2027

MEDIMAX

# Summary of Benefits

January 1st - December 31st



LEON HEALTH

H4286_SUMBEN005_2027_M

# 2027 Summary of Benefits

## Leon MediMax (HMO D-SNP)

**Leon Health, Inc. – H4286, Plan 005**

**January 1, 2027 – December 31, 2027**

Leon Health, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in Leon Health, Inc. depends on contract renewal. The plan also has a writing agreement with the Florida Medicaid program to coordinate your Medicaid benefits.

This booklet gives you a summary of what Leon MediMax (HMO D-SNP) covers and what you pay. This Summary of Benefits does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, refer to the plan's Evidence of Coverage (EOC) online at www.leonhealth.com, or give us a call to request a copy.

**Can I join this plan?**

To join Leon MediMax (HMO D-SNP), you must:

- Be entitled to Medicare Part A.
- Be enrolled in Medicare Part B.
- Receive full Medicaid benefits (FBDE, QMB+, or SLMB+).
- Live in Miami-Dade County, Florida.

**Check if your PCP is part of our plan's network**

Leon MediMax (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services. To find out which providers and pharmacies are part of the plan's network, consult the Provider and Pharmacy Directory. This directory is available on our website, or you can get a copy by calling us.

**Check if your prescription drugs are covered**

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. For a complete list of covered drugs and any restrictions, visit our website or call us to request the Formulary (List of Covered Drugs).

**How can I learn about Original Medicare?**
For coverage and costs of Original Medicare, look in the current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-6334227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

**For additional information and assistance…**

Call Leon Health Member Services Department at 1-844-969-5366 (TTY: 711) or visit us online at www.leonhealth.com. Hours are Monday – Sunday 8 a.m. – 8 p.m. from October to March, and Monday – Friday 8 a.m. – 8 p.m. from April to September. This call is free.

