

## **Transcript: Estefania**

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### **Full Transcript**

Your call may be monitored or recorded for quality assurance purposes. Thank you for calling Benefits in a Card. My name is Stephanie. How can I assist you? I got a text saying that I should enroll in benefits. Okay. So- So we're the he- so we're the healthcare administrators for staff and agencies. If you're currently working with a staff and agency, most likely you're within your personal open enrollment period, which means you have, within the first 30 days of receiving your first paycheck, you qualify to enroll into any healthcare benefits that they offer, or your agency might be within company open enrollment period. Um, who do you work for with staff and agency? Uh, Partners Personal. Okay. So they don't have any type of auto enrollment, so if you're not interested in enrolling into healthcare benefits through their staff and agency, we don't have to do anything. But if you are, most likely you're within your company open enrollment or your personal... I'm sorry, not your company open enrollment. You're within your personal open enrollment to enroll into any healthcare benefits. And they only give you 30 days from the day that you receive your first paycheck to be eligible to enroll. All right. Um, how do I enroll? Uh, you could do it through the phone with me. And then depending on how many plans you select, as well as which ones, depends on how much the weekly deductions from your paycheck for those selected plans are. Um, so they are- Oh, yeah, yeah. So they do have their weekly deductibles. That's cool. Okay, so what are the last four of your Social? Uh, 9456. Okay, give me one second. And your first and last name? Uh, Brian Bushney. You said Brian or Ryan? Brian, with a B. Okay. And you said 9456? Yep. Okay. Thank you. For security purposes, could you please verify your full address, as well as your date of birth? Uh, my address is 909 West Temple Street, Apartment 632A. And my, uh, my date of birth is November 15th, 2003. Okay, thank you. Is your phone number 414-916-2903? Yep. And then I have BR, your last name, @gmail.com. Is that up to date? Yep. Okay. Um, and if you want, I can go ahead and send you the benefit guide. What that benefit guide has, it has all the plans that they offer, as well as the prices to those plans. Would you like me to send that? Yes, please. Okay, one second. And then if you want, I can go over the plans with you as well. Uh, sure. Okay. Do you mind verifying, um, that you received it? I just sent it over. You should be getting a email from info@benefitsinacard.com. All right. And then if you don't see it, I would also check your spam, as well as your junk file, 'cause sometimes it sends it on there. All right, I just got it. Okay. So once you open that PDF, it's gonna show you different plans. Depending on how many you select, as well as which ones you choose depends a lot on how much the weekly deductions are from your paycheck for those selected plans. So it looks like they offer four, no actually five, no, I'm sorry, yeah, four different medical plans. Um, the first one that I'm gonna go over is called the Stay Healthy MEC Enhanced. So that plan covers both your preventative visits, meaning, like, one physical visit a year, some vaccinations, some STD and cancer screenings, as well as your hospital

