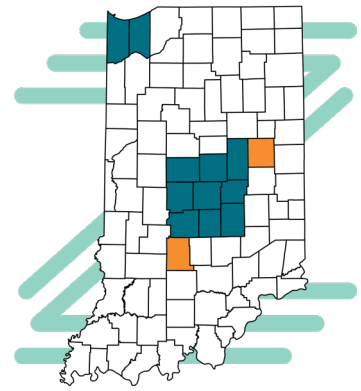




INDIANA MEDICARE ADVANTAGE PORTFOLIO

Product Type	2027 H-PBP	Plan Name	Service Area
CHRONIC SPECIAL NEEDS PLANS (C-SNP) (Chronic Kidney Disease (CKD))			
HMO C-SNP	H4624-025	Zing Select Dialysis IN (HMO C-SNP)	Boone, Delaware , Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Monroe , Morgan, Porter, and Shelby Counties
C-SNP (Cardiovascular Disorders; Chronic Heart Failure; and/or Diabetes)			
HMO C-SNP (Provider Specific Plan)* (LIS Focused Plan)**	H4624-045	Zing Elite Essentials Diabetes & Heart IL-IN (HMO C-SNP)	IL: Boone, Cook, Kane, Will, and Winnebago Counties IN: Lake and Marion Counties
HMO C-SNP (Provider Specific Plan)*	H4624-031	Zing Elite Diabetes & Heart IN (HMO C-SNP)	Lake and Marion Counties
HMO C-SNP	H4624-011	Zing Select Diabetes & Heart IN (HMO C-SNP)	Boone, Delaware , Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Monroe , Morgan, Porter, and Shelby Counties
PPO C-SNP	H6876-005	Zing Open Choice Diabetes & Heart IN (PPO C-SNP)	Boone, Delaware , Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Monroe , Morgan, Porter, and Shelby Counties
C-SNP (Overweight, Obesity, and Metabolic Syndrome)			
HMO C-SNP (Provider Specific Plan)*	H4624-046 NEW	Zing Elite Balance IN-MI (HMO C-SNP)	IN: Lake and Marion Counties MI: Macomb, Oakland, and Wayne Counties
GENERAL ENROLLMENT PLANS			
HMO	H4624-003	Zing Select Care IN (HMO)	Boone, Delaware , Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Monroe , Morgan, Porter, and Shelby Counties
HMO (Provider Specific Plan)*	H4624-026	Zing Elite Select IL-IN (HMO)	IL: Boone, Cook, Kane, Will, and Winnebago Counties IN: Lake and Marion Counties
PPO	H6876-004	Zing Open Choice IN (PPO)	Boone, Delaware , Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Monroe , Morgan, Porter, and Shelby Counties

NEW for 2027

Agent/Broker use only. Not for distribution. Marketing these benefits must not occur prior to 10/1.

In-Network Plan Benefits	Zing Select Dialysis IN (HMO C-SNP) H4624-025
Counties	Boone, Delaware , Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Monroe , Morgan, Porter, Shelby
Qualifying Condition(s)	Chronic Kidney Disease (CKD)
Premium Amount	\$0
MOOP Max (In-network)	\$6,900
PCP / Specialist Visits	\$0 / \$25
C-SNP Specialist Visit ¹	\$25 (\$0 for members with Stage 5 CKD (ESRD))
Inpatient Hospital	\$436 per day for days 1-7; \$0 per day for days 8 and beyond per admission or per stay
Post Discharge Meals ²	14
Chronic Meals ³	14
Emergency Care	\$130 (Waived if admitted within 24 hours from initial ER discharge for the same condition)
Urgent Care (PCP / Other Location)	\$0 / \$30
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20% (\$0 for members with Stage 5 CKD (ESRD))
Dental	Up to \$2,000 allowance for diagnostic, preventive, and comprehensive coverage per year
Vision	\$0 copay for routine exam. Plus, get up to \$350 to use towards contacts, lenses, and frames
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years
Non-Emergency Medical Transportation	20 one-way trips per year (Unlimited for members with Stage 5 CKD (ESRD))
In-Home Support Services	60 hours per year
24/7 Telehealth Hotline	\$0 for Teladoc; \$0-30 for other providers
Worldwide Emergency / Urgent Coverage Annual Limit	\$100,000
OTC (No Rollover)	\$90 per quarter
Food / Utilities Allowance ⁴ (No Rollover)	\$110 per month
Part D Deductible	\$350 (Tier 1, Tier 2, and Tier 6 excluded)
Standard Retail - Tier 1 - Preferred Generic and Tier 6 - Select Care Drugs (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1 and Tier 6
Standard Mail Order - Tier 1 - Preferred Generic, Tier 2 - Generic, and Tier 6 - Select Care Drugs (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1 and Tier 6

