

INDIANA MEDICARE ADVANTAGE PORTFOLIO



Product Type	2026 H-PBP	Plan Name	Service Area
C-SNP PLANS (Chronic Kidney Disease (CKD))			
HMO C-SNP	H4624-025	Zing Select Dialysis IN (HMO C-SNP)	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties
C-SNP PLANS (Cardiovascular Disorders; Chronic Heart Failure; and/or Diabetes)			
HMO- C-SNP (Provider Specific Plan)* (LIS Focused Plan)**	H4624-045 NEW	Zing Elite Essentials Diabetes & Heart IL-IN (HMO C-SNP)	IL: Boone, Cook, Kane, Will, and Winnebago Counties IN: Lake and Marion Counties
HMO C-SNP (Provider Specific Plan)*	H4624-031	Zing Elite Diabetes & Heart IN (HMO C-SNP)	Lake and Marion Counties
HMO C-SNP	H4624-011	Zing Select Diabetes & Heart IN (HMO C-SNP)	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties
PPO C-SNP	H6876-005	Zing Open Choice Diabetes & Heart IN (PPO C-SNP)	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties
GENERAL ENROLLMENT PLANS			
HMO	H4624-003	Zing Select Care IN (HMO)	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties
HMO (Provider Specific Plan)*	H4624-026	Zing Elite Select IL-IN (HMO)	IL: Boone, Cook, Kane, Will, and Winnebago Counties IN: Lake and Marion Counties
PPO	H6876-004	Zing Open Choice IN (PPO)	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby Counties

NEW for 2026



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

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In-Network Plan Benefits	Zing Select Dialysis IN (HMO C-SNP) H4624-025
Counties	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby
Qualifying Condition(s)	Chronic Kidney Disease (CKD)
Premium Amount	\$0
MOOP Max (In-network)	\$4,950
PCP / Specialist Visits	\$0 / \$25
C-SNP Specialist Visit ¹	\$25 (\$0 for members with Stage 5 CKD (ESRD))
Inpatient Hospital	\$350 per day for days 1-6; \$0 per day for days 7-90 per admission or per stay. Unlimited additional days.
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 a \$2,500 allowance for diagnostic, preventive, and comprehensive coverage per year.
Vision	\$0 copay for routine exam.Plus, get up to \$350 to use towards contacts, lenses, and frames.
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years.
Non-Emergency Medical Transportation	30 one-way trips per year (Unlimited for members with Stage 5 CKD (ESRD))
In-Home Support Services	60 hours per year
24/7 Telehealth Hotline Line	Included
Worldwide Emergency / Urgent Coverage Annual Limit	\$100,000
Food / Utilities / OTC / RICS Allowance* (No Rollover)	\$141 per month
Part D Deductible	\$0
Standard Retail - Tier 1 - Preferred Generic & T6 - Select Care Drugs (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin
Standard Mail Order - Tier 1 - Preferred Generic, Tier 2 - Generic, & Tier 6 - Select Care Drugs (30 / 60 / 100 day supply) Sildenafil is covered on Tier 2.	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1 & Tier 6

In-Network Plan Benefits	Zing Elite Essentials Diabetes & Heart IL-IN (HMO C-SNP) H4624-045
Counties	IL: Boone, Cook, Kane, Will, and Winnebago IN: Lake and Marion
Qualifying Condition(s)	Cardiovascular disorders, Chronic heart failure, Diabetes mellitus
Premium Amount	\$0
MOOP Max (In-network)	\$3,200
PCP / Specialist Visits	\$0 / \$10
C-SNP Specialist Visit ¹	\$0
Inpatient Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90 per admission or per stay. Unlimited additional days.
Post Discharge Meals ²	14
Chronic Meals ³	14
Emergency Care	\$140 (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 a \$2,500 allowance for diagnostic, preventive, and comprehensive coverage per year
Vision	\$0 copay for routine exam. Plus, get up to \$350 to use towards contacts, lenses, and frames.
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years.
Non-Emergency Medical Transportation	30 one-way trips per year
In-Home Support Services	60 hours per year
24/7 Telehealth Hotline Line	Included
Worldwide Emergency / Urgent Coverage Annual Limit	\$100,000
Fitness - Gym Access or Home Fitness Kit	\$0
Food / Utilities / OTC Allowance* (No Rollover)	\$195 per month
Part D Deductible	Medicare Defined \$615
Standard Retail - Tier 1 - Preferred Generic (30 / 60 / 100 day supply)	15% / 15% / 15% Insulin: 15% coinsurance up to: \$35 / \$70 / \$105
Standard Mail Order - Tier 1 - Preferred Generic (30 / 60 / 100 day supply)	15% / 15% / 15% Insulin: 15% coinsurance up to: \$35 / \$70 / \$70