indemnity services, which would be considered doctor visits if you were already to get sick, hospital visits if you get injured, your urgent care, emergency room, and surgeries. This plan does require to stay within the network and only use their preferred providers to receive coverage. And it does, um, y- it does require copays. So in the area of primary care, you would be limited to four visits annually per person, or 10 per family, and the copay in that area would be a \$10. For specialty care visits, you would be limited to four visits annually per person, or 10 per family, and the ca- copay would be a \$50. For urgent care visits, you would be limited to four visits annually per person, or 10 per family, and the copay in that area is a \$60. You have prescription benefits through Alexar and through Pharmaville. But with your generic prescriptions, you are required a copay. So for the generic medications pharmacy option, you will have a 30-day supply, and the copay required is a \$5. For your mail-order option, you have a 90-day s-... and the copay would be, uh, fixed. Benefits with Virtual Urgent Care which offers medical assistance virtually with medical providers. And then this plan does cover a flat fee towards some hospital indemnity services or for example, for hospital admission benefit, they would cover a flat fee of \$1,000 per day for a max of one day. Hospital confinement benefit, they would cover a flat fee of \$100 per day for a max of 30 days. Surgery in hospital they would cover a flat fee of \$500 per day for a max of one day. If you were to select the MEC Enhanced for employee only, that's a weekly deduction of \$43.76 from your paycheck. Then the price does go ch- like, changing if you were to include dependents, so it would be a little bit more. So, for employee and spouse it would be \$74.07. Employee and child, \$71.46 weekly. And then the family plan of \$101.71 weekly. So that's for your MEC Enhanced. This one that I just went over is the only one out of the four that covers both your preventative and your hospital indemnity services. The other ones that I'm fixing to explain to you only cover either one benefit or the other, though the one I just explained covers both benefits. Okay? Then there is a second plan called the Stay Healthy MEC-Tele-RS. So this one only covers your preventative services. So it's only gonna cover, like, one physical visit a year, some vaccinations, some STD and cancer screenings, but it doesn't cover any of your doctor visits if you were to get sick, hospital visits if you were to get injured, urgent care, emergency room nor surgeries. So it's only for your preventative services and it also does require you to stay within the network to receive coverage. With the MEC-Tele-RS you do get prescription benefits through Alaska and they offer virtual urgent care which gives you access to medical providers virtually. This plan also does include a membership with 3RF which gives you access to over 800 of the top 90% generic drugs prescribed in the US for a cheaper price. But like I said earlier, your Stay Healthy plan is only for your preventative services only. If you were to select the Stay Healthy MEC-Tele-RS for employee you would be paying a weekly deduction of \$16.80. Then for the other three plans, these are called the VIPs, so there's different, there's three different ones. There's the Standard, which is the most basic, the Plus and the Prime. These three are the ones that only cover your hospital indemnity services, meaning they only cover your doctor vis- doctor visits if you're sick, hospital visits if you're injured, urgent care, emergency room and surgeries. But they don't cover your preventative services which would be like one physical visit a year, some vaccinations, some STD and cancer screenings. That's not covered with the VIPs. For the VIPs you do get prescription benefits but with Pharmaville which you can pay up to \$10, \$20, \$30 for your generic medications and for the non-genics here they do offer discounts. These three plans do also include the virtual urgent care and the main difference between the three of them is that the

Standard doesn't cover intensive care unit benefit, rehabilitation benefit nor any preventative surgery that you may require, while your VIP Plus and Prime do. Out of the three of them, the one that's gonna pay a greater dollar amount towards those services would be the VIP Prime. So I'm gonna give you an example. For surgery and hospital the Standard which is the most basic one only covers you a flat fee of \$250 per day for a max of one day while your VIP Plus would cover \$1,000 per day for a max of one day and your VIP Prime would cover \$2,000 per day for a max of one day. Um, if you were to select between the three VIPs, the Standard would be a weekly deduction for employee of \$17.66. Your VIP Plus would be a weekly deduction of \$31.61 and your VIP Prime would be a weekly deduction of \$43.28. So the weekly deductions really just depend on which plans you select as well as how many and if you select dependents with these plans. Um, so those are the medical plans that they offer and they do offer additional plans that have their separate deductions to them that you're always welcome to add as well. That would include like dental, vision, term life, critical illness re- ... benefit and they have their separate deductions as well. So for example, if you wanted vision, vision for employee is \$2.60. Okay. Um, so it would just be added. Did you have questions about any of those plans that I just went over? Uh, no. Um, thank you very much. You were clear. You're welcome. Um, d- were you wanting to enroll into any of them right now? Uh, yeah. 'Cause I... You do? Okay. Um, which one were you looking into? The, uh, first one we went over. What was it? The Stay Healthy M- MEC. Enhanced? Okay. Yeah. Oh. And then were you looking at any other one? That and the dental. Okay. All under employee only? Yes. Okay. So for your MEC Enhanced and your dental plan. So those are under a IRS regulation that's called Section 125. So what Section 125 is, it allows you to pay those plans that you selected with pre-tax dollars. However, if you want to either, like, cancel those plans or, like, add a dependent later on in the future, you have to do it within your first 30 days of receiving your paycheck or when the company is within company open enrollment. So those would be the only times you would be able to add a dependent into that particular plan or drop that plan. So let me give you that date so that you know when, just in case you do change your mind and end up not wanting it or end up wanting to add a dependent. Let me see when your last date would be. Give me one second. So, it looks like your 30 days... would be January the 15th. So if you do, um, add... Well, if you do end up changing your mind when it comes to the dental plan and then the MEC-Enhanced, since it's under that IRS regulation, you would have to call us before January 15th to cancel it or to make any changes to it. Because if you pass the 15 and you call on the 16 to cancel it or to add a dependent, they're gonna tell you that you have to wait until the month of November, whenever they're in company open enrollment, which, let me verify that that's the month that they're... No, actually, until the month of October, 'cause that's when they're back on company open enrollment. All right. Um- In case you want to add those two, 'cause those are under that IRS regulation, you have until January 15th to cancel them if you don't want them or to add dependents. But those two are under that IRS regulation that allows you to pay those plans with the pre-tax dollars, but they do have those two regulations to them. I'll just, uh, I'll just wait. I just won't add anything. Okay. Um, if you do want to enroll later on, your last day to enroll would be January 15th, okay? All right. And we're open from 8:00 AM up until 8:00 PM Eastern Time. So right now, it's 6:21. All right. Thank you. You're welcome. Have a nice day. You too.

