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Through the WIRE

LOCAL 26 IBEW-NECA JOINT TRUST FUNDS



Shedding Some Light on Skin Cancer

ALSO INSIDE

You Are What You Eat:
The link between food, mood and good health

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Dear Participant,

I hope 2014, so far, has brought you and your family good health and all of the rewards that come with living a healthy lifestyle. There really is no better gift you can give yourself or the ones you love than good health. It is the foundation on which a fulfilling life, both personally and professionally, should be built.

Here at the EWTF, we are proud of the programs and efforts we have put forth to help our participants live their best life. We have built solid relationships with a number of health organizations and professionals to provide our participants with all of the information they need to make educated health and lifestyle decisions. One of those efforts has been our EWTF health fairs, held for the past five years in conjunction with Local 26's picnics in Virginia and Maryland.

The health fairs have literally brought the information to our participants, in the form of screenings, demonstrations, informational booths and interactive learning. Our staff takes great pride in creating and organizing the health fairs each year—a lot of work for an honorable cause. I hope each of you take full advantage of the health fairs and all that they have to offer. I know I am not biased in saying that our fairs are an extraordinary offering from Local 26 and the EWTF. I am not aware of any other union that is as committed to empowering its members with all the information they need to live a healthy life. Our participants are fortunate that the officers of Local 26 and the EWTF trustees take good health seriously and are willing to put forth the manpower and resources necessary to educate Local 26 members and their families.

Even though we have offered the health fairs for a number of years now, our goal is to keep the fairs current and fresh each year. We would love any input you may have, any special requests or suggestions. By no means is the format or are the offerings set in stone each year. It is an ever-evolving program. Chances are if there is something you would like to see offered at the fairs, others would as well. Please, help us help you!

I look forward to seeing you at one, or both, of the health fairs this summer. Make a visit to the health fair pavilion your first order of business at what will surely be fun-filled summer picnics.

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<http://www.ewtf-wellnessworks.org>



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Skin Cancer:

Peeling Back the Layers on the Most Common Form of Cancer

Did
you
know
that the
skin is
the
largest
organ
of the
human
body?

Kind of sounds like a random trivia fact, doesn't it? However, there is nothing trivial about the importance of skin to the human body. Your skin is your first line of defense yet we don't do nearly enough to protect it or even pay proper attention to it.

Major campaigns, via the American Heart Association and the American Lung Association, have been created to promote heart health and lung health. Susan G. Komen and Avon have brought much needed awareness and education to breast cancer. But, our body's largest organ—the skin—seems to be taken for granted.

Perhaps it's because many skin conditions are mild in nature and can be treated easily and painlessly. No, dry skin, acne and psoria-

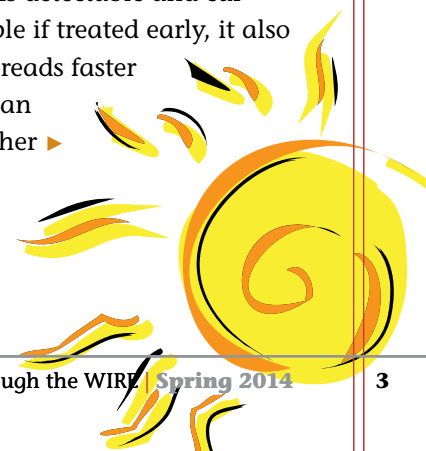
sis are not life threatening conditions but skin cancer certainly can be. Unlike our heart, lungs or brain, we can see our skin every day and we assume that we would know if something was seriously wrong. This, along with other skin misperceptions, creates a false sense of security that is contributing to a rise in the incidence of skin cancer.

Skin cancer, in its various forms, is the most common of all cancers, accounting for nearly 50% of all cancer diagnoses. Men are three times more likely than women to get skin cancer and most people diagnosed with skin cancer are between 45–54 years of age. According to the American Academy of Dermatology, over 1 million new cases of skin cancer will be diagnosed in the United States

this year. Additionally, it is estimated that 40–50% of fair skinned people who live to be 65 years old will develop at least one skin cancer in their lifetime. These facts are compelling but so too is the fact that skin cancer is the only type of cancer that is almost always detected in its early, curable stages.

So What's the Difference?

Skin cancer is actually a general term for two categories of cancer: melanoma and non-melanoma. Melanoma is the more aggressive of the two categories and is potentially life threatening. Although it is detectable and curable if treated early, it also spreads faster than other ▶



types of skin cancer and can spread into other parts of the body including the bones, brain and lymph nodes.

Melanoma accounts for about 75 percent of all skin cancer deaths and since 1981, the rate of incidence has increased by about 2.8% per year. Sadly, according to the American Cancer Society, one American dies from melanoma every hour.

One blistering sunburn during childhood is believed to double a person's risk for developing melanoma later in life.

