



Fall Greetings

FROM THE CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE AND PENSION FUNDS!

IMPORTANT NEWS

PLEASE BE SURE TO REVIEW THE UPDATED PREFERRED BRAND NAME DRUG LIST FOUND ON PAGES 10 & 11 WHICH IS EFFECTIVE JANUARY 1, 2018.

THE 2018 SUMMARY OF BENEFIT COVERAGE ("SBC") HAVE BEEN MAILED. IF YOU NEED A COPY YOU CAN FIND THEM ON THE FUND'S WEBSITE OR YOU CAN CONTACT OUR OFFICE FOR A COPY.

Fight the Flu!

Summer is over, which means it's time again for the dreaded... flu. Get a flu shot. It's the single best way to defend yourself against the flu—every year.

You can also protect yourself and others by:

- Washing your hands.
- Coughing into your sleeve.
- Staying home if you have a fever.

Why mount such an intense defense against the flu?

Seasonal influenza, or "the flu," is a serious contagious disease that affects the nose, throat, and lungs.

What does that mean that it's a contagious disease?

When a person has the flu and coughs, sneezes, or talks, the flu can spread to others up to about 6 feet away. The droplets from the sick person's cough can land in the mouths or noses of people who are nearby or they can be inhaled into the lungs. Symptoms start one to four days after the virus enters the body. But you can pass on the flu to someone else be-

fore you know you are sick, as well as while you are sick. Adults are contagious beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Children may pass the virus for longer than 7 days.

Each year 5% – 20% of the US population gets the flu, and nearly 200,000 people are hospitalized from complications. But the flu vaccine can keep you healthy. In fact, this year's flu shot fights 4 strains expected to spread this flu season.

Who should get the flu shot?

The Centers for Disease Control (CDC) recommends everyone 6 months and older get the flu vaccine. It takes two weeks for your body to develop the protective antibodies, and the vaccine lasts throughout the entire season, for up to a year. For this reason, the CDC recommends you get the flu vaccine as soon as it's available – which is now!

Your best defense this fall – get a flu shot. ■

Source: www.cdc.gov

IMPORTANT CHANGES REGARDING REQUIRED PRIOR AUTHORIZATION FOR CHEMOTHERAPY/RADIATION PATIENTS

The Trustees of the Health and Welfare Fund design and administer each of the Plan's in order to provide excellent benefits in a cost-effective manner. To protect the Fund's Participants and their Families, the Fund provides Benefits only for Medically Necessary Treatment and Services, as provided for under the terms of each Plan, and monitored through the Fund's Managed Care Program. Part of each Plan is a utilization review program under which the Fund's Medical Advisor and Meritain Medical Management (Aetna) review the Services and treatment you receive to make sure that they are consistent with the standards established by the Plan.

Cancer treatment is a complex and constantly changing process, with many physicians using "off-label" prescribing, and aggressively testing possible chemotherapy agents. To protect cancer patients, the Fund will now require that all chemotherapy/radiation treatment receive prior authorization from the Fund before benefits can be paid.

The new prior authorization procedures should not present any complications or delays for patients, as physicians already generally provide all the information required for prior authorization. The effective date for prior authorization of chemotherapy/radiation is **January 1, 2018**. If you, or your physician, have any questions about this prior authorization requirement, please contact the Fund Office at 610-320-5500. ■



FINANCIAL WELLNESS

When it comes to living your best life, many things come to mind: exercise, eating well and regular check-ups at the doctor. But, wellness is more than just taking care of your body. In order to be your best self, you also need to be financially well.

Creating a budget is one of the first things many people do when looking at their finances. It can help you get an idea of what's coming in and what's going out each month. The good news about creating a budget? There's no right or wrong way to do it, as long as it works for you.

Creating a budget – a quick how to guide

1. **Figure out how much money you take in per month.** Just keep in mind you should use your net income – this means the total you're left with after taxes and other deductions.
2. **Next, you'll want to track your spending.** This helps you get an idea of what you're spending the most money on per month and where you might be able to cut back. Start by listing your fixed expenses – rent or mortgage, utilities or care payments. Then move on to your variable expenses. These expenses may change from month to month such as groceries, gas and entertainment. If you're looking to cut back on spending, this is the best place to do it.

Source: www.meritain.com

3. **Once you have a handle on your finances, it's time to set some goals.** They can be short – or long term – it doesn't matter! The key is to identify your priorities before you start planning your budget.
4. **At this point, you have what it takes to complete your budget.** By looking at your income and spending, you can recognize where you have money leftover or where you can cut back and put extra money towards your goals.
5. **You're not done yet.** It's important to review your budget on a regular basis. This way you can make sure you're staying on track and not missing out on opportunities to hit your goals.

Small steps, big results

Do you feel like you're not making any progress when it comes to paying off debts? Try this simple three step strategy – it might be the spark you need!

