



Friday Alert Message from the Alliance for Retired Americans Leaders

Alliance/AFL-CIO Symposium Focused on the Looming Retirement Security Crisis

The Alliance and the AFL-CIO held their annual Retiree Security Symposium, The Looming Retirement Security Crisis, on Wednesday.



Robert Roach, Jr.
 President, ARA

Presenters discussed how to protect pensions, strengthen Social Security, and recognize financial

scams increasingly powered by Artificial Intelligence (AI).

AFL-CIO President Liz Shuler kicked the day off, highlighting how the fight for retirement security is a labor movement priority.

"Everyone here knows that this work around retirement security is right at the center of what everyone is thinking and talking about and it matters to me personally," said President Shuler. "Retirement security was what drove my pathway to union activism. I had a front row seat and experienced how corporate greed can destroy that hard earned promise of a retirement. I

know that everyone has their own motivation, their own story."

AFL-CIO Deputy Director of Corporations and Capital Markets Brandon Rees moderated a panel discussion entitled "Private Equity and Retirement Security - Hero or Villain?" In video remarks, Senator Amy Klobuchar (MN) drew attention to how the Department of Government Efficiency's (DOGE) dismantling of the Social Security Administration is hurting older Americans and emphasized the need to fully staff the agency.

Rep. John Larson (CT) discussed how Social Security is vital for local economies. He

urged attendees to demand action from lawmakers to strengthen Social Security and make sure they know how many beneficiaries are in their legislative districts. This information is available on the [SSA](#)

[website](#) and updated each year. National Institute on Retirement Security Executive Director Dan Doonan and Research Director Tyler Bond educated attendees about how Social Security drives economic

output and the history of polling on Social Security. Then Alliance Executive Director Richard Fiesta and Legislative Representative David Simon discussed the future of Social Security and an overview of legislative proposals related to the earned benefits program.

"Retirement security is very important – we all have to do something," said Robert Roach, Jr., President of the Alliance, in his closing remarks. "We have to have legal, peaceful action and we should join together and get this done. It's a big deal for seniors and their families, for your children, your grandchildren, to ensure retirement security for all." Presentation materials from the symposium are posted [here](#). Video will be added soon.

Trump Administration Drops Harmful Proposal to Make Social Security Disability Benefits Harder to Claim
 The Alliance issued the following statement in response to the recent decision to suspend a planned revamp of Social Security Disability Insurance eligibility rules:

In the wake of overwhelming criticism from members of Congress, seniors organizations, and disability rights advocates, the Trump Administration this week [reversed course](#) and ended its plan to overhaul Social Security Disability Insurance

(SSDI) eligibility rules. The change would have made it significantly harder for millions of older Americans with disabilities to receive the benefits they have earned.

The Alliance raised serious concerns about the proposal, which would have raised the age threshold for disability evaluations to 60 years old or eliminated age as a factor entirely. That change would have ignored the realities older workers face in the job market and threatened to cut eligibility by as much as 20 percent overall and up to 30 percent for older applicants.

"This is a victory for every American who has worked hard, paid into Social Security, and counted on the program to be there if they became disabled,"



Rich Fiesta,
 Executive Director, ARA

said Richard Fiesta, Executive Director of the Alliance for Retired Americans. "These benefits are earned. They are not handouts or political bargaining chips.

Americans deserve a disability system that recognizes the challenges of aging. We will always fight alongside workers, retirees, and our allies in Congress to strengthen Social Security — not weaken it."



4 Major Social Security Changes in 2026 That Will Affect Your Wallet

While the 2.8% cost-of-living adjustment (COLA) has grabbed most of the headlines, it's far from the only change coming to Social Security in 2026. The Social Security Administration has also announced several crucial updates to earnings limits, tax thresholds, and qualification requirements that will impact both current workers and retirees. These adjustments, which take effect in January, could mean higher taxes for high earners, new income rules for working beneficiaries, and a higher bar for qualifying for benefits in the first place.

Each year, the SSA adjusts these key parameters to account for changes in the national average wage index. Understanding these updates is essential for effective financial planning, whether you're decades from retirement or already receiving benefits. Here are the four most important changes you need to know about for 2026.

