

# The Voice of the Beneficiary: Perspectives on Supplemental Benefits

Humana beneficiaries shared which supplemental benefits they used, what they valued, and what holds them back from using these benefits.

## Executive Summary

Humana Healthcare Research surveyed 5,979 beneficiaries receiving care under Humana Medicare Advantage (MA) health plans to better understand how beneficiaries viewed supplemental benefits. Supplemental benefits offered by MA plans, including both long-standing options like dental care and expanded options like grocery assistance, can help beneficiaries manage their medical daily living needs.

We gained insights into the most and least used benefits, dove into which benefits were highly valued when used, and studied why certain benefits were used less often. We found 94% of all respondents agreed or strongly agreed that supplemental benefits can improve health and 91% agreed or strongly agreed that supplemental benefits can save individuals money. When asked about the reason for not using a benefit, not needing a benefit during the current plan year was most cited reason.

Additionally, we identified opportunities for MA plans to improve use and availability of their benefit offerings.



Our findings suggest benefits are accessed when needed and valued when used.

Unused benefits are primarily attributed to a lack of individual need, rather than benefit-related barriers or lack of awareness.

The survey was conducted by Humana Healthcare Research with strategic input from researchers at the University of Pennsylvania.

# What we know about health-related supplemental benefits

In 2025, 54% of eligible Medicare beneficiaries, approximately 34.1 million people, were enrolled in a Medicare Advantage plan.<sup>1</sup> Virtually all Medicare Advantage (MA) plans, also known as Medicare Part C, may provide supplemental benefits with variations on the specific benefits. These health-related benefits include items or services not traditionally covered by Traditional Medicare Parts A, B, or D.<sup>2-4</sup> The most commonly offered supplemental benefits are dental, vision, and hearing benefits.<sup>5,6</sup> Some plans may cover additional items and services, such as non-emergency transportation, wellness programs, or grocery financial assistance through flex cards.<sup>7,8</sup>

While there are differing perspectives on the best approaches to provide supplemental benefits,<sup>2,6,7,9-11</sup> the 2025 Medicare Payment Advisory Commission (MedPAC) report noted they may help address challenges many Medicare beneficiaries face, including access to dental, hearing, and vision care and help with food insecurity or transportation difficulties.<sup>12</sup> An earlier analysis by the Commonwealth Fund 2024 Value of Medicare Survey found enrollees value supplemental benefits, but usage varies significantly by benefit type.<sup>13</sup> **Supplemental benefit offerings are widespread, and while there is some evidence on how MA beneficiaries use and value these benefits, important questions remain about why certain benefits are underutilized.**<sup>14</sup>

## Answering key questions with the voice of the beneficiary



How do beneficiaries self-report benefit use?



Do beneficiaries value their used benefits?



Why did beneficiaries not use their benefits?

In Spring 2025, we called Humana beneficiaries across the nation in English and Spanish to better understand the supplemental benefit experience of individuals receiving care under Humana MA health plans. The survey questions captured self-reported use in 2024, perceptions, and reasons for non-use for the following supplemental benefits: dental, hearing, vision, Silver Sneakers fitness, transportation, and Over-the-Counter (OTC) drug coverage. Respondents on a dual-special needs plan were asked an additional question about using their healthy options allowance (HOA) that provides coverage for essential living items like groceries. All survey questions can be found in Appendix C of Technical Appendix. All survey respondents were on Humana plans that included all of these benefits for at least 9 months in 2024.

### Whose Voice

754,701 beneficiaries met our eligibility criteria (see technical appendix for details). To assist with reaching hard-to-engage groups, we oversampled individuals on dual special needs plans (DSNP), individuals residing in rural areas, and males. After random sampling, we successfully outreached to 92,487 to participate in this survey. 17,698 beneficiaries answered the phone, and 5,979 completed the entire survey. The results we share are weighted to account for oversampling and response bias and ensure accurate representation of the study eligible population. (See technical appendix for details on weighting). Compared to the eligible population, survey respondents were more likely to be older, enrolled in a Dual Special Needs Plan, and identify as Black.



