



2024 AGENTS' FIRST LOOK

Medicare Advantage Plans





THANK YOU

for your interest in offering Zing Health plans to your clients. We're excited to share the many plan benefit enhancements, footprint expansion and technological improvements we have for this year. We appreciate your commitment to the Medicare beneficiaries you serve, and we work hard to provide you with quality plans that care for your clients' whole self.

We've invested time and resources to give you agent tools, which make it easier and faster for you to process applications and grow your business.

THANK YOU for all you do to support the Medicare beneficiaries and Zing Health members in your community.



TABLE OF CONTENTS

About Zing Health	4
Resources and Support for Agent Success	5
2024 Enhancements	6
Plan Types	7
Supplemental Benefits Overview	10
Plan Benefits and Features	16
Illinois	17
Indiana	31
Michigan	41
Tennessee	51

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2024 plan and benefit information may be discussed with beneficiaries on or after October 1.

ABOUT ZING HEALTH



Our History

Zing Health is a physician-founded-and-led provider of Medicare Advantage health plans who seeks to drastically improve health outcomes in diverse populations that have been chronically underserved. Given that 80 percent of clinical outcomes are tied to social determinants of health or non-medical factors, Zing's unique approach acknowledges the importance of understanding our members' circumstances outside of a clinical setting.

.....

Our Mission

Zing Health has a singular mission: Providing managed care Medicare Advantage plans that address social determinants of health to reduce healthcare disparities among historically underserved populations. Zing's plans integrate Medicare Part A and Part B benefits with Part D prescription drug coverage, along with providing robust extra benefits such as dental, vision, and hearing care. Zing also reduces health care expenses and eliminates financial surprises for its members.

.....

Our Focus

Zing Health focuses on offering many different types of benefit-rich plans that meet the needs of our members including chronic special needs plans especially designed for people with End Stage Renal Disease, Diabetes, Chronic Heart Failure, and other cardiovascular diseases, dual eligible special needs plans especially designed for people on Medicaid and Medicare, and non-special needs plans to provide a wide variety of rich benefits. Our laser attention to the needs of our members allows us to take the time to get to know them. Zing takes a collaborative approach to treating the "whole" person; partner with them to develop comprehensive, customized care plans; connect them with resources relating to social determinants of health; and provide concierge-level customer service.

Our Differentiators

With leading high-value benefits around competitive drug pricing, free key medical devices, and supplemental benefits such as groceries, OTC card, transportation and more, Zing Health builds plans with the member's specific needs in mind. In addition, Zing Health's personalized model of care keeps the member and their primary care provider at the center, while supporting them with a holistic care team that includes nurse care managers, behavioral health clinicians, social workers, and connections to community resources.

Our Name

The word "Zing" connotes energy, vigor, and excitement. Zing's goal is to provide Medicare beneficiaries with the care, services, information, and wellness programs they need to achieve amaZing health.



Dr. Eric E. Whitaker, MD, MPH
Co-founder



RESOURCES AND SUPPORT FOR AGENT SUCCESS

We offer the following resources to make it easier for you to grow your business as you present our products to Medicare beneficiaries.

Tools for Success

- **Personalized Non-Agent Assisted Enrollment URL** - When Medicare beneficiaries use your personalized URL to enroll in a Zing Health plan, you get commissions for the non-agent-assisted enrollment.
- **Online Portal** - Online portal allows you to check the status of applications, monitor your book of business, view commission statements and communicate with Zing Health.
- **Electronic Enrollment Platform** - Submit enrollment applications anytime, online, or offline, from your desktop computer or mobile/tablet device.
- **Automated C-SNP Verification Platform** - Verify and effectuate beneficiary C-SNP eligibility using industry-leading technology for smoother enrollment process
- **Personalized Sales Materials** - Enjoy access to compliant Zing Health branded materials developed with the agent in mind. Plus, you can include your contact information to direct beneficiaries directly to you!

2024 ENHANCEMENTS



Zing is allocating the majority of its product investments into six key benefit categories that it expects to win and provide broker partners with ample sales opportunities.



\$0 Premiums (all plans)

- Removal of \$25 premium plans from previous portfolio
- D-SNPs will have LIS premium but member premium will be subsidized by their LIS



C-SNP Enhancements

- Robust monthly allowance for healthy foods, utilities, and/or OTC
- Part D T6 formulary with \$0 copay for key C-SNP related drugs
- Lower SPC copays for C-SNP-specific specialists
- New chronic meals benefits allowing for additional healthy meals



Food/Utility Benefits

- Disproportionally investing into food and utility flexible purse (should be at or above competitors on this critical benefit)
- Utility benefits to be offered to most of Zing's targeted populations



PPO Cost Share Parity

- All PPO plans will offer in-network and out-of-network cost share parity for all plans in all markets for Medicare-covered services
- Currently no other PPO plans in IN and IL with matching cost share parity (and only a few in MI)



Allowance Improvements

- Very competitive allowance for flex cards for most plans
- Combined flexible benefit allowance for SDoH needs for all plans



Competitive MOOPs

- Competitive MOOPs for all plans
- Select PPO plan MOOP will be the same in-network and out-of-network

ESRD C-SNP Spotlight

Zing will offer an ESRD C-SNP product in partnership with a leading specialty provider



Attractive Benefits - Targeted benefits that are specialized to better address the needs of ESRD members geared toward managing key drivers of medical expense, ESRD plans will offer all the core C-SNP benefits **PLUS**: Unlimited transportation to medical services and \$0 specialist visit (Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist).



Strong Network Partnerships - Zing will partner with Nephrology Associates of Northern Illinois and Indiana (NANI), Michigan Kidney Consultants and St. Clair Nephrology to create ESRD Provider Specific Plans (PSP). NANI is the nation's largest Nephrology practice with over 140 providers in Illinois and Indiana.

Uniform Flexibility and VBID



ESRD members in select plans will have **unlimited** trips to dialysis centers.



LIS members in select plans will have a monthly allowance (no roll-over) that can be used toward healthy foods and/or utilities.

Duals-Focused C-SNPs

New type of plan for beneficiaries with Chronic Conditions that are dually eligible



Plan Type - Zing will be launching both HMO and PPO C-SNP plans with a duals focus. HMO/PPO offerings vary by market (will not be offered in Michigan).



Eligibility - Members must have a qualifying chronic condition to enroll (Diabetes/CVD/CHF). Plan will not be attractive to non-duals or partial duals.



Premiums - Part C Premium = \$0; Part D Premium = LIS Target Full dual members will have a \$0 premium experience, premiums will be covered by LIS.



Benefits - Plans are filed with 20% coinsurance for Medicare Part A and Part B services; advantaged supplemental benefits; Zing will monitor members who lose their Medicaid status/level to minimize member risk.

PLAN TYPES

C-SNP

Chronic Special Needs Plans (C-SNP)



End Stage
Renal Disease



Diabetes



Chronic
Heart
Failure



Cardiovascular
Disease

A type of Special Needs Plan (SNP) designed for people who need some extra support due to a chronic or disabling condition. C-SNPs are available through private insurance companies that Medicare approves.

Member Eligibility Requirements: Eligibility requirements include a diagnosis and verification of the following:

- Entitlement to Medicare Part A and enrolled in Medicare Part B
- Permanently reside in the counties within the service area of the plan
- Diagnosis and verification of one or more of the following conditions supported by Zing's C-SNP plans: End Stage Renal Disease (requiring dialysis), cardiovascular disease, Chronic Heart Failure, or Diabetes Mellitus.



D-SNP Dual Eligible Special Needs Plans (D-SNP)

It's a managed care plan for people who qualify for both Medicare and state Medicaid assistance or Medicaid. A D-SNP combines multiple coverages and coordinates Medicare and Medicaid benefits to make them easily accessible to people who have both.

