Elevate Your Portfolio

2027 Plan Rollout Michigan

Before We Begin

Disclaimer

This webinar is for Medicare insurance agents and marketing organizations who are contracted or interested in becoming contracted with Zing Health. The information to be covered is confidential and proprietary to Zing Health and is to be used for agent recruitment purposes only. Distribution to any person or company is prohibited. Plan and benefit information contained in this document is pending CMS approval and subject to change.

2027 plan information and benefits should not be shared with the public until October 1.

Origin Story

Founded by a physician in Chicago in 2019, Zing Health was built to close gaps in care and improve outcomes for historically underserved communities.

Our Start

2019

Founded with purpose

Community-based Medicare Advantage designed around the realities affecting members' health.

Our Approach

Member + Provider

Centered on people

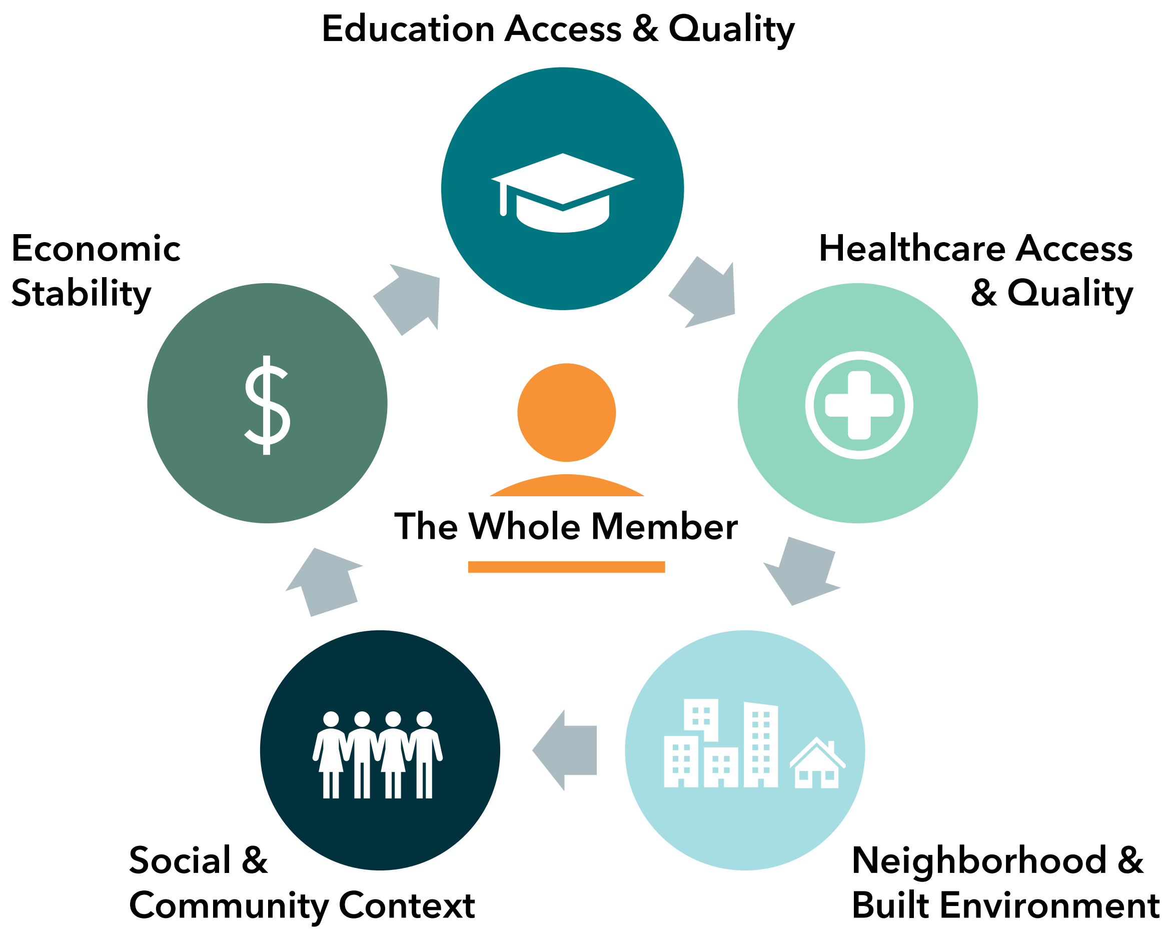
Personalized care that keeps the member and their primary care provider at the center.

Our Founding Belief

Care works better when we understand the life surrounding the diagnosis

What Happens Outside the Doctor's Office Shapes Health

Social determinants of health (SDoH) are the everyday conditions that shape how people live, access care, and manage their health. A benefit alone cannot remove every barrier.



A $0 doctor visit may still be out of reach when a member…

- Has no transportation
- Does not know where to go for care
- Must choose between food, utilities, and healthcare
- Faces language or health literacy barriers

What This Means for Agents

You are not expected to diagnose social needs. Listen for potential barriers, explain relevant benefits and resources, and help members understand where to turn for support.

More than a Benefit Grid

The conversation begins with the member, not the rows and columns in a plan comparison.

The Whole Member

Health conditions

Daily realities

Provider relationships

Personal priorities

Listen First

Understand the member's needs, challenges, and goals.

Connect Intentionally

Align those realities with the right plan, benefits, care, and resources.

Explain Clearly

Show the member how to access and use the support available.

The real difference happens after enrollment.

Enrollment is one moment. The member journey continues all year.

Chronic Expertise | **Whole-Person Support** | **Local Connections** | **Year-Round Engagement**

We Meet Members Where They Are

Zing brings education, preventive screenings, local resources, and personal support into the community, helping turn coverage into care.

How We Show Up

- World of Wellness (WOW) Events
- Mobile Mammography
- Preventive Screenings
- Community Outreach

What It Helps Create

1. ***Trust*** — Local presence and familiar faces
2. ***Connection*** — Education, resources, and scheduling
3. ***Care*** — Screenings, providers, and closing care gaps
4. ***Support*** — Navigation and follow-through

Benefits create opportunity. Local engagement helps members take the next step.

MOS Team

Supporting local market visibility, partnerships, and community engagement.

MOS = Marketing Outreach Specialists

How the MOS Team Supports the Market

Community Opportunities

Develop community-based marketing opportunities

Local Partnerships

Build and cultivate lasting relationships with community organizations and market partners

Brand Visibility

Expand Zing Health's presence and recognition within each local market

Outreach & Event Execution

Manage outreach logistics, event coordination, and community engagement initiatives.

Regional Market Coverage

IL	IN	MI	OH	TN/MS
Rochelle Davenport	**Carson Jensen**	**Donald Sims-Carter**	**Ayeisha Alvarez**	**Lenard Marshall**
Marketing Outreach Specialist	Marketing Outreach Specialist	Marketing Outreach Specialist	Marketing Outreach Specialist	Marketing Outreach Specialist

Value to Brokers

How the MOS Team supports broker success

Reduces administrative workload

We handle the behind-the-scenes work so agents can focus on what matters most.

Increases community visibility and lead-generation opportunities

We elevate broker presence and open doors to new business.

Provides access to established community relationships and event networks

We connect brokers to trusted partners and valuable local contacts.

Ensures brokers remain the primary face of Zing Health in the community while receiving behind-the-scenes support

Brokers lead the relationship.
Zing powers the impact.

Harness the Power of Partnership with the MOS Team!

Focused Growth, Built for Impact

Focused growth where it matters most. Expanding in targeted, high-need communities to deliver meaningful C-SNP impact.

Footprint at a Glance

6 States | 63 Counties

Illinois **|** Chicagoland

Indiana **|** Indianapolis & NW Indiana

Michigan **|** Ann Arbor, Detroit & Grand Rapids

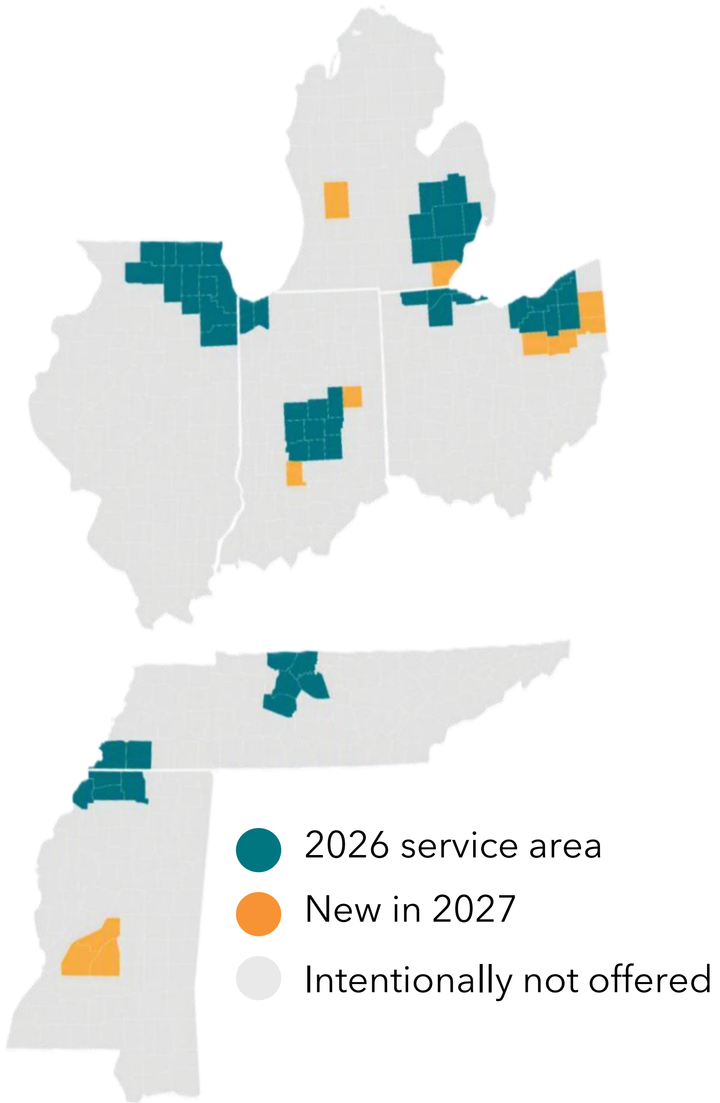
Mississippi **|** NW Mississippi (Memphis) & Jackson

Ohio **|** Cleveland & Toledo

Tennessee **|** Memphis & Nashville

Growth guided by need, not geography.

2027 Targeted Service Area



What 2027 Means for Agents

More market opportunity, competitive benefits and core C-SNP strengths you can sell with confidence.

