



Summary of Benefits

HMO Chronic Special Needs Plan

Illinois

H4624-010 Zing Essential Wellness IL (HMO C-SNP)

Service Area(s): Boone, Cook, Kane, McHenry, Ogle, Will and Winnebago Counties

Indiana

H4624-011 Zing Essential Wellness IN (HMO C-SNP)

Service Area(s): Allen, Lake and Marion Counties

Michigan

H4624-012 Zing Essential Wellness MI (HMO C-SNP)

Service Area(s): Genesee, Oakland and Wayne Counties

January 1, 2021 - December 31, 2021



About Zing Health Plan

Zing Health Plan is a Medicare Advantage plan designed to cover all the benefits you receive under Original Medicare. In addition, the plan covers Part D prescription drugs, dental, vision, hearing and much more at no additional monthly plan premium.

Whether new to Medicare or an existing Medicare beneficiary, Zing Health has you covered. We understand navigating the Medicare maze isn't always easy. That's why you can count on us to assist you with answering questions you may have when making important health care decisions.

We've been asked, "Why Zing"? The word "Zing" denotes energy, vigor, excitement, or stimulating quality which is what Zing seeks to infuse into our healthcare delivery model. Our goal is to provide our members with health care benefits that will assist them in obtaining optimal health. Zing Health takes a holistic approach to delivering comprehensive health care which includes robust Health and Wellness Programs.

Important Plan Information

Zing Essential Wellness IL, IN, MI (HMO C-SNP) is a Medicare Advantage plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

This easy to use guide helps you to understand what benefits are covered by the plans. The benefit information provided is a summary of what we cover and what you can expect to pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, call us or request the "Evidence of Coverage" booklet.

For more information, please call us at **1-866-946-4458** (TTY users should call 711), or visit us at www.myzinghealth.com.

Who can join?

To join Zing Essential Wellness IL, IN, MI (HMO C-SNP), you must have Medicare Part A and be enrolled in Part B, live in the plans service area, and be diagnosed with at least one of the following chronic conditions: Cardiovascular Disease, Diabetes and/or Chronic Heart Failure. The service area includes the following counties:

- **IL (Boone, Cook, Kane, Will, Ogle, McHenry, Winnebago);**
- **IN (Allen, Lake, Marion);**
- **MI (Genesee, Oakland, Wayne)**

What providers can I use?

Zing Essential Wellness IL, IN, MI (HMO C-SNP) has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use providers that are not in our network, we may not pay for out-of-network services.

Once enrolled in the plan, you will select a primary care physician (PCP). Most of your health care services will be referred by the doctor you select. That means you may need a referral before you can see other health care professionals. In some instances, a prior authorization may be required for some services you receive.



What are our hours of operation?

Hours of operation are between 8:00 a.m. and 8:00 p.m. Monday through Friday (from April 1 through September 30). And 8:00 a.m. to 8:00 p.m. 7 days a week (from October 1 through March 31).

- If you are a member of this plan, call toll free **1-866-946-4458 (TTY users should call 711)** or visit us at www.myzinghealth.com.
- If you are not a member of this plan, call toll-free **1-866-946-4458**.

What does Original Medicare cover?

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

	H4624-010 Zing Essential Wellness IL (HMO C-SNP) Boone, Cook, Kane, McHenry, Ogle, Will and Winnebago Counties	H4624-011 Zing Essential Wellness IN (HMO C-SNP) Allen, Lake, and Marion Counties	H4624-012 Zing Essential Wellness MI (HMO C-SNP) Genesee, Oakland, and Wayne Counties
Monthly Premium	\$0 Monthly plan premium In addition, you must keep paying your Medicare Part B premium.		
Plan Deductible	This plan does not have a deductible.		
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. This does not include prescription drug out-of-pocket cost.		
Yearly Maximum Out-of-pocket responsibility? (Does not include prescription drugs)	\$3,000 is the most you'll pay for covered services you receive from in-network providers. If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year for covered medical and hospital services.		



