Transcript: Franchesca Baez-6623101435035648-6279947171184640

Full Transcript

Thank you for calling Benefits 10-0-4. My name is Francesca. How can I assist you today? Yeah, I have some questions on your guys' plans, like what, what all it covers? So we don't owe any other plans. We only administer them for the staffing company. What staffing company do you work with? ManTan. What are the last four of the social? Well, I, I'm not... I don't have benefits right now. I didn't know what button to push, but, uh, I need, I need questions answered or, like, some kinda information sent out on what each of the, uh, plans, like the Stay Healthy and the VIP Standard and the VIP Classic, dental and vision, what they, uh, cover. Of course, ma'am. I will like to check before anything if you're eligible to enroll into coverage. That's the reason why we're trying to locate your account, if it's okay with you. Oh, okay. Yeah, I'm just not currently, like... I, I got a job, but I don't know... I'm not currently an employee through 'em, but 7046. And the last name? Zer- or Tribe. And then to make sure that I am on the right account, could you verify the mailing address and date of birth? 316 South Broad Street, Lancaster, Ohio 43130. We have that phone number to reach you at, 740-870-9446. It's not 840, but it's 740-870-9446. All right. I'm gonna have the... Sorry. All right, I'm gonna have the email down as your first initial, letter Z, the last name, and then the letters Y-O@gmail.com. No, it's Z and Tribe, T-R-I-B-E, and then Y-O@gmail.com. Oh, I see here. The last name is E-V, not B-E. Okay. Oh, I see what you mean, you were a previous employee last year, um, but you haven't started in USM in this year? Was that what you were trying to say? Yeah, I'm, I'm getting ready to. That's why I wanted to get the insurance. I mean, I'm assuming, as far as everything is through okay, but I, I wanted to get all this, um, stuff figured out before I start working with them. Of course. Okay. So they only offer one Stay Healthy, um, which is the Stay Healthy MET Code Rx. That plan, specifically speaking, is preventative only. So what it's going to cover is those services we get done to make sure we're up to health, um, the annualing physicals, the counselings for a healthy diet, avoiding any of the exposures from the sun, the preventative immunizations, like your influenza, tetanus, or varicella shot, the preventative generic prescriptions like statins, vitamins, and FDA-approved contraceptive method. Specifically speaking, that plan is also gonna give you a free Rx membership. That membership, what it does is it assists you in payment for your medications. It gives you about 90% of the generic prescriptions for free, and it also comes with a virtual- Could you, uh- ... urgent care package. Hmm? Could you say... Before the urgent care, virtual urgent care package, could you say that again? Yes, ma'am. It also comes with a free Rx membership. So what the free Rx membership is, is a medication membership, where you're able to get prescriptions for free. Um, it specifically gives you access to 90% of the generic prescriptions prescribed in the US for free. The only thing with it is, uh, your AQ you can pick up at the pharmacy. But any medication that is chronic has to be shipped to your home. You can't pick it up. Otherwise the membership won't cover it. And then it does have a

