Zing HEALTH™

Summary of Benefits

January 1, 2025 - December 31, 2025

Indiana
HMO/PPO C-SNP

H4624-024 Zing Select Diabetes & Heart Complete IN (HMO C-SNP)
Service Area: Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties

H6876-006 Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)
Service Area: Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties

HMO/PPO C-SNP

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.

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. These plans are specifically for someone who has been diagnosed with Cardiovascular Disorders, Chronic Heart Failure, and/or Diabetes.

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 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.

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

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	**H4624-024** **Zing Select Diabetes & Heart Complete IN (HMO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	**H6876-006** **Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
PREMIUMS, DEDUCTIBLES, AND MOOP		
Monthly Plan Premium (medical and drugs)	$0. You must continue to pay your Medicare Part B premium unless paid on your behalf.	$4.40. You must continue to pay your Medicare Part B premium unless paid on your behalf. If you receive "Extra Help," you may pay $0.[2]
Deductible (medical)	$257[2], except for insulins that are furnished through a durable medical equipment company. See Part D Prescription Drug section for Part D deductible.	In-Network and Out-of-Network: $257[2], except for insulins that are furnished through a durable medical equipment company. See Part D Prescription Drug section for Part D deductible.
Maximum Out-of-Pocket Responsibility (medical)	You pay no more than $9,350 annually for in-network Medicare-covered services.	You pay no more than $9,350 annually for in-network Medicare-covered services. You pay no more than $14,000 annually for in-network and out-of-network Medicare-covered services combined.

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	**H4624-024** **Zing Select Diabetes & Heart Complete IN (HMO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	**H6876-006** **Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
INPATIENT AND OUTPATIENT HOSPITAL COVERAGE		
Inpatient Hospital[1]	For each Medicare-covered stay: • $1,676 deductible per benefit period • $0 for days 1-60 • $419 per day for days 61-90 • $0 for days 91 and beyond **If you have Medicaid benefits, your costs could be less.[2]**	In-Network and Out-of-Network: For each Medicare-covered stay: • $1,676 deductible per benefit period • $0 for days 1-60 • $419 per day for days 61-90 • $0 for days 91 and beyond **If you have Medicaid benefits, your costs could be less.[2]**
Outpatient Hospital[1]	You may pay 20%[2] coinsurance per visit.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance per visit.
Ambulatory Surgical Center (ASC)[1]	You may pay 20%[2] coinsurance per visit.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance per visit.
DOCTOR VISITS		
Doctor Visits		In-Network and Out-of-Network:
• **Primary Care Provider**	You may pay 20%[2] coinsurance per visit.	You may pay 20%[2] coinsurance per visit.
• **Specialists**	You may pay 20%[2] coinsurance per visit.	You may pay 20%[2] coinsurance per visit.
PREVENTIVE CARE		
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay $0 per service. Other preventive services are available that may have a cost.	In-Network and Out-of-Network: You pay $0 per service. Other preventive services are available that may have a cost.

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	**H4624-024** **Zing Select Diabetes & Heart Complete IN (HMO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	**H6876-006** **Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
EMERGENCY CARE		
Emergency Care	You may pay 20%[2] coinsurance with a maximum limit of $110 per visit. If admitted to the hospital within 24 hours of ER visit, the emergency cost share is waived.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance with a maximum limit of $110 per visit. If admitted to the hospital within 24 hours of ER visit, the emergency cost share is waived.
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 $100,000 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 may pay 20%[2] coinsurance with a maximum limit of $45 per visit.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance with a maximum limit of $45 per visit.
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[1]** • **Lab Services[1]** • **MRI, CAT Scan[1]** • **X-Rays** • **Therapeutic Radiology[1]** (radiation, chemotherapy)	You may pay 20%[2] coinsurance for all services listed.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance for all services listed.

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	H4624-024 **Zing Select Diabetes & Heart Complete IN (HMO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	H6876-006 **Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
HEARING SERVICES		
Hearing Services		In-Network:
• **Medicare-Covered Hearing Exams**	You may pay 20%[2] coinsurance for Medicare-covered hearing exams.	You may pay $30[2] for Medicare-covered hearing exams.
• **Routine Hearing Exam**	You pay $0 for 1 routine hearing exam per year.	You pay $0 for 1 routine hearing exam per year.
• **Fitting and Evaluation for Hearing Aid**	You pay $0 for 1 fitting and evaluation every 3 years.	You pay $0 for 1 fitting and evaluation every 3 years. Out-of-Network: You pay $0 for Medicare-covered hearing exams. You pay 50% coinsurance for a routine hearing exam and fitting and evaluation for hearing aids.
• **Hearing Aids**	You receive a $750 benefit allowance towards hearing aids per ear every 3 years.	In-Network and Out-of-Network: You receive a $750 benefit allowance towards hearing aids per ear every 3 years.