In-Network Plan Benefits	Zing Elite Diabetes & Heart IN (HMO C-SNP) H4624-031
Counties	Lake and Marion
Qualifying Condition(s)	Cardiovascular disorders, Chronic heart failure, Diabetes mellitus
Premium Amount	\$0
MOOP Max (In-network)	\$4,500
PCP / Specialist Visits	\$0 / \$10
C-SNP Specialist Visit ¹	\$0
Inpatient Hospital	\$350 per day for days 1-6; \$0 per day for days 7-90 per admission or per stay. Unlimited additional days.
Post Discharge Meals ²	14
Chronic Meals ³	14
Emergency Care	\$125 (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 a \$2,500 allowance for diagnostic, preventive, and comprehensive coverage per year.
Vision	\$0 copay for routine exam. Plus, get up to \$350 to use towards contacts, lenses, and frames.
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years.
Non-Emergency Medical Transportation	30 one-way trips per year
In-Home Support Services	60 hours per year
24/7 Telehealth Hotline Line	Included
Worldwide Emergency / Urgent Coverage Annual Limit	\$100,000
Fitness - Gym Access or Home Fitness Kit	\$0
Food / Utilities / OTC Allowance* (No Rollover)	\$158 per month
Part D Deductible	\$0
Standard Retail - Tier 1 - Preferred Generic & Tier 6 - Select Care Drugs (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin
Standard Mail Order - Tier 1 - Preferred Generic, Tier 2 - Generic, & Tier 6 - Select Care Drugs (30 / 60 / 100 day supply) Sildenafil is covered on Tier 2.	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1 & Tier 6

In-Network Plan Benefits	Zing Select Diabetes & Heart IN (HMO C-SNP) H4624-011
Counties	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby
Qualifying Condition(s)	Cardiovascular disorders, Chronic heart failure, Diabetes mellitus
Premium Amount	\$0
MOOP Max (In-network)	\$4,500
PCP / Specialist Visits	\$0 / \$15
C-SNP Specialist Visit ¹	\$0
Inpatient Hospital	\$350 per day for days 1-6; \$0 per day for days 7-90 per admission or per stay. Unlimited additional days.
Post Discharge Meals ²	14
Chronic Meals ³	14
Emergency Care	\$125 (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 a \$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	24 one-way trips per year
In-Home Support Services	60 hours per year
24/7 Telehealth Hotline Line	Included
Worldwide Emergency / Urgent Coverage Annual Limit	\$100,000
OTC (No Rollover)	\$75 per quarter
Fitness - Gym Access or Home Fitness Kit	\$0
Food / Utilities Allowance* (No Rollover)	\$120 per month
Part D Deductible	\$0
Standard Retail - Tier 1 - Preferred Generic & Tier 6 - Select Care Drugs (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin
Standard Mail Order - Tier 1 - Preferred Generic, Tier 2 - Generic, & Tier 6 - Select Care Drugs (30 / 60 / 100 day supply) Sildenafil is covered on Tier 2.	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1 & Tier 6

In-Network Plan Benefits	Zing Open Choice Diabetes & Heart IN (PPO C-SNP) H6876-005
Counties	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby
Qualifying Condition(s)	Cardiovascular disorders, Chronic heart failure, Diabetes mellitus
Premium Amount	\$0
MOOP Max (In-network)	\$4,950
PCP / Specialist Visits	\$0 / \$30
C-SNP Specialist Visit ¹	\$0
Inpatient Hospital	\$339 per day for days 1-6; \$0 per day for days 7-90 per admission or per stay. Unlimited additional days.
Post Discharge Meals ²	14
Emergency Care	\$110 (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 a \$1,500 allowance for diagnostic, preventive, and comprehensive coverage per year.
Vision	\$0 copay for routine exam. Plus, get up to \$200 to use towards contacts, lenses, and frames.
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years.
In-Home Support Services	30 hours per year
24/7 Telehealth Hotline Line	Included
Worldwide Emergency / Urgent Coverage Annual Limit	\$100,000
OTC (No Rollover)	\$60 per quarter
Food / Utilities Allowance* (No Rollover)	\$110 per month
Part D Deductible	\$0
Standard Retail - Tier 1 - Preferred Generic & T6 - Select Care Drugs (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin
Standard Mail Order - Tier 1 - Preferred Generic, Tier 2 - Generic, & Tier 6 - Select Care Drugs (30 / 60 / 100 day supply) Sildenafil is covered on Tier 2.	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1 & Tier 6

