



Summary of Benefits

JANUARY 1, 2023 - DECEMBER 31, 2023

MICHIGAN (HMO DSNP)

H4624-019 Zing Dual Complete Plus MI (HMO DSNP)

Service Area: Genesee, Oakland and Wayne Counties

Y0149_2023-SB-019-HMO-DSNP-MI_M

Important Plan Information

Zing Health is a HMO-DSNP with a Medicare contract. Enrollment in Zing Health depends on contract renewal.

This easy-to-use guide helps you to understand what benefits are covered by **Zing Dual Complete Plus MI (HMO 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).

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**.

Who can join?

To join **Zing Dual Complete Plus MI (HMO 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: Genesee, Oakland and Wayne.

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.

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.

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 Dual Complete Plus MI (HMO DSNP) is available to anyone with both Medicare Parts A and B and who receive some level of Medical Assistance from the Michigan Department of Community Health (MDCH) (the state Medicaid program) as described below:

- Plan members with full Medicaid coverage (**Full Benefit Dual Eligible (FBDE)**) status are eligible for the Michigan 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 Michigan 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 Michigan 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 Michigan 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 Michigan Department of Community Health (MDCH) 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 Michigan Department of Community Health (MDCH) 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 Dual Complete Plus MI (HMO 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.**
- 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 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

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MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS

Monthly Part C Premium

\$0 Monthly 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. **See the Prescription Drug Benefits section of this document for Part D Premium information.**

Plan Deductible

\$0 Deductible

See the Prescription Drug Benefits section of this document for Part D Prescription Drug Deductible information.

Yearly Maximum Out-of-pocket responsibility (Does not include prescription drugs).

\$8,300 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 Michigan Department of Community Health (MDCH) eligibility, you may pay nothing for Medicare-covered services.

Refer to the "Medicare & You" handbook for Medicare-covered services. For Michigan Department of Community Health (MDCH)-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

Benefit Coverage

Services with a ¹ may require prior authorization.

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HOSPITAL COVERAGE

Inpatient Hospital Coverage ¹	<p>\$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.</p> <p>Refer to the Evidence of Coverage for more plan specific information.</p>
Outpatient Hospital Coverage ¹	<p>\$0 copay for Outpatient Surgery at an Outpatient Hospital Facility.</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>
Ambulatory Surgical Center ¹	<p>\$0 copay for Outpatient Surgery at an Ambulatory Surgical Center</p>
Primary Care Physician (PCP)	<p>\$0 copay per visit</p>
Specialists	<p>\$0 copay per visit</p>

Benefit Coverage

Services with a ¹ may require prior authorization.

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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

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

Benefit Coverage
 Services with a ¹ may require prior authorization.

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EMERGENCY CARE

Emergency Care Services \$0 copay

Worldwide Emergency Care \$0 copay

URGENTLY NEEDED SERVICES

Urgent Care Services \$0 copay

OUTPATIENT DIAGNOSTIC PROCEDURES, TESTS AND LAB SERVICE

Diagnostic Tests and Procedures ¹ \$0 copay

Lab Services ¹ \$0 copay

Diagnostic Radiological Services ¹ (e.g., MRIs and CTR Scans) \$0 copay

Therapeutic Radiological Services ¹ (e.g., radiation treatment for cancer) \$0 copay

Benefit Coverage

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HEARING SERVICES

<p>Hearing Exam (Medicare Covered)</p>	<p>\$0 copay for a Medicare covered diagnostic hearing exam.</p>
<p>Routine Hearing Exam</p>	<p>\$0 copay for one (1) routine hearing exam per year. Not covered out-of-network.</p>
<p>Hearing Aid Evaluation/ Fitting</p>	<p>\$0 for one (1) hearing aid evaluation/fitting every three (3) years Not covered out-of-network.</p>
<p>Hearing Aids</p>	<p>\$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.</p>

Benefit Coverage

Services with a ¹ may require prior authorization.