1. **Make a list of your debts.** Start with the smallest balance and work your way up to the largest.
2. **Start small.** Pay as much as you can on your smallest debt. Only make the minimum payment on other debts, you may have to focus all your energy on knocking out one debt at a time.
3. **Once you've erased one debt, move your entire payment to the next one on your list.** When the payments roll over, you'll start to see how fast you can erase your debt! ■

Know Your Pension Plan

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

1. **Beneficiary Updates/Change in Marital Status** - Please review your beneficiary designation if you change your marital status. Please notify the Fund if you get married, divorced, or become widowed. If you get divorced, please forward a copy of the divorce decree. You will need to complete a new beneficiary form for your Pension Benefits after your divorce is finalized. If you become widowed, you will need to forward a copy of the death certificate and also complete a new beneficiary form. Downloadable beneficiary forms are available on the Fund's website. You cannot name your pet as a beneficiary.
2. **Retirement Applications** - Contact the Pension Fund three months prior to your retirement date to begin the application process (6 months if you have time in another Fund and are applying for a reciprocal pension). The Pension Fund offers appointments to assist you with completing your Application for Pension paperwork. Please be sure to review your benefit options on your paperwork so that you are familiar with them prior to your appointment.
3. **Your Retirement Income Plan (RIP) 1987** balance is updated by the 15th of each month and subject to net gains or losses through the last day of the month in which your application is approved for payment.
4. **Power of Attorney** - If you cannot handle your own affairs, you must provide the Fund with a Durable Power of Attorney before any information can be given to the person who you designate to handle your affairs.
5. **Pension Checks** - Your checks from the Defined Benefit Plan (or monthly installments from the Retirement Income Plan 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.
6. **Website** - Please visit the website for Summary Plan Descriptions, Forms and Notices, Important Items to Remember or to view your RIP 1987 balance.
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.

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 Summary Plan Description or by visiting the Fund website.

1. **Dental Implants** - All requests for dental implants must be submitted for pre-determination for review under the implant policy. 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.

Central Pennsylvania Teamsters Health and Welfare Fund Prescription Benefit Plans

Plans 13, 14P, R7 and R7/65

RETAIL*	Generic for up to a 34 day supply	\$ 5
	Brand Preferred for up to a 34 day supply	\$ 15
	Brand Non-Preferred for up to a 34 day supply	\$ 30
MAIL ORDER	Generic for up to a 90 day supply	\$ 15
	Brand Preferred for up to a 90 day supply	\$ 30
	Brand Non-Preferred for up to a 90 day supply	\$ 60
SPECIALTY	RETAIL up to a 30 day supply	\$150
	MAIL ORDER up to a 90 day supply	\$300

Plan 13Y

RETAIL*	Generic for up to a 34 day supply	\$ 10
	Brand Preferred for up to a 34 day supply	\$ 30
	Brand Non-Preferred for up to a 34 day supply	\$ 50
MAIL ORDER	Generic for up to a 90 day supply	\$ 30
	Brand Preferred for up to a 90 day supply	\$ 60
	Brand Non-Preferred for up to a 90 day supply	\$100
SPECIALTY	RETAIL up to a 30 day supply	\$150
	MAIL ORDER up to a 90 day supply	\$300

Plans 14 and 16

		Option A	Option B	Option C
RETAIL*	Generic for up to a 34 day supply	\$ 5	\$ 10	\$ 10
	Brand Preferred for up to a 34 day supply	\$ 15	\$ 20	\$ 30
	Brand Non-Preferred for up to a 34 day supply	\$ 30	\$ 40	\$ 50
MAIL ORDER	Generic for up to a 90 day supply	\$ 15	\$ 30	\$ 30
	Brand Preferred for up to a 90 day supply	\$ 30	\$ 40	\$ 60
	Brand Non-Preferred for up to a 90 day supply	\$ 60	\$ 80	\$100
SPECIALTY	RETAIL up to a 30 day supply	\$150	\$150	\$150
	MAIL ORDER up to a 90 day supply	\$300	\$300	\$300

*Effective January 1, 2016, any drug that costs \$3,000 or more per script will be classified as a "Specialty or High Cost Drug."

*NOTE: These copayments are applicable to 15-day scripts for drugs classified as "Class II" Pain Medications by the FDA. Also, effective January 1, 2016, the copayment for all Zohydro prescriptions will be \$150 per script.

STEP THERAPY

NOTE: The medications in each category are subject to change. Please make sure to check with the Fund (Phone: Toll Free in PA: 1-800-422-8330; Toll Free in USA: 1-800-331-0420) or on the Fund's website (www.CentralPATeamsters.com) for updates to this chart before beginning a course of medication.

Please note: all brand contraceptives are covered under Step II medications and are not subject to grandfathering. Effective March 8, 2016, the following generic drugs were added to the Step I Rheumatoid Arthritis step therapy: high dose ibuprofen and naproxen (requiring a prescription), celecoxib, nabumetone, piroxicam, diclofenac, diflunisal, indomethacin, ketoprofen, etodolac, prednisone, cyclophosphamide, cyclosporine, azathioprine, and methotrexate.

STEP THERAPY CATEGORIES NOT SUBJECT TO GRANDFATHERING:

Effective January 1, 2016, the Fund will NOT provide benefits for medications in Step II unless you have documented that you have tried and failed on a Step I medication and your physician has submitted documentation demonstrating that the Step II medications are “medically necessary” under the Fund’s criteria.