## Conversation Format

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

Speaker speaker\_1: Thank you for calling Benefits in a Card. My name is Stephanie. How can I assist you?

Speaker speaker\_2: I got a text saying that I should enroll in benefits.

Speaker speaker\_1: Okay.

Speaker speaker\_2: So-

Speaker speaker\_1: So we're the he- so we're the healthcare administrators for staff and agencies. If you're currently working with a staff and agency, most likely you're within your personal open enrollment period, which means you have, within the first 30 days of receiving your first paycheck, you qualify to enroll into any healthcare benefits that they offer, or your agency might be within company open enrollment period. Um, who do you work for with staff and agency?

Speaker speaker\_2: Uh, Partners Personal.

Speaker speaker\_1: Okay. So they don't have any type of auto enrollment, so if you're not interested in enrolling into healthcare benefits through their staff and agency, we don't have to do anything. But if you are, most likely you're within your company open enrollment or your personal... I'm sorry, not your company open enrollment. You're within your personal open enrollment to enroll into any healthcare benefits. And they only give you 30 days from the day that you receive your first paycheck to be eligible to enroll.

Speaker speaker\_2: All right. Um, how do I enroll?

Speaker speaker\_1: Uh, you could do it through the phone with me. And then depending on how many plans you select, as well as which ones, depends on how much the weekly deductions from your paycheck for those selected plans are. Um, so they are-

Speaker speaker\_2: Oh, yeah, yeah.

Speaker speaker\_1: So they do have their weekly deductibles.

Speaker speaker\_2: That's cool.

Speaker speaker\_1: Okay, so what are the last four of your Social?

Speaker speaker\_2: Uh, 9456.

Speaker speaker\_1: Okay, give me one second. And your first and last name?

Speaker speaker\_2: Uh, Brian Bushney.

Speaker speaker\_1: You said Brian or Ryan?

Speaker speaker\_2: Brian, with a B.

Speaker speaker\_1: Okay. And you said 9456?

Speaker speaker\_2: Yep.

Speaker speaker\_1: Okay. Thank you. For security purposes, could you please verify your full address, as well as your date of birth?

Speaker speaker\_2: Uh, my address is 909 West Temple Street, Apartment 632A. And my, uh, my date of birth is November 15th, 2003.

Speaker speaker\_1: Okay, thank you. Is your phone number 414-916-2903?

Speaker speaker\_2: Yep.

Speaker speaker\_1: And then I have BR, your last name, @gmail.com. Is that up to date?

Speaker speaker\_2: Yep.

Speaker speaker\_1: Okay. Um, and if you want, I can go ahead and send you the benefit guide. What that benefit guide has, it has all the plans that they offer, as well as the prices to those plans. Would you like me to send that?

Speaker speaker\_2: Yes, please.

Speaker speaker\_1: Okay, one second. And then if you want, I can go over the plans with you as well.

