

## Transcript: Estefania

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### Full Transcript

Your call may be monitored or recorded for quality assurance purposes. Hey, good afternoon. I'm calling from Benefits in a Card on behalf of BGS. We're currently processing an enrollment form that you filled out for the staffing agency. It looks like you filled it out on March 36. It looks like you selected to be enrolled into one of the plans, but you also selected not to participate. Um, so I was actually calling to see if you did want to enroll or if you wanted to decline the coverage. Uh, which coverage is that? So, you filled out an enrollment form on March 26 for the healthcare ... Oh, yes, ma'am. Okay, about that, okay, I didn't want none, uh, none of that. I just wanted the, the vision, but it made me click on one of them to ... Yeah. ... process the... And I didn't, I didn't want none of that. Oh, okay. And... So you just want vision? Yes, ma'am. That's the only thing I wanted. I wanted vision and the primary, um, care. Okay. Yeah, I think that's the one that it selected. Um... Yes, ma'am. ... let me check real quick. It was Virtual Primary Care. Um, I do have to let you know... Yes. ... it's only virtual though, okay? It's not face-to-face. Oh, it's just o- over the phone. Correct, it's only via telephone or video call. Okay, uh... It, it's not like in person. Which one would be in person? Person? So they offer a Stay Healthy, NEC tolerance. That plan is your preventative plan, meaning it's gonna cover like a physical, some vaccines, some STD and cancer screening, your annual check-ups. But the NEC Stay Healthy plan does not cover doctor visits that's sick, urgent care, emergency room, nor surgeries. It does also require for you live in network to receive coverage. Um, they offer that one, and they also offer three other medical plans called the Standard, VIP Standard, VIP Classic and then the VIP Plus. These three plans are the ones that will cover doctor visits that's sick, hospital visits that's injured, urgent care, emergency room and surgeries. So they cover a flat fee towards those visits. Um, the Standard is the most basic one, because it doesn't cover intensive care, rehabilitation or preventive surgery, while the Classic and the Plus does. And the difference between the Classic and the Plus is the dollar amount that they pay towards those service. The Plus out of the three is gonna, um, is gonna pay off a little bit more in dollar amount than it would be the Classic, and then at the end it would be the Standard. And those don't require a network requirement. You do receive prescription benefits through PharmaVille. Um, but those don't cover preventative visits. So if you want your preventative services covered as well as your, um, out to a hospital emergency services, you would have to get the Stay Healthy and then one of the VIPs, 'cause they don't offer, of course, plan that covers both preventative and hospital emergency. You can choose the Stay Healthy which is the one that covers only preventative as well as your hospital emergency, which only covers, um, hospital emergency services if you do want to be covered for both ends. And how much is that? Um, for both of them or just for a specific one? Uh, this one, this second one. Okay. So there's the Standard, the Classic and the Plus. Um, the Standard... Um... ... is, is the one that doesn't cover... Yeah, this one doesn't cover. Yeah. Yeah, that one

