

## **Transcript: Estefania**

**Acevedo-6589196356861952-5880645065949184**

### **Full Transcript**

Thank you for calling Benefits in a Card. My name is Stephanie. How can I assist you? Yes. I am, uh, basically starting a new job, and got questions on your benefits through, uh, Doherty, uh, Employment Services. Okay. Can you help me with that? Um, what are the... Yes, sir. I would just have to get in your file. What are the last four of your social? Uh, 2013. Okay. Thank you. And then your first and last name, please. Joseph Hayden. For security purposes, I do need you to verify your address and date of birth. Uh, 209 North Maple Street, Paulina, Iowa, uh, 11/29/97. Thank you. Is 712-870-4060 your phone number? Yeah. Yeah. And then, what was that date of birth? I'm sorry. 11/29/97. Thank you. And then I have haydenjoe85@outlook.com? Correct, yep. Okay. Yeah? Did you... Did you want me to go ahead and email you that benefit guide to your email? What that benefit guide is, it has the plan that Dorothy offers, as well as the deductions to those plans. And then if you want, I can go over the plans with you. Well, I'm looking at, uh, the Doherty plan. Yes. Exa- oh, okay. So you've got it already? Yeah. So it's already pulled up, but I don't understand the difference be- Okay. At one point in here, it says, "This is not major medical insurance." What- Right. ... does that mean? What does that mean? So major medical plans have a deductible and a copay. And the... The... This insurance pays a percentage of... They pay a flat fee. So for example, if you select the VIP Standard, the VIP Standard pays a flat fee towards whatever service you go for. So for example, surgery and hospital, um, they cover a flat fee of \$250, meaning that's what they'll cover, and then the remaining balance would be your responsibility. So let's say, like, your bill is \$1000, they'll cover 250, so you're responsible for 750. Okay. So this is just- So that's what I mean by that's not a major medical plan. So why would someone choose this over a major medical plan? What- what's the intent of this? That question, I wouldn't be really sure to answer. I know some people do get this insurance, but some people don't. Um, it's really, really just a, um, like, personal choice if you wanna take it or not. Some people find it great, some people don't. Okay. So there, you just pay a flat fee, which is only gonna cover part of- Correct. Mm-hmm. ... uh, whatever. Correct. So it's not gonna cover the entire bill. It's just gonna cover whatever portion, uh, if it's covered or not. Um, so 'cause there's some services that probably won't be covered, but some will. So it really just depends. Like, for emergency room visit, \$50 per day for a max of two days is covered. So only \$50, and only for a max of two days. And it just de- depends if they consider it, like, part of the, um, coverage. It just really depends. But they only cover a flat fee, and it's not for the entire bill. It's only for a certain amount. And then - So this deductible... Mm-hmm. This deductible of 6500, how, how does... And the max out-of-pocket of 6500, how does that come into play? Where are you seeing that? It is on page... Uh. And then I was gonna tell you that for these plans, it's weekly deductions, also from your paycheck. Yeah. I see that. There we go. And I got... I got questions on that. So on page six, where it says Minimum Value Plan, MVP, scheduled

