



2026

MEDIDUAL

Summary of Benefits

January 1st - December 31st



2026 Summary of Benefits

Leon MediDual (HMO D-SNP)

Leon Health, Inc. – H4286, Plan 002

January 1, 2026 – December 31, 2026

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

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

Can I join this plan?

To join ***Leon MediDual (HMO D-SNP)***, the following must apply to you:

- You must be entitled to Medicare Part A.
- You must be enrolled in Medicare Part B.
- You are enrolled in Medicaid or a Medicare Savings Program.
- You must live in Miami-Dade County, Florida.

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

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

Check if your prescription drugs are covered

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

How can I learn about Original Medicare?

For coverage and costs of Original Medicare, look in the current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-

Leon MediDual (HMO D-SNP) Summary of Benefits for 2026

4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

For additional information and assistance...

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

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

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

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

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Benefits Information	What You Pay	What You Should Know
Preventive Care		
<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screening • Annual wellness visit • Bone mass measurement (bone density) • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening (pap test), • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training, • Glaucoma screening* • HIV screening • Immunizations (Flu shot, Pneumonia, Hepatitis B, COVID-19 Vaccines) • Medical Nutrition Therapy • Medicare Diabetes Prevention Program (MDPP) • Lung cancer screening (Low Dose Computed Tomography) • Obesity screening and therapy • Prostate cancer screening • Sexually Transmitted Infection (STI) screening & counseling • Smoking and tobacco cessation counseling • “Welcome to Medicare” preventive visit 	\$0 copay	<p>Any additional preventive services approved by Medicare during the benefit year will be covered. Please see our <i>Evidence of Coverage</i> (EOC) for frequency of covered services.</p> <p>Referral is required.</p> <p>Prior authorization is required for Glaucoma screening.</p>

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

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Benefits Information	What You Pay	What You Should Know
Dental Services		
Dental Services (Medicare-covered) - Limited dental services (excludes services in connection with care, treatment, filling, removal, or replacement of teeth).	\$0 copay	Referral and/or prior authorization is required.
Preventive Dental Services: <ul style="list-style-type: none"> • Cleaning (1 every 6 months) • Dental X-Ray(s) (1 every 6 months) • Fluoride treatment (1 every year) • Oral Exam (1 every 6 months) 	\$0 copay	Up to \$5,050 yearly allowance for combined preventive and comprehensive benefits. Member cost sharing is zero for services up to the maximum plan benefit coverage amount. After the maximum plan benefit amount is exhausted, the member is liable for any additional costs for preventive or comprehensive dental services. Referral and/or prior authorization is required.
Comprehensive Dental Services: <ul style="list-style-type: none"> • Non-Routine Services • Diagnostic services • Restorative services (Fillings) • Endodontics • Periodontics (Gum and Bone treatment) • Prosthodontics (Dentures) • Dental Implants (2 every year) • Oral and Maxillofacial Surgery (Extractions) 	\$0 copay	Unused amounts expire at the end of each year. For a complete list of covered dental services and limitations, refer to the 2026 Dental Schedule of Benefits.

Benefits Information	What You Pay	What You Should Know
Vision Services		
Eye Exam (Medicare-covered)	\$0 copay	Diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Diabetic Retinopathy Screening (once a year). Referral and/or prior authorization is required.
Routine Eye Exam (1 every year)	\$0 copay	Referral and/or prior authorization is required.
Routine Eyewear: <ul style="list-style-type: none"> • Eyeglasses (lenses and frames) • Contact lenses • Upgrades 	\$0 copay	<p>Up to three (3) pairs of eyeglasses each year, including upgrades, no limit per pair, for a maximum benefit amount of \$525.</p> <p>or</p> <p>Up to six (6) boxes of soft contact lenses each year, not to exceed \$35 per box, for a maximum annual benefit of \$210.</p> <p>One (1) pair of eyeglasses or contact lenses after each cataract surgery that includes the insertion of an intraocular lens.</p> <p>You are responsible for the cost above the maximum annual benefit amount.</p> <p>Unused amounts expire at the end of each year.</p> <p>Vision services are only available for Leon Medical Centers' on-site optical center.</p> <p>Referral and/or prior authorization is required.</p> <p>Some restrictions apply.</p>