In-Network Plan Benefits	Zing Elite Essentials Diabetes & Heart IL-IN (HMO C-SNP) H4624-045
Counties	IL: Boone, Cook, Kane, Will, and Winnebago IN: Lake and Marion
Qualifying Condition(s)	Cardiovascular disorders, Chronic heart failure, Diabetes mellitus
Part C Premium / Part D Premium Amount	\$0 / \$9.80
MOOP Max (In-network)	\$6,900
PCP / Specialist Visits	\$0 / \$10
C-SNP Specialist Visit ¹	\$0
Inpatient Hospital	\$436 per day for days 1-7; \$0 per day for days 8 and beyond per admission or per stay
Post Discharge Meals ²	14
Chronic Meals ³	14
Emergency Care	\$130 (Waived if admitted within 24 hours from initial ER discharge for the same condition)
Urgent Care (PCP / Other Location)	\$0 / \$10
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	Up to \$2,000 allowance for diagnostic, preventive, and comprehensive coverage per year
Vision	\$0 copay for routine exam. Plus, get up to \$350 to use towards contacts, lenses, and frames
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years
Non-Emergency Medical Transportation	30 one-way trips per year
In-Home Support Services	60 hours per year
24/7 Telehealth Hotline	\$0 for Teladoc; \$0-10 for other providers
Worldwide Emergency / Urgent Coverage Annual Limit	\$100,000
Fitness - Gym Access	\$0
OTC (No Rollover)	\$75 per quarter
Food / Utilities Allowance ⁴ (No Rollover)	\$165 per month
Part D Deductible	\$700 (No tiers excluded)
Standard Retail - Tier 1 - Preferred Generic (30 / 60 / 100 day supply)	25% / 25% / 25% Insulin: 25% coinsurance up to: \$35 / \$70 / \$105
Standard Mail Order - Tier 1 - Preferred Generic and Tier 2 Generic (30 / 60 / 100 day supply)	25% / 25% / 25% Insulin: 25% coinsurance up to: \$35 / \$70 / \$105 (Sildenafil not covered)

In-Network Plan Benefits	Zing Elite Diabetes & Heart IN (HMO C-SNP) H4624-031
Counties	Lake and Marion
Qualifying Condition(s)	Cardiovascular disorders, Chronic heart failure, Diabetes mellitus
Premium Amount	\$0
MOOP Max (In-network)	\$6,900
PCP / Specialist Visits	\$0 / \$10
C-SNP Specialist Visit ¹	\$0
Inpatient Hospital	\$436 per day for days 1-7; \$0 per day for days 8 and beyond per admission or per stay
Post Discharge Meals ²	14
Chronic Meals ³	14
Emergency Care	\$130 (Waived if admitted within 24 hours from initial ER discharge for the same condition)
Urgent Care (PCP / Other Location)	\$0 / \$25
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	Up to \$2,000 allowance for diagnostic, preventive, and comprehensive coverage per year
Vision	\$0 copay for routine exam. Plus, get up to \$350 to use towards contacts, lenses, and frames
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years
Non-Emergency Medical Transportation	18 one-way trips per year
In-Home Support Services	60 hours per year
24/7 Telehealth Hotline	\$0 for Teladoc; \$0-10 for other providers
Worldwide Emergency / Urgent Coverage Annual Limit	\$100,000
Fitness - Gym Access	\$0
OTC (No Rollover)	\$75 per quarter
Food / Utilities Allowance ⁴ (No Rollover)	\$125 per month
Part D Deductible	\$350 (Tier 1, Tier 2, and Tier 6 excluded)
Standard Retail - Tier 1 - Preferred Generic and Tier 6 - Select Care Drugs (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1 and Tier 6
Standard Mail Order - Tier 1 - Preferred Generic, Tier 2 - Generic, and Tier 6 - Select Care Drugs (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1 and Tier 6