PPO Preferred Provider Organization (PPO)

A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. PPO plans allow members to see out-of-network providers for covered services, but members will usually pay more out of pocket. For 2024, all of Zing's PPO products will offer In-Network and Out-Of-Network cost share parity for Medicare covered services.

HMO Health Maintenance Organization (HMO)

A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. Members in an HMO, must be assigned to an in-network Primary Care Provider. Members must also receive care and services from providers in the plan's network except for emergency care, Out-of-area urgent care or temporary out-of-area dialysis unless plan approval / prior authorization is received to see an Out-of-network provider.

SUPPLEMENTAL BENEFITS OVERVIEW

Zing proudly offers a large suite of non-Medicare covered supplemental benefits.

Dental/Vision/Hearing Benefits



- Preventive and comprehensive dental benefits provided for **all plans!**
- **Allowance** - Members receive an annual allowance for routine preventive and comprehensive dental services. Coverage varies between \$1,500 - \$3,500/year. Service limitations apply for preventive services. \$0 copay for in-network providers

Service provided by:



- **Eye exams** - 1 routine eye exam every year for \$0 copay (in-network)
- **Eyewear** - Annual allowance for eyewear. Coverage varies between \$200-400/year

Service provided by:



- **Hearing exam** - 1 routine hearing exam every year for \$0 copay (in-network)
- **Hearing aids** - Hearing aid allowance \$750 per ear, every three years (in-network)

Service provided by:



Telehealth Benefits



Nurse Advice Line

- 24/7 availability, \$0 copay
- Members may call the Nurse Advice Line when they have questions about symptoms they may be experiencing, whether they should see a doctor or go to a hospital or other health-related issues

Service provided by:



Telemedicine

- Primary Care and Behavioral Health services when a member's doctor is not available
- \$0 copay for telemedicine benefits received through MDLIVE
- Standard provider copays will incur for telemedicine services provided by other network providers

Service provided by: **MDLIVE**

Benefits Provided by Debit Card

Members will be mailed a reloadable debit card that will contain separate “purses” for each allowance / benefit type. Purses will fund monthly, quarterly or one time. Amounts vary by plan and benefit. Benefits do not roll-over to the next benefit period.



Over-the-Counter (OTC) Items Allowance

- **Eligibility** - All Zing plans will offer an OTC benefit allowance, this is a Mandatory supplemental benefit available to all members at the start of the plan year
- **Benefit** - Members can use their (monthly or quarterly) allowance for qualifying over-the counter items



Flex Card Allowance

- **Eligibility** - Available to members of select plans, this is a mandatory supplemental benefit available to all members of qualifying plans
- **Benefit** - Members can use their annual flex benefit to pay for copays/ coinsurances related to dental, vision or hearing services. Benefit level varies between \$300 - \$1,100/year



Special Supplemental Benefits for the Chronically Ill (SSBCI): Food and Utility Allowance

- **Eligibility** - Zing’s SSBCI benefit is limited to C-SNP plans. Eligible conditions are Diabetes, Chronic Heart Failure, Cardiovascular disorders or ESRD as defined by the eligibility of the C-SNP plan. Members of a C-SNP plan will automatically receive SSBCI benefits
- **Benefit** - Members will be able to use their available OTC allowance for the following additional services: Healthy foods and/or utilities (electric, gas, heating oil, sanitary, water (does not include gas at the pump))

Big
changes
for 2024

Benefits Provided by Debit Card, continued



Value Based Insurance Design (VBID) - Food and Utility Allowance

New for
2024

- **Eligibility** - Zing's VBID benefit is limited to select plans, for plan year 2024 all non-C-SNP plans will offer a VBID benefit. Members with an LIS indicator from CMS will automatically receive VBID benefits
- **Benefit** - Members will receive a monthly allowance that can be used for healthy foods and/or utilities (electric, gas, heating oil, sanitary, water (does not include gas at the pump))



Rewards and Incentives - This is a quality improvement program, not a Medicare supplemental benefit

- **Eligibility** - Members who complete a qualifying health activity will receive a "reward" in the form of a purse/allowance on their debit card. Activities will be tracked through claims data
- **Benefit** - 2024 program is under development and subject to change. 2023 program offers a \$50 reward (each) for completion of a Health Risk Assessment, initial PCP Visit (new enrollees), diabetic retinal exam, breast cancer screening, colorectal screening; \$100 for annual wellness visit varies between \$300 - \$1,100/year

Transportation Benefits (non-emergency)



Non-Emergency Transportation

- **Eligibility** - All Zing plans offer transportation
- **Benefit** - Members can schedule one-way rides to plan approved health related locations. Benefit limits vary by plan (between 12 one-way trips up to unlimited rides)



In Home Support Services

- Members have the option to use their annual in-home support services hours (provided by Papa) for non-emergency transportation services. Rides must be scheduled through Papa

Transportation Benefits (non-emergency), continued



End Stage Renal Disease (ESRD) Support

New for
2024

- Members of Zing's ESRD C-SNP plans have an **UNLIMITED** transportation benefit to health related, plan approved locations
- Select Zing plans offer unlimited transportation to dialysis centers for members with ESRD

Food and Meal Benefits



Healthy Food/Grocery Allowance

- Members who qualify for the SSBCI or VBID benefit will have an option to use their available monthly or quarterly allowance toward healthy foods
- Allowance will be provided through Zing's reloadable debit card. See "Benefits Provided by Debit Card" for more information



Meals: Post Discharge

- **Eligibility** - Members of select plans who are discharged from a hospital or facility
- **Benefit** - Qualifying members will receive 10 prepared meals following each hospital discharge to mitigate health-related risk associated with nutritional management. Members will be contacted after an inpatient hospital stay to make arrangements for delivery of your meals. No limit to the number of benefit periods per year. Meals will be delivered to the member's home



Meals: Chronic Conditions

New for
2024

- **Eligibility** - Members of select plans that have a chronic condition who are part of a supervised program designed to transition the enrollee to life style modifications, must be physician ordered
- **Benefit** - Qualifying members will receive 14 meals, limited to once per year. Meals will be delivered to the member's home

Support, Safety, and Worldwide Services



In Home Support Services

- **Eligibility** - Available to members of select plans, this is a mandatory supplemental benefit available to all members of qualifying plans
- **Benefit** - Offered through Papa, members will have 30 or 60 hours per year to help with activities of daily living - services include: home visits/ respite care (including light housework, errands); social connections/ companionship; transportation, and other task-driven needs

Service provided by:



Personal Emergency Response System (PERS)

- **Eligibility** - Available to members of select plans, this is a mandatory supplemental benefit available to all members of qualifying plans
- **Benefit** - The PERS benefit helps seniors maintain their independence and gives friends and family peace of mind by offering 24/7 monitoring services to seniors in any setting. Medical Alert features around the clock monitoring by ADT



Bathroom Safety Devices

- **Eligibility** - Available to members of select plans, this is a mandatory supplemental benefit available to all members of qualifying plans
- **Benefit** - Up to two bathroom safety products per year, products must be ordered through Zing's bathroom safety catalog



Utility Allowance

- Members who qualify for the SSBCI or VBID benefit will have an option to use their available monthly or quarterly allowance toward utilities (electric, gas, heating oil, sanitary, water (does not include gas at the pump)) See "Benefits Provided by Debit Card" for more information

New for
2024



Worldwide Emergency/Urgently Needed Care

- **Eligibility** - All Zing plans offer worldwide coverage
- **Benefit** - Worldwide Emergency Care refers to emergency care received outside of the United States and its territories. Members are responsible for paying for the services upfront and must submit reimbursement. Benefit level varies between \$50,000-\$100,000 per year

Wellness and Nutritional Counseling Benefits



Fitness/Gym

- **Eligibility** - Members of all Zing plans will receive the fitness benefit; this is a mandatory supplemental benefit available to all members of qualifying plans
- **Benefit** - Offered through Silver & Fit, members will have access to a membership at participating locations, digital workouts and one home fitness kit per year