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

| Premium, Deductible and Maximum-Out-of-Pocket | What You Should Know |
|---|---|
| **Monthly Plan Premium** | **$0**<br>You must keep paying your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party). |
| **Medical Deductible** | **$0**<br>Leon MediMax does not have a medical deductible. |
| **Maximum Out-of-Pocket Responsibility**<br>(does not include prescription drugs) | **$3,450** per year for covered services you receive from in-network providers.<br>This amount is the most you pay for copayments, coinsurance, and other costs for covered Medicare Part A (hospital) and Part B (medical) services for the year. Once you reach this limit, we will pay the full cost of your covered services in our plan for the rest of the year.<br>You will still need to pay your cost sharing for your Part D prescription drugs. |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Inpatient Hospital**<br>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. | **$0** copay | Referral and/or prior authorization is required. |
| **Outpatient Hospital Services** | **$0** copay | |
| **Outpatient Observation** | **$0** copay | |
| **Ambulatory Surgical Center (ASC)** | **$0** copay | |
| **Doctor Visits** | | |
| Primary Care Physician (PCP) | **$0** copay | Includes Medicare-covered telehealth (virtual) doctor visits. |
| Specialist | **$0** copay | Includes Medicare-covered telehealth (virtual) doctor visits.<br>Referral and/or prior authorization is required. |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Preventive Care** | | |
| • Abdominal aortic aneurysm screening<br>• Alcohol misuse screening<br>• Annual wellness visit<br>• Bone mass measurement (bone density)<br>• Breast cancer screening (mammograms)<br>• Cardiovascular disease risk reduction visit<br>• Cardiovascular disease testing<br>• Cervical and vaginal cancer screening (pap test)<br>• Colorectal cancer screening<br>• Depression screening<br>• Diabetes screening<br>• Diabetes self-management training<br>• Glaucoma screening*<br>• HIV screening<br>• Immunizations (Flu shot, Pneumonia, Hepatitis B, COVID-19 Vaccines)<br>• Medical Nutrition Therapy<br>• Medicare Diabetes Prevention Program (MDPP)<br>• Lung cancer screening (Low Dose Computed Tomography)<br>• Obesity screening and therapy<br>• Prostate cancer screening<br>• Sexually Transmitted Infection (STI) screening & counseling<br>• Smoking and tobacco cessation counseling<br>• “Welcome to Medicare” preventive visit | **$0** copay | Any additional preventive services approved by Medicare during the benefit year will be covered. Please see our Evidence of Coverage (EOC) for frequency of covered services.<br>Referral is required for any service.<br>*Prior authorization and referral are required for Glaucoma screening. |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Emergency Care and Urgently Needed Services** | | |
| Emergency Care Services | **$0** copay per visit | |
| Worldwide Coverage | **$0** copay per visit | Coverage provided through direct member reimbursement after plan approval of supporting documentation. The plan will reimburse Medicare allowable rates. |
| Urgent Care Services | **$0** copay | |
| **Diagnostic Services / Lab / Imaging** | | |
| Diagnostic Procedures and Tests | **$0** copay | Referral and/or prior authorization is required.<br>Prior authorization is not required for COVID-19 related testing. |
| Lab Services | **$0** copay | |
| Therapeutic Radiological Services | **$0** copay | |
| Outpatient X-Ray Services | **$0** copay | |
| Diagnostic Radiological Services (such as MRI, CT scans) | **$0** copay | |
| **Hearing Services** | | |
| Hearing Services (Medicare-covered)<br>- Exam to diagnose and treat hearing and balance issues. | **$0** copay | Referral is required. |
| Routine Hearing Exams (**1** every year) | **$0** copay | |
| Hearing Aid Evaluation/Fitting (**1** every **3** years) | **$0** copay | |
| Hearing Aids | **$0** copay | Up to **$1,050** allowance per hearing aid per ear (**$2,100** maximum) every three (**3**) years.<br>A referral is required. |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Dental Services** | | |
| Dental Services (Medicare-covered)<br>- Limited dental services (excludes services in connection with care, treatment, filling, removal, or replacement of teeth). | **$0** copay | Referral and/or prior authorization is required. |