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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 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:

You pay \$0 for Medicare-covered services

You pay \$0 for comprehensive dental services

Unlimited benefit for:

- Non-routine Services (other services)
- Diagnostic Services (exams, x-rays)
- Restorative Services (crowns)
- Endodontics (root canals)
- Periodontics (scaling/root planning)
- Prosthodontics, Other Oral/Maxillofacial Surgery (dentures or fixed prosthetics and partials)
- Extractions (1 per tooth per year)

\$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

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VISION SERVICES

Eye Exams (Medicare-covered)	\$0 for a Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).
Routine Eye Exam	\$0 for (1) routine eye exam/refraction up to (1) per year Not covered out-of-network.
Eyewear (Medicare Covered)	\$0 for one (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery. Not covered out-of-network.
Routine Eyewear	\$300 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 ¹	Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.
Outpatient Mental Health Services	\$0 copay for Medicare-covered individual therapy visits \$0 copay for Medicare-covered group therapy visits
Outpatient Substance Abuse Services ¹	\$0 copay for Medicare-covered individual therapy visits \$0 copay for Medicare-covered group therapy visits
Opioid Treatment Services ¹	\$0 copay

SKILLED NURSING

Skilled Nursing Facility (SNF) ¹	Our plan has a benefit period based on per admission or per stay.
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Benefit Coverage
Services with a ¹ may require prior authorization.

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THERAPY AND REHABILITATION SERVICES

Occupational Therapy Services ¹	\$0 copay
Physical Therapy and Speech-Language Therapy ¹	\$0 copay
Cardiac and Pulmonary Rehabilitation Services ¹	\$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.

AMBULANCE AND TRANSPORTATION SERVICES

Ground Service	\$0 copay Prior authorization may be required for nonemergency Medicare services.
Air Service (one-way trip)	\$0 copay Prior authorization may be required for nonemergency Medicare services.
Non-Emergency Transportation Services	\$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.

ADDITIONAL DRUG COVERAGE

Medicare Part B Drugs ¹	\$0 copay Includes Medicare Part B Chemotherapy and Radiation Drugs and other Medicare Part B Drugs
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Part D Prescription Drugs

Benefit Coverage

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PART D PRESCRIPTION DRUGS

Stage 1: Deductible Stage	<p>\$0 Deductible.</p> <p>Because your plan does not have a deductible, this stage does not apply to you. You start the Initial Coverage Stage when you fill your first prescription.</p>
Stage 2: Initial Coverage Stage	<p>You are in the Initial Coverage Stage until your total yearly drug cost reach \$4,660. Total yearly drug cost are the total drug costs paid both you and the plan.</p> <p>Once you've reached this amount, you enter the coverage gap.</p>
Standard Retail Cost-Sharing	30-day Supply
Tier 1: Preferred Generic Select Insulins	\$0 \$0
Tier 2: Generic	Generics: \$0 / \$1.45 / \$4.15 Brands: \$0 / \$4.30 / \$10.35
Tier 3: Preferred Brand	Generics: \$0 / \$1.45 / \$4.15 Brands: \$0 / \$4.30 / \$10.35
Tier 4: Non-Preferred Drug	Generics: \$0 / \$1.45 / \$4.15 Brands: \$0 / \$4.30 / \$10.35
Tier 5: Specialty Tier	Generics: \$0 / \$1.45 / \$4.15 Brands: \$0 / \$4.30 / \$10.35 Specialty drugs are limited to a 30 day-supply
Standard Mail Order Cost-Sharing	100-day Supply
Tier 1: Preferred Generic Select Insulins	\$0 \$0
Tier 2: Generic	\$0
Tier 3: Preferred Brand	Generics: \$0 / \$1.45 / \$4.15 Brands: \$0 / \$4.30 / \$10.35
Tier 4: Non-Preferred Drug	Generics: \$0 / \$1.45 / \$4.15 Brands: \$0 / \$4.30 / \$10.35
Tier 5: Specialty Tier	Generics: \$0 / \$1.45 / \$4.15 Brands: \$0 / \$4.30 / \$10.35 Specialty drugs are limited to a 30 day-supply

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PART D PRESCRIPTION DRUGS *(continued)*

Coverage Gap Stage

Most Medicare drug plans have a Coverage Gap Stage (also called the “donut hole”). The Coverage Gap Stage begins after you and your drug plan together have spent **\$4,660** for covered drugs.

