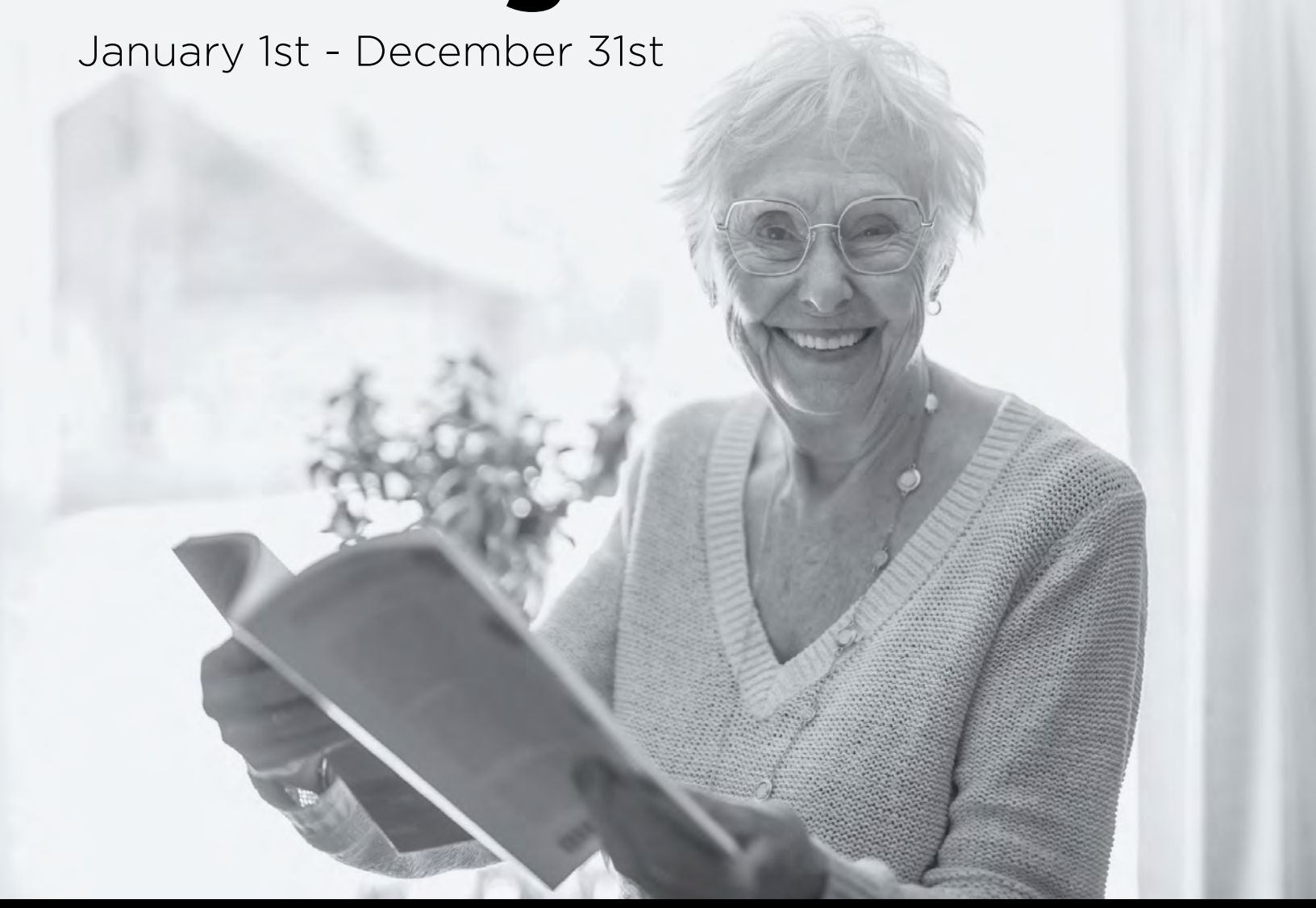
2027

MEDIMAX

Annual Notice of Changes

January 1st - December 31st



LEON HEALTH®

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

Annual Notice of Changes for 2027

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, 2026, you'll stay in Leon MediMax (HMO D-SNP).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your Medicare & You 2027 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, 2026, you'll automatically be enrolled in Leon MediMax (HMO D-SNP).** Starting January 1, 2027, 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.