Service provided by: 



Weight Management

- **Eligibility** - Available to members of select plans, this is a mandatory supplemental benefit available to all members of qualifying plans
- **Benefit** - Zing provides complimentary vouchers for membership in the Weight Watchers Program. Vouchers will be mailed upon request

Service provided by:  WeightWatchers



Nutrition and Dietary Counseling

- **Eligibility** - Available to members of select plans, this is a mandatory supplemental benefit available to all members of qualifying plans
- **Benefit** - Up to one hour of telephonic nutritional/dietary counseling per quarter

New for
2024



Medical Nutrition Therapy

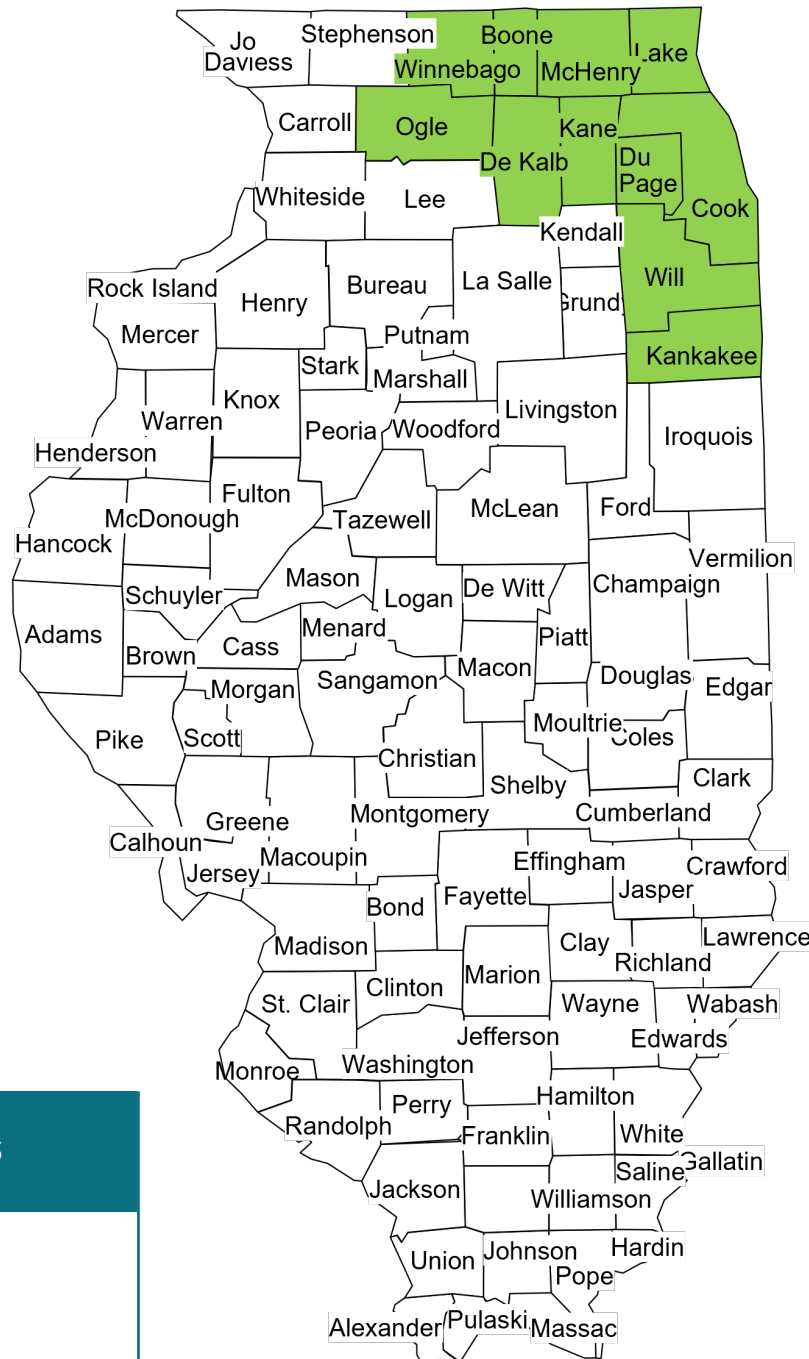
- **Eligibility** - This benefit is for people with diabetes, renal (kidney) disease (but not on dialysis), or after a kidney transplant when ordered by your doctor
- **Benefit** - In addition to Medicare's coverage of counseling services (3 hours during year one, 2 hours each year after that), Zing offers eligible members an additional 3 hours per year

New for
2024

2024 PLANS, BENEFITS, AND FEATURES



ILLINOIS SERVICE AREA



Counties

- Boone
- Cook
- DeKalb
- DuPage
- Kane
- Kankakee
- Lake
- McHenry
- Ogle
- Will
- Winnebago

ILLINOIS MEDICARE ADVANTAGE PORTFOLIO

Product Type	2024 H/PBP	Plan Name	Service Area
GENERAL ENROLLMENT PLANS			
HMO PSP	H7330-004	Zing Elite Select IL (HMO)	Boone, Cook, Will, Winnebago
HMO	H7330-001	Zing Select Care IL (HMO)	Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, Winnebago
HMO	H4624-001	Zing Choice IL (HMO)	Boone, Kane, McHenry, Ogle, Will, Winnebago
PPO	H9618-004 NEW	Zing Open Choice IL (PPO)	Boone, Cook, DuPage, Kane, McHenry, Ogle, Will, Winnebago
C-SNP PLANS (Cardiovascular Disorders; Chronic Heart Failure; and/or Diabetes)			
HMO C-SNP PSP	H4624-028 NEW	Zing Elite Diabetes & Heart IL (HMO C-SNP)	Boone, Cook, Will, Winnebago
HMO C-SNP	H7330-003	Zing Select Diabetes & Heart IL (HMO C-SNP)	Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, Ogle, Will, Winnebago
HMO C-SNP	H4624-010	Zing Essential Wellness Diabetes & Heart IL (HMO C-SNP)	Boone, Cook, Kane, McHenry, Ogle, Will, Winnebago
HMO C-SNP (Duals focused)	H7330-007 NEW	Zing Select Diabetes & Heart Complete IL (HMO C-SNP)	DeKalb, DuPage, Kankakee, Lake
HMO C-SNP (Duals focused)	H4624-027 NEW	Zing Select Diabetes & Heart Complete IL (HMO C-SNP)	Boone, Cook, Kane, McHenry, Ogle, Will, Winnebago
PPO C-SNP	H9618-005 NEW	Zing Open Choice Diabetes & Heart IL (PPO C-SNP)	Boone, Cook, DuPage, Kane, McHenry, Ogle, Will, Winnebago
PPO C-SNP (Duals focused)	H9618-006 NEW	Zing Choice Diabetes & Heart Complete IL (PPO C-SNP)	Boone, Cook, DuPage, Kane, McHenry, Ogle, Will, Winnebago
C-SNP PLANS (End Stage Renal Disease (ESRD))			
HMO C-SNP PSP	H7330-008 NEW	Zing ESRD Select IL (HMO C-SNP)	Cook, DuPage, Lake, McHenry
MEDICARE-MEDICAID ALIGNMENT INITIATIVE (MMAI)/MEDICARE-MEDICAID PLAN (MMP)			
MMAI	H7539-001 NEW	Zing Medicare-Medicaid Plan IL (MMP)	Cook

New for 2024

PSP = Provider Specific Plan

Network will be limited to a narrow network of value-based providers with an enriched plan design

In-Network Plan Benefits	Zing Elite Select IL (HMO) H7330-004
Counties	Cook, Boone, Will, Winnebago
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$2,900
Primary Care Copay / Specialist Copay	\$0 / \$15
Inpatient Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$135 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$3,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$400 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$900 per year
Non-Emergency Medical Transportation	36 One-way trips/year
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	N/A
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items	\$125 per quarter
Healthy Food Card / Utilities ³	\$100 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