doesn't cover intensive care, rehabilitation or preventive surgery. Um, but it does cover a flat fee towards your actual doctor visits, like urgent care, emergency room, surgeries. And then the Classic covers those four areas as well as the Pro. Plus however, um, the dollar amount that they pay towards the services are different. So I'm gonna give you an example. For surgery and hospitals, the Standard covers a flat fee of \$250 per day for an amount up to a day while your VIP Classic would cover \$500 per day for an amount up to a day and the VIP Plus would cover \$1,000 per day for an amount up to a day. A second example would be for surgery and physician office, the Standard covers a flat fee of \$125 per day for an amount up to three days. The Classic, \$250 per day for an amount up to two days as well as the VIP Plus. Then emergency room, the Standard covers \$50 per day for an amount up to two days while the Classic would cover \$50 per day for an amount up to two days and the VIP Plus covers \$100 per day for an amount up to two days. So it looks like the VIP Plus covers a little bit more towards that flat fee. The Classic covers everything the Plus does, um, but the Plus does cover a little bit more. And then the Standard doesn't cover intensive care, rehabilitation or preventive surgeries. But those VIPs... Okay. ... are only for your actual doctor visits. They're not gonna cover like, preventatives such as a physical, your annual check-ups, um, pap smears and... Okay. And how much is that? Not just Standard. Um, the Classic or the Plus? So Classic... Um, the... ... would be the middle one. Okay. And how, how much is that? That one's \$18.55 weekly from your paycheck. Then the Plus is \$29.74 weekly from your paycheck and then the Standard is... Okay. Do the, do the 29. Okay. And then that... That's the, that's the, that's the highest one, right? Correct. That's the one that pays a little bit more out of pocket towards those visits. Um, just... Okay. ... keep in mind that that plan will only cover a flat fee for things like urgent care, emergency room, doctor visits that's sick, hospitalization if injured and even some surgeries, but it does not cover preventatives such as a physical, vaccinations, cancer screenings..... STD screening. So your preventative visits are not covered for your ... Okay. Did you want to add the ME/PLRS which is the preventative plan, or did you want to leave that one off? That's the one that covers like the physical vaccines, STD/Cancer screenings. But that's it. I'm, I'm going to be honest with you, I don't like taking vaccine, um, vaccines because I never took one in my life. Oh, okay. So I- Okay. That's fine. Okay. Um, and then you said you wanted to add vision? Yes, ma'am. I do want vis- So vision has its copays. The copay for an eye exam that you would pay is \$10. Copay for lenses and frames is \$25. And then your frame allowance is \$130. Okay, that's the only one y'all have? Yes. They only offer one vision, dental... The only ones that there's copay from is the medical plans that I went over. The other ones, it's only one each. Okay, cool. Okay. I, I get that too. Okay. Um, that one for employee is \$1.99 from your paycheck. Did you want to a- anything else? So I have your medical plan, the WIP plus for \$29.24 monthly weekly, and vision for \$1.99 and a weekly deduction of \$31.73 weekly from your paycheck. Did you just wanna do those two? Yes, ma'am. Okay. So you're allowed one a week. And is th- Um, this is actually... Mm-hmm. If anything change, can I be able to, uh, get in contact with you or somebody else and do some more ch- Okay. Um, so I was about to let you know about that. The only period that you're eligible to enroll into new plans, or make changes like those, you can cancel at any time 'cause they don't have the restriction. But to add new plans or swap them out, you do have to be in your first 30 days of receiving your first check, or be within company open enrollment. Which let me see what month that falls on for BGS. So... Okay. That is gonna be... Give me one second. 'Cause after those 30 days you wouldn't be able to

make changes until the company, if were in company open enrollment. Um, they do that annually every year in the month of August. I don't have the updated date. Last year it was between August 19 up until September 27th. Um, so it's definitely in August for, at company open enrollment. So after those 30 days, if you do want to change your plan, which for the medical plan that you have, you have the highest paid plan. 'Cause you selected the VIP um, Plus. So that's the highest one either way. Um, but if you did want to add in the future like other plans, you do have to do it within the 30-day window of receiving your first check, or within company open enrollment. Because if you're not- Okay. ... within those periods then you wouldn't be able, and then you're gonna get told that you have to wait for the company to be within company open enrollment. Um, and I was gonna like- So basically... Mm-hmm. So basically I got the vision plan which I really need, and the highest VIP plan. Correct. That's basically, that's a, that's a, basically everything I need right there. Okay. And I was gonna tell you- That's like everything, yeah, that's everything rolled up into one really. Yes, sir. And I was gonna tell you, um, that it does, the plans don't start right away. So you do have to wait probably one or two weeks for BGS to make the first deduction of the \$31.73 from your paycheck. Once we see the first deduction- Okay, what about the vision? What about the vision? Because they stop- Yeah. So it's the same thing. Okay. So once you... They're gonna do the full deduction of \$31.73. So once you see the deduction of the \$31.73 come out of your check, the following Monday is when your plan becomes active. So it doesn't start right away, you have to allow the staffing agency to start making the first deductions from your paycheck. And once you see the first deduction, the following Monday your plans become active. By that first or second week of activation week, you should be receiving your vision card. For your VIP plus card, however, they normally don't mail that one out to you. So if you do want a physical card, once you become active that following Monday, you can contact us if you do want a physical one, and we can request it to the carrier. But you would have to be active for us to request it. And if you have an appointment coming up while you're waiting on your cards, you can just contact us and we can email them to you electronically. Okay. Cool. Cool. I like that. Okay. Okay. So now you just have to play the waiting game. Okay. All right. All right. Do you have any other questions for me? No, ma'am. I just want to know when can I start. So once you see the first... Um, because we don't actually work in BGS, we just administrate their healthcare benefits. Okay. So I wouldn't know when you're going to start, but I would just be paying attention to your pay stubs because once you start and you see that first deduction, the following Monday your plan becomes effective and they'll mail that out to you. Just remember that if you do want a physical medical card, that you have to call once you're active and we'll put in a request for the carrier to mail it out to you. Yes, ma'am. All right. Well I hope you have a great day. Thank you for your time. Yes, ma'am. Thank you. Thank you. Okay. Bye-bye. You have, um, blessed day. Thank you to too.

