

# Summary of Benefits

January 1, 2025 - December 31, 2025

## Illinois HMO

### H7330-001 Zing Select Care IL (HMO)

**Service Area:** Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties

### H4624-001 Zing Choice IL (HMO)

**Service Area:** Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties

### H4624-030 Zing Elite Select IL (HMO)

**Service Area:** Boone, Cook, Kane, Will, and Winnebago Counties

Zing Health contracts with Medicare to offer Medicare Advantage HMO, HMO SNP, PPO, and PPO SNP plans in select states, and with select State Medicaid programs. Enrollment in Zing Health depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-866-946-4458 (TTY: 711) and request the "Evidence of Coverage" or access it online at [www.myzinghealth.com](http://www.myzinghealth.com).

To join Zing Health, you must be entitled to Medicare Part A, be enrolled in Part B, and live in the plan's service area. The service area includes the counties listed in the first row of the chart below for each plan.

For HMO plans, except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

For 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), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

This document is available in other formats such as braille, large print, or audio.

For more information, please call us at 1-866-946-4458 (TTY users should call 711), 7 days a week, 8 a.m. to 8 p.m., or visit us at [www.myzinghealth.com](http://www.myzinghealth.com).

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

Benefit Coverage Services with a <sup>1</sup> may require prior authorization.	H7330-001 Zing Select Care IL (HMO) <i>Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties</i>	H4624-001 Zing Choice IL (HMO) <i>Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties</i>	H4624-030 Zing Elite Select IL (HMO) <i>Boone, Cook, Kane, Will, and Winnebago Counties</i> <i>Uses a Provider-Specific Network+</i>
<b>PREMIUMS, DEDUCTIBLES, AND MOOP</b>			
<b>Monthly Plan Premium (medical and drugs)</b>	\$0. You must continue to pay your Medicare Part B premium unless paid on your behalf by Medicaid.	\$0. You must continue to pay your Medicare Part B premium unless paid on your behalf by Medicaid.	\$0. You must continue to pay your Medicare Part B premium unless paid on your behalf by Medicaid.
<b>Deductible (medical)</b>	\$0. See Part D prescription drugs section for Part D deductible.	\$0. See Part D prescription drugs section for Part D deductible.	\$0. See Part D prescription drugs section for Part D deductible.
<b>Maximum Out-of-Pocket Responsibility (medical)</b>	You pay no more than \$3,850 annually for in-network Medicare-covered services.	You pay no more than \$3,850 annually for in-network Medicare-covered services.	You pay no more than \$3,190 annually for in-network Medicare-covered services.

# HMO

## Benefit Coverage

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

**H7330-001**

**Zing Select Care IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-001**

**Zing Choice IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-030**

**Zing Elite Select IL (HMO)**

*Boone, Cook, Kane, Will, and Winnebago Counties*  
Uses a *Provider-Specific Network+*

## INPATIENT AND OUTPATIENT HOSPITAL COVERAGE

### Inpatient Hospital<sup>1</sup>

You pay \$255 per day for days 1-6; You pay \$0 per day for days 7 and beyond per admission or stay.

You pay \$200 per day for days 1-6; You pay \$0 per day for days 7 and beyond per admission or stay.

You pay \$265 per day for days 1-6; You pay \$0 per day for days 7 and beyond per admission or stay.

### Outpatient Hospital<sup>1</sup>

You pay \$225 per visit.

You pay \$225 per visit.

You pay \$175 per visit.

### Ambulatory Surgical Center (ASC)<sup>1</sup>

You pay \$125 per visit.

You pay \$125 per visit.

You pay \$100 per visit.

## DOCTOR VISITS

### Doctor Visits

- **Primary Care Provider**

You pay \$0 per visit.

You pay \$0 per visit.

You pay \$0 per visit.

- **Specialists**

You pay \$10 per visit.

You pay \$10 per visit.

You pay \$10 per visit.

## PREVENTIVE CARE

### Preventive Care (e.g., flu vaccine, diabetic screenings)

You pay \$0 per service. Other preventive services are available that have a cost.

You pay \$0 per service. Other preventive services are available that have a cost.

You pay \$0 per service. Other preventive services are available that have a cost.

