Elevate Your Portfolio

2026 Plan Rollout National



Michelle Skenandore

National Agency Manager

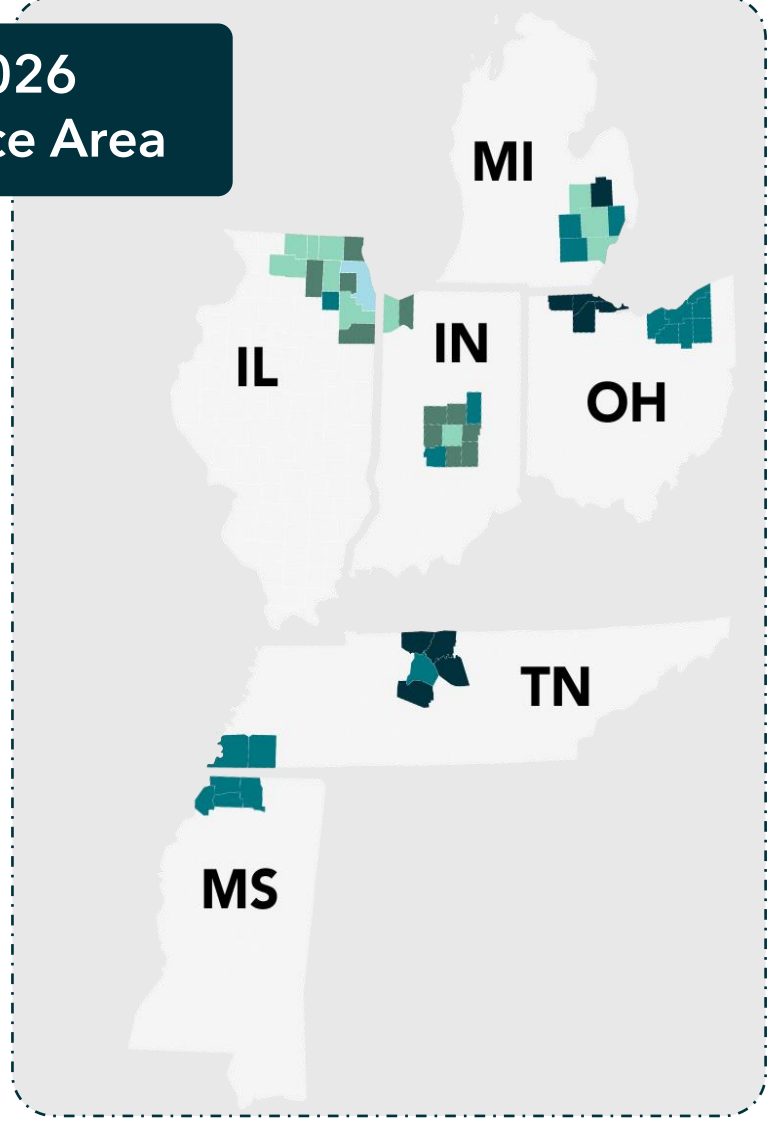
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Zing HEALTH™

Our Story

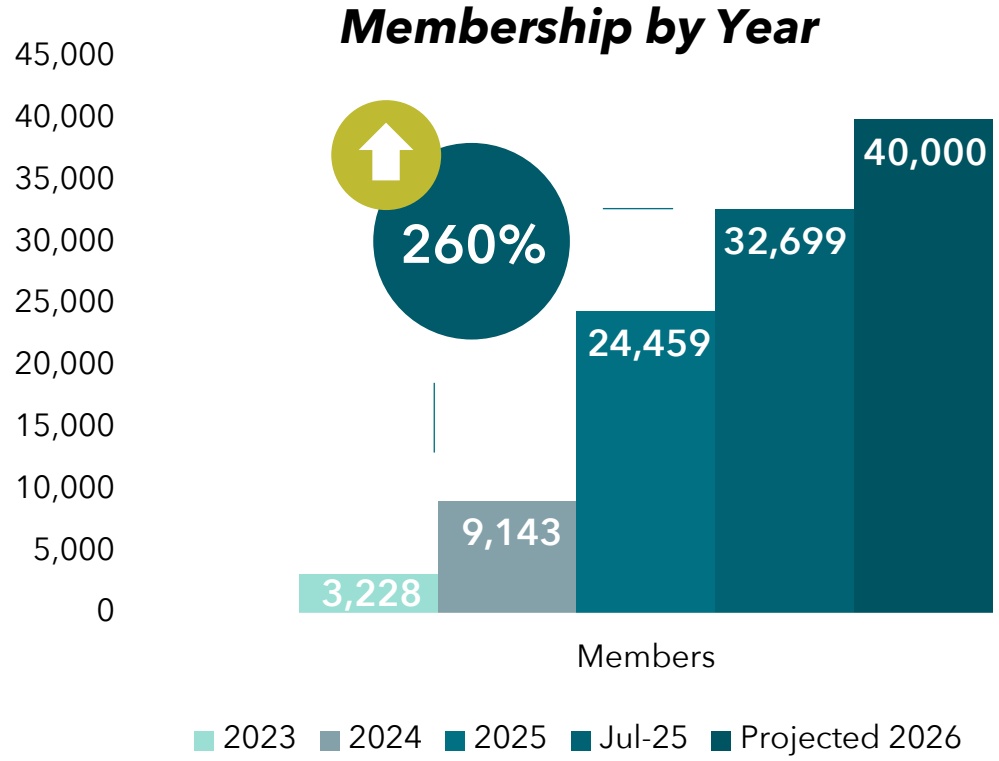
2019	Founded
2020	1 State | 1 County
2021	3 States | 15 Counties
2024	3 States | 23 Counties
2025	6 States | 43 Counties
2026	6 States | 52 Counties

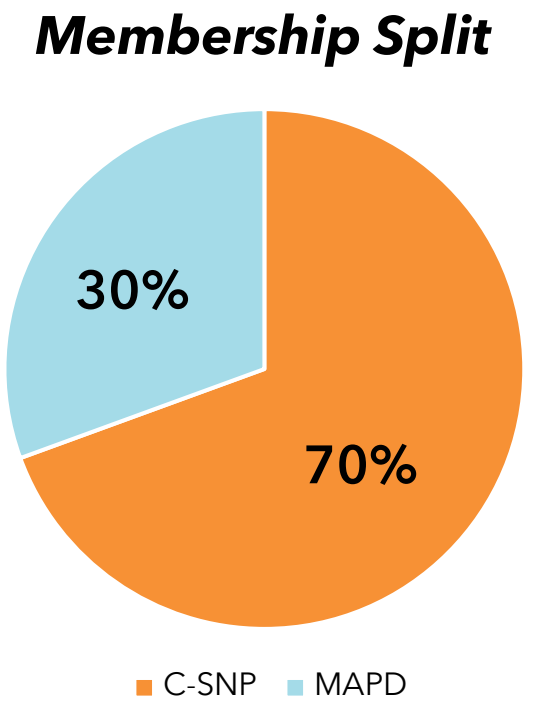
2026 Service Area



Zing YOY Growth

Membership has climbed steadily year-over-year, growing by an impressive 260% from January 2024 to August 2025. This surge highlights the strong momentum behind our C-SNP-focused strategy and the growing demand for tailored plan options. With 70% of our members enrolled in a Chronic Special Needs Plan (C-SNP), Zing Health stands as a clear market leader in our region.





National C-SNP Landscape

C-SNP market leaders continue expansion, with Zing Health leading regional growth

Top C-SNP Carriers by Enrollment Totals

Rank	Carrier	Plan Type	Enrollment	Market Share	AEP Growth
1	United Healthcare	National	555,398	51.7%	+49.1%
2	Humana	National	219,001	20.4%	-1.5%
3	Elevance Health	National	129,613	12.1%	+18.4%
4	ALIGNMENT HEALTH PLAN	Primary CA	40,724	3.8%	+34.7%
5	scan	Primary CA	27,262	2.5%	+32.1%
6	MOLINA HEALTHCARE	Primary CA	20,313	1.9%	-13.2%
7	Zing HEALTH	Midwest	15,538	1.4%	+62.1%
8	astiva HEALTH	Primary CA	8,338	0.8%	+12.2%
9	Clever Care HEALTH PLAN	Primary CA	8,035	0.7%	+17.9%
10	GlobalHealth	Oklahoma	6,469	0.6%	+17.9%

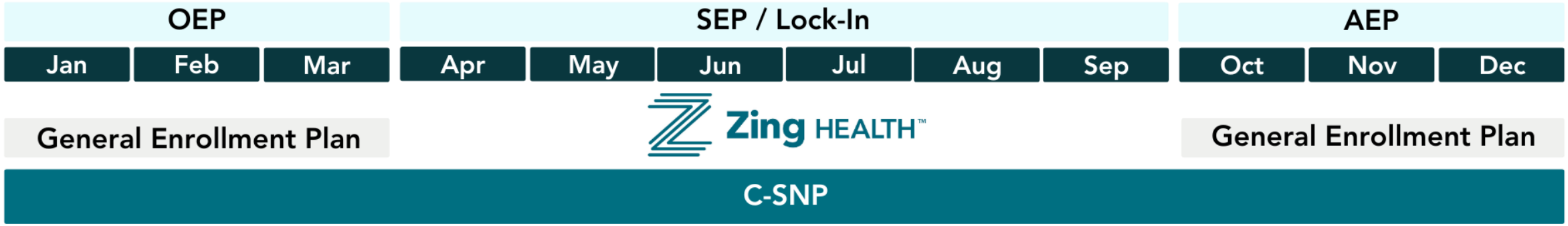
Source: CMS SNP Report, Data through 2/1/2025, excludes Puerto Rico plans

How Zing Stacks Nationally

- Fastest growing established C-SNP carrier during AEP!
- 7th largest C-SNP carrier nationally, and 4th largest excluding California enrollment!
- Top 3 C-SNP offerings in every established market!

C-SNPs Offer Year-Round Growth

C-SNP market leaders continue expansion, with Zing Health leading regional growth



C-SNP Special Election Period

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

Overlapping Enrollment Periods

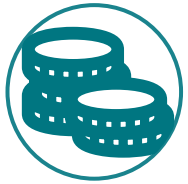
C-SNP Enrollment Periods		
Type of Enrollment Period	**When It Happens**	**When to use if there are overlapping circumstances**
Initial Election Period (IEP)	If the person is newly eligible for Medicare due to age (65 or older) or disability, the IEP lasts for seven months. During this time, he/she can enroll in a C-SNP, among other Medicare plans, three months before they are 65 or during the 25th month of receiving disability benefits.	1
Annual Enrollment Period (AEP)	AEP runs from October 15 to December 7 each year. During this period, all Medicare beneficiaries can make changes to their existing plans, including enrolling in a C-SNP.	2
Open Enrollment Period (OEP)	OEP runs January 1 to March 31 each year. During this time, beneficiaries who are already enrolled in a Medicare Advantage (MA) plan can switch to a different MA plan or return to Original Medicare with or without Part D coverage. Also, if they meet the eligibility criteria, they may use this period to enroll in a C-SNP without using the C-SNP SEP.	3
Special Election Period (SEP)	SEPs are triggered by specific life events, such as moving, losing other health coverage, or the loss/gain of Extra Help. If someone has a qualifying event, meets qualifying conditions they can enroll in a C-SNP during the SEP outside of the standard enrollment periods.	4

2026 Product Highlights



Member Access to Care

- No referrals needed on all plans
- Prior authorizations reduced or limited
- In-home support (Papa) on most plans



PPO Cost Share Parity

- PPO C-SNP plans offer in- and out-of-network cost parity for most services
- Same INN & OON combined MOOP in IN and TN



C-SNP CKD

- C-SNP CKD available in all markets and counties
- Enhanced benefits for ESRD/CKD stage 5 members
- SSBCI now includes reduced cost-sharing for select Medicare services



Key Essentials

- Grocery, utilities & OTC on most plans
- $0 insulin & competitive Part D on most plans
- Dental, vision & hearing on all plans
- Routine podiatry on all plans
- $0 copay CGMs on all plans (with Rx, filled at pharmacy)



Transportation

- Transportation on all HMO plans
- Unlimited transportation for ESRD members on CKD plans

