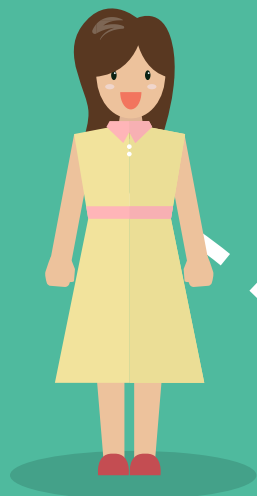


Spring 2019

# Through the **WI**RE

LOCAL 26 IBEW-NECA JOINT TRUST FUNDS

## Financial Decisions Can Be Generations Apart



**ALSO INSIDE:**  
**Vaccine Resistance  
and Superbugs**



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## Dear Participant,

It is with very mixed emotions that I am announcing my retirement as your Fund Manager here at the IBEW Local 26/NECA Joint Trust Funds. My retirement is effective April 1, 2019.

It has been an honor to spend 18 years serving you as the Fund Manager. I have truly appreciated every aspect of this job, from getting to know and work in collaboration with so many dedicated trustees and advisors over the years to working alongside an extraordinary staff in the Funds Office to being able to make a positive impact on the health and financial well-being of our plan participants and their families. This position has checked so many boxes for me—challenging, educational, interesting, and most of all, meaningful.

Having seen your funds from the inside out and getting to know quite a bit about other health and pension funds, I can say with certainty that your IBEW Local 26/NECA Joint Trust Funds are second-to-none. They are comprehensive, yes, but they are also progressive, designed to anticipate the future needs of our participants and their families, which I hope gives you great comfort about the health and pension plans you are counting on. As I look ahead to retirement, I am confident that I am leaving you with security and peace of mind with these plans.

And speaking of leaving you in good hands, my successor as fund manager will be Michael McCarron, who has been working here in the Funds Office for two years as our accounting manager. He is experienced, savvy and committed to preserving and evolving our plans.



Thank you from the bottom of my heart for the trust and confidence you have placed in me over these 18 years. Wishing you the best life possible, in good health!

Peter Klein  
Fund Manager

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# Different Generations, Different Investing Styles



*Your style of investing may be driven by your generation.*

**H**ave you ever wondered why you and your older parent or you and your child don't see eye to eye when it comes to money? How much money should you be saving? What should be your most important financial goals? Retirement? Saving for a house? College savings? How should you be allocating your savings? Annuity? Stocks? Bonds? Savings accounts?

If having a financial discussion with your family leaves you frustrated, it might not be your fault or their fault. You can probably blame it on generational differences.

When we refer to different generations, there is the obvious defining characteristic of age. Yes, your age puts you into a certain generation. But generations are also defined by the life experiences they have had or events they have witnessed, and investment analysts have

noticed that these things have a major impact on how people view money and savings. This certainly holds true for today's generations which include the Silent Generation, born between 1925-1945; the Baby Boomers, born between 1946-1964; Generation X, born between 1965-1981; and Millennials, born between 1982-2004.

## GENERATIONS APART

It is important to note the difference between saving and investing. Saving means putting money you don't need now away for an emergency or future purchase while investing means buying assets with the expectation that they will grow until you need them, say for retirement. Older generations believed in saving for retirement while younger generations believe in investing in their retirement.

The Silent Generation was born during the Great Depression and put much of their trust in banks and the savings options offered by banks, such as certificates of deposit (CDs) and savings accounts. Furthermore, Social Security was created during the birth range of this generation so the Silent Generation put a lot of trust in the promise of Social Security and the

Life experiences or events have a major impact on how people view money and savings.



financial means they believed it would bring them in retirement. For this generation, the stock market was only something the rich participated in which meant that they did not have much, if any, diversification in their savings.

The one stock that the Silent Generation did invest in was their company's stock which put them in a dangerous position because if their company failed, so too did their stock savings, leaving them without a job and having lost a large amount of their savings.

Baby Boomers are the wealthiest generation in history and they come to investing/saving with a strong desire to invest only in companies and products they know. Because many Baby Boomers were at the peak of their earning years during the boom years of the '90s, Baby Boomers were able to acquire significant savings for themselves. But, since this generation comes to investing with a very conservative mindset, Baby Boomers run the risk of living longer than their savings can support.

Generation X, on the other hand, has had to live through getting



burned by a turbulent stock market, the dot-com boom and bust, and the 2008 recession. This generation has also suffered inflation increases and increases in the cost of education at a faster rate than any other generation, so much so that many Gen Xers put saving for their children's education as a higher priority than investing/saving for their own retirement.

If Gen Xers are more scarred and cautious, Millennials are the polar opposite. While Millennials are more interested than other generations in taking an active role in investing, they generally want to see the fruits of their investments right away. They set short-term goals that sometimes prevent them from staying focused on long-term goals, like investing/saving for retirement. The one thing Generation X and Millennials have in common is their general willingness to ask for investment advice.

