

Medicare Minute Teaching Materials — December 2024

Adding on to Medicare

1. What do we mean by “adding on” to Medicare?

Medicare covers a lot—hospital stays, home care, durable medical equipment, nearly all vaccines for free, and uncapped physical therapy, just to name a few. But Medicare doesn’t cover all medical care. Just because something isn’t covered by Medicare, doesn’t mean that care isn’t important and necessary. For example, Medicare doesn’t cover most dental, vision, and hearing care, including hearing aids. It also doesn’t cover most non-emergency transportation or care outside of the United States. Even when Medicare does cover your care, there may be out-of-pocket costs left to you, like copays and coinsurances, that can really add up. There are other ways to get these services and costs covered, though. In other words, you can “add on” to Medicare with Medigaps, Medicare Advantage Plan supplemental benefits, stand-alone private plans, Medicaid, and low-cost facilities.

2. What is a Medigap and how can I enroll in one?

Medigaps are health insurance policies that offer standardized benefits to work with Original Medicare (not with Medicare Advantage). They are sold by private insurance companies. If you have a Medigap, it pays part or all of certain remaining costs after Original Medicare pays first. Medigaps may cover outstanding deductibles, coinsurance, and copayments. Medigaps may also cover health care costs that Medicare does not cover at all, like care received when travelling abroad. Remember, Medigaps only work with Original Medicare. If you have a Medicare Advantage Plan, you cannot buy a Medigap.

Medigaps help pay certain Medicare costs, including deductibles, coinsurance, and copays. Medigaps do not help pay for Medicare premiums. All policies must offer the following basic benefits:

- Hospital coinsurance coverage
- 365 additional days of full hospital coverage
- Full or partial coverage for the 20% coinsurance for provider charges and other Part B services
- Full or partial coverage for the first three pints of blood you need each year
- Hospice coinsurance for drugs and respite care

Beyond these basic benefits, each standardized Medigap covers a different amount of your Medicare cost-sharing. Depending on which Medigap policy you choose, you can get coverage for additional expenses, including:

- Hospital deductible
- Skilled nursing facility coinsurance
- Part B deductible (Note: People eligible for Medicare on or after January 1, 2020 cannot purchase Medigaps that pay for the Part B deductible. See below for more information.)
- Emergency care outside the U.S.
- Preventive care that Medicare does not cover
- Excess physician’s charges (some Medigaps will pay the limiting charge, which is the amount above the Medicare-approved amount that non-participating doctors can charge).

If you wish to purchase a Medigap policy, you need to find out the best time to buy one in your state. In most states, insurance companies must only sell you a policy at certain times and if you meet certain requirements. If

you miss your window of opportunity to buy a Medigap, your costs may go up, your options may be limited, or you may not be able to buy a Medigap at all.

Under federal law, you have the right to buy a Medigap policy if you:

- Are 65 and enrolled in Medicare
- And, you buy your policy during a protected enrollment period

At times when you have the right to buy a Medigap policy, an insurance company cannot:

- Deny you Medigap coverage
- Or, charge you more for a policy because of past or present health problems

Before you buy a Medigap, check to see if your state offers additional protections. For instance, some states allow people to enroll in Medigaps outside federally protected periods. Residents of New York and Connecticut, for instance, can buy a policy throughout the year, not just at select times. These two states also require insurers to sell to people with Medicare who are under age 65. Call your State Health Insurance Assistance Program (SHIP) or Department of Insurance to learn more about your right to purchase a Medigap policy in your state. Contact information for your local SHIP is on the last page of this document.

Even if you do not have the right to buy a Medigap in your state, you may still be able to buy a policy if a company agrees to sell you one. However, know that companies can charge you a higher price because of your health status or other reasons.

When you're ready to buy a Medigap, you should compare your options and decide which plan you want. You can compare Medigaps on www.medicare.gov. After choosing a Medigap, you should contact the insurance company directly to enroll.

3. What are Medicare Advantage 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, you need to follow your plan's rules. Some commonly offered supplemental benefits are dental care, vision care, hearing aids, and gym memberships.

