



Summary of Benefits

JANUARY 1, 2024 – DECEMBER 31, 2024

INDIANA (HMO D-SNP)

H4624-016 Zing Dual Complete Plus IN (HMO D-SNP)

Service Area: Allen, Lake and Marion Counties

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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 plans service area. The service area includes the counties listed in the first row of the chart below for each plan.

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

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

- Plan members with Specified Low-Income Medicare Beneficiary Plus (SLMB+) status are eligible for the Indiana Medicaid program, which is responsible for payment of their Medicare Part B premium. Members are also eligible to receive full Medicaid benefits.

Cost sharing and cost-sharing protections

You pay no cost sharing for the Medicare-covered benefits described later in this Summary of Benefits. You will pay no or small copayments for prescriptions covered under the Part D prescription drug benefit. When you receive health services, the provider should bill the plan for the cost of Medicare services and bill the Indiana Medicaid program for the Medicare cost-sharing amounts. The provider should not bill you for services or cost sharing. Please be sure to present both your Zing Health Member ID card and your Indiana FSSA Member ID card at the time services are rendered. 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.	H4624-016 Zing Dual Complete Plus IN (HMO D-SNP) Allen, Lake and Marion Counties
PREMIUMS, DEDUCTIBLES & MOOP	
Monthly Plan Premium (Part C and Part D combined)	You pay \$0
Deductible	No deductible for medical. See Part D prescription drug section for Part D deductible.
Maximum Out-of-Pocket Responsibility (In-Network) (does not include Part D prescription drugs)	You pay no more than \$8,850 annually for in-network services.
INPATIENT & OUTPATIENT HOSPITAL COVERAGE	
Inpatient Hospital ¹	0% of the cost per Medicare-covered visit
Outpatient Hospital¹	0% of the cost per Medicare-covered visit
Ambulatory Surgical Center (ASC) ¹	0% of the cost per Medicare-covered visit
DOCTOR VISITS	
Doctor Visits <ul style="list-style-type: none"> • Primary Care Provider • Specialists 	0% of the cost per Medicare-covered visit
PREVENTIVE CARE	
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing Other preventive services are available. There are some covered services that have a cost.

Benefit Coverage Services with a 1 may require prior authorization.	H4624-016 Zing Dual Complete Plus IN (HMO D-SNP) <i>Allen, Lake and Marion Counties</i>
EMERGENCY CARE	
Emergency Care Services	0% of the cost
Worldwide Emergency and Urgent Care	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. Emergency transportation is not included.
Urgently Needed Services	0% of the cost
DIAGNOSTIC SERVICES / LABS / IMAGING	
Diagnostic Services/ Labs/Imaging If a member receives multiple services on the same day, only the maximum copay applies. <ul style="list-style-type: none"> • Diagnostic Tests and Procedures¹ • Lab Services¹ • MRI, CAT Scan¹ • X-Rays • Therapeutic Radiology¹ (radiation, chemotherapy) 	0% of the cost for all services listed
HEARING SERVICES	
Hearing Services <ul style="list-style-type: none"> • Medicare-Covered Hearing Exams • Routine Hearing Exam • Hearing Aid Fitting and Evaluation • Hearing Aids 	0% of the cost for a Medicare covered diagnostic hearing exam. 0% of the cost for one (1) routine hearing exam per year. \$0 for one (1) hearing aid evaluation/ fitting every three (3) years \$750 benefit allowance towards hearing aids per ear every three (3) years.

Benefit Coverage Services with a 1 may require prior authorization.	H4624-016 Zing Dual Complete Plus IN (HMO D-SNP) Allen, Lake and Marion Counties
DENTAL SERVICES	
Dental Services Routine (Preventive) Dental Services Comprehensive Dental Services¹	<p>You receive a \$3,000 benefit allowance every year for preventive and comprehensive dental benefits combined.</p> <p>You pay a \$0 copay for routine dental services.</p> <ul style="list-style-type: none"> • Oral exams up to one (1) every six (6) months • \$0 copay for prophylaxis (cleaning) up to one (1) every six (6) months • \$0 copay for a fluoride treatment for up to one (1) every year • \$0 copay for x-rays up to one (1) set per year <p>You pay \$0 for comprehensive dental services.</p> <p>Unlimited benefit for:</p> <ul style="list-style-type: none"> • Non-routine Services (other services) • Diagnostic Services (exams, x-rays) • Restorative Services (crowns) • Endodontics (root canals) • Periodontics (scaling/ root planning) • Prosthodontics, Other Oral/Maxillofacial Surgery (dentures or fixed prosthetics and partials) • Extractions (1 per tooth per year)
VISION SERVICES	
Vision Services <ul style="list-style-type: none"> • Medicare-Covered Eye Exams • Routine Eye Exams • Medicare-Covered Eyewear • Routine Eyewear 	<p>0% of the cost per Medicare-covered visit</p> <p>\$0 for (1) routine eye exam/refraction up to (1) per year</p> <p>0% of the cost for Medicare covered eyewear</p> <p>You pay \$0 for routine eyewear; You receive a \$285 benefit allowance towards Eyeglass (lenses and frames), Eyeglass lenses, Eyeglass frames, and a pair of Contacts every year</p>