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	**H4624-024** **Zing Select Diabetes & Heart Complete IN (HMO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	**H6876-006** **Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
DENTAL SERVICES		
Dental Services	You receive a $2,500 benefit allowance every year for diagnostic, preventive, and comprehensive dental benefits combined.	In-Network and Out-of-Network: You receive a $2,000 benefit allowance every year for diagnostic, preventive, and comprehensive dental benefits combined in-network or out-of-network.
• **Medicare Dental Services**[1]	You pay $0 for certain emergent or complicated dental services received when in the hospital.	In-Network: You pay $0 for certain emergent or complicated dental services received when in the hospital.
• **Diagnostic and Preventive Dental Services**	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 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
• **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 Out-of-Network: You pay $0 for Medicare dental services. You pay 50% coinsurance for non-Medicare-covered dental services.

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	H4624-024 Zing Select Diabetes & Heart Complete IN (HMO C-SNP) *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	H6876-006 Zing Choice Diabetes & Heart Complete IN (PPO C-SNP) *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
VISION SERVICES		
Vision Services		In-Network:
• **Medicare-Covered Eye Exams**	You may pay 20%[2] coinsurance for Medicare-covered eye exams.	You pay $0 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.
• **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 $350 benefit allowance towards Eyeglass (lenses and frames), Eyeglass lenses, Eyeglass frames, and a pair of Contacts every year.	You pay $0 for routine eyewear Out-of-Network: You pay $0 for Medicare-covered eye exams. You pay $0 for 1 routine eye exam per year. You pay 50% coinsurance for Medicare-covered and routine eyewear. In-Network and Out-of-Network: Our plan covers up to a $250 maximum benefit amount in-network or out-of-network towards 1 pair of covered contact lenses, eyeglasses (lenses and frames), eyeglass lenses, and eyeglass frames.

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	H4624-024 **Zing Select Diabetes & Heart Complete IN (HMO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	H6876-006 **Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
MENTAL HEALTH SERVICES		
Inpatient Mental Health Services[1]	For each Medicare-covered stay: • $1,676 deductible per benefit period • $0 for days 1-60 • $419 per day for days 61-90 • $838 per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime) • 100% of all costs beyond the lifetime reserve days **If you have Medicaid benefits, your costs could be less.[2]**	In-Network and Out-of-Network: For each Medicare-covered stay: • $1,676 deductible per benefit period • $0 for days 1-60 • $419 per day for days 61-90 • $838 per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime) • 100% of all costs beyond the lifetime reserve days **If you have Medicaid benefits, your costs could be less.[2]**
Outpatient Mental Health Services[1] • **Outpatient Group Therapy/Individual Therapy Visit[1]**	You may pay 20%[2] coinsurance per Medicare-covered session.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance per Medicare-covered session.
SKILLED NURSING		
Skilled Nursing Facility[1]	For each Medicare-covered stay: • $0 copay for days 1 through 20 • $209.50 per day for days 21 through 100 • All costs for each day after 100 of the benefit period **If you have Medicaid benefits, your costs could be less.[2]**	In-Network and Out-of-Network: For each Medicare-covered stay: • $0 copay for days 1 through 20 • $209.50 per day for days 21 through 100 • All costs for each day after 100 of the benefit period **If you have Medicaid benefits, your costs could be less.[2]**