1. Higher Earners Will Pay More in Social Security Taxes

One of the most significant changes is the increase in the "maximum taxable earnings," also known as the wage cap. This is the maximum amount of earned income subject to the 6.2% Social Security payroll tax (or 12.4% for the self-employed).

In 2025, the wage cap is \$176,100. For 2026, the SSA is increasing this limit to \$184,500. This means that any income earned up to this new amount will be subject to Social Security tax. Anyone earning more than \$184,500 will not pay Social

Security taxes on their income above this threshold.

What does this mean for high earners? An individual earning \$184,500 or more in 2026 will pay an additional \$520.80 in Social Security taxes compared to 2025 (\$8,400 difference in taxable income x 6.2%). For self-employed individuals, that increase doubles to \$1,041.60. This adjustment ensures that the Social Security system continues to be funded by current workers as national wages rise.

2. The Retirement Earnings Test Limits Are Going Up

Many retirees choose to continue working part-time while collecting Social Security benefits. If you claim benefits before your full retirement age (FRA), which is 67 for those born in 1960 or later, your earnings are subject to the retirement earnings test. If you earn over a certain limit, the SSA will temporarily withhold some of your benefits.

For 2026, the SSA has increased these earnings limits, allowing working retirees to earn more before their benefits are affected. Here are the new rules:

- ◆ If you are under your full retirement age for the entire year: The earnings limit will increase

from \$23,400 in 2025 to \$24,480 in 2026. For every \$2 you earn above this limit, the SSA will withhold \$1 from your benefits.

- ◆ If you will reach your full retirement age during 2026: A more generous limit applies. It will increase from \$62,160 in 2025 to \$65,160 in 2026. This limit applies only to earnings in the months leading up to your FRA. For every \$3 you earn above this amount, the SSA will withhold \$1.

It's crucial to remember that this withheld money is not lost forever. Once you reach your full retirement age, the SSA recalculates your benefit amount to give you credit for the months your benefits were withheld, resulting in a higher monthly payment for the rest of your life.

3. It Will Take More Earnings to Qualify for Benefits

To qualify for Social Security benefits, you need to accumulate at least 40 "work credits" over

your lifetime. You can earn a maximum of four credits per year. The amount of earnings required to receive one credit changes each year.

In 2025, you earn one work credit for every \$1,810 in earnings. For 2026, this amount is increasing to \$1,890 per credit. This means you will need to earn at least \$7,560 in 2026 to earn the maximum of four credits for the year (\$1,890 x 4). This \$80 increase per credit primarily affects part-time and low-wage workers, making it slightly harder to qualify for future benefits if their earnings are very low.

4. What These Changes Mean for Your Financial Plan

These annual adjustments are a core feature of the Social Security system, designed to keep it aligned with the broader economy. While the COLA affects the "payout" side, these changes impact the "pay-in" and eligibility side.

Social Security Parameter

| Social Security Parameter | 2025 Value | 2026 Value | Who Is Most Affected? |
|-----------------------------|------------|------------|---------------------------------------------|
| Maximum Taxable Earnings | \$176,100 | \$184,500 | High-income earners |
| Earnings Test (Under FRA) | \$23,400 | \$24,480 | Retirees working before full retirement age |
| Earnings Test (Year of FRA) | \$62,160 | \$65,160 | Retirees working in the year they reach FRA |
| Earnings per Work Credit | \$1,810 | \$1,890 | Part-time and low-wage workers |

Republicans move in the wrong direction on health care

Republicans in Congress are trying to figure out what to do on the health care front, now that they've refused to continue additional subsidies for people on the ACA health care exchanges. Millions more people are projected to go without health insurance and others will be forced to spend twice as much as they have been on insurance premiums. Ryan Cooper reports for [The American Prospect](#) that they have no good idea; they are moving backwards.

Some Republicans are

following through on President Trump's fogged-about health insurance idea, to send people the money that would have paid for the subsidies. He claims people would be better off spending that money directly on health care, without an insurance middleman. But, you don't have to be a genius to know that any money people receive would not cover the cost of many basic health care needs, let alone complex ones. The whole purpose of health



insurance is to pool risk, not to burden each individual with the full costs of their care, which could be financially devastating.

