

Before You Rely on the Extra

A guide for anyone weighing Medicare Advantage extra benefits — dental, vision, OTC cards, gym memberships, and allowances.

What "the extra" actually is

Medicare Advantage plans often advertise benefits beyond Original Medicare: dental, vision, hearing, over-the-counter (OTC) cards, gym memberships, meal delivery, and more. These extras are real — but they vary enormously by plan, by county, and by year. Before an extra benefit shapes your enrollment decision, this guide helps you check what it actually covers, what it costs you in trade, and whether it applies to your situation.

The four questions to ask about any extra

1. Does it apply to my situation and location?

Extra benefits are not uniform. A dental benefit in one county may not exist in the next. An OTC card in one plan may cover different items than another. Check the specific plan's Evidence of Coverage, not the ad.

2. What network or provider restrictions come with it?

Many extras require you to use specific providers, networks, or vendors. A dental benefit may only cover cleanings at in-network dentists. A vision benefit may require a specific optical chain. Confirm the provider list before relying on the benefit.

3. Is it guaranteed, or can it change at annual renewal?

Extra benefits are not locked in. Plans can reduce, restructure, or eliminate extras at each Annual Enrollment Period (October 15 – December 7). A benefit that exists this year may look different next year.

4. What do you give up in Original Medicare coverage to get it?

Medicare Advantage plans replace Original Medicare. You gain the extras, but you also gain network restrictions, prior authorization requirements, and an out-of-pocket maximum that applies instead of Medigap protection. The extra is not free — it is part of a trade.

How to compare the value of the extra

The most common mistake: comparing the dollar value of the extra benefit against the premium difference, and stopping there. A more complete comparison includes:

- Your actual use of the benefit (do you go to the dentist twice a year, or rarely?)
- The out-of-pocket exposure under each path in a bad health year
- Whether your doctors are in the plan's network
- The prior authorization burden for your specific conditions or medications
- The stability of the plan's benefit structure over time in your area

Before you decide

Use the check map and worksheet in this pack to document what you verified, what you found, and what questions remain. If your situation is complicated, talk it through with Fern at joinclearing.com/fern, or find your free State Health Insurance Assistance Program (SHIP) counselor at shiphelp.org.

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