

TONIK. Get Hooked Up.

Questions and Answers from Agent Web Cast
January 23, 2007

1. Q: What is Tonik?

Tonik is a complete web-based enrollment experience offering affordable and flexible **PPO coverage**. The plan targets uninsured individuals in the 19-29 age group; however, it can be sold to any member between the ages of 0-64. Tonik offers “head-to-toe” coverage with a medical health plan, RX, basic dental and vision.

The three Tonik plans offered are:

- Calculated Risk Taker - \$1,500 Deductible, \$40 office visit co-pay
- Part-time Daredevil - \$3,000 Deductible, \$30 office visit co-pay
- Thrill Seeker - \$5,000 Deductible, \$20 office visit co-pay

All plans are single coverage only - no maternity. Current individual guidelines apply – BCBSGa PPO network

2. Q: Is there a pharmacy benefit?

Prescription Drugs

- Generic Prescription Drugs Co-pay (***not subject to the deductible**): Lesser of cost or \$10
- Brand Drugs: \$2,000 deductible each calendar year
- Brand Name Preferred Drugs: Co-pay: \$30
- Brand Name Non-Preferred Drugs: Co-pay: \$50
- Self-administered Injectable Drugs (except insulin): Subscriber pays 30% of the negotiated fee

Mail Order Pharmacy

- Generic Prescription Drugs (***not subject to the deductible**): \$10 co-pay for 30-day supply; \$20 co-pay for 60-day supply
- Brand Name Preferred Drugs Co-pay: \$30 co-pay for 30-day supply; \$60 co-pay for 60-day supply
- Brand Name Non-Preferred Drugs Co-pay: \$50 co-pay for 30-day supply; \$100 co-pay for 60-day supply

Self-administered Injectable Drugs (except insulin): Subscriber pays 30% of the negotiated fee

Note: *The \$2,000 pharmacy deductible does not apply to the generic. The pharmacy deductible applies to Brand levels only (preferred or non-preferred).

3. Q: Where would I find a paper application for Tonik?

Tonik is an on-line product only. There is no paper with this product.



4. **Q: Am I informed when my client applies through my Agent Connect Web site?**

Yes. Your agent name and number are automatically fed into the Tonik application. You will be copied in on the email response sent back to the applicant.

5. **Q: What is the best way to enroll the member?**

You really want to make sure you receive credit for your sale. The best way is to use your Agent Connect Link. And, there are also other options. If the client is in your office, you can use your link and/or go through the on-line application via the Tonik website. Your agent name and number can be entered manually so you will receive credit. It is not recommended that you refer your client to the BCBSGa website to apply and manually complete your agent name and number. Ask yourself, "Should I rely on the client to complete my information in that manual process?" (Probably not). If your agent name and number is not included on the application, you will not receive sales credit.

6. **Q: What are the email responses the applicant could receive when applying for Tonik?**

The Tonik email response could be:

- Approved
- Approved with a rate up
- Declined
- Pending for further Medical Underwriting (MU)

The email confirmation will tell the member the status of their application. If the application is auto approved with a rate up, the email will display the rate up tier. If the application is pended for further MU and given a rate up or decline, a letter is generated by underwriting to explain why the rate up or decline occurred.

Note: There are NO WAIVERS on the Tonik plan.

7. **Q: What are the rate tiers with Tonik?**

Levels of rating are:

- Level 1 is a base rate for healthy individuals
- Level 2 is 25%
- Level 3 is 40%
- Level 4 is 50%
- Level 5 is 75%
- Level 6 is 100%

The rates are based on age, gender, medical history and where the applicant lives. We stress all agents and applicants go through the application process in order to see their exact rate for Tonik.

Note: Rates are updated quarterly similar to all other products.



8. Q: When will the member receive an ID card?

When the member is approved, a temporary ID card will be emailed to the applicant. The permanent ID card will be received through the mail within 7 to 10 business days.

9. Q: Can I see the status of my applications in Agent Services?

Yes. New Tonik applications as well as status changes will be updated daily.

10. Q: Can a member cancel or decline coverage?

Yes. The applicant is allowed a 30-day review period. The applicant can send an email to tonikhealthga@bcbsga.com, or contact Customer Service at 800-718-8831 to cancel.