In-Network Plan Benefits	Zing Select Care IL (HMO) H7330-001
Counties	Cook, DeKalb, DuPage, Kankakee, Lake Boone, Kane, McHenry, Ogle, Will, Winnebago
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$3,850
Primary Care Copay / Specialist Copay	\$0 / \$25
Inpatient Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$135 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$250 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$750 per year
Non-Emergency Medical Transportation	24 One-way trips/year
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	N/A
Worldwide Coverage - Emergency Care & Urgent Care	\$50,000 every year
Over-the-Counter (OTC) Items	\$125 per quarter
Healthy Food Card / Utilities ³	\$60 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

In-Network Plan Benefits	Zing Choice IL (HMO) H4624-001
Counties	Boone, Kane, McHenry, Ogle, Will, Winnebago
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$3,850
Primary Care Copay / Specialist Copay	\$0 / \$25
Inpatient Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$135 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$250 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$750 per year
Non-Emergency Medical Transportation	24 One-way trips/year
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	N/A
Worldwide Coverage - Emergency Care & Urgent Care	\$50,000 every year
Over-the-Counter (OTC) Items	\$125 per quarter
Healthy Food Card / Utilities ³	\$60 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

In-Network Plan Benefits	Zing Open Choice IL (PPO) H9618-004
Counties	Boone, Cook, DuPage, Kane, McHenry, Ogle, Will, Winnebago
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$3,200
Max Out-of-Pocket (In- and Out-of-Network combined)	\$5,750
Primary Care Copay / Specialist Copay	\$0 / \$25
Inpatient Hospital	\$300 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$135 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$25 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$250 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$750 per year
Non-Emergency Medical Transportation	12 One-way trips/year
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Non-Covered
Worldwide Coverage - Emergency Care & Urgent Care	\$50,000 every year
Over-the-Counter (OTC) Items	\$100 per quarter
Healthy Food Card / Utilities ³	\$55 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. 22

In-Network Plan Benefits	Zing Elite Diabetes & Heart IL (HMO C-SNP) H4624-028
Counties	Boone, Cook, Will, Winnebago
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$3,200
Primary Care Copay / Specialist Copay	\$0 / \$20
C-SNP Specialist Copay ¹	\$10
Inpatient Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$135 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	\$3,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$350 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$900 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$125 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

In-Network Plan Benefits	Zing Select Diabetes & Heart IL (HMO C-SNP) H7330-003
Counties	DeKalb, DuPage, Kankakee, Lake Cook, Boone, Kane, McHenry, Ogle, Will, Winnebago
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$3,650
Primary Care Copay / Specialist Copay	\$0 / \$20
C-SNP Specialist Copay ¹	\$10
Inpatient Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$135 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$300 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$750 per year
Non-Emergency Medical Transportation	30 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities	\$115 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

In-Network Plan Benefits	Zing Essential Wellness Diabetes and Heart IL (HMO C-SNP) H4624-010
Counties	Boone, Cook, Kane, McHenry, Ogle, Will, Winnebago
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$3,650
Primary Care Copay / Specialist Copay	\$0 / \$20
C-SNP Specialist Copay ¹	\$10
Inpatient Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$135 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$300 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$750 per year
Non-Emergency Medical Transportation	30 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$115 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services.

³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify.

⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

In-Network Plan Benefits	Zing Select Diabetes & Heart Complete IL (HMO C-SNP) H7330-007
Counties	DeKalb, DuPage, Kankakee, Lake
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0 for 100% LIS beneficiaries
Max Out-of-Pocket (In-Network)	\$8,850
Primary Care Copay / Specialist Copay	20% / 20%
Inpatient Hospital	Original Medicare
Emergency Care	20% (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	20% per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$3,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$350 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$550 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$160 per month
Fitness Membership	Included
Rx Deductible	\$545 (Tier 1 & 6 Excluded)
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

In-Network Plan Benefits	Zing Select Diabetes & Heart Complete IL (HMO C-SNP) H4624-027
Counties	Boone, Cook, Kane, McHenry, Ogle, Will, Winnebago
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0 for 100% LIS beneficiaries
Max Out-of-Pocket (In-Network)	\$8,850
Primary Care Copay / Specialist Copay	20% / 20%
Inpatient Hospital	Original Medicare
Emergency Care	20% (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	20% per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$3,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$350 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$550 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$160 per month
Fitness Membership	Included
Rx Deductible	\$545 (Tier 1 & 6 Excluded)
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services.

³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify.

⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

In-Network Plan Benefits	Zing Open Choice Diabetes & Heart IL (PPO C-SNP) H9618-005
Counties	Boone, Cook, DuPage, Kane, McHenry, Ogle, Will, Winnebago
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$6,400
Max Out-of-Pocket (In- and Out-of-Network combined)	\$12,800
Primary Care Copay / Specialist Copay	\$0 / \$30
C-SNP Specialist Copay ¹	\$15
Inpatient Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$100 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$300 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$900 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$100 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

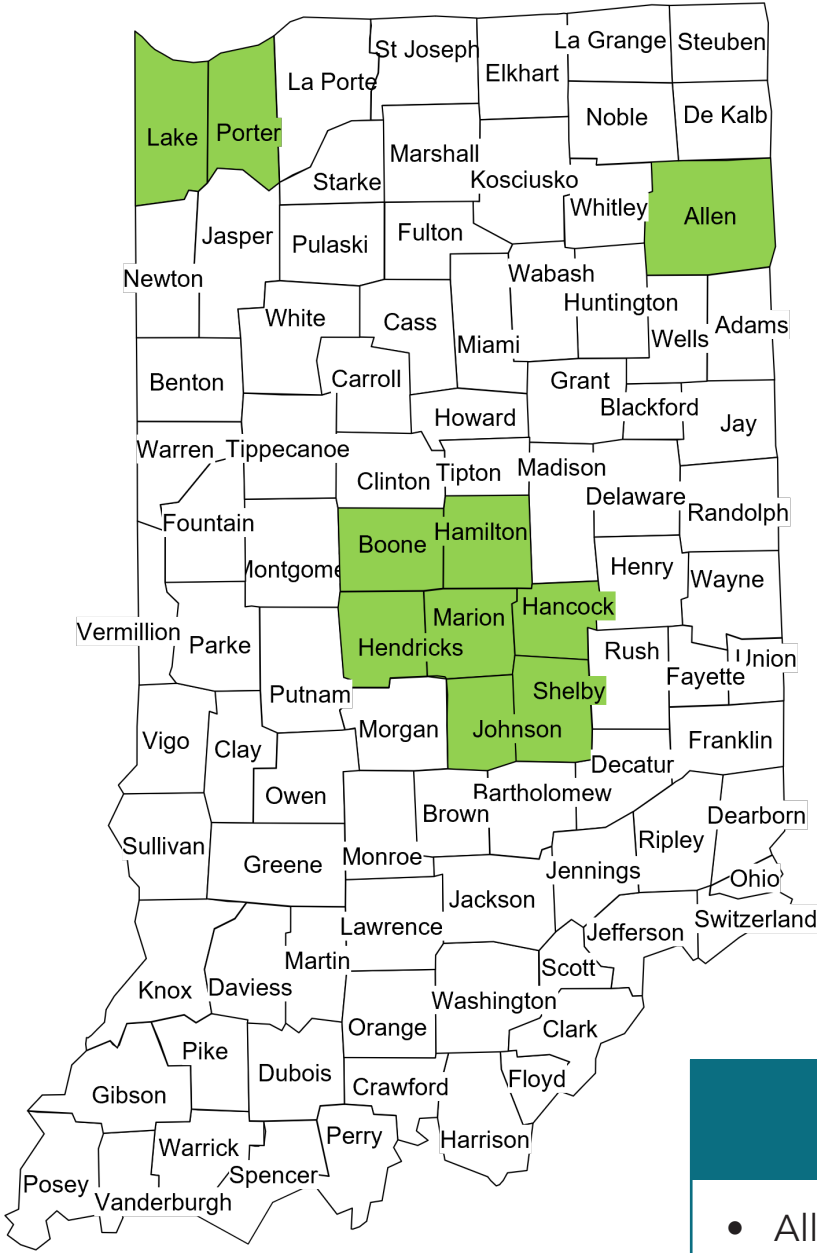
In-Network Plan Benefits	Zing Choice Diabetes & Heart Complete IL (PPO C-SNP) H9618-006
Counties	Boone, Cook, DuPage, Kane, McHenry, Ogle, Will, Winnebago
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0 for 100% LIS beneficiaries
Max Out-of-Pocket (In-Network)	\$8,850
Max Out-of-Pocket (In- and Out-of-Network combined)	\$13,300
Primary Care Copay / Specialist Copay	20% / 20%
Inpatient Hospital	Original Medicare
Emergency Care	20% (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	20% per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$3,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$350 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$500 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$150 per month
Fitness Membership	Included
Rx Deductible	\$545 (Tier 1 & 6 Excluded)
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

