

GUARDIAN



Reading, Pennsylvania

HEALTH AND WELFARE/PENSION GUARDIAN NEWSLETTER



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

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IMPORTANT NOTICE

PLEASE BE SURE TO REVIEW THE UPDATED PREFERRED BRAND NAME DRUGS LIST FOUND ON PAGES 10-11 WHICH IS EFFECTIVE JANUARY 1, 2025.

EFFECTIVE JANUARY 1, 2025 THE CHIROPRACTIC BENEFIT WILL BE IMPROVING FOR ALL PLANS. YOU WILL BE RESPONSIBLE FOR A 20% COINSURANCE PAYMENT PER VISIT AND THE FUND WILL PAY 80% OF THE CHARGES FOR UP TO 25 VISITS OR A \$2,000 MAXIMUM PER YEAR, WHICHEVER COMES FIRST. THIS WILL REPLACE THE PREVIOUS BENEFIT OF A \$25 ALLOWANCE PER VISIT UP TO 20 VISITS OR A \$500 MAXIMUM PER YEAR.

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

As a participant of the Central Pennsylvania Teamsters Health and Welfare Fund you have access to MemberXG. This resource will allow you to review your Demographics, Health Claims, Deductibles, HRA Balance (if applicable*) and other information regarding your benefits. Additional features will be added in the future.

To register, you can find the link on the Fund website at www.centralpateamsters.com under Health & Welfare / MemberXG Portal or go to <https://memberxg.gobasys.com/CPT>.

***The Health Reimbursement Arrangement ("HRA") feature must be negotiated as part of your Collective Bargaining Agreement for you to participate in this benefit.**

If you have questions about your Central Pennsylvania Teamsters Health and Welfare Fund benefits or about using the website, please call the Fund Office at (800) 331-0420. The Fund Office staff are available to help you Monday through Friday from 7:30 a.m. to 3:30 p.m.

Use of the MemberXG portal is optional, and there is no action you must take at this time. However, please contact the Fund Office if any of your information on the MemberXG portal is inaccurate.



Be Prepared to Stay Safe and Healthy in Winter

With darker days and holiday treats in abundance, winter can derail fitness routines. But with some planning, you can maintain your health without missing out on seasonal joys.

Stay Active Indoors and Out

There's no special secret to staying healthy in the winter; sticking to your fitness routine as much as possible is the most effective way to do it.

That includes keeping up with your exercise schedule.

But that can be a challenge when the days are short and the weather is cold.

Cold weather may keep you inside, but you can still stay active with at-home exercises like aerobic exercise workouts (stationary bike, treadmill) and strength training (pushups, weights).

If you're an outdoor enthusiast, remember to dress in moisture-wicking layers, stay hydrated, check the weather and warm up properly to avoid injuries.

Eat Seasonal, Stay Healthy

Hot chocolate, holiday desserts and Valentine's candies – we all know that winter is the season for sweets. Add to that many of the most nutritious foods are out of season, and you can see why winter is an especially difficult time to keep up with your diet.

Fortunately, there are plenty of foods in abundance this time of year, and many of them go great in soups, stews and casseroles. Healthy winter food options include:

- ✦ Citrus fruits like oranges and grapefruits
- ✦ Root vegetables like potatoes, squash and beets
- ✦ Leafy greens like kale and spinach

Prioritizing foods like these can help you maintain a well-balanced diet while also helping you take advantage of the unique nutritional benefits of winter.

Keeping the Winter Blues at Bay

Many people dread the winter months. Shorter days, lack of sunshine, cold weather and fewer social interactions can all contribute to mental health taking a dip.

If you're feeling a little down in the winter, give the following a try:

- ✦ **Get enough sunlight:** It's important to take advantage of the sunshine. Whether that means opening your shades to let more light in or going for a daily walk outside, getting sun exposure is one of the best ways to boost your mental health.
- ✦ **Spend time outdoors:** Coupled with some outdoor exercise, breathing in the fresh air can help ease your body and clear your mind. Even if it's just for a few minutes each day, spending a little time outside can help improve your mental health.
- ✦ **Stay connected with loved ones:** The cold weather can make it hard to leave the house, but it's important to stay in touch with friends and family. Planning a fun winter activity, organizing a dinner or even just the occasional phone call are all great ways to stay connected.

