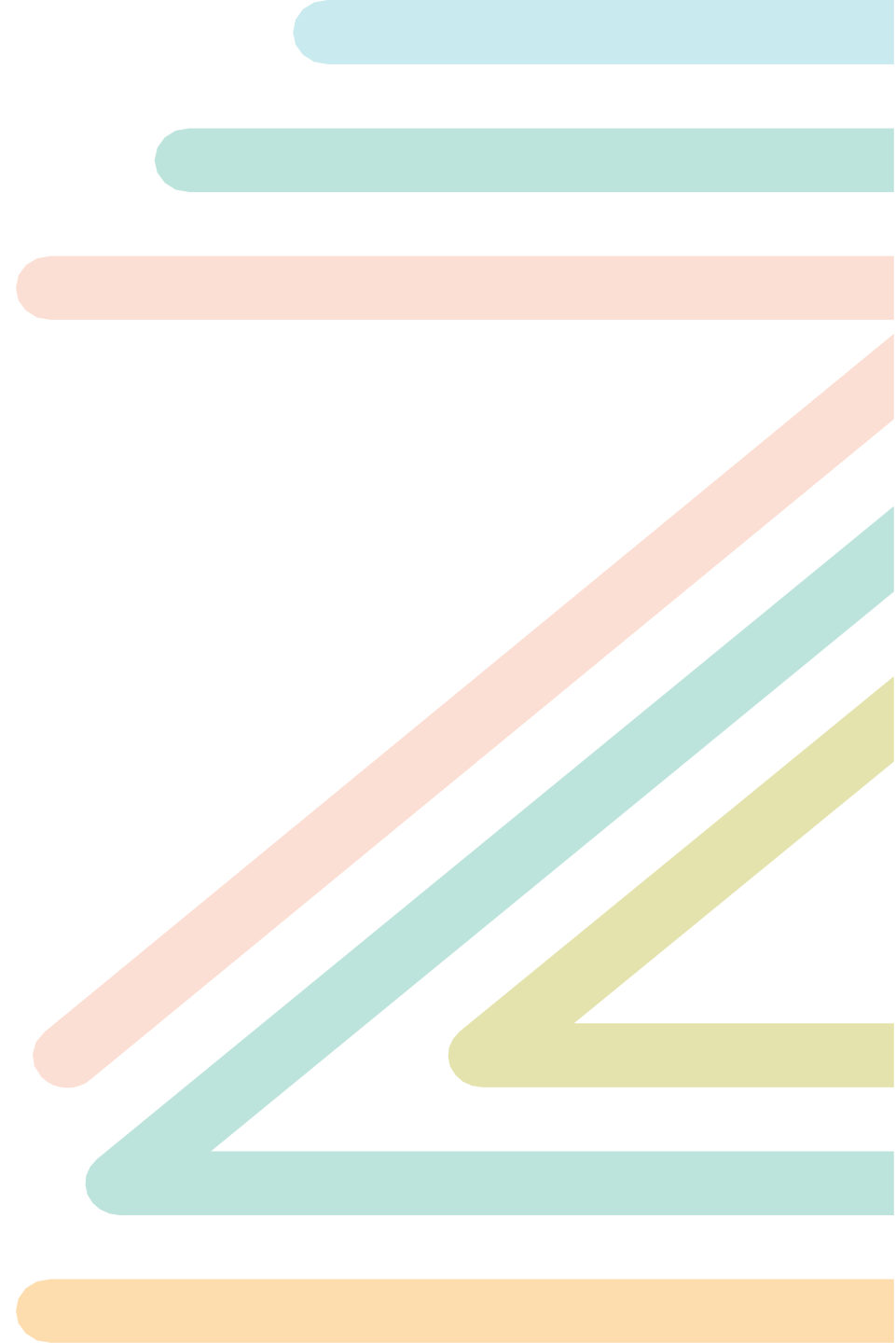




2025 Product Training

The information provided within is Confidential and Proprietary to Zing Health. No information should be extracted from its present format.
This is not to be shared or posted publicly.





Welcome to Zing Health!

If you are currently certified with Zing Health, thank you for your continued interest in selling our 2025 MA Products. For new agents/brokers, we are equally excited about your interest in partnering with us to maximize your MA business!

Our goal is to ensure we offer your clients robust value-based products suited to meet their specific healthcare needs. Our competitive plan designs makes it easy for you to offer plans that make the most sense and promote high quality healthcare.

As an agent/broker, we understand your needs. We've adopted a broker-centric viewpoint that keeps our agents/brokers top of mind. Our processes have been designed with you in mind to ensure a successful association. As always, we welcome and appreciate your feedback. To provide us with feedback or if you need assistance during the certification process, please email our Broker Support Unit at brokers@myzinghealth.com or call them at 1-844-946-4226

Course Outline

Click below to jump directly to a section.

If you wish to return to this page at any point, click the lines in the upper right corner.



- [Agent/Broker Appointments](#)
- [2025 Product Portfolio](#)
- [2025 Supplemental Benefits](#)
- [Enrollment Information](#)
- [Broker Tools and Resources](#)
- [2025 Updates](#)
- [Compliance](#)
- [Certification Exam FAQs](#)



Agent/Broker Appointments

Section Includes:

- Agent/Broker Appointment Requirements
- Ready-to-Sell (RTS) Status

Agent/Broker Appointment Requirements

Agent requirements are based on the 2024 / 2025 CMS Agent/Broker Training Guidelines

You must meet the following requirements to be appointed and ready-to sell (RTS) with Zing Health:

- Have a valid Producer's License for Health/Accident for the state(s) you wish to sell and market Zing products.
- Pass the Zing product certification exam with an **85%** or better within the provided three attempts.
- Transmit or provide an electronic copy of your AHIP Certificate of Completion with a score of **90%** or better within three attempts.

PY2025 Zing Health AHIP Link: <https://www.ahipmedicaretraining.com/clients/zinghealth>

- Be licensed and deemed RTS by Zing prior to selling or marketing any Zing products.
- Completion of the plan year 2025 Zing certification qualifies you to sell for the remainder of plan year 2024.

Ready-to-Sell (RTS) Status

You can view your 2025 RTS status from your dashboard when logged into the broker platform. A red "X" identifies something is missing and a green checkmark confirms completion. Widgets refresh nightly.



My 2025 AEP Status

-  2025 Recertification Pending
-  2025 AHIP Certificate Pending

You need to complete and submit product certification and transmit your AHIP results to us.



My 2025 AEP Status

-  2025 Recertification Pending
-  2025 AHIP Certificate Pending

You need transmit your AHIP results to us.




My 2025 AEP Status

-  2025 Recertification Pending
-  2025 AHIP Certificate Pending

You need to complete and submit product certification.



My 2025 AEP Status



You have completed all requirements for 2025 AEP readiness!



You have completed everything required to sell for 2025

2025 Product Portfolio

Part 1: Plan Types Offered

Section Includes:



- 2025 Product Portfolio: Plan Types
- Provider Specific Plan (PSP)
- Chronic Special Needs Plan (C-SNP)
- Duals Focused C-SNP
- End Stage Renal Disease (ESRD) C-SNP
- Dual Eligible Special Needs Plan (D-SNP)
- Preferred Provider Organization Plan (PPO)

2025 Product Portfolio: Plan Types

Zing Health has a diverse product portfolio in line with our mission of providing choice and access to underserved beneficiaries by offering HMO, PPO, C-SNP and Dual-Focused products ^



Zing Health qualifying conditions include:

-  Diabetes / Cardiovascular Disorders / Chronic Heart Failure
-  ESRD with dialysis

^Plan offerings vary by county

Provider Specific Plan (PSP)

Partnering with quality providers allows us to provide enhanced benefits to our members. ^



What's a PSP

- A provider-specific plan (PSP) is a Plan benefit package (PBP) designed to offer enrollees benefits through a subset (narrow-network) of the overall contracted network.

Advantages

- Better benefits! Quality care and provider performance translates to improved contracted rates and purchasing power to invest in member benefits. Zing will be able to enhance benefits for these plans above other plan types.

Network Rules

- PSP plans are HMO plans with their own provider directory reflecting a subset of our overall network.
- PSP plans are comprised of "Value Based" provider groups, who specialize in quality focused care, such as Oak Street Health.
- **Members must choose a primary care physician (PCP) and stay within the allowable network of providers** except for Urgent / Emergency services or if Prior Authorization is received.

Chronic Special Needs Plan (C-SNP)



Beneficiaries with chronic conditions face unique challenges that deserve flexibility based on evolving needs. We differentiate ourselves by offering a wide portfolio of plan options with specially designed plan benefit packages targeting services important to members with chronic conditions.

Types of C-SNP Offered

Cardiovascular Disorders; Chronic Heart Failure; and/or Diabetes

HMO C-SNP

HMO C-SNP PSP

HMO C-SNP (Duals Focused)

PPO C-SNP

PPO C-SNP (Duals Focused)

End Stage Renal Disease

HMO C-SNP

Benefit Highlights

Transportation

Available on most plans.

Physician Services

\$0 copays for C-SNP-specific specialists⁽¹⁾

Eye Exams

No copay for diabetes retinopathy eye exams

International Coverage

Worldwide coverage for urgent and/or emergency needs

Rx

Enhanced drug coverage with a C-SNP-specific formulary offering T1 and T6 at \$0 copay⁽²⁾

Benefit Allowance

More flexible ways to spend monthly "combined" allowance on OTC products, healthy foods, or utility services⁽³⁾

In-Home Support Services

Includes companionship, transportation, errands, light housekeeping, meal preparation, etc.

Diet & Nutrition

Includes access to a weight management program, medical nutritional therapy, gym membership, weight scale, etc.

(1) C-SNP-specific specialists: endocrinologist, gerontologist, nephrologist, ophthalmologist, podiatrist, cardiologist, and pulmonologist.

(2) Tier #6 - includes various chronic condition drugs

(3) Allowance is provided on a reloadable debit card

Duals Focused C-SNP

Unique type of plan available for beneficiaries with qualifying chronic conditions that are dually eligible.



Plan Type

- Zing offers HMO and PPO C-SNP with a Duals Focus
- HMO / PPO offerings vary by market
- C-SNP with a Duals Focus will not be offered in Michigan



Eligibility

- Members must have a qualifying chronic condition to enroll (Diabetes / CVD / CHF)
- Plan will not be attractive to non-duals or partial duals



Premiums

- Part C Premium = \$0
- Part D Premium = LIS Target
- Full dual members will have a \$0 Premium experience, premiums will be covered by LIS



Benefits[^]

- Plans are filed with 20% coinsurance for Medicare A/B Services
- Advantaged supplemental benefits
- We will monitor members who lose their Medicaid Status / Level to minimize member risk

[^]Benefit offerings vary by county

End Stage Renal Disease (ESRD) C-SNP

An underserved and high-risk population.

ESRD OVERVIEW

- Kidney disease is a massive addressable market, including ~460K ESRD patients nationwide and ~1.1M Chronic Kidney Disease (CKD) Stage 4-5 patients nationwide, representing \$105B+ of unmanaged spend
- The 21st Century Cures Act enabled patients with ESRD to enroll in MA plans regardless of their previous coverage beginning in 2021⁽¹⁾, expanding MA and requiring plans to have a strategy to manage this high-cost population
- Less than 1% of ESRD members are served by Medicare C-SNP today

ZING'S SOLUTION

- Consistent with our strategy to offer underserved beneficiaries focused C-SNP benefits in partnership with quality providers who can help manage the intensive care of ESRD patients.
- Our ESRD C-SNP[^] focus on the benefits that drive better health outcomes and savings for ESRD members, including \$0 copays for dialysis and nephrologist visits
- Unlimited transportation to dialysis centers for members enrolled in an ESRD plan

(1) Previously, ESRD members could not enroll in MA plans unless they were enrolled prior to their ESRD diagnosis

[^]ESRD plan offerings vary by county

Dual Eligible Special Needs Plan (D-SNP)

Dual-eligible individuals face complex healthcare and financial challenges including the fragmented care of navigating multiple healthcare systems and high costs.

Zing 2025 D-SNP Plans^

Michigan

- HMO D-SNP
- PPO D-SNP

Existing Plans

D-SNP Eligibility = Medicare + Full Medicaid

Full-Benefit Dual Eligible (FBDE)

Medicaid will pay for Medicare Part A & Part B premiums, deductibles, co-insurances, and co-payments. Eligible beneficiaries also receive full Medicaid benefits.

Qualified Medicare Beneficiary (QMB)

Medicaid will pay for Medicare Part B premiums, deductibles, co-insurances, and co-payments.

Qualified Medicare Beneficiary (QMB+)

Medicaid will pay for Medicare Part A & Part B premiums, deductibles, co-insurances, and co-payments.

