

Consumer Guide to New Medicare Advantage Supplemental Benefits

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There are pros and cons to being in traditional Medicare vs. enrolling in a Medicare Advantage (MA) plan. While traditional Medicare allows beneficiaries access to most doctors and health care provider nationwide, most MA plans offer extra, or “supplemental benefits,” such as limited vision, hearing or dental and/or other services that are related to your health. Further, recent policy changes allow MA plans to offer extra benefits that are **not** health related to MA enrollees with certain chronic conditions.

These new benefits, called **Special Supplemental Benefits for the Chronically Ill (SSBCI)** can include things like meals, transportation, in-home support and other items or services. Such benefits will **not**, however, be available to everyone in the plan.

If you are considering enrolling in an MA plan that offers such benefits, here are a few tips to keep in mind:

Do I Qualify?

You won’t know for sure if you qualify for these new supplemental benefits until you are actually in a plan – the plan must confirm your diagnosis and confirm that the offered SSBCI benefit or service is available for you. **NOTE:** Agents, brokers or anyone else representing a plan can’t guarantee that you will be eligible for such benefits before you enroll in a plan.

Is it Worth It?

Do a cost-benefit analysis of the entire package of what a plan offers and how much it charges – don’t just focus on the “bells and whistles.” Is an extra benefit worth other drawbacks like a limited network of doctors or other providers that can change throughout the year, high cost-sharing for certain items or services, or lack of coverage of other common supplemental benefits (e.g. vision, hearing, dental)? Pay attention to the details – the new benefits are likely limited in number, availability, etc.

Can I Appeal to my MA Plan if I am Denied?

If you are in a plan that offers such benefits, and you believe that you qualify but are denied by your plan, you have a right to appeal for such benefits or services similar to any other services the plan might offer. To initiate an appeal ask your plan for an “organization determination.”

Can I Change Plans?

People can make changes to their Medicare coverage every year during the Annual Election Period from October 15th through December 7th, with choices effective the following January 1st.

The Medicare Advantage Open Enrollment Period (MA OEP) allows individuals who begin a calendar year enrolled in an MA plan to get out of or change to another MA plan between January 1 and March 31 of each year. In addition, a Special Enrollment Period (SEP) may be available for certain plan “contract violations” including if someone significantly misrepresents the plan when marketing it to you.

For assistance contact your local State Health Insurance Assistance Program or SHIP (it might have a different name in your state). You can find your SHIP by calling 1-800-MEDICARE.