



**Zing HEALTH™**  
Medicare Advantage Plan

# Summary of Benefits

JANUARY 1, 2022 - DECEMBER 31, 2022

## MICHIGAN (HMO DSNP)

H4624-019 Zing Complete Plus MI (HMO DSNP)

**Service Area:** Genesee, Oakland and Wayne Counties

## Important Plan Information

Zing Health is a HMO Dual Eligible Special Needs Plan (DSNP) 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 **Zing Complete Plus MI (HMO DSNP)**. The benefit information provided is a summary of what we cover and what you can expect to pay. It does not list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, call us to request the "Evidence of Coverage" booklet or you can access and download the booklet from our website ([www.myzinghealth.com](http://www.myzinghealth.com)).

For more information, please call us at **1-866-946-4458 (TTY users should call 711)**, between 8 a.m. and 8 p.m. Monday through Friday (from April 1 through September 30) and 8 a.m. to 8 p.m. 7 days a week (from October 1 through March 31) or **visit us at [www.myzinghealth.com](http://www.myzinghealth.com)**.

## Who can join?

To join **Zing Complete Plus MI (HMO DSNP)**, you must:

- Be entitled to Medicare Part A,
- Be enrolled in Medicare Part B,
- Be eligible for enrollment in the State's Medicaid program, and
- Live in our service area.

The service area includes the following counties: Genesee, Oakland and Wayne.

## Definitions

**Health Maintenance Organizations (HMOs)** are health-care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care doctor to coordinate care.

**Dual Eligible Special Needs Plan (DSNPs)** are specialized Medicare Advantage plans that provide healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Beneficiaries must meet certain income and resource requirements with eligibility and scope of benefits offered determined by the state where the plan is offered.

## This is a Dual Eligible Special Needs Plan (D-SNP)

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid coverage varies depending on the state and the type of Medicaid you have. What you pay for covered services may depend on your level of Medicaid eligibility.

Some people with Medicaid get help paying for their Medicare premiums and other costs. Other people may also get coverage for additional services and drugs that are covered under Medicaid but not by Medicare.

## Medicaid Eligibility Requirements

**Zing Complete Plus MI (HMO DSNP)** is available to anyone with both Medicare Parts A and B and who receive some level of Medical Assistance from the Michigan Department of Community Health (MDCH) (the state Medicaid program) as described below:

- Plan members with full Medicaid coverage (**Full Benefit Dual Eligible (FBDE)**) status are eligible for the Michigan 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 Michigan 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 Michigan 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 Michigan 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 Michigan Department of Community Health (MDCH) 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 Michigan Department of Community Health (MDCH) Member ID card at the time services are rendered.**

## What is “Extra Help?”

A Low Income Subsidy (LIS), also referred to as “Extra Help,” may be available to help you with Part D out-of-pocket expenses such as premiums, deductibles, co-insurance or co-pays. Many people qualify for the “Extra Help” Program and don’t even know it. Keep in mind that assistance may also depend on your dual eligible status.

For each benefit listed, you can see what our plan covers in addition to what your state covers. No matter what your level of Medicaid eligibility is, our plan will cover the benefits as described in the plan’s column. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call: **1-866-946-4458** (TTY users should call 711).

## How will I determine my drug costs?

You will generally have to use one of our network pharmacies to fill your prescriptions covered by Part D. You will need to use our plan’s formulary (list of covered drugs) to locate what tier your drug is on to determine how much it will cost you. Each medication will be grouped into one of the five tiers. The amount you pay depends on the drug’s tier, what stage of the benefit you have reached and your level of “Extra Help.”

## What providers can I use?

**Zing Complete Plus MI (HMO DSNP)**, has a network of doctors, hospitals, pharmacies, and other providers. Our plan does not require a referral to see a specialist. In some instances, a prior authorization may be required for some services you receive. Except in emergency situations, if you use providers that are not in our network, the plan may not pay for these services.

Members of this plan will have access to nurses who are called Care Managers. Care Managers work with members and their healthcare providers to close gaps in care and support individualized care plans developed to address members' specific needs geared toward improving health related outcomes.

## What are our hours of operation?

Hours of operation are between 8 a.m. and 8 p.m. Monday through Friday (from April 1 through September 30) and 8 a.m. to 8 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](http://www.myzinghealth.com).**
- If you are not a member of this plan, call toll-free **1-866-946-4458**.