The above tips can help alleviate symptoms of seasonal affective disorder (SAD). If you notice feeling down, depressed, hopeless or decreased energy, you should get in touch with your provider.

Source: <https://bilh.org>

Save on your health journey.

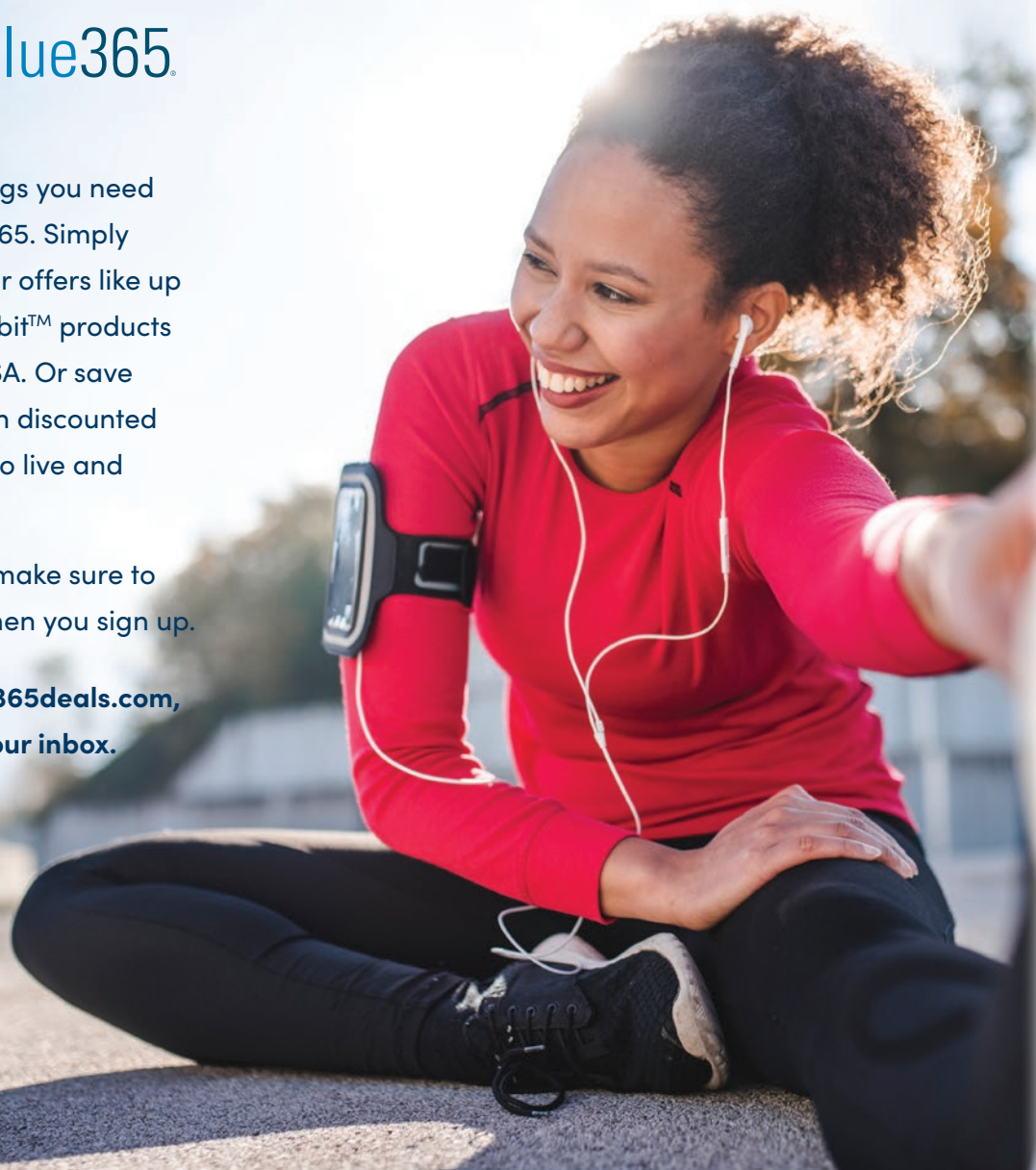
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It's exclusively for members, so make sure to have your member ID handy when you sign up.