Table of Contents

Summary of Important Costs for 2027 . . . . . **3**

SECTION 1 | Changes to Benefits & Costs for Next Year **5**

Section 1.1 | Changes to the Monthly Plan Premium 5

Section 1.2 | Changes to Your Maximum Out-of-Pocket Amount 5

Section 1.3 | Changes to the Provider and Pharmacy Network 6

Section 1.4 | Changes to Benefits & Costs for Medical Services 6

Section 1.5 | Changes to Part D Drug Coverage 10

Section 1.6 | Changes to Prescription Drug Benefits & Costs 11

SECTION 2 | Administrative Changes **13**

SECTION 3 | How to Change Plans **13**

Section 3.1 | Deadlines for Changing Plans. 14

Section 3.2 | Are there other times of the year to make a change? 14

SECTION 4 | Get Help Paying for Prescription Drugs **15**

SECTION 5 | Questions?. **16**

Get Help from Leon MediMax (HMO D-SNP) 16

Get Free Counseling about Medicare 16

Get Help from Medicare 16

Get Help from Medicaid 17

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 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 1.6 for details.)	$3,450 If you are eligible for Medicare cost-sharing help under Medicaid, you most likely 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 most likely 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 copay per visit	**$0 copay per visit**
Specialist office visits	$0 copay per visit	**$0 copay per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	$0 copay per stay	**$0 copay per stay**

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) ******If you do not qualify for Extra Help, your annual deductible is $700. The deductible does not apply to Tier 1 and Tier 5 drugs, covered insulin products, or most adult Part D vaccines. After the deductible is met, you pay your plan's applicable cost-sharing amounts for covered Part D drugs. Covered insulin products cost no more than $35 for a one-month supply, and most adult Part D vaccines are covered at $0. If you qualify for "Extra Help" (LIS), please refer to your LIS Rider for additional information. *****Your cost for covered Part D prescription drugs depends on the specific drug and whether you qualify for Extra Help (Low-Income Subsidy, or LIS). If you qualify for Extra Help, your deductible is $0, and you pay the applicable LIS cost-sharing amounts for covered Part D drugs.	Part D drug coverage deductible $615** except for covered insulin products and most adult Part D vaccines. Deductible does not apply to Tier 5 drugs. **Copayment/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1:** **$0 - $5.10*** copay **Drug Tier 2:** **$0 - $12.65*** copay **Drug Tier 3:** **$0 - $12.65*** copay **Drug Tier 4:** **$0 - $12.65*** copay **Drug Tier 5:** **$0 - $10*** copay **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.	**Part D drug coverage deductible** **$700** except for covered insulin products and most adult Part D vaccines.** **Deductible does not apply to Tier 1 and Tier 5 drugs.** **Copayment/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1:** **$0 - $5.80*** copay **Drug Tier 2:** **$0 - $14.40*** copay **Drug Tier 3:** **$0 - $14.40*** copay **Drug Tier 4:** **$0 - $14.40*** copay **Drug Tier 5:** **$0 - $10*** copay **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 & Costs for Next Year

Section 1.1 | Changes to the Monthly Plan Premium

	2026 (this year)	2027 (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 services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by 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 and Pharmacy Network

Our network of providers and pharmacies have changed for next year. Review the 2027 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
- 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, specialists (providers) and pharmacies 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. You may have a special enrollment period if your provider leaves the plan network. 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.

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.