benefits, and it's got deductible per participant in network- Yeah. So... out of network. That's on page seven, um, eight. I'm sorry. So they offer, they offer the NEC Enhanced, the NEC Tele-RS, and the VIP. Those are weekly deductions, as well as the additional, um, benefit options. The only one that's a monthly deduction is the MVP, which is on page eight, and the reason why it's a monthly deduction is because the monthly premium is high, and you gotta reach your deductible first, then you're covered at 100%. So for, like, example, for the in-network, deductible per participant is 6500. So, you would have to reach that deductible first and then once you reach that deductible, you're covered at 100%, but you have to reach your deductible first to be covered at 100%. And then, um, the wee- the m- monthly deduction depending if you add dependents or not. So, if you choose the MVP plan for employee, that's a \$130 a month. But, like I said, you do have to reach your deductible first. Once you reach your deductible, you're covered at a hundr- 100% after deductible. So, in network is \$6,500 per participant and then the family one would be \$14,700 and then the out network, where the deductible per participant is \$10,000, oof, and then per family is \$20,000. But, of course, you got to reach that first, and then you're covered at- at 100%. And even with that one, that one doesn't include dental and vision. You would have to add an addition... get with your MVP. While the other plans, but the ME- it's the only one with monthly deductions for. Um, but it does- So, what's the difference- ... have a pretty high deductible. What's the difference between MVP and, uh, Stay Healthy Medical TelareX and VIP Standard? Well, the- MVP Standard? The- the ME-C TelareX... Okay. So the ME-C TelareX is only a preventative plan, meaning it's only going to cover like a physical, some vaccinations, not all vaccin- not all of them, some STD screening, not all of them, some cancer screening, not all of them. So it'll cover some preventative services and you do have to stay within the network and only use their clinics and doctors to be covered. It offers prescription benefits through MedImpact and it offers virtual urgent care, which offers medical assistance virtually with medical providers. It also offers a membership with Free Rx, which gives you access to over 800 of the top 90% generic drugs prescribed in the US, but your ME-C TelareX plan is only a preventative plan. So it's not going to cover any doctor visits if sick, hospital visits if injured, urgent care, emergency room, nor surgeries. If you were to select the Stay Healthy ME-C TelareX, which is only a preventative plan for employee only, that's a weekly deduction of \$15.70. Then your VIP Standard plan is only hospital indemnity, so it's only going to cover doctor visits if sick, hospital visits if injured, urgent care, emergency room, and even some surgeries, but it's not going to cover your preventative services, which is what the ME-C TelareX covers. With the VIP plan, however, you don't have to stay within the network. It doesn't require you. As long as they take that insurance out of the network, you can use it. It also offers prescription benefits through Pharmaville, depending on the generic medication that it is, you can pay \$30, \$20 or \$10. And for the non-generic medications, they offer you a discount. The standard also cov- offers virtual urgent care, which like I said earlier, it offers medical assistance virtually via phone call or video calls with medical providers. And the VIP Standard i- is the one that covers a flat fee towards whatever service you go for. It doesn't cover intensive care, rehabilitation nor preventive surgery. Um, so for example, for, like I said, for surgery in hospital, they'll only cover \$250. Surgery in physician office, they'll cover a flat fee of \$125 per day for a max of two days. So, if your bill, let's say is \$500, they'll cover \$125 and you're responsible for \$375. So, they only cover a flat fee towards the services that you go for. If you select the VIP Standard, which is only your hospital indemnity plan, that's a weekly deduction of \$16.81. Then they also

have a third plan called the Stay Healthy ME-C Enhanced. So the Stay Healthy ME-C Enhanced is technically like your ME-C TelareX, which is your preventative plan and your VIP Standard plan combined. So this one is called Stay Healthy ME-C Enhanced, so it offers both your preventative services, which would be like a physical, some vaccines, some STD and cancer screenings, and it also covers your hospital indemnity services, meaning doctor visits if sick, hospital visits if injured, urgent care, emergency room. But the Stay Healthy ME-C Enhanced compared to the ME-C TelareX and the VIP, that one requires co-pays. So that one, it requires you co-pay for your primary care visits, a \$10 co-pay per visit is required and you would be limited to four visits annually per person or 10 per family. For your specialty care visits, a \$50 co-pay per visit is required, and you would also be limited to four visits annually per person or 10 per family. For urgent care visits, a \$60 co-pay per visit is required, and you would be limited to four visits annually per person or 10 per family. With the ME-C Enhanced however, it does require you to stay within the network. So you can only use their doctors and clinics and receive coverage. Um, since you get both preventative and hospital indemnity coverage, you get two different, um, prescription benefits, one is MedImpact, which for your preventative care pharmacy option, you have a 30-day supply and you are required a \$5 co-pay. For the mail order option you have a 90-day supply for your generic drugs, a \$15 co-pay is required, and you also receive coverage through Pharmaville, which like I said earlier, depending on the generic medication that you get, depends on how much you pay. So you can pay \$30, \$20 or \$10 and for the non-generics they offer you a discount. This plan also does include the virtual urgent care, which offers medical assistance virtually, and they cover also a flat fee towards your hospital indemnity services, so same thing, they'll cover a flat fee.... towards whatever service you go for. So, for example, surgery hospital, if your bill's \$1,000, they cover \$500 per day for a max of one day, so you would be responsible for the remaining \$500. Um, for employee that looks like- How much is that monthly? ... it's a monthly deduction. How much though? That one is 42 n- um, that one would be \$42.68 weekly from your paycheck, and that's the one that covers both your preventative and your hospital indemnity. And that's got a max out-of-pocket of the \$6,500? Is that the one? No, the one that has that is the MBP. So the first one that I told you that it was a monthly deductible from your paycheck, but you have to reach the, the deductible first and then be covered at 100%. And, um, all employees who are working 20 hours or more per week are eligible for the MBP plan. I know that if you're interested in this one, uh, usually the main office has to review to see if you qualify for the MBP. But like I said, that one does have a high deductible monthly. If you choose employee plan, that's \$130 monthly, then employee plus spouse is \$831.99. Employee and child, \$597.98. And the family plan is \$1,299.98. So that would be your monthly premium, but you do have to reach your deductible first and then you're covered at 100% once you reach that deductible. Uh, like in the deduc- How much was the individual? How much was it? \$130 per month for an individual? Yes. So you choose this plan, the MBP, you would be paying \$130 monthly. Yeah. And then, um, you have to reach, like I said, your deductible first, and then you're covered at 100%. And then it looks like in-network deductible per participant, so then it's \$6,500. And then the out-of-network is \$10,000. And you... Not everybody qualifies for the MBP? Is that what you were saying? Yes, sir. I, I believe it's because it's a high deductible first. I'm not sure what they look for to see if you're eligible, but I know usually when people want to enroll into this one, we have to send an email to our main office and then they look to see if you'd be eligible or not with the MBP. I