In-Network Plan Benefits	Zing Select Diabetes & Heart IN (HMO C-SNP) H4624-011
Counties	Boone, Delaware , Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Monroe , Morgan, Porter, Shelby
Qualifying Condition(s)	Cardiovascular disorders, Chronic heart failure, Diabetes mellitus
Premium Amount	\$0
MOOP Max (In-network)	\$6,900
PCP / Specialist Visits	\$0 / \$20
C-SNP Specialist Visit ¹	\$0
Inpatient Hospital	\$420 per day for days 1-7; \$0 per day for days 8 and beyond per admission or per stay
Post Discharge Meals ²	14
Chronic Meals ³	14
Emergency Care	\$130 (Waived if admitted within 24 hours from initial ER discharge for the same condition)
Urgent Care (PCP / Other Location)	\$0 / \$15
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	Up to \$2,000 allowance for diagnostic, preventive, and comprehensive coverage per year
Vision	\$0 copay for routine exam. Plus, get up to \$300 to use towards contacts, lenses, and frames
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years
Non-Emergency Medical Transportation	12 one-way trips per year
In-Home Support Services	60 hours per year
24/7 Telehealth Hotline	\$0 for Teladoc; \$0-20 for other providers
Worldwide Emergency / Urgent Coverage Annual Limit	\$100,000
Fitness - Gym Access	\$0
OTC (No Rollover)	\$75 per quarter
Food / Utilities Allowance ⁴ (No Rollover)	\$95 per month
Part D Deductible	\$450 (Tier 1, Tier 2, and Tier 6 excluded)
Standard Retail - Tier 1 - Preferred Generic and Tier 6 - Select Care Drugs (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1 and Tier 6
Standard Mail Order - Tier 1 - Preferred Generic, Tier 2 - Generic, and Tier 6 - Select Care Drugs (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1 and Tier 6

In-Network Plan Benefits	Zing Elite Balance IN-MI (HMO C-SNP) H4624-046
Counties	MI: Macomb, Oakland, Wayne IN: Lake and Marion
Qualifying Condition(s)	Overweight, Obesity, and Metabolic Syndrome
Premium Amount	\$0
MOOP Max (In-network)	\$6,750
PCP / Specialist Visits	\$0 / \$30
C-SNP Specialist Visit ¹	\$30
Inpatient Hospital	\$436 per day for days 1-7; \$0 per day for days 8 and beyond per admission or per stay
Post Discharge Meals ²	14
Chronic Meals ³	28
Emergency Care	\$130 (Waived if admitted within 24 hours from initial ER discharge for the same condition)
Urgent Care (PCP / Other Location)	\$0 / \$30
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	Up to \$2,000 allowance for diagnostic, preventive, and comprehensive coverage per year
Vision	\$0 copay for routine exam. Plus, get up to \$300 to use towards contacts, lenses, and frames
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years
Non-Emergency Medical Transportation	12 one-way trips per year
In-Home Support Services	30 hours per year
24/7 Telehealth Hotline	\$0 for Teladoc; \$0-30 for other providers
Worldwide Emergency / Urgent Coverage Annual Limit	\$50,000
Fitness - Gym Access	\$0 Activity Tracker
OTC (No Rollover)	\$110 per quarter
Part D Deductible	\$500 (Tier 1, Tier 2, and Tier 6 excluded)
Standard Retail - Tier 1 - Preferred Generic (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin
Standard Mail Order - Tier 1 - Preferred Generic and Tier 2 Generic (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin (Sildenafil is covered on Tier 2)