Non-melanoma, which is rarely life threatening, includes basal cell carcinoma and squamous cell carcinoma, which are the two most common types of skin cancer. Basal cell carcinoma is the slowest growing of all skin can-

cers and accounts for about 75% of all skin cancer diagnoses. Squamous cell carcinoma is a little more aggressive than basal cell and may spread more easily. There are also a few very rare non-melanomas that can be life threatening, such as Kaposi's sarcoma, which is almost always associated with people who have highly suppressed

immune systems, such as those suffering from AIDS or the elderly.

Common Threads

Although there are two very different kinds of skin cancer, they actually have many things in com-

mon. First and foremost, skin cancer, of all forms, thrives on ultraviolet (UV) rays, found in sunlight, sunlamps, tanning booths and even x-rays. UV rays damage DNA and in turn create damaged cells that become melanoma. Many times, cells become damaged and turn into melanoma due to excessive UV exposure that happened years earlier. Plain and simple, unprotected exposure to UV rays makes it possible for skin cancer to grow.

Both forms of skin cancer affect fair skinned people more often than those with a darker complexion. Those with fair skin have less of the protective substance melanin, than those with a darker complexion, which provides a layer of protection between UV rays and the skin. In addition to skin tone, other risk factors include: skin with more than 50 moles, skin with atypical moles, skin with freckles, a history of sunburn, a family history of skin cancer, residing in an area with intense

year-round sunshine and exposure to sun lamps, tanning booths and excessive x-rays. However, no one is free from the risk of skin cancer!

Another common thread is in the way in which skin cancers are detected—by visual changes in the skin, including changes in moles. A person likely will not feel any physical pain in the early stages of skin cancer, which is why skin cancer can go undetected and why self exams and regular visits to a dermatologist are crucial.

What's more, skin cancer can present itself just about anywhere on the body—even places that typically do not see the sun! Melanomas are often found first on the extremities, chest and back, but can also be found on the palm of the hand, sole of the foot, under a fingernail or toenail, in the mucus lining of the mouth or genitals, and even in the eye. Basal cell carcinomas often affect the head, neck, back, chest and shoulders. Squamous cell carcinomas are usually found on the face, neck and head.

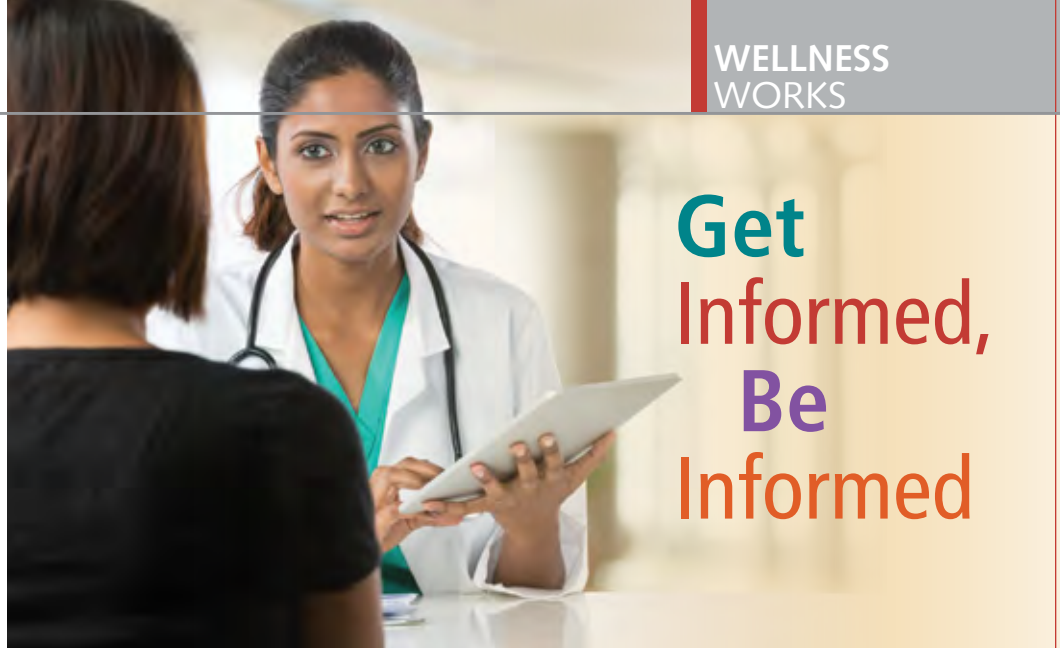


The Eyes Have It

When it comes to skin cancer, of all forms, the first method of detection is with a good set of eyes—yours and your dermatologist's. Has a mole changed in color, shape or size? Is there a new growth on your skin? Do you have a wound that won't heal? Remember, you see your skin every day so you know best if something has changed or recently appeared. Adults should perform a self exam on their skin once every month. Ask for help from a spouse or a close friend to check areas that are hard to see on your own, such as the back and the scalp. Some people who are at high risk for skin cancer opt to have full body images taken so they have a baseline to compare their skin to each month.

