

Transcript: Estefania

Acevedo-5741926351060992-5856166508445696

Full Transcript

Your call may be monitored- Hello. ... or recorded for quality assurance purposes. Hello, I'm calling from Benefits in a Card on behalf of Partners Personal, looking to s- speak with Ms. Shaniqua. Yes, ma'am. I'm so sorry. ... It's okay. I didn't catch what you said there. No, you're fine. Um, so I was gonna go ahead and explain the plans to you. I was gonna tell you that the deduction that they do weekly just depends on what plan you select, and also it depends on how many, and if you select dependents with those plans. Um, are you looking and adding dependents, or you're just for employee only? Um, well, I'm looking for add dependents to the, um, dental- Mm-hmm. ... uh, if they have orthodontics on it. Okay. Um, so there's different medical plans. The first one that I'm gonna go over is only a preventative plan, meaning it's only gonna cover preventative visits, such as one annual, one physical a year, some vaccinations like the tetanus shot, shingles shot, HPV shot. Well, I... For the, the medical, I'm gonna need the full package. Okay. Um, so we... The only major medical plan that they offer is called the MVP. Um, out of all of those, that's the only plan that involves a monthly deduction. But the, the deductions, you do gotta keep in mind, are pretty high. So, for the monthly premium for that plan, if you were to select the employee only option, it would be \$502.71. And then for employee and child, it would be \$836.49. Um, but if you want, I can go over all the plans, and then you can just let me know which ones you like, 'cause there is more to choose from. Okay. Okay? 'Cause I know that, that probably sounded crazy. No. So that was- So that was either monthly or every year? So yeah, that one... That one's monthly. Oh, okay. Um- Okay. But I'm gonna go over the other ones 'cause that's the only one that is pretty high. Um- Okay. ... the other ones... And that's why that one's monthly compared to the other ones that I'm about to go over, which are weekly deductions, um, but it's not that amount. Um, so the first one that I was telling you about, it's called the MEC TeleRx. That one's only for preventative service, so it won't cover any hospital visits, urgent care visits, emergency room visits. It was only preventative, so it'll only cover like one physical visit a year, some immunizations, some cancer screenings, some STD screenings, but it's only for preventative services. That one requires you to stay within the network to be covered at 100%, but it does include prescription benefits through a lifetime, and it includes something called FreeRx, which gives you access to over 800 of the top 90% generic drugs prescribed in the US. It includes Walmart Health Virtual Care as well, which gives you access to medical providers virtually. If you were to get that one for employee only, it would be a weekly deduction of \$16.80, and that's for the preventative plan. Then there's three VIP plans that are c- are the VIPs. So, these are the plans that will cover doctor visits if sick, hospitalization if injured, urgent care, emergency rooms and surgeries, but it's not gonna cover the preventative side like your annuals, screenings. It's only for like hospital visits, emergency room visits. Um, it doesn't cover the preventative side, but th- this, this plan does, does not require you to stay

