Rhode Island Alliance for Retired Americans®



# RI ARA

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## November 2, 2025 E-Newsletter


## Friday Alert Message from the Alliance *for* Retired Americans Leaders

### Social Security Callers Waiting Hours, Or Sometimes Days, for Help

Robert Roach, Jr
President, ARA

Seniors and people with disabilities calling the Social Security Administration (SSA) face endless looping music, long wait times, useless robot messages, and extended periods between a request and an actual callback, according to a **new report** from the Washington Post.

The Administration claims the agency has improved call wait times and experiences when it shifted more staff to answer the 1 -800 number in July, but reporters spoke with nearly three dozen callers whose stories don't match this portrayal. A beneficiary calling to report income had multiple unhelpful conversations


with an AI chatbot before she was finally able to get help from a human representative. One caller working to get back pay described being on the phone with the agency for 20 hours in order to get help. Another caller stayed on the line even though her estimated call wait time was more than 120 minutes – only to have the call dropped an hour later. She ended up having to call SSA multiple times a day for five days before finally being given the option for a callback.

Even if beneficiaries are able to request a callback, it often takes hours or sometimes days or weeks before a worker can actually respond due to understaffing. According to SSA data, the agency had 19.3 million callbacks this year, up from 6.8 million the previous year when the callback option was first introduced. In some cases, beneficiaries who waited hours on the phone suddenly receive a "polite disconnect" pre-recorded message saying the line is too busy and then the call abruptly ends. Agency data shows that this happened for more than 3.3 million of the 76.4 million calls between January and September this year.

"Older Americans shouldn't have to worry about having to turn to unreliable AI chatbots or jumping through hoops to get their important Social Security questions and concerns addressed by an SSA worker. It's time for Congress to demand full staffing at the agency," said **Robert Roach, Jr., President of the Alliance**.

### Rural Seniors Start to Feel Impacts of GOP Tax Law

As many as 500 health care providers **are closing or are at risk** of closing because of the Medicaid cuts in the budget and tax law passed by Republicans last summer. Wisconsin Alliance Vice President Carolyn Kaiser and her husband, Gary Kaiser, **were recently** interviewed by WEAU-TV about the chaos that unfolds when rural care options are limited.

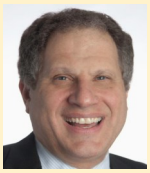

In March, Carolyn drove her husband to a hospital in Eau Claire, WI after he started having chest pain and difficulty breathing. The ER staff informed them that Gary had a severe blockage in his carotid artery that required immediate surgery, but they had no beds available and he would have to be moved to a different one.

An ambulance drove Gary to another hospital, but it was also full. It took more than three days and traveling to more than three different places before the couple found a hospital that could help: the Medical Center in Marshfield, WI, more than 100 miles from where they started.

"They've told you this is life threatening, they've told you this is very serious, and yet you feel kind of stranded," said Carolyn. "Our legislators, sometimes I don't know what they are looking at but they are not looking at people and so that's a hard thing. You need them to know that you are affecting other people and it's your job to help keep our community safe, have the services available."

The Republican tax law will **make matters even worse** by slashing nearly $1 trillion from Medicaid, which covers more than 16 million rural and older Americans.

"Unfortunately, stories like the Kaiser's will become more common," said **Richard Fiesta, Executive Director of the Alliance**. "Republicans voted to slash health care spending to give massive tax breaks to the wealthiest Americans. We won't stop fighting to restore Medicaid funding before any more harm is done."



Rich Fiesta,
Executive
Director, ARA

### KFF Health News: Trump Team Takes Aim at State Laws Shielding Consumers' Credit Scores From Medical Debt
### By Noam N. Levey

The Trump administration took another step Tuesday to weaken protections for Americans with medical debt, issuing new guidance that threatens ongoing state efforts to keep that debt off consumers' credit reports.

More than a dozen states, including Washington, Oregon, California, Colorado, Minnesota, Maryland, New York, and most of New England, have enacted laws in recent years to keep medical debt from affecting consumers' credit.

And more states — including several in conservative regions of the Midwest and Mountain West — have been considering similar protections, spurred by bipartisan concerns that medical debt on a credit report can make it harder for people to get a home, a car, or a job**. Read more here**.

# Social Security's 2026 COLA Is Official -- It Comes With Bad News About President Trump's Tariffs


Last Friday, The Social Security Administration announced the official 2026 cost-of-living adjustment (COLA). Benefits will increase 2.8% next year, three-tenths of a percentage point more than the pay increase retired workers received this year.

However, the announcement also comes with bad news for Social Security beneficiaries. Tariffs imposed by the Trump administration have caused inflation to increase significantly since April, and many economists expect consumer prices to trend higher in the coming months, which means the COLA is likely insufficient.

**Social Security benefits will get a 2.8% cost-of-living adjustment (COLA) in 2026**

Each year, **Social Security benefits** receive a **cost-of-living adjustment** (COLA) based on how the **CPI-W** (a subset of the Consumer Price Index) changes during the third quarter, meaning the three-month period that runs from July through September.

The math is straightforward: The CPI-W from the third quarter of the current years is divided by the CPI-W from the third quarter of the previous year, and the precent increase becomes the COLA in the following year. CPI-W inflation measured 2.8% in the third quarter of 2025, so Social Security benefits will increase 2.8% in 2026.

With a 2.8% COLA in 2026, Social Security benefits have now received **four straight COLAs of at least 2.5%**. That last happened three decades ago. Yet, over half of retired workers **surveyed by *The Motley Fool*** said the last two COLAs were insufficient, meaning they did not fully offset increases in living expenses. Unfortunately, the 2026 COLA is likely to disappoint in much the same way for two reasons.

First, the CPI-W underestimates how much retirees spend on housing and medical care, and prices in both categories have risen faster than the overall CPI-W this year, meaning the COLA is likely to underestimate true inflation.

Second, CPI-W inflation is likely to trend higher during the fourth quarter due to the trade policies put in place by the Trump administration, but COLAs only consider CPI-W inflation through the third quarter. Any price increases beyond that point will not be reflected in the 2026 COLA.

**President Trump's tariffs have caused a material increase in inflation**

President Donald Trump imposed sweeping **tariffs** on what he labeled "Liberation Day" in April. Included in the announcement was a 10% baseline tariff on most countries, as well as more severe country-specific reciprocal tariffs that were ultimately delayed until August.

Despite Trump's assertion that foreign exporters would "pay for the privilege" of doing business in the U.S., Americans are footing the bill for the trade war. **Goldman Sachs** estimates U.S. companies and consumers will in aggregate pay 77% of the tariffs by year's end, with consumers alone bearing over half the burden.

turn, CPI-W inflation climbed from 2.1% in April to 2.9% in September, and many experts think the upward pressure will persist as companies pass along costs on more tariffed products. Twenty economists surveyed by *The Wall Street Journal* estimate inflation will rise at least two-tenths of a percentage point by December.

That is bad news for retired workers. While annual COLAs reimburse Social Security recipients for the **buying power** benefits lost in the prior year, they only consider inflation in the third quarter. Any increase in consumer prices in the fourth quarter is not reflected in the next COLA, and there is a good chance inflation will exit the year above 2.8%, in which case a 2.8% COLA will feel insufficient.

