

Pre-Enrollment Checklist



Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services representative at **866-946-4458 (TTY: 711)**. Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (except Thanksgiving and Christmas Day) and 8:00 a.m. to 8:00 p.m. Monday – Friday from April 1 – September 30.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. To view a copy of the EOC, visit myzinghealth.com or call **866-946-4458 (TTY: 711)** to request it.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on **January 1, 2027**.
- ☐ For our Health Maintenance Organization (HMO) plans only, these plans except in emergency or urgent situations, do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

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Understanding Important Rules, Continued

- ☐ Our PPO plans allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ☐ For our Chronic Special Needs plans (C-SNP) only, your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- ☐ Our Provider Specific Plans (PSP) require you to see a Primary Care Physician (PCP) within a narrow network. Selecting a PCP that is not in the narrow value-based care provider network will result in an automatic PCP assignment.
- ☐ Effect on Current Coverage - If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.



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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-946-4458 (TTY: 711) o hable con su proveedor.