



**Zing HEALTH™**  
Medicare Advantage Plan

# Summary of Benefits

JANUARY 1, 2022 - DECEMBER 31, 2022

## INDIANA (HMO-POS DSNP)

H4624-016 Zing Complete Plus IN (HMO-POS DSNP)

**Service Area:** Allen, Lake and Marion Counties

Y0149\_2022-SB-016-HMO-POS-DSNP-IN\_M

## Important Plan Information

Zing Health is a HMO Point of Service (POS) Dual Eligible Special Needs Plan (DSNP) with a Medicare contract. Enrollment in the plan depends on contract renewal.

This easy-to-use guide helps you to understand what benefits are covered by Zing Complete Plus IN (HMO-POS DSNP). The benefit information provided is a summary of what we cover and what you can expect to pay. It does not list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, call us to request the "Evidence of Coverage" booklet or you can access and download the booklet from our website ([www.myzinghealth.com](http://www.myzinghealth.com)).

For more information, please call us at **1-866-946-4458 (TTY users should call 711)**, between 8 a.m. and 8 p.m. Monday through Friday (from April 1 through September 30) and 8 a.m. to 8 p.m. 7 days a week (from October 1 through March 31) or **visit us at [www.myzinghealth.com](http://www.myzinghealth.com)**.

## Who can join?

To join **Zing Complete Plus IN (HMO-POS DSNP)**, you must:

- Be entitled to Medicare Part A,
- Be enrolled in Medicare Part B,
- Be eligible for enrollment in the State's Medicaid program, and
- Live in our service area.

The service area includes the following counties: Allen, Lake and Marion.

## Definitions

**Health Maintenance Organizations (HMOs)** are health-care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care doctor to coordinate care. Some plans also include giveback of some or all of the Part B premium.

**Dual Eligible Special Needs Plan (DSNPs)** are specialized Medicare Advantage plans that provide healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Beneficiaries must meet certain income and resource requirements with eligibility and scope of benefits offered determined by the state where the plan is offered.

**Dual Eligible Special Needs Plan - Point of Service (DSNP-POS)** plans are DSNPs which, under certain circumstances, allow members to get care out-of-network, often at a higher cost-share than those provided from network providers.

## This is a Dual Eligible Special Needs Plan (D-SNP)

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid coverage varies depending on the state and the type of Medicaid you have. What you pay for covered services may depend on your level of Medicaid eligibility.

Some people with Medicaid get help paying for their Medicare premiums and other costs. Other people may also get coverage for additional services and drugs that are covered under Medicaid but not by Medicare.

## Medicaid Eligibility Requirements

Zing Complete Plus IN (HMO-POS DSNP) is available to anyone with both Medicare Parts A and B and who receive some level of Medical Assistance from the Indiana Family and Social Services Administration (FSSA) (the state Medicaid program) as described below:

- Plan members with full Medicaid coverage (**Full Benefit Dual Eligible (FBDE)**) status are eligible for the Indiana Medicaid program, which may be responsible for payment of their Medicare cost sharing. These members are also eligible to receive the full Medicaid benefits.
- Plan members with Qualified Medicare Beneficiary (**QMB**) status are eligible for the Indiana Medicaid program, which is responsible for payment of their Medicare Part B premium, deductibles and cost sharing.
- Plan members with Qualified Medicare Beneficiary Plus (**QMB+**) status are eligible for full benefits under the Indiana Medicaid program, which is also responsible for payment of their Medicare Part A (if any) and Medicare Part B premiums, deductibles and cost sharing.
- Plan members with Specified Low-Income Medicare Beneficiary Plus (**SLMB+**) status are eligible for the Indiana Medicaid program, which is responsible for payment of their Medicare Part B premium. Members are also eligible to receive full Medicaid benefits.

## Cost sharing and cost-sharing protections

You pay no cost sharing for the Medicare-covered benefits described later in this Summary of Benefits. You will pay no or small copayments for prescriptions covered under the Part D prescription drug benefit. When you receive health services, the provider should bill the plan for the cost of Medicare services and bill the Indiana Medicaid program for the Medicare cost-sharing amounts. **The provider should not bill you for services or cost sharing. Please be sure to present both your Zing Health Member ID card and your Indiana FSSA Member ID card at the time services are rendered.**

## What is “Extra Help?”

A Low Income Subsidy (LIS), also referred to as “Extra Help,” may be available to help you with Part D out-of-pocket expenses such as premiums, deductibles, co-insurance or co-pays. Many people qualify for the “Extra Help” Program and don’t even know it. Keep in mind that assistance may also depend on your dual eligible status.

For each benefit listed, you can see what our plan covers in addition to what your state covers. No matter what your level of Medicaid eligibility is, our plan will cover the benefits as described in the plan’s column. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call: **1-866-946-4458** (TTY users should call 711).