## SORTING THROUGH THE DIFFERENCES

Younger generations, millennials in particular, are often looking for ways to make their investments work toward the greater good in a

community or help the environment or align with philanthropic goals. This might explain why your 25-year-old son talks about investing in a new start-up solar panel manufacturer while you think he should be investing in General Electric. The good news for Local 26 members, of all different generations, is that our Individual Account Plan allows for members to choose their investments if they are interested in taking a more active role. While Fidelity has established target date funds comprised of a diversified portfolio of investments projected to yield the best return on savings based on your target retirement year, you can choose to put your Individual Account money to work in different investment options if you would like. And, Fidelity can help you do that.

Another interesting difference among the generations is the importance of common financial goals, such as retirement, saving for a home, short-term savings such as for a vacation, education savings, saving in an emergency fund or being able to pass on an inheritance. A survey was conducted by the investment division of the Bank of Montreal that showed the top five investment goals for Americans, in this order, to be retirement, emergency fund, a short-term goal such as a vacation, home purchase or upgrade and saving for education. However, the three largest generations—Baby Boomers, Generation X and Millennials—assigned different levels of importance to each of these categories. Among the more surprising findings were that Millennials placed the greatest importance out

Local 26 Individual Account Plan allows for members to choose their investments.





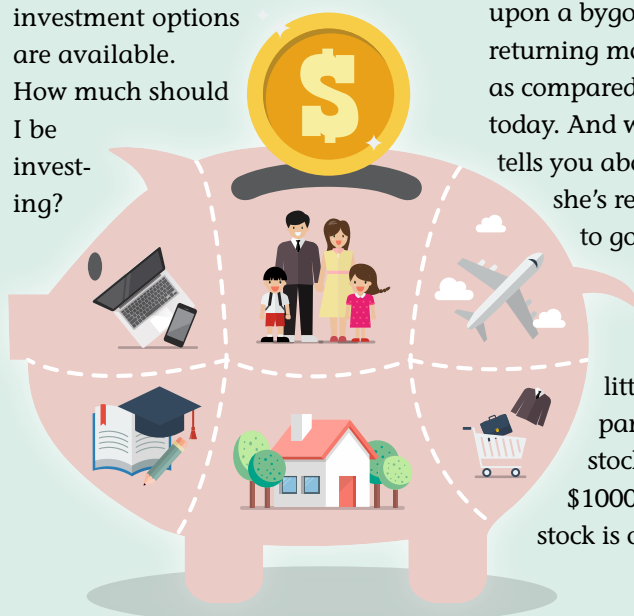
of the three generations on saving for an emergency and saving for a home purchase or upgrade.

When it came to reasons why those polled did not save or invest at all, the answers ranged from not having enough money to investing is too complicated to relying solely on a company pension to it being too late to start. Surprisingly, Millennials, the youngest generation, felt the most strongly that it was too late for them to start saving or investing and that investing is too complicated, while it was Gen Xers, those in the peak of their careers, who thought they didn't have enough money to invest.

## SOME THINGS BRING US TOGETHER

While the generations definitely seem to have differing opinions on the reasons for saving/investing and the ways in which to make their money grow, they seem to share many of the same questions and concerns about investing. Who should I trust to manage my investments? Which investments have the best return? I don't understand the markets. I don't know what investment options are available.

How much should I be investing?



Local 26 members have access to the investment expertise of Fidelity.

I don't understand investment technology.

Fortunately, Local 26 members have access to the investment expertise of Fidelity. That access is afforded to our members through automated target date funds, through the NetBenefits website, through on-site visits with Fidelity representatives, and through access to one-on-one consultations with Fidelity advisors in their brick-and-mortar locations.

Despite what one generation may tell another, there is no one right way to invest or save for future plans. When your grandfather tells you to purchase a CD at your local bank, remember that he is drawing upon a bygone era where CDs were returning more than 10% interest as compared to the 1-3% they yield today. And when your daughter

tells you about a great new start up she's read about that's about to go public don't write it off as nonsense. Remember that Google and Amazon were once little-known start-up companies themselves. (Google stock is currently over \$1000/share and Amazon stock is over \$1500/share!) How-

ever, it is universally known that the earlier you start saving/investing, even just if it's just a small amount at first, the better off you will be financially as you near retirement. There is no doubt you've heard family, friends, and co-workers, of all different generations, say to put away an amount of money each week that you wouldn't even notice. Maybe it's the equivalent of one night of take out dinner or the cost of two movie tickets, but over time that small amount of money will accumulate to an amount that will certainly capture your attention.

There is a lot to be learned about saving and investing from different generations. Tolerance for risk, savings goals, and expected retirement date are all things that affect the way in which people invest and save. But everyone's number-one goal is ultimately the same—financial peace of mind.

And, you can have peace of mind that the trustees and administrators of the IBEW Local 26-NECA funds are keenly aware of the many generations that exist within our membership and have ensured that our benefits plans will serve the needs, tolerance, and goals of *all* of our members. ●

# Making Superbugs Super Powerful

Antibiotic overuse is giving way to resistance and paving a path for superbugs.

In the big picture of modern medicine, antibiotics seem rather benign, right? You have strep throat, you go to the doctor and get a prescription for an antibiotic. Same thing for an ear infection or a urinary tract infection, right? As common as infections are, there is a good chance that someone in your family was recently prescribed a course of antibiotics.

Antibiotics are not without their risks—the most serious being the creation of antibiotic resistance.