In-Network Plan Benefits	Zing Select Care IN (HMO) H4624-003
Counties	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby
Premium Amount	\$0
MOOP Max (In-network)	\$4,500
PCP / Specialist Visits	\$0 / \$15
Inpatient Hospital	\$350 per day for days 1-6; \$0 per day for days 7-90 per admission or per stay. Unlimited additional days.
Post Discharge Meals ²	14
Emergency Care	\$125 (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	20%
Dialysis Services	20%
Dental	Up to a \$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 Line	Included
Worldwide Emergency / Urgent Coverage Annual Limit	\$50,000
OTC (No Rollover)	\$90 per quarter
Fitness - Gym Access or Home Fitness Kit	\$0
Food / Utilities Allowance* (No Rollover)	\$75 per month
Part D Deductible	\$0
Standard Retail - Tier 1 - Preferred Generic (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin
Standard Mail Order - Tier 1 - Preferred Generic & Tier 2 - Generic (30 / 60 / 100 day supply) Sildenafil is covered on Tier 2	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1

In-Network Plan Benefits	Zing Elite Select IL-IN (HMO) H4624-026
Counties	IL: Boone, Cook, Kane, Will, and Winnebago IN: Lake and Marion
Premium Amount	\$0
MOOP Max (In-network)	\$3,000
PCP / Specialist Visits	\$0 / \$10
Inpatient Hospital	\$265 per day for days 1-6; \$0 per day for days 7-90 per admission or per stay. Unlimited additional days.
Post Discharge Meals ²	14
Emergency Care	\$140 (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	20%
Dialysis Services	20%
Dental	Up to a \$2,500 allowance for diagnostic and preventive coverage per year. Unlimited comprehensive allowance, service limits apply.
Vision	\$0 copay for routine exam. Plus, get up to \$300 to use towards contacts, lenses, and frames.
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years.
Flex Card - Annual Allowance	\$350
Non-Emergency Medical Transportation	24 one-way trips per year
In-Home Support Services	30 hours per year
24/7 Telehealth Hotline Line	Included
Worldwide Emergency / Urgent Coverage Annual Limit	\$100,000
OTC (No Rollover)	\$198 per quarter
Fitness - Gym Access or Home Fitness Kit	\$0
Food / Utilities Allowance* (No Rollover)	\$75 per month
Part D Deductible	\$0
Standard Retail - Tier 1 - Preferred Generic & Tier 2 - Generic (30 / 60 / 100 day supply) Sildenafil is covered on Tier 2.	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1
Standard Mail Order - Tier 1 - Preferred Generic & Tier 2 - Generic (30 / 60 / 100 day supply) Sildenafil is covered on Tier 2.	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1

In-Network Plan Benefits	Zing Open Choice IN (PPO) H6876-004
Counties	Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Madison, Marion, Morgan, Porter, and Shelby
Premium Amount	\$0
MOOP Max (In-network)	\$6,350
PCP / Specialist Visits	\$0 / \$30
Inpatient Hospital	\$339 per day for days 1-6; \$0 per day for days 7-90 per admission or per stay. Unlimited additional days.
Post Discharge Meals ²	14
Emergency Care	\$110 (Waived if admitted within 24 hours from initial ER discharge for the same condition)
Urgent Care (PCP / Other Location)	\$0 / \$40
Diabetic Therapeutic Shoes or Inserts	20%
Dialysis Services	20%
Dental	Up to a \$1,500 allowance for diagnostic, preventive, and comprehensive coverage per year.
Vision	\$0 copay for routine exam. Plus, get up to \$200 to use towards contacts, lenses, and frames.
Hearing	\$0 copay for routine exam. Plus, get up to \$750 per ear towards hearing aids every 3 years.
24/7 Telehealth Hotline Line	Included
Worldwide Emergency / Urgent Coverage Annual Limit	\$50,000
OTC (No Rollover)	\$120 per quarter
Fitness - Gym Access or Home Fitness Kit	\$0
Food / Utilities Allowance* (No Rollover)	\$55 per month
Part D Deductible	\$0
Standard Retail - Tier 1 - Preferred Generic (30 / 60 / 100 day supply)	\$0 / \$0 / \$0 Including \$0 insulin
Standard Mail Order - Tier 1 - Preferred Generic & Tier 2 - Generic (30 / 60 / 100 day supply) Sildenafil is covered on Tier 2.	\$0 / \$0 / \$0 Including \$0 insulin on Tier 1

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DISCLAIMERS

*Provider Specific Plan (PSP)

Network will be limited to a narrow network of value-based providers with an enriched plan design.

**Benefits vary by plan. Plans that 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.

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

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

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

⁴Benefits vary by plan. The benefits mentioned may be part of a special supplemental program for the chronically ill. SSBCI program eligibility varies by plan. For Diabetes and Heart plans qualifying conditions are Cardiovascular Disorders, Chronic Heart Failure, and Diabetes. For Chronic Kidney Disease Plans qualifying condition is Chronic Kidney Disease. For all other plans offering SSBCI members must have 2 or more of the following conditions to qualify: Cancer, Cardiovascular Disorders, Chronic Heart Failure, Chronic Kidney Disease, Chronic Lung Disorders, Dementia, or Diabetes.