CATEGORY	STEP I	STEP II
ALZHEIMER'S DISEASE	DONEPEZIL GALANTAMINE RIVASTIGMINE	ARICEPT EXELON NAMENDA RAZADYNE
ANGIOTENSIN RECEPTOR BLOCKERS (ANTIHYPERTENSIVES)	CANDESARTAN EPROSARTAN IRBESARTAN LOSARTAN TELMISARTAN VALSARTAN	ATACAND AVAPRO BENICAR COZAAR DIOVAN EDARBI MICARDIS TEVETEN
ANTI-DEPRESSANTS	BUPROPION HCL DESVENLAFAXINE DULOXETINE ESCITALOPRAM FLUOXETINE NEFAZODONE SERTRALINE TRAZODONE VENLAFAXINE	APLENZIN BRINTELLIX CYMBALTA EFFEXOR FETZIMA FORFIVO XL KHEDEZLA LEXAPRO OLEPTRO PRISTIQ PROZAC VIIBRYD WELLBUTRIN ZOLOFT
ANTI-GLAUCOMA EYE PREPARATIONS	APRACLONIDINE HCL BETAXOLOL BRIMONIDINE CARTEOLOL DORZOLAMIDE LATANOPROST LEVOBUNOLOL METIPRANOLOL PILOCARPINE TIMOLOL TRAVOPROST	ALPHAGAN AZOPT BETIMOL BETOPTIC COMBIGAN COSOPT IOPIDINE ISTALOL LUMIGAN PHOSPHOLINE RESCULA SIMBRINZA

ANTI-GLAUCOMA EYE PREPARATIONS (con't)		TIMOPTIC TRAVATAN TRUSOPT XALATAN ZIOPTAN
ANTIPSYCHOTICS	CLOZAPINE OLANZAPINE QUETIAPINE RISPERIDONE ZIPRASIDONE	ABILIFY - Evidence of "medical necessity" must include documentation of failure of all other therapies, including non-drug intervention
BETA-ADRENERGIC BLOCKERS (ANTIHYPERTENSIVES)	ACEBUTOLOL ATENOLOL BETAXOLOL BISOPROLOL METOPROLOL NADOLOL PINDOLOL PROPRANONOL SOTALOL TIMOLOL	BYSTOLIC
CALCIUM CHANNEL BLOCKERS (ANTIHYPERTENSIVES)	AMLODIPINE ATORVASTATIN AMLODIPINE BESYLATE AMLODIPINE VALSARTAN DILTIAZEM FELODIPINE ISRADIPINE NICARDIPINE NIFEDIPINE NISOLDIPINE VERPAMIL	ADALAT CADUET CALAN CARDENE CARDIZEM CARTIA XT EFIDITAB EXFORGE NORVASC PROCARDIA XL SULAR TIAZAC ER VERELAN
CONTRACEPTIVES	All Generic Contraceptives	All Brand Contraceptives
DIABETES	ACARBOSE GLIMEPIRIDE GLIPIZIDE GLYBURIDE JANUMET JANUVIA METFORMIN PIOGLITAZONE REPAGLINIDE	INVOKANA JARDIANCE JENTADUETO KAZANO TRADJENTA
NARCOTIC ANALGESICS NOTE: BENEFITS WILL BE PROVIDED ONLY FOR NARCOTIC ANALGESIC PRESCRIBED AT THE MANUFACTURERS RECOMMENDED SCRIPT LEVEL.	ACETAMINOPHEN-CODEINE HYDROCODONE-ACETAMINOPHEN HYDROMORPHONE MEPERIDINE METHADONE MORPHINE SULFATE OXYCODONE OXYCODONE-ACETAMINOPHEN OXYCODONE-ASPIRIN OXYMORPHONE	DEMEROL DOLOPHINE LORTAB NORCO NUCYNTA OPANA OXYCONTIN PERCOCET PERCODAN TYLENOL WITH CODEINE

NARCOTIC ANALGESICS (con't)	TRAMADOL	ULTRACET ULTRAM VICODIN VICOPROFEN
OSTEOPOROSIS	ALENDRONATE CALCITONIN-SALMON BANDRONATE RALOXIFENE RISEDRONATE	ACTONEL ATELVIA BINOSTO BONIVA EVISTA FORTICAL FOSAMAX MIACALCIN PROLIA
RHEUMATOID ARTHRITIS	HIGH DOSE IBUPROFEN AND NAPROXEN (PRESCRIPTION STRENGTH) CELECOXIB NABUMETONE PIROXICAM DICLOFENAC DIFLUNISAL INDOMETHACIN KETOPROFEN ETODOLAC PREDNISONE CYCLOPHOSPHAMIDE CYCLOSPORINE AZATHIOPRINE METHOTREXATE XELJANZ	ACTEMRA CIMZIA ENBREL HUMIRA KINERET ORENCIA SIMPONI STELARA
URINARY AGENTS	TOVIAZ FLAVOXATE OXYBUTYNIN TOLTERODINE TROSPIMUM	ENABLEX GELNIQUE MYRBETRIQ OXYTROL VESICARE
<p>GRANDFATHERED DRUGS: Effective January 1, 2016, any NEW prescriptions for the medications in the chart below are subject to the Step Therapy requirements set forth above. If, however, you began taking a medication in one of these categories prior to January 1, 2016, the Fund will continue to provide benefits for your medication.</p>		
CATEGORY	STEP I	STEP II
ADD & ADHD	AMPHETAMINE SALTS D-AMPHETAMINE ER DEXMETHYLPHENIDATE DEXTROAMPHETAMINE METHAMPHETAMINE METHYLPHENIDATE	ADDERALL CONCERTA DAYTRANA DESOXYN DEXEDRINE EVEKEO FOCALIN METADATE METHYLIN PROCENTRA QUILLIVANT