Melanomas typically present themselves with the following signs:

- » A change in an existing mole
- » A small, dark, multi-colored spot with irregular borders—either elevated or flat—that may bleed and form a scab
- » A cluster of shiny, firm, dark bumps
- » A mole larger than a pencil eraser ►



Get Informed, Be Informed

As with any medical diagnosis, it can be very frightening to be told you have skin cancer. But before you let your worries get ahead of you, get the information you need to understand your diagnosis, make an educated treatment option and be prepared for the road ahead.

Here are some important questions, created by the American Cancer Society, to ask your doctor should you receive a diagnosis of skin cancer.

- Exactly what type of skin cancer do I have?
- How do I get a copy of my pathology report?
- Has the cancer spread under my skin? What is the cancer's stage? What does that mean?
- What are my treatment choices and long term outcome (prognosis)?
- Will I need other tests done before we can decide on a treatment?
- Will I be ok if the cancer is just removed and I don't have more treatment?
- What would we do if the treatment doesn't work or if the cancer comes back?
- How long will treatment last? What will it involve? Where will treatment be done?
- What risks and side effects should I expect?
- How will treatment affect my daily activities?
- Will I have a scar? What will it look like?
- What should I do to get ready for treatment?
- How will we know if the treatment is working?
- Are there any limits on what I can do?
- Will I need special tests, such as imaging scans or blood tests, and how often?
- What type of follow-up will I need after treatment?
- How will I know if the cancer has come back? What should I watch for?
- What are my chances of developing another skin cancer? What can I do to lower my risk?
- Are my family members at risk for this type of skin cancer? What should I tell them to do?

Basal cell carcinoma may appear as:

- ▶▶ A firm pearly bump with tiny blood vessels in a spiderlike appearance
- ▶▶ A red, tender, flat spot that bleeds easily
- ▶▶ A small, fleshy bump with a smooth, pearly appearance, often with a depressed center
- ▶▶ A smooth, shiny bump that may look like a mole or a cyst
- ▶▶ A patch of skin, especially on the face, that looks like a scar and is firm to the touch

- ▶▶ A skin growth that looks like a wart
- ▶▶ A sore that does not heal or an area of thickened skin on the lower lip, especially if you smoke or use chewing tobacco, or your lips are often exposed to the sun and wind

Look for melanoma's ABCDEs:

- ▶▶ Asymmetry
- ▶▶ Borders that are irregular
- ▶▶ Color that is varied or has changed within the mole

Do you know the difference between an ordinary mole and a melanoma?

- ▶▶ A bump that itches, bleeds, crusts over and then repeats the cycle and has not healed in a few weeks
- ▶▶ A change in the size, shape or color of a wart or mole
- ▶▶ Diameter larger than a pencil eraser

Squamous cell carcinoma may have:

- ▶▶ A persistent, firm, red bump on sun-exposed skin
- ▶▶ A patch of skin that feels scaly, bleeds or develops a crust (patch may get bigger over a period of months and form a sore)



- ▶▶ Evolution of a mole's characteristics, be it size, shape, color, elevation, bleeding, itching, crusting

If you notice any of these warning signs, you should see a dermatologist immediately. How often you return for check ups will be determined by your doctor.

What to Expect

During a skin check your dermatologist will examine your entire body, literally from head to toe.

If your doctor believes you have a suspicious mole or patch of skin, he/she will take a skin biopsy (removal of a piece of the skin) and send it to a laboratory to be reviewed under a



Protect yourself from skin cancer? Yes, you can!

Follow the American Cancer Society's Slip!, Slop!, Slap! and Wrap! Rule:

- ☀ **SLIP** on a shirt and other protective clothing to cover as much skin as possible in the sun.
- ☀ **SLOP** on sunscreen and lip balm with an SPF of 30 or higher at least 30 minutes before outdoor activity, even on hazy or overcast days, and reapply every two hours.
- ☀ **SLAP** on a hat, preferably with a wide brim that shades your face, ears and neck.
- ☀ **WRAP** on sunglasses with UVA and UVB absorption to protect eyes and surrounding skin.

BIOPSY: Know What You Are Getting

Not all biopsies are the same. Based on the suspected type of cancer, its location on your body, its size and other factors, your doctor will decide which kind of biopsy to perform.

A **shave biopsy** is when a doctor shaves off the top layers of the skin with a small surgical blade. The wound closes on its own with ointment or after being cauterized. A **punch biopsy** is when a doctor removes a deeper sample of skin using a tool that looks like a tiny cookie cutter. A punch biopsy requires stitches to close the wound. An **incisional biopsy** is a deeper biopsy that removes a portion

of the tumor and an **excisional biopsy** is also a deeper biopsy, but it removes the entire tumor. Another type of biopsy is called **Mohs surgery** which is when tissue is removed microscopically and examined piece by piece by a pathologist while the patient waits so the surgeon knows exactly where to remove tissue next. This is usually done with basal cell carcinoma and squamous cell carcinoma.