Section 1.4 | Changes to Benefits & Costs for Medical Services

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

	2026 (this year)	2027 (next year)
Covered Preferred Diabetic Supply Brands	Leon MediMax limits diabetic supplies to True Metrix, Prodigy, Smartmeter, Freestyle, and Glucocard exclusively.	Leon MediMax will limit diabetic supplies to True Metrix, Prodigy, Smartmeter, Freestyle, Glucocard and **Easy Touch** exclusively.
Help with Certain Chronic Conditions – Home-Delivery Meal Benefit	This benefit is **not** available to Leon MediMax members in 2026.	If you have at least **two** chronic conditions of Diabetes, Chronic Heart Failure or Chronic Lung Disorders, you may be eligible for up to **15** meals (**$150**) per month for a total of **180** meals (**$1,800**) per calendar year. **To be eligible for this benefit, you must:**

	2026 (this year)	2027 (next year)
Help with Certain Chronic Conditions – Home-Delivery Meal Benefit (continues)		• Complete a nutritional assessment by a licensed professional. • Enroll in our Care Management Program. • Obtain prior authorization, if required. This benefit is part of a Special Supplemental Program for the Chronically Ill. Not all members qualify.
Over-the-Counter (OTC)	Leon MediMax members receive a **$225 monthly allowance** to purchase over-the-counter (OTC) items and health-related products, available exclusively at Leon Medical Center (LMC) pharmacies.	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 approved retail locations. Members who **do not qualify** for SSBCI will receive a separate **$50 monthly allowance** to purchase OTC and health-related products, exclusively through LMC pharmacies. Members who **qualify** for the SSBCI benefit may use the full **$350 monthly allowance*** to purchase OTC and health-related products at LMC pharmacies or other approved retail locations. *If you qualify for the Special Supplemental Benefit for the Chronically Ill (SSBCI), this allowance may be combined with your SSBCI benefit.

	2026 (this year)	2027 (next year)
Over-the-Counter (OTC) (continues)	Leon MediMax members receive a **$225 monthly allowance** to purchase over-the-counter (OTC) items and health-related products at Leon Medical Center (LMC) pharmacies.	Eligible members may receive a combined monthly allowance of up to **$350** to spend in two flexible ways: • **Buy OTC items** at LMC pharmacy or other approved retail locations, and/or • **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.
Special Supplemental Benefit for the Chronically Ill (SSBCI) – Leon Card ***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 substance use disorders (SUDs), autoimmune disorders, cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes mellitus, overweight, obesity, and metabolic syndrome, chronic gastrointestinal disease, chronic kidney disease (CKD), severe hematologic disorders, HIV/AIDS, chronic lung disorders,	This benefit **is not** available for Leon MediMax members in 2026.	Qualifying Leon MediMax members* will receive a **$350 monthly allowance**** on the Leon Card to use toward the purchase of: - Approved OTC and health-related products through LMC or approved retail pharmacies - Groceries - Meals - Gas - Utilities - Rent - Gym membership - Home supplies - Pest control - Disaster relief products - Pet care supplies - Mental and health wellness mobile applications - Personal emergency response system

	2026 (this year)	2027 (next year)
Special Supplemental Benefit for the Chronically Ill (SSBCI) – Leon Card (conitnues) chronic and disabling mental health conditions, neurologic disorders, stroke, 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 that require continued therapy services in order for individuals to maintain or retain functioning, prediabetes, chronic hypertension, chronic hypercholesterolemia, osteoporosis.		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. **How the allowance works** **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: • **Buy OTC items** at LMC pharmacy or other approved retail locations, and/or • **Use your Leon Card** for other approved purchases. Eligibility requirements apply. You must qualify to receive this benefit. 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. **Who qualifies for the SSBCI benefit?** To qualify, you must: - Have one or more of the qualifying chronic conditions;

	2026 (this year)	2027 (next year)
Special Supplemental Benefit for the Chronically Ill (SSBCI) – Leon Card (conitnues)		- Have a high risk of hospitalization or other adverse health outcomes - Require intensive care coordination; and - Have a reasonable expectation that the SSBCI benefit will improve or maintain your health or overall function.
Worldwide Transportation Coverage	Leon MediMax members are covered for worldwide emergency air and ground transportation, with a **$0** copayment.	Worldwide emergency air and ground transportation services **will not** be covered for Leon MediMax members in 2027.