EXPANDING OPPORTUNITY

- Zing is expanding into ***11 new counties***, guided by strong provider networks and local member needs.
- The expanded footprint reaches approximately ***250,000 additional Medicare beneficiaries***.
- Proven products are moving into new markets, giving agents more opportunities to grow with Zing.

WHAT TO KNOW ABOUT 2027 PLAN CHANGES

- Select benefits and cost shares have been adjusted to better align with each local market.
- Changes may include ***MOOP, inpatient costs, Part D deductibles and dental benefits***.
- Zing's ***core C-SNP value and key plan differentiators remain strong***.
- Review each member's providers, prescriptions and benefit priorities to identify the plan that offers the best overall fit.

Why Agents Choose Zing

More opportunities. Fewer barriers. Better outcomes.

Year-Round Growth

Chronic Special Needs Plan (C-SNP) SEP allows agents to grow their book of business all year long.

"Any Medicare individual who qualifies for a C-SNP via chronic condition and is not currently on one, can enroll at any point in the year."

High C-SNP Verification Rates

88%
Verification Rate

A leader in the industry for C-SNP verification accuracy and speed. Our proprietary processes and dedicated teams help us to consistently outperform national carriers, resulting in higher effectuation rates.

Purpose-Built C-SNPs for Complex Needs

Known for our tailored C-SNPs which are thoughtfully designed for Medicare eligibles living with a qualifying condition. Ensuring those most in need receive the coverage, tools, and support required to stay well.

Seamless Electronic Enrollment

ZONE
ZING ONLINE NAVIGATION & ENROLLMENT
powered by SunFire

Our digital enrollment tool is purpose-built to streamline how agents enroll. With ZONE, the entire process becomes simpler, faster, and more accurate. From eligibility checks, plan comparisons, HRA completion, as well as tracking and transparency.

Agent of Record Commitment

Protecting Your Relationships. Honoring Your Work.

Our Commitment to You

When a Zing Health member makes a plan change by contacting Zing directly or through a Zing-guided outreach:

- ***Your Agent of Record (AOR) status remains intact***
- You continue to be recognized as the ***AOR***
- You continue to receive ***renewal commissions*** on the updated plan

For additional Agent of Record information, please click here.

C-SNP Special Enrollment Period (SEP)

Year-round enrollment for eligible beneficiaries with a qualifying chronic condition.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
OEP			C-SNP SEP (Year-Round)						AEP		

Individuals diagnosed with a CMS-approved chronic condition may qualify for SEP enrollment once eligibility is verified.

Eligibility and Verification

- Must have a CMS-approved chronic condition
- Condition is verified by provider after enrollment

Enrollment Timing

- May enroll in a C-SNP at any time during the year
- SEP remains available while the qualifying condition is present

Operational Insight

- Agents may submit C-SNP enrollments year-round
- Additional plan changes require another valid election period

Source: Enrollment Guidance (CY 2026), 42 CFR §422.52

2027 Product Portfolio: Plan Types

Zing Health has a diverse product portfolio in line with our mission of providing choice and access to underserved beneficiaries by offering HMO, PPO, C-SNP, LIS, and Duals-Focused (DF) products.*

General Enrollment

- HMO
- PPO

Special Needs Plans

- HMO C-SNP Dialysis
- HMO C-SNP Balance
- HMO C-SNP
- HMO C-SNP Duals Focused^
- PPO C-SNP
- HMO C-SNP LIS Focused^

^PSP plan options offered

Total Plans

36

By Product Type

HMO 30

PPO 06

By Plan Type

C-SNP 24

General Enrollment 12

*Plan offerings vary by county.

2027 Product Differentiators*

What still sets Zing apart: the strengths our agents can sell with confidence

1 Transportation

- Unlimited transportation to dialysis for ESRD members on HMO plans. (NEW FOR 2027!)
- Up to 30 one-way trips on most C-SNPs to plan-approved care locations and pharmacies.

2 C-SNP-Focused Benefits

- $0 SNP-specific specialists, nutritional counseling, chronic meals, C-SNP-enhanced formulary, $0 CGM, $0 insulins on select tiers, and $0 diabetic retinopathy exams.
- ESRD members on CKD plans also receive $0 dialysis and unlimited transportation

3 PPO C-SNP Cost-Share Parity

- In-network (INN) and out-of-network (OON) cost-share parity across Medicare Part A & Part B services.

4 Pharmacy Benefits

- $0 Tier 1 and $0 or low Tier 6 Select Care drugs, $0 T2 by mail on most plans, $0 formulary insulins on C-SNP plans,
- No penalty for OON pharmacy prescription fills

5 Key Supplemental Benefits Maintained

- PERS, SSBCI allowances, dental / vision / hearing allowances, fitness, $0 Teladoc, and worldwide emergency coverage, bathroom safety

6 In-Home Support Services

- Meal preparation, light housekeeping, laundry, medication reminders (non-clinical), transportation, and companionship

*Benefits vary by plan

Zing Elite | Provider Specific Plans*

Our Provider Specific Plans (PSPs) are uniquely designed to offer members enhanced benefits in exchange for selecting a primary care physician (PCP) within a focused subset of the broader Zing network. By enrolling in an Elite PSP, members choose a PCP affiliated with one of our value-based care (VBC) partner organizations, which emphasize coordinated, quality-driven care.

Elite PSP plans are available in select counties across our service area, aligned to participating VBC clinic locations.

Our current VBC partners include Oak Street Health (all states), Village Medical (Michigan only), AbsoluteCare (Illinois and Ohio only), and CenterWell (Indiana only).

Value-Based Care (VBC) - Provider Partners

AbsoluteCare® BEYOND MEDICINE

CenterWell™

Oak St. Health

Village Medical™

Network Rules

- **Members must select a primary care physician within the allowable network at the time of enrollment.**
- Members **must remain within the VBC PCP network** except for Urgent/Emergency services or if Prior Authorization is received.

*Plan offerings vary by county.

Qualifying Chronic Conditions

Our C-SNPs are designed for Medicare beneficiaries with specific chronic conditions.
Your role as the agent is to identify potential eligibility and explain plan options – medical eligibility will be verified.

Cardiovascular Disorders, Chronic Heart Failure, Diabetes
These are our core C-SNP conditions

Chronic Kidney Disease / End Stage Renal Disease
CKD levels 1-5 with or without dialysis

Overweight, Obesity, Metabolic Syndrome
Available in select service areas only

Reminder
Agents should not guarantee eligibility.
Condition verification must be completed by a doctor.

How to talk about Qualifying Conditions

- ***Ask appropriate questions***
  Use conversational, non-clinical questions to understand if the member may have a qualifying condition.
- ***Check availability***
  Confirm the C-SNP is available in the member's county.
- ***Set expectations***
  Explain enrollment in a C-SNP is subject to verification of the qualifying condition.

Zing Diabetes & Heart C-SNP

Zing Diabetes & Heart plans are available across our entire service area and are designed for beneficiaries with one or more qualifying core chronic conditions. These conditions are among the most prevalent qualifying chronic conditions in the Medicare population.

Qualifying Conditions

Diabetes

- Type 1 or Type 2

Chronic Heart Failure

Cardiovascular Disorders (limited to)

- Cardiac arrhythmias
- Coronary artery disease
- Peripheral vascular disease
- Valvular heart disease

Agent Resource:

The Chronic Condition Needs Analysis can help identify potential eligibility

C-SNP Benefits*

- $0 copay for C-SNP-specific specialists
- $0 copay for diabetes retinopathy eye exams
- $0 Tier 6 formulary
- In-Home Support Services
- Transportation
- $0 insulins

Only ONE qualifying chronic condition is needed for eligibility

*Benefits may vary by plan.

Zing Dialysis C-SNP

Beneficiaries with Chronic Kidney Disease or End Stage Renal Disease may be eligible for our Dialysis C-SNP. Members with ESRD who require dialysis receive enhanced benefits through CMS's Uniform Flexibility Benefit.

Qualifying Conditions

Chronic Kidney Disease (CKD)

- Stages 1 – 4

End Stage Renal Disease (ESRD)

- Stage 5

National Provider Partners

DaVita

FRESENIUS KIDNEY CARE

Enhanced Benefits for Members with ESRD*

$0 Dialysis

$0 Nephrologist Visits*

Unlimited Transportation

*Members with CKD levels 1-4 do not qualify for enhanced benefits. All C-SNP-specific specialists have a $0 copay including: cardiologist, endocrinologist, gerontologist, nephrologist, ophthalmologist, and pulmonologist.

Zing Balance C-SNP

Our Balance C-SNP is built for Medicare beneficiaries who are overweight, obese, or have metabolic syndrome. It offers a specialized focus on promoting obesity behavioral therapy and diabetes prevention. This plan will be offered in select Michigan and Indiana counties as a provider-specific plan (PSP).

Qualifying Conditions

Categorized as Overweight

- BMI: 25.0 – 29.9

\- or -

Categorized as Obese

- BMI Range: ≥30

\- or -

Have Metabolic Syndrome

Must have ***three (3) or more*** of the following:

- Abdominal obesity
- Elevated blood pressure
- Elevated blood glucose
- Elevated triglycerides
- Reduced HDL cholesterol

IMPORTANT

Members who become diabetic while on the Balance plan will have an SEP to enroll into a Diabetes C-SNP.

Members with other qualifying chronic conditions may be better served in an alternate Zing Health C-SNP.

Plan includes expanded wellness benefits such as:

- Monthly nutritional counseling
- Elevated fitness benefits
  - Live coaching options
  - Activity trackers
- Lifestyle transition meals

*Benefits may vary by plan.

Essentials C-SNP | Low-Income Subsidy (LIS)

Plans for members with a qualifying core chronic conditions and who are eligible for LIS/Extra help.

Plan is available in select counties as a provider specific plan.

Eligibility

- Have a qualifying chronic condition (Diabetes, CVD, or CHF)
- Qualify for ***LIS/Extra Help***
- Do ***not*** have Full Medicaid

Premiums

- Part C Premium = $0
- Part D Premium = LIS Target
- LIS members will have $0 premium experience with premiums covered by LIS (Extra Help)

Benefits

- Designed for beneficiaries receiving Extra Help only (no Medicaid)
- Defined Standard Part D benefits with full deductibles and 25% cost share – members with Extra Help pay LIS copays
- Medicare cost-sharing still applies
- Plans excluded from T6 formulary

LIS/Extra Help Enrollment Rules

- LIS may provide additional enrollment opportunities outside of AEP and OEP
- LIS allows beneficiaries to:
  - Leave Medicare Advantage and enroll in Original Medicare with a PDP
  - Switch between PDPs
- LIS alone does not allow monthly switching between Medicare Advantage plans

*Plan offerings may vary by county.