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Benefits Information	What You Pay	What You Should Know
Mental Health Services	\$0 copay	<p>Mental Health Services:</p> <p><i>Leon MediDual</i> covers up to 90 days each benefit period for an inpatient mental health hospital care.</p> <p>A benefit period begins the day you enter a hospital and ends when you have not received inpatient hospital for 60 days in a row. The benefit period is not tied to the calendar year.</p> <p>Our plan also covers 60 “lifetime reserve days”. These are “extra” covered days that can be used only once. Once you exhaust these additional 60 days, your coverage for inpatient hospital stays will be restricted to 90 days.</p> <p>There is no limit to the number of benefit periods you can have, weather you are getting mental health care in a general or psychiatric hospital.</p> <p>Inpatient Psychiatric Hospital Services:</p> <p><i>Leon MediDual</i> has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. If you get inpatient mental health care in a psychiatric unit of a general hospital, it does not count toward your 190 days.</p> <p>Referral and/or prior authorization is required.</p>
Mental Health Care - Outpatient individual and group therapy sessions	\$0 copay	Referral and/or prior authorization is required.

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

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

Additional Benefits with your plan *Leon MediDual (HMO D-SNP)*

Benefits Information	What You Pay	What You Should Know
Cardiac and Pulmonary Rehabilitation Services	\$0 copay	Referral and/or prior authorization is required.
Dialysis (Kidney Disease Services)		
Outpatient/Inpatient Dialysis Treatments	\$0 copay	Referral and/or prior authorization is required.
Self-dialysis Training	\$0 copay	
Kidney Disease Education	\$0 copay	
Outpatient Surgery	\$0 copay	Referral and/or prior authorization is required.

Benefits Information	What You Pay	What You Should Know
Fitness Program	\$0 copay	<p>Leon Healthy Living Centers have strength and cardiovascular training equipment to help you reach your fitness goals. Leon Healthy Living Centers offer information on a number of health-related topics, as well as programs to aid in personal development.</p> <p>Enjoy health seminars on important issues that include:</p> <ul style="list-style-type: none"> • Preventive Medicine • Diet and Nutrition • Diabetes • Fall prevention <p>The benefit includes access to exercise equipment and group exercise classes, where available.</p> <p>Fitness services that require additional fees are not part of the fitness benefit and will not be reimbursed.</p>
<p>Home-Delivery Meal Benefit – Help with Certain Chronic Conditions</p> <p>The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify.</p>	\$0 copay	<p>If you have at least two chronic conditions—diabetes, heart failure, or a lung disorder—you may qualify for up to 15 healthy meals per month (\$150 value) or 180 meals per year (\$1,800 value).</p> <p>Eligibility:</p> <ul style="list-style-type: none"> • Nutritional assessment by a licensed professional • Enrollment in our Care Management Program • Prior approval may be required <p>Meals are provided by participating providers.</p>
Home Health Services	\$0 copay	Referral and/or prior authorization is required.

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Benefits Information	What You Pay	What You Should Know
Hospice Care		
Medicare-certified Hospice Program	Your hospice services are paid by Original Medicare, not by our plan.	You may receive care from any Medicare certified hospice program.
Hospice Consultation Services	\$0 copay	Our plan covers hospice consultation services (one time only) before you select hospice.
Meals – Post Discharge	\$0 copay	<p>You may be eligible to receive 14 home delivered nutritious meals (2 meals per day for 7 days) following discharge from an inpatient hospitalization or skilled nursing facility admission only.</p> <p>You are eligible to receive this benefit up to four (4) times per year for a total annual maximum benefit of 56 meals.</p> <p>Calls to schedule benefits will be scheduled by the plan provider.</p>
Medical Equipment & Supplies		
Durable Medical Equipment (wheelchairs, oxygen, etc.)	\$0 copay	<p>Prior authorization is required.</p> <p>Leon Health has preferred vendors/manufactures for DME.</p>
Prosthetic Devices (braces, artificial limbs, etc.) and related Medical Supplies	\$0 copay	Prior authorization is required.
Diabetes Supplies & Services	\$0 copay	<i>Leon MediDual</i> limits diabetic supplies to True Metrix, Prodigy, iGlucose, Freestyle, and Glucocard exclusively.