Don't worry, though; you won't feel a thing. All biopsies are performed under an anesthetic, typically a local anesthetic that simply numbs the area that is biopsied.

microscope by a pathologist. The pathologist will determine if the sample is cancerous and what type of cancer it is—melanoma or non-melanoma. If the sample is melanoma, the pathologist will determine the thickness of the melanoma to determine how advanced the cancer is.

If a biopsy determines that you have skin cancer, treatment will be determined based on the type of cancer you have. All forms of treatment include removal of the affected area, including the removal of a little tissue surrounding the cancer to achieve clean cancer-free margins. Non-melanomas may be treated with a micrographic surgery that removes one layer of skin at a time checking each layer after it is removed; excision; curettage and electrosurgery to scrape off the skin with a spoon-shaped instrument and

control the bleeding; or cryosurgery to destroy the skin cancer by freezing it with liquid nitrogen.

Melanoma, if it has not spread, can be treated with excision. If the cancer has spread, chemotherapy, radiation or immunotherapy may be necessary.

Perhaps the most important thing to remember with skin cancer is that it is very treatable, and if caught early, very curable. The five-year survival rate for people with melanoma detected before spreading to the lymph nodes is 95 percent. The cure rates for both basal cell carcinoma and squamous cell carcinoma is also about 95 percent if detected early and treated right away. Like all cancers, early detection is key, but unlike other cancers, skin cancer can be caught early just by keeping a keen eye on your body.

NOT ALL SUNSCREENS ARE THE SAME...

UVA? UVB? What do all of these acronyms mean? UV is invisible **ultra violet** radiation which reaches us in wavelengths. **UVB rays** are the short ones that cause sunburns but **UVA** are longer rays that penetrate the skin more deeply and cause wrinkling, leathery and sagging as well as speed up the cancer-causing effects of UVB rays. So, a good sunscreen will offer protection from both UVA and UVB rays. These are typically labeled as "**broad spectrum**" sunscreen.

The SPF or Sun Protection Factor indicates how long the sunscreen can offer protection from UVB rays as opposed to using no sunscreen at all. Therefore, a sunscreen with SPF 15 allows you to stay in the sun 15 times longer, before burning, than you would without any protection at all.

However, no sunscreen lasts longer than two hours without reapplying. When skin starts to turn red, that is a reaction to UVB rays—UVA damage is likely already well underway.

You can check to see if your sunscreen has earned the Skin Cancer Foundation's Seal of Recommendation by visiting the Foundation's website at www.skincancer.org. The Seal of Recommendation can be found under the "prevention" pull down menu.

Do White Coats Send Your Blood Pressure Soaring?

Just the thought of going to the doctor is enough to make some experience abnormally high blood pressure.

If we are being honest, none of us likes going to the doctor. Perhaps this is why so many of us put off going to the doctor for as long as possible (not a good practice, by the way). However, for some of us, going to the doctor is not just an inconvenience; it actually triggers a medical reaction—high blood pressure.

About 20–30% of patients experience “white coat syndrome” or

“white coat hypertension” just by stepping foot in a medical setting. For this group of patients, visiting a doctor or receiving a medical treatment elicits a physical reaction marked by abnormally high blood pressure (hypertension), anxiety and fear. However, some who experience white coat syndrome are unaware that they have elevated blood pressure until that cuff goes on their arm. The challenge for doctors is determining when a patient has textbook hypertension versus white coat hypertension and how to work around this condition in treating the patient.

A high blood pressure reading is defined as a reading greater than 140/90. Typically a doctor or nurse will take a blood pressure reading a second time if the first reading is high. At this point the doctor will look into whether the abnormally high reading is the result of the doctor’s visit or another serious medical condition. Things like past history, family history and even the nature of the doctor’s visit are taken into consideration.

Fear and anxiety triggered by a medical setting is understandable. After all, doctor’s offices and hospitals are often associated with sickness or injury. Maybe it’s the fear of a painful procedure or the embarrassment of being naked in front of the doctor that has your blood pressure soaring. Perhaps you are afraid of being criticized for being unhealthy or worried that you will receive an unfavorable diagnosis. There is also the fear of needles, which is a recognized phobia by the American Psychiatric Association. Over 15 million adults and more than 5 million children suffer from a legitimate fear of needles and about a quarter of those adults refuse blood draws or recommended injections because of that fear.

White coat syndrome may not be just in your head; some studies have indicated that people with white coat hypertension may be at a higher risk for heart attack and stroke than those with normal

The Power of Beets?

That’s right, when it comes to lowering blood pressure beets have proven to be a superfood. Beet juice contains nitrates, which dilate blood vessels and increase blood flow, leading to a decrease in blood pressure. In a London-based study, participants who drank 20 oz. of beet juice saw a decrease in blood pressure in just one hour.