As Cooper explains, the Republican plan actually takes critical benefits away from working people and gives the money saved to the wealthiest Americans in the form of lower taxes. At the same time, it takes our taxpayer dollars and deploys them to subsidize corporations. In sum, programs to support

working people have little place in a capitalist society, but corporate welfare is somehow justifiable.

Every man and woman for themselves does not work with health care. With health care, some are lucky and some are less so. Pooling risk protects everyone. Leaving health care costs to each individual—a purely market-based approach—is tantamount to saying that people who get sick or injured are out of luck unless they are extremely wealthy.... [Read More](#)

New Social Security scam uses 'high pressure' scare tactics. What to watch for

A new "high pressure" scam seeks to convince individuals that their Social Security numbers may be suspended due to criminal activities, according to a **new warning**.

"Be aware! It's a **scam!**" the Office of the Inspector General for the Social Security Administration said in a recent alert.

The scheme involves emails sent with the subject line, "Alert: Social Security Account Issues Detected." An attachment with fake letterhead purporting to represent the SSA OIG warns recipients that their Social Security number may be suspended within 24 hours and that their case may be referred for criminal prosecution.

The schemes typically use scare tactics to dupe victims into handing over their money, such as flagging suspicious activity on accounts, claiming personal information is being used to commit crimes, or alleging

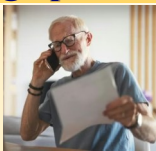
online accounts or other personal devices have been hacked.

When recipients of the fraudulent emails call the phone number provided, they may encounter someone impersonating a Social Security Administration employee who sometimes even uses a federal worker's real name.

Alternatively, callers may be directed to send a text via an automated message.

The SSA OIG, which provides independent oversight of the Social Security Administration, is warning recipients not to share their personal information in response to the notices.

"If you get an unexpected call, text, email, letter, or social media message from SSA OIG or any government agency, pause and think scam first," Michelle L. Anderson, acting inspector general, said in a statement. "The person contacting you may not be who



they claim to be." Notably, the SSA OIG "will never send letters like this," Anderson said. **Older adults more likely**

to report scam losses

Government **imposter scams** may also purport to be from other agencies — the Social Security Administration, IRS, Medicare or Federal Trade Commission, for example. Other schemes may claim to represent well-known businesses.

In 2024, consumers reported losing more than \$12.5 billion to fraud — a 25% increase over the previous year, the Federal Trade Commission **reported** in March.

Investment scams were the most common way to lose money, with \$5.7 billion in losses reported by consumers in 2024, followed by imposter scams, with \$2.95 billion in losses.

Adults ages 60 and over are most likely to report losses of tens of thousands or hundreds of

thousands of dollars from scams, according to the FTC. The number of older adults who reported losing \$10,000 or more to scams went up more than four times from 2020 to 2024, the agency **reported in August**. In those same years, the number of older adults who reported losing more than \$100,000 jumped nearly seven times.

To avoid becoming a victim, the FTC warns consumers targeted by these types of scams not to send or transfer money to anyone.

The agency also recommends independently verifying whether a phone number or website is real and talking to someone you know and trust before transferring money.

Blocking unwanted calls can also prevent scammers from contacting you in the first place, according to the FTC.

Dear Mari: How can I prevent medical Identity theft?

Dear Marci,
I have been hearing about people stealing Medicare numbers. I'm starting to worry about my personal information being compromised. How can I be more vigilant and prevent medical identity theft?

– Pearl (Lewiston, ME)

Dear Pearl,
Great question! Medical identity theft can be a jarring experience. It can negatively affect your medical records, health insurance, and finances. I have outlined below steps you can take to avoid, identify, and respond to medical identity theft.

Steps to protect yourself from medical identity theft:

- ◆ Be careful about who you give your personal information to. This includes your Medicare number, Social Security number, credit card numbers, and driver's license number.
- ◆ Beware of unexpected texts, calls, or emails. A scammer may try to get you to click on a link or respond with your

personal information.

Remember that Medicare and Social Security will never reach out to you to ask for your personal information.

- ◆ Keep documents that contain your medical information somewhere safe. This includes your health insurance card, insurance enrollment forms, prescription bottles, and billing statements. If you want to get rid of these things, use a shredder or wait for a local shred day. Before throwing out prescriptions, use a marker to cross out any personal information on the bottle.
- ◆ Look out for common fraud schemes used to steal personal information. These include scams related to free COVID-19 tests, durable medical equipment that you didn't ask for, genetic testing or cancer screening kits, new Medicare card scams, and telehealth fraud.



