

## Transcript: Estefania

**Acevedo-4884231421083648-5948779112611840**

### Full Transcript

Thank you for calling Benefits in a Card. My name is Stephanie. How can I assist you? Hi. Um, I just need to sign up for benefits. Okay. Yes, ma'am. Let's see. What staffing agency do you work for? I work for ManCan. And what are the last four of your Social? 6368. Okay. Your first and last name? Uh, Samantha Hunter. For security purposes, can you verify your address and date of birth? It's 510 Mitchell Avenue, and then it... You said what? My birthday? Mm-hmm. And... Okay, so 510 Mitchell Avenue, Mount Vernon, Ohio 43050. And my birthday is August 18th, 2000. Okay, thank you. August 18, 2000. And then I have 740-501-7217 as your phone number? Yep, that's fine. 741-501-7217. And sammy... I have sammyandhunter1a at gmail.com. Is that okay? Yes, ma'am. Okay. And then did you know what you wanted to be enrolled into already or did you want me to go over the plans with you? Um, I know that I would like, uh, like, um, medical. Mm-hmm. I need to get my, my knee looked at, and then I also need to get my anxiety medication filled. Okay. So all of our medical plans that they offer, which is, let me see, they offer in total three different medical plans. Those three, um, all have prescription benefits with them. Okay. But if you want, I can just go over the plans and then from there you can just let me know which you wanted to be enrolled into. Um- Yeah, okay. If you want, I'll just give you- Let's do that and then how long... Sorry, how long will it take for it to be, become active once I sign up? So typically, once you sign up, you have to allow one or two weeks for ManCan to start making the first deduction from your paycheck. Um, it typically takes one or two weeks from the time that you enroll, but in some cases, it has taken longer. So if I'm honest, it really just depends on your staffing agency and when they do the first deduction from your paycheck. Because once they do the first deduction, let's say you get paid Friday, the following Monday, your plans will become effective. So it starts on the following Monday of the first deduction from your check. Okay, 'cause I get paid- Mm-hmm. ... this week on Wednesday, so I'm wondering- Yeah. ... if it'll kick in next week. Hmm, I don't think so. It typically takes one or two weeks if I'm honest. And like I said, in some cases, very rare, but I have seen it happen before, it takes a little bit longer. So it really just depends on your staffing agency. Um, since we're just the healthcare administrators for them, we don't have access to their pay stubs or payrolls. So I wouldn't be able to tell you if it might be one or two weeks or a little longer. Okay. So it just depends on ManCan. Okay. That's okay. And I was gonna, I was gonna let you know, um, that it looks like... Let me look. So it looks like all of their plans are under a IRS regulation called Section 125. So what Section 125 is, it allows you to pay these plans with pretax dollars. However, if you do wanna cancel these plans or make changes to your fee plan, your last day to do so would be within company open enrollment. So let's say you do enroll into any of these benefits and later on you want to cancel them or add changes- Mm-hmm. ... to them, to do that you have to be within company open enrollment, which your last day to make those changes or

