



Member Name  
Address  
City, State Zip Code

Dear << Member Name>>:

Dear << Member Name>>:

This letter is to inform you about new cost-sharing protections for insulin furnished under the Part B benefit through a qualified item of durable medical equipment and certain Part B drugs.

Effective April 1, 2023 coinsurance for Part B rebatable drugs will be reduced if the drug's price has increased at a rate faster than the rate of inflation. Please reference the Leon Health website for a published list of rebatable drugs with the reduced coinsurance amount. This list will be updated and posted on a quarterly basis. We have included with this letter the April 2023 list of rebatable drugs for your reference.

In addition, Effective July 1, 2023, insulin furnished under the Part B benefits through a qualified item of durable medical equipment (for example., a medically necessary traditional insulin pump), are subject to a beneficiary coinsurance limit for a month's supply of such insulin (that does not exceed \$35).

For more information please call our Member Services Department at 1-844-969-5366 (TTY: 711). Monday – Sunday 8 a.m. – 8 p.m. October to March and Monday – Friday 8 a.m. – 8 p.m. April to September.

Thank You,

Leon Health, Inc.

LEON Health, Inc. is an HMO plan with a Medicare contract. Enrollment in LEON Health, Inc. depends on contract renewal.

H4286\_PartBRebatableInsulin\_C



### April 2023 Part B Rebatable Drugs

Drug Name	Dosage	Coinsurance Percentage
Amphotericin b lipid complex	10 MG	19.180
Peng benzathine/procaine inj	100,000 UNITS	18.921
Penicillin g benzathine inj	100,000 UNITS	18.514
Collagenase, clost hist inj	0.01 MG	18.960
Cytomegalovirus imm iv /vial	PER VIAL	18.983
Epoetin beta non esrd	1 MCG	17.614
Flebogamma injection	500 MG	17.655
Dalteparin sodium	2500 IU	13.995
Inj levocarnitine per 1 gm	1 GM	13.918
Rho(d) immune globulin h, sd	100 IU	19.882
Sargramostim injection	50 MCG	19.648
Injection, siltuximab	10 MG	19.777
Testosterone undecanoate 1mg	1 MG	19.239
Inj xipere 1 mg	1 MG	18.969
Lymphocyte immune globulin	250 MG	17.830
Oral netupitant, palonosetro	0.5 MG	16.213
Inj, amivantamab-vmjw	2 MG	19.747
Inj enfort vedo-ejfv 0.25mg	0.25 MG	19.470
Pentostatin injection	10 MG	17.269
Inj. tagraxofusp-erzs 10 mcg	10 MCG	19.969
Pralatrexate injection	1 MG	19.965
Axicabtagene ciloleucel car+	UP TO 200 MILLION CAR T CELLS	19.937
Brexucabtagene car pos t	UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS	19.958

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