C-SNP Specialist Access

Access to specialist care designed for members with ***complex, chronic*** conditions.

$0 C-SNP Specialist visits for eligible C-SNP Members*

Cardiologist
Heart disease, CHF, cardiovascular conditions

Endocrinologist
Diabetes and metabolic disorders

Gerontologist
Coordinated care for aging members with complex needs

Nephrologist
Chronic kidney disease and renal conditions

Ophthalmologist
Diabetic eye disease and vision-related complications

Pulmonologist
Chronic respiratory conditions related to a qualifying chronic condition

Strong differentiator when compared to standard MA plans

Why This Matters

- Reduces barriers to ongoing specialty care
- Supports better outcomes for members managing multiple chronic conditions

*Specialist copays and availability may vary by plan and network. Refer to the Summary of Benefits and provider directory for complete details.

Enhanced Prescription Drug Benefits for C-SNP Members

Pharmacy savings opportunities with select $0 Tier 6 brand medications, $0 formulary insulins, and support for chronic condition management.

Use Rx conversations to proactively identify eligible prospects and highlight potential savings available through Zing Health plans.

- $0 copay on select ***Tier 6 brand-name medications*** for most C-SNP members
- $0 copay on ***formulary insulins*** for most C-SNP members
- $0 copay on ***continuous glucose monitors (CGMs)*** and diabetic testing supplies through retail pharmacies.

  Preferred = Dexcom G6 & G7
- Purpose-built to support members with Diabetes, CVD/CHF, and CKD

$0 T6 Brand Medications

Medication Brand / Generic Name
Janumet
Januvia
Ozempic

$0 Formulary Insulins

$0 copays across a wide range of insulin options.

Admelog	Novolog
Fiasp	Soliqua
Lantus	Toujeo
Novolin	Xultophy

Coverage includes multiple insulin types, delivery methods, and formulations.

Drug availability, tier placement, and copay may vary by plan, dosage form, or formulation. Refer to the formulary for complete details.

Key Formulary Changes for 2027

Formularies are changing, making it essential to confirm medications, tiers, and pharmacy options for every member.

What Is Staying Strong

$0
Tier 1 and low Tier 6 maintained

LIS
members largely protected

$0
Tier 2 by mail through CVS Caremark

No
out-of-network penalty

$0
CGMs, insulins, and GLP-1s on C-SNP

What Should Be Verified

Tiers 3-5
now carry Part D deductibles

PPO Core
narrower formularies added

Important Reminder

Recheck every medication, formulary tier and pharmacy option before recommending a 2027 plan.

Formulary Design

Each of the four 2027 formularies serves a distinct member population, matching the right formulary to the right member is the single most important step before any coverage conversation.

5T Standard

HMO GE + LIS C-SNP

HMO GE & LIS Members

- ***Broad*** 5-tier formulary; existing, updated for 2027
- LIS members pay applicable LIS copay

Widest Drug Access

5T Core PPO GE

PPO GE

NEW

PPO GE Members

- ***Narrower*** than 5T Standard, NEW for 2027
- Drugs may have changed tiers or been removed

New in 2027

6T Standard

HMO C-SNP

HMO C-SNP Members

- ***6-tier formulary,*** offering C-SNP brand drugs at $0
- Supports CHF, CVD, and Diabetes conditions.
- $0 CGM and C-SNP pharmacy differentiators where applicable

Best C-SNP Value

6T Core PPO C-SNP

PPO C-SNP

NEW

PPO C-SNP Members

- ***Narrower*** than 5T Standard, NEW for 2027
- C-SNP pharmacy differentiators maintained where applicable

New in 2027

HMO vs. PPO drives the formulary first, then C-SNP vs. GE to determine tier depth.
Always confirm plan type before discussing drug tiers or cost sharing.

*Pending CMS approval. Drugs may have changed tiers or been removed.

CMS Medicare GLP-1 Bridge Program

Temporary CMS demonstration expanding GLP-1 weight-management access.

What it is

- CMS-sponsored demonstration program, available nationwide from July 1, 2026
- Operates outside standard Medicare Part D
- Flat $50 per month, regardless of income

Covered vs. not covered

- Covered: Foundayo (orforglipron), Wegovy (semaglutide), Zepbound KwikPen (tirzepatide)
- Not covered: Zepbound single-dose pens and vials
- Excludes diabetes GLP-1s: Ozempic, Mounjaro, Rybelsus, Trulicity

Who qualifies

- Medicare Part D (PDP or MA-PD), age 18 or older
- No current GLP-1 coverage through Part D
- No Type 2 Diabetes, sleep apnea, or fatty liver (MASH)
- Meets CMS BMI and clinical criteria

Balance plan users

- Predictable $50/mo for leading GLP-1 weight-management therapies
- Available on any plan when eligibility is met
- CMS-run program, not a plan benefit, filled through the CMS Bridge process
- Strong differentiator for weight-management prospects.

Erectile Dysfunction Rx Coverage

Sildenafil, the generic for Viagra®, will be covered on most Zing plans.

Helping our members get their ZING back!

TIER 2

Coverage on applicable plans

Coverage Details

- Most plans will cover certain Erectile Dysfunction (ED) drugs for the 2027 benefit year.
- Copays vary by plan.
- Quantity limits may apply (typically up to 6 tablets per 30 days)
- Not available through mail order.

Available Strengths

25 mg • ***30 mg*** • ***100 mg***

CMS Updates to SSBCI Eligibility Requirements

CMS is clarifying that a chronic condition alone is not enough and requiring plans to use objective, documented, and publicly available eligibility criteria.

CMS Requirements	What This Means
1 ***Member must meet all three criteria*** To be considered a chronically ill enrollee: • 1+ medically complex, life-threatening, or function-limiting chronic condition • High risk of hospitalization or other adverse health outcomes • Requires intensive care coordination	⚠ ***A chronic condition alone does not automatically qualify a member***
2 ***Separate Determination for each SSBCI*** The specific benefit must have a ***reasonable expectation*** of ***improving or maintaining*** the member's health or overall function.	The benefit must reasonably improve or maintain the member's health function
3 ***Written policies & objective criteria*** Plans must use written policies based on ***objective criteria***, maintain evidentiary standards, and document eligibility for each enrollee.	Eligibility must be supported by documentation and applied consistently throughout the coverage year
4 ***Greater transparency*** Plans must ***publicly post*** their objective eligibility criteria on their website and clearly communicate eligibility in marketing and communication materials.	Plans must publicly communicate the conditions and criteria required for each benefit

2027 SSBCI Program

Zing's Special Supplemental Benefits for the Chronically Ill (SSBCI) Program will be modified to align with updated CMS guidelines.

	2027 SSBCI Program
OFFERINGS	SSBCI available on ***most C-SNPs*** (not included on Elite Balance IN-MI plan)
CONDITION REQUIREMENTS	Members must meet a ***specified number of 10 pre-selected conditions*** to qualify for SSBCI benefits.
ENROLLMENT TIMING	Members must be enrolled for ***2 consecutive months*** before SSBCI will become effective
HRA REQUIREMENT	***No HRA*** requirement to receive SSBCI benefits
VERIFICATION METHOD	Pre-selected conditions will be verified via ***CMS HCC data first; provider attestation if needed***

Match the Plan to the Member, Not the SSBCI Benefit

Mandatory benefits, provider networks, and the member's care plan should drive the recommendation.

The Agent Standard

Start with the member.

SSBCI eligibility may change and must be verified. It should never be the sole or leading reason for enrollment.

2027 Member Outlook*

85% expected to remain eligible

15% may require additional verification or reevaluation

Match the plan using:

1. **Mandatory benefits**
   Review core coverage, costs, prescriptions, and the benefits every member can use.

2. **Provider network**
   Confirm the member's PCP, specialists, hospitals, and preferred providers are in network.

3. **Care plan**
   Align the plan to the member's conditions, medications, treatment plan, and ongoing support needs.

The right plan fit should come first. SSBCI is additional support for members who qualify.

*Based on current internal member modeling; actual eligibility must be verified.

2027 Supplemental Benefits*

For Plan Year 2027, Zing Health will utilize two debit card service vendors to support Zing Smart Card benefit delivery: All new members and members in Ohio, Mississippi, and Tennessee will be mailed a new Zing Smart Card for 2027.

Over-the-Counter (OTC) Allowance
All plans offer an OTC allowance. This benefit will be provided as a **mandatory supplemental benefit**. Welcome kits will no longer contain OTC Catalog and will come directly from the OTC Vendor.

Special Supplemental Benefits for the Chronically Ill (SSBCI)
C-SNP plans offer a monthly SSBCI allowance to eligible members. SSBCI benefits may be used toward healthy foods or utilities.

Rewards and Incentives
This is a **quality improvement program** and **not a Medicare supplemental benefit.** Members who complete qualifying health activities receive a reward loaded to their Zing Smart Card. Activities are tracked through claims data.

Zing Smart Card FAQs

- ✓ Zing Smart Cards contain separate "purses" for each benefit type
- ✓ Purses may be funded monthly, quarterly, or one-time
- ✓ Allowance amounts vary by plan and benefit
- ✓ Benefits do not roll over to the next benefit period

*Benefit offerings vary by plan and are subject to CMS approval.

Supplemental Benefits That Support Everyday Needs

A closer look at 2027 benefit coverage across plans.

