



Summary of Benefits

JANUARY 1, 2024 - DECEMBER 31, 2024

MICHIGAN (D-SNP)

H4624-019 Zing Dual Complete Select MI (HMO D-SNP)

Service Area: Genesee, Oakland, and Wayne Counties

H6876-002 Zing Dual Complete Open Choice MI (PPO D-SNP)

Service Area: Wayne County

Zing Health contracts with Medicare to offer Medicare Advantage HMO, HMO SNP, PPO, and PPO SNP plans in select states, and with select State Medicaid programs. Enrollment in Zing Health depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-866-946-4458 (TTY 711) and request the “Evidence of Coverage” or access it online at www.myzinghealth.com.

To join Zing Health, you must be entitled to Medicare Part A, be enrolled in Part B and live in the plans service area. The service area includes the counties listed in the first row of the chart below for each plan.

Zing Dual Complete Select MI (HMO D-SNP) and Zing Dual Complete Open Choice MI (PPO D-SNP) are available to anyone with both Medicare Parts A and B and who receive some level of Medical Assistance from the Michigan Department of Community Health (MDCH) (the state Medicaid program) as described below:

- Plan members with full Medicaid coverage (Full Benefit Dual Eligible (FBDE)) status are eligible for the Michigan Medicaid program, which may be responsible for payment of their Medicare cost sharing. These members are also eligible to receive the full Medicaid benefits.
- Plan members with Qualified Medicare Beneficiary (QMB) status are eligible for the Michigan Medicaid program, which is responsible for payment of their Medicare Part B premium, deductibles and cost sharing.
- Plan members with Qualified Medicare Beneficiary Plus (QMB+) status are eligible for full benefits under the Michigan Medicaid program, which is also responsible for payment of their Medicare Part A (if any) and Medicare Part B premiums, deductibles and cost sharing.
- Plan members with Specified Low-Income Medicare Beneficiary Plus (SLMB+) status are eligible for the Michigan Medicaid program, which is responsible for payment of their Medicare Part B premium. Members are also eligible to receive full Medicaid benefits.

Cost sharing and cost-sharing protections:

You pay no cost sharing for the Medicare-covered benefits described later in this Summary of Benefits. You will pay no or small copayments for prescriptions covered under the Part D prescription drug benefit. When you receive health services, the provider should bill the plan for the cost of Medicare services and bill the Michigan Department of Community Health (MDCH) program for the Medicare cost-sharing amounts. The provider should not bill you for services or cost sharing. Please be sure to present both your Zing Health Member ID card and your Michigan Department of Community Health (MDCH) Member ID card at the time services are rendered.

For HMO plans, except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

This document is available in other formats such as braille, large print, or audio.

For more information, please call us at 1-866-946-4458 (TTY users should call 711) 7 days a week, 8 a.m. to 8 p.m. or visit us at www.myzinghealth.com.

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

Benefit Coverage

Services with a ¹ may require prior authorization.

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Wayne County

PREMIUMS, DEDUCTIBLES & MOOP

Monthly Plan Premium
(Part C and Part D combined)

You pay \$0

Deductible

No deductible for medical. See Part D prescription drug section for Part D deductible.

Maximum Out-of-Pocket Responsibility (In-Network)
(does not include Part D prescription drugs)

You pay no more than \$8,850 annually for in-network services.

You pay no more than \$8,850 annually for in-network services.

You pay no more than \$13,300 annually for in-network and out-of-network services combined.

INPATIENT & OUTPATIENT HOSPITAL COVERAGE

Inpatient Hospital¹

You pay \$0 per Medicare-covered benefit period.

In-Network & Out-of-Network:

You pay \$0 per Medicare-covered benefit period.

