



ANNUAL NOTICE OF CHANGES

January 1st - December 31st

MEDIDUAL

2025



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

Annual Notice of Changes for 2025

You are currently enrolled as a member of *Leon MediDual*. Next year, there will be changes to the plan's costs and benefits. **Please see page 5 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.leonhealth.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in *Leon MediDual*.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with *Leon MediDual*.
- Look in section 4, page 16 to learn more about your choices.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-844-969-5366 for additional information. (TTY users should call 711). 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.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About *Leon MediDual (HMO D-SNP)*

- 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.
- When this document says “we,” “us,” or “our,” it means *Leon Health, Inc.* When it says “plan” or “our plan,” it means *Leon MediDual (HMO D-SNP)*.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for *Leon MediDual* in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher than this amount. (See Section 2.1 for details.)	\$0 or up to \$14.90 per month	\$0 per month
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays	\$0 copay per stay	\$0 copay per stay
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: \$545 except for covered insulin products and most adult Part D vaccines. Deductible does not apply to tier 5. Copayment as applicable during the Initial Coverage Stage: For a 30-day supply at a <i>preferred retail pharmacy</i> : Drug Tier 1: \$0 copayment Drug Tier 2: \$0 copayment Drug Tier 3: \$0 copayment Drug Tier 4 : \$0 copayment Drug Tier 5: \$0 copayment	If you receive "Extra Help", you will pay the following: Deductible: \$0 Deductible does not apply to tier 5. Copayment as applicable during the Initial Coverage Stage: For a 30-day supply at a <i>preferred retail pharmacy</i> : Drug Tier 1: \$0 - \$4.90 copayment Drug Tier 2: \$0 - \$12.15 copayment Drug Tier 3: \$0 - \$12.15 copayment Drug Tier 4: \$0 - \$12.15 copayment Drug Tier 5: \$0 copayment

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Cost	2024 (this year)	2025 (next year)
<p>Part D prescription drug coverage (See Section 2.5 for details.) (continues)</p>		<p>If you do not receive “Extra Help”, you will pay the following:</p> <p>Deductible: \$590 except for covered insulin products and most adult Part D vaccines. Deductible does not apply to tier 5.</p> <p>Copayment / Coinsurance as applicable during the Initial Coverage Stage:</p> <p>For a 30-day supply at a <i>preferred retail pharmacy</i>:</p> <p>Drug Tier 1: 20% coinsurance You pay \$0 - \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 2: 20% coinsurance You pay \$0 - \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 3: 26% coinsurance You pay \$0 - \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 25% coinsurance</p> <p>Drug Tier 5: \$0 copayment</p>

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (See Section 2.5 for details.) (continues)	Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.	Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$3,450 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$3,450 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 | Unless You Choose Another Plan, You Will Be Automatically Enrolled in *Leon MediDual* in 2025

If you do nothing in 2024, we will automatically enroll you in our *Leon MediDual*. This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through *Leon MediDual*. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2025.

SECTION 2 | Changes to Benefits and Costs for Next Year

Section 2.1 | Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0 or up to \$14.90 monthly	\$0 monthly

Section 2.2 | 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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>If you are eligible for Medicaid assistance with Part A and Part B copays 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.</p> <p>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$3,450</p>	<p>\$3,450</p> <p>Once you have paid \$3,450 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> <p>There is no change to the maximum our-of-pocket amount for the upcoming benefit year.</p>

Section 2.3 | Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may 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.

Updated directories are located on our website at www.leonhealth.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider & Pharmacy Directory www.leonhealth.com/directory/ to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Provider**

& Pharmacy Directory www.leonhealth.com/directory/ to see which pharmacies are in our network.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 | Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Value-Based Insurance Design (VBID) Program	<p>Applicable</p> <p><i>Leon MediDual</i> provides its members Part D benefits under the VBID model. As a result, members have an elimination of cost-sharing for Part D prescription drug tier 1, 2, 3, and 4 at preferred and standard retail pharmacy as part of the VBID model for LIS eligible members.</p> <p><i>Leon MediDual</i> members receive additional benefits through the VBID model. Members are eligible to receive a <i>monthly</i> allowance of \$100 to use toward various purchases, including food and produce, meals, gas, utilities, rent, gym membership, home supplies, pest control, disaster relief products, pet care supplies, robotic pets, mental health & wellness mobile applications, and personal emergency response systems using their Leon Plus Card.</p>	<p>Not Applicable</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> <p>To qualify for the <i>monthly</i> \$100 allowance with the Leon Plus Card, <i>Leon MediDual</i> members must have at least one of the eligible conditions*.</p> <p>The allowance can be used for various purchases, including groceries, meals, gas, utilities, rent, gym membership, home supplies, pest control, disaster relief products, pet care supplies, robotic pets, mental health & wellness mobile applications, emergency response systems.</p> <p>* Please refer to the benefit Special Supplemental Benefit for the Chronically III (SSBCI) in this list for the eligible conditions.</p>

