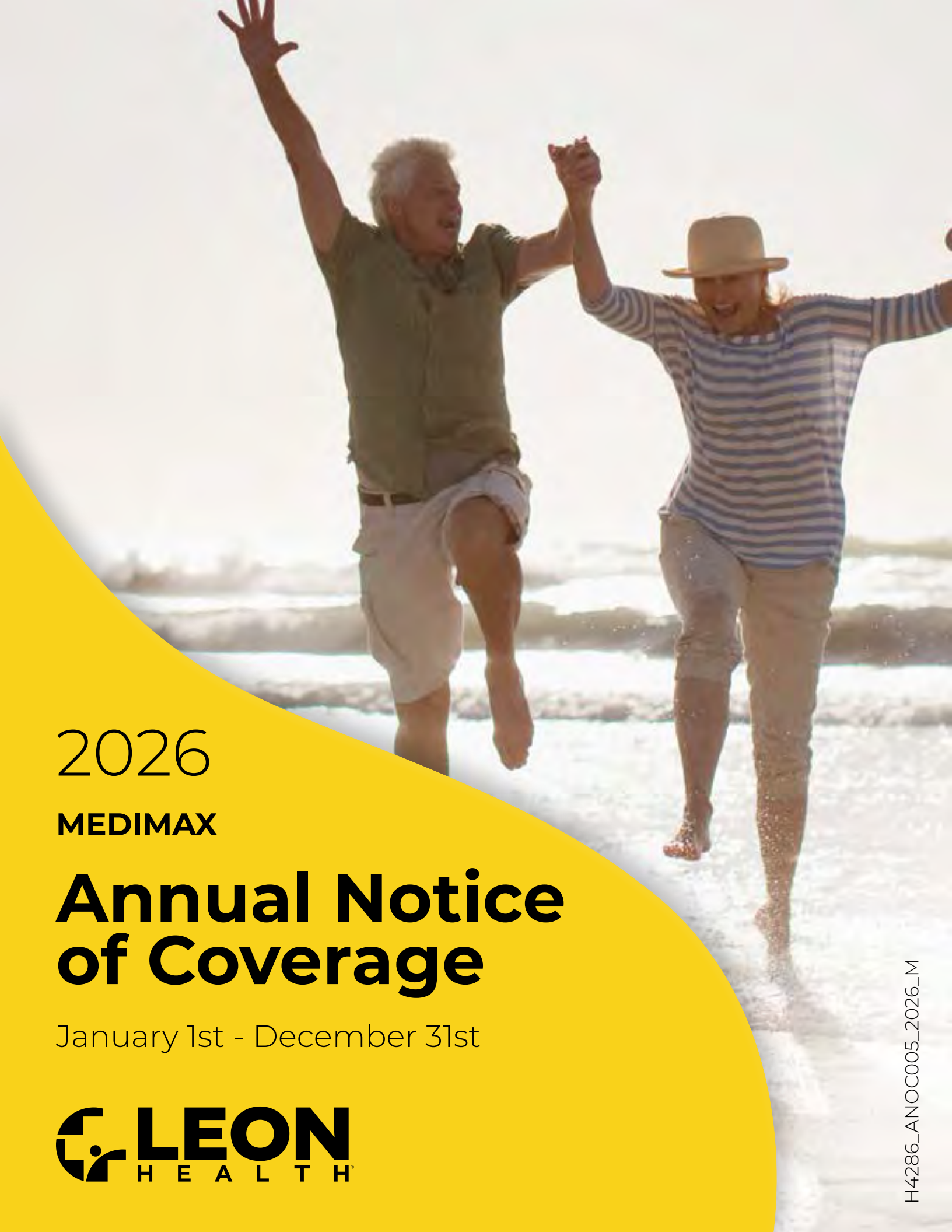

2026

MEDIMAX

Annual Notice of Coverage

January 1st - December 31st

LEON HEALTH

H4286_ANOC005_2026_M

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

Annual Notice of Changes for 2026

You're enrolled as a member of *Leon MediMax (HMO D-SNP)*.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in *Leon MediMax (HMO D-SNP)*.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026 handbook*.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.leonhealth.com or call Member Services at *1-844-969-5366* (TTY users call *711*) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at *1-844-969-5366* (TTY users call *711*) for more information. 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.