Outpatient Hospital¹

0% of the cost per Medicare-covered visit

In-Network & Out-of-Network:

0% of the cost per visit

Ambulatory Surgical Center (ASC)¹

0% of the cost per Medicare-covered visit

In-Network & Out-of-Network:

0% of the cost per visit

DOCTOR VISITS

Doctor Visits

- **Primary Care Provider**
- **Specialists**

0% of the cost per Medicare-covered visit

In-Network & Out-of-Network:

0% of the cost per Medicare-covered visit

0% of the cost per Medicare-covered visit

In-Network & Out-of-Network:

0% of the cost per Medicare-covered visit

PREVENTIVE CARE

Preventive Care

(e.g., flu vaccine, diabetic screenings)

You pay nothing

Other preventive services are available. There are some covered services that have a cost.

In-Network & Out-of-Network:

You pay nothing

Other preventive services are available. There are some covered services that have a cost.

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EMERGENCY CARE

Emergency Care Services

0% of the cost

0% of the cost

Worldwide Emergency and Urgent Care

You pay \$0 for emergency and urgent care services received outside of the United States and its territories. Our plan will reimburse up to a \$100,000 maximum benefit amount per year.

Emergency transportation is not included.

You pay \$0 for emergency and urgent care services received outside of the United States and its territories. Our plan will reimburse up to a \$100,000 maximum benefit amount per year.

Emergency transportation is not included.

Urgently Needed Services

0% of the cost

0% of the cost

DIAGNOSTIC SERVICES / LABS / IMAGING

Diagnostic Services/ Labs/Imaging

If a member receives multiple services on the same day, only the maximum copay applies.

- Diagnostic Tests and Procedures¹
- Lab Services¹
- MRI, CAT Scan¹
- X-Rays
- Therapeutic Radiology¹
(radiation, chemotherapy)

0% of the cost for all services listed

In-Network & Out-of-Network:

0% of the cost for all services listed

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HEARING SERVICES

Hearing Services

- Medicare-Covered Hearing Exams
- Routine Hearing Exam
- Hearing Aid Fitting and Evaluation
- Hearing Aids

0% of the cost for a Medicare covered diagnostic hearing exam.

0% of the cost for one (1) routine hearing exam per year.

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

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

In-Network:

0% of the cost for a Medicare covered diagnostic hearing exam.

0% of the cost for one (1) routine hearing exam per year.

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

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

Out-of-Network:

You pay 0% of the cost for Medicare-covered hearing exams

You pay 50% coinsurance for hearing aids. You receive a \$750 benefit allowance towards hearing aids per ear every three (3) years.

You pay 50% coinsurance for routine hearing services, up to one (1) routine hearing exam per year and one (1) hearing aid fitting and evaluation every three (3) years.

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DENTAL SERVICES

Dental Services

- **Routine (Preventive) Dental Services**

You receive a \$1,500 benefit allowance every year for preventive and comprehensive dental benefits combined.

You pay a \$0 copay for routine dental services.

- Oral exams up to one (1) every six (6) months
- \$0 copay for prophylaxis (cleaning) up to one (1) every six (6) months
- \$0 copay for a fluoride treatment for up to one (1) every year
- \$0 copay for x-rays up to one (1) set per year

In-Network:

You receive a \$1,500 benefit allowance every year for preventive and comprehensive dental benefits combined.

You pay a \$0 copay for preventive dental services.

- Oral exams up to one (1) every six (6) months
- \$0 copay for prophylaxis (cleaning) up to one (1) every six (6) months
- \$0 copay for a fluoride treatment for up to one (1) every year
- \$0 copay for x-rays up to one (1) set per year

- **Comprehensive Dental Services¹**

You pay \$0 for comprehensive dental services.

Unlimited benefit for:

- Non-routine Services (other services)
- Diagnostic Services (exams, x-rays)
- Restorative Services (crowns)
- Endodontics (root canals)
- Periodontics (scaling/ root planning)
- Prosthodontics, Other Oral/Maxillofacial Surgery (dentures or fixed prosthetics and partials)
- Extractions (1 per tooth per year)

You pay \$0 for comprehensive dental services.