within the network. You could be in the network or out of the network to receive coverage. It includes prescription benefits as well. This one would be through Pharmacoville, which you could pay \$10, \$20, \$30 for generic medications. And for the non-generic, they do offer a discount. It also includes Walmart Health Virtual Care, which gives you access to medical providers virtually. The main difference between the three of them is that out of the three, the VIP Standard is the most basic one, um, because that one doesn't include intensive care unit benefits, rehabilitation benefit, nor any preventive surgery that you may need, while the VIP Plus and the VIP Prime do. Um, the VIP Plus has all the services that the Prime does. However, the VIP Prime out of the Standard and the Plus is gonna cover a dollar greater amount depending on what service you go for. So, for example, if you were to go for surgery and hospital, the VIP Standard would cover \$250 per day for a max of one day for that service, while the VIP Plus would cover \$1,000 per day for a max of one day, and the VIP Prime would cover \$2,000 per day for a max of one day. For a surgery and physician office, the Standard would cover \$125 per day for a max of two days, while the VIP Plus would cover \$250 per day for a max of two days, and the VIP Prime would cover, um, \$1,000 per day for a max of two days. So, the VIP Prime is always gonna pay off that greater dollar amount depending on what service you go for. So, if you were to select between any of these three, the VIP Standard for employee only would be \$17.66 weekly.... the VIP Plus would be \$31.61 weekly, or the VIP Prime which would be \$43.28 of a weekly deduction. Uh, of course, those deductions do change. It'd be add dependence. So, if you were to get the standard for employee and child, it would be \$27.27 weekly deduction. The VIP Plus for employee and child would be \$51.24. And then the VIP Prime, which is the one that pays that greater dollar amount for the service, would be \$71.22. So, those are four of the plans. Then there's another medical plan that's called the Stay Healthy NEC Enhanced. So this plan includes the preventative care, which are the one phys... your annuals, your vaccinations, some vaccinations, some cancer screenings, some STD screenings. So, like the NEC tele-RS. However, this one includes hospital visits, um, benefits, hospital emergency room benefits as well, so it includes both of those. However, with the NEC Enhanced, you are required to give copays compared to the other ones. So, in the areas of primary care visit, you're limited to four visits annually per person or ten per family, and that one requires a \$10 copay per visit. For specialty care visits, it's limited to four visits annually per person, or ten per family annually, but it requires that copay of \$50. For urgent care visits, it's limited to four visits annually per person, or ten per family, but it requires a copay of \$60 for the visit. I- with the NEC Enhanced, you are required to stay in the network to be covered at 100%. Um, in the area of the prescriptions, you're covered with the ... Okay. ... as well as Pharmaville. However, for the preventative prescriptions, you would have to pay a copay, um, depending on where you get it, and if you get it mailed or to the pharmacy. So the pharmacy option, it would be a 30-day supply, but you're required to give a \$5 copay. And then for the g- generic drugs mail order option, you get a 90-day supply, and you're required to give a \$15 copayment. And for the NEC Enhanced, for employee only it would be \$43.76. And for employee and child it would be \$71.46 of the weekly deduction. Then there is additional benefits that you can add, like dental, vision, term life, but those you would have to, um, add on to your plan. So, if you're looking for, like, the dental plan, for employee and child that's \$9.59. For employee it's \$3.63. A preventative visit covered at 100%. Anything basic like a cleaning would be covered at 80%. Basic restorative, so if they gotta k- fill in a cavity, that would be covered at 80%. Any x-rays

that they may take, that's covered at 80% as well, and you get a annual maximum of \$500. And you would have to give a one-time deductible of \$50 if you choose the individual plan, or if you choose the family plan, of \$150. And then the last medical plan is the one that I mentioned in the beginning, that's called the MVP. That's the only major medical plan, and all employees are eligible for the MVP plan. Um, but you do gotta keep in mind that the deductible is pretty high. So for the in-network, it's \$6,900 per participant. And for the family in-network plan, it would be \$1,300... \$1,800. Um, and this is the only plan that does require monthly deductions, but the deductibles are high. Oh, can I ask- And then the other ones are weekly deductions. ... yes, ma'am. Um, but for the dental, do the dental cover the orthodontist? So, any specific questions like that, prior to enrolling, I could provide two numbers that you could call and they could answer that question. Um, we're really just a healthcare administration... Okay. ... for staff and agencies, so I won't be able to answer that. I can really just answer what I see on the guide. If you're not so sure, I could give you your deadline for enrollment. And you're welcome to contact that number prior to enrolling, before making a selection. Um, yes, ma'am. I'm ready for those numbers. I apologize. Okay. No, that's fine. Um, so you have till November 27th to make a decision. Y- so you would have to contact us before that date. And the phone number is 901-936-3290. Okay. And then the second number is 601-936-3287. And you can contact those numbers, um, inquiring those questions that you have before enrolling. Okay. Thank you so much. You're welcome. I hope you have a great day. Um, did you have any more questions for me? No, ma'am. That's all. That'll, that'll be all for right now. Okay. Just remember, you have till the 27th of November, okay? Okay. That's when your personal open enrollment period is over. Okay. Thank you. You're welcome. I hope you have a great day. Thank you for calling Bemidji Card. You too. You too. Bye-bye.

Conversation Format

Speaker speaker_0: Your call may be monitored-

Speaker speaker_1: Hello.

Speaker speaker_0: ... or recorded for quality assurance purposes. Hello, I'm calling from Benefits in a Card on behalf of Partners Personal, looking to s- speak with Ms. Shaniqua.

Speaker speaker_1: Yes, ma'am. I'm so sorry. ...

Speaker speaker_2: It's okay.

Speaker speaker_1: I didn't catch what you said there.