| **Preventive Dental Services:**<br>• Cleaning (**1** every **6** months)<br>• Dental X-Ray(s) (**1** every **6** months)<br>• Fluoride treatment (**1** every year)<br>• Oral Exam (**1** every **6** months) | **$0** copay | Up to **$5,050** *yearly* allowance for combined preventive and comprehensive benefits.<br>Member cost sharing is **zero** for services up to the maximum plan benefit coverage amount. After the maximum plan benefit amount is exhausted, the member is liable for any additional costs for preventive or comprehensive dental services.<br>Referral and/or prior authorization is required.<br>Unused amounts expire at the end of each year.<br>For a complete list of covered dental services and limitations, refer to the 2027 Dental Schedule of Benefits. |
| **Comprehensive Dental Services:**<br>• Non-Routine Services<br>• Diagnostic services<br>• Restorative services (Fillings)<br>• Endodontics<br>• Periodontics (Gum and Bone treatment)<br>• Prosthodontics (Dentures)<br>• Dental Implants (**2** every year)<br>• Oral and Maxillofacial Surgery (Extractions) | | |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Vision Services** | | |
| Eye Exam<br>(Medicare-covered) | **$0** copay | Diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration.<br>Diabetic Retinopathy Screening (once a year).<br>Referral and/or prior authorization is required. |
| Routine Eye Exam<br>(**1** every year) | **$0** copay | Referral and/or prior authorization is required. |
| Routine Eyewear:<br>• Eyeglasses (lenses and frames)<br>• Contact lenses<br>• Upgrades | **$0** copay | Up to **three** (**3**) pairs of eyeglasses each year, including upgrades, no limit per pair, for a maximum benefit amount of **$525**.<br>*or*<br>Up to **six** (**6**) boxes of soft contact lenses each year, not to exceed **$35** per box, for a maximum annual benefit of **$210**.<br>**One** (**1**) pair of eyeglasses or contact lenses after each cataract surgery that includes the insertion of an intraocular lens.<br>You are responsible for the cost above the maximum annual benefit amount.<br>Unused amounts expire at the end of each year.<br>Vision services are only available for Leon Medical Centers' on-site optical center.<br>Referral and/or prior authorization is required.<br>Some restrictions apply. |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Mental Health Services** | **$0** copay | **Mental Health Services:**<br>Leon MediMax covers up to 90 days of inpatient hospital care per benefit period. A benefit period begins when you are admitted to a hospital and ends after 60 consecutive days without inpatient hospital care. Benefit periods are not tied to the calendar year, and there is no limit to the number of benefit periods you can have.<br>Our plan also covers 60 lifetime reserve days, which can be used only once during your lifetime. After these days are exhausted, you are responsible for inpatient hospital costs after day 90 of a benefit period.<br>A 190-day lifetime limit applies to inpatient mental health care in a freestanding psychiatric hospital. This limit does not apply to mental health care received in a psychiatric unit of a general hospital.<br>**Inpatient Psychiatric Hospital Services:**<br>Leon MediMax covers up to 190 days of inpatient mental health care in a freestanding psychiatric hospital during your lifetime. If you receive inpatient mental health care in a psychiatric unit of a general hospital, those days do not count toward the 190-day lifetime limit.<br>Referral and/or prior authorization is required. |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Mental Health Care**<br>- Outpatient individual and group therapy sessions | **$0** copay | Referral and/or prior authorization is required. |
| **Skilled Nursing Facility (SNF)** | **$0** copay | You are covered for up to **100** days in a Skilled Nursing Facility per benefit period.<br>A benefit period begins the day you enter a SNF and ends when you have not received Medicare-covered skilled care in a SNF for 60 days in a row. The benefit period is not tied to the calendar year.<br>Referral and/or prior-authorization is required. |
| **Physical Therapy** | **$0** copay | Referral and/or prior authorization is required. |
| **Ambulance** | | |
| Ground Service | **$0** copay | Prior authorization rules may apply for non-emergency services. |
| Air Service | **$0** copay | |
| **Transportation** | **$0** copay | Transportation provided by Leon Health transportation services.<br>Unlimited trips to in-network doctor appointments, medical facilities, and other approved locations. Transportation is only available to the closest geographically located center from the patient's home.<br>Trips must be scheduled at least 48 hours in advance.<br>Prior authorization is required for trips over 30 miles one-way. |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Medicare Part B Drugs** | **$0** copay | Prior authorization may be required.<br>Medicare Part B drugs may be subject to step therapy requirements. Step Therapy is a process that requires trying first another drug before the drug initially prescribed. |