ADD & ADHD (con't)		RITALIN VYVANSE ZENZEDI
ANTI-MIGRAINE	DIHYDROERGOTAMINE ERGOTAMINE-CAFFEINE TABLET ISOMETHEPT-CAFF-APAP ISOMETHEPT-DICHLORALP-APAP NARATRIPTAN RIZATRIPTAN SUMATRIPTAN ZOLMITRIPTAN	ALSUMA AMERGE AXERT CAFERGOT D.H.E.45 ERGOMAR FROVA IMITREX MAXALT MIGERGOT MIGRANAL RELPAX SUMAVEL TREXIMET ZOMIG
ANTI-CONVULSANTS	CARBAMAZEPINE CLONAZEPAM DIVALPROEX ETHOSUXIMIDE FELBAMATE FOSPHENYTOIN GABAPENTIN LAMOTRIGINE LEVETIRACETAM OXCARBAZEPINE PHENYTOIN PRIMIDONE TIAGABINE TOPIRAMATE VALPROATE VALPROIC ACID ZONISAMIDE	APTIOM BANZEL CARBATROL CELONTIN CEREBYX DEPACON DEPAKENE DEPAKOTE DILANTIN FANATREX FELBATOL FYCOMPA GABITRIL KEPPRA KLONOPIN LAMICTAL MYSOLINE NEURONTIN ONFI OXTELLAR PEGANONE PHENYTEK POTIGA QUDEXY TEGRETOL TOPAMAX TRILEPTAL TROKENDI VIMPAT ZARONTIN ZONEGRAN

PROTON PUMP INHIBITORS	OVER THE COUNTER ("OTC"): LANSOPRAZOLE DR OTC NEXIUM OTC OMEPRAZOLE OTC OMEPRAZOLE-BICARB OTC PREVACID OTC PRILOSEC OTC ZEGERID OTC	ACIPHEX DEXILANT ESOMEPRAZOLE LANSOPRAZOLE OMEPRAZOLE LANSOPRAZOLE NEXIUM OMEPRAZOLE OMEPRAZOLE-BICARB PANTOPRAZOLE PREVACID PRILOSEC PROTONIX ZEGERID
ULCERATIVE COLITIS	AZULFIDINE BALSALAZIDE SULFASALAZINE SULFAZINE	APRISO ASACOL COLAZAL DELZICOL DIPENTUM GIAZO LIALDA PENTASA

“RX NEWS”

LIMITED COVERAGE OF NEW BRAND MEDICATIONS:

Effective January 1, 2016, the Fund will provide no benefits for new brand-name prescription drugs for the first 6 months after their initial public release. After the initial six month period, these medications will be subject to any applicable plan rule (for example, copayment, pre-authorization, quantity limits, etc.).

When filling a prescription please make sure that you have your Prescription card handy!



PREFERRED BRAND NAME DRUG LIST

EFFECTIVE DATE: January 1, 2018

PLEASE GIVE TO YOUR PHYSICIAN

VERY IMPORTANT

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

ANALGESICS

- Anti-Rheumatic*
- Rasuvo Injection
- Non-steroidal anti-inflammatory agents*
- Indocin Supp 50 mg
- Opioid Agonists*
- Embeda
- Opana ER
- Oxycontin
- Misc*
- Depen

ANTI-ADDICTIVE AGENTS

- Suboxone
- Zubsolv

ANTI-INFECTIVES

- Amebacides*
- Alinia
- Hepatitis Agents*
- Eplclusa
- Harvoni
- Sovaldi
- Zepatier
- HIV Agents*
- Aptivus
- Atripla
- Complera
- Crixivan
- Descovy
- Edurant
- Emtriva
- Epivir Solution
- Evotaz
- Genvoya
- Intelence
- Invirase
- ISENTRESS
- Kaletra Tabs
- Lexiva
- Norvir
- Odefsey
- Prezcobix
- Prezista
- Rescriptor
- Reyataz
- Selzentry
- Stribild
- Sustiva
- Tivicay
- Triumeq
- Truvada
- Tybost
- Videx Solution
- Viracept
- Viread

- Zerit Solution
- Ziagen Solution
- Miscellaneous Anti-infectives*
- Biltricide
- Nebupent INH Powder

ANTINEOPLASTIC

- Caprelsa
- Emcyt Caps
- Erivedge
- Fareston
- Hexalen Caps
- Jakafi Tabs
- Leukeran Tabs
- Lysodren Tabs
- Matulane Caps
- Mekinist Tabs
- Myleran Tabs
- Nexavar Tabs
- Sprycel
- Tabloid Tabs
- Tafinlar Caps
- Thalomid Caps
- Tykerb Tabs
- Xalkori Caps
- Zolanza Caps

CARDIOVASCULAR

- Angiotensin Receptor Blockers & Combinations*
- Byvalson Tabs
- Anti-adrenergic Agents*
- Bystolic
- Anti-Arrhythmics*
- Lanoxin Tabs
- Norpace CR 100mg, 150mg Caps
- Ranexa
- Anti-hyperlipidemics,*
- Bile Acid Sequestrants*
- Welchol
- Fibric Acid Derivatives*
- Lipofen
- Miscellaneous Cardiac Drugs*
- Vascepa
- Beta Blockers & Combinations*
- Bystolic
- Pulmonary Hypertension Agents*
- Adempas
- Letairis
- Opsumit
- Tracleer
- Miscellaneous Anti-hypertensives*
- Tekturna
- Tekturna HCT