Dear Marci

If someone does manage to steal and use your

medical information, look out for the following signs:

- ◆ Charges on your Medicare statements for services, equipment, or medications you didn't receive.
- ◆ Shipment of braces, testing kits, or other medical supplies in the mail that you didn't request.
- ◆ Outreach by a debt collection company for a provider bill you don't owe.
- ◆ Medical debt collection that you don't recognize.
If you believe someone has stolen and is using your medical information, contact your **Senior Medicare Patrol**, or SMP. Your local SMP can help guide you through what you need to do if you think your medical information has been stolen. Along with reporting any incidents to the authorities, an SMP may encourage you to:
 - ◆ Review your Medicare statements. Look for any services, items, or

prescriptions you didn't receive or any providers you don't recognize.

- ◆ Get copies of medical records. Explain the situation to your health care providers and request that they send you your records.
- ◆ Report errors. Report any mistakes you find in your medical records to your health care provider.

Review your credit reports.

Visit www.AnnualCreditReport.com or call 877-322-8228 to get your free credit report. Look for medical billing errors. This includes medical debt collection notices that you don't recognize. Make a recovery plan. Use the Federal Trade Commission's www.IdentityTheft.org to report identity theft and get a recovery plan.

Hope this helps!

–Marci

Experts Weigh In on The Future of Social Security: "Don't Count on the Full Benefit"

Social Security is a crucial component of many Americans' retirement plans. Currently, two-thirds of seniors rely on Social Security for more than half of their retirement income, according to a survey conducted by The Senior Citizens League.

But for future retirees, relying so heavily on Social Security income comes with risks and uncertainty. As you look down the road to retirement, staying informed on the future of Social Security can help you set yourself up for a stress-free retirement.

Here's what experts had to say about Social Security's future.

The idea that Social Security will vanish is a misconception

When looking ahead, many in their 30s and 40s don't believe Social Security will be around for them in retirement. In fact, a recent poll from the Bipartisan Policy Center's American Savings Education Council found

that 79% of American workers believe Social Security will "run out of money and stop paying benefits in the near future."

But most experts agree that Social Security won't be going away entirely.

"It's a pay-as-you-go system funded by payroll taxes, and as long as people are working, money will continue to flow into the program," explains Michael Liner, attorney and founder at [Liner Legal](#).

Liner continues, "However, the benefit structure may change; younger workers should expect possible adjustments, such as higher retirement ages or modified benefit formulas."

Benefits may decrease, but it's not the end of Social Security

"There is a significant funding problem, but there is not a cliff where payments will end entirely," says [Stephen](#)



[Vecchione](#), CFP, co-founder and managing partner of Statera Advisors and Statera

Retirement

Instead of payments abruptly ending, payments may shrink after the Social Security Trust Fund runs out of money, which is expected in the mid-2030s. After that point, the system would be funded with incoming payroll taxes. Currently, future payroll taxes are expected to cover around 77% of the promised benefits.

Of course, a dip in benefits isn't ideal. But that's not a total collapse.

Changes have to happen

The thought of Social Security payments dropping for future retirees is an issue that many care about. Consequently, many political proposals have been made to address this impending crisis.

"Changes must happen over

the next decade, but I would prefer to see smaller changes occur within a year or two," says [Curt Scott](#), CFP of Scott Financial Group, of Social Security.

Scott continues, "The longer we wait to make changes, the more harsh and negatively impactful they will be."

Social Security can't be your only retirement plan

"Don't count on the full benefit without contingencies," says Vecchione. "It's still very likely you'll get something from Social Security, but you should build your retirement plan assuming either (a) benefits are somewhat reduced, or (b) the age you receive full benefits shifts upward/other tweaks happen."

Throughout your working years, choosing to tuck funds away for the future sets you up for a more stable financial position in retirement...[Read More](#)

Seniors Are Leaving Medicare Advantage in Droves; Here's Why Many Say Medigap Is Worth the Higher Cost

As Medicare open enrollment kicks into high gear, millions of older Americans are taking another look at their health coverage. For many, it's a high-stakes decision between **staying in a Medicare Advantage plan** or **switching to a Medigap policy**, also known as Medicare Supplement Insurance.