Personal Emergency Response

PERS

Emergency response support

All C-SNPs

Home & Bath Safety

2

Modifications or devices annually

Regular HMO + HMO C-SNPs

Silver Sneakers Fitness Benefit

$0

ALL PLANS

Except Dialysis Plan

Routine Foot Care

Up to 12

Annual visits for routine footcare

Regular HMO + HMO C-SNP

PAPA

In-home support

Coverage varies by plan

60 HOURS

HMO C-SNPs

30 HOURS

Regular HMO + PPO C-SNPs

Vendor Portfolio Overview

EyeMed |
Vision Benefit

Papa Pals |
In-Home Companion Benefit*

GA Foods |
Prepared Meals Benefit

SilverSneakers |
Fitness Benefit

Liberty Dental |
Dental Benefit

Teladoc |
TeleHealth benefit, Behavioral health benefit, Nurse line benefit

MTM |
Transportation Benefit*

WEX |
Carded Services (IL, IN, MI only)

NationsBenefits |
Hearing Benefit, Personal Safety Device Benefit, Bathroom Safety Benefit, Carded Services Benefit (MS, OH, TN only)

*Vendors require a 2-day booking window

Michigan Service Area

Ann Arbor, Detroit Metro, and Grand Rapids

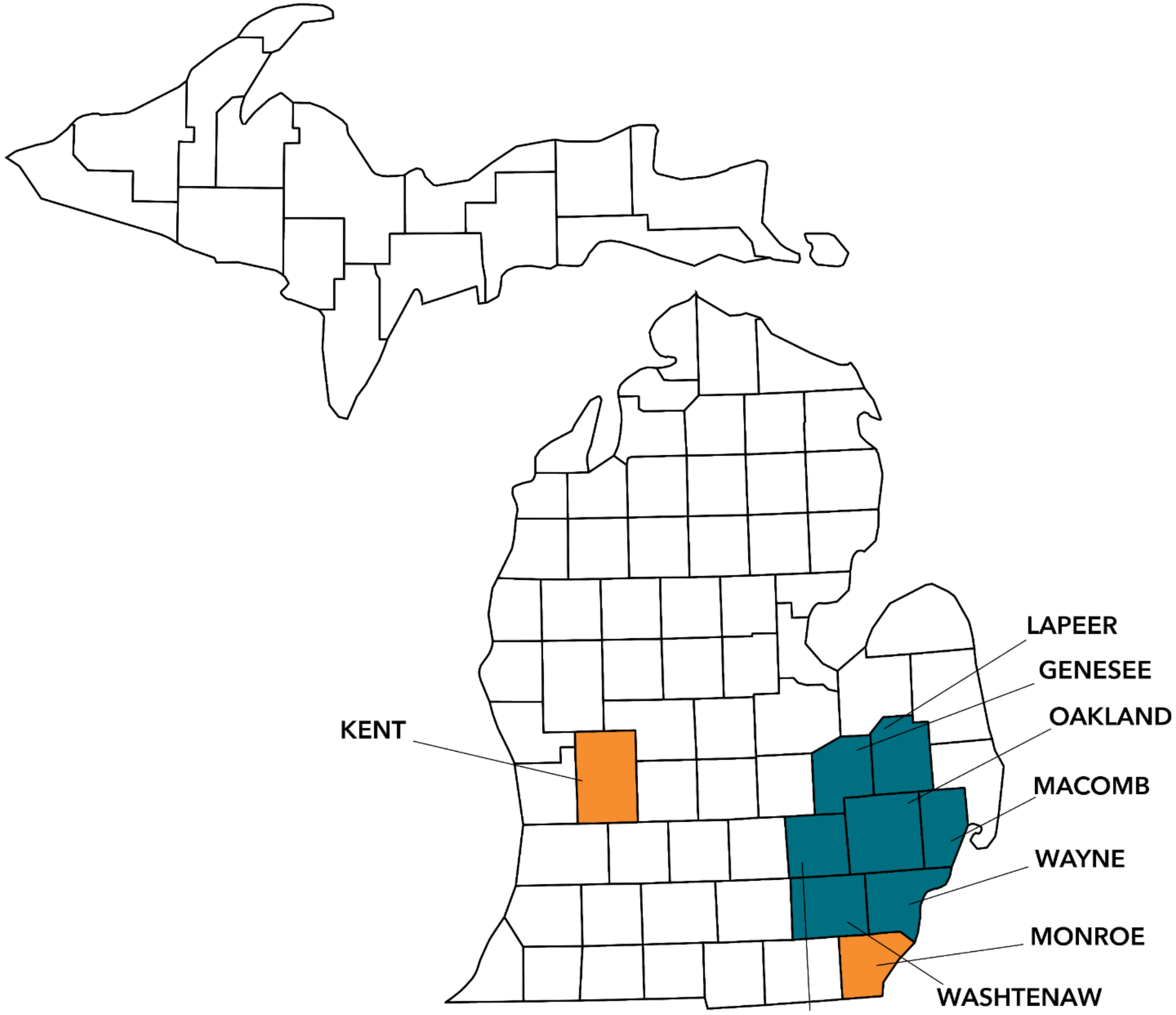
2 new counties for plan year 2027*

9 counties total

Detroit/Ann Arbor (8)	Grand Rapids (1)
Genesee Lapeer Livingston Macomb **Monroe** Oakland Washtenaw Wayne	**Kent**

2026 - 2027 Footprint

2027 Expansion County

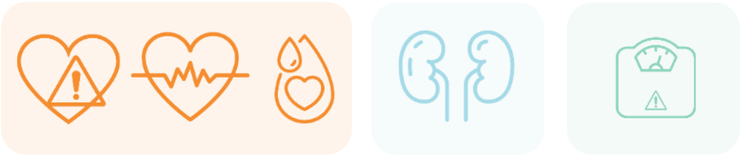


*2027 county expansion pending CMS approval.

Michigan Market at a Glance

- Serving the Ann Arbor, Detroit, and now Grand Rapids markets
- Two new counties: ***Kent*** and ***Monroe,*** bringing the total to 9 counties
- New ***LIS focused C-SNP*** available
- All plans include quarterly OTC allowance and DVH benefits
- PSP options in select counties in partnership with Oak Street Health and Village Medical
- PPO General Enrollment and C-SNP options available
- Michigan PPO options use the 2027 PPO formulary. Verify member medications during every plan review

MI Qualifying Chronic Conditions



Michigan Plan Name Changes for 2027		
Plan ID	***2026 Plan Name***	***2027 Plan Name***
H4624-046	Zing Elite Balance MI (HMO C-SNP)	***Zing Elite Balance IN-MI (HMO C-SNP)***

Michigan-Specific Plan Portfolio

MAPD		Chronic Special Needs Plans				
HMO	PPO	HMO C-SNP Dialysis	HMO C-SNP Balance	HMO C-SNP	PPO C-SNP	HMO C-SNP LIS Focused^

^PSP plan options offered

Michigan Provider Partners

Ascension

UNIVERSITY OF MICHIGAN HEALTH
MICHIGAN MEDICINE

Trinity Health
IHA Medical Group

Beaumont® HEALTH SYSTEM

Corewell Health™

Village Medical™

DMC
DETROIT MEDICAL CENTER

Tenet Health

DaVita®

FRESENIUS KIDNEY CARE

Oak St. Health

Two Ways to Enroll

Submit applications digitally through ZONE, through another approved partner method, or by fax.

Online Enrollment

Guide members through a simple digital experience that supports accurate applications and easier enrollment tracking.

Online enrollment is the preferred method.

Guide • Submit • Track

Paper Applications

Fax Submissions
Fax completed applications to
855-946-4458

Remember to include:

- Cover sheet
- SOA
- Application
- PQAT

Before Submitting a Paper Application

- Complete every required field
- Confirm handwriting is readable
- Keep a copy of the confirmation

Overlapping C-SNP Enrollment Periods: Which One to Use

Use this order when multiple enrollment periods apply.

1	2	3	4
Initial Election Period (IEP) →	**Annual Enrollment Period (AEP)** →	**Open Enrollment Period (OEP)** →	**C-SNP Special Election Period (SEP)** →
If newly eligible for Medicare	Oct 15 - Dec 7	January 1 – March 31 (MA-to-MA only)	If the member qualifies due to a chronic condition

Key reminder for agents:

- If a member qualifies for a C-SNP, they may enroll anytime using the C-SNP SEP
- Use AEP or OEP first when the C-SNP SEP is also available

Health Risk Assessment (HRA)

ZONE or Sunfire Enrollments: For brokers completing an enrollment in ZONE or Sunfire, the HRA is built into the system and can be completed immediately after an eligible application is submitted.

Other Enrollment Methods: For brokers submitting applications through an alternate enrollment platform, the Zing Health Digital HRA Form should be used. The form can be accessed from the member page of **MyZingHealth.com** or directly through the link below.

Zing Health Digital HRA Form Direct Link

https://webforms.myzinghealth.com/

The Digital HRA Form can also be accessed through Quick Links in the Broker Portal.

Please note: HRAs completed through the digital form cannot be tied back to paper applications. To participate in the HRA program, agents must complete an electronic enrollment application.

Download the Digital HRA Guide

C-SNP Verification

88%

Verification Rate (YTD)

PCP

Provider details captured at time of enrollment.

Zing initiates verification to provider.

30-Day Window

If not verified within 30 days, the member receives **Loss of C-SNP notification letter.**

Zing calls unverified beneficiaries for telephonic verification, **assists with plan change** if requested.

Plan Change

Assist member with plan change as requested.

AOR – Agent of Record

Original enrolling agent remains AOR: outreach to AOR if needed to assist member and avoid coverage loss.

60-Day Window

Provider must validate condition within 60 days of the effective date to prevent disenrollment.

Involuntary disenrollment letter mailed if condition not verified.

Keys to Success for C-SNP Verification

Match the Member to the Right C-SNP

Confirm that the member has a qualifying condition for the specific C-SNP selected, eligibility for one C-SNP category does not automatically establish eligibility for another.

Educate the Member About Verification

Explain that the member's provider must confirm a qualifying condition within 60 days to avoid disruption or disenrollment.

Include the PQAT for Paper Applications

For paper C-SNP applications, complete and return the required companion PQAT with the enrollment application.

Capture Accurate Provider Information

Provide the treating provider's full name (not only the practice, facility, or hospital) plus the most accurate contact information available.

Act Early on Unverified Members

Respond promptly to unverified-member outreach and help determine whether the member can be verified or should move to an appropriate alternative plan before the 60-day window closes.

Verification of Chronic Condition Process

If the plan is unable to confirm the qualifying condition within 60 days of enrollment, the member may be eligible for an additional SEP.

How the SEP Works

1. If post-enrollment verification does not confirm the qualifying chronic condition, the member ***cannot remain enrolled in the C-SNP*** and may use an SEP to enroll in another plan
2. The SEP begins with the member is notified of the lack of eligibility during the ***second month of enrollment*** and lasts through the end of that month plus the following two calendar months.
3. The SEP ends once the member makes a new enrollment election or on the ***last day of the second calendar month*** following notification.