After you enter the coverage gap, you pay **25%** of the plan’s costs for covered brand name drugs and **25%** of the plan’s cost for generic drugs until your cost total **\$7,400**.

For generic drugs, the amount paid by the plan (**75%**) does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap. You will remain in the coverage gap stage until your drug costs total **\$7,400**, which is the end of the coverage gap.

Not everyone will 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 **\$7,400**, you pay the greater of:

Drug Type

Cost-Share Information

Generic/Preferred Multi-Source Drugs

- **5%** of the cost, or
- **\$4.15** copay (including brand drugs treated as generic)

Brand Name and Other Drugs

- **\$10.35** copay for all other drugs

Cost-Sharing may change depending on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, the pharmacy you choose and when you enter a new phase of the drug stages.

Important Message About What You Pay for Insulin - You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

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 ¹ may require prior authorization.

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FOOT CARE (PODIATRY SERVICES)

Podiatry Services
(Medicare-covered)

\$0 copay

Routine Podiatry Services

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

MEDICAL EQUIPMENT AND SUPPLIES

Durable Medical Equipment
(wheelchairs, oxygen, etc.) ¹

\$0 copay

Prior authorization required on any durable medical equipment (DME) costs greater than \$1,500.

Zing Health has preferred vendors or manufacturers for DME.

Prosthetic Devices (braces,
artificial limbs, etc.) and
Related Medical Supplies ¹

\$0 copay

Prior authorization required for prosthetic device costs greater than \$1,500.

Diabetes Supplies and
Services

\$0 for diabetic supplies

\$0 Diabetes self-management training

\$0 for diabetic therapeutic shoes or inserts

Zing Health limits diabetic supplies and services to specified manufacturers.

Benefit Coverage

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CHIROPRACTIC CARE

Chiropractic Services
(Medicare Covered)

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

Acupuncture
(Medicare covered)

\$0 copay per visit for up to (12) visits in 90 days for chronic low back pain. No more than 20 acupuncture treatments may be administered annually.

HOME HEALTH CARE

Home Health Care
(Medicare-covered)

\$0 copay

HOSPICE

Hospice Care

You must get your care from a Medicare-certified hospice provider.
You pay part of the cost for outpatient drugs.

RENAL DIALYSIS

Renal Dialysis

\$0 of the cost for Medicare-covered dialysis treatments.
0 copay for kidney disease education services.

TELEHEALTH

Telehealth

\$0 copay per telehealth visit
You can access board certified doctors and behavioral health specialist via phone and/or video technology for diagnosis and treatment of certain non-emergency medical conditions.
Doctors can diagnose and prescribe medications if medically necessary.
Please call us for more details.

Wellness Programs

Additional Covered Benefits

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OVER-THE-COUNTER (OTC) ITEMS

Over-the-Counter (OTC)

\$385 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
- 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** to see our list of covered over-the-counter items.

Not covered out-of-network.

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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.

Special Supplemental Benefits for the Chronically Ill

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 **\$50** 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.

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IN-HOME SUPPORT SERVICES

In-Home Senior Assistance

\$0 copay

Members are eligible for **60 hours** per year of PAPA services.

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.

Personal Emergency Response System (PERS)

\$0 copay

Zing members can 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.

Call Customer Service for more information.

Not covered out-of-network

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HEALTH CLUB MEMBERSHIPS

Silver & Fit Fitness®

\$0 copay

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** or call Customer Service.

Not covered out-of-network.

Weight Management Program

\$0 copay

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

\$0 copay

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)

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SAFETY DEVICES

In-Home Safety Devices

\$0 copay

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.