## Benefit Coverage

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

**H7330-001**

**Zing Select Care IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-001**

**Zing Choice IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-030**

**Zing Elite Select IL (HMO)**

*Boone, Cook, Kane, Will, and Winnebago Counties*  
*Uses a Provider-Specific Network+*

## EMERGENCY CARE

### Emergency Care

You pay \$125; If you are admitted to the hospital within 24 hours, then you do not have to pay \$125.

You pay \$125; If you are admitted to the hospital within 24 hours, then you do not have to pay \$125.

You pay \$140; If you are admitted to the hospital within 24 hours, then you do not have to pay \$140.

### Worldwide Emergency and Urgent Care (Emergency Transportation not covered)

You pay \$0 for emergency and urgent care services received outside of the United States and its territories. Our plan will reimburse up to a \$50,000 maximum benefit amount per year.

You pay \$0 for emergency and urgent care services received outside of the United States and its territories. Our plan will reimburse up to a \$50,000 maximum benefit amount per year.

You pay \$0 for emergency and urgent care services received outside of the United States and its territories. Our plan will reimburse up to a \$100,000 maximum benefit amount per year.

### Urgently Needed Services

You pay \$0 per visit at a PCP office; You pay \$10 per visit at other locations.

You pay \$0 per visit at a PCP office; You pay \$10 per visit at other locations.

You pay \$0 per visit at a PCP office; You pay \$10 per visit at other locations.

**Benefit Coverage**

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

**H7330-001**  
**Zing Select Care IL (HMO)**  
*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-001**  
**Zing Choice IL (HMO)**  
*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-030**  
**Zing Elite Select IL (HMO)**  
*Boone, Cook, Kane, Will, and Winnebago Counties*  
*Uses a Provider-Specific Network+*

**DIAGNOSTIC SERVICES/LABS/IMAGING**

**Diagnostic Services/Labs/Imaging**

If a member receives multiple services on the same day, only the maximum copay applies.

• **Diagnostic Tests and Procedures<sup>1</sup>**

You pay \$0 for outpatient COVID tests; You pay \$25 for all other Medicare-covered diagnostic tests and procedures.

You pay \$0 for outpatient COVID tests; You pay \$25 for all other Medicare-covered diagnostic tests and procedures.

You pay \$0 for outpatient COVID tests; You pay \$25 for all other Medicare-covered diagnostic tests and procedures.

• **Lab Services<sup>1</sup>**

You pay \$0 for Lab services.

You pay \$0 for Lab services.

You pay \$0 for Lab services.

• **MRI, CAT Scan<sup>1</sup>**

You pay \$50 for CT, MRI, PET Scan at a doctor's office; You pay \$150 at a facility.

You pay \$50 for CT, MRI, PET Scan at a doctor's office; You pay \$150 at a facility.

You pay \$50 for CT, MRI, PET Scan at a doctor's office; You pay \$150 at a facility.

• **X-Rays**

You pay \$0 for X-rays.

You pay \$0 for X-rays.

You pay \$0 for X-rays.

• **Therapeutic Radiology<sup>1</sup>**

(radiation, chemotherapy)

You pay 20% of the cost for Medicare-covered services.

You pay 20% of the cost for Medicare-covered services.

You pay 20% of the cost for Medicare-covered services.

## Benefit Coverage

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

**H7330-001**

**Zing Select Care IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-001**

**Zing Choice IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-030**

**Zing Elite Select IL (HMO)**

*Boone, Cook, Kane, Will, and Winnebago Counties*  
*Uses a Provider-Specific Network+*

## HEARING SERVICES

### Hearing Services

- **Medicare-Covered Hearing Exams**
- **Routine Hearing Exam**
- **Hearing Aid Fitting and Evaluation**
- **Hearing Aids**

You pay \$25 for Medicare-covered hearing exams.

You pay \$0 for 1 routine hearing exam per year.

You pay \$0 for 1 hearing aid fitting and evaluation every 3 years.

You receive a \$750 benefit allowance towards hearing aids per ear every 3 years.

You pay \$25 for Medicare-covered hearing exams.

You pay \$0 for 1 routine hearing exam per year.

You pay \$0 for 1 hearing aid fitting and evaluation every 3 years.

You receive a \$750 benefit allowance towards hearing aids per ear every 3 years.

You pay \$15 for Medicare-covered hearing exams.

You pay \$0 for 1 routine hearing exam per year.

You pay \$0 for 1 hearing aid fitting and evaluation every 3 years.

