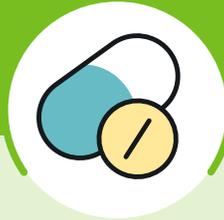




Group Medicare Insights: Industry news and trends

Introduction to Group Medicare Advantage



Medicare Advantage (MA) plans have become increasingly popular among retirees in recent years. In 2023, enrollment in MA surpassed enrollment in Original Medicare for the first time ever and by 2025, 54% of eligible Americans were enrolled in a Medicare Advantage plan.¹ Also referred to as “Part C,” Medicare Advantage combines Part A (hospital), Part B (medical), and usually includes Part D (prescription drugs)—all within one comprehensive plan.

Medicare Advantage vs. Original Medicare: What’s the difference?

Medicare is the [country’s federal health insurance program](#) for people ages 65 and older, as well as some younger people with disabilities and people of any age with end-stage renal disease.

Original Medicare includes two parts:

- **Medicare Part A:** Covers inpatient hospital care, nursing facility care, nursing home care, hospice care and home healthcare
- **Medicare Part B:** Covers certain doctors’ services, outpatient care, medical supplies and preventive services

Historically, Original Medicare has covered 80% to 85% of claims for Medicare-eligible retirees. Companies would then offer retirees a Medicare secondary or supplemental plan to cover the remainder. However, this arrangement has often left gaps in care for retirees along with increased costs for plan sponsors as efficiency and savings aren’t always prioritized.

Medicare Advantage offers an alternative. MA plans cover the same services included under Original Medicare Part A and Part B, but also usually include prescription drug coverage and extra benefits.

Here's a look at key differences between Original Medicare and Medicare Advantage:

Item	Original Medicare	Medicare Advantage
Routine dental care (dental exams, X-rays, cleanings)	Not covered	Covered by most plans
Routine vision care (eye exams, glasses and contacts)	Not covered	Covered by most plans
Routine hearing care (hearing tests, hearing aids)	Not covered	Covered by most plans
Over-the-counter drugs	Not covered	Covered by most plans
Prescription drug coverage	Not covered	Covered by most plans
Fitness programs and gym memberships	Not included	Included in most plans



Original Medicare is also referred to as fee-for-service (FFS) care because providers are rewarded based on the volume of services delivered or procedures performed. In contrast, Medicare Advantage is based on a value-based care (VBC) model where providers are rewarded based on quality of care and improved patient outcomes.



How does Group Medicare Advantage work?

Group Medicare Advantage plans are only available from private health insurance companies, like Humana, who contract with the Centers for Medicare & Medicaid Services (CMS). The carrier is responsible for 100% of the coverage, handles the plan administration and pays the entire claim.

CMS provides funding to carriers based on the plan's quality and performance. This incentivizes carriers to provide care that improves patient outcomes so that costs are reduced for everyone. Medicare Advantage plans offer all the benefits of Original Medicare, and usually much more.

Any savings generated go toward features such as lowered premiums or extra services and benefits for members.

Who is eligible for Group Medicare?

Group Medicare Advantage plans may be offered to Medicare-eligible retirees who formerly worked for an organization, union or private employer.

Under some plans, including Humana Group Medicare Advantage plans, a retiree's Medicare-eligible spouses or dependents may also qualify for enrollment in the plan.

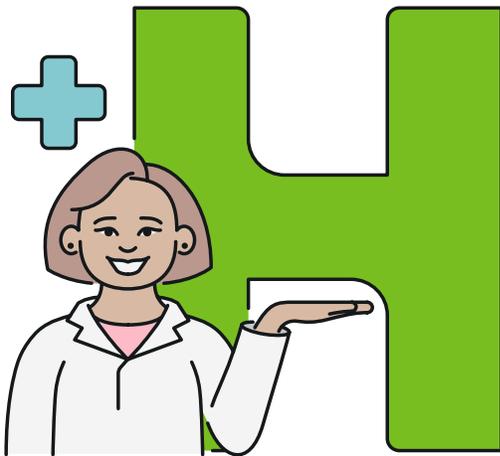
What are the benefits of Humana Group Medicare Advantage?

Plan members and plan sponsors enjoy [many benefits with Humana Group Medicare Advantage](#). These include:

- **Better patient outcomes:** Thanks to a value-based care model, Humana Group Medicare members enjoy fewer hospital readmissions and fewer preventable inpatient admissions.
- **Less medication use:** Medicare Advantage members have 21% lower rates of high-risk medication use.
- **Better patient experience:** Medicare Advantage members spend more time with their primary care provider and have longer appointment times.

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- **More screenings:** Medicare Advantage members have between 3% and 11% more [preventive screenings](#) compared with fee-for-service patients.
- **Care coordination:** With Humana Group Medicare, members benefit from an integrated model that prioritizes greater collaboration across specialists.
- **Lower healthcare expenditures:** Overall healthcare costs are 12% lower under VBC compared to FFS, with less money spent on hospitalizations, medical emergencies and chronic disease management.



What makes Humana Group Medicare Advantage stand out?

Humana Group Medicare Advantage is known for:

- A unique customer service model providing dedicated support for plan sponsors and retirees
- A wide range of supplementary benefits, including many health and wellness programs and services
- A [whole-person care approach](#) that addresses members' physical, behavioral, cognitive, social and financial needs in addition to their healthcare needs
- A focus on value-based care and [preventive services that keep members healthy](#) while avoiding chronic disease
- An extensive national provider network and Medicare Advantage plan offerings in 46 states and Washington, D.C.

1. Nancy Ochieng et al., "[Medicare Advantage in 2025: Enrollment Update and Key Trends](#)," KFF, July 28, 2025, accessed Dec. 13, 2025.

To learn more, visit [Humana Group Medicare](#)