guess because of that high deductible, but I'm not really sure. I just know usually before enrolling, I have to send an email to see if you're eligible or not for the MBP. You don't know what determines eligibility? No, sir. The main office does all of that. So, um, but that MBP, that is, uh, preventative care, it's, it's doctor's visits, it's everything? Uh, let me verify, um, because th- uh, because I'm not really 100% sure if it's even preventative. But give me one second, let me double-check. Yeah. This is a joke, Mother. This is ridiculous. This is awful. This is immature. That is it. The first... It doesn't cover hardly anything, and it's super expensive. Like, he would have to pay \$1,200... \$1,500 a year, every month he'd pay \$130, so that's \$1,500. Then all of his doctor visits, he has to pay out of pocket. All of his medicine, he has to pay, until he hits \$6,500, and then they'll cover it. But, so you have to spend \$8,000 to cover all your health stuff. It's terrible. And that's really bothering me. Okay, sir, I just double-checked and yeah, so a preventative, um, it's, it is in there with that plan. I- it is covered at 100% before the deductible as long as you stay within the network. And then if you go out of the network, you still have to reach that deductible which would be \$10,000 and 50% after deductible would be covered. Um, so if you go out of the network after the deductible, after you pay the, reach the deductible, only 50% is covered after deductible. And if you stay in network, 100% after deductible is covered. Hello? Yeah, I'm thinking. I'm listening and thinking. Mm-hmm. So the MBP does include preventative care. Okay. How about dental then? So he picks the, or we pick the MBP, how about dental and vision? So dental, vision, all of that is not included in the MBP. Right. That's something that you would have to add in addition. Yeah. So it just depends. So for dental, if you choose employee only, that would be \$3.38 weekly, depend- How much? ... if you choose the employee. Um, \$3.38 for the employee plan when it comes to dental. Yeah. And that would be a weekly deduction. If you choose like employee and spouse, that would be \$6.50 weekly. Employee and children, \$8.92 weekly. And then the family plan is \$13.44 weekly, um- Okay. ... and then for that dental. Mm-hmm. Go ahead. I was gonna tell you that for the dental plan, a preventative visit's covered at 100%. Something basic, they consider it like a cleaning of the teeth, that's covered at 80%. Basic restorative, meaning that if I'm like a cavity, something basic like they gotta fill it, that's covered at 80. X-rays are covered at 80. And you have an annual maximum of \$500 with the dental plan. Um, depending on what plan you choose, you do have to give a one-time deductible for dental. So, let's say you choose the employee plan, that would be a one-time deductible of \$50. Or if you were to choose the family plan, that would be a one-time deductible of \$150. What do you mean a one-time deductible? I don't understand. So, when you go... So when you go to the visit, you would have to pay \$50 if you choose the individual plan. But you only pay that once. Or if you choose the family plan, you would have to pay one-time, \$150. And then the \$500, you're saying the max in one year that you'd pay out of pocket was \$500? So that's like your allowance. Is that right? Your allowance is \$500. What's that mean, my allowance? Yeah, so, um, like in other words they give you like \$500 to spend for that plan. Like your allowance for... It's only \$500. From those \$500 if you get a basic cleansing, that's 80% of coverage from those \$500. X-rays, 80%. Okay. How about vision? Vision has its copays. So, the copay for an eye exam that you would have to pay is only \$10. Copay for lenses and frames is \$25, and then your frame allowance is \$130. How about contacts? So, with contacts, it doesn't let me know how much is covered. That's something that I would have to provide MetLife's number to, and they would be able to answer that, because I don't have it in the guide. And since we're just the administrators, I wouldn't be able to tell you. Uh, but I can definitely- How much

