

Winter 2022  
Through the

LOCAL 26 IBEW-NECA JOINT TRUST FUNDS

WIRED

# Looking Forward to 2022

**ALSO INSIDE:**

New Legislation  
Provides Important  
Consumer Protections

## Dear Participant,

As we look ahead to a new year, let us take with us the lessons learned from the year gone by. There were certainly lessons learned about appreciating the people around us; appreciating the talented doctors, nurses and scientists who have carried us through a pandemic; and appreciating even the most mundane, everyday experiences that still seem to hang in the balance at the whim of a virus. Like me, I am sure you appreciate dinner out in a restaurant even more than ever!

However, let us not forget the valuable lessons of learning how to pivot when necessary and learning to be patient. What this pandemic taught us all is that life is not a straight road, a smooth upward trajectory. It is filled with hairpin turns, potholes, and traffic jams but knowing how to pivot and being patient make it a navigable journey. And, having the very best co-pilots along the way certainly helps.

The staff of the EWTF thinks of itself as co-pilots to our over 10,000 members. We have always been there and will continue to be there to help our members with life's twists and turns and to patiently and carefully help our members from the start of their career all the way through their golden years. We're not going anywhere as we are strapped into the seat next to you and are along for the ride with you.

May the new road ahead in 2022 be paved with good health, prosperity and peace for all of our EWTF members and their families.



Mike McCarron  
Fund Administrator

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# New Legislation Offers Important Consumer Protection to Patients

One of the biggest challenges the Electrical Welfare Trust Fund (EWTF) has consistently faced is urging our participants to be educated consumers when it comes to choosing their health care providers. When our participants choose an in-network provider, they only pay a percentage of a contracted price on the services they receive regardless of the billed amount shown on the invoice. However, when an out-of-network provider is used, that provider can, and typically does, bill the patient any remaining balance not covered by the parameters of our health plan. This practice, called “balance billing,” has no dollar limit and can run into the tens of thousands or more

depending on the services rendered, potentially causing unbearable financial hardship. What’s more, after an out-of-network provider has been used, there is absolutely nothing the EWTF can do to control the costs or balance billed.

This issue has been reported on a few times here in this magazine but just recently this issue gained the attention of Congress. Effective January 2022, a new law named the No Surprises Act takes effect. The No Surprises Act protects patients from balance billing on medical services when they receive out-of-network care in situations in which they have no control over who provides their care. This can happen when a person is in an emergency medical situation and can’t

advocate on their own, or if they simply visit a hospital that accepts their insurance but are treated by a medical provider who does not. In short, the No Surprises Act is a consumer protection act that protects groups like our own EWTF members—those who are fully insured. The act prohibits providers from balance billing patients and forces providers to work with health plans to agree to a fair price.

According to an article in the *New York Times*, about one in every five emergency-room visits result in a surprise bill with the average surprise bill coming in just over \$600. However, some surprise bills have totaled more than \$100,000 from out-of-network providers that patients did not choose. ▶

Specifically, the Act provides patient protection in four instances:

- Out-of-network emergency room services
- Out-of-network air ambulance services (Ground ambulances are excluded from the act.)
- Ancillary services, such as anesthesiology, pathology, radiology and diagnostic services, performed by out-of-network providers at an in-network facility
- Other out-of-network non-emergency services performed at an in-network facility when the provider fails to give the appropriate notice to, and does not obtain consent from, a patient

**The Act does not, however, provide protection from balance billing in situations in which a patient was given a choice to use an in-network provider, even when services were offered by an out-of-network provider at an in-network facility, or on ground ambulance services.** In these situations, the Summary Plan Description (SPD) for the health plan, as well as mailings and

emails from the Trust Fund Office, and articles that have appeared here in *Through the Wire*, clearly state that if a participant chooses to use an out-of-network provider rather than an in-network provider, the participant can be subject to balance billing by the provider and the Fund Office will be unable to dispute the balance-billed charges. Sadly, this has happened to a few of our member participants and their financial responsibility with their provider was quite significant.