Unlimited benefit for:

- Non-routine Services (other services)
- Diagnostic Services (exams, x-rays)
- Restorative Services (crowns)
- Endodontics (root canals)
- Periodontics (scaling/ root planning)
- Prosthodontics, Other Oral/Maxillofacial Surgery (dentures or fixed prosthetics and partials)
- Extractions (1 per tooth per year)

Out-of-Network:

You pay \$0 for Medicare-covered comprehensive dental services.

You pay 50% coinsurance for non-Medicare covered dental services (preventive and comprehensive) up to \$1,500 benefit allowance every year.

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VISION SERVICES

Vision Services

- Medicare-Covered Eye Exams
- Routine Eye Exams
- Medicare-Covered Eyewear
- Routine Eyewear

0% of the cost per Medicare-covered visit

\$0 for (1) routine eye exam/refraction up to (1) per year

0% of the cost for Medicare covered eyewear

You pay \$0 for routine eyewear; You receive a \$250 benefit allowance towards Eyeglass (lenses and frames), Eyeglass lenses, Eyeglass frames, and a pair of Contacts every year

In-Network

0% of the cost per Medicare-covered visit

\$0 for (1) routine eye exam/refraction per year

0% of the cost for Medicare covered eyewear

You pay \$0 for routine eyewear; You receive a \$250 benefit allowance towards Eyeglass (lenses and frames), Eyeglass lenses, Eyeglass frames, and a pair of Contacts every year

Out-of-Network:

You pay 0% of the cost for Medicare-covered eye exams

You pay 50% coinsurance for non-Medicare covered eye exams

You pay \$0 for Medicare-covered and non-Medicare covered eyewear, with a \$250 benefit allowance towards non-Medicare covered eyeglass (lenses and frames), eyeglass lenses, eyeglass frames, contact lenses)

MENTAL HEALTH SERVICES

Inpatient Mental Health Services¹

You pay \$0 per Medicare-covered benefit period.

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

Part A only pays for up to 190 days of inpatient psychiatric care for lifetime.

In-Network & Out-of-Network:

You pay \$0 per Medicare-covered benefit period.

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

Part A only pays for up to 190 days of inpatient psychiatric care for lifetime.

Outpatient Mental Health Services¹

- Outpatient Group Therapy/Individual Therapy Visit¹

0% of the cost for Medicare-covered sessions

In-Network & Out-of-Network:

0% of the cost for Medicare-covered sessions

SKILLED NURSING

Skilled Nursing Facility¹

\$0 copay for Medicare-covered services

In-Network & Out-of-Network:

\$0 copay for Medicare-covered services

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REHABILITATION SERVICES

Physical Therapy / Speech Therapy¹

0% of the cost of Medicare-covered services

 In-Network & Out-of-Network:
 0% of the cost of Medicare-covered services

Occupational Therapy¹

0% of the cost of Medicare-covered services

 In-Network & Out-of-Network:
 0% of the cost of Medicare-covered services

Cardiac Rehabilitation¹

- Intensive Cardiac Rehabilitation¹

0% of the cost of Medicare-covered services

 In-Network & Out-of-Network:
 0% of the cost of Medicare-covered services

AMBULANCE

Ambulance (Ground)¹

0% of the cost

 In-Network & Out-of-Network:
 0% of the cost

Ambulance (Air)¹

0% of the cost

 In-Network & Out-of-Network:
 0% of the cost

TRANSPORTATION

Transportation (Non-Emergency)¹

You pay \$0 for 48 one way trips per year to plan approved health-related locations

In-Network: You pay \$0 for 48 one way trips per year to plan approved health-related locations.

