

Transcript: Francesca

Baez-4657601089028096-5420577232437248

Full Transcript

Thanks for calling Benefits in a Car. My name is Francesca. How can I assist you today? Brian. Um, I was just calling to check on the status of my insurance that I had previously had with, uh, Surge Staffing. What are the last four of the social and your last name? Uh, 2895 and Berger, B-E-R-G-E-R. Can you please verify your mailing address and date of birth to make sure I have the right account- Uh- ... in front of me? It should be, uh, 815 Morris Street, Findlay, Ohio, 45840. Mm-hmm. And what is that date of birth? Uh, 3/19/86. We have the best phone number to reach you, same as the one that you called in, which would be that 567-208-1769. Yes, it is. And we have your email down as first and last name, five four, at gmail.com? Correct. Okay. Our system shows that the policy you used to have with Surge is ended as of December 2nd, 2025 for that medical preventative care plan. You said it, it is ending as of 2026? It ended already, sir. So during- Oh, it ended already? Mm-hmm, during February 2nd, 2025. That was the very last day that this was active. Okay, now how do I get that back with you? And then it deactivated itself. Excuse me? H- how do I get that back active? Sure thing, sir. So you're still within the timeframe to reinstate your benefits. Keep in mind that medical preventative care plan is preventative only. It doesn't cover what they consider hospital indemnity services, which will be doctor's visits, emergency room, the ER, or surgeries. It's only gonna cover like your annual physical, your screenings for blood pressure, iron deficiency, and counselings for a healthy diet. And then as far as- Okay. Well- ... prescriptions with it, it covers the preventative generic prescriptions like statins and vitamins. And then it comes with a virtual urgent care package and a free RX membership for prescriptions as well. Okay, so it won't cover like a dermatologist visit? No, sir, due to the fact that that plan was preventative only. Okay. How do I get it- I can help... Go ahead. Sorry about that. You go ahead. I'm sorry. It's fine. Um, I was just gonna say that if you were interested in something different, I can run an eligibility review to see if you're eligible for regular enrollment, but it will take 24 to 48 hours for the front office to finish it. Okay. Um... Dang it. Um, I mean, is it gonna... You think it's gonna cover, you think they're gonna cover me? I mean, if I'm paying for it, I should be having some type of insurance if they're taking it out, right? Or is it you're just saying that's just preventative, right? That's all that they're giving me? So currently, you don't have anything being deducted from your paycheck. If you were to reinstate the old policy, it was a preventative plan only. If you're looking to enroll into something different than the preventative, an eligibility review will need to be done. Okay. It doesn't guarantee that you will be eligible for enrollment. And if you are eligible for enrollment, you're more than welcome to select the other plan that has hospital indemnity services. However, we cannot verify whether or not a dermatologist would be covered under the plan, um, based on the information that is provided to us. The other selection of plan will be the BAP plans that do cover hospital services, but it's only gonna cover 50% for the physician's

office. And then... I mean, \$50, sorry, not 50%. \$50 of those physicians visits, four visits a year, and then you're responsible for the rest. So let's say when you go to that dermatologist, the consult and the visit itself comes out to, part full at 350. Either of the BAP plans is gonna cover \$50, and then you're still responsible for the remaining 300 that still needs to be paid off that bill, if that makes sense. On top of what they're charging me? Correct, yeah. So let's say, for example, their BAP Standard, right? Right. That one is \$17.63. Um, ballpark here, let's say, is \$18. So on top of the \$18 that you would be paying every week for that plan, when you go to the doctor's, it's only gonna cover \$50 from the bill. So you're still responsible for the remainder of your bill, which for the example that we use will be the \$300, as well as making a weekly payment of \$18 for the plan itself. Does that answer that question? Kind of. So if I go there, so it costs 139 for a vi- for, uh, uh, an appointment, okay, to get, to get seen and, and everything else. So you guys are gonna ex- take off \$50 from that 139, and then I pay the rest of th- that? That is correct. Yes, sir. And then I pay... And then that's, that's all that is. That's all, that's what you're saying. So whatever they don't, whatever you guys cover with that 50, I pay the rest when I go see them. And then that's it? So that 50, specifically the coverage that they provide for the visit fee-If you have to get anything like, um, an advance test or follow-up tests, it shows that both of those plans do have advanced testing coverage, but it's only \$25 per visit, and it only covers it once a year. Okay. So, we don't own these plans. We only administer them, um, based on the- Right. ... Benefit Guide information for those carriers. Right. You do also have the, the option, um, Mr. Bayer, that we can go ahead and request the eligibility review, and once that's getting done, you can also review the Benefit Guide itself. But based on the information that you're providing to me as far as what it is that you're looking to be enrolled into for the specific coverage you want, the only plans that they have that will cover that will be either the VIP plan, 'cause aside from that the only other medical plans that they offer are virtual benefits. Right. Um, so then the VIP plan is \$18 a month... \$18 a week out of my paycheck, is what you're saying? If we round it up, yes. So, the standard which is a low tier of the VIP is \$17.63, and then the highest tier which is VIP Classic is \$19.53. Difference between those two is just the fact that the Classic gives you more of a dollar amount on some services, whereas the standard would not, as well the fact that with the standard preventative surgeries, uh, intensive care and rehabilitation is not covered. For, for the specific services that you're looking into, the doctor's visits, any m- medical imaging or advanced studies or follow-ups, those are being here shown that both plans will cover the same amount regardless of which of those two tiers you choose. Okay. Now, can I... Can we activate that today so I can get an appointment set up, or how does that work? So, if we were to make an activation with your specific situation, we first need to see whether or not you're eligible for one of those VIP plans. So, that might take 24 to 48 hours, and then the activation of the policy itself will take one to two weeks. Um, so roughly speaking, you're looking at two to three weeks in total. Okay. Yeah, go ahead and just see if, see if I'm eligible. All right. Do you want me to send you that copy of the Benefit Guide while we wait then? Yeah, that's fine. Do you guys send them out in the mail, or? I'm going to send it to your email that we have on file. All right, and then once I hear back from the front office, I'll give you a call back regarding that eligibility. Okay. Is there a specific time frame where it would be best for me to do my call back at? Um, no, there's no specific time frame. Understood. If for whatever reason I'm unable to speak with you, I'll make sure to leave you a voicemail and send you an email regarding it. Okay, so as of right now, while this is going through, I don't have anything, so... Yes, sir, that