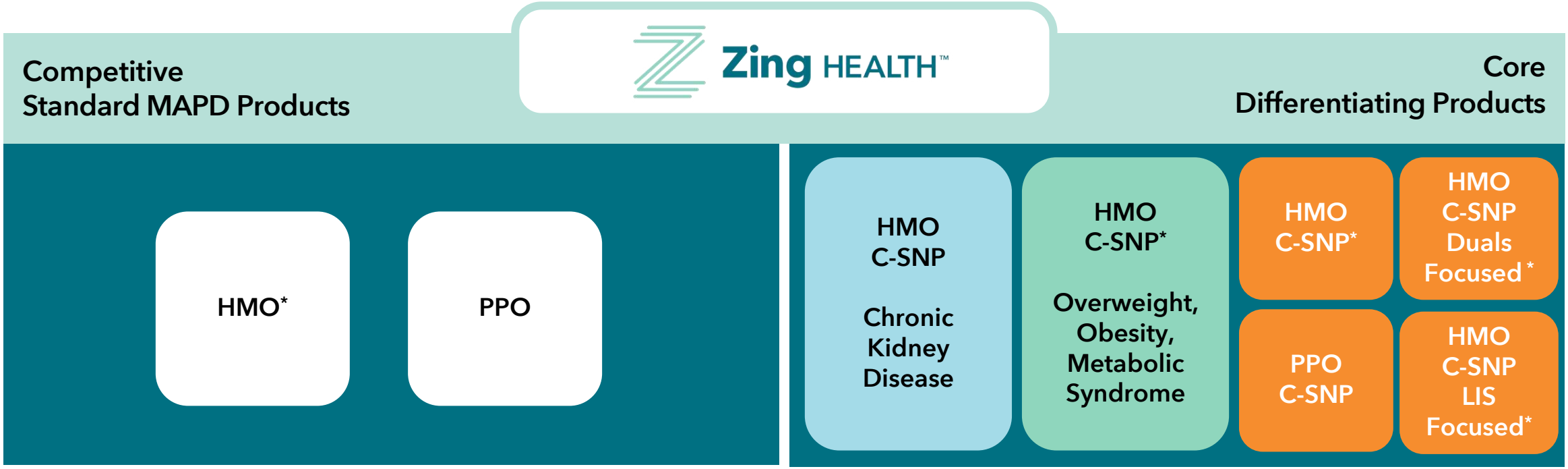


C-SNP Enhancements

- Healthy foods, utilities, and OTC allowance on all plans
- Expanded T6 drug list with $0 copay for key C-SNP meds on most plans
- $0 copay for C-SNP specialists on most plans
- Chronic meals included on all HMO C-SNP plans

2026 Plan Types Offered

We have 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 Dual-Focused products.^



*PSP plan options offered

Zing Health qualifying conditions include:

- Diabetes/Cardiovascular disorders/Chronic Heart Failure
- Chronic Kidney Disease / End Stage Renal Disease (ESRD) (with or without dialysis)
- Overweight, Obesity, Metabolic Syndrome

^Plan offerings vary by county

Elite | Provider Specific Plans^

Our Provider Specific Plans (PSP) are uniquely designed to offer members enhanced benefits for choosing to work within a narrower subset of the overall Zing network. By enrolling, into an Elite PSP, ***the member elects to select a primary care physician (PCP) affiliated with one of our "Value Based" provider partner groups***, who specialize in quality focused care.

Our current VBC partners are Oak Street Health (all states) and Village Medical (Michigan only). Our newest VBC Partner, AbsoluteCare premiering in Illinois and Ohio only. Our Elite plans are offered in select counties across our service area aligning with VBC clinic locations.^

Value Based Care (VBC) - Provider Partners

Oak St. Health

AbsoluteCare® BEYOND MEDICINE

Village Medical™

Network Rules

- ***Members must choose 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.

^PSP plan offerings vary by county

Chronic Special Needs Plan (C-SNP)

Diabetes & Heart, Dialysis, or Balance

Qualifying Conditions



Cardiovascular Disorders



Chronic Heart Failure



Diabetes

Chronic Kidney Disease
(with or without dialysis)



Overweight, Obesity, Metabolic Syndrome

Plans

- HMO C-SNP
- HMO C-SNP PSP
- HMO C-SNP Duals Focused
- HMO C-SNP LIS PSP
- PPO C-SNP
- HMO C-SNP
- HMO C-SNP PSP

C-SNP Specific Benefits

- PSP C-SNPs offer flexible ways to spend monthly "combined" allowance on OTC products, healthy foods, or utility services.(1)
- Enhanced drug coverage with a C-SNP specific formulary offering T1 $0 copay and T6 at $0 copay to lower cost.(2)
- $0 copays for C-SNP specific specialists on most plans.(3)
- PAPA Support Services

(1) Member must qualify to receive benefits. Allowance is provided on a reloadable debit card and does not roll over
(2) Tier #6 – includes various chronic condition drugs
(3) C-SNP-specific specialists: cardiologist, endocrinologist, gerontologist, nephrologist, ophthalmologist, and pulmonologist.

Complete or Essentials C-SNP | Duals Focus or LIS Focus



Eligibility

- Members must have a Zing qualifying chronic condition to enroll (CHF / CVD / Diabetes)
- Complete (DF) plan will be attractive to those who receive Full Medicaid and reside in ***select IL counties***
- New Plan NEW Elite Essentials C-SNP will have an LIS focus and be available in ***select IL and IN counties***. The Essentials plan will not be attractive to those without LIS (Extra Help).



Premiums

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



Benefits^

- Duals Focused plans are filed with 20% coinsurance for Medicare Part A and Part B services.
- LIS focused plan will have copays for Part A and Part B services; Member will pay their LIS copays for Part D prescription drugs.
- Both plans offer advantaged supplemental benefits.

^Plan types and benefit offerings vary by county

Select Dialysis | Chronic Kidney Disease (CKD) C-SNP

Beneficiaries with Chronic Kidney Disease (with or without dialysis), are eligible to enroll in a CKD plan. Members of Zing's CKD plan that require dialysis (ESRD/CKD Level # 5) will receive enhanced benefits through CMS's Uniform Flexibility Benefit option.

CKD Benefits for members with ESRD

- **$0 copay for dialysis**
- **$0 copay for Nephrologist visits**
- **Unlimited transportation**

National Provider Partners

DaVita

FRESENIUS KIDNEY CARE

Average Costs for Dialysis under Original Medicare and most Medicare Advantage Plans

Patient Responsibility | 20% = Average of $60 per session

Frequency | Most patients need 3 sessions per week (about 156 sessions per year)

Average Annual out-of-pocket costs = $9,360

Annual out-of-pocket costs while enrolled in a Zing ESRD C-SNP = $0

Zing Health ESRD C-SNP members can save THOUSANDS of dollars each year!

Balance | Overweight, Obesity, Metabolic Syndrome C-SNP^

CMS has expanded their list of severe or disabling chronic conditions which defines a special needs individual. For 2026 Zing will be offering a C-SNP for Medicare beneficiaries who are overweight, obese or have metabolic syndrome with a specialized focus on promoting obesity behavioral therapy and diabetes prevention. This plan will be offered in ***select Michigan counties as a provider-specific plan*** (PSP).

Condition	Measurement Criteria Diagnosis Requirement
Overweight	BMI Range: 25-29.9
Obese	BMI Range: ≥30
Metabolic Syndrome	Metabolic Syndrome is diagnosed if a person has ***three or more*** of the following: • Abdominal Obesity • High blood pressure • High blood sugar • High Triglycerides • Low HDL

Plan will include expanded wellness benefits such as:

- Monthly nutritional counseling
- Elevated fitness benefits, with live coaching options, fitness kits, and activity trackers
- Plus 28 lifestyle transition meals

GLP-1s

T6 medications, including GLP-1s, have an ***$11 copay*** (compared to $47 on GE plans and $0 on other Zing C-SNP plans).

- Medicare has not approved GLP1 medications for anti-obesity treatment alone.
- GLP-1 medications are only covered for members who also have diabetes.
- 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 Plan.

^Plan types and benefit offerings vary by county

Calculating BMI | How to Assist Members

Body Mass Index (BMI) is a simple tool used to estimate whether someone is underweight, at a healthy weight, overweight, or obese based on their height and weight.
It's not a diagnosis, but a screening tool to help determine if a health plan might be a good fit.

Use Trusted Tools

NIH BMI Calculator

Calculate Your BMI | NHLBI, NIH

or

Calculate Manually

BMI = (weight in pounds ÷ [height in inches]²) × 703

Review and share BMI Categories

Category	BMI Range
Underweight	Below 18.5
Healthy	18.5-24.9
Overweight	25.0-29.9
Obesity	30.0 or above



Communication Tips

Ask Permission First: Check if it is okay to discuss personal health details

Explain Purpose: Clarify why the information is relevant.

Be Neutral & Sensitive: Use clinical terms and avoid judgement.

Focus on Health: Frame around wellness and medical needs.

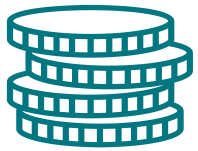
Sources: NIH – Calculate Your BMI | CDC – Adult BMI Categories | NIDDK – Talking with Your Patients about Weight

Open Choice | Preferred Provider Organization (PPO)^

PPO General Enrollment	PPO C-SNP Diabetes / CVD / CHF



Zing's C-SNP PPO plans have in-network (INN) and out-of-network (OON) cost share parity for most Medicare Part A and Part B services.



Competitive Maximum Out of Pocket Limits



PPO plans also offer mandatory supplemental benefits, Special Supplemental Benefits for the Chronically Ill (SSBCI).

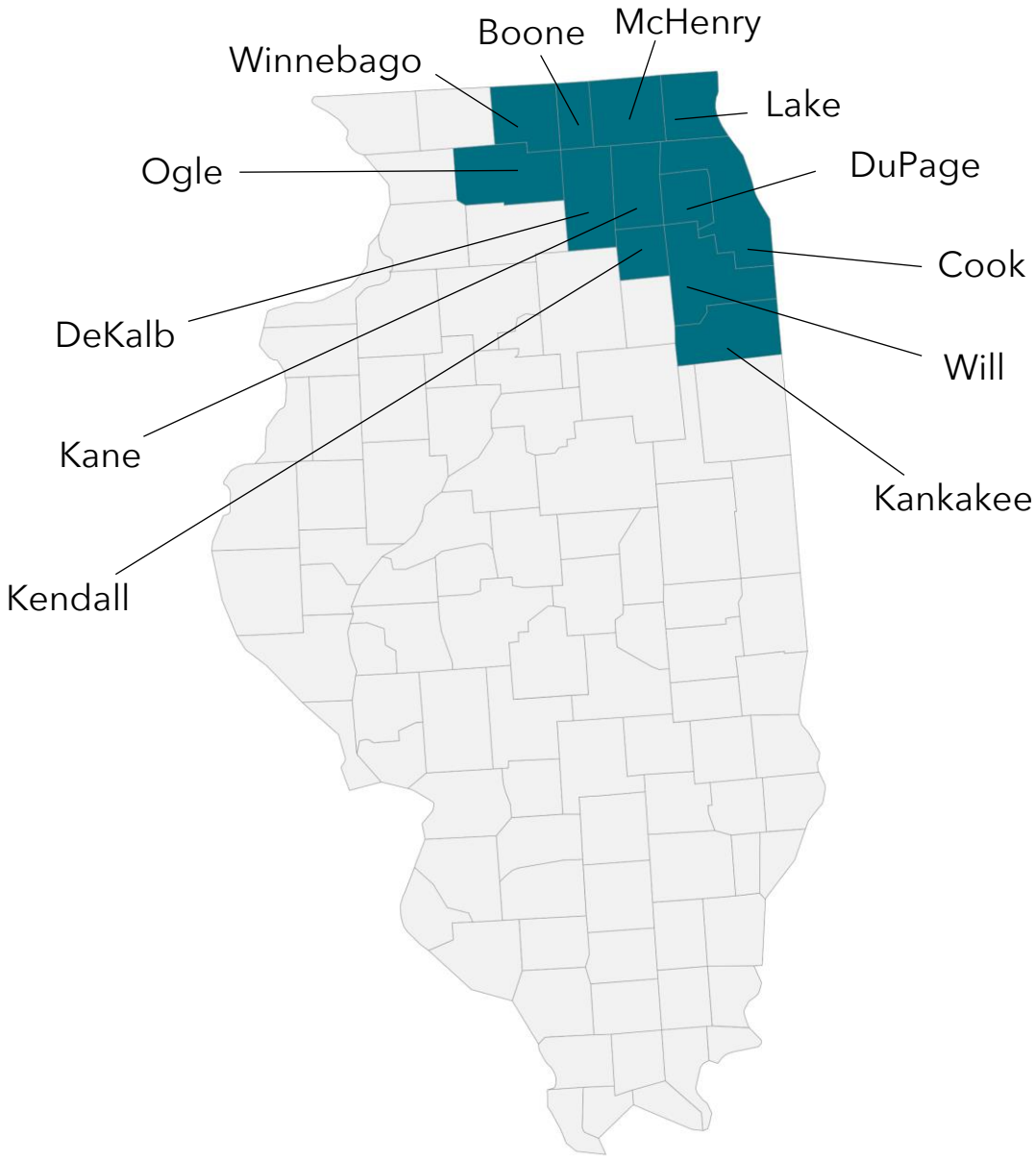
^Benefits, MOOP, cost share, service area varies by plan. Coinsurance required for select supplemental services received OON