Antibiotics have become so commonplace it's become a standard belief that there's no harm in taking them. Some even see antibiotics as a preventative measure, asking their doctor to prescribe them an antibiotic "in case" the symptoms they are experiencing *might* develop into a bacterial infection. And, many doctors are obliging. Despite their widespread use and general success in treating countless, poten-

tially life threatening, infections, antibiotics are not without their risks—the most serious being the creation of antibiotic resistance. The World Health Organization (WHO) cites antibiotic resistance as one of the biggest threats to global health, food security and development.

In 1928 the first true antibiotic—penicillin—was discovered by British scientist and Nobel Prize-winner Alexander Fleming. By World War II, penicillin was used to treat soldiers on the battlefield and by the mid 1940's, penicillin became widely used to treat infections in the general public. Penicillin was even called a "miracle drug." Today, in addition to penicillin, there are nine other classes of antibiotics used to treat countless infections and over 150 million prescriptions are written each year for antibiotics. Antibiotics can come in topical (applied to the skin and often over-the-counter), pill (prescription strength) and intravenous form (prescription strength).

## Too Much of a Good Thing?

Antibiotics are highly effective at treating many infections in humans and have even been successful in treating infections in livestock, which further prevents the spread of disease and promotes growth. The success of antibiotics has been a mixed blessing. Their success has saved lives and provided proven treatment methods to cure many infections, but such success has created the misperception that antibiotics can cure *any* infection, which is not true and why antibiotics are being over, and sometimes incorrectly, used.

Infections generally fall into one of two categories—a bacterial infection or a viral infection. Knowing the type of infection you are suffering will determine whether an antibiotic is the right course of treatment for you. **Antibiotics only work on bacterial infections, not viral infections.** In addition to contributing to antibiotic resistance, using an antibiotic to treat

a viral infection will not cure the infection, will not keep others from getting the virus, will not help you feel better, and may cause unnecessary, harmful side effects.

Some common bacterial infections include:

- Strep throat
- Urinary tract infections
- Whooping cough
- Bacterial pneumonia
- Ear infections

Some common viral infections are:

- Cold
- Flu
- Sore throat
- Respiratory infection

Of course, there is also a host of other rarer bacterial infections that antibiotics have been used successfully to treat all over the world.

Simply put, antibiotics work by killing the “bad” bacteria that causes a bacterial infection or making it difficult for bad bacteria to grow. When antibiotics are prescribed for anything other than a bacterial infection, the antibiotics actually



attack what is considered good bacteria, or at least non-harmful bacteria, in the body and creates bacteria that is antibiotic resistant. Antibiotic-resistant bacteria can neutralize antibiotics to make them ineffective, reject an antibiotic altogether, or change its outer structure so an antibiotic has no way to attach to it. Antibiotic-resistant bacteria can even multiply and replace any bacteria that might have been killed off by an antibiotic or become resistant through genetic mutation, leaving the body full of antibiotic-resistant bacteria. And, it's not just misuse that leads to the problem of resistance; overuse can cause resistance as well. The Centers for Disease Control (CDC) believes that up to one-third to one-half of antibiotic use in humans is unnecessary or inappropriate.

Before filling a prescription, talk to your doctor about whether or not your infection could be treated without an antibiotic. Many sinus infections and some ear infections can be treated without antibiotics, but you will have to be vigilant about keeping a close eye on your symptoms to ensure that they are getting better, not worse.

Antibiotic resistance makes it harder to treat once easily treatable infections, and leads to longer hospital stays, higher medical costs and even increased death. Infections that had been treatable for decades are now no longer responding to antibiotics and scientists can't create new drugs fast enough to stay ahead of drug-resistant infections.

### How Did We Get Here?

There are many ways in which antibiotics have been overused or misused and combined they have led to antibiotic resistance. Blame could be placed on end users of antibiotics for not using the drugs properly, on health care providers for overprescribing antibiotics, or on policy makers for not implementing policies and programs to prevent the spread of infections and implement control measures. ►





The reality is antibiotic resistance is not the result of any *one* of these things but rather the result of many factors coming together like a perfect storm.

This “perfect storm” has led to drug-resistant superbugs which infect more than 2 million people worldwide and kill over 23,000 according to the CDC. Among the numerous superbugs is MRSA, which is commonly found in hospitals settings and can even be transmitted from skin-to-skin contact in schools or gyms.

## Be Responsible

There are things everyone can do to prevent contracting an infection in the first place and therefore avoiding the need for antibiotics and reducing the risk of overuse.

- Practice good hygiene to avoid contracting bacterial infections in the first place.
- Be sure you and your family receive recommended vaccinations as some vaccines protect against bacterial infections

Practice good hygiene to avoid contracting bacterial infections in the first place.



such as diphtheria and whooping cough.

- Reduce your risk of getting a foodborne infection by avoiding raw foods, washing your hands and cooking foods to a safe internal temperature.
- If you truly think you might have an infection, visit a doctor immediately. Be sure, however, not to pressure your doctor to give you an antibiotic without knowing if the infection you are treating is, in fact, bacterial.

If you are prescribed an antibiotic:

- Be sure to take the antibiotic as prescribed and always complete the entire course of treatment. If treatment stops too soon, the drug may not kill all of the bacteria, you may become sick again and the bacteria that remains could become antibiotic-resistant. Skipping doses also reduces the effectiveness of an antibiotic.
- Never self-medicate with leftover antibiotics from a previous illness as it may not be the right antibiotic for your current condition.