## Medicare coverage that goes beyond Original Medicare

- Like all Medicare Advantage health plans, our plans cover everything that Original Medicare covers – Part A (hospital services) and Part B (medical services). Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are covered in this Summary of Benefits.
- Our plans cover Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).

## 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](http://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.

This document is available in other formats such as braille, large print or audio. For additional information, call us at **1-866-946-4458**, (TTY users should call 711).

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

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### MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS

<p><b>Monthly Part C Premium</b></p>	<p><b>\$0</b> Monthly premium</p> <p>You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full. <b>See the Prescription Drug Benefits section of this document for Part D Premium information.</b></p>
<p><b>Plan Deductible</b></p>	<p><b>\$0</b> Deductible</p> <p>See the Prescription Drug Benefits section of this document for Part D Prescription Drug Deductible information.</p>
<p><b>Yearly Maximum Out-of-pocket responsibility (Does not include prescription drugs).</b></p>	<p><b>\$7,550</b> is the most you'll pay for covered services you receive from in-network providers.</p> <p>Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. These limits are the most you pay for co-pays, coinsurance and other costs for hospital and medical services. Depending on your level of Indiana Family and Social Services Administration (FSSA) eligibility, you may pay nothing for Medicare-covered services.</p> <p>Refer to the "Medicare &amp; You" handbook for Medicare-covered services. For Indiana Family and Social Services Administration (FSSA)-covered services, refer to the Medicaid Coverage section in this document. Please note that you may still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs, depending on your level of "Extra Help."</p>

## Covered Medical and Hospital Benefits

### Benefit Coverage

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

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### HOSPITAL COVERAGE

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

\$0 copay

Our plan covers unlimited days for an inpatient hospital stay. Once discharged from an inpatient hospital stay, talk to one of our care managers. Our care managers can help make sure you stay healthy and out of the hospital.

Refer to the Evidence of Coverage for more plan specific information.

Prior authorization may be required.

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

\$0 copay for Outpatient Surgery at an Outpatient Hospital Facility.

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

#### Ambulatory Surgical Center <sup>1</sup>

\$0 copay for Outpatient Surgery at an Ambulatory Surgical Center

#### Primary Care Physician (PCP)

\$0 copay per visit

#### Specialists

\$0 copay per visit

## Benefit Coverage

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

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## PREVENTIVE CARE

### Preventive Services

- 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 screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- Glaucoma tests
- Hepatitis B shots and screening
- Hepatitis C screening test
- HIV screening
- Lung cancer screening
- Medical nutrition therapy Services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots
- "Welcome to Medicare" preventive visit (one time)
- Annual Wellness visit

### In-Network:

\$0 for Original Medicare preventive services

\$0 for screening exams and/or diagnostic tests received in preparation for your Annual Physical Exam or ordered as a result of this visit

Any additional preventive services approved by Medicare during the contract year will be covered.

**Benefit Coverage**

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

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**EMERGENCY CARE**

Emergency Care Services \$0 copay

Worldwide Emergency Care \$0 copay

**URGENTLY NEEDED SERVICES**

Urgent Care Services \$0 copay

**OUTPATIENT DIAGNOSTIC PROCEDURES, TESTS AND LAB SERVICE**

Diagnostic Tests and Procedures \$0 copay

Lab Services \$0 copay

Diagnostic Radiological Services <sup>1</sup> (e.g., MRIs and CTR Scans) \$0 copay

Therapeutic Radiological Services <sup>1</sup> (e.g., radiation treatment for cancer) \$0 copay



## Benefit Coverage

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## HEARING SERVICES

### Hearing Exam (Medicare Covered)

\$0 copay for a Medicare covered diagnostic hearing exam.

### Routine Hearing Exam

\$0 copay for one (1) routine hearing exam per year.

Not covered out-of-network.

### Hearing Aid Evaluation/ Fitting

\$0 for one (1) hearing aid evaluation/fitting every three (3) years

Not covered out-of-network.

### Hearing Aids

**\$750** benefit allowance towards hearing aids per ear every three (3) years.

You are responsible for all costs beyond the maximum allowed amount. Three follow-up visits, 3-year repair warranty and 3 years of batteries included. One-time replacement coverage for lost, stolen or damaged hearing aids. For more information, call Nations Hearing or Customer Service.