Illinois Service Area

Chicagoland

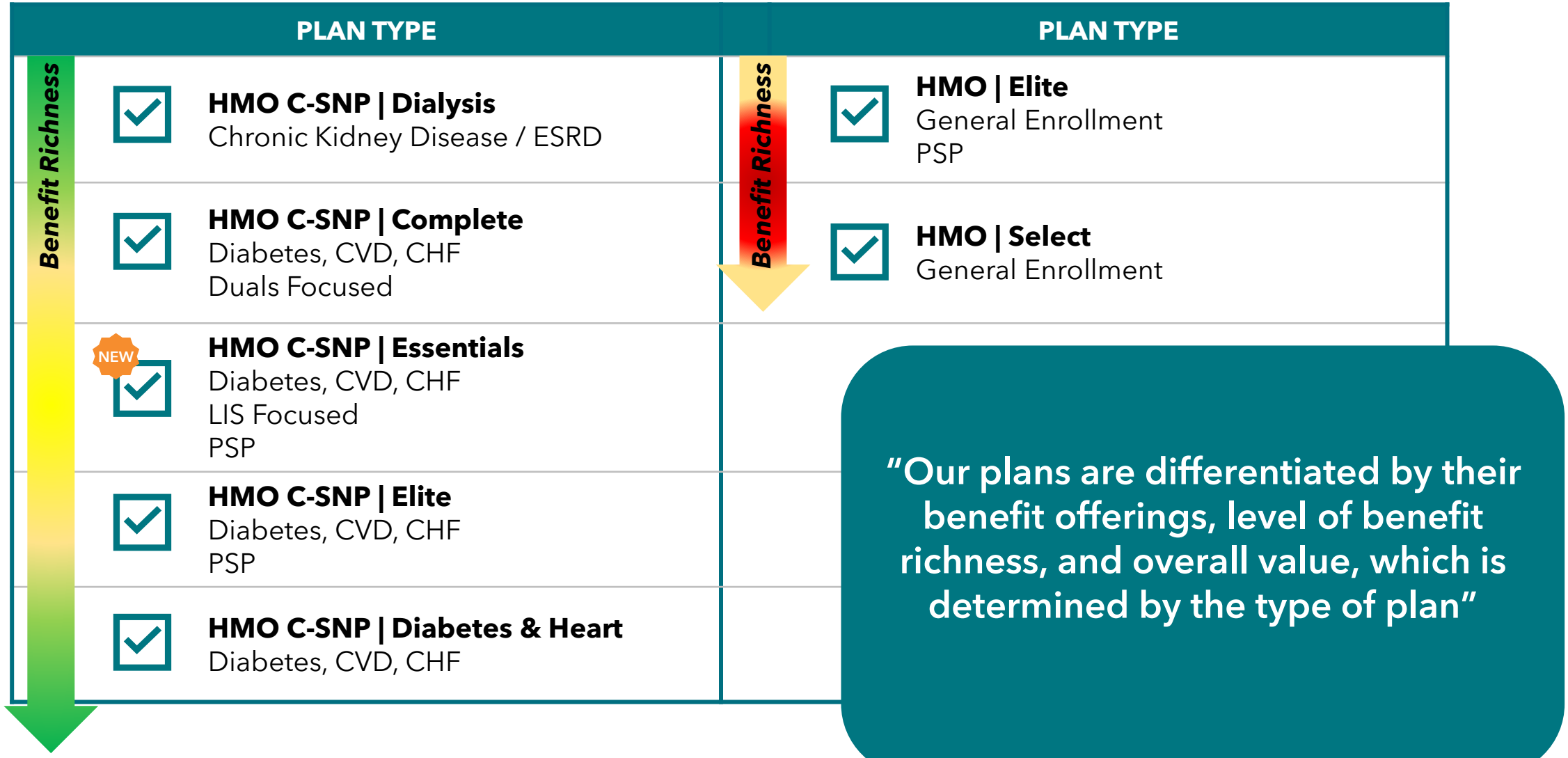
Counties (12)

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



2025-2026 Footprint

2026 Illinois Plan Types



"Our plans are differentiated by their benefit offerings, level of benefit richness, and overall value, which is determined by the type of plan"

^Plan types and benefit offerings vary by county

Zing HEALTH™	Zing Choice IL (HMO) H4624-001	Zing Elite Select IL-IN (HMO) H4624-026
Plan Type	**General Enrollment**	**General Enrollment PSP**
Service Area	Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, Winnebago	***IL***: Boone, Cook, Kane, Will, Winnebago ***IN***: Lake, Marion
MOOP (In-Network)	$3,850	$3,000
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits
PCP	$0	$0
SNP SPC	$10	$10
SPC	$10	$10
Dental Allowance (Yr)	$2,000	$2,500 Preventive / Unlimited Comprehensive
Eyewear Allowance (Yr)	$200	$300
Hearing Aid Allowance (3 yr)	$750	$750
Inpatient Hosp (Days 1-6)	$200	$265
Transportation (One-Way)	12	24
Flex Card	Not Covered	$350
Standalone OTC Allowance	$130	$198
OTC Frequency	Quarterly	Quarterly
SSBCI Allowance	Not Covered	$75 / Month
SSBCI Benefits	n/a	Food, Utilities
RX	$0 / $5 / $47 /25% / 33%	$0 / $0 / $47 / 25% / 33%

ILLINOIS

General Enrollment

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

Zing HEALTH™	Zing Essential Wellness Diabetes & Heart IL (HMO C-SNP) H4624-010	Zing Elite Diabetes & Heart IL (HMO C-SNP) H4624-028
Plan Type	**Chronic: CHF/CVD/Diabetes**	**Chronic PSP: CHF/CVD/Diabetes**
Service Area	Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, Winnebago	Boone, Cook, Kane, Will, Winnebago
MOOP (In-Network)	$3,650	$3,200
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits
PCP	$0	$0
SNP SPC	$0	$0
SPC	$15	$10
Dental Allowance (Yr)	$2,500	$2,500
Eyewear Allowance (Yr)	$300	$350
Hearing Aid Allowance (3 yr)	$750	$750
Inpatient Hosp (Days 1-6)	$275	$275
Transportation (One-Way)	30	30
Flex Card	Not Covered	Not Covered
Standalone OTC Allowance	$75	Not Covered
Frequency	Quarterly	Not Covered
SSBCI Allowance	$120 / Month	$141 / Month
SSBCI Inclusion	Food, Utilities	OTC, Food, Utilities
RX	$0 / $5 / $47 / 25% / 33% / $0	$0 / $5 / $47 / 25% / 33% / $0

ILLINOIS

C-SNP

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

Zing HEALTH™

Zing Select Dialysis IL (HMO C-SNP)

H4624-029

Plan Type	Chronic: CKD/ESRD
Service Area	Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, Winnebago
MOOP (In-Network)	$4,600
MOOP (INN & OON Combined)	No OON Benefits
PCP	$0
SNP SPC	$25 / ESRD Members $0
SPC	$25
Dental Allowance (Yr)	$2,500
Eyewear Allowance (Yr)	$350
Hearing Aid Allowance (3 yr)	$750
Inpatient Hosp (Days 1-6)	$350
Transportation (One-Way)	12 Rides Non ESRD members / ESRD Members Unlimited
Flex Card	Not Covered
Standalone OTC Allowance	Not Covered
Frequency	Not Covered
SSBCI Allowance	$130 / Month
SSBCI Inclusion	OTC, Food, Utilities, RICS
RX	$0 / $5 / $47 / 25% / 33% / $0

ILLINOIS

C-SNP

ALL PLANS Premium Target:
Part C = $0
Part D = $0

Sildenafil is included with plan shown

RICS benefit offered

Standout benefits for members with ESRD / CKD Level 5

- $0 Dialysis
- $0 SNP SPC
- Unlimited Transportation

Zing HEALTH™

ILLINOIS

C-SNP

Plan Type	Zing Select Diabetes & Heart Complete IL (HMO C-SNP) H4624-027	Zing Elite Essentials Diabetes & Heart IL-IN (HMO C-SNP) H4624-045
	Chronic: CHF/CVD/Diabetes (Duals focus)	Chronic **PSP**: CHF/CVD/Diabetes (LIS focus)
Service Area	Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, Winnebago	***IL***: Boone, Cook, Kane, Will, Winnebago ***IN***: Lake, Marion
PLAN PREMIUM	$0	$0
MOOP (In-Network)	$7,000	$3,200
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits
PCP	20%	$0
SNP SPC	20%	$0
SPC	20%	$10
Dental Allowance (Yr)	$2,000	$2,500
Eyewear Allowance (Yr)	$300	$350
Hearing Aid Allowance (3 yr)	$750	$750
Inpatient Hosp (Days 1-6)	Use standard Medicare-Defined rates for the plan year	$275
Transportation (One-Way)	24	30
Flex Card	Not Covered	Not Covered
Standalone OTC Allowance	Not Covered	Not Covered
Frequency	Not Covered	Not Covered
SSBCI Allowance	$180 / Month	$195 / Month
SSBCI Inclusion	OTC, Food, Utilities	OTC, Food, Utilities
RX	$0 / 25% / 25% / 25% / 25% / $0 Deductible $615 – T2, T3, T4, T5	15% / 25% / 25% / 25% / 25% Deductible $615 Coinsurance applies to insulins – up to $35

Complete and Essentials Plan Premium Target:
Part C = $0
Part D = $0

Sildenafil is only included on the Complete plan. It is not included with the Essentials plan

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

MEDICAID / 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 Medicaid or Extra Help status annually. Members who no longer qualify or fail to renew may face unexpected cost-sharing amounts. Members who lose their status or change Medicaid levels qualify for a Special Election Period.