network requirement as well. Okay, so say I have a preventative, uh, doctor's visit. Does it, it doesn't pay for the doctor's visit? It just pays for the physical? To my understanding, yes, ma'am. That is correct. And then you also have to make sure that that doctor that you're going to is within their network list. Okay, it says on your, uh, on your guys' thing that, that the benefits is, of getting the thing on the card is that I can choose my own provider. That would be for the VIP plans. So we don't own any of the plans, we only administer them. I believe that portion that you're reading is in regards to the dental division, as well as the VIP plans. But unfortunately, that Stay Healthy preventative plan has a network requirement. If you go to a doctor, say for example you were getting that physical done, um, with Dr. Jane and Dr. Jane is not within that network list, and when you go to get that physical you do all of the specific services or lab works that would be covered under your plan, none of that will be covered by your insurance because Dr. Jane is not in their network. Now, if you were to go to Dr. John, who is in the network, then those covered services will be paid by the insurance. But if you go to someone that's not in network, your claim will be denied and you will not be paid for it. Okay. Can you... Um, is that everything about the Stay Healthy? The ME- Yes, ma'am. Okay. Can you tell me about the VIP standard? Mm-hmm. So the VIP standard is the lowest tier of their hospital indemnity services plan. Hospital indemnity are basically those hospital services, your doctor's visits, emergency room, urgent care, ER or surgeries. Those are what falls in that category. That plan is gonna come with that- Hold on. Hospital, hospital vis- Mm-hmm. Can you repeat that? Mm-hmm. Hospital visits, the emergency room, urgent care and surgeries. Okay. And it is also gonna come- Okay. ... with that virtual urgent care plan. Prescription-wise, that plan goes with the company PharmaBill prescriptions. They have a tier system of 10, 20 or \$30 for generic prescriptions and a discount on non-generic. And then it's gonna cover the following benefits. It'll cover your hospital admission, \$500 from the bill once a year. Hospital confinement, \$50 out of the bill per day for 30 days a year. Surgery in the hospital and outpatient facility or a surgery center, it will cover you for \$250 once a year out of the bill. If the surgery is being performed in a physician's office, it will cover it for \$125 per day out of the bill twice a year. The emergency room will be- Sorry, can you say that again? Yes, ma'am. If the surgery is in the physician's office, then it will be covered at \$125 out of the bill per day, twice a year. Emergency room is covered at \$50 per day out of the bill twice a year. For the urgent care facility as well as the physician's office is gonna cover \$50 from the bill per day, four days a year for each of those services. Therapy facility for physical, speech or occupational- Is that twice or once a year for the urgent care visit? For the urgent care, it will be four visits, four days in total a year. Four times... So they'll take \$50 four times a year? Yes. And then it does the same thing too with the physician's office, \$50 out of the bill per day, four days a year. So that... So if I get to see any physician or...? So from the information that was provided to us from the carrier, it only says physician's office. It doesn't specify so I'm guessing it just means any doctor. To know specifically, like for example- Okay. ... let's say, um, you need to go to a pain management specialist or something like that. To know specifically if that type of specialist will be covered, that specific question I would recommend directing it to the carrier. Since we don't have a list of specific type of doctors that would be covered under it, um, it just has that vague physician's office on that deduction. Who's the carrier? For this particular plan, it will be American Public Life. They also go by the Acura name APL. Would you like our phone number before we continue the plan coverage? No, I got, I got it. Was that physician office visit \$50 four times per year? Yes, ma'am. Okay. Um, I...