CNS AGENTS

- Anti-convulsants*
- Lyrica Caps
- Anti-depressants*
- Forfivo XL Tabs
- Paxil Suspension
- Anti-Psychotics*
- Saphris
- Attention Deficit Disorder Treatment*
- Vyvanse
- Cholinesterase Inhibitors*
- Mestinon syrup
- Multiple Sclerosis Agents*
- Ampyra
- Tecfidera
- Miscellaneous CNS agents*
- Namenda XR Caps
- Namzaric Caps

DERMATOLOGICALS

- Acne Agents*
- Retin-A Micro 0.08% gel
- Anti-bacterial Agents*
- Mirvaso
- Soolantra 1% Cream
- Anti-viral Agents*
- Zovirax Cream 5%
- Hemorrhoidal Preparations:*
- Proctofoam HC
- Psoriasis & Eczema Agents:*
- Drithocrema HP
- Eucrisa 2% ointment
- Other Dermatologicals:*
- Drysol Solution
- Elidel
- Eurax Cream/Lotion

EARS, NOSE & THROAT

- Nasal Products, Antihistamines*
- Dymista
- Nasonex
- Otics*
- Ciprodex OTIC
- Throat & Mouth Products*
- Prevident 5000 Enamel Protect
- Prevident 5000 Sensitive Paste

ENDOCRINE

- Androgens/Estrogens*
- Androderm Patch
- Androgel 1.62
- Corticosteroids*
- Medrol 2mg Tablet
- Millipred Tabs 5mg

Gout

- Colcrys
- Uloric
- Hyperglycemics*
- Dipeptidyl Peptidase-4 & Combos*
- Janumet
- Janumet XR
- Januvia
- Jentadueto
- Jentadueto XR
- Tradjenta
- GLP-1 Recep. Agonist*
- Bydureon
- Byetta
- Trulicity
- Victoza
- Insulins*
- Humalog
- Humulin
- Lantus
- Levemir
- Novolin
- Novolog
- Relion Novolin
- Soliqua
- Toujeo Solostar
- Miscellaneous*
- Welchol
- Sodium-Glucose Co Transporter 2 Inhib*
- Invokamet
- Invokamet XR
- Invokana
- Jardiance
- Synjardy
- Synjardy XR
- Miscellaneous*
- Glucagen Kit
- Glucagon Kit
- Proglycem Susp
- Samsca Tabs
- Synarel Nasal Spray
- GASTROINTESTINAL AGENTS**
- Anti-spasmodic*
- Symax Duotabs
- Anti-ulcer*
- Omeclamox
- Pylera
- Digestants*
- Creon
- Zenpep DR
- Gastric Acid Secretion Reducers*
- Dexilant

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Miscellaneous Products, Gastrointestinal

Amitiza
Apriso
Canasa Suppositories
Lialda
Linzess
Sfrowasa

HEMATOLOGY

Anti-Coagulants, Direct Factor X

Xarelto

Miscellaneous

Pradaxa

Anti-Platelet

Brilinta

Miscellaneous Agents, Hematology

Mephyton

IMMUNOSUPPRESSANTS

Oxsoresalen-UL Caps 10mg
Sandimmune SOL 100 mg/ml

NUTRITION

Vitamins/Minerals/Electrolyte Modifiers

Escavite Tabs Chewable
Escavite D Tabs Chewable
Escavite LQ Drops
Floriva Drops
Floriva Plus Drops
Fluorabon Drops
Fluor-A-Day Tabs Chewable
Flura-Drops
Poly-Vi-Flor Tabs Chewable
Poly-Vi-Flor Tabs Chewable with
Iron
Poly-Vi-Flor Drops 0.25
Poly-Vi-Flor Drops with Iron
0.25
Quflora Tabs Chewable
Tri-Vi-Flor Drops

OB/GYN

Estrogenics

Climara Pro Patch
Duavee
Menest
Premarin
Premarin vaginal cream
Premphase
Prempro

Prenatal Products

Bal-Care DHA
Calcium-PNV Caps
Citranatal B-Calm
Citranatal RX Tabs
C-Nate DHA
Concept DHA Caps
Concept OB Caps
Dothelle DHA Caps
Duet DHA Balanced
Duet DHA 400
Elite- OB
Enbrace HR Caps
Folivane-OB Caps
Hemenatal OB + DHA
Hemenatal OB Tabs
Kosher Prenatal + Iron Tabs
Marnatal- F Caps
Mynatal Advance Tabs
Mynatal Caps
Mynatal Ultracaplets
Mynatal- Z Captabs
Natachew Tabs
Natelle One Caps
Neevo DHA
Nestabs Tabs
Nestabs DHA
Newgen Tabs
Niva-Plus Tabs
OB Complete One
OB Complete Petite
OB Complete Caplets
OB Complete Premier
OB Complete with DHA
Obstetrix DHA
Obstetrix EC
O-Cal Prenatal Tabs
O-Cal FA Tabs
PNV-Ferrous Fumarate
PNV Prenatal Plus Tabs
PNV 29-1 Tabs
PNV-Omega
PNV-VP-U Caps
Prefera OB Tabs
Prena1 Tabs Chewable
Prena1 Pearl
Prenata Tabs Chewable
Prenatal 19 Tabs Chewable
Prenatal 19 Tabs
Prenatal Plus Tabs
Prenatal Plus Iron
Prenatal-U Caps
Prenatal Vitamin plus low iron
Prenate AM Tabs
Prenate Elite Tabs
Prenate Essential
Prenate Star Tabs

