



Getting hurt
without
coverage.
It's pain you'll
feel all the
way to your
wallet.➔



**Examples of what you
could pay:**

	No health coverage	With Tonik coverage (in-network)
Average cost of a day in the hospital	\$7,216	\$1,500 with the Calculated Risk Taker Plan
Knee surgery and care	\$48,302	\$3,000 with the Part-time Daredevil Plan
Burst appendix (ouch)	\$48,151	\$5,000 with the Thrill Seeker Plan

The bottom line.➔

You know you need insurance. I'm here to make it easy for you to find the plan that best fits your lifestyle. And you don't have to pay for my services. Tonik is fast and online—so get amped and apply now by calling me or going to my website below.

tonikhealth.com



The Tonik plans are offered by Anthem Blue Cross and Blue Shield. An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. © Registered marks Blue Cross and Blue Shield Association.

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Tonik.➔
Get hooked up.

➔ Nevada



It's all about you. ▶

You're young. You're healthy. But hey, life is unpredictable. All it takes is one slip, one fall, one biff, and the financial pain can outweigh the physical. Whether you're laid out on the snow, sand or grass, you're going to wish you were covered.

We offer three straight-up affordable health insurance plans to cover your A-Z. If you're 19-29 years old, rates can be as low as **\$92-\$200 per month**, depending on the plan you pick, where you live, and your age, gender and medical history. Rates are subject to change.

We can help protect you from just about anything—even yourself.



Tonik. The big picture. ▶

Three plans. Same all-around coverage: preventive, emergency, Rx, teeth and eyes. The only differences between the plans are what you'll pay per month, the cost and number of office visits, and the amount of the deductible. You'll pay the amounts listed below and we'll pay the rest.

Plan Benefits per Calendar Year (in-network)	1 Thrill Seeker (CV36)	2 Part-time Daredevil (CV35)	3 Calculated Risk Taker (CV34)
Immediate coverage (no deductible) for the benefits you're most likely to use:			
Office Visits (includes all covered professional services like routine physical exams, preventive care, lab work and X-rays you receive in your doctor's office during the office visit)	\$20 per visit, 4 visits/year (additional visits covered in full after you meet your annual deductible)	\$30 per visit, 4 visits/year (additional visits covered in full after you meet your annual deductible)	\$40 per visit, unlimited visits/year
Emergency Room Care (includes all covered services received in ER)	\$100 for each visit	\$100 for each visit	\$100 for each visit
Prescription Drugs (generic only)	\$10 for a 34-day supply from an in-network retail pharmacy or \$20 for up to a 90-day supply through mail order		
If you need these services, just pay your deductible and we'll pay the rest:			
Other Professional Services (X-rays, blood tests, anesthesia, etc., received separately from professional services covered under your office visit)	\$0 after you meet your annual deductible	\$0 after you meet your annual deductible	\$0 after you meet your annual deductible
Overnight Hospital Stays (surgery, lab work, doctor charges, anesthesia and any other covered hospital charges)	\$0 after you meet your annual deductible	\$0 after you meet your annual deductible	\$0 after you meet your annual deductible
If You Don't Stay Overnight (fracture repairs, shoulder or knee arthroscopies, etc.)	\$0 after you meet your annual deductible	\$0 after you meet your annual deductible	\$0 after you meet your annual deductible
Even your teeth and eyes are covered:			
Teeth	You'll pay \$0 for cleanings, exams and X-rays. After you pay your \$25 deductible, you'll pay 20% for minor restorative procedures like fillings. We'll pay up to \$500/year for your dental benefits.		
Eyes	We'll pay \$50 toward a routine eye exam, glasses or contact lenses and you'll pay the rest.		
Deductible (how much you'll pay each year before we start paying for services, like hospitalization)	\$5,000	\$3,000	\$1,500
Out-of-pocket Maximum* (This is the max you'll have to pay each year. Basically, meet your annual deductible and we'll pay the rest.) *Does not include office visit, prescription, dental or vision copayments.	\$5,000	\$3,000	\$1,500

The Tonik plans don't include maternity benefits. Copayments for office visits, ER visits and prescription drugs don't apply toward the deductible. This is only an overview of the Tonik plan benefits. For a complete listing of all the benefits, limitations and exclusions, check out our website at tonikhealth.com, or call 800-317-9818 to request a policy.