Of course, if inflation keeps climbing through the third quarter of 2026, that will be reflected in the 2027 COLA. So, Social Security beneficiaries will eventually be compensated for price increases caused President Trump's trade war. But they will be behind the curve until inflation starts trending lower.

# Can seniors avoid paying for Medicare Part B?

**Why Many Seniors Are Ditching Medicare Advantage for Medigap; Even With Higher Premiums**

Medicare is a lifeline for millions of Americans over 65, helping to cover hospital visits, doctor appointments and preventive care. But while Medicare Part A is generally free for those who qualify, Part B comes with a monthly premium that has steadily increased over the years. In 2025, the standard Part B premium **is $185 per month**, up from just over $174 per month in 2024. That may seem like a negligible amount, but for **seniors on fixed incomes**, that extra cost can feel significant,

Given the financial challenges that seniors can face, many wonder if there's a way to avoid paying for Part B coverage. What's important to understand, though, is that this part of Medicare interacts with other insurance coverage, affects eligibility for supplemental coverage and can trigger penalties if you delay enrollment. So, it's important that seniors truly understand the rules around Part B — and whether you can *actually* avoid paying for it — before making any decisions.


**Can seniors avoid paying for Medicare Part B?**

The short answer is no, most seniors cannot completely avoid Medicare Part B premiums. However, there are several scenarios where you might be able to **delay enrollment** or get help paying for it.

One option you have for delaying enrollment in Medicare Part B is if you're still working and have **creditable employer health insurance.** This is the most common way people avoid Part B premiums: by staying on their employer's group health plan past age 65. As long as your employer has 20 or more employees, their insurance typically serves as primary coverage, and Medicare becomes secondary. You can **delay Part B enrollment without penalty** during this period — and for up to eight months after your employment or group coverage ends.

However, this strategy only works if you're actually employed, and it's also important to note that **your spouse's employer coverage may also count** for this purpose if you're the Medicare-eligible person. Once you retire or lose that employer coverage, you'll need to enroll in Part B or face late enrollment penalties that last for as long as you have Medicare.

For those with limited income, several programs can help pay your Part B premiums. The Medicare Savings Programs (MSP) are state-run programs that help cover premiums for people with incomes up to 135% of the federal poverty level. The Qualified Medicare Beneficiary (QMB) program, for example, covers all Part B premiums for seniors earning less than about $1,325 monthly (for 2025), while other MSP programs provide partial assistance.

And, if you're a senior **who qualifies for both Medicare and Medicaid** (known as "dual eligible"), Medicaid typically covers your Part B premiums entirely. Extra Help programs can also offer assistance with prescription drug costs, though these don't directly impact Part B premiums.

**What about other Medicare supplemental coverage?**

Even if you find a way to reduce or delay your Medicare Part B premiums, it's important to consider how doing so affects **your other supplemental coverage options**. Many seniors rely on Medicare supplemental plans, like Medigap policies, Medicare Advantage plans or prescription drug plans, to help pay for **costs that Medicare doesn't cover**, such as copays, deductibles and certain medical services**….Read More**

# Many people on Medicare Advantage are losing out because of this mistake

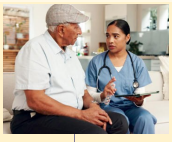
Knowing how to take advantage of all available Medicare benefits isn't always straightforward, as a recent study of more than 76,000 Medicare enrollees shows.

Research from **Mass General Brigham,** a nonprofit health care system, concluded that people on Medicare Advantage plans aren't using the coverage they're entitled to. The research, based on data from 2017 to 2021, was published in a scientific journal of the American Medical Association.

Medicare enrollees can opt to get benefits in one of two ways — straight from the government (Original Medicare, aka traditional Medicare) or through a private insurance company that contracts with the government (Medicare Advantage plans).

Original Medicare generally doesn't cover expenses such as dental, vision and hearing care, as we detail in "**Medicare Will Not Cover These 11 Medical Costs**."

Medicare Advantage plans are required to cover everything that Original Medicare does; however, they can — and often do — provide additional benefits that Original Medicare doesn't.



Dr. Christopher L. Cai, lead author of the Mass General Brigham study, says, "Medicare Advantage plans receive more money per beneficiary than traditional Medicare plans, but our findings add to the evidence that this increased cost is not justified."

Because people on Medicare Advantage plans aren't cashing in on the coverage they're paying for. Most don't even know what supplemental benefits are available to them through their Medicare Advantage plans.

For example, researchers found that only 54.2% of those on Medicare Advantage plans were aware of having dental coverage, and only 54.3% were aware of having vision coverage.

Medicare Advantage enrollees also weren't any more likely to use their plans to receive eye exams, hearing aids or eyeglasses than people with Original Medicare. People on Medicare Advantage plans also had similar out-of-pocket expenses, paying about 9% less for eyeglasses, with an average of $205.86 out of pocket, while people with Original Medicare paid an average of $226.12.

On average, those on Medicare Advantage plans paid $226.82 for dental visits, and traditional enrollees paid $249.98.

Those slightly lower out-of-pocket costs don't necessarily translate to better access to care.

For those with vision problems, 78% of Medicare Advantage plan members used corrective eyewear, while 76% of people with Original Medicare did the same. Among those with severe hearing loss, 28% of Medicare Advantage plan members used hearing aids, compared to 29% among Original Medicare participants.

**Pro tip:** Need Medicare help? Maximize benefits and save money. **Compare plans today.**

Medicare Advantage plans spend $3.9 billion annually on vision and dental services and medical equipment for enrollees. At the same time, enrollees themselves pay $9.2 billion out of pocket for these services, while other private insurance companies cover $2.8 billion.

Meanwhile, Medicare Advantage plans receive $37.2 billion more per year than what it would have cost taxpayers if those individuals had signed up for Original Medicare — a cost meant to support the use of extra benefits, researchers write.

"Supplemental benefits are a major draw to Medicare Advantage, but our findings show that people enrolled in Medicare Advantage have no better access to extra services than people on Original Medicare, and that much of the cost comes out of their own pockets," senior author Lisa Simon say

# Here's How Much Seniors Could Pay for Their Medicare Part B Premiums Next Year

The 2026 **Social Security cost-of-living adjustment (COLA)** has finally been announced after a short delay, so seniors can now figure out how much they'll get from the program next year. But planning your 2026 budget is tricky because the amount that will be charged for Medicare Part B premiums hasn't been announced.

If you're enrolled in both programs, you likely have your Part B premiums taken directly from your Social Security checks. Even though the amount of the Medicare Part B premium in 2026 is unknown, the Medicare Trustees Report made a projection earlier this year that you can use as a baseline when figuring out what your take-home Social Security benefit will be in 2026.

**The standard Medicare Part B premium may crack $200 per month for the first time in 2026**

In 2025, **Medicare** beneficiaries pay $185 per month for their Part B premiums. This is up a little more than $10 over the $174.70 Part B premiums in 2024. Some high earners can pay nearly $629 per month, though this is uncommon.