cancellations to drop the plans would be May 30th. After May 30th, you would have to wait a year, um, to cancel or to make changes to them, which it would be within the month of April when they're back within company open enrollment. So I just wanna- Okay. ... inform you about that just so that you have it aware as I go over the plans, just so that you're sure- Okay. ... which one you wanna be enrolled into 'cause if you do enroll and later on change your mind and wanna cancel, you do have to call, um, before May 30th to do so, 'cause if you wait after the 30th, they're gonna tell you you have to wait when they're back within company open enrollment, which that means next April. Okay. Okay? So I'm- That's, that's o- that's okay. Mm-hmm. Anything- Um, are any of the plans here... So like there's... You said there's three, so it's the StayHealthy, the VIP- Mm-hmm. ... and then the VIP Classic? Yes. So there's only three, which is the StayHealthy and UC TeleREPS and then the two VIPs. The StayHealthy plan is only a preventative plan, meaning it's only gonna cover things such as a physical, some vaccines, some STD and cancer screenings. But that plan doesn't cover any of your doctor visits if you get sick, none of your hospital visits, none of your urgent care and no emergencies, um- Okay. ... surgeries. So it's only for your preventative visits. In other words, like for your annual checkups. And it does require you to stay within a network, meaning you can only use the doctors and clinics that they provide. If they're not within the network- Hmm. ... you're not gonna be covered. Um, so that one does have- Okay. ... pay for care benefits though through Medimpass. What's- And, um, they offer membership with 3RS which gives you access to the top 90% generic drugs prescribed in the US. Cool. 3RS, that's cool. Thank you. And again, that's only a preventative plan. So for that one, if you select that one, you would have to pay from your paycheck \$15.70. So that's the preventative. And then the two VIPs, which is the Standard and the Classic, those two are the ones that do cover doctor visits if sick, hospitalization if injured-... urgent care, emergency room and surgeries. However, the VIPs don't cover your preventative care. So they wouldn't cover what your Stay Healthy plan covers, which is like a physical, um, your yearly checkups, vaccines, ST and cancer screening. The VIPs don't cover that. Only the Stay Healthy does. So they don't offer a fourth plan that covers both areas, being preventative and hospital indemnity. So if you did want to have preventative care covered as well as your hospital indemnity, you would have to select the Stay Healthy and one of the VIPs. But you just got to keep in mind that is two separate deductions from your paycheck. Um, and the VIPs don't require a in-network, meaning you can use any provider you want as long as they accept the insurance. You do receive prescription benefits as well, but through Pharmacoville. Depending on the generic medication that it is, depends on how much you spend and for the non-generics they offer you a discount. These two plans include virtual urgent care which offers medical assistance virtually with medical providers and they cover a flat fee towards your services. Out of the two, the standard one is the most basic 'cause it doesn't cover intensive care, rehabilitation, or preventive surgery while your VIP Classic does. So if you select the VIP Standard for employee only that's \$16.22 weekly. And for the VIP Classic, it would be \$17.88 weekly. So those are your three medical plans. Okay. Would they cover, uh, the VIPs, would they cover, uh, like imaging? Like, uh, if I have to get an M- I think I have to get an MRI on my knee? So... So, um, in the state guide it says medical imaging tests. Um, I wouldn't be able to tell you specifically if it covers that particular service but on the guide it does says medical imaging tests. Uh, it says \$100 per day for a max of a day. So it looks like you'll only cover \$100 for one day. Okay that's fine. Um, what one would you recommend, like if you're being completely

honest with me so I don't make the wrong decision? So unfortunately since... for liability issues I'm not allowed to give you recommendations but I can tell you that the Stay Healthy NEC is... that one's only for like a physical, like your yearly checkups. It doesn't cover no hospital visits so it's not going to cover no medical imaging whatsoever. Um- What's the difference between the VIP Standard and the VIP Classic? The Standard doesn't cover intensive care, rehabilitation nor preventive surgeries and the VIP Classic does. As well as the VIP Classic covers a little bit more out of pocket towards your services than the Standard. So a good example is for surgery and hospital the Standard covers a flat fee of \$250 per day for a max of a day while your VIP Classic would cover \$500 per day for a max of a day. And for surgery and physician the Standard covers \$125 per day for a max of two days while your VIP Classic covers \$250 per day for a max of two days. Um, so in some areas it covers more as well as like ambulance, ground or air. Uh, for the Standard if they get you in ground they'll cover \$50. If they get you in ground with the Classic they'll cover \$100 and then for air they'll cover 100... Okay, I think I want to sign up... Okay. I think I want to sign up for the VIP Classic 'cause I just... I have a feeling that they are going to do surgery on my knee. Okay. Okay. So the VIP Classic that's \$17.88, um, from your paycheck and then did you want to do any other plans? They also offer additional plans which is like short term, vision, dental, um, behavior health, term life, 24 hour, group accident. Would you like any of those? Um... How much is the dental? So dental for employee only is \$3.38 weekly from your paycheck. A preventative visit's covered at 100%. Something basic like a, a cleansing of the teeth, that's covered at 80%. Basic restorative, meaning if they had to fill in a cavity that's covered at 80%. X-rays are also covered at 80% and your annual maximum is \$500 with your dental plan. With dental you do have to pay a one-time deductible if you select the individual plan of \$50 but that one-time deductible you only pay once. Okay. Um, I'll go ahead and add the dental on there. Okay. Did you want to do anything else? No. Okay. And then did you want to do employee only for the plans? Yeah. Okay so I have the VIP Classic which is your medical plan for \$17.88 weekly and then dental for \$3.38 weekly. Um, that would be a weekly deduction of \$21.26 from your paycheck. That's fine. Okay. So let's see. Like I said please allow one or two weeks for your staffing agency to start making the first deduction of the \$21.26 from your paycheck. Once you see the first deduction of the \$21.26, the following Monday of that first deduction is when your plan becomes effective and by that first week or second week of active coverage you should be receiving your dental card in the mail. I was going to advise to you that for your VIP Classic plan which is your medical plan, that card they normally don't mail it out to you so if you do want a physical card, um, you're welcome to give us a call once you become active and we can put in our request. If you have an appointment coming up and you still don't have your card in the meantime they can send them to you electronically. You just got to keep in mind that since they don't send the VIP Classic card out physically you do have to call in and request it once you become active. Okay when do I get it electronically? So once you become active they're typically ready that Wednesday or Thursday. Okay. All righty. That sounds great. Thanks for your help. Mm-hmm. And then... You're welcome and then just remember since both of these plans are under Section 125 if you did want to cancel for some reason your last day to do so would be on the 30th. Okay. Which is of May. Yeah, so that's a Friday. The last Friday of May that would be your very last day to actually call and drop either dental or the VIP Classic or both of them. Um, after the May 30th you would have to wait like a year 'cause of that IRS regulation. Did you have any other questions for me? Uh, no that's it. I can