Specified Low-Income Medicare Beneficiary (SLMB+)

Medicaid will absorb the cost of Medicare Part B premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+)

Plan Highlights

Simplified Experience

We streamline and coordinate care across Medicare and Medicaid, reducing complexity and enhancing convenience for better health outcomes

Enhanced Care Coordination

Care Management coordinates healthcare services for better health outcomes

Expanded Coverage and Services

Our plan offers and offers additional benefits and services to enhance care and save member's money

^Plan offerings vary by county

Preferred Provider Organization Plan (PPO)[^]

PPO
General Enrollment

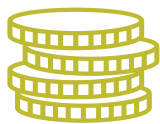
PPO C-SNP
Diabetes / CVD / CHF

PPO-C-SNP
Diabetes / CVD / CHF
Duals Focused

PPO D-SNP
Full Duals



PPO Plans have In-Network (INN) & 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), Value Based Insurance Design (VBID)

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



2025 Product Portfolio

Part 2: Plan Information

Section Includes:

- 2025 Plan Names
- 2025 Geographic Footprint
- 2025 Illinois Service Area & Plan Portfolio
- 2025 Indiana Service Area & Plan Portfolio
- 2025 Michigan Service Area & Plan Portfolio
- 2025 Mississippi Service Area & Plan Portfolio
- 2025 Ohio Service Area & Plan Portfolio
- 2025 Tennessee Service Area & Plan Portfolio

2025 Plan Names

With our vast portfolio, our plans are differentiated through key terms in their plan name for easy identification. Plan names will remain the same for 2025 and will continue to include the state abbreviation of their service area.



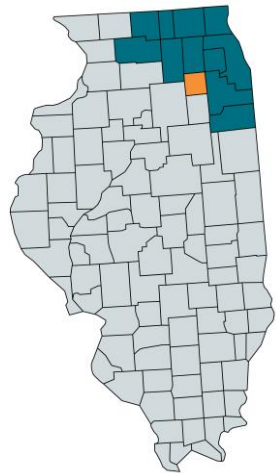
Plan Type	Keyword	2025 Plan Name
HMO Plans	SELECT	Zing Select Care [ST] (HMO)
PPO Plans	OPEN CHOICE	Zing Open Choice [ST] (PPO)
PSP	ELITE	Zing Elite Select [ST] (HMO) Zing Open Choice Elite [ST] (PPO)
D-SNP	COMPLETE	Zing Dual Complete Select [ST] (HMO D-SNP) Zing Dual Complete Open Choice [ST] (PPO D-SNP)
C-SNP for Diabetes / CVD / CHF	DIABETES & HEART	Zing Select Diabetes & Heart [ST] (HMO C-SNP) Zing Elite Diabetes & Heart [ST] (HMO C-SNP) > Provider Specific Plans Zing Diabetes & Heart Complete Care [ST] (HMO C-SNP) > Dual Focused Plans Zing Open Choice Diabetes & Heart [ST] (PPO C-SNP)
C-SNP for ESRD	ESRD	Zing ESRD Select [ST] (HMO C-SNP)

2025 Geographic Footprint ^

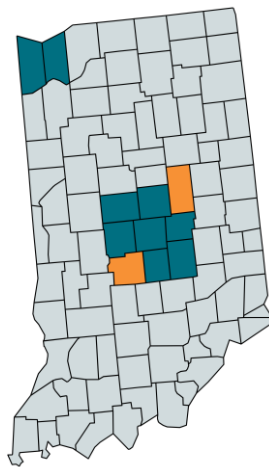
We have filed expansion into 20 new counties with targeted entry into 3 new metropolitan areas (Memphis, Nashville, and Cleveland)



Illinois



Indiana



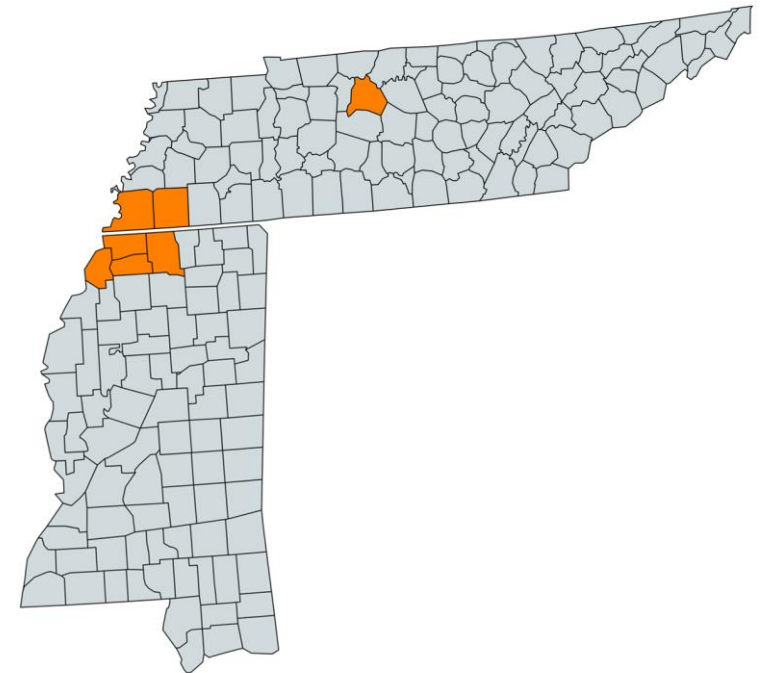
Michigan



Ohio



Tennessee & Mississippi



■ 2024 Footprint ■ 2025 Expansion

^2025 state and county expansion pending CMS approval.

2025 Illinois Service Area

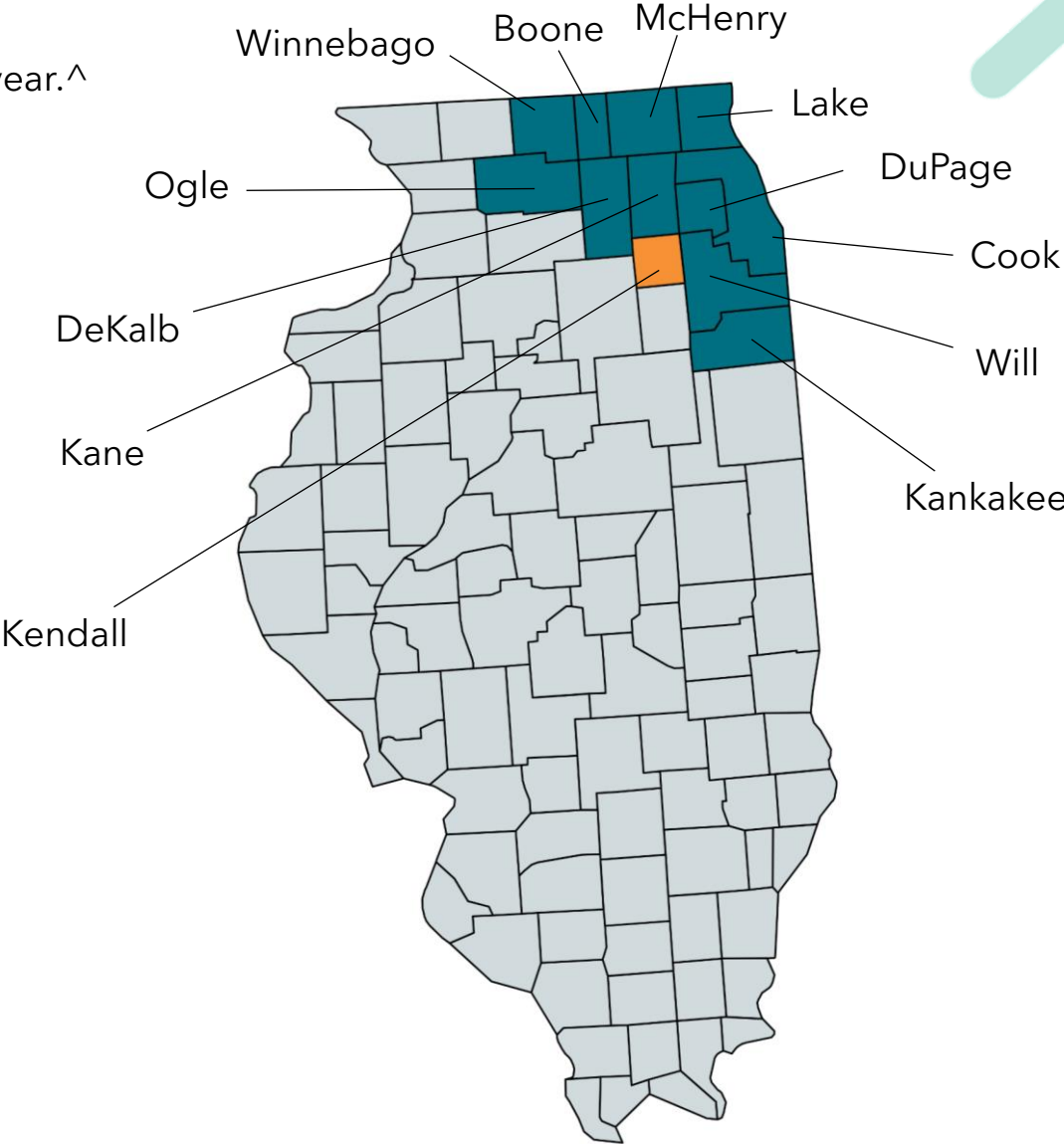
Chicagoland

We will be expanding into one new county for the 2025 plan year.^



- Counties (12)
- Boone
 - Cook
 - DeKalb
 - DuPage
 - Kane
 - Kankakee
 - Kendall*
 - Lake
 - McHenry
 - Ogle
 - Will
 - Winnebago
- *New for 2025

■ 2024 Footprint
■ 2025 Expansion County



^2025 county expansion pending CMS approval.

2025 Illinois Plan Portfolio [^]

[^]2025 county expansion pending CMS approval.



General Enrollment Plans							
Plan ID	Plan Type	PSP	Plan Status (New/Existing)	2025 Plan Name		Service Area Counties	
H4624-001	HMO	N	Existing	Zing Choice IL (HMO)		Existing: Boone, Kane, McHenry, Ogle, Will, Winnebago 2025 Expansion: Cook, DeKalb, DuPage, Kankakee, Kendall, Lake	
H4624-030	HMO	Y	New	Zing Elite Select IL (HMO)		2025 Expansion: Boone, Cook, Kane, Will, Winnebago	
Special Needs Plans							
Plan ID	Plan Type	PSP	Plan Status (New/Existing)	SNP	SNP Type	2025 Plan Name	Service Area Counties
H4624-010	HMO	N	Existing	Chronic	CVD, CHF, and/or Diabetes	Zing Essential Wellness Diabetes and Heart IL (HMO C-SNP)	Existing: Boone, Cook, Kane, McHenry, Ogle, Will, Winnebago 2025 Expansion: DeKalb, DuPage, Kankakee, Kendall, Lake
H4624-027	HMO	N	Existing	Chronic (DF)	CVD, CHF, and/or Diabetes	Zing Select Diabetes & Heart Complete IL (HMO C-SNP)	Existing: Boone, Cook, Kane, McHenry, Ogle, Will, Winnebago 2025 Expansion: DeKalb, DuPage, Kankakee, Kendall, Lake
H4624-028	HMO	Y	Existing	Chronic	CVD, CHF, and/or Diabetes	Zing Elite Diabetes & Heart IL (HMO C-SNP)	Current: Boone, Cook, Will, Winnebago 2025 Expansion: Kane
H4624-029	HMO	N	New	Chronic	ESRD Requiring Dialysis (Any Mode of Dialysis)	Zing ESRD Select IL (HMO C-SNP)	2025 Expansion: Boone, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Will, Winnebago

