LEON HEALTH

# Annual Notice of Changes

MEDIDUAL

# 2024

**January 1st - December 31st**

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

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*Leon MediDual (HMO D-SNP)* offered by Leon Health, Inc.

# Annual Notice of Changes for 2024

You are currently enrolled as a member of ***Leon MediDual***. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.LeonHealth.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage.*

**What to do now**

**1. ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.
- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan
- If you don't join another plan by December 7, 2023, you will stay in *Leon MediDual*.
- To **change to a different plan**, you can switch plans between October 15 and

December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with *Leon MediDual*.

- Look in section 3, page 14 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

**Additional Resources**

- This document is available for free in *Spanish*.
- Please contact our Member Services number at 1-844-969-5366 for additional information. (TTY users should call 711) 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 may be available in other formats such as braille, large print or other alternate formats. Contact Member Services for more information.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

**About *Leon MediDual***

- 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 written agreement with the Florida Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our", it means Leon Health, Inc. When it says "plan" or "our plan," it means *Leon MediDual (HMO D-SNP)*.

# Annual Notice of Changes for 2024

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for *Leon MediDual* in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly plan premium*** * Your premium may be higher than this amount. See Section 2.1 for details. | **$35.90** per month | **$0** or up to **$14.90** |
| **Doctor office visits** | Primary care visits: **$0** per visit<br>Specialist visits: **$0** per visit<br>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0** per visit. | Primary care visits: **$0** per visit<br>Specialist visits: **$0** per visit<br>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0** per visit. |
| **Inpatient hospital stays** | **$0** copayment per stay<br>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0** per visit. | **$0** copayment per stay<br>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0** per visit. |
| **Part D prescription drug coverage** (See Section 2.5 for details.) | Deductible: **$505** except for covered insulin products and most adult Part D vaccines.<br>Copayment/Coinsurance as applicable during the Initial Coverage Stage:<br>For a 30-day supply at a *Preferred Retail Pharmacy:*<br>• Drug Tier 1: **$0 - $4.15** copayment You pay **$0 - $35** per month supply of each covered insulin product on this tier. | Deductible: **$545** except for covered insulin products and most adult Part D vaccines.<br>Deductible does not apply to Tier 5.<br>Copayment as applicable during the Initial Coverage Stage:<br>For a 30-day supply at a *Preferred Retail Pharmacy*:<br>• Drug Tier 1: **$0** copayment |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Part D prescription drug coverage** (continues) (See Section 2.5 for details.) | • Drug Tier 2: **$0 - $10.35** copayment<br>You pay **$0 - $35** per month supply of each covered insulin product on this tier.<br>• Drug Tier 3: **$0 - $10.35** copayment<br>• Drug Tier 4: **$0 - $10.35** copayment<br>• Drug Tier 5: **$0** copayment<br><br>Catastrophic Coverage:<br>• During this payment stage, the plan pays most of the cost for your covered drugs.<br>• For each prescription, your share of the cost of covered drugs will be the greater of $4.15 or 5% of the cost of the drug for generic drugs, $10.35 or 5% of the cost of the drug for brand drugs. | • Drug Tier 2: **$0** copayment<br>• Drug Tier 3: **$0** copayment<br>• Drug Tier 4: **$0** copayment<br>• Drug Tier 5: **$0** copayment<br><br>Catastrophic Coverage:<br>• During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing. |
| **Maximum out-of-pocket amount**<br>This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.) | **$3,450**<br>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. | **$3,450**<br>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. |



OMB Approval 0938-1051 (Expires: February 29, 2024)

## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *Leon MediDual* in 2024

**If you do nothing in 2023, we will automatically enroll you in our *Leon MediDual*.** This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through *Leon MediDual*. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2024.

