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Company						
Plan Name	TONIK 5000		TONIK 3000		TONIK 1500	
Apply	Apply		Apply		Apply	
Estimated Monthly Premium	\$117.80		\$127.50		\$207.10	
Plan Type	PPO		PPO		PPO	
Networks	See provider details		See provider details		See provider details	
Copay	Network \$20	Non-Network N/A	Network \$30	Non-Network N/A	Network \$40	Non-Network Member pays 30%, subject to balance billing
Deductible	\$5,000		\$3,000		\$1,500	
Coinsurance	Member pays 0%	Member pays 30%	Member pays 0%	Member pays 30%	Member pays 0%	Member pays 30%
Coinsurance Limit	see brochure		see brochure		see brochure	
Out-of-Pocket Maximum	\$5,000	10000.0	\$3,000	\$10000	\$1,500	\$10000
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Office Visit	\$30 Copay up to the first 4 visits; then deductible applies	Member pays 30%, subject to balance billing	\$30 Copay up to the first 4 visits; then deductible applies	Member pays 30%, subject to balance billing	\$40 Copay	Member pays 30%, subject to balance billing
Prescription Drugs	Retail: \$10 generic / \$30 preferred / \$50 non-preferred. Brand subject to separate \$2,000 deductible.; Self-Admin Injectable Member pay 30%; Mail Order: \$10 Generic Copay for each 30 day supply; Brand \$30 copay per 30 day supply; Brand & Non-preferred-\$50 Copay for each 30day supply; Self-Admin Injectable Member pay 30%		Retail: \$10 generic / \$30 preferred / \$50 non-preferred. Brand subject to separate \$2,000 deductible.; Self-Admin Injectable Member pay 30%; Mail Order: \$10 Generic Copay for each 30 day supply; Brand \$30 copay per 30 day supply; Brand & Non-preferred-\$50 Copay for each 30day supply; Self-Admin Injectable Member pay 30%		Retail: \$10 generic / \$30 preferred / \$50 non-preferred. Brand subject to separate \$2,000 deductible.; Self-Admin Injectable Member pay 30%; Mail Order: \$10 Generic Copay for each 30 day supply; Brand \$30 copay per 30 day supply; Brand & Non-preferred-\$50 Copay for each 30day supply; Self-Admin Injectable Member pay 30%	
Emergency Room	Medical Emergency or Accident (when deemed an emergency as defined by Anthem), Copay Waived if admitted: \$100 S.Copay, 0% (S.Copay not subject to Calendar Year Deductible); Ambulance Service (Medically Necessary): Member Pays 0%	Medical Emergency or Accident (when deemed an emergency as defined by Anthem), Copay Waived if admitted: \$100 S.Copay, plus non eligible charges; Ambulance Service (Medically Necessary): Member Pays 0%	Medical Emergency or Accident (when deemed an emergency as defined by Anthem), Copay Waived if admitted: \$100 S.Copay, 0% (S.Copay not subject to Calendar Year Deductible); Ambulance Service (Medically Necessary): Member Pays 0%	Medical Emergency or Accident (when deemed an emergency as defined by Anthem), Copay Waived if admitted: \$100 S.Copay, plus non eligible charges; Ambulance Service (Medically Necessary): Member Pays 0%	Medical Emergency or Accident (when deemed an emergency as defined by Anthem), Copay Waived if admitted: \$100 S.Copay, 0% (S.Copay not subject to Calendar Year Deductible); Ambulance Service (Medically Necessary): Member Pays 0%	Medical Emergency or Accident (when deemed an emergency as defined by Anthem), Copay Waived if admitted: \$100 S.Copay, plus non eligible charges; Ambulance Service (Medically Necessary): Member Pays 0%
Adult Preventive Care	Member Pays 0%, Deductible Waived	Member pays 30%, subject to balance billing	Member Pays 0%, Deductible Waived	Member pays 30%, subject to balance billing	Member Pays 0%, Deductible Waived	Member pays 30%, subject to balance billing
Child Preventive Care	Member Pays 0%, Deductible Waived	Member pays 30%, subject to balance billing	Member Pays 0%, Deductible Waived	Member pays 30%, subject to balance billing	Member Pays 0%, Deductible Waived	Member pays 30%, subject to balance billing
Lab/X-ray	Member pays 0%	Member pays 30%	Member pays 0%	Member pays 30%	Member pays 0%	Member pays 30%
Maternity	Not Covered		Not Covered		Not Covered	
Physical Therapy	Outpatient Physical/Occupational Therapy: Member Pays 0%; Chiropractic Services: Member Pays 0% (12 Visit Limit)	Outpatient Physical/Occupational Therapy: \$25 per visit; Chiropractic Services: Plan pays: \$25 per visit (12 Visit Limit)	Outpatient Physical /Occupational Therapy: Member Pays 0%; Chiropractic Services: Member Pays 0% (12 Visit Limit)	Outpatient Physical /Occupational Therapy: \$25 per visit; Chiropractic Services: Plan pays: \$25 per visit (12 Visit Limit)	Outpatient Physical /Occupational Therapy: Member Pays 0%; Chiropractic Services: Member Pays 0% (12 Visit Limit)	Outpatient Physical/Occupational Therapy: \$25 per visit; Chiropractic Services: Plan pays: \$25 per visit (12 Visit Limit)
Skilled Nursing	see brochure		see brochure		see brochure	
Home Health Care	Home Health Care: Member Pays 0% (60 Visit Limit); Hospice Care: Member Pays 0% (No Calendar Maximum)	Home Health Care: Plan pays \$75 (60 Visit Limit); Hospice Care: Member Pays 30% (No Calendar Maximum); Limitations- Coverage if member is diagnosed as terminal with life expectancy of 6 months or less and who elect to receive palliative rather than curative care	Home Health Care: Member Pays 0% (60 Visit Limit); Hospice Care: Member Pays 0% (No Calendar Maximum)	Home Health Care: Plan pays \$75 (60 Visit Limit); Hospice Care: Member Pays 30% (No Calendar Maximum); Limitations- Coverage if member is diagnosed as terminal with life expectancy of 6 months or less and who elect to receive palliative rather than curative care	Home Health Care: Member Pays 0% (60 Visit Limit); Hospice Care: Member Pays 0% (No Calendar Maximum)	Home Health Care: Plan pays \$75 (60 Visit Limit); Hospice Care: Member Pays 30% (No Calendar Maximum); Limitations- Coverage if member is diagnosed as terminal with life expectancy of 6 months or less and who elect to receive palliative rather than curative care