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Get offers from these brands and more:



Reebok



GARMIN.

SKECHERS

TruHearing

Gympass

sunbasket

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.

**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 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 رفوتت، ان اجم، ةي وغللا ةدعاسملا تامدخ، ةي برعلا ةغللا شحتت تنك اذا: مي بنن.

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 हद्दि बोलते, भाषा सहायता सेवाओं, नि: शुल्क, आप के लए 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)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-610-320-5500.

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

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

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

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

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



Step Therapy

NOTE: The medications in each category are subject to change. Please make sure to check with the Fund (Phone: Toll Free in 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.

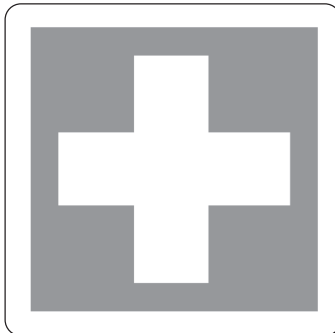
RHEUMATOID ARTHRITIS (Continued)	PREDNISONE CYCLOPHOSPHAMIDE CYCLOSPORINE AZATHIOPRINE METHOTREXATE & ALL OTHER GENERICS	IDACIO ILUMYA INFLECTRA KEVZARA KINERET OLUMIANT ORENCIA RENFLEXIS RINVOQ SIMPONI SILIQ SKYRIZI STELARA TALTZ XELJANZ YUFLYMA YUSIMRY
URINARY AGENTS	FLAVOXATE OXYBUTYNIN TOLTERODINE 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.

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 ROWEEPR SYMPAZAN TEGRETOL TOPAMAX TRILEPTAL TOKENDI VALTOCO VIMPAT XCOPRI ZARONTIN ZONEGRAN
PROTON PUMP INHIBITORS	OVER THE COUNTER ("OTC"): LANSOPRAZOLE DR OTC NEXIUM OTC OMEPRazole OTC OMEPRazole-BICARB OTC PREVACID OTC PRILOSEC OTC ZEGERID OTC	ACIPHEX DEXILANT ESOMEPRazole 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: January 1, 2025

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

AUTONOMIC

Auvi-Q

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

DENTAL

Fluoridex Sensitivity Relief
Fluorimax 5000 1.1% Paste
Prevident 5000 Enamel Protect
Prevident 5000 Sensitive Paste

ENDOCRINE

Hyperglycemics Dipeptidyl Peptidase-4 & Combos

Janumet
Janumet XR
Januvia

GLP-1 Recep. Agonist

Ozempic
Rybelsus Tab
Trulicity

Insulins

Fiasp Flextouch, Vial, Penfill
Humalog cart, Kwikpen, vial
Humalog jr Kwikpen
Humalog mix Kwikpen, vial
Humalog tempo pen
Humulin 70/30 Kwikpen, vial
Humulin N Kwikpen, vial
Humulin R Kwikpen, vial
Levemir vial
Lyumjev Kwikpen, vial
Lyumjev tempo pen
Novolin 70/30 flexpen, vial
Novolin N flexpen, vial
Novolin R flexpen, vial
Novolog flexpen, vial, penfill
Novolog mix flexpen, vial
Relion novolin 70/30 flexpen, vial
Relion novolin N flexpen, vial
Relion novolin R flexpen, vial
Relion novolog flexpen, vial
Relion novolog mix flexpen, vial
Soliqua
Toujeo Solostar
Toujeo Max Solostar
Tresiba Vial, Flextouch
Xultophy

PREFERRED BRAND NAME DRUG LIST

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

EFFECTIVE DATE: January 1, 2025

VERY IMPORTANT

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

Sodium-Glucose Co Transporter 2 Inhib

Glyxambi
Jardiance
Synjardy
Synjardy XR
Trijardy XR
Xigduo XR

Miscellaneous

Baqsimi Spray
Mounjaro
Zegalogue

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
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.