## Additional Benefits with your pl*an Leon MediMax (HMO D-SNP)*

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Cardiac and Pulmonary Rehabilitation Services** | **$0** copay | Referral and/or prior authorization is required. |
| **Dialysis (Kidney Disease Services)** | | |
| Outpatient/Inpatient Dialysis Treatments | **$0** copay | Referral and/or prior authorization is required.<br>Self-dialysis training does not require prior authorization. |
| Self-dialysis Training | **$0** copay | |
| Kidney Disease Education | **$0** copay | |
| **Outpatient Surgery** | **$0** copay | Referral and/or prior authorization is required. |
| **Fitness and Wellness Program** | | |
| **Fitness Program** | **$0** copay | Leon Healthy Living Centers have strength and cardiovascular training equipment to help you reach your fitness goals. Leon Healthy Living Centers offer information on a number of health-related topics, as well as programs to aid in personal development.<br>Enjoy health seminars on important issues that include:<br>• Preventive Medicine<br>• Diet and Nutrition<br>• Diabetes<br>• Fall prevention |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Fitness Program**<br>(continues) | | The benefit includes access to exercise equipment and group exercise classes, where available.<br>Fitness services that require additional fees are not part of the fitness benefit and will not be reimbursed. |
| **Home-Delivery Meal Benefit**<br>**– Help with Certain Chronic Conditions**<br>The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify. | **$0** copay | If you have at least **two** chronic conditions — diabetes, heart failure, or a lung disorder — you may qualify for up to **15** healthy meals per month (**$150** value) or **180** meals per calendar year (**$1,800** value).<br>**To be eligible for this benefit, you must:**<br>• Complete a nutritional assessment by a licensed professional.<br>• Enroll in our Care Management Program.<br>• Obtain prior authorization, if required.<br>Meals are provided by participating providers. |
| **Home Health Services** | **$0** copay | Referral and/or prior authorization is required. |
| **Hospice Care** | | |
| Medicare-certified Hospice Program | Your hospice services are paid by Original Medicare, not by our plan. | You may receive care from any Medicare certified hospice program. |
| Hospice Consultation Services | **$0** copay | Our plan covers hospice consultation services (one time only) before you select hospice. |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Meals – Post Discharge** | **$0** copay | You may be eligible to receive **14** nutritious meals delivered to your home (**2** meals per day for **7** days) following discharge from an inpatient hospital stay or skilled nursing facility stay.<br>This benefit is available up to **4** times per year, for a maximum of **56** meals annually.<br>A participating provider will contact you to schedule the meal delivery.<br>Observation stays and behavioral health stays are not eligible for this benefit. |
| **Medical Equipment & Supplies** | | |
| Durable Medical Equipment (wheelchairs, oxygen, etc.) | **$0** copay | Prior authorization is required.<br>Leon Health has preferred vendors/manufactures for DME. |
| Prosthetic Devices (braces, artificial limbs, etc.) and related Medical Supplies | **$0** copay | Prior authorization is required. |
| **Diabetes Supplies & Services** | **$0** copay | Leon MediMax limits diabetic supplies to True Metrix, Prodigy, Smartmeter, FreeStyle, Glucocard, and Easy Touch exclusively. |
| **Over-the-Counter (OTC) Items** | **$0** copay | Leon MediMax members, **who do not qualify** for the Special Supplemental Benefits for the Chronically Ill (SSBCI), will receive a **$300 *monthly* allowance** to purchase over-the-counter (OTC) and health-related products at Leon Medical Center (LMC) pharmacies or other approved retail locations.<br>Members **who do not qualify** for the SSBCI benefit |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Over-the-Counter (OTC) Items** (continues) | | will receive a separate **$50 *monthly* allowance** to purchase OTC and health-related products, exclusively through LMC pharmacies.<br><br>Members **who qualify** for the SSBCI benefit may use the full **$350 *monthly* allowance*** to OTC and health-related products at LMC pharmacies as well as other approved retail locations.<br><br>*If you qualify for the Special Supplemental Benefit for the Chronically Ill (SSBCI), this allowance may be combined with your SSBCI benefit. Eligible members may receive a combined monthly allowance of up to **$350** to spend in two flexible ways:<br>• **Buy OTC items** at LMC pharmacy or other approved retail locations, and/or<br>• **Use your Leon Card** for other approved purchases. See the **SSBCI** row in this table for additional details. Eligibility requirements apply. You must qualify to receive this benefit.<br><br>Members who choose to obtain OTC products through LMC pharmacies must complete an OTC order form or contact Member Services each month to order eligible OTC and health-related products.<br><br>Unused amounts expire at the end of each month. Orders are limited to one per month. |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Special Supplemental Benefit for the Chronically Ill (SSBCI) – Leon Card**<br>*The supplemental benefit described is part of a Special Supplemental Benefit for the Chronically Ill (SSBCI). Not all members qualify. Individuals must have one or more of the qualifying chronic conditions listed below and meet the plan's eligibility criteria to qualify for this benefit: chronic alcohol use disorder and other SUDs, autoi mmune disorders, cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes, chronic kidney disease (CKD), end-stage renal disease (ESRD), severe hematologic disorders, HIV/AIDS, chronic lung disorders, Chronic and disabling mental health conditions, neurological disorders, stroke, prediabetes, hypertension, chronic circulatory disease, hypercholesterolemia, osteoporosis, chronic arthritis, chronic liver disease, end-stage liver disease, overweight, obesity, and metabolic syndrome, chronic gastrointestinal disease, post-organ transplantation, immunodeficiency and immunosuppressive disorders, conditions associated with cognitive impairment, conditions with functional challenges, chronic conditions that impair vision, hearing (deafness), taste, touch, and smell; conditions thar require continued therapy services in order for individuals to maintain or retain functioning. | **$0** copay | Qualifying Leon MediMax members* receive a monthly allowance of **$350**** on their Leon Card to use toward the purchase of:<br>• Approved over-the-counter (OTC) and health-related products at LMC pharmacies or approved retail locations<br>• Groceries<br>• Meals<br>• Gas<br>• Utilities<br>• Rent<br>• Gym membership<br>• Home supplies<br>• Pest control<br>• Disaster relief products<br>• Pet care supplies<br>• Mental and health wellness mobile applications<br>• Personal emergency response System<br>**How the allowance works**<br>**This allowance may be combined with your OTC benefit. Eligible members may receive a combined monthly allowance of up to **$350** to spend in two flexible ways:<br>• **Buy OTC items** at LMC pharmacy or other approved retail locations, and/or<br>• **Use your Leon Card** for other approved purchases. Eligibility requirements apply. You must qualify to receive this benefit. |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Special Supplemental Benefit for the Chronically Ill (SSBCI) – Leon Card** (continues) | | If you do not have one or more qualifying chronic conditions and do not meet the plan's eligibility criteria for the SSBCI benefit, you can still use this allowance to purchase eligible OTC items at LMC pharmacies or other approved retail locations.<br>**Who qualifies for the SSBCI benefit?**<br>To qualify, you must:<br>- Have one or more of the qualifying chronic conditions;<br>- Have a high risk of hospitalization or other adverse health outcomes<br>- Require intensive care coordination; and<br>- Have a reasonable expectation that the SSBCI benefit will improve or maintain your health or overall function.<br>Unused amounts expire at the end of each month. Purchases may only be made via an approved vendor. Any leftover amounts do not carry over if the member disenrolls with the plan. |

