

**Senate Benefits and Welfare Committee
University of Pittsburgh
Minutes of February 8, 2022**

10:30-Noon Zoom

Attendees:

Joanne Prasad, John Kozar, Miriam Meislik, Christina Newhill, Doris Dick, Angie Coldren, Natasha Tokowicz, Tamika Banks, Sue Jones, Anjali Sachdeva, Gosia Fort, Luke Berenbrok, Ann Mitchell, Filip Barbaric, Sachin Velankar, James Gallaher, Harvey Wolfe, Irene Kane, Robin Kear

Guest Speakers:

Bill Thomas, Davis Vision
Roosevelt Allen, Concordia Dental
Megan Roesing, Concordia Dental

Minutes taken by: Linda Tashbook

Topic	Discussion	Action to be Taken
Call to Order		
Committee Business	<ul style="list-style-type: none"> • Vote on previous meeting's minutes will be done by email. • Next meeting will be Tuesday March 15 at 10:30 a.m. via Zoom. 	LT sending email to voting members.
Benefits Report	<ul style="list-style-type: none"> • The Benefits Department is continuing to work with MetLife on the transition of leaves from Faculty Records to our group. It has been a bit of a "bump" start but all of the early problems are being addressed. • The Open Enrollment Period will begin April 27 and run through May 25th. Once again it will be a four-week period since we are still working through some of the start-up issues with the Oracle Cloud system. • On a related note, the Medical Advisory Committee meeting will be conducted on Friday, February 11th. That Committee consists of members of both faculty and staff in addition so members of HR. The Committee will review the history of the medical plan and the changes that have occurred over time, survey information, utilization data, and the projected renewal information. 	

	<ul style="list-style-type: none"> Faculty and staff traveling outside of the UPMC service area now have access to the Cigna PPO network. 	
<p>Topic</p>	<p>Pitt’s Dental and Vision Benefits Through a Diversity, Equity, and Inclusion Lens</p> <p>We know, generally in society, that people who do not have dental and vision insurance tend to be people who do not have extra money to pay for that insurance...or for visits to the dentist or the eye doctor.</p> <p>We also know that there are vision and dental conditions that can be avoided if people get routine dental and vision care.</p> <p>Some of the literature that I listed in our agenda shows that the higher incidence of poverty among minority populations correlates with higher incidences of vision and dental problems in those populations-- due not only to a lack of insurance but a lack of <i>quality</i> insurance.</p> <p>Here is one example: A report from the American Academy of Ophthalmology, which is one of the sources linked on our agenda shows that “researchers followed 21,766 patients with newly diagnosed open-angle glaucoma (OAG) enrolled in Medicaid or a large U.S. managed care network.</p> <p>Nearly half (49%) of all OAG patients with Medicaid insurance had no record of any glaucoma testing in the first 15 months following the initial diagnosis, while only 1 in 5 (21%) with commercial health insurance had no record of any glaucoma testing. Moreover, the odds of receiving no glaucoma testing in patients with Medicaid coverage, when compared with those with commercial coverage, were 198% higher for Whites, 291% higher for Blacks, and 167% higher for Hispanics.</p> <p>‘Even within the Medicaid group, all of whom have lower socioeconomic status, Black patients with a blinding eye disease are less likely to be adequately followed than their majority population counterparts.’”</p> <p>Here is an example from the article in <u>American Journal of Public Health</u> titled --Insurance-Related Barriers to Accessing Dental Care Among African American Adults With Oral Health Symptoms in Harlem, New York City-- “The limited dental services provided by adult Medicaid is associated with a lower likelihood of obtaining dental care^{11,19} and potentially poorer quality care (i.e., a higher prevalence of tooth extractions rather than more expensive root canals)^{3,22,23} among African American adults.” ...</p> <p>Private insurance doesn’t cover needed treatment: “Participants also described how their insurance would only pay for an extraction, but better treatment that preserved the tooth</p>	<p>Action to be Taken</p>

would have to be paid for out of pocket. A 42-year-old man with a toothache described how his private insurance would only cover an extraction, although his dentist had recommended a root canal during a visit 6 months earlier.”

Inability to Find Dentists Who Accept Their Dental Insurance -What about our United Concordia insurance?

Question for Joanne Prasad:

Dr. Joanne Prasad is a member of this committee and I’ve asked her to brief us on the dental perils of not getting regular checkups. What are some of the health and social ramifications of not getting routine and preventative dental care?

Dr. Prasad reported that dental decay is the most common chronic condition affecting children and adults here in the United States, and that it is five times more common than asthma in children. Health disparities exist with regards to oral health: Certain groups such as Native Americans and Black Americans are more likely to have untreated dental decay and are more likely to suffer from more severe disease than White Americans. Disparities also exist with regards to dental insurance coverage. Having dental coverage is not always equal to having good coverage or equal access to care. Public dental insurance, for example, may cover an extraction but not a root canal to save the tooth. Furthermore, the replacement options following tooth extraction are not always optimal. And it can be hard for patients to find a provider who will accept their insurance. Dr. Prasad emphasized the importance of receiving good preventing care. She also added that having untreated periodontal disease and inflammation has been linked to heart disease.

