN, DAVID	776	HESS TRUCKING COMPANY
JUHAS, RHONDA A	429	ASSOCIATED WHOLESALERS INC
KLINE, ROY A	764	WOOD-MODE
KURA, JOHN	229	AFFILIATED FOOD DISTR INC
LEHR, JOHNNY R	776	YORK DRILLING CO INC
LEONARD, EDWARD J	229	AFFILIATED FOOD DISTR INC
LUTZ, DAVID	773	ABM INDUSTRIES
MARCUCCI, MICHAEL K	429	BERKS PRODUCTS CORP
MCCANDLESS, MICHAEL	776	UNITED PARCEL SERVICE INC
MCDONALD, MAURICE J	429	SCHROCK CABINET COMPANY
MCGINNIS, JOAN P	229	THE BAZOOKA CO INC
MCMENAMIN, VICKI	429	MRS SMITHS FROZEN FOODS CO
MEYER, SCOTT A	429	GENERAL COMMODITIES WAREHOUSE
MILLER, MICHAEL K	429	BERKS PRODUCTS CORP
MILLER JR, DONALD C	429	BERKS PRODUCTS CORP
PAUP, WILLIAM	429	BOYERTOWN AUTO BODY WORKS INC
ROUSH, JAMES A	764	CENTRAL BUILDERS SUPPLY CO
SAEGER, DYNEL	773	BERKS PRODUCTS CORPORATION
SHRECKENGAST, RICHARD C	764	SCHNEIDER-VALLEY FARMS INC
SIEKIERKA, JAMES	401	YRC FREIGHT
THOMAS, BRANSON D	773	MASON & DIXON LINES INC
WRAZIEN, WALTER J	229	UNITED PARCEL SERVICE INC
YAKE, DALE S	771	YELLOW FREIGHT SYSTEM INC
YODER, DAVID J	429	ASSOCIATED WHOLESALERS INC
ZERBY, MICHAEL E	764	SCHNEIDER-VALLEY FARMS INC
August 2024		
ARNOLD, DAVID E	429	BRENNTAG NORTHEAST LLC

Retirees Approved for Pensions June, 2024 through August 2024

Name	Local	Employer	Name	Local	Employer
ATKINS III, EDWARD H	401	FALCONE BEVERAGE	MONSORNO, JAMES H	401	SUPREME OIL COMPANY
BALDWIN, CHRISTINE	771	UNITED PARCEL SERVICE INC	MORRIS, SEAN	776	UNITED PARCEL SERVICE INC
BEACHEL SR, DONALD HAVEN	764	CENTRAL BUILDERS SUPPLY CO	MUTH, SCOTT W	429	BERKS PRODUCTS CORP
BEERS, MARK J	773	EASTERN INDUSTRIES INC DIV OF	ORKIN, GARRY H	229	ROADWAY EXPRESS INC
BUKOWSKI, JOHN M	229	C&S WHOLESALE GROCERS	OTT, JOSEPH P	776	CAROLINA FREIGHT CARRIERS CORP
DAVIS, CAROLYN	229	TOPPS CHEWING GUM INC	PAIGE, STEVEN E	764	CENTRAL BUILDERS SUPPLY CO
EINSIG, TIMOTHY D	776	UNITED PARCEL SERVICE INC	PARTHEMORE, DOUGLAS J	776	USF HOLLAND INC
EISENHARD JR, CARL J	773	EASTERN INDUSTRIES INC	PISAR, JOSEPH M	776	YRC FREIGHT
FAUST JR, RICHARD E	429	ASSOCIATED WHOLESALERS INC	PURNELL JR, RICHARD L	764	CENTRAL BUILDERS SUPPLY CO
FLICKINGER, HOLLY A	776	WALTER W ZEIGLERS SONS INC	RODENBACH, RICHARD S	771	KENOSHA AUTO TRANSPORT CORP
FORRESTER, DANNY GUY	776	ARKANSAS BEST FREIGHT SYS INC	SCHELL, JAMES N	771	KENOSHA AUTO TRANSPORT CORP
FRANCIS, ROY C	229	TOPPS CHEWING GUM INC	SCHWARTZ, KIMBERLY ANN	401	FRIEDMANS EXPRESS INC
FRITZ, LISA A	771	UNITED PARCEL SERVICE INC	SHAWANESSE, CONNIE	776	TRANSCON LINES
FURJANIC, THOMAS M	776	CON-WAY EASTERN EXPRESS INC	SHEEHAN, MICHAEL C	229	DIMARE FRESH INC
GEMMELL, GEORGE	773	UNITED PARCEL SERVICE INC	SHUGHART, EMMANUEL S	776	YRC FREIGHT
GIORDANO, MICHAEL	229	SCRANTON SEWER AUTHORITY	SILVER, LAURA LYNN	429	ASSOCIATED WHOLESALERS INC
HEIMBACH, TIMOTHY	773	ARKANSAS BEST FREIGHT SYS INC	SMITH, HAROLD E	773	UNITED PARCEL SERVICE INC
HERB, MICHAEL A	776	UNITED PARCEL SERVICE INC	SMITH, PAUL H	776	MAIERS BAKERY
HIGGINS, ROBERT H	401	COON INDUSTRIES INC.	SNYDER, ROGER D	776	CONSOLIDATED FREIGHTWAYS
HUBER, BARRY W	773	UNITED PARCEL SERVICE INC	SPANGLER, DARRYL L	776	UNITED PARCEL SERVICE INC
HUGHES, GARY J	229	C&S WHOLESALE GROCERS	STAPLETON, ALLISON	229	DIMARE FRESH INC
ILLIANO JR, MARIO	429	RACHLIN FURNITURE INC	STUBLE, JOHN B	776	HESS TRUCKING COMPANY
KARNS, MARK E	401	PENSKE TRUCK LEASING CO LP	TRAN, KHOA N	429	SCHROCK CABINET COMPANY
KEAGLE, TERRY E	764	GALLIKER DAIRY COMPANY	WALTER III, CHARLES F	773	BIMBO BAKERIES USA
LAMB, DAVID D	776	NEW PENN MOTOR EXPRESS INC	WISSER, ERIC M	773	BIMBO BAKERIES USA
LUCARELLI JR, DAVID R	429	CLOVER FARMS DAIRY	WRIGHT, JAN E	429	CARL R BIEBER INC
MARSHALLICK, JOAN	229	DIMARE FRESH INC	YOUNG, DUWAYNE	776	YRC FREIGHT
MATLOCK, DOROTHY	773	EASTERN INDUSTRIES INC	ZISK, DARRIN R	776	USF RED STAR

AUGUST 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 8 month period ending August 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	6.3% 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."



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

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**Please be on the lookout for
future postcards from the
Central Pennsylvania Teamsters
for important information.**

Our Union
Label Here

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

Trustees:

William M. Shappell
Chairman & Union Trustee
Daniel W. Schmidt
Secretary & Employer Trustee
Kevin Bolig
Union Trustee
Bryan A. Swaim
Employer Trustee
Edgar H. Thompson
Union Trustee
Kenneth A. Ross
Employer Trustee
Mark Gladfelter
Employer Trustee
Jim Geise
Union Trustee
Ashlynn Hart
Employer Trustee
Adam Crossen
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
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