## How will I determine my drug costs?

You will generally have to use one of our network pharmacies to fill your prescriptions covered by Part D. You will need to use our plan’s formulary (list of covered drugs) to locate what tier your drug is on to determine how much it will cost you. Each medication will be grouped into one of the five tiers. The amount you pay depends on the drug’s tier, what stage of the benefit you have reached and your level of “Extra Help.”

## What providers can I use?

**Zing Complete Plus IN (HMO-POS DSNP)**, has a network of doctors, hospitals, pharmacies, and other providers. Our plan does not require a referral to see a specialist. In some instances, a prior authorization may be required for some services you receive. Except in emergency situations, if you use providers that are not in our network, the plan may not pay for these services.

Members of this plan will have access to nurses who are called Care Managers. Care Managers work with members and their healthcare providers to close gaps in care and support individualized care plans developed to address members' specific needs geared toward improving health related outcomes.

## What are our hours of operation?

Hours of operation are between 8 a.m. and 8 p.m. Monday through Friday (from April 1 through September 30) and 8 a.m. to 8 p.m. 7 days a week (from October 1 through March 31).

- If you are a member of this plan, call toll free **1-866-946-4458 (TTY users should call 711) or visit us at [www.myzinghealth.com](http://www.myzinghealth.com).**
- If you are not a member of this plan, call toll-free **1-866-946-4458**.

## Medicare coverage that goes beyond Original Medicare

- Like all Medicare Advantage health plans, our plans cover everything that Original Medicare covers – Part A (hospital services) and Part B (medical services). Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are covered in this Summary of Benefits.
- Our plans cover Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).

## What does Original Medicare cover?

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as braille, large print or audio. For additional information, call us at **1-866-946-4458**, (TTY users should call 711).

## Monthly Premium, Deductible, and Limits on How Much you Pay for Covered Services

H4624-016


Zing Complete Plus IN (HMO-POS DSNP)





Allen, Lake and Marion Counties

### MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS

<b>Monthly Part C Premium</b>	<b>\$0</b> Monthly plan premium  You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full. <b>See the Prescription Drug Benefits section of this document for Part D Premium information.</b>
<b>Plan Deductible</b>	<b>\$0</b> Deductible  See the Prescription Drug Benefits section of this document for Part D Prescription Drug Deductible information.
<b>Yearly Maximum Out-of-pocket responsibility (Does not include prescription drugs).</b>	<b>\$7,550</b> is the most you'll pay for covered services you receive from in-network providers.  Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. These limits are the most you pay for co-pays, coinsurance and other costs for hospital and medical services. Depending on your level of Indiana Family and Social Services Administration (FSSA) eligibility, you may pay nothing for Medicare-covered services.  Refer to the "Medicare & You" handbook for Medicare-covered services. For Indiana Family and Social Services Administration (FSSA)-covered services, refer to the Medicaid Coverage section in this document. Please note that you may still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs, depending on your level of "Extra Help."

## Covered Medical and Hospital Benefits

You will see this icon  under the column describing our plan’s coverage of select benefits. This icon means that the service is a part of the plan’s Point of Service (POS) program. POS means that you can receive services outside of our provider network at the same cost as using a network provider. For more information on the POS program, please refer to your “Evidence of Coverage” booklet or call Customer Service.

<p><b>Benefit Coverage</b> Services with a <sup>1</sup> may require prior authorization.</p>	<p><b>H4624-016</b> <b>Zing Complete Plus IN (HMO-POS DSNP)</b> <i>Allen, Lake and Marion Counties</i></p>
<p><b>HOSPITAL COVERAGE</b></p>	
<p><b>Inpatient Hospital Coverage <sup>1</sup></b></p>	<p><b>In-Network:</b>  \$0 copay</p> <p><b>Out-of-Network:</b> \$0 copay</p> <p>Our plan covers unlimited days for an inpatient hospital stay. Once discharged from an inpatient hospital stay, talk to one of our care managers. Our care managers can help make sure you stay healthy and out of the hospital. Refer to the Evidence of Coverage for more plan specific information.</p>
<p><b>Outpatient Hospital Coverage <sup>1</sup></b></p>	<p><b>In-Network:</b>  \$0 copay</p> <p><b>Out-of-Network:</b> \$0 copay</p> <p>Outpatient hospital services may include approved procedures like observation services, diagnostic procedures, casts, stitches, or outpatient surgery. For a complete list of services, please refer to the Evidence of Coverage.</p>
<p><b>Ambulatory Surgical Center <sup>1</sup></b></p>	<p><b>In-Network:</b>  \$0 for Outpatient Surgery at an Ambulatory Surgical Center.</p> <p><b>Out-of-Network:</b> \$0 copay</p>
<p><b>Primary Care Physician (PCP)</b></p>	<p><b>In Network:</b> \$0 copay</p> <p>Not covered out-of-network.</p>
<p><b>Specialists</b></p>	<p><b>In-Network:</b>  \$0 copay</p> <p><b>Out-of-Network:</b> \$0 copay</p>

## Benefit Coverage

Services with a <sup>1</sup> may require prior authorization.