Medicare premiums tend to increase a little each year, but 2026's increase could be more painful than most. The 2025 Medicare Trustees Report, released in June, predicted a $206.20 premium for 2026 -- an increase of $21.20 per month.

This isn't definite yet but it's likely close to the actual 2026 Part B premium you'll see. You can use it as a starting point if you'd like to estimate your take-home Social Security benefit for next year.

Start by adding the **2026 Social Security COLA percentage** to your existing checks to estimate your benefit amount next year. Then, subtract $206.20 from this to see what's left.

If the amount you wind up with is less than your current checks, don't panic. Medicare has a hold-harmless provision that prevents increasing premiums from shrinking your Social Security checks. If the premium increase is greater than your COLA, you'll continue to receive the same benefit in 2026 that you get right now.


**ning your 2026 retirement budget**

Your Part B premiums are only part of the healthcare costs you could encounter next year. If you need medical care, you could also have **deductibles** and **copays.**

You may be able to estimate how much these could amount to by looking at how much you've paid for them so far in 2025. But keep in mind that Medicare's deductibles may also increase next year.

You'll also have living costs to plan for, and these may have also gone up throughout 2025, due to inflation. It's unlikely that your Social Security checks will be enough to cover all of your costs next year, even with the COLA. So you'll need to find ways to cover your remaining expenses.

There are several things you can try, including:

- **Relying more on personal savings:** This is your easiest option if you have a substantial nest egg. Withdraw a little more from your retirement accounts to cover what Social Security doesn't.
- **Take a part-time job:** This will give you a steady paycheck that can help supplement your checks without locking you into a 40-hour workweek.
- **Cut back costs:** If possible, reduce spending on discretionary items to free up more cash for your essentials.

**Apply for government benefits:** Government programs, like Medicaid and Supplemental Security Income (SSI), can help low-income households cover their basic living expenses so they don't have to pay as much for these things out of pocket.

When Medicare releases its official numbers for next year, it'll be time to check them against your preliminary 2026 budget. If you need to, make some changes until you find a plan you think will work for you. Then, put it into practice right away in January. After a month or two, check in with yourself to ensure you're staying on track, and make more adjustments, as needed.

# Why Many Seniors Are Ditching Medicare Advantage for Medigap; Even With Higher Premiums

As Medicare open enrollment heats up, millions of seniors are facing one of the most consequential financial decisions of retirement: whether to stay with a Medicare Advantage plan or switch to a Medicare supplemental policy; better known as Medigap.

The choice doesn't just determine monthly costs; it can also affect access to doctors, treatment options, and out-of-pocket spending for years to come.

**The Big Shift: Why Some Seniors Are Walking Away from Medicare Advantage**©Depositphotos Photo by fizkes

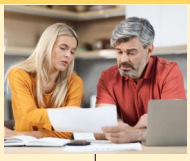
Medicare Advantage; the private-plan alternative to traditional Medicare has ballooned to cover over 50% of beneficiaries nationwide, up from just 19% in 2007.

These plans, heavily marketed by insurers, bundle hospital, medical, and sometimes prescription drug coverage under one umbrella, often promising low or even $0 monthly premiums.

But many enrollees are discovering a less glossy reality. Advantage plans often come with limited provider networks, prior authorization hurdles, and unpredictable annual changes in cost structures and coverage.

According to a recent survey, nearly one in five Advantage enrollees reported difficulty accessing care or specialist appointments, compared to less than 10% in traditional Medicare.

For retirees dealing with chronic conditions, those barriers can be both stressful and costly.



**he Medigap Alternative: Predictability Over Promises**

By contrast, Medigap plans; offered by private insurers but standardized under federal rules are designed to fill the gaps left by traditional Medicare.

They cover deductibles, copayments, and coinsurance, shielding retirees from unpredictable medical bills.

While monthly premiums can be steep, often ranging from $150 to $300 or more, many retirees say the peace of mind is worth it.

There are no provider networks, and policyholders can see any doctor or hospital that accepts Medicare nationwide.

This freedom is especially valuable for snowbirds or retirees who travel frequently. "With Medigap, I don't have to worry whether my cardiologist in Florida or my oncologist in Michigan is 'in network,'" said one retiree recently featured in an AARP Medicare survey.

**The Cost Reality: Not as Simple as 'Cheap vs. Expensive'**

At first glance, the comparison seems straightforward:

**Medicare Advantage** = low premiums, higher out-of-pocket costs.

**Medigap** = higher premiums, lower out-of-pocket costs.

But over time, the math can flip. Advantage plan costs can rise due to co-pays, coinsurance, and network restrictions, especially for those who need frequent care. Medigap premiums, though stable for many years, typically increase with age or due to inflation.

That balance means the best plan at 65 may not be the best at 75; and vice versa.

**The Hidden Complication: Changing Plans Isn't Always Easy**

While Medigap premiums can rise with age, Medicare Advantage plans aren't static either; their cost structures, provider networks, and benefits can change every year.

Some retirees start with Advantage plans to enjoy lower upfront costs, only to switch to Medigap later as their medical needs expand.

However, timing matters. In most states, you can only buy a Medigap policy without medical underwriting during your initial enrollment period; typically six months after enrolling in Medicare Part B.

**After that window, insurers can require medical history reviews, deny coverage, or charge significantly higher premiums if your health has changed.**

A recent report found that about 30% of seniors who tried to switch from Advantage to Medigap after age 70 were denied coverage or quoted unaffordable rates due to preexisting conditions.

**Annual Plan Changes Keep Retirees on Edge**©Depositphotos Photo by izzuanroslan

Every fall, Medicare Advantage plans adjust their benefits, premiums, and provider networks. Insurers can drop doctors, change formularies, or increase copays; often with little notice.

For healthy seniors, those adjustments may seem minor.

But for retirees managing complex health needs, a single change in network status or medication coverage can mean hundreds of dollars in new costs.

Medigap, by contrast, offers long-term predictability: once you're accepted, your benefits are locked in, and changes are rare. That stability is what many older adults crave in an otherwise volatile healthcare environment.

**The Bottom Line: Stability Has Its Price and Value**

Medicare Advantage remains popular for its affordability and extras.

But as retirees grow older and face more health needs, predictability often wins out over perks.

Seniors who value unrestricted access to doctors, nationwide coverage, and consistent benefits are increasingly finding that Medigap's higher premiums buy long-term security.

The message from those making the switch is clear: when it comes to healthcare in retirement, peace of mind isn't cheap; but for many, it's worth every dollar.

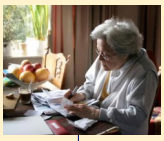
# Social Security's Bad Math: If Congress Doesn't Act, Retirees Will Lose $18,000 a Year

Marc Goldwein spends a lot of time thinking about the year 2033. That's the year the primary trust fund that supports Social Security is expected to run out of money. If Congress doesn't act before then, recipients will have their benefits cut by more than a fifth across the board.