You receive a \$750 benefit allowance towards hearing aids per ear every 3 years.

## DENTAL SERVICES

### Dental Services

- **Medicare Dental Services<sup>1</sup>**
- **Diagnostic and Preventive Dental Services**

You receive a \$2,000 benefit allowance every year for diagnostic, preventive, and comprehensive dental benefits combined.

You pay \$0 for certain emergent or complicated dental services received when in the hospital.

You pay \$0 for diagnostic and preventive dental services.

- 1 Oral exam every 6 months
- 1 Prophylaxis (cleaning) every 6 months
- 1 Fluoride treatment every year
- 1 X-ray set per year

You receive a \$2,000 benefit allowance every year for diagnostic, preventive, and comprehensive dental benefits combined.

You pay \$0 for certain emergent or complicated dental services received when in the hospital.

You pay \$0 for diagnostic and preventive dental services.

- 1 Oral exam every 6 months
- 1 Prophylaxis (cleaning) every 6 months
- 1 Fluoride treatment every year
- 1 X-ray set per year

You receive a \$2,500 benefit allowance every year for diagnostic, preventive, and comprehensive dental benefits combined.

You pay \$0 for certain emergent or complicated dental services received when in the hospital.

You pay \$0 for diagnostic and preventive dental services.

- 1 Oral exam every 6 months
- 1 Prophylaxis (cleaning) every 6 months
- 1 Fluoride treatment every year
- 1 X-ray set per year

**Benefit Coverage**

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

**H7330-001**

**Zing Select Care IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-001**

**Zing Choice IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-030**

**Zing Elite Select IL (HMO)**

*Boone, Cook, Kane, Will, and Winnebago Counties*  
*Uses a Provider-Specific Network+*

**• Comprehensive Dental Services**

You pay \$0 for comprehensive dental services.

- Restorative Services (crowns)
- Endodontics (root canals)
- Periodontics (scaling/ root planing)
- Prosthodontics, fixed and removable (dentures, partials)
- Oral and Maxillofacial Surgery (extractions)
- Adjunctive General Services

You pay \$0 for comprehensive dental services.

- Restorative Services (crowns)
- Endodontics (root canals)
- Periodontics (scaling/ root planing)
- Prosthodontics, fixed and removable (dentures, partials)
- Oral and Maxillofacial Surgery (extractions)
- Adjunctive General Services

You pay \$0 for comprehensive dental services.

- Restorative Services (crowns)
- Endodontics (root canals)
- Periodontics (scaling/ root planing)
- Prosthodontics, fixed and removable (dentures, partials)
- Oral and Maxillofacial Surgery (extractions)
- Adjunctive General Services

**VISION SERVICES**

**Vision Services**

**• Medicare-Covered Eye Exams**

You pay \$25 for Medicare-covered eye exams.

You pay \$25 for Medicare-covered eye exams.

You pay \$20 for Medicare-covered eye exams.

**• Routine Eye Exams**

You pay \$0 for 1 routine eye exam per year.

You pay \$0 for 1 routine eye exam per year.

You pay \$0 for 1 routine eye exam per year.

**• Medicare-Covered Eyewear**

You pay \$0 for Medicare-covered eyewear.

You pay \$0 for Medicare-covered eyewear.

You pay \$0 for Medicare-covered eyewear.

**• Routine Eyewear**

You pay \$0 for routine eyewear; You receive a \$200 benefit allowance towards Eyeglass (lenses and frames), Eyeglass lenses, Eyeglass frames, and a pair of Contacts every year.

You pay \$0 for routine eyewear; You receive a \$200 benefit allowance towards Eyeglass (lenses and frames), Eyeglass lenses, Eyeglass frames, and a pair of Contacts every year.

You pay \$0 for routine eyewear; You receive a \$300 benefit allowance towards Eyeglass (lenses and frames), Eyeglass lenses, Eyeglass frames, and a pair of Contacts every year.

## Benefit Coverage

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

**H7330-001**

**Zing Select Care IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-001**

**Zing Choice IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-030**

**Zing Elite Select IL (HMO)**

*Boone, Cook, Kane, Will, and Winnebago Counties*  
Uses a Provider-Specific Network+

## MENTAL HEALTH SERVICES

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

You pay \$255 per day for days 1-6; You pay \$0 per day for days 7 to 90 per admission or stay.

