

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 12-13 WHICH IS EFFECTIVE JULY 1, 2025.

THIS NEWSLETTER CONTAINS AN INSERT WITH IMPORTANT INFORMATION REGARDING A SINGLE DEATH BENEFIT FOR SINGLE PARTICIPANTS AND RECIPROCAL SERVICE FOR SERVICE PENSION BENEFITS UNDER THE DEFINED BENEFIT PLAN. THE INSERT SHOULD BE RETAINED WITH YOUR SPD FOR FUTURE REFERENCE.

HOW TO PRACTICE SAFE SUN

The American Academy of Dermatology (AAD) encourages you to #PracticeSafeSun whenever you're outdoors. When you Practice Safe Sun, you protect your skin from the sun's harmful rays. Here's why it's important:

- The sun's harmful rays can cause skin cancer.
- Everyone is at risk of getting skin cancer; about 1 in 5 Americans will develop skin cancer during their lifetime.
- Skin cancer is one of the most preventable cancers.
- When you protect your skin from the sun's harmful rays, you reduce your risk of developing skin cancer as well as premature skin aging.

To protect your skin from the sun's harmful rays, dermatologists recommend that you:

Seek shade

Seek shade when appropriate, remembering that the sun's rays are the strongest between 10 a.m. and 2 p.m. You can also look at your shadow. Any time your shadow is shorter than you, seek shade.

**Wear sun-protective clothing**

Wear a lightweight and long-sleeved shirt, pants, a wide-brimmed hat, and sunglasses with UV protection, when possible. For more effective protection, select clothing with an ultraviolet protection factor (UPF) number on the label.

**Apply sunscreen**

To all skin not covered by clothing, apply a sunscreen that offers:

- Broad-spectrum protection
- Water resistance
- SPF of 30 or higher

When this sunscreen is also a tinted sunscreen with iron oxide, you better protect your skin from dark spots. Iron oxide protects your skin from the sun's visible light. Tinted sunscreens do not leave the white residue or "cast" on your skin that some sunscreens do. Choose a tinted sunscreen that matches your skin tone.

Remember to reapply your sunscreen every 2 hours or after swimming or sweating.

Put your toes in the sand to relax, and try these tips to be well and have an amazing, healthy summer.

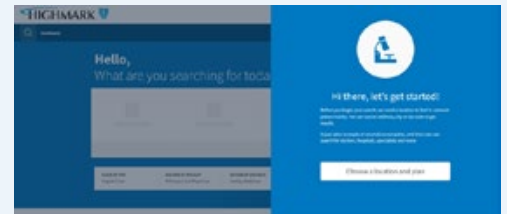


Central PA Teamsters Health and Welfare Fund

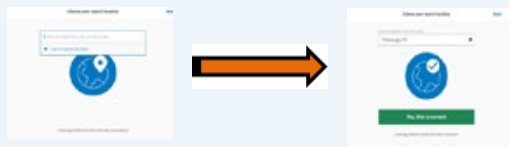
How to Find In-Network Doctors In and Out of Service Area

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

- 1 To begin, type: www.myproviderconnect.com/find-a-doctor/
- 2 Select: Choose a location and plan. Then follow the prompts and follow the instructions to continue to the homepage.

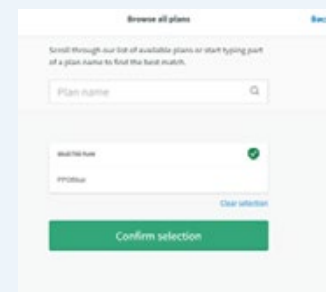
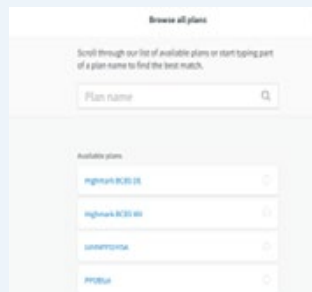


- 3 Confirm your search location, enter address then confirm.