About *Leon MediMax (HMO D-SNP)*

- *Leon Health, Inc*. is an HMO plan with a Medicare contract. Enrollment in *Leon Health, Inc*. depends on contract renewal. Our plan also has a written agreement with the Florida Medicaid program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means *Leon Health, Inc*. When it says "plan" or "our plan," it means *Leon MediMax (HMO D-SNP)*.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in *Leon MediMax (HMO D-SNP)*.** Starting January 1, 2026, you'll get your medical and drug coverage through *Leon MediMax (HMO D-SNP)*. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	**$0** monthly	**$0** monthly
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	$3,450 If you are eligible for Medicare cost-sharing help 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** **If you are eligible for Medicare cost-sharing help 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.**
Primary care office visits	**$0** per visit	**$0** per visit
Specialist office visits	**$0** per visit	**$0** per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	**$0** copayment per stay	**$0** copayment per stay

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1 for details.) If you qualify for Extra Help (Low-Income Subsidy or LIS), your deductible may be lower than the standard amount—or it could even be $0. Please check the separate insert we sent called the "LIS Rider" for your specific deductible amount.	$590, except for covered insulin products and most adult Part D vaccines. Deductible does not apply to tier 5	**$615, except for covered insulin products and most adult Part D vaccines. Deductible does not apply to tier 5**
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment as applicable during the Initial Coverage Stage: **Drug Tier 1:** $0 - $4.90 copayment **Drug Tier 2:** $0 - $12.15 copayment **Drug Tier 3:** $0 - $12.15 copayment **Drug Tier 4:** $0 - $12.15 copayment **Drug Tier 5:** $0 - $10 copayment **Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.	Copayment as applicable during the Initial Coverage Stage: **Drug Tier 1:** $0 - $5.10 copayment **Drug Tier 2:** $0 - $12.65 copayment **Drug Tier 3:** $0 - $12.65 copayment **Drug Tier 4:** $0 - $12.65 copayment **Drug Tier 5:** $0 - $10 copayment **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs.** **You can have cost sharing for drugs that are covered under our enhanced benefit.**

SECTION 1 | Changes to Benefits and Costs for Next Year

Section 1.1 | Changes to the Monthly Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	**$0**	**$0** **There is no change for the upcoming benefit year.**

Section 1.2 | 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've paid this amount, you generally pay nothing for covered Part A and Part B or the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid help with Part A and Part B copayments and deductibles, 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. Your costs for covered medical services (such as copayments and deductibles) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$3,450	**$3,450** **Once you've paid $3,450 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.** **There is no change for the upcoming benefit year.**

Section 1.3 | Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 Provider and Pharmacy Directory www.leonhealth.com/directory/ to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider and Pharmacy Directory:

- Visit our website at www.leonhealth.com/directory/
- Call Member Services at *1-844-969-5366* (TTY users call *711*) to get current provider information or to ask us to mail you a Provider and Pharmacy Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at *1-844-969-5366* (TTY users call *711*) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 | Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 Provider and Pharmacy Directory www.leonhealth.com/directory/ to see which pharmacies are in our network. Here's how to get an updated Provider and Pharmacy Directory:

- Visit our website at www.leonhealth.com/directory/
- Call Member Services at *1-844-969-5366* (TTY users call *711*) to get current provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at *1-844-969-5366* (TTY users call *711*) for help.

Section 1.5 | Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

For more information about changes to your Medicaid benefits for next year, please refer to the *Evidence of Coverage.*

	2025 (this year)	2026 (next year)
Over-the-Counter (OTC) items	*Leon MediMax* members receive a **$25** *monthly* allowance on approved, non-prescription, over-the-counter (OTC) items and health-related products available exclusively through Leon Medical Center's pharmacies.	*Leon MediMax* members will receive a **$225** *monthly* allowance on approved, non-prescription, over-the-counter (OTC) items and health-related products available exclusively through Leon Medical Center's pharmacies.
Special Supplemental Benefit for the Chronically Ill (SSBCI) – Leon Card	This benefit is available for *Leon MediMax* members.	This benefit will no longer be offered in 2026.
Dental Services	*Leon MediMax* members receive up to **$2,500** per year in combined preventive and comprehensive dental benefits.	*Leon MediMax* members will receive up to **$5,050** per year in combined preventive and comprehensive dental benefits.
Dental Implants	*Leon MediMax* members are limited to **one** dental implant per year.	*Leon MediMax* members will be eligible for up to **two** dental implants per year.

Section 1.6 | Changes to Part D 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, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at *1-844-969-5366* (TTY users call *711*) for more information.

Section 1.7 | Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), ***the information about costs for Part D drugs may not apply to you***. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by *September 30th*, call Member Services at *1-844-969-5366* (TTY users call *711*) and ask for the *L/S Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your tier 1, tier 2, tier 3, and tier 4 drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach ***$2,100***.