You pay \$200 per day for days 1-6; You pay \$0 per day for days 7 to 90 per admission or stay.

You pay \$265 per day for days 1-6; You pay \$0 per day for days 7 to 90 per admission or stay.

**Outpatient Mental Health Services<sup>1</sup>**

- **Outpatient Group Therapy/ Individual Therapy Visit<sup>1</sup>**

You pay \$0 per Medicare-covered session.

You pay \$0 per Medicare-covered session.

You pay \$0 per Medicare-covered session.

## SKILLED NURSING

**Skilled Nursing Facility<sup>1</sup>**

You pay \$0 for days 1-20. You pay \$214 per day for days 21-100 of each Medicare-covered stay.

You pay \$0 for days 1-20. You pay \$214 per day for days 21-100 of each Medicare-covered stay.

You pay \$0 for days 1-20. You pay \$214 per day for days 21-100 of each Medicare-covered stay.

## REHABILITATION SERVICES

**Physical Therapy/ Speech Therapy<sup>1</sup>**

You pay \$10 per visit.

You pay \$20 per visit.

You pay \$15 per visit.

**Occupational Therapy<sup>1</sup>**

You pay \$10 per visit.

You pay \$20 per visit

You pay \$15 per visit.

**Cardiac Rehabilitation<sup>1</sup>**

- **Intensive Cardiac Rehabilitation<sup>1</sup>**

You pay \$0 per visit.

You pay \$0 per visit.

You pay \$0 per visit.

## AMBULANCE

**Ambulance (Ground)<sup>1</sup>**

You pay \$175 for Medicare-covered services.

You pay \$175 for Medicare-covered services.

You pay \$175 for Medicare-covered services.

**Ambulance (Air)<sup>1</sup>**

You pay 20% of the cost for Medicare-covered services.

You pay 20% of the cost for Medicare-covered services.

You pay 20% of the cost for Medicare-covered services.



## Benefit Coverage

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

**H7330-001**  
**Zing Select Care IL (HMO)**  
*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-001**  
**Zing Choice IL (HMO)**  
*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-030**  
**Zing Elite Select IL (HMO)**  
*Boone, Cook, Kane, Will, and Winnebago Counties*  
*Uses a Provider-Specific Network+*

## TRANSPORTATION

### Transportation (Non-Emergency)

You pay \$0 for 18 one-way trips per year to plan approved health-related locations.

You pay \$0 for 14 one-way trips per year to plan approved health-related locations.

You pay \$0 for 24 one-way trips per year to plan approved health-related locations.

## MEDICARE PART B DRUGS

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

- Insulin<sup>1</sup>
- Chemotherapy and Other Drugs<sup>1</sup>

Step Therapy may be required.

You pay 0% to 20% coinsurance for insulin not to exceed \$35 for a 1-month supply.

You pay 0% to 20% coinsurance for chemotherapy and other Part B drugs.

You pay 0% to 20% coinsurance for insulin not to exceed \$35 for a 1-month supply.

You pay 0% to 20% coinsurance for chemotherapy and other Part B drugs.

You pay 0% to 20% coinsurance for insulin not to exceed \$35 for a 1-month supply.

You pay 0% to 20% coinsurance for chemotherapy and other Part B drugs.

## FOOT CARE

### Podiatry Visit (Medicare-Covered)

You pay \$25 per visit.

You pay \$25 per visit.

You pay \$15 per visit.

### Podiatry Visit (Routine Foot Care)

You pay \$20 per visit; up to 4 visits/year.

You pay \$20 per visit; up to 4 visits/year.

You pay \$15 per visit; up to 6 visits/year.

## Benefit Coverage

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

H7330-001

Zing Select Care IL (HMO)

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties*

H4624-001

Zing Choice IL (HMO)

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties*

H4624-030

Zing Elite Select IL (HMO)

*Boone, Cook, Kane, Will, and Winnebago Counties*  
Uses a Provider-Specific Network+

## MEDICAL EQUIPMENT/SUPPLIES

### Durable Medical Equipment<sup>1</sup>

- Prosthetics<sup>1</sup>

Prior authorization required for items/supplies over \$1,500.

You pay 20% for Medicare-covered benefits.

You pay 20% for Medicare-covered benefits.

You pay 20% for Medicare-covered benefits.

### Diabetes Supplies and Services

- Diabetic Therapeutic Shoes or Inserts
- Diabetes Self-Management Training

You pay 0% - 20%.