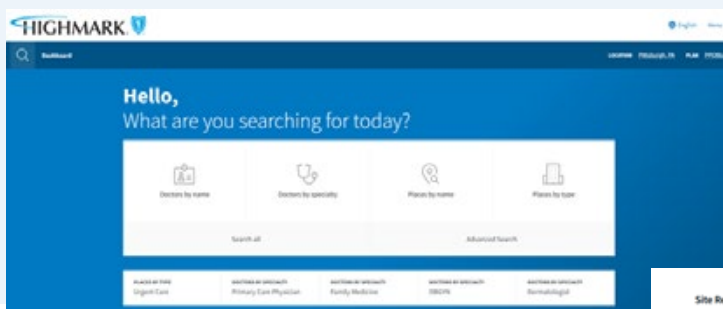


- 4 Enter your plan Alpha Prefix-J5Y.

- 5 *OR simply search by plan type PPOBlue, select the box to browse a list of plans.
Select PPOBlue to continue.



- 6 Search from the homepage with various search options, shortcuts, and resources. Search options include doctor name or specialty, location name, and location type. Use the "Search All" button for a combined search, or the "Advanced Search" button for more refined results.



Additional resources are available in the footer.

Site Resources
[Learning Library and FAQ](#)
[Terms of Use](#)

Blue Resources
[Blue Distinction Centers](#)
[BCBS Global Care](#)

Helpful Tips

- You can also change your location in the City, State, or Zip box. *If you are on vacation or away from home change your address to your current location when searching for providers (City and State).
- 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.



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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
Specialty	Retail up to a 30 day supply	\$150

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
Specialty	Retail up to a 30 day supply	\$150	\$150	\$150



RX News

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

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

*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 copayments for all Zohydro prescriptions will be \$150 per script.

*NOTE: CVS and Walgreens are not participating pharmacies.

CREDITABLE COVERAGE NOTIFICATION

PLAN 13, PLAN 14, Plan 14P and PLAN 16

Important Notice from

THE CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND

About Your Prescription Drug Coverage and Medicare

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

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

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

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

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

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

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

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

If you are considering electing Medicare Part D coverage, you should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare

prescription drug coverage in your area. **Keep in mind that this Fund may provide you with medical, dental, vision, and other benefits that are described in the next section. If you enroll in a Medicare prescription drug plan and lose your coverage from the Fund (for example, if you drop your coverage under the Fund in order to take the Medicare Part D plan), you and your eligible dependents will also lose those other benefits in addition to your prescription coverage.**

If you elect both Fund coverage and Medicare coverage and you have Fund coverage on account of your own active employment or on account of the active employment of your spouse or parent, the Fund will be the primary payor of benefits and Medicare will be the secondary payor of benefits. You will want to take a careful look at the Fund's coverage (including both the Fund's benefits and any payments you may make toward that coverage) when making your decision about whether to purchase a Medicare Part D plan.

The Fund offers the following prescription benefits:

PLAN 13 AND 14P PRESCRIPTION COVERAGE:

RETAIL PHARMACY COPAYMENTS

\$0 Generic for up to a 34 day supply

\$15 Brand Preferred or up to a 34 day supply

\$30 Brand Non-Preferred for up to a 34 day supply

\$150 Specialty for up to a 30 day supply

PLAN 14 AND PLAN 16 PRESCRIPTION COVERAGE:

<u>RETAIL PHARMACY COPAYMENTS</u>	<u>Option A</u>	<u>Option B</u>	<u>Option C</u>
Generic for up to a 34 day supply	\$ 0.00	\$ 0.00	\$ 0.00
Brand Preferred for up to a 34 day supply	\$ 15.00	\$ 20.00	\$ 30.00
Brand Non-Preferred for up to a 34 day supply	\$ 30.00	\$ 40.00	\$ 50.00
Specialty	\$150.00	\$150.00	\$150.00

This Fund also offers medical benefits:

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

Plans 14, 14P and 16 provide the following core benefits: physician office visits, hospital benefits, inpatient benefits, physical therapy benefits, surgical benefits, outpatient diagnostic benefits, transplant

benefits, immunization and injection benefits and major medical benefits. Plans 14 and 16 also offer the following benefits on an optional basis, to be selected in collective bargaining and reflected in the contract with the employer: death and accidental death and dismemberment benefits, dental/orthodontic benefits, hearing/ vision benefits, prescription benefits, mental illness/substance abuse benefits, and short-term disability benefits.