- **Stage 3: Catastrophic Coverage**

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible If you qualify for Extra Help (Low-Income Subsidy or LIS), your deductible may be lower than the standard amount—or it could even be $0. Please check the separate insert we sent called the "LIS Rider" for your specific deductible amount.	**$590** During this stage, you pay **$0** cost sharing for drugs on tier 5 at a preferred retail pharmacy, and **$10** cost sharing for drugs on tier 5 at a standard retail pharmacy and the full cost of drugs on tier 1, tier 2, tier 3 and tier 4 until you've reached the yearly deductible.	**$615** During this stage, you pay **$0** cost sharing for drugs on tier 5 at a preferred retail pharmacy, and **$10** cost sharing for drugs on tier 5 at a standard retail pharmacy and the full cost of drugs on tier 1, tier 2, tier 3 and tier 4 until you've reached the yearly deductible

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid **$2,100** out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 – Generic	**Standard cost sharing:** You pay $0 - $4.90 **Preferred cost sharing:** You pay $0 - $4.90	**Standard cost sharing:** You pay $0 - $5.10 **Preferred cost sharing:** You pay $0 - $5.10
Tier 2 – Preferred Brand	**Standard cost sharing:** You pay $0 - $12.15 **Preferred cost sharing:** You pay $0 - $12.15	**Standard cost sharing:** You pay 0 - $12.65 **Preferred cost sharing:** You pay 0 - $12.65
Tier 3 – Non-Preferred Drugs	**Standard cost sharing:** You pay $0 - $12.15 **Preferred cost sharing:** You pay $0 - $12.15	**Standard cost sharing:** You pay 0 - $12.65 **Preferred cost sharing:** You pay 0 - $12.65

	2025 (this year)	2026 (next year)
Tier 4 – Specialty Tier	**Standard cost sharing:** You pay $0 - $12.15 **Preferred cost sharing:** You pay $0 - $12.15	**Standard cost sharing:** You pay 0 - $12.65 **Preferred cost sharing:** You pay 0 - $12.65
Tier 5 – Supplemental Drugs	**Standard cost sharing:** You pay $10 **Preferred cost sharing:** You pay $0	**Standard cost sharing:** You pay $10 **Preferred cost sharing:** You pay $0

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You can have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 | Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	**If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.** **To learn more about this payment option, call us at *1-844-969-5366* (TTY users call *711*) or visit www.Medicare.gov.**

SECTION 3 | How to Change Plans

To stay in *Leon MediMax (HMO D-SNP)*, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our *Leon MediMax (HMO D-SNP)*.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from *Leon MediMax (HMO D-SNP)*.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from *Leon MediMax (HMO D-SNP)*.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at *1-844-969-5366* (TTY users call *711*) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the Medicare & You 2026 handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, *Leon Health, Inc*. offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 | Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 | Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

  - Original Medicare *with* a separate Medicare prescription drug plan,
  - Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or

- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into, or currently live in, 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 | Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the *Florida AIDS Drug Assistance Program* (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-352-2437 (1-800-FLA-AIDS) for English, 1-800- 545-7432 (1-800-545-SIDA) for Spanish. (TTY: 1-888-503-*711*8). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more

advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at *1-844-969-5366* (TTY users call *711*) or visit www.Medicare.gov.

SECTION 5 | Questions?

Get Help from *Leon MediMax (HMO D-SNP)*

- **Call Member Services at *1-844-969-5366.* (TTY users call *711*).**

  We're available for phone calls seven days a week from 8 a.m. – 8 p.m. from October to March, and Monday through Friday from 8 a.m. – 8 p.m. from April to September. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

  This Annual Notice of Change gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for *Leon MediMax (HMO D-SNP)*. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.leonhealth.com or call Member Services at *1-844-969-5366* (TTY users call *711*) to ask us to mail you a copy.

- **Visit www.leonhealth.com/directory**

  Our website has the most up-to-date information about our provider network (Provider and Pharmacy Directory) and our List of Covered Drugs (formulary/Drug List).

Get Free Counseling about Medicare

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*).

Call SHINE to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call *SHINE* at 1-800-963-5337 (TDD/TTY: 1-800- 955-8770). You can learn more about SHINE by visiting their website (www.floridashine.org).

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2026**

  The Medicare & You 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at *www.Medicare.gov* or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call Florida Medicaid at 1-888-419-3456. TTY users 1-800-955-8771 *for help with Medicaid enrollment or benefit questions.*

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.

The benefits mentioned are part of a special supplemental program for the chronically ill. To be eligible for these benefits, enrollees must have, at least, one of the following chronic conditions: hypertension, diabetes, chronic kidney disease, hypercholesterolemia, chronic and disabling mental conditions. There are additional eligible conditions not listed here. However, having an eligible chronic condition does not guarantee that the enrollee will receive the benefit. Eligibility for coverage of the item or service depends on whether the enrollee is classified as a "chronically ill enrollee."