is correct. Okay. All right, thank you. Of course. Thank you for your time today. I hope you have a wonderful rest of your day, and I look forward to giving you that call back. All right, thanks. Bye. Bye.

Conversation Format

Speaker speaker_0: Thanks for calling Benefits in a Car. My name is Francesca. How can I assist you today?

Speaker speaker_1: Brian. Um, I was just calling to check on the status of my insurance that I had previously had with, uh, Surge Staffing.

Speaker speaker_0: What are the last four of the social and your last name?

Speaker speaker_1: Uh, 2895 and Berger, B-E-R-G-E-R.

Speaker speaker_0: Can you please verify your mailing address and date of birth to make sure I have the right account-

Speaker speaker_1: Uh-

Speaker speaker_0: ... in front of me?

Speaker speaker_1: It should be, uh, 815 Morris Street, Findlay, Ohio, 45840.

Speaker speaker_0: Mm-hmm. And what is that date of birth?

Speaker speaker_1: Uh, 3/19/'86.

Speaker speaker_0: We have the best phone number to reach you, same as the one that you called in, which would be that 567-208-1769.

Speaker speaker_1: Yes, it is.

Speaker speaker_0: And we have your email down as first and last name, five four, at gmail.com?

Speaker speaker_1: Correct.

Speaker speaker_0: Okay. Our system shows that the policy you used to have with Surge is ended as of December 2nd, 2025 for that medical preventative care plan.

Speaker speaker_1: You said it, it is ending as of 2026?

Speaker speaker_0: It ended already, sir. So during-

Speaker speaker_1: Oh, it ended already?

Speaker speaker_0: Mm-hmm, during February 2nd, 2025. That was the very last day that this was active.

Speaker speaker_1: Okay, now how do I get that back with you?

Speaker speaker_0: And then it deactivated itself. Excuse me?

Speaker speaker_1: H- how do I get that back active?

Speaker speaker_0: Sure thing, sir. So you're still within the timeframe to reinstate your benefits. Keep in mind that medical preventative care plan is preventative only. It doesn't cover what they consider hospital indemnity services, which will be doctor's visits, emergency room, the ER, or surgeries. It's only gonna cover like your annual physical, your screenings for blood pressure, iron deficiency, and counselings for a healthy diet. And then as far as-

Speaker speaker_1: Okay. Well-

Speaker speaker_0: ... prescriptions with it, it covers the preventative generic prescriptions like statins and vitamins. And then it comes with a virtual urgent care package and a free RX membership for prescriptions as well.

Speaker speaker_1: Okay, so it won't cover like a dermatologist visit?

Speaker speaker_0: No, sir, due to the fact that that plan was preventative only.

Speaker speaker_1: Okay. How do I get it-

Speaker speaker_0: I can help... Go ahead.

Speaker speaker_1: Sorry about that. You go ahead. I'm sorry.

Speaker speaker_0: It's fine. Um, I was just gonna say that if you were interested in something different, I can run an eligibility review to see if you're eligible for regular enrollment, but it will take 24 to 48 hours for the front office to finish it.

Speaker speaker_1: Okay. Um... Dang it. Um, I mean, is it gonna... You think it's gonna cover, you think they're gonna cover me? I mean, if I'm paying for it, I should be having some type of insurance if they're taking it out, right? Or is it you're just saying that's just preventative, right? That's all that they're giving me?

Speaker speaker_0: So currently, you don't have anything being deducted from your paycheck. If you were to reinstate the old policy, it was a preventative plan only. If you're looking to enroll into something different than the preventative, an eligibility review will need to be done.