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Cost	2024 (this year)	2025 (next year)
Special Supplemental Benefit for the Chronically Ill (SSBCI)	Not Applicable	Applicable Individuals must have, at least, one of the following conditions to meet the criteria and be eligible for this benefit: chronic alcohol and other drug dependence, autoimmune disorders, cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes, end-stage liver disease, end-stage renal disease (ESRD), severe hematologic disorders, HIV/AIDS, chronic lung disorders, chronic and disabling mental health conditions, neurologic disorders, stroke, pre-diabetes, hypertension, chronic circulatory disorder, hypercholesterolemia, osteoporosis, chronic obesity/overweight, chronic kidney disease, chronic liver disease, or chronic arthritis.
Leon Plus Card Benefit	<p>\$150 <i>monthly</i> allowance, which consists of:</p> <ul style="list-style-type: none"> ○ \$50 in approved, non-prescription, over-the-counter items, and health-related products available through Leon Medical Center’s pharmacies only. <li style="text-align: center;">– and – ○ \$100 on the Leon Plus Card for members to use toward the purchase of: <ul style="list-style-type: none"> • Approved over-the-counter (OTC) items available through LMC pharmacies • Food and produce • Meals* • Gas • Utilities • Rent 	<p>\$100 <i>monthly</i> allowance on the Leon Plus 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 • Robotic pets • Mental and health wellness mobile applications • Personal emergency response system

Cost	2024 (this year)	2025 (next year)
<p>Leon Plus Card Benefit (continues)</p>	<ul style="list-style-type: none"> • Gym membership • Home supplies • Pest control • Disaster relief products • Pet care supplies • Robotic pets • Mental and health wellness mobile applications • Personal emergency response systems <p>*If decide to choose the meal option in any given month, the entire balance of your Leon Plus 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>*If decide to choose the meal option in any given month, the entire balance of your Leon Plus 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> <p>The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify.</p> <p>Individuals must have at least one qualifying condition to meet the criteria and be eligible for this benefit. Please refer to the benefit Supplemental Benefit for the Chronically Ill (SSBCI) in this list to review the list of eligible conditions.</p>
<p>Over-the-Counter (OTC) Benefit</p>	<p>\$50 monthly allowance on approved over-the-counter (OTC) items and health-related products available through LMC pharmacies.</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>The eligible items are listed in the OTC catalog.</p> <p>Orders are limited to one per month.</p> <p>Unused amounts expire at the end of each month.</p>	<p>\$75 monthly allowance on approved over-the-counter (OTC) items and health-related products available through LMC pharmacies.</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>The eligible items are listed in the OTC catalog.</p> <p>Orders are limited to one per month.</p> <p>Unused amounts expire at the end of each month.</p>

Section 2.5 | Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan 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 are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **Note:** If you are in a program that helps pay for your drugs

(“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by *September 30*, please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are **three drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>The deductible is \$545.</p> <p>Your deductible amount is either \$0 or \$545, depending on the level of “Extra Help” you receive. (Review the separate insert we sent you, called the “LIS Rider”, for your deductible amount.)</p>	<p>The deductible is \$590.</p> <p>Your deductible amount is either \$0 or \$590, depending on the level of “Extra Help” you receive. (Review the separate insert we sent you, called the “LIS Rider”, for your deductible amount.)</p> <p>During this stage, you pay \$0 cost sharing for drugs on tier 5 at a preferred retail pharmacy, and \$10 cost sharing for drugs on tier 5 at a standard retail pharmacy and the full cost of drugs on tier 1, 2, 3 and 4 until you have reached the yearly deductible.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage (continues)</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>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.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply is:</p> <p>Tier 1 – Generic: <i>Standard cost sharing:</i> You pay \$0 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Tier 2 – Preferred Brand: <i>Standard cost sharing:</i> You pay \$0 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Tier 3 – Non-Preferred Drugs: <i>Standard cost sharing:</i> You pay \$0 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Tier 4 – Specialty Tier: <i>Standard cost sharing:</i> You pay \$0 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Tier 5 – Supplemental Drugs: <i>Standard cost sharing:</i> You pay \$10 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p>	<p>If you receive “Extra Help”, your cost for a one-month supply is:</p> <p>Tier 1 – Generic: <i>Standard cost sharing:</i> You pay \$0 - \$4.90 per prescription. <i>Preferred cost sharing:</i> You pay \$0 - \$4.90 per prescription.</p> <p>Tier 2 – Preferred Brand: <i>Standard cost sharing:</i> You pay \$0 - \$12.15 per prescription. <i>Preferred cost sharing:</i> You pay \$0 - \$12.15 per prescription.</p> <p>Tier 3 – Non-Preferred Drugs: <i>Standard cost sharing:</i> You pay \$0 - \$12.15 per prescription. <i>Preferred cost sharing:</i> You pay \$0 - \$12.15 per prescription.</p> <p>Tier 4 – Specialty Tier: <i>Standard cost sharing:</i> You pay \$0 - \$12.15 per prescription. <i>Preferred cost sharing:</i> You pay \$0 - \$12.15 per prescription.</p> <p>Tier 5 – Supplemental Drugs: <i>Standard cost sharing:</i> You pay \$10 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>If you do not receive “Extra Help”, your cost for a one-month supply is:</p> <p>Tier 1 – Generic: <i>Standard cost sharing:</i> You pay 20% of the cost per prescription.</p>

