

Zing Health Medicare-Medicaid Plan: Summary of Benefits 2024

Introduction

This document is a brief summary of the benefits and services covered by Zing Health. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Zing Health. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Zing Health Medicare-Medicaid Plan at 1-844-844-9464 (TTY: 711). You can call us 8 a.m. to 8 p.m. seven days a week (except Thanksgiving and Christmas) from October 1 – March 31 and 8 a.m. to 8 p.m. Monday – Friday (other technologies such as voicemail are used after hours, weekends, and on Federal Holidays) from April 1 – September 30. The call is free. **For more information**, visit www.myzinghealth.com/mmai.



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A. Disclaimers



This is a summary of health services covered by Zing Health for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. To request a copy of the *Member Handbook* please call Customer Service at 1-844-844-9464 (TTY: 711). You can call us 8 a.m. to 8 p.m. seven days a week from October 1 – March 31 and 8 a.m. to 8 p.m. Monday – Friday. Voicemail is available after hours, on weekends, and Federal Holidays). The call is free.

- ❖ Zing Health Medicare-Medicaid Plan IL (MMP) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ All Zing Health products and services are provided exclusively by or through operating subsidiaries of Zing Health Consolidator, Inc., including Zing Health, Inc., Zing Health of Michigan, Inc. and Lasso Healthcare Insurance Company. The Zing Health name, logo, and other Zing Health marks are owned by Zing Health Holdings, Inc.
- ❖ Under Zing Health Medicare-Medicaid Plan you can get your Medicare and Medicaid services in one health plan. A Zing Health care coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the Zing Health Medicare-Medicaid Plan *Member Handbook*.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call Customer Service at 1-844-844-9464, (TTY users should call 711). You can call us 8 a.m. to 8 p.m. seven days a week (except Thanksgiving and Christmas) from October 1 – March 31 and 8 a.m. to 8 p.m. Monday – Friday (other technologies such as voicemail are used after hours, weekends, and on Federal Holidays) from April 1 – September 30. The call is free.
- ❖ ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Servicio de atención al cliente al 1-844-844-9464 (los usuarios de TTY deben llamar al 711). Puede llamarnos de 8:00 a. m. a 8:00 p. m., todos los días de la semana (excepto por el Día de Acción de Gracias y Navidad), del 1 de octubre al 31 de marzo, y de lunes a viernes, del 1 de abril al 30 de septiembre (después del horario de atención, los fines de semana y los días festivos nacionales se encuentran disponibles otras opciones tecnológicas como el correo de voz). La llamada es gratuita.
- ❖ This document is available for free in other languages and formats like large print, braille, or audio. Call 1-844-844-9464 (TTY: 711). You

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- ❖ To make a request for materials in another language or format please call Customer Service and specify if your request is a standing request, change to a standing request or a one-time request so that we can document your choice.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Zing Health care coordinator?	A Zing Health care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports are services provided through a Long-Term Care Facility or through a Home and Community-Based Waiver. Enrollees have the option to get long-term services and supports (LTSS) in the least restrictive setting when appropriate, with a preference for the home and the community, and in accordance with the Enrollee's wishes and Care Plan.

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Will I get the same Medicare and Medicaid benefits in Zing Health that I get now?	<p>You will get your covered Medicare and Medicaid benefits directly from Zing Health. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Medicaid benefits directly from Zing Health, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in Zing Health, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. During this time, if you changed to Zing Health from a different Medicare-Medicaid Plan, you may keep your current doctors for 90 days. If this is your first time in a Medicare-Medicaid Plan, you can keep using the doctors you use now for 180 days. When you join our plan, if you are taking any Medicare Part D prescription drugs that Zing Health does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Zing Health to cover your drug, if medically necessary.</p>

