



2023

January 1st - December 31st

Summary of Benefits

Leon MediDual



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

H4286_SUMBEN0022023_M

2023 Summary of Benefits

Leon MediDual

Leon Health, Inc.

H4286, Plan 002

This Summary of Benefits gives you a summary of what Leon Health, Inc. (HMO D-SNP) covers and what you pay. It doesn't 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 call us to request a copy.

This is a summary of drug and health services covered by Leon Health, Inc. (HMO D-SNP January 1, 2023 - December 31, 2023.

Leon Health, Inc. is a Medicare Advantage HMO D-SNP plan with a Medicare and Medicaid Contract. Enrollment in the plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join Leon Health, Inc. (HMO D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, have Medicaid or be enrolled in a Medicaid savings program, and live in our service area. Our Service area includes **Miami-Dade**.

Leon Health, Inc. (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. 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 (1-800-633-4227). TTY users should call 1-877-486-2048.

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

For more information, please call us at 1-844-969-5366 (TTY users should call 711) or visit us at www.leonhealth.com.

Premiums and Benefits Information	Leon Health, Inc. HMO	What You Should Know
Monthly Plan Premium	\$35.90 per month. In addition, 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	This plan does not have a medical deductible.	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>Your maximum out-of-pocket limit in this plan is: \$3,450 for covered services you receive from in-network providers .</p> <p>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.</p> <p>You will still need to pay your monthly premiums and cost sharing for your Part D prescription drugs.</p>	
Inpatient Hospital Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services.	You pay \$0	Referral and/or prior authorization is required.
Outpatient Hospital Services	You pay \$0	
Outpatient Observation	You pay \$0	
Ambulatory Surgical Center (ASC)	You pay \$0	
Doctors Visits		
Primary Care Physician (PCP)	You pay \$0	Includes Medicare-covered telehealth (virtual) doctor visits.
Specialist	You pay \$0	Referral and/or prior authorization may be required.

Premiums and Benefits Information	Leon Health, Inc. HMO	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 	<p>You pay \$0</p>	<p>Any additional preventive services approved by Medicare during the benefit year will be covered. Please see our Evidence of Coverage (EOC) for the frequency of covered services.</p> <p>*Referral and/or prior authorization is required for Glaucoma screening.</p>

Premiums and Benefits Information	Leon Health, Inc. HMO	What You Should Know
Emergency Care		
Emergency Care Services	You pay \$0	
Worldwide Emergency/Urgent Coverage/Emergency Transportation	You pay \$0	Coverage provided through direct member reimbursement after plan approval of supporting documentation up to the Medicare allowable rates.
Urgently Needed Services		
Urgent Care Services	You pay \$0	
Diagnostic Services/Lab/Imaging		
Diagnostic Procedures and Tests	You pay \$0	Referral and/or prior authorization is required.
Lab Services For COVID-19 testing a prior authorization is not required.	You pay \$0	
Therapeutic Radiological Services	You pay \$0	
Outpatient X-Ray Services	You pay \$0	
Diagnostic Radiological Services (such as MRIs, CT Scans)	You pay \$0	
Hearing Services		
Routine Hearing Exams (one every year)	You pay \$0	Referral is required.
Hearing Aid Evaluation/Fitting (one every three years)	You pay \$0	
Hearing Aids	You pay \$0	A referral is required. Plan covers up to \$1,050 per hearing aid per ear (\$2,100 maximum benefit) every three years.