To put it in dollar terms, the cut would be $18,000 a year for a typical couple," says Goldwein, a senior vice president and policy director at the Committee for a Responsible Federal Budget, a think tank. "Even for high earners that can afford it, it's a really big shock."

o make matters worse, 2033 is also the year analysts predict the Medicare Hospital Insurance fund will be depleted. Once that funding source is gone, Medicare payments will fall by 11%, unless Congress acts. "The same people that are getting less in benefits are also going to find it harder to see a doctor," Goldwein says.

The looming insolvency has contributed to a collective neurosis among American workers: some 47% of nonretirees believe they won't receive Social Security benefits when they retire, according to a 2023 Gallup survey.



Policy experts say those fears are overblown. Even if Social Security's trust fund is completely drained, the program will continue to pay out whatever it collects in payroll taxes. Benefits will be cut sharply, but not entirely.

The more likely outcome is that Congress will adjust the program to improve its solvency. That's what happened in 1983, the last time Social Security's finances were in trouble.

But what changes will Congress make? It's a question that many Americans will have to confront, as they contemplate how long they need to work and how much they can expect to receive when they retire.

"There really is a tremendous amount of uncertainty with your scheduled benefits," Goldwein says. "If I'm in my 30s, I think there's really a very wide range of possibilities of what my benefits might be."…**Read More**

# Do You Understand These 5 Critical Facts About Social Security COLAs?

Those approaching retirement may be looking forward to collecting **Social Security benefits**, but they may not be thinking too much about Social Security's **cost-of-living adjustments**, or "COLAs."

Those COLAs are important, though, as they can help retirees keep up with inflation. Without them, a benefit you started receiving 25 years ago might only be able to buy half as much as it first could.

**. Increases don't happen every year**

You'll find that there's a COLA applied to retirement benefits in *most* years -- but not in all years. Check out some recent COLAs:

It all depends on measurements of inflation in the recent past, and a period with little or no inflation can result in a COLA of 0%. Specifically, a COLA is calculated by comparing prices in the third quarter of two consecutive years. So 2026's COLA will be based on the Consumer Price Index (CPI) numbers from July, August, and September of 2025 in relation to the same three-month period from 2024. The year-over-year percentage change will determine the COLA.


**2. The size of your Social Security benefit matters**

This might be obvious to some, but when you think about **when to claim your Social Security benefits,** remember that the bigger your benefit, the greater your COLA increases will be. For example, imagine someone collecting $2,000 each month. (The average monthly retirement benefit was $2,008 as of August, by the way -- totaling about $24,000 per year.) If there's, say, a 3% COLA, their new benefit amount would be $2,060 -- $60 more. But if their benefit was, say, $2,500 per month, a 3% increase would get them to $2,575 -- and an increase of $75. So factor this consideration into your deliberations when deciding when to claim. (By the way, studies suggest that for most people, **waiting until age 70** is the best move.)

**3. COLAs are calculated imperfectly**

Here's an underappreciated fact: The measure of inflation that Social Security uses to determine COLAs is not the best one. It uses the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) -- which is not the best inflation measure to use, since there is actually a Consumer Price Index for the Elderly (CPI-E). The one used is based on changes in the average prices of household goods such as food, housing, and transportation and is focused on costs borne by workers more than retirees.

The Consumer Price Index for the Elderly (CPI-E), on the other hand, weighs categories such as healthcare and housing more heavily.

**4. There are no negative COLAs**

Here's a little good news. There *is* such a thing as deflation, where prices generally decline, but if and when that happens, Social Security will not be instituting negative COLAs. The lowest possible COLA is 0%. (Note, though, that **Social Security *is* facing a funding shortfall,** and benefits could shrink within a decade if nothing is done. There are **ways to fix it**, though.)

**5. The COLA for 2026 will be announced soon**

Finally, know that the upcoming COLA will soon be announced. The number, projected by some to be 2.7%, is expected to be **revealed on Oct. 24**.

As you **plan for your retirement,** get savvy about Social Security -- and its COLAs.

# 4 Things Retirees on Medicare Are Entitled to For Free

Once you retire, many of your living costs might drop. But if there's one expense that's likely to rise, it's healthcare.

For one thing, health issues tend to arise with age. But also, you may find that your costs go up once you become a **Medicare** enrollee.

That said, there are certain benefits under Medicare you may be entitled to without having to spend a dime. Here are a few you should know about.

**1. Part A hospital coverage**

Medicare consists of a few different parts. If you have original Medicare, you'll need Part A for hospital care, Part B for outpatient care, and Part D for prescription drug coverage.

Parts B and D charge enrollees monthly premiums (though some no-premium Part D plans do exist). But Medicare Part A is generally free for enrollees.

- You're typically eligible for Part A for free once you turn 65 if:
- You're entitled to **Social Security benefits**
- Your spouse (whether living or not) is eligible to receive Social Security
- You or your spouse worked long enough in a government job and paid Medicare taxes

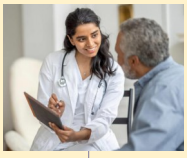
People who don't meet one of these requirements can typically obtain Part A coverage by paying a monthly premium. But most seniors get Part A for free.

That said, just because you get free Part A coverage doesn't mean you won't face other costs under Part A. Each time you're admitted to the hospital, for example, there's a hefty deductible to pay. And if your stay extends beyond a certain point, you'll be on the hook for daily coinsurance.

It's important to have plenty of savings to cover these costs, whether that's in an IRA, 401(k), or health savings account (**HSA**). Buying a Medigap policy is another good way to potentially defray some of the expenses you might face as a Part A enrollee.

**2. A yearly wellness visit**

As a Medicare enrollee, you're eligible for a wellness visit each year at no cost to you. It's an opportunity for your doctor to review your medications, answer health-related questions you might have, and advise you on what screenings you might need.



However, if that wellness visit leads to additional testing or services, you could face coinsurance costs. Once again, this is where having **retirement savings** comes in handy.

**3. Vaccines**

As a Medicare enrollee, you're typically eligible for no-cost vaccines. These include annual shots for influenza and COVID-19.

During your yearly wellness visit, your doctor can discuss which vaccines are recommended for you. In addition to seasonal vaccines, they may, for example, suggest vaccines for illnesses like shingles, tetanus, or RSV (respiratory syncytial virus), none of which you'd typically pay for.

**4. Depression screenings**

Retirees may be more susceptible to depression for a few reasons. Aging can bring about health issues, which can be challenging to cope with. Also, some people struggle mentally once they stop working because they lose their sense of purpose.

As a Medicare enrollee, you're typically eligible for a yearly depression screening. If you require follow-up treatment, however, that may come at a cost. Specifically, you may be looking at coinsurance under Part B.

**Know your costs under Medicare**

While there are a number of services Medicare provides for free, there are also a good number that it won't cover at all, like dental care, eye exams, and hearing aids (though you may have these specific services covered if you enroll in **Medicare Advantage**). But even when services *are* covered by Medicare, there are often out-of-pocket costs involved

It's important to understand what costs you might face as a Medicare enrollee so you're able to budget for them accordingly. And know that the more money you manage to save ahead of retirement for healthcare expenses, the less stress you're likely to have later on.