While the Act ensures that patients cannot be balance billed for out-of-network emergency services at a hospital or independent facility, for covered medical items and services provided by an out-of-network provider at an in-network facility, for out-of-network emergency air ambulance services, or for medical services rendered by an out-of-network provider when an in-network provider was unavailable, there are two exceptions under which an out-of-network provider can, in fact, balance bill. First, the Act *does* allow for an out-of-network provider at an in-network facility to

balance bill if they are **not providing ancillary services related to emergency medicine**, such as anesthesiology, pathology, radiology and diagnostic services. Providers delivering ancillary services related to emergency medicine or unexpected complications such as those presented by a neonatologist or cardiologist, for example, are prohibited from balance billing under this act. Second, an out-of-network provider may balance bill a member if that provider offers advanced notice to the member that the item or service about to be performed is out of network, provides the estimated cost and receives acknowledgment that the member understands the notice. The member must be in a condition to understand the notice and must formalize their acknowledgment in writing.

If a member schedules an appointment with an out-of-network provider at least 72 hours in advance, notice from the provider regarding balance billing must be provided no later than 72 hours in advance of the scheduled appointment. If an appointment is made within 72 hours, notice must be offered when the appointment is made. The notice must disclose the following:

- That the provider is out of network
- Good faith estimates of the cost of any items or services
- That the member is not obligated to use an out-of-network provider for the item or service
- Information on whether there are in-network providers at the facility who can provide the item or service



- Information about whether prior authorization may be required

Receipt of the notice does not qualify as an agreement that the member agrees to pay any balance billed. The member must sign an acknowledgement to be held responsible for any balance billed.

The No Surprises Act caps billing for out-of-network items and services that fall into one of the four above-mentioned categories at in-network pricing and such pricing is public information to providers. It is clear in our health plan that out-of-network providers will be paid at our in-network pricing. In the event that a provider is dissatisfied with the in-network payment they received from a health plan, the Act mandates that health plan providers work with insurers and health plans to negotiate any remaining balances and if the parties are unable to reach an agreement, the next step is an arbitration process known as Independent Dispute Resolution (IDR). IDR is considered a final-offer arbitration that is determined by an arbitrator. There is no minimum balance required

**When you have a choice, always choose an in-network provider or be willing to bear the responsibility of a balance billed by an out-of-network provider.**

to enter into IDR and if there are multiple claims within a 30-day period from the same provider related to the same out-of-network items, those claims may be batched together for the purposes of IDR. The resolution process for any remaining balance is between the provider and the health plan administrator and does not involve the member.



Not only does the No Surprises Act protect members from balance billing, but it also improves transparency with health care expenses by requiring health plans and providers to maintain up-to-date provider directory information, requiring health plans to disclose in-network and out-of-network deductibles and out-of-pocket limits, and requiring both health plans and providers to provide members with good-faith estimates in advance of medical procedures.

West Virginia has partial balance billing protections.

The No Surprises Act is a milestone legislation that offers protections to health plan members, particularly when they are most vulnerable—in the middle of a stressful medical situation. While the new legislation is powerful, it is critical to remember that this legislation only offers protections under very specific situations, mainly situations in which a member is not given a choice to use an in-network provider. It is important to remember that in all other situations in which a health plan member does, in fact, have a choice, they should always choose an in-network provider or be willing to bear the responsibility of a balance billed by an out-of-network provider. Again, if a member chooses to use an out-of-network provider, the Electrical Welfare Trust Fund is not financially responsible for any balance billed and that financial responsibility, no matter how great, falls upon the member. ●



# Are You Advocating for Yourself?

*Being an educated patient gives you the best shot at good health.*



**W**hen you bring your car in for service you ask questions. How much will it cost? How long will the repair take? Does the repair come with a warranty? We simply aren't afraid to ask the auto mechanic important questions that could affect our safety or our wallet. So why are we afraid to ask questions of our health care providers? Again, these could be questions that affect your safety and your wallet.

There is no denying that doctors carry with them extensive education and training but the practice of medicine is still a human process. That means there is room for error, yes, but it also means that there might not be one single answer when it comes to care. For these reasons, it is critical that every one of us acts as our own health advocate every time we visit a health care provider. What this

means is that we must be prepared to discuss our questions and concerns with our providers so that we can be in control of our health and feel confident of the choices we make with our doctors. In short, we must see ourselves as part of our own health care team rather than just a spectator while others make decisions for us.