Not covered out-of-network.

## Benefit Coverage

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

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## DENTAL SERVICES

### Preventive Dental Benefits

#### **In-Network:**

\$0 for oral exams up to one (1) every six (6) months

\$0 for prophylaxis (cleaning) up to one (1) every six (6) months

\$0 for a fluoride treatment for up to one (1) every year

\$0 for bitewing x-rays up to one (1) set per year

\$0 for panoramic x-rays for up to one (1) every five (5) years

**\$3,000** benefit allowance every year for preventive and comprehensive dental benefits combined.

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

Not covered out-of-network.

### Comprehensive Dental Benefits

#### **In-Network:**

\$0 copay for amalgam and/or composite filling every three (3) years per tooth

\$0 copay for extractions one (1) extraction per tooth, per year

\$0 copay for root canals one (1) per lifetime, per tooth

\$0 copay for scaling/root planning (deep cleaning) every (24) months per quadrant

\$0 copay for complete crown every five (5) years, per tooth

\$0 copay for dentures or fixed prosthetics/partials once every five (5) years

**\$3,000** benefit allowance every year for preventive and comprehensive dental benefits combined.

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

Not covered out-of-network.

## Benefit Coverage

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

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## VISION SERVICES

### Eye Exams

(Medicare-covered)

\$0 for a Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).

### Routine Eye Exam

\$0 for (1) routine eye exam/refraction up to (1) per year  
Not covered out-of-network.

### Eyewear (Medicare Covered)

\$0 for one (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery.

Not covered out-of-network.

### Routine Eyewear

**\$250** benefit allowance towards eyewear (contact lenses, eyeglasses (frames and lenses), eyeglass lenses, eyeglass frames) one (1) per year.

You are responsible for all cost exceeding the maximum benefit amount for routine eyewear.

Not covered out-of-network.

## MENTAL HEALTH SERVICES

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

\$0 copay

Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.

### Outpatient Mental Health Services

\$0 copay for Medicare-covered individual therapy visits

\$0 copay for Medicare-covered group therapy visits

### Outpatient Substance Abuse Services <sup>1</sup>

\$0 copay for Medicare-covered individual therapy visits

\$0 copay for Medicare-covered group therapy visits

### Opioid Treatment Services <sup>1</sup>

\$0 copay

## SKILLED NURSING

### Skilled Nursing Facility (SNF)<sup>1</sup>

\$0 copay

Our plan has a benefit period based on per admission or per stay.

## Benefit Coverage

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

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## THERAPY AND REHABILITATION SERVICES

### Occupational Therapy Services <sup>1</sup>

\$0 copay

### Physical Therapy and Speech-Language Therapy <sup>1</sup>

\$0 copay

### Cardiac and Pulmonary Rehabilitation Services <sup>1</sup>

\$0 copay

Services include Medicare-covered: cardiac rehabilitation, intensive cardiac rehabilitation, pulmonary rehabilitation services, supervised exercise therapy (SET) for symptomatic peripheral artery disease (PAD) services.

## AMBULANCE AND TRANSPORTATION SERVICES

### Ground Service

\$0 copay

Prior authorization may be required for nonemergency Medicare services.

### Air Service (one-way trip)

\$0 copay

Prior authorization may be required for nonemergency Medicare services.

### Non-Emergency Transportation Services

\$0 for **50** one-way trips per year to plan approved health-related locations.

Call Customer Service in advance to reserve a ride for your appointment.

## ADDITIONAL DRUG COVERAGE

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

\$0 copay

Includes Medicare Part B Chemotherapy and Radiation Drugs and other Medicare Part B Drugs

## Part D Prescription Drugs

### Benefit Coverage

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### OUTPATIENT PRESCRIPTION DRUGS

#### Part D Premium

**\$0 or \$31.50**

#### What you should know

Depending on your level of subsidy through the Low-Income Subsidy or "Extra Help" program, you may pay no Part D premium.

#### Part D Deductible

**\$480** (Tier 1 excluded)

#### What you should know

Depending on your level of subsidy through the Low-Income Subsidy or "Extra Help" program, you may pay no Part D deductible.

#### Initial Coverage Stage

You are in the Initial Coverage Stage until you reach **\$4,430** in drug costs (year to date). You pay the following until your total yearly drug cost reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our plan.