In-Network Plan Benefits	Zing Open Choice Diabetes & Heart IN (PPO C-SNP) H6876-005
Counties	Boone, Delaware , Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Monroe , Morgan, Porter, Shelby
Qualifying Condition(s)	Cardiovascular disorders, Chronic heart failure, Diabetes mellitus
Premium Amount	\$0
MOOP Max (In-network)	\$8,900
PCP / Specialist Visits	\$0 / \$30
C-SNP Specialist Visit ¹	\$0
Inpatient Hospital	\$388 per day for days 1-7; \$0 per day for days 8 and beyond per admission or per stay
Post Discharge Meals ²	14
Emergency Care	\$115 (Waived if admitted within 24 hours from initial ER discharge for the same condition)
Urgent Care (PCP / Other Location)	\$0 / \$40
Diabetic Therapeutic Shoes or Inserts	\$0
Dialysis Services	20%
Dental	Up to \$1,500 allowance for diagnostic, preventive, and comprehensive coverage per year
Vision	\$0 copay for routine exam. Plus, get up to \$200 to use towards contacts, lenses, and frames
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years
In-Home Support Services	30 hours per year
24/7 Telehealth Hotline	\$0 for Teladoc; \$0-25 for other providers
Worldwide Emergency / Urgent Coverage Annual Limit	\$100,000
Fitness - Gym Access	\$0
OTC (No Rollover)	\$60 per quarter
Food / Utilities Allowance ⁴ (No Rollover)	\$90 per month
Part D Deductible	\$500 (Tier 1, Tier 2, and Tier 6 excluded)
Standard Retail - Tier 1 - Preferred Generic and Tier 6 - Select Care Drugs (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1 and Tier 6
Standard Mail Order - Tier 1 - Preferred Generic, Tier 2 - Generic, and Tier 6 - Select Care Drugs (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1 and Tier 6

In-Network Plan Benefits	Zing Select Care IN (HMO) H4624-003
Counties	Boone, Delaware , Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Monroe , Morgan, Porter, Shelby
Premium Amount	\$0
MOOP Max (In-network)	\$5,950
PCP / Specialist Visits	\$0 / \$25
Inpatient Hospital	\$436 per day for days 1-7; \$0 per day for days 8 and beyond per admission or per stay
Post Discharge Meals ²	14
Emergency Care	\$130 (Waived if admitted within 24 hours from initial ER discharge for the same condition)
Urgent Care (PCP / Other Location)	\$0 / \$20
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	Up to \$2,000 allowance for diagnostic, preventive, and comprehensive coverage per year
Vision	\$0 copay for routine exam. Plus, get up to \$300 to use towards contacts, lenses, and frames
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years
Non-Emergency Medical Transportation	12 one-way trips per year
In-Home Support Services	30 hours per year
24/7 Telehealth Hotline	\$0 for Teladoc; \$0-25 for other providers
Worldwide Emergency / Urgent Coverage Annual Limit	\$50,000
Fitness - Gym Access	\$0
OTC (No Rollover)	\$35 per quarter
Part D Deductible	\$450 (Tier 1 and Tier 2 excluded)
Standard Retail - Tier 1 - Preferred Generic (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin
Standard Mail Order - Tier 1 - Preferred Generic and Tier 2 Generic (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin (Sildenafil is covered on Tier 2)