Most supplemental benefits must 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 the benefits if you want to, or
- Mandatory, meaning that they are covered for everyone enrolled in a plan and you cannot decline the coverage (even if you do not need to use the service).

Medicare Advantage Plans can also cover supplemental benefits that are not primarily health-related for beneficiaries who have chronic illnesses. These benefits should address social determinants of health. A social determinant of health is part of your life that can affect your health in some way, such as not having access to transportation. Plans can offer benefits that are not primarily health-related like meal delivery, transportation for non-medical needs, and home air cleaners. In order to be eligible for these benefits, you must be chronically ill.

To be considered chronically ill for the purpose of accessing these benefits, your plan must determine that you meet all of the following:

- Have at least one medically complex condition that is life-threatening or significantly limits your health or function
- Have a high risk of hospitalization or other negative health outcomes
- Require intensive care coordination

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 members with severe asthma. A member of that plan who has severe asthma will be able to get those services covered, while a member who does not have asthma, or whose asthma is mild, will not.

It's very important to read a plan's coverage rules around its supplemental benefits. You may hear that a plan covers "dental care," and assume that means the plan will cover cleanings, x-rays, fillings, crowns, and dentures. But sometimes, plans' supplemental benefits are less comprehensive than you may initially assume. For example, a plan may only cover routine cleanings or have restrictions like how often you can use your dental benefits. If a Medicare Advantage Plan claims to cover many supplemental benefits, remember to ask questions, get answers in writing, and read coverage rules to know exactly what this means.

4. How else can I get dental, vision, and hearing care covered?

Medicare usually does not cover routine dental, vision, and hearing care. This of course does not mean that this type of care is not important and often needed. You can pay out of pocket for this type of care, and many providers will work with you to create a payment plan to ease financial burden. This isn't always an option, though. Below are other strategies and resources for accessing dental, vision, and hearing care:

- **Stand-alone plans:** You can purchase stand-alone dental, vision, or hearing plans through private insurance companies. Premiums for these plans are usually much less than your Medicare Part B premium, with dental, vision, and hearing plans often ranging from \$5 to \$50 per month.
- **Medicare Advantage Plans:** Private Medicare plans often offer supplemental benefits. Common supplemental benefits are routine dental, vision, and hearing care. Remember to learn a plan's specific coverage rules, though, since these supplemental benefits may come with coverage restrictions or less comprehensive coverage. (See question 3.)
- **Medicaid:** In some states, Medicaid covers some dental, vision, or hearing services. You may qualify for Medicaid if you have a low income and minimal assets. (See question 6.)
- **Reduced-cost or free dental clinics:** These clinics are available in many states. Use resources available at [NeedyMeds](#), [healthcare.gov](#), [freeclinics.com](#), and [hhs.gov](#) for more information.
- **Federally Qualified Health Centers (FQHCs):** FQHCs are health care facilities located in medically underserved areas. People with Medicare are eligible to receive services from an FQHC. Some FQHCs may offer dental care.

- Community Health Centers (CHCs): CHCs provide free or reduced-cost health services, including dental care. CHCs are funded by the Health Resources & Services Administration (HRSA).
- Local hospitals: Call the hospitals in your area to ask if they offer dental clinics, how you can become a patient there, which services they offer and at what cost, and if payment plans are available.
- Schools and training hospitals: Schools and facilities that train dentists, optometrists, and audiologists may offer low-cost care. Students work with patients under the supervision of experienced, licensed providers.