## Health care costs are devouring Social Security's cost of living increase

Social Security's automatic annual cost-of-living adjustment is intended to ensure that benefits don't erode over time. It is one of the key reasons Social Security is superior to private sector alternatives.

However, the current COLA measure is inadequate to fully cover rising costs, especially health care costs. That's especially true this year. Medicare premiums are **projected** to rise by about 11.6 percent, around twice as large an increase as last year. For the average beneficiary, this will consume almost **half** of their COLA increase. For some beneficiaries, it will consume their entire COLA increase — even as the costs of other necessities **balloon** due to the Trump tariffs.

For those Social Security beneficiaries who aren't yet eligible for Medicare and rely on the ACA marketplaces to purchase health insurance, the situation is even worse. ACA premiums are **projected** to skyrocket next year, with those over 50 hit hardest. For many of these beneficiaries, the COLA increase won't come close to covering their increased health care premiums.

The solution is two fold: Congress should update the formula used to calculate annual COLAs to more accurately measure rising costs. Congressional Democrats have introduced legislation to do just that, along with **other improvements** to Social Security.

Additionally, Congress must act to bring down health care costs, so that seniors and people with disabilities can keep their hard-earned Social Security benefits. Unfortunately, Republicans have chosen a weeks-long government shutdown instead.

## 3 Conditions to Receive the $5,108 Social Security Payment

To qualify for the **maximum Social Security benefit**, one must have worked for at least 35 years. The SSA calculates benefits based on the highest-earning 35 years of a person's career, adjusted for inflation. If an individual has worked fewer than 35 years, the missing years are counted as zeros, significantly reducing the potential benefit. This requirement underscores the importance of a long and consistent work history in achieving the maximum payout

**The Importance of Delaying Benefits Until Age 70**

Another critical condition is the timing of when to claim benefits. To reach the maximum benefit, individuals must delay claiming until age 70. While benefits can be claimed as early as age 62 or at full retirement age (between 66 and 67, depending on birth year), doing so results in reduced monthly payments. By waiting until 70, retirees can significantly increase their benefits, making this delay a strategic move for maximizing income.


The third condition, and perhaps the most challenging, is earning the maximum taxable amount for Social Security over those 35 years. This doesn't mean earning an unlimited amount but rather reaching or exceeding the annual maximum taxable earnings. For 2025, this limit is set at $176,100. Consistently meeting this threshold is essential for qualifying for the maximum benefit, highlighting why this goal is out of reach for many workers.

Given these stringent conditions, it's clear why the maximum Social Security benefit is rarely achieved. The combination of a long work history, strategic timing, and high earnings presents a significant challenge. Many workers may find it difficult to meet all three criteria, particularly the earnings requirement, which is often the most prohibitive factor.

For those aiming to maximize their Social Security benefits, strategic planning is essential. This includes understanding the impact of work history, the benefits of delaying claims, and the importance of maximizing earnings. Financial planning and consulting with a retirement advisor can provide valuable insights and strategies to help individuals work towards these goals.

## How A Social Security Do-Over Could Mean A 24% Boost For Your Checks

Social Security benefits might not be your only retirement money, but chances are it's a significant part of your retirement budget. While it can be complicated to navigate when to retire and even how to calculate your anticipated benefits amounts, it nonetheless can be crucial to time your retirement out based on the Social Security Administration's policies.

A major consideration that many retirees might not realize when deciding when exactly to retire is that Social Security benefits can technically be claimed starting at age 62. However, retiring early (that is, before the full retirement age of either 66 or 67) can lead to a significant reduction in your benefits amounts. In fact, applying for retirement benefits at 62 can leave you with 30% less in your monthly benefits payments than if you had waited until you were eligible for full retirement. This can, and has, left some people regretting their decision to **retire early (we spoke with a CFP about reasons to reconsider** doing so).

With that in mind, the good news is that there are options for those who might regret retiring early and want a do-over for their Social Security retirement claim. In fact, depending on the year you were born (which changes the age of full retirement, **according to Social Security)** you could increase your benefits check by 24% or even 28%. However, there are some important caveats to consider. Let's dive into the options available to you, and why they might not necessarily be what's best for your wallet.

**Social Security do-over options**

If you decide you regret retiring early — or even if your circumstances change work- or lifestyle-wise — there are two primary options available to you, each with their own rules to be aware of. The first option requires you to change your mind about early retirement within the first year of your retirement. Social Security gives you the option of using a one-time do-over within the first 12 months of signing up for Social Security retirement benefits. However, in addition to the time constraint, this option requires you to pay back any benefits you received before you changed your mind. If you're able to pay back any benefits and file in time, Social Security will essentially treat you as if you never applied for retirement at all which can allow you to continue growing your benefits amount for when you do eventually retire.

The second option is for those who might not decide they want to undo their early retirement until after the one-year deadline for option one passes. In this second option, you must continue collecting your early retirement benefits until you hit full retirement age (again, 66 or 67, depending on the year you were born). Once you hit full retirement, you can then request to suspend your benefits. Keep in mind you can only suspend Social Security up to age 70, at which point benefits max out. This pause allows you to grow your benefits amount an additional 8% for every year you delay resuming your benefits payments.

# Medicare changes millions of older Americans need to know before 2026

Preparing to enroll in Medicare can be confusing at best.

Among the most perplexing aspects: different enrollment periods for different parts of Medicare, and missed deadlines that can lead to penalties, sometimes permanent penalties.

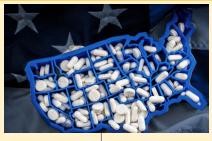
Plus, there is no coverage for some health care costs, like vision, dental, hearing aids, and long-term care, so coverage requires doing even more homework.

Then, once you think you know what to expect, things change and it seems like you have to start over again.

As 2026 approaches, Medicare beneficiaries are facing one of the biggest sets of changes in years. It's a good-news/bad-news scenario.

In the "good" column: lower out-of-pocket costs on many high-cost medications. In the "bad" column: rising caps and stricter plan rules that could increase expenses.

Knowing what's coming and when to act could save hundreds of dollars and prevent coverage headaches.



If you used the monthly installment drug payment option in 2025, you will be automatically reenrolled in 2026 unless you actively opt out **by December 31, 2025**. The policy is intended to reduce administrative hassle, but it may catch some beneficiaries unaware.

**Medicare to offer lower drug costs in 2026**

Starting January 1, 2026, **Medicare will implement negotiated prices** for some of the most high-cost prescription medications. The medications don't have competition and are among those that drive the most Medicare spending.

"Medicare's 2026 updates are the first meaningful attempt to lower prescription drug costs for seniors while still encouraging plan accountability and coverage transparency. Beneficiaries should review their coverage carefully to maximize savings and avoid unexpected costs," according to an **AARP Medicare analyst.**

**These are the new drug prices for 2026; the savings is significant:**

- **Eliquis,** to prevent and treat blood clots, **will drop from $521 to $231 per month**.
- **Jardiance,** used to treat type 2 diabetes, chronic heart failure, and chronic kidney disease, **will drop from $573 to $197 per month**.
- **Xarelto**, to prevent blood clots, will drop from **$517 to $197per month.**
- Farxiga, to treat type 2 diabetes and chronic kidney disease, will drop from **$556 to $178 per month**.
- **Entresto,** to treat chronic heart failure, will drop from **$628 to $295 per month**.
- **Enbrel,** to treat several inflammatory conditions, including rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, and plaque psoriasis, **will drop from $7,106 to $2,355 per month**.
- **Imbruvica,** to treat certain B-cell cancers, **will drop from $14,934 to $9,319 per month**.
- **Stelara,** to treat autoimmune inflammatory conditions, including Crohn's Disease, **will drop from $13,836 to $4,695 per month**.