Speaker speaker_1: Okay.

Speaker speaker_0: It doesn't guarantee that you will be eligible for enrollment. And if you are eligible for enrollment, you're more than welcome to select the other plan that has hospital indemnity services. However, we cannot verify whether or not a dermatologist would be covered under the plan, um, based on the information that is provided to us. The other selection of plan will be the BAP plans that do cover hospital services, but it's only gonna cover 50% for the physician's office. And then... I mean, \$50, sorry, not 50%. \$50 of those physicians visits, four visits a year, and then you're responsible for the rest. So let's say when you go to that dermatologist, the consult and the visit itself comes out to, part full at 350. Either of the BAP plans is gonna cover \$50, and then you're still responsible for the remaining

300 that still needs to be paid off that bill, if that makes sense.

Speaker speaker_1: On top of what they're charging me?

Speaker speaker_0: Correct, yeah. So let's say, for example, their BAP Standard, right?

Speaker speaker_1: Right.

Speaker speaker_0: That one is \$17.63. Um, ballpark here, let's say, is \$18. So on top of the \$18 that you would be paying every week for that plan, when you go to the doctor's, it's only gonna cover \$50 from the bill. So you're still responsible for the remainder of your bill, which for the example that we use will be the \$300, as well as making a weekly payment of \$18 for the plan itself. Does that answer that question?

Speaker speaker_1: Kind of. So if I go there, so it costs 139 for a vi- for, uh, uh, an appointment, okay, to get, to get seen and, and everything else. So you guys are gonna ex- take off \$50 from that 139, and then I pay the rest of th- that?

Speaker speaker_0: That is correct. Yes, sir.

Speaker speaker_1: And then I pay... And then that's, that's all that is. That's all, that's what you're saying. So whatever they don't, whatever you guys cover with that 50, I pay the rest when I go see them. And then that's it?

Speaker speaker_0: So that 50, specifically the coverage that they provide for the visit fee-If you have to get anything like, um, an advance test or follow-up tests, it shows that both of those plans do have advanced testing coverage, but it's only \$25 per visit, and it only covers it once a year.

Speaker speaker_1: Okay.

Speaker speaker_0: So, we don't own these plans. We only administer them, um, based on the-

Speaker speaker_1: Right.

Speaker speaker_0: ... Benefit Guide information for those carriers.

Speaker speaker_1: Right.

Speaker speaker_0: You do also have the, the option, um, Mr. Bayer, that we can go ahead and request the eligibility review, and once that's getting done, you can also review the Benefit Guide itself. But based on the information that you're providing to me as far as what it is that you're looking to be enrolled into for the specific coverage you want, the only plans that they have that will cover that will be either the VIP plan, 'cause aside from that the only other medical plans that they offer are virtual benefits.

Speaker speaker_1: Right. Um, so then the VIP plan is \$18 a month... \$18 a week out of my paycheck, is what you're saying?

Speaker speaker_0: If we round it up, yes. So, the standard which is a low tier of the VIP is \$17.63, and then the highest tier which is VIP Classic is \$19.53. Difference between those two

is just the fact that the Classic gives you more of a dollar amount on some services, whereas the standard would not, as well the fact that with the standard preventative surgeries, uh, intensive care and rehabilitation is not covered. For, for the specific services that you're looking into, the doctor's visits, any m- medical imaging or advanced studies or follow-ups, those are being here shown that both plans will cover the same amount regardless of which of those two tiers you choose.

Speaker speaker_1: Okay. Now, can I... Can we activate that today so I can get an appointment set up, or how does that work?

Speaker speaker_0: So, if we were to make an activation with your specific situation, we first need to see whether or not you're eligible for one of those VIP plans. So, that might take 24 to 48 hours, and then the activation of the policy itself will take one to two weeks. Um, so roughly speaking, you're looking at two to three weeks in total.

Speaker speaker_1: Okay. Yeah, go ahead and just see if, see if I'm eligible.

Speaker speaker_0: All right. Do you want me to send you that copy of the Benefit Guide while we wait then?

Speaker speaker_1: Yeah, that's fine. Do you guys send them out in the mail, or?

Speaker speaker_0: I'm going to send it to your email that we have on file. All right, and then once I hear back from the front office, I'll give you a call back regarding that eligibility.

Speaker speaker_1: Okay.

Speaker speaker_0: Is there a specific time frame where it would be best for me to do my call back at?

Speaker speaker_1: Um, no, there's no specific time frame.

Speaker speaker_0: Understood. If for whatever reason I'm unable to speak with you, I'll make sure to leave you a voicemail and send you an email regarding it.

Speaker speaker_1: Okay, so as of right now, while this is going through, I don't have anything, so...

Speaker speaker_0: Yes, sir, that is correct.

Speaker speaker_1: Okay. All right, thank you.

Speaker speaker_0: Of course. Thank you for your time today. I hope you have a wonderful rest of your day, and I look forward to giving you that call back.

Speaker speaker_1: All right, thanks. Bye.

Speaker speaker_0: Bye.