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<p>Can I use the same doctors I use now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Zing Health and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in Zing Health’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Zing Health Medicare-Medicaid Plan’s plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read Zing Health’s <i>Provider and Pharmacy Directory</i> on the plan’s website at www.myzinghealth.com/mmai_documents.</p> <p>If Zing Health is new for you, you can continue using the doctors you use now for 90 to 180 days depending on whether this is your first time in a Medicare-Medicaid plan.</p>
<p>What happens if I need a service but no one in Zing Health’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Zing Health will pay for the cost of an out-of-network provider.</p>
<p>Where is Zing Health available?</p>	<p>The service area for this plan includes: Cook County, Illinois. You must live in this area to join the plan.</p>
<p>Do I pay a monthly amount (also called a premium) under Zing Health?</p>	<p>You will not pay any monthly premiums to Zing Health for your health coverage.</p>

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What is prior authorization (PA)?	<p>PA means that you must get approval from Zing Health before you can get a specific service or drug or use an out-of-network provider. Zing Health may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3, Section D2 of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p>
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Zing Health may not cover the services. You don't need a referral to use certain specialists, such as women health specialists.</p> <p>Refer to Chapter 3, Section B of the <i>Member Handbook</i> to learn more about when you will need a referral from your PCP.</p>
Do I pay a deductible?	No. You do not pay deductibles in Zing Health.
Do I have a coverage gap for drugs?	No. Because you have Medicaid you will not have a coverage gap stage for your drugs.

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Who should I contact if I have questions or need help? (continued on the next page)	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Zing Health Customer Service:</p> <p>CALL 1-844-844-9464</p> <p>Calls to this number are free. You can call us 8 a.m. to 8 p.m. seven days a week from October 1 – March 31 and 8 a.m. to 8 p.m. Monday – Friday. Voicemail is available after hours, on weekends, and Federal Holidays).</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. You can call us 8 a.m. to 8 p.m. seven days a week from October 1 – March 31 and 8 a.m. to 8 p.m. Monday – Friday. Voicemail is available after hours, on weekends, and Federal Holidays).</p>

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Frequently Asked Questions (FAQ)	Answers
<p>Who should I contact if I have questions or need help? (continued from previous page)</p>	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-855-494-6877</p> <p>Calls to this number are free. You can call 24 hours a day, seven days a week. We have free interpreter services for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. You can call 24 hours a day, seven days a week.</p> <p>If you need immediate behavioral health, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-800-345-9049 Calls to this number are free. Assistance is available 24 hours a day, year round.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Assistance is available 24 hours a day, year round.</p>

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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	Round trip transportation to plan approved health-related locations.
	Specialist care	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	

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You need medical tests	Lab tests, such as blood work	\$0	Prior Authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0	Prior Authorization may be required.
	Screening tests, such as tests to check for cancer	\$0	Prior Authorization may be required.
You need drugs to treat your illness or condition (This service is continued on the next page)	Generic drugs (no brand name)	\$0 for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to Zing Health Medicare-Medicaid Plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs (Formulary)</i>. Our plan covers most Part D vaccines at no cost to you.</p> <p>An extended 100-day supply is available for</p>

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You need drugs to treat your illness or condition (continued)			some drugs through retail and mail order pharmacies.
	Brand name drugs	\$0 for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to Zing Health's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>An extended 100-day supply is available for some drugs through retail and mail order pharmacies.</p>
	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Zing Health's <i>List of Covered Drugs</i> (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p> <p>Prior Authorization may be required.</p>

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You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior Authorization is required.
You need emergency care	Emergency room services	\$0	Services are covered both in-network and out-of-network, within the United States and its territories for medical conditions that will result in serious risk to your health without immediate medical attention. Prior Authorization is not required.
	Ambulance services	\$0	Prior Authorization is required for non-emergency services.
	Urgent care	\$0	Services are covered both in-network and out-of-network. Prior Authorization is not required.
You need hospital care	Hospital stay	\$0	Prior Authorization is required.
	Doctor or surgeon care	\$0	Prior Authorization may be required.