The goal is to reduce out-of-pocket spending, with AARP estimating roughly $1.5 billion in savings for beneficiaries in the first year While the lower drug cost is a welcome relief for many, other cost protections are changing for everyone.

The out-of-pocket spending cap for Medicare Part D plans will increase from $2,000 to $2,100, and the annual deductible rises to $615. Beneficiaries with heavy prescription use may face higher upfront costs despite lower drug prices.

# Most Medicare Advantage plans are free upfront. You still might not be able to afford one.

In the world of bargains, there's a difference between "free" and "free upfront." Free with no strings attached is good. Zero money down always means the potential for balloon payments on the back end. Apply that to the world of Medicare, and you have a potential for paying nothing when you sign up for a Medicare Advantage plan at 65 and then high costs later in life, when you all but invariably get sick. Eventually, that free plan may cost more than the alternative you initially thought was too expensive, and it could be too late to switch.

There's a tipping point for Medicare Advantage that many people do not recognize when they first sign up, thinking that having no monthly premium, or a really low one, represents significant savings. But Medicare Advantage is designed to have fixed copays like $30 for a specialist visit and 20% coinsurance for procedures. There are also other charges that can eventually make overall out-of-pocket costs more expensive than the competition, which is a Medicare supplement plan, also known as a Medigap plan.

It all depends on what care you end up needing, and the shift can happen quickly. If you have one very bad day with a fall, or a diagnosis of a chronic illness like cancer or kidney disease, your costs will skyrocket on Medicare Advantage, according to experts. In the decades since they were introduced in 1997, Medicare Advantage plans have shifted the landscape of healthcare for American seniors. Heavily marketed by a few large insurance companies, Medicare Advantage plans now make up 54% of the nation's Medicare marketplace, **according to health-policy group KFF**. Some 76% of Medicare Advantage plans that carry prescription-drug coverage are zero-premium**, KFF says**, meaning enrollees pay nothing upfront except for premiums associated with Medicare Part B (currently $185 a month), which cover doctors' visits and other outpatient services that don't require hospital admission. The implications of Medicare Advantage's sweeping success across America have been hard for seniors and policymakers to fully understand.

On the surface, a Medicare Advantage plan that charges no monthly premium seems like a better deal than original Medicare with a Medigap and Part D drug plan, which have monthly premiums but typically have no other charges (except a $2,000 maximum for prescription drugs that applies across the board to all Medicare users).

For the most part, Medicare Advantage customers pay almost $3,500 less out of pocket in a year than those with Medigap insurance, according to an analysis by ATI Advisory, a healthcare consulting firm. But that includes the many healthy people not using significant healthcare.

In an emergency scenario, it's certainly within the realm of possibility that you could rack up the equivalent of an entire year's worth of Medigap premiums in one fell swoop.

"Medicare Advantage is a great deal if you're healthy, not such a great deal if you're out of pocket a lot," said David Grabowski, a professor of healthcare policy at Harvard Medical School.

**Calculating the costs**

Taylor Langlois, an insurance broker in Wichita, Kan., has a client in a rural area who recently suffered a fall and experienced the kind of medical emergency that could result in several copay charges. He was driven to a local medical center, Langlois said, then went by ambulance to a bigger hospital, and was eventually taken by helicopter to a trauma center.

In the Wichita area, the most popular Medigap plans are running about $150 a month, plus about $50 for a Part D drug plan, according to Langlois, for a total annual cost of about $2,400 per year….**Read More**

# RI ARA HealthLink Wellness News

**Please Note: All Articles In This Section Are For Information Only And Not Medical Advice**

HealthLink Wellness "Taking Control"

## First Alzheimer's pill for genetically at high risk shows promise in phase 3 trial

While researchers still do not know what exactly causes the type of **dementia** called **Alzheimer's disease**, past studies show that **genetics** can play an important role.

One gene variant that is particularly associated with Alzheimer's disease risk is **APOE4Trusted Source.** Researchers estimate that between **15-25% of the general publicTrusted Source** have the APOE4 gene variant.

And some people carry two copies of the gene called APOE4/4that increases their Alzheimer's disease risk even further. Previous research reports that people who have two copies of the APOE4 gene variant may **increase their riskTrusted Source** of developing Alzheimer's disease by age 85 by as much as 60%.

"APOE4/4 patients, who represent about 15% of all Alzheimer's disease cases, face the highest genetic risk, experience faster disease progression, and have the fewest treatment options," **Susan Abushakra, MD,** a board certified neurologist and chief medical officer of biopharmaceutical company Alzheon, told *Medical News Today*. "APOE4/4 Alzheimer's disease patients face the highest risk of brain edema/ swelling and brain bleeds (called **ARIA-E and ARIA-H)** with the current **anti-amyloid immunotherapies.**"

cording to Abushakra, valiltramiprosate is the first investigational oral therapy developed for genetically at-risk APOE4/4 patients.

"One of the first abnormalities in the Alzheimer's disease brain is the clumping (aggregation) of small proteins called amyloidTrusted Source into harmful (neurotoxic) clusters called oligomers that clump further into larger insoluble amyloid plaquesTrusted Source," she explained.

**"ALZ-801 is designed to work early in this process to block the formation of these neurotoxic soluble amyloid oligomers, thereby protecting neurons from their toxic effects," she said.**

**Pill helps slow down brain atrophy**

For this study, researchers recruited 325 study participants between the ages of 50-80 years old with APOE4/4 and at the early symptomatic stages of Alzheimer's disease, including MCI and mild Alzheimer's disease dementia. Participants were randomly placed into two groups, once receiving valiltramiprosate and the other given a placebo.

At the study's conclusion, researchers found that APOE4/4 study participants with MCI that were treated with the investigational drug experienced a slow-down in **brain atrophy** over multiple brain regions, as well as **reduced water diffusivity**, which is seen in the slowing of neurodegeneration.

"In a prespecified analysis at the MCI stage, which is the earliest symptomatic phase of Alzheimer's, we saw signals of clinically meaningful cognitive and functional benefits, along with protection against brain atrophy," Abushakra said. "Patients who received ALZ-801 over 78 weeks had larger brain volumes on MRI than those on placebo."

