



Summary of Benefits

Leon MediExtra

2023

January 1st - December 31st



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

H4286_SUMBEN0012023_M

2023 Summary of Benefits

Leon MediExtra

Leon Health, Inc.

H4286, Plan 001

This Summary of Benefits gives you a summary of what **Leon Health, Inc. (HMO)** 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)

January 1, 2023 - December 31, 2023.

Leon Health, Inc. is a Medicare Advantage HMO plan with a Medicare 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), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our Service area includes **Miami-Dade**.

Leon Health, Inc. (HMO) 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	\$0 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)	Your maximum out-of-pocket limit in this plan is: \$1,000 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 monthly premiums and cost sharing for your Part D prescription drugs.	
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		
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 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 \$50	Copayment for benefit is waived if patient is admitted to hospital.
Worldwide Emergency/Urgent Coverage/Emergency Transportation	You pay \$50	Coverage provided through direct member reimbursement after plan approval of supporting documentation up to the Medicare allowable rates. Copayment for benefit is waived if patient is admitted to hospital.
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		
<p>Medicare-covered Dental Services</p> <p>Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth).</p>	You pay \$0	<p>Authorization is required for non-emergency Medicare covered services.</p>
<p>Preventive Dental Services:</p> <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	<p>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 roll over.</p>
<p>Comprehensive Dental Services:</p> <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	<p>For a complete list of covered dental services and limitations, refer to the 2023 Dental Schedule of Benefits.</p>
Vision Services		
<p>Eye Exam (Medicare-covered)</p>	You pay \$0	<p>Diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration.</p> <p>Diabetic Retinopathy Screening (once a year).</p> <p>Referral and/or prior authorization may be required.</p>

Premiums and Benefits Information	Leon Health, Inc. HMO	What You Should Know
Routine Eye Exam (1 every year)	You pay \$0	Authorization and/or referral is required.
Routine Eyewear <ul style="list-style-type: none"> • Eyeglasses (lenses and frames) • Contact lenses • Upgrades 	You pay \$0	<p>Up to three (3) pairs of eyeglasses each year not to exceed \$167 per pair of eyeglasses including upgrades for a maximum benefit of \$500.</p> <p>OR</p> <p>Up to six (6) boxes of soft contact lenses each year not to exceed \$35 per box of soft contact lenses for a maximum benefit of \$210.</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>
Mental Health Services	You pay \$0	<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>
Skilled Nursing Facility	You pay \$0	<p>You are covered for up to 100 days in a Skilled Nursing Facility.</p> <p>Referral and/or 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 for Hyaluronate Sodium Injection, Intravitreal Bevacizumab (Avas-tin) Injection, Enoxaparin Injection, and inhalation drugs via nebulizer. 20% for all other Part B drugs and Part B vaccines. You pay \$0 for Flu shot, Pneumonia, Hepatitis B and Co-vid vaccines	Prior authorization is required. Medicare Part B drugs may be subject to step therapy requirements.

Premiums and Benefits Information	Leon Health, Inc. HMO	What You Should Know
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 20% coinsurance	Referral and/or prior authorization is required.
Self-dialysis Training	You pay \$0	
Kidney Disease Education	You pay \$0	
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.

Premiums and Benefits Information	Leon Health, Inc. HMO	What You Should Know
Meals	You pay \$0	<p>After discharge from an acute inpatient hospital stay or skilled nursing facility, you may be eligible to receive 14 frozen nutritious 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>
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 MediExtra 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 \$70 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

Premiums and Benefits Information	Leon Health, Inc. HMO	What You Should Know
Over the Counter (OTC) Items (continued)	You pay \$0	<ol style="list-style-type: none"> 7. End-stage liver disease 8. End-stage renal disease (ESRD) 9. Severe hematologic disorders 10. HIV/AIDS 11. Chronic lung disorders 12. Chronic and disabling mental health conditions 13. Neurologic disorders 14. Stroke 15. Prediabetes 16. Hypertension 17. Hypercholesterolemia 18. Depression 19. Obesity/Overweight 20. Chronic Kidney Disease 21. Chronic Liver Disease 22. Chronic Arthritis 23. Other frailties <p>May substitute the OTC benefit with one of the following options:</p> <ol style="list-style-type: none"> 1. \$70 Food Card 2. \$70 Gas Card 3. 8 Frozen Meals <p>Unused amounts do not roll over. 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	You pay \$0	Prior authorization is required.

Part D Prescription Drugs

Deductible	\$0 There is no deductible for MediExtra for Select Insulins. You pay \$0 at preferred pharmacies for a one-month supply of Select Insulins.		
Initial Coverage Limit (ICL)	You stay in this stage until your year-to-date “total drug costs”. (Your payments plus any Part D plan’s payments) total \$9,000. You pay \$0 at preferred pharmacies for Select Insulins.		
Preferred Retail Cost-Sharing			
Tier	30 days	60 days	90 days
Tier 1: Generics & Select Insulins	\$0	\$0	\$0
Tier 2: Preferred Brand & Select Insulins	\$0	\$0	\$0
Tier 3: Non-Preferred Brand	\$40	N/A	N/A
Tier 4: Specialty Drugs	33%	N/A	N/A
Standard Retail Cost-Sharing			
Tier	30 days	60 days	90 days
Tier 1: Generics & Select Insulins	\$5	\$10	\$15
Tier 2: Preferred Brand & Select Insulins	\$20	\$40	\$60
Tier 3: Non-Preferred Brand	\$50	N/A	N/A
Tier 4: Specialty Drugs	33%	N/A	N/A

Coverage Gap Stage	<p>During the Coverage Gap Stage, Only Tier 1 drugs will be covered as follows:</p> <p>Tier 1:</p> <p>Preferred Retail Cost-Sharing: \$0 for 30 day-supply \$0 for 60 day-supply \$0 for 90 day-supply</p> <p>Standard Retail Cost-Sharing \$5 for 30 day-supply \$10 for 60 day-supply \$15 for 90 day-supply</p> <p>Leon MediExtra offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$0 at preferred pharmacies for a one-month supply.</p>
Catastrophic Coverage Stage	<p>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: 5% of the cost of the drug — or — \$0.00 copay for generic drugs (including brand drugs treated as generic) and \$10.35 copay for all other drugs.</p>

To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by SI on our Drug List. If you have questions about the Drug List, you can also call Member Services.

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).