Covered Medical and Hospital Benefits

Benefit Coverage	H4624-010 Zing Essential Wellness IL (HMO C-SNP) Boone, Cook, Kane, McHenry, Ogle, Will and Winnebago Counties	H4624-011 Zing Essential Wellness IN (HMO C-SNP) Allen, Lake, and Marion Counties	H4624-012 Zing Essential Wellness MI (HMO C-SNP) Genesee, Oakland, and Wayne Counties
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Note: Services with an * may require prior authorization or a referral.

Inpatient Hospital Coverage*

Acute Inpatient Hospital Care*

In-Network:

- You pay \$200 copay per day for days 1 through 5.
- You pay nothing per day for days 6 and beyond.

Outpatient Hospital Coverage*

Outpatient Services*

In-Network:

You pay \$25 copay to \$150 copay for Outpatient hospital services.

Copay may vary depending on the place of service.

Outpatient hospital services may include approved procedures like diagnostic procedures, casts, stitches, or outpatient surgery. For a complete list of services, please refer to the Evidence of Coverage.

Doctor Visits*

Primary Care Physician (PCP)

In-Network:

You pay \$0 copay for a Primary Care Physician visit.

Specialists*

In-Network:

You pay \$20 copay for Specialist visits.



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Note: Services with an * may require prior authorization or a referral.

Preventive Care*

Our plan covers many Medicare-covered preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- Diabetes self-management training

(continued on next page)

In-Network:

You pay \$0 copay.

Other preventive services are available. There are some covered services that have a cost.



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Preventive Care continued:

- Glaucoma tests
- Hepatitis B shots and screening
- Hepatitis C screening test
- HIV screening
- Lung cancer screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Pneumococcal shot
- Prostate cancer screenings
- Sexually transmitted infections screening and counseling
- Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- "Welcome to Medicare" preventive visit (one-time)
- Yearly "Wellness" visit

In-Network:

You pay \$0 copay.

Other preventive services are available. There are some covered services that have a cost.



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Emergency Care

Emergency Care Services	You pay \$90 copay per visit. If you are admitted to the hospital within 24 hours, then you do not have to pay \$90.
Worldwide Emergency Care	Covered

Urgently Needed Services

Urgent Care Services	You pay \$10 copay per visit.
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Diagnostic Services, Labs and Imaging* (Costs for these services may vary based on place of service)

Diagnostic Tests and Procedures	In-Network: You pay \$25 copay for Diagnostic tests and procedures. If a member receives multiple services on the same day, only the maximum copay applies.
Lab Services	In-Network: You pay \$0 copay for Lab services. If a member receives multiple services on the same day, only the maximum copay applies.
Diagnostic Radiological Services (such as MRIs, CT Scans)*	In-Network: You pay \$50 to \$150 copay for Diagnostic radiology services. If a member receives multiple services on the same day, only the maximum copay applies.
Therapeutic Radiological Services (such as radiation treatment for cancer)*	In-Network: You pay 20% of the cost for Therapeutic radiology services. If a member receives multiple services on the same day, only the maximum copay applies.



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Outpatient X-rays*

In-Network:

You pay \$0 copay for Medicare-covered outpatient x-rays.

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

Hearing Services

Hearing Exams (Medicare-covered)

In-Network:

You pay \$25 copay for Medicare-covered hearing exam.

Routine Hearing Exams

In-Network:

You pay \$0 copay for a routine hearing exam up to (1) per year.

Hearing Aid Evaluation/Fitting

In-Network:

You pay \$0 copay for a Hearing Aid fitting and evaluation up to (1) every (3) years.

Hearing Aids

In-Network:

Zing Health Plan covers a **\$750** maximum benefit amount allowance towards hearing aids every (3) years per ear.

You are responsible for all cost beyond the maximum allowed amount.