## FOLLOW THE DIRECTIONS

If you are prescribed an antibiotic, it is important to follow the directions on how to take the medication as antibiotics can cause side effects, ranging from mildly unpleasant to more severe. Some antibiotics should be taken with only water, some should be taken with food. Carefully read the label on the antibiotic you are prescribed as not all antibiotics are the same.

Some side effects include:

- Rash
- Diarrhea
- Upset stomach
- Yeast infection

If you experience these side effects, do not discontinue use of the antibiotic until first speaking with your medical professional. Stopping the medication could make the infection worse. Your health care provider may advise you to stay on the antibiotic but just manage the side effects, may adjust the dosage or may switch you to a different antibiotic.

More severe side effects could include severe allergic reaction resulting in difficulty breathing, facial swelling, wheezing, nausea/vomiting, lightheadedness/dizziness, fast heart rate and shock. Contact your doctor immediately if you experience any of these severe side effects.





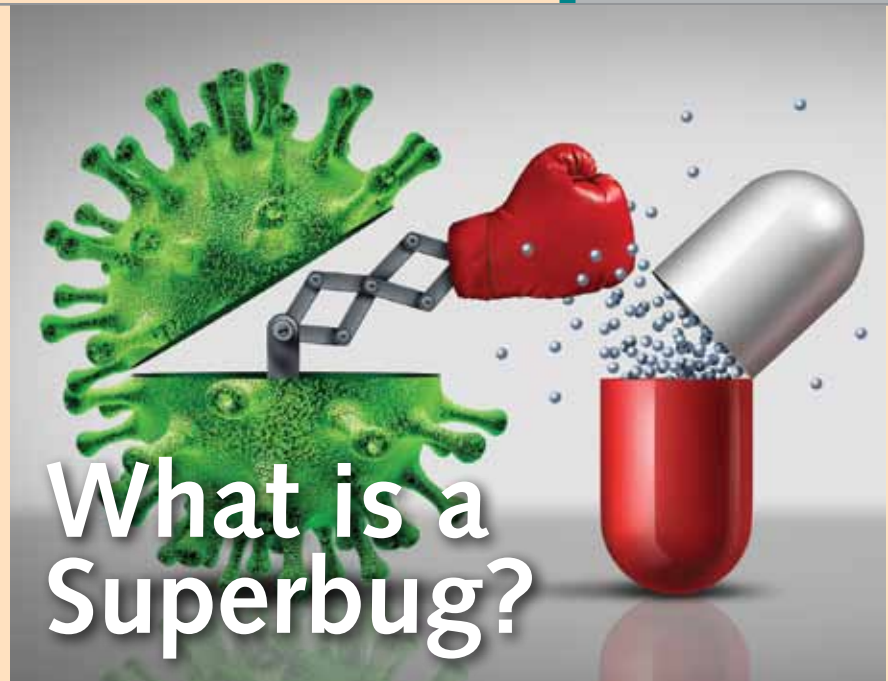


- Never take antibiotics prescribed for someone else as they may not be appropriate for your condition, may cause you to delay correct treatment and may actually make your condition worsen.

Everyone has an obligation to use antibiotics in a responsible manner. Called antibiotic stewardship, responsible use:

- Preserves the effectiveness of current antibiotics
- Extends the life span of current antibiotics
- Protects everyone from antibiotic-resistant infections
- Avoids side effects from misuse of antibiotics

When it comes to antibiotics, too much of a good thing can actually be a bad thing. Be sure to confirm with your medical provider that the antibiotics you are being prescribed are, in fact, for a bacterial infection and even inquire if there are other treatment options that he/she would recommend before a course of antibiotics. The prudence we all take now in preserving the effectiveness of antibiotics could just be a lifesaver down the road. ●



## What is a Superbug?

There is really nothing super, in a good way, that is, about a superbug. In fact, superbugs pose major health risks all around the world due to their ability to resist antibiotics and it's these very antibiotics, through overuse and misuse, that have enabled superbugs to gain momentum.

Superbugs are antibiotic resistant microorganisms. Some superbugs are resistant to one antibiotic while others can be resistant to many antibiotics. Chances are you have heard of some of the more well-known current superbugs—MRSA, a form of staph; and C. Diff. Fifteen years ago, Hong Kong faced the threat of the superbug SARS, which took the lives of almost 300 people. Superbugs used to be contained primarily to hospital settings where more bacteria can be found but now superbugs, like Community Acquired MRSA, can be found outside of hospital settings, in schools, in gyms, in just about any public setting where you could experience skin-to-skin contact with someone carrying the bug. Athletes, particularly wrestlers, are especially prone to contracting MRSA.

The rise of superbugs has created a situation where people can be carriers of the bug and have no symptoms. Carriers can, however, pass the bug onto someone who could be knocked down with very serious complications for which an antibiotic will not work. This is especially dangerous for people who may be undergoing treatment for cancer, the elderly, newborns, anyone who may have a weak or compromised immune system. To be clear, it's not the superbugs themselves that are deadly, it's the fact that superbugs are preventing antibiotics from doing their job and treating infections.

