

Winter 2019
Through the

LOCAL 26 IBEW-NECA JOINT TRUST FUNDS

WIRED

Embrace Joy This Holiday Season

ALSO INSIDE:

**February is
American Heart Month**

**The Growing Risks
of Vaping**

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Dear Participant,

This time of year never ceases to amaze me. The magic of the holiday season truly seems to transform everything, or at least it does for me. I hope the season lifts your mood, helps you focus on the important things in life like your good health and loving family, and maybe even changes your perspective a little to carry you through the coming year and beyond.

This time of year is also the perfect time of year to recommit to all the things that matter the most. Maybe it's taking care of your well being, planning more for your retirement, spending more time with your family, excelling on the job, or getting more involved in charitable causes. Here at your Trust Funds Office we remain committed to helping you achieve all of your goals in life by partnering with you to ensure your good health and the secure retirement you deserve through the health and pension and individual account plans.

May your holiday season be filled with joy and may the coming year bring you and your family good health, prosperity and peace.

Yours in good health,

Mike McCarron
Fund Administrator

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AMERICAN HEART MONTH

A Sober Reminder About Heart Disease

American Heart Month is every February and it's a necessary reminder of the importance of heart health, as heart disease is a leading cause of death for both men and women in the United States. Heart disease or cardiovascular disease refers to a variety of conditions that affect the heart including but not limited to blood vessel diseases, coronary artery diseases, heart rhythm problems and heart defects.

About one in four adults die each year from heart disease and over 730,000 Americans suffer a heart attack each year, the most common complication of heart disease. A little more than a quarter of these heart attacks are to people who have had at least one heart attack already.

Heart disease does not discriminate as it is either the leading cause

of death or second leading cause of death across all ethnicities. In some instances, heart disease can come with warning signs while in other instances it may not. This makes recognizing and treating heart disease—before it's too late—especially challenging.

Heart disease can manifest as the hardening, or the building up of plaque, in the arteries in the heart; a blood clot; or high blood pressure. These symptoms can cause heart attack, stroke, and heart failure, among other very serious complications.

Heart attacks, when a blood clot blocks the blood flow of the coronary arteries in the heart, usually have warning signs, but even then, those warning signs may not seem like obvious signs of a heart attack. Too often on TV or in the movies a heart attack is portrayed

as someone clenching their chest and falling to the ground but that's just not a completely accurate portrayal of a heart attack. What's more, signs of a heart attack can vary between men and women and from person to person.

In both men and women, signs of a heart attack can include:

- Squeezing chest pain or pressure
- Shortness of breath
- Sweating
- Tightness in chest
- Pain spreading to shoulders, neck, arm, or jaw
- A feeling of heartburn or indigestion with or without nausea and vomiting
- Sudden dizziness or brief loss of consciousness ▶

However, women have also reported experiencing other symptoms as well that include:

- ♥ Indigestion or gas-like pain
- ♥ Unexplained weakness or fatigue
- ♥ Discomfort or pain between the shoulder blades
- ♥ Sense of impending doom

Because many of these symptoms reported by women can be passed off as more benign conditions, women often do not recognize the signs of a heart attack in themselves.

However, for both men and women getting help right away is critical to surviving a heart attack. Every minute a person is experiencing a heart attack equates to more muscle damage to the heart. The first course of action when someone is experiencing a heart attack is to call 911. If that person is not breathing, begin CPR while waiting for the paramedics to arrive. If the person is conscious, give them one aspirin to chew because aspirin reduces the blood clots in the heart's arteries that cause a heart attack.



Stroke is another very serious complication of heart disease. A stroke is when the arteries to your brain are narrowed or blocked and your brain does not receive enough blood. Some symptoms of a stroke include:

- ➔ Numbness or weakness in your face, arm, or leg, especially on one side
- ➔ Confusion or trouble understanding other people
- ➔ Difficulty speaking
- ➔ Trouble seeing with one or both eyes
- ➔ Problems walking or staying balanced or coordinated
- ➔ Dizziness
- ➔ Severe headache that comes on for no reason

The acronym F.A.S.T. can also help determine if a person is suffering a stroke:

- ♦ **F**ace drooping?
- ♦ **A**rm weakness?
- ♦ **S**peech difficulty?