Benefits Information	What You Pay	What You Should Know
Over-the-Counter (OTC) Items	\$0 copay	<p>\$75 <i>monthly</i> allowance on approved, non-prescription, over-the-counter (OTC) items and health-related products available exclusively through Leon Medical Center's pharmacies.</p> <p>The eligible items are listed in the OTC catalog.</p> <p>Members are required to complete an OTC order form or call Member Services each month to receive their choice of eligible OTC items and health-related products.</p> <p>Unused amounts expire at the end of each month.</p> <p>Orders are limited to one per month.</p>

Benefits Information	What You Pay	What You Should Know
<p>Leon Card – Special Supplemental Benefit for the Chronically Ill (SSBCI)</p> <p><i>Individuals must have, at least, one of the following conditions to meet the criteria and be eligible for this benefit:</i> Chronic alcohol use disorder and other SUDs, autoimmune disorders, cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes, chronic kidney disease (CKD), end-stage renal disease (ESRD), severe hematologic disorders, HIV/AIDS, chronic lung disorders, Chronic and disabling mental health conditions, neurological disorders, stroke, prediabetes, hypertension, chronic circulatory disease, hypercholesterolemia, osteoporosis, chronic arthritis, chronic liver disease, end-stage liver disease, overweight, obesity, and metabolic syndrome, chronic gastrointestinal disease, post-organ transplantation, immunodeficiency and immunosuppressive disorders, conditions associated with cognitive impairment, conditions with functional challenges, chronic conditions that impair vision, hearing (deafness), taste, touch, and smell; conditions that require continued therapy services in order for individuals to maintain or retain functioning.</p>	<p>\$0 copay</p>	<p>\$150 <i>monthly</i> allowance on the Leon Card to use toward the purchase of:</p> <ul style="list-style-type: none"> • Approved over-the-counter (OTC) items and health-related products available through LMC 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 <p>*If decide to choose the meal option in any given month, the entire balance of your Leon card for that month will be used for the meals.</p> <p>Unused amounts expire at the end of each month.</p> <p>Purchases may only be made via an approved vendor.</p> <p>Any leftover amounts do not carry over if the member disenrolls with the plan.</p>

Benefits Information	What You Pay	What You Should Know
Opioid Use Treatment Services	\$0 copay	<p>Covered services include:</p> <ul style="list-style-type: none"> • FDA-approved opioid agonist and antagonist treatment medications • Dispensing and administration of such medications, if applicable. • Substance use counseling. • Individual and group therapy, and toxicology testing. <p>Referral and/or prior authorization is required.</p>
Podiatry Services (Medicare-covered)	\$0 copay	Prior authorization is required.
Routine Foot Care	\$0 copay	<p>Prior authorization is required.</p> <p>Unlimited routine foot care visits are allowed each year.</p>
Routine Acupuncture	\$0 copay	<p>Up to twenty-five (25) routine acupuncture visits per year for any health condition.</p> <p>Referral and/or prior authorization is required.</p>

Part D Prescription Drug Benefits

- ✓ Refer to the Summary Chart of 2026 Prescription Drug Coverage below to understand your plan's specific coverage for each stage.
- ✓ This plan uses a list of covered drugs, called "Formulary". Check this guide to find out if your drugs are covered and know of any restrictions such as quantity limitations, prior authorization or step therapy.