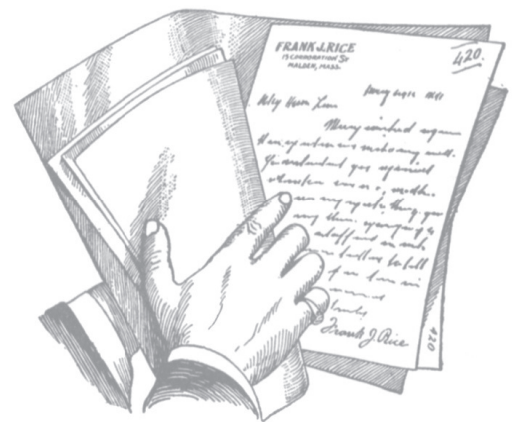
- 1. Dental Implants** – All requests for dental implants must be submitted for pre-determination for review including xrays and narrative. Failure to do so could mean higher out of pocket expenses.
- 2. Health Savings Accounts for Dependents** – If your spouse (or eligible dependent) is covered under 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



The Health Reimbursement Arrangement (“HRA”) feature is a negotiated benefit that could be as part of your Collective Bargaining Agreement. If you're enrolled in a Health Reimbursement Arrangement (HRA) through the Fund, it's important to keep track of your account balance. You can check your balance anytime on the MemberXG portal located on www.centralpateamsters.com. Remember, reimbursement requests must include proper documentation of eligible expenses and should be submitted within one year of the service or purchase date. Don't let your balance go unused. If you have questions about your Central Pennsylvania Teamsters Health and Welfare Fund benefits or about using the website, please call the Fund Office at (800) 331-0420. The Fund Office staff are available to help you Monday through Friday from 7:30 a.m. to 3:30 p.m. Eastern Time.



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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	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: HHSIPPProgram@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



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

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Know Your Pension Plan

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

1. Beneficiary Updates/Change in Marital Status –

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

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

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

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

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

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

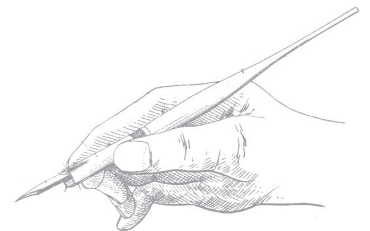
6. Website – Please visit the website for Summary Plan Descriptions, Forms and Notices and Important Items to Remember. You can also access the Fund’s Pension Calculator to view your pension benefits, including your RIP 1987 account balance, if applicable.

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



Please remember to keep your address with the Pension Fund updated if you have moved or if you have a temporary address at different times throughout the year. With a new year right around the corner, Form 1099-Rs will be mailed out in January 2025 and the Internal Revenue Service recommends that taxpayers notify their employers, the IRS and the USPS if their addresses have changed so there are no delays in receiving your tax documents. Copies will also be available on the Pension Calculator.

If you have an upcoming appointment for assistance with your Pension Application and it requires notarization, please remember to bring a valid (not expired) driver license, Social Security card or a valid (not expired) Passport.