If the answer to any of these is yes...

- ♦ **T**ime to call 911!

Once again, time is of the essence in getting help for a stroke victim. While waiting for paramedics to

arrive, stay on the phone with 911 so they can guide you through caring for the stroke victim. If the person is conscious, get them on their side with their head supported and slightly elevated. If the person is conscious check their pulse and breathing and perform CPR if needed; and loosen scarves, ties, shirt collars and any other clothing or accessories that could get in the way of breathing.

Heart failure is another complication of heart disease and occurs when the heart cannot pump enough blood for the body. Some symptoms of heart failure include:

- ♥ Shortness of breath (dyspnea) when you exert yourself or when you lie down
- ♥ Fatigue and weakness
- ♥ Swelling (edema) in your legs, ankles and feet
- ♥ Rapid or irregular heartbeat
- ♥ Reduced ability to exercise
- ♥ Persistent cough or wheezing with white or pink blood-tinged phlegm
- ♥ Increased need to urinate at night
- ♥ Swelling of your abdomen (ascites)
- ♥ Very rapid weight gain from fluid retention



- ♥ Lack of appetite and nausea
- ♥ Difficulty concentrating or decreased alertness
- ♥ Sudden, severe shortness of breath and coughing up pink, foamy mucus
- ♥ Chest pain if your heart failure is caused by a heart attack

You should see a doctor if you are feeling chest pain; feel faint or severely weak; have rapid or irregular heartbeat with shortness of breath, weakness or fainting; or are experiencing sudden, severe shortness of breath and/or coughing up pink, foamy mucus.

For both men and women getting help right away is critical to surviving a heart attack.

Other serious complications of heart disease include aneurysm, which is a bulge in the wall of an artery; peripheral artery disease, when your extremities (usually your legs) don't receive enough blood flow; and sudden cardiac arrest, which is the unexpected loss of heart function, breathing and consciousness.

While extremely serious, heart disease is also somewhat preventable. There are certain risk factors for heart disease that are beyond one's control—age, gender (men are at higher risk), family history of heart disease, being postmenopausal, and race (African Americans, American Indians and Mexican Americans are at higher risk than Caucasians). However, there are many things you can do to reduce



your chances of suffering heart disease. They include:

- Quitting smoking
- Controlling your cholesterol—reducing your LDL or bad cholesterol and increasing your HDL or good cholesterol
- Controlling your blood pressure
- Increasing your physical activity
- Controlling your weight to avoid obesity (a body mass index of great than 25)
- Controlling your diabetes, if applicable
- Reducing stress and treating depression and anger
- Improving your diet to avoid high-fat and high-sodium foods
- Avoiding alcohol
- Testing your C-Reactive Protein to see if there is an inflammation in your body

An excellent way to honor American Heart Month is to learn CPR so that you can help save a life. Statistics show that the survival rate for out-of-hospital cardiac arrests is only 12% but that survival rate doubles or even triples when CPR is performed right away. If you know CPR you could be the difference between life or death.

If it has been five or more years since you have taken a CPR class, you should consider re-taking the course as guidelines are constantly changing. Whether taking the course for the first time or looking to re-take the course to refresh your skills, you can find a course near you by visiting www.cpr.heart.org and clicking on the “find a training center” link at the top right of the page or visiting www.redcross.org and clicking on “training and certification” at the top of the page.

You can also honor American Heart Month by taking care of your good health by participating in regular check-ups and making dietary and lifestyle changes to reduce your risk of getting heart disease. Encourage your family, friends, neighbors and co-workers to do the same to help stop heart disease in its tracks. ●



VAPING

The Great Unknown

With the death toll and illness toll rising, the dangers of vaping have outpaced regulation.