So once again, you don't get to pick your provider through the VIP 'cause- No, with the VIP you do, it's the Stay Healthy the one that you do not. So the VIP- But from- Both of the VIPs you can pick your provider? Yes, ma'am. So out of all the benefits they offer in, in general, like medical, dental and vision wise, the only one that's gonna have that network restriction that you don't get to pick your own provider is gonna be the Stay Healthy. But both VIP plans offer the dental and the vision, you can go to your selected provider, as long as they do take your insurance. I didn't hear that. Could you repeat it again? I'm sorry. Yes, ma'am. So with all of the plans that they offer in general, the only one that you're gonna have that restriction where you cannot choose your provider is gonna be the Stay Healthy. With both of the VIP plans, the dental and the vision, you can go to any provider as long as they approve the carrier, as long as they work with them. For example, for the VIP plans and the dental, the carrier is American Public Life. So as long as your office, your doctor's office accepts American Public Life, you're able to go there and have the coverage cover under those plans. Okay. So call them and ask them if I can have my, my doctor? No, you will call your doctor and ask them if they take American Public Life Insurance if you were to go with the VIP plan or the dental. Oh, okay. Okay, okay. Mm-hmm. Okay. Oh. Okay. And then, uh, the classic, is that all for the standard? Uh, so aside from that it would just be the fact that there's four more things. Um, the medical imaging tests are covered once a year at \$100 of the bill. Advanced studies or follow-up tests are covered at \$25 out of the bill once a year. Hold on, what was that? Follow-up visit? Advanced studies or follow-up tests are covered at \$25 off the bill once a year. And then the outpatient drug prescription benefit is \$10 out of the bill per day, 50 days a year. And then lastly, the ambulance by ground is covered at \$50 out of the bill and by air \$100 once a year. Is it 100? Yes, ma'am, for the air ambulance and 50 for the ground. What about the ground? \$50. Okay. Now can you tell me about the classic? Sure thing, ma'am. So both the standard and the classic come with a critical illness packet, and the classic, the difference between it from the standard is the fact that the classic is gonna cover intensive care unit. It will cover it at \$100 out of the bill per day, 20 days a year, and it's gonna cover rehabilitation benefits \$25 out of the bill per day, 30 days a year. As well as for the surgery and the hospital, the outpatient facility, or surgery center, it's going to cover double the amount in the standard which will be \$500 out of the bill once a year. And it will be the same case with the surgeon and a physician's office, it also goes doubled, 250 out of the bill twice a year. Twice per year? Yes, ma'am. Okay. And then the other three things was the ambulance, it does change. With the classic it will also double it, so for the ground you're going to be covered at 100, and for air 200 out of the bill once a year. And this one will actually cover preventative surgeries. If it's in a hospital, outpatient facility, or surgery center, it's going to cover it at \$500 out of the bill once a year. Okay. And \$250 out of the bill once a year if that preventative surgery is in the physician's office. Okay. And then those are all the differences compared to the VIP Standard the classic has. Everything else will be the same as we discussed with the standard such as like the emergency room, urgent care physician's office, all of those coverage will be the same with the classic. Okay, so, um... What about dental? So for dental there is only one plan being offered. It is \$3.38 per paycheck. It will cover your preventative services at 100%. Your basic services, basic restorative services, and radiographs at 80%. And the maximum that it is going to cover you per year will be \$500 in service with a \$50 deductible. With a what amount deductible? A \$50 deductible. Okay. Is that it for that? Yes, ma'am. That will be all the information I have for their dental plan. Okay. Do you have vision? Yes, ma'am. So for vision,

it is also one plan. It is \$1.99 per paycheck. You'll have a \$10 co-pay for the eye exam. A \$25 co-pay for the lenses and frames. A \$0 co-pay for the contact lens fittings. And then the yearly frame allowance is \$130. Is how much? The frame allowance? Or how much the plan will cost, I'm sorry? Yes. The frame allowance. \$130 per year. Okay. Is that it for that? Yes, ma'am. That's all the information on the vision. Okay. And you can only get dental and vision if you get the VIP? Let's see. No, ma'am. So your staffing company does not have any restrictions on that, as far as bundling. You can get them all separate from what I can see here. The only thing is, if you're enrolling into coverage and you're putting a dependent, then every single plan that you're enrolling into has to have the dependent on it. The only plan that you can be by yourself without that said dependent is short-term disability. I don't have a dependent, so... All right. So then that one won't concern you then. So you can choose all of those plans separately if you wish to. They are not together in any way. Okay. Is there any way that you can send that to me in, in writing through my email? Oh, yes, ma'am. I forgot to advise you. On the beginning of the call, I did go ahead and send you the copy of the benefit guide that we just went over for your staffing company. Yeah. Let me see. Okay. All right. Thank you. Of course. It was my pleasure. Let me make sure it went through first. Mm-hmm. Can, can you hold on just one second? Of course. It's gonna be from info@benefitsncInt. And it should be titled Benefit Guide. Hold on. All right. Okay. All right. Did you receive it? Hold on. It, well, it's not, not really. Hold on one second. Oh, no. Let me know if you need me to try to resend it again, if you don't see it. Or if it didn't send out properly- Can you, can you just resend it? Of course. Bear with me one moment. Can you resend it? Yes, ma'am. One second. All right. I have resented out. Should take one or two minutes to get to you. Let me know when you see it. Okay. I got it. All right. Great. Was there anything else I can assist you with today? No, that's it. All right. I hope you have a wonderful rest of your day, and thank you for your time today and giving us a call. Okay. You too. Thanks. My pleasure.