is vision covered for an individual? Vision... Vision would be \$1.99 weekly. And I can pick dental and vision without taking any of these other coverages, is that right? Yeah. Yes, sir. So, all of these plans that you're seeing, um, if you don't want to get medical, you don't have to get medical. If you just want to get like vision, you can just get vision. Or if you just want to get term life, you can just get term life. You don't have to get like a lot of plans. It's whatever you... Like. Okay. And then let me see when your last date... Oh, actually it doesn't provide me. Well, they give you 30 days from the day that you receive your first check to enroll. Yeah. Okay. And to get prescription coverage, we'd have to do the VIP or the Stay Hea- So any... So, all of the, the MEC Enhanced has, um, prescription coverage with MedImpact and PharmaVille. Uh, VIP Standard only has prescription coverage in PharmaVille. And then the Stay Healthy plan has prescription coverage through MedImpact. I- it might say Alexar, but they just changed their name, so it's actually MedImpact. So, they all have their prescription benefits. Are there some like Adderall, do you know if it's covered by all of these or not covered by all of these, some of those types of drugs? So, so since it's not telling me specifically in the guide, I would have to actually provide you the number of the pharmacy. So if you want, I can do that. Um, and y- you're welcome to give them a call and they'll let you know if that's something that they cover. Yeah. But that question, I would have to, um, give you their information because I wouldn't be able to answer that. Um, and I was gonna tell you that they also offer a membership with FreeRx. So technically what FreeRx is, it gives you access to over 800 of the top 90% generic drugs pres- in the US for a cheaper price. And some of them are sometimes even free. Um, I wouldn't be able to tell you which ones are free, but I know usually if you go to their website and you look it up, it'll tell you, um, how much it would be. But that's just for a membership. It's just a membership- Okay. ... that gives you access to cheaper generic prescriptions. And I believe it actually tells you on the benefit guide on page number five. It says, "Cheaper meds, healthier wallets. The membership provides you access to over 800 of the top 90% drugs prescribed in the US for free. Acute medications up to 21-day supply can be picked up at any of our participating pharmacies. Locations including CVS pharmacy, Walgreens, Albertson, Cougar Pu- Publix, Giant Eagle, and Walmart. Chronic medications 90-day supply are available through secure home delivery by USPS with a free three to five day shipping." And like I said, if you want, I can always provide their, um, contact number, because a lot of times when people call they do want to know if their medication's going to be covered or not prior to enrolling. Yeah. Give me their number. Please. Okay. So for MedImpact, let me know when you're ready for that number. I'm ready. So that's going to be 800-771-4648. And then this is the one for the Stay Healthy MEC tele-RS as well as the MEC Enhanced, because with the MEC Enhanced you're going to get prescription benefits through MedImpact and with PharmaVille, okay? Um, and then for your VIP plan it's going to be through PharmaVille. And their phone number is 800-933-3734. 800-933-3734. 34. Mm-hmm. All right. Uh, that's good for now. Thank you for your time. You're welcome. Um, I hope you have a great day. You too. Bye-bye.

## 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: Yes. I am, uh, basically starting a new job, and got questions on your benefits through, uh, Doherty, uh, Employment Services.

Speaker speaker\_0: Okay.

Speaker speaker\_1: Can you help me with that?

Speaker speaker\_0: Um, what are the... Yes, sir. I would just have to get in your file. What are the last four of your social?

Speaker speaker\_1: Uh, 2013.

Speaker speaker\_0: Okay. Thank you. And then your first and last name, please.

Speaker speaker\_1: Joseph Hayden.

Speaker speaker\_0: For security purposes, I do need you to verify your address and date of birth.

Speaker speaker\_1: Uh, 209 North Maple Street, Paulina, Iowa, uh, 11/29/97.

Speaker speaker\_0: Thank you. Is 712-870-4060 your phone number?

Speaker speaker\_1: Yeah. Yeah.

Speaker speaker\_0: And then, what was that date of birth? I'm sorry.

Speaker speaker\_1: 11/29/97.

Speaker speaker\_0: Thank you. And then I have haydenjoe85@outlook.com?

Speaker speaker\_1: Correct, yep.

Speaker speaker\_0: Okay.

Speaker speaker\_1: Yeah?

Speaker speaker\_0: Did you... Did you want me to go ahead and email you that benefit guide to your email? What that benefit guide is, it has the plan that Dorothy offers, as well as the deductions to those plans. And then if you want, I can go over the plans with you.

Speaker speaker\_1: Well, I'm looking at, uh, the Doherty plan.

Speaker speaker\_0: Yes. Exa- oh, okay. So you've got it already?

Speaker speaker\_1: Yeah. So it's already pulled up, but I don't understand the difference between. Okay. At one point in here, it says, "This is not major medical insurance." What-

Speaker speaker\_0: Right.