## SECTION 2 Changes to Benefits and Costs for Next Year

### SECTION 2.1 Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly premium**<br>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Meidcaid.) | **$35.90** | **$0 - $14.90** |

### SECTION 2.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>**Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.**<br>If you are eligible for Medicaid assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.<br>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.<br>Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | **$3,450** | **$3,450**<br>Once you have paid **$3,450** out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. |

## SECTION 2.3 Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at *www.LeonHealth.com*. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

## SECTION 2.4 Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Acupuncture**<br>- Acupuncture for routine care | Covered services include up to **six (6)** routine acupuncture visits for any health condition. | Covered services include up to **twenty-five (25)** routine acupuncture visits for any health condition. |
| **Diabetic Supplies** | Diabetic supplies are limited to True Metrix, Prodigy, iGlucose, and FreeStyle only. | Diabetic supplies are limited to True Metrix, Prodigy, iGlucose, FreeStyle, and **Glucocard** only. |
| **Formulary Tier Exception** | Tiering exception is on **Tier 2**. | Tiering exception is on **Tier 3**. |
| **Help with certain Chronic Conditions** | Eligible members may receive up to **15** meals per month, for a total of **180** meals per calendar year.<br>A nutritional assessment performed by licensed or certified staff, and participation in a Care Management Program is required. | Eligible members may receive up to **15** meals (**$150**) per month, for a total of **180** meals (**$1,800**) per calendar year.<br>A nutritional assessment performed by licensed or certified staff, and participation in a Care Management Program is required.<br>Refer to the *2024 Evidence of Coverage* for eligibility requirements. |



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| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Meals – Post Discharge** | **14** meals delivered to home when released from an inpatient stay or skilled nursing facility. Benefit is available up to **three (3)** times per year for a total annual maximum benefit of **42** meals.<br>Meal benefit after discharge is available immediately following surgery or inpatient hospitalization. | **14** meals delivered to home when released from an inpatient stay or skilled nursing facility. Benefit is available up to **four (4)** times per year for a total annual maximum benefit of **56** meals.<br>Meal benefit after discharge is available immediately following Inpatient Hospitalization or Skilled Nursing Facility Admission only. Observation and Behavioral Health stays are not eligible. |
| **Over-the-Counter (OTC) Medications under the Utilization Management Program** | *Leon MediDual* covers over-the-counter (OTC) medications under the Utilization Management Program. | *Leon MediDual* does not cover over-the-counter (OTC) medications under the Utilization Management Program. |
| **Routine Eyewear** | Up to **three (3)** pairs of eyeglasses each year not to exceed **$175** per pair of eyeglasses, including upgrades, for a maximum benefit of **$525**.<br>You are responsible for the cost above the maximum annual benefit amount of $525.<br>Unused amounts expire at the end of each benefit year. | Up to **three (3)** pairs of eyeglasses each year, including upgrades, no limit per pair, for a maximum benefit of **$525**.<br>You are responsible for the cost above the maximum annual benefit amount of $525.<br>Unused amounts expire at the end of each benefit year.<br>Some restrictions apply. |
| **Part D Deductible** | Part D deductible applies to all prescription drug tiers. | Part D deductible does not apply to all prescription drug tiers.<br>Part D deductible does not apply to Tier 5. |
| **Part D Reduced Cost-Sharing Supplemental Benefit**<br>(See page 14 for eligibility requirements). | Part D Reduced cost-sharing is not applicable. | Part D Reduced cost-sharing:<br>**$0** cost-sharing for prescription drug Tier 1, Tier 2, Tier 3, and Tier 4 at a preferred and retail pharmacy. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Leon Plus Card – Value-Based Insurance Design (VBID) Program** | **$100** allowance per month for the Leon Plus card for members to use toward the purchase of the following options:<br>• Approved over-the-counter (OTC) items<br>• Food<br>• Gas<br>• Meals<br>Unused amounts expire at the end of each month.<br>Orders are limited to one per month.<br>Purchases may only be made via an approved vendor<br><br>The Wellness and Health Care Planning (WHP) is not available. | **$150** allowance per month which consists of:<br>- **$50** in approved, non-prescription, over-the-counter drugs, and health-related items available through Leon Medical Center's pharmacies only.<br>and<br>- **$100** in the Leon Plus card for members to use toward the purchase of:<br>• Approved over-the-counter (OTC) items available through Leon Medical Center's pharmacies.<br>• Food and produce<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>• Robotic pets<br>• Mental health & wellness mobile applications<br>• Personal emergency response systems<br>Unused amounts expire at the end of each month.<br>Benefits must be utilized through the Leon Plus card at the point of transaction and not submitted for reimbursement.<br>Purchases may only be made via an approved vendor. |