| Benefits Information | What You Pay | What You Should Know |
|---|---|---|
| **Opioid Use Treatment Services** | **$0** copay | Covered services include:<br>• FDA-approved opioid agonist and antagonist treatment medications.<br>• Dispensing and administration of such medications, if applicable.<br>• Substance use counseling.<br>• Individual and group therapy, and toxicology testing.<br>Referral and/or prior authorization is required. |
| **Podiatry Services** (Medicare-covered) | **$0** copay | Prior authorization is required. |
| **Routine Foot Care** | **$0** copay | Prior authorization is required.<br>Unlimited routine foot care visits are allowed each year. |
| **Routine Acupuncture** | **$0** copay | Up to **twenty-five** (**25**) routine acupuncture visits per year for any health condition.<br>Referral and/or prior authorization is required. |

## Part D Prescription Drug Benefits

✔ Refer to the Summary Chart of 2027 Prescription Drug Coverage below to understand your plan's specific coverage for each stage.

✔ This plan uses a list of covered drugs, called "Formulary". Check this guide to find out if your drugs are covered and know of any restrictions such as quantity limitations, prior authorization or step therapy.

| | |
|---|---|
| **Deductible** | If you receive "Extra Help":<br>You are eligible for reduced cost-sharing. Your deductible may be lower or may not apply – **$0**.<br>If you do not receive "Extra Help":<br>You will be responsible for a deductible of up to **$700**, except for covered insulin products and most adult Part D vaccines. During this deductible stage, you pay the full cost of your Tier 2–4 drugs until you reach your annual deductible.<br>The deductible does not apply to Tier 1 and Tier 5 drugs. |
| **Initial Coverage** | If you receive "Extra Help":<br>You will pay your share of the cost for Part D prescription drugs based on your plan's formulary tier and your level of "Extra Help," if applicable.<br>If you do not receive "Extra Help":<br>During this stage, you pay your applicable copay or coinsurance for your covered drugs, and our plan pays the remaining share. You remain in this stage until your total yearly drug costs reach **$2,400.** |

| **Preferred Retail Cost-Sharing** | | | |
|---|---|---|---|
| **Tier** | 30 days | 60 days | 90 days |
| **Tier 1 – Generics** | $0 - $5.80 | $0 - $5.80 | $0 - $5.80 |
| **Tier 2 – Preferred Brands** | $0 - $14.40 | $0 - $14.40 | $0 - $14.40 |
| **Tier 3 – Non-Preferred Drugs** | $0 - $14.40 | N/A | N/A |
| **Tier 4 – Specialty Tier** | $0 - $14.40 | N/A | N/A |
| **Tier 5 – Supplemental Drugs** | $0 | N/A | N/A |

| Standard Retail Cost-Sharing | | | |
|---|---|---|---|
| **Tier** | 30 days | 60 days | 90 days |
| **Tier 1 – Generics** | $0 - $5.80 | $0 - $5.80 | $0 - $5.80 |
| **Tier 2 – Preferred Brands** | $0 - $14.40 | $0 - $14.40 | $0 - $14.40 |
| **Tier 3 – Non-Preferred Drugs** | $0 - $14.40 | N/A | N/A |
| **Tier 4 – Specialty Tier** | $0 - $14.40 | N/A | N/A |
| **Tier 5 – Supplemental Drugs** | $10 | N/A | N/A |
| **Catastrophic Coverage** | If you reach the Catastrophic Coverage Stage, you pay **$0** for your covered Part D drugs.<br>You may have cost-sharing for excluded drugs covered under our enhanced benefit.<br>Generally, you remain in this stage for the rest of the calendar year. | | |

## Additional Part D Benefit Information

**Insulin Coverage**: covered insulin products by our plan for preferred and standard retail pharmacy: You pay no more than **$0 - $35** for a one-month (up to 30-day) supply of each insulin product covered by our plan, regardless of the cost-sharing tier. Refer to the Formulary to find all Part D insulins covered by our plan.

**Excluded Drug Coverage:** these are medications used to treat anorexia, weight loss, or weight gain; fertility treatments; drugs for cosmetic purposes or hair growth; and medications for erectile dysfunction. Additional drugs may also be excluded from Part D coverage.

**Part D Vaccines:** our plan covers most adult Part D vaccines at no cost to you. Refer to the Formulary or contact Member Services for coverage and cost-sharing details about specific vaccines.