Section 1.5 | 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 *and* posted online at www.leonhealth.com.

You can get the complete Drug List by calling Member Services at 1-844-969-5366 (TTY users call 711) or visiting our website at www.leonhealth.com/plans-and-benefits/prescription-drug-benefits/.

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 1.6 | 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 LIS Rider.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your 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 **$2,400**.

- **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 may have cost sharing for excluded drugs that are covered under our enhanced benefit. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (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.	**$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. You pay the full cost of drugs on tier 1, 2, 3, and 4 until you've reached the yearly deductible.	**$700*** 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. For drugs on tier 1, you pay **$0 - $5.80** at preferred and standard retail pharmacies. You pay the full cost of drugs on tier 2, 3, and 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.

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. 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; at a network pharmacy that offers preferred cost sharing, go to Chapter 6 of your Evidence of Coverage.

Once you've paid **$2,400** out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 – Generics	**Standard cost sharing:** You pay **$0 - $5.10** **Preferred cost sharing:** You pay **$0 - $5.10**	**Standard cost sharing:** You pay **$0 - $5.80** **Preferred cost sharing:** You pay **$0 - $5.80**
Tier 2 – Preferred Brands	**Standard cost sharing:** You pay **$0 - $12.65** **Preferred cost sharing:** You pay **$0 - $12.65**	**Standard cost sharing:** You pay **$0 - $14.40** **Preferred cost sharing:** You pay **$0 - $14.40**
Tier 3 – Non-Preferred Drugs	**Standard cost sharing:** You pay **$0 - $12.65** **Preferred cost sharing:** You pay **$0 - $12.65**	**Standard cost sharing:** You pay **$0 - $14.40** **Preferred cost sharing:** You pay **$0 - $14.40**

	2026 (this year)	2027 (next year)
Tier 4 – Specialty Tier	**Standard cost sharing:** You pay **$0 - $12.65** **Preferred cost sharing:** You pay **$0 - $12.65**	**Standard cost sharing:** You pay **$0 - $14.40** **Preferred cost sharing:** You pay **$0 - $14.40**
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.

SECTION 2 | Administrative Changes

Administrative changes describe updates to how the plan operates, including who is eligible to enroll and other enrollment-related requirements for the upcoming year.

	2026 (this year)	2027 (next year)
Enrollment/Eligibility Criteria	Leon MediMax accepts enrollment from individuals who have Medicare and either receive full Medicaid benefits or receive assistance through a Medicare Savings Program, such as QMB, SLMB, or QI.	Starting in 2027, only individuals enrolled in Medicare who receive full Medicaid benefits (FBDE, QMB+, or SLMB+) will be eligible to enroll in Leon MediMax. Individuals who receive assistance through a Medicare Savings Program will no longer be eligible to enroll in Leon MediMax.

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 type of Medicare health 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 2027, 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). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage**, you can enroll in a Part D plan, and you'll automatically be 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.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the Medicare & You 2027 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, 2027, 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, 2027.

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 the Florida HIV/AIDS Hotline at **1-800-352-2437 (1-800-FLA-AIDS)** for English or **1-800-545-7432 (1-800-545-SIDA)** for Spanish. TTY users may call **1-888-503-7118**. 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 1-844-969-5366 (TTY users call 711) or visit 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 2027 Evidence of Coverage**

  This Annual Notice of Change gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 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**

  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 **SHINE (Serving Health Insurance Needs of Elders)**.

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.** Learn more about SHINE by visiting 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 Medicare.gov**

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

- **Write to Medicare**

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

- **Visit 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 2027**

  The Medicare & You 2027 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 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: 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 written 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. 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 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.

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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