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| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Leon Plus Card – Value-Based Insurance Design (VBID) Program** (continues) | | The Wellness and Health Care Planning (WHP) is available.<br>Members are eligible for the following WHP services, including advance care planning (ACP) services:<br>• Annual Wellness visit<br>• Medicare Health Risk assessment<br>• Care Management Program |
| **Step Therapy – Medicare Part B prescription drugs** | Step Therapy is not implemented. | Step Therapy is applicable.<br>Step Therapy is a process that requires you to first try another drug to treat your medical condition before we will cover the drug your physician may have initially prescribed.<br>Refer to the *2024 Evidence of Coverage* to see the list of Part B Drugs that may be subject to Step Therapy. |

## SECTION 2.5 Changes to Part D Prescription Drug Coverage

### Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or "Drug List." A copy of our "Drug List" is provided electronically.

We made changes to our "Drug List," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year,

please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

## Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you**. We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this insert by September 30, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

## Changes to the Deductible Stage

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 1: Yearly Deductible Stage**<br>During this stage, **you pay the full cost** of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. | The deductible is **$505**.<br>Your deductible amount is either **$0** or **$505**, depending on the level of "Extra Help" you receive. (Look at the separate insert, the LIS Rider, for your deductible amount.) | The deductible is **$545**.<br>Your deductible amount is either **$0** or **$545**, depending on the level of "Extra Help" you receive. (Look at the separate insert, the LIS Rider, for your deductible amount.) |

## Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage**<br>During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** | Your cost for a one-month supply at a network pharmacy:<br>**Tier 1 – Generic:**<br>*Standard cost sharing:*<br>You pay **$0 - $4.15** per prescription.<br>*Preferred cost sharing:*<br>You pay **$0 - $4.15** per prescription. | Your cost for a one-month supply at a network pharmacy:<br>**Tier 1 – Generic:**<br>*Standard cost sharing:*<br>You pay **$0** per prescription.<br>*Preferred cost sharing:*<br>You pay **$0** per prescription. |



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| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage** (continues)<br><br>The costs in this row are for a one-month *(30-day)* supply when you fill your prescription at a network pharmacy.<br>For information about the costs, look in Chapter 6, Section 5 of your *Evidence of Coverage*.<br>Most adult Part D vaccines are covered at no cost to you. | **Tier 2 – Preferred Brand:**<br>*Standard cost sharing:* You pay **$0 - $10.35** per prescription.<br>*Preferred cost sharing:* You pay **$0 - $10.35** per prescription.<br>**Tier 3 – Non-Preferred Brand:**<br>*Standard cost sharing:* You pay **$0 - $10.35** per prescription.<br>*Preferred cost sharing:* You pay **$0 - $10.35** per prescription.<br>**Tier 4 – Specialty Drugs:**<br>*Standard cost sharing:* You pay **$0 - $10.35** per prescription.<br>*Preferred cost sharing:* You pay **$0 - $10.35** per prescription.<br>**Tier 5 – Supplemental Drugs:**<br>*Standard cost sharing:* You pay **$20** per prescription.<br>*Preferred cost sharing:* You pay **$0** per prescription.<br><br>Once your total drug costs have reached **$4,660**, you will move to the next stage (the Coverage Gap Stage). | **Tier 2 – Preferred Brand:**<br>*Standard cost sharing:* You pay **$0** per prescription.<br>*Preferred cost sharing:* You pay **$0** per prescription.<br>**Tier 3 – Non-Preferred Brand:**<br>*Standard cost sharing:* You pay **$0** per prescription.<br>*Preferred cost sharing:* You pay **$0** per prescription.<br>**Tier 4 – Specialty Drugs:**<br>*Standard cost sharing:* You pay **$0** per prescription.<br>*Preferred cost sharing:* You pay **$0** per prescription.<br>**Tier 5 – Supplemental Drugs:**<br>*Standard cost sharing:* You pay **$10** per prescription.<br>*Preferred cost sharing:* You pay **$0** per prescription.<br><br>Once your total drug costs have reached **$5,030**, you will move to the next stage (the Coverage Gap Stage). |