I would like to introduce our guests

DR. NATASHA TOKOWICS, Equity, Inclusion and Anti-Discrimination Advocacy Committee

ROOSEVELT ALLEN, DDS, MAGD, ABGD

Vice President & Dental Director

Government Business

Email: roosevelt.allen@ucci.com

UNITED CONCORDIA DENTAL

MEGAN ROESING,

National Director, Enterprise Accounts

megan.roesing@ucci.com

UNITED CONCORDIA DENTAL

BILL THOMAS,
Director of National Accounts
william.thomas@versanthealth.com
DAVIS VISION

The following links take you to listings that show all of the treatments and equipment that are available through our dental and vision insurance. Faculty and staff can select from an array of insurance coverage options from both United Concordia Dental and Davis Vision.

Pitt's dental plan coverage <https://www.hr.pitt.edu/current-employees/benefits/health-wellness/dental-plans-and-rates>

Pitt's optical plan coverage <https://www.hr.pitt.edu/current-employees/benefits/health-wellness/vision-plans-and-rates>

Fundamental question for insurance reps:

Why should people have dental and/or vision insurance?

Question for Megan Roesing and Dr. Allen:

What can you tell us about United Concordia and Diversity, Equity, and Inclusion?

Does United Concordia keep track of and utilize research indicating whether any dental conditions particularly affect minority communities?

Is United Concordia dental insurance widely accepted by dental practices?

Does United Concordia cover treatments, such as root canals, or does it encourage extractions rather than treatment?

Answers: United Concordia is conscientious about equity, inclusion, and diversity in every facet of its operations from its fundamental philosophy to the array of conditions that it covers, to its relationships with dental schools and dental hygiene schools (via scholarships and mentorships), to its supplier contracts, to its participation in the community, and its own employment practices. Dr. Allen narrated a comprehensive slide presentation demonstrating the company's DEI practices. The company is vigilant in remaining informed about the social determinants of dental health. And, yes, the insurance is widely accepted in Western Pennsylvania. This insurance does cover root canals and other treatments so that patients are not coerced to have unnecessary extractions. Upon request, LT will provide copies of the PDF's and PowerPoint from the United Concordia guests. Just let me know if you want any of these documents.

Questions from C. Newhill:

Why aren't nighttime mouth guards covered? (Note: In the Zoom chat, four additional

attendees expressed desire to have these covered by insurance.)

Answer: Pitt Benefits has not asked for them. They are probably covered by medical insurance if they are necessary for temporomandibular joint disorder. *Subsequent note:* UPMC Health Plan does not cover these devices. J. Kozar is looking into adding them to our dental coverage.

Question for Bill Thomas:

Does our Davis Vision coverage include glaucoma testing?

Does Davis vision keep track of and utilize research indicating whether any eye conditions particularly affect minority communities?

Answers: Davis Vision insurance covers the full cost of standard eye exams including glaucoma testing. Bill notes that when an eye exam identifies a medical problem, such as a detached retina or glaucoma, the patient is referred to an ophthalmologist (i.e. medical doctor) and the patient's medical insurance will then pay to treat the eye condition.

Questions for J.Kozar: Isn't it true that someone who does not have the vision insurance can at least use their Flexible Spending Account (pre-tax) to pay for an optometry exam?

What does Pitt's usage data show about the demographics of faculty and staff who either do or don't opt in to these insurance plans?

Answers:

Yes, if you pay for the vision exam using your FSA card (or your credit card and then you get reimbursed by your FSA account or health savings account) then it is as if you are getting a discount on the eye exam because the money that goes into your Flexible Spending Account or Health Savings Account is allocated before income tax is withheld from it.

JK showed Pitt's dental and vision usage data according to age, gender, and race. All of the data shows consistent usage numbers among groups. Basically, around 76% of Pitt faculty and staff have the dental insurance and around 65% of faculty and staff have vision insurance. (I am writing notes quickly and am not sure that I caught the exact percentage of employees with vision insurance, but it was in the 60's.)

Question from N Tokowicz: What about the 24% who don't have dental insurance? Who are those people and what can we do to help them?

Answer: Employees have a variety of reasons for opting out of the dental and vision insurance. Some are covered by a spouse or other family member. Some just prefer to pay out of pocket and save on the price by using the FSA card and then also deduct the cost as a medical expense. Some have dental students clean and examine their teeth for free. (Prior to graduation, the dental students have to demonstrate their clinical skills and will not only

	advertise, but even sometimes pay people to serve as their patients.). We have no data or input suggesting that particular demographic groups among Pitt faculty and staff lack dental or vision insurance.	
Adjournment	12:05	