If you reside in a long-term care (LTC) facility, you pay the same as a retail pharmacy. When you move from one phase of the Part D benefit to another, your cost-sharing may change as well. For more information on the additional pharmacy specific cost-sharing and the phase of the benefit, please call us or access our Evidence of Coverage online.

**This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil (Viagra) is available on Tier 2.**

## Benefit Coverage

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### OUTPATIENT PRESCRIPTION DRUGS *(continued)*

Standard Retail Cost-Sharing      30-day Supply

**Tier 1: Preferred Generic**

\$0

**Tier 2: Generic**

**Generics:** \$0 / \$1.35 / \$3.95  
**Brands:** \$0 / \$4.00 / \$9.85

**Tier 3: Preferred Brand**

**Generics:** \$0 / \$1.35 / \$3.95  
**Brands:** \$0 / \$4.00 / \$9.85

**Tier 4: Non-Preferred Brand**

**Generics:** \$0 / \$1.35 / \$3.95  
**Brands:** \$0 / \$4.00 / \$9.85

**Tier 5: Specialty Tier**

**Generics:** \$0 / \$1.35 / \$3.95  
**Brands:** \$0 / \$4.00 / \$9.85

Specialty drugs are limited to a 30 day-supply

**Coverage Gap**

Most Medicare drug plans have a Coverage Gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after you and your drug plan together have spent **\$4,430** for covered drugs. Members who get [Extra Help](#) paying Part D costs won’t enter the coverage gap.

**Catastrophic Coverage Stage**

The Catastrophic Coverage Stage begins after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,050**, you pay nothing.

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the drug stages.

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 our Customer Service department or access our “Evidence of Coverage” online or request one by mail.

Cost-sharing may change if your level of subsidy changes. For more specific information on the stages of the benefit, please call us or access our 2022 Evidence of Coverage online at [www.myzinghealth.com](http://www.myzinghealth.com).

## Additional Benefits, Care and Services

### Benefit Coverage

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

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### FOOT CARE (PODIATRY SERVICES)

**Podiatry Services  
(Medicare-covered)**

\$0 copay

**Routine Podiatry Services**

\$0 for six (6) routine visits per year

### MEDICAL EQUIPMENT AND SUPPLIES

**Durable Medical Equipment  
(wheelchairs, oxygen, etc.) <sup>1</sup>**

\$0 copay

Prior authorization required on any durable medical equipment (DME) costs greater than \$500.

Zing Health has preferred vendors or manufacturers for DME.

**Prosthetic Devices (braces,  
artificial limbs, etc.) and  
Related Medical Supplies <sup>1</sup>**

\$0 copay

Prior authorization required for prosthetic device costs greater than \$500.

**Diabetes Supplies and  
Services**

\$0 for diabetic supplies

\$0 Diabetes self-management training

\$0 for diabetic therapeutic shoes or inserts

Zing Health limits diabetic supplies and services to specified manufacturers.

## Benefit Coverage

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

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## CHIROPRACTIC CARE

### Chiropractic Services (Medicare Covered)

\$0 copay for manual manipulation of the spine to correct subluxation (when one or more of the bones of your spine move out of position).

## HOME HEALTH CARE

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

\$0 copay

## 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.

## RENAL DIALYSIS

### Renal Dialysis <sup>1</sup>

\$0 of the cost for Medicare-covered dialysis treatments.  
0 copay for kidney disease education services.

## ACUPUNCTURE

### Acupuncture (Medicare covered)

\$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.

## TELEHEALTH

### Telehealth

\$0 copay per telehealth visit  
You can access board certified doctors and behavioral health specialist via phone and/or video technology for diagnosis and treatment of certain non-emergency medical conditions. Doctors can diagnose and prescribe medications if medically necessary. Please call us for more details.



## Wellness Programs

### Additional Covered Benefits

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## OVER-THE-COUNTER (OTC) ITEMS

### Over-the-Counter (OTC)

**\$300** every (3) months for OTC items.

The OTC benefit includes nicotine replacement therapy (NRT).

The OTC debit card allows members to purchase health related items from retail pharmacies as well as mail order purchases.

If you do not use all your quarterly OTC benefit amount when you order, the remaining balance will not accumulate to the next OTC benefit period.