"We used another imaging technique called **diffusion MRI**, that measures water movement and content in brain tissue," she continued. "Using this imaging technique, ALZ-801 treated patients had less water in their brain than those on placebo. The relatively larger brain volume on ALZ-801 was not from larger water content, but from preservation of neurons and brain tissue. This suggests that in MCI patients, ALZ-801 can slow neurodegeneration and that leads to clinical benefits."…**Read More**

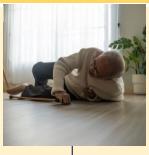
## How to reduce your risk of falling

According to the **National Institutes of Health (NIH), more than one in four people over 65 fall each year,** and around **three million end up in the emergency room or as a hospital inpatient**. More older people are falling even though falls are preventable. Falls are also costly. In the period between 2016 and 2018, the **average annual cost of falls** among older adults was **$80 billion**.

Reduce your risk of being among the **14 million people over 65 who fall each year.** The consequences of a fall can be horrific, restricting your activities, if not robbing you of your independence. Keep in mind that your risk of falling doubles if you've fallen once. According to the CDC, **falls are the leading cause of injury and injury death** among people 65 and older.

**How to prevent falls?**

1. **Talk to your doctor** if you're feeling dizzy or unsteady on your feet. Ask about the side effects of the medications you're taking, both prescription and over-the-counter drugs. Some medicines can make you dizzy and more prone to falls. And, see if you might benefit from physical therapy. Medicare covers it.
2. **Make your home safer.** Remove any loose rugs or tack them to the floor and place any electrical cords out of the way. Install grab bars in the bathroom. Use night lights.
3. **Stand up slowly** after sitting to avoid light-headedness.
4. **Have your eyesight and hearing checked** each year.
5. **Wear proper shoes** that hug your feet; they should have treads to avoid slipping.



6. **Use a cane, walker or walking poles for stability.**

**Do balance and strength exercises** at least twice a week each.

Here are five exercises to improve balance that the **NIH recommends**:

1. **Standing on one foot.** Place a chair in front of you and hold on to it with one hand. Then raise one leg and hold it up for 10 seconds. Then do it again with the other leg. Repeat this exercise three times on each leg.
2. **Do sit to stand exercises.** Strengthen your quads.
3. **Walking heel to toe.** Place the heel of one foot in front of the toe of the other. Now take a step with your back foot and move it so that the heel is just touching the toe of your other foot. Repeat 18 more times. Focus your gaze on a spot in front of you to steady yourself. You can also hold your arms out on either side of you for balance.
4. **Back leg raises.** Place a chair in front of you and hold on to it with one hand. Breathe in. Lift one leg back as you breathe out. Keep the leg you stand on slightly bent. Repeat 10-15 times on each leg.
5. **Side leg raises.** Place a chair in front of you and hold on to it with one hand. Breathe in. Lift one leg to the side as you breathe out. Keep the leg you stand on slightly bent. Repeat 10-15 times on each leg.

**Balance walk.** Walk in a straight line for 20 steps lifting one knee up and then the other. You can hold your arms out on either side of you for balance. You can also focus your gaze on a spot in front of you.

## Eye Scans Might Help Determine Heart Health Risk, Experts Say

The eyes are the windows to the soul, the old saying goes.

They also might serve as a window into a person's heart health, a new study adds.

The tiny blood vessels in a person's eyes can be used to predict their risk of heart disease, as well as whether they're aging at an accelerated rate, researchers reported Oct. 24 in the journal ***Science Advances***.

Doctors one day might refer to retinal scans as part of a regular check-up, researchers said.

"The eye provides a unique, non-invasive view into the body's circulatory system," senior researcher **Marie Pigeyre,** an associate professor of medicine at McMaster University in Ontario, Canada, said in a news release. "Changes in the retinal blood vessels often mirror changes occurring throughout the body's small vessels."

For the study, researchers analyzed health data from more than 74,000 people participating in one of four major studies.

People with simpler, less branched blood vessels in their eyes had an increased risk of heart disease, the researchers found.

Those folks also showed signs of advanced biological aging, including increased inflammation and shorter lifespan, the study said.

Researchers also found two specific proteins that are linked to inflammation and blood vessel aging.

"By connecting retinal scans, genetics and blood biomarkers, we have uncovered molecular pathways that help explain how aging affects the vascular system," Pigeyre said.

The proteins — MMP12 and IgG–Fc receptor IIb — might serve as potential targets for future anti-aging drugs.

"Our findings point to potential drug targets for slowing vascular aging, reducing the burden of cardiovascular diseases, and ultimately improving lifespan," Pigeyre said.

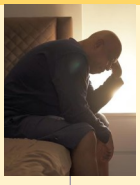
## Clinical Trial Finds Ketamine Not Effective For Depression

Ketamine might not be effective in treating depression, new clinical trial results reveal.

Ketamine infusions added to standard depression care did nothing for people hospitalized with the mood disorder, researchers reported Oct. 22 in ***JAMA Psychiatry*.**

"Our initial hypothesis was that repeated ketamine infusions for people hospitalized with depression would improve mood outcomes. However, we found this not to be the case," senior researcher **Declan McLoughlin**, a research professor of psychiatry at Trinity College Dublin, said in a news release.

Earlier studies that found ketamine effective in treating depression might have been flawed, in that patients might have guessed they were getting the drug and experienced improvement due to a placebo effect, researchers said. This trial also found many patients were able to guess which treatment they were getting.



"Our trial highlights the importance of reporting the success, or lack thereof, of blinding in clinical trials, especially in clinical trials of therapies where maintaining the blind is difficult, e.g. ketamine, psychedelics, brain stimulation therapies," lead researcher **Ana Jelovac** of Trinity College Dublin said in a news release.

"Such problems can lead to enhanced placebo effects and skewed trial results that can over-inflate real treatment effects," Jelovac said.

About 30% of people with depression don't respond well to conventional antidepressants that target brain chemicals like serotonin, dopamine and adrenaline, researchers said in background notes.

That's why such hope has been placed on ketamine, which is increasingly being used as an off-label treatment for depression, researchers said.

A nasal spray version of ketamine called **Spravato** was even approved in 2019 by the U.S. Food and Drug Administration for hard-to-treat depression, according to **Harvard Medical School.**

For the new trial, more than 60 people with depression were randomly assigned to receive up to eight twice-weekly IV infusions of either ketamine or **midazolam**, a benzodiazepine.

Midazolam produces sedation and psychoactive effects, so researchers have used it as the placebo alternative in ketamine trials. That way, patients are less likely to guess they haven't gotten ketamine, so the thinking goes.

Results showed no significant difference in depression symptoms between the ketamine and midazolam groups by the end of the four weeks of treatment.

No differences were found between the groups in other measures such as cognitive function, finances or quality of life.

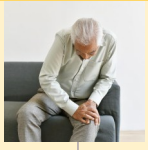
"Under rigorous clinical trial conditions, adjunctive ketamine provided no additional benefit to routine inpatient care during the initial treatment phase or the six-month follow-up period," McLoughlin said. "Previous estimates of ketamine's antidepressant efficacy may have been overstated, highlighting the need for recalibrated expectations in clinical practice."...**Read More**

## Home Exercises Ease Knee Arthritis Pain

Home exercises can effectively ease knee pain caused by cartilage tears and **arthritis,** apparently with or without physical therapy, a new study says.

The stretching and strengthening exercises provided about the same amount of pain relief whether or not a person got real or sham physical therapy, researchers reported Oct. 29 in ***The New England Journal of Medicine***.