Benefits vary by plan benefit packages.

This information is not a complete description of benefits. Call Member Services at 1-844-969-5366, 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.

ATENCIÓN: Si usted habla español, los servicios gratuitos de asistencia lingüística están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-969-5366 (TTY:711) o hable con su proveedor.

Notice of Availability

English — English
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.

Español — Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. También se encuentran disponibles sin costo ayudas y servicios auxiliares para obtener información en formatos accesibles. Llame al 1-844-969-5366 (TTY: 711) o consulte a su proveedor.

中文 — Chinese
注意：如果您讲中文，可免费使用语言援助服务。为提供可访问格式的信息，也可免费使用适当的辅助工具和服务。请拨打 1-844-969-5366 (TTY: 711) 或联系您的服务提供者。

Srpski / Hrvatski / Bosanski — Serbo-Croatian
PAŽNJA: Ako govorite Srpski / Hrvatski / Bosanski, besplatne usluge jezične pomoći su vam dostupne. Također su dostupne odgovarajuće pomoćne usluge za pružanje informacija u pristupačnim formatima bez naknade. Pozovite 1-844-969-5366 (TTY: 711) ili se obratite svom pružatelju usluga.

한국어 — Korean
주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 1-844-969-5366 (TTY: 711)로 전화하거나 제공자에게 문의하십시오.

Tiếng Việt — Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí sẽ có sẵn cho bạn. Các phương tiện trợ giúp thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng có sẵn miễn phí. Gọi 1-844-969-5366 (TTY: 711) hoặc liên hệ nhà cung cấp dịch vụ của bạn.

Arabic — العربية
تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجانًا. كما تتوفر المساعدات والخدمات المناسبة لتوفير المعلومات بصيغ يسهل الوصول إليها مجانًا. اتصل على 1-844-969-5366 (TTY: 711) أو تحدث إلى مقدم الخدمة الخاص بك.

Deutsch — German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie 1-844-969-5366 (TTY: 711) an oder wenden Sie sich an Ihren Anbieter.

Tagalog — Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Angkop ding magagamit nang libre ang mga tulong at serbisyo upang maipahayag ang impormasyon sa naa-access na mga format. Tumawag sa 1-844-969-5366 (TTY: 711) o maki-pag-ugnayan sa iyong tagapagbigay.

Русский — Russian
ВНИМАНИЕ: Если вы говорите на Русский, для вас доступны бесплатные услуги языковой поддержки. Также доступны соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах бесплатно. Позвоните 1-844-969-5366 (TTY: 711) или обратитесь к своему поставщику услуг.

Français — French
ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-969-5366 (TTY : 711) ou contactez votre prestataire.

日本語 — Japanese
注意:　日本語を話す場合、無料の言語支援サービスをご利用いただけます。情報をアクセス可能な形式で提供するための適切な補助具およびサービスも無料で利用可能です。1-844-969-5366 (TTY: 711) に電話するか、提供者にお問い合わせください。

Română — Romanian
ATENȚIE: Dacă vorbiți Română, serviciile gratuite de asistență lingvistică sunt disponibile pentru dumneavoastră. Ajutoarele și serviciile adecvate pentru furnizarea informațiilor în formate accesibile sunt, de asemenea, disponibile gratuit. Apelați 1-844-969-5366 (TTY: 711) sau contactați furnizorul dumneavoastră.

Sudanese Arabic — سوداني
تنبيه: إذا كنت تتحدث سوداني، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر الوسائل المساعدة والخدمات المناسبة أو تحدث إلى مقدم الخدمة (TTY: 711) لتقديم المعلومات بصيغ يسهل الوصول إليها مجانًا. اتصل بالرقم 1-844-969-5366 الخاص بك.

Persian (Farsi) — فارسی
توجه: اگر به فارسی صحبت می‌کنید، خدمات کمک زبانی رایگان برای شما در دسترس است. ابزارها و خدمات کمکی مناسب برای ارائه اطلاعات به فرمت‌های قابل دسترسی نیز به صورت رایگان ارائه می‌شود. با شماره 1-844-969-5366 (TTY: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Українська — Ukrainian
УВАГА: Якщо ви розмовляєте Українська, безкоштовні послуги мовної підтримки доступні для вас. Відповідні допоміжні засоби та послуги для надання інформації в доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-844-969-5366 (TTY: 711) або зверніться до вашого постачальника послуг.

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