Example Timeline

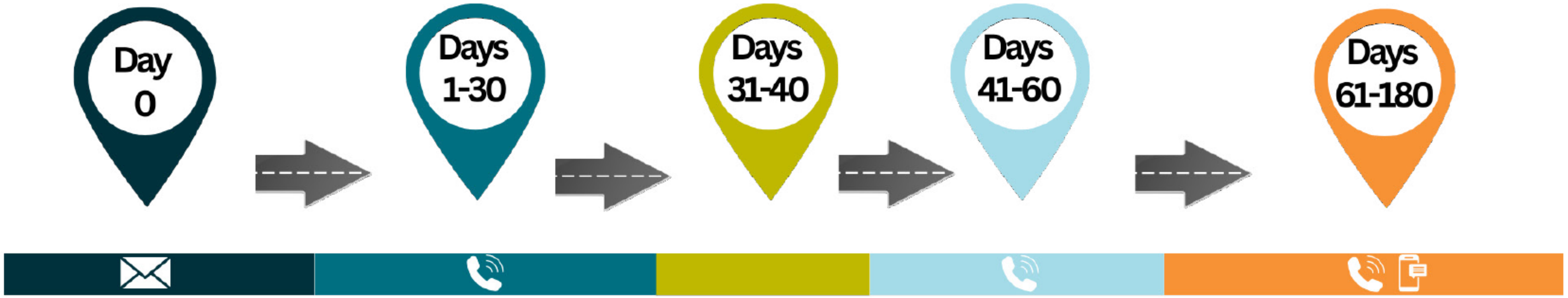
Example: Mrs. Vargas enrolls in the Zing Elite Diabetes & Heart IL plan effective June 1. The qualifying chronic condition could not be verified within 60 days.

JUNE	JULY	AUGUST	SEPTEMBER
Enrollment effective ***June 1***	Member notified eligibility requirements were not met	SEP Available	SEP Available

The member may choose a new plan with an effective date as early as August 1, depending on when the election is made.

Member Journey

Zing stays connected with members throughout their first 180 days to welcome them, provide education, and support their ongoing health needs. This timeline highlights key touchpoints and is not inclusive of all outreach.



Day 0
- Plan enrollment letter
- Member ID/Welcome packet and OTC card mailed
- Broker C-SNP verification call to Zing

Days 1-30

New member welcome call - Getting started with Zing

Days 41-60

45-day check-in call - Let's focus on your wellness

Days 61-180

UTR outreach for medication adherence*

- Health Risk Assessment outbound call attempts*
- Outbound C-SNP verification call
- Chronic condition value-based eligibility outreach

*Where applicable
Welcome call and 45-day check-in are paired with a text and email

Your role continues after enrollment. Reference the ***Member Retention Guide*** for ways to help members stay informed, engaged and connected to their care.

One conversation today. A better-connected member tomorrow.

During enrollment, explain and collect each consent separately. It gives the member a clear choice and helps Zing connect through the channels the member prefers.

DIGITAL CONSENT

Secure email + member portal communications instead of paper, where applicable

What is Digital Consent?

Digital Consent allows the member to receive many plan communications electronically instead of through paper mail. These communications can be delivered through the secure Zing Health Member Portal/Mobile App and email.

How Digital Consent Benefits the Member

- Faster access to important plan information.
- Ability to view documents securely anytime through the Member Portal.
- Less paper and less clutter at home.
- Convenient access to Explanation of Benefits (EOBs), plan updates, and other important communications.

CONSENT TO TEXT

Helpful plan updates, reminders, benefit information and wellness tips

What is Consent to Text?

Consent to Text allows Zing Health to send helpful text messages to the member's cell phone about their plan.

How Digital Consent Benefits the Member

- Receive important reminders and updates.
- Learn about available benefits and wellness programs.
- Stay informed about plan information without waiting for mail.
- Get the most out of your coverage by receiving timely communications.

WHY IT MATTERS TO THE MEMBER

Faster access • ***Anytime access*** • ***Timely reminders*** • ***Less paper***

Reminder | Explain the benefit, ask clearly never pressure, and confirm email and or mobile number.

Support in the Palm of Their Hand

The Zing Health Member App keeps care, coverage, and benefit tools within easy reach.

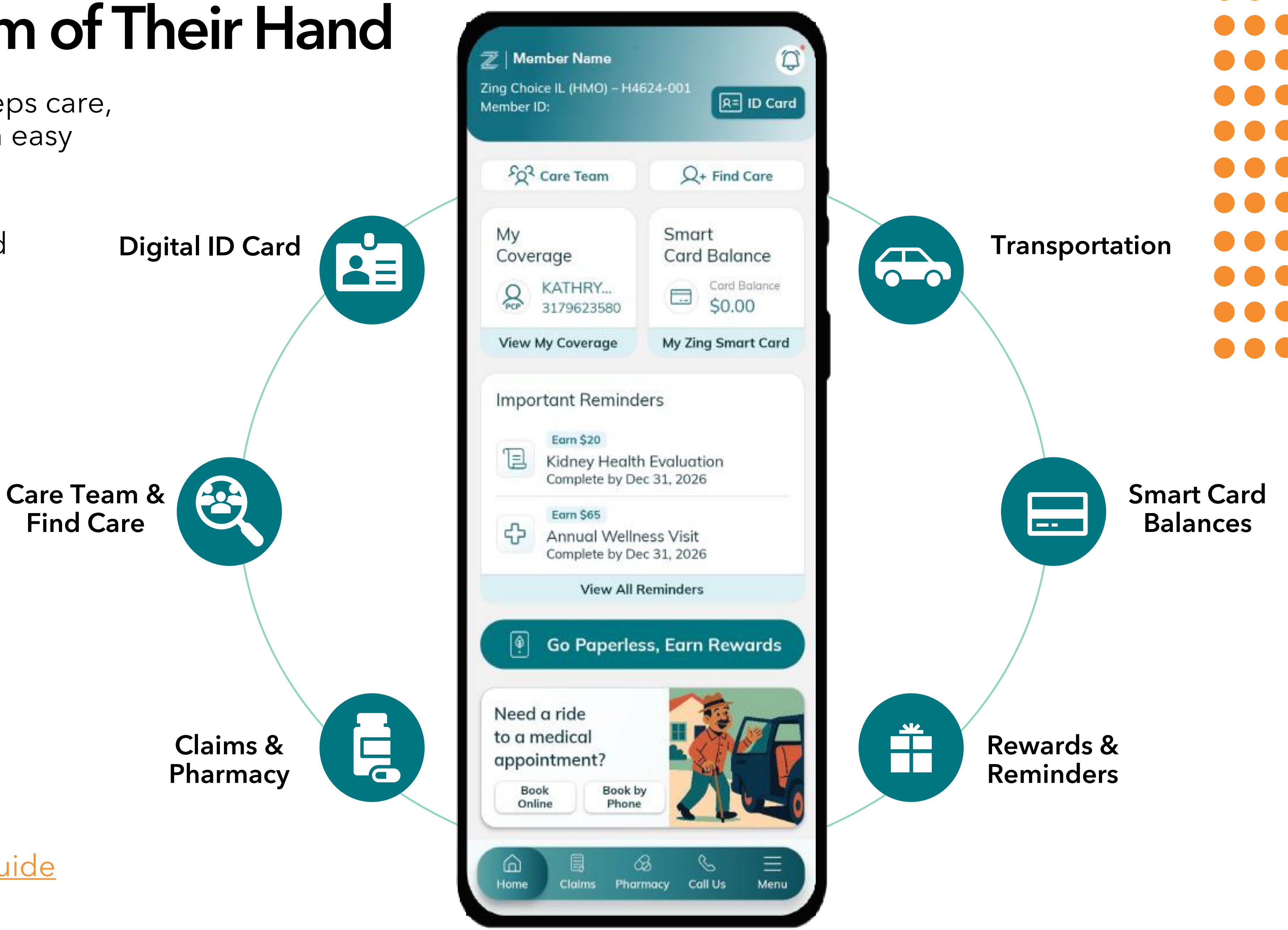
Encourage members to download and register after enrollment.

My Zing Health

Download on the App Store

Zing Health Member App

GET IT ON Google Play



Download the Mobile App User Guide

Broker Portal

Our broker portal provides a number of self-service tools to manage your business.

The Zing Health Broker Portal can be found at: ***ZING Login (evolvenxt.com)***

What you'll find:

- Quick links to popular tools and portals
- Profile information & license management
- Commission statements (direct pay only)
- Hierarchy information
- Onboarding and downline management (agencies only)
- Ready-to-Sell reporting (agencies only)
- Book of Business management, including self-service reporting to view:

  Application Status, Pending RFIs, C-SNP Verification Status, Member ID Cards, Member Termination Date

Whether you are an individual agent or agency principal, the guide below will help you as you navigate the portal.

Broker Onboarding, Recertification, & Portal Guide

Broker Page: MyZingHealth.com

The Zing Health Broker page provides information on how to partner with us and offers convenient access to resources to assist you in marketing and selling Zing Health products.

Below are just a few items that can be found at: myzinghealth.com/broker

- Contact information
- Online forms and resources
- Online broker tools
- Online provider directory
- Prescription drug cost calculator