Conversation Format

Speaker speaker_0: Thank you for calling Benefits 10-0-4. My name is Francesca. How can I assist you today?

Speaker speaker_1: Yeah, I have some questions on your guys' plans, like what, what all it covers?

Speaker speaker_0: So we don't owe any other plans. We only administer them for the staffing company. What staffing company do you work with?

Speaker speaker_1: ManTan.

Speaker speaker_0: What are the last four of the social?

Speaker speaker_1: Well, I, I'm not... I don't have benefits right now. I didn't know what button to push, but, uh, I need, I need questions answered or, like, some kinda information sent out on what each of the, uh, plans, like the Stay Healthy and the VIP Standard and the VIP Classic, dental and vision, what they, uh, cover.

Speaker speaker_0: Of course, ma'am. I will like to check before anything if you're eligible to enroll into coverage. That's the reason why we're trying to locate your account, if it's okay with you.

Speaker speaker_1: Oh, okay. Yeah, I'm just not currently, like... I, I got a job, but I don't know... I'm not currently an employee through 'em, but 7046.

Speaker speaker_0: And the last name?

Speaker speaker_1: Zer- or Tribe.

Speaker speaker_0: And then to make sure that I am on the right account, could you verify the mailing address and date of birth?

Speaker speaker_1: 316 South Broad Street, Lancaster, Ohio 43130.

Speaker speaker_0: We have that phone number to reach you at, 740-870-9446.

Speaker speaker_1: It's not 840, but it's 740-870-9446.

Speaker speaker_0: All right. I'm gonna have the... Sorry. All right, I'm gonna have the email down as your first initial, letter Z, the last name, and then the letters Y-O@gmail.com.

Speaker speaker_1: No, it's Z and Tribe, T-R-I-B-E, and then Y-O@gmail.com.

Speaker speaker_0: Oh, I see here. The last name is E-V, not B-E. Okay. Oh, I see what you mean, you were a previous employee last year, um, but you haven't started in USM in this year? Was that what you were trying to say?

Speaker speaker_1: Yeah, I'm, I'm getting ready to. That's why I wanted to get the insurance. I mean, I'm assuming, as far as everything is through okay, but I, I wanted to get all this, um, stuff figured out before I start working with them.

Speaker speaker_0: Of course. Okay. So they only offer one Stay Healthy, um, which is the Stay Healthy MET Code Rx. That plan, specifically speaking, is preventative only. So what it's going to cover is those services we get done to make sure we're up to health, um, the annualing physicals, the counselings for a healthy diet, avoiding any of the exposures from the sun, the preventative immunizations, like your influenza, tetanus, or varicella shot, the preventative generic prescriptions like statins, vitamins, and FDA-approved contraceptive method. Specifically speaking, that plan is also gonna give you a free Rx membership. That membership, what it does is it assists you in payment for your medications. It gives you about 90% of the generic prescriptions for free, and it also comes with a virtual-

Speaker speaker_1: Could you, uh-

Speaker speaker_0: ... urgent care package. Hmm?

Speaker speaker_1: Could you say... Before the urgent care, virtual urgent care package, could you say that again?

Speaker speaker_0: Yes, ma'am. It also comes with a free Rx membership. So what the free Rx membership is, is a medication membership, where you're able to get prescriptions for

free. Um, it specifically gives you access to 90% of the generic prescriptions prescribed in the US for free. The only thing with it is, uh, your AQ you can pick up at the pharmacy. But any medication that is chronic has to be shipped to your home. You can't pick it up. Otherwise the membership won't cover it. And then it does have a network requirement as well.