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage (continues)</p>	<p>Once your total drug costs have reached \$5,030 you will move to the next stage (the Coverage Gap Stage).</p>	<p><i>Preferred cost sharing:</i> You pay 20% of the cost per prescription.</p> <p>Tier 2 – Preferred Brand: <i>Standard cost sharing:</i> You pay 20% of the cost per prescription. <i>Preferred cost sharing:</i> You pay 20% of the cost per prescription.</p> <p>Tier 3 – Non-Preferred Drugs: <i>Standard cost sharing:</i> You pay 26% of the cost per prescription. <i>Preferred cost sharing:</i> You pay 26% of the cost per prescription.</p> <p>Tier 4 – Specialty Tier: <i>Standard cost sharing:</i> You pay 25% of the cost per prescription. <i>Preferred cost sharing:</i> You pay 25% of the cost per prescription.</p> <p>Tier 5 – Supplemental Drugs: <i>Standard cost sharing:</i> You pay \$10 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

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

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

SECTION 3 | Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).</p> <p>To learn more about this payment option, please contact us at 1-844-969-5366 or visit Medicare.gov.</p>

SECTION 4 | Deciding Which Plan to Choose

Section 4.1 | If you want to stay in *Leon MediDual (HMO D-SNP)*

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our *Leon MediDual*.

Section 4.2 | If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,

- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from *Leon MediDual*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *Leon MediDual*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *OR* – Contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 5 | Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have *Florida Medicaid*, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- 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 enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug

coverage) between January 1 and March 31, 2025.

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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 6 | Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-963-5337 (TTY: 1-800-955-8770). You can learn more about SHINE by visiting their website (www.floridashine.org).

For questions about your Florida Medicaid benefits, contact the Florida Agency for Health Care Administration (AHCA) at (888) 419-3456 (TTY: (800) 955-8771). Hours are Monday through Friday from 8 a.m. to 5 p.m. ET. Ask how joining another plan or returning to Original Medicare affects how you get your Florida Medicaid coverage.

SECTION 7 | Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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 prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/

AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals 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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida Aid Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 1-800-352-2437 (1-800-FLA-AIDS) for English, 1-800-545-7432 (1-800-545-SIDA) for Spanish. (TTY: 1-888-503-7118). 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 new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-844-969-5366 or visit Medicare.gov.

SECTION 8 | Questions?

Section 8.1 | Getting Help from *Leon MediDual (HMO D-SNP)*

Questions? We're here to help. Please call Member Services at 1-844-969-5366 (TTY only, call 711). We are available for phone calls 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. Calls to these numbers are free.

Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage for Leon MediDual*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.leonhealth.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.leonhealth.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

Section 8.2 | Getting Help from Medicare

To get information directly 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 should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2025

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1 800 MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1 877 486 2048.

Section 8.3 | Getting Help from Medicaid

To get information from Medicaid you can call the Florida Medicaid at 1-888-419-3456. TTY users should call 1-800-955-8771.

DISCLAIMERS

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

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

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

Benefits vary by plan benefit packages.

This information is not a complete description of benefits. Call Member Services at 1-844-969-5366, TTY users call 711 for more information.

Leon Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-969-5366. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-969-5366. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-969-5366。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-969-5366。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang maka-kuha ng tagasaling-wika, tawagan lamang kami sa 1-844-969-5366. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-969-5366. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-969-5366 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-969-5366. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-969-5366 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-969-5366. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-969-5366 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-969-5366 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-969-5366. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-969-5366. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-969-5366. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-969-5366. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには 1-844-969-5366 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

MEDIDUAL

2025