In-Network Plan Benefits	Zing ESRD Select IL (HMO C-SNP) H7330-008
Counties	Cook, DuPage, Lake, McHenry
Qualifying Condition	Chronic: End-Stage Renal Disease
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,950
Primary Care Copay / Specialist Copay	\$0 / \$30
C-SNP Specialist Copay ¹	\$0
Inpatient Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	\$0
Dental	\$3,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$300 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$500 per year
Non-Emergency Medical Transportation	Unlimited
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$150 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

INDIANA SERVICE AREA



Counties

- Allen
- Boone*
- Hamilton*
- Hancock*
- Hendricks*
- Johnson*
- Lake
- Marion
- Porter*
- Shelby*

* New for 2024

INDIANA MEDICARE ADVANTAGE PORTFOLIO

Product Type	2024 H/PBP	Plan Name	Service Area
GENERAL ENROLLMENT PLANS			
HMO PSP	H4624-026 NEW	Zing Elite Select IN (HMO)	Lake, Marion
HMO	H4624-003	Zing Select Care IN (HMO)	Allen, Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby
PPO	H6876-004 NEW	Zing Open Choice IN (PPO)	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby
C-SNP PLANS (Cardiovascular Disorders; Chronic Heart Failure; and/or Diabetes)			
HMO C-SNP	H4624-011	Zing Select Diabetes & Heart IN (HMO C-SNP)	Allen, Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby
HMO C-SNP (Duals focused)	H4624-024 NEW	Zing Select Diabetes & Heart Complete IN (HMO C-SNP)	Allen, Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby
PPO C-SNP	H6876-005 NEW	Zing Open Choice Diabetes & Heart IN (PPO C-SNP)	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby
PPO C-SNP (Duals focused)	H6876-006 NEW	Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby
C-SNP PLANS (End Stage Renal Disease (ESRD))			
HMO C-SNP PSP	H4624-025 NEW	Zing ESRD Select IN (HMO C-SNP)	Allen, Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Shelby

New for 2024

PSP = Provider Specific Plan

Network will be limited to a narrow network of value-based providers with an enriched plan design

In-Network Plan Benefits	Zing Elite Select IN (HMO) H4624-026
Counties	Lake, Marion
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$3,900
Primary Care Copay / Specialist Copay	\$0 / \$30
Inpatient Hospital	\$325 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$5 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$2,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$250 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$900 per year
Non-Emergency Medical Transportation	24 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Non-Covered
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items	\$105 per quarter
Healthy Food Card / Utilities ³	\$60 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

In-Network Plan Benefits	Zing Select Care IN (HMO) H4624-003
Counties	Allen, Lake, Marion, Boone, Hamilton, Hancock, Hendricks, Johnson, Porter, Shelby
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,500
Primary Care Copay / Specialist Copay	\$0 / \$35
Inpatient Hospital	\$350 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$2,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$350 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$525 per year
Non-Emergency Medical Transportation	24 One-way trips/year
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Non-Covered
Worldwide Coverage - Emergency Care & Urgent Care	\$50,000 every year
Over-the-Counter (OTC) Items	\$75 per quarter
Healthy Food Card / Utilities ³	\$55 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

In-Network Plan Benefits	Zing Open Choice IN (PPO) H6876-004
Counties	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$6,350
Max Out-of-Pocket (In- and Out-of-Network combined)	\$6,350
Primary Care Copay / Specialist Copay	\$0 / \$40
Inpatient Hospital	\$395 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$40 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$1,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$300 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$700 per year
Non-Emergency Medical Transportation	12 One-way trips/year
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Non-Covered
Worldwide Coverage - Emergency Care & Urgent Care	\$50,000 every year
Over-the-Counter (OTC) Items	\$100 per quarter
Healthy Food Card / Utilities ³	\$55 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

In-Network Plan Benefits	Zing Select Diabetes & Heart IN (HMO C-SNP) H4624-011
Counties	Allen, Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,500
Primary Care Copay / Specialist Copay	\$0 / \$30
C-SNP Specialist Copay ¹	\$15
Inpatient Hospital	\$350 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	\$2,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$350 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$900 per year
Non-Emergency Medical Transportation	48 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$135 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. 36

In-Network Plan Benefits	Zing Select Diabetes & Heart Complete IN (HMO C-SNP) H4624-024
Counties	Allen, Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0 for 100% LIS beneficiaries
Max Out-of-Pocket (In-Network)	\$8,850
Primary Care Copay / Specialist Copay	20% / 20%
Inpatient Hospital	Original Medicare
Emergency Care	20% (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	20% per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$3,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$350 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$650 per year
Non-Emergency Medical Transportation	48 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$215 per month
Fitness Membership	Included
Rx Deductible	\$545 (Tier 1 & 6 Excluded)
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

In-Network Plan Benefits	Zing Open Choice Diabetes & Heart IN (PPO C-SNP) H6876-005
Counties	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$6,350
Max Out-of-Pocket (In- and Out-of-Network combined)	\$6,350
Primary Care Copay / Specialist Copay	\$0 / \$45
C-SNP Specialist Copay ¹	\$20
Inpatient Hospital	\$350 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$100 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	\$1,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$200 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$700 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$115 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

In-Network Plan Benefits	Zing Choice Diabetes & Heart Complete IN (PPO C-SNP) H6876-006
Counties	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0 for 100% LIS beneficiaries
Max Out-of-Pocket (In-Network)	\$8,850
Max Out-of-Pocket (In- and Out-of-Network combined)	\$13,300
Primary Care Copay / Specialist Copay	20% / 20%
Inpatient Hospital	Original Medicare
Emergency Care	20% (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	20% per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$350 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$500 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$150 per month
Fitness Membership	Included
Rx Deductible	\$545 (Tier 1 & 6 Excluded)
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services.

³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify.

⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. **39**

In-Network Plan Benefits	Zing ESRD Select IN (HMO C-SNP) H4624-025
Counties	Allen, Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Shelby
Qualifying Condition	Chronic: End-Stage Renal Disease
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,500
Primary Care Copay / Specialist Copay	\$0 / \$30
C-SNP Specialist Copay ¹	\$0
Inpatient Hospital	\$350 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$25 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	\$0
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$350 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$500 per year
Non-Emergency Medical Transportation	Unlimited
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$150 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify.

⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. 40

MICHIGAN SERVICE AREA



Counties

- Genesee
- Oakland
- Wayne

MICHIGAN MEDICARE ADVANTAGE PORTFOLIO

Product Type	2024 H/PBP	Plan Name	Service Area
GENERAL ENROLLMENT PLANS			
HMO PSP	H4624-022 NEW	Zing Elite Select MI (HMO)	Wayne
HMO	H4624-006	Zing Select Care MI (HMO)	Genesee, Oakland, Wayne
PPO	H6876-001 NEW	Zing Open Choice MI (PPO)	Wayne
D-SNP PLANS			
HMO D-SNP	H4624-019	Zing Dual Complete Select MI (HMO D-SNP)	Genesee, Oakland, Wayne
PPO D-SNP	H6876-002 NEW	Zing Dual Complete Open Choice MI (PPO D-SNP)	Wayne
C-SNP PLANS (Cardiovascular Disorders; Chronic Heart Failure; and/or Diabetes)			
HMO C-SNP	H4624-012	Zing Select Diabetes & Heart MI (HMO C-SNP)	Genesee, Oakland, Wayne
PPO C-SNP	H6876-003 NEW	Zing Open Choice Diabetes & Heart MI (HMO C-SNP)	Wayne
C-SNP PLANS (End Stage Renal Disease (ESRD))			
HMO C-SNP PSP	H4624-023 NEW	Zing ESRD Select MI (HMO C-SNP)	Oakland, Wayne

New for 2024

PSP = Provider Specific Plan

Network will be limited to a narrow network of value-based providers with an enriched plan design

In-Network Plan Benefits	Zing Elite Select MI (HMO) H4624-022
Counties	Wayne
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,500
Primary Care Copay / Specialist Copay	\$0 / \$30
Inpatient Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$5 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$300 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$500 per year
Non-Emergency Medical Transportation	24 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Non-Covered
Worldwide Coverage - Emergency Care & Urgent Care	\$50,000 every year
Over-the-Counter (OTC) Items	\$140 per quarter
Healthy Food Card / Utilities ³	\$55 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. **43**

In-Network Plan Benefits	Zing Select Care MI (HMO) H4624-006
Counties	Genesee, Oakland, Wayne
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,500
Primary Care Copay / Specialist Copay	\$0 / \$35
Inpatient Hospital	\$300 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$350 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$300 per year
Non-Emergency Medical Transportation	24 One-way trips/year
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Non-Covered
Worldwide Coverage - Emergency Care & Urgent Care	\$50,000 every year
Over-the-Counter (OTC) Items	\$75 per quarter
Healthy Food Card / Utilities ³	\$55 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

In-Network Plan Benefits	Zing Open Choice MI (PPO) H6876-001
Counties	Wayne
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,950
Max Out-of-Pocket (In- and Out-of-Network combined)	\$8,950
Primary Care Copay / Specialist Copay	\$0 / \$35
Inpatient Hospital	\$310 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$20 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$2,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$200 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$1,100 per year
Non-Emergency Medical Transportation	24 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Non-Covered
Worldwide Coverage - Emergency Care & Urgent Care	\$50,000 every year
Over-the-Counter (OTC) Items	\$100 per quarter
Healthy Food Card / Utilities ³	\$50 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services.

³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify.

⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. 45

In-Network Plan Benefits	Zing Dual Complete Select MI (HMO D-SNP) H4624-019
Counties	Genesee, Oakland, Wayne
Monthly Premium	\$0 for 100% LIS beneficiaries
Max Out-of-Pocket (In-Network)	\$8,850
Primary Care Copay / Specialist Copay	20% / 20%
Inpatient Hospital	Original Medicare
Emergency Care	20% (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	20% per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$1,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$250 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	N/A
Non-Emergency Medical Transportation	48 One-way trips/year
In-Home Support Services ²	Non-Covered
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items	\$60 per quarter
Healthy Food Card / Utilities ³	\$205 per month
Fitness Membership	Included
Rx Deductible	\$545 (Tier 1 Excluded)
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

In-Network Plan Benefits	Zing Dual Complete Open Choice MI (PPO D-SNP) H6876-002
Counties	Wayne
Monthly Premium	\$0 for 100% LIS beneficiaries
Max Out-of-Pocket (In-Network)	\$8,850
Max Out-of-Pocket (In- and Out-of-Network combined)	\$13,300
Primary Care Copay / Specialist Copay	20% / 20%
Inpatient Hospital	Original Medicare
Emergency Care	20% (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	20% per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$1,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$250 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	N/A
Non-Emergency Medical Transportation	48 One-way trips/year
In-Home Support Services ²	Non-Covered
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items	\$60 per quarter
Healthy Food Card / Utilities ³	\$200 per month
Fitness Membership	Included
Rx Deductible	\$545 (Tier 1 Excluded)
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services.

³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify.

⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. 47

In-Network Plan Benefits	Zing Select Diabetes & Heart MI (HMO C-SNP) H4624-012
Counties	Genesee, Oakland, Wayne
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,500
Primary Care Copay / Specialist Copay	\$0 / \$30
C-SNP Specialist Copay ¹	\$15
Inpatient Hospital	\$300 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$25 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$350 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$750 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$85 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

In-Network Plan Benefits	Zing Open Choice Diabetes & Heart MI (PPO C-SNP) H6876-003
Counties	Wayne
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,950
Max Out-of-Pocket (In- and Out-of-Network combined)	\$8,950
Primary Care Copay / Specialist Copay	\$0 / \$30
C-SNP Specialist Copay ¹	\$15
Inpatient Hospital	\$310 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$20 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	\$2,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$300 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$750 per year
Non-Emergency Medical Transportation	24 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$60 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services.

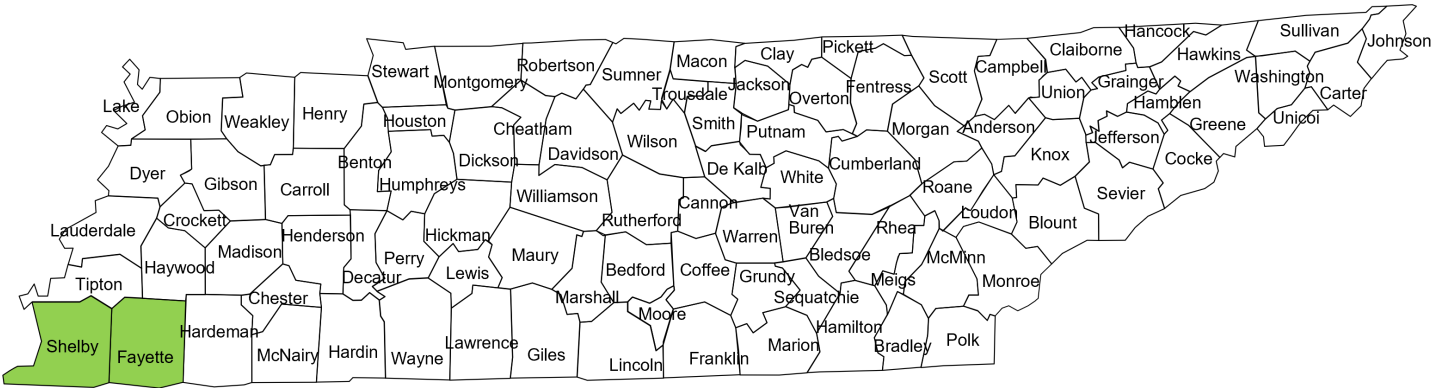
³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify.

⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

In-Network Plan Benefits	Zing ESRD Select MI (HMO C-SNP) H4624-023
Counties	Oakland, Wayne
Qualifying Condition	Chronic: End-Stage Renal Disease
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,950
Primary Care Copay / Specialist Copay	\$0 / \$30
C-SNP Specialist Copay ¹	\$0
Inpatient Hospital	\$250 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	\$0
Dental	\$3,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$300 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$500 per year
Non-Emergency Medical Transportation	Unlimited
In-Home Support Services ²	60 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Non-Covered
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$150 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

TENNESSEE SERVICE AREA



Counties

- Fayette*
- Shelby*

*New for 2024

TENNESSEE MEDICARE ADVANTAGE PORTFOLIO

Product Type	2024 H/PBP	Plan Name	Service Area
GENERAL ENROLLMENT PLANS			
HMO PSP	H7330-009	Zing Elite Select TN (HMO)	Shelby
HMO	H7330-010	Zing Select Care TN (HMO)	Fayette, Shelby
PPO	H9618-007	Zing Open Choice TN (PPO)	Fayette, Shelby
C-SNP PLANS (Cardiovascular Disorders; Chronic Heart Failure; and/or Diabetes)			
HMO C-SNP PSP	H7330-011	Zing Elite Diabetes & Heart TN (HMO C-SNP)	Shelby
HMO C-SNP	H7330-012	Zing Select Diabetes & Heart TN (HMO C-SNP)	Fayette, Shelby
HMO CSNP (Duals focused)	H7330-013	Zing Select Diabetes & Heart Complete TN (HMO C-SNP)	Fayette, Shelby
PPO C-SNP	H9618-008	Zing Open Choice Diabetes & Heart TN (PPO C-SNP)	Fayette, Shelby
PPO C-SNP (Duals focused)	H9618-009	Zing Choice Diabetes & Heart Complete TN (PPO C-SNP)	Fayette, Shelby

New for 2024

PSP = Provider Specific Plan

Network will be limited to a narrow network of value-based providers with an enriched plan design

In-Network Plan Benefits	Zing Elite Select TN (HMO) H7330-009
Counties	Shelby
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,950
Primary Care Copay / Specialist Copay	\$0 / \$20
Inpatient Hospital	\$280 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$100 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$300 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$800 per year
Non-Emergency Medical Transportation	24 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Non-Covered
Worldwide Coverage - Emergency Care & Urgent Care	\$75,000 every year
Over-the-Counter (OTC) Items	\$150 per quarter
Healthy Food Card / Utilities ³	\$60 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services.

³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify.

⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. **53**

In-Network Plan Benefits	Zing Select Care TN (HMO) H7330-010
Counties	Fayette, Shelby
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,950
Primary Care Copay / Specialist Copay	\$0 / \$25
Inpatient Hospital	\$280 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$100 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$10 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$300 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$775 per year
Non-Emergency Medical Transportation	24 One-way trips/year
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Non-Covered
Worldwide Coverage - Emergency Care & Urgent Care	\$50,000 every year
Over-the-Counter (OTC) Items	\$130 per quarter
Healthy Food Card / Utilities ³	\$60 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

In-Network Plan Benefits	Zing Open Choice TN (PPO) H9618-007
Counties	Fayette, Shelby
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,950
Max Out-of-Pocket (In- and Out-of-Network combined)	\$4,950
Primary Care Copay / Specialist Copay	\$0 / \$35
Inpatient Hospital	\$300 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$120 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$35 per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$2,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$250 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$750 per year
Non-Emergency Medical Transportation	24 One-way trips/year
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Non-Covered
Worldwide Coverage - Emergency Care & Urgent Care	\$50,000 every year
Over-the-Counter (OTC) Items	\$125 per quarter
Healthy Food Card / Utilities ³	\$60 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 (1-month supply)	\$0 including \$0 insulin medication
Mail Order Prescriptions Copay Tiers 1 & 2 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services.

³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify.

⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. 55

In-Network Plan Benefits	Zing Elite Diabetes & Heart TN (HMO C-SNP) H7330-011
Counties	Shelby
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,950
Primary Care Copay / Specialist Copay	\$0 / \$20
C-SNP Specialist Copay ¹	\$10
Inpatient Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$100 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$30 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	\$3,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$325 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$800 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$100 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

In-Network Plan Benefits	Zing Select Diabetes & Heart TN (HMO C-SNP) H7330-012
Counties	Fayette, Shelby
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,950
Primary Care Copay / Specialist Copay	\$0 / \$25
C-SNP Specialist Copay ¹	\$10
Inpatient Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Emergency Care	\$100 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$0 / \$30 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	\$3,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$325 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$750 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$75 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

In-Network Plan Benefits	Zing Select Diabetes & Heart Complete TN (HMO C-SNP) H7330-013
Counties	Fayette, Shelby
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0 for 100% LIS beneficiaries
Max Out-of-Pocket (In-Network)	\$8,850
Primary Care Copay / Specialist Copay	20% / 20%
Inpatient Hospital	Original Medicare
Emergency Care	20% (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	20% per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$3,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$325 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$625 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items	N/A
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$180 per month
Fitness Membership	Included
Rx Deductible	\$545 (Tier 1 & 6 Excluded)
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

In-Network Plan Benefits	Zing Choice Diabetes & Heart Complete TN (PPO C-SNP) H9618-009
Counties	Fayette, Shelby
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0 for 100% LIS beneficiaries
Max Out-of-Pocket (In-Network)	\$8,850
Max Out-of-Pocket (In- and Out-of-Network combined)	\$13,300
Primary Care Copay / Specialist Copay	20% / 20%
Inpatient Hospital	Original Medicare
Emergency Care	20% (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	20% per visit
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	\$3,500 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$325 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$600 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Included
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$165 per month
Fitness Membership	Included
Rx Deductible	\$545 (Tier 1 & 6 Excluded)
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. 59

In-Network Plan Benefits	Zing Open Choice Diabetes & Heart TN (PPO C-SNP) H9618-008
Counties	Fayette, Shelby
Qualifying Condition(s)	Chronic: Cardiovascular Disorders, Chronic Heart Failure and Diabetes
Monthly Premium	\$0
Max Out-of-Pocket (In-Network)	\$4,950
Max Out-of-Pocket (In- and Out-of-Network combined)	\$4,950
Primary Care Copay / Specialist Copay	\$0 / \$30
C-SNP Specialist Copay ¹	\$15
Inpatient Hospital	\$300 per day for days 1-5; \$0 per day for days 6-90
Emergency Care	\$100 (Waived if admitted After 24 Hours)
Urgent Care (PCP / Other Location)	\$10 / \$40 per visit
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	\$3,000 combined preventive and comprehensive allowance per year
Vision	\$0 copay for routine exam Plus get up to \$300 for contacts, lenses, and frames
Hearing	\$750 per ear towards hearing aids every 3 years
Flex Card (Dental, Vision, Hearing Services)	\$550 per year
Non-Emergency Medical Transportation	36 One-way trips/year Unlimited Transportation to Dialysis Centers for End-Stage Renal Disease members
In-Home Support Services ²	30 hours every year
24/7 Nurse Advise Line & Telehealth	Included
Personal Emergency Response System (PERS)	Non-Covered
Worldwide Coverage - Emergency Care & Urgent Care	\$100,000 every year
Over-the-Counter (OTC) Items / Healthy Food Card / Utilities ⁴	\$55 per month
Fitness Membership	Included
Rx Deductible	\$0
Preferred Generic Drug Copay Tier 1 / Select Care Drugs Tier 6 (1-month supply)	\$0 including \$0 insulin medication / \$0
Mail Order Prescriptions Copay Tiers 1, 2 & 6 (100 day supply)	\$0 copay

¹C-SNP plans have lower cost share for these specialists: Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist, Podiatrist, Cardiologist, Pulmonologist) ²You must have certain chronic conditions to qualify for in-home support services. ³The benefit mentioned are part of Value-Based Insurance Design Model. Members must have LIS to qualify. ⁴The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. **60**



Zing Health + Lasso Healthcare



For more information on Zing Health, visit myzinghealth.com or email us at brokers@myzinghealth.com.