Speaker speaker\_1: ... does that mean? What does that mean?

Speaker speaker\_0: So major medical plans have a deductible and a copay. And the... The... This insurance pays a percentage of... They pay a flat fee. So for example, if you select the VIP Standard, the VIP Standard pays a flat fee towards whatever service you go for. So for

example, surgery and hospital, um, they cover a flat fee of \$250, meaning that's what they'll cover, and then the remaining balance would be your responsibility. So let's say, like, your bill is \$1000, they'll cover 250, so you're responsible for 750.

Speaker speaker\_1: Okay. So this is just-

Speaker speaker\_0: So that's what I mean by that's not a major medical plan.

Speaker speaker\_1: So why would someone choose this over a major medical plan? What- what's the intent of this?

Speaker speaker\_0: That question, I wouldn't be really sure to answer. I know some people do get this insurance, but some people don't. Um, it's really, really just a, um, like, personal choice if you wanna take it or not. Some people find it great, some people don't.

Speaker speaker\_1: Okay. So there, you just pay a flat fee, which is only gonna cover part of-

Speaker speaker\_0: Correct. Mm-hmm.

Speaker speaker\_1: ... uh, whatever.

Speaker speaker\_0: Correct. So it's not gonna cover the entire bill. It's just gonna cover whatever portion, uh, if it's covered or not. Um, so 'cause there's some services that probably won't be covered, but some will. So it really just depends. Like, for emergency room visit, \$50 per day for a max of two days is covered. So only \$50, and only for a max of two days. And it just de- depends if they consider it, like, part of the, um, coverage. It just really depends. But they only cover a flat fee, and it's not for the entire bill. It's only for a certain amount. And then -

Speaker speaker\_1: So this deductible...

Speaker speaker\_0: Mm-hmm.

Speaker speaker\_1: This deductible of 6500, how, how does... And the max out-of-pocket of 6500, how does that come into play?

Speaker speaker\_0: Where are you seeing that?

Speaker speaker\_1: It is on page... Uh.

Speaker speaker\_0: And then I was gonna tell you that for these plans, it's weekly deductions, also from your paycheck.

Speaker speaker\_1: Yeah. I see that.

Speaker speaker\_0: There we go.

Speaker speaker\_1: And I got... I got questions on that. So on page six, where it says Minimum Value Plan, MVP, scheduled benefits, and it's got deductible per participant in network-

Speaker speaker\_0: Yeah. So...

Speaker speaker\_1: ... out of network.

Speaker speaker\_0: That's that's on page seven, um, eight. I'm sorry. So they offer, they offer the NEC Enhanced, the NEC Tele-RS, and the VIP. Those are weekly deductions, as well as the additional, um, benefit options. The only one that's a monthly deduction is the MVP, which is on page eight, and the reason why it's a monthly deduction is because the monthly premium is high, and you gotta reach your deductible first, then you're covered at 100%. So for, like, example, for the in-network, deductible per participant is 6500. So, you would have to reach that deductible first and then once you reach that deductible, you're covered at 100%, but you have to reach your deductible first to be covered at 100%. And then, um, the wee- the m- monthly deduction depending if you add dependents or not. So, if you choose the MVP plan for employee, that's a \$130 a month. But, like I said, you do have to reach your deductible first. Once you reach your deductible, you're covered at a hundr- 100% after deductible. So, in network is \$6,500 per participant and then the family one would be \$14,700 and then the out network, where the deductible per participant is \$10,000, oof, and then per family is \$20,000. But, of course, you got to reach that first, and then you're covered at- at 100%. And even with that one, that one doesn't include dental and vision. You would have to add an addition... get with your MVP. While the other plans, but the ME- it's the only one with monthly deductions for. Um, but it does-

Speaker speaker\_2: So, what's the difference-

Speaker speaker\_0: ... have a pretty high deductible.

Speaker speaker\_2: What's the difference between MVP and, uh, Stay Healthy Medical TelareX and VIP Standard?

Speaker speaker\_0: Well, the-

Speaker speaker\_2: MVP Standard?