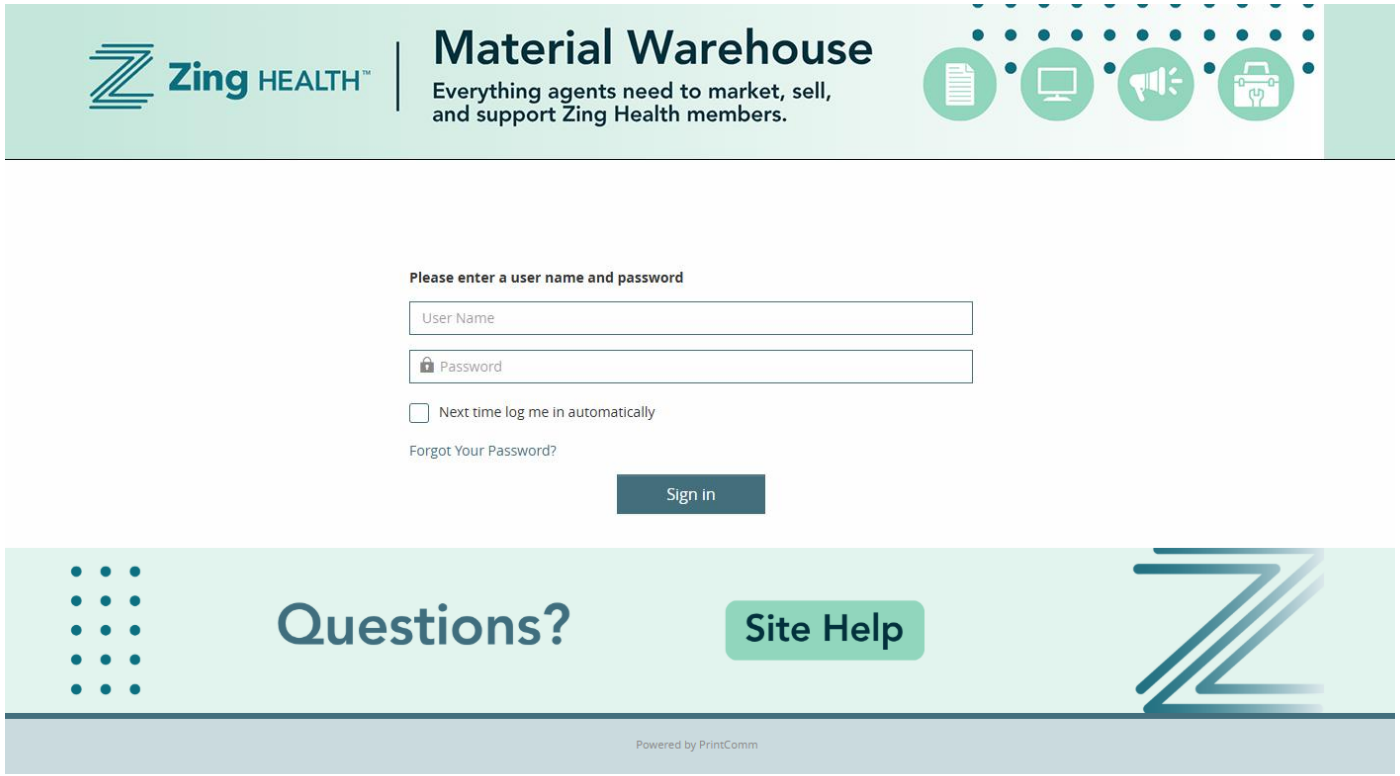
A New Home for 2027 Materials

Approved sales and marketing resources will be located in the new Material Warehouse.

The Material Warehouse URL: https://corporatemarketingtool.com/zing/

As you become ready-to-sell for the 2027 plan year, you will be granted access.

Here you will be able to order physical and digital copies of 2027 sales and marketing materials.



Sales and Field Marketing Materials

Visit the ***Material Warehouse*** to place your order today and have your custom-printed pieces ready to power your year.

More inventory coming soon!

2027 Enrollment Materials

2027 Brochures

When to Contact Broker Support

What the Broker Support Team handles directly – and what to route elsewhere

What Broker Support Can Do

Topics

- Product Questions
- Enrollment Support & Troubleshooting
- Agent of Record
- Hierarchy Transfers
- Application Status
- Commissions Questions
- Broker Platform Support
- Certification Questions
- Ready-to-sell Status
- Profile Changes
- Third-Party Sales Platform Support & Troubleshooting

Self-Help Options

- Broker Portal
- Application Status Reports
- Book of Business Reports
- Member ID Cards
- Commissions Statements
- Hierarchy Changes (N/A for some agents)
- Myzinghealth.com
- Prescription Drug Lookup
- Provider Network Searches

What Broker Support Cannot Do

Topics

- Member Services Calls
- Member Claims
- WEX Card Issues
- Account Balances
- SSBCI Questions
- Prescription Drug Formulary Appeals
- Provider Network Omissions

How to Get Answers

Member Services

Call during non-peak hours for assistance

For Claims issues, state the call is for Claims Support

WEX Cards

Members call WEX directly and use the IVR to check card balance

Myzinghealth.com

Prescription Drug Lookup

Provider Network Searches

Get the Right Broker Support, Faster

Choose the channel that best fits your question.

Need Help Now?

Call Broker Support
(844) 946-4226

Best for urgent, complex, or time-sensitive needs

Broker Support Hours

8 a.m. - 12 p.m. and 1 p.m. - 5 p.m. CST
Monday - Friday

Need A Documented Response?

Email Us
Brokers@myzinghealth.com

Best for requests that require documentation or follow-up

Have A Quick Question?

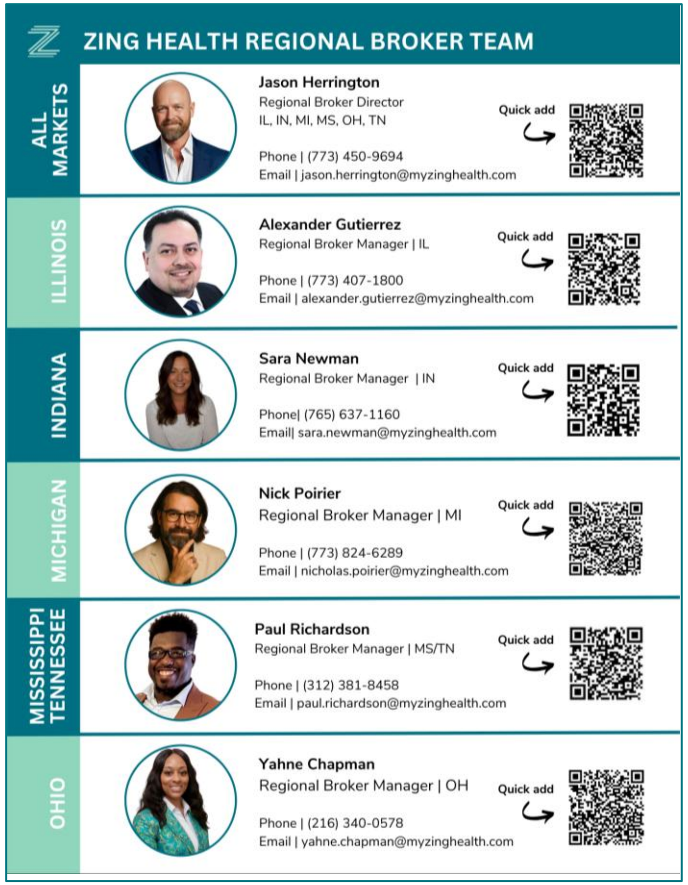
Call (844) 946-4226
and use the Virtual Agent
Available 24/7

Self-service support for common questions.

Broker Resources

Helping you spend less time searching and more time enrolling.

Local Contacts



ZING HEALTH REGIONAL BROKER TEAM

ALL MARKETS

Jason Herrington
Regional Broker Director
IL, IN, MI, MS, OH, TN
Phone | (773) 450-9694
Email | jason.herrington@myzinghealth.com
Quick add

ILLINOIS

Alexander Gutierrez
Regional Broker Manager | IL
Phone | (773) 407-1800
Email | alexander.gutierrez@myzinghealth.com
Quick add

INDIANA

Sara Newman
Regional Broker Manager | IN
Phone| (765) 637-1160
Email| sara.newman@myzinghealth.com
Quick add

MICHIGAN

Nick Poirier
Regional Broker Manager | MI
Phone | (773) 824-6289
Email | nicholas.poirier@myzinghealth.com
Quick add

MISSISSIPPI TENNESSEE

Paul Richardson
Regional Broker Manager | MS/TN
Phone | (312) 381-8458
Email | paul.richardson@myzinghealth.com
Quick add

OHIO

Yahne Chapman
Regional Broker Manager | OH
Phone | (216) 340-0578
Email | yahne.chapman@myzinghealth.com
Quick add

Quick Sheet

ZING QUICK SHEET — Zing HEALTH

SUBMITTING ZING HEALTH BUSINESS

ZONE — ZING ONLINE NAVIGATION & ENROLLMENT

Zing Online Navigation & Enrollment (ZONE) | Our digital enrollment tool is purpose-built to streamline how agents enroll. With ZONE, the entire process becomes simpler, faster, and more accurate. From eligibility checks, plan comparisons, HRA completion, as well as tracking and transparency.

Member Services: 1-866-946-4458
8:00 a.m. to 8:00 p.m. 7 days a week
(from October 1 - March 31)

Paper Application Fax Numbers:
1-855-946-4458 or 1-312-809-9404

BROKER RESOURCES, PORTALS, & WEBSITES

ENROLLMENT & HRA LINKS
- https://www.sunfirematrix.com/app/agent/zng/ — *ZONE Enrollment & HRA Platform*
- https://webforms.myzinghealth.com/ — *Zing Health Digital HRA Form Direct Link*

- zing.evolvenxt.com — *Broker Portal*
- https://corporatemarketingtool.com/zing — *Supplies*
- myzinghealth.com — *Primary Zing Health Website*
- zingfirstlook.com — *2027 Benefits & More*

Webinar Schedule
Need a refresher? *Register for the next training now!*

YOUR SALES TEAM

Jason (ALL STATES)	Alex (IL)	Sara (IN)	Nick (MI)	Paul (MS, TN)	Yahne (OH)
(773) 450-9694	(773) 407-1800	(765) 637-1160	(773) 824-6289	(312) 381-8458	(216) 340-0578
Email Jason	Email Alex	Email Sara	Email Nick	Email Paul	Email Yahne

QUESTIONS? Reach our to your local contact or our Broker Services team!
1-844-946-4226 | brokers@myzinghealth.com

V009012026

Direct Links

Broker Portal

Material Warehouse

Webinar Schedule

Thank You

Zing HEALTH™

Appendix

2027 Michigan Plan Portfolio*

General Enrollment Plans					
Plan ID	**Plan Type**	**PSP**	**Plan Status (New/Renewing)**	**2027 Plan Name**	**Service Area Counties**
H4624-006	HMO	N	**Renewing with Expansion**	Zing Select Care MI (HMO)	Genesee, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne **2027 Expansion: Kent, Monroe**
H4624-022	HMO	Y	Renewing	Zing Elite Select MI (HMO)	Macomb, Oakland, Wayne
H6876-001	Local PPO	N	**Renewing with Expansion**	Zing Open Choice MI (PPO)	Genesee, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne **2027 Expansion: Kent, Monroe**

Special Needs Plans							
Plan ID	**Plan Type**	**PSP**	**Plan Status (New/ Renewing)**	**SNP**	**SNP Type**	**2027 Plan Name**	**Service Area Counties**
H4624-012	HMO	N	**Renewing with Expansion**	Chronic	CVD, CHF, and/or Diabetes	Zing Select Diabetes & Heart MI (HMO C-SNP)	Genesee, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne **2027 Expansion: Kent, Monroe**
H4624-023	HMO	N	**Renewing with Expansion**	Chronic	CKD	Zing Select Dialysis MI (HMO C-SNP)	Genesee, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne **2027 Expansion: Kent, Monroe**
H4624-032	HMO	Y	Renewing	Chronic	CVD, CHF, and/or Diabetes	Zing Elite Diabetes & Heart MI (HMO C-SNP)	Macomb, Oakland, Wayne
H4624-046	HMO	Y	Renewing	Chronic	Overweight, Obesity, and/or Metabolic Syndrome	Zing Elite Balance IN-MI (HMO C-SNP)	Macomb, Oakland, Wayne
H4624-047	HMO	Y	**New**	Chronic (LIS)	CVD, CHF, and/or Diabetes	Zing Elite Essentials Diabetes & Heart MI (HMO C-SNP)	**2027 Expansion: Macomb, Oakland, Wayne**
H6876-003	Local PPO	N	**Renewing with Expansion**	Chronic	CVD, CHF, and/or Diabetes	Zing Open Choice Diabetes & Heart MI (PPO C-SNP)	Genesee, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne **2027 Expansion: Kent, Monroe**

*2027 county expansion pending CMS approval.