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

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

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

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

Contact the Fund's Prescription office at Toll Free 1-800-331-0420.

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

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

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

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

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

Date:	August 1, 2025
Name of Entity/Sender:	Central Pennsylvania Teamsters Health & Welfare Fund
Contact—Position/Office:	Prescription Department
Address:	1055 Spring Street, Wyomissing, PA 19610
Telephone Number:	Toll Free 1-800-331-0420

CREDITABLE COVERAGE NOTIFICATION

PLAN R7 and PLAN R7-65

Important Notice from

THE CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND

About Your Prescription Drug Coverage and Medicare

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

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

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

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

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

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

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

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

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

The Fund offers the following prescription benefits:

PLAN R7 and PLAN R7-65 COVERAGE:

RETAIL PHARMACY COPAYMENTS

\$0 Generic for up to a 34 day supply

\$15 Brand Preferred for up to a 34 day supply

\$30 Brand Non-Preferred for up to a 34 day supply

\$150 Specialty for up to a 30 day supply

This Fund also offers medical benefits:

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

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

If you don't join when you are first eligible, and don't have creditable prescription coverage, you may have to wait to join a Medicare drug plan and you may pay a higher premium if you join later. You may pay that higher premium for as long as you have Medicare prescription drug coverage if you join later. Be aware that if you drop or lose your coverage with the Fund and don't enroll in Medicare prescription drug coverage after your current coverage ends, you risk paying a higher premium to enroll in Medicare prescription drug coverage later. If there is a break in coverage of 63 days or longer of prescription drug

coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

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

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Date:	August 1, 2025
Name of Entity/Sender:	Central Pennsylvania Teamsters Health & Welfare Fund
Contact—Position/Office:	Prescription Department
Address:	1055 Spring Street, Wyomissing, PA 19610
Telephone Number:	Toll Free 1-800-331-0420

**CENTRAL 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 رفوتت، ان اجم، ةي وغلل اءءع اسمل اءامءء، ةي برعلا ةغلل اءءءت تنك اذا ةي بنء.

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.

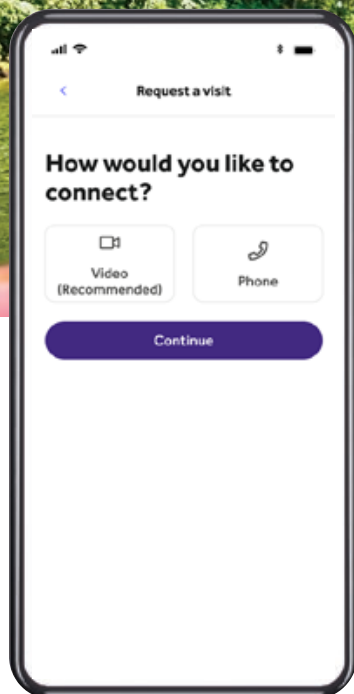
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-610-320-5500.

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.

Take Teladoc Health with you wherever you go!



You can talk to a doctor by phone or video while traveling.

Whether you get a stomachache, rash, bug bites, or another non-emergency condition, our doctors are here for you and your family.



See a doctor on vacation without the waiting room



Get treatment for conditions like the flu, sinus infections, and much more



Talk to a licensed U.S. physician from wherever you are*

Get care on the go for free

Visit TeladocHealth.com
Call 1-800-835-2362 | Download the app

*Teladoc Health is not available internationally.