Mental Health	Mental Health Care/ Substance Abuse: Inpatient- Member Pays 0%(Maximum 12 days per member); Outpatient- Member Pays 0% (12 visits per member)	Mental Health Care/ Substance Abuse: Inpatient- Member pays 30%, subject to balance billing (Maximum 12 days per member); Outpatient- Member pays 30%, subject to balance billing (12 visits per member)	Mental Health Care/ Substance Abuse: Inpatient- Member Pays 0%(Maximum 12 days per member); Outpatient- Member Pays 0% (12 visits per member)	Mental Health Care/ Substance Abuse: Inpatient- Member pays 30%, subject to balance billing (Maximum 12 days per member); Outpatient- Member pays 30%, subject to balance billing (12 visits per member)	Mental Health Care/ Substance Abuse: Inpatient- Member Pays 0%(Maximum 12 days per member); Outpatient- Member Pays 0% (12 visits per member)	Mental Health Care/ Substance Abuse: Inpatient- Member pays 30%, subject to balance billing (Maximum 12 days per member); Outpatient- Member pays 30%, subject to balance billing (12 visits per member)
Hospital Care	Outpatient Lab/X-ray, Radiation, Anesthesia: Member Pays 0%; Hospital Inpatient Services: Member Pays 0%; Hospital Outpatient Services: Member Pays 0%	Outpatient Lab/X-ray, Radiation, Anesthesia: Member Pays 30%; Hospital Inpatient Services: Plan pays	Outpatient Lab/X-ray, Radiation, Anesthesia: Member Pays 0%; Hospital Inpatient Services: Member Pays 0%; Hospital Outpatient Services: Member Pays 0%	Outpatient Lab/X-ray, Radiation, Anesthesia: Member Pays 30%; Hospital Inpatient Services: Plan pays	Outpatient Lab/X-ray, Radiation, Anesthesia: Member Pays 0%; Hospital Inpatient Services: Member Pays 0%; Hospital Outpatient Services: Member Pays 0%	Outpatient Lab/X-ray, Radiation, Anesthesia: Member Pays 30%; Hospital Inpatient Services: Plan pays
Included Benefits	see brochure		see brochure		see brochure	
Optional Benefits (not included in base rate quotation)						
Fees						
Policy Form Number	see brochure		see brochure		see brochure	
Note	see brochure		see brochure		see brochure	
Product Brochure	Brochure		Brochure		Brochure	
Optional Riders included in the quote						
Optional Riders not included in the quote	<input type="checkbox"/> Mental Health Care and Substance Abuse : \$71.34	<input type="checkbox"/> Mental Health Care and Substance Abuse : \$78.01	<input type="checkbox"/> Mental Health Care and Substance Abuse : \$78.01	<input type="checkbox"/> Mental Health Care and Substance Abuse : \$78.01	<input type="checkbox"/> Mental Health Care and Substance Abuse : \$133.24	<input type="checkbox"/> Mental Health Care and Substance Abuse : \$133.24

General Disclaimers

The quotes shown above are estimates only, and are subject to change based on the proposed insured's medical history, the underwriting practices of the health plan, the selection of the appropriate Provider Network, the optional benefits selected, occupation (where allowed by state), if any, and other relevant factors. The insurance company reserves the right to change the terms of a policy upon proper notification.

The quotes shown above are for the requested effective date ONLY. If the actual effective date of coverage is different from the requested effective date, the actual cost may differ from the quote above due to rate increases or policy changes from the insurance company and/or one or more family members having a birthday. (Rates are highly dependent on age.) The carrier selected may not guarantee its rates for any period of time.

Applicants should not cancel any in-force health coverage until written formal approval from the insurance company selected is received.

This is not a complete solicitation of health insurance coverage. Please refer to sales brochure and applicable inserts for further information. Sales brochures and applicable inserts may be downloaded or can be obtained by calling our contact number near the top of this page.

The benefits shown in the details summary are not guaranteed. Please refer to the sales brochure and applicable inserts for further information.

Carrier Specific Disclaimers

Blue Cross Blue Shield of Georgia

Blue Cross Blue Shield of Georgia is an Independent Licensee of the Blue Cross Blue Shield Association.

Due to ongoing uncertainty, Anthem has made the decision to suspend the sale of child-only policies and policies where the primary subscriber is under 19 years of age, for effective dates of 9/23 or later.