First and foremost, the best way to be that team player is to take good care of yourself through the obvious lifestyle choices of following a healthy diet and exercise routine, getting rest, avoiding smoking and drug use, limiting alcohol and taking any medications you may have as prescribed.

It is also important to choose your health care providers carefully making sure that you feel comfortable with your providers and that

they have your trust. Do you feel comfortable asking your providers questions? Do you feel that they are affording you the time you need to address your concerns or are you rushed through your appointments? Remember that through our UnitedHealthcare network of doctors, our members have access to literally thousands of medical providers across every specialty so should you feel that your doctor might not actually be right for you or is not making you feel valued, you have options to switch to a different provider. There is no need to stay with a provider with whom you may not be comfortable.

When you do visit your doctors, be open and honest with them about:

- ➔ symptoms
- ➔ current prescriptions

- past medical records or labs, such as x-rays
- personal and family medical history
- drug allergies
- over-the-counter medicines, herbs, vitamins, or supplements
- alcohol or drug use

It might also be a good idea to keep a folder or notebook with this information for a convenient log to bring to your appointments.

Being your own health advocate also means you should have a good understanding of how your health benefits work. This is especially important as it relates to the financial importance of choosing an in-network provider over one who's out of network. Know what is covered under the EWTF and what

is not so you can have a clear understanding of the financial impact of the medical choices you may make or your doctor may suggest. The Trust Fund office can answer any questions you may have about coverage as can the information found on the My Benefits Center member portal. Additionally, you should always review your medical bills for potential errors. Sometimes those bills can be confusing and you should always feel comfortable asking your provider's billing office for clarity.

When you visit your doctor it can be valuable to come prepared with questions to ask so that you leave the visit feeling fully informed and able to make educated decisions about your health care. And, even if you leave your appointment and have forgotten to ask questions,

you should feel perfectly comfortable calling the doctor's office back with any additional questions you may have. Most doctor's offices also use patient portals, similar to our My Benefits Center, where you can email the provider directly to get your questions answered, often quickly. Ask your provider if they use a patient portal and sign up to use it.

Whether a primary care doctor or a specialty care doctor treating you for a health condition or possibly surgery, some good questions to ask include:

## REGARDING YOUR GENERAL HEALTH

- ✓ What wellness tests should I have?
- ✓ What exercise plan should I be following?
- ✓ How often should I schedule an appointment?
- ✓ What is my risk of developing heart disease?
- ✓ What are my blood sugar numbers?
- ✓ Can you explain these test results?
- ✓ What is a reliable Internet source for information?
- ✓ I am concerned about "x." What precautions should I take? How worried should I be?
- ✓ How does my family history affect my health?
- ✓ Which preventive care services are right for me? ►



## ABOUT YOUR SYMPTOMS OR DIAGNOSIS

- ✓ What is the disease or condition?
- ✓ How serious is my disease or condition and how will it affect my home and work life?
- ✓ What is the short-term and long-term prognosis for my disease or condition?
- ✓ What caused the disease or condition?
- ✓ Is there more than one disease or condition that could be causing my symptoms?
- ✓ Should I be tested for a certain disease or condition?
- ✓ What symptoms should I watch for?
- ✓ How can I be tested for a disease or condition, and what will these tests tell me?
- ✓ What tests will be involved in diagnosing my disease or condition?
- ✓ How safe and accurate are the tests?
- ✓ When will I know the test's results?
- ✓ Will I need more medical tests?
- ✓ Do I need a follow-up visit and if so, when?
- ✓ Do I need to take precautions to avoid infecting others?
- ✓ How is the disease or condition treated?



## ABOUT YOUR TREATMENT

- ✓ What are my treatment options?
- ✓ How long will the treatment take?
- ✓ What is the cost of the treatment?
- ✓ Which treatment is most common for my disease or condition?
- ✓ Is there a generic form of my treatment and is it as effective?
- ✓ What side effects can I expect?
- ✓ What risks and benefits are associated with the treatment?
- ✓ What would happen if I didn't have any treatment?
- ✓ What would happen if I delay my treatment?
- ✓ Is there anything I should avoid during treatment?
- ✓ What should I do if I have side effects?
- ✓ How will I know if the medication is working?
- ✓ What would I do if I miss a dose of medication?
- ✓ Will my job or lifestyle be affected?
- ✓ What is my short-term and long-term prognosis?
- ✓ Would you recommend this treatment to your own family member?
- ✓ Why are you prescribing this medication?
- ✓ How many patients with my condition have you treated?