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	H4624-024 Zing Select Diabetes & Heart Complete IN (HMO C-SNP) *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	H6876-006 Zing Choice Diabetes & Heart Complete IN (PPO C-SNP) *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
REHABILITATION SERVICES		
Physical Therapy/ Speech Therapy[1]	You may pay 20%[2] coinsurance per visit.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance per visit.
Occupational Therapy[1]	You may pay 20%[2] coinsurance per visit.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance per visit.
Cardiac Rehabilitation[1] • **Intensive Cardiac Rehabilitation[1]**	You may pay 20%[2] coinsurance per visit.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance per visit.
AMBULANCE		
Ambulance (Ground)[1]	You may pay 20%[2] coinsurance for Medicare-covered services.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance for Medicare-covered services.
Ambulance (Air)[1]	You may pay 20%[2] coinsurance of the cost for Medicare-covered services.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance of the cost for Medicare-covered services.
TRANSPORTATION		
Transportation (Non-Emergency)	You pay $0 for 36 one-way trips per year to plan approved health-related locations.	Not Covered.
MEDICARE PART B DRUGS		
Medicare Part B Drugs[1]		In-Network and Out-of-Network:
• **Insulin[1]**	You may pay 20%[2] coinsurance for insulin not to exceed $35 for a 1-month supply.	You may pay 20%[2] coinsurance for insulin not to exceed $35 for a 1-month supply.
• **Chemotherapy and Other drugs[1]** Step Therapy may be required.	You may pay 20%[2] coinsurance for chemotherapy and other Part B drugs.	You may pay 20%[2] coinsurance for chemotherapy and other Part B drugs.

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	H4624-024 Zing Select Diabetes & Heart Complete IN (HMO C-SNP) *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	H6876-006 Zing Choice Diabetes & Heart Complete IN (PPO C-SNP) *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
FOOT CARE		
Podiatry Visit (Medicare-Covered)	You may pay 20%[2] coinsurance per visit.	In-Network: You may pay 20%[2] coinsurance per visit.
Podiatry Visit (Routine Foot Care)	You pay $0; up to 12 visits/year.	In-Network: You pay 20%; up to 12 visits/year. Out-of-Network: You pay 20% coinsurance; up to 12 visits per year.
MEDICAL EQUIPMENT/SUPPLIES		
Durable Medical Equipment[1] • **Prosthetics[1]** Prior authorization required for items/ supplies over $1,500.	You may pay 20%[2] coinsurance for Medicare-covered benefits.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance for Medicare-covered benefits.
Diabetes Supplies and Services	You may pay 20%[2] coinsurance.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance.
• **Diabetic Therapeutic Shoes or Inserts**	You may pay 20%[2] coinsurance.	You may pay 20%[2] coinsurance.
• **Diabetes Self-Management Training**	You pay $0.	You pay $0.
CHIROPRACTIC CARE AND ACUPUNCTURE		
Chiropractic Visit (Medicare-Covered)	You may pay 20%[2] coinsurance per visit.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance per visit.
Acupuncture Visit (Medicare-Covered)	You pay $0 per visit.	In-Network and Out-of-Network: You pay $0 per visit.
HOME HEALTH CARE		
Home Health Care (Medicare-Covered)[1]	You pay $0 per visit.	In-Network and Out-of-Network: You pay $0 per visit.

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	**H4624-024** **Zing Select Diabetes & Heart Complete IN (HMO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	**H6876-006** **Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
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.
OUTPATIENT SUBSTANCE ABUSE		
Individual and Group Therapy Visit[1]	You may pay 20%[2] coinsurance per visit.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance per visit.
Opioid Treatment Visit[1]	You may pay 20%[2] coinsurance per visit.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance per visit.
RENAL DIALYSIS		
Renal Dialysis	You may pay 20%[2] coinsurance for Medicare-covered benefits.	In-Network and Out-of-Network: You may pay 20%[2] coinsurance for Medicare-covered benefits.
Kidney Disease Education Services	You pay $0 for Medicare-covered benefits.	In-Network and Out-of-Network: You pay $0 for Medicare-covered benefits.
IN-HOME SUPPORT SERVICES		
In-Home Support Services*	You pay $0 for 60 hours per year of Papa Pals services.	In-Network and Out-of-Network: You pay $0 for 60 hours per year of Papa Pals services.
FITNESS		
Fitness - Health Club Membership or At-Home Fitness Kit*	You pay $0 .	In-Network and Out-of-Network: You pay $0.
Weight Management Program*	You pay $0.	In-Network and Out-of-Network: You pay $0.
24/7 NURSING HOTLINE		
24/7 Nurse Hotline*	You pay $0.	In-Network: You pay $0.
PERSONAL EMERGENCY RESPONSE SYSTEM		
Personal Emergency Response System*	You pay $0.	In-Network and Out-of-Network: You pay $0.