Retirees Approved for Pensions September through October 2024

Name	Local	Employer	Name	Local	Employer
September 2024					
ALBAN, RALPH M	773	J R BUTLER INC	SHAULL, DENNIS B	776	YORK CONCRETE CO.
BAZZLE, MICHAEL E	776	FLEMING COMPANIES INC	SHOEMAKER, WILLIAM	401	WISE FOODS
BLAIR JR, WILLIAM H	776	ARKANSAS BEST FREIGHT SYS INC	SHOOP, ROBERT D	776	ARKANSAS BEST FREIGHT SYS INC
BULLOCK, HOWARD S	776	ARKANSAS BEST FREIGHT SYS INC	STEIGLER, ROBERT	776	YRC FREIGHT
CASTELLANI, JEFFREY J	229	PEPSI COLA BTLG OF SCRANTON	STRAYER, JUSTINE A	776	ASSOCIATED WHOLESALERS INC
CIANFLONE, ROCCO	229	UNITED PARCEL SERVICE INC	STROK, PAUL	229	TOPPS CHEWING GUM INC
CLARK, KEVIN L	776	UNITED PARCEL SERVICE INC	STROUSE III, WILLIAM B	776	CONSOLIDATED FREIGHTWAYS
CONTRES, COY J	776	ST JOHNSBURY TRUCKING CO INC	TAVAREZ, MIGUEL A	229	ROADWAY EXPRESS INC
DRAWBAUGH, TERRY R	776	ARKANSAS BEST FREIGHT SYS INC	TEMPLIN, GUY A	429	E J BRENNEMAN
DUNKELBERGER JR, RICHARD	429	MAIERS BAKERY	THOMAS, JOSEPH L	776	MAIERS BAKERY
EHRICH JR, DANNY J	773	YRC FREIGHT	TORO, TIMOTHY	401	UNITED PARCEL SERVICE INC
EVANS, SCOTT E	229	UNITED PARCEL SERVICE INC	TREESE, MARK D	764	SCHNEIDER-VALLEY FARMS INC
GILL, JENNIFER A	776	ARKANSAS BEST FREIGHT SYS INC	UPDEGRAFF III, ROBERT F	776	FLEMING COMPANIES INC
GULDNER, LEONARD A	776	UNITED PARCEL SERVICE INC	USCOWSKAS, ROBERT	229	UNITED PARCEL SERVICE INC
GULYAS, MARIO	776	METALS USA	WAGNER, DAVID	773	UNITED PARCEL SERVICE INC
HAMPSHER JR, LAWRENCE G	764	SCHNEIDER-VALLEY FARMS INC	WALDMAN, EVA M	429	EXETER TOWNSHIP BD OF SUPV
HARTZELL JR, CHARLES R	776	ANDERSON LOGISTICS	WARTZENLUFT, LINN M	429	LENTZ MILLING CO LLC
JAMES, DOUGLAS E	429	BRENNTAG NORTHEAST LLC	WATT, PAUL F	773	BERKS PRODUCTS CORPORATION
KNORR, GLENN K	776	DRIVERS INC	YENDALL, SUZANE O	776	ST JOHNSBURY TRUCKING CO INC
KNOUSE SR, SCOTT K	776	UNITED PARCEL SERVICE INC	October 2024		
KREPPS, CHARLES L	429	POWER PACKAGING	ANTHONY JR, CHARLES R	429	ARKEMA INC
LESHER, TRACY L	776	CONSOLIDATED FREIGHTWAYS	ARTER, DENNIS L	771	KUNZLER & COMPANY INC
LONEY, WARREN J	401	YRC FREIGHT	BADINGER JR, GERALD J	429	NORTHEASTERN DISTRIBUTING INC
LORE, ROBERT LARUE	764	ARROW CARRIER CORPORATION	BECKER, STEPHEN M	771	ARKANSAS BEST FREIGHT SYS INC
MARTINEZ, MAYRA I	773	ABM INDUSTRIES	BENKE JR, CHARLES C	229	CRYSTAL SODA WATER CO
MCKNIGHT JR, BRADLEY	776	ARKANSAS BEST FREIGHT SYS INC	CHMIL, DAWN	229	TOPPS CHEWING GUM INC
MCKOWN, JAMES	776	YRC FREIGHT	CLYMER, RAYMOND J	429	J C EHRlich CO INC
MERTZ, BARRY L	773	WELCO/CGI	CRAUMER, STEVEN R	776	KEYSTONE DISTRIBUTION CTR INC
MILUNIC, LAWRENCE P	401	ACME MARKETS INC	DELONG, DENNIS N	429	DIETRICH'S MILK PRODUCTS INC
MOIST JR, JAMES E	776	ARKANSAS BEST FREIGHT SYS INC	DOONER, KEVIN J	312	MATLACK INC TERMINAL 5
MOYER, KEITH C	764	UNITED PARCEL SERVICE INC	ESSER, BARRY C	429	WINDSOR SERVICE TRUCKING
MURRAY, JILL A	229	UNITED PARCEL SERVICE INC	FICKES, GREGORY A	771	KUNZLER & COMPANY INC
MYERS, THOMAS B	776	ARKANSAS BEST FREIGHT SYS INC	FOLLMER, MARC A	764	UNITED PARCEL SERVICE INC
PASUKINIS, MICHAEL J	764	NEW PENN MOTOR EXPRESS INC	GARBER, HERBERT C	776	UNITED PARCEL SERVICE INC
POGUE, DAVID J	776	ARKANSAS BEST FREIGHT SYS INC	GARCIA, ROBERTO	773	UNITED PARCEL SERVICE INC
ROUILLIARD, GREG	771	YRC FREIGHT	GEORGE, DEAN E	776	ARKANSAS BEST FREIGHT SYS INC
SANKEY, EDWARD A	776	ARKANSAS BEST FREIGHT SYS INC	GROSS, WILLIAM M	776	ARKANSAS BEST FREIGHT SYS INC
SHANER, CHRIS A	776	ARKANSAS BEST FREIGHT SYS INC	GROTHER, GLENDA G	776	FLEMING COMPANIES INC