**Medicare Prescription Payment Plan:** it is a new payment option that works with your drug coverage to help you manage your out-of-pocket costs for covered Part D drugs by spreading them across monthly payments throughout the calendar year. Participation is voluntary, there is no cost to participate, and it does not reduce your total drug costs. To learn more about this payment option, call us at 1-844-969-5366 (TTY users call 711) or visit www.Medicare.gov.

## Summary of Medicaid-covered Benefits

In addition to the Medicare services described in this Summary of Benefits booklet, Leon MediMax (HMO D-SNP) provides the following Medicaid benefits based on the level of your Medicaid coverage. These services are available through the Florida Agency for Health Care Administration.

The benefits described below are covered by Florida Medicaid:

- Allergy Services
- Ambulatory Surgical Center
- Anesthesia Services
- Assistive Care Services
- Behavioral Analysis
- Behavioral Health Overlay Services
- Birth Center and Midwife Services
- Cardiovascular Services
- Certified School Match Program
- Certified Substance Abuse County Match
- Chiropractic Services
- Community Behavioral Health Services
- County Health Department (CHD) Services
- Dental Services
- Dialysis Services
- Durable Medical Equipment (DME) and Medical Supplies
- Early Intervention Services
- Evaluation and Management Services
- Family Planning Waiver Services
- Federally Qualified Health Center Clinic Services
- Gastrointestinal Services
- Genitourinary Services
- Hearing Services
- Home Health Services
- Hospice Services
- Hospital - Inpatient
- Hospital - Outpatient
- Hospital - State Mental Health
- Integumentary Services
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Services
- Laboratory Services

- Medical Foster Care (MFC) Services
- Neurology
- Nursing Facility
- Oral and Maxillofacial Surgery Services
- Orthopedic Services
- Pain Management Services
- Podiatry Services
- Prescribed Drug Services
- Prescribed Pediatric Extended Care (PPEC) Services
- Program of All-Inclusive Care for the Elderly (PACE)
- Radiology and Nuclear Medicine Services
- Redirections
- Reproductive Services
- Respiratory Services
- Rural Health Clinic Services
- School-Based Services Programs – County Health Department (CHD) Program
- Specialized Therapeutic Foster Care
- Statewide Inpatient Psychiatric Program Services
- Targeted Case Management - Child Health
- Targeted Case Management - Children at Risk of Abuse and Neglect
- Targeted Case Management - Mental Health
- Therapy Services – Occupational
- Therapy Services – Physical
- Therapy Services – Respiratory
- Therapy Services – Speech-Language Pathology
- Transplant Services
- Transportation - Emergency
- Transportation - Non-Emergency
- Visual Aid Services
- Visual Care Services

## Medicaid Home and Community-Based Services Waivers

Dual eligible members who meet the financial criteria for full Medicaid coverage may also be eligible to receive Waiver services. Waiver services are limited to individuals who meet additional waiver eligibility criteria. For information on waiver services and eligibility, contact Medicaid at the phone number listed below.

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to call: 1-888-419-3456 or visit www.ahca.myflorida.com/medicaid.

Our source of information for Medicaid benefits is the Florida Agency for Health Care Administration (Medicaid) website. All Medicaid covered services are subject to change at any time. For the most current Florida Medicaid coverage information, please visit the Florida Medicaid website at www.ahca.myflorida.com/ or call the Medicaid Hotline mentioned above.

## Disclaimers

Leon Health, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in Leon Health, Inc. depends on contract renewal. The plan also has a writing agreement with the Florida Medicaid program to coordinate your Medicaid benefits.

Leon Health Inc.'s pharmacy network offers limited access to pharmacies with preferred cost sharing in Miami-Dade, FL. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-844-969-5366 (TTY: 711) or consult the online Provider and Pharmacy Directory at www.leonhealth.com/directory/.

Benefits referenced are part of a Special Supplemental Benefits for the Chronically Ill (SSBCI) program. Enrollees must have at least one eligible chronic condition, such as disorders of lipoprotein metabolism and other lipidemias, hypertensive diseases, diabetes, acute kidney failure and chronic kidney disease, diseases of the nervous system, among others. Having an eligible condition alone does not guarantee eligibility; enrollees must also be classified as "chronically ill." Not all members qualify.

Benefits vary by plan benefit packages.

This information is not a complete description of benefits. Call Member Services at 1-844-9695366, TTY users call 711 for more information.

Leon Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-969-5366 (TTY: 711) or speak to your provider.


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