

**CONNECTICUT
TONIK BENEFIT COMPARISON**

BENEFIT	\$1,500 TONIK	\$3,000 TONIK	\$5,000 TONIK Plan
CY Deductible In-Network Out-of-Network	\$1,500 Combined	\$3,000 Combined	\$5,000 Combined
Coinsurance In-Network Out-of-Network	0% 50%	0% 50%	0% 50%
Coinsurance Maximum In-Network Out-of-Network	NA \$8,500	NA \$7,000	NA \$5,000
CY Cost-Share Maximum In-Network Out-of-Network	\$1,500 \$10,000	\$3,000 \$10,000	\$5,000 \$10,000
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000
Office Visits	\$30 copay	\$25 copay 1st 4 visits then Deduct/coins	\$20 copay 1st 4 visits then Deduct/coins
Inpatient Care	0% INN 50% OON	0% INN 50% OON	0% INN 50% OON
Urgent Care	\$50 copay (In-network only)	\$50 copay (In-network only)	\$50 copay (In-network only)
Emergency Care	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Maternity Care	Not covered	Not covered	Not covered
Prescription Drugs Retail: 30-day supply* Tier 1 Tier 2 Tier 3 CY Maximum	\$10 INN/20% OON \$25 INN/20% OON \$40 INN/20% OON \$500	\$10 INN/20% OON \$25 INN/20% OON \$40 INN/20% OON \$500	\$10 INN/20% OON \$25 INN/20% OON \$40 INN/20% OON \$500
Dental Services (Preventive & Diagnostic) CY Deductible CY Maximum	\$50 \$500	\$50 \$500	\$50 \$500

* *In-network mail order copay 2X retail.*

CONNECTICUT

CENTURY PREFERRED VS. TONIK BENEFIT PLAN COMPARISON

Benefits	TONIK
Preventive Care	Preventive Services are covered: INN: In full OON: To Maximum Allowable Benefit (MAB)
Office Visits (Including MH/SA)	INN: \$1,500: \$30 copay INN; deduct/coins OON \$3,000/\$5,000: INN: 1st 4 office visits subject to copay, remaining subject to INN deductible OON: All covered office visits subject to OON deductible & coinsurance
Ancillary services	If billed with OV (same time, same bill, same provider), included in OV, otherwise: INN: Subject to deductible OON: Subject to deductible & coinsurance
Routine Vision Exam	\$1,500: Subject to office visit copays \$3,000/\$5,000: Subject to upfront 4 office visit copays then: INN: Subject to deductible OON: Subject to deductible & coinsurance One exam per member per year
Routine Hearing Exam	\$1,500: Subject to office visit copays \$5,000/\$15,000: Subject to upfront 4 office visit copays then: INN: Subject to deductible OON: Subject to deductible & coinsurance One exam per member per year
PT/OT/ST/Chiro	\$3,000 PT/OT/ST combined max per member per CY INN: Subject to deductible OON: Subject to deductible & coinsurance
Outpatient Surgery	INN: Subject to deductible OON: Subject to deductible & coinsurance
Inpatient Care (Incl MH/SA)	INN: Subject to deductible OON: Subject to deductible & coinsurance
Professional Fees: Anesthesiologist, ER Physicians, Surgeons, etc	INN: Subject to deductible OON: Subject to deductible & coinsurance
Skilled Nursing Facilities	100 skilled nursing days Per Member per CY INN: Subject to deductible OON: Subject to deductible & coinsurance
Home Health Care	80 visits PMPCY by Home Health Agency INN: Subject to deductible OON: Subject to deductible & coinsurance Note: PT/OT/ST does not count toward HHA max
Hospice	Unlimited lifetime max INN: Subject to deductible OON: Subject to deductible & coinsurance

Benefits	TONIK
DME	Medical Supplies & Equipment is unlimited based on medical necessity INN: Subject to deductible OON: Subject to deductible & coinsurance
Hearing Aids	Hearing Aid covered for age 12 and under up to \$1000 every 2 years (subject to INN or OON ded/coins)
Ostomy Supplies	INN: Subject to deductible OON: Subject to deductible & coinsurance
Orthotics	Coverage is limited to certain items, such as orthotics that are part of a brace INN: Subject to deductible OON: Subject to deductible & coinsurance
Ambulance	Subject to deductible
Emergency Room	\$100 copay per visit (waived if admitted)
Prescription Drug (embedded in medical)	In-Network Retail & Mail Order No Out-of-Network Coverage Diabetic Supplies take generic copay
Rx edits	Follow normal APM drug edit guidelines
Dental	INN preventive & diagnostic - 100% INN restorative - \$50 ded & 20% coins OON prev, diag, & rest - \$50 ded & remaining balance after plan's payment (based on MAB) \$50 ded is combined INN & OON \$500 annual dental max per member
Private Duty Nursing	Excluded; Not Covered
Transplants	Using current state specific human organ tissue transplant (subject to appropriate ded/coins)
Infusion Therapy	\$250,000 per member lifetime max INN: Subject to deductible OON: Subject to deductible & coinsurance
Maternity Rider	Not offered.
Abortions	Abortions as complications of pregnancy covered
Diagnostic Infertility Services	Using existing state coverage (subject to appropriate ded/coins)
Surgical Dental	Use existing state coverage INN: Subject to deductible OON: Subject to deductible & coinsurance
Advanced Diagnostic Imaging Tests (MRI, CT Scan, PET & Nuclear cardiology)	INN: Subject to deductible OON: Subject to deductible & coinsurance Using NIA Radiology Precert Program
Allergy shot limits	Unlimited Subject to OV if billed as OV, then: INN: Subject to deductible OON: Subject to deductible & coinsurance
Sterilization/Reversal of Sterilization	Excluded; Not Covered

Benefits	TONIK
Podiatry	No routine coverage; only medically necessary

	podiatry (e.g.; diabetics, systemic or vascular disease) If billed as OV, subject to upfront 4, then: INN: Subject to deductible OON: Subject to deductible & coinsurance
Prior Authorization (medical)	Using current state specific auth requirements
Precertification Penalty	\$500 precert penalty on all applicable services.
Smoking Cessation Programs	\$70 lifetime.
Special Offers @ Anthem	Included.
Diabetes Management Program	Using existing state specific diabetes benefits (subject to appropriate ded/coins)
Early Intervention Services	Ages 0 – 3: Up to \$3,200 per member per year and \$9,600 per member per lifetime. INN: Subject to deductible OON: Subject to deductible & coinsurance Services do not apply to other maximums (ex: PT/OT)
Asthma education	Use existing state specific IM PPO coverage
Nutritional Counseling	3 visits pmpcy INN: Subject to deductible OON: Subject to deductible & coinsurance
BlueCard	Members can go through BlueCard as long as out of state services are payable under the plan The suitcase will be placed on the ID
Eligibility	Under 65 residents of CT are eligible, single contracts only, local residency requirements
Eligibility: effective date	Next day or 60 days out.
Appeals	Follow current state appeal process
Termination Effective Date	End of month termination
Pre existing Conditions	Follow current pre-ex