

## Medicare Advantage Supplemental Benefits — Frequently Asked Questions

### 1. What are supplemental benefits?

A supplemental benefit is an item or service covered by a Medicare Advantage Plan that is not covered by Original Medicare. These benefits do not need to be provided by Medicare providers or at Medicare-certified facilities. Instead, to receive these items or services, a beneficiary needs to follow their plan's rules. Some commonly offered supplemental benefits are:

- Dental care
- Vision care
- Hearing aids
- Gym membership

Supplemental benefits must, with some exceptions (see question 2), be primarily health related. These benefits can either be:

- **Optional**, meaning that they are offered to everyone who is enrolled in a plan, and beneficiaries can choose to purchase coverage if they want to (for example, an optional dental benefit for which someone can pay an additional premium to their Medicare Advantage Plan for benefits that are not otherwise covered by their plan), or
- **Mandatory**, meaning that they are covered for everyone enrolled in the Medicare Advantage Plan (for example, a gym membership benefit that is included in the Medicare Advantage Plan, for which enrollees pay no additional premium and which they cannot decline or opt out of). Mandatory does not mean beneficiaries must make use of the coverage.

Medicare Advantage Plans must follow Medicare guidelines when designing and introducing supplemental benefits. These guidelines include:

- **Supplemental benefits must have distinct names:** Medicare requires that Medicare Advantage Plans choose wording that accurately describes the supplemental benefits they are offering.
- **In naming benefits, plans should not single out specific parts of the benefit:** For example, if a Medicare Advantage Plan offers chiropractic visits as a supplemental benefit, it should refer to the benefit that way. The plan should not indicate that massage will be covered, even though massage may be included in a visit to a chiropractor.
- **Benefits cannot be offered to non-enrollees:** Medicare Advantage Plans cannot cover services that will be used by people other than the members that are enrolled in their plan,

except in cases when Original Medicare also covers those services. For example, a Medicare Advantage Plan cannot cover a gym membership for an enrollee's spouse or child. Medicare Advantage Plans also cannot offer any type of caregiver support as a supplemental benefit, unless that type of support is covered by Original Medicare, (for example, respite services for the caregivers of those receiving hospice benefits are covered by Original Medicare).

Plans can also offer additional supplementary benefits which are **not** primarily health related. These benefits may only be made available to plan members with certain chronic conditions (see question 2).

## **2. What supplemental benefits may be available to people with chronic illnesses?**

Medicare Advantage Plans can cover supplemental benefits that are not primarily health-related for beneficiaries who have chronic illnesses. These are sometimes called Special Supplemental Benefits for the Chronically Ill (SSBCI). SSBCI can address social determinants of health for people with chronic disease. A social determinant of health is a part of someone's life that can affect their health in some way, such as not having access to transportation. Examples of the kind of benefits that plans can cover are:

- Meal delivery
- Transportation for non-medical needs
- Home air cleaners
- Pest remediation
- Heart-healthy food or produce

In order to be eligible, beneficiaries must be considered chronically ill. This means that they:

- Have at least one medically complex chronic condition that is life-threatening or significantly limits their health or function
  - Medically complex chronic conditions include cardiovascular disorders, diabetes, chronic lung disorders, neurologic disorders, chronic heart failure, chronic and disabling mental health conditions, cancer, dementia, chronic alcohol or drug dependence, autoimmune disorders, stroke, end-stage renal disease (ESRD), severe hematologic disorders, end-stage liver disease, and HIV/AIDS.
- Have a high risk of hospitalization or other negative health outcomes, and
- Require intensive care coordination

If a beneficiary meets the above criteria, a Medicare Advantage Plan may offer them one of these benefits if it has a reasonable expectation of improving or maintaining the beneficiary's health or function.

Since Medicare Advantage Plans can create sets of supplemental benefits for people with specific chronic illnesses, not every member of a Medicare Advantage Plan will have access to the same set of benefits. For example, a plan might cover services like home air cleaning and carpet shampooing for its members who have asthma. A member of that plan who has asthma may be able to get these services covered, while a member who does not have asthma may not.