Superbugs are not just contained to the U.S.; it's a global problem. It's a problem in more densely populated areas like major cities because of the close proximity of residents, in countries where antibiotics can be purchased over the counter, and in regions with limited access to proper hygiene practices. Global travel has enabled superbugs to cross oceans and borders. This is what makes eradicating superbugs and limiting their effects on the general population so challenging and why good antibiotic stewardship is critical.

**F**ive years ago, the EWTF partnered with Conifer Health Solutions to provide a Personal Health Management Program, at no additional charge, to enhance the health benefits of our membership. Just a few months ago, the Personal Health Management Program helped Breanne Black, wife of 14-year member Michael Black and mother of four young children, navigate the very frightening aftermath of what should have been a fairly routine surgery.

"I just don't know what I would have done without Rachel, my Conifer nurse," noted Bre.

To alleviate intense back pain, Bre was prepared to undergo surgery for a herniated disk, a typically routine surgery. Unfortunately, this routine surgery caused a spinal fluid leakage and it took two more surgeries to stop the leakage, resulting in a 10-day hospital stay for Bre.

After her first surgery Bre received a letter in the mail from the EWTF explaining her benefit coverage and also received a call from Conifer nurse Rachel Berry, who introduced herself and explained the services Conifer could offer Bre—patient advocacy, help understanding medical diagnoses, education, resources to find providers, help navigating EWTF benefit coverage, and more.

Although Bre was experiencing some frightening side effects from her last surgery, including seizures and sudden stuttering of her speech, she still did not think she needed Conifer's help because she had been told these side effects would subside and she assumed that she was on the road to recovery. She truly thought she needed to just trust her doctors and be patient.

## A Success Story:

**Conifer's Personal Health Management Program helps a member navigate a serious diagnosis and get on the road to recovery.**

**Breanne and Michael Black**

After a follow-up appointment that had her leaving in tears, Bre remembered the call she had received from Rachel and decided to call her because she felt confused and scared and unsure what to do next.

As a nurse with 15 years of experience, many of those years spent working in critical care, Rachel was able to help Bre understand her medical diagnosis and determine the next steps she should take and who she should see next. Rachel says that instantly she could sense the relief in Bre when Rachel told her, "I've got you." Immediately, Rachel went to work on Bre's behalf, speaking to her doctors and getting Bre in right away to see specialists who otherwise would have had weeks-long waiting lists. Rachel even confirmed that the EWTF would cover Bre's tests and specialists' visits.

"Being able to say to doctors' offices that my nurse advocate would be calling got people's attention, changed the tone in the room," says Bre. "I wasn't physically or mentally able to sit on the phone and call doctor's offices and wait."

Bre says that she never realized how beneficial it is to have access to a nurse advocate but then again, she had never had such a traumatic situation happen to her. The truth

is though, Conifer's Health Management Program is not just for seriously ill patients or unusual medical conditions; it is a benefit to help our members and their families care for their whole health, including routine care.

Rachel says that sometimes the calls she receives are just "one and done," maybe a member just looking for a list of providers. But, she adds that it's not uncommon for her or her fellow nurses to be on the phone all day getting appointments for members. "Every day we are advocating for our members," she says.

Today Bre is still recovering and undergoing intense therapy but she hasn't had a seizure in weeks and her stuttering is greatly reduced. "I can't say enough good things about Conifer and Rachel," she says. "It's a relationship that goes beyond that initial connection."

Members or family members who would like to use Conifer's Health Management Program or learn more about the services available can call 800-459-2100. Be sure to indicate that you are with the EWTF to be connected to the correct team of nurse advocates. ●



**Rachel Berry, Conifer nurse**



# Improvements

## Made to Our Electrical Welfare Trust Fund

**U**nder the direction of our trustees, our health benefits plan is ever-evolving to continue to address the needs of our plan participants. This is what makes our plan so comprehensive, second-to-none. Several benefit plan improvements were recently implemented by our Board of Trustees.

Effective January 1, 2019, the annual out-of-pocket expense has been lowered from \$10,000 to \$8,000. The EWTF rules state that once written proof is provided to the Fund Office noting that a certain threshold has been met per family, per calendar year, the EWTF will pay 100% of the allowance of your eligible expenses for the rest of the calendar year. Please note, however, that this applies to out-of-pocket benefit coverage for the medical portion of the plan and does not include vision, dental or other benefits.

The trustees' decision to lower the out-of-pocket minimum to \$8000 lessens the financial burden on our participants as the 100% coverage will kick in sooner. For families who may be suffering financial hardship due to a serious illness or accident, this lower out-of-pocket expense provides immeasurable relief.

The EWTF trustees have also increased benefit coverage for our dental coverage and our vision coverage, and have added orthodontic coverage. Dental coverage

has been increased from \$2000/year to \$3000/year and orthodontia coverage has been approved for dependent children up to age 26. This coverage, which is in addition to regular dental coverage, includes coverage of 50% of charges for orthodontia up to a *lifetime* maximum of \$3000.

The trustees implemented an increase in EWTF vision benefits for frames and contact lenses to a

\$150 allowance for frames and a \$100 allowance for contact lenses. Furthermore, standard progressive lenses will be covered at 100%. Previously, the frame allowance was \$105 and the contact lens allowance was \$70.