keep that one. It's just for my- Okay. Sorry. Uh, no, sorry I'm working. I'm trying to do everything at once. Oh, okay. All right. But thank you for your help and, uh, I- You're welcome. ... will give you a call. Okay have a nice day. Safe.

## Conversation Format

Speaker speaker\_0: Thank you for calling Benefits in a Card. My name is Stephanie. How can I assist you?

Speaker speaker\_1: Hi. Um, I just need to sign up for benefits.

Speaker speaker\_0: Okay. Yes, ma'am. Let's see. What staffing agency do you work for?

Speaker speaker\_1: I work for ManCan.

Speaker speaker\_0: And what are the last four of your Social?

Speaker speaker\_1: 6368.

Speaker speaker\_0: Okay. Your first and last name?

Speaker speaker\_1: Uh, Samantha Hunter.

Speaker speaker\_0: For security purposes, can you verify your address and date of birth?

Speaker speaker\_1: It's 510 Mitchell Avenue, and then it... You said what? My birthday?

Speaker speaker\_0: Mm-hmm.

Speaker speaker\_1: And... Okay, so 510 Mitchell Avenue, Mount Vernon, Ohio 43050. And my birthday is August 18th, 2000.

Speaker speaker\_0: Okay, thank you. August 18, 2000. And then I have 740-501-7217 as your phone number?

Speaker speaker\_1: Yep, that's fine. 741-501-7217.

Speaker speaker\_0: And sammy... I have sammyandhunter1a at gmail.com. Is that okay?

Speaker speaker\_1: Yes, ma'am.

Speaker speaker\_0: Okay. And then did you know what you wanted to be enrolled into already or did you want me to go over the plans with you?

Speaker speaker\_1: Um, I know that I would like, uh, like, um, medical.

Speaker speaker\_0: Mm-hmm.

Speaker speaker\_1: I need to get my, my knee looked at, and then I also need to get my anxiety medication filled.

Speaker speaker\_0: Okay. So all of our medical plans that they offer, which is, let me see, they offer in total three different medical plans. Those three, um, all have prescription benefits with them.

Speaker speaker\_1: Okay.

Speaker speaker\_0: But if you want, I can just go over the plans and then from there you can just let me know which you wanted to be enrolled into. Um-

Speaker speaker\_1: Yeah, okay.

Speaker speaker\_0: If you want, I'll just give you-

Speaker speaker\_1: Let's do that and then how long... Sorry, how long will it take for it to be, become active once I sign up?

Speaker speaker\_0: So typically, once you sign up, you have to allow one or two weeks for ManCan to start making the first deduction from your paycheck. Um, it typically takes one or two weeks from the time that you enroll, but in some cases, it has taken longer. So if I'm honest, it really just depends on your staffing agency and when they do the first deduction from your paycheck. Because once they do the first deduction, let's say you get paid Friday, the following Monday, your plans will become effective. So it starts on the following Monday of the first deduction from your check.

Speaker speaker\_1: Okay, 'cause I get paid-

Speaker speaker\_0: Mm-hmm.

Speaker speaker\_1: ... this week on Wednesday, so I'm wondering-

Speaker speaker\_0: Yeah.

Speaker speaker\_1: ... if it'll kick in next week.

Speaker speaker\_0: Hmm, I don't think so. It typically takes one or two weeks if I'm honest. And like I said, in some cases, very rare, but I have seen it happen before, it takes a little bit longer. So it really just depends on your staffing agency. Um, since we're just the healthcare administrators for them, we don't have access to their pay stubs or payrolls. So I wouldn't be able to tell you if it might be one or two weeks or a little longer.

Speaker speaker\_1: Okay.

Speaker speaker\_0: So it just depends on ManCan.