Zing HEALTH	Zing Select Care MI (HMO) H4624-006	Zing Elite Select MI (HMO) H4624-022	Zing Open Choice MI (PPO) H6876-001
Plan Type	**General Enrollment**	**General Enrollment PSP**	**General Enrollment**
Service Area	Genesee, ***Kent***, Lapeer, Livingston, Macomb, ***Monroe***, Oakland, Washtenaw, Wayne	Macomb, Oakland, Wayne	Genesee, ***Kent***, Lapeer, Livingston, Macomb, ***Monroe***, Oakland, Washtenaw, Wayne
MOOP (In-Network)	$6,750	$6,750	$6,450
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits	$9,950
PCP	$0	$0	$0
SNP SPC	$30	$25	INN: $30 / OON: $40
SPC	$30	$25	INN: $30 / OON: $40
Dental Allowance (Yr)	$2,000	$2,000	$1,500
Eyewear Allowance (Yr)	$250	$300	$200
Hearing Aid Allowance (3 yr)	$750 per ear	$750 per ear	$750 per ear
Inpatient Hospital	$436 (Days 1-7)	$436 (Days 1-7)	INN / OON: $436 (Days 1-7)
Transportation (One-Way)	12	18	Not Covered
Flex Card	Not Covered	Not Covered	Not Covered
OTC Allowance	$80	$125	$90
OTC Frequency	Quarterly	Quarterly	Quarterly
SSBCI Allowance	Not Covered	Not Covered	Not Covered
SSBCI Inclusion	n/a	n/a	n/a
RX	$0 / $0 / 22% / 25% / 28% Deductible $500 – T3, T4, T5	$0 / $0 / 22% / 25% / 29% Deductible $350 – T3, T4, T5	$0 / $9 / 22% / 25% / 28% Deductible $450 – T3, T4, T5

MICHIGAN

General Enrollment

30 Hours of PAPA In-Home Support Services on HMO plans

Sildenafil is included on T2 with plan shown

Zing HEALTH

	Zing Select Diabetes & Heart MI (HMO C-SNP) H4624-012	Zing Elite Diabetes & Heart MI (HMO C-SNP) H4624-032	Zing Open Choice Diabetes & Heart MI (PPO C-SNP) H6876-003
Plan Type	**Chronic: CHF/CVD/Diabetes**	**Chronic PSP: CHF/CVD/Diabetes**	**Chronic: CHF/CVD/Diabetes**
Service Area	Genesee, ***Kent***, Lapeer, Livingston, Macomb, ***Monroe***, Oakland, Washtenaw, Wayne	Macomb, Oakland, Wayne	Genesee, ***Kent***, Lapeer, Livingston, Macomb, ***Monroe***, Oakland, Washtenaw, Wayne
MOOP (In-Network)	$6,750	$6,750	$6,450
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits	$9,950
PCP	$0	$0	$0
SNP SPC	$0	$0	$0
SPC	$25	$20	$25
Dental Allowance (Yr)	$2,000	$2,000	$1,500
Eyewear Allowance (Yr)	$300	$350	$250
Hearing Aid Allowance (3 yr)	$750 per ear	$750 per ear	$750 per ear
Inpatient Hospital	$436 (Days 1-7)	$436 (Days 1-7)	INN / OON: $436 (Days 1-7)
Transportation (One-Way)	12	20	Not Covered
Flex Card	Not Covered	Not Covered	Not Covered
OTC Allowance	$90	$90	$75
OTC Frequency	Quarterly	Quarterly	Quarterly
SSBCI Allowance	$70 / Month *	$115 / Month *	$95 / Month *
SSBCI Inclusion	Food, Utilities	Food, Utilities	Food, Utilities
RX	$0 / $5 / 22% / 25% / 28% / $0 Deductible $500 – T3, T4, T5	$0 / $5 / 22% / 25% / 29% / $0 Deductible $400 – T3, T4, T5	$0 / $8 / 22% / 25% / 29% / $0 Deductible $400 – T3, T4, T5

MICHIGAN

C-SNP

60 Hours of PAPA In-Home Support Services on HMO C-SNP and 30 hours on PPO C-SNP

Sildenafil is included on T2 with plan shown

*** C-SNP members must meet 2027 SSBCI Program requirements to receive benefits.**

Benefits will pay after 2 months of consecutive enrollment.

Not all members will be eligible for benefits.

Zing HEALTH™

Zing Select Dialysis MI (HMO C-SNP)

H4624-023

Plan Type	**Chronic: CKD/ESRD**
Service Area	Genesee, ***Kent***, Lapeer, Livingston, Macomb, ***Monroe***, Oakland, Washtenaw, Wayne
MOOP (In-Network)	$6,900
MOOP (INN & OON Combined)	No OON Benefits
PCP	$0
SNP SPC	$25
SNP SPC	$0 ESRD Members Only
SPC	$25
Dialysis	$0
Dental Allowance (Yr)	$2,000
Eyewear Allowance (Yr)	$350
Hearing Aid Allowance (3 yr)	$750 per ear
Inpatient Hospital	$420 (Days 1-7)
Transportation (One-Way)	30
Transportation (One-Way)	Unlimited for ESRD Members
Flex Card	Not Covered
OTC Allowance	$90
OTC Frequency	Quarterly
SSBCI Allowance	$100 / Month *
SSBCI Inclusion	Food, Utilities
RX	$0 / $5 / 22% / 25% / 29% / $0 Deductible $350 – T3, T4, T5

MICHIGAN

C-SNP

60 Hours of PAPA In-Home Support

Sildenafil is included on T2 with plan shown

Standout benefits for members with ESRD / CKD Level 5

*** C-SNP members must meet 2027 SSBCI Program requirements to receive benefits.**

Benefits will pay after 2 months of consecutive enrollment.

Not all members will be eligible for benefits.

Zing HEALTH™

Zing Elite Balance IN-MI (HMO C-SNP)

H4624-046

Plan Type	**Chronic PSP: Overweight, Obesity, and Metabolic Syndrome**
Service Area	Macomb, Oakland, Wayne
PLAN PREMIUM	$0
MOOP (In-Network)	$6,750
MOOP (INN & OON Combined)	No OON Benefits
PCP	$0
SNP SPC	$30
SPC	$30
Dental Allowance (Yr)	$2,000
Eyewear Allowance (Yr)	$300
Hearing Aid Allowance (3 yr)	$750 per ear
Inpatient Hospital	$436 (Days 1-7)
Transportation (One-Way)	12
Flex Card	Not Covered
OTC Allowance	$110
OTC Frequency	Quarterly
SSBCI Allowance	Not Covered
SSBCI Inclusion	n/a
RX	$0 / $5 / 22% / 25% / 28% / $11 Deductible $500 – T3, T4, T5

MICHIGAN

C-SNP

30 Hours of PAPA In-Home Support

Sildenafil is included with plan shown

GLP-1s

Tier 6 medications, including GLP-1s, have an $11 copay (compared to $0 on other Zing C-SNPs).

- GLP-1 medications are only covered when prescribed for diabetes management.
- Members with existing chronic conditions may be better served by our other Zing C-SNP plans.
- Members who become diabetic while on the Elite Balance plan will have an SEP to enroll into a Diabetes C-SNP.

Zing HEALTH™

Zing Elite Essentials Diabetes & Heart MI (HMO C-SNP)

H4624-047

NEW PLAN

MICHIGAN

C-SNP

60 Hours of PAPA In-Home Support

Premium Target:
Part C = $0
Part D = $6.30

Plan Type	**Chronic PSP: CHF/CVD/Diabetes (LIS focus)**
Service Area	Macomb, Oakland, Wayne
PLAN PREMIUM	$0
MOOP (In-Network)	$5,950
MOOP (INN & OON Combined)	No OON Benefits
PCP	$0
SNP SPC	$0
SPC	$20
Dental Allowance (Yr)	$2,000
Eyewear Allowance (Yr)	$350
Hearing Aid Allowance (3 yr)	$750
Inpatient Hospital	$436 (Days 1-7)
Transportation (One-Way)	26
Flex Card	Not Covered
OTC Allowance	$90
OTC Frequency	Quarterly
SSBCI Allowance	$180 / Month *
SSBCI Inclusion	Food, Utilities
RX	25% / 25% / 25% / 25% / 25% Deductible $700 Coinsurance applies to insulins – up to $35

PLAN QUALIFICATIONS
Enrollment qualification is based on chronic condition NOT LIS status.

EXTRA HELP
Beneficiaries with 'Extra Help' will receive:

- Assistance paying their Part D basic premium
- Assistance paying their Part D deductible
- LIS copay amounts for prescription drugs

IMPORTANT RENEWAL REQUIREMENT
Members must renew their Extra Help status annually. Members who no longer qualify or fail to renew may face unexpected cost-sharing amounts. Members who lose their status qualify for a Special Election Period.

*** C-SNP members must meet 2027 SSBCI Program requirements to receive benefits.**

Benefits will pay after 2 months of consecutive enrollment.

Not all members will be eligible for benefits.

2027 Formulary Insulins (Alphabetical)

We’re happy to offer $0 copay for formulary insulins shown below across all plans.*

- ADMELOG INJ 100U/ML
- ADMELOG SOLO INJ 100U/ML
- FIASP FLEX INJ TOUCH
- FIASP INJ 100/ML
- FIASP PENFIL INJ U-100
- FIASP PMPCRT INJ U-100
- LANTUS INJ 100/ML
- LANTUS SOLOS INJ 100/ML
- NOVOLIN INJ 70/30
- NOVOLIN INJ 70/30 FP
- NOVOLIN N INJ 100 UNIT
- NOVOLIN N INJ U-100
- NOVOLIN R INJ 100 UNIT
- NOVOLIN R INJ U-100
- NOVOLOG INJ 100/ML
- NOVOLOG INJ FLEXPEN
- NOVOLOG INJ PENFILL
- NOVOLOG MIX INJ 70/30
- NOVOLOG MIX INJ FLEXPEN
- SOLIQUA INJ 100/33
- TOUJEO MAX INJ 300/ML
- TOUJEO SOLO INJ 300/ML
- XULTOPHY INJ 100/3.6

*Subject to CMS approval.
Drug may also appear on a higher-priced tier depending on drug form (i.e. tablets, capsules, liquids, powders, gel, injectable, etc.)