In-Network Plan Benefits	Zing Elite Select IL-IN (HMO) H4624-026
Counties	IL: Boone, Cook, Kane, Will, and Winnebago IN: Lake and Marion
Premium Amount	\$0
MOOP Max (In-network)	\$5,100
PCP / Specialist Visits	\$0 / \$15
Inpatient Hospital	\$436 per day for days 1-7; \$0 per day for days 8 and beyond per admission or per stay
Post Discharge Meals ²	14
Emergency Care	\$130 (Waived if admitted within 24 hours from initial ER discharge for the same condition)
Urgent Care (PCP / Other Location)	\$0 / \$50
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	Up to \$2,000 allowance for diagnostic, preventive, and comprehensive coverage per year
Vision	\$0 copay for routine exam. Plus, get up to \$300 to use towards contacts, lenses, and frames
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years
Flex Card - Annual Allowance	\$350 to use towards dental and vision costs not already covered by the plan
Non-Emergency Medical Transportation	20 one-way trips per year
In-Home Support Services	30 hours per year
24/7 Telehealth Hotline	\$0 for Teladoc; \$0-15 for other providers
Worldwide Emergency / Urgent Coverage Annual Limit	\$100,000
Fitness - Gym Access	\$0
OTC (No Rollover)	\$188 per quarter
Part D Deductible	\$350 (Tier 1 and Tier 2 excluded)
Standard Retail - Tier 1 - Preferred Generic and Tier 2- Generic (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin (Sildenafil is covered on Tier 2)
Standard Mail Order - Tier 1 - Preferred Generic and Tier 2 Generic (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin (Sildenafil is covered on Tier 2)

In-Network Plan Benefits	Zing Open Choice IN (PPO) H6876-004
Counties	Boone, Delaware , Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Monroe , Morgan, Porter, Shelby
Premium Amount	\$0
MOOP Max (In-network)	\$7,900
PCP / Specialist Visits	\$0 / \$35
Inpatient Hospital	\$376 per day for days 1-7; \$0 per day for days 8 and beyond per admission or per stay
Post Discharge Meals ²	14
Emergency Care	\$115 (Waived if admitted within 24 hours from initial ER discharge for the same condition)
Urgent Care (PCP / Other Location)	\$0 / \$40
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	Up to \$1,500 allowance for diagnostic, preventive, and comprehensive coverage per year
Vision	\$0 copay for routine exam. Plus, get up to \$200 to use towards contacts, lenses, and frames
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years
24/7 Telehealth Hotline	\$0 for Teladoc; \$0-40 for other providers
Worldwide Emergency / Urgent Coverage Annual Limit	\$50,000
Fitness - Gym Access	\$0
OTC (No Rollover)	\$50 per quarter
Part D Deductible	\$450 (Tier 1 and Tier 2 excluded)
Standard Retail - Tier 1 - Preferred Generic (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin
Standard Mail Order - Tier 1 - Preferred Generic and Tier 2 Generic (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin (Sildenafil is covered on Tier 2)

DISCLAIMERS

Benefits vary by plan. *Provider Specific Plan (PSP). Network will be limited to a narrow network of value-based providers with an enriched plan design.

**LIS Focused Plan Members must have a qualifying chronic condition to enroll (Diabetes/CVD/CHF). Plans are focused for members who qualify for the federal Low-Income Subsidy (LIS) program, which is also known as Extra Help which helps those with limited income and resources in paying for their Medicare Part D prescription drug costs. The program covers expenses such as premiums, deductibles, and copayments.

Benefits vary by plan. ¹Specialists include Cardiologist, Endocrinologist, Gerontologist, Nephrologist, Ophthalmologist and Pulmonologist.

²Members pay \$0 for 14 meals after each inpatient facility discharge or surgery.

³Members pay \$0 for 14 meals if they have a qualifying chronic condition and participate in a lifestyle transition program.

⁴The benefits mentioned may be part of a special supplemental program for the chronically ill. SSBCI program eligibility varies by plan. To qualify, a member must have at least one medically complex, life-threatening, or function-limiting chronic condition, be at high risk of hospitalization or other adverse health outcomes and require intensive care coordination. Not all members will qualify.