H4624-016

**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

## PREVENTIVE CARE

### Preventive Services

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- Glaucoma tests
- Hepatitis B shots and screening
- Hepatitis C screening test
- HIV screening
- Lung cancer screening
- Medical nutrition therapy Services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots
- "Welcome to Medicare" preventive visit (one time)
- Annual Wellness visit

### In-Network:

\$0 for Original Medicare preventive services

\$0 for screening exams and/or diagnostic tests received in preparation for your Annual Physical Exam or ordered as a result of this visit

### Out-of-Network:

\$0 for Original Medicare preventive services

\$0 for screening exams and/or diagnostic tests received in preparation for your Annual Physical Exam or ordered as a result of this visit.

Any additional preventive services approved by Medicare during the contract year will be covered.



POS

## Benefit Coverage

Services with a <sup>1</sup> may require prior authorization.

H4624-016

**Zing Complete Plus IN (HMO-POS DSNP)**

*Allen, Lake and Marion Counties*

## EMERGENCY CARE

Emergency Care Services

\$0 copay

Worldwide Emergency Care

\$0 copay

## URGENTLY NEEDED SERVICES

Urgent Care Services

**In-Network:**

\$0 copay

**Out-of-Network:**

\$0 copay

## OUTPATIENT DIAGNOSTIC PROCEDURES, TESTS AND LAB SERVICE

Diagnostic Tests and Procedures

**In-Network:**

\$0 copay

**Out-of-Network:**

\$0 copay

POS

Lab Services

**In-Network:**

\$0 copay

**Out-of-Network:**

\$0 copay

POS

Diagnostic Radiological Services <sup>1</sup> (e.g., MRIs and CTR Scans)

**In-Network:**

\$0 copay

**Out-of-Network:**

\$0 copay

Prior authorization may be required.

POS

Therapeutic Radiological Services <sup>1</sup> (e.g., radiation treatment for cancer)

**In-Network:**

\$0 copay

**Out-of-Network:**

\$0 copay

Prior authorization may be required.

POS



## Benefit Coverage

Services with a <sup>1</sup> may require prior authorization.

H4624-016

**Zing Complete Plus IN (HMO-POS DSNP)**

*Allen, Lake and Marion Counties*

## HEARING SERVICES

### Hearing Exam (Medicare Covered)

#### **In-Network:**

\$0 for Medicare covered diagnostic hearing exam.

#### **Out-of-Network:**

\$0 copay



### Routine Hearing Exam

#### **In-Network:**

\$0 copay for one (1) routine hearing exam per year.

Not covered out-of-network.

### Hearing Aid Evaluation/ Fitting

#### **In-Network:**

\$0 for one (1) hearing aid evaluation/fitting every three (3) years

Not covered out-of-network.

### Hearing Aids

#### **In-Network**

**\$750** benefit allowance towards hearing aids per ear every three (3) years.

You are responsible for all costs beyond the maximum allowed amount. Three follow-up visits, 3-year repair warranty and 3 years of batteries included. One-time replacement coverage for lost, stolen or damaged hearing aids. For more information, call Nations Hearing or Customer Service.

Not covered out-of-network.

## Benefit Coverage

Services with a <sup>1</sup> may require prior authorization.

H4624-016

**Zing Complete Plus IN (HMO-POS DSNP)**

*Allen, Lake and Marion Counties*

## DENTAL SERVICES

### Preventive Dental Benefits

#### **In-Network:**

\$0 for oral exams up to one (1) every six (6) months

\$0 for prophylaxis (cleaning) up to one (1) every six (6) months

\$0 for a fluoride treatment for up to one (1) every year

\$0 for bitewing x-rays up to one (1) set per year

\$0 for panoramic x-rays for up to one (1) every five (5) years

**\$3,000** benefit allowance every year for preventive and comprehensive dental benefits combined.

You are responsible for all cost beyond the maximum allowed amount.

Not covered out-of-network.

### Comprehensive Dental Benefits

#### **In-Network:**

\$0 copay for amalgam and/or composite filling every three (3) years per tooth

\$0 copay for extractions one (1) extraction per tooth, per year

\$0 copay for root canals one (1) per lifetime, per tooth

\$0 copay for scaling/root planning (deep cleaning) every (24) months per quadrant

\$0 copay for complete crown every five (5) years, per tooth

\$0 copay for dentures or fixed prosthetics/partials once every five (5) years

**\$3,000** benefit allowance every year for preventive and comprehensive dental benefits combined.

You are responsible for all cost beyond the maximum allowed amount.