Speaker speaker_2: No, you're fine. Um, so I was gonna go ahead and explain the plans to you. I was gonna tell you that the deduction that they do weekly just depends on what plan you select, and also it depends on how many, and if you select dependents with those plans. Um, are you looking and adding dependents, or you're just for employee only?

Speaker speaker_1: Um, well, I'm looking for add dependents to the, um, dental-

Speaker speaker_2: Mm-hmm.

Speaker speaker_1: ... uh, if they have orthodontics on it.

Speaker speaker_2: Okay. Um, so there's different medical plans. The first one that I'm gonna go over is only a preventative plan, meaning it's only gonna cover preventative visits, such as one annual, one physical a year, some vaccinations like the tetanus shot, shingles shot, HPV shot.

Speaker speaker_1: Well, I... For the, the medical, I'm gonna need the full package.

Speaker speaker_2: Okay. Um, so we... The only major medical plan that they offer is called the MVP. Um, out of all of those, that's the only plan that involves a monthly deduction. But the, the deductions, you do gotta keep in mind, are pretty high. So, for the monthly premium for that plan, if you were to select the employee only option, it would be \$502.71. And then for employee and child, it would be \$836.49. Um, but if you want, I can go over all the plans, and then you can just let me know which ones you like, 'cause there is more to choose from.

Speaker speaker_1: Okay.

Speaker speaker_2: Okay? 'Cause I know that, that probably sounded crazy.

Speaker speaker_1: No. So that was- So that was either monthly or every year?

Speaker speaker_2: So yeah, that one... That one's monthly.

Speaker speaker_1: Oh, okay.

Speaker speaker_2: Um-

Speaker speaker_1: Okay.

Speaker speaker_2: But I'm gonna go over the other ones 'cause that's the only one that is pretty high. Um-

Speaker speaker_1: Okay.

Speaker speaker_2: ... the other ones... And that's why that one's monthly compared to the other ones that I'm about to go over, which are weekly deductions, um, but it's not that amount. Um, so the first one that I was telling you about, it's called the MEC TeleRx. That one's only for preventative service, so it won't cover any hospital visits, urgent care visits, emergency room visits. It was only preventative, so it'll only cover like one physical visit a year, some immunizations, some cancer screenings, some STD screenings, but it's only for preventative services. That one requires you to stay within the network to be covered at 100%, but it does include prescription benefits through a lifetime, and it includes something called FreeRx, which gives you access to over 800 of the top 90% generic drugs prescribed in the US. It includes Walmart Health Virtual Care as well, which gives you access to medical providers virtually. If you were to get that one for employee only, it would be a weekly deduction of \$16.80, and that's for the preventative plan. Then there's three VIP plans that are c- are the VIPs. So, these are the plans that will cover doctor visits if sick, hospitalization if injured, urgent care, emergency rooms and surgeries, but it's not gonna cover the

preventative side like your annuals, screenings. It's only for like hospital visits, emergency room visits. Um, it doesn't cover the preventative side, but th- this, this plan does, does not require you to stay within the network. You could be in the network or out of the network to rec- to receive coverage. It includes prescription benefits as well. This one would be through Pharmacoville, which you could pay \$10, \$20, \$30 for generic medications. And for the non-generic, they do offer a discount. It also includes Walmart Health Virtual Care, which gives you access to medical providers virtually. The main difference between the three of them is that out of the three, the VIP Standard is the most basic one, um, because that one doesn't include intensive care unit benefits, rehabilitation benefit, nor any preventive surgery that you may need, while the VIP Plus and the VIP Prime do. Um, the VIP Plus has all the services that the Prime does. However, the VIP Prime out of the Standard and the Plus is gonna cover a doll- greater dollar amount depending on what service you go for. So, for example, if you were to go for surgery and hospital, the VIP Standard would cover \$250 per day for a max of one day for that service, while the VIP Plus would cover \$1,000 per day for a max of one day, and the VIP Prime would cover \$2,000 per day for a max of one day. For a surgery and physician office, the Standard would cover \$125 per day for a max of two days, while the VIP Plus would cover \$250 per day for a max of two days, and the VIP Prime would cover, um, \$1,000 per day for a max of two days. So, the VIP Prime is always gonna pay off that greater dollar amount depending on what service you go for. So, if you were to select between any of these three, the VIP Standard for employee only would be \$17.66 weekly... the VIP Plus would be \$31.61 weekly, or the VIP Prime which would be \$43.28 of a weekly deduction. Uh, of course, those deductions do change. It'd be add dependence. So, if you were to get the standard for employee and child, it would be \$27.27 weekly deduction. The VIP Plus for employee and child would be \$51.24. And then the VIP Prime, which is the one that pays that greater dollar amount for the service, would be \$71.22. So, those are four of the plans. Then there's another medical plan that's called the Stay Healthy NEC Enhanced. So this plan includes the preventative care, which are the one phys... your annuals, your vaccinations, some vaccinations, some cancer screenings, some STD screenings. So, like the NEC tele-RS. However, this one includes hospital visits, um, benefits, hospital emergency room benefits as well, so it includes both of those. However, with the NEC Enhanced, you are required to give copays compared to the other ones. So, in the areas of primary care visit, you're limited to four visits annually per person or ten per family, and that one requires a \$10 copay per visit. For specialty care visits, it's limited to four visits annually per person, or ten per family annually, but it requires that copay of \$50. For urgent care visits, it's limited to four visits annually per person, or ten per family, but it requires a copay of \$60 for the visit. I- with the NEC Enhanced, you are required to stay in the network to be covered at 100%. Um, in the area of the prescriptions, you're covered with the ...