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

Speaker speaker\_0: And I was gonna, I was gonna let you know, um, that it looks like... Let me look. So it looks like all of their plans are under a IRS regulation called Section 125. So what Section 125 is, it allows you to pay these plans with pretax dollars. However, if you do wanna cancel these plans or make changes to your fee plan, your last day to do so would be within company open enrollment. So let's say you do enroll into any of these benefits and later on you want to cancel them or add changes-

Speaker speaker\_1: Mm-hmm.

Speaker speaker\_0: ... to them, to do that you have to be within company open enrollment, which your last day to make those changes or cancellations to drop the plans would be May 30th. After May 30th, you would have to wait a year, um, to cancel or to make changes to them, which it would be within the month of April when they're back within company open enrollment. So I just wanna-

Speaker speaker\_1: Okay.

Speaker speaker\_0: ... inform you about that just so that you have it aware as I go over the plans, just so that you're sure-

Speaker speaker\_1: Okay.

Speaker speaker\_0: ... which one you wanna be enrolled into 'cause if you do enroll and later on change your mind and wanna cancel, you do have to call, um, before May 30th to do so, 'cause if you wait after the 30th, they're gonna tell you you have to wait when they're back within company open enrollment, which that means next April.

Speaker speaker\_1: Okay.

Speaker speaker\_0: Okay? So I'm-

Speaker speaker\_1: That's, that's o- that's okay.

Speaker speaker\_0: Mm-hmm. Anything-

Speaker speaker\_1: Um, are any of the plans here... So like there's... You said there's three, so it's the StayHealthy, the VIP-

Speaker speaker\_0: Mm-hmm.

Speaker speaker\_1: ... and then the VIP Classic?

Speaker speaker\_0: Yes. So there's only three, which is the StayHealthy and UC TeleREPS and then the two VIPs. The StayHealthy plan is only a preventative plan, meaning it's only gonna cover things such as a physical, some vaccines, some STD and cancer screenings. But that plan doesn't cover any of your doctor visits if you get sick, none of your hospital visits, none of your urgent care and no emergencies, um-

Speaker speaker\_1: Okay.

Speaker speaker\_0: ... surgeries. So it's only for your preventative visits. In other words, like for your annual checkups. And it does require you to stay within a network, meaning you can only use the doctors and clinics that they provide. If they're not within the network-

Speaker speaker\_1: Hmm.

Speaker speaker\_0: ... you're not gonna be covered. Um, so that one does have-

Speaker speaker\_1: Okay.

Speaker speaker\_0: ... pay for care benefits though through Medimpass.

Speaker speaker\_1: What's-

Speaker speaker\_0: And, um, they offer membership with 3RS which gives you access to the top 90% generic drugs prescribed in the US.

Speaker speaker\_1: Cool. 3RS, that's cool. Thank you.

Speaker speaker\_0: And again, that's only a preventative plan. So for that one, if you select that one, you would have to pay from your paycheck \$15.70. So that's the preventative. And then the two VIPs, which is the Standard and the Classic, those two are the ones that do cover doctor visits if sick, hospitalization if injured-... urgent care, emergency room and surgeries. However, the VIPs don't cover your preventative care. So they wouldn't cover what your Stay Healthy plan covers, which is like a physical, um, your yearly checkups, vaccines, ST and cancer screening. The VIPs don't cover that. Only the Stay Healthy does. So they don't offer a fourth plan that covers both areas, being preventative and hospital indemnity. So if you did want to have preventative care covered as well as your hospital indemnity, you would have to select the Stay Healthy and one of the VIPs. But you just got to keep in mind that is two separate deductions from your paycheck. Um, and the VIPs don't require a in-network, meaning you can use any provider you want as long as they accept the insurance. You do receive prescription benefits as well, but through Pharmacoville. Depending on the generic medication that it is, depends on how much you spend and for the non-generics they offer you a discount. These two plans include virtual urgent care which offers medical assistance virtually with medical providers and they cover a flat fee towards your services. Out of the two, the standard one is the most basic 'cause it doesn't cover intensive care, rehabilitation, or preventive surgery while your VIP Classic does. So if you select the VIP Standard for employee only that's \$16.22 weekly. And for the VIP Classic, it would be \$17.88 weekly. So those are your three medical plans.

Speaker speaker\_1: Okay. Would they cover, uh, the VIPs, would they cover, uh, like imaging? Like, uh, if I have to get an M- I think I have to get an MRI on my knee? So...

Speaker speaker\_0: So, um, in the state guide it says medical imaging tests. Um, I wouldn't be able to tell you specifically if it covers that particular service but on the guide it does says medical imaging tests. Uh, it says \$100 per day for a max of a day. So it looks like you'll only cover \$100 for one day.

Speaker speaker\_1: Okay that's fine. Um, what one would you recommend, like if you're being completely honest with me so I don't make the wrong decision?