2025 Indiana Service Area

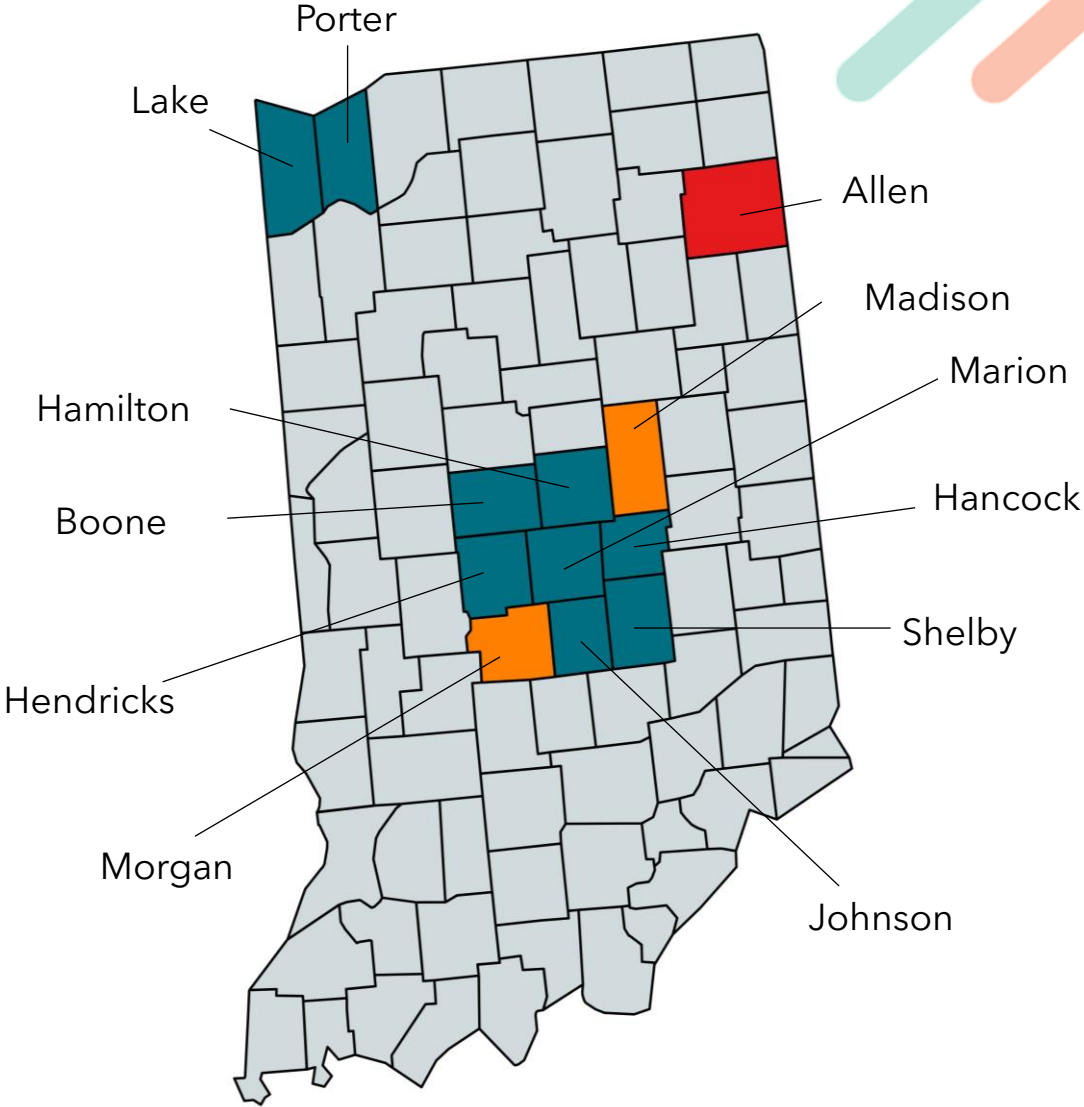
(Indianapolis & NW Indiana)

We will be expanding into two new counties for the 2025 plan year.^



- Counties (11)
- Allen
 - Boone
 - Hamilton
 - Hancock
 - Hendricks
 - Johnson
 - Lake
 - Madison*
 - Marion
 - Morgan*
 - Porter
 - Shelby
- *New for 2025

- 2024 Footprint
- 2025 Expansion Counties
- 2025 Service Area Reduction



^2025 county expansion pending CMS approval.

2025 Indiana Plan Portfolio [^]

[^]2025 county expansion pending CMS approval.

General Enrollment Plans

Plan ID	Plan Type	PSP	Plan Status (New/Existing)	2025 Plan Name	Service Area Counties
H4624-003	HMO	N	Existing	Zing Select Care IN (HMO)	Existing: Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby 2025 Expansion: Madison, Morgan 2025 Service Area Reduction: Allen
H4624-026	HMO	Y	Existing	Zing Elite Select IN (HMO)	Existing: Lake, Marion
H6876-004	Local PPO	N	Existing	Zing Open Choice IN (PPO)	Existing: Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby 2025 Expansion: Madison, Morgan

Special Needs Plans

Plan ID	Plan Type	PSP	Plan Status (New/Existing)	SNP	SNP Type	2025 Plan Name	Service Area Counties
H4624-011	HMO	N	Existing	Chronic	CVD, CHF, and/or Diabetes	Zing Select Diabetes & Heart IN (HMO C-SNP)	Existing: Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby 2025 Expansion: Madison, Morgan 2025 Service Area Reduction: Allen
H4624-024	HMO	N	Existing	Chronic (DF)	CVD, CHF, and/or Diabetes	Zing Select Diabetes & Heart Complete IN (HMO C-SNP)	Existing: Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby 2025 Expansion: Madison, Morgan 2025 Service Area Reduction: Allen
H4624-025	HMO	N	Existing	Chronic	ESRD Requiring Dialysis (Any Mode of Dialysis)	Zing ESRD Select IN (HMO C-SNP)	Existing: Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby 2025 Expansion: Madison, Morgan 2025 Service Area Reduction: Allen
H4624-031	HMO	Y	New	Chronic	CVD, CHF, and/or Diabetes	Zing Elite Diabetes & Heart IN (HMO C-SNP)	2025 Expansion: Lake, Marion
H6876-005	Local PPO	N	Existing	Chronic	CVD, CHF, and/or Diabetes	Zing Open Choice Diabetes & Heart IN (PPO C-SNP)	Existing: Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby 2025 Expansion: Madison, Morgan
H6876-006	Local PPO	N	Existing	Chronic (DF)	CVD, CHF, and/or Diabetes	Zing Choice Diabetes & Heart Complete IN (PPO C-SNP)	Existing: Boone, Hamilton, Hancock, Hendricks, Johnson, Lake, Marion, Porter, Shelby 2025 Expansion: Madison, Morgan

2025 Michigan Service Area

(Ann Arbor & Detroit Metro)

We will be expanding into three new counties for the 2025 plan year.^



- Counties (6)
- Livingston*
 - Genesee
 - Macomb*
 - Oakland
 - Washtenaw*
 - Wayne
- *New for 2025

■ 2024 Footprint
■ 2025 Expansion Counties



^2025 county expansion pending CMS approval.

2025 Michigan Plan Portfolio [^]

[^]2025 county expansion pending CMS approval.



General Enrollment Plans

Plan ID	Plan Type	PSP	Plan Status (New/Existing)	2025 Plan Name	Service Area Counties
H4624-006	HMO	N	Existing Plan	Zing Select Care MI (HMO)	Existing: Genesee, Oakland, Wayne 2025 Expansion: Livingston, Macomb, Oakland, Washtenaw
H4624-022	HMO	Y	Existing Plan	Zing Elite Select MI (HMO)	Existing: Wayne 2025 Expansion: Macomb, Oakland
H6876-001	Local PPO	N	Existing Plan	Zing Open Choice MI (PPO)	Existing: Wayne 2025 Expansion: Livingston, Macomb, Oakland, Washtenaw

Special Needs Plans

Plan ID	Plan Type	PSP	Plan Status (New/Existing)	SNP	SNP Type	2025 Plan Name	Service Area Counties
H4624-012	HMO	N	Existing	Chronic	CVD, CHF, and/or Diabetes	Zing Select Diabetes & Heart MI (HMO C-SNP)	Existing: Genesee, Oakland, Wayne 2025 Expansion: Livingston, Macomb, Washtenaw
H4624-019	HMO	N	Existing	Dual	Medicare Zero-Dollar Cost Sharing	Zing Dual Complete Select MI (HMO D-SNP)	Existing: Genesee, Oakland, Wayne 2025 Expansion: Livingston, Macomb, Washtenaw
H4624-023	HMO	N	Existing	Chronic	ESRD Requiring Dialysis (Any Mode of Dialysis)	Zing ESRD Select MI (HMO C-SNP)	Existing: Oakland, Wayne 2025 Expansion: Genesee, Livingston, Macomb, Washtenaw
H4624-032	HMO	Y	New	Chronic	CVD, CHF, and/or Diabetes	Zing Elite Diabetes & Heart MI (HMO C-SNP)	2025 Expansion: Macomb, Oakland, Wayne
H6876-002	Local PPO	N	Existing	Dual	Medicare Zero-Dollar Cost Sharing	Zing Dual Complete Open Choice MI (PPO D-SNP)	Existing: Wayne 2025 Expansion: Livingston, Macomb, Oakland, Washtenaw
H6876-003	Local PPO	N	Existing	Chronic	CVD, CHF, and/or Diabetes	Zing Open Choice Diabetes & Heart MI (PPO C-SNP)	Existing: Wayne 2025 Expansion: Livingston, Macomb, Oakland, Washtenaw

2025 Mississippi Service Area

(NW Mississippi)

We will be expanding into four new counties for the 2025 plan year.^

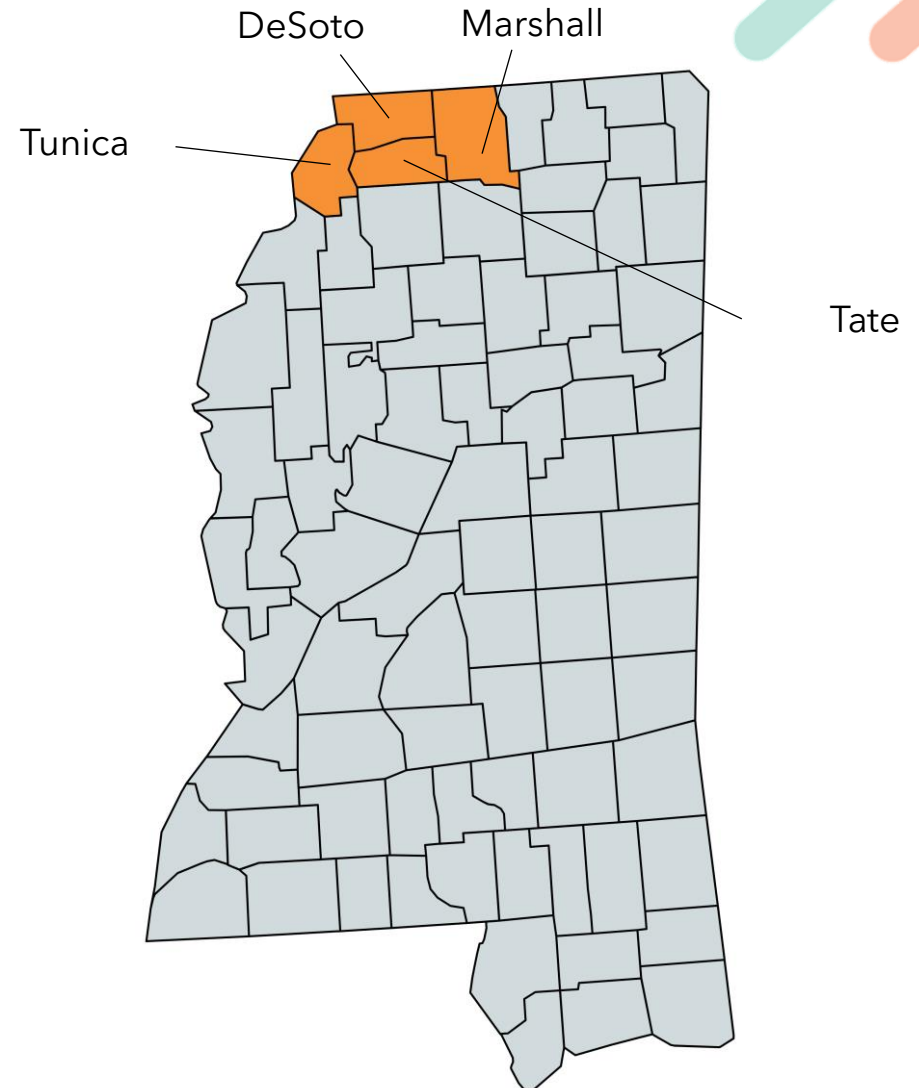


Mississippi Counties (4)

- DeSoto*
- Marshall*
- Tate*
- Tunica*

*New for 2025

- 2024 Footprint
- 2025 Expansion Counties



^2025 county expansion pending CMS approval.

2025 Mississippi Plan Portfolio [^]

[^]2025 market expansion pending CMS approval.