## Do You Have Any Questions for the Pharmacist? **Yes!**

### IF YOU NEED SURGERY

- ✓ Why do I need surgery?
- ✓ What surgical procedure are you recommending?
- ✓ Is there more than one way of performing this surgery?
- ✓ Are there alternatives to surgery?
- ✓ How much will surgery cost?
- ✓ What are the benefits of having surgery?
- ✓ What are the risks of having surgery?
- ✓ What if I don't have this surgery?
- ✓ Where can I get a second opinion?
- ✓ What kind of anesthesia will I need?
- ✓ How long will it take me to recover?
- ✓ What are your qualifications?
- ✓ How much experience do you have performing this surgery?
- ✓ How long will I be in the hospital?

Ensuring your good health or navigating a health diagnosis can be daunting, especially when you yourself are not a medical professional. But there is nothing more important than your health and you are ultimately responsible for protecting it. Getting yourself to regular check-ups or doctors' appointments as needed is the first step; the next is advocating for yourself and that can be as simple as asking the right questions. Now go take good care of yourself! ●

**P**rescription medications, no matter how common, come with specific instructions and side effects. Most people don't take the time to learn what they are putting in their body, or even why they are taking that medication, and just go along with doctor's orders. Health advocacy should continue from the doctor's office all the way to the pharmacy.

When you pick up a prescription from the pharmacy or even receive a prescription from a mail-order pharmacy, first and foremost, confirm that the medication you received is, in fact, the correct medication. If you received a generic version of your prescription and the name is not familiar to you, double check before you dose! Generic medications can come from different manufacturers and pharmacies sometimes change the manufacturers they offer so double check and don't assume!

Once you are sure you have the correct medication ask the pharmacist important questions to familiarize yourself with the medication(s) you will be taking, such as:

**What is this medication used for?** While your doctor likely told you what the medication was being prescribed for, too often patients are distracted or overwhelmed during a doctor's visit. If you have received a new diagnosis or you are

being prescribed multiple medications it is easy to get confused about your prescriptions.

**How should I take this medication?** Some prescriptions have to be taken in a certain manner in order to be most effective and to prevent possible side effects. For example, some medications need to be taken with food in order to prevent stomach upset.

**What side effects are considered normal and which are not?** Knowing what side effects are possible will let you know if what you are experiencing is normal or worrisome. You will know if you should call your doctor or proceed with the course of medication. And, you won't be surprised if you do experience some side effects.

**What kinds of things interact with this medication?** Let your pharmacist know of every other medication you may be taking to ensure that your new prescription will not negatively interact with your other prescriptions. Some foods also interact with medications so be sure to inquire about that as well.

**What should I do if I miss a dose?** It happens even to the most careful among us. Ask the pharmacist how to proceed with your medication if you miss a dose and never make assumptions which could lead to overdosing or side effects. ●

# Meet Your Fund Office Staff

## **Q: What is your job at the Trust Fund Office?**

**A.** For the last two years I have been working in the Claims Department processing medical claims. My job is to make sure our members' claims are processed efficiently and in a timely manner.

## **Q: What did you do before coming to the Fund Office?**

**A.** Before coming to the Fund Office, I spent 10 years working on my social work degree and providing therapeutic and rehabilitative services to individuals with severe and persistent mental illness. I also spent some time helping individuals battling with drug/alcohol addiction.

## **Q: What are the biggest challenges to your job?**

**A.** The biggest challenge of my job is sometimes feeling like I am not doing enough. I came from a background that was very hands on in helping individuals. While I know my role at the Fund Office is essential, I still feel the need to do more to help people.

## **Q: What makes your job so rewarding?**

**A.** What makes my job rewarding is knowing that I play a role in helping our members and making their access to healthcare a smooth process. Working in the healthcare field has allowed me to see the many obstacles people face especially when it comes to the insurance aspect of medical care. Processing claims accurately and in a timely manner is an important step in helping our members.

## **Q: What are some of the goals you have for your role at the Fund Office?**

**A.** The biggest goal I have for my role at the Fund Office is to always do my best. Life can get challenging at times, and our members will go through many obstacles. It's important for me to maintain a positive attitude towards my daily work and make sure that I am always giving our members 100% effort.