Dental Services

Preventive Dental Benefits

In-Network:

You pay:

- \$0 copay for Oral exams for up to (1) every 6 months
- \$0 copay for (1) Prophylaxis (Cleaning) every 6 months
- \$0 copay for a Fluoride treatment for up to (1) every year
- \$0 copay for Bitewing X-rays up to (1) set per year
- \$0 copay for Dental X-ray(s) for up to (1) every year
- \$0 copay for Panoramic X-rays for up to (1) every (5) years

Our plan covers a **\$2,500** maximum benefit amount every year for preventive and comprehensive dental benefits combined.



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Comprehensive Dental Benefits	<p>In-Network: You pay:</p> <ul style="list-style-type: none"> ▪ \$0 copay for Amalgam and/or composite filling every (3) years per tooth ▪ \$0 copay for Extractions ((1) extraction per tooth per year) ▪ \$0 copay Root canals ((1) per lifetime, per tooth) ▪ \$0 copay for Scaling/Root Planning (Deep cleaning) (every (24) months per quadrant) ▪ \$0 copay for Complete crown (every (5) years, per tooth) ▪ \$0 copay for Dentures or fixed prosthetics/partials once every (5) years <p>Our plan covers up to a \$2,500 maximum benefit amount every year for preventive and comprehensive dental benefits combined.</p> <p>You are responsible for all cost beyond the maximum allowed amount.</p>		
Vision Services			
Eye Exams (Medicare-covered)	<p>In-Network: You pay \$20 copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).</p>		
Routine Eye Exam	<p>In-Network: You pay \$0 copay for (1) routine eye exam, refraction up to (1) per year.</p>		
Eyewear (Medicare-covered)	<p>In-Network: You pay \$0 for (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery.</p>		
Routine Eyewear	<p>In-Network: \$350 Maximum benefit coverage amount towards Eyeglasses (frames and lenses) or Contact lenses (1) per year.</p> <p>You are responsible for all cost exceeding the maximum benefit amount for routine eyewear.</p>		



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Mental Health Services*

<p>Inpatient Mental Health Care*</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p>	<p>In-Network:</p> <p>You pay:</p> <ul style="list-style-type: none"> ▪ \$200 copay per day for days 1 through 5. ▪ \$0 copay per day for days 6 through 90.
<p>Outpatient Mental Health Care Individual and Group Therapy Visit</p>	<p>In-Network:</p> <p>You pay \$20 copay.</p>

Skilled Nursing Facility (SNF)*

<p>Our plan covers up to 100 days in the SNF.</p>	<p>In-Network:</p> <ul style="list-style-type: none"> ▪ You pay \$0 copay for days 1 through 20. ▪ You pay \$160 copay per day for days 21 through 100.
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Rehabilitation Services*

<p>Occupational Therapy Services*</p>	<p>In-Network:</p> <p>You pay \$20 copay for Occupational therapy per visit.</p>
<p>Physical Therapy and Speech and Language Therapy Services*</p>	<p>In-Network:</p> <p>You pay \$20 copay for Physical therapy and Speech and Language therapy per visit.</p>
<p>Cardiac and Pulmonary Rehabilitation services</p>	<p>In-Network:</p> <p>You pay \$0 copay for Cardiac and Pulmonary Rehabilitation services per visit.</p>



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Ambulance*

Ground Service (one-way trip)	In-Network: You pay \$175 copay for a covered one-way ambulance trip.
Air Service (one-way trip)	In-Network: You pay 20% of the cost for covered air ambulance service.

Transportation

Non-Emergency Transportation Services The member must contact the plan for more details and participating transportation vendors.	In-Network: You pay \$0 copay for up to 24 one-way trips per year to plan approved health-related locations.
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Medicare Part B Drugs*

Medicare Part B Drugs* Medicare-covered Part B Drugs may be subject to step therapy requirements.	In-Network: <ul style="list-style-type: none"> ▪ You pay 20% of the cost for chemotherapy drugs. ▪ You pay 20% of the cost for other Part B drugs.
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Ambulatory Surgery Center*

Ambulatory Surgery Center (ASC)*	In-Network: You pay \$75 copay for Surgery at an ambulatory surgical center.
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Outpatient Prescription Drugs

Part D Deductible

No Deductible. Because your plan does not have a deductible, this stage does not apply to you. You start the Initial Coverage Stage when you fill your first prescription.

