

# Tonik Plans

## Tonik 1500 (T773) - Calculated Risk Taker

Age Range	Medical Rating Areas								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
19 - 29	\$142	\$111	\$106	\$106	\$124	\$98	\$107	\$90	\$92
30 - 34	\$161	\$126	\$120	\$121	\$140	\$111	\$122	\$101	\$104
35 - 39	\$187	\$145	\$138	\$138	\$161	\$128	\$141	\$116	\$119
40 - 44	\$214	\$166	\$158	\$158	\$184	\$146	\$160	\$131	\$136
45 - 49	\$300	\$232	\$220	\$220	\$258	\$201	\$224	\$182	\$187
50 - 54	\$388	\$299	\$283	\$283	\$332	\$259	\$288	\$232	\$239
55 - 59	\$538	\$428	\$403	\$399	\$471	\$369	\$398	\$330	\$340
60 - 64	\$701	\$538	\$508	\$506	\$596	\$470	\$517	\$428	\$430
0	\$198	\$155	\$147	\$146	\$170	\$134	\$148	\$121	\$124
1 - 18	\$127	\$100	\$96	\$96	\$112	\$89	\$97	\$81	\$84

Deductible/OOP max: 1,500/1,500

\$40 office visit copay, unlimited, deductible waived

Coinsurance: 0%

Rx: \$10 generic copay (no brand-name coverage)

Maternity not covered

## Tonik 3000 (T774) - Part-Time Daredevil

Age Range	Medical Rating Areas								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
19 - 29	\$119	\$95	\$91	\$91	\$105	\$87	\$91	\$82	\$81
30 - 34	\$137	\$111	\$105	\$105	\$122	\$100	\$105	\$93	\$94
35 - 39	\$158	\$127	\$121	\$120	\$140	\$115	\$120	\$106	\$107
40 - 44	\$183	\$149	\$142	\$142	\$165	\$132	\$140	\$122	\$123
45 - 49	\$246	\$193	\$183	\$183	\$214	\$170	\$185	\$161	\$158
50 - 54	\$318	\$248	\$235	\$234	\$274	\$218	\$237	\$205	\$201
55 - 59	\$456	\$354	\$336	\$334	\$392	\$309	\$339	\$282	\$285
60 - 64	\$607	\$471	\$446	\$442	\$521	\$410	\$451	\$373	\$377
0	\$165	\$132	\$125	\$123	\$144	\$118	\$126	\$110	\$108
1 - 18	\$106	\$85	\$81	\$81	\$94	\$77	\$82	\$74	\$73

Deductible/OOP max: 3,000/3,000

\$30 office visit copay, limited to 4, deductible waived

Coinsurance: 0%

Rx: \$10 generic copay (no brand-name coverage)

Maternity not covered

## Tonik 5000 (T775) - Thrill Seeker

Age Range	Medical Rating Areas								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
19 - 29	\$103	\$82	\$79	\$79	\$92	\$74	\$80	\$69	\$70
30 - 34	\$115	\$92	\$88	\$89	\$102	\$83	\$89	\$78	\$78
35 - 39	\$133	\$105	\$100	\$101	\$117	\$94	\$102	\$88	\$88
40 - 44	\$151	\$119	\$113	\$114	\$132	\$106	\$115	\$100	\$99
45 - 49	\$209	\$163	\$155	\$155	\$181	\$143	\$157	\$131	\$134
50 - 54	\$267	\$208	\$197	\$198	\$231	\$182	\$200	\$165	\$169
55 - 59	\$382	\$295	\$280	\$280	\$328	\$257	\$285	\$233	\$238
60 - 64	\$507	\$391	\$371	\$370	\$435	\$340	\$378	\$306	\$313
0	\$140	\$110	\$105	\$104	\$121	\$97	\$106	\$88	\$89
1 - 18	\$93	\$74	\$71	\$72	\$83	\$67	\$72	\$62	\$64

Deductible/OOP max: 5,000/5,000

\$20 office visit copay, limited to 4, deductible waived

Coinsurance: 0%

Rx: \$10 generic copay (no brand-name coverage)

Maternity not covered