By now you've seen it—that giant plume of smoke billowing from a car window or hanging above a crowd of people, the halo of opaque white that comes from an e-cigarette or other vaping device. The smoke is so thick it can completely block out a person's entire face before dissipating in the air. And, just think, that smoke is the byproduct of what was ingested into the user's lungs, what was left over after the user took in the nicotine or THC, the compound found in marijuana, smoked through their e-cigarette or other vaping device.

We first reported on the rising popularity of vaping in the spring 2017 edition of *Through the Wire*. In the past two and half years, vaping has become even more prevalent while regulation has remained almost

non-existent. And, at the time this article was written, there were 34 deaths linked to vaping and more than 1,600 lung-related illnesses across 49 states, the District of Columbia and the U. S. Virgin Islands.

While vaping is a relatively new recreation, e-cigarettes and vaping devices have been around for many decades dating back to the 1930s, with the modern e-cigarette created in 2003. It took a few years for vaping to gain popularity, and perhaps to shed some of its stigma, but when it did, it took the federal government by surprise and created a \$7 billion largely unregulated industry. Promoted at first as a safer alternative to smoking, even as a means to quite cigarettes altogether, vaping has now become a gateway to smoking, particularly for young people who have been

lured in by marketing efforts that appeal to a younger consumer. Cotton candy, mixed berry, and bubble gum flavored cartridges have piqued young people's interests and created a captive, and now addicted, audience for the vaping industry. What's more, vaping is not only a means to receive nicotine, it can also be a means to inhale THC, the principle psychoactive ingredient in marijuana. Mostly THC vaping products have been linked to the outbreak of deaths and lung illnesses associated with vaping but there are certainly known health risks with nicotine vaping and many health risks still unknown.

The ages of those who have died from vaping-related illnesses range from 17 to 75 and it's been about 59% male. Those with lung ill-

nesses have also been mostly male but about 80% have been under 35 years old. Common symptoms include coughing, shortness of breath, chest tightness, wheezing, extreme fatigue and fever. In the past, the symptoms from those who vape were passed off as pneumonia or bronchitis. Some of those who have been admitted for vaping-related lung disease have been put on oxygen or even a ventilator.

According to the Centers for Disease Control (CDC), there are many factors at play causing the deaths and illnesses. Most of the *deaths* have been linked to vaping cartridges containing THC, although, since this a relatively new area of study, it cannot be assumed that vaping cartridges containing nicotine are free from blame. Many of those suffering from *lung-related ill-*

nesses did report using nicotine cartridges however, it should be noted that since THC vaping is illegal in many states (and illegal federally), there could be a reluctance on the part of some users to admit to vaping THC when seeking medical help, so therefore the instances of lung illness among THC vaping could actually be much greater than current numbers suggest.

When the Food and Drug Administration (FDA) collected over 400 samples of THC-containing cartridges, the THC concentration ranged from 14% to 76%, a large variation in potency. The CDC has investigated a black-market label of THC cartridges—Dank Vapes—that claims to contain 90% THC. In addition to the wide range in potency another problem lies with the other ingredients in a THC cartridge.

Black market cartridges have been found to contain Vitamin E acetate and even hydrogen cyanide.

Vitamin E acetate is a compound that is commonly found in skin creams and supplements and is considered safe in these forms, but toxic if inhaled. It is used as a thickening agent in black market THC cartridges. As of early September 2019, more than 30 people were sickened from vaping THC, which prompted the New York State Department of Health to investigate. The Department found that 10 out of 18 THC cartridges tested, tested positive for vitamin E acetate. When inhaled, vitamin E acetate results in fat particles being inhaled into the lungs. This can cause lipoid pneumonitis, which is classified by chest pain and shortness of breath. ▶



Most of the deaths have been linked to vaping cartridges containing THC, although since this a relatively new area of study, it cannot be assumed that vaping cartridges containing nicotine are free from blame.