Preplus CA-FE Tabs
Pretab Tabs
Primacare
Provida OB Caps
Purefe OB Plus Caps
Relnate DHA
Select-OB Caps Chewable
Taron-C DHA
Thrivite 19 Tabs
Thrivite RX Tabs
Tricare Tabs Chewable
Tricare Tabs
Tricare DHA One
Trinatal GT Tabs
Tri-Tabs DHA
Vena-Bal DHA
Vinate DHA
Virt-Advance Tabs
Virt-C DHA
Virt-Nate Tabs
Virt-Nate DHA
Virt-PN Tabs
Virt-PN Plus
Virt-Vite GT Tabs
Vitafof Gummies
Vitafof Nano Tabs
Vitafof OB Caplets
Vitamed MD Redichew Tabs
Vitapearl Softgels
Vol-Nate Tabs
Vol-Plus Tabs
Vol-Tab RX Tabs
VP-GGR-B6 Tabs
VP-HEME OB Tabs
VP-PNV-DHA Softgels
Zatean-PN Plus
Topical Anti-Infectives
Cleocin Vaginal Ovules

OPHTHALMIC AGENTS

Anti-histamines

Pazeo

Anti-infectives

Moxeza

Natacyn

Glaucoma Agents:

Alphagan P 0.1%
Azopt
Betoptic-S
Combigan
Lumigan
Phospholine Iodide
Simbrinza
Timoptic Ocudose
Travatan Z

Steroids

FML Ointment

FML Forte

Pred Mild

Miscellaneous

Restasis

Xidra

PHOSPHATE BINDERS

Renvela

RESPIRATORY AGENTS

Anti-muscarinic and Combos

Incruse Ellipta

Spiriva Handihaler

Spiriva Respimat

BetaAdrenergic & Combos

Anoro Ellipta

Combivent

Proair HFA

Proair Respiclick

Serevent Diskus

Stiolto Respimat

Symbicort

Ventolin HFA

Glucocorticoids, Inhalation

Arnuity Ellipta

Flovent Diskus

Flovent HFA

Pulmicort Flexhaler

QVAR 40, 80

Symbicort

Miscellaneous Agents, Respiratory

Bethkis

UROLOGICAL AGENTS

Anesthetics

Elmiron

Antispasmodics

Myrbetriq

Vesicare

Benign Prostatic Hypertrophy Agents

Rapaflo

* Please note, certain drugs contained in this list are subject to Step Therapy. Please refer to the Step Therapy List of drugs on pages 5-9 of this newsletter.

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

**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، أن اجم، ةي وغلل اددع اسمل اتامدخ، ةيبر عل ا غللا ائدحتت تنك اذا: ةيبنت

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 हद्दल बोलते, भाषा सहायता सेवाओं, नः शुल्क, आप के लऱे उपलब्ध है। 1-610-320-5500 कहते है।

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

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

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. 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.