5. Does Medicare cover long-term services and supports (LTSS)?

Medicare usually does not cover long-term services and supports (LTSS). LTSS refers to a range of services and support that help you perform everyday activities. LTSS can be provided in a nursing home, assisted living facility, or other setting, and may include medical care, therapy, 24-hour care, personal care, and custodial care (homemaker services). If you need LTSS, there are other organizations and forms of insurance you can try:

- Medicaid is a state and federal program that provides health coverage if you have a limited income. Medicaid is the country's largest payer of LTSS and will pay for nursing home care. Medicaid benefits also coordinate with Medicare. (See question 6.)
- An Area Agency on Aging (AAA) may be able to provide counseling and connect you with services in your area.
- Local senior centers may have programs that can deliver meals, provide transportation and shopping assistance, and offer case management. To find senior centers in your area, call your local AAA.
- Faith-based organizations and charities may offer services, financial assistance, and/or referrals to other organizations in your area.
- Geriatric care managers are health and human services professionals who work privately with you and your family to create a plan of care that meets your needs.
- In certain areas, you can dial 2-1-1 to ask for referrals to community services. You can also contact your State Health Insurance Assistance Program (SHIP) for assistance and counseling. Contact information for your local SHIP is on the last page of this document.

If you are unsure what kind of care you need, you should start by asking your provider.

6. Does Medicaid cover services that Medicare does not?

Yes. If you are eligible for Medicare and Medicaid (dually eligible), you can enroll in both. Medicaid is a federal and state program that provides health coverage for certain people with limited income and assets. Medicaid can cover services that Medicare does not, like long-term care, and depending on the state, may cover other Medicare-excluded care, like routine, dental, and vision care. It can also pick up Medicare's out-of-pocket

costs (deductibles, coinsurances, copayments). Because Medicaid programs differ from state to state, call your local Medicaid office or your State Health Insurance Assistance Program (SHIP) to learn more. Contact information for your local SHIP is on the last page of this document.

Each state runs different Medicaid-funded programs for different groups of people, including:

- Older adults
- People with disabilities
- Children
- Pregnant people
- Parents and/or caretakers of children

All states also have Medicaid programs for people with limited incomes and assets who need nursing home care, long-term care services, and home health care services. Some states also have programs for individual adults who don't fit any of these categories.

Each state uses financial eligibility guidelines to determine whether you are eligible for Medicaid coverage. Generally, your income and assets must be below a certain amount to qualify, but this amount varies from state to state and from program to program. You are eligible for Medicaid if you fall into an eligible group and meet that group's financial eligibility requirements.

Some states offer a Medicaid spend-down program or medically needy program for individuals with incomes over their state's eligibility requirements. A spend-down program allows you to deduct your medical expenses from your income so that you can qualify for Medicaid. Contact your local Medicaid office to learn if a spend-down is available in your state.

7. What are hearing aid scams and how can I avoid them?

Medicare does not cover most hearing care, including hearing aids. Because over-the-counter (OTC) hearing aids are a new product, older adults may not realize that they can buy one without a prescription from a doctor. Fraudsters may take advantage of this, stealing a person's Medicare number when selling the devices. Also, some companies selling OTC hearing aids may make false claims, have unclear or misleading labels, and fail to offer the guarantees and customer service they promise.

Hearing aid scams can range from dishonest companies misleading you to someone calling to tell you Medicare will cover a hearing aid in an attempt to get your Medicare number or promise you other unneeded medical supplies. (Learn more about this form of fraud, called medical identity theft, at: <https://smpresource.org/medicare-fraud/fraud-schemes/medical-identity-theft/>)

Below are red flags that may point to hearing aid scams, identified by the [National Council on Aging \(NCOA\)](#):

- **Unknown brand names:** Instead, look for well-known and reputable brands with reviews on hearing and retail websites. You can learn about a company's reputation online at the [Better Business Bureau](#) or [TrustPilot](#).

- **Vague or misleading labels:** Make sure your device is clearly labeled as a hearing aid (rather than, for example, a “hearing enhancement”) to avoid buying a different kind of product.
- **Fake FDA registration certificates:** Avoid any products with an FDA certificate, as the FDA does not issue registration certificates. This could be a scam or misleading marketing.
- **Extremely low prices:** Companies selling hearing aids far below the price of other companies may be trying to sell you a hearing product other than a hearing aid, or trying to sell you a very poor-quality device. Consider your budget but remember that a deal that seems too good to be true, may be just that.
- **No trial period or warranty:** Most companies offer at least a 30-day trial period to test new devices, and some offer even more. Be cautious of companies that don’t offer these trial periods or warranties.
- **Lack of customer support:** Avoid companies that don’t clearly have contact information on their website. Reputable companies should be easy to contact with issues you’re experiencing.
- **Unsupported claims:** There is currently no cure for hearing loss, so be wary of companies that claim their products can cure hearing loss or offer immediate relief from symptoms.