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	**H4624-024** **Zing Select Diabetes & Heart Complete IN (HMO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	**H6876-006** **Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
MEAL BENEFITS		
Post Discharge Meals	You pay $0 for 10 meals after each inpatient facility discharge or surgery.	In-Network: You pay $0 for 10 meals after each inpatient facility discharge or surgery. Out-of-Network: You pay 50% coinsurance for 10 meals after each inpatient facility discharge.
Chronic Condition Meals	You pay $0 for 28 meals if you have a qualifying chronic condition and participate in a lifestyle transition program.	In-Network: You pay $0 for 28 meals if you have a qualifying chronic condition and participate in a lifestyle transition program. Out-of-Network: You pay 50% coinsurance for 28 meals if you have a qualifying condition.

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	**H4624-024** **Zing Select Diabetes & Heart Complete IN (HMO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	**H6876-006** **Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
OVER-THE-COUNTER (OTC) ALLOWANCE AND SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI)		
Over-the-Counter (OTC) Allowance Unused funds do not roll-over to next month.	You may receive $172/month for over-the-counter items.	In-Network and Out-of-Network: You may receive $130/month for over-the-counter items.
Special Supplemental Benefits for the Chronically Ill (SSBCI) **Healthy Foods, Produce, and Utilities** Unused funds do not roll-over to next month.	The over-the-counter (OTC) allowance can also be used for plan-approved food items, and/or utilities (electric, gas, heating oil, sanitation or water). Members with Cardiovascular Disorders, Chronic Heart Failure, and Diabetes who have a high risk of hospitalization or other adverse health outcome, and require intensive care coordination are eligible for this benefit. Eligible members will receive this benefit for the first 90 days of their effective date. In order to continue to receive this benefit, you must complete a health risk assessment (HRA) within 90 days of your effective date and then annually.	In-Network: The over-the-counter (OTC) allowance can also be used for plan-approved food items, and/or utilities (electric, gas, heating oil, sanitation or water). Members with Cardiovascular Disorders, Chronic Heart Failure, and Diabetes who have a high risk of hospitalization or other adverse health outcome, and require intensive care coordination are eligible for this benefit. Eligible members will receive this benefit for the first 90 days of their effective date. In order to continue to receive this benefit, you must complete a health risk assessment (HRA) within 90 days of your effective date and then annually.

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	**H4624-024** **Zing Select Diabetes & Heart Complete IN (HMO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	**H6876-006** **Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
PART D PRESCRIPTION DRUGS		
Deductible Stage	You pay $590. (T1 and T6 Excluded) If you get Extra Help paying for your prescription drugs, your deductible may be paid by Extra Help.	You pay $590. (T1 and T6 Excluded) If you get Extra Help paying for your prescription drugs, your deductible may be paid by Extra Help.
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.
Standard Retail Benefits (30 days/60 days/100 days) Insulins (30 days): Tiers 1, 3, 5, & 6: $0; Tier 4: $35		
Tier 1 - Preferred Generic	$0/$0/$0	$0/$0/$0
Tier 2 - Generic (includes excluded drugs)	25%/25%/25%	25%/25%/25%
Tier 3 - Preferred Brand	25%/25%/25%	25%/25%/25%
Tier 4 - Non-Preferred Drug	25%/25%/25%	25%/25%/25%
Tier 5 - Specialty Tier (30-day supply only)	25%	25%
Tier 6 - Select Care Drugs	$0/$0/$0	$0/$0/$0

Benefit Coverage Services with a [1] may require prior authorization. Services with a [2] may have $0 copay if you have full Medicaid.	**H4624-024** **Zing Select Diabetes & Heart Complete IN (HMO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*	**H6876-006** **Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)** *Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties*
Mail Order Copay (30 days/60 days/100 days) Insulins (100 days): Tiers 1, 3, 5, & 6: $0; Tier 4: $70		
Tier 1 - Preferred Generic	$0/$0/$0	$0/$0/$0
Tier 2 - Generic (includes excluded drugs)	$0/$0/$0	$0/$0/$0
Tier 3 - Preferred Brand	25%/25%/25%	25%/25%/25%
Tier 4 - Non-Preferred Drug	25%/25%/25%	25%/25%/25%
Tier 5 - Specialty Tier (30-day supply only)	25%	25%
Tier 6 - Select Care Drugs	$0/$0/$0	$0/$0/$0
Catastrophic Coverage Stage	The plan pays the full cost for your covered Part D drugs. You pay $0.	
Additional Drug Coverage		
Erectile Dysfunction (ED Drugs) - sildenafil	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.

*You must see an In-Network provider to use this benefit. Out-of-network dentists have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Zing to the provider.