Initial Coverage

You are in the initial coverage stage until you reach \$4,130 in drug costs (year to date).

	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Mail Order 90-day supply
H4624-010			
Zing Essential Wellness IL (HMO C-SNP)			
Boone, Cook, Kane, McHenry, Ogle, Will and Winnebago Counties			
Tier 1 (Preferred Generic)	\$2 copay	\$7 copay	\$14 copay
Tier 2 (Generic)	\$10 copay	\$15 copay	\$30 copay
Tier 3 (Preferred Brand)	\$28 copay for select insulins \$35 copay for all other Tier 3 drugs	\$35 copay for select insulins \$45 copay for all other Tier 3 drugs	\$70 copay for select insulins \$90 copay for all other Tier 3 drugs
Tier 4 (Non-Preferred Drug)	\$95 copay	\$100 copay	\$200 copay
Tier 5 (Specialty Tier)	33% of the cost	33% of the cost	N/A
Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay



	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Mail Order 90-day supply
H4624-011 Zing Essential Wellness IN (HMO C-SNP) Allen, Lake, and Marion Counties			
Tier 1 (Preferred Generic)	\$2 copay	\$7 copay	\$14 copay
Tier 2 (Generic)	\$10 copay	\$15 copay	\$30 copay
Tier 3 (Preferred Brand)	\$28 copay for select insulins \$35 copay for all other Tier 3 drugs	\$35 copay for select insulins \$45 copay for all other Tier 3 drugs	\$70 copay for select insulins \$90 copay for all other Tier 3 drugs
Tier 4 (Non-Preferred Drug)	\$95 copay	\$100 copay	\$200 copay
Tier 5 (Specialty Tier)	33% of the cost	33% of the cost	N/A
Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay
H4624-012 Zing Essential Wellness MI (HMO C-SNP) Genesee, Oakland, and Wayne Counties			
Tier 1 (Preferred Generic)	\$2 copay	\$7 copay	\$14 copay
Tier 2 (Generic)	\$10 copay	\$15 copay	\$30 copay
Tier 3 (Preferred Brand)	\$28 copay for select insulins \$35 copay for all other Tier 3 drugs	\$35 copay for select insulins \$45 copay for all other Tier 3 drugs	\$70 copay for select insulins \$90 copay for all other Tier 3 drugs
Tier 4 (Non-Preferred Drug)	\$95 copay	\$100 copay	\$200 copay
Tier 5 (Specialty Tier)	33% of the cost	33% of the cost	N/A
Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay



Initial Coverage Stage: Long Term Care and Out-of-Network Pharmacies (one-month supply)			
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Long-term Care Tiers 1-6	If you reside in a long-term care facility, you pay the same as a retail pharmacy.		
Out-of-Network Tiers 1-6	You may get drugs from an out-of-network pharmacy at a higher cost than a preferred network pharmacy.		
Coverage Gap			
You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$6,550.			
	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Mail Order 90-day supply
H4624-010 Zing Essential Wellness IL (HMO C-SNP) Boone, Cook, Kane, McHenry, Ogle, Will and Winnebago Counties			
Tier 1 (Preferred Generic)	\$2 copay	\$7 copay	\$14 copay
Tier 2 (Generic)	\$10 copay	\$15 copay	\$30 copay
Tier 3 (Preferred Brand)	\$28 copay for select insulins 25% of the cost (plus a portion of the dispensing fee) for all other Tier 3 drugs	\$35 copay for select insulins 25% of the cost (plus a portion of the dispensing fee) for all other Tier 3 drugs	\$70 copay for select insulins 25% of the cost (plus a portion of the dispensing fee) for all other Tier 3 drugs
Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay



	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Mail Order 90-day supply
H4624-011 Zing Essential Wellness IN (HMO C-SNP) Allen, Lake, and Marion Counties			
Tier 1 (Preferred Generic)	\$2 copay	\$7 copay	\$14 copay
Tier 2 (Generic)	\$10 copay	\$15 copay	\$30 copay
Tier 3 (Preferred Brand)	\$28 copay for select insulins 25% of the cost (plus a portion of the dispensing fee) for all other Tier 3 drugs	\$35 copay for select insulins 25% of the cost (plus a portion of the dispensing fee) for all other Tier 3 drugs	\$70 copay for select insulins 25% of the cost (plus a portion of the dispensing fee) for all other Tier 3 drugs
Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay
H4624-012 Zing Essential Wellness MI (HMO C-SNP) Genesee, Oakland, and Wayne Counties			
Tier 1 (Preferred Generic)	\$2 copay	\$7 copay	\$14 copay
Tier 2 (Generic)	\$10 copay	\$15 copay	\$30 copay
Tier 3 (Preferred Brand)	\$28 copay for select insulins 25% of the cost (plus a portion of the dispensing fee) for all other Tier 3 drugs	\$35 copay for select insulins 25% of the cost (plus a portion of the dispensing fee) for all other Tier 3 drugs	\$70 copay for select insulins 25% of the cost (plus a portion of the dispensing fee) for all other Tier 3 drugs
Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay
<p>During this stage, you pay the above cost-sharing amounts for Tier 1 - Preferred Generic, Tier 2 - Generic and Tier 6 - Select Care Drugs.</p> <p>During this stage, you pay 25% of the cost for generic drugs and brand name drugs (plus a portion of the dispensing fee) for drugs in Tier 3 - Preferred Brand, Tier 4 - Non-Preferred Brand Drug and Tier 5 - Specialty Tier.</p>			



Catastrophic Coverage

H4624-010 Zing Essential Wellness IL (HMO C-SNP) Boone, Cook, Kane, McHenry, Ogle, Will and Winnebago Counties	H4624-011 Zing Essential Wellness IN (HMO C-SNP) Allen, Lake, and Marion Counties	H4624-012 Zing Essential Wellness MI (HMO C-SNP) Genesee, Oakland, and Wayne Counties
<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> ▪ 5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic) and ▪ 5% of the cost, or \$9.20 copay for all other drugs <p>Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.</p>		

Important Part D plan information:

- Your cost share may differ depending on when you enter another phase of the Part D 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 Part D drug coverage stages, please call our Customer Service or access our “Evidence of Coverage” online or request one by mail.

Additional Benefits, Care and Services

Benefit Coverage	H4624-010 Zing Essential Wellness IL (HMO C-SNP) Boone, Cook, Kane, McHenry, Ogle, Will and Winnebago Counties	H4624-011 Zing Essential Wellness IN (HMO C-SNP) Allen, Lake, and Marion Counties	H4624-012 Zing Essential Wellness MI (HMO C-SNP) Genesee, Oakland, and Wayne Counties
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Additional Benefits Premium

You pay \$0 for additional benefits.

Acupuncture

Acupuncture (Medicare-covered)

In-Network:

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



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Foot Care (Podiatry Services)

Podiatry Services (Medicare-covered)	In-Network: You pay a \$30 copay for Medicare-covered Podiatry services.
Routine Podiatry Services	In-Network: You pay \$20 copay for (6) visits for Routine Podiatry covered services per year.

Medical Equipment and Supplies*

Durable Medical Equipment (wheelchairs, oxygen, etc.)*	In-Network: You pay 20% of the cost for DME.
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies*	In-Network: You pay 20% of the cost for Prosthetic devices.
Diabetes Supplies and Services	In-Network: You pay: <ul style="list-style-type: none"> ▪ \$0 copay for Preferred Diabetic test strips. ▪ 20% of the cost for Non-preferred Diabetic test strips and diabetic monitoring supplies. ▪ \$0 copay for Diabetes Self Management Training. ▪ 20% of the cost for Therapeutic shoes or inserts.