Not covered out-of-network.

## Benefit Coverage

Services with a <sup>1</sup> may require prior authorization.

H4624-016

**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

## VISION SERVICES

### Eye Exams (Medicare-covered)

#### **In-Network:**

\$0 for a Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).

#### **Out-of-Network:**

\$0 copay

POS

### Routine Eye Exam

#### **In-Network:**

\$0 for (1) routine eye exam/refraction up to (1) per year  
Not covered out-of-network.

### Eyewear (Medicare Covered)

#### **In-Network:**

\$0 for one (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery.

### Routine Eyewear

#### **In-Network:**

**\$295** benefit allowance towards eyewear (contact lenses, eyeglasses (frames and lenses), eyeglass lenses, eyeglass frames) one (1) per year.

You are responsible for all cost exceeding the maximum benefit amount for routine eyewear.

Not covered out-of-network.

## MENTAL HEALTH SERVICES

### Inpatient Mental Health Services <sup>1</sup>

#### **In-Network:**

\$0 copay

#### **Out-of-Network:**

\$0 copay

Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.

POS

## Benefit Coverage

Services with a <sup>1</sup> may require prior authorization.

H4624-016

**Zing Complete Plus IN (HMO-POS DSNP)**

*Allen, Lake and Marion Counties*

## MENTAL HEALTH SERVICES *(continued)*

### Outpatient Mental Health Services (including psychiatric services)

**In-Network:**

\$0 for Medicare-covered individual therapy visits.

\$0 for Medicare-covered group therapy visits

**Out-of-Network:**

\$0 for Medicare-covered individual therapy visits.

\$0 for Medicare-covered group therapy visits.

POS

### Outpatient Substance Abuse Services <sup>1</sup>

**In-Network:**

\$0 for Medicare-covered individual therapy visits.

\$0 for Medicare-covered group therapy visits

**Out-of-Network:**

\$0 for Medicare-covered individual therapy visits.

\$0 for Medicare-covered group therapy visits.

POS

### Opioid Treatment Services <sup>1</sup>

**In-Network:**

\$0 copay

**Out-of-Network:**

\$0 copay

## SKILLED NURSING

### Skilled Nursing Facility (SNF)<sup>1</sup>

**In-Network:**

\$0 copay

**Out-of-Network:**

\$0 copay

Our plan covers up to 100 days per benefit period.

POS

## THERAPY AND REHABILITATION SERVICES

### Occupational Therapy Services <sup>1</sup>

**In-Network:**

\$0 copay

**Out-of-Network:**

\$0 copay

POS

## Benefit Coverage

Services with a <sup>1</sup> may require prior authorization.

H4624-016

**Zing Complete Plus IN (HMO-POS DSNP)**  
Allen, Lake and Marion Counties

## THERAPY AND REHABILITATION SERVICES *(continued)*

Physical Therapy and Speech-Language Therapy <sup>1</sup>

**In-Network:**

\$0 copay

**Out-of-Network:**

\$0 copay

POS

Cardiac and Pulmonary Rehabilitation Services <sup>1</sup>

**In-Network:**

\$0 copay

**Out-of-Network:**

\$0 copay

Services include Medicare-covered: cardiac rehabilitation, intensive cardiac rehabilitation, pulmonary rehabilitation services, supervised exercise therapy (SET) for symptomatic peripheral artery disease (PAD) services.

POS

## AMBULANCE AND TRANSPORTATION SERVICES

Ground Service

\$0 copay

Prior authorization may be required for nonemergency Medicare services.

Air Service (one-way trip)

\$0 copay

Non-Emergency Transportation Services

**In-Network:**

\$0 for **50** one-way trips per year to plan approved health-related locations. Call Customer Service in advance to reserve a ride for your appointment.

Not covered out-of-network.

## ADDITIONAL DRUG COVERAGE

Medicare Part B Drugs <sup>1</sup>

**In-Network:**

\$0 copay

**Out-of-Network:**

\$0 copay

Includes Medicare Part B Chemotherapy and Radiation Drugs and other Medicare Part B Drugs

Prior authorization may be required.

POS

## Part D Prescription Drugs

### Benefit Coverage

H4624-016  
Zing Complete Plus IN (HMO-POS DSNP)  
*Allen, Lake and Marion Counties*

## OUTPATIENT PRESCRIPTION DRUGS

### Part D Premium

**\$0** or **\$29.70**

#### What you should know

Depending on your level of subsidy through the Low-Income Subsidy or “Extra Help” program, you may pay no Part D premium.

