

Medicare Minute Teaching Materials — October 2025

Medicare Advantage Supplemental Benefits

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, you need to follow your plan's rules. Some commonly offered supplemental benefits are:

- Dental care
- Vision care
- Hearing aids
- Transportation
- 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 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 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 the 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.

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 call the benefit massage coverage, even though some 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 me if I have a chronic illness?

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 control
- Heart-healthy food or produce

In order to be eligible, 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 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 benefits if it has a reasonable expectation of improving or maintaining your 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 these 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 will not.

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

3. What questions should I ask about supplemental benefits?

Before signing up for a Medicare Advantage plan that includes supplemental benefits or before receiving services, you should ask questions of your plan and learn as much as possible. It's possible to assume that a plan's supplemental benefits cover more than they do—for example, you might assume a plan's dental benefit covers fillings and x-rays, when it maybe only covers yearly cleanings. It's important to understand exactly how a plan's supplemental benefits work before signing up for the plan.

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 covered by Original Medicare, call 1-800-MEDICARE (1-800-633-4227) or use www.medicare.gov to look up the service.
- 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?

Be sure to keep records of any conversations you have with plan representatives, such as the date and time of the call, and name and contact information of the rep. Also try to get everything in writing.

4. What kind of vision care is covered by Original Medicare?

Routine eye care services, such as regular vision 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 medically necessary, Medicare may pay for customized eyeglasses or contact lenses.

- An eye exam to diagnose potential problems. If you are having vision problems, eye pain or other symptoms that may indicate a serious eye condition, Medicare will cover an exam. Your exam is covered even if it turns out you do not have a vision problem.

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 eye doctor. You are considered 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+

5. 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. You may be able to lower your costs by using a [low-cost dental resource](#). Medicare will not pay for or reimburse you for dental services you receive primarily for the health of your teeth.

Limited Medicare coverage

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 the 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's fee for treatment or fees for other physicians. 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.

If you need dental care, you can look into resources or other forms of insurance that may help pay for dental services (see question 6). You can also use [FAIR Health's consumer cost lookup tool](#) to get an estimate for the amounts dental professionals usually charge in your area for different services.

6. What are other ways that I can access similar services?

There are alternatives available if you need access to dental, vision, and other services that Medicare does not cover. These options may be useful if you prefer Original Medicare or if there are no Medicare Advantage plans in your area that cover these services and meet your other health care needs.

- **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 Insurance Assistance Program (SHIP). Contact information for your local SHIP is on the last page of this document.
- **Private plans:** You can purchase a separate, private plan that may cover certain services that Medicare does not cover. For example, you could purchase a stand-alone dental plan to cover routine and deep cleanings, x-rays, and fillings. You 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:** 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 to those who 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:** You can visit [eldercare.acl.gov](#) to learn about other resources in your community, such as long-term care and legal aid.

7. What is marketing misrepresentation of Medicare Advantage supplemental benefits?

Medicare has rules about how Medicare Advantage and Part D plans can contact you and market their services. It is a marketing violation to mislead Medicare beneficiaries when selling private plans. Marketing misrepresentation is a type of misleading marketing.

When it comes to supplemental benefits, remember that these are items and services that Original Medicare cannot cover. Each Medicare Advantage plan determines exactly what the benefit looks like—from how expansive or restrictive the coverage is, to the rules beneficiaries must follow to get coverage. They might enforce rules such as only using certain providers or having caps on how much the benefit can be used. When selling plans, agents or brokers should not mislead you into thinking that the plan's supplemental benefits are more generous or less restrictive than they are. The following are examples of marketing misrepresentation of Medicare Advantage supplemental benefits:

- An advertisement for the plan says that you would have access to the plan's transportation benefit to help you get to appointments, when this benefit is not available to everyone—only to enrollees with chronic conditions.
- An agent tells you that your eye doctor is in network for the plan's vision benefit, when you later learn that the doctor is not and never was in the plan's network.
- An agent claims that the plan's dental benefit covers fillings and dentures, when it only covers regular cleanings and x-rays.
- An agent claims that Medicare covers hearing care including hearing aids. Medicare doesn't cover most hearing care and hearing aids can be bought over the counter.

If you feel you have experienced misleading marketing, save all the information such as an agent's business card, messages, marketing handouts, or other contact information. You should report this to your local Senior Medicare Patrol (SMP) or State Health Insurance Assistance Program (SHIP) and they can help you review the concern and report it to CMS as a potential marketing violation. Contact information for your local SMP and SHIP are on the last page of this document.

Your local SHIP can also help you seek a Special Enrollment Period (SEP) to switch plans if you are misled into a plan that does not cover the services you need.

8. Who can I contact to learn more about Medicare Advantage supplemental benefits?

Medicare Advantage plans: Contact a specific plan to learn about the details of its supplemental benefits. Ask questions and get information in writing.

State Health Insurance Assistance Program (SHIP): Your local SHIP can help you compare Medicare Advantage plans, taking into consideration a plan's overall costs and coverage, including supplemental benefits. Contact information for your local SHIP is on the last page of this document.

Senior Medicare Patrol (SMP): Your local SMP can help you prevent, detect, and report potential Medicare fraud, errors, and abuse. Contact information for your local SMP is on the last page of this document.

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.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 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, she can 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. They can also give her information about local resources that may help her find services like dental care and home-delivered meals.

SMP case study

Gabrielle is looking for a new Medicare Advantage plan during Open Enrollment. She found a plan that she thinks will work well for her and calls the plan to learn more. She is excited to hear from a plan agent that there is a meal delivery benefit included. Gabrielle enrolls in the plan that day. When January comes and her new plan starts, she looks on her plan's online account to get information about setting up her meals. However, it seems her plan doesn't have anything about meal deliveries. She calls the plan to fix the problem, and they let her know that because she doesn't have a qualifying chronic condition, she is not eligible for the meal delivery benefit. Gabrielle is frustrated and feels like she was misled into thinking she would be able to use this benefit.

What should Gabrielle do?

- Gabrielle should save any evidence or information she has related to her experience. This might include the first plan representative's name and the time of their call, any email correspondence, paperwork, or voicemails.
- Gabrielle can contact her local Senior Medicare Patrol (SMP) to report the potential concern.
 - If she doesn't know how to contact her local SMP, she can call 877-808-2468 or visit www.smpresource.org.

- Gabrielle and the SMP team member can review her experience and documentation to report the concern to the appropriate authorities.
- The SMP team member can educate Gabrielle on how to prevent similar experiences in the future. For example, she might get all plan information she receives in writing.
- If Gabrielle wants to change her plan, she can contact her State Health Insurance Assistance Program (SHIP) for help using the Medicare Advantage Open Enrollment Period or a Special Enrollment Period (SEP) based on the misleading marketing she experienced.
 - If she doesn't know how to reach her SHIP, she can call 877-839-2675 or visit www.shiphelp.org.

Local SHIP Contact Information		Local SMP Contact Information	
SHIP toll-free: 800-247-4422		SMP toll-free:	
SHIP email: IdahoSHIBA@doi.idaho.gov		SMP email:	
SHIP website: https://doi.idaho.gov/SHIBA/		SMP website:	
To find a SHIP in another state: Call 877-839-2675 and say “Medicare” when prompted or visit www.shiphelp.org .		To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .	
<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> 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 © 2025 Medicare Rights Center www.medicareinteractive.org <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>			