Medicare Minute Teaching Materials – November 2019
Medicare Advantage Supplemental Benefits

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

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

Supplemental benefits must, with some exceptions (see number 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 you can choose to purchase coverage if you want to (for example, an optional dental benefit for which you can pay an additional premium to your Medicare Advantage Plan for dental benefits that are not otherwise covered by your 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 your Medicare Advantage Plan, for which you pay no additional premium and which you cannot decline or opt out of). Mandatory does not mean you must make use of the coverage or use the services.

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

- **Benefits must be medically necessary:** A Medicare Advantage Plan can only cover a supplemental benefit if it is medically necessary and offered in addition to the benefits available under Original Medicare.
- **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. Under existing rules, 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).

Beginning in 2020, plans can also offer additional supplemental benefits that are **not** primarily health-related. These benefits may only be made available to plan members with certain chronic conditions (see number 2).

2. What new kinds of supplemental benefits can plans cover in 2020?
Beginning in 2020, Medicare Advantage Plans can begin covering supplemental benefits that are not primarily health-related for beneficiaries who have chronic illnesses. These benefits should address environmental factors that may affect the health, functioning, quality of life, and risk levels of beneficiaries with chronic conditions. Examples of the kind of benefits that plans can now cover are:

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

In order to be eligible for this new category of supplemental benefits, you must be considered chronically ill. This means that you:

- Have at least one medically complex chronic condition that is life-threatening or significantly limits your 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 (blood) 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 you meet the above criteria, a Medicare Advantage Plan **may** offer you one of these new benefits if it has a reasonable expectation of improving or maintaining your health or function.

Medicare Advantage Plans will be able to create sets of supplemental benefits for people with specific chronic illnesses, which means **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 members with severe asthma. A member of that plan who has severe asthma may be able to get that service covered, while a member who does not have asthma, or whose asthma is mild, may not.

Before enrolling in a Medicare Advantage Plan that has these new supplemental benefits, check if you meet the plan's criteria for coverage. Contact your plan to find out how to access these and other supplemental benefits it may offer.

3. What kind of vision care is covered by Original Medicare?
Routine eye care services, such as regular eye exams, are excluded from Medicare coverage. However, Medicare does cover certain eye care services if you have a chronic eye condition, such as cataracts or glaucoma. Medicare covers:

- Surgical procedures to help repair the function of the eye due to chronic eye conditions. For example, Medicare will cover surgery to remove a cataract and replace your eye's lens with a fabricated intraocular lens.
- Eyeglasses or contacts if you had an intraocular lens placed in your eye after cataract surgery. In this case, Medicare will cover a standard pair of untinted prescription eyeglasses or contacts if you need them. If it is medically necessary, Medicare may pay for customized eyeglasses or contact lenses.
- An eye exam to diagnose potential vision problems. If you are having vision problems that may indicate a serious eye condition, Medicare will cover an eye exam. Your exam is covered even if it turns out you do not have a vision problem.

Medicare also covers diagnosis and treatment for injuries to the eyes and non-chronic conditions, such as a detached retina.

Medicare only covers routine eye care in the following circumstances:

- If you have diabetes, Medicare covers an annual eye exam by a state-authorized eye doctor to check for diabetes-related vision problems.
- If you are at high risk for glaucoma, Medicare covers an annual eye exam by a state-authorized doctor. You are considered by Medicare to be at high risk if you:
    - Have diabetes
    - Have a family history of glaucoma
    - Are African American and age 50+
    - Or, are Hispanic American and age 65+

4. What kind of dental care is covered by Original Medicare?
Medicare does not cover dental services that you need primarily for the health of your teeth, including but not limited to:

- Routine checkups
- Cleanings
- Fillings
- Dentures (complete or partial/bridge)
- Tooth extractions (having your teeth pulled) in most cases

If you receive dental services, you will be responsible for the full cost of your care unless you have private dental coverage or are utilizing a low-cost dental resource (see number 6). Again, **Medicare will not pay for or reimburse you for dental services you receive primarily for the health of your teeth.**

Note: Some Medicare Advantage Plans cover routine dental services, such as checkups or cleanings. If you have a Medicare Advantage Plan, contact your plan to learn about dental services that may be covered.