MEDICARE PART B DRUGS

Medicare Part B Drugs¹

- Insulin¹
- Chemotherapy and Other drugs¹
Step Therapy may be required

You pay 0% to 20% coinsurance for insulin not to exceed \$35

0% - 20% of the cost for chemotherapy and other part B drugs

In-Network & Out-of-Network: You pay 0% to 20% coinsurance for insulin not to exceed \$35

0% - 20% of the cost for chemotherapy and other part B drugs

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FOOT CARE

Podiatry Visit (Medicare-Covered)

0% of the cost

 In-Network & Out-of-Network:
 0% of the cost

Podiatry Visit (Routine Foot Care)

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

 In-Network & Out-of-Network:
 \$0 for six (6) routine visits per year

MEDICAL EQUIPMENT/SUPPLIES

Durable Medical Equipment¹

- **Prosthetics¹**

Prior authorization required for items/supplies over \$1,500

0% of the cost

 In-Network & Out-of-Network:
 0% of the cost

Diabetes Supplies and Services

- Diabetic Therapeutic Shoes or Inserts
- Diabetes Self-Management Training

0% of the cost

 In-Network & Out-of-Network:
 0% of the cost

CHIROPRACTIC CARE & ACUPUNCTURE

Chiropractic Visit (Medicare-Covered)

0% of the cost

 In-Network & Out-of-Network:
 0% of the cost

Acupuncture Visit (Medicare-Covered)

0% of the cost

 In-Network & Out-of-Network:
 0% of the cost

HOME HEALTH CARE

Home Health Care (Medicare-covered)

0% of the cost

 In-Network & Out-of-Network:
 0% of the cost

HOSPICE

Hospice Care

You must get your care from a Medicare-certified hospice provider. You pay part of the cost for outpatient drugs.

You must get your care from a Medicare-certified hospice provider. You pay part of the cost for outpatient drugs.

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OUTPATIENT SUBSTANCE ABUSE

Individual and Group Therapy Visit ¹	0% of the cost	In-Network & Out-of-Network: 0% of the cost
Opioid Treatment Visit ¹	0% of the cost	In-Network & Out-of-Network: 0% of the cost

RENAL DIALYSIS

Renal Dialysis	0% of the cost	In-Network & Out-of-Network: 0% of the cost
Kidney Disease Education Services	0% of the cost	In-Network & Out-of-Network: 0% of the cost

FITNESS

Fitness - Health Club Membership and At-Home Fitness Kit	You pay \$0	You pay \$0
Weight Management Program	You pay \$0	You pay \$0

24 / 7 NURSING HOTLINE

24 / 7 Nurse Hotline	You pay \$0	You pay \$0
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MEAL BENEFITS

Post Discharge Meals	You pay \$0 for 10 meals after each inpatient facility discharge or surgery	You pay \$0 for 10 meals after each inpatient facility discharge or surgery
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OVER-THE-COUNTER ITEMS / HEALTHY FOODS / UTILITY

Over-the-Counter Items Allowance	You pay \$0 for \$198 / quarter to use for over-the-counter items, unused funds do not roll-over to next quarter	You pay \$0 for \$198 / quarter to use for over-the-counter items, unused funds do not roll-over to next quarter.
Healthy Food and Utilities Allowance	Healthy Choices Allowance - If you receive "Extra Help" to pay your Medicare prescription drug program costs, you are eligible to receive a \$205 allowance every month automatically loaded on a prepaid card to use toward plan-approved food items and/or utilities (electric, gas, heating oil, sanitation or water). Any unused balances cannot be converted to cash or rolled over to the next benefit period.	Healthy Choices Allowance - If you receive "Extra Help" to pay your Medicare prescription drug program costs, you are eligible to receive a \$200 allowance every month automatically loaded on a prepaid card to use toward plan-approved food items and/or utilities (electric, gas, heating oil, sanitation or water). Any unused balances cannot be converted to cash or rolled over to the next benefit period.