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You need help getting better or have special health need	Rehabilitation services	\$0	Prior Authorization is required.
	Medical equipment for home care	\$0	Prior Authorization may be required.
	Skilled nursing care	\$0	Prior Authorization is required.
You need eye care	Eye exams	\$0	Routine Eye Exam once per year. Eye exams for treatment of diseases, such as diabetes or glaucoma, and injuries of the eye as medically necessary.
	Glasses or contact lenses	\$0	One pair Eyeglasses (lenses and frames) every two years or as medically necessary.
You need dental care (This service is continued on the next page)	Dental check-ups	\$0	<u>Preventive Dental Services</u> <ul style="list-style-type: none"> • Oral Exams: Once every 6 months • Prophylaxis (Cleaning): Once every 6 months • Fluoride Treatment: Once every year • Dental X-Rays: Once every year <u>Comprehensive Dental Services</u> Diagnostic, Restorative, Endodontic, Periodontic, Extraction, Prosthodontic, and other

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You need dental care (continued)			Oral/Maxillofacial Surgery services are covered as medically necessary. Prior authorization may be required.
You need hearing/auditory services	Hearing screenings	\$0	Routine Hearing Exams are covered as medically necessary.
	Hearing aids	\$0	Fittings/Evaluations for Hearing Aids are covered as medically necessary. One pair of hearing aids is covered every 3 years.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	
	Diabetes supplies and services	\$0	
You have a mental health condition	Mental or behavioral health services	\$0	Prior Authorization may be required.
You have a substance abuse problem	Substance abuse services	\$0	Prior Authorization is required.

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You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior Authorization is required.
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior Authorization may be required.
	Nebulizers	\$0	Prior Authorization may be required.
	Crutches	\$0	Prior Authorization may be required.
	Walkers	\$0	Prior Authorization may be required.
	Oxygen equipment and supplies	\$0	Prior Authorization may be required.
You need help living at home (This service is continued on the next page.)	Meals brought to your home	\$0	<p>Enrollment in an Illinois state waiver program is required. Eligibility is determined by the state.</p> <p>Additionally, the plan covers Post-Discharge and Chronic Condition Meals. Participation in an Illinois state waiver program is not required for Post-Discharge or Chronic Condition Meals.</p>

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<p>You need help living at home (This service is continued on the next page.)</p>			<p><u>Post-Discharge Meals</u> Up to 10 meals maximum after each inpatient facility discharge or surgery to mitigate health-related risk associated with nutritional management. You will be contacted after an inpatient stay or surgery to make arrangements for delivery of your meals. There is no limit to the number of events per year.</p> <p><u>Chronic Condition Meals</u> Up to 28 meals, limited to 1 event per year, if you have a qualifying chronic condition and participate in a lifestyle transition program.</p>
	Home services, such as cleaning or housekeeping	\$0	<p>Enrollment in an Illinois state waiver program is required. Eligibility is determined by the state.</p> <p>Prior Authorization is required.</p>
	Changes to your home, such as ramps and wheelchair access	\$0	<p>Enrollment in an Illinois state waiver program is required. Eligibility is determined by the state.</p> <p>Prior Authorization is required.</p>

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You need help living at home (continued)	Personal care assistant (You may be able to employ your own assistant. Call Customer Service for more information.)	\$0	Enrollment in an Illinois state waiver program is required. Eligibility is determined by the state. Prior Authorization is required.
	Training to help you get paid or unpaid jobs	\$0	Enrollment in an Illinois state waiver program is required. Eligibility is determined by the state. Prior Authorization is required.
	Home health care services	\$0	Prior Authorization is required.
	Services to help you live on your own	\$0	Enrollment in an Illinois state waiver program is required. Eligibility is determined by the state. Prior Authorization is required.
	Adult day services or other support services	\$0	Enrollment in an Illinois state waiver program is required. Eligibility is determined by the state. Prior Authorization is required.