Premiums and Benefits Information	Leon Health, Inc. HMO	What You Should Know
Dental Services		
Medicare-covered Dental Services Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth).	You pay \$0	Authorization and referral is required for non-emergency Medicare covered services. Maximum yearly allowable is \$5,000 combined for preventive and comprehensive benefit. 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 routine or comprehensive dental services. Unused amounts do not rollover. For a complete list of covered dental services and limitations, refer to 2023 Dental Schedule of Benefits.
Preventive Dental Services: <ul style="list-style-type: none"> • Cleaning (up to 1 every 6 month) • Dental X-Ray(s) (up to 1 every 6 month) • Fluoride treatment (1 every year) • Oral Exam (up to 1 every 6 month) 	You pay \$0	
Comprehensive Dental Services: <ul style="list-style-type: none"> • Non-Routine Services • Diagnostic services • Restorative services (Fillings) • Endodontics (Root Canals) • Periodontics (Gum and Bone treatment) • Prosthodontics (Dentures) • Dental Implants • Oral and Maxillofacial Surgery (Extractions) 	You pay \$0	
Vision Services		
Eye Exam (Medicare-covered)	You pay \$0	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 may be required.
Routine Eye Exam (1 Every Year)	You pay \$0	Referral and/or prior authorization may be required

Premiums and Benefits Information	Leon Health, Inc. HMO	What You Should Know
<p>Routine Eyewear</p> <ul style="list-style-type: none"> • Eyeglasses (lenses and frames) • Contact lenses • Upgrades 	<p>You pay \$0</p>	<p>Up to three (3) pairs of eyeglasses each year not to exceed \$175 per pair of eyeglasses including upgrades for a maximum benefit of \$525.</p> <p>OR</p> <p>Up to six (6) boxes of select soft contact lenses not to exceed \$35 per box (\$210 maximum benefit).</p> <p>One pair of eyeglasses or contact lenses after each cataract surgery that includes the insertion of an intraocular lens.</p> <p>Vision services are only available to Leon Medical Centers' on-site optical center.</p> <p>Referral and/or prior authorization may be required</p>
<p>Mental Health Services</p>	<p>You pay \$0</p>	<p>Our plan covers 90 days for an inpatient mental health hospital stay.</p> <p>Our plan also covers 60 lifetime reserve days. The plan covers 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>Includes mental health specialty services: individual and group sessions.</p> <p>Referral and/or prior authorization is required.</p>
<p>Skilled Nursing Facility</p>	<p>You pay \$0</p>	<p>You are covered for up to 100 days in a Skilled Nursing Facility.</p> <p>Referral and/or</p> <p>Prior authorization is required.</p>

Premiums and Benefits Information	Leon Health, Inc. HMO	What You Should Know
Physical Therapy and Speech-Language Pathology Services	You pay \$0	Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs). Referral and/or prior authorization is required.
Ambulance		
Ground Service	You pay \$0	Prior authorization rules may apply for non-emergency services.
Air Service	You pay \$0	
Transportation	You pay \$0	Transportation provided by Leon Health transportation services. Unlimited trips to in-network doctor appointments, medical facilities, and other approved locations. Transportation only available to closest geographically located center from patient's home. Trips must be scheduled at least 48 hours in advance. Prior authorization is required for trips over 30 miles one-way.
Medicare Part B Drugs	You pay \$0	Prior authorization is required.
Cardiac and Pulmonary Rehabilitation Services	You pay \$0	Referral and/or prior authorization is required.
Dialysis (Kidney Disease Services)		
Outpatient/Inpatient Dialysis Treatments	You pay \$0	Referral and/or prior authorization is required.
Self-dialysis Training	You pay \$0	
Kidney Disease Education	You pay \$0	

Premiums and Benefits Information	Leon Health, Inc. HMO	What You Should Know
Fitness & Wellness Programs		
Fitness Program	You pay \$0	<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>Benefit includes use of exercise equipment and access to group exercise classes where available.</p>
Home Health Services	You pay \$0	Referral and/or prior authorization is required.
Hospice Care		
Medicare-certified Hospice Program	Your hospice services are paid for by Original Medicare, not our plan.	You may receive care from any Medicare certified hospice program.
Hospice Consultation Services	You pay \$0	Our plan covers hospice consultation services (one time only) before you select hospice.
Meals	You pay \$0	<p>After discharge from an acute inpatient hospital stay or skilled nursing facility, you may be eligible to receive 14 nutritious frozen meals (2 meals per day for 7 days) delivered to your home. You are eligible to receive this benefit up to three (3) times per year for a total annual maximum benefit of 42 meals.</p> <p>Calls to schedule benefits will be scheduled by the plan provider.</p>