8. Who should I contact to learn more about supplementing Medicare coverage?

Medicare.gov’s plan comparison tools: If you are interested in enrolling in a Medigap or Medicare Advantage Plan, remember that you can compare plans online at www.medicare.gov/plan-compare.

State Health Insurance Assistance Program (SHIP): Your local SHIP can help you learn about your coverage options and local resources available to you. SHIP counselors are trained and trusted to provide unbiased Medicare counseling. They can provide you with individual counseling to support you in your specific situation. Contact information for your local SHIP is on the last page of this document.

Senior Medicare Patrol (SMP): Contact your SMP if you believe you have been targeted by an over-the-counter hearing aid scam or have experienced other potential Medicare fraud, errors, or abuse. SMPs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse. Contact information for your local SMP is on the last page of this document.

Local Medicaid office: If you have limited income and assets, you may be eligible for additional coverage through Medicaid. Contact your local Medicaid office to learn about eligibility guidelines and coverage in your state.

Your doctor: If you aren’t sure whether you need additional coverage for these various types of care, consider having a conversation with your doctor. They can help you evaluate your health needs and plan of care.

Private insurance companies: You can enroll in additional coverage directly through insurance companies. For example, you may enroll in a stand-alone dental plan, a Medigap, or a long-term care plan.

SHIP case study

Sandra is looking for a new Medicare Advantage Plan. 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.shiphelp.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 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 direct her to call 1-800-MEDICARE or the plan itself 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

Gabe has mild to moderate hearing loss that has started to affect his ability to communicate with his loved ones. He hasn't seen a hearing doctor because he knows that hearing aids are expensive. He has, however, seen ads on Facebook for OTC hearing aids for an affordable price, with a special discount for people on Medicare. Gabe knows that he should probably see a doctor and get a high-quality hearing aid eventually but is thinking that he might as well try one of these products he's seeing online first. When he places an order, the company requests his Medicare number to give him the discount. His daughter said to make sure it's not some online scam, though.

What should Gabe do?

- Gabe should be skeptical of any ads for OTC products that request his Medicare number.
- Gabe should contact his Senior Medicare Patrol (SMP) to report the potential concern because his Medicare number could be compromised.
 - If he doesn't know how to contact his local SMP, he can call 877-808-2468 or visit www.smpresource.org.
- Gabe should learn more about the company and OTC hearing aid:

- He should make sure the company is reputable and well-reviewed on other websites.
- He should also ensure that the company has contact information on its website for him to easily contact their customer service if needed.
- He should make sure that the product is a hearing aid, and not some other kind of device that he doesn't want.
- He should also see that there is a trial period and warranty for the hearing aid.
- He should see if the company is selling it for much less than other similar products, making unsubstantiated claims, or claiming they have special FDA certification.
- Gabe should consider getting an in-person hearing exam if possible. The hearing professional can also recommend reputable products and services.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: 800-247-4422 SHIP email: idahoshiba@doi.idaho.gov SHIP website: shiba.idaho.gov To find a SHIP in another state: Call 877-839-2675 and say "Medicare" when prompted or visit www.shiphelp.org .	SMP toll-free: 800-247-4422 SMP email: idahoshiba@doi.idaho.gov SMP website: https://aging.idaho.gov/stay-safe/senior-medicare-patrol-fraud-prevention To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .
<p><i>This document is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,534,081 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.</i></p> <p>SHIP Technical Assistance Center: 877-839-2675 www.shiphelp.org info@shiptacenter.org SMP Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2024 Medicare Rights Center www.medicareinteractive.org </p> <p><i>The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center.</i></p>	