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Deductible	<p>\$615 Except for covered insulin products and most adult Part D vaccines.</p> <p>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.</p> <p>If you qualify for “Extra Help”, your deductible may be reduced or \$0.</p> <p>Tier 5 drugs will be subject to your Initial Coverage cost-sharing.</p> <p>Deductible does not apply to Tier 5 drugs.</p>		
Initial Coverage	<p>\$2,100</p> <p>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 total drug costs reach \$2,100.</p> <p><i>Leon MediDual</i> members will pay the cost-sharing for Part D prescription drugs based on their level of “Extra Help.”</p>		
Preferred Retail Cost-Sharing			
Tier	30 days	60 days	90 days
Tier 1 – Generic	\$0-\$5.10	\$0-\$5.10	\$0-\$5.10
Tier 2 – Preferred Brand	\$0-\$12.65	\$0-\$12.65	\$0-\$12.65
Tier 3 – Non-Preferred Drugs	\$0-\$12.65	N/A	N/A
Tier 4 – Specialty Tier	\$0-\$12.65	N/A	N/A
Tier 5 – Supplemental Drugs	\$0	N/A	N/A
Standard Retail Cost-Sharing			
Tier	30 days	60 days	90 days
Tier 1 – Generic	\$0-\$5.10	\$0-\$5.10	\$0-\$5.10
Tier 2 – Preferred Brand	\$0-\$12.65	\$0-\$12.65	\$0-\$12.65
Tier 3 – Non-Preferred Drugs	\$0-\$12.65	N/A	N/A
Tier 4 – Specialty Tier	\$0-\$12.65	N/A	N/A
Tier 5 – Supplemental Drugs	\$10	N/A	N/A

Catastrophic Coverage**\$0**

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

Generally, you remain in this stage for the rest of the calendar year.

Additional Part D Benefit Information

Insulin Coverage: covered insulin products by our plan for preferred and standard retail pharmacy: You pay **\$0 - \$35** for a one-month (up to 30-day) supply of each insulin product covered by our plan, regardless of the cost-sharing tier. Refer to the Formulary to find all Part D insulins covered by our plan.

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

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

Medicare Prescription Payment Plan: The Medicare Prescription Payment Plan is a payment option that began in 2025 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). 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.

Summary of Medicaid-covered Benefits

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

The benefits described below are covered by Florida Medicaid:

- Allergy Services
- Ambulatory Surgical Center
- Anesthesia Services

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- Assistive Care Services
 - Behavioral Analysis
 - Behavioral Health Overlay Services
 - Birth Center and Midwife Services
 - Cardiovascular Services
 - Certified School Match Program
 - Certified Substance Abuse County Match
 - Chiropractic Services
 - Community Behavioral Health Services
 - County Health Department (CHD) Services
 - Dental Services
 - Dialysis Services
 - Durable Medical Equipment (DME) and Medical Supplies
 - Early Intervention Services
 - Evaluation and Management Services
 - Family Planning Waiver Services
 - Federally Qualified Health Center Clinic Services
 - Gastrointestinal Services
 - Genitourinary Services
 - Hearing Services
 - Home Health Services
 - Hospice Services
 - Hospital - Inpatient
 - Hospital - Outpatient
 - Hospital - State Mental Health
 - Integumentary Services
 - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Services
 - Laboratory Services
 - Medical Foster Care (MFC) Services
 - Neurology
 - Nursing Facility
 - Oral and Maxillofacial Surgery Services
 - Orthopedic Services
 - Pain Management Services
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- Podiatry Services
- Prescribed Drug Services
- Prescribed Pediatric Extended Care (PPEC) Services
- Program of All-Inclusive Care for the Elderly (PACE)
- Radiology and Nuclear Medicine Services
- Redirections
- Reproductive Services
- Respiratory Services
- Rural Health Clinic Services
- School-Based Services Programs – County Health Department (CHD) Program
- Specialized Therapeutic Foster Care
- Statewide Inpatient Psychiatric Program Services
- Targeted Case Management - Child Health
- Targeted Case Management - Children at Risk of Abuse and Neglect
- Targeted Case Management - Mental Health
- Therapy Services – Occupational
- Therapy Services – Physical
- Therapy Services – Respiratory
- Therapy Services – Speech-Language Pathology
- Transplant Services
- Transportation - Emergency
- Transportation - Non-Emergency
- Visual Aid Services
- Visual Care Services

Medicaid Home and Community-Based Services Waivers

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

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

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

DISCLAIMERS

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

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

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.

العربية — Arabic

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

سوداني — Sudanese Arabic

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.

فارسی — Persian (Farsi)

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 تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید (TTY: 711).

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.