## **Q: How has the Fund Office changed since you started?**

**A.** Since I started, the Fund Office looks a bit different due to the pandemic. Like many businesses all over the world, we have had to make changes to our workspaces in order to protect ourselves and our members. We also have had to implement working from home which has reduced our interaction with both each other and our members.

## **Q: What things have stayed the same?**

**A.** Our diligence and loyalty to our members have remained the same.

## **Q: What have been the greatest improvements to the funds over the years?**

**A.** Since I started at the Fund Office, we have made improvements to our workflow by implementing the My Benefits Center portal. This has allowed our members to do almost anything via online access as it pertains to their benefits without having to step foot in the office. Im-

provements have also been made to our phone systems to ensure our members are able to reach us more effectively. Lastly, the benefit plan is always evolving to provide secure and reliable benefits for healthcare and retirement.

## **Q: What was it about the Fund Office that made you want to come work there?**

**A.** Since I was young, I have always had an interest in working at the Fund Office. My mom, Maritza, worked at the Fund Office for 15 years, therefore, I practically grew up around her co-workers since the age of 12. I have always known the Fund Office to be a great place to work and retire from so when my mom retired in 2017, I saw it as my chance to begin my journey at the Fund Office. I will forever be grateful to Peter Klein and Robin Balint for giving me the opportunity.

## **Q: What skills/qualities do you bring to the Fund Office?**

**A.** I believe that even though I do not currently

**Leemarys Martinez** has worked in the Fund Office since February 2018. She started her career at the Fund Office as a receptionist, providing a friendly face to visitors as they came to the office, and feeling privileged to meet and speak with the members. For the last two years she has worked in the Claims Department processing medical claims. Here is her story in her own words.

work in a job related to social work, many of the skills and knowledge I gained over the years have been a good contribution to my role at the Fund Office. Though I don't have much contact with our members now, during the time that I worked as a receptionist I was able to listen to our members' needs and provide empathy through the frustrations they faced navigating through their healthcare.

**Q: What do you think the members would be most surprised about regarding the Fund Office and/or the benefit funds?**

**A.** I think some of our members, specifically the younger population, would be surprised to know all that the benefit plan covers. Sometimes the younger generation may not take the time to get to know their plan. I personally would encourage our members to read the Summary Plan Description handbook or scroll through the website and become familiar with the plan. You may not need it now, but at some point, it will be beneficial.

**Q: What is the biggest misconception about the Fund Office and/or about the benefit funds?**

**A.** I believe a common misconception is that if we can't get to a member's call right away that means we don't care. I can assure you that all of us at the Fund Office care, and we are working diligently to meet all your needs.

**Q: What is the single most important thing the members should know about the funds?**

**A.** Our members should know that we have a genuine desire to provide the best customer service to them.

**Q: What has been the most difficult part of your job given the Covid-19 pandemic?**

**A.** The most difficult part of the pandemic was balancing my own anxieties surrounding the virus, while also trying to adjust to working remotely for an extended amount of time.

**Q: What has working in your role during a pandemic taught you about your job, your co-workers and/or the office?**

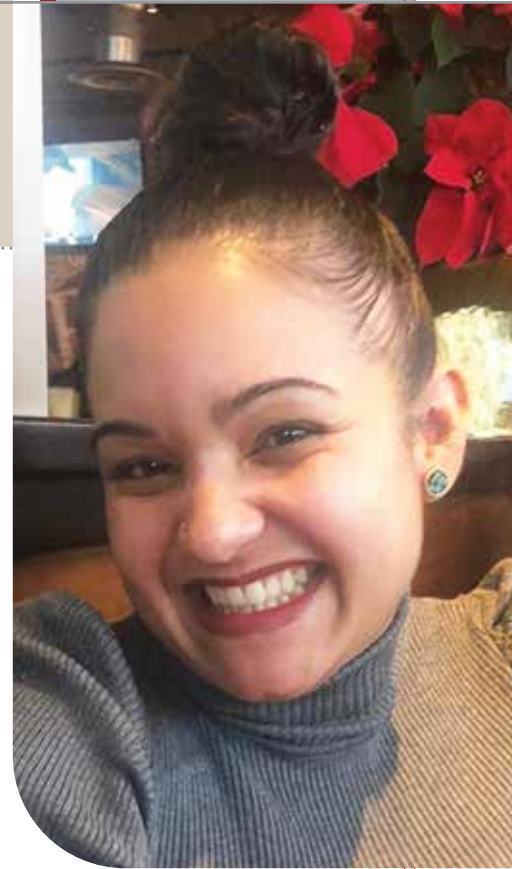
**A.** Working during a pandemic showed me a different side to my coworkers. I am most appreciative of my colleagues who made working from home a smooth process. Although we were not able to see each other, we worked as a team to continue servicing our members.