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You need a place to live with people available to help you	Assisted living or other housing services	\$0	Enrollment in an Illinois state waiver program is required. Eligibility is determined by the state. Prior Authorization is required.
	Nursing home care	\$0	Prior Authorization is required.
Your caregiver needs some time off	Respite care	\$0	Enrollment in an Illinois state waiver program is required. Eligibility is determined by the state. Prior Authorization is required.
Additional covered services (This service is continued on the next page.)	Family Planning	\$0	
	Silver & Fit Fitness	\$0	Zing Health has partnered with Silver&Fit to offer you an opportunity to become even healthier with a gym membership or home fitness kit. Find a list of participating clubs on our website or call Customer Service.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Nutritional/Dietary Counseling	\$0	Access general nutritional education with up to 4 individual telephonic counseling sessions at one visit per quarter.
	OTC Allowance	\$0	You have a \$75 quarterly allowance to spend on plan-approved OTC items, medications, and products. Purchase items are limited to the plan's list of eligible items with in-network providers. Any unused balances on your OTC Card cannot be converted to cash or rolled over to the next benefit period.
	Podiatry	\$0	Up to 6 Routine Foot Care visits every year
	Tobacco Cessation Counseling	\$0	Up to 12 Tobacco Cessation Counseling session for pregnant women every year

If you have questions, please call Zing Health Medicare-Medicaid Plan at 1-844-844-9464 (TTY: 711). You can call us 8 a.m. to 8 p.m. seven days a week (except Thanksgiving and Christmas) from October 1 – March 31 and 8 a.m. to 8 p.m. Monday – Friday (other technologies such as voicemail are used after hours, weekends, and on Federal Holidays) from April 1 – September 30. The call is free. **For more information**, visit www.myzinghealth.com/mmai.



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D. Benefits covered outside of Zing Health

This is not a complete list. Call Member Services to find out about other services not covered by Zing Health but available through Medicare or Medicaid.

Other services covered by Medicare or Medicaid	Your costs
Some hospice care services	\$0

E. Services that Zing Health, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Zing Health, Medicare, or Medicaid	
Services considered not “reasonable and necessary,” according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services	Surgical treatment for morbid obesity, except when it is medically necessary and Medicare pays for it.
Private duty nurses	Naturopath services (the use of natural or alternative treatments).
Full-time nursing care in your home	Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines
Fees charged by your immediate relatives or members of your household	Radial keratotomy and LASIK surgery

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F. Your rights as a member of the plan

As a member of Zing Health, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - get information in other formats (e.g., large print, braille, audio).
 - be free from any form of physical restraint or seclusion.
 - not be billed by providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - description of the services we cover
 - how to get services
 - how much services will cost you
 - names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - choose a Primary Care Provider (PCP) and change your PCP at any time during the year.
 - use a women's health care provider without a referral.
 - get your covered services and drugs quickly.
 - know about all treatment options, no matter what they cost or whether they are covered.
 - refuse treatment, even if your doctor advises against it.

If you have questions, please call Zing Health Medicare-Medicaid Plan at 1-844-844-9464 (TTY: 711). You can call us 8 a.m. to 8 p.m. seven days a week (except Thanksgiving and Christmas) from October 1 – March 31 and 8 a.m. to 8 p.m. Monday – Friday (other technologies such as voicemail are used after hours, weekends, and on Federal Holidays) from April 1 – September 30. The call is free. **For more information**, visit www.myzinghealth.com/mmai.



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- stop taking medicine.
- ask for a second opinion. Zing Health will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - get timely medical care.
 - get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - have interpreters to help with communication with your doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - get emergency services without PA in an emergency.
 - use an out-of-network, urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
 - ask for and get a copy of your medical records in a way that you can understand and ask for your records to be changed or corrected.
 - have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - file a complaint or grievance against us or our providers.
 - ask for a state fair hearing.
 - get a detailed reason for why services were denied.

For more information about your rights, you can read the Zing Health Medicare-Medicaid Plan *Member Handbook*. If you have questions, you can also call Zing Health Customer Service at 1-844-844-9464 (TTY: 711), You can call us 8 a.m. to 8 p.m. seven days a week (except Thanksgiving and Christmas) from October 1 – March 31 and 8 a.m. to 8 p.m. Monday – Friday (other technologies such as voicemail are used after hours, weekends, and on Federal Holidays) from April 1 – September 30. The call is free.