Speaker speaker_1: Okay, so say I have a preventative, uh, doctor's visit. Does it, it doesn't pay for the doctor's visit? It just pays for the physical?

Speaker speaker_0: To my understanding, yes, ma'am. That is correct. And then you also have to make sure that that doctor that you're going to is within their network list.

Speaker speaker_1: Okay, it says on your, uh, on your guys' thing that, that the benefits is, of getting the thing on the card is that I can choose my own provider.

Speaker speaker_0: That would be for the VIP plans. So we don't own any of the plans, we only administer them. I believe that portion that you're reading is in regards to the dental division, as well as the VIP plans. But unfortunately, that Stay Healthy preventative plan has a network requirement. If you go to a doctor, say for example you were getting that physical done, um, with Dr. Jane and Dr. Jane is not within that network list, and when you go to get that physical you do all of the specific services or lab works that would be covered under your plan, none of that will be covered by your insurance because Dr. Jane is not in their network.Now, if you were to go to Dr. John, who is in the network, then those covered services will be paid by the insurance. But if you go to someone that's not in network, your claim will be denied and you will not be paid for it.

Speaker speaker_1: Okay. Can you... Um, is that everything about the Stay Healthy? The ME-

Speaker speaker_0: Yes, ma'am.

Speaker speaker_1: Okay. Can you tell me about the VIP standard?

Speaker speaker_0: Mm-hmm. So the VIP standard is the lowest tier of their hospital indemnity services plan. Hospital indemnity are basically those hospital services, your doctor's visits, emergency room, urgent care, ER or surgeries. Those are what falls in that category. That plan is gonna come with that-

Speaker speaker_1: Hold on. Hospital, hospital vis-

Speaker speaker_0: Mm-hmm.

Speaker speaker_1: Can you repeat that?

Speaker speaker_0: Mm-hmm. Hospital visits, the emergency room, urgent care and surgeries.

Speaker speaker_1: Okay.

Speaker speaker_0: And it is also gonna come-

Speaker speaker_1: Okay.

Speaker speaker_0: ... with that virtual urgent care plan. Prescription-wise, that plan goes with the company PharmaBill prescriptions. They have a tier system of 10, 20 or \$30 for generic prescriptions and a discount on non-generic. And then it's gonna cover the following benefits. It'll cover your hospital admission, \$500 from the bill once a year. Hospital confinement, \$50 out of the bill per day for 30 days a year. Surgery in the hospital and outpatient facility or a surgery center, it will cover you for \$250 once a year out of the bill. If the surgery is being performed in a physician's office, it will cover it for \$125 per day out of the bill twice a year. The emergency room will be-

Speaker speaker_1: Sorry, can you say that again?

Speaker speaker_0: Yes, ma'am. If the surgery is in the physician's office, then it will be covered at \$125 out of the bill per day, twice a year. Emergency room is covered at \$50 per day out of the bill twice a year. For the urgent care facility as well as the physician's office is gonna cover \$50 from the bill per day, four days a year for each of those services. Therapy facility for physical, speech or occupational-

Speaker speaker_1: Is that twice or once a year for the urgent care visit?

Speaker speaker_0: For the urgent care, it will be four visits, four days in total a year.

Speaker speaker_1: Four times... So they'll take \$50 four times a year?

Speaker speaker_0: Yes. And then it does the same thing too with the physician's office, \$50 out of the bill per day, four days a year.

Speaker speaker_1: So that... So if I get to see any physician or...?

Speaker speaker_0: So from the information that was provided to us from the carrier, it only says physician's office. It doesn't specify so I'm guessing it just means any doctor. To know specifically, like for example-

Speaker speaker 1: Okay.

Speaker speaker_0: ... let's say, um, you need to go to a pain management specialist or something like that. To know specifically if that type of specialist will be covered, that specific question I would recommend directing it to the carrier. Since we don't have a list of specific type of doctors that would be covered under it, um, it just has that vague physician's office on that deduction.

Speaker speaker_1: Who's the carrier?