Benefit Coverage Services with a 1 may require prior authorization.	H4624-016 Zing Dual Complete Plus IN (HMO D-SNP) Allen, Lake and Marion Counties
MENTAL HEALTH SERVICES	
Inpatient Mental Health Services¹	\$0 copay for Medicare-covered services Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Part A only pays for up to 190 days of inpatient psychiatric care for lifetime.
Outpatient Mental Health Services¹ • Outpatient Group Therapy/Individual Therapy Visit¹	0% of the cost for Medicare-covered sessions
SKILLED NURSING	
Skilled Nursing Facility¹	\$0 copay for Medicare-covered services
REHABILITATION SERVICES	
Physical Therapy / Speech Therapy¹	0% of the cost of Medicare-covered services
Occupational Therapy¹	0% of the cost of Medicare-covered services
Cardiac Rehabilitation¹ • Intensive Cardiac Rehabilitation¹	0% of the cost of Medicare-covered services
AMBULANCE	
Ambulance (Ground)¹	0% of the cost
Ambulance (Air)¹	0% of the cost
TRANSPORTATION	
Transportation (Non-Emergency)¹	You pay \$0 for 48 one way trips per year to plan approved health-related locations
MEDICARE PART B DRUGS	
Medicare Part B Drugs¹ • Insulin¹ • Chemotherapy and Other drugs¹ Step Therapy may be required	You pay 0% to 20% coinsurance for insulin not to exceed \$35 0% - 20% of the cost for chemotherapy and other part B drugs

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FOOT CARE	
Podiatry Visit (Medicare-Covered)	0% of the cost
Podiatry Visit (Routine Foot Care)	\$0 for six (6) routine visits per year
MEDICAL EQUIPMENT/SUPPLIES	
Durable Medical Equipment¹	0% of the cost
Prosthetics¹ Prior authorization required for items/ supplies over \$1,500	
Diabetes Supplies and Services	0% of the cost
Diabetic Therapeutic Shoes or Inserts	
Diabetes Self-Management Training	
CHIROPRACTIC CARE & ACUPUNCTURE	
Chiropractic Visit (Medicare-Covered)	0% of the cost
Acupuncture Visit (Medicare-Covered)	0% of the cost
HOME HEALTH CARE	
Home Health Care (Medicare-covered)	0% of the cost
HOSPICE	
Hospice Care	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 Visit¹	0% of the cost
Opioid Treatment Visit¹	0% of the cost

Benefit Coverage Services with a 1 may require prior authorization.	H4624-016 Zing Dual Complete Plus IN (HMO D-SNP) Allen, Lake and Marion Counties
RENAL DIALYSIS	
Renal Dialysis	0% of the cost
Kidney Disease Education Services	0% of the cost
FITNESS	
Fitness - Health Club Membership and At-Home Fitness Kit	You pay \$0
Weight Management Program	You pay \$0
24 / 7 NURSING HOTLINE	
24 / 7 Nurse Hotline	You pay \$0
MEAL BENEFITS	
Post Discharge Meals	You pay \$0 for 10 meals after each inpatient facility discharge or surgery
OVER-THE-COUNTER ITEMS / HEALTHY FOODS / UTILITY	
Over-the-Counter Items Allowance	You pay \$0 for \$487 / quarter to use for over-the-counter items, unused funds do not roll-over to next quarter
Healthy Food and Utilities Allowance	Healthy Choices Allowance - If you receive "Extra Help" to pay your Medicare prescription drug program costs, you are eligible to receive a \$55 allowance every month 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.

Benefit Coverage Services with a 1 may require prior authorization.	H4624-016 Zing Dual Complete Plus IN (HMO D-SNP) Allen, Lake and Marion Counties
PART D PRESCRIPTION DRUGS*	
Phase 1: Deductible Stage	\$0 Deductible. Because most of our members get “Extra Help” with their prescription drug costs, the Deductible Stage does not apply to most members. If you receive “Extra Help,” this payment stage does not apply to you.
Phase 2: Initial Coverage Stage	You are in the Initial Coverage Stage until your total yearly drug cost reaches \$5,030. Total yearly drug cost are the total drug costs paid both you and the plan. Once you’ve reached this amount, you enter the coverage gap.
Standard Retail Cost-Sharing (30-day Supply)	
Tier 1 - Preferred Generic (includes insulins)	\$0
Tier 2 - Generic (includes excluded drugs)	Generics: \$0 / \$1.55 / \$4.50 Brands: \$0 / \$4.60 / \$11.20
Tier 3 - Preferred Brand	Generics: \$0 / \$1.55 / \$4.50 Brands: \$0 / \$4.60 / \$11.20
Tier 4 - Non-Preferred Drug	Generics: \$0 / \$1.55 / \$4.50 Brands: \$0 / \$4.60 / \$11.20
Tier 5 - Specialty Tier	Generics: \$0 / \$1.55 / \$4.50 Brands: \$0 / \$4.60 / \$11.20
Standard Mail Order Cost-Sharing (100 day Supply)	
Tier 1 - Preferred Generic (includes insulins)	\$0
Tier 2 - Generic (includes excluded drugs)	\$0
Tier 3 - Preferred Brand	Generics: \$0 / \$1.55 / \$4.50 Brands: \$0 / \$4.60 / \$11.20
Tier 4 - Non-Preferred Drug	Generics: \$0 / \$1.55 / \$4.50 Brands: \$0 / \$4.60 / \$11.20
Tier 5 - Specialty Tier (30-day supply only)	A long-term supply is not available for drugs on Tier 5.
Phase 3: Gap Coverage	During this phase you will pay 25% for generic or brand-name drugs.
Phase 4: Catastrophic Coverage Stage	The plan pays the full cost for your covered Part D drugs. You pay nothing.