Speaker speaker\_2: Uh, sure.

Speaker speaker\_1: Okay. Do you mind verifying, um, that you received it? I just sent it over. You should be getting a email from info@benefitsinacard.com.

Speaker speaker\_2: All right.

Speaker speaker\_1: And then if you don't see it, I would also check your spam, as well as your junk file, 'cause sometimes it sends it on there.

Speaker speaker\_2: All right, I just got it.

Speaker speaker\_1: Okay. So once you open that PDF, it's gonna show you different plans. Depending on how many you select, as well as which ones you choose depends a lot on how much the weekly deductions are from your paycheck for those selected plans. So it looks like they offer four, no actually five, no, I'm sorry, yeah, four different medical plans. Um, the first one that I'm gonna go over is called the Stay Healthy MEC Enhanced. So that plan covers both your preventative visits, meaning, like, one physical visit a year, some vaccinations, some STD and cancer screenings, as well as your hospital indemnity services, which would be considered doctor visits if you were already to get sick, hospital visits if you get injured, your urgent care, emergency room, and surgeries. This plan does require to stay within the network and only use their preferred providers to receive coverage. And it does, um, y- it does require copays. So in the area of primary care, you would be limited to four visits annually per person, or 10 per family, and the copay in that area would be a \$10. For specialty care visits, you would be limited to four visits annually per person, or 10 per family, and the ca- copay

would be a \$50. For urgent care visits, you would be limited to four visits annually per person, or 10 per family, and the copay in that area is a \$60. You have prescription benefits through Alexar and through Pharmaville. But with your generic prescriptions, you are required a copay. So for the generic medications pharmacy option, you will have a 30-day supply, and the copay required is a \$5. For your mail-order option, you have a 90-day s... and the copay would be, uh, fixed. Benefits with Virtual Urgent Care which offers medical assistance virtually with medical providers. And then this plan does cover a flat fee towards some hospital indemnity services or for example, for hospital admission benefit, they would cover a flat fee of \$1,000 per day for a max of one day. Hospital confinement benefit, they would cover a flat fee of \$100 per day for a max of 30 days. Surgery in hospital they would cover a flat fee of \$500 per day for a max of one day. If you were to select the MEC Enhanced for employee only, that's a weekly deduction of \$43.76 from your paycheck. Then the price does go ch- like, changing if you were to include dependents, so it would be a little bit more. So, for employee and spouse it would be \$74.07. Employee and child, \$71.46 weekly. And then the family plan of \$101.71 weekly. So that's for your MEC Enhanced. This one that I just went over is the only one out of the four that covers both your preventative and your hospital indemnity services. The other ones that I'm fixing to explain to you only cover either one benefit or the other, though the one I just explained covers both benefits. Okay? Then there is a second plan called the Stay Healthy MEC-Tele-RS. So this one only covers your preventative services. So it's only gonna cover, like, one physical visit a year, some vaccinations, some STD and cancer screenings, but it doesn't cover any of your doctor visits if you were to get sick, hospital visits if you were to get injured, urgent care, emergency room nor surgeries. So it's only for your preventative services and it also does require you to stay within the network to receive coverage. With the MEC-Tele-RS you do get prescription benefits through Alaska and they offer virtual urgent care which gives you access to medical providers virtually. This plan also does include a membership with 3RF which gives you access to over 800 of the top 90% generic drugs prescribed in the US for a cheaper price. But like I said earlier, your Stay Healthy plan is only for your preventative services only. If you were to select the Stay Healthy MEC-Tele-RS for employee you would be paying a weekly deduction of \$16.80. Then for the other three plans, these are called the VIPs, so there's different, there's three different ones. There's the Standard, which is the most basic, the Plus and the Prime. These three are the ones that only cover your hospital indemnity services, meaning they only cover your doctor vis- doctor visits if you're sick, hospital visits if you're injured, urgent care, emergency room and surgeries. But they don't cover your preventative services which would be like one physical visit a year, some vaccinations, some STD and cancer screenings. That's not covered with the VIPs. For the VIPs you do get prescription benefits but with Pharmaville which you can pay up to \$10, \$20, \$30 for your generic medications and for the non-genics here they do offer discounts. These three plans do also include the virtual urgent care and the main difference between the three of them is that the Standard doesn't cover intensive care unit benefit, rehabilitation benefit nor any preventative surgery that you may require, while your VIP Plus and Prime do. Out of the three of them, the one that's gonna pay a greater dollar amount towards those services would be the VIP Prime. So I'm gonna give you an example. For surgery and hospital the Standard which is the most basic one only covers you a flat fee of \$250 per day for a max of one day while your VIP Plus would cover \$1,000 per day for a max of one day and your VIP Prime would cover \$2,000 per day for a max of one