While Medicare does not pay for dental care needed primarily for the health of your teeth, it does offer very limited coverage for dental care needed to protect your general health, or for dental care needed in order for another Medicare-covered health service to be successful. For instance, Medicare may cover:

- An oral examination in the hospital before a kidney transplant
- An oral examination in a rural clinic or Federally Qualified Health Center (FQHC) before a heart valve replacement
- Dental services needed for radiation treatment for certain jaw-related diseases (like oral cancer)
- Ridge reconstruction (reconstruction of part of the jaw) performed when a facial tumor is removed
- Surgery to treat fractures of the jaw or face
- Dental splints and wiring needed after jaw surgery

It is important to know that while Medicare may cover these initial dental services, Medicare will not pay for any follow-up dental care after the underlying health condition has been treated. For example, if you were in a car accident and needed a tooth extraction as part of surgery to repair a facial injury, Medicare may cover your tooth extraction—but it will not pay for any other dental care you may need later because you had your tooth removed.

Medicare also covers some dental-related hospitalizations. For example, Medicare may cover observation you require during a dental procedure because you have a health-threatening condition.

In these cases, Medicare will cover the costs of hospitalization (including room and board, anesthesia, and x-rays). It will not cover the dentist fee for treatment or fees of other physicians, such as radiologists or anesthesiologists. Further, while Medicare may cover inpatient hospital care in these cases, it never covers dental services specifically excluded from Original Medicare (like dentures), even if you are in the hospital.

5. What questions should I ask about supplemental benefits?
Before signing up for a Medicare Advantage Plan that includes supplemental benefits or before receiving services that are covered by these benefits, ask the following questions to understand the available coverage:

- Is this definitely a supplemental benefit? Or is this service covered under Original Medicare?
    - Sometimes, plan marketing materials can make it seem as though the plan covers 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 or SHIP or visit www.medicare.gov.
- 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 if medically necessary? Does my situation meet that standard?
- Is there a cost associated with this benefit?
  - Is there an additional premium that I must pay in order to access it?
  - Are there copays or coinsurance charges 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 services excluded from Original Medicare within this category of benefits?
- Is this the most cost-effective way for me to access these services?
  - Is separate insurance or private payment for that benefit available? Does that insurance offer more benefits or is it less expensive than the premium difference?

6. What are other ways that I can access similar services?
In some cases, there may be no Medicare Advantage Plan in your area that covers the supplemental benefits that you need, or you might find that Original Medicare offers better coverage of services that are important to you. You may still be able to access services that Original Medicare does not cover.

- **Medigaps:** Generally, Medigaps, which are insurance policies that supplement Original Medicare, pay second to Medicare when Medicare covers a service and pays first. All Medigaps also offer additional days of inpatient hospital care beyond what is covered by Original Medicare, and some cover 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. Medigaps do not work with Medicare Advantage
- **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. A state may also have a Medicaid waiver program that covers additional services, too. To learn more about your state's Medicaid program, contact your local State Health Assistance Program (SHIP). Contact information for your SHIP is on the last page of this document.
- **Reduced-cost or free clinics:** You may be able to access the services you need through a free or reduced-cost clinic in your area. Use resources available at needymeds.org, healthcare.gov, freeclinics.com, and 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 if you qualify. You 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:** Visit eldercare.acl.gov to learn about other resources in your community, such as long-term care and legal aid.

7. Who can I contact if I have questions?
State Health Insurance Assistance Program (SHIP): Contact your SHIP if you have questions about supplemental benefits coverage in Medicare Advantage plans and supplement insurance (Medigap) for Original Medicare. Your SHIP can also help you appeal denials in coverage. Contact information for your SHIP is on the last page of this document.