You pay 0% - 20%.

You pay 0% - 20%.

You pay 20%.

You pay 20%.

You pay 20%.

You pay \$0.

You pay \$0.

You pay \$0.

## CHIROPRACTIC CARE AND ACUPUNCTURE

### Chiropractic Visit (Medicare-Covered)

You pay \$20 per visit.

You pay \$20 per visit.

You pay \$20 per visit.

### Acupuncture Visit (Medicare-Covered)

You pay \$0 per visit.

You pay \$0 per visit.

You pay \$0 per visit.

## HOME HEALTH CARE

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

You pay \$0 per visit.

You pay \$0 per visit.

You pay \$0 per visit.

## HOSPICE

### Hospice Care

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

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

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

## Benefit Coverage

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

**H7330-001**

**Zing Select Care IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-001**

**Zing Choice IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-030**

**Zing Elite Select IL (HMO)**

*Boone, Cook, Kane, Will, and Winnebago Counties*  
Uses a Provider-Specific Network+

### OUTPATIENT SUBSTANCE ABUSE

**Individual and Group Therapy Visit<sup>1</sup>**

You pay \$0 per visit.

You pay \$0 per visit.

You pay \$0 per visit.

**Opioid Treatment Visit<sup>1</sup>**

You pay \$25 per visit.

You pay \$25 per visit.

You pay \$15 per visit.

### RENAL DIALYSIS

**Renal Dialysis**

You pay 20% for Medicare-covered benefits.

You pay 20% for Medicare-covered benefits.

You pay 20% for Medicare-covered benefits.

**Kidney Disease Education Services**

You pay \$0 for Medicare-covered benefits.

You pay \$0 for Medicare-covered benefits.

You pay \$0 for Medicare-covered benefits.

### IN-HOME SUPPORT SERVICES

**In-Home Support Services**

You pay \$0 for 30 hours per year of Papa Pals services.

You pay \$0 for 30 hours per year of Papa Pals services.

You pay \$0 for 30 hours per year of Papa Pals services.

### FITNESS

**Fitness - Health Club Membership or At-home Fitness Kit**

You pay \$0.

You pay \$0.

You pay \$0.

**Weight Management Program**

You pay \$0.

You pay \$0.

You pay \$0.

### 24/7 NURSING HOTLINE

**24/7 Nurse Hotline**

You pay \$0.

You pay \$0.

You pay \$0.

### MEAL BENEFITS

**Post Discharge Meals**

You pay \$0 for 10 meals after each inpatient facility discharge or surgery.

You pay \$0 for 10 meals after each inpatient facility discharge or surgery.

You pay \$0 for 10 meals after each inpatient hospital discharge or surgery.

# HMO

## Benefit Coverage

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

H7330-001

Zing Select Care IL (HMO)

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties*

H4624-001

Zing Choice IL (HMO)

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties*

H4624-030

Zing Elite Select IL (HMO)

*Boone, Cook, Kane, Will, and Winnebago Counties*  
Uses a Provider-Specific Network+

## OVER-THE-COUNTER ITEMS/HEALTHY FOODS /UTILITY

### Over-the-Counter Items Allowance

Any unused balances cannot be converted to cash or rolled over to the next benefit period.

You receive \$170/quarter for over-the-counter items.

You receive \$170/quarter for over-the-counter items.

You receive \$198/quarter for over-the-counter items.

### Healthy Foods and Utilities Allowance

Allowance is automatically loaded on a prepaid card to use toward plan-approved food items and/or utilities (electric, gas, heating oil, sanitation or water). Any unused balances cannot be converted to cash or rolled over to the next benefit period.

Not Covered.

Not Covered.

Healthy Choices Allowance - If you receive "Extra Help" to pay your Medicare prescription drug program costs (verified by Zing Health after enrollment), you are eligible to receive \$75/month.

Medicare approved Zing Health to provide this benefit as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.

# HMO

## Benefit Coverage

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

**H7330-001**

**Zing Select Care IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-001**

**Zing Choice IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-030**

**Zing Elite Select IL (HMO)**

*Boone, Cook, Kane, Will, and Winnebago Counties*  
*Uses a Provider-Specific Network+*

## FLEX CARD BENEFIT

**Flex Card**

Not Covered.