"On average, participants in all groups reported moderately severe pain at the start of the study and much milder pain three, six and 12 months later," lead researcher **Dr. Jeffrey Katz** said in a news release. He's clinical director of the Orthopedic and Arthritis Center for Outcomes Research at Brigham and Women's Hospital in Boston.



As many as 40% of middle-aged folks and 80% of those with knee arthritis have tears in their knee cartilage, which is called the meniscus, researchers said in background notes.

For the study, nearly 900 people with an average age of 59 were randomly assigned to one of three groups. The patients all had knee pain, arthritis and a meniscus tear.

One group took part in a 25-minute home exercise program four times a week, guided by a video and pamphlets. The second and third groups got home exercise plus either real or placebo physical therapy.

Those who got real or sham PT did have slightly greater pain improvement at six and 12 months, but those benefits likely were illusions, researchers said.

"We observed similar improvement in the standard PT and sham PT groups, suggesting that personal interactions with a physical therapist may have been more influential than the physical therapy itself," Katz said.

Previous studies have found that 60% to 80% of the total effect of physical therapy for knee arthritis comes from interactions with therapists rather than the therapy itself, researchers noted….**Read More**

# Tainted Meat Linked to Nearly 1 in 5 Urinary Tract Infections

Researchers have identified a surprising source for a significant number of urinary tract infections (UTIs): contaminated meat.

A new four-year study found that almost 1 in 5 UTIs detected among a group of patients in Southern California were likely caused by *E. coli* bacteria found on chicken, turkey, pork or beef products.

In the U.S., 8 to 10 million people are affected by UTIs annually, with *E. coli* causing about 90% of cases, according to the **Cleveland Clinic**. While most people assume UTIs originate from poor hygiene or sexual contact, this research — published Oct. 23 in the journal ***mBio*** — highlights foodborne UTIs.

How does one get a urinary infection from meat?

Bacteria first enter a person's gut after touching or eating undercooked meat. The bacteria can grow and live in the gut — and then be present in a person's feces. From there, poor wiping hygiene can bring it to the urethra opening where it inflames the lining of the urinary tract, causing an infection.

Besides pain and pressure when a person urinates, a UTI can cause frequent or difficult urination and even mental confusion, according to **Cleveland Clinic.**

The new findings stem from a collaboration between researchers at Kaiser Permanente and George Washington University, led by GWU professor **Lance Price.**

The team compared more than 2,300 *E. coli*-positive urine samples from Southern California patients with more than 3,300 samples from meat sold in major local grocery stores between 2017 and 2021.

An analysis of genetic material identified a number of bacterial strain matches that traced patient infections directly back to the meat supply.

Contamination rates were highest in chicken and turkey products. Price told *NBC News* that some meat products are swimming in saline liquid inside the packages, and that liquid often contains bacteria.

The study found animal-to-human *E. coli* accounted for 18% of UTIs overall, and 21.5% of UTIs in higher poverty neighborhoods. Women also had more foodborne-related UTIs than men (19.7% versus 8.5%).

Low-income neighborhoods had a 60% higher risk of foodborne UTIs than wealthier areas. The authors suggested this could be due to issues like improper storage temperatures or products being left out too long at grocery stores in those areas.

Price emphasized the seriousness of these infections, especially if they spread.

"The bladder is a major gateway to the bloodstream for *E. coli*. And when you get these *E. coli* in your blood, they can kill you," he told *NBC News*.

People with suspected UTIs should seek medical care.

While antibiotics effectively treat UTIs regardless of the *E. coli* source, doctors and patients rarely know where the infection began. Prevention, therefore, is something everyone should seek to do.

Although cooking meat thoroughly kills bacteria, spreading the bacteria to other foods or utensils in the kitchen is the main transmission route.

Price and other safety experts recommend consumers keep raw meat separate from all other items in the kitchen and wash hands thoroughly after handling or preparing raw meat.

# Sitting For Long Periods? Sip Cocoa Or Munch Berries To Protect Heart Health, Experts Say

A hot cup of cocoa or tea, an apple or a bowlful of berries might help protect the heart health of couch potatoes or desk jockeys, a new study suggests.

Those foods and drinks are all rich in plant chemicals called flavanols, and a lab experiment showed that they might prevent blood vessel problems caused by too much sitting, researchers reported Oct. 29 in ***The Journal of Physiology*.**

"Consuming high-flavanol foods and drinks during periods spent sitting down is a good way to reduce some of the impact of inactivity on the vascular system," said senior researcher **Catarina Rendeiro**, an assistant professor of nutritional sciences at the University of Birmingham in the U.K.

"Given how common sedentary lifestyles have become and the increased risk this can have to vascular health, using flavanol-rich food and drink, especially in combination with breaking up periods of inactivity by going for a short walk or standing up, could be a good way to enhance long-term health, no matter the individual's fitness level," she said in a news release.

Previous studies have linked hardened arteries to an increased risk of heart disease, strokes and heart attacks, researchers said in background notes. Prolonged sitting is known to at least temporarily impair blood vessel flexibility, increasing blood pressure.

"Whether we are sitting at desks, behind the wheel of a car, on a train, or on the sofa reading a book or watching TV, we all spend a lot of time seated," Rendeiro said. "Even though we are not moving our bodies, we are still putting them under stress."

Flavanols occur naturally in some fruits, tea, nuts and cocoa beans, researchers said, and have been shown to protect blood vessel health during periods of mental stress.

To see whether flavanols might help protect blood vessel health, researchers recruited 40 healthy young men – 20 with a higher level of fitness and 20 who were less fit.

All the men consumed either a high-flavonol or low-flavonol cup of cocoa, and then sat still for two hours.

Everyone who drank the low-flavonol cocoa experienced a reduction in the flexibility of their arm and leg arteries, suggesting that better fitness won't necessarily protect people from the detrimental effects of sedentary behavior, researchers said….**Read More**

# Flu, COVID Increase Risk of Heart Attack, Stroke

People's risk of heart attack or stroke skyrockets after a bout with the flu or COVID, a new evidence review says.

Folks are four times more likely to have a heart attack and five times more likely to have a stroke within a month of infection with influenza, researchers reported today in the ***Journal of the American Heart Association*.**

Likewise, people are three times more likely to have a heart attack or stroke within 14 weeks of being afflicted with COVID, and their risk remains elevated for up to a year, researchers said.

Results show heart risk also increases when people have chronic infections like **HIV**, **hepatitis C** and **shingles**.

"The elevated risks for cardiovascular disease risks are lower for HIV, hepatitis C and herpes zoster than the heightened short-term risk following influenza and COVID," said lead researcher **Kosuke Kawai**, an adjunct associate professor of general internal medicine and health services research at the David Geffen School of Medicine at UCLA.

"However, the risks associated with those three viruses are still clinically relevant, especially because they persist for a long period of time," Kawai continued in a news release. "Moreover, shingles affects about 1 in 3 people in their lifetime. Therefore, the elevated risk associated with that virus translates into a large number of excess cases of cardiovascular disease at the population level."...**Read More**