Retirees Approved for Pensions September through October 2024

Name	Local	Employer	Name	Local	Employer
GULDEN, JOSEPH J	229	YRC FREIGHT	PRAY, DARREN R	771	UNITED PARCEL SERVICE INC
HARTMAN, JANE L	773	UNITED PARCEL SERVICE INC	RAFFENSPERGER, JOSEPH L	429	CLOVER FARMS DAIRY
HECKARD, CORY	776	UNITED PARCEL SERVICE INC	REAM, JUDITH M	773	EASTERN INDUSTRIES INC
HEISLER, MICHAEL J	773	UNITED PARCEL SERVICE INC	ROSS JR, SAMUEL J	771	PENNCAST CORPORATION
HELLER, RICHARD L	229	CONSOLIDATED FREIGHTWAYS	SCOTT, RICHARD M	429	SAVOR STREET FOODS INC
HERSHEY JR, CHARLES B	771	YRC FREIGHT	SHUMGART JR, JAMES E	773	UNITED PARCEL SERVICE INC
JIMENEZ, FERNANDO I	773	MACINTOSH LINEN & UNIFORM	SISTRUNK, JEFFREY L	776	ARKANSAS BEST FREIGHT SYS INC
MAZSA, TAMBRIE	773	MAIERS BAKERY	SMITH, GREGORY L	776	CONSOLIDATED FREIGHTWAYS
MCINTOSH, ROBERT L	429	DIETRICH'S MILK PRODUCTS	STEPHENS, EMERY G	764	CENTRE CONCRETE COMPANY
MECCA, JOSEPH D	229	AFFILIATED FOOD DISTR INC	WEAVER, ROBERT	776	UNITED PARCEL SERVICE INC
MILLER, DANIEL	776	UNITED PARCEL SERVICE INC	WIERMAN, WILLIAM R	776	UNITED PARCEL SERVICE INC
MONDEREWICZ, BARRY A	429	D J WITMAN OIL COMPANY	WILSON, TIMOTHY S	776	TRIANGLE PACIFIC CORPORATION
MUNDRAKE, NORAA	229	C&S WHOLESALE GROCERS	WUNDERLICH, RALPH E	429	YELLOW FREIGHT SYSTEM INC
NEYLON, ROBERT F	764	D/B/A VALLEY FARMS DAIRY	ZACKEY, DANIEL R	773	UNITED PARCEL SERVICE INC
PFLEGER IV, JAMES J	771	YELLOW FREIGHT SYSTEM INC			
PIERCE SR, MICHAEL ALLEN	429	ASSOCIATED WHOLESALERS INC			
POSEY, DARYL E	776	CONSOLIDATED FREIGHTWAYS			

OCTOBER 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 10 month period ending October 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	6.6% 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

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

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

**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*
Keystone 74 Benefits & Admin., LLC
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
Entrust Global
Glouston Capital Partners
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