## Conversation Format

Speaker speaker\_0: Your call may be monitored or recorded for quality assurance purposes.

Speaker speaker\_1: Hey, good afternoon. I'm calling from Benefits in a Card on behalf of BGS. We're currently processing an enrollment form that you filled out for the staffing agency.

It looks like you filled it out on March 36. It looks like you selected to be enrolled into one of the plans, but you also selected not to participate. Um, so I was actually calling to see if you did want to enroll or if you wanted to decline the coverage.

Speaker speaker\_2: Uh, which coverage is that?

Speaker speaker\_1: So, you filled out an enrollment form on March 26 for the healthcare ...

Speaker speaker\_2: Oh, yes, ma'am. Okay, about that, okay, I didn't want none, uh, none of that. I just wanted the, the vision, but it made me click on one of them to ...

Speaker speaker\_1: Yeah.

Speaker speaker\_2: ... process the... And I didn't, I didn't want none of that.

Speaker speaker\_1: Oh, okay.

Speaker speaker\_2: And...

Speaker speaker\_1: So you just want vision?

Speaker speaker\_2: Yes, ma'am. That's the only thing I wanted. I wanted vision and the primary, um, care.

Speaker speaker\_1: Okay. Yeah, I think that's the one that it selected. Um...

Speaker speaker\_2: Yes, ma'am.

Speaker speaker\_1: ... let me check real quick. It was Virtual Primary Care. Um, I do have to let you know...

Speaker speaker\_2: Yes.

Speaker speaker\_1: ... it's only virtual though, okay? It's not face-to-face.

Speaker speaker\_2: Oh, it's just o- over the phone.

Speaker speaker\_1: Correct, it's only via telephone or video call.

Speaker speaker\_2: Okay, uh...

Speaker speaker\_1: It, it's not like in person.

Speaker speaker\_2: Which one would be in person?

Speaker speaker\_1: Person? So they offer a Stay Healthy, NEC tolerance. That plan is your preventative plan, meaning it's gonna cover like a physical, some vaccines, some STD and cancer screening, your annual check-ups. But the NEC Stay Healthy plan does not cover doctor visits that's sick, urgent care, emergency room, nor surgeries. It does also require for you live in network to receive coverage. Um, they offer that one, and they also offer three other medical plans called the Standard, VIP Standard, VIP Classic and then the VIP Plus. These three plans are the ones that will cover doctor visits that's sick, hospital visits that's injured, urgent care, emergency room and surgeries. So they cover a flat fee towards those visits. Um, the Standard is the most basic one, because it doesn't cover intensive care,

rehabilitation or preventive surgery, while the Classic and the Plus does. And the difference between the Classic and the Plus is the dollar amount that they pay towards those service. The Plus out of the three is gonna, um, is gonna pay off a little bit more in dollar amount than it would be the Classic, and then at the end it would be the Standard. And those don't require a network requirement. You do receive prescription benefits through PharmaVille. Um, but those don't cover preventative visits. So if you want your preventative services covered as well as your, um, out to a hospital emergency services, you would have to get the Stay Healthy and then one of the VIPs, 'cause they don't offer, of course, plan that covers both preventative and hospital emergency. You can choose the Stay Healthy which is the one that covers only preventative as well as your hospital emergency, which only covers, um, hospital emergency services if you do want to be covered for both ends.

Speaker speaker\_2: And how much is that?

Speaker speaker\_1: Um, for both of them or just for a specific one?

Speaker speaker\_2: Uh, this one, this second one.

Speaker speaker\_1: Okay. So there's the Standard, the Classic and the Plus. Um, the Standard...