Speaker speaker\_0: The- the ME-C TelareX... Okay. So the ME-C TelareX is only a preventative plan, meaning it's only going to cover like a physical, some vaccinations, not all vaccin- not all of them, some STD screening, not all of them, some cancer screening, not all of them. So it'll cover some preventative services and you do have to stay within the network and only use their clinics and doctors to be covered. It offers prescription benefits through MedImpact and it offers virtual urgent care, which offers medical assistance virtually with medical providers. It also offers a membership with Free Rx, which gives you access to over 800 of the top 90% generic drugs prescribed in the US, but your ME-C TelareX plan is only a preventative plan. So it's not going to cover any doctor visits if sick, hospital visits if injured, urgent care, emergency room, nor surgeries. If you were to select the Stay Healthy ME-C TelareX, which is only a preventative plan for employee only, that's a weekly deduction of \$15.70. Then your VIP Standard plan is only hospital indemnity, so it's only going to cover doctor visits if sick, hospital visits if injured, urgent care, emergency room, and even some surgeries, but it's not going to cover your preventative services, which is what the ME-C TelareX covers. With the VIP plan, however, you don't have to stay within the network. It doesn't require you. As long as they take that insurance out of the network, you can use it. It also offers prescription benefits through Pharmaville, depending on the generic medication



that it is, you can pay \$30, \$20 or \$10. And for the non-generic medications, they offer you a discount. The standard also covers virtual urgent care, which like I said earlier, it offers medical assistance virtually via phone call or video calls with medical providers. And the VIP Standard is the one that covers a flat fee towards whatever service you go for. It doesn't cover intensive care, rehabilitation nor preventive surgery. Um, so for example, for, like I said, for surgery in hospital, they'll only cover \$250. Surgery in physician office, they'll cover a flat fee of \$125 per day for a max of two days. So, if your bill, let's say is \$500, they'll cover \$125 and you're responsible for \$375. So, they only cover a flat fee towards the services that you go for. If you select the VIP Standard, which is only your hospital indemnity plan, that's a weekly deduction of \$16.81. Then they also have a third plan called the Stay Healthy ME-C Enhanced. So the Stay Healthy ME-C Enhanced is technically like your ME-C TelareX, which is your preventative plan and your VIP Standard plan combined. So this one is called Stay Healthy ME-C Enhanced, so it offers both your preventative services, which would be like a physical, some vaccines, some STD and cancer screenings, and it also covers your hospital indemnity services, meaning doctor visits if sick, hospital visits if injured, urgent care, emergency room. But the Stay Healthy ME-C Enhanced compared to the ME-C TelareX and the VIP, that one requires co-pays. So that one, it requires you co-pay for your primary care visits, a \$10 co-pay per visit is required and you would be limited to four visits annually per person or 10 per family. For your specialty care visits, a \$50 co-pay per visit is required, and you would also be limited to four visits annually per person or 10 per family. For urgent care visits, a \$60 co-pay per visit is required, and you would be limited to four visits annually per person or 10 per family. With the ME-C Enhanced however, it does require you to stay within the network. So you can only use their doctors and clinics and receive coverage. Um, since you get both preventative and hospital indemnity coverage, you get two different, um, prescription benefits, one is MedImpact, which for your preventative care pharmacy option, you have a 30-day supply and you are required a \$5 co-pay. For the mail order option you have a 90-day supply for your generic drugs, a \$15 co-pay is required, and you also receive coverage through Pharmaville, which like I said earlier, depending on the generic medication that you get, depends on how much you pay. So you can pay \$30, \$20 or \$10 and for the non-generics they offer you a discount. This plan also does include the virtual urgent care, which offers medical assistance virtually, and they cover also a flat fee towards your hospital indemnity services, so same thing, they'll cover a flat fee.... towards whatever service you go for. So, for example, surgery hospital, if your bill's \$1,000, they cover \$500 per day for a max of one day, so you would be responsible for the remaining \$500. Um, for employee that looks like-

Speaker speaker\_1: How much is that monthly?

Speaker speaker\_0: ... it's a monthly deduction.

Speaker speaker\_1: How much though?

Speaker speaker\_0: That one is 42 n- um, that one would be \$42.68 weekly from your paycheck, and that's the one that covers both your preventative and your hospital indemnity.

Speaker speaker\_1: And that's got a max out-of-pocket of the \$6,500? Is that the one?

Speaker speaker\_0: No, the one that has that is the MBP. So the first one that I told you that it was a monthly deductible from your paycheck, but you have to reach the, the deductible first and then be covered at 100%. And, um, all employees who are working 20 hours or more per week are eligible for the MBP plan. I know that if you're interested in this one, uh, usually the main office has to review t- to see if you qualify for the MBP. But like I said, that one does have a high deductible monthly. If you choose employee plan, that's \$130 monthly, then employee plus spouse is \$831.99. Employee and child, \$597.98. And the family plan is \$1,299.98. So that would be your monthly premium, but you do have to reach your deductible first and then you're covered at 100% once you reach that deductible. Uh, like in the deduc-

Speaker speaker\_1: How much was the individual? How much was it? \$130 per month for an individual?