### Changes to your VBID Part D Benefit

*Leon MediDual* provides its members Part D benefits under the VBID model. As a result, members will have an elimination of cost-sharing for Part D prescription drug Tier 1, Tier 2, Tier 3, and Tier 4 at preferred and standard retail pharmacy as part of the VBID model for LIS eligible members.

To be eligible for the Value-Based Insurance Design (VBID) Benefits Program, members are required to be enrolled in the Leon MediDual plan and fall within the low income-subsidy (LIS) levels 1 – 4.

If you have any questions about the Value-Based Insurance Design (VBID) Benefits Program, please call Member Services at 1-844-969-5366 (TTY: 711). Hours of operation are Monday to Sunday 8 a.m. – 8 p.m. from October to March, and Monday – Friday 8 a.m. – 8 p.m. from April to September. Calls to these numbers are free.

### Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage.*

## SECTION 3 Deciding Which Plan to Choose

### SECTION 3.1 If you want to stay in *Leon MediDual*

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our *Leon MediDual.*

### SECTION 3.2 If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from *Leon MediDual*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *Leon MediDual*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – or – Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

  If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 4 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Medicaid Agency for Health Care Administrator (AHCA), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods:**

- January to March
- Apri to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time.** You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-963-5337, (TTY: 1-800-955-8770). You can learn more about SHINE by visiting their website (https://www.floridashine.org/).

For questions about your Medicaid Agency for Health Care Administrator (AHCA) benefits, contact 1-888-419-3456, TTY users should call 1-800-955-8771 Monday through Friday from 8 a.m. to 8 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your AHCA coverage.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare**. People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain

criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida Aids Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Florida Aid Assistant Program at 1-800-352-2437 (1-800-FLA-AIDS) for English, 1-800-545-7432 (1-800-545-SIDA) for Spanish. (TTY: 1-888-503-7118). You can also visit their website at https://www.floridahealth.gov/diseases-and-conditions/aids/adap/

## SECTION 7 Questions?

### SECTION 7.1 Getting Help from *Leon MediDual*

Questions? We're here to help. Please call Member Services at 1-844-969-5366. (TTY only, call 711). We are available for phone calls 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. Calls to these numbers are free.

#### Read your 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes gives* you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for *Leon MediDual*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at *www.LeonHealth.com*. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### Visit our Website

You can also visit our website at www.LeonHealth.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List").*

### SECTION 7.2 Getting Help from Medicare

To get information directly from Medicare:

#### Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

### Read Medicare & You 2024

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1 800 MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1 877 486 2048.

## SECTION 7.3 Getting Help from Medicaid

To get information from Medicaid you can call the Agency for Health Care Administration at 1-888-419-3456 Monday through Friday from 8:00 a.m. to 5 p.m. TTY users should call 1-800-955-8771.



OMB Approval 0938-1051 (Expires: February 29, 2024)

# Multi-Language Insert

## Multi-Language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-969-5366. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-969-5366. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-844-969-5366。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-844-969-5366。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-969-5366. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-969-5366. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-844-969-5366 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-969-5366. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-969-5366 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-969-5366. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-969-5366 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-969-5366 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-969-5366. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-969-5366. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-969-5366. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-969-5366. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには 1-844-969-5366 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。