### Part D Deductible

**\$480** (Tier 1 excluded)

#### What you should know

Depending on your level of subsidy through the Low-Income Subsidy or “Extra Help” program, you may pay no Part D deductible.

### Initial Coverage Stage

You are in the Initial Coverage Stage until you reach **\$4,430** in drug costs (year to date). You pay the following until your total yearly drug cost reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our plan.

Depending on your subsidy level, you pay:

- \$1.35 or \$3.95 (for generic drugs, or drugs that are treated like a generic) or
- \$4.00 or \$9.85 (all other drugs) or
- \$0.

Specialty drugs are limited to a 30-day supply.

If you reside in a long-term care (LTC) facility, you pay the same as a retail pharmacy. When you move from one phase of the Part D benefit to another, your cost-sharing may change as well. For more information on the additional pharmacy specific cost-sharing and the phase of the benefit, please call us or access our Evidence of Coverage online.

**This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil (Viagra) is available on Tier 2.**

## Benefit Coverage

H4624-016

Zing Complete Plus IN (HMO-POS DSNP)  
Allen, Lake and Marion Counties

## OUTPATIENT PRESCRIPTION DRUGS *(continued)*

Standard Retail Cost-Sharing	30-day Supply
Tier 1: Preferred Generic	\$0
Tier 2: Generic	<b>Generics:</b> \$0 / \$1.35 / \$3.95 <b>Brands:</b> \$0 / \$4.00 / \$9.85
Tier 3: Preferred Brand	<b>Generics:</b> \$0 / \$1.35 / \$3.95 <b>Brands:</b> \$0 / \$4.00 / \$9.85
Tier 4: Non-Preferred Brand	<b>Generics:</b> \$0 / \$1.35 / \$3.95 <b>Brands:</b> \$0 / \$4.00 / \$9.85
Tier 5: Specialty Tier	<b>Generics:</b> \$0 / \$1.35 / \$3.95 <b>Brands:</b> \$0 / \$4.00 / \$9.85  Specialty drugs are limited to a 30 day-supply
Mail Order Cost-Sharing	90-day Supply
Tier 1: Preferred Generic	\$0
Tier 2: Generic	<b>Generics:</b> \$0 / \$1.35 / \$3.95 <b>Brands:</b> \$0 / \$4.00 / \$9.85
Tier 3: Preferred Brand	<b>Generics:</b> \$0 / \$1.35 / \$3.95 <b>Brands:</b> \$0 / \$4.00 / \$9.85
Tier 4: Non-Preferred Brand	<b>Generics:</b> \$0 / \$1.35 / \$3.95 <b>Brands:</b> \$0 / \$4.00 / \$9.85
Tier 5: Specialty Tier	<b>Generics:</b> \$0 / \$1.35 / \$3.95 <b>Brands:</b> \$0 / \$4.00 / \$9.85  Specialty drugs are limited to a 30 day-supply

## Benefit Coverage

**H4624-016**

**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

## OUTPATIENT PRESCRIPTION DRUGS *(continued)*

### Coverage Gap

Most Medicare drug plans have a Coverage Gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after you and your drug plan together have spent **\$4,430** for covered drugs. Members who get Extra Help paying Part D costs won’t enter the coverage gap.

### Catastrophic Coverage Stage

The Catastrophic Coverage Stage begins after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,050**, you pay nothing.

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the drug stages.

Your cost share may differ depending on when you enter another phase of the drug benefit and if you qualify for “Extra Help.” To find out if you qualify for “Extra Help,” please contact the Social Security Office at 1-800-772-1213 Monday through Friday, 7 a.m. - 7 p.m. TTY users should call 1-800-325-0778.

For more information on additional pharmacy specific cost-share and the drug coverage stages, please call our Customer Service department or access our “Evidence of Coverage” online or request one by mail.



## Additional Benefits, Care and Services

### Benefit Coverage

Services with a <sup>1</sup> may require prior authorization.

H4624-016

**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

### FOOT CARE (PODIATRY SERVICES)

**Podiatry Services  
(Medicare-covered)**

**In-Network:**

\$0

**Out-of-Network:**

\$0

POS

**Routine Podiatry Services**

**In-Network:**

\$0 for six (6) routine visits per year

Not covered out-of-network.

### MEDICAL EQUIPMENT AND SUPPLIES

**Durable Medical Equipment  
(wheelchairs, oxygen, etc.) <sup>1</sup>**

**In-Network:**

\$0

**Out-of-Network:**

\$0

Prior authorization required on any durable medical equipment (DME) costs greater than \$500.

POS

**Prosthetic Devices (braces,  
artificial limbs, etc.) and  
Related Medical Supplies <sup>1</sup>**

**In-Network:**

\$0

**Out-of-Network:**

\$0

Prior authorization required for prosthetic device costs greater than \$500.