11. Q: What about the effective date of the coverage?

Below are some scenarios:

- The member can request the coverage begin date from the day after application submission through 90 days
- If the application is pended for MU, once approved – the member’s effective date can be backdated to the requested effective date from the application. However, if the member does not want the coverage to be backdated, they can call Customer Service (800-718-8831) and change the effective date to the approval date.
- If the application is pended in MU more than 30 days, underwriting will contact the member and determine if they would like to change the effective date
- If the application is pended in MU for less than 30 days, the member can request a different effective date, if decided. To make the change, they can send an email to tonikhealthga@bcbsga.com or contact Customer Service (800-718-8831).

12. Q: What is the pre-existing waiting period?

The pre-existing waiting period is 12 months. However, this plan honors Creditable Coverage. BCBSGa will give portability credit to a member who has prior coverage with less than a 90-day lapse.

13. Q: If a member receives a rate up, can they appeal?

Yes. The member would follow the normal Medical Underwriting (MU) appeal process. Fax the details of your appeal to 877-868-7950, or mail the request to BCBSGa, P.O. Box 9907, Columbus, GA 31908. The inquiry should be resolved within 21 calendar days. At the conclusion of the review, a written response will be provided within 30 calendar days of receiving the request.



14. Q: Can a Tonik member switch to a different Tonik plan?

Yes. If they want to move to a lower deductible, the member must reapply on-line and go through medical underwriting. If the member wants to move to a higher deductible, they can simply contact Customer Service to make the change (no underwriting). All coverage changes will be effective the first of the following month.

15. Q: Can a Tonik member switch to a regular BCBSGa PPO Plan like BV2000?

Yes. The member will need to complete a standard change form, answer medical questions, and go through medical underwriting. Upon approval, the coverage change will be effective the first of the following month. For any questions, the member can contact Customer Service.

16. Q: Can a regular PPO member switch to Tonik?

Yes. The member must apply on-line for Tonik, like a new applicant and go through medical underwriting. Once effective under the Tonik plan, the member is responsible for cancelling their previous plan. The prior policy is NOT cancelled automatically. The member should call Customer Service. They can request a refund of the old plan OR, they can allocate the extra paid premium to be applied to the Tonik coverage.

17. Q: How is the first month's premium paid?

The initial payment can only be paid via credit card using the on-line application. The member can pay with Visa, MasterCard, or Discover. Debit cards are accepted as well.
Note: The credit card will only be charged after approval.

18. Q: How would subsequent monthly premiums be paid?

Subsequent payments can be paid via monthly bank draft, check or money order.

19. Q: Can we do List Bill for Tonik?

Not up front. Remember, Tonik is an on-line product only. However, there is nothing to prevent the member from being added to a list bill at a later date.



20. Q: Can you confirm the Providers being used for Tonik?

You can refer to the BCBSGa website for a provider listing.

- Health – you will use the **PPO** providers and hospitals for in-network benefits. Member may use a non-PPO provider, but claims will be reimbursed at the out-of-network benefit level.
- Dental – you can use any dentist; however a contracted dentist is recommended
- Vision – there is no network. The member will file a claim for the \$50 vision reimbursement.

Note: Tonik members may access our vision discount program like any other member by showing their ID card.

21. Q: When is the start date for Dental Coverage? Are major problems covered?

The dental coverage would be effective the same day as the medical. Preventive and Diagnostic care plus minor restorative procedures (fillings) are covered. Major dental procedures such as crowns, bridges, and root canals are not covered. To learn more, see the ‘Compare Plans’ section on the Tonik Web site (www.tonikhealth.com)

22. Q: Does the Tonik product qualify as a High Deductible Plan to be offered with a HSA Plan?

No. Please refer to our HDHP plans for a qualified HSA option.

23. Q: Would Tonik cover on the job injuries for a self-employed person who is not required to carry Worker’s Compensation?

Any condition for which benefits could be recovered, either by adjudication, settlement or otherwise, under any Worker’s Compensation, employer’s liability law or occupational disease law, even if you do not claim those benefits, is excluded from coverage.

24. Q: Would Tonik cover students who attend an out of state college?

Tonik is based on the home address of the applicant. The application will not process if the home state is outside of Georgia.

To learn more about Tonik benefits, please see the “Compare Plans” section of the Tonik Web site (www.tonikhealth.com).