2024 AGENTS' FIRST LOOK

Medicare Medical Savings Account





THANK YOU

for your interest in offering Lasso Healthcare plans to your clients. We're excited to share the many plan benefit enhancements, footprint expansion and technological improvements we have for this year. We appreciate your commitment to the Medicare beneficiaries you serve, and we work hard to provide you with quality plans that care for your clients' whole self.

We've invested time and resources to give you agent tools, which make it easier and faster for you to process applications and grow your business.

THANK YOU for all you do to support the Medicare beneficiaries and Lasso Healthcare members in your community.



TABLE OF CONTENTS

About Lasso Healthcare 2

Service Area 3

Benefits to Adding Lasso to your Portfolio 5

2024 Plan Designs 6

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2024 plan and benefit information may be discussed with beneficiaries on or after October 1.

ABOUT LASSO HEALTHCARE

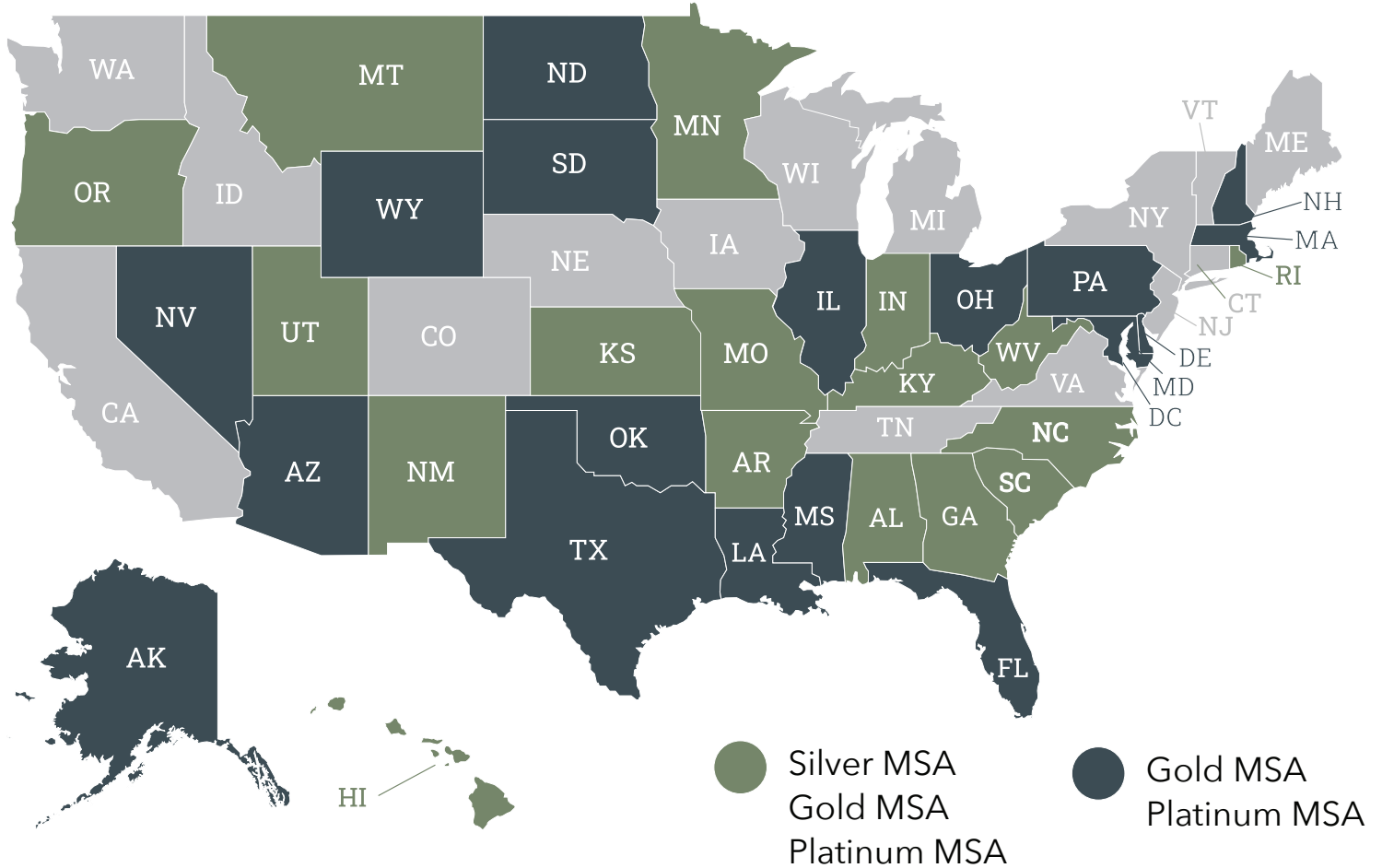
Lasso Healthcare is a Medicare-market health insurer offering individual Medical Savings Account (MSA) plans in over 35 states plus the District of Columbia.

- Lasso Healthcare is the nation's leading MSA carrier. Offering MSAs in more locations and to more members than any other carrier.
- To offer best-in-class experience for their members, they've implemented a mixed operational model which includes a qualified third-party administrator, along with a national banking entity to administer the MSA's banking components.
- They rely on and value agents representing their products. That's why they've partnered with some of the largest national marketing organizations and field marketing organizations working in the Medicare space.



SERVICE AREA

Lasso Healthcare Medical Savings Account plans are available in every county of 35 states plus the District of Columbia.



BENEFITS OF ADDING LASSO TO YOUR PORTFOLIO

Enhanced Agent Compensation

MSA-enrolled clients may also need a standalone Part D plan. Additionally, supplemental policies such as hospital indemnity, dental, vision, long-term care, etc. can be good complements.

Broad Client Appeal








The MSA is not just for beneficiaries in good health. Clients with managed chronic conditions, HSA balances or expensive Med Supp plans can find value in the MSA. And, travelers love the broad provider access!

Access to Support

Whether it's our training materials to get you started, easy access to a variety of MSA experts or a wide range of marketing collateral available for your use, we're here to help you.

Easy Appointment Process

Complete contract, take required Medicare compliance training, pass the Lasso Healthcare product certification...and you're on your way!

 <p>Only MA product to give members money</p>	 <p>\$0 premium, by law</p>	 <p>No network - access to any Medicare-participating provider</p>	 <p>Client-driven choice and flexibility</p>
 <p>Potential to grow balance over time</p>	 <p>Freedom to choose best Part D plan</p>	 <p>Enhanced tax-free expense coverage</p>	 <p>Extra perks with member rewards program</p>

2024 PLAN DESIGNS



PLAN DESIGNS

MSAs pair high deductible Medicare Advantage health coverage with a special medical savings account.



Lasso Healthcare deposits money from Medicare into the member's MSA savings account.



Member decides how to spend, save, and/or invest the funds.



Lasso Healthcare pays 100% of Medicare Part A and Part B expenses once deductible is reached.



Funds remaining at year-end belong to the member and roll over to next year.

Lasso Healthcare MSA is now even more competitive! Offering three highly-competitive plan designs in 35 states across the U.S. and the District of Columbia. Your clients have the freedom to roam with the Lasso Healthcare MSA.

New for 2024!

Silver MSA Plan

Deposit	\$1,000
Deductible	\$3,500
Member Responsibility	\$2,500

Available in the following states: Alabama, Arkansas, District of Columbia, Georgia, Hawaii, Indiana, Kansas, Kentucky, Minnesota, Missouri, Montana, New Mexico, North Carolina, Oregon, Rhode Island, South Carolina, Utah, West Virginia

Gold MSA Plan

Deposit	\$2,000
Deductible	\$5,000
Member Responsibility	\$3,000

Available in all 35 states and the District of Columbia.

Platinum MSA Plan

Deposit	\$3,000
Deductible	\$8,000
Member Responsibility	\$5,000

Available in all 35 states and the District of Columbia.



Zing Health + Lasso Healthcare



For more information on Lasso Healthcare, visit LassoHealthcare.com or email us at brokers@myzinghealth.com.