If beets just aren’t your thing or you just can’t get your hands on beet juice, potassium-rich foods, such as bananas, have also shown promise in lowering blood pressure. Potassium is an electrolyte and as such affects the mechanisms that control blood flow and heartbeat. Potassium supplements can take four to six weeks to have a sustained effect on blood pressure, but depending on how fast your body metabolizes potassium-rich foods, your blood pressure may drop within an hour of consumption.



Some studies have indicated that people with white coat hypertension may be at a higher risk for heart attack and stroke than those with normal blood pressure.

blood pressure. But other studies have debunked that theory. As a result, white coat hypertension is rarely treated with medication, except for elderly patients, typically over 80 years of age.

But, there are some things that can be done to monitor and maybe even minimize the effects of white coat hypertension.

- Monitor your blood pressure outside of the doctor's office. Take your blood pressure at home or even in the grocery store or drug store using a sit-down machine. An average home blood pressure reading is 135/85.
- Ask for a preview of what pain you may feel with a medical procedure and how long it will last.
- See if your blood pressure goes down when a nurse measures it as some patients only experience white coat hypertension with a doctor.
- Sedatives or anesthetics have proven helpful for those with needle phobia.
- Take a spouse, relative or close friend with you to the doctor to calm your nerves.
- Breathe deeply for 15 minutes before having your blood pressure taken. Inhale through your nose for 5–6 seconds and exhale through your mouth for one second longer than the inhale.
- Take a rest before your doctor's appointment to reduce strain and pressure on your heart.
- Avoid morning appointments as blood pressure is often higher in the morning.
- Determine if your specific doctor puts you ill at ease and if so, seek a new doctor.
- Ask your doctor if you should consider ambulatory blood pressure monitoring which is monitoring blood pressure repeatedly over a 24- to 48-hour period.
- Maintain a healthy diet and healthy lifestyle.

Although not a serious medical condition on its own, you should not rule out white coat hypertension as a precursor to sustained hypertension or possibly heart attack or stroke. When it comes to your good health, you can never be too careful or too cautious. If your doctor doesn't suggest it first, be sure to tell him/her that you may experience white coat hypertension.

EWTF Provides Incentive to Check All Hospital Bills

Did you know that you could put a few extra bucks in your pocket by saving the EWTF money? Through our Health and Welfare Plan's Recovery Incentive Program you can be rewarded for being a smart consumer if you discover and arrange for recovery of overcharges on your hospital bill.

If you notice an overcharge on your hospital bill and arrange for the hospital to adjust your bill and therefore save the Plan money, the Plan will reward you financially with 25% of the amount overcharged by the hospital. Hospital overcharges totaling less than \$25 are not eligible for the Recovery Incentive Program and the maximum paid by the Plan in any calendar year to a participant under the Recovery Incentive Program may not exceed \$500.

Under this program, only hospital charges covered by the Plan are eligible; telephone charges, televising bills, newspapers, etc. are not included. It will be up to you to resolve and dispute any overcharges with the hospital, and provide proof of the original itemized bill as well as the adjusted bill showing that the hospital corrected the charges to the Fund Office. This must be done within 45 days of discharge from the hospital. The Fund Office will send you a check within 30 days of proof and verification of the charges and amended bill.

Be an educated consumer and the EWTF will show its appreciation!

YOU ARE WHAT YOU EAT

The Link between F



You feel what you eat.

Food has an alarming amount of power over how we feel after we eat. That's why it is so important to consume a well-balanced diet. It is also imperative that we understand how our moods are affected by the food we choose to eat. According to the National Institutes of Health (NIH), 20.9 million Americans suffer from mood disorders, and 14.8 million Americans experience depression. Experts speculate that much of this has to do with what we eat.

Stabilize your mood with food.

The most effective way to stabilize mood is to eat a balanced diet of protein, carbohydrates, fruits and vegetables; and to limit sugar, fat and alcohol. Coupled with exercise, this regimen will promote steady production of endorphins, the brain's feel-good chemicals.

Eat more of these foods.

Try to eat a well-balanced diet of the following foods. Focus on getting more of the fresh, mood-boosting items listed below.



SALMON Baked, broiled or raw, eating salmon and other oily fish like mackerel and sardines can boost our mood. This is because of their rich Omega-3 fatty acid content.



MILK Rich in calcium and the amino acid tryptophan, milk is known to calm nerves when feeling stressed or anxious. The U.S. Department of Agriculture (USDA)

recommends drinking three glasses of milk each day.



CHOCOLATE Research has shown cocoa beans to be rich in a variety of mood-lifting ingredients. These chemicals are most concentrated in dark chocolate. Dark chocolate is high in polyphenols which are shown to improve cognitive function.



BRAZIL NUTS Native to South America, Brazil nuts are rich in the mineral selenium. They are also a good

source of B vitamins, magnesium and zinc, which can help calm stressed nerves and keep you alert.

WHEY Whey is the natural byproduct of cheese. Whey has strong mood-boosting qualities, as it is high in tryptophan, the essential amino acid that gets converted to serotonin in the brain and lifts your mood.