Illinois Provider Partners































































Illinois Provider Partners Continued

Van Matre Encompass Health Rehabilitation Institute

Vista Health System

Christian Community Health Center

RUA Rockford Urological Associates

Access Community Health Network

Alivio Medical Center
An Active Presence for a Strong Community

Greater Family Health

Oak St. Health

Heartland Alliance

Esperanza health centers

Beloved Community Family Wellness Center

Crusader Community Health

Charak Center for Health and Wellness

Christian Health Center Family

DaVita

Fresenius Kidney Care

Near North Health
We'll Find a Way

VNA Health Care

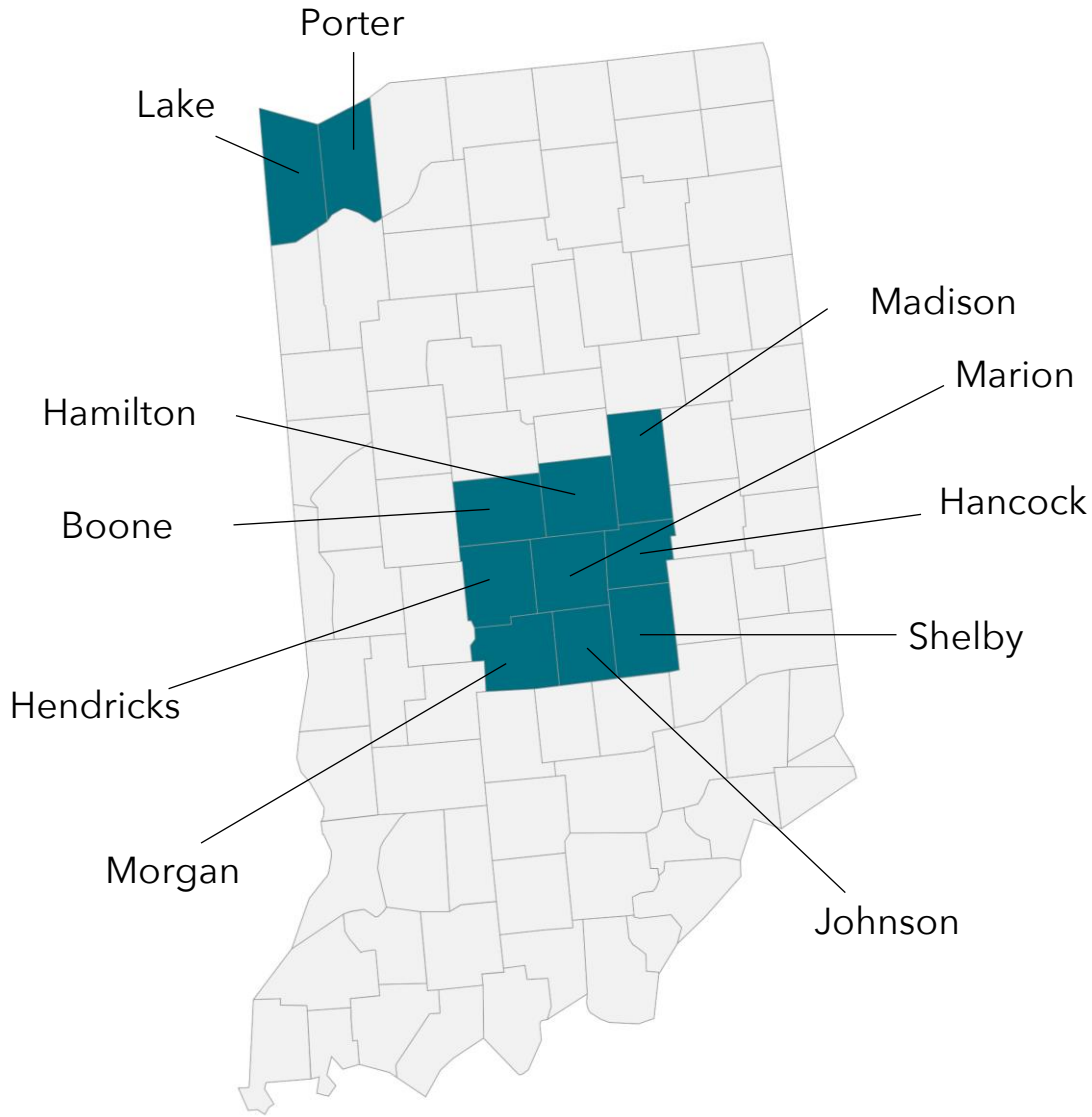
Indiana Service Area

Indianapolis and NW Indiana

Counties (11)

Boone
Hamilton
Hancock
Hendricks
Johnson
Lake
Madison
Marion
Morgan
Porter
Shelby

2025-2026 Footprint



2026 Indiana Plan Types

PLAN TYPE	PLAN TYPE
HMO C-SNP | Dialysis Chronic Kidney Disease / ESRD	**HMO | Elite** General Enrollment PSP
NEW **HMO C-SNP | Essentials** Diabetes, CVD, CHF LIS Focused PSP	**HMO | Select** General Enrollment
HMO C-SNP | Elite Diabetes, CVD, CHF PSP	**PPO | Open Choice** General Enrollment
HMO C-SNP | Diabetes & Heart Diabetes, CVD, CHF	
PPO C-SNP | Open Choice Diabetes & Heart Diabetes, CVD, CHF	

Benefit Richness

Benefit Richness

"Our plans are differentiated by their benefit offerings, level of benefit richness, and overall value, which is determined by the type of plan"

^Plan types and benefit offerings vary by county

Zing HEALTH™

INDIANA

General Enrollment

Plan Type	Zing Select Care IN (HMO) H4624-003	Zing Elite Select IL-IN (HMO) H4624-026	Zing Open Choice IN (PPO) H6876-004
	General Enrollment	General Enrollment **PSP**	General Enrollment
Service Area	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, Shelby	***IN***: Lake, Marion ***IL***: Boone, Cook, Kane, Will, Winnebago	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, Shelby
MOOP (In-Network)	$4,500	$3,000	$6,350
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits	$6,350
PCP	$0	$0	$0
SNP SPC	$15	$10	INN: $30 / OON: $40
SPC	$15	$10	INN: $30 / OON: $40
Dental Allowance (Yr)	$2,000	$2,500 Preventive / Unlimited Comprehensive	$1,500
Eyewear Allowance (Yr)	$300	$300	$200
Hearing Aid Allowance (3 yr)	$750	$750	$750
Inpatient Hosp (Days 1-6)	$350	$265	INN: $339 / OON: $400
Transportation (One-Way)	12	24	Not Covered
Flex Card	Not Covered	$350	Not Covered
Standalone OTC Allowance	$90	$198	$120
Frequency	Quarterly	Quarterly	Quarterly
SSBCI Allowance	$75 / Month	$75 / Month	$55 / Month
SSBCI Inclusion	Food, Utilities	Food, Utilities	Food, Utilities
RX	$0 / $8 / $47 / 25% / 33%	$0 / $0 / $47 / 25% / 33%	$0 / $15 / $47 / 25% / 33%

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

Zing HEALTH™	Zing Select Diabetes & Heart IN (HMO C-SNP) H4624-011	Zing Elite Diabetes & Heart IN (HMO C-SNP) H4624-031	Zing Open Choice Diabetes & Heart IN (PPO C-SNP) H6876-005
Plan Type	Chronic: CHF/CVD/Diabetes	Chronic PSP: CHF/CVD/Diabetes	Chronic: CHF/CVD/Diabetes
Service Area	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, Shelby	Lake, Marion	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, Shelby
MOOP (In-Network)	$4,500	$4,500	$4,950
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits	$4,950
PCP	$0	$0	$0
SNP SPC	$0	$0	$0
SPC	$15	$10	$30
Dental Allowance (Yr)	$2,000	$2,500	$1,500
Eyewear Allowance (Yr)	$300	$350	$200
Hearing Aid Allowance (3 yr)	$750	$750	$750
Inpatient Hosp (Days 1-6)	$350	$350	$339
Transportation (One-Way)	24	30	Not Covered
Flex Card	Not Covered	Not Covered	Not Covered
Standalone OTC Allowance	$75	Not Covered	$60
Frequency	Quarterly	Not Covered	Quarterly
SSBCI Allowance	$120 / Month	$158 / Month	$110 / Month
SSBCI Inclusion	Food, Utilities	OTC, Food, Utilities	Food, Utilities
RX	$0 / $8 / $47 / 25% / 33% / $0	$0 / $8 / $47 / 25% / 33% / $0	$0 / $8 / $47 / 25% / 33% / $0

INDIANA

C-SNP

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

Zing HEALTH™

Zing Select Dialysis IN (HMO C-SNP)

H4624-025

Plan Type	Chronic: CKD/ESRD
Service Area	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, Shelby
MOOP (In-Network)	$4,950
MOOP (INN & OON Combined)	No OON Benefits
PCP	$0
SNP SPC	$25 / ESRD Members $0
SPC	$25
Dental Allowance (Yr)	$2,500
Eyewear Allowance (Yr)	$350
Hearing Aid Allowance (3 yr)	$750
Inpatient Hosp (Days 1-6)	$350
Transportation (One-Way)	30 Rides Non ESRD members / ESRD Members Unlimited
Flex Card	Not Covered
Standalone OTC Allowance	Not Covered
Frequency	Not Covered
SSBCI Allowance	$141 / Month
SSBCI Inclusion	OTC, Food, Utilities, RICS
RX	$0 / $5 / $47 / 25% / 33% / $0

INDIANA

C-SNP

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

RICS benefit offered

Standout benefits for members with ESRD / CKD Level 5

- $0 Dialysis
- $0 SNP SPC
- Unlimited Transportation

Zing HEALTH™

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

H4624-045

INDIANA

C-SNP

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

Plan Type	Chronic **PSP**: CHF/CVD/Diabetes (LIS)
Service Area	***IN***: Lake, Marion ***IL***: Boone, Cook, Kane, Will, Winnebago
MOOP (In-Network)	$3,200
MOOP (INN & OON Combined)	No OON Benefits
PCP	$0
SNP SPC	$0
SPC	$10
Dental Allowance (Yr)	$2,500
Eyewear Allowance (Yr)	$350
Hearing Aid Allowance (3 yr)	$750
Inpatient Hosp (Days 1-6)	$275
Transportation (One-Way)	30
Flex Card	Not Covered
Standalone OTC Allowance	Not Covered
Frequency	Not Covered
SSBCI Allowance	$195 / Month
SSBCI Inclusion	OTC, Food, Utilities
RX	25% Deductible $615 Coinsurance applies to insulins – up to $35

Sildenafil is <u>not</u> <u>included</u> with the Essential plan

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.

Indiana Provider Partners

































Michigan Service Area

Ann Arbor and Detroit Metro

Counties (7)

Genesee
Lapeer*
Livingston
Macomb
Oakland
Washtenaw
Wayne

*New for 2026

New County

2025 Footprint
2026 Expansion County



2026 Michigan Plan Types

PLAN TYPE	PLAN TYPE
HMO C-SNP | Dialysis Chronic Kidney Disease / ESRD	**HMO | Elite** General Enrollment PSP
HMO C-SNP | Elite Diabetes, CVD, CHF PSP	**HMO | Select** General Enrollment
HMO C-SNP | Diabetes & Heart Diabetes, CVD, CHF	**PPO | Open Choice** General Enrollment
PPO C-SNP | Open Choice Diabetes & Heart Diabetes, CVD, CHF	
NEW **HMO C-SNP| Balance** Overweight, obesity, and metabolic syndrome PSP	

Benefit Richness ↓

Benefit Richness ↓

"Our plans are differentiated by their benefit offerings, level of benefit richness, and overall value, which is determined by the type of plan"

^Plan types and benefit offerings vary by county

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, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne	Macomb, Oakland, Wayne	Genesee, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne
MOOP (In-Network)	$4,250	$4,500	$4,950
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits	$8,950
PCP	$0	$0	$0
SNP SPC	$25	$20	INN: $20 / OON: $30
SPC	$25	$20	INN: $20 / OON: $30
Dental Allowance (Yr)	$2,000	$2,500	$2,000
Eyewear Allowance (Yr)	$250	$300	$200
Hearing Aid Allowance (3 yr)	$750	$750	$750
Inpatient Hosp (Days 1-6)	$300	$295	INN: $310 / OON $375
Transportation (One-Way)	12	32	Not Covered
Flex Card	Not Covered	Not Covered	Not Covered
Standalone OTC Allowance	$120	$150	$120
Frequency	Quarterly	Quarterly	Quarterly
SSBCI Allowance	$55 / Month	$122 / Month	$50 / Month
SSBCI Inclusion	Food, Utilities	Food, Utilities	Food, Utilities
RX	$0 / $5 / $47 / 25% / 33%	$0 / $5 / $47 / 25% / 33%	$0 / $8 / $47 / 25% / 33%

MICHIGAN

General Enrollment

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

Zing HEALTH™

Plan Type	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
	Chronic: CHF/CVD/Diabetes	Chronic **PSP**: CHF/CVD/Diabetes	Chronic: CHF/CVD/Diabetes
Service Area	Genesee, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne	Macomb, Oakland, Wayne	Genesee, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne
MOOP (In-Network)	$4,500	$4,500	$4,950
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits	$8,950
PCP	$0	$0	$0
SNP SPC	$0	$0	$0
SPC	$20	$20	$20
Dental Allowance (Yr)	$2,500	$2,500	$2,000
Eyewear Allowance (Yr)	$300	$350	$250
Hearing Aid Allowance (3 yr)	$750	$750	$750
Inpatient Hosp (Days 1-6)	$285	$300	$310
Transportation (One-Way)	28	30	Not Covered
Flex Card	Not Covered	Not Covered	Not Covered
Standalone OTC Allowance	$90	Not Covered	$75
Frequency	Quarterly	Not Covered	Quarterly
SSBCI Allowance	$77 / Month	$157 / Month	$95 / Month
SSBCI Inclusion	Food, Utilities, AC	OTC, Food, Utilities, AC	Food, Utilities, AC
RX	$0 / $5 / $47 / 25% / 33% / $0	$0 / $5 / $47 / 25% / 33% / $0	$0 / $5 / $47 / 25% / 33% / $0

