

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 6-7 WHICH IS EFFECTIVE JANUARY 1, 2026.

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

THIS NEWSLETTER CONTAINS INSERTS WITH IMPORTANT INFORMATION REGARDING CHANGES TO PLAN 13, 14, 16, R7 AND R7-65. THE INSERTS SHOULD BE RETAINED WITH YOUR ACTIVE PLAN DOCUMENT FOR FUTURE REFERENCE.

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

Important things for 2026

In early 2026, the Board of Trustees will implement a Pension Verification Process. Participants who are currently receiving payments from the Central Pennsylvania Teamsters Pension Fund and are age 75 and older will receive verification letters from a company called ABL Tech who is assisting the Pension Fund.

It is imperative that you or your Power of Attorney review this letter carefully and respond accurately and promptly.

If the Fund does not receive a response after three (3) mailed notices, your pension benefits may be temporarily suspended until a completed verification form is received.

If you have any questions or need to update your mailing address, please contact the Pension Fund Office.

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 2026, 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.

How to Have a Healthier Holiday in 1-2-3!

Stay active

Even a few minutes of moderate-intensity physical activity can deliver some health benefits and count toward reaching the recommendations. For adults, the many benefits of physical activity include reduced short-term feelings of anxiety and better sleep.

Some tips for staying active during the holidays include:

- ✦ When shopping, walk a few laps around the shopping center before going into stores.
- ✦ Take the stairs at every opportunity. If you can't climb all the stairs, take the stairs part way, then the elevator.
- ✦ Rather than hunting for the closest parking spot, park farther away and walk briskly to your destination.
- ✦ When friends and family gather, go for a group walk. You can make the walk more fun by turning it into a scavenger hunt.
- ✦ Play an active group game in your yard or local park.
- ✦ Bundle up and take a walk instead of a drive to see holiday lights.



Eat healthy

Eating well supports muscles and bones, boosts immunity, helps the digestive system, and aids in weight management, among other health benefits for children and adults. Good nutrition involves eating a variety of healthy foods. To do that during the holidays:

- ✦ If you eat foods that are high in calories, saturated fat, or added sugars, choose small portions and only eat them once in a while. Opt for healthier foods most of the time.
- ✦ At parties and other gatherings, fill your plate with your favorite fruits and vegetables first, then add small portions of less healthy items.
- ✦ If you are taking food to a party, make it your favorite healthy dish. Then you'll be sure that at least one item at the party will be a healthy choice that you enjoy.
- ✦ Make healthier versions of your traditional recipes by using ingredients with less fat and salt.
- ✦ Spice up baked fish or chicken by adding salsa or black bean sauce.
- ✦ Consider beans in place of higher-fat meats.



Plan activities that don't involve eating

Here are some ideas for shifting the focus away from food during the holiday season:

- ✦ Volunteer in your community.
- ✦ Try a seasonal activity such as ice skating or winter hiking.
- ✦ Go on a walk and explore a new area with a friend or family member.
- ✦ Visit that museum or exhibit you've been wanting to see..

Consider what new healthy traditions you can start this year. The possibilities are endless!

Source: www.cdc.gov

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



Insurance Coverage for certain prescribed medications often require a diagnosis code to verify medical necessity and to ensure the prescribed medication is appropriate for the condition being treated. Without the diagnosis code, the medication prescribed may result in being delayed or denied. The diagnosis aids the pharmacist and the Fund's Pharmacy Benefit Manager cross-reference the medication with your condition to ensure it is appropriate and identify any drug interactions or dosage errors. In the event of a question about your prescription, having the diagnosis readily available facilitates smooth communication between the pharmacy and your healthcare provider's office, resolving issues more quickly.

What Can you Do:

Always confirm with your doctor that the prescription includes the necessary diagnosis information before they send it to the pharmacy.

*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.

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.

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

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

The Central Pennsylvania Teamsters Health & Welfare Fund:

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

1-610-320-5500. لكل رفوت، ان اجم، ةي وغلل اءء اسمل اءاءء ةي بءرءل ءءءء ءءء اءل ءءبءء.

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.