SPINACH Spinach is a potent green. Part of the "green family" that includes kale and chard, spinach is a rich source of several minerals that are good for anxiety and depression. Spinach contains magnesium, a mineral with relaxing and calming effects.

Don't be lured by unhealthy foods at work.

Workplaces may not have the healthiest food choices. With office celebrations often come cookies, donuts, pizza, cake and a myriad of other tasty treats. While the occasional office treat will not harm your health, making it a habit can increase your chances of weight gain and decrease your productivity at work. But did you know that obesity can lead to other chronic health conditions such as high blood pressure, diabetes, certain cancers and other health problems? Combined, these weight-related health issues can increase an employee's health cost by \$1,850.00 annually. With these health conditions come increased absenteeism and sick time, along with decreased productivity while at work.



Food, Mood and Good Health

Eat less of these foods.

COMFORT FOODS Comfort foods are different for everyone. Because of the strong emotional component, comfort foods increase the production of the neurotransmitters serotonin and dopamine in the brain to give a sense of pleasure, well-being and even euphoria. In general, comfort foods taste good and immediately distract us from a stressful situation or bad mood. Most often, we crave carbohydrate-rich foods when our mood is low, because they are easy to digest and quickly release serotonin for an uplifting effect. Overeating these types of foods can result in weight gain, which can lead to poor self-image, depression and stress due to other weight-related health problems.



FAST FOOD Without a doubt, fast foods are mood downers. While it may be cheap, convenient, or just plain easy to reach out for that fast food, eventually your mood will pay the price. The immediate effects of a high-fat or sugary snack can be misleading. Often, they give a quick burst of energy and may reduce tension, but these effects can reverse rapidly, causing a sugar crash and depressed mood. Fast food and junk food are usually the most processed foods, when nutrients are refined to the point where they are absorbed either immediately or not at all, leaving no long-term sustenance for the body to feed off of. Fast food also contains many additives and preservatives that experts believe to also have a negative effect on mood.



Allow time for healthy eating.

Taking a lunch break is not just about eating. It is also a time to unwind, relax, refuel and enjoy a meal. Encourage coworkers to take their lunch break away from their work area.

Eat these foods in moderation.

COFFEE There are debates over the amount of coffee one should consume. Caffeine, the stimulant chemical found in coffee, can boost mood on many levels, inducing feelings of happiness and euphoria. Too much caffeine may backfire, leaving you feeling stressed and jittery. Your body can become accustomed to the caffeine boost, and when you don't deliver enough of it, you can experience withdrawal-like symptoms such as irritability and depression. A small amount of caffeine in the morning is permissible—beneficial, even. More than that, however, can put your mood at risk. Moderation is key.



ALCOHOL Alcohol is a depressant and can dull your central nervous system and impair important brain functions. When taken responsibly, a small quantity of alcohol can have calming, sedative

effects. If you overindulge, however, you are likely to experience the opposite effect. Again, with alcohol, moderation is key.

BHS can help!

Encourage your employer to call BHS at 800-765-EAPS (3277) about working with a BHS Wellness Coach to develop a healthy eating plan for your company.

Coaches are available to provide onsite trainings, confidential nutrition consultations, one-on-one telephone coaching sessions and more!



Premium Coverage, Premium Care

We all want the best—the best schools for our children, the best cars for our family, and certainly the best doctors to care for our good health. All of the doctors in the UnitedHealthcare system are well qualified and have met the highest of standards in the health care industry; however, some have taken their good work just a little bit farther.

UnitedHealthcare has created the Premium Designation Program® to highlight those doctors who meet national standards for care *and* have met extra criteria adopted by UnitedHealthcare from such organizations as the American College of Cardiology, Ambulatory Care Quality Alliance, and the Agency for Healthcare Research and Quality. The Premium Designation criterion measures quality and/or cost efficiency and applies it to 25 specialties. It is meant to empower members with as much information as possible and make it easier for members to choose a doctor with confidence.

Doctors with the UnitedHealthcare Premium Designation follow evidence-based guidelines for care, are more likely to be aware of the latest research and clinical trials, and may have lower repeat surgery rates. The program evaluates doctors in the following specialties:

- Allergy
- Cardiology
- Cardiology – Electrophysiology
- Cardiology – Interventional
- Endocrinology
- Family Medicine
- General Surgery
- General Surgery – Colon/Rectal
- Internal Medicine
- Nephrology
- Neurology
- Neurosurgery – Spine
- Ophthalmology
- Obstetrics and Gynecology

- Orthopedics – Foot/Ankle
- Orthopedics – General
- Orthopedics – Hand
- Orthopedics – Hip/Knee
- Orthopedics – Shoulder/Elbow
- Orthopedics – Spine
- Orthopedics – Sports Medicine
- Pediatrics
- Pulmonology
- Rheumatology
- Urology

Doctors may earn one of four designations in the areas of quality and cost efficiency.