PREFERRED BRAND NAME DRUG LIST

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

EFFECTIVE DATE: July 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-bacterial

Dificid 200 MG Tab/40 MG Susp

Anti-Virals

Lagevrio Caps
Paxlovid

AUTONOMIC

Auvi-Q

CARDIOVASCULAR

Angiotensin Receptor Blockers & Combinations

Entresto

Anti-arrhythmics

Multaq

Anti-hyperlipidemics

Nexletol
Nexlizet

Nitrates

Nitro-Bid 2% Ointment

Miscellaneous Cardiovascular

Corlanor 5MG/ML Oral Solution
Verquvo

CNS AGENTS

Anti-anxiety/Sedative- Hypnotics

Belsomra

Anti-psychotic Agents

Rexulti
Vraylar

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

EAR, NOSE, & THROAT

Otics

Cipro HC Otic Suspension

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
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: July 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
Kerendia
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

IMMUNE SYSTEM

Myhibbin 200MG/ML Suspension

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

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

Glucocorticoids, Inhalation

Arnuity Ellipta
Asmanex HFA & Twisthaler
QVAR redihaler

WEIGHT MANAGEMENT

Saxenda
Wegovy
Zepbound

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

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.

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



Highmark is your current Medical ONLY network. Dental benefits are handled by Delta Dental. Prescription benefits are handled by Global Pharmaceutical Benefits "GPB". "Routine" Vision benefits are handled by Davis Vision; anything medical related goes through Highmark.

The Fund allows 2 pair of glasses or 1 pair of glasses and 1 order of contacts every other year. You must place the order at the same time in order to receive this benefit. Orders placed separately will not be honored by Davis Vision.

For any Physician/Facility billing please compare the amount you owe with your EOB that you would have received from the Fund Office. Any discrepancies please call the Fund Office immediately.



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 March 17, 2025. 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)	Health Insurance Premium Payment (HIPP) Program Website: 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.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	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: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html 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: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
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://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs 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 March 17, 2025, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Retirees Approved for Pensions March 2025 through May 2025

Name	Local	Employer
March 2025		
ALBINO BONILLA, JACQUELINE	429	POWER PACKAGING
ASHWORTH, FRANCES A	29	C&S WHOLESALE GROCERS
BILLHEIMER, SCOTT P	773	UNITED PARCEL SERVICE INC
BURKHOLDER, MICHAEL K	776	ROADWAY EXPRESS INC
CASSNER, HARVIE E	776	YRC FREIGHT
CHELLAND, MICHAEL J	429	ASSOCIATED WHOLESALERS INC
DENNIS JR, DONALD L	776	HIGHWAY FILM DELIVERY INC
DREY, BARBARA	429	ASSOCIATED WHOLESALERS INC
FERRARI JR, LOUIS	229	UNITED PARCEL SERVICE INC
FLOWERS JR, DONALD C	771	PENNCAST CORPORATION
FRANKS, FLOYD F	429	BRENNTAG NORTHEAST LLC
FRANTZ, KEVIN LEE	429	CLOVER FARMS DAIRY LLC
FREY, GREGORY J	771	UNITED PARCEL SERVICE INC
FRYE, ANDREW W	776	UNITED PARCEL SERVICE INC
GEMMELL, GEORGE M	773	UNITED PARCEL SERVICE INC
GIGUERE, MARY C	229	TOPPS CHEWING GUM INC
GORMAN, ERIC	776	UNITED PARCEL SERVICE INC
HAAS, JEFFREY A	429	INTERNATIONAL PAPER
HARRIS, JEFFREY L	776	FLEMING COMPANIES INC
HARRIS, THEODORE J	429	STROEHMANN BAKERIES
HECK, DAVID L	429	BRENNTAG SOLUTIONS & SERV
HINNERSHITZ, RAYMOND J	429	CLOVER FARMS DAIRY
KISZCZAK, PETER H	429	COTT BEVERAGES WYOMISSING INC
KRATZER, ANNETTE L	776	YRC FREIGHT
KROUT, EDWARD G	773	BERKLEIGH EXCAVATING CO INC
LYON JR, RICHARD	999	ROADWAY EXPRESS INC
MANWILLER, KENNETH E	429	BRENNTAG NORTHEAST LLC
MCCORMACK, JAMES T	229	CRYSTAL SODA WATER CO
MILLER SR, RONALD E	776	UNITED PARCEL SERVICE INC
NAGLE, MARK S	429	BRENNTAG NORTHEAST LLC
NEY, STEVEN D	776	ARKANSAS BEST FREIGHT SYS INC
PAULHAMUS, RAYMOND K	764	SCHNEIDER-VALLEY FARMS INC
PETERS, DAVID S	776	ASSOCIATED WHOLESALERS INC
PUTT, RANDY L	429	ASSOCIATED WHOLESALERS INC
RIVERA, MELVIN M	429	COTT BEVERAGES WYOMISSING INC
RUHL, THOMAS E	429	ASSOCIATED WHOLESALERS INC
SCHARNECK, MARK R	429	STROEHMANN BAKERIES
SEITZINGER, TRACY B	429	CLOVER FARMS DAIRY LLC
SHELLENBERGER, RICHARD E	776	ARKANSAS BEST FREIGHT SYS INC
SHOLL, DAVID M	429	CLOVER FARMS DAIRY LLC
SITLINGER, MICHAEL D	776	ARKANSAS BEST FREIGHT SYS INC
STOLTENBORG, JAMES P	999	ALLIED SYSTEMS LTD
STORMFELTZ, DANIEL P	771	UNITED PARCEL SERVICE INC
SULLENBERGER, THOMAS H	771	YRC FREIGHT
WALCEK, STEVEN G	776	ARKANSAS BEST FREIGHT SYS INC
WALKER, ROBERT J	429	SUPERVALU INC
WINDER, RANDY J	771	MILLER & HARTMAN INC
WITT, RONALD J	773	EASTERN INDUSTRIES INC
YOST JR, ROBERT LEE	776	ARKANSAS BEST FREIGHT SYS INC