Senior Medicare Patrol (SMP): Contact your local SMP if you suspect that you have experienced fraud or attempted fraud, or if you feel pressured by Medicare Advantage sales practices. SMP representatives can teach you how to detect and protect yourself from potential Medicare fraud, errors, and abuse. Contact information for your SMP is on the last page of this document.

1-800-MEDICARE: Contact Medicare to learn more about what services are and are not covered by Original Medicare.

Medicare Advantage Plan: Call your plan to learn about its costs and coverage rules for supplemental benefits. If you are thinking of enrolling in a Medicare Advantage Plan, call the plan to confirm that its costs and coverage work for you.

SHIP case study
Sandra is looking for a new Medicare Advantage Plan during Medicare's Open Enrollment. Her friend, Ruth, is enrolling in a plan that offers dental benefits, transportation to the doctor's office, and home-delivered meals. Sandra would like to enroll in this plan but wants to make sure that she's making the right decision.

What should Sandra do?

- Sandra can call her State Health Insurance Assistance Program (SHIP) for help making decisions about Medicare Advantage coverage.
    - If Sandra doesn't know how to reach her SHIP, she can call 877-839-2675 or visit www.shiptacenter.org
- The SHIP counselor can help Sandra understand the different factors that she should consider in choosing a Medicare Advantage Plan.
    - Sandra should first check that any plan she is considering has all of the doctors she would like to see and her preferred hospitals in its network and all of the medications that she takes on its formulary.
    - Sandra should also consider the plan's costs—its premiums, deductibles, and copayments or coinsurances—to see if this plan is right for her.
    - When considering the supplemental benefits, the SHIP counselor can tell Sandra to find out exactly which benefits will be available to her. She can do this by calling the plan to learn more details about their supplemental benefits coverage.

  - Some of the benefits Ruth is getting may be offered to plan members with chronic conditions only. If Sandra does not meet the plan's criteria for coverage, these benefits will not be available to her.

- If Sandra decides that this plan is right for her, the SHIP counselor can help her enroll or direct her to call 1-800-MEDICARE to enroll.
- If Sandra learns that this plan is not right for her, the SHIP counselor can help her find another plan that meets her needs and can also give her information about local resources that may help her find services like dental care and home-delivered meals.

SMP case study

Art went to a health fair during Medicare's Open Enrollment to learn about his Medicare Advantage Plan options. One plan's representative told Art that their plan offers home-delivered meals and transportation for non-medical needs to all of their members. When Art asked for more information in writing about this, the plan representative could not provide it to him. Art might like to enroll in this plan, but he is wondering if it is too good to be true.

What should Art do?

- Art calls the plan.
  - If he can confirm that the rep was being misleading, then this would be an SMP case.
- Art can contact his Senior Medicare Patrol (SMP) for more information and assistance.
  - If Art doesn't know how to contact his SMP, he can call 877-808-2468 or visit www.smpresource.org.
- The SMP will let Art know that he was right to look for more information about a plan's benefits and to ask for information in writing. They can give him more information about what plans can or cannot cover.
  - Since plans can begin offering some benefits that are not primarily health related in 2020, this plan might be offering home-delivered meals and non-medical transportation. However, this kind of benefit can only be offered to members who have chronic conditions.
  - If Art believes that this plan's representative was misleading potential enrollees, the SMP can give him information about where to report this misleading marketing.
- The SMP can encourage Art to continue to do thorough research about the benefits of whatever plan he might enroll in.
  - If he learns about a plan that he wants to enroll in, he should call that plan to double check that his providers are in-network, that his drugs are on that plan's formulary, and that he understands all costs and supplemental benefits associated with the plan.
  - When he does this, he should take notes about the date and time that he calls, the name of the representative that he speaks to, and the outcome of their conversation.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: **SHIP email:** **SHIP website:** **To find a SHIP in another state:** Call 877-839-2675 or visit www.shiptacenter.org.	**SMP toll-free:** **SMP email:** **SMP website:** **To find an SMP in another state:** Call 877-808-2468 or visit www.smpresource.org.

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