PREFERRED BRAND NAME DRUG LIST

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

EFFECTIVE DATE: January 1, 2026

VERY IMPORTANT

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

ANALGESICS

Anti-Migraine

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

Opioid Agonist

Nucynta ER
Xtampza ER

ANTI-INFECTIVES

Anti-infectives

Difcid 200 MG Tab/40 MG Susp

AUTONOMIC

Auvi-Q

CARDIOVASCULAR

Angiotensin Receptor Blockers & Combinations

Entresto Sprinkle

Anti-arrhythmics

Multaq

Anti-hyperlipidemics

Nexletol
Nexlizet

Miscellaneous Cardiovascular

Corlanor 5MG/5ML Oral Sol
Verquvo

CNS AGENTS

Anti-anxiety/Sedative- Hypnotics

Belsomra

Anti-parkinson Agents

Inbrija

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
Kultophy

PREFERRED BRAND NAME DRUG LIST

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

EFFECTIVE DATE: January 1, 2026

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

IMMUNE SYSTEM

Myhibbin 200 MG/ML Suspension

NUTRITION

Electrolyte Modifiers

K-Phos #2 Tab
Lokelma 5 & 10 GM Pow Pkts
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

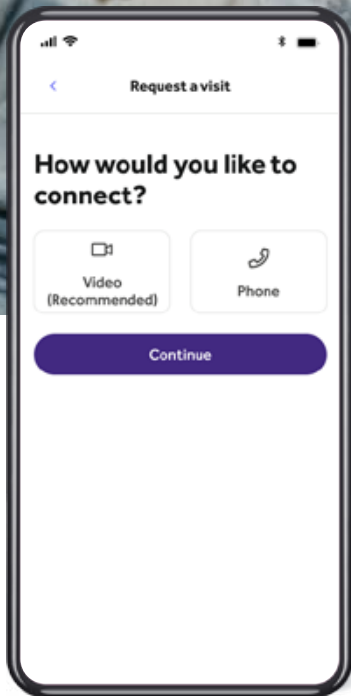
Arnuity Ellipta
Asmanex HFA & Twisthaler
QVAR redihaler

WEIGHT MANAGEMENT

Saxenda
Wegovy
Zepbound

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

When a family member gets sick, turn to Teladoc Health for 24/7 care



Did you know your eligible dependents can get care 24/7 for non-emergency conditions?

Dependents 17 and younger will be added under your account, while adult dependents 18 and older will be sent an email to set up their own account.



24/7 access to U.S. board-certified pediatricians and family doctors



Get treatment for conditions like stomachaches, pink eye, allergies, rashes and more



See a doctor in minutes by app, or phone or video from wherever you are*

Get fast, convenient care for the whole family for free/visit

Visit TeladocHealth.com

Call 1-800-835-2362 | Download the app  

\$0 copayment for eligible members through the Central PA Teamsters Health and Welfare Fund.

*Teladoc Health is not available internationally.

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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 will not pay Benefits if the injury or illness is caused by or results from the patient's commission of or attempt to commit
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 will not pay Benefits if the Service is for the pregnancy of an Eligible Dependent Child, except those preventive pre-natal services required by applicable federal law.
7. **Non-Spouse Dependent Pregnancy** – 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.
9. **Out-of-Country Claims** – Covered only for Bona Fide Medical Emergencies: If you are traveling outside the United States, the Fund will provide Benefits only for bona fide Emergencies for which a Participant or Dependent receives Medically Necessary Services, subject to all Plan provisions. The Fund will not provide any other Benefits for Services received outside the United States of America. Benefits will be provided only upon timely submission of documentation acceptable to the Fund.



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 pairs 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.

Any form completions can be sent by mail, email **hwfund@centralpateamsters.com** or fax **610-320-9236**.



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
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	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

IOWA – Medicaid and CHIP (Hawki) 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	KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
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://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	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: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	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: HHSHIPProgram@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 for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP 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)	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	NORTH DAKOTA – Medicaid Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	OREGON – Medicaid and CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – 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)	RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	UTAH – Medicaid and CHIP 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 Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	VIRGINIA – Medicaid and CHIP 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 Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	WEST VIRGINIA – Medicaid and CHIP 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 Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	WYOMING – Medicaid 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

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. The RIP 1987 account balances are updated by the 25th of each month.