Hydrogen cyanide, from pesticides and fungicides, has also been found in THC-containing cartridges. Again, these tainted cartridges were sold under black market labels. While no one in the medical community is giving a green light to vaping THC, the one constant assertion being made is that they do not believe it is the THC oil that is sickening users but rather the noxious chemical fumes from additives, such as vitamin E acetate, pesticides and fungicides, that is causing major, sometimes fatal, lung damage. Unfortunately users can never really know what is in the cartridge they are vaping, especially since the industry has remained largely unregulated. After all, it's unlikely any user would knowingly purchase a cartridge that was labeled with hydrogen cyanide as an ingredient.

While most of the attention with the recent illnesses and fatalities has been centered on THC-containing cartridges, it should be noted that nicotine-containing cartridges have serious risks associated with them as well. First of all, nicotine is not good for you. Whether delivered through a traditional cigarette

or via a vaping device, nicotine is an addictive substance that can cause cravings and withdrawal, raise your blood pressure and heart rate, increase your adrenaline and increase your chances of having a heart attack.

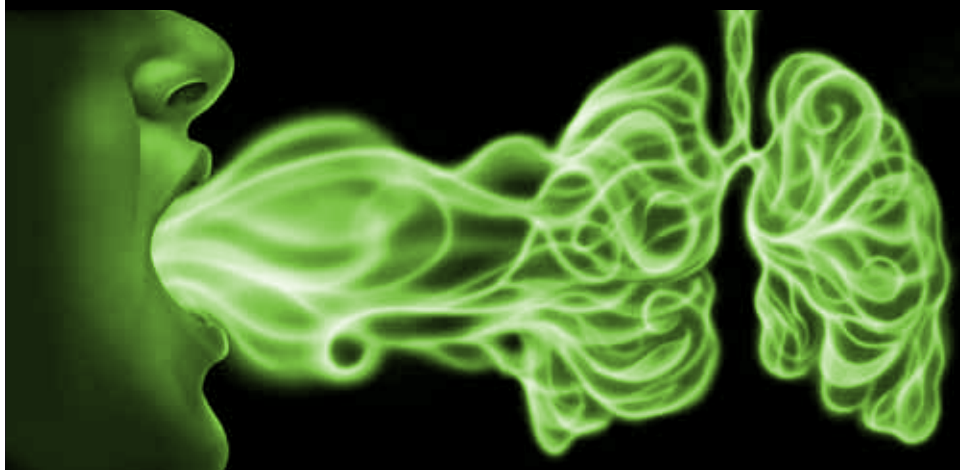
Nicotine cartridges are smoked in the same manner as THC-containing cartridges and are often referred to as an e-cigarette or a JUUL, which is the brand name of a major e-cigarette manufacturer. Nicotine cartridges contain more nicotine than a traditional cigarette and JUUL pods, in particular, have been found to each contain as much nicotine as 20 cigarettes. Many JUUL users, kids especially, report vaping as many as two

to three pods a day, the nicotine equivalent of 40-60 cigarettes a day.

Like THC cartridges, nicotine cartridges also contain chemicals, such as propylene glycol and glycerine which, when heated, release volatile organic compounds (VOCs) that are harmful when inhaled. Again, since vaping is relatively new, there simply is not a wealth of studies that prove the long-term effects of inhaling the chemicals in e-cigarettes. It generally takes about 20 years for smoking-related diseases to present themselves and to know the long-term effects.

Research has, however, recently uncovered disturbing revelations about vaping and its effects on

The prevalence of lung illness and/or death from vaping has grown so significantly that the CDC now displays a real time update on the number of these deaths and/or reported lung illness. Updates are made every Thursday and can be found at https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#latest-outbreak-information.



kids' brains. It has been discovered that nicotine exposure at an early age might increase the brain's likelihood of becoming addicted to other substances such as marijuana, alcohol or even cocaine. Pediatricians and researchers are also seeing attention difficulties, irritability, volatility and aggression in kids who vape, which are the same conditions often found in kids who use marijuana, opioids and cigarettes.

Unfortunately given the rate of vaping among kids, it is likely that the prevalence of attention, concentration and behavioral disorders will only increase. In an October 2019 article from the New England Journal of Medicine, e-cigarette use among 8th, 10th and 12th graders more than doubled from 2017 to 2019.