General Enrollment Plans

Plan ID	Plan Type	PSP	Plan Status (New/Existing)	2025 Plan Name	Service Area Counties
H4624-043	HMO	Y	New	Zing Elite Select MS (HMO)	2025 Expansion: DeSoto
H4624-044	HMO	N	New	Zing Select Care MS (HMO)	2025 Expansion: DeSoto, Marshall, Tate, Tunica

Special Needs Plans

Plan ID	Plan Type	PSP	Plan Status (New/Existing)	SNP	SNP Type	2025 Plan Name	Service Area Counties
H4624-039	HMO	Y	New	Chronic	CVD, CHF, and/or Diabetes	Zing Elite Diabetes & Heart MS (HMO C-SNP)	2025 Expansion: DeSoto
H4624-040	HMO	N	New	Chronic	CVD, CHF, and/or Diabetes	Zing Select Diabetes & Heart MS (HMO C-SNP)	2025 Expansion: DeSoto, Marshall, Tate, Tunica
H4624-041	HMO	N	New	Chronic (DF)	CVD, CHF, and/or Diabetes	Zing Select Diabetes & Heart Complete MS (HMO C-SNP)	2025 Expansion: DeSoto, Marshall, Tate, Tunica
H4624-042	HMO	N	New	Chronic	ESRD Requiring Dialysis (Any Mode of Dialysis)	Zing ESRD Select MS (HMO C-SNP)	2025 Expansion: DeSoto, Marshall, Tate, Tunica

2025 Ohio Service Area

(Cleveland)

We will be expanding into seven new counties for the 2025 plan year.^



- Counties (7)
- Cuyahoga*
 - Geauga*
 - Lake*
 - Lorain*
 - Medina*
 - Portage
 - Summit*
- *New for 2025

■ 2024 Footprint
■ 2025 Expansion Counties



^2025 market expansion pending CMS approval.

2025 Ohio Plan Portfolio [^]

[^]2025 market expansion pending CMS approval.



General Enrollment Plans

Plan ID	Plan Type	PSP	Plan Status (New/Existing)	2025 Plan Name	Service Area Counties
H4624-037	HMO	Y	New	Zing Elite Select OH (HMO)	2025 Expansion: Cuyahoga, Summit
H4624-038	HMO	N	New	Zing Select Care OH (HMO)	2025 Expansion: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit

Special Needs Plans

Plan ID	Plan Type	PSP	Plan Status (New/Existing)	SNP	SNP Type	2025 Plan Name	Service Area Counties
H4624-033	HMO	Y	New	Chronic	CVD, CHF, and/or Diabetes	Zing Elite Diabetes & Heart OH (HMO C-SNP)	2025 Expansion: Cuyahoga, Summit
H4624-034	HMO	N	New	Chronic	CVD, CHF, and/or Diabetes	Zing Select Diabetes & Heart Complete OH (HMO C-SNP)	2025 Expansion: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit
H4624-035	HMO	N	New	Chronic (DF)	CVD, CHF, and/or Diabetes	Zing Select Diabetes & Heart Complete OH (HMO C-SNP)	2025 Expansion: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit
H4624-036	HMO	N	New	Chronic	ESRD Requiring Dialysis (Any Mode of Dialysis)	Zing ESRD Select OH (HMO C-SNP)	2025 Expansion: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit

2025 Tennessee Service Area

(Nashville & Memphis)

We will be expanding into three new counties for the 2025 plan year.^

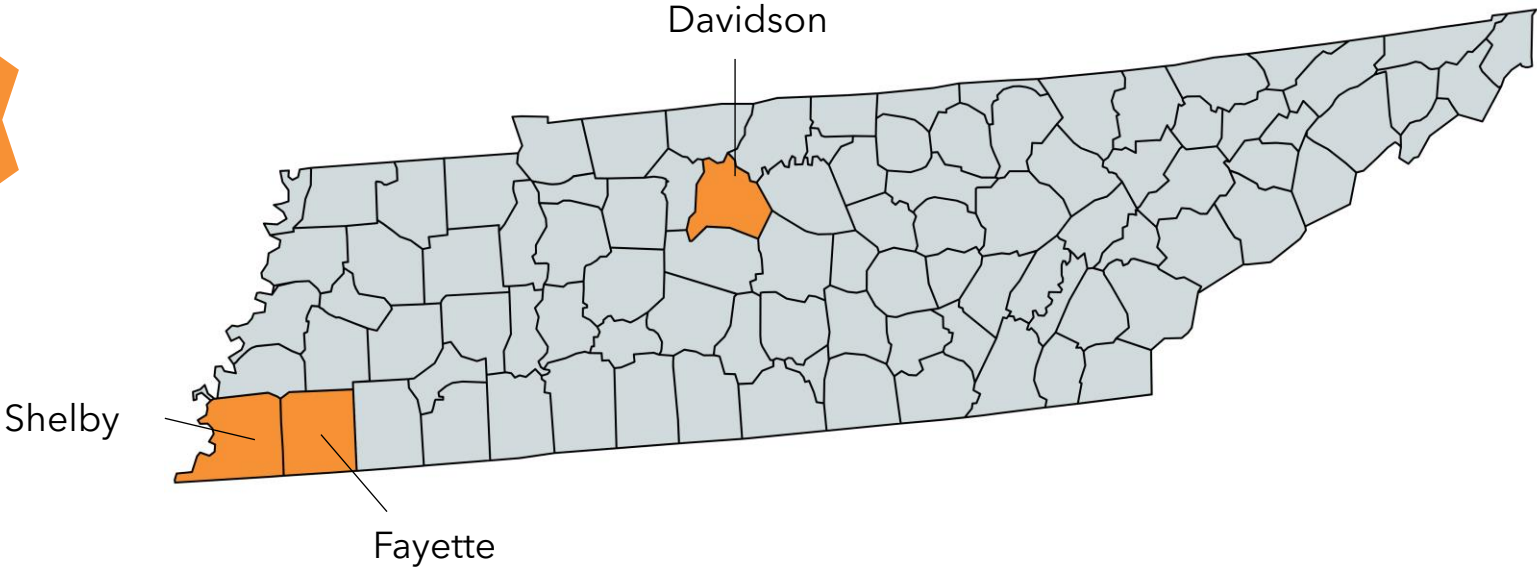
**NEW
MARKETS**

Tennessee Counties (3)

- Fayette*
- Shelby*
- Davidson*

*New for 2025

- 2024 Footprint
- 2025 Expansion Counties



^2025 market expansion pending CMS approval.

2025 Tennessee Plan Portfolio [^]

[^]2025 market expansion pending CMS approval.

General Enrollment Plans

Plan ID	Plan Type	PSP	Plan Status (New/Existing)	2025 Plan Name	Service Area Counties
H4624-043	HMO	Y	New	Zing Elite Select TN (HMO)	2025 Expansion: Shelby
H4624-044	HMO	N	New	Zing Select Care TN (HMO)	2025 Expansion: Davidson, Fayette, Shelby
H6876-009	Local PPO	N	New	Zing Open Choice TN (PPO)	2025 Expansion: Davidson, Fayette, Shelby

Special Needs Plans

Plan ID	Plan Type	PSP	Plan Status (New/Existing)	SNP	SNP Type	2025 Plan Name	Service Area Counties
H4624-039	HMO	Y	New	Chronic	CVD, CHF, and/or Diabetes	Zing Elite Diabetes & Heart TN (HMO C-SNP)	2025 Expansion: Shelby
H4624-040	HMO	N	New	Chronic	CVD, CHF, and/or Diabetes	Zing Select Diabetes & Heart TN (HMO C-SNP)	2025 Expansion: Davidson, Fayette, Shelby
H4624-041	HMO	N	New	Chronic (DF)	CVD, CHF, and/or Diabetes	Zing Select Diabetes & Heart Complete TN (HMO C-SNP)	2025 Expansion: Davidson, Fayette, Shelby
H4624-042	HMO	N	New	Chronic	ESRD Requiring Dialysis (Any Mode of Dialysis)	Zing ESRD Select TN (HMO C-SNP)	2025 Expansion: Davidson, Fayette, Shelby
H6876-007	Local PPO	N	New	Chronic	CVD, CHF, and/or Diabetes	Zing Open Choice Diabetes & Heart TN (PPO C-SNP)	2025 Expansion: Davidson, Fayette, Shelby
H6876-008	Local PPO	N	New	Chronic (DF)	CVD, CHF, and/or Diabetes	Zing Choice Diabetes & Heart TN (PPO C-SNP)	2025 Expansion: Davidson, Fayette, Shelby



2025 Product Portfolio

Part 3: Formulary Benefits

Section Includes:

- Formulary Insulins
- Erectile Dysfunction
- Continuous Glucose Monitor (CGM)

Formulary Insulins



We're happy to offer **\$0 copay** for formulary insulins shown below across all plans.^

FIASP 100 UNIT/ML CARTRIDGE

NOVOLIN N 100 UNIT/ML PEN INJ

NOVOLOG 100 UNIT/ML INJ

FIASP 100 UNIT/ML PEN INJ

NOVOLIN R 100 UNIT/ML PEN INJ

NOVOLOG MIX 70-30UNIT/ML INJ

FIASP 100 UNIT/ML INJ

NOVOLIN 70-30 UNIT/ML INJ

TOUJEO 300 UNIT/ML PEN

HUMULIN R 500 UNIT/ML PEN INJ

NOVOLIN N 100 UNIT/ML INJ

TOUJEO 300 UNIT/ML PEN INJ (3ML)

HUMULIN R 500 UNIT/ML INJ

NOVOLIN R 100 UNIT/ML INJ

TRESIBA 100 UNIT/ML PEN INJ

LANTUS 100 UNIT/ML PEN INJ

NOVOLOG 100 UNIT/ML CARTRIDGE

TRESIBA 100 UNIT/ML INJ

LANTUS 100 UNIT/ML INJ

NOVOLOG MIX 100 UNIT/ML PEN INJ

TRESIBA 200 UNIT/ML PEN INJ

NOVOLIN 70-30 UNIT/ML PEN INJ

NOVOLOG MIX 70-30 UNIT/ML PEN INJ

^Subject to CMS approval

Erectile Dysfunction

Helping our members get their ZING back!

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

- All plans will cover certain Erectile Dysfunction (ED) drugs for the 2025 benefit year.
- Erectile Dysfunction drugs are covered under Tier 2 (copays vary by plan).



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!

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.”

2025 Supplemental Benefits

Section Includes:

- Types of Benefits: Definitions
- Dental, Vision, Hearing
- Telehealth
- Debit Card
- Wellness & Nutritional Counseling
- Support, Safety & Worldwide Services
- Transportation (non-Emergency)
- Food & Meal

Types of Benefits: Definitions



Mandatory Supplemental Benefits

▪ Benefits not covered under Part A, Part B, or Part D but are covered by the plan for every person enrolled in the MA plan benefit package. There is no additional premium to access these benefits. All members of the plan automatically receive mandatory supplemental benefits.

ALL 2025 supplemental benefits will be **mandatory** supplemental benefits

Optional Supplemental Benefits

▪ Benefits not covered under Part A, Part B, or Part D, but are offered uniformly to all enrollees of a plan. Enrollees may choose to pay extra to receive coverage under the optional supplemental benefit.

We will **NOT** offer any optional supplemental benefits for CY2025

Special Supplemental Benefits for the Chronically Ill

▪ Supplemental benefits that are not primarily health related and may be offered to eligible chronically ill enrollees of a plan

We **WILL** offer SSBCI benefits for C-SNP

Uniform Flexibility Benefits

▪ Disease-specific benefits for individuals with certain chronic conditions or other high-risk health conditions, benefits must be available to all members of a PBP

We **WILL** offer Uniform flexibility benefits for select plans in 2025

Value Based Insurance Design

▪ Benefits targeted to enrollees based either on chronic condition and/or socioeconomic characteristics

We **WILL** offer VBID benefits for select plans in 2025 for members who meet LIS

2025 Supplemental Benefits [^]

Dental / Vision / Hearing

We proudly offer a large suite of non-Medicare covered supplemental benefits.



Dental Benefits

Preventive and comprehensive benefits provided for all plans!

Allowance: Members receive an annual allowance for Routine Preventive and Comprehensive dental services. Coverage varies between \$1,500 - \$2,500/year[^]. Service limitations apply for preventive services. \$0 copay for in-network providers



Vision Benefits

Eye exam: 1 routine eye exam every year for \$0 copay (in-network)

Eyewear: Annual allowance for eyewear. Coverage varies between \$200-\$350/year[^]



Hearing Benefits

Hearing exam: 1 routine hearing exam every year for \$0 copay (in-network)

Hearing Aids: Hearing aid allowance \$750 per ear, every three years (in-network)

[^]Benefit offerings vary by plan / Subject to CMS approval

2025 Supplemental Benefits [^]

Telehealth

We proudly offer a large suite of non-Medicare covered supplemental benefits.



Nurse Advice Line

- 24 / 7 availability, \$0 copay
- Members may call the nurse advice line when they have questions about symptoms they may be experiencing, whether they should see a doctor or go to a hospital or other health-related issues.