Retirees Approved for Pensions August 2017

Name	August 2017 Local Employer	Name	August 2017 Local Employer
ALEXANDER, JAMES K	776 CENTRAL STORAGE & TRANSFER CO	KIEFFER, EUGENE R	771 HERMAN R EWELL INC
ALTEMUS, GERARD F	773 INTERSTATE BRANDS CORP D/B/A	KNOTT, JAMES	229 BANKO NORTH INC
BAKER, ROBERT	429 SINGER EQUIPMENT CO INC	KUEHNER, SCOTT P	771 YRC FREIGHT
BECHTEL, RICKEY A	776 ARKANSAS BEST FREIGHT SYS INC	LEROSE JR, SAMUEL J	229 NEW PENN MOTOR EXPRESS INC
BECKAGE, THOMAS A	229 DIMARE FRESH INC	LITRENTA, DANIEL G	776 FLEMING COMPANIES INC
BERGER, SHIRLEY IRENE	429 SCHROCK CABINET COMPANY	LONG, DAVID P	776 CONSOLIDATED FREIGHTWAYS
BISCARDI, MICHAEL J	229 CONSOLIDATED FREIGHTWAYS	LONG, JAMES S	773 UNITED PARCEL SERVICE INC
BLAIN, MICHAEL D	776 CAROLINA FREIGHT CARRIERS CORP	LUBAS, DENNIS M	429 ASSOCIATED WHOLESALERS INC
BOYER, JANA	773 UNITED PARCEL SERVICE INC	MILLER, CAROL A	429 SINGER EQUIPMENT CO INC
BRICKER, SUSAN D	429 CENTRAL PENNSYLVANIA TEAMSTERS	MILLER, TIMOTHY PAUL	429 PETRO OIL
BURGESS JR, WILLIAM R	429 CARL R BIEBER INC	NOLT, LEVERNE K	776 RANGER TRANSPORTATION INC
CRAWFORD, MICHAEL D	776 ARKANSAS BEST FREIGHT SYS INC	OBERLY, MICHAEL D	429 BERKS PACKING COMPANY INC
CUNNINGHAM, TIMOTHY J	771 PENNSY SUPPLY INC	ORAMA RIVERA, NELSON J	771 KEREK AIR FREIGHT CORP
EHRGOOD, BRADFORD L	429 COTT BEVERAGES WYOMISSING INC	ORTIZ, MICHAEL A	229 ROADWAY EXPRESS INC
ELIAS, POUSSAIN	773 GENERAL SUPPLY COMPANY	PRESCHUTTI, GARY J	229 CONSOLIDATED FREIGHTWAYS
EWING, DAVID L	764 NEW PENN MOTOR EXPRESS INC	RAMOS II, CARLOS N	776 TEAMSTERS LOCAL UNION 776
GARMAN, BRYAN L	429 GENERAL COMMODITIES WAREHOUSE	REPPERT, STEPHEN P	429 WETTERAU FOOD SERVICES INC
GAVEK, KENNETH C	401 KEYSTONE COCA-COLA BOTTLING CO	ROTH, MARK E	776 LEVINSON STEEL COMPANY
GILROY, PATRICK J	229 UNITED PARCEL SERVICE INC	RUHNKE, BENNO A	429 EAGLE DISTRIBUTING COMPANY
GOOD, EVELYN	429 NEW PENN MOTOR EXPRESS INC	RUSSO, PAUL A	764 UNITED PARCEL SERVICE INC
GRIERSON, PAUL M	771 WEYERHAEUSER COMPANY	SANDNES, DAVID	999 ALLIED SYSTEMS LTD
HARTMAN, SUSAN K	429 SUPERVALU INC	SCHELL, JAY	776 PERK FOODS C/O HEINZ PET
HAUSMAN, TERRY	429 BERKS PRODUCTS CORP	SCHNECK, WILLARD S	429 ASSOCIATED WHOLESALERS INC
HEFFELFINGER, DAVID P	776 NEW PENN MOTOR EXPRESS INC	SCHUCKERS, PAUL B	401 WISE FOODS
HERMANY, MICHAEL D	429 UNITED PARCEL SERVICE INC	SELL, KIRK D	776 UNITED PARCEL SERVICE INC
HESS, GLEN D	771 YRC FREIGHT	SEXTON, JOHN M	229 CONSOLIDATED FREIGHTWAYS
HOKE, CLAIR D	776 WALTER W ZEIGLERS SONS INC	SIPPLE, LOREN	771 YRC FREIGHT
IACANO, JOSEPH A	229 CONSOLIDATED FREIGHTWAYS	WAGNER III, LEON R	429 SCHWAB OIL COMPANY
KEFFER III, JOHN W	776 UNITED PARCEL SERVICE INC	WEIDNER, GALEN B	776 ROADWAY EXPRESS INC
KESSLER, GREGG	771 YRC FREIGHT	WOLF, RONALD J	773 SCHWERMANN TRUCKING CO

Facts about hearing loss & hearing aids

Hearing Loss



1 in 5 Americans ages 12 and over has a hearing loss, while 1 in 8 has a hearing loss in both ears. Hearing loss is the third most common chronic health condition in the U.S. Almost twice as many people report hearing loss as report diabetes or cancer. More than 90 percent of children who are born with hearing loss are born to typical-hearing parents.

Hearing Aids

- ▶ Hearing aids have been shown to provide a significant benefit to individuals with hearing loss.
- ▶ Most hearing losses can be treated with hearing aids, but only one in five individuals who could benefit from using hearing aids including those with mild hearing loss, currently owns them.
- ▶ The risk of dementia may be up to five times greater and the risk of falling three times greater among people with untreated hearing loss.
- ▶ Older adults who use hearing aids show reduced depression symptoms and improved quality of life. ■

Source: Hearing Health Foundation

CREDITABLE COVERAGE NOTIFICATION

PLAN 13, PLAN 13Y, 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 PRESCRIPTION COVERAGE:

MAIL ORDER COPAYMENTS

- \$15 Generic for up to a 90 day supply
- \$30 Brand Preferred for up to a 90 day supply
- \$60 Brand Non-Preferred for up to a 90 day supply
- \$300 Specialty for up to a 90 day supply

RETAIL PHARMACY COPAYMENTS

- \$5 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 13Y PRESCRIPTION COVERAGE:

MAIL ORDER COPAYMENTS

- \$30 Generic for up to a 90 day supply
- \$60 Brand Preferred for up to a 90 day supply
- \$100 Brand Non-Preferred for up to a 90 day supply
- \$300 Specialty for up to a 90 day supply

RETAIL PHARMACY COPAYMENTS

- \$10 Generic for up to a 34 day supply
- \$30 Brand Preferred for up to a 34 day supply
- \$50 Brand Non-Preferred for up to a 34 day supply
- \$150 Specialty for up to a 30 day supply

PLAN 14, 14P AND PLAN 16 PRESCRIPTION COVERAGE:

MAIL ORDER COPAYMENTS	Option A	Option B	Option C
Generic for up to a 90 day supply	\$ 15.00	\$ 30.00	\$ 30.00
Brand Preferred for up to a 90 day supply	\$ 30.00	\$ 40.00	\$ 60.00
Brand Non-Preferred for up to a 90 day supply	\$ 60.00	\$ 80.00	\$100.00
Specialty	\$300.00	\$300.00	\$300.00

RETAIL PHARMACY COPAYMENTS	Option A	Option B	Option C
Generic for up to a 34 day supply	\$ 5.00	\$ 10.00	\$ 10.00
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.