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PART D PRESCRIPTION DRUGS*

Phase 1: Deductible Stage	<p>\$0 Deductible.</p> <p>Because most of our members get “Extra Help” with their prescription drug costs, the Deductible Stage does not apply to most members. If you receive “Extra Help,”+ this payment stage does not apply to you.</p>
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Phase 2: Initial Coverage Stage	<p>You are in the Initial Coverage Stage until your total yearly drug cost reach \$5,030. Total yearly drug cost are the total drug costs paid both you and the plan.</p> <p>Once you’ve reached this amount, you enter the coverage gap.</p>
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Standard Retail Cost-Sharing (30-day Supply)

Tier 1 - Preferred Generic (includes insulins)	\$0
Tier 2 - Generic (includes excluded drugs)	<p>Generics: \$0 / \$1.55 / \$4.50</p> <p>Brands: \$0 / \$4.60 / \$11.20</p>
Tier 3 - Preferred Brand	<p>Generics: \$0 / \$1.55 / \$4.50</p> <p>Brands: \$0 / \$4.60 / \$11.20</p>
Tier 4 - Non-Preferred Drug	<p>Generics: \$0 / \$1.55 / \$4.50</p> <p>Brands: \$0 / \$4.60 / \$11.20</p>
Tier 5 - Specialty Tier	<p>Generics: \$0 / \$1.55 / \$4.50</p> <p>Brands: \$0 / \$4.60 / \$11.20</p>

Standard Mail Order Cost-Sharing (100 day Supply)

Tier 1 - Preferred Generic (includes insulins)	\$0
Tier 2 - Generic (includes excluded drugs)	\$0
Tier 3 - Preferred Brand	<p>Generics: \$0 / \$1.55 / \$4.50</p> <p>Brands: \$0 / \$4.60 / \$11.20</p>
Tier 4 - Non-Preferred Drug	<p>Generics: \$0 / \$1.55 / \$4.50</p> <p>Brands: \$0 / \$4.60 / \$11.20</p>
Tier 5 - Specialty Tier (30-day supply only)	A long-term supply is not available for drugs on Tier 5.

Phase 3: Gap Coverage	During this phase you will pay 25% for generic or brand-name drugs.
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Phase 4: Catastrophic Coverage Stage	The plan pays the full cost for your covered Part D drugs. You pay nothing.
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Additional Drug Coverage

Erectile Dysfunction (ED Drugs) - sildenafil

Covered at Tier 2 cost-share amount

Cost-Sharing may change depending on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, the pharmacy you choose and when you enter a new phase of the drug stages.

Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information. You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Your cost share may differ depending on when you enter another phase of the drug benefit and if you qualify for "Extra Help." To find out if you qualify for "Extra Help," please contact the Social Security Office at 1-800-772-1213 Monday through Friday, 7 a.m. – 7 p.m. TTY users should call 1-800-325-0778.

For more information on additional pharmacy specific cost-share and the drug coverage stages, please call our Customer Service department or access our "Evidence of Coverage" online or request one by mail.

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

*Cost-sharing may change if your level of subsidy changes. For more specific information on the stages of the benefit, please call us or access our 2024 Evidence of Coverage online at www.myzinghealth.com.

Medicaid Benefits

In addition to the Medicare Advantage services described in the sections above, **Zing Dual Complete Select MI (HMO D-SNP)** and **Zing Dual Complete Open Choice MI (PPO D-SNP)** provides the following Medicaid benefits based on the level of your Medicaid coverage. For eligibility rules and additional information about these services, please visit:

<https://www.michigan.gov/mdhhs/assistance-programs/medicaid>

There may be instances when the Medicaid limit is greater than the Medicare Advantage limit. In those instances where the Medicare Advantage limit has been exhausted, you may be eligible for coverage under the Michigan Department of Community Health (MDCH) program. **Be sure to show your Medicaid ID card to your provider when receiving services.**

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MICHIGAN MEDICAID COVERED SERVICES**

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

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

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Diagnostic Services/ Labs/Imaging

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.
 \$0 for Medicaid-covered services.
 Includes: diagnostic radiology services (e.g., MRI, CT scan), lab services, diagnostic tests and procedures, outpatient x-rays, therapeutic radiology services (e.g., radiation treatment for cancer)

Hearing Services
 (includes information on coverage of hearing exams and aids)

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.
 \$0 for Medicaid-covered services.