You can order:

- Online - visit [NationsOTC.com/ZingHealth](https://NationsOTC.com/ZingHealth)
- By Phone - call a NationsOTC Member Experience Advisor at 1-877-273-3381 (TTY: 711), 24 hours a day, seven days a week, 365 days a year.
- By Mail - Fill out and return the order form in the NationsOTC/Zing Health product catalog.
- Retail - through an approved, in network retailer

Please visit our website at [www.myzinghealth.com](https://www.myzinghealth.com) to see our list of covered over-the-counter items.

Not covered out-of-network.

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**MEAL BENEFIT**

**Re-admission Prevention Meals**

You pay nothing for meals immediately following an Inpatient Acute Hospital stay to aid in recovery with a maximum of 10 meals (limitations and exclusions apply).

Not covered out-of-network.

**Healthy Foods Card (Grocery Debit Card)**

Members must have one or more of the following chronic condition categories:

1. Chronic alcohol and other drug dependence
2. Autoimmune disorders
3. Cancer, excluding pre-cancer conditions or in-situ status
4. Cardiovascular disorders
5. Chronic heart failure
6. Dementia
7. Diabetes mellitus
8. End-stage liver disease
9. End-stage renal disease (ESRD) requiring dialysis
10. Severe hematologic disorders
11. HIV/AIDS
12. Chronic lung disorders
13. Chronic and disabling mental health conditions
14. Neurologic disorders
15. Stroke

Members receive a **\$35** monthly allowance to buy healthy foods and produce.

Members with a qualifying chronic condition can purchase plan-approved food products through a mail order solution or at participating retail locations using their physical card.

For a complete list of qualifying chronic conditions, please call Customer Service or reference your Evidence of Coverage booklet.

Not covered out-of-network.

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**IN-HOME SUPPORT SERVICES**

**In-Home Senior Assistance**

Members are eligible for **60 hours** per year of PAPA services at no cost to the member.

PAPA combats loneliness and social isolation by connecting PAPA Pals with our members for companionship and help with Instrumental Activities of Daily Living (IADL). PAPA Pals assist members with services including but not limited to grocery shopping, medication pick up, doctor's appointments, technical guidance, reminders, light house help, light exercise and activity. PAPA Pals can support our members either in their homes or virtually.

Not covered out-of-network.

**Personal Emergency Response System (PERS)**

Zing members can sign up for the PERS benefit to receive emergency alert services from ADT Security Services (ADT).

Members will have access to a customizable PERS offering, including three (3) emergency alert solutions:

- Medical Alert Basic (PERS Basic): an in-home unit with range of up to 300-feet
- Medical Alert Plus (PERS Plus): an in-home unit with 600-foot pendant range
- On-The-Go (PERS On-The-Go): Mobile base unit with optional Fall Detection.

Call Customer Service for more information.

Not covered out-of-network

**Additional Covered Benefits**

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**HEALTH CLUB MEMBERSHIPS**

**Silver & Fit Fitness®**

Silver & Fit Fitness® membership is available at no cost while you are a member of our plan.

You can find a list of participating clubs on our website at **[www.myzinghealth.com](http://www.myzinghealth.com)** or call Customer Service.

Not covered out-of-network.

**Weight Management Program**

Zing Health's weight loss and long-term weight maintenance program is achieved through changes in diet, eating-related behaviors and physical activity. At no cost to you, a team of dietitians and exercise staff will tailor a program to meet members' weight loss goals.

Your plan also provides complimentary vouchers for membership in the Weight Watchers program.

Weight Watchers meals are not covered.

Not covered out-of-network.

**NURSING HOTLINE**

**24/7 Nurse Advice Line**

Members may call the Nurse Advice Line with questions about health-related issues, symptoms you may be experiencing, and to get advice about seeing a doctor or going to the hospital.

A 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)

## Additional Covered Benefits

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### SAFETY DEVICES

#### In-Home Safety Devices

\$0 for plan-approved in-home safety devices of the following items: grab bar, handheld shower wand, toilet safety rail, bath tub assist bar, raised toilet seat, bedside commode, bath bench, bath transfer bench.

Plan does not cover any assembly or installation costs. Plan is not held liable for improper assembly, installation, repairs, or other modifications. Members are responsible for any, and all costs associated with assembly, installation and repairs.

Not covered out-of-network.