The trustees are pleased to be able to offer these improvements and are committed to ensuring that our health plan serves all participants to the best of its abilities. ●



### Get Rid of Those Old Prescriptions...Safely!

It's time for spring cleaning and that includes your medicine cabinet and closets. It's time to get rid of expired prescriptions and those you simply no longer need.

According to the Drug Enforcement Agency (DEA), 6.2 million Americans misuse controlled prescription drugs and those drugs are often obtained from family and friends who have unused prescription drugs easily available in their home. The DEA's National Prescription Drug Take Back Day, was established in 2002, to provide a safe way to collect unused prescription medications, encourage people to clean out their cabinets and ensure that unused prescriptions do not fall into the wrong hands.

This year's **Drug Take Back Day** will be held **April 27, 2019**. Many major pharmacy chains, such as CVS and Walgreens, are collection locations as are local law enforcement agencies. You can locate a collection site near you by visiting [www.takebackday.dea.gov](http://www.takebackday.dea.gov) and following the tab "collection site locator" at the top of the webpage.

And remember, tossing old/unused prescriptions down the toilet as a means of disposal is detrimental to the environment, specifically contaminating our water system! Don't do it!

# THE DISABILITY BENEFIT: Know How to File for It if You Should Need It

All covered participants are eligible to receive a disability pension regardless of age if they are considered totally and permanently disabled.

**N**avigating a disability is challenging on its own; filing for disability benefits with our pension and annuity plan isn't. All covered participants are eligible to receive a disability pension regardless of age if they are considered totally and permanently disabled. You are considered totally and permanently disabled if you are unable to work in covered employment due to an unavoidable injury or illness while working in covered employment or within six months of leaving covered employment. There are more specific details on eligibility noted in the Summary Plan Description for the Pension Fund and Individual Account Plan which can be found online at [www.ewtf.org](http://www.ewtf.org).

There are some important things to know in order to make filing for a disability benefit easier. First, filing for a disability benefit for either the Pension Plan or the Individual Account Plan takes place within the Funds Office in Lanham, MD. Please know that the office is well aware of the urgency with a disability claim and will process

the claim in the swiftest manner possible. To that end, the office will work to process a disability claim within a 45-day period, unless the office deems it necessary, due to circumstances beyond its control, to employ a 30-day extension. If an extension is needed, the office will notify you prior to the expiration of the 45-day period.

If an extension is needed, the notification will include:

- an explanation of the circumstances that required an extension
- the new date by which the Funds Office will decide your claim
- an explanation upon which a disability claim is decided
- any additional information required that may be needed to decide your claim and a date, at least 45 days, by which to provide any additional information needed
- In very rare instances, a second 30-day extension could be

needed, but again, you will receive notification from the Funds Office.

For both the Pension Plan and Individual Account Plan the Funds Office may require you, your beneficiary or a personal representative to provide and/or disclose health information and documentation or provide authorization for the Plan to obtain this information. You may also be required to disclose a Social Security award and/or undergo a physical exam by a physician of the Trustees' choosing. You should know that if your disability is the result of a self-inflicted injury, drug or alcohol use, engaging in criminal activity or active service in the U.S. Military you will not be eligible for a Local 26 Pension Plan disability benefit or an Individual Account Plan disability benefit.

To file for a disability benefit, for either the Pension Plan or Individual Account Plan, contact the Funds Office at 301-731-1050 to get the necessary forms. And, of course, do not hesitate to contact the Funds Office if you should have any questions. ●



# Use a UnitedHealthcare-Affiliated Surgery Center and Know You are Covered

Since 2013, we have been reporting in this magazine on the pervasive issue of overcharging by some area surgery centers. While we have noted that two surgery centers in particular—the Rockville Ambulatory Surgery Center in Rockville, MD, and the Silver Spring Surgery Center in Silver Spring, MD both run by Dr. Charles Obioha—have been especially egregious in their overcharging, such overcharging has happened elsewhere and our members have been victim time and again to excessive medical expenses not covered by the EWTF for which they are legally responsible.

Please know, this is a problem that happens across the board with every health plan; it is not unique to our EWTF. When you sign paperwork to receive treatment at a surgery center you are agreeing to pay any and all fees not covered by your health plan, whether it's the EWTF or another plan. Legally, surgery centers can set their own rates, even if they are, by all accounts, excessive.

This is why it is critical that you be an educated consumer even, and especially, when it comes to shopping for health care, which is costly. Ask for a surgery center's rates up front before receiving treatment or services and confirm how much of those charges will be covered by our EWTF. Some of our members have received bills for tens of thousands of dollars post-op because the surgery center's rates far exceeded what is considered usual and customary. Once services are rendered, there is absolutely nothing the EWTF can do to reverse or even lower the surgery center's out-of-pocket charges to the patient.

Below is a comprehensive list of surgery centers that participate with UnitedHealthcare, centers whose fees are in line with our EWTF coverage. Our members are encouraged to use one of these centers if at all possible. However, you should always ask, up front, about the rates of the surgery center so you aren't greeted with any surprises during your recovery. It's your obligation and your right to know!