Speaker speaker\_0: Yes. So you choose this plan, the MBP, you would be paying \$130 monthly.

Speaker speaker\_1: Yeah.

Speaker speaker\_0: And then, um, you have to reach, like I said, your deductible first, and then you're covered at 100%. And then it looks like in-network deductible per participant, so then it's \$6,500. And then the out-of-network is \$10,000.

Speaker speaker\_1: And you... Not everybody qualifies for the MBP? Is that what you were saying?

Speaker speaker\_0: Yes, sir. I, I believe it's because it's a high deductible first. I'm not sure what they look for to see if you're eligible, but I know usually when people want to enroll into this one, we have to send an email to our main office and then they look to see if you'd be eligible or not with the MBP. I guess because of that high deductible, but I'm not really sure. I just know usually before enrolling, I have to send an email to see if you're eligible or not for the MBP.

Speaker speaker\_1: You don't know what determines eligibility?

Speaker speaker\_0: No, sir. The main office does all of that.

Speaker speaker\_1: So, um, but that MBP, that is, uh, preventative care, it's, it's doctor's visits, it's everything?

Speaker speaker\_0: Uh, let me verify, um, because th- uh, because I'm not really 100% sure if it's even preventative. But give me one second, let me double-check.

Speaker speaker\_1: Yeah. This is a joke, Mother. This is ridiculous. This is awful. This is immature. That is it. The first... It doesn't cover hardly anything, and it's super expensive.

Speaker speaker\_0: Like, he would have to pay \$1,200... \$1,500 a year, every month he'd pay \$130, so that's \$1,500. Then all of his doctor visits, he has to pay out of pocket. All of his medicine, he has to pay, until he hits \$6,500, and then they'll cover it. But, so you have to spend \$8,000 to cover all your health stuff. It's terrible.

Speaker speaker\_1: And that's really bothering me.

Speaker speaker\_0: Okay, sir, I just double-checked and yeah, so a preventative, um, it's, it is in there with that plan. I- it is covered at 100% before the deductible as long as you stay within the network. And then if you go out of the network, you still have to reach that deductible which would be \$10,000 and 50% after deductible would be covered. Um, so if you go out of the network after the deductible, after you pay the, reach the deductible, only 50% is covered after deductible. And if you stay in network, 100% after deductible is covered. Hello?

Speaker speaker\_1: Yeah, I'm thinking. I'm listening and thinking.

Speaker speaker\_0: Mm-hmm. So the MBP does include preventative care.

Speaker speaker\_1: Okay. How about dental then? So he picks the, or we pick the MBP, how about dental and vision?

Speaker speaker\_0: So dental, vision, all of that is not included in the MBP.

Speaker speaker\_1: Right.

Speaker speaker\_0: That's something that you would have to add in addition.

Speaker speaker\_1: Yeah.

Speaker speaker\_0: So it just depends. So for dental, if you choose employee only, that would be \$3.38 weekly, depend-

Speaker speaker\_1: How much?

Speaker speaker\_0: ... if you choose the employee. Um, \$3.38 for the employee plan when it comes to dental.

Speaker speaker\_1: Yeah.

Speaker speaker\_0: And that would be a weekly deduction. If you choose like employee and spouse, that would be \$6.50 weekly. Employee and children, \$8.92 weekly. And then the family plan is \$13.44 weekly, um-

Speaker speaker\_1: Okay.

Speaker speaker\_0: ... and then for that dental. Mm-hmm.

Speaker speaker\_1: Go ahead.

Speaker speaker\_0: I was gonna tell you that for the dental plan, a preventative visit's covered at 100%. Something basic, they consider it like a cleaning of the teeth, that's covered at 80%. Basic restorative, meaning that if I'm like a cavity, something basic like they gotta fill it, that's covered at 80. X-rays are covered at 80. And you have an annual maximum of \$500 with the dental plan. Um, depending on what plan you choose, you do have to give a one-time deductible for dental. So, let's say you choose the employee plan, that would be a one-time deductible of \$50. Or if you were to choose the family plan, that would be a one-time deductible of \$150.

Speaker speaker\_1: What do you mean a one-time deductible? I don't understand.

Speaker speaker\_0: So, when you go... So when you go to the visit, you would have to pay \$50 if you choose the individual plan. But you only pay that once. Or if you choose the family plan, you would have to pay one-time, \$150.

Speaker speaker\_1: And then the \$500, you're saying the max in one year that you'd pay out of pocket was \$500?

Speaker speaker\_0: So that's like your allowance.

Speaker speaker\_1: Is that right?