Before enrolling in a Medicare Advantage Plan that offers SSBCI, a beneficiary should check if they meet the plan's criteria for coverage. They should contact their plan to find out how to access these and other supplemental benefits (see question 3).

### **3. What questions should someone ask about supplemental benefits?**

Before signing up for a Medicare Advantage Plan that includes supplemental benefits or before receiving services, beneficiaries should ask the following questions to better understand the available coverage:

- Is this really a supplemental benefit? Or is this service covered under Original Medicare?
  - Sometimes, plan marketing materials can make it seem as though they are covering additional services when these services are actually covered by Medicare. To find out if a service is already covered by Original Medicare, call 1-800-MEDICARE (1-800-633-4227).
- If I am signing up for a Medicare Advantage Plan because it contains this benefit, have I also made sure that the plan's other coverage will work for me?
  - For example, are all my providers in this plan's network? Are my drugs on this plan's formulary?
- Is this benefit offered to all enrollees in this Medicare Advantage Plan?
  - Is it an optional benefit that I need to sign up for?
  - Is it a benefit that is only offered to plan members with chronic conditions? Do I meet the plan's criteria for coverage?
  - Is the benefit only available in some circumstances?
- Is there a cost associated with this benefit?
  - Is there an additional premium?
  - Are there copays or coinsurances for these services?

- Is this Medicare Advantage Plan's premium higher than comparable plans that do not offer this benefit?
- Are there limits to how much I can use this service—for example, a set number of rides under a transportation benefit or a dollar limit on eyeglasses?
- Are there restrictions on where and how I can access these services? For example, do I need to see in-network providers, receive a referral, or participate in a care management program?
- Are there some excluded services within this category of benefits?
- Is this the most cost-effective way for me to access these services?
  - Is a separate insurance plan or private payment an option? Do these alternatives offer more benefits? What is the difference in cost, including premiums?

#### 4. What are other ways that beneficiaries can access similar services?

There are alternatives available for beneficiaries who need access to dental, vision, and other services that Medicare does not cover. These options may be useful to beneficiaries who prefer Original Medicare or for situations where no Medicare Advantage Plan in the beneficiary's area covers the services that they need.

- **Medicaid:** Medicaid is a federal and state program that provides health coverage for certain people with limited income and assets. In some states, Medicaid covers services that are not covered by Medicare, including dental, vision, long term care, and transportation. To learn more about your state's Medicaid program, contact a local State Health Assistance Program (SHIP) by calling 877-839-2675 or visiting [www.shiphelp.org](http://www.shiphelp.org).
- **Private plans:** People can purchase a separate, private plan that may cover certain services that Medicare does not cover. For example, a Medicare beneficiary could purchase a stand-alone dental plan to cover routine and deep cleanings, x-rays, and fillings. They would likely owe a monthly premium for these plans and would need to follow the plan's rules and restrictions.
- **Medigaps:** Generally, Medigaps, which are Medicare supplementary insurance, only pay secondary to Original Medicare in cases where Original Medicare covers a service and pays primary. But some Medigaps also offer additional days of inpatient hospital care beyond what is covered by Original Medicare and/or emergency medical services received outside of the United States, which are not covered by Original Medicare. Medigaps can also offer fitness benefits or other targeted supplemental coverage in some states.
- **Reduced-cost or free clinics:** A beneficiary may be able to access the services they need through a free or reduced-cost clinic in their area. Use resources available at [NeedyMeds.org](http://NeedyMeds.org), [healthcare.gov](http://healthcare.gov), [freeclinics.com](http://freeclinics.com), and [hhs.gov](http://hhs.gov) for more information.

- **Donated dental service programs or dental schools:** Donated dental services programs operate in some states. Dentists in these programs offer free dental services to those who qualify. Beneficiaries may also be able to get low-cost dental care at a dental school, where dental students work with patients under the supervision of experienced, licensed dentists.
- **Administration for Community Living (ACL) Eldercare Locator:** Beneficiaries can visit [eldercare.acl.gov](https://eldercare.acl.gov) to learn about other resources in their community, such as long-term care and legal aid.