### PERSONAL EMERGENCY RESPONSE SYSTEM

#### Personal Emergency Response System (PERS)

\$0 copay

Members may sign up for the PERS benefit to receive emergency alert services from ADT Security Services (ADT). Members will have access to a customizable PERS offering, including three (3) emergency alert solutions:

- Medical Alert Basic (PERS Basic): an in-home unit with range of up to 300-feet
- Medical Alert Plus (PERS Plus): an in-home unit with 600-foot pendant range
- On-The-Go (PERS On-The-Go): Mobile base unit with optional Fall Detection

All solutions feature:

- Two-way voice communication to ADT monitoring center
- Water resistant pendants or wristbands
- 24/7/365 monitoring service
- The optional Fall Detection system pairs with the Medical Alert Plus and On-The-Go solutions and enables members to send an alert to ADT's customer monitoring center automatically when a fall is detected, even if the button is not pressed as well as when the help button is pressed.

Not covered out-of-network.

## Medicaid Benefits

In addition to the Medicare Advantage services described in the sections above, Zing Complete Plus MI (HMO DSNP) 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 Michigan Department of Community Health (MDCH) program. **Be sure to show your Medicaid ID card to your provider when receiving services.**

<p><b>Additional Covered Benefits</b></p>	<p><b>H4624-019</b> <b>Zing Complete Plus MI (HMO DSNP)</b> <i>Genesee, Oakland and Wayne Counties</i></p>
<p><b>MICHIGAN MEDICAID COVERED SERVICES**</b></p>	
<p><b>Inpatient Hospital Coverage</b></p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  \$0 for Medicaid-covered services.</p>
<p><b>Outpatient Surgery</b> <b>(includes ambulatory surgical center and outpatient hospital)</b></p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  \$0 for Medicaid-covered services.</p>
<p><b>Doctor Visits</b> <b>(includes PCPs and specialists)</b></p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.  \$0 for Medicaid-covered services.</p>
<p><b>Preventive Care</b></p>	<p>Preventive services required by the Patient Protection and Affordable Care Act, including: bone mass measurement for people at risk; colorectal screening exams for individuals aged 50 and older; annual screening mammograms for women aged 40 and older; pap smears and pelvic exams; immunizations (such as flu vaccine, Hepatitis B vaccine for people at risk, pneumonia vaccine).</p> <p>Certain immunizations may require prior authorization.</p> <p>Health and Wellness Education is also provided:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including Newsletters</li> <li>• Nutritional Training</li> <li>• Additional Smoking Cessation</li> <li>• Other Wellness Benefits</li> </ul>

**Additional Covered Benefits**

**H4624-019**  
**Zing Complete Plus MI (HMO DSNP)**  
*Genesee, Oakland and Wayne Counties*

**MICHIGAN MEDICAID COVERED SERVICES\*\* (continued)**

<p><b>Emergency Care</b></p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p>
<p><b>Urgently Needed Services</b></p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p>
<p><b>Diagnostic Services/Labs/Imaging</b></p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p> <p>Includes: diagnostic radiology services (e.g., MRI, CT scan), lab services, diagnostic tests and procedures, outpatient x-rays, therapeutic radiology services (e.g., radiation treatment for cancer)</p>
<p><b>Hearing Services</b> (includes information on coverage of hearing exams and aids)</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p> <ul style="list-style-type: none"> <li>• Hearing aid delivery, repair and modifications</li> <li>• Supplies and accessories (e.g., up to 36 disposable hearing aid batteries per hearing aid every six months)</li> <li>• Ear molds and replacement ear molds</li> </ul> <p>Prior Authorization may be required.</p>
<p><b>Dental Services</b> (including medical/surgical services of dentist)</p>	<p>Emergency diagnostic, preventive and therapeutic services for dental disease which if left untreated would become acute dental problem. For beneficiaries under 21, the EPSDT preventive benefit is covered. Over 21 no basic coverage except for pregnant women as of July 1, 2018.</p> <p>Dentures are not covered.</p>

**Additional Covered Benefits**

**H4624-019**  
**Zing Complete Plus MI (HMO DSNP)**  
*Genesee, Oakland and Wayne Counties*

**MICHIGAN MEDICAID COVERED SERVICES\*\* (continued)**

**Vision Services**

(includes information on coverage of vision exams and eyewear)

\$0 for Medicaid-covered services.

- One (1) eye exam every two (2) years.