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.

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 2025

Name	Local	Employer	Name	Local	Employer
September 2025					
ANDRULES, ARN JAMES	429	BRENNTAG NORTHEAST LLC	THOMAS, ANDREW	776	ARKANSAS BEST FREIGHT SYS INC
BAKER, JEFFREY J	776	ARKANSAS BEST FREIGHT SYS INC	THOMPSON, PETER A	776	ST JOHNSBURY TRUCKING CO INC
BRENNAN, PATRICIA M	429	CARL R BIEBER INC	TUCKER, EDWARD	776	YRC FREIGHT
CESARZ, STEPHEN	429	BRENNTAG NORTHEAST LLC	VITI, ROBERT	401	KEYSTONE COCA-COLA BOTTLING CO
COOK, LESLIE R	429	DIETRICH'S MILK PRODUCTS LLC	WILEY, CALVIN M	776	ROADWAY EXPRESS INC
GULICK, GLENN A	773	BIMBO BAKERIES USA INC	WOLFE, WILLIAM C	429	UNISOURCE READING
HEIKES, RAYMOND D	776	UNITED PARCEL SERVICE INC	ZIMMERMAN, DAVID E	776	ARKANSAS BEST FREIGHT SYS INC
HEINLY JR, JON D	776	YRC FREIGHT	October 2025		
HOLDEN, BRIAN M	401	YRC FREIGHT	BARNES, JEFFERY M	429	UNITED PARCEL SERVICE INC
HOTZMAN, KEITH A	429	E J BRENNEMAN LLC	BROWN, MARK D	401	WISE FOODS
KEENER JR, JOSEPH G	429	ASSOCIATED WHOLESALERS INC	CARROLL, GARY R	229	CRYSTAL SODA WATER CO
KEPNER, ANDREW D	776	ARKANSAS BEST FREIGHT SYS INC	DEFAZIO, CYNTHIA A	429	NEW PENN MOTOR EXPRESS INC
KERSHNER, JOANNE L	773	MACINTOSH LINEN & UNIFORM	DELEMOS, RONNIE L	771	UNITED PARCEL SERVICE INC
KINARD, DARYL	776	YORK COUNTY TRANSP AUTHORITY	DEVENS, STEPHEN E	401	ACME MARKETS INC
KOMANSKI, WALDEMAR	776	NEW PENN MOTOR EXPRESS INC	DOTZEL, TERRENCE	401	USF RED STAR
KUFRO, RICHARD	429	INTERNATIONAL PAPER	DOWNES, CHARLES H	401	AIRPORT SAND & GRAVEL CO INC
LOFFREDO, ROBERT M	771	YRC FREIGHT	ERNST, TIMOTHY W	429	CENTRAL DOOR & PLYWOOD CO
LOMONACO, DOMINIC J	229	YRC FREIGHT	EVANS, SUSAN	229	TOPPS CHEWING GUM INC
MACDONELL, JOHN	776	ARDENT MILLS LLC	FEATHERSTONE, ROBERT A	773	EASTERN INDUSTRIES INC
MADTES, LAMAR G	773	EASTERN INDUSTRIES INC	FISHER, RONALD K	776	ARKANSAS BEST FREIGHT SYS INC
MALDONADO JR, HERMINIO	773	MAIERS BAKERY	FLICK, BRAD L	764	UNITED PARCEL SERVICE INC
MCGEE, MICHAEL V	771	YELLOW FREIGHT SYSTEM INC	GALLAGHER, PATRICK W	776	W & L SALES COMPANY INC
MITCHELL JR, JAMES A	776	YRC FREIGHT	GIGLIOTTI, SERAFINO J	429	UNITED PARCEL SERVICE INC
MOHR, COREY G	773	INTERSTATE BRANDS CORP D/B/A	GILLMAN, SAMUEL R	776	CONSOLIDATED FREIGHTWAYS
MURPHY, KELLY A	429	DIETRICH'S MILK PRODUCTS INC	HAMILLA, AMY B	776	ARKANSAS BEST FREIGHT SYS INC
PASCIAK, STEVEN	229	YRC FREIGHT	HERR, ANDREW G	771	UNITED PARCEL SERVICE INC
PAULSON, DONALD LEE	229	AFFILIATED FOOD DISTR INC	HETRICK, VIRGINIA M	429	CLOVER FARMS DAIRY LLC
PESSAGNO, PAUL	429	APEX EQUIPMENT COMPANY	HICKS, BOBBY L	773	PRAXAIR DIST. MID-ATLANTIC LLC
PICK, RONALD K	764	UNITED PARCEL SERVICE INC	HIGINBOTHAM, JEFFREY	776	YRC FREIGHT
SALASKY JR, JOHN	773	UNITED PARCEL SERVICE INC	HOFFMAN JR, JOHN M	776	YRC FREIGHT
SANTELLA, ANTHONY J	229	ROADWAY EXPRESS INC	HOGAN, THOMAS P	773	UNITED PARCEL SERVICE INC
SEELEY, ALBERT H	773	ALSCO INC	HUNT, TERRY	764	O N C FREIGHT SYSTEM
SHANK, WILLIAM E	771	MILLER & HARTMAN INC	KNAUB, ALAN R	776	UNITED PARCEL SERVICE INC
SZAFRAN, BERNARD E	401	OLEY INDUSTRIES LLC D/B/A	KOVASCHETZ, PETER P	776	ARKANSAS BEST FREIGHT SYS INC