The Big Shift: Why Some Seniors Are Walking Away from Medicare Advantage

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 2024 Kaiser Family Foundation

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.

The 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,'"



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.

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 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

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...[Read More](#)

Social Security benefits could increase by \$200 a month — here's who would qualify

Democratic Senators are pushing legislation that could hike monthly Social Security payments by \$200, arguing senior citizens are struggling to keep up with sky-high costs.

The recently introduced "Social Security Emergency Inflation Relief Act" would include the additional money until July 2026. Recipients of Social Security, Supplemental Security Income, veteran disability compensation, veteran pensions and railroad retirement would get the extra dough, the bill's sponsors said.

The legislation is all but certain to fail in the Republican-controlled Senate.

Still, the bill's prime sponsor Sens Elizabeth Warren (D-Mass.) argued that inflation has pushed prices so high that seniors need extra help.

The extra \$200 per month would provide an "emergency lifeline for seniors struggling to afford Trump's tariffs and rising inflation," she said in a statement.

Upcoming cost-of-living

adjustment

The Social Security Administration said last month that benefits for more than 50 million American retirees will increase 2.8% next year as part of its annual cost-of-living adjustment, also known as COLA.

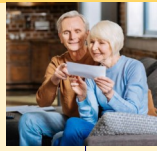
That is "simply not reflective of the current reality" for seniors, stated bill co-sponsor Sen. Chuck Schumer (D-NY.), the Senate minority leader.

Other sponsors of the legislation include Sens. Kirsten Gillibrand (D-NY) and Ron Wyden (D-Ore.).

US inflation hit 3% in September – the highest level since January, according to the Bureau of Labor Statistics' Consumer Price Index.

Prices on products from a cup of coffee and kids' toys to living room furniture and Amazon deals have soared in recent months.

Concerns around the recently ended government shutdown – the longest in history – and broader economic issues like inflation **sent monthly**



consumer sentiment to its lowest level in over three years, according to data released earlier this month.

Meanwhile, adults are **putting off homeownership for longer than ever.**

The median age of first-time homebuyers hit 40 years old this year – a record-high, according to the National Association of Realtors' annual report.

Separately from Warren's bill, Democratic senators introduced the "Boosting Benefits and COLAs for Seniors Act," which would tweak the current formula for annual cost-of-living adjustments.

The Social Security Administration currently calculates the adjustment based on the Consumer Price Index for Urban Wage Earners and Clerical Workers.

This inflation measure is based on the spending habits of younger, urban workers.

But the "Boosting Benefits" bill would base the adjustment on the CPI for older Americans,

tracking the spending habits of retirees age 62 and older – which could raise the payments.

"Americans deserve to retire with dignity, not spend their golden years just trying to get by," **Gillibrand said in a statement.**

"Our seniors have spent a lifetime of hard work paying into Social Security, but the payouts simply aren't keeping up with rising costs, and this year's annual cost-of-living adjustment is not enough to keep seniors afloat."

The average retirement benefit in August was \$2,008, according to the most recently available data.

About 73% of seniors depend on Social Security for more than half of their income, according to a study by the nonprofit Senior Citizens League.

Social Security benefits are available to retired Americans age 62 and older. Surviving family members of deceased workers and some disabled citizens are also eligible.

Social Security COLAs To Be Capped for High Earners Under New Proposal

A new proposal suggests limiting annual Social Security Cost-of-Living Adjustment (COLA) increases for the highest earners—a change that could help stabilize the program's finances without taking away inflation protections from most beneficiaries.

Why It Matters

Social Security is facing growing financial pressure. The retirement trust fund is projected to run out within the next decade. If Congress does not take action to shore up the finances, retirees could see their benefits cut by around 24 percent in late 2032.

More than 50 million Americans receive Social Security in retirement, relying on their monthly checks as a steady source of income. Every January, those payments rise thanks to the annual COLA, which boosts benefits based on the CPI-W—an inflation measure that tracks the spending of urban workers. The goal is to make sure benefits keep up as prices inevitably increase, with next year's rise set at 2.8 percent, beginning in 2026.