Premiums and Benefits Information	Leon Health, Inc. HMO	What You Should Know
Medical Equipment & Supplies		
Durable Medical Equipment (wheelchairs, oxygen, etc.)	You pay \$0	Prior authorization is required.
Prosthetic Devices (braces, artificial limbs, etc.) and related Medical Supplies	You pay \$0	Prior authorization is required.
Diabetes Supplies & Services	You pay \$0	Leon MediDual is limiting Diabetic Supplies to Diabetic Supplies provided by True Metrix; Prodigy; IGlucose, and Freestyle only
Over the Counter (OTC) Items	You pay \$0	<p>This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to \$100 every month.</p> <p>Unused OTC amounts do not roll over from month to month.</p> <p>Individuals who have at least one of the following conditions:</p> <ol style="list-style-type: none"> 1. Chronic alcohol and an other drug dependence 2. Autoimmune disorders 3. Cancer 4. Cardiovascular disorders; 5. Chronic heart failure 6. Dementia 7. Diabetes 8. End-stage liver disease 9. End-stage renal disease (ESRD) 10. Severe hematologic disorders 11. HIV/AIDS 12. Chronic lung disorders 13. Chronic and disabling mental health conditions 14. Neurologic disorders 15. Stroke 16. Prediabetes 17. Hypertension 18. Hypercholesterolemia 19. Depression

Premiums and Benefits Information	Leon Health, Inc. HMO	What You Should Know
Over the Counter (OTC) Items (continued)		<p>19. Obesity/Overweight 20. Chronic Kidney Disease 21. Chronic Liver Disease 22. Chronic Arthritis 23. Other frailties</p> <p>May substitute the OTC benefit with one of the following options:</p> <ol style="list-style-type: none"> 1. \$100 Food Card 2. \$100 Gas Card 3. 12 Frozen Meals <p>Unused amounts do not roll over.</p> <p>Orders are limited to one per month.</p>
Opioid Use Treatment Services	You pay \$0	<p>Covered services include: FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable.</p> <p>Substance use counseling</p> <p>Individual and group therapy, and Toxicology testing.</p> <p>Referral and/or prior authorization is required.</p>
Podiatry Services Foot care (Medicare-covered)	You pay \$0	Prior authorization is required.
Routine Foot care (Medicare-covered)	You pay \$0	Prior authorization is required.

Part D Prescription Drugs

Deductible	\$505 Deductible does not apply to Tier 5 drugs. Your Initial Coverage Limit cost shares will apply to your Tier 5 drugs.		
Initial Coverage Period (ICL)	You stay in this stage until your year-to-date “total drug costs”. (Your payments plus any Part D plan’s payments) total \$4,660.		
Preferred Retail Cost-Sharing			
Tier	30 days	60 days	90 days
Tier 1: Generic	\$0 - \$4.15	\$0 - \$4.15	\$0 - \$4.15
Tier 2: Preferred Brand	\$0 - \$10.35	\$0 - \$10.35	\$0 - \$10.35
Tier 3: Non-Preferred Brand	\$0 - \$10.35	N/A	N/A
Tier 4: Specialty Drugs	\$0 - \$10.35	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 - \$4.15	\$0 - \$4.15	\$0 - \$4.15
Tier 2: Preferred Brand	\$0 - \$10.35	\$0 - \$10.35	\$0 - \$10.35
Tier 3: Non-Preferred Brand	\$0 - \$10.35	N/A	N/A
Tier 4: Specialty Drugs	\$0 - \$10.35	N/A	N/A
Tier 5: Supplemental Drugs	\$20	N/A	N/A
Coverage Gap Stage	Coverage Gap is not applicable to Tiers 1-4. During the Coverage Gap State, Tier 5 drugs will be covered as follows: Preferred Retail Cost-Sharing: \$0 Standard Retail Cost-Sharing: \$20.00 for 30-day supply		
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs have reached \$7,400, the plan will pay most of the cost for your drugs. Your share of the cost of covered drugs will be the greater of: \$4.15 or 5% of the cost of the drug for Generic drugs; \$10.35 or 5% of the cost of the drug for Brand drugs. Tier 5 drugs are \$0.00 at preferred pharmacies		

Note: some partial duals may be subject to a 15% Coinsurance.