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Additional Drug Coverage	
Erectile Dysfunction (ED Drugs) - sildenafil	Covered at Tier 2 cost-share amount
<p>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.</p> <p>Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information. 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.</p> <p>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.</p> <p>For more information on additional pharmacy specific cost-share and the drug coverage stages, please call our Customer Service department or access our "Evidence of Coverage" online or request one by mail.</p>	

Medicaid Benefits

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

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

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

Benefit Coverage

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INSTITUTIONAL AND CLINIC SERVICES

Free-standing Ambulatory Service Center

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

Public Health and Mental Health Clinics

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

Federally Qualified Health Center (FQHC) services

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

Inpatient Hospital services (excluding institutions for mental diseases)

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

Benefit Coverage

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INSTITUTIONAL AND CLINIC SERVICES *(continued)*

Outpatient Hospital services

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.
 \$3 for Medicaid non-emergency visit in Emergency Room

Rehabilitation Services: Mental Health & Substance Abuse

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

Rural Health Clinic services

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

PRACTITIONER SERVICES

Certified Registered Nurse Anesthetist services

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

Chiropractic services

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

Dental services

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

Benefit Coverage

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PRACTITIONER SERVICES (continued)
Medical/surgical services of a Dentist

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

\$0 for Medicaid-covered services.

Prior authorization may be required. Benefit limits may apply.

Nurse Midwife services

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

\$0 for Medicaid-covered services.

Nurse Practitioner services

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

\$0 for Medicaid-covered services.

Optometrist services

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

Physician services

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

\$0 for Medicaid-covered services.

Prior authorization may be required. Benefit limits may apply.

Podiatrist services

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

\$0 for Medicaid-covered services.

Prior authorization may be required. Benefit limits may apply.

Psychologist services

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

\$0 for Medicaid-covered services.

Prior authorization may be required. Benefit limits may apply.

PRESCRIPTION DRUGS
Non-Part D drugs

\$3 for Medicaid covered prescription drugs.

Prior authorization may be required.

Benefit Coverage

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PHYSICAL THERAPY AND OTHER SERVICES

Occupational Therapy services

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

\$0 for Medicaid-covered services.

Prior authorization may be required. Benefit limits may apply.

Physical Therapy services

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

\$0 for Medicaid-covered services.

Prior authorization may be required. Benefit limits may apply.

Services for Speech, Hearing and Language Disorders

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

\$0 for Medicaid-covered services.

Prior authorization may be required. Benefit limits may apply.

PRODUCTS AND DEVICES

Dentures

\$0 for Medicaid-covered services.

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

Eyeglasses

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

Hearing Aids

\$0 for Medicaid-covered services.

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

Medical Equipment and Supplies

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

\$0 for Medicaid-covered services.

Prior authorization may be required. Benefit limits may apply.

Benefit Coverage

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PRODUCTS AND DEVICES *(continued)*

Prosthetic and Orthotic Devices

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

\$0 for Medicaid-covered services.

Prior authorization may be required.

TRANSPORTATION SERVICES

Ambulance services

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

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

Prior authorization may be required.

Non-Emergency Medical Transportation services

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

Prior authorization may be required. Benefit limits may apply.

OTHER SERVICES

Diagnostic, Screening and Preventive services

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

\$0 for Medicaid-covered services.

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

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

\$0 for Medicaid-covered services.

Targeted Case Management

\$0 copay for Medicaid-covered services.

Medicaid benefit limits may apply.

Long-Term Case Services

Benefit Coverage

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COMMUNITY BASED CARE

Home & Community Based Services Waiver

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

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

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

Hospice Care

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

INSTITUTIONAL CARE

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

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

Inpatient Psychiatric Services (under age 21)

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

Benefit Coverage

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INSTITUTIONAL CARE (*continued*)

Intermediate Care Facility Services (for mentally retarded)

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

\$0 for Medicaid-covered services.

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

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

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

\$0 for Medicaid-covered services.

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

Religious Non-medical Health Care Institution and Practitioner Services

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

\$0 for Medicaid-covered services.

Practitioner services are not covered.