Speaker speaker_1: Okay.

Speaker speaker_2: ... as well as Pharmaville. However, for the preventative prescriptions, you would have to pay a copay, um, depending on where you get it, and if you get it mailed or to the pharmacy. So the pharmacy option, it would be a 30-day supply, but you're required to give a \$5 copay. And then for the g- generic drugs mail order option, you get a 90-day supply, and you're required to give a \$15 copayment. And for the NEC Enhanced, for employee only it would be \$43.76. And for employee and child it would be \$71.46 of the weekly deduction.

Then there is additional benefits that you can add, like dental, vision, term life, but those you would have to, um, add on to your plan. So, if you're looking for, like, the dental plan, for employee and child that's \$9.59. For employee it's \$3.63. A preventative visit covered at 100%. Anything basic like a cleaning would be covered at 80%. Basic restorative, so if they gotta k- fill in a cavity, that would be covered at 80%. Any x-rays that they may take, that's covered at 80% as well, and you get a annual maximum of \$500. And you would have to give a one-time deductible of \$50 if you choose the individual plan, or if you choose the family plan, of \$150. And then the last medical plan is the one that I mentioned in the beginning, that's called the MVP. That's the only major medical plan, and all employees are eligible for the MVP plan. Um, but you do gotta keep in mind that the deductible is pretty high. So for the in-network, it's \$6,900 per participant. And for the family in-network plan, it would be \$1,300... \$1,800. Um, and this is the only plan that does require monthly deductions, but the deductibles are high.

Speaker speaker_1: Oh, can I ask-

Speaker speaker_2: And then the other ones are weekly deductions.

Speaker speaker_1: ... yes, ma'am. Um, but for the dental, do the dental cover the orthodontist?

Speaker speaker_2: So, any specific questions like that, prior to enrolling, I could provide two numbers that you could call and they could answer that question. Um, we're really just a healthcare administration...

Speaker speaker_1: Okay.

Speaker speaker_2: ... for staff and agencies, so I won't be able to answer that. I can really just answer what I see on the guide. If you're not so sure, I could give you your deadline for enrollment. And you're welcome to contact that number prior to enrolling, before making a selection.

Speaker speaker_1: Um, yes, ma'am. I'm ready for those numbers. I apologize.

Speaker speaker_2: Okay. No, that's fine. Um, so you have till November 27th to make a decision. Y- so you would have to contact us before that date. And the phone number is 901-936-3290.

Speaker speaker_1: Okay.

Speaker speaker_2: And then the second number is 601-936-3287. And you can contact those numbers, um, inquiring those questions that you have before enrolling.

Speaker speaker_1: Okay. Thank you so much.

Speaker speaker_2: You're welcome. I hope you have a great day. Um, did you have any more questions for me?

Speaker speaker_1: No, ma'am. That's all. That'll, that'll be all for right now.

Speaker speaker_2: Okay. Just remember, you have till the 27th of November, okay?

Speaker speaker_1: Okay.

Speaker speaker_2: That's when your personal open enrollment period is over.

Speaker speaker_1: Okay. Thank you.

Speaker speaker_2: You're welcome. I hope you have a great day. Thank you for calling Bemidji Card.

Speaker speaker_1: You too. You too. Bye-bye.