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 Dual Complete Plus MI (HMO 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 Michigan Department of Community Health (MDCH) program. **Be sure to show your Medicaid ID card to your provider when receiving services.**

Additional Covered Benefits

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MICHIGAN MEDICAID COVERED SERVICES**

Inpatient Hospital Coverage	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p>
Outpatient Surgery (includes ambulatory surgical center and outpatient hospital)	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p>
Doctor Visits (includes PCPs and specialists)	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p>
Preventive Care	<p>Preventive services required by the Patient Protection and Affordable Care Act, including: bone mass measurement for people at risk; colorectal screening exams for individuals aged 50 and older; annual screening mammograms for women aged 40 and older; pap smears and pelvic exams; immunizations (such as flu vaccine, Hepatitis B vaccine for people at risk, pneumonia vaccine).</p> <p>Certain immunizations may require prior authorization.</p> <p>Health and Wellness Education is also provided:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters • Nutritional Training • Additional Smoking Cessation • Other Wellness Benefits

Additional Covered Benefits

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Genesee, Oakland and Wayne Counties

MICHIGAN MEDICAID COVERED SERVICES** *(continued)*

Emergency Care	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p>
Urgently Needed Services	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p>
Diagnostic Services/Labs/Imaging	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p> <p>Includes: diagnostic radiology services (e.g., MRI, CT scan), lab services, diagnostic tests and procedures, outpatient x-rays, therapeutic radiology services (e.g., radiation treatment for cancer)</p>
Hearing Services (includes information on coverage of hearing exams and aids)	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p> <ul style="list-style-type: none"> • Hearing aid delivery, repair and modifications • Supplies and accessories (e.g., up to 36 disposable hearing aid batteries per hearing aid every six months) • Ear molds and replacement ear molds <p>Prior Authorization may be required.</p>
Dental Services (including medical/surgical services of dentist)	<p>Emergency diagnostic, preventive and therapeutic services for dental disease which if left untreated would become acute dental problem. For beneficiaries under 21, the EPSDT preventive benefit is covered. Over 21 no basic coverage except for pregnant women as of July 1, 2018.</p> <p>Dentures are not covered.</p>

Additional Covered Benefits

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Genesee, Oakland and Wayne Counties

MICHIGAN MEDICAID COVERED SERVICES** (*continued*)

Vision Services

(includes information on coverage of vision exams and eyewear)

\$0 for Medicaid-covered services.

- One (1) eye exam every two (2) years.

Under 21 years old each year you get:

- One eye exam
- One pair of glasses
- 2 replacements per year (glasses)
- 2 contract lens replacement in a year for each eye

Over 21 years old every two years you get:

- One eye exam
- One pair of glasses
- Replacement of frames/lenses due to loss or breakage (if they cannot be repaired) is covered once every year for members aged 21 and over.

Prior authorization may be required.

Mental Health Services

(includes Inpatient visits, Outpatient group or individual therapy visits)

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

\$0 for Medicaid-covered services.

Skilled Nursing Facility (SNF)

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

There is a 45-day limit for this care. Prior Authorization required.

\$0 for Medicaid-covered services.

Rehabilitation Services

(includes cardiac rehabilitation services occupational therapy visit, physical therapy and speech language therapy)

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

May require Prior Authorization.

\$0 for Medicaid-covered services.

Additional Covered Benefits

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Zing Dual Complete Plus MI (HMO DSNP)
Genesee, Oakland and Wayne Counties

MICHIGAN MEDICAID COVERED SERVICES** (*continued*)

Ambulance	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p>
Non-Emergency Transportation	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p> <p>Medical transportation through DHS with no limits. Medicaid Health Plans cover NEMT for transportation to obtain medical services.</p>
Foot Care (Podiatry Services)	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p> <p>Covered services include information on coverage of foot exams, treatment and care. Routine foot care not covered for individuals under the age of 21.</p>
Medical Equipment/Supplies	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p> <p>Covered services include durable medical equipment (e.g., wheelchairs, oxygen), prosthetics (e.g., braces, artificial limbs), diabetes supplies, diabetic therapeutic shoes and inserts.</p>
Prescription Drugs (non-Part D drugs)	<p>\$0 for Medicaid-covered non-Part D prescriptions, which may include: benzodiazepines, barbiturates, select OTCs, select vitamins and agents used to promote smoking cessation.</p>
Chiropractic Care	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p> <p>Covered services include medical chiropractic services and routine chiropractic services.</p>

Additional Covered Benefits

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MICHIGAN MEDICAID COVERED SERVICES** (*continued*)

Acupuncture	Not Covered
OTC	Not Applicable (except as designate under the Prescription Drug section above)
Meals	Not Covered
Home Health	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 for Medicaid-covered services.
Renal Dialysis	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 for Medicaid-covered services.
Hospice	For dual-eligible members, Original Medicare covers hospice. \$0 for Medicaid-covered services. If requested by member.
Targeted Care Management	Not covered, except for those members pregnant women and children up to age 21 who were served by the Flint Water system from April 1, 2014 to present.
Personal Care Services	Covered through LTC waiver program.
Inpatient/SNF/ICF for Mental Diseases	Covered through PIHP and waiver services.
Inpatient Psychiatric Services	Covered in full for qualified individuals through PIHP providers.