This information is not a complete description of benefits. Call 1-844-969-5366 (TTY: 711) 8 a.m. to 8 p.m. seven days a week from October 1 – March 31 8 a.m. to 8 p.m. Monday- Friday from April 1 - September 30 for more information.

ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a 1-844-969-5366 (TTY: 711).

Additional Medicaid Covered Services

Dual eligible members who meet financial criteria for full Medicaid coverage may also be eligible to receive all Medicaid services not covered by Medicare. Leon Health, Inc - Leon MediDual (HMO D-SNP) may also offer coverage for these services. The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what the Florida Agency for Health Care Administration (AHCA) Program covers and what our plan covers. 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.

Benefit	What you pay on this Leon MediDual Plan	Medicaid Benefit Coverage
Products and Devices		
Dentures	See “Dental Services” benefit in the “Covered Medical and Hospital Benefits” chart above	You pay \$0 per day for adult dental services. Medicaid reimburses for prosthodontic services to diagnose, plan, rehabilitate, fabricate, and maintain dentures as follows: <ul style="list-style-type: none"> • One upper, lower, or complete set of full or removable partial dentures per recipient • One relines, per denture, per 366 days, per recipient. • One all-acrylic interim partial (flipper) for the anterior teeth, per recipient under the age of 21 years
Eyeglasses	See “Vision Services” benefit in the “Covered Medical and Hospital Benefits” chart above	You pay \$0
Hearing Aids	See “Hearing Services” benefit in the “Covered Medical and Hospital Benefits” chart above	You pay \$0
Transportation		
Non-Emergency Medical Transportation Services	See “Transportation” benefit in the “Covered Medical and Hospital Benefits” chart above	You pay \$0 per one way trip

Benefit	What you pay on this Leon MediDual Plan	Medicaid Benefit Coverage
Inpatient Long Term Care Services		
Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services in Institutions for Mental Diseases (IMD), age 65 and older	Not covered	You pay \$0
Inpatient Psychiatric Services, under age 21	Not covered	You pay \$0
Intermediate Care Facility Services for Individuals with Intellectual Disabilities	Not covered	You pay \$0 <ul style="list-style-type: none"> • Leave days are limited to fifteen days per hospital stay • Leave days are limited to forty-five days per Florida fiscal year for therapeutic leave.
Nursing Facility Services, other than in an Institution for Mental Diseases	Not covered	You pay \$0 <ul style="list-style-type: none"> • Leave days are limited to eight days per hospital stay and sixteen days per Florida state fiscal year for therapeutic home visits.
Other Medicaid Covered Services		
Assistive Care Services	You pay \$0 for Assistive Care Services as provided under Medicaid	You pay \$0 <ul style="list-style-type: none"> • Care to eligible recipients living in a qualified Assisted Living Facility (ALF) or similar facility and requiring integrated services on a 24-hour per day basis.
Mental Health Targeted Case Management	You pay \$0 for Mental Health Case Management as provided under Medicaid.	To receive mental health targeted case management services, a recipient must be in one of the specific target groups described below: <ul style="list-style-type: none"> • Children’s mental health targeted case management for recipients’ birth through 17 years.

Benefit	What you pay on this Leon MediDual Plan	Medicaid Benefit Coverage
Other Medicaid Covered Services		
Mental Health Targeted Case Management (continued)		<ul style="list-style-type: none"> • Adult mental health targeted case management for recipients age 18 years and older. • Intensive case management team services for recipients age 18 years and older.

AND COMMUNITY BASED WAIVER SERVICES

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 1-888-419-3456.

The Additional Medicaid Covered Services table above reflects Medicaid services available on a fee for service basis for dual eligibles who meet the eligibility requirements for full Medicaid benefits.

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 <http://ahca.myflorida.com/> or call the Medicaid Hotline at 1-888-419-3456.