April 2025

ANGELISANTI, LOUIS	429	SUPERVALU INC
BEAL, JAMES E	773	HERTZ PENSKE TRUCK LEASING INC
BISIGNANI, VINCENT G	229	PEPSI COLA BOTTLING

Name	Local	Employer
BLACK, MARK S	764	B & D TRANSFER
BRANDT, JAMES E	776	HESS TRUCKING COMPANY
BROWN, JOHN M	776	YRC FREIGHT
BUCKINGHAM, JAY B	776	METALS USA
CANNON SR, ANTHONY J	429	STROEHMANN BAKERIES L. C.
CIKOWSKI, MICHAEL	229	HARPER COLLINS PUBLISHERS INC
CURMACI, WILLIAM A	229	SCRANTON SEWER AUTHORITY
DRESH, KEITH A	429	READING EAGLE COMPANY
DUSON, TYRONE E	429	POWER PACKAGING INC
FELPEL, MICHAEL L	771	UNITED PARCEL SERVICE INC
FENSTERMACHER JR, WILLIAM G	429	BERKS PRODUCTS CORP
FISH III, SAMUEL C	312	MATLACK INC TERMINAL 5
GERMANN, JEFFREY	429	RDG COCA COLA BOTTLING WORKS
GIZZI JR, THOMAS	776	PACIFIC RAIL SERVICE
GROEBEL, BRIAN A	776	YORK GROUP INC
HELM, TIMOTHY J	771	TRAILMOBILE INC
JOHNSTON, MARK J	776	MAIERS BAKERY
KLINGER, JEFFREY C	776	ARKANSAS BEST FREIGHT SYS INC
KOINSKI JR, JOHN L	429	LEHIGH VALLEY DAIRIES INC
KORKES, SCOTT A	229	ROADWAY EXPRESS INC
KOSTOLANCI, ROBERT	773	EASTERN INDUSTRIES INC DIV OF
LAUBACH, MARK H	773	TEAMSTERS LOCAL UNION 773
MAURER, DANIEL J	776	ARKANSAS BEST FREIGHT SYS INC
MCGINTY, JAMES	229	HARPER COLLINS PUBLISHERS INC
MEIGHAN, KIMBERLY	401	UNITED PARCEL SERVICE INC
MILLER, SEAN L	429	LENTZ MILLING CO LLC
MILLER, SUZANNE	776	JONES MOTOR CO INC
MUNDORF CONTINO, KAREN J	776	CONSOLIDATED FREIGHTWAYS
RISSMILLER, LINDA G	429	SCHROCK CABINET COMPANY
ROMANSKY, KELLY J	776	YRC FREIGHT
ROTZ, JOHN A	776	USF RED STAR
SCHIFFERT, SCOTT R	773	ARAMARK COFFEE
SCHOCK, ROBERTA	776	W & L SALES COMPANY INC
SEELING, GARY	776	YRC FREIGHT
SMITH, LARRY D	764	CENTRAL BUILDERS SUPPLY CO
STRASSNER, SANDRA L	229	HARPER COLLINS PUBLISHERS INC
TRACY, MICHAEL D	429	KANE STEEL COMPANY
UNDHEIM, GAIL A	429	SCHROCK CABINET COMPANY
WALK, REX W	776	CONSOLIDATED FREIGHTWAYS
WERLEY, LARRY W	429	DIETRICH'S MILK PRODUCTS INC
WESTCOAT, ARTHUR D	429	LEHIGH VALLEY DAIRIES INC
WINSOCK, ANTHONY J	401	UNITED PARCEL SERVICE INC
WOODRING, GEORGE H	771	LANCASTER COUNTY NEWS CO