Retirees Approved for Pensions September through October 2025

Name	Local	Employer	Name	Local	Employer
KRAMMES, MICHAEL R	429	LEHIGH VALLEY DAIRIES DIV OF	SCHOENLY, KEVIN S	429	SWANN OIL INC
LEWIS, RONALD M	773	EASTERN INDUSTRIES INC DIV OF	SERFASS, RICHARD LEE	773	ARKANSAS BEST FREIGHT SYS INC
MACONEGHY, MARYANN	229	THE BAZOOKA CO INC	SHRIVER, TYRONE H	776	YRC FREIGHT
MCGUGIN, ROBERT L	776	ARKANSAS BEST FREIGHT SYS INC	SOLOVEY, HEIDI A	401	ACME MARKETS INC
MULLEN, PATRICK	229	LWR LACKAWANNA VLY SANITARY AU	SONES, KENNETH V	764	ROADWAY EXPRESS INC
NEWHARD, RICHARD A	773	J C EHRLICH CO INC	SUMMY, JAMES	776	UNITED PARCEL SERVICE INC
PARRISH, BERNETA	429	YEAGER SUPPLY INC	SWARTZ, GARRETT	764	UNITED PARCEL SERVICE INC
PORTER, PHILIP A	773	ARKANSAS BEST FREIGHT SYS INC	TOMLINSON, TIMOTHY	229	TOPPS CHEWING GUM INC
RAGLAND JR, DAVID R	776	UNITED PARCEL SERVICE INC	WARNER, SCOTT G	773	UNITED PARCEL SERVICE INC
REIVER, VERNON L	429	GOODMAN VENDING SERVICE	WELTY, DANIEL E	771	YRC FREIGHT
RICE, SUZANNE	776	UNITED PARCEL SERVICE INC	WHITMOYER, TIMOTHY A	776	ARKANSAS BEST FREIGHT SYS INC
ROADCAP, JOHN L	776	ARKANSAS BEST FREIGHT SYS INC	WOODWARD, KENNETH A	776	ARKANSAS BEST FREIGHT SYS INC
ROBERTSON, RUSSELL	429	UNITED PARCEL SERVICE INC	WUNDERLER, JAMES W	773	PENSKE TRUCK LEASING CO LP
RUNCLE JR, GENE	776	ROADWAY EXPRESS INC	ZURASKI, GEORGE T	229	SCRANTON TOBACCO COMPANY
RUTKOWSKI, DEBORAH	229	THE BAZOOKA CO INC			

OCTOBER 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 10 month period ending October 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	8.6% 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

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*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
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
Wotring Law, LLC
Legal Co-Council
**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

American Realty Advisors
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.
MacKay Shields, LLC
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