Telemedicine

- Primary Care and Behavioral Health services when a member's doctor is not available.
- \$0 copay for telemedicine benefits received through MDLIVE.
- Standard provider copays will incur for telemedicine services provided by other network providers

[^]Benefit offerings vary by plan / Subject to CMS approval

2025 Supplemental Benefits [^]

Debit Card

We proudly offer a large suite of non-Medicare covered supplemental benefits.



Over the counter (OTC) items allowance

All plans will offer an OTC benefit allowance. This is a **mandatory** supplemental benefit available to all members at the start of the plan year.



Special Supplemental Benefits for the Chronically Ill (SSBCI): Food & Utility Allowance

Eligibility: Our SSBCI benefit is limited to C-SNP. Eligible conditions are Diabetes, Chronic Heart Failure, Cardiovascular disorders or ESRD as defined by the eligibility of the C-SNP. C-SNP members will automatically receive SSBCI benefits.



Value Based Insurance Design (VBID) - Food & Utility Allowance

Eligibility: Our VBID benefit is limited to select plans. For plan year 2025 all non-C-SNP will offer a VBID benefit. Members with an LIS indicator from CMS will automatically receive VBID benefits.



Rewards and Incentives:

This is a quality improvement program, not a Medicare Supplemental Benefit

Eligibility: Members who complete a qualifying health activity will receive a "reward" in the form of a purse / allowance on their debit card. Activities will be tracked through claims data.

Card FAQs

- New members will be mailed a reloadable debit card that will contain separate "purses" for each allowance / benefit type.
- Purses will fund monthly, quarterly or one time.
- Amounts vary by plan and benefit.
- Benefits do not roll-over to the next benefit period.

[^]Benefit offerings vary by plan / Subject to CMS approval

2025 Supplemental Benefits[^]

Wellness & Nutritional Counseling

We proudly offer a large suite of non-Medicare covered supplemental benefits.



Fitness / Gym

Members of all plans will receive the fitness benefit. This is a **mandatory** supplemental benefit available to all members of qualifying plans



Weight Management

Eligibility: Available to members of select plans. This is a **mandatory** supplemental benefit available to all members of qualifying plans



Nutrition & Dietary Counseling

Eligibility: Available to members of select plans. This is a **mandatory** supplemental benefit available to all members of qualifying plans



Medical Nutrition Therapy

Eligibility: This benefit is for people with diabetes, renal (kidney) disease (but not on dialysis), or after a kidney transplant when ordered by your doctor

[^]Benefit offerings vary by plan / Subject to CMS approval

2025 Supplemental Benefits [^]

Support, Safety, & Worldwide Services

We proudly offer a large suite of non-Medicare covered supplemental benefits.



In Home Support Services

Eligibility: Available to members of select plans. This is a **mandatory** supplemental benefit available to all members of qualifying plans



Personal Emergency Response System (PERS)

Eligibility: Available to members of select plans. This is a **mandatory** supplemental benefit available to all members of qualifying plans



Bathroom Safety Devices

Eligibility: Available to members of select plans. This is a **mandatory** supplemental benefit available to all members of qualifying plans



Utility Allowance

Eligibility: Members who qualify for the SSBCI or VBID benefit will have an option to use their available monthly or quarterly allowance toward Utilities (Electric, Gas, Heating oil, Sanitary, Water (does not include gas at the pump)) See "Benefits provided by Debit Card" for more information



Worldwide Emergency / Urgently Needed Care

Eligibility: All plans offer worldwide coverage

[^]Benefit offerings vary by plan / Subject to CMS approval

2025 Supplemental Benefits ^

Transportation (non-emergency)

We proudly offer a large suite of non-Medicare covered supplemental benefits.



Non-Emergency Transportation

Benefit: Members can schedule one-way rides to plan approved health related locations. Benefit limits vary by plan^ (between 10 one-way trips up to unlimited rides)



In-Home Support Services

Eligibility: Members have the option to use their annual In-Home Support Services hours (provided by PAPA) for non-emergency transportation services. Rides must be scheduled through PAPA. Benefit limits vary by plan^

^Benefit offerings vary by plan / Subject to CMS approval

2025 Supplemental Benefits [^]

Food & Meal

We proudly offer a large suite of non-Medicare covered supplemental benefits.



Healthy Food / Grocery Allowance

- Members who qualify for the SSBCI or VBID benefit will have an option to use their available monthly or quarterly allowance toward healthy foods.
- Allowance will be provided through our reloadable debit card. See “Benefits provided by Debit Card” for more information



Meals: Post Discharge

Eligibility: Members of select plans who are discharged from a hospital or facility.

Benefit: Qualifying members will receive 10 prepared meals following each hospital discharge to mitigate health-related risk associated with nutritional management. Members will be contacted after an inpatient hospital stay to make arrangements for delivery of your meals. No limit to the number of benefit periods per year. Meals will be delivered to the member’s home.



Meals: Chronic Conditions

Eligibility: Members of select plans that have a chronic condition who are part of a supervised program designed to transition the enrollee to lifestyle modifications, must be Physician Ordered.

Benefit: Qualifying members will receive 28 meals, limited to once per year. Meals will be delivered to the member’s home.

[^]Benefit offerings vary by plan / Subject to CMS approval



Enrollment Information

Section Includes:

- Agent/Broker Verification Support Line
- MARx Access
- C-SNP Election Period
- Overlapping Enrollment Periods & When to Use Them
- Verification of Chronic Condition Form (VCC)
- Scope of Appointment (SOA)
- Enrollment Methods
- Member Journey
- Balance Billing

Agent/Broker Verification Support Line

It is crucial to determine whether a prospect is currently enrolled in Medicare or Medicaid prior to enrollment. Agents can call our Agent/Broker Verification Line at **1-844-946-4226** to confirm a prospect's eligibility to enroll.

Agents Must Provide:

- Agent Name and ID#
- Name of Beneficiary
- Date of Birth (DOB)
- Medicare MBI
- Medicaid Recipient #

To Confirm:

- Medicare Eligibility Part A, Part B, & Part D
- Eligibility to enroll by quarter



The image shows a sample Medicare Health Insurance card. The card has a blue header with the Medicare logo and the text "MEDICARE HEALTH INSURANCE". Below the header, the cardholder's name is listed as "JOHN L SMITH". The Medicare Number is "1EG4-TE5-MK72". The card also lists the entitlements and coverage start dates: "HOSPITAL (PART A)" and "MEDICAL (PART B)", both starting on "03-01-2016". A large "SAMPLE" watermark is overlaid on the card.

Name/Nombre	
JOHN L SMITH	
Medicare Number/Número de Medicare	
1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

MARx Access

Zing Health offers MARx access to the ready-to-sell agent/broker population.

What is MARx? The Medicare Advantage Prescription Drug System (MARx) stores Medicare Advantage Organization, Part C and Part D Sponsor, Part D enrollment, payment, and premium information and calculates monthly Part C/D payments and adjustments for each Plan.

How can MARx access help me? Agents/Brokers with MARx access have the ability to verify a client's eligibility on demand using this tool.

Look up a Medicare Beneficiary Identifier (MBI)

Check Medicare Part A, Part B, and Part D effective dates


View Low-Income Subsidy (LIS) status



**For assistance accessing the MARx tool,
reach out to your Zing Health contact!**

C-SNP Election Period

Any Medicare individual who qualifies for a C-SNP via chronic condition but is not currently on one, can enroll at any point in the year.

Medicare Period	OEP			SEP / Lock-In					AEP			
App Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Plan Type	General Enrollment Plan								General Enrollment Plan			
	D-SNP								D-SNP			
C-SNP												
Enrollment Eligibility	<ul style="list-style-type: none"> Individuals currently in an MA plan can make one plan change D-SNP quarterly switch available C-SNP year-round enrollment available 			<ul style="list-style-type: none"> Non-SNP general enrollment individuals cannot switch plans, absent special circumstances such as turning 65, moving, 5-star plans, etc. D-SNP quarterly switch available C-SNP year-round enrollment available 					<ul style="list-style-type: none"> All Medicare individuals can enroll in a plan, regardless of Medicaid and/or chronic condition status 			

The C-SNP enrollment calendar benefits agents/brokers selling Zing products.

Compared to D-SNP members who can shop and switch quarterly, C-SNP tends to be stickier once enrolled, as the special election is one-time.

Ability to market year-round for C-SNP benefits and eligibility creates opportunity for agents/brokers who actively want to de-seasonalize their business

Marketing outside of AEP tends to be less expensive given lower demand for media, although it requires a greater level of targeting.

Given the low current C-SNP penetration, the population of eligible individuals not currently on a C-SNP is very large, driving ample year-round growth opportunity

Overlapping Enrollment Periods & When to Use Them



C-SNP Enrollment Periods

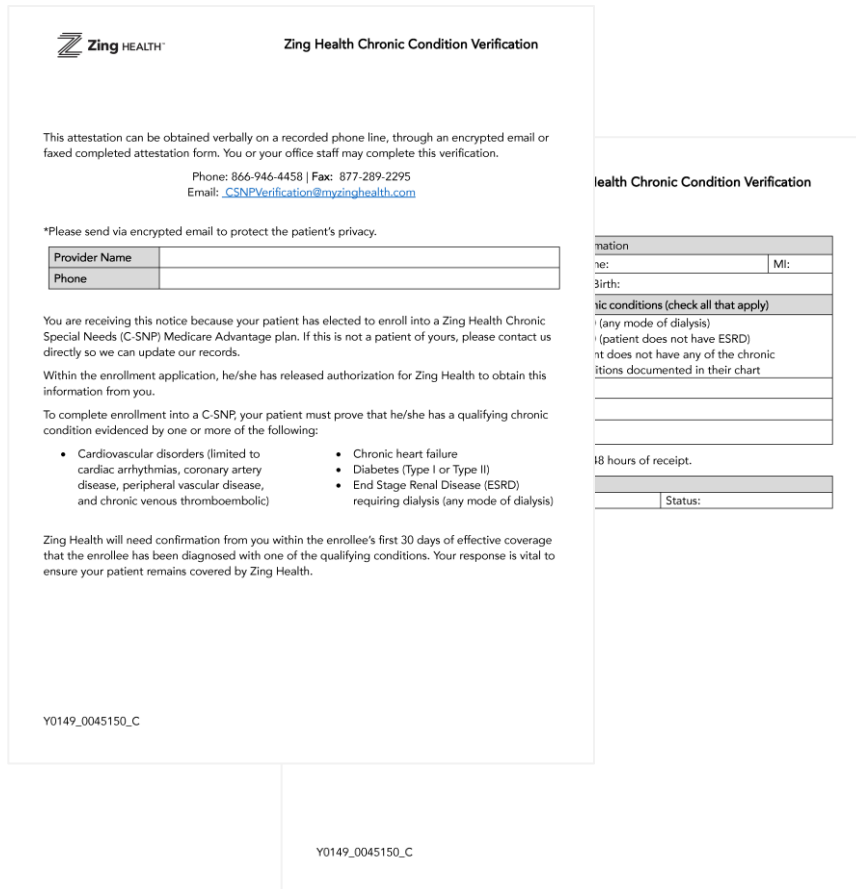
Type of Enrollment Period	When It Happens	When to use if there are overlapping circumstances
Initial Election Period (IEP)	If the person is newly eligible for Medicare due to age (65 or older) or disability, the IEP lasts for seven months. During this time, he/she can enroll in a C-SNP, among other Medicare 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 15th to December 7th 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. Medicare beneficiaries could enroll in C-SNP if they missed the Initial Enrollment Period and do not qualify for Special Enrollment Period.	3
Special Election Period (SEP)	SEPs are triggered by specific life events, such as moving, losing other health coverage, or qualifying for 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

Verification of Chronic Condition Form (VCC)

CMS requires verification of qualifying chronic condition enroll in a C-SNP.

In order to ensure timely enrollment into a C-SNP, agents/brokers should review the verification of chronic condition form with their client at the point of sale.

- Educate on the VCC requirement for the C-SNP
 - Member must take the VCC form to their provider/provider's office that will verify their chronic condition.
 - The provider/provider's office must complete, sign and submit the form to Zing Health on or before the last day of the second month of enrollment.
 - If the form is not received by Zing timely, the member is involuntarily disenrolled.
- Agents are allowed to leave the VCC form with C-SNP enrollee at time of enrollment.
- The form should NOT be returned with the application.
- Agents should NOT reach out to the provider on the member's behalf



The image shows a two-page form titled "Zing Health Chronic Condition Verification". The top page contains the Zing Health logo, contact information (Phone: 866-946-4458, Fax: 877-289-2295, Email: CSNPVerification@myzinghealth.com), and instructions for completion. It includes a table for "Provider Name" and "Phone". The bottom page contains a list of qualifying chronic conditions and a section for "18 hours of receipt" with a "Status" field. The form ID "Y0149_0045150_C" is visible at the bottom of both pages.

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@myzinghealth.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.