May 2025

ANDRESS, WILLIAM S	773	UNITED PARCEL SERVICE INC
BALDONI, PAULA	229	DIMARE FRESH INC
BEAVENS, DAVID	429	CENTRAL DOOR & PLYWOOD CO
BOLTZ, ALAN R	771	YELLOW FREIGHT SYSTEM INC
BOWER, THOMAS E	764	VALLEY FARMS TRANSPORT INC
CHESTNUT, KELLI	776	UNITED PARCEL SERVICE INC
DELUSSEY, THOMAS R	429	BRENNTAG NORTHEAST LLC
DEMCHAK, MARYELLEN	229	TOPPS CHEWING GUM INC
DOYLE, JAMES M	429	BRENNTAG SOLUTIONS & SERV
DRUM, KENDALL	401	YRC FREIGHT

Retirees Approved for Pensions March 2025 through May 2025

Name	Local	Employer	Name	Local	Employer
DUTTERA, PETER F	776	CONSOLIDATED FREIGHTWAYS	OSMOLIA-HOLLAND, MARIE T	229	TOPPS CHEWING GUM INC
EBERSOLE, TIMOTHY A	776	ANDERSON LOGISTICS	PICARELLI, STEVEN	776	YRC FREIGHT
EGAN, JEFFREY L	429	ASSOCIATED WHOLESALERS INC	PORTO, DOMINGOS L	999	CASSENS TRANSPORT
ELLIS, JOHN	229	THE BAZOOKA CO INC	PROSHUTO, THOMAS C	229	ROADWAY EXPRESS INC
FERGUSON, SEAN	776	UNITED PARCEL SERVICE INC	REISIG, SUEANNE E	429	ARKEMA INC
FLAHART, ROGER K	764	D/B/A VALLEY FARMS DAIRY	RICHARD JR, JOHN A	429	JOHN PFROMMER INC
FORSYTHE, GREGORY A	776	USF RED STAR	ROBINSON, GARY	229	HARPER COLLINS PUBLISHERS INC
GROCHOWSKI SR, TIMOTHY J	570	MAIERS BAKERY	RODRIGUEZ, JOSE M	429	ASSOCIATED WHOLESALERS INC
HINKAL, SCOTT A	764	SCHNEIDER-VALLEY FARMS INC	ROLAND, DAVID J	429	NEW PENN MOTOR EXPRESS INC
HUMMEL, JEFFREY T	429	BRENNTAG NORTHEAST LLC	SCHOONOVER, TODD L	429	ASSOCIATED WHOLESALERS INC
JONES, BRADLEY K	776	FLEMING COMPANIES INC	SCHUMACHER, ROBERT	771	UNITED PARCEL SERVICE INC
KAPPAUF, MARC	773	UNITED PARCEL SERVICE INC	SMART SR, RANDALL D	999	ARKANSAS BEST FREIGHT SYS INC
KETTERMAN, TROY G	776	UNITED PARCEL SERVICE INC	SPANGLER, TED W	776	KEYSTONE DISTRIBUTION CTR INC
KNEPP, JODY	776	UNITED PARCEL SERVICE INC	STAHL, SCOTT A	429	READING FOUNDRY & SUPPLY CO
LANDES, BETH A	429	SUPERVALU INC	TULANEY JR, SARKIS	229	AFFILIATED FOOD DISTR INC
LAYMAN, WALTER	776	UNITED PARCEL SERVICE INC	VRESK, MARK J	773	UNITED PARCEL SERVICE INC
LITTLE, MARTIN	229	ROADWAY EXPRESS INC	WEAVER, REBECCA F	771	UNITED PARCEL SERVICE INC
LOSAVICH, EILEEN	229	SUPER MARKET SERVICE CORP	WEST, MARGARET	229	THE BAZOOKA CO INC
MAHALICK, PAMELA J	401	YELLOW FREIGHT SYSTEM INC			
MARTZ JR, WILLIAM G	776	YRC FREIGHT			
MELINCAVAGE, JOSEPH A	429	PENSKE TRUCK LEASING CO LP			
MERCADO HERNANDEZ, CARLOS	773	ONE SOURCE			
MISSIGMAN III, PAUL J	764	D/B/A VALLEY FARMS DAIRY			
MOHRING, STEPHEN J	429	SUPERVALU INC			
NEELY, MICHAEL G	776	HIGHWAY FILM DELIVERY INC			
OBRIEN, CURT	771	UNITED PARCEL SERVICE INC			
OLMEDA, WILLIAM A	776	TEAMSTERS LOCAL UNION 776			