Under 21 years old each year you get:

- One eye exam
- One pair of glasses
- 2 replacements per year (glasses)
- 2 contact lens replacement in a year for each eye

Over 21 years old every two years you get:

- One eye exam
- One pair of glasses
- Replacement of frames/lenses due to loss or breakage (if they cannot be repaired) is covered once every year for members aged 21 and over.

Prior authorization may be required.

**Mental Health Services**

(includes Inpatient visits, Outpatient group or individual therapy visits)

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

\$0 for Medicaid-covered services.

**Skilled Nursing Facility (SNF)**

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

There is a 45-day limit for this care. Prior Authorization required.

\$0 for Medicaid-covered services.

**Rehabilitation Services**

(includes cardiac rehabilitation services occupational therapy visit, physical therapy and speech language therapy)

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

May require Prior Authorization.

\$0 for Medicaid-covered services.



**Additional Covered Benefits**

**H4624-019**  
**Zing Complete Plus MI (HMO DSNP)**  
*Genesee, Oakland and Wayne Counties*

**MICHIGAN MEDICAID COVERED SERVICES\*\* (continued)**

<p><b>Ambulance</b></p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p>
<p><b>Non-Emergency Transportation</b></p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p> <p>Medical transportation through DHS with no limits. Medicaid Health Plans cover NEMT for transportation to obtain medical services.</p>
<p><b>Foot Care (Podiatry Services)</b></p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p> <p>Covered services include information on coverage of foot exams, treatment and care. Routine foot care not covered for individuals under the age of 21.</p>
<p><b>Medical Equipment/Supplies</b></p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p> <p>Covered services include durable medical equipment (e.g., wheelchairs, oxygen), prosthetics (e.g., braces, artificial limbs), diabetes supplies, diabetic therapeutic shoes and inserts.</p>
<p><b>Prescription Drugs (non-Part D drugs)</b></p>	<p>\$0 for Medicaid-covered non-Part D prescriptions, which may include: benzodiazepines, barbiturates, select OTCs, select vitamins and agents used to promote smoking cessation.</p>
<p><b>Chiropractic Care</b></p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.</p> <p>\$0 for Medicaid-covered services.</p> <p>Covered services include medical chiropractic services and routine chiropractic services.</p>

**Additional Covered Benefits**

**H4624-019**  
**Zing Complete Plus MI (HMO DSNP)**  
*Genesee, Oakland and Wayne Counties*

**MICHIGAN MEDICAID COVERED SERVICES\*\* (continued)**

<b>Acupuncture</b>	Not Covered
<b>OTC</b>	Not Applicable (except as designate under the Prescription Drug section above)
<b>Meals</b>	Not Covered
<b>Home Health</b>	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 for Medicaid-covered services.
<b>Renal Dialysis</b>	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 for Medicaid-covered services.
<b>Hospice</b>	For dual-eligible members, Original Medicare covers hospice. \$0 for Medicaid-covered services. If requested by member.
<b>Targeted Care Management</b>	Not covered, except for those members pregnant women and children up to age 21 who were served by the Flint Water system from April 1, 2014 to present.
<b>Personal Care Services</b>	Covered through LTC waiver program.
<b>Inpatient/SNF/ICF for Mental Diseases</b>	Covered through PIHP and waiver services.
<b>Inpatient Psychiatric Services</b>	Covered in full for qualified individuals through PIHP providers.

**Additional Covered Benefits**

H4624-019  
Zing Complete Plus MI (HMO DSNP)  
*Genesee, Oakland and Wayne Counties*

**MICHIGAN MEDICAID COVERED SERVICES\*\* (continued)**

**Intermediate Care Facilities for the Mentally retarded (ICFIMR)**

Covered in full for Medicaid bed facility for qualified individuals.

**What you need to know**

Beneficiaries must meet ICFIMR level of care criteria and require a continuous active treatment program that is defined in their individual plan of services and coordinated and monitored by a qualified mental retardation professional (QMRP). The active treatment program includes specialized and generic training, treatment, health and related services that are directed toward acquisition of behaviors necessary for the beneficiary to function with as much self-determination and independence as possible, and the prevention of deceleration of regression or loss of current optimal functional status. Treatment services are provided by qualified professionals within their scope of practice. Direct care staff must meet aide level qualifications.

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\*\*Services and coverage subject to periodic changes as required by Michigan Medicaid Program.