Speaker speaker_0: For this particular plan, it will be American Public Life. They also go by the Acura name APL. Would you like our phone number before we continue the plan coverage?

Speaker speaker_1: No, I got, I got it. Was that physician office visit \$50 four times per year?

Speaker speaker_0: Yes, ma'am.

Speaker speaker_1: Okay. Um, I... So once again, you don't get to pick your provider through the VIP 'cause-

Speaker speaker_0: No, with the VIP you do, it's the Stay Healthy the one that you do not.

Speaker speaker_1: So the VIP-

Speaker speaker_0: But from-

Speaker speaker_1: Both of the VIPs you can pick your provider?

Speaker speaker_0: Yes, ma'am. So out of all the benefits they offer in, in general, like medical, dental and vision wise, the only one that's gonna have that network restriction that you don't get to pick your own provider is gonna be the Stay Healthy. But both VIP plans offer the dental and the vision, you can go to your selected provider, as long as they do take your insurance.

Speaker speaker_1: I didn't hear that. Could you repeat it again? I'm sorry.

Speaker speaker_0: Yes, ma'am. So with all of the plans that they offer in general, the only one that you're gonna have that restriction where you cannot choose your provider is gonna be the Stay Healthy. With both of the VIP plans, the dental and the vision, you can go to any provider as long as they approve the carrier, as long as they work with them. For example, for the VIP plans and the dental, the carrier is American Public Life. So as long as your office, your doctor's office accepts American Public Life, you're able to go there and have the coverage cover under those plans.

Speaker speaker_1: Okay. So call them and ask them if I can have my, my doctor?

Speaker speaker_0: No, you will call your doctor and ask them if they take American Public Life Insurance if you were to go with the VIP plan or the dental.

Speaker speaker_1: Oh, okay. Okay, okay.

Speaker speaker_0: Mm-hmm.

Speaker speaker_1: Okay. Oh. Okay. And then, uh, the classic, is that all for the standard?

Speaker speaker_0: Uh, so aside from that it would just be the fact that there's four more things. Um, the medical imaging tests are covered once a year at \$100 of the bill. Advanced studies or follow-up tests are covered at \$25 out of the bill once a year.

Speaker speaker_1: Hold on, what was that? Follow-up visit?

Speaker speaker_0: Advanced studies or follow-up tests are covered at \$25 off the bill once a year. And then the outpatient drug prescription benefit is \$10 out of the bill per day, 50 days a year. And then lastly, the ambulance by ground is covered at \$50 out of the bill and by air \$100 once a year.

Speaker speaker_1: Is it 100?

Speaker speaker_0: Yes, ma'am, for the air ambulance and 50 for the ground.

Speaker speaker_1: What about the ground?

Speaker speaker 0: \$50.

Speaker speaker_1: Okay. Now can you tell me about the classic?

Speaker speaker_0: Sure thing, ma'am. So both the standard and the classic come with a critical illness packet, and the classic, the difference between it from the standard is the fact that the classic is gonna cover intensive care unit. It will cover it at \$100 out of the bill per day, 20 days a year, and it's gonna cover rehabilitation benefits \$25 out of the bill per day, 30 days a year. As well as for the surgery and the hospital, the outpatient facility, or surgery center, it's going to cover double the amount in the standard which will be \$500 out of the bill once a year. And it will be the same case with the surgeon and a physician's office, it also goes doubled, 250 out of the bill twice a year.

Speaker speaker_1: Twice per year?

Speaker speaker_0: Yes, ma'am.

Speaker speaker_1: Okay.

Speaker speaker_0: And then the other three things was the ambulance, it does change. With the classic it will also double it, so for the ground you're going to be covered at 100, and for air 200 out of the bill once a year. And this one will actually cover preventative surgeries. If it's in a hospital, outpatient facility, or surgery center, it's going to cover it at \$500 out of the bill once a year.

Speaker speaker_1: Okay.