Speaker speaker\_0: So unfortunately since... for liability issues I'm not allowed to give you recommendations but I can tell you that the Stay Healthy NEC is... that one's only for like a physical, like your yearly checkups. It doesn't cover no hospital visits so it's not going to cover no medical imaging whatsoever. Um-

Speaker speaker\_1: What's the difference between the VIP Standard and the VIP Classic?

Speaker speaker\_0: The Standard doesn't cover intensive care, rehabilitation nor preventive surgeries and the VIP Classic does. As well as the VIP Classic covers a little bit more out of pocket towards your services than the Standard. So a good example is for surgery and hospital the Standard covers a flat fee of \$250 per day for a max of a day while your VIP Classic would cover \$500 per day for a max of a day. And for surgery and physician the Standard covers \$125 per day for a max of two days while your VIP Classic covers \$250 per day for a max of two days. Um, so in some areas it covers more as well as like ambulance, ground or air. Uh, for the Standard if they get you in ground they'll cover \$50. If they get you in ground with the Classic they'll cover \$100 and then for air they'll cover 100...

Speaker speaker\_1: Okay, I think I want to sign up...

Speaker speaker\_0: Okay.

Speaker speaker\_1: I think I want to sign up for the VIP Classic 'cause I just... I have a feeling that they are going to do surgery on my knee.

Speaker speaker\_0: Okay. Okay. So the VIP Classic that's \$17.88, um, from your paycheck and then did you want to do any other plans? They also offer additional plans which is like short term, vision, dental, um, behavior health, term life, 24 hour, group accident. Would you like any of those?

Speaker speaker\_1: Um... How much is the dental?

Speaker speaker\_0: So dental for employee only is \$3.38 weekly from your paycheck. A preventative visit's covered at 100%. Something basic like a, a cleansing of the teeth, that's covered at 80%. Basic restorative, meaning if they had to fill in a cavity that's covered at 80%. X-rays are also covered at 80% and your annual maximum is \$500 with your dental plan. With dental you do have to pay a one-time deductible if you select the individual plan of \$50 but that one-time deductible you only pay once.

Speaker speaker\_1: Okay. Um, I'll go ahead and add the dental on there.

Speaker speaker\_0: Okay. Did you want to do anything else?

Speaker speaker\_1: No.

Speaker speaker\_0: Okay. And then did you want to do employee only for the plans?

Speaker speaker\_1: Yeah.

Speaker speaker\_0: Okay so I have the VIP Classic which is your medical plan for \$17.88 weekly and then dental for \$3.38 weekly. Um, that would be a weekly deduction of \$21.26 from your paycheck.

Speaker speaker\_1: That's fine.

Speaker speaker\_0: Okay. So let's see. Like I said please allow one or two weeks for your staffing agency to start making the first deduction of the \$21.26 from your paycheck. Once you see the first deduction of the \$21.26, the following Monday of that first deduction is when your plan becomes effective and by that first week or second week of active coverage you



should be receiving your dental card in the mail. I was going to advise to you that for your VIP Classic plan which is your medical plan, that card they normally don't mail it out to you so if you do want a physical card, um, you're welcome to give us a call once you become active and we can put in our request. If you have an appointment coming up and you still don't have your card in the meantime they can send them to you electronically. You just got to keep in mind that since they don't send the VIP Classic card out physically you do have to call in and request it once you become active.

Speaker speaker\_1: Okay when do I get it electronically?

Speaker speaker\_0: So once you become active they're typically ready that Wednesday or Thursday.

Speaker speaker\_1: Okay. All righty. That sounds great. Thanks for your help.

Speaker speaker\_0: Mm-hmm. And then... You're welcome and then just remember since both of these plans are under Section 125 if you did want to cancel for some reason your last day to do so would be on the 30th.

Speaker speaker\_1: Okay.

Speaker speaker\_0: Which is of May. Yeah, so that's a Friday. The last Friday of May that would be your very last day to actually call and drop either dental or the VIP Classic or both of them. Um, after the May 30th you would have to wait like a year 'cause of that IRS regulation. Did you have any other questions for me?

Speaker speaker\_1: Uh, no that's it. I can keep that one. It's just for my-

Speaker speaker\_0: Okay. Sorry.

Speaker speaker\_1: Uh, no, sorry I'm working. I'm trying to do everything at once.

Speaker speaker\_0: Oh, okay. All right.

Speaker speaker\_1: But thank you for your help and, uh, I-

Speaker speaker\_0: You're welcome.

Speaker speaker\_1: ... will give you a call.

Speaker speaker\_0: Okay have a nice day.

Speaker speaker\_1: Safe.