In the absence of stricter federal regulation on e-cigarettes and vaping, many states and cities have instituted their own regulations and bans or are considering such measures.

- Ⓢ Massachusetts instituted a four-month ban on all vaping products.
- Ⓢ New York is in the process of seeking a ban on flavored e-cigarettes.
- Ⓢ Michigan banned the sale of flavored e-cigarettes.
- Ⓢ Utah has restricted the sale of e-cigarettes to adult-only tobacco shops.
- Ⓢ Oregon imposed a 180-day ban on the sale of e-cigarettes.



The University of Texas MD Anderson Cancer Center

- Ⓢ Rhode Island imposed a four-month ban.
- Ⓢ Washington and Montana imposed a 120-day ban.
- Ⓢ San Francisco banned all e-cigarettes.
- Ⓢ The Oglala Sioux banned vaping on their Pine Ridge Reservation.
- Ⓢ Illinois is considering banning flavored e-cigarettes.
- Ⓢ Chicago and Los Angeles are considering banning all vaping devices.

In many ways, vaping has turned out to be a wolf in sheep's clothing, marketed as a safer alternative to cigarettes but hiding very real health concerns itself. In fact, the "safer" claim has yet to be truly proven, while the dangers are presenting almost daily. The lure of fun flavors, the ease of purchasing products at convenience stores or online and the false claims of fewer chemicals than cigarettes, are creating a generation of vapers that may be putting us on the precipice of a national health crisis. ●



UPDATES TO PRESCRIPTION COVERAGE PLAN

The goal of the EWTF is always to provide our members with the best possible health care coverage in the most economical way. It is a challenging balancing act to provide comprehensive coverage—the type our members have earned and deserve—while remaining fiscally responsible and mindful of the potential needs of our members and the rising cost of health care going forward into the future. This is why we choose our partner providers very carefully, ensuring that our partners share our same goals.

CVS Health, our prescription drug coverage provider, makes it a priority to continuously monitor the pharmaceutical market, including drug costs and efficacy. Effective January 1, 2020, there will be some changes to our plan coverage, changes that will likely go unnoticed by most but will have a positive impact on our plan.

Going forward CVS Health will perform quarterly reviews of all drugs covered under the plan to determine if the drug's price is supported by evidence of higher efficacy. In 2016, CVS began reviewing drugs on a quarterly basis, rather than an annual basis, but that review was limited to just high-cost specialty drugs. In 2017 the review expanded to identify the drugs that were price outliers, those whose costs appeared to be highly inflated. This past April, CVS removed five highly inflated drugs from our plan coverage as it was determined that there were other less expensive, yet equally effective drug options available to fill the needs these five drugs served. This proved to be a significant cost savings for

our plan so CVS Health is going forward with a full quarterly review of all drugs offered under our plan. We expect our members to notice very little change to their coverage and will be offered very suitable alternatives, if necessary, to replace any over inflated drugs discovered in the quarterly reviews.

Also for 2020, the following drugs have been removed from our prescription drug coverage based on reviews by the plan of drugs identified as highly inflated. CVS has determined that there are other equally effective medications that are offered at a lower price point. The drugs that have been removed are:

- Antiemetic: Transderm-Scop
- Chronic Pain: Butrans, Hysingla ER, Oxycontin, Zohydro ER
- Continuous Glucose Monitor: Enlite Glucose Sensor, Freestyle Libre Reader/Sensor, Guardian Sensor
- Contraceptives: Lo Lestrin FE, Natazia, Taytulla
- Dermatologic: Epiceram, Kamdoy, Sil-K Pad
- DPP-4-SGLT2: Qtern
- Folic Acid: Ortho D
- Laxatives: Moviprep, Osmoprep
- MS Beta-Interferons: Avonex, Plegridy
- Ophthalmic: Alrex, Flarex, Lotemax/Lotemax SM, Timoptic Ocudose, Zylet