- Hearing aid delivery, repair and modifications
- Supplies and accessories (e.g., up to 36 disposable hearing aid batteries per hearing aid every six months)
- Ear molds and replacement ear molds

Prior Authorization may be required.

Dental Services
 (including medical/surgical services of dentist)

Emergency diagnostic, preventive and therapeutic services for dental disease which if left untreated would become acute dental problem. For beneficiaries under 21, the EPSDT preventive benefit is covered. Over 21 years and older, the following services are covered:

- X-rays
- Teeth cleanings
- Fillings
- Extractions
- Dentures
- Deep teeth cleanings
- Sealants
- Root canals
- Crowns
- Care to keep your gums healthy

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Vision Services

(includes information on coverage of vision exams and eyewear)

\$0 for Medicaid-covered services.

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

Under 21 years old each year you get:

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

Over 21 years old every two years you get:

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

Prior authorization may be required.

Mental Health Services

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

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

\$0 for Medicaid-covered services.

Skilled Nursing Facility (SNF)

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

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

\$0 for Medicaid-covered services.

Rehabilitation Services

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

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

May require Prior Authorization.

\$0 for Medicaid-covered services.

Ambulance

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

\$0 for Medicaid-covered services.

Non-Emergency Transportation

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

\$0 for Medicaid-covered services.

Medical transportation through DHS with no limits. Medicaid Health Plans cover NEMT for transportation to obtain medical services.

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Foot Care (Podiatry Services)	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 for Medicaid-covered services. Covered services include information on coverage of foot exams, treatment and care. Routine foot care not covered for individuals under the age of 21.
Medical Equipment/Supplies	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 for Medicaid-covered services. Covered services include durable medical equipment (e.g., wheelchairs, oxygen), prosthetics (e.g., braces, artificial limbs), diabetes supplies, diabetic therapeutic shoes and inserts.
Prescription Drugs (non-Part D drugs)	\$0 for Medicaid-covered non-Part D prescriptions, which may include: benzodiazepines, barbiturates, select OTCs, select vitamins and agents used to promote smoking cessation.
Chiropractic Care	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 for Medicaid-covered services. Covered services include medical chiropractic services and routine chiropractic services.
Acupuncture	Not Covered
OTC	Not Applicable (except as designate under the Prescription Drug section above)
Meals	Not Covered
Home Health	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 for Medicaid-covered services.
Renal Dialysis	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 for Medicaid-covered services.
Hospice	For dual-eligible members, Original Medicare covers hospice. \$0 for Medicaid-covered services. If requested by member.
Targeted Care Management	Not covered, except for those members pregnant women and children up to age 21 who were served by the Flint Water system from April 1, 2014 to present.
Personal Care Services	Covered through LTC waiver program.
Inpatient/SNF/ICF for Mental Diseases	Covered through PIHP and waiver services.

Benefit Coverage

Services with a¹ may require prior authorization.

H4624-019

Zing Dual Complete Select MI (HMO D-SNP)

Genesee, Oakland, and Wayne Counties

H6876-002

Zing Dual Complete Open Choice MI (PPO D-SNP)

Wayne County

Inpatient Psychiatric Services	Covered in full for qualified individuals through PIHP providers.
Doula Services	\$0 for Medicaid-covered services.
COVID 19 Home Test Kits	\$0 for Medicaid-covered services.
Intermediate Care Facilities for the Mentally retarded (ICFIMR)	<p>Covered in full for Medicaid bed facility for qualified individuals.</p> <p>What you need to know</p> <p>Beneficiaries must meet ICFIMR level of care criteria and require a continuous active treatment program that is defined in their individual plan of services and coordinated and monitored by a qualified mental retardation professional (QMRP). The active treatment program includes specialized and generic training, treatment, health and related services that are directed toward acquisition of behaviors necessary for the beneficiary to function with as much self-determination and independence as possible, and the prevention of deceleration of regression or loss of current optimal functional status. Treatment services are provided by qualified professionals within their scope of practice. Direct care staff must meet aide level qualifications.</p>

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