If you have questions, please call Zing Health Medicare-Medicaid Plan at 1-844-844-9464 (TTY: 711). You can call us 8 a.m. to 8 p.m. seven days a week (except Thanksgiving and Christmas) from October 1 – March 31 and 8 a.m. to 8 p.m. Monday – Friday (other technologies such as voicemail are used after hours, weekends, and on Federal Holidays) from April 1 – September 30. The call is free. **For more information**, visit www.myzinghealth.com/mmai.



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G. How to file a complaint or appeal a denied service

If you have a complaint or think Zing Health should cover something we denied, call Zing Health at 1-844-844-9464, seven days a week (except Thanksgiving and Christmas) from October 1 – March 31 and 8 a.m. to 8 p.m. Monday – Friday (other technologies such as voicemail are used after hours, weekends, and on Federal Holidays) from April 1 – September 30. The call is free. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Zing Health Medicare-Medicaid Plan *Member Handbook*. You can also call the numbers below.

Appeals & Complaints for Medical Care

Zing Health
Attn: Appeals & Grievances Department
P.O. Box 1222
Chicago, IL 60606-122

Phone: 1-866-946-4458 (TTY: 711)

Fax: 1-844-917-4458

Emails:

Appeals: appeals@myzinghealth.com

Complaints: grievances@myzinghealth.com

Coverage Decisions for Medical Care

Zing Health
Attn: Prior Authorization
P.O. Box 1222
Chicago, IL 60606-122

Phone: 1-833-946-4458 (TTY: 711)

Fax: 1-844-946-4458

Email: prior_auth@myzinghealth.com

Appeals for Part D Prescription Drugs

Zing Health
Attn: Appeals Department
7835 Freedom Avenue NW
North Canton, OH 44720

Phone: 1-855-476-6993 (TTY: 711)

Fax: 1-877-503-7321

Coverage Decisions for Part D Prescription Drugs

Zing Health
Attn: Clinical Services
7835 Freedom Avenue NW
North Canton, OH 44720

Phone: 1-855-476-6993 (TTY: 711)

Fax: 1-877-503-7321

If you have questions, please call Zing Health Medicare-Medicaid Plan at 1-844-844-9464 (TTY: 711). You can call us 8 a.m. to 8 p.m. seven days a week (except Thanksgiving and Christmas) from October 1 – March 31 and 8 a.m. to 8 p.m. Monday – Friday (other technologies such as voicemail are used after hours, weekends, and on Federal Holidays) from April 1 – September 30. The call is free. **For more information**, visit www.myzinghealth.com/mmai.



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H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Zing Health Customer Service at 1-844-844-9464 (TTY: 711), You can call us 8 a.m. to 8 p.m. seven days a week (except Thanksgiving and Christmas) from October 1 – March 31 and 8 a.m. to 8 p.m. Monday – Friday (other technologies such as voicemail are used after hours, weekends, and on Federal Holidays) from April 1 – September 30. The call is free.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can also:
 - Call our toll-free Compliance Hotline at 1-844-919-4458. This number is available 24 hours a day 7 days a week. You may leave your name and number or choose to remain anonymous.
 - Report on www.mycompliancereport.com, using the Access ID: ID ZHC
 - Mail to:
Zing Health
ATTN: Compliance Dept.
225 W. Washington St., Suite 450
Chicago IL 60606

Email: fwa@myzinghealth.com

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Form Approved
OMB# 0938-1421

Multi-language Interpreter Services

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 1-844-844-9464. 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 1-844-844-9464. 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 1-844-844-9464。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 1-844-844-9464。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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-844-844-9464. 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 1-844-844-9464. 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 1-844-844-9464 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 1-844-844-9464. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-844-9464번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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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 1-844-844-9464. 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 فوري، ليس عليك سوى الاتصال بنا على 1-844-844-9464. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة 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 1-844-844-9464 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 1-844-844-9464. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-844-9464. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é 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 1-844-844-9464. 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 1-844-844-9464. 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、1-844-844-9464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。

Form CMS-10802
(Expires 12/31/25)

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