MICHIGAN

C-SNP

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

AC benefit offered

Zing HEALTH™

Zing Select Dialysis MI (HMO C-SNP)

H4624-023

Plan Type	Chronic: CKD/ESRD
Service Area	Genesee, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne
MOOP (In-Network)	$5,445
MOOP (INN & OON Combined)	No OON Benefits
PCP	$0
SNP SPC	$25 / ESRD Members $0
SPC	$25
Dental Allowance (Yr)	$2,500
Eyewear Allowance (Yr)	$350
Hearing Aid Allowance (3 yr)	$750
Inpatient Hosp (Days 1-6)	$250
Transportation (One-Way)	30 Rides Non ESRD members / ESRD Members Unlimited
Flex Card	Not Covered
Standalone OTC Allowance	Not Covered
Frequency	Not Covered
SSBCI Allowance	$137 / Month
SSBCI Inclusion	OTC, Food, Utilities, AC, RICS
RX	$0 / $5 / $47 / 25% / 33% / $0

MICHIGAN

C-SNP

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

RICS benefit offered

AC benefit offered

Standout benefits for members with ESRD / CKD Level 5

- $0 Dialysis
- $0 SNP SPC
- Unlimited Transportation

Zing HEALTH™

Zing Elite Balance MI (HMO C-SNP)

H4624-046

MICHIGAN

C-SNP

Plan Type	Chronic PSP: Overweight, Obesity, and Metabolic Syndrome
Service Area	Macomb, Oakland, Wayne
MOOP (In-Network)	$4,500
MOOP (INN & OON Combined)	No OON Benefits
PCP	$0
SNP SPC	$20
SPC	$20
Dental Allowance (Yr)	$2,500
Eyewear Allowance (Yr)	$300
Hearing Aid Allowance (3 yr)	$750
Inpatient Hosp (Days 1-6)	$295
Transportation (One-Way)	12
Flex Card	Not Covered
Standalone OTC Allowance	$150
Frequency	Quarterly
SSBCI Allowance	$60 / Month
SSBCI Inclusion	Food, Utilities
RX	$0 / $5 / $47 / 25% / 33% / ***$11*** ***T6 3 month mail order = $33***

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

GLP-1s

Tier 6 medications, including GLP-1s, have an $11 copay (compared to $47 on GE plans and $0 on other Zing C-SNP plans).

- Medicare has not approved GLP1 medications for anti-obesity treatment alone.
- GLP-1 medications are only covered for members who also have diabetes.
- 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 Plan.

Michigan Provider Partners

Ascension

Corewell Health™

Village Medical™

UNIVERSITY OF MICHIGAN HEALTH
MICHIGAN MEDICINE

Tenet Health

DMC
DETROIT MEDICAL CENTER

DaVita

Oak St. Health

Beaumont® HEALTH SYSTEM

FRESENIUS KIDNEY CARE

Ohio Service Area

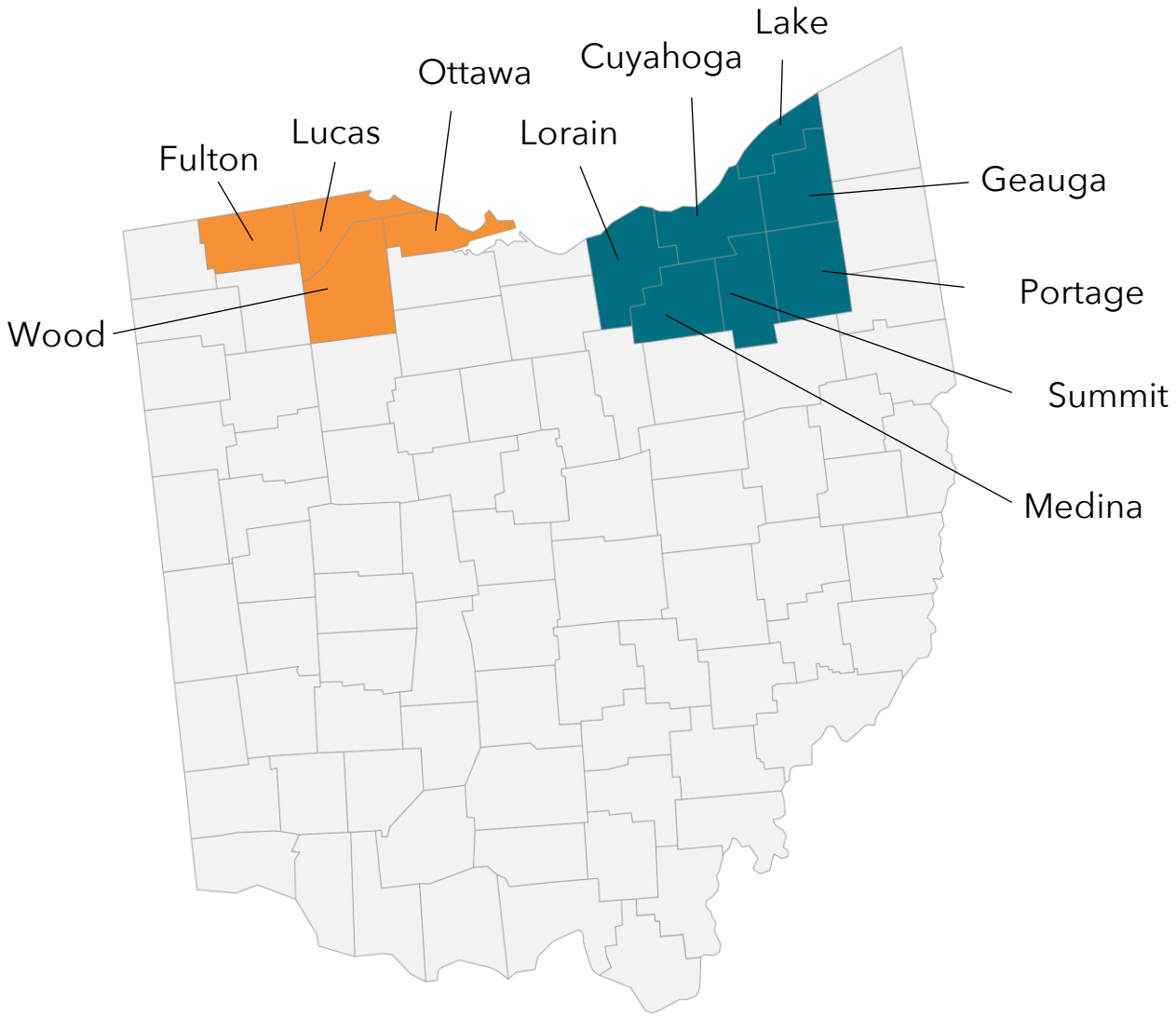
Cleveland and Toledo

Counties (11)

Cuyahoga
Fulton*
Geauga
Lake
Lorain
Lucas*
Medina
Ottawa*
Portage
Summit
Wood*

*New for 2026

New Counties



2025 Footprint
2026 Expansion Counties

^2026 county expansion pending CMS approval.

2026 Ohio Plan Types

PLAN TYPE	PLAN TYPE
HMO C-SNP | Dialysis Chronic Kidney Disease / ESRD	**HMO | Elite** General Enrollment PSP
HMO C-SNP | Elite Diabetes, CVD, CHF PSP	**HMO | Select** General Enrollment
HMO C-SNP | Diabetes & Heart Diabetes, CVD, CHF	

Benefit Richness

Benefit Richness

"Our plans are differentiated by their benefit offerings, level of benefit richness, and overall value, which is determined by the type of plan"

^Plan types and benefit offerings vary by county

Zing HEALTH™	Zing Select Care OH (HMO) H4624-038	Zing Elite Select OH (HMO) H4624-037
Plan Type	**General Enrollment**	**General Enrollment PSP**
Service Area	Cuyahoga, Fulton, Geauga, Lake, Lorain, Lucas, Medina, Ottawa, Portage, Summit, Wood	Cuyahoga, Lucas, Summit
MOOP (In-Network)	$4,500	$3,900
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits
PCP	$0	$0
SNP SPC	$15	$10
SPC	$15	$10
Dental Allowance (Yr)	$2,000	$2,400
Eyewear Allowance (Yr)	$300	$275
Hearing Aid Allowance (3 yr)	$750	$750
Inpatient Hosp (Days 1-6)	$350	$325
Transportation (One-Way)	12	24
Flex Card	Not Covered	$400
Standalone OTC Allowance	$105	$90
OTC Frequency	Quarterly	Quarterly
SSBCI Allowance	$75 / Month	$45 / Month
SSBCI Benefits	Food, Utilities	Food, Utilities
RX	$0 / $8 / $47 / 25% / 33%	$0 / $8 / $47 / 25% / 33%

OHIO

General Enrollment

ALL PLANS Premium Target:
Part C = $0
Part D = $0

Sildenafil is included with plan shown

Zing HEALTH™	Zing Select Diabetes & Heart OH (HMO C-SNP) H4624-034	Zing Elite Diabetes & Heart OH (HMO C-SNP) H4624-033
Plan Type	**Chronic: CHF/CVD/Diabetes**	**Chronic PSP: CHF/CVD/Diabetes**
Service Area	Cuyahoga, Fulton, Geauga, Lake, Lorain, Lucas, Medina, Ottawa, Portage, Summit, Wood	Cuyahoga, Lucas, Summit
MOOP (In-Network)	$4,500	$4,500
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits
PCP	$0	$0
SNP SPC	$0	$0
SPC	$10	$10
Dental Allowance (Yr)	$2,000	$2,500
Eyewear Allowance (Yr)	$200	$350
Hearing Aid Allowance (3 yr)	$750	$750
Inpatient Hosp (Days 1-6)	$350	$350
Transportation (One-Way)	24	30
Flex Card	Not Covered	Not Covered
Standalone OTC Allowance	$75	Not Covered
Frequency	Quarterly	Not Covered
SSBCI Allowance	$125 / Month	$174 / Month
SSBCI Inclusion	Food, Utilities	OTC, Food, Utilities
RX	$0 / $8 / $47 / 25% / 33% / $0	$0 / $8 / $47 / 25% / 33% / $0

OHIO

C-SNP

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

Zing HEALTH™

Zing Select Dialysis OH (HMO C-SNP)

H4624-036

Plan Type	Chronic: CKD/ESRD
Service Area	Cuyahoga, Fulton, Geauga, Lake, Lorain, Lucas, Medina, Ottawa, Portage, Summit, Wood
MOOP (In-Network)	$4,950
MOOP (INN & OON Combined)	No OON Benefits
PCP	$0
SNP SPC	$25 / ESRD Members $0
SPC	$25
Dental Allowance (Yr)	$2,500
Eyewear Allowance (Yr)	$350
Hearing Aid Allowance (3 yr)	$750
Inpatient Hosp (Days 1-6)	$350
Transportation (One-Way)	18 Rides Non ESRD members / ESRD Members Unlimited
Flex Card	Not Covered
Standalone OTC Allowance	Not Covered
Frequency	Not Covered
SSBCI Allowance	$136 / Month
SSBCI Inclusion	OTC, Food, Utilities, RICS
RX	$0 / $5 / $47 / 25% / 33% / $0