Speaker speaker\_2: Um...

Speaker speaker\_1: ... is, is the one that doesn't cover...

Speaker speaker\_2: Yeah, this one doesn't cover. Yeah.

Speaker speaker\_1: Yeah, that one doesn't cover intensive care, rehabilitation or preventive surgery. Um, but it does cover a flat fee towards your actual doctor visits, like urgent care, emergency room, surgeries. And then the Classic covers those four areas as well as the Pro. Plus however, um, the dollar amount that they pay towards the services are different. So I'm gonna give you an example. For surgery and hospitals, the Standard covers a flat fee of \$250 per day for an amount up to a day while your VIP Classic would cover \$500 per day for an amount up to a day and the VIP Plus would cover \$1,000 per day for an amount up to a day. A second example would be for surgery and physician office, the Standard covers a flat fee of \$125 per day for an amount up to three days. The Classic, \$250 per day for an amount up to two days as well as the VIP Plus. Then emergency room, the Standard covers \$50 per day for an amount up to two days while the Classic would cover \$50 per day for an amount up to two days and the VIP Plus covers \$100 per day for an amount up to two days. So it looks like the VIP Plus covers a little bit more towards that flat fee. The Classic covers everything the Plus does, um, but the Plus does cover a little bit more. And then the Standard doesn't cover intensive care, rehabilitation or preventive surgeries. But those VIPs...

Speaker speaker\_2: Okay.

Speaker speaker\_1: ... are only for your actual doctor visits. They're not gonna cover like, preventatives such as a physical, your annual check-ups, um, pap smears and...

Speaker speaker\_2: Okay. And how much is that? Not just Standard.

Speaker speaker\_1: Um, the Classic or the Plus? So Classic...

Speaker speaker\_2: Um, the...

Speaker speaker\_1: ... would be the middle one.

Speaker speaker\_2: Okay. And how, how much is that?

Speaker speaker\_1: That one's \$18.55 weekly from your paycheck. Then the Plus is \$29.74 weekly from your paycheck and then the Standard is...

Speaker speaker\_2: Okay. Do the, do the 29.

Speaker speaker\_1: Okay. And then that...

Speaker speaker\_2: That's the, that's the, that's the highest one, right?

Speaker speaker\_1: Correct. That's the one that pays a little bit more out of pocket towards those visits. Um, just...

Speaker speaker\_2: Okay.

Speaker speaker\_1: ... keep in mind that that plan will only cur- cover a flat fee for things like urgent care, emergency room, doctor visits that's sick, hospitalization if injured and even some surgeries, but it does not cover preventatives such as a physical, vaccinations, cancer screenings..... STD screening. So your preventative visits are not covered for your ...

Speaker speaker\_3: Okay.

Speaker speaker\_1: Did you want to add the ME/PLRS which is the preventative plan, or did you want to leave that one off? That's the one that covers like the physical vaccines, STD/Cancer screenings. But that's it.

Speaker speaker\_3: I'm, I'm going to be honest with you, I don't like taking vaccine, um, vaccines because I never took one in my life.

Speaker speaker\_1: Oh, okay.

Speaker speaker\_3: So I-

Speaker speaker\_1: Okay. That's fine.

Speaker speaker\_3: Okay.

Speaker speaker\_1: Um, and then you said you wanted to add vision?

Speaker speaker\_3: Yes, ma'am. I do want vis-

Speaker speaker\_1: So vision has its copays. The copay for an eye exam that you would pay is \$10. Copay for lenses and frames is \$25. And then your frame allowance is \$130.

Speaker speaker\_3: Okay, that's the only one y'all have?

Speaker speaker\_1: Yes. They only offer one vision, dental... The only ones that there's copay from is the medical plans that I went over. The other ones, it's only one each.

Speaker speaker\_3: Okay, cool. Okay. I, I get that too.

Speaker speaker\_1: Okay. Um, that one for employee is \$1.99 from your paycheck. Did you want to a- anything else? So I have your medical plan, the WIP plus for \$29.24 monthly weekly, and vision for \$1.99 and a weekly deduction of \$31.73 weekly from your paycheck. Did you just wanna do those two?

Speaker speaker\_3: Yes, ma'am.

Speaker speaker\_1: Okay. So you're allowed one a week.