It is also possible for a doctor to receive designations denoting that there was not enough data to make an assessment, that the doctor was not evaluated or he/she did not meet quality and/or cost efficiency. Rest assured; this does not indicate a lack of quality on the part of the doctor. It likely means that they did not meet the statistical requirements of the Premium Designation Program. Remember, all doctors within the UnitedHealthcare network must meet certain standard credentialing requirements apart from the Premium Designation Program.

You can find a doctor with the Premium Designation or check to see if your doctors have met those standards by visiting www.beasmartpatient.com and clicking on the “find the right care” pull down menu and locating “UnitedHealthcare Premium Program.”

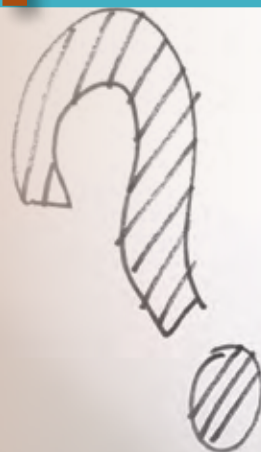
TALK IT OUT

It's no secret that medical costs are out of control, particularly here in the United States. There are a number of factors to blame for skyrocketing costs, most of them out of our individual control. However, there is one thing every patient can do in an effort to control costs and receive the best medical care possible and that is to be their own best advocate to learn what they really need, medically speaking, and what is simply unnecessary, even potentially harmful.

In order to serve as your best advocate with doctors or other medical personnel, you need to know what questions to ask. Far too often patients visit the doctor and forget to ask important

questions or feel too intimidated to ask questions. What patients may not realize is that doctors actually want their patients to ask them questions; they want to form a partnership with their patients.

To that end, the Choose Wisely Foundation, an initiative of the American Board of Internal Medicine, reached out to more than 50 medical specialty societies to compile a list, specific to each specialty, of the five things physicians and patients should question. The questions are intended to generate conversation between the patient and the physician to make "wise decisions about the most appropriate care based on a patients' individual situation."



Consumer Reports has joined the initiative and is working to develop and disseminate information for patients via large consumer groups. If you would like to view those questions, visit www.choosingwisely.org and click on the "Lists" menu at the top of the page.

UHC's Centers of Excellence: Connecting Patients to the Very Best Medical Facilities

Navigating through a serious medical issue can be frightening, even confusing given all of the health care choices available to patients today. On the one hand having a lot of choices is a good thing, but on the other it can be overwhelming. Which health care facility will best suit your needs? Which one has the best resources and access to the latest in medical technology and research? Which facility has the best success rate in dealing with your particular medical issue?

UnitedHealthcare's Centers of Excellence Network has taken a lot of the guesswork out of choosing the right medical facility, allowing a patient's time to be better spent on getting healthy. The program identifies facilities that meet high standards through criteria such as program volumes and critical outcomes, patient and family-oriented services and practice of evidence-based medicine.

The Centers of Excellence Network helps patients identify the best medical facilities in specialty

areas. Our members have access to Bariatric Resource Services and Transplant Resource Services, which connects patients to more than 180 leading transplant programs throughout the U.S. and fields over 10,000 referrals annually.

For more information on UnitedHealthcare's Centers of Excellence Network, call UnitedHealthcare's member customer service at 888-936-7246. Please note that the automated system will refer to Optum, which is a division of UnitedHealthcare.



What is an MRD?



Turning age 70½ is a major milestone if you actively participate in our Pension Plan or the Individual Account Plan. That's when you must begin withdrawals, or minimum required distributions (MRDs), also known as required minimum distributions or RMDs. MRDs are mandatory, minimum yearly withdrawals that generally must be taken starting in the year you turn 70½.

Taking MRDs

You generally have until April 1st of the year following the calendar year you turn age 70½ to take your first MRD. In subsequent years, the deadline is December 31st. MRDs will be required each year for the remainder of your life after 70½.

Penalties for taking less than your MRD after 70½ can be severe—up to 50% of the amount not taken.

In addition to being mindful of MRDs, you should also consider creating an overall plan

for taking withdrawals that includes all of your retirement income sources.

The Fund Office (for the Pension Plan) and Fidelity Investments (for the Individual Account Plan) will generally communicate with you during the period before you become age 70½, at which time you will be asked questions regarding tax withholding and the amount to be distributed. You should note that even if you do not respond to these communications, distributions will

commence at pre-determined rates as a default. The Pension and the Individual Account Plans must make these distributions in accordance with federal law.

Determining your MRD amount

Generally, the amount of your MRD is determined by calculating the accrued amount of your Pension, or, in the case of the Individual Account Plan, by dividing the adjusted market value of your account as of December 31st of the prior year by an applicable life expectancy factor.

How MRDs are taxed

MRDs are taxed as ordinary income for the tax year in which they are taken and will be taxed at your applicable individual federal income tax rate. MRDs may also be subject to state and local taxes. Please consult a tax advisor to learn more.