Additional Covered Benefits

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Genesee, Oakland and Wayne Counties

MICHIGAN MEDICAID COVERED SERVICES** (*continued*)

Intermediate Care Facilities for the Mentally retarded (ICFIMR)

Covered in full for Medicaid bed facility for qualified individuals.

What you need to know

Beneficiaries must meet ICFIMR level of care criteria and require a continuous active treatment program that is defined in their individual plan of services and coordinated and monitored by a qualified mental retardation professional (QMRP). The active treatment program includes specialized and generic training, treatment, health and related services that are directed toward acquisition of behaviors necessary for the beneficiary to function with as much self-determination and independence as possible, and the prevention of deceleration of regression or loss of current optimal functional status. Treatment services are provided by qualified professionals within their scope of practice. Direct care staff must meet aide level qualifications.

**Services and coverage subject to periodic changes as required by Michigan Medicaid Program.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-946-4458 (TTY users should call 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.myzinghealth.com or call 1-866-946-4458 (TTY users should call 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- For our Health Maintenance Organization (HMO) plans only, these plans except in emergency or urgent situations, do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- For our Health Maintenance Organization Point of Service (HMO-POS) plans only, these plans allow you to see providers outside of our network (non-contracted providers). However, while we pay for certain covered services provided by a non-contracteed provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- For our Chronic Condition Special Needs plans (CSNP) only, your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- For our Dual Eligible Special Needs plans (DSNP) only, your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Zing Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Notice of Non-Discrimination

Discrimination is against the law.

Zing Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Zing Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Zing Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Customer Service at 1-866-946-4458 (TTY 711).

If you believe that Zing Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Zing Health
Civil Rights Coordinator
225 W. Washington Street, Suite 450
Chicago, Illinois 60606
Phone: 1-866-946-4458, TTY number 711
Fax: 1-866-946-4458
Email: civilrightscoordinator@myzinghealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Zing Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Aviso de no discriminación

La discriminación es ilegal.

Zing Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Zing Health no excluye a las personas ni las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

Zing Health:

- Brinda asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen efectivamente con nosotros, tales como:
 - o Intérpretes calificados en el lenguaje de signos
 - o Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Brinda servicios gratuitos de idiomas a personas cuyo idioma principal no es el inglés, como:
 - o Intérpretes calificados
 - o Información escrita en otros idiomas.

Si necesita estos servicios, comuníquese con Servicio al Cliente al 1-866-946-4458 (TTY 711).

Si cree que Zing Health no ha brindado estos servicios o ha discriminado de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Zing Health
Civil Rights Coordinator
225 W. Washington Street, Suite 450
Chicago, Illinois 60606
Teléfono: 1-866-946-4458, número TTY 711
Fax: 1-866-946-4458

Correo electrónico: civilrightscordinator@myzinghealth.com

Puede presentar una queja por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja, un Coordinador de Derechos Civiles de Zing Health está disponible para ayudarlo.

También puede presentar una queja de derechos civiles ante el Departamento de Salud y Servicios Humanos de los EE. UU., Oficina de Derechos Civiles, electrónicamente a través del Portal de Quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Los formularios de queja están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services / Servicios de interpretación multilingüe

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-946-4458 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-946-4458 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-946-4458 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-946-4458 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-946-4458 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-946-4458 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-946-4458 (TTY: 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-946-4458 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-946-4458 (TTY: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-946-4458 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة. 1-866-946-4458 (TTY: 711) فوري، ليس عليك سوى الاتصال بنا على مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-946-4458 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-946-4458 (TTY: 711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-946-4458 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-946-4458 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-946-4458 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。