- SABA/LAMA Respiratory: Combivent Respimat
- Scar Treatment: Beau Rx, Recedo
- Short Acting Beta Agonists: ProAir HFA, ProAir, RespiClick
- Steroid Inhalants: Asmanex Twisthaler, Asmanex HFA
- Ulcer Drugs: Carafate

Three drugs have been added back into our prescription plan coverage, based on ongoing reviews by CVS:

- Alpha 1: Prolastin-C
- Asthma: Fasenra
- Opioid-Induced Constipation: Relistor

Another improvement CVS will be implementing in 2020 will be granting brand-name drugs preferred placement status when CVS is able to negotiate discounts from the drug manufacturers to bring the pricing of these brand-name drugs in line with their generic counterparts, or even lower. This will place certain brand name drugs whose prices could be negotiated into CVS Health's Tier 1 coverage and enable our members to fill their prescriptions with a brand-name product, if that is what the prescription calls for, and receive pricing typically only offered with generic products.

The EWTF is confident that these changes to our prescription drug plan will yield significant improvements to our plan. ●

EWTF Receives a Report Card

Every year our EWTF Health Plan receives a report card of sorts from Segal Consulting, a reputable healthcare and retirement consulting firm that is highly experienced in multiemployer plans, such as our benefits funds. The findings from these report cards, called a Healthcare Dashboard, help us understand the trends of our health plan, such as types of claims being made and cost increases, and help us better serve our participants going forward.

In the most recent Healthcare Dashboard, it was noted that our plan costs increased 9.7% for medical and 4.8% for prescription coverage. The most prevalent health issue among our participants—diabetes—was on the rise last year with an increase of 7.7% among our members and dependents. Preventive screening rates for members and their dependents was down and mental health concerns and substance use disorders increased over the last year. On the other hand, inpatient hospital admissions decreased by 4.2%, which is lower than the industry norm.

So what does all of this mean for our members? It means that we should continue to focus on protecting our good health and, for many, working toward better health, in the years ahead. Most importantly, seeking good health will help you live your best life possible for as long as possible. It will also help us better use and allocate the financial resources of our EWTF. Here's to good health in 2020 and beyond!



Pregnancy Program Gives Extra Support to Expecting Parents

If you are pregnant or thinking about trying to get pregnant, UnitedHealthcare, our health care network provider, wants to remind you of their Healthy Pregnancy Program. What better way to start a journey for you and start a new life with a baby than armed with everything you could need to be healthy all along the way?

The Healthy Pregnancy Program is a two-part program—the Healthy Pregnancy App and the Maternity Program. You can download the UnitedHealthcare Healthy Pregnancy app from the Apple App Store or from Google Play. The app, which is free of charge, will give you access to tools to help you track milestones and to medically approved information for during and after your pregnancy. From the app you can also access your pregnancy coverage benefits and cost estimator tools, monitor your pregnancy weight, set reminders to take

vitamins and keep track of calendar appointments. The app also provides a wealth of information so you may research any symptoms or concerns you may have during your pregnancy and help you learn about such things as healthy snacking, exercising for two and getting better sleep. There is even a baby kick counter to track your baby's movements.

Once you have registered with the app and completed the Welcome Pregnancy Questionnaire, you will have access 24 hours a day, seven days a week to a registered nurse by phone with whom you can speak free of charge. Registered nurses can help you learn more about such things as choosing a doctor, midwife or pediatrician; managing your health before and after your baby is born; what to expect during labor; and how to manage such situations as high-risk pregnancy or premature birth. ●

Visit www.myuhc.phs.com/content/phs/en/healthypregnancyapp.html for more information.

Coordinating Benefits *Between*

Health insurance can be confusing to navigate, especially if you might have coverage from two insurance plans.

The most common occurrence of dual coverage is with married couples who each have healthcare provided through their individual employers.