### Survey Respondent Characteristics

N=5,979  
71 years Average Age  
54% Female  
36% Black, 50% White  
58% DSNP  
22% Rural

# Perceived value and self-reported use of supplemental benefits

Self-Reported Use	Value of Benefit Among Users
90% HOA*	93% Valued Using HOA
62% OTC	84% Valued Using OTC
61% Vision	79% Valued Using Vision
47% Dental	78% Valued Using Dental
20% Transportation	74% Valued Using Transportation
20% Fitness	78% Valued Using Fitness
14% Hearing	76% Valued Using Hearing

\* Only dual-eligible respondents were asked about the health options allowance (HOA) benefit

Among the three least used benefits, on average 75% of the benefit users valued using those benefits. We found those with mobility or health challenges were more likely to use and value their transportation benefit. **This suggests that while these benefits may not be used by all beneficiaries, they are highly valued and needed by those who use them.**

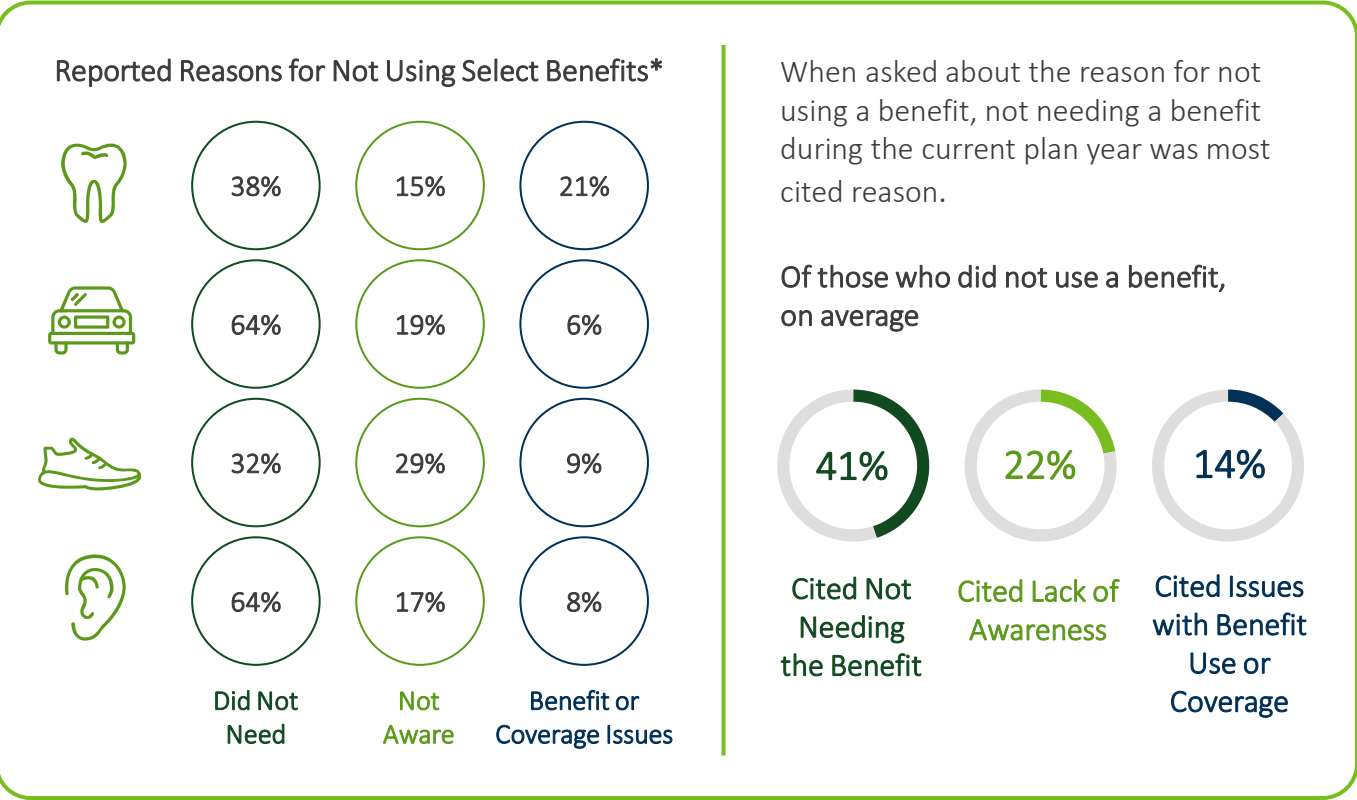
Most respondents indicated the benefits they used were valuable to them (75%-93% of benefit users, depending on the benefit they had used).