POS

## Benefit Coverage

Services with a <sup>1</sup> may require prior authorization.

H4624-016

**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

## MEDICAL EQUIPMENT AND SUPPLIES *(continued)*

### Diabetes Supplies and Services

#### **In-Network:**

\$0 for diabetic supplies

\$0 for diabetic therapeutic shoes or inserts

#### **Out-of-Network:**

\$0

Zing Health limits diabetic supplies and services to specified manufacturers. Call Customer Service for more information.

POS

## CHIROPRACTIC CARE

### Chiropractic Services (Medicare Covered)

#### **In-Network:**

\$0 for manual manipulation of the spine to correct subluxation (when one or more of the bones of your spine move out of position).

#### **Out-of-Network:**

\$0

POS

## HOME HEALTH CARE

### Home Health Care <sup>1</sup> (Medicare-covered)

#### **In-Network:**

\$0

#### **Out-of-Network:**

\$0

Prior authorization may be required.

POS

## Benefit Coverage

Services with a <sup>1</sup> may require prior authorization.

**H4624-016**

**Zing Complete Plus IN (HMO-POS DSNP)**

*Allen, Lake and Marion Counties*

## HOSPICE

### Hospice Care

You must get your care from a Medicare-certified hospice provider.

You must consult with the plan before you select hospice.

You pay part of the cost for outpatient drugs.

Original Medicare will be billed for your hospice care, even if you're in a Medicare Advantage plan.

## RENAL DIALYSIS

### Renal Dialysis <sup>1</sup>

#### **In-Network:**

\$0 for Medicare-covered dialysis treatments.

\$0 for kidney disease education services.

Not covered out-of-network.

## Wellness Programs

### Additional Covered Benefits

H4624-016  
Zing Complete Plus IN (HMO-POS DSNP)  
*Allen, Lake and Marion Counties*

## OVER-THE-COUNTER (OTC) ITEMS

### Over-the-Counter (OTC)

**\$300** every (3) months for OTC items.

The OTC benefit includes nicotine replacement therapy (NRT).

The OTC debit card allows members to purchase health related items from retail pharmacies as well as mail order purchases.

If you do not use all your quarterly OTC benefit amount when you order, the remaining balance will not accumulate to the next OTC benefit period.

You can order:

- Online - visit [NationsOTC.com/ZingHealth](https://NationsOTC.com/ZingHealth)
- By Phone - call a NationsOTC Member Experience Advisor at 1-877-273-3381 (TTY: 711), 24 hours a day, seven days a week, 365 days a year.
- By Mail - Fill out and return the order form in the NationsOTC/Zing Health product catalog.
- Retail - through an approved, in network retailer

Please visit our website at [www.myzinghealth.com](https://www.myzinghealth.com) to see our list of covered over-the-counter items.

Not covered out-of-network.

## Additional Covered Benefits

**H4624-016**  
**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

### MEAL BENEFIT

#### Re-admission Prevention Meals

You pay nothing for meals immediately following an Inpatient Acute Hospital stay to aid in recovery with a maximum of 10 meals (limitations and exclusions apply).

Not covered out-of-network.

#### Healthy Foods Card (Grocery Debit Card)

Members must have one or more of the following chronic condition categories:

1. Chronic alcohol and other drug dependence
2. Autoimmune disorders
3. Cancer, excluding pre-cancer conditions or in-situ status
4. Cardiovascular disorders
5. Chronic heart failure
6. Dementia
7. Diabetes mellitus
8. End-stage liver disease
9. End-stage renal disease (ESRD) requiring dialysis
10. Severe hematologic disorders
11. HIV/AIDS
12. Chronic lung disorders
13. Chronic and disabling mental health conditions
14. Neurologic disorders
15. Stroke

Members receive a **\$35** monthly allowance to buy healthy foods and produce.

Members with a qualifying chronic condition can purchase plan-approved food products through a mail order solution or at participating retail locations using their physical card.

For a complete list of qualifying chronic conditions, please call Customer Service or reference your Evidence of Coverage booklet.

Not covered out-of-network.

## Additional Covered Benefits

H4624-016  
Zing Complete Plus IN (HMO-POS DSNP)  
*Allen, Lake and Marion Counties*

### IN-HOME SUPPORT SERVICES

#### In-Home Senior Assistance

Members are eligible for **60 hours** per year of PAPA services at no cost to the member.

PAPA combats loneliness and social isolation by connecting PAPA Pals with our members for companionship and help with Instrumental Activities of Daily Living (IADL). PAPA Pals assist members with services including but not limited to grocery shopping, medication pick up, doctor's appointments, technical guidance, reminders, light house help, light exercise and activity. PAPA Pals can support our members either in their homes or virtually.