**Q: What has the Covid-19 pandemic taught you about yourself? Your job? The members who depend on the Fund Office?**

**A.** Working through a pandemic taught us all resilience and the ability to adapt to change. For some, change can be very challenging. Somehow, we have all been able to adjust to a new "normal."

**Q: What do you think is the secret to the Fund Office working so successfully for the members?**

**A.** I think I can speak for everyone at the Fund



Office in saying that we all genuinely love our jobs, and that allows us to work so successfully for the members.

**Q: What are your passions/hobbies/interests outside of work?**

**A.** Outside of work I enjoy spending time with my three pups, bingeing my favorite shows on Netflix, and eating seafood!

**Q: Can you offer a quote about your role in the office or about the Fund Office in general?**

**A.** "Just one small positive thought in the morning can change your whole day." -Dalia Lama



# Important Forms Now Available on the Member Portal

MY  
BENEFITS  
CENTER

[Register / Login](#)

Quick Search

Search

[Search the Knowledge Base](#)



If you haven't visited the My Benefits Center member portal in a while, or ever, it's time to see how our portal can help you get your questions answered and help you navigate your member benefits. We are constantly making improvements to better serve the needs of our members.

**Answers** to almost any question you may have about the benefit plans can be found on My Benefits Center as the information on the portal is the same information used by our staff in the Fund Office.

The member portal was "opened for business" about two years ago with our newer members being the first group to use the portal when they used it to enroll in their benefit plans. Since then, a number of enhancements have been made to the portal including the

addition of explanation of benefits (EOB) statements and improved security through SMS two-factor authorization to log in. Coming in early 2022, the portal will offer online copies of your tax forms, online retirement applications, and the ability to make monthly healthcare premium payments for

retirees who do not have their payment deducted from their monthly pension or those members paying for COBRA coverage.

Those seeking the 1099R and 1095B tax forms beginning with

tax year 2020, will soon be able to easily find them on the My Benefit Center portal. The 1099R form is for distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc. The 1095B is used to report the type of health coverage you carry. Once forms for tax year 2021 are available, these forms will also be available on the portal for members to download for preparing taxes for 2021. (You must contact the Fund Office if seeking tax forms prior to tax year 2020.)

If you are planning to retire soon you will be happy to have the process made a little easier with the addition of an online application for the Local 26 pension and annuity soon to be available on the member portal. Once a retiree notifies the EWTF of their plans

to retire, the retirement application on the member portal will be unlocked for the member to fill out and submit to the Fund Office. The portal will not, however, host the retirement applications for the IBEW International pension or the NEBF pension. Applications for those pension funds will still need to be requested through the IBEW at [www.ibew.org](http://www.ibew.org) and NEBF at [www.nebf.com](http://www.nebf.com).

Additionally, those paying for COBRA health care coverage and retirees who do not have their monthly health plan premium deducted from their pension will soon be able to make their payment online through the portal. Thanks to the enhanced security features of the portal, members can safely enter their credit card or bank account information online to pay for their health plan premium. The portal can even send out a reminder to you when your premium payment is due each month.

Take some time to visit the My Benefits Center member portal found on the EWTF website at [www.ewtf.org](http://www.ewtf.org). From your computer, smartphone or tablet, click



the blue box at the top right corner of the EWTF homepage. Answers to almost any question you may have about the benefit plans can be found on My Benefits Center as

Take some time to visit the My Benefits Center member portal found on the EWTF website at [www.ewtf.org](http://www.ewtf.org).

the information on the portal is the same information used by our staff in the Fund Office. The portal enables our members to get their questions answered right away, at

any hour of the day, any day of the week.