day. Um, if you were to select between the three VIPs, the Standard would be a weekly deduction for employee of \$17.66. Your VIP Plus would be a weekly deduction of \$31.61 and your VIP Prime would be a weekly deduction of \$43.28. So the weekly deductions really just depend on which plans you select as well as how many and if you select dependents with these plans. Um, so those are the medical plans that they offer and they do offer additional plans that have their separate deductions to them that you're always welcome to add as well. That would include like dental, vision, term life, critical illness re- ... benefit and they have their separate deductions as well. So for example, if you wanted vision, vision for employee is \$2.60.

Speaker speaker\_3: Okay.

Speaker speaker\_1: Um, so it would just be added. Did you have questions about any of those plans that I just went over?

Speaker speaker\_3: Uh, no. Um, thank you very much. You were clear.

Speaker speaker\_1: You're welcome. Um, d- were you wanting to enroll into any of them right now?

Speaker speaker\_3: Uh, yeah.

Speaker speaker\_1: 'Cause I... You do? Okay. Um, which one were you looking into?

Speaker speaker\_3: The, uh, first one we went over. What was it? The Stay Healthy M- MEC.

Speaker speaker\_1: Enhanced? Okay.

Speaker speaker\_3: Yeah.

Speaker speaker\_1: Oh. And then were you looking at any other one?

Speaker speaker\_3: That and the dental.

Speaker speaker\_1: Okay. All under employee only?

Speaker speaker\_3: Yes.

Speaker speaker\_1: Okay. So for your MEC Enhanced and your dental plan. So those are under a IRS regulation that's called Section 125. So what Section 125 is, it allows you to pay those plans that you selected with pre-tax dollars. However, if you want to either, like, cancel those plans or, like, add a dependent later on in the future, you have to do it within your first 30 days of receiving your paycheck or when the company is within company open enrollment. So those would be the only times you would be able to add a dependent into that particular plan or drop that plan. So let me give you that date so that you know when, just in case you do change your mind and end up not wanting it or end up wanting to add a dependent. Let me see when your last date would be. Give me one second. So, it looks like your 30 days... would be January the 15th. So if you do, um, add... Well, if you do end up changing your mind when it comes to the dental plan and then the MEC-Enhanced, since it's under that IRS regulation, you would have to call us before January 15th to cancel it or to make any changes to it. Because if you pass the 15 and you call on the 16 to cancel it or to add a dependent, they're

gonna tell you that you have to wait until the month of November, whenever they're in company open enrollment, which, let me verify that that's the month that they're... No, actually, until the month of October, 'cause that's when they're back on company open enrollment.

Speaker speaker\_4: All right. Um-

Speaker speaker\_1: In case you want to add those two, 'cause those are under that IRS regulation, you have until January 15th to cancel them if you don't want them or to add dependents. But those two are under that IRS regulation that allows you to pay those plans with the pre-tax dollars, but they do have those two regulations to them.

Speaker speaker\_4: I'll just, uh, I'll just wait. I just won't add anything.

Speaker speaker\_1: Okay. Um, if you do want to enroll later on, your last day to enroll would be January 15th, okay?

Speaker speaker\_4: All right.

Speaker speaker\_1: And we're open from 8:00 AM up until 8:00 PM Eastern Time. So right now, it's 6:21.

Speaker speaker\_4: All right. Thank you.

Speaker speaker\_1: You're welcome. Have a nice day.

Speaker speaker\_4: You too.