Speaker speaker\_0: Your allowance is \$500.

Speaker speaker\_1: What's that mean, my allowance?

Speaker speaker\_0: Yeah, so, um, like in other words they give you like \$500 to spend for that plan. Like your allowance for... It's only \$500. From those \$500 if you get a basic cleansing, that's 80% of coverage from those \$500. X-rays, 80%.

Speaker speaker\_1: Okay. How about vision?

Speaker speaker\_0: Vision has its copays. So, the copay for an eye exam that you would have to pay is only \$10. Copay for lenses and frames is \$25, and then your frame allowance is \$130.

Speaker speaker\_1: How about contacts?

Speaker speaker\_0: So, with contacts, it doesn't let me know how much is covered. That's something that I would have to provide MetLife's number to, and they would be able to answer that, because I don't have it in the guide. And since we're just the administrators, I wouldn't be able to tell you. Uh, but I can definitely-

Speaker speaker\_1: How much is vision covered for an individual?

Speaker speaker\_0: Vision... Vision would be \$1.99 weekly.

Speaker speaker\_1: And I can pick dental and vision without taking any of these other coverages, is that right?

Speaker speaker\_0: Yeah. Yes, sir. So, all of these plans that you're seeing, um, if you don't want to get medical, you don't have to get medical. If you just want to get like vision, you can just get vision. Or if you just want to get term life, you can just get term life. You don't have to get like a lot of plans. It's whatever you... Like.

Speaker speaker\_1: Okay.

Speaker speaker\_0: And then let me see when your last date... Oh, actually it doesn't provide me. Well, they give you 30 days from the day that you receive your first check to enroll.

Speaker speaker\_1: Yeah. Okay. And to get prescription coverage, we'd have to do the VIP or the Stay Hea-

Speaker speaker\_0: So any... So, all of the, the MEC Enhanced has, um, prescription coverage with MedImpact and PharmaVille. Uh, VIP Standard only has prescription coverage in PharmaVille. And then the Stay Healthy plan has prescription coverage through MedImpact. I- it might say Alexar, but they just changed their name, so it's actually MedImpact. So, they all have their prescription benefits.

Speaker speaker\_1: Are there some like Adderall, do you know if it's covered by all of these or not covered by all of these, some of those types of drugs?

Speaker speaker\_0: So, so since it's not telling me specifically in the guide, I would have to actually provide you the number of the pharmacy. So if you want, I can do that. Um, and y- you're welcome to give them a call and they'll let you know if that's something that they cover.

Speaker speaker\_1: Yeah.

Speaker speaker\_0: But that question, I would have to, um, give you their information because I wouldn't be able to answer that. Um, and I was gonna tell you that they also offer a membership with FreeRx. So technically what FreeRx is, it gives you access to over 800 of the top 90% generic drugs pres- in the US for a cheaper price. And some of them are sometimes even free. Um, I wouldn't be able to tell you which ones are free, but I know usually if you go to their website and you look it up, it'll tell you, um, how much it would be. But that's just for a membership. It's just a membership-

Speaker speaker\_1: Okay.

Speaker speaker\_0: ... that gives you access to cheaper generic prescriptions. And I believe it actually tells you on the benefit guide on page number five. It says, "Cheaper meds, healthier wallets. The membership provides you access to over 800 of the top 90% drugs prescribed in the US for free. Acute medications up to 21-day supply can be picked up at any of our participating pharmacies. Locations including CVS pharmacy, Walgreens, Albertson, Cougar Pu- Publix, Giant Eagle, and Walmart. Chronic medications 90-day supply are available through secure home delivery by USPS with a free three to five day shipping." And like I said, if you want, I can always provide their, um, contact number, because a lot of times when people call they do want to know if their medication's going to be covered or not prior to enrolling.

Speaker speaker\_1: Yeah. Give me their number. Please.

Speaker speaker\_0: Okay. So for MedImpact, let me know when you're ready for that number.

Speaker speaker\_1: I'm ready.

Speaker speaker\_0: So that's going to be 800-771-4648. And then this is the one for the Stay Healthy MEC tele-RS as well as the MEC Enhanced, because with the MEC Enhanced you're going to get prescription benefits through MedImpact and with PharmaVille, okay? Um, and then for your VIP plan it's going to be through PharmaVille. And their phone number is 800-933-3734.

Speaker speaker\_1: 800-933-3734.

Speaker speaker\_0: 34. Mm-hmm.

Speaker speaker\_1: All right. Uh, that's good for now. Thank you for your time.

Speaker speaker\_0: You're welcome. Um, I hope you have a great day.

Speaker speaker\_1: You too. Bye-bye.