The most common occurrence of dual coverage is with married couples who each have healthcare provided through their individual employers. In this situation, each spouse, and any dependent children, will have dual coverage. Additionally, when dependent children remain on their parent's policy up to age 26 but also have coverage through their school, work, or even their spouse's policy, dual coverage may exist. In all these situations, health plans must coordinate benefits between the two plans so that benefits are not over-paid or paid out twice. This requires a designation of which plan will serve as the primary insurance plan and which will serve as the secondary plan.

The primary plan would be the plan that pays out the medical, dental, vision or prescription drug coverage first on a claim, and typically the majority of the claim. The secondary insurance would be responsible for any remaining charges on the claim. If you have dual coverage, the plan that serves as the primary plan is the plan that:

- ◆ Does not contain a coordination of benefits provision
- ◆ Covers you as an active employee
- ◆ Covers you as anything other than a dependent

For dependent children of a married couple, the above criteria may not always determine a plan's primary or secondary status. In this case, many plans will resort to the "Birthday Rule." This method designates the primary plan to be the plan held by the parent whose

birthday falls earliest in the calendar year. For example, if the child's mother's birthday is on September 10th and his/her father's birthday is April 28th, the father's health plan would be considered the primary health plan for the child. The EWTF will follow the "Birthday Rule" by default, although we work with all other plans to coordinate benefits so that the member receives the maximum benefit.

When parents are divorced and/or remarried, primary and secondary coverage is determined, in large part, by which parent has custody.

- ◆ If the parent who has legal custody has not remarried, his/her plan would be the primary plan for the dependent child.
- ◆ If a parent who has legal custody has remarried, the above would still hold true and secondary coverage would be applied if the child is a dependent on the plan of the new spouse of the parent with legal custody.
- ◆ If a parent does not have legal custody and has a health plan that includes coverage for their child, that plan serves as a secondary plan.

You have, no doubt, been asked by your medical providers, on their intake forms, to note your primary



Two Health Plans

insurance provider, as well as your secondary provider, if applicable. If for some reason your provider does not ask if you have a secondary insurance plan and you or your children are, in fact, covered by an additional plan, you must inform your medical provider of all secondary insurance information to avoid denial of claims or resubmittal of claims.

If the EWTF is your primary health plan be certain to:

- ◆ Submit your claims using the appropriate forms
- ◆ Submit medical claims to UnitedHealthcare
- ◆ Submit specialty (periodontal, endodontic, oral surgery) dental claims to Cigna
- ◆ Submit a copy of both the Explanation of Benefits and original claim to your secondary health plan or your children's secondary health plan

If your spouse's health plan is primary or your children have a primary plan that is not the EWTF:

- ◆ Submit a copy of the claim in accordance to the other health plan's guidelines for submittal
- ◆ Submit a copy of both the Explanation of Benefits and the original claim from the secondary plan to the EWTF



If you have a secondary insurance plan and you or your children are covered by an additional plan, you must inform your medical provider of all secondary insurance information to avoid denial of claims or resubmittal of claims.

If you or your children have dual coverage, communication with the EWTF, the other plan you or your children participate with, and all healthcare providers is critical. This will ensure that claims are not overpaid or denied and your healthcare coverage, primary and secondary, can serve you and your family as they are intended to do.

Remember, the EWTF staff is here to help you get answers to any health care coverage questions you may have as they pertain to our plan. While our staff will not be able to offer you advice on which plan you should designate as your primary plan should you have access to coverage by two plans, our staff will be able to help you understand all of the benefits you receive as a participant with our plan so you may make an educated decision that will best serve you and your family. ●



Understand What Kind of Retirement Plans You Have

Ever listen to a story on the news about retirement and hear terms you just are not very familiar with—terms like defined benefit plan or defined contribution plan? You are definitely not alone.

Talking about investing can seem intimidating, especially if you think you are the only one who's confused. Your NECA-Local 26 IBEW Joint Trust Funds is here for the purpose of protecting and ensuring your retirement, but it is important for you to be fully in-the-know to better understand what kind of retirement benefits you have, as there are many different kinds.