Not covered out-of-network.

## Additional Covered Benefits

**H4624-016**  
**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

### HEALTH CLUB MEMBERSHIPS

#### Silver & Fit Fitness®

Silver & Fit Fitness® membership is available at no cost while you are a member of our plan.

You can find a list of participating clubs on our website at **[www.myzinghealth.com](http://www.myzinghealth.com)** or call Customer Service.

Not covered out-of-network.

#### Weight Management Program

Zing Health's weight loss and long-term weight maintenance program is achieved through changes in diet, eating-related behaviors and physical activity. At no cost to you, a team of dietitians and exercise staff will tailor a program to meet members' weight loss goals.

Your plan also provides complimentary vouchers for membership in the Weight Watchers program.

Weight Watchers meals are not covered.

Not covered out-of-network.

### NURSING HOTLINE

#### 24/7 Nurse Advice Line

Members may call the Nurse Advice Line with questions about health-related issues, symptoms you may be experiencing, and to get advice about seeing a doctor or going to the hospital.

A Nurse is available at no cost to you 24 hours a day, 7 days a week by phone at:

1-855-4-ZHNURSE  
(1-855-494-6877)

## Additional Covered Benefits

**H4624-016**  
**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

### SAFETY DEVICES

#### In-Home Safety Devices

\$0 for plan-approved in-home safety devices of the following items: grab bar, handheld shower wand, toilet safety rail, bath tub assist bar, raised toilet seat, bedside commode, bath bench, bath transfer bench.

Plan does not cover any assembly or installation costs. Plan is not held liable for improper assembly, installation, repairs, or other modifications. Members are responsible for any, and all costs associated with assembly, installation and repairs.

Not covered out-of-network.

### PERSONAL EMERGENCY RESPONSE SYSTEM

#### Personal Emergency Response System (PERS)

\$0

Zing members may sign up for the PERS benefit to receive emergency alert services from ADT Security Services (ADT). Members will have access to a customizable PERS offering, including three (3) emergency alert solutions:

- Medical Alert Basic (PERS Basic): an in-home unit with range of up to 300-feet
- Medical Alert Plus (PERS Plus): an in-home unit with 600-foot pendant range
- On-The-Go (PERS On-The-Go): Mobile base unit with optional Fall Detection

Not covered out-of-network.

For a complete listing of your plan benefits and coverage, please refer to your Evidence of Coverage document or contact the plan for more detail.



## Medicaid Benefits

In addition to the Medicare Advantage services described in the sections above, Zing Complete Plus IN (HMO-POS DSNP) provides the following Medicaid benefits based on the level of your Medicaid coverage. For eligibility rules and additional information about these services, please visit:

<https://www.in.gov/medicaid/>

There may be instances when the Medicaid limit is greater than the Medicare Advantage limit. In those instances where the Medicare Advantage limit has been exhausted, you may be eligible for coverage under the Indiana Medicaid program. **Be sure to show your Medicaid ID card to your provider when receiving services.**

<b>Benefit Coverage</b>	<b>H4624-016</b> <b>Zing Complete Plus IN (HMO-POS DSNP)</b> <i>Allen, Lake and Marion Counties</i>
<b>INSTITUTIONAL AND CLINIC SERVICES</b>	
<b>Free-standing Ambulatory Service Center</b>	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  \$0 for Medicaid-covered services.
<b>Public Health and Mental Health Clinics</b>	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  \$0 for Medicaid-covered services.
<b>Federally Qualified Health Center (FQHC) services</b>	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  \$0 for Medicaid-covered services.
<b>Inpatient Hospital services (excluding institutions for mental diseases)</b>	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  \$0 for Medicaid-covered services.  Prior authorization may be required, including to rehab and burn centers. Benefit limits may apply.
<b>Outpatient Hospital services</b>	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  \$3 for Medicaid non-emergency visit in Emergency Room

## Benefit Coverage

**H4624-016**

**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

### INSTITUTIONAL AND CLINIC SERVICES *(continued)*

#### Rehabilitation Services: Mental Health & Substance Abuse

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

\$0 for Medicaid-covered services.

Prior authorization may be required. Benefit limits may apply.

#### Rural Health Clinic services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

\$0 for Medicaid-covered services.

### PRACTITIONER SERVICES

#### Certified Registered Nurse Anesthetist services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

\$0 for Medicaid-covered services.

#### Chiropractic services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

\$0 for Medicaid-covered services. Benefit limits may apply.

#### Dental services

\$0 for Medicaid-covered services.

Prior authorization may be required. Benefit limits may apply.

#### Medical/surgical services of a Dentist

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for medically necessary Medicare-covered services.

\$0 for Medicaid-covered services.