Y0149_0045150_C

health Chronic Condition Verification

State	City	Zip	MI
Birth:			
Chronic conditions (check all that apply)			
(any mode of dialysis)			
(patient does not have ESRD)			
Does not have any of the chronic conditions documented in their chart			
18 hours of receipt.			
Status:			

Y0149_0045150_C

Verification of Chronic Condition Process

Upon receipt of the C-SNP enrollment application, we will process the enrollment.

PCP

- We will initiate process to confirm chronic condition by reaching out to the beneficiary's provider
- Provider name and contact information should be captured by the agent during enrollment

30 Days

- If qualifying condition cannot be verified within 30 days of effective date of enrollment, the member will receive a Loss of C-SNP notification letter

Assist

- We will assist the member with a plan change, if requested by the member
- The original enrolling agent **will remain** the Agent of Record (AOR)

AOR


- Otherwise, we will outreach to the Agent of Record (AOR) to assist the member with a plan change to avoid disruption and/or loss of coverage

60 Days

- The beneficiary's provider must validate the qualifying chronic condition within 60 days of the enrollment effective date to avoid disenrollment
- An involuntary disenrollment letter is mailed to the member if the qualifying condition was not validated

Scope of Appointment (SOA)



Scope of Appointment Confirmation Form 

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative. Agents must be licensed, contracted and certified, where applicable, to sell each of the plans listed below.

Medicare Advantage Plans (Part C and Part D)
 Medicare Prescription Drug Plan (PDP)

By signing this form, you agree to a meeting with a sales agent to discuss the type of product you initialed above. Please note, the person who will discuss the product is either employed or contracted by a Medicare Advantage plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

You are not obligated to enroll in a plan. Current or future Medicare enrollment status will not be impacted and you will not be automatically enrolled in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date

Name (please print):	Signature:	Date:
----------------------	------------	-------

If you are the Authorized Representative, Please Sign Above and Print Below

Representative Name:	Your Relationship to the Beneficiary:
----------------------	---------------------------------------

To be Completed by Agent

Agent Name:	Agent ID#:	Agent Phone:
Beneficiary Address:	Beneficiary Phone:	

Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)

Agent Signature:

Plan(s) the agent represented during this meeting:	Date Appointment Completed:
--	-----------------------------

[Plan Use Only]
Agent, if the form was signed by the beneficiary at the time of appointment, provide explanation why SOA was not documented prior to meeting.

Zing Health is a HMO plan sponsor with a Medicare contract. Enrollment in Zing Health depends on contract renewal. Zing Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Y0149_0014810_C

- A Scope of Appointment (SOA) is required for ALL sales appointments including personal/individual appointments with new or existing members
- Agents/Brokers may only discuss products at an appointment that was agreed upon and documented in the Scope of Appointment (SOA)
- The Scope of Appointment (SOA) ,must be completed 48 hours prior to the meeting/appointment, when practicable

We accept **electronic, paper, or telephonic** SOA forms. ^

^Telephonic SOA not accepted for the 2024 plan year.

Enrollment Methods



Online enrollment options available through the following platforms



Online enrollment tool available to RTS Zing Health agents.



3rd party enrollment tool that is typically available to agents who work with an upline or FMO that offers this enrollment option.



Paper applications can be submitted the following ways

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

Enrolling Using Ascend



RTS agents have access to quote and enroll using the Ascend online portal or desktop application.



▪ **What is Ascend?** Ascend is a secure, encrypted, real-time cloud-enabled data platform that brings together all necessary tools for field sales agents to have meaningful engagements with prospective members. It is also a modular system with many functions designed to assist field sale teams.

- Electronic and telephonic scope of appointment[^]
- Eligibility verification
- Point of sale video capabilities
- Recorded telephonic enrollments via RATE
- Electronic application completion and submission
- Replacement for paper sales support and marketing documents

FAQS

- Within three (3) business days of becoming RTS you will receive an email from No-Reply@ascendproject.com prompting you to register. If you've already used Ascend for other carriers tied to your email, your credentials will remain the same.
- You may access Ascend by the direct URL link: [Agent Login \(isf.io\)](https://isf.io)

[^]Telephonic SOA will be a new feature added for the 2025 annual enrollment period.

Member Journey

New members can expect to receive a welcome packet as well as telephonic outreach from us.

Within 2 weeks



Receive confirmation of enrollment letter within 3-5 days and a Welcome Packet containing a member ID card within 7-14 days



Receive a call from Zing Customer Experience team to review benefits and the welcome packet, validate PCP, and answer questions.

Within 90 days



Members enrolled in a SNP, will be contacted by a care coordinator to complete the health risk assessment and develop a plan of care. The care team can address health related concerns that they may have.

Member ID Card



The image shows a Zing HEALTH Member ID Card. The card is divided into two main sections. The left section contains the Zing HEALTH logo, contract information (Contract: HXXXX, PBP: XXX), the Plan Name (HMO), a description of the plan (A Medicare Health Plan with Prescription Drug Coverage), member information (Member: First & Last Name, Member ID#: Z0000000XX, Effective Date: X/XX/XXXX, PCP: Last name, First Name, PCP Phone: 1-XXX-XXX-XXXX), Rx information (RxBIN: XXXXXX, RxPCN: XXXXX, RxGRP: XXXXXXXXX, RxID: XXXXXX), and copay information (Copays: PCP: \$X, Spec: \$XX, Emergency Room: \$XXX, If Member has full Medicaid, no balance billing). The right section contains contact information for Customer Service (Members, Providers, Dental, Vision and Hearing: 1-866-946-4458 TTY/TDD: 711), MD Live (TeleHealth): 1-800-657-6169, Payer ID Number: 83248, Pharmacy Providers Help Desk: 1-800-361-4542, 24/7 Nurse Hotline: 1-855-494-6877, and Medical Paper Claims: Zing Health, PO Box 981718, El Paso, TX 79998-1718. Logos for eye med, elixir, nations hearing, MultiPlan, and LIBERTY DENTAL PLAN are also present, along with the website www.myzinghealth.com.

Zing HEALTH™ Contract: HXXXX
PBP: XXX

Plan Name (HMO)
A Medicare Health Plan with Prescription Drug Coverage

Member: First & Last Name
Member ID#: Z0000000XX
Effective Date: X/XX/XXXX
PCP: Last name, First Name
PCP Phone: 1-XXX-XXX-XXXX

RxBIN: XXXXXX
RxPCN: XXXXX
RxGRP: XXXXXXXXX
RxID: XXXXXX

Medicare^{Rx}
Prescription Drug Coverage

Copays: PCP: \$X Spec: \$XX Emergency Room: \$XXX
If Member has full Medicaid, no balance billing

Customer Service:
Members, Providers, Dental,
Vision and Hearing
1-866-946-4458 TTY/TDD: 711

MD Live (TeleHealth)
1-800-657-6169

Pharmacy Providers
Help Desk: 1-800-361-4542

24/7 Nurse Hotline
1-855-494-6877

Payer ID Number: 83248

Medical Paper Claims
Zing Health
PO Box 981718
El Paso, TX 79998-1718

eye med elixir
CRAFTED BY SOLUTIONS

nations hearing MultiPlan. LIBERTY
Medicare Advantage DENTAL PLAN

www.myzinghealth.com

- The Zing Health member ID card should be used in place of the red, white, and blue Medicare card.
- Be sure to remind your clients to show his/her Zing Health member ID card when receiving medical services and prescription drugs.
- **If your client has Medicaid, they should present both the Medicaid and Zing Health member ID card at their doctor visits. (If they are eligible for full Medicaid; the Zing Health member ID will include a statement of *no balance billing*.)**

Balance Billing



Prohibition on Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program

Provider Types Affected:

All Medicare physicians, providers and suppliers, including those serving beneficiaries enrolled in Original Medicare or a Medicare Advantage (MA) plan.

What You Need to Know:

The Center for Medicare & Medicaid Services (CMS) reminds all Medicare providers that they may not bill beneficiaries enrolled in the QMB program for Medicare cost-sharing. QMB is a Medicare Savings Program (MSP) that exempts Medicare beneficiaries from Medicare cost-sharing liability.

The QMB program is a State Medicaid benefit that covers Medicare premiums and deductibles, coinsurance, and copayments, subject to State payment limits (states may limit their liability to providers for Medicare deductibles, coinsurance, and copayments under certain circumstances). **Medicare providers may not bill QMB individuals for Medicare cost-sharing, regardless of whether the State reimburses providers for the full Medicare cost-sharing amounts.** Further, all original Medicare and MA providers—not only those that accept Medicaid—must refrain from charging QMB individuals for Medicare cost-sharing. Providers who inappropriately bill QMB individuals are subject to sanctions.

Department of Health and Human Services
Centers for Medicare & Medicaid Services
MLN Matters® Number: SE1128 Revised | Related Change
Request (CR) #: N/A
Release Date of Revised Article: May 12, 2017



Broker Tools and Resources

Section Includes:

- [Important Contact Information](#)
- [Broker Page: myzinghealth.com](https://myzinghealth.com)
- [Broker Portal](#)
- [Supply & Marketing Portal](#)

Important Contact Information

Broker Support & Verification Line

Email: brokers@myzinghealth.com

Phone: 1-844-946-4226

Hours: 8:00 a.m. - 5:00 p.m. CST

Monday through Friday

Customer Service

Phone: 1-866-946-4458

Hours: 8:00 a.m. - 8:00 p.m. CST

Monday through Friday

(7 days a week from October through March).

Enrollment Fax Line

Phone: 1-855-946-4458

Part D Questions

Phone: 1-866-946-4458

MD Live

(TeleHealth Benefits)

Phone: 1-800-657-6169

24/7 Nurse Advice Line

Phone: 1-855-494-6877

Transportation Benefits

Phone: 1-866-946-4458

NationsHearing

(Hearing Benefits, PERS, Bathroom Safety)

Phone: 1-877-391-8637

Silver&Fit

(Health Club Membership)

Phone: 1-877-427-4788

Liberty Dental

(Dental Benefits)

Phone: 1-866-609-9005

EyeMed

(Vision Benefits)

Phone: 1-877-848-5089

Compliance Hotline *(for reporting non-compliance, fraud, waste, & abuse)*

Phone: 1-844-919-4458

Email: compliance@myzinghealth.com

Online: www.MyComplianceReport.com /Access ID: ZHC

Broker Page: myzinghealth.com

The Zing Health Broker Page provides information on how to partner with us and offers convenient access to resources to assist you in marketing and selling Zing Health products.

Below are just a few items that can be found at: <https://www.myzinghealth.com/broker>

- Contact information
- Online forms & resources
- Online broker tools
- Online provider directory
- Prescription drug cost calculator
- Online broker tools

How To Get
Contracted With Zing **01**

Broker Sales
Resources **02**

Supplemental
Benefits **03**

Enroll a
Client **04**

Sales Incentive
Program **05**

**Get ready for a new look coming
Fall 2024!**

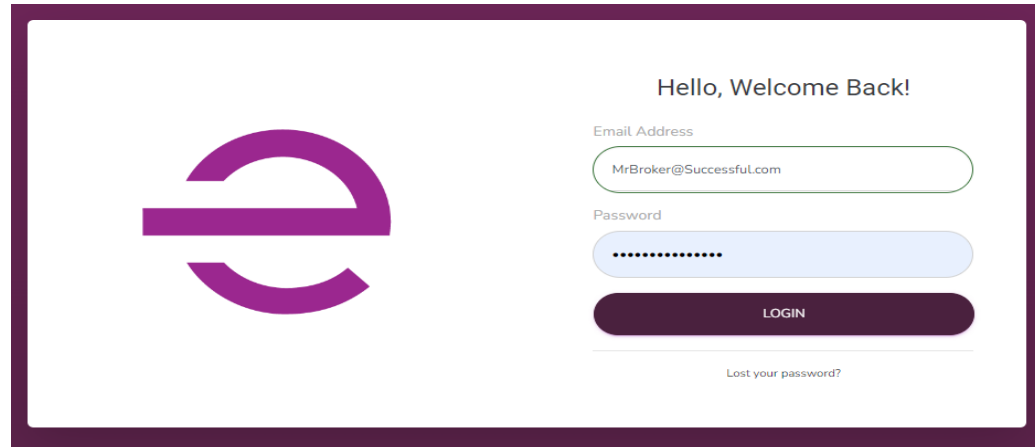
Broker Quick Resource Center

Zing Health Contact Info	
Online Forms and Resources	
Online Broker Tools	
Benefit Partner Contact Information	
Fax: 1-855-946-4458 or 1-312-809-9404	
Broker Support Email: brokers@myzinghealth.com	
Customer Service: 1-866-946-4458	
Compliance Hotline: 1-844-919-4458	
Compliance Reporting: 1-844-919-4458	
Website: https://mycompliancereport.com	
Broker Support Online: https://myzinghealth.com/broker	
Broker Support Phone Number: 1-844-946-4226	
Broker Support Service Hours: 8:00AM CST -5:00PM CST Monday - Friday	

Broker Portal

Our broker portal manages a variety of activities and resources including but not limited to onboarding, certification, book of business tracking, commissions , licensing, and more.