33rd Street Surgery Center  
Abingdon Surgical Center  
Advantia Health Indian Creek ASC  
Advance Surgery Center  
Advanced Endoscopy Center/Howard County  
Advanced Pain Surgery Center  
Advanced Surgery Center of Bethesda  
Adult & Pediatric Urology Surgery Center Md  
Aesthetic and Reconstruction Surgery Center

Amb Surg Center  
Amber Meadows Surgery Center  
Ambulatory Care Center at R N Dixon  
Ambulatory Endoscopy Center Of Maryland  
Ambulatory General Surgery Center  
Ambulatory Plastic Surgery Center Associates  
Ambulatory Surgery Center for Pv Neuro Sc  
Ambulatory Surgical Center Hereford  
American Podiatric Surgery Center

American Spine Surgery Center  
Annapolis ENT Surgical Center  
Annapolis Surgery Center  
Anne Arundel Digestive Center  
Anne Arundel Urology Surgery Center  
Arundel Ambulatory Surgery Center  
ASC At Waugh Chapel  
ASC Development Company  
Baltimore Ambulatory Center for Endoscopy  
Baltimore Eye Surgical Center  
Baltimore Harford Surgical Centers ►

Baltimore Washington Eye Center	Downtown Baltimore Surgery Center	Harford Endoscopy Center
Bay Surgery Centers-Annapolis	Dulaney Eye Institute	Harford Lower Extremity Specialists Podiatric ASC
Bay Surgery Centers-Glen Burnie	Ellicott City Surgery Center	Hendi Ambulatory Surgery Center
Bay Surgery Centers-Kent Island	Endocentre at Quarterfield Station	Hickory Ridge Surgery Center
Bay Surgery Centers-Waldorf	Endoscopy & Digestive Center Woodbridge	Hillside Endoscopy Center
Bayside Surgical Center	Endoscopy Center at Bel Air	Hoofnagle Surgery Center
Bel Air Ambulatory Surgical Center	Endoscopy Center of Essex ASC	Howard County Gastro Diagnostic Center
Belcrest Surgery Center	Endoscopy Center of Washington, DC	Inova Ambulatory Surgery Center at Lorton
Bellona Surgery Center	Eye Surgery Center	Inova Loudoun Ambulatory Surgical Center
Bethesda Ambulatory Surgery Center	Eye Surgical Center/Baltimore	Inova Surgery Center Franconia Springfield
Bethesda Chevy Chase Surgery Center	Eye Surgery Center of White Marsh	Inova Surgery Center Woodburn
Bethesda Endoscopy Center	Fairfax Surgical Center	Innovations Surgery Center
Bethesda Surgery Center	Femi-Care Surgery Center	Innovative Surgery Center
Box Hill Surgery Center	Fertility Center of Maryland	Jeri Shuster and Women's Center Inc.
Calvert Ambulatory Foot Surgical Center	Four Corners Ambulatory Surgery Center	Kenilworth Surgery Center
Capital Children's Healthcare	Foot & Ankle Center at Burkland	Kenneth Margolis Md Pa/ASC
Capital Endoscopy	Frederick Endoscopy Center	Kensington Surgery Center
Capital Surgery Center	Frederick Ob-Gyn Ambulatory Surgery Center	Knoll North Surgery Center
Capitol Surgical Center Llc	Frederick Surgical Center	Lacher Ambulatory Surgical Center
Carroll County Ambulatory Surgery Center	Fredericktown Ambulatory Surgery Center	Lake Forest Ambulatory Surgery
Carroll County Digestive Disease Center	Friendship Ambulatory Surgery Center	Lake Ridge Ambulatory Surgery Center
Carroll County Eye Surgery Center	Garwyn Urological Center	LaPlata Ambulatory Urological Center
Cascades Endoscopy Center	Gastroenterology Center of Va	Largo Foot & Ankle Health & Ambulatory Surgical Center
Center for Urologic Specialties	Gastrointestinal Endoscopy ASC	Laurel Foot & Ankle Surgery Center
Central Maryland Endoscopy	George Thomas Grace Surgery Center	Lisa Renfro Surgery Center
Certified Ambulatory Surgery Center	Germantown Urology Center	Lockwood Ambulatory Surgery Center
Charles County Surgical Center	GI Diagnostic Center	Loudoun Endoscopy Group
Checkerspot Surgery Centers	GI Endoscopy Center of N. Virginia	Lutherville Surgicenter
Chesapeake Eye Surgery Center	GI Wellness Center of Frederick	Maple Lawn Surgery Center
Chevy Chase Endoscopy Center	Glen Echo Surgery Center	Maple Springs Podiatric Surgery Center
Children's Hospital ASC	Good Samaritan Hospital of Maryland	Maryland Aesthetic & Reconstruction
Children's National Specialists of Virginia	Greater Chesapeake Surgery Center	Maryland Center for Digestive Health
Civista Partners Ambulatory Surgery Center	Greenbelt Endoscopy Center	Maryland Diagnostic & Therapeutic Endo Center
Clinical Associates ASC	Greenbelt Urology Institute	Maryland Endoscopy Center
College Park Surgery Center	Greene Tree Foot and Ankle Surgicenter	Maryland Eye Surgery Center
Columbia Surgery Center	Greenspring Surgery Center	Maryland Specialty Surgical Center
Columbia Surgical Institute	Green Spring Station Endoscopy	Maryland Surgeons Center of Columbia
Columbia Urological Surgery Center	Gynemed Surgical Center	Maryland Surgery Center for Women
Court Endoscopy Center of Frederick	Harborside Surgery Center	
Digestive Disease Consultants of Fredrick	Harbor Heights Surgery Center	
District Heights Ambulatory Surgery Center	Harford County Ambulatory Surgery Center	