- OTC drug benefit was the most used (62%) by all respondents and highest valued (84%) among the users – especially among those with poor health.
- Respondents in good health standing were more likely to self-report use of their dental benefit.

**94%** Respondents agreed supplemental benefits can improve health

**91%** Respondents agreed supplemental benefits can save individuals money

## Non-use primarily driven by lack of need, not barriers



\*Benefits with less than 50% reported use.

# Using evidence to improve the beneficiary experience

Plans can improve messaging to beneficiaries at sign-up to ensure they are aware of offerings; about 1-in-5 reported being unaware as a reason for not using a benefit.

- A third of the participants who did not use their SilverSneakers fitness benefit cited lack of awareness as being the primary reason - the highest among all benefits.

Individual benefit experience can also be improved.

- Among those that did not use their dental benefit, 21% cited having issues or finding the benefit too limiting

## Survey limitations

### Potential for response bias

There is still potential for response bias that may not be accounted for in our methodology. While we weighted our results for observable characteristics, there is still a potential for unobserved bias between respondents and non-respondents. (see technical appendix for full respondent vs nonrespondent comparison)

### A survey can only capture so much

Our survey was structured to ask if beneficiaries who did not use a benefit had experienced issues, we do not know if beneficiaries who used a benefit also experienced issues.

### Relying on self-reported use

It is possible that respondents attributed use of a service that was offered outside of our identified study period or offered elsewhere such as through a community organization, provider, or some additional coverage provider to a Humana benefit.



### How did we assess the value of a used benefit?

We asked beneficiaries how much they agreed with statements about the direct cost or health impact of a benefit.

For example:

- “Without my transportation benefit, I would not have been able to go to my medical appointment.”
- “Without my Humana Spending Account Card to help pay for essential living items like groceries, it would be difficult for me to cover cost of those items.”



# Benefits are used when needed and valued when used

Overwhelmingly, respondents agreed that supplemental benefits **can improve health and save individuals money.**

Our survey results provide evidence that beneficiaries tend to be

- Aware of their benefits,
- Use them when needed,
- And value them when used.

We found beneficiaries believe supplemental **benefits provide people with key services that support their health and well-being.**

We identified opportunities for MA plans to improve use and availability of their benefit **offerings.**



## About the Authors

The analytical results presented herein were generated by Humana Healthcare Research, with strategic input provided by researchers from the University of Pennsylvania.

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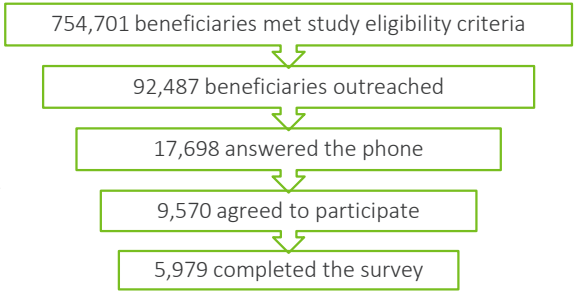
# Technical Appendix

## APPENDIX A. PARTICIPANT INCLUSION & EXCLUSION CRITERIA

- Product: Individual MA and D-SNP MA,
- Plan:
  - HMO or PPO plan
  - 2024 Plan has all of the following benefits- Routine Dental, Routine Vision, Routine Hearing, Transportation (Routine), Fitness Program, OTC Drug and Supplies
  - Did not switch plans in 2024
  - Excludes: I-SNP or C-SNP plans
- Contact: Valid phone number, Indicate preferred language of English or Spanish
- Enrollment: Enrolled in 2024 with at least 9 months of eligibility and current member
- Demographic: Age 18 or over, exclude Age >90
- Clinical exclusions: Dementia, beneficiary resides in a SNF or LTAC
- Standard HHR exclusions
- Excluded individuals eligible for outreach on other HHR survey projects

## APPENDIX B. SURVEY RECRUITMENT

MA administrative and claims data was used to identify beneficiaries. Eligible beneficiaries were outreached to participate in the non-incentivized interactive-voice response phone survey in English or Spanish from 5/22/2025-6/20/2025. Three attempts were made to reach the beneficiary.



