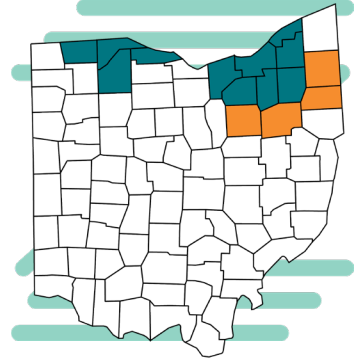




OHIO MEDICARE ADVANTAGE PORTFOLIO

Product Type	2027 H-PBP	Plan Name	Service Area
CHRONIC SPECIAL NEEDS PLANS (C-SNP) (Chronic Kidney Disease (CKD))			
HMO C-SNP	H4624-036	Zing Select Dialysis OH (HMO C-SNP)	Cuyahoga, Fulton, Geauga, Lake, Lorain, Lucas, Mahoning , Medina, Ottawa, Portage, Stark , Summit, Trumbull , Wayne , and Wood Counties
C-SNP (Cardiovascular Disorders; Chronic Heart Failure; and/or Diabetes)			
HMO C-SNP (Provider Specific Plan)*	H4624-033	Zing Elite Diabetes & Heart OH (HMO C-SNP)	Cuyahoga, Lucas, and Summit Counties
HMO C-SNP	H4624-034	Zing Select Diabetes & Heart OH (HMO C-SNP)	Cuyahoga, Fulton, Geauga, Lake, Lorain, Lucas, Mahoning , Medina, Ottawa, Portage, Stark , Summit, Trumbull , Wayne , and Wood Counties
HMO C-SNP (Provider Specific Plan)* (LIS Focused Plan)**	H4624-048 NEW	Zing Elite Essentials Diabetes & Heart OH (HMO C-SNP)	Cuyahoga, Lucas, and Summit Counties
GENERAL ENROLLMENT PLANS			
HMO (Provider Specific Plan)*	H4624-037	Zing Elite Select OH (HMO)	Cuyahoga, Lucas, and Summit Counties
HMO	H4624-038	Zing Select Care OH (HMO)	Cuyahoga, Fulton, Geauga, Lake, Lorain, Lucas, Mahoning , Medina, Ottawa, Portage, Stark , Summit, Trumbull , Wayne , and Wood 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 OH (HMO C-SNP) H4624-036
Counties	Cuyahoga, Fulton, Geauga, Lake, Lorain, Lucas, Mahoning , Medina, Ottawa, Portage, Stark , Summit, Trumbull , Wayne , and Wood
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	8 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)	\$95 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 Diabetes & Heart OH (HMO C-SNP) H4624-033
Counties	Cuyahoga, Lucas, and Summit
Qualifying Condition(s)	Cardiovascular disorders, Chronic heart failure, Diabetes mellitus
Premium Amount	\$0
MOOP Max (In-network)	\$6,750
PCP / Specialist Visits	\$0 / \$15
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	18 one-way trips per year
In-Home Support Services	60 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)	\$75 per quarter
Food / Utilities Allowance ⁴ (No Rollover)	\$130 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 OH (HMO C-SNP) H4624-034
Counties	Cuyahoga, Fulton, Geauga, Lake, Lorain, Lucas, Mahoning , Medina, Ottawa, Portage, Stark , Summit, Trumbull , Wayne , and Wood
Qualifying Condition(s)	Cardiovascular disorders, Chronic heart failure, Diabetes mellitus
Premium Amount	\$0
MOOP Max (In-network)	\$6,750
PCP / Specialist Visits	\$0 / \$15
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 \$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
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; \$0-25 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)	\$110 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 Elite Essentials Diabetes & Heart OH (HMO C-SNP) H4624-048
Counties	Cuyahoga, Lucas, and Summit
Qualifying Condition(s)	Cardiovascular disorders, Chronic heart failure, Diabetes mellitus
Part C Premium / Part D Premium Amount	\$0 / \$21.10
MOOP Max (In-network)	\$5,950
PCP / Specialist Visits	\$0 / \$15
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	18 one-way trips per year
In-Home Support Services	60 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)	\$75 per quarter
Food / Utilities Allowance ⁴ (No Rollover)	\$180 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 Select OH (HMO) H4624-037
Counties	Cuyahoga, Lucas, and Summit
Premium Amount	\$0
MOOP Max (In-network)	\$5,500
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 \$275 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	\$400 to use towards dental and vision costs not already covered by the plan
Non-Emergency Medical Transportation	18 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)	\$95 per quarter
Part D Deductible	\$350 (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 on Tier 1 (Sildenafil is covered on Tier 2)

In-Network Plan Benefits	Zing Select Care OH (HMO) H4624-038
Counties	Cuyahoga, Fulton, Geauga, Lake, Lorain, Lucas, Mahoning , Medina, Ottawa, Portage, Stark , Summit, Trumbull , Wayne , and Wood
Premium Amount	\$0
MOOP Max (In-network)	\$5,500
PCP / Specialist Visits	\$0 / \$20
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)	\$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
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)	\$75 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 on Tier 1 (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.