As a reminder, the portal is also the easiest place to update your contact information, so you may continue to receive correspondences from the Fund Office and update your beneficiary designations. Life changes, including births, deaths, marriages and divorces, can change who you wish to be the beneficiary(ies) for your benefit funds. Such designations must be made by the benefit plan holder and may not be changed after the plan holder's death. Be sure to regularly confirm this information so you and your family can be prepared in the event of your passing. Additionally, you can access things such as information regarding the benefits you have accrued and the claims that have been submitted on your behalf to the health plan.

My Benefits Center is the best way to get all of the information you need to be fully engaged in your benefits and have access to an ever-growing pool of resources whenever and wherever you need them. And, "going green" by using the portal is an added bonus! ●







# Flu in the Age of Covid

**W**hat a difference a year makes! At this time last year people were just starting to get their Covid-19 vaccinations, restrictions were still in place regarding public gatherings and restaurants, theaters and office buildings were not quite open for indoor use. Now, however, a majority of Americans are vaccinated for Covid-19, and for the most part, people are able to gather, eat and work indoors. They just may still need to wear a mask as Covid infections fluctuate.

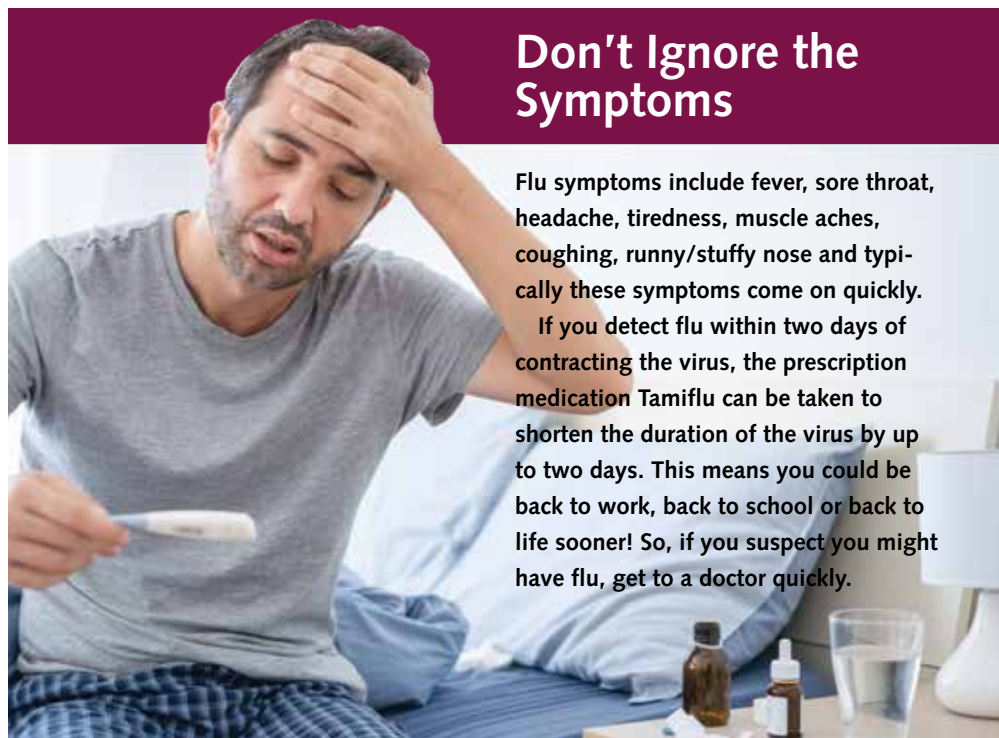
One of the things the medical and science communities learned last winter was that viruses, such as colds and flu, were kept at a minimum because people simply were not getting together, traveling or going to indoor places, and masks and social distancing were the norm. However, there is a downside to a reduced exposure to viruses—our immune systems are much more vulnerable this year and we did not gain any of the immunity we would have from exposure to viruses. Doctors are predicting that

the collision of flu with Covid this year could cause a “twindemic.”