OHIO

C-SNP

ALL PLANS Premium Target:
Part C = $0
Part D = $0

Sildenafil is included with plan shown

RICS benefit offered

Standout benefits for members with ESRD / CKD Level 5

- $0 Dialysis
- $0 SNP SPC
- Unlimited Transportation

Ohio Provider Partners

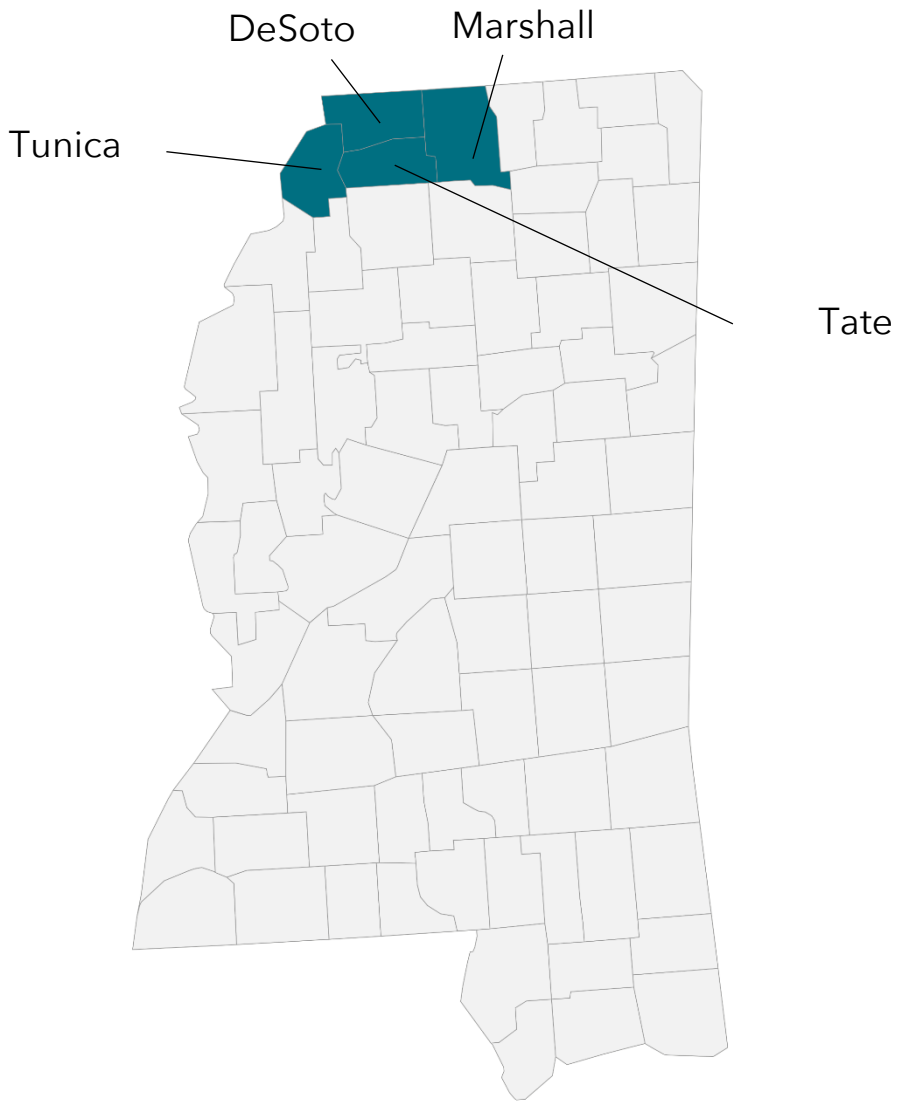
Cleveland	Toledo
Cleveland Clinic	Bon Secours
AbsoluteCare® BEYOND MEDICINE	MERCY HEALTH
DaVita®	AbsoluteCare® BEYOND MEDICINE
Oak St. Health	DaVita®
FRESENIUS KIDNEY CARE	Oak St. Health
	FRESENIUS KIDNEY CARE

Mississippi Service Area

NW Mississippi

Mississippi Counties (4)
DeSoto
Marshall
Tate
Tunica

2025-2026 Footprint



2026 Mississippi Plan Types

PLAN TYPE	PLAN TYPE
HMO C-SNP | Dialysis Chronic Kidney Disease / ESRD	**HMO | Elite** General Enrollment PSP
HMO C-SNP | Elite Diabetes, CVD, CHF PSP	**HMO | Select** General Enrollment
HMO C-SNP | Diabetes & Heart Diabetes, CVD, CHF	

Benefit Richness

Benefit Richness

"Our plans are differentiated by their benefit offerings, level of benefit richness, and overall value, which is determined by the type of plan"

^Plan types and benefit offerings vary by county

Zing HEALTH™

Plan Type	Zing Select Care TN-MS (HMO) H4624-044 General Enrollment	Zing Elite Select TN-MS (HMO) H4624-043 General Enrollment PSP
Service Area	***MS:*** DeSoto, Marshall, Tate, Tunica ***TN:*** Davidson, Fayette, Robertson, Shelby, Sumner, Williamson, Wilson	***MS***: DeSoto ***TN:*** Shelby
MOOP (In-Network)	$4,500	$3,900
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits
PCP	$0	$0
SNP SPC	$25	$15
SPC	$25	$15
Dental Allowance (Yr)	$2,150	$2,350
Eyewear Allowance (Yr)	$350	$250
Hearing Aid Allowance (3 yr)	$750	$750
Inpatient Hosp (Days 1-6)	$305	$295
Transportation (One-Way)	12	40
Flex Card	Not Covered	$400
Standalone OTC Allowance	$150	$120
OTC Frequency	Quarterly	Quarterly
SSBCI Allowance	$75 / Month	$80 / Month
SSBCI Benefits	Food, Utilities	Food, Utilities
RX	$0 / $8 / $47 / 25% / 33%	$0 / $8 / $47 / 25% / 33%

MISSISSIPPI

General Enrollment

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

Zing HEALTH™	Zing Select Diabetes & Heart TN-MS (HMO C-SNP) H4624-040	Zing Elite Diabetes & Heart TN-MS (HMO C-SNP) H4624-039
Plan Type	**Chronic: CHF/CVD/Diabetes**	**Chronic PSP: CHF/CVD/Diabetes**
Service Area	***MS:*** DeSoto, Marshall, Tate, Tunica ***TN:*** Davidson, Fayette, Robertson, Shelby, Sumner, Williamson, Wilson	***MS:*** DeSoto ***TN:*** Shelby
MOOP (In-Network)	$4,500	$4,500
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits
PCP	$0	$0
SNP SPC	$0	$0
SPC	$20	$20
Dental Allowance (Yr)	$2,000	$2,500
Eyewear Allowance (Yr)	$300	$350
Hearing Aid Allowance (3 yr)	$750	$750
Inpatient Hosp (Days 1-6)	$350	$350
Transportation (One-Way)	30	30
Flex Card	Not Covered	Not Covered
Standalone OTC Allowance	$90	Not Covered
Frequency	Quarterly	Not Covered
SSBCI Allowance	$130 / Month	$170 / Month
SSBCI Inclusion	Food, Utilities	OTC, Food, Utilities
RX	$0 / $8 / $47 / 25% / 33% / $0	$0 / $8 / $47 / 25% / 33% / $0

MISSISSIPPI

C-SNP

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

Zing HEALTH™

Zing Select Dialysis TN-MS (HMO C-SNP)

H4624-042

Plan Type	Chronic: CKD/ESRD
Service Area	***MS:*** DeSoto, Marshall, Tate, Tunica ***TN:*** Davidson, Fayette, Robertson, Shelby, Sumner, Williamson, Wilson
MOOP (In-Network)	$4,950
MOOP (INN & OON Combined)	No OON Benefits
PCP	$0
SNP SPC	$25 / ESRD Members $0
SPC	$25
Dental Allowance (Yr)	$2,500
Eyewear Allowance (Yr)	$350
Hearing Aid Allowance (3 yr)	$750
Inpatient Hosp (Days 1-6)	$350
Transportation (One-Way)	14 Rides Non ESRD members / ESRD Members Unlimited
Flex Card	Not Covered
Standalone OTC Allowance	Not Covered
Frequency	Not Covered
SSBCI Allowance	$130 / Month
SSBCI Inclusion	OTC, Food, Utilities, RICS
RX	$0 / $5 / $47 / 25% / 33% / $0

MISSISSIPPI

C-SNP

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

RICS benefit offered

Standout benefits for members with ESRD / CKD Level 5

- $0 Dialysis
- $0 SNP SPC
- Unlimited Transportation

Mississippi Provider Partners









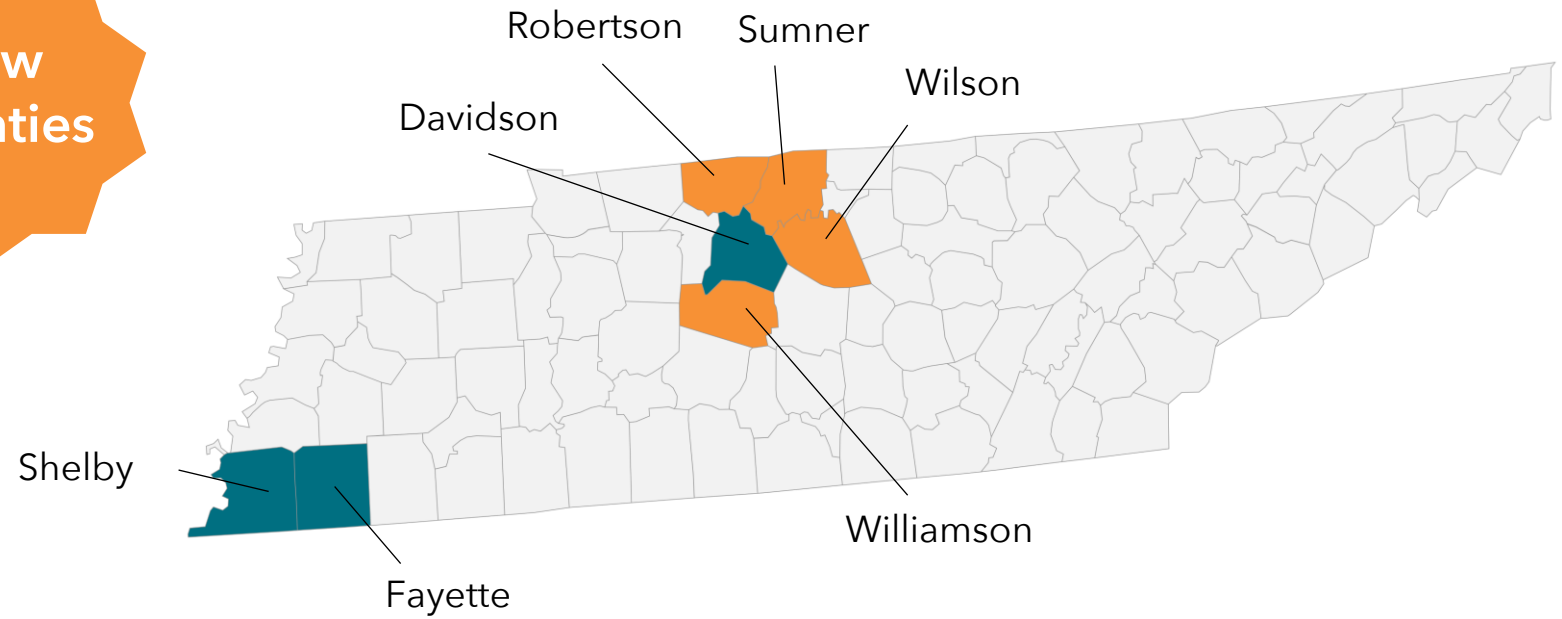




Tennessee Service Area

Memphis and Nashville

New Counties



Tennessee Counties (7)

Davidson
Fayette
Robertson*
Shelby
Sumner*
Williamson*
Wilson*

*New for 2026

2025 Footprint
2026 Expansion Counties

^2026 county expansion pending CMS approval.