Speaker speaker_0: And \$250 out of the bill once a year if that preventative surgery is in the physician's office.

Speaker speaker_1: Okay.

Speaker speaker_0: And then those are all the differences compared to the VIP Standard the classic has. Everything else will be the same as we discussed with the standard such as like the emergency room, urgent care physician's office, all of those coverage will be the same with the classic.

Speaker speaker_1: Okay, so, um... What about dental?

Speaker speaker_0: So for dental there is only one plan being offered. It is \$3.38 per paycheck. It will cover your preventative services at 100%. Your basic services, basic restorative services, and radiographs at 80%. And the maximum that it is going to cover you per year will be \$500 in service with a \$50 deductible.

Speaker speaker_1: With a what amount deductible?

Speaker speaker_0: A \$50 deductible.

Speaker speaker_1: Okay. Is that it for that?

Speaker speaker_0: Yes, ma'am. That will be all the information I have for their dental plan.

Speaker speaker_1: Okay. Do you have vision?

Speaker speaker_0: Yes, ma'am. So for vision, it is also one plan. It is \$1.99 per paycheck. You'll have a \$10 co-pay for the eye exam. A \$25 co-pay for the lenses and frames. A \$0 co-pay for the contact lens fittings. And then the yearly frame allowance is \$130.

Speaker speaker_1: Is how much?

Speaker speaker_0: The frame allowance? Or how much the plan will cost, I'm sorry?

Speaker speaker_1: Yes. The frame allowance.

Speaker speaker_0: \$130 per year.

Speaker speaker_1: Okay. Is that it for that?

Speaker speaker_0: Yes, ma'am. That's all the information on the vision.

Speaker speaker_1: Okay. And you can only get dental and vision if you get the VIP?

Speaker speaker_0: Let's see. No, ma'am. So your staffing company does not have any restrictions on that, as far as bundling. You can get them all separate from what I can see here. The only thing is, if you're enrolling into coverage and you're putting a dependent, then every single plan that you're enrolling into has to have the dependent on it. The only plan that you can be by yourself without that said dependent is short-term disability.

Speaker speaker_1: I don't have a dependent, so...

Speaker speaker_0: All right. So then that one won't concern you then. So you can choose all of those plans separately if you wish to. They are not together in any way.

Speaker speaker_1: Okay. Is there any way that you can send that to me in, in writing through my email?

Speaker speaker_0: Oh, yes, ma'am. I forgot to advise you. On the beginning of the call, I did go ahead and send you the copy of the benefit guide that we just went over for your staffing company.

Speaker speaker_1: Yeah. Let me see. Okay. All right. Thank you.

Speaker speaker_0: Of course. It was my pleasure.

Speaker speaker_1: Let me make sure it went through first.

Speaker speaker_0: Mm-hmm.

Speaker speaker_1: Can, can you hold on just one second?

Speaker speaker_0: Of course. It's gonna be from info@benefitsnclnt. And it should be titled Benefit Guide.

Speaker speaker_1: Hold on. All right. Okay.

Speaker speaker_0: All right. Did you receive it?

Speaker speaker_1: Hold on. It, well, it's not, not really. Hold on one second.

Speaker speaker_0: Oh, no. Let me know if you need me to try to resend it again, if you don't see it. Or if it didn't send out properly-

Speaker speaker_1: Can you, can you just resend it?

Speaker speaker_0: Of course. Bear with me one moment.

Speaker speaker_1: Can you resend it?

Speaker speaker_0: Yes, ma'am. One second. All right. I have resented out. Should take one or two minutes to get to you. Let me know when you see it.

Speaker speaker_1: Okay. I got it.

Speaker speaker_0: All right. Great. Was there anything else I can assist you with today?

Speaker speaker_1: No, that's it.

Speaker speaker_0: All right. I hope you have a wonderful rest of your day, and thank you for your time today and giving us a call.

Speaker speaker_1: Okay. You too. Thanks.

Speaker speaker_0: My pleasure.