The Zing Health Agent Portal can be found at: [ZING Login \(evolvenxt.com\)](https://evolvenxt.com)

A screenshot of the ZING Login portal interface. On the left is a purple logo consisting of a stylized 'E' with a horizontal bar. To the right, the text "Hello, Welcome Back!" is displayed. Below this are two input fields: "Email Address" with the value "MrBroker@Successful.com" and "Password" with a masked password "*****". A dark purple "LOGIN" button is positioned below the password field. At the bottom, there is a link for "Lost your password?".

Hello, Welcome Back!

Email Address
MrBroker@Successful.com

Password

LOGIN

[Lost your password?](#)

Whether you are an individual agent or agency principal, the below reference guides will help you navigate the portal.

[Broker Guide](#)

[Agency Guide](#)

Broker Portal: Dashboard



When you log into the portal, you are directed straight to your dashboard. Some of the more popular widgets used by health plans are shown in the screenshot below:

- Ready to Sell (RTS)
- My Credentials
- Commission Statements
- New Enrollments
- Medicare Book of Business


Dashboard

My Credentials

Rep Status	Active/Certified
State Licenses	2 Active

[View Details](#)

My 2024 AEP Status



You have completed all requirements for 2024 AEP readiness!

Commission Statement History

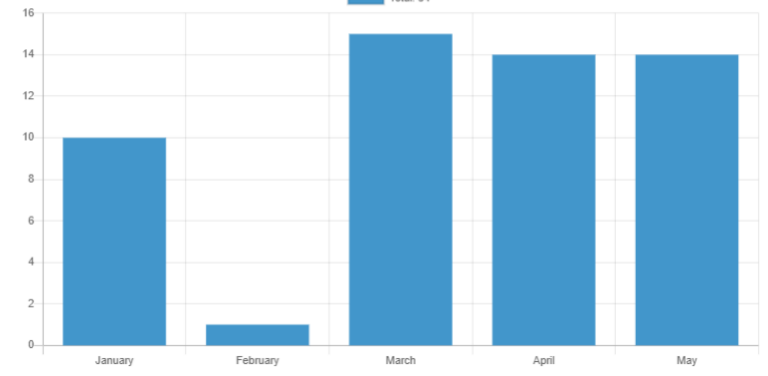
Statement Date	Statement Description	Total Commission
06/15/2024		\$1,222.00
05/16/2024		\$4,277.00
05/15/2024		\$2,444.00

[View Details](#)

New Enrollments

Newly enrolled members within the past 12 months

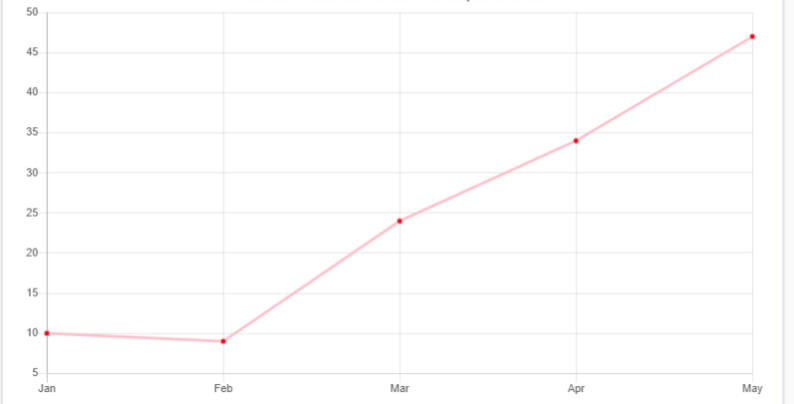
Total: 54



Month	Newly Enrolled Members
January	10
February	1
March	15
April	14
May	14

Medicare Book of Business

Total Book of Business over time within the past 12 months



Month	Total Book of Business
Jan	10
Feb	9
Mar	24
Apr	34
May	47

Broker Portal: Commission Statements

If your commissions are paid to you by the health plan, you can view your commission statements. Once a statement is published, a new row with all details pertaining to that specific payment will be displayed. The Statement Date (Stmt. Date) corresponds with the payment date.

	Stmt #	Description	Stmt Date	Payee	Credits	Debits	Balance	Amount	Pmt Date	Pmt Type
Excel PDF	7913		06/15/2024		\$1,222.00	\$0.00	\$0.00	\$1,222.00		ACH
Excel PDF	7804		05/16/2024		\$4,888.00	\$-611.00	\$0.00	\$4,277.00		ACH
Excel PDF	7455		05/15/2024		\$3,666.00	\$-1,222.00	\$0.00	\$2,444.00		ACH
Excel PDF	7873		04/25/2024		\$950.00	\$0.00	\$0.00	\$950.00		ACH
Excel PDF	7340		04/16/2024		\$2,444.00	\$-611.00	\$0.00	\$1,833.00		ACH
Excel PDF	7128		04/15/2024		\$7,943.00	\$-611.00	\$0.00	\$7,332.00		ACH
Excel PDF	7383		03/30/2024		\$600.00	\$0.00	\$-150.00	\$450.00		ACH
Excel PDF	6955		03/16/2024		\$1,222.00	\$0.00	\$0.00	\$1,222.00		ACH
Excel PDF	7015		02/28/2024		\$50.00	\$-200.00	\$0.00	\$-150.00		Negative
Excel PDF	5938		02/15/2024		\$5,499.00	\$0.00	\$0.00	\$5,499.00		ACH

Broker Portal: Book of Business



The Book of Business tab will display all members where you are the broker of record. Enter one of the below filters to look for a specific member, or search for members by category.

Once the search criteria is entered, select 'Search' to generate results. Select 'Download' at any time to export your Book of Business into Excel

Book of Business

Member ID First Name Last Name Member MBI Active Member Rep ID

Effective From Effective To Termination From Termination To

[SEARCH](#) [DOWNLOAD](#) Last Data Load - 05/24/2024 7:00 AM

Show entries Search: _____

Member ID	MBI	First Name	Last Name	Phone	Effective Date	Termination Date	Contract	Plan	Mem Year
		JULIAN			01/01/2024		H6876	006	1
		DAVID			01/01/2024		H4624	011	1
		KAREN			01/01/2024		H6876	006	1
		VALERIE			01/01/2024		H6876	005	1
		MICHAEL			01/01/2024		H6876	006	1
		MARSHALL			02/01/2024		H4624	026	1
		MARY			03/01/2024		H4624	024	1
		MICHAEL			01/01/2024		H4624	011	1
		TINA			01/01/2024		H6876	006	1
		STEVEN			01/01/2024		H6876	006	1

Showing 1 to 10 of 53 entries PREVIOUS **1** 2 3 4 5 6 NEXT

Broker Portal: Application Status



The App Status tab will display all your application submitted. Enter one of the below filters to look for a specific member, or search for members by category.

Once the search criteria is entered, select 'Search' to generate results. Select 'Download' at any time to export your Book of Business into Excel.

App Status - WIPRO



Application ID	MBI	Application From	Application To			
First Name	Last Name	Status	Broker ID			
SEARCH DOWNLOAD						
Application ID	MBI	Application Date	First Name	Last Name	Status	Broker ID
		10/19/23	JULIAN		COMPLETED	
		10/19/23	JULIAN		ELGCRITCL	
		10/19/23	DAVID		COMPLETED	
		10/19/23	DAVID		ELGCRITCL	
		10/25/23	KAREN		COMPLETED	
		10/31/23	VALERIE		COMPLETED	
		11/03/23	KAREN		COMPLETED	
		11/08/23	MARSHALL		COMPLETED	
		11/08/23	MICHAEL		COMPLETED	
		11/13/23	MICHAEL		COMPLETED	

Broker Portal: Updating Payee & W9

The Payee Info tab captures the name and address on file for payment. Select the Edit Payee Info tab to update the name or address. The 1099 that will generate will match the information on this screen. Note: Updating name or address will cause a prompt to complete a new W9 form. You must complete this W9 update for your changes to be saved.

Additionally, if you are a Licensed Only Agent adding your payee information will not change your current setup. You must work with your upline to make changes to your banking information.

EVOLVENXT Payee Info

EDIT PAYEE INFO

Note: Your payee address will be used for shipping documents such as the 1099 form and paper checks (where applicable).

Name: _____ Address: _____

City: _____ State: IN Zip: _____ SSN / TIN: _____

Fed Tax Class: INDIVIDUAL/SOLE PROPRIETOR Other Tax Code: _____

Hide Information

EDIT BANKING INFO

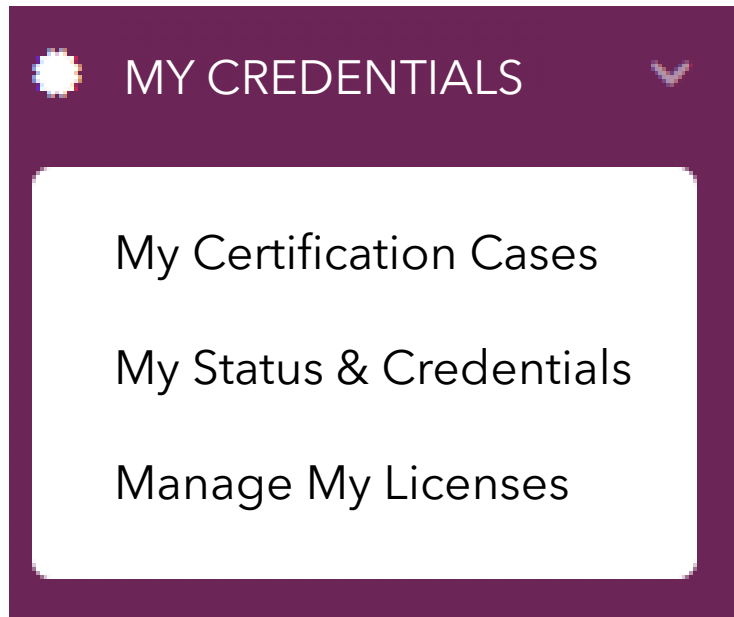
Banking Method: ACH

Account Number: _____ Verify Account Number: _____ Routing Number: _____

Financial Institution: _____ Account Type: CHECKING

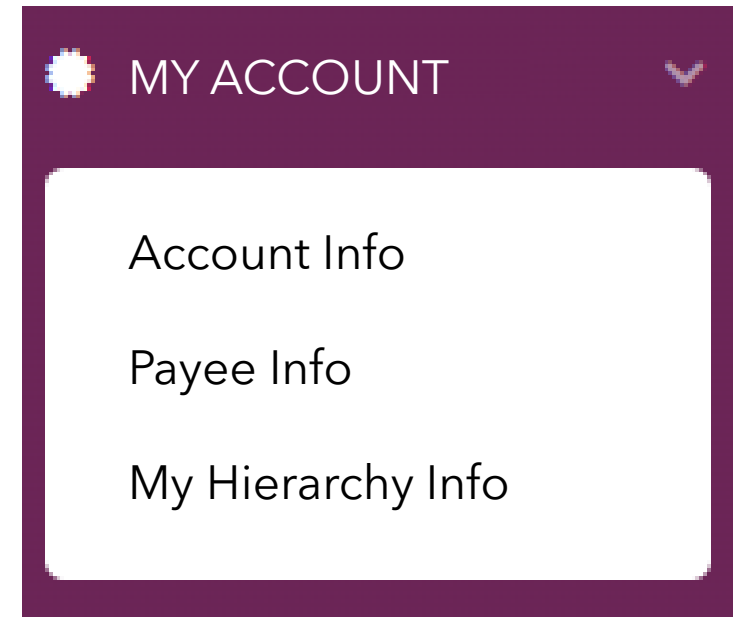
Broker Portal: And More...

The portal also allows you to review your certifications, manage your licenses, and view your status with Zing Health. Update your personal information in the My Account Page and view and/or manage your Hierarchy information on the My Account Page



MY CREDENTIALS

- My Certification Cases
- My Status & Credentials
- Manage My Licenses



MY ACCOUNT

- Account Info
- Payee Info
- My Hierarchy Info

Supply & Marketing Portal

Once you become RTS with us, you will have access to approved sales and marketing materials within the supply portal.

What types of materials are found here?