McLean Ambulatory Surgery  
Md Laser Surgery Center  
Medstar Medical Group-Southern Maryland  
Medstar SurgCenter at Lafayette Center  
Medstar Surgery Center at Brandywine  
Medstar Surgery Center of Timonium  
Medsurg Foot Center  
Medispec  
Metro Ambulatory Surgical Center  
Metro Ambulatory Urologic Institute  
Metro Surgical Center  
Mid-Atlantic Neurosurgery ASC Pain Center  
Mid Atlantic Surgery Pavilion  
Midshore Surgical Eye Center  
Mohs and Skin Surgery Center  
Monocacy Surgery Center  
Montgomery Endoscopy Center  
Montgomery Surgery Center  
MSC Ambulatory Surgical Center  
Musgrove Ear Nose & Throat ASC  
Myriam Urrutia-Eder Endoscopy Center  
Newbridge Surgery Center at Frederick  
Newbridge Surgery Center at Prince Frederick  
Newbridge Surgery Center at Waldorf  
Northern Baltimore Surgery Center  
Northern Virginia Endoscopy Center  
Northern Virginia Eye Surgery Center  
Northern Virginia Surgery Center  
Nouvelle Surgery Center  
OAF Ambulatory Surgery Center  
Oakwood Surgery Center  
Obstetrics and Gynecology Associates Ambulatory Surgery  
Olney Endoscopy Center  
Ophthalmology Associates  
Oxon Hill Urology Surgery Center  
Palisades Eye Surgery Center  
Pediatric Specialists of VA ASC  
Pembroke Square Surgery Center  
PG Multispecialty Surgery Center  
Physicians Surgery Center of Frederick  
Piccard Surgery Center

Pikesville, Md Endoscopy ASC  
Piney Orchard Surgery Center  
Plastic Surgery Specialists  
Podiatry Association Ambulatory Surgery Center  
Podiatry Group of Annapolis Surgery Center Llc  
Point of Rocks Surgery Center  
Poole Endoscopy Center  
Potomac Ambulatory Surgery  
Potomac View Surgery Center  
Prince William Ambulatory Surgery Center  
Quince Orchard Surgery Center  
Reisterstown Ambulatory Surgical Center  
Reston Endoscopy Center  
Reston Surgery Center  
Riva Road Surgical Center  
River Reach Outpatient Surgery Center  
Rockledge Ambulatory Surgical Center  
Rockville Ambulatory Surgical Center  
Rockville ESC North Md Endoscopy ASC  
Ruxton Surgicenter  
Security Ambulatory Surgicenter  
Seven Square Ambulatory Surgery Center  
Sgfc Surgery Center  
Silver Spring, Md Endoscopy ASC  
Silver Spring Ophthalmology  
Silver Spring Podiatry Center  
Shady Grove Ambulatory Surgery Center  
Shore Health System Surgery Center  
Skin Cancer Treatment Center  
Smart Pain Surgery Center at Germantown  
Smart Pain Surgery Center at Owings Mills  
Smart Pain Surgery Center at White Marsh  
Snowden River Surgery Center  
Southern Md Endo Center  
Suburban Outpatient Surgery Center  
Summit Ambulatory Surgical Center  
Surgery Center of Chevy Chase  
Surgery Center of Rockville

Surgical Specialty Suites  
Surgcenter of Greenbelt  
Surgcenter of Silver Spring  
Surgcenter of Bel Air  
SurgCenter of Glen Burnie  
Surgcenter of the Potomac  
Surgcenter of Southern Maryland  
Surgcenter of Towson  
Surgcenter of White Marsh  
Surgical Center of Greater Annapolis  
Surgical Specialty Center of Mid-Atlantic  
SurgiCenter of Baltimore  
Surgicenter, Dr. Beitler  
Surgicenter at Pasadena  
Taylor Osterman Surgery Center  
Thomas Johnson Surgery Center  
Timonium Surgery Center  
Tower Oaks Surgery Center  
Towson South Surgical Center  
Towson Surgical Center  
Truecare Ambulatory Surgery Center  
University Center for Ambulatory Surgery  
University of Maryland Capital Region Surgery Center  
University of Maryland Physicians Transplant Services  
University of Maryland Shore Surgery Center at Queenstown  
University of Maryland Surgery Center  
Urbana GI Endoscopy Center  
Uro-Center Ambulatory Surgical Center  
Urokure  
Waldorf Endoscopy Center  
West Annapolis Surgery Center  
Western Md Eye Surgery Center  
Westminster Surgery Center  
White Flint Surgery  
White Marsh Surgery Center  
Windsor Mill Surgery Center  
York Endoscopy Center  
York Green Surgery Center  
Zion Ambulatory Center ●





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