FORMS Readily Available Online

Don't forget that our website, www.ewtf.org, is your one-stop shop for the important forms you may need to manage or make changes to your health and retirement benefits. Any number of events may occur over the course of your life that will require you to update or change your benefits information.

Health Plan forms available online, (click on the "health benefits" pull down menu on the website to locate "forms"):

Enrollment Form

Life Event Form

Dependent Verification Form

Enrollment Form for

Adult Dependent Coverage Complete this form if you wish to add or reinstate an adult dependent (between the ages of 19 and 26) to your EWTF coverage.

Beneficiary Form

Insurance Update Form

Appointment of Personal Representative Form This form authorizes EWTF to give protected health information to the named individual.

Privacy Notice

Medical and Dental Claim Forms

Statement of Injury Form

Please note that in most cases only the participant should be signing these forms, not the spouse, unless the form requests his/her signature. And, if you choose to return a completed form electronically, please password protect the document and send the password in a separate email or via fax (301-751-1065) to protect your privacy.

Pension forms

available online, (click on the "pension benefits" pull down menu on the website to locate "forms"):

Application for Pension Form, including Disability Pension

Application for EWTF Premium Deduction

Form W-4P Withholding Certificate for Pension or Annuity Payments

Maryland Tax Withholding Form

Beneficiary Form

Direct Deposit Form

Annuity forms

are also available online (click on the "annuity benefits" pull down menu and choose "forms"):

Separation Benefit Application
Beneficiary Form

FIDELITY

Puts You in Control of Your Individual Account Plan

Fidelity's online resource, NetBenefits (www.netbenefits.fidelity.com), is the most widely used means of gathering information for Fidelity clients. NetBenefits offers clients the ability to establish, monitor and manage their retirement accounts.

NetBenefits offers:

- /// Account information, plan details, news, and updates
- /// Research, education and on-demand workshops
- /// Interactive guidance tools to help with planning and investment decisions
- /// Personal savings information and transactions through Fidelity.com

Fidelity one-on-one live phone support is available by calling 866-84-UNION. Customer service representatives are well versed in our Individual Account Plan and are trained to answer any questions our participants may have—from basic plan questions to more complicated questions about account transactions. An automated voice menu system can also provide answers regarding basic account information.

Phone support offers:

- /// Information about the Individual Account Plan
- /// Assistance with a range of services, including investment education
- /// Guidance on how to maximize the benefits of the Individual Account Plan
- /// Bilingual representatives and interpreters
- /// Specialized representatives, if needed, to help guide you through in-depth retirement planning or multi-goal planning

Don't forget that Fidelity also has its own NetBenefits app for smartphones. The app may be downloaded at no charge via Apple's App Store for iPhone users or Google's Google Play Store for Android users. The app allows you to view your Fidelity account, including account balance, investment selections, personal rate of return and more.

You should be in-the-know about your retirement savings no matter where you are, no matter what time of day it is. After all, it's your money and your future. Fidelity helps you be in-the-know online, on the phone or in person. You can choose the best way to receive the information you need and all of the answers to the questions you have.

Fidelity locations are also available all around Local 26's jurisdiction and across the country. Visiting a Fidelity office may prove helpful if you and your spouse would like to have questions answered jointly, if you have multiple financial planning needs or if you are just more comfortable having your questions answered face to face.

Fidelity locations also offer educational seminars and guidance on topics such as:

- /// Multi-goal planning, such as balancing retirement saving with saving for college, a home or other short- and long-term needs
- /// Professional money management
- /// Retirement income planning
- /// Estate planning
- /// Distribution options and tax consequences during such events as early retirement or loss of job, to name a few

Visit:

Alexandria, VA: 800-367-1059 **Reston, VA: 800-227-0584**
1725 Duke Street, Suite GR05 11957 Democracy Drive

Annapolis, MD: 800-544-1441 **Towson, MD: 800-451-2620**
1901 Towne Centre Boulevard, Suite 135 610 York Road

Bethesda, MD: 800-531-2419 **Tysons Corner/McLean, VA: 800-543-8736**
7315 Wisconsin Avenue, Suite 150W 1861 International Drive

Glen Allen, VA: 800-225-6449 **Washington, DC: 800-854-2832**
11114 West Broad Street 1900 K Street NW

You can take control of your retirement savings in the way that is most convenient and easiest for you, anywhere, anytime. Fidelity puts you in the driver's seat.



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MAKE THE EWTF HEALTH FAIR YOUR FIRST STOP OF THE DAY.

**Let your good health be
the main attraction at this
year's Local 26 picnic!**

Saturday, June 21, 2014

11 a.m. – 4 p.m.

Signal Bay Water Park in Manassas, VA

Saturday, August 2, 2014

11 a.m. – 4 p.m.

Camp Letts in Edgewater, MD

Screenings, information and giveaways will get you excited and motivated to take care of yourself and your family. Good food, good fun and good health going hand-in-hand!

See you there!

**Wellness
WORKS**
Electrical Welfare Trust Fund