Chiropractic Care

Chiropractic Services (Medicare-covered)	In-Network: You pay \$20 copay for manual manipulation of the spine to correct subluxation (when one or more of the bones of your spine move out of position).
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Home Health Care*

Home Health Care*

In-Network:

You pay \$0 copay for Medicare-covered home health care services.

Hospice

Hospice Care

You must get your care from a Medicare-certified hospice provider. You must consult with the plan before you select hospice.

You pay part of the cost for outpatient drugs.

Original Medicare will be billed for your hospice care, even if you're in a Medicare Advantage plan.

Outpatient Substance Abuse*

Individual and Group Therapy Visit*

In-Network:

You pay \$30 copay for Individual therapy sessions per visit.

You pay \$30 copay for Group therapy sessions per visit.

Renal Dialysis*

Renal Dialysis*

In-Network:

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

You pay \$0 copay for Kidney disease education services.



Wellness Programs

Benefit Coverage	H4624-010 Zing Essential Wellness IL (HMO C-SNP) Boone, Cook, Kane, McHenry, Ogle, Will and Winnebago Counties	H4624-011 Zing Essential Wellness IN (HMO C-SNP) Allen, Lake, and Marion Counties	H4624-012 Zing Essential Wellness MI (HMO C-SNP) Genesee, Oakland, and Wayne Counties
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Over-the-Counter (OTC) Items

Over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog.	<p>In-Network:</p> <p>You get up to \$105 every three (3) months for OTC Items.</p> <p>Please visit our website at www.myzinghealth.com to see our list of covered over-the-counter items.</p>
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Health Club Memberships

Silver & Fit® Fitness	<p>In-Network:</p> <p>Silver & Fit® Fitness membership is available at no cost while you are a member of our plan.</p> <p>You can find a list of participating clubs on our website at www.myzinghealth.com or call Customer Service.</p>
Weight Watchers® Membership	<p>In-Network:</p> <p>Our plan provides complimentary vouchers for membership in the Weight Watchers® program.</p> <p>Meals are not covered.</p>

TeleHealth

MD Live TeleHealth Services	<p>In-Network:</p> <p>You pay \$0 copay for access to doctors and other practitioners via phone and/or video technology for diagnosis and treatment of certain non-emergency medical services.</p> <p>Doctors can diagnose and prescribe medications if medically necessary.</p> <p>Please call us for more details.</p>
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Benefit Coverage	H4624-010 Zing Essential Wellness IL (HMO C-SNP) Boone, Cook, Kane, McHenry, Ogle, Will and Winnebago Counties	H4624-011 Zing Essential Wellness IN (HMO C-SNP) Allen, Lake, and Marion Counties	H4624-012 Zing Essential Wellness MI (HMO C-SNP) Genesee, Oakland, and Wayne Counties
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Note: Services with an * may require prior authorization or a referral.

Nursing Hotline

24/7 Nurse Advice Line

In-Network:

A Zing Health Plan Registered Nurse is available at no cost to you 24 hours a day, 7 days a week by phone at: 1-855-4-ZHNURSE (1-855-494-6877).

Nurses can evaluate health conditions based on signs & symptoms and may refer you to an urgent care and/or emergency room.

Safety Devices

In-Home Safety Devices

In-Network:

You pay \$0 copay for In-Home safety devices.

Plan approved items include: grab bar, handheld shower wand, toilet safety rail, bathtub assist bar, bath transfer bench (assembly, install and repair not included).

Meal Benefit

Re-admission Prevention Meals

In-Network:

Readmission prevention meals benefit is covered. You get a maximum of 10 meals, for a total of 10 days after a hospitalization (limitations and exclusions apply).

For a complete listing of your plan benefits and coverage, please refer to your Evidence of Coverage document or contact the plan for more detail.