Speaker speaker\_3: And is th-

Speaker speaker\_1: Um, this is actually... Mm-hmm.

Speaker speaker\_3: If anything change, can I be able to, uh, get in contact with you or somebody else and do some more ch-

Speaker speaker\_1: Okay. Um, so I was about to let you know about that. The only period that you're eligible to enroll into new plans, or make changes like those, you can cancel at any time 'cause they don't have the restriction. But to add new plans or swap them out, you do have to be in your first 30 days of receiving your first check, or be within company open enrollment. Which let me see what month that falls on for BGS. So...

Speaker speaker\_3: Okay.

Speaker speaker\_1: That is gonna be... Give me one second. 'Cause after those 30 days you wouldn't be able to make changes until the company, if were in company open enrollment. Um, they do that annually every year in the month of August. I don't have the updated date. Last year it was between August 19 up until September 27th. Um, so it's definitely in August for, at company open enrollment. So after those 30 days, if you do want to change your plan, which for the medical plan that you have, you have the highest paid plan. 'Cause you selected the VIP um, Plus. So that's the highest one either way. Um, but if you did want to add in the future like other plans, you do have to do it within the 30-day window of receiving your first check, or within company open enrollment. Because if you're not-

Speaker speaker\_3: Okay.

Speaker speaker\_1: ... within those periods then you wouldn't be able, and then you're gonna get told that you have to wait for the company to be within company open enrollment. Um, and I was gonna like-

Speaker speaker\_3: So basically...

Speaker speaker\_1: Mm-hmm.

Speaker speaker\_3: So basically I got the vision plan which I really need, and the highest VIP plan.

Speaker speaker\_1: Correct.

Speaker speaker\_3: That's basically, that's a, that's a, basically everything I need right there.

Speaker speaker\_1: Okay. And I was gonna tell you-

Speaker speaker\_3: That's like everything, yeah, that's everything rolled up into one really.

Speaker speaker\_1: Yes, sir. And I was gonna tell you, um, that it does, the plans don't start right away. So you do have to wait probably one or two weeks for BGS to make the first deduction of the \$31.73 from your paycheck. Once we see the first deduction-

Speaker speaker\_3: Okay, what about the vision? What about the vision? Because they stop-

Speaker speaker\_1: Yeah. So it's the same thing.

Speaker speaker\_3: Okay.

Speaker speaker\_1: So once you... They're gonna do the full deduction of \$31.73. So once you see the deduction of the \$31.73 come out of your check, the following Monday is when your plan becomes active. So it doesn't start right away, you have to allow the staffing agency to start making the first deductions from your paycheck. And once you see the first deduction, the following Monday your plans become active. By that first or second week of activation week, you should be receiving your vision card. For your VIP plus card, however, they normally don't mail that one out to you. So if you do want a physical card, once you become active that following Monday, you can contact us if you do want a physical one, and we can request it to the carrier. But you would have to be active for us to request it. And if you have an appointment coming up while you're waiting on your cards, you can just contact us and we can email them to you electronically.

Speaker speaker\_3: Okay. Cool. Cool. I like that. Okay.

Speaker speaker\_1: Okay. So now you just have to play the waiting game.

Speaker speaker\_3: Okay.

Speaker speaker\_1: All right.

Speaker speaker\_3: All right.

Speaker speaker\_1: Do you have any other questions for me?

Speaker speaker\_3: No, ma'am. I just want to know when can I start.

Speaker speaker\_1: So once you see the first... Um, because we don't actually work in BGS, we just administrate their healthcare benefits.

Speaker speaker\_3: Okay.

Speaker speaker\_1: So I wouldn't know when you're going to start, but I would just be paying attention to your pay stubs because once you start and you see that first deduction, the following Monday your plan becomes effective and they'll mail that out to you. Just remember that if you do want a physical medical card, that you have to call once you're active and we'll



put in a request for the carrier to mail it out to you.

Speaker speaker\_3: Yes, ma'am.

Speaker speaker\_1: All right. Well I hope you have a great day. Thank you for your time.

Speaker speaker\_3: Yes, ma'am. Thank you.

Speaker speaker\_1: Thank you.

Speaker speaker\_3: Okay. Bye-bye. You have, um, blessed day.

Speaker speaker\_1: Thank you to too.