As more Americans head out and resume life as normal, so too are the viruses that have long been around, such as flu. This is why, with all eyes and ears on Covid, the flu vaccine cannot be overlooked, particularly as we navigate the cold, winter months when flu

activity peaks. Prior to Covid, for the 2019-2020 flu season the Centers for Disease Control (CDC) estimated:

- ▶ 38 million people were ill with flu
- ▶ 18 million people went to a health care provider for flu
- ▶ 400,000 people were hospitalized with flu
- ▶ 22,000 people died from influenza



## Don't Ignore the Symptoms

Flu symptoms include fever, sore throat, headache, tiredness, muscle aches, coughing, runny/stuffy nose and typically these symptoms come on quickly.

If you detect flu within two days of contracting the virus, the prescription medication Tamiflu can be taken to shorten the duration of the virus by up to two days. This means you could be back to work, back to school or back to life sooner! So, if you suspect you might have flu, get to a doctor quickly.



► Vaccination prevented more than 7 million flu illnesses, 105,000 hospitalizations, and 6,300 flu-related deaths

This past November, the CDC noted a spike in flu cases among young adults and children, two groups that typically drive the community spread of the virus. Especially noteworthy is the spread of flu on college campuses. With these college students home for the holidays, they may have brought more home with them than just their dirty laundry!

Even though flu is a relatively common virus and flu vaccines have been around for more than 75 years, flu can still be dangerous, generally to the same populations of people at serious risk for complications from Covid—the elderly, the very young and those with underlying health risks. If flu spreads significantly, our hospitals could be overrun with flu patients right at a time when hospitals need to remain prepared to serve the potential challenges that Covid could bring.

It is important to know that the Covid vaccine does not offer protection from flu, just as the flu vaccine does not offer protection from Covid. The flu vaccine offers protection from four different strains of the flu virus so if you had flu this season without being vaccinated, you should still get the flu vaccine since you would have only had one strain of the virus, leaving yourself, without vaccination, still susceptible to three other strains of the flu virus.

Ideally, you should receive a flu vaccine by the end of October but



## HAVE YOU BEEN BOOSTED?

Yes, the all three Covid vaccines require a booster shot in order to be most effective over the long haul. Research has shown that the effectiveness of the vaccines wanes over time and a booster shot provides an optimal level of protection.

The booster shot is only for those 18 and older. Those who received the Johnson and Johnson one-shot vaccine are eligible to receive a Covid booster shot two months after their original vaccination and those who received the Pfizer or Moderna vaccinations are eligible to receive their booster shot six months after their second dose of their original vaccination. It is safe to mix and match brands of vaccinations when you receive your booster shot. For example,

if you originally received the Johnson and Johnson one-dose vaccine, it is perfectly safe to receive the Pfizer vaccine as a booster.

The possible side effects of the booster shot are the same as the possible side effects of the original vaccination and very similar to the possible side effects of the flu shot—sore arm, fever, body aches, and chills to name just a few. The presence of side effects does not mean that you are sick with Covid and many people experience no side effects at all.

Just like the original Covid vaccination, you can receive the booster shot at so many convenient locations, such as local grocery stores, drug stores, county health clinics, and doctor's offices.

it is still beneficial to get the vaccine at any time during the winter when flu season is most active. The flu vaccine is one that needs to be administered annually so the vaccine you may have received last year is not effective for this year. The vaccine needs to match the flu strains in circulation and those strains change yearly. Those age six months and older are eligible to receive the flu vaccine and it is SAFE to receive the flu vaccine with the Covid vaccine.

Flu spreads exactly like Covid, through droplets from coughing, sneezing and talking and when a person touches a surface or object that has flu viruses on it and then touches their own eyes, mouth or nose. The same masks, disinfecting, social distancing, and vaccination efforts that help prevent the spread of Covid also prevent the spread of flu. So many of the things we have already gotten used to doing are the things we should be continuing to do to also stay safe from flu! ●



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If losing weight, spending less and exercising more have worn out their welcome as your annual New Year's resolutions, shift gears and try these resolutions, which happen to be EWTF favorites:

- \* Sign in to the Member Portal and actively use it.
- \* Get to know the Summary Plan Descriptions of the benefit funds.
- \* Confirm and/or update your beneficiary information.
- \* Take full advantage of your health plan benefits to live your life in good health.
- \* Understand how the funds in your pension and IA plans are invested.
- \* Be aware of and take good care of your mental wellbeing.
- \* Look out for those you love, those you work with, and those you know, and be your brothers'/sisters' keeper.