You receive a \$1,165 debit card every year to apply towards the following non-Medicare covered benefits at your discretion:

- Hearing
- Dental (preventive and comprehensive)
- Vision (routine and eyewear)

You receive a \$690 debit card every year to apply towards the following non-Medicare covered benefits at your discretion:

- Hearing
- Dental (preventive and comprehensive)
- Vision (routine and eyewear)

**Benefit Coverage**

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

**H7330-001**

**Zing Select Care IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-001**

**Zing Choice IL (HMO)**

*Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties*

**H4624-030**

**Zing Elite Select IL (HMO)**

*Boone, Cook, Kane, Will, and Winnebago Counties*  
Uses a Provider-Specific Network+

**PART D PRESCRIPTION DRUGS**

**Deductible Stage**

You pay \$0.

You pay \$0.

You pay \$0.

**Initial Coverage Stage**

You are in the Initial Coverage Stage until your total yearly drug cost reaches \$2,000. This is the maximum that you will pay each year for Medicare Part D prescription drugs covered by the plan. Once you've reached this amount, you enter the Catastrophic Coverage Stage.

You are in the Initial Coverage Stage until your total yearly drug cost reaches \$2,000. This is the maximum that you will pay each year for Medicare Part D prescription drugs covered by the plan. Once you've reached this amount, you enter the Catastrophic Coverage Stage.

You are in the Initial Coverage Stage until your total yearly drug cost reaches \$2,000. This is the maximum that you will pay each year for Medicare Part D prescription drugs covered by the plan. Once you've reached this amount, you enter the Catastrophic Coverage Stage.

**Standard Retail Benefits (30 days/60 days/100 days)**

Insulins (30 days): Tiers 1, 3, & 5: \$0; Tier 4: \$35

**Tier 1 - Preferred Generic**

\$0/\$0/\$0

\$0/\$0/\$0

\$0/\$0/\$0

**Tier 2 - Generic (includes excluded drugs)**

\$1/\$2/\$3

\$5/\$10/\$15

\$0/\$0/\$0

**Tier 3 - Preferred Brand**

\$47/\$94/\$141

\$47/\$94/\$141

\$47/\$94/\$141

**Tier 4 - Non-Preferred Drug**

25%/25%/25%

33%/33%/33%

33%/33%/33%

**Tier 5 - Specialty Tier (30-day supply only)**

33%

33%

33%

**Mail Order Copay (30 days/60 days/100 days)**

Insulins (100 days): Tiers 1, 3, & 5: \$0; Tier 4: \$70

**Tier 1 - Preferred Generic**

\$0/\$0/\$0

\$0/\$0/\$0

\$0/\$0/\$0

**Tier 2 - Generic (includes excluded drugs)**

\$0/\$0/\$0

\$0/\$0/\$0

\$0/\$0/\$0

## Benefit Coverage

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

	H7330-001 Zing Select Care IL (HMO) <i>Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, and Winnebago Counties</i>	H4624-001 Zing Choice IL (HMO) <i>Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, and Winnebago Counties</i>	H4624-030 Zing Elite Select IL (HMO) <i>Boone, Cook, Kane, Will, and Winnebago Counties</i> <i>Uses a Provider-Specific Network+</i>
Tier 3 - Preferred Brand	\$47/\$94/\$94	\$47/\$94/\$94	\$47/\$94/\$94
Tier 4 - Non-Preferred Drug	25%/25%/25%	33%/33%/33%	33%/33%/33%
Tier 5 - Specialty Tier (30-day supply only)	33%	33%	33%
<b>Catastrophic Coverage Stage</b>	The plan pays the full cost for your covered Part D drugs. You pay \$0.		

## Additional Drug Coverage

<b>Erectile Dysfunction (ED Drugs) -sildenafil</b>	Covered at Tier 2 cost-share amount.
--	--------------------------------------

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 Member Services or access our "Evidence of Coverage" online or request one by mail.

+Zing Elite Select IL (HMO) is a Provider Specific Plan (PSP) and has a network of doctors, hospitals, pharmacies, and other providers that have agreed to participate in the network for this plan. As a member of a PSP, you must select a Primary Care Physician (PCP) from a subset of PCPs within this designated network. Except in emergency situations or out-of-area urgently needed services, if you use providers that are not associated with Zing Elite Select IL (HMO)'s PSP specific network, the plan may not pay for these services.