2026 Tennessee Plan Types

PLAN TYPE	PLAN TYPE
HMO C-SNP | Dialysis Chronic Kidney Disease / ESRD	**HMO | Elite** General Enrollment PSP
HMO C-SNP | Elite Diabetes, CVD, CHF PSP	**HMO | Select** General Enrollment
HMO C-SNP | Diabetes & Heart Diabetes, CVD, CHF	**PPO | Open Choice** General Enrollment
PPO C-SNP | Open Choice Diabetes & Heart Diabetes, CVD, CHF	

Benefit Richness ↓

Benefit Richness ↓

"Our plans are differentiated by their benefit offerings, level of benefit richness, and overall value, which is determined by the type of plan"

^Plan types and benefit offerings vary by county

Zing HEALTH™

Plan Type	Zing Select Care TN-MS (HMO) H4624-044	Zing Elite Select TN-MS (HMO) H4624-043	Zing Open Choice TN (PPO) H6876-009
	General Enrollment	General Enrollment **PSP**	General Enrollment
Service Area	***TN:*** Davidson, Fayette, Robertson, Shelby, Sumner, Williamson, Wilson ***MS:*** DeSoto, Marshall, Tate, Tunica	***TN:*** Shelby ***MS***: DeSoto	Davidson, Fayette, Robertson, Shelby, Sumner, Williamson, Wilson
MOOP (In-Network)	$4,500	$3,900	$6,350
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits	$6,350
PCP	$0	$0	$0
SNP SPC	$25	$15	INN: $30 / OON: $40
SPC	$25	$15	INN: $30 / OON: $40
Dental Allowance (Yr)	$2,150	$2,350	$2,000
Eyewear Allowance (Yr)	$350	$250	$200
Hearing Aid Allowance (3 yr)	$750	$750	$750
Inpatient Hosp (Days 1-6)	$305	$295	INN: $339 / OON: $350
Transportation (One-Way)	12	40	Not Covered
Flex Card	Not Covered	$400	Not Covered
Standalone OTC Allowance	$150	$120	$150
OTC Frequency	Quarterly	Quarterly	Quarterly
SSBCI Allowance	$75 / Month	$80 / Month	$55 / Month
SSBCI Benefits	Food, Utilities	Food, Utilities	Food, Utilities
RX	$0 / $8 / $47 / 25% / 33%	$0 / $8 / $47 / 25% / 33%	$0 / $10 / $47 / 25% / 33%

TENNESSEE

General Enrollment

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

Zing HEALTH™	Zing Select Diabetes & Heart TN-MS (HMO C-SNP) H4624-040	Zing Elite Diabetes & Heart TN-MS (HMO C-SNP) H4624-039	Zing Open Choice Diabetes & Heart TN (PPO C-SNP) H6876-007
Plan Type	Chronic: CHF/CVD/Diabetes	Chronic PSP: CHF/CVD/Diabetes	Chronic: CHF/CVD/Diabetes
Service Area	***TN:*** Davidson, Fayette, Robertson, Shelby, Sumner, Williamson, Wilson ***MS:*** DeSoto, Marshall, Tate, Tunica	***TN:*** Shelby ***MS:*** DeSoto	Davidson, Fayette, Robertson, Shelby, Sumner, Williamson, Wilson
MOOP (In-Network)	$4,500	$4,500	$6,350
MOOP (INN & OON Combined)	No OON Benefits	No OON Benefits	$6,350
PCP	$0	$0	$0
SNP SPC	$0	$0	$0
SPC	$20	$20	$30
Dental Allowance (Yr)	$2,000	$2,500	$1,500
Eyewear Allowance (Yr)	$300	$350	$250
Hearing Aid Allowance (3 yr)	$750	$750	$750
Inpatient Hosp (Days 1-6)	$350	$350	$339
Transportation (One-Way)	30	30	Not Covered
Flex Card	Not Covered	Not Covered	Not Covered
Standalone OTC Allowance	$90	Not Covered	$75
Frequency	Quarterly	Not Covered	Quarterly
SSBCI Allowance	$130 / Month	$170 / Month	$120 / Month
SSBCI Inclusion	Food, Utilities	OTC, Food, Utilities	Food, Utilities
RX	$0 / $8 / $47 / 25% / 33% / $0	$0 / $8 / $47 / 25% / 33% / $0	$0 / $8 / $47 / 25% / 33% / $0

TENNESSEE

C-SNP

ALL PLANS Premium Target: Part C = $0 Part D = $0

Sildenafil is included with plan shown

Zing HEALTH™

Zing Select Dialysis TN-MS (HMO C-SNP)

H4624-042

Plan Type	Chronic: CKD/ESRD
Service Area	***TN:*** Davidson, Fayette, Robertson, Shelby, Sumner, Williamson, Wilson ***MS:*** DeSoto, Marshall, Tate, Tunica
MOOP (In-Network)	$4,950
MOOP (INN & OON Combined)	No OON Benefits
PCP	$0
SNP SPC	$25 / ESRD Members $0
SPC	$25
Dental Allowance (Yr)	$2,500
Eyewear Allowance (Yr)	$350
Hearing Aid Allowance (3 yr)	$750
Inpatient Hosp (Days 1-6)	$350
Transportation (One-Way)	14 Rides Non ESRD members / ESRD Members Unlimited
Flex Card	Not Covered
Standalone OTC Allowance	Not Covered
Frequency	Not Covered
SSBCI Allowance	$130 / Month
SSBCI Inclusion	OTC, Food, Utilities, RICS
RX	$0 / $5 / $47 / 25% / 33% / $0

TENNESSEE

C-SNP

ALL PLANS Premium Target:
Part C = $0
Part D = $0

Sildenafil is included with plan shown

RICS benefit offered

Standout benefits for members with ESRD / CKD Level 5

- $0 Dialysis
- $0 SNP SPC
- Unlimited Transportation

Tennessee Provider Partners

Memphis

- Methodist Le Bonheur Healthcare
- Regional One Health
- Saint Francis Healthcare Memphis • Bartlett
- DaVita
- Oak St. Health
- FRESENIUS KIDNEY CARE

Nashville

- HCA Healthcare
- DaVita
- FRESENIUS KIDNEY CARE
- Nashville General Hospital at Meharry

2026 Tier 6 Brand Name Drugs

Members with Diabetes, CVD/CHF, or CKD continue to benefit from select high-impact brand name medications at $0 copay - reinforcing our commitment to affordability and chronic care support.^

Sales Strategy Tip: Agents can use this list to ***proactively identify prospects*** who are on these medications and highlight saving and support available through Zing Health plans.

Medication Brand / Generic Name	Common Associated Condition
Entresto	Cardiovascular
Janumet	Diabetes
Januvia	Diabetes
Mounjaro	Diabetes
Ozempic	Diabetes
Rybelsus	Diabetes
Trulicity	Diabetes

^ 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.)

Formulary Insulins

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 100 UNIT/ML CARTRIDGE
- FIASP 100 UNIT/ML PEN INJ
- FIASP 100 UNIT/ML INJ
- HUMULIN R 500 UNIT/ML PEN INJ
- HUMULIN R 500 UNIT/ML INJ
- LANTUS 100 UNIT/ML PEN INJ
- LANTUS 100 UNIT/ML INJ
- NOVOLIN 70-30 UNIT/ML PEN INJ
- NOVOLIN N 100 UNIT/ML PEN INJ
- NOVOLIN R 100 UNIT/ML PEN INJ
- NOVOLIN 70-30 UNIT/ML INJ
- NOVOLIN N 100 UNIT/ML INJ
- NOVOLIN R 100 UNIT/ML INJ
- NOVOLOG MIX 100 UNIT/ML PEN INJ
- NOVOLOG MIX 70-30 UNIT/ML PEN INJ
- NOVOLOG 100 UNIT/ML INJ
- NOVOLOG MIX 70-30UNIT/ML INJ
- TOUJEO 300 UNIT/ML PEN
- TOUJEO 300 UNIT/ML PEN INJ (3ML)
- SOLIQUA INJ 100/33
- XULTOPHY INJ100/3.6



^ 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.)

Continuous Glucose Monitor (CGM)

Our members have a $0 copay for CGMs when prescribed by a physician.

What is a CGM? A CGM is a monitoring device that automatically tracks glucose levels every five minutes with a painless sensor placed onto the skin. This allows members with diabetes to see their glucose levels anytime using a smart device and/or receiver.

Using the data from the continuous readings, a CGM system can predict glucose directions and provide trends and insights that can help members stay on top of their diabetes.

The CGM technology means better diabetes management with zero finger sticks!

How to get a CGM^: The member will speak with their provider about the benefits of a CGM. The provider will write a prescription for the member. The member takes the prescription to their pharmacy and has it dispensed to them.

★ ***CGM brand***: Dexcom G6 and G7

Member Testimony:

" I am absolutely delighted with how it has improved my life. I feel so much more "secure" and "in control" and no longer afraid of dropping too low."

^ CGMs billed via DME will incur a 20% coinsurance.

Men’s Health

Helping members get their ZING back!

Sildenafil (generic Viagra) is used to treat erectile dysfunction.

- Most plans will cover certain Erectile Dysfunction (ED) drugs for the 2026 benefit year.
- Erectile Dysfunction drugs are covered under Tier 2 (copays vary by plan).
- Covered medications: Sildenafil 25, 50, and 100 mg^



^Quantity limit of 6 pills per 30 days.

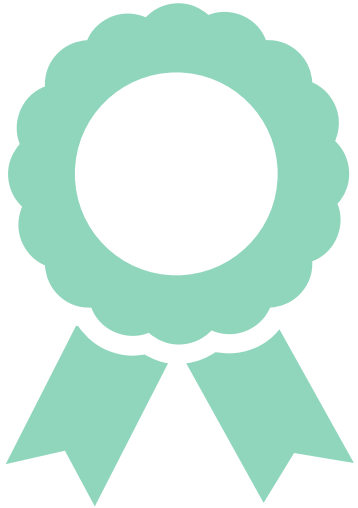
Pharmacy FAQ's

How can I file a Prior Authorization?	CVS Caremark is delegated to process all coverage determinations and Part D redeterminations for Zing Health. The forms are available on our website. Coverage Determination Coverage Redetermination
Does Zing allow Prescriptions from a Mail Order Pharmacy?	Yes, Zing partners with CVS Caremark Mail Order Pharmacy to offer a convenient and secure way for members to receive their prescriptions at home. CVS_Mail_Service_Pharmacy_Order_Form_EN
What is the Pharmacy Processing Information?	The Pharmacy Processing information is: ***BIN:*** 004336 ***PCN:*** MEDDADV ***Group Number:*** H4624-RX24BP or H6876-RX24BQ
Contact Information?	***Customer Service Number for Pharmacy***: (833) 829-6153 ***Pharmacy and Provider Help Desk***: (866) 693-4620

2026 Product Certification

Our broker certification is completed from within our broker portal.

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

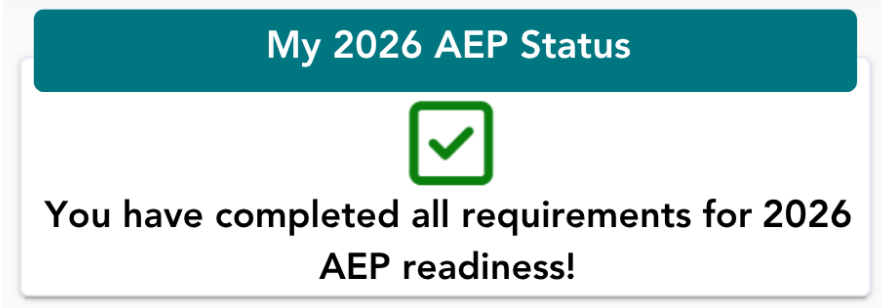


Certification FAQs

- 25 questions
- 3 attempts to pass
- Must score 85% or higher to complete
- Open-book friendly (download the Training Guide for support)
- You can review answers and retake if additional study is needed
- Verify your RTS status from your broker portal dashboard

Our certification guides will walk you through the process!

Broker Certification Guide
Agency Certification Guide



2026 AHIP

Zing Health requires agents complete AHIP annually and share the results. Using our link, also allows you to take AHIP at a discounted rate of $125!

Zing Health AHIP Link

https://ahipmedicaretraining.com/clients/zinghealth



Confirm you are in the correct place by the location of our logo in the right-hand corner.

Visit our ***AHIP Information sheet*** for additional details and troubleshooting tips.

Broker Portal

Our broker portal has been enhanced to provide 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 below reference guides will help you navigate the portal.

Broker Guide
Agency Guide

New 2026 Enrollment Platform

A new Zing Health enrollment platform powered by SunFire is coming! This will will be offered to all agents for enrollment purposes and replace Ascend. The platform will offer a modern and efficient way for agents to submit applications, compare plans, streamline enrollment, and complete the HRA.

Zing HEALTH™

POWERED BY

SunFire

More details and training coming soon!

Additional Enrollment Methods

Zing Health plans on a number of approved enrollment platforms like:

CONNECTURE DRX

HealthSherpa

SunFire

Paper applications can be submitted the following ways

- ***Fax Submissions***
  Fax completed application to 1-855-946-4458

Health Risk Assessment (HRA)



C-SNP HRA Requirement

For members enrolled in a Chronic Special Needs Plan (C-SNP), a completed HRA is required to maintain their SSBCI allowance (for use towards food and utilities, but may also include OTC, RICS & AC allowance).