Plan 13Y 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.

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 In PA 1-800-422-8330 or Toll Free in USA 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, 2017
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 In PA 1-800-422-8330 Toll Free in USA 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:

MAIL ORDER COPAYMENTS

- \$15 Generic for up to a 90 day supply**
- \$30 Brand Preferred for up to a 90 day supply**
- \$60 Brand Non-Preferred for up to a 90 day supply**
- \$300 Specialty for up to a 90 day supply**

RETAIL PHARMACY COPAYMENTS

- \$5 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.

RETAIL PHARMACY COPAYMENTS

- \$5 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**

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

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- 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.

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Date:	August 1, 2017
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 In PA 1-800-422-8330
	Toll Free in USA 1-800-331-0420

SEPTEMBER 2017 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 9 month period ending September 30, 2017. 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	12.4%

You may also view your RIP 1987 balance on the Fund website through the Pension Fund Web Portal. Click on the Pension section and then "Pension Fund Web Portal." 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."



SUGGESTIONS?

If you have feedback about our newsletter please feel free to email Charlotte Houser at chouser@centralpateamsters.com.

VISIT OUR WEBSITE

Members and their families, as well as contributing employers, can access the Fund website, www.CentralPATeamsters.com for benefits information, announcements, reports, notices, investment reports and provider network links.

Nurse Line Program Continues under Meritain Health

Improved Information and a New Phone Number

You can reach the Meritain Health Nurse Line 24 hours a day, seven days a week for your health-related questions.

Keep this number handy!
Meritain Health's 24x7 Nurse Line: 1.866.726.6529

IMPORTANT PENSION INFORMATION

It's important to remember that we cannot talk to financial advisors regarding any questions without the member being on the phone. If you would like to have your spouse or other trusted person authorized to call on your behalf, you must complete and sign a "Telephone Authorization Form." The form is available by calling the Pension Fund at 610-320-5500.

Open Enrollment

If you are eligible to enroll in Central Pennsylvania Teamsters Health and Welfare Fund and did not do so, you may enroll yourself and/or your eligible dependents during the Open Enrollment period, November 1, 2017 to December 31, 2017.

Enrollment forms and plan descriptions are available by calling the Central Pennsylvania Teamsters Health and Welfare Fund at 610-320-5500.

Meritain Health, An Aetna Company

Please remember to use your new Health and Welfare ID cards

The Fund mailed new ID cards to participants in December (prior to the network changeover from HealthAmerica to Aetna). Please discard your old ID cards and be sure to show your medical providers your new ID card when seeking treatment.

To locate a physician or facility for treatment participating with Aetna Meritain:

Please call Meritain at 1-800-343-3140 or visit www.CentralPATeamsters.com for help finding an in-network provider. Choose Aetna Choice POS II (open Access) under Select a Plan. Providers should also contact Meritain at the same phone number if they have a dispute regarding the contracted fee.

Members' questions about benefits and providers questions about claims status should continue to be directed to the Health and Welfare Fund. Thank you.

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

ADDRESS SERVICE REQUESTED

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U.S. POSTAGE
PAID
Lehigh Valley, PA
Permit No. 1

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 7:00 a.m. to 4:00 p.m.

Telephone Numbers:

Health & Welfare

(610) 320-5500

Toll free in PA 1-800-422-8330

Nationwide 1-800-331-0420

Pension

(610) 320-5505

Toll free in PA 1-800-343-0136

Nationwide 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

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

Trustees:

William M. Shappell
Chairman & Union Trustee

Tom J. Ventura
Secretary & Employer Trustee

Kevin Bolig
Union Trustee

Eric Bucheit
Employer Trustee

Howard W. Rhinier
Union Trustee

Kenneth A. Ross
Employer Trustee

Daniel W. Schmidt
Employer Trustee

Charles Shafer
Union Trustee

Jeff Strause
Union Trustee

Joseph J. Samolewicz
Administrator

Martin L. Cullen
Assistant Administrator

Professional Advisors:

Beyer-Barber
*Health & Welfare Fund Actuary
& Consultant*

CBIZ Savitz
Pension Fund Actuary & Consultant

Morgan Lewis
Legal Co-Counsel

Novak Francella, LLC
Certified Public Accountants

Summit Strategies
Investment Consultant

Stevens & Lee

Legal Co-Counsel

Willig, Williams and Davidson
Legal Co-Counsel

Investment Managers for the Central Pennsylvania Teamsters Health and Welfare Fund

Aronson+Johnson+Ortiz, LP
Causeway Capital Management, LLC
SEI Investments
Tortoise Capital Advisors, LLC
Walter Scott & Partners, Ltd.
Westfield Capital Management, LLC
William Blair & Company, LLC

Investment Managers for the Central Pennsylvania Teamsters Pension Fund

Aronson+Johnson+Ortiz, LP
Causeway Capital Management, LLC
Income Research & Management
Loomis, Sayles & Company
LSV Asset Management
Northern Trust Investments, Inc.
Oakbrook Investments
Parametric Portfolio Associates, LLC
Penn Capital Management
PGIM Real Estate
Pictet Asset Management, Ltd.
Principal Financial Group
Segall Bryant & Hamill
Tortoise Capital Advisors, LLC
Walter Scott & Partners, Ltd.
Westfield Capital Management
Company, LLC
William Blair & Company, LLC