We would like to Thank our Assistant Administrator, **Marty Cullen** for his 30 years of service and wish him well in his Retirement.

We would also like to congratulate **Kyle Weller** on becoming the new Assistant Administrator of the Central PA Teamsters Fund.

MAY 2025 RETIREMENT INCOME PLAN (RIP) INVESTMENT RETURN

The following is the approximate net investment return for the Central PA Teamsters RIP 1987 retirement plan for the 5 month period ending May 31, 2025. 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	1.4% 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."



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 started with the Pension Application process.

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

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

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

Application (2nd Set of Papers)

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

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

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

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

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

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

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

Direct deposit is required for all new Retirees.

IMPORTANT THINGS TO REMEMBER

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

Know Your 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 information when retiring” 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 is provided. 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 need help completing your Pension application, you can get help over the phone or by making an appt. Walk ins are not permitted.

Please remember to check your beneficiary information that was listed on your Annual Pension Statement. You can obtain a new beneficiary form on our website, www.centralpateamsters.com, or by calling the Pension Fund Office. You can also check your designated beneficiaries through the Pension Calculator located on our website.



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

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

Trustees:

William M. Shappell
Chairman & Union Trustee
Daniel W. Schmidt
Secretary & Employer Trustee
Kevin Bolig
Union Trustee
Bryan A. Swaim
Employer Trustee
Edgar H. Thompson
Union Trustee
Kenneth A. Ross
Employer Trustee
Mark Gladfelter
Employer Trustee
Jim Geise
Union Trustee
Ashlynn Hart
Employer Trustee
Adam Crossen
Union Trustee
Joseph J. Samolewicz
Administrator
Kyle Weller
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) 320-5500

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