2024 Sales Materials[^]

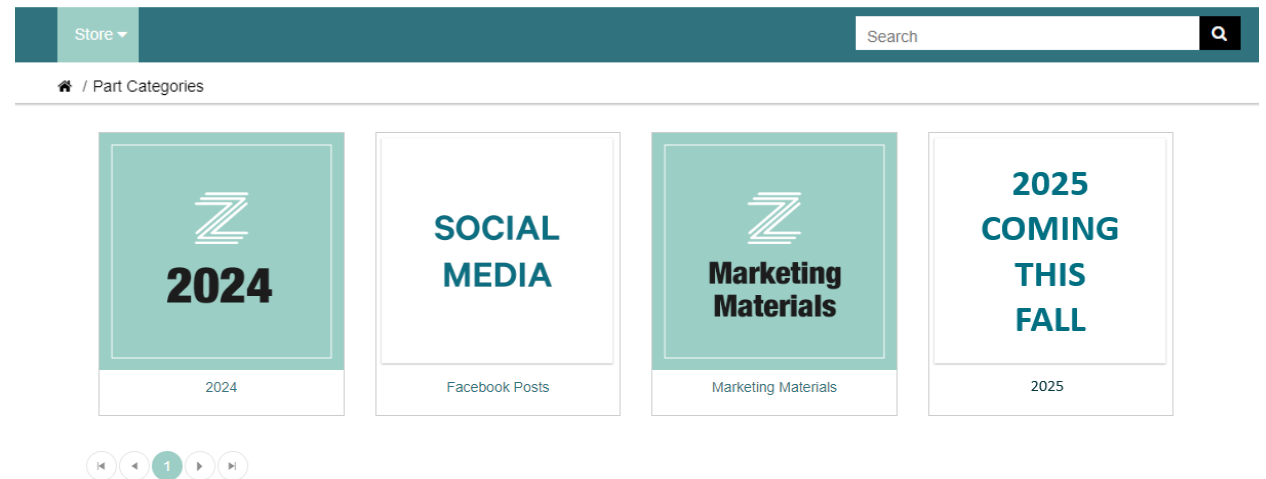
- Scope of appointment form (SOA)
- Enrollment guide for each market
- Enrollment applications for each market
- Mail order catalogs (food & over the counter items)

Social Media

- CMS approved Facebook posts customizable for your *BUSINESS ACCOUNT*.

Marketing Materials[^]

- Brochures, flyers, post cards, & more!
- Use standard pieces or customize with your details!



2025 materials will be available prior to AEP for timely ordering.

[^]Items available in both digital and print formats.

Supply & Marketing Portal: Login

Supply Portal URL: eshop.tgidirect.com/login/ZingHealth

- Welcome email will be sent within 24-48 hours after successfully completing required certification for Zing Health
- Welcome email will come from tgi@tgidirect.com and contains your username and temporary password.
- Certified agents can order and download Zing Health supplies and marketing materials from this portal.
- Email Brokers@myzinghealth.com for assistance.



[Forgot Password?](#)



[Lost Password?](#)

[Click here!](#)

**Password reset links
expire after 15 minutes!**

Supply & Marketing Portal: Welcome Email



New Login: Welcome to the Zing Health Supply Portal



Welcome

Your username is **testagent@myzinghealth.com**

NOTE: Your username is your email. It is set to the same email you used for onboarding in the EvolveNXT platform

Your login URL is **Unique URL to set up your password**

NOTE: This URL is unique to your welcome email. Do not share with other agents.

Your password is **Temporary Password Given**

NOTE: Temporary password given. You will be asked to create a new permanent password upon clicking your login URL

Greetings!

You have been granted access to the Zing Health Supply Portal. Once logged in, you will have access to enrollment materials and marketing collateral for both the Zing Health MAPD products. Please note, you should only be ordering materials for which you have certified to sell.

In this email you will find the URL to access the login page, your username, and a link to set your password.

If you have questions regarding the portal, please email our Agent Support team at brokers@myzinghealth.com

Thank you!

Zing Health

Please click the button below to login.

Need assistance? Email us at BROKERS@MYZINGHEALTH.COM

[Click to Login](#)

2025 CMS Updates[^]

Section Includes:

- Chronic Condition Verification
- Special Enrollment Period for D-SNP and LIS Eligibles
- 2025 Inflation Reduction Act Part D: Redesign
- 2025 Medicare Prescription Payment Plan (M3P)

[^]Information in this section was pulled from the CMS contract year [2025 Medicare Advantage and Part Final Rule](#) published on April 23, 2024.

Chronic Condition Verification



Recent CMS guidance impacts the auto-verification of chronic condition process Zing is known for.

- New § 422.52(f)(1) Addition:
 - Codifies existing guidance that, for enrollments into a C-SNP (Chronic Condition Special Needs Plan), the MA (Medicare Advantage) organization must contact the applicant's current physician to confirm they have the specific severe or disabling chronic condition(s).
- Modification in Final Rule:
 - Specifies that an applicant's current health care provider (physician, nurse practitioner, or physician's assistant) can provide the verification of the applicant's chronic condition.
- New § 422.52(f)(1)(i) Addition:
 - The verifying physician must be the enrollee's primary care physician or specialist treating the chronic condition(s). For multi-condition C-SNP enrollments, the physician must be treating all the chronic conditions.
 - The MA organization has two options:
 - Contact the applicant's physician or physician's office to obtain condition verification prior to enrollment.
 - Use a Pre-enrollment Qualification Assessment Tool (PQAT) before enrollment and obtain condition verification from the enrollee's physician by the end of the first month of enrollment.
- New § 422.52(f)(1)(i) Specification:
 - Verification of the chronic condition(s) must be in a form and manner authorized by CMS.
 - Acceptable verification includes a note from the provider or their office or documented telephone contact confirming the enrollee's specific severe or disabling chronic condition.

Special Enrollment Period for D-SNP and LIS Eligibles



Recent CMS updates include changes to the special enrollment period (SEP) for dual eligible individuals and other LIS eligible individuals.

- Amendment to § 423.38(c)(4)(i):
 - Replaces the quarterly dual SEP with a new dual/LIS SEP.
 - Allows dually eligible and other LIS-enrolled individuals to enroll once per month into any standalone prescription drug plan (PDP). This change means individuals can switch PDPs or leave their MA-PD (Medicare Advantage Prescription Drug) plan for Traditional Medicare plus a standalone PDP once per month. However, this SEP no longer allows enrollment into or changes between MA-PD plans, except when another election period permits.
- Proposal for new integrated care SEP
 - Creates a new integrated care SEP at § 423.38(c)(35) for dually eligible individuals.
 - Narrows the scope so the SEP is available only to facilitate aligned enrollment as defined at § 422.2.
 - The SEP is available only for full benefit dually eligible individuals.
- Function of the new integrated care SEP:
 - Allows enrollment in any month into Fully Integrated Dual Eligible (FIDE) SNPs, Highly Integrated Dual Eligible (HIDE) SNPs, and Aligned Integrated Plans (AIPs) for qualified dually eligible individuals.
- Monthly election options:
 - Eligible individuals can:
 - Leave an MA-PD plan for Traditional Medicare by enrolling in a standalone PDP.
 - Switch between standalone PDPs.
 - Enroll in an integrated D-SNP (FIDE, HIDE, or AIP).
- Usage Rules for Both SEPs:
 - If an individual attempts to use both the monthly dual/LIS SEP and the integrated care SEP within the same month, the SEP elected last in time is the one effectuated on the first of the following month.

2025 Inflation Reduction Act

Part D: Redesign



Key Changes

1

- Removal of the coverage gap (donut hole) phase
- 3 phases remain: deductible, initial coverage, and catastrophic

2

- Implementation of a member maximum out-of-pocket (MOOP) of \$2,000

3

- Reductions in federal reinsurance
- Introduction of Manuf. Discount Program (MDP)
 - Initial & catastrophic phases

4

- Increase in health plan liability in the catastrophic phase (15% to 60%)

Summary of Enrollee, Sponsor, Manufacturer, & CMS Liabilities

Annual Deductible:

- Enrollee: Pays 100% of gross covered prescription drug costs (GCPDC) until deductible is met

Initial Coverage:

- Enrollee: Pays 25% coinsurance for covered Part D drugs
- Plan Sponsor: Pays 65% of the costs of applicable drugs and 75% of the costs of all other covered Part D drugs
- Manufacturer: Covers 10% of the costs of applicable drugs

Catastrophic:

- Enrollee: \$0 cost-share for Part D drugs
- Plan Sponsor: Pays 60% of the costs of all covered Part D drugs
- Manufacturer: Covers 20% of the costs of applicable drugs
- CMS: Pays a reinsurance subsidy of 20% of the costs of applicable drugs and 40% of the costs of all other covered Part D drugs

*These changes apply to all Part D plans, including EGWPs.

2025 Medicare Prescription Payment Plan (M3P)



Key takeaway: If the member spends less than \$2,000 per year on medications, they will benefit from enrolling in the M3P program.

Requires Part D sponsors to provide members the option to pay out-of-pocket prescription drug costs in the form of monthly payments over the course of the plan year, instead of all at once at the pharmacy.

As a result, Part D members [who opt to participate in \(either at open enrollment or mid plan year\)](#), the Medicare Prescription Payment Plan will pay \$0 at point of sale (POS) for a covered Part D drug, instead of the out-of-pocket (OOP) cost sharing they would normally pay when filling a prescription.

The Part D sponsor must pay the pharmacy the OOP cost sharing amount that these participants would have paid if they were not in the Medicare Prescription Payment Plan program

The Part D sponsor must then bill the program participants monthly for any OOP cost sharing they incurred while in the program.

Compliance

Section Includes:

- Sales & Marketing Events
- Educational Events
- Scope of Appointment: 48-Hour Rule

Sales & Marketing Events



There are two main types of sales and marketing events.

Formal - Typically structured in an audience/presenter style with an agent providing specific plan information, typically to a previously invited audience

Informal - usually less structured for people passing by a table or kiosk manned by a sales agent who can discuss the merits of the plan sponsor's products.

At sales and marketing events agents **MAY**:

- Discuss plan specific information such as premiums and benefits
- Discuss the merits of a plan
- Distribute and collect enrollment applications
- Distribute plan-specific advertisements, explanatory information, and general information about Medicare

If enrollment applications are distributed, all required enrollment materials must be provided.

At sales and marketing events agents **MAY NOT**:

- Require beneficiaries to provide contact information as a prerequisite for attending the event. This includes requiring an email address or other contact information as a condition to RSVP for an event online or through the mail. Plans must indicate on sign-up sheets that completion of contact information is optional.

Educational Events

Educational events are designed to inform beneficiaries about Medicare Advantage, Prescription Drug, or other Medicare programs.

- Hosted in a public venue by the Plan/Part D sponsor or an outside entity.
- Include communication activities and distribution of communication materials.
- Answer beneficiary-initiated questions.
- May distribute business cards and contact information for beneficiaries to initiate contact (this excludes completing and collecting a Scope of Appointment (SOA) form or collection of beneficiary contact information)
- Must not include marketing or sales activities or distribution of marketing materials or enrollment forms
- May not conduct a marketing/ sales event within 12 hours immediately following an educational event in the same location (e.g., same hotel or adjacent building)

Scope of Appointment: 48-Hour Rule



CMS requires 48 hours between a documented Scope of Appointment (SOA) and an agent meeting with a beneficiary.

The SOA must be documented for all personal marketing appointments, regardless of location, venue, or mechanism (in-person, telephonic, or electronic) at least 48-hours prior to the appointment. The following components must be documented at least 48-hours prior to the appointment: Product Types to be discussed, date of appointment beneficiary agreed upon, and agent contact information.

Two Exceptions to the 48-hour Rule:

1. Beneficiary initiated walk-ins
 - Beneficiaries who walk into an agent's office, a kiosk, a plan's office, or any other walk in will not be subject to the 48-hour rule.
2. End of a valid enrollment period (AEP, OEP, SEP, or ICEP).
 - The 48-hour rule does not apply if the SOA is completed during the last four days of the election period.

Ex 1: For example, the AEP ends on December 7th of each year so if an SOA is completed on or after December 3rd, the personal marketing appointment can occur during the period between December 3rd and December 7th.

Ex 2: If an election period ends on the 31st of the month, the SOA must have been completed no earlier than the 27th of that month.

Certification Exam FAQs

Section Includes:

- [Important exam information](#)

Important Exam Information

Congratulations, you have completed the Zing Health certification guide and are ready to proceed to the exam!

Please take a moment and read the following:

- Opening the Exam will count as an attempt.
- You will have **three (3) attempts** to successfully complete the twenty-five (25) question exam with a passing score of **85%** or higher. **Additional attempts will not be granted.**
- Do not proceed with launching the exam unless you have good internet connection and adequate time to complete the entire exam.
- You are not permitted to resume your attempt if you exit the exam prior to completing. You **MUST** complete the entire exam within a single session.



Thank you

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