Your Local 26 Pension Plan is a defined benefit plan. Funded solely through employer contributions and earnings from plan directed investments, it's a defined benefit plan that provides a set

amount of money each month upon retirement. Participants in a defined benefit plan, like our Local 26 members, have the comfort of knowing exactly how much they will receive in their monthly pension payment for the duration of their retirement. This enables them to know if and when they will be able to afford to retire and how they may live in retirement.

Your Local 26 Individual Account Plan is a defined contribution plan. Dependent upon plan design, a defined contribution plan can be funded by either an employer, an employee, or a combination of both. Your Local 26 Individual Account Plan is designed to be solely funded through employer contributions and earnings from participant-directed investments. This plan is managed by the

participant in the form of certain investment options, such as mutual funds, annuities, money market funds and stocks and bonds. The participant assumes all of the risk with a defined contribution plan as they are the one making the investment decisions with their retirement funds. Our plan is managed by Fidelity Investments. Upon retirement, participants have a choice on how to receive payments from their Individual Account balance.

The NECA-Local 26 IBEW Joint Trust Funds offers two different investment vehicles so members can have the very best opportunity at living comfortably and with peace of mind in retirement. If you should have any questions about the functionality of your retirement funds, or need any further explanations, you can always view the summary plan descriptions for our Local 26 Pension Plan and the Local 26 Individual Account Plan online at www.ewtf.org under the "menu" tab or call us at **301-731-1050**. ●



The NECA-Local 26 IBEW Joint Trust Funds offers two different investment vehicles so members can have the very best opportunity at living comfortably and with peace of mind in retirement.

We Mourn the Passing of **Trustee Jim Marx**

The Local 26 IBEW-NECA Joint Trust Funds is mourning the passing of Local 26 Business Agent James “Jim” Marx who was a union trustee on our Local 26 Individual Account Plan. Jim passed away suddenly on September 28, 2019. He was just 50 years old.

Jim joined Local 26 in 1990 as an apprentice after serving in the U.S. Army. His talents were quickly recognized as he rose through the ranks of Local 26. He served in many leadership roles on the job, most often as a foreman on a number of power generating station projects, before being appointed business agent/representative in 2015. Jim worked primarily out of Local 26’s Southern Maryland office.

Since 2015 Jim had been serving on the board of trustees to the Local 26 Individual Account Plan. He was a fierce advocate for his fellow brothers and sisters, carefully considering every aspect of the Plan and how it would and could serve the members of Local 26. There was no doubt that serving the membership and improving the lives of working men and women was Jim’s passion. He certainly earned the respect of everyone he worked with on the Board as well as all of



us here in the Trust Funds office. His contributions to the success of our Plan will be his legacy, serving the generations and generations to come.

Our condolences go out to Jim’s wife of 20 years, Dawn; his mother Ruth and step-father Johnny (Jim was preceded in death by his father Jerry); his sister Karen and brother-in-law Terry; his brother Norman and sister-in-law Michelle; his brother Jerry; and his seven nieces and nephews; and all of the brothers and sisters of Local 26. ●



Local 26 Retirement Plan Earns Top 1000 Ranking

We’ve long known the strength of our Local 26 Pension Plan and Local 26 Individual Account Plan, but now our plan has garnered the recognition of a well-known pension-focused publication. *Pension and Investments* magazine has recognized our combined plans as one of the top 1000 retirement plans in the United States, based on our combined total assets. Our plans ranked number 974. Other IBEW pension plans were also on the list of the top 1000.

With countless retirement plans across the country, we are very proud of our ranking as one of the very best plans in the United States. This is a credit to the trustees—union and management trustees—who are dedicated to carefully managing our fund to provide benefits now and for the generations to come. The Local 26 IBEW-NECA Joint Trust Funds is committed to keeping our plan securely positioned as one of the strongest plans in the country.



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*The Local 26 NECA-IBEW Joint Trust
Funds Office wishes all of our members a
joyous and meaningful holiday season.*



*May you look back on the year gone by with
warm memories and look ahead at 2020
with great optimism.*



*Here's to a happy, prosperous and peaceful
new year, in good health!*