## APPENDIX C. SURVEY QUESTIONS

Questions	Responses Options
Q1. In 2024, did your Humana plan cover supplemental benefits?	Yes, No, Does Not Apply
Q2. In 2024, did you use your Humana dental coverage?	
Q3. In 2024, did you use your Humana vision coverage?	
Q4. In 2024, did you use your Humana hearing coverage?	
Q5. In 2024, did you use your Humana Silver Sneakers fitness benefit?	
Q6. In 2024, did you use your Humana transportation benefit?	
Q7. In 2024, did you use your Humana Spending Account card to cover over-the-counter items like allergy medicine or pain relievers?	Strongly Disagree, Disagree, Agree, Strongly Agree
Q8. In 2024, did you use your Humana Spending Account card to cover essential living items like groceries?	
Q9. Without my Humana dental coverage, I would not have gone to the dentist.	
Q10. Without my Humana vision coverage, I would not have gone to the eye doctor.	
Q11. Without my Humana hearing coverage, I would not have my hearing aid or received my hearing exam.	
Q12. Without my Humana Silver Sneakers fitness benefit, I would not have gone to the gym.	
Q13. Without my transportation benefit, I would not have been able to go to my medical appointment	
Q14. Without my Humana Spending Account card to help pay for over-the-counter health and wellness products like allergy medicine or pain relievers, it would be difficult for me to cover the cost of those items.	
Q15. Without my Humana Spending Account Card to help pay for essential living items like groceries, it would be difficult for me to cover cost of those items.	
Q16. I think supplemental benefits can help people save money in their daily life.	
Q17. I think supplemental benefits can help people improve their quality of life.	I Did Not Need It, I Was Not Aware I Had This Benefit, I Had Issues Using The Benefit, The Benefit Was Too Limiting
Q18. Which of the following reasons best describes why you didn't use your Humana dental coverage last year?	
Q19. Which of the following reasons best describes why you didn't use your Humana vision coverage last year?	
Q20. Which of the following reasons best describes why you didn't use your Humana hearing coverage last year?	
Q21. Which of the following reasons best describes why you didn't use your Humana Silver Sneakers fitness benefit last year?	
Q22. Which of the following reasons best describes why you didn't use your Humana transportation benefit last year?	
Q23. Which of the following reasons best describes why you didn't use your Humana Spending Account card that covers over-the-counter health and wellness products like allergy medicine or pain relievers last year ?	
Q24. Which of the following reasons best describes why you didn't use your Humana Spending Account card that covers essential living items like groceries?	
Q25. In general, how would you rate your ability to climb stairs?	Poor, Fair, Very Good, Excellent
Q26. In general, how would you rate your overall health?	

# Technical Appendix

## APPENDIX D. DEMOGRAPHICS BY PHONE RESPONSE STATUS

	Answered the Phone	Non-Respondents
Sample Size, N	17,698	74,589
<b>Demographics</b>		
Age <sup>1</sup> ; mean years	70.7	68.1
Female,%	50.6	49.9
Disability as original reason for Medicare, %	40.6	43.0
Low Income Subsidy <sup>2</sup> , %	65.2	57.2
Product Type, %		
DSNP	56.7	48.0
Non-SNP	43.3	52.0
Population Density, %		
Rural	22.5	25.2
Non-Rural	77.5	74.8
Clinical risk score (Elixhauser); mean	3.76	3.15
1. Age was defined as of April 30, 2025, which was the ending date of our latest data when members were selected for the survey.		
2. LIS is highly correlated with Product Type (about 85% of individuals receiving low-income subsidy are DSNP).		

## APPENDIX E. WEIGHTING

For our survey, we employed a stratified sampling strategy based on three variables:

- **Plan Type:** Non-SNP vs DSNP (1:1)
- **Gender:** Female vs Male (1:1)
- **Population Density:** Non-rural vs Rural (3:1)

This design intentionally oversampled or balanced certain groups, which may not reflect their actual distribution in the eligible population. To correct this and ensure that survey estimates accurately represent the population, we applied **survey weights** using the following steps:

### 1. Compute Sample Proportions

Based on the sampling design, we calculate the expected proportion of each subgroup in the sample. For example, the proportion of the group **Non-SNP, Female, Non-rural** is:  $50\% \times 50\% \times 75\% = 18.75\%$

### 2. Determine Population Proportions

Using the eligible population data, we calculate the actual proportion of each subgroup in the population.

### 3. Calculate Weights

For each subgroup, the survey weight is defined as:  $\text{Weight} = \text{Population Proportion} / \text{Sample Proportion}$

### 4. Apply Weights in Analysis

These weights are applied in SAS procedures such as PROC FREQ to produce population-representative results.