Prior authorization may be required. Benefit limits may apply.

#### Nurse Midwife services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

\$0 for Medicaid-covered services.

## Benefit Coverage

**H4624-016**  
**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

### PRACTITIONER SERVICES *(continued)*

#### Nurse Practitioner services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  
\$0 for Medicaid-covered services.

#### Optometrist services

\$0 for Medicaid-covered services. Benefit limits may apply.

#### Physician services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  
\$0 for Medicaid-covered services.  
Prior authorization may be required. Benefit limits may apply.

#### Podiatrist services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  
\$0 for Medicaid-covered services.  
Prior authorization may be required. Benefit limits may apply.

#### Psychologist services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  
\$0 for Medicaid-covered services.  
Prior authorization may be required. Benefit limits may apply.

### PRESCRIPTION DRUGS

#### Non-Part D drugs

\$3 for Medicaid covered prescription drugs.  
Prior authorization may be required.

## Benefit Coverage

**H4624-016**  
**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

### PHYSICAL THERAPY AND OTHER SERVICES

#### Occupational Therapy services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  
\$0 for Medicaid-covered services.  
Prior authorization may be required. Benefit limits may apply.

#### Physical Therapy services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  
\$0 for Medicaid-covered services.  
Prior authorization may be required. Benefit limits may apply.

#### Services for Speech, Hearing and Language Disorders

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  
\$0 for Medicaid-covered services.  
Prior authorization may be required. Benefit limits may apply.

### PRODUCTS AND DEVICES

#### Dentures

\$0 for Medicaid-covered services.  
Prior authorization may be required. Medicaid benefit limits may apply.

#### Eyeglasses

\$0 for Medicaid-covered services.  
Medicaid benefit limits may apply.

#### Hearing Aids

\$0 for Medicaid-covered services.  
Prior authorization may be required. Medicaid benefit limits may apply.

#### Medical Equipment and Supplies

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  
\$0 for Medicaid-covered services.  
Prior authorization may be required. Benefit limits may apply.

## Benefit Coverage

**H4624-016**

**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

### PRODUCTS AND DEVICES *(continued)*

#### Prosthetic and Orthotic Devices

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

\$0 for Medicaid-covered services.

Prior authorization may be required.

### TRANSPORTATION SERVICES

#### Ambulance services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

\$0.50 - \$2.00 for Medicaid-covered non-emergency transport services (depending on payment).

Prior authorization may be required.

#### Non-Emergency Medical Transportation services

\$0.50 - \$2.00 for Medicaid-covered non-emergency transport services (depending on payment).

Prior authorization may be required. Benefit limits may apply.

### OTHER SERVICES

#### Diagnostic, Screening and Preventive services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

\$0 for Medicaid-covered services.

#### Laboratory and X-ray services (outside of hospital or clinic)

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

\$0 for Medicaid-covered services.

#### Targeted Case Management

\$0 copay for Medicaid-covered services.

Medicaid benefit limits may apply.

## Long-Term Case Services

### Benefit Coverage

**H4624-016**  
**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

### COMMUNITY BASED CARE

#### Home & Community Based Services Waiver

\$0 for Medicaid-covered services.  
 Prior authorization may be required. Medicaid benefit limits may apply.

#### Home Health Services (includes nursing services, home health aides and medical supplies/equipment)

\$0 for Medicaid-covered services.  
 Medicaid benefit limits may apply.

#### Hospice Care

Medicare hospice services are covered under Fee-for-Service Medicare.  
 \$0 for Medicaid-covered hospice services.  
 Prior authorization may be required.

### INSTITUTIONAL CARE

#### Inpatient Hospital, Nursing Facility and Intermediate Care Facility services in institutions for Mental Diseases (age 65 and older)

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  
 \$0 for Medicaid-covered services.  
 Prior authorization may be required. Medicaid benefit limits may apply.

#### Inpatient Psychiatric Services (under age 21)

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  
 \$0 for Medicaid-covered services.  
 Prior authorization may be required. Medicaid benefit limits may apply.

## Benefit Coverage

**H4624-016**

**Zing Complete Plus IN (HMO-POS DSNP)**  
*Allen, Lake and Marion Counties*

### **INSTITUTIONAL CARE** *(continued)*

#### **Intermediate Care Facility Services (for mentally retarded)**

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

\$0 for Medicaid-covered services.

Prior authorization may be required. Medicaid benefit limits may apply.

#### **Nursing Facility Services (other than in an institution for mental diseases)**

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

\$0 for Medicaid-covered services.

Prior authorization may be required. Medicaid benefit limits may apply.

#### **Religious Non-medical Health Care Institution and Practitioner Services**

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

\$0 for Medicaid-covered services.

Practitioner services are not covered.