Deadline

For agents to receive payment, the HRA must be completed prior the member's effective date, or December 7 for AEP business.



C-SNP HRA Compensation

$100 HRA compensation will be paid when enrolling a beneficiary into a Zing Health C-SNP. Payments will be processed 90-days after the effective date.

The HRA will be embedded within the enrollment platform available for completion immediately after an enrollment.

2026 SSBCI HRA Requirement

Zing will be making changes to our 2026 SSBCI Requirements.

All C-SNP Plans are required to have an HRA as part of the eligibility requirements.

Plan Type or SSBCI Qualifying conditions	General Enrollment HMO & PPO Plans	Overweight, Obesity, Metabolic Syndrome C-SNP HMO	Cardiovascular Disorders / Chronic Heart Failure / Diabetes	Chronic Kidney Disease
HRA Requirement	NO	YES	YES	YES

SSBCI Benefits Start Date

Eligible members may receive this benefit for the first 90 days of their effective date.

New Zing HMO Members: To maintain benefit, members must complete a Health Risk Assessment (HRA) within 90 days of their effective date otherwise SSBCI benefits will stop.

Returning Zing HMO Members with an established HRA due date: To maintain benefit, members must complete the HRA within 11 months of their annual HRA due date otherwise SSBCI benefits will stop.

Benefits will start again on the first day of the month after members completes their HRA.

SSBCI Qualifying Conditions

- Member must have ***TWO or more clinically confirmed**** diagnosis of:
- Cancer, Cardiovascular Disorders, Chronic Heart Failure, Chronic Kidney Disease, Chronic Lung Disorders, Dementia, Diabetes

*Clinically confirmed using data from: Medical claims, pharmacy claims, or MMR. Members will receive a letter when they qualify for SSBCI.

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

C-SNP Verification

85%
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, 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 effective date to prevent disenrollment.
Involuntary disenrollment letter mailed if condition not verified.

C-SNP Verification

How Agents Can Help with the Process

1

Confirm Qualifying Condition

Ensure member meets C-SNP requirements before enrollment.

2

Capture Provider Information

Include name & phone of provider who can verify the condition.

3

Educate using the VCC Form

Review form at point-of-sale and explain verification importance.

4

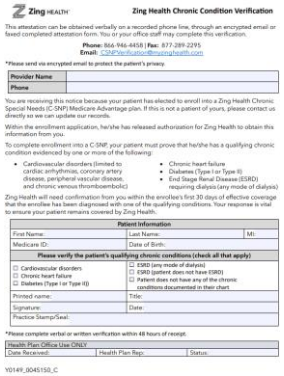
Leave a Copy

Give member the VCC form to take to their provider for verification.

5

Follow-up after 45 Days

Assist with plan change if verification is not complete.



Zing HEALTH

Zing Health Chronic Condition Verification

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

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

*Please send via encrypted email to protect the patient's privacy.

Provider Name	
Phone	

You are receiving this notice because your patient has elected to enroll into a Zing Health Chronic Special Needs (C-SNP) Medicare Advantage plan. If this is not a patient of yours, please contact us directly so we can update our records.

Within the enrollment application, he/she has released authorization for Zing Health to obtain this information from you.

To complete enrollment into a C-SNP, your patient must prove that he/she has a qualifying chronic condition evidenced by one or more of the following:

- Cardiovascular disorders (limited to cardiac arrhythmias, coronary artery disease, peripheral vascular disease, and chronic venous thromboembolic)
- Chronic heart failure
- Diabetes (Type I or Type II)
- End Stage Renal Disease (ESRD) requiring dialysis (any mode of dialysis)

Zing Health will need confirmation from you within the enrollee's first 30 days of effective coverage that the enrollee has been diagnosed with one of the qualifying conditions. Your response is vital to ensure your patient remains covered by Zing Health.

Patient Information		
First Name:	Last Name:	MI:
Medicare ID:	Date of Birth:	

Please verify the patient's qualifying chronic conditions (check all that apply)	
☐ Cardiovascular disorders ☐ Chronic heart failure ☐ Diabetes (Type I or Type II)	☐ ESRD (any mode of dialysis) ☐ ESRD (patient does not have ESRD) ☐ Patient does not have any of the chronic conditions documented in their chart.
Printed name:	Title:
Signature:	Date:
Practice Stamp/Seal:	

*Please complete verbal or written verification within 48 hours of receipt.

Health Plan Office Use ONLY		
Date Received:	Health Plan Rep:	Status:

Y0149_0045150_C

Download the Form

Critical Deadline: If Zing Health does not receive verification from the provider within 60 days of enrollment, the member will be involuntarily disenrolled from the health plan.

C-SNP Enrollment Ineligibility

If the beneficiary's chronic condition is not verified by their provider within 60 days of enrollment, the member will be involuntarily disenrolled from the plan and have an SEP to enroll into a different plan.



If post-enrollment verification does not ***confirm the qualifying condition***, the member will receive an ***SEP*** to enroll in another Zing Health plan.

START

This ***SEP starts*** when the plan ***notifies the member of ineligibility*** in ***month two*** and lasts through that month plus the next two months.

END

The ***SEP ends*** when the member ***makes a new election***, or at the ***end of the second month after notification***-whichever comes first.

Example:
Mr. Smith enrolled in the Zing Select Dialysis C-SNP plan effective March 15. The required qualifying chronic condition could not be confirmed within 60 days of enrollment. Mr. Smith is now eligible for a Special Enrollment Period to select a different Zing Health plan starting in April and continuing through May and June.

Sales and Field Marketing Materials

2026 sales materials are available for pre-order now!

Visit the supply portal to place your order today and have your custom-printed pieces ready to power your AEP.

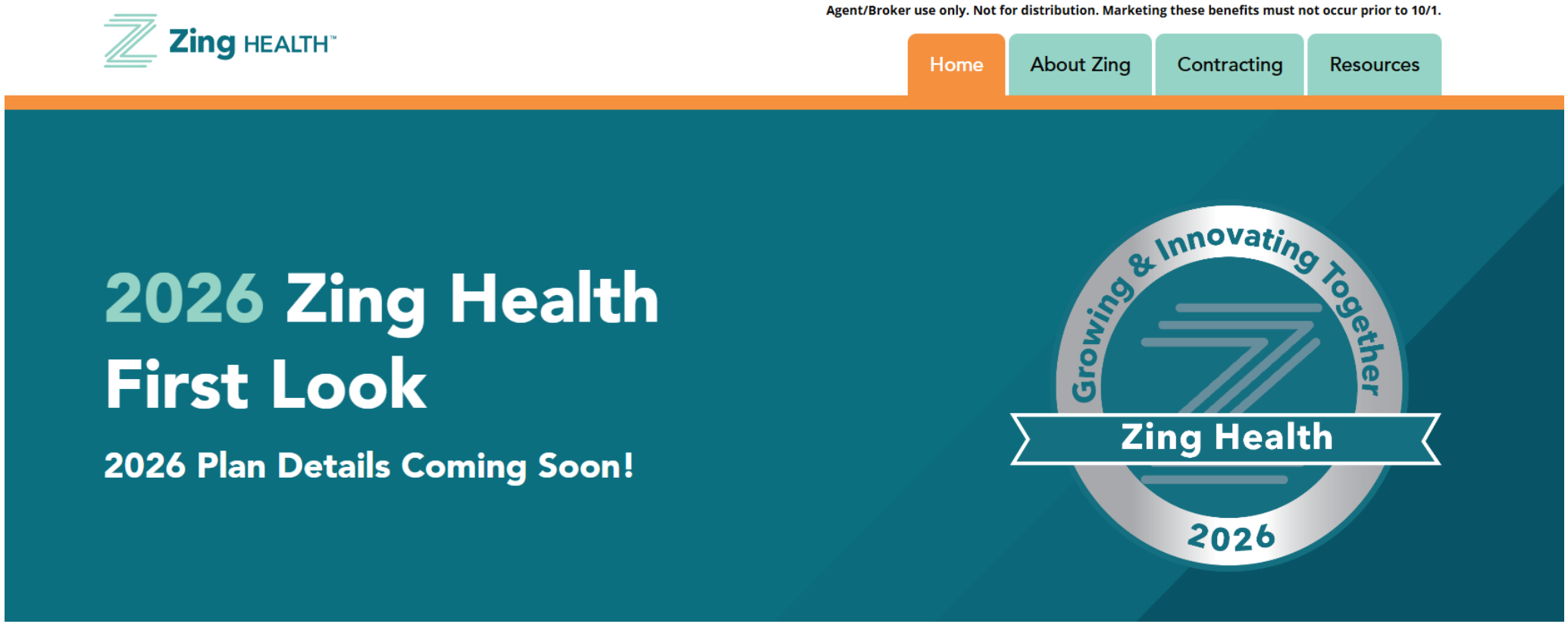




View a summary of what is available for 2025: Marketing Material Summary

Information at your Fingertips

First Look Website | zingfirstlook.com



2026 First Look National Webinar

2026 LIVE

AUG 25
1:30 PM CT

End of Year Incentive

2025 ESRD Lock-In Incentive

Click to download

Enroll and retain 3 New Zing Health ESRD C-SNP Members from now through the end of the year and earn $125 AHIP Reimbursement.

We are excited to offer you an amaZING incentive to boost your book before AEP!
Here's your chance to earn $125 AHIP reimbursement by simply doing what you do best — helping clients find the right plan.

C-SNP BENEFITS FOR MEMBERS RECEIVING DIALYSIS

- **$0 Copay to Nephrologist***
- **$0 Copay for dialysis***
- **Unlimited Transportation***

**Offered only to CKD members that are ESRD/CKD Level #5 receiving dialysis*

How does it work?

- Enroll **3 NEW ESRD C-SNP** members **during the qualification period** with an effective date of **9/1, 10/1, 11/1, or 12/1.**
- Members must remain in the plan through **January 1, 2026**
- Receive your **$125 AHIP Reimbursement**

Terms & Conditions.
This offer is exclusive to independent and other field agents who are ready-to-sell for the 2025 plan year and are in good standing with Zing Health. To qualify, applications must be dated between 8/1/2025 and 11/30/2025 with a requested effective date of 9/1/2025, 10/1/2025, 11/1/2025, or 12/1/2025. Applications must effectuate and the members must remain in the Zing dialysis plan through 1/1/2026. **$125 incentive for your 2026 AHIP will be paid to qualifying agents in January 2026. Only one 2026 AHIP incentive payout per agent allowed.**

2026

BROKER ROADSHOWS

Coming to a City Near You...



Zing HEALTH™

Scan to register!

ILLINOIS

AEP Roadshows

- 08/21 - Oak Brook
- 08/22 - Schaumburg
- 08/26 - Rockford
- 09/03 - Chicago
- 09/05 - Oak Brook (AM)
- 09/05 - Oak Brook (PM)
- 09/12 - Schaumburg
- 09/17 - Oak Brook
- 10/03 - Rockford
- 10/07 - Oak Brook (Span)

INDIANA

AEP Roadshows

- 08/27 - Indianapolis (AM)
- 08/27 - Indianapolis (PM)
- 08/28 - Pendleton

MICHIGAN

AEP Roadshows

- 08/26 - Canton (AM)
- 08/26 - Canton (PM)
- 08/28 - Troy (AM)
- 08/28 - Troy (PM)

OHIO

Cleveland Roadshows

- 08/21 - Beachwood (AM)
- 08/21 - Beachwood (PM)

Toledo Roadshows

- 09/09 - Perrysburg (AM)
- 09/09 - Perrysburg (PM)

MISSISSIPPI & TENNESSEE

Memphis Roadshows

- 08/26 - Memphis (AM)
- 08/26 - Memphis (PM)
- 08/28 - Memphis (AM)
- 08/28 - Memphis (PM)

Nashville Roadshows

- 08/14 - Nashville (AM)
- 08/14 - Nashville (PM)
- 09/09 - Nashville (AM)
- 09/09 - Nashville (PM)

Discover our 2026 plans - connect, learn, and have some fun!

We'll cover what's new and exciting, plus there'll be raffles, giveaways, and a few laughs along the way!

Thank You

Questions? Our team is here for you!

Reach out to your **local contact** or our Broker Services team
by phone at 1-844-946-4226 or via email
at **brokers@myzinghealth.com**
8:00AM - 5:00PM CT Monday - Friday

Zing HEALTH™