2027 Supplemental Benefits*

Zing offers a range of supplemental benefits that are not covered under Medicare Part A, Part B, or Part D.

Dental Benefits
Preventive and comprehensive benefits provided in all plans!
Allowance: Members receive an annual allowance and zero cost-share for covered routine preventive and comprehensive dental services. Service limitations apply for preventive services. $0 copay for in-network providers.

Vision Benefits
Eye exam: 1 routine eye exam every year for $0 copay (in-network)
Eyewear: Annual allowance for eyewear.

Hearing Benefits
Hearing exam: 1 routine hearing exam every year for $0 copay (in-network)
Hearing Aids: Hearing aid allowance per ear, every three years (in-network)

*Benefit offerings vary by plan/Subject to CMS approval.

2027 Supplemental Benefits*

Eligible food and meal benefits may be available to qualifying members, depending on plan eligibility and benefit type.

Healthy Food/Grocery Allowance

Members who qualify for SSBCI may use their available monthly allowance toward healthy food purchases.

- Allowances are accessed through the **Zing Smart Card**
- Eligible items and allowance amounts vary by plan
- See **Zing Smart Card benefits** for additional details

Meals: Post Discharge

Eligibility: Members of select plans who are discharged from a hospital or facility.

Benefit: Qualifying members will receive **14 prepared meals** following each inpatient hospital discharge to help reduce health-related risks associated with nutritional needs.

- Members are contacted to coordinate delivery
- No limit to number of post-discharge benefit periods per year
- Meals are delivered to member's home

Meals: Chronic Conditions

Eligibility: Members of select plans with a qualifying chronic condition who are enrolled in a supervised program designed to support lifestyle modification. **Physician order required.**

Benefit: Qualifying members receive **14 or 28 prepared meals, limited to once per year.** Meals are delivered to the member's home.

*Benefit offerings vary by plan/Subject to CMS approval.

2027 Supplemental Benefits*

Support and safety services help eligible members remain safe and supported in their homes, depending on plan eligibility and benefit type.

In-Home Support Services
Eligibility: Available to members of select plans. This is a **mandatory supplemental benefit** available to all members of qualifying plans.

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.

Bathroom Safety Devices
Eligibility: Available to members of HMO plans. This is a **mandatory supplemental benefit** available to all members of qualifying plans.

Utility Allowance
Eligibility: Members who qualify for the SSBCI benefit may use their available monthly or quarterly allowance toward eligible utilities, including electric, gas, heating oil, sanitary services, and water (gas at the pump excluded).

- Allowances are accessed through the **Zing Smart Card**
- See **Zing Smart Card benefits** for additional details

*Benefit offerings vary by plan/Subject to CMS approval.

2027 Supplemental Benefits*

Wellness and worldwide services support member health and access to care, depending on plan eligibility and benefit type.

Fitness/Gym
Members of most plans will receive the fitness benefit.
- This is a **mandatory supplemental benefit** available to all members of qualifying plans
- Not offered on CKD plans

Nutrition and Dietary Counseling
Eligibility: Available to members of select plans. This is a **mandatory supplemental benefit** available to all members of qualifying plans.

Worldwide Emergency/Urgently Needed Care
Eligibility: All plans include worldwide emergency and urgently needed services.

*Benefit offerings vary by plan/Subject to CMS approval.

2027 Supplemental Benefits*

Non-emergency transportation benefits help eligible members access approved health-related services, depending on plan eligibility and benefit type.

Non-Emergency Transportation

Benefit: Members can schedule **one-way rides** to plan-approved, health related locations.

- Not offered on PPO plans
- Benefit limits vary by plan
- Members with ESRD receive unlimited transportation **to dialysis centers**

In-Home Support Services

Eligibility: 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
- Benefit limits vary by plan

*Benefit offerings vary by plan/Subject to CMS approval.

2027 Supplemental Benefits*

Telehealth services provide members with access to virtual care, depending on plan eligibility and benefit type.

Provider Line

Benefit: Members may speak with a licensed provider to discuss health concerns and receive guidance on appropriate next steps for care.

- Available 24/7, depending on plan
- $0 copay when accessed through Zing's preferred telehealth provider
- Not intended for emergency situations

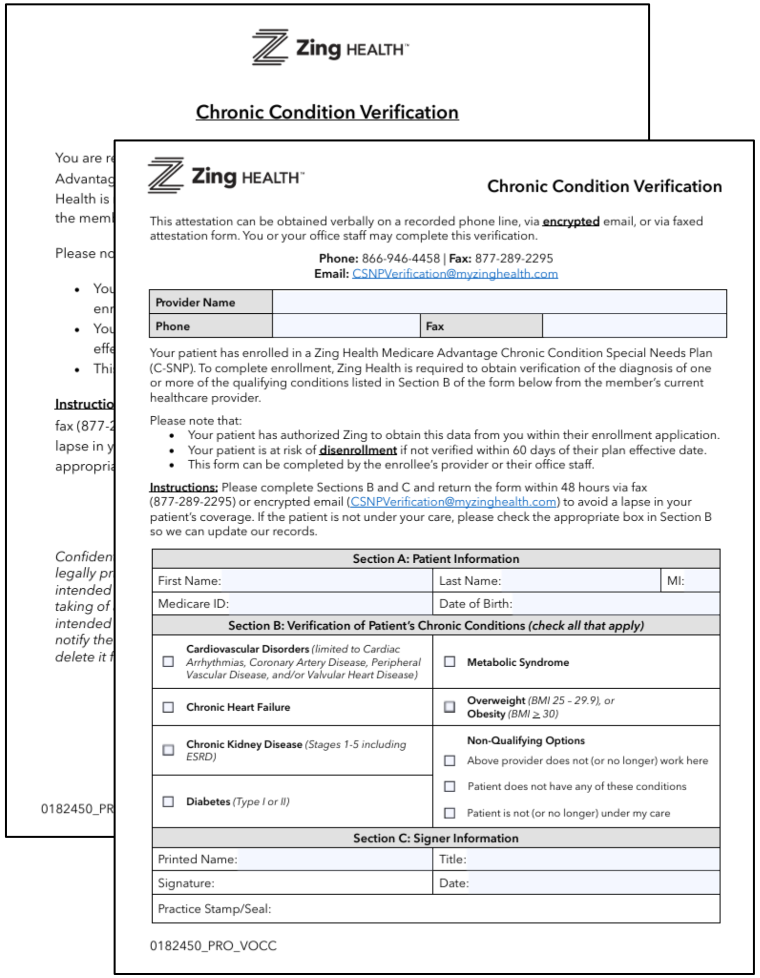
Telemedicine

Benefit: Virtual **Urgently Needed Care, Primary Care and Behavioral Health** services are available when a member's regular provider is not accessible.

- $0 copay when services are received through Zing's preferred telehealth provider
- Standard provider copays apply when services are provided by other in-network providers

*Benefit offerings vary by plan/Subject to CMS approval.c

Verification of Chronic Condition Form (VOCC)



Zing HEALTH

Chronic Condition Verification

This attestation can be obtained verbally on a recorded phone line, via encrypted email, or via faxed attestation form. You or your office staff may complete this verification.

Phone: 866-946-4458 | **Fax:** 877-289-2295
Email: CSNPVerification@myzinghealth.com

Provider Name			
Phone		**Fax**	

Your patient has enrolled in a Zing Health Medicare Advantage Chronic Condition Special Needs Plan (C-SNP). To complete enrollment, Zing Health is required to obtain verification of the diagnosis of one or more of the qualifying conditions listed in Section B of the form below from the member's current healthcare provider.

Please note that:

- Your patient has authorized Zing to obtain this data from you within their enrollment application.
- Your patient is at risk of disenrollment if not verified within 60 days of their plan effective date.
- This form can be completed by the enrollee's provider or their office staff.

Instructions: Please complete Sections B and C and return the form within 48 hours via fax (877-289-2295) or encrypted email (CSNPVerification@myzinghealth.com) to avoid a lapse in your patient's coverage. If the patient is not under your care, please check the appropriate box in Section B so we can update our records.

Section A: Patient Information		
First Name:	Last Name:	MI:
Medicare ID:	Date of Birth:	
Section B: Verification of Patient's Chronic Conditions *(check all that apply)*		
☐ **Cardiovascular Disorders** *(limited to Cardiac Arrhythmias, Coronary Artery Disease, Peripheral Vascular Disease, and/or Valvular Heart Disease)*	☐ **Metabolic Syndrome**	
☐ **Chronic Heart Failure**	☐ **Overweight** *(BMI 25 - 29.9)*, or **Obesity** *(BMI ≥ 30)*	
☐ **Chronic Kidney Disease** *(Stages 1-5 including ESRD)*	**Non-Qualifying Options** ☐ Above provider does not (or no longer) work here	
☐ **Diabetes** *(Type I or II)*	☐ Patient does not have any of these conditions ☐ Patient is not (or no longer) under my care	
Section C: Signer Information		
Printed Name:	Title:	
Signature:	Date:	
Practice Stamp/Seal:		

0182450_PRO_VOCC

CMS requires that the beneficiary's current health care provider (physician, nurse practitioner, or physician assistant) verify the presence of at least one qualifying chronic condition to complete enrollment in a C-SNP.

To ensure timely enrollment into a C-SNP, agents should review the VOCC form with their client at the point of sale:

- Member should take the VOCC form to one of their providers who can verify their chronic condition.
- The provider or provider's office must submit the completed VOCC form to Zing Health via fax (877-289-2295) or secure email (CSNPVerification@myzinghealth.com).
- If Zing Health does not receive a fully completed form within 60 days of the beneficiary's effective date, the member will be involuntarily disenrolled from the C-SNP.
- Agents are allowed to leave the VOCC form with the C-SNP enrollee at the time of enrollment. Enrollees also receive a copy of the form as tear-away pages in their Welcome Kit.
- The VOCC form should ***NOT*** be returned with the application.

The latest version of the VOCC form can be found on Zing Health's provider page.