What To Know

A new white paper published by the **Committee for a Responsible Federal Budget** (CRFB) proposes placing a cap on the size of each year's COLA for those claiming the largest Social Security benefits. Everyone would still receive a COLA, but retirees with very high benefits—typically those who had the highest lifetime earnings—would see their annual increase limited to a set dollar amount.

The report explains how this would work. If inflation in 2035 resulted in a 2 percent COLA and the cap were set at \$900, someone receiving a \$50,000 benefit per year would normally get a \$1,000 increase. Under the cap, that person would instead receive \$900. Retirees receiving \$45,000 or less in benefits would see no change and would get the same COLA as they do under current law.

The CRFB says would "save money right away and help strengthen Social Security in the long run."

It reports that setting the cap at



the 75th percentile of benefits would save \$115 billion over 10 years and cover about one-tenth of the program's long-term funding shortfall. Adjusting the cap to the 50th or 90th percentile could save anywhere from \$35 billion to \$385 billion over a decade, closing between one-tenth and one-quarter of the 75-year solvency gap.

What People Are Saying

The CRFB said: "A COLA cap could meaningfully and quickly improve the solvency of Social Security's trust funds while concentrating adjustments on those most able to bear them, maintaining full inflation protection for most beneficiaries, continuing to maintain inflation protection on an adequate level of benefits for all beneficiaries, and ensuring solvency solutions are spread over more generations," the report concluded.

"It would do so without meaningfully weakening work incentives in the program or enacting nominal benefit cuts or freezes."

What Happens Next

Some lawmakers in Congress have taken heed of the looming shortfall, but there are differing approaches that don't necessarily mean capping COLA increases.

The Fair Share Act, introduced by Democrats Sheldon Whitehouse of Rhode Island and Brendan Boyle of Philadelphia earlier this year, seeks to strengthen Social Security and Medicare by **placing a greater burden on top earners.** Under the proposal, individuals making more than \$400,000 a year would pay Social Security taxes on all wages, self-employment earnings, and investment income above that level.

A bipartisan proposal from Republican Senator Bill Cassidy of Louisiana and Democratic Virginia Senator Tim Kaine would establish a new investment fund separate from the current Social Security trust funds. While the program's existing assets are limited to special U.S. government bonds, this new fund would broaden its portfolio to include stocks, traditional bonds, and other investments in an effort to generate higher returns

Standard Medicare Part B monthly premium to jump 9.7% in 2026

The standard **Medicare Part B** premium will increase to \$202.90 per month in 2026, up \$17.90, or 9.7%, from \$185 per month in 2025, according to the Centers for Medicare and Medicaid Services.

The increase marks the second-highest Part B premium increase in dollars, according to Mary Johnson, an independent Social Security and Medicare analyst. The highest increase of \$21.60 per month happened in 2022.

Retirees may see this as a "continuation in relentless cost increases," Johnson said via email.

Medicare Part B is medical insurance that covers both medically necessary and preventive services.

Part B premiums are typically deducted directly from Social Security checks. Any increase to

those monthly premium payments affects how much of an increase Social Security beneficiaries may see in their monthly checks in 2026.

The Social Security Administration has announced a **2.8% cost-of-living adjustment** for 2026, which is expected to add about \$56 per month on average to retirement benefits.

The Part B premium for 2026 may be seen by beneficiaries as "taking a significant chunk of or even most of their COLA," Johnson said.

A hold harmless provision ensures that Social Security benefit payments do not decrease from one year to the next as a result of Medicare Part B premium increases.



That said, other automatic deductions from Social Security checks for premiums tied to private Medicare Advantage

insurance plans or Part D prescription drug coverage may reduce benefits, according to Johnson.

The \$202.90 standard Part B premium rate will apply to individuals with modified adjusted gross income less than or equal to \$109,000, and for married couples who file taxes jointly with modified AGI less than or equal to \$218,000.

Approximately 8% of Medicare Part B beneficiaries pay what is called an income-related monthly adjustment amount that is added to their monthly premiums if their incomes are higher, according to CMS.

The annual deductible for Part B will be \$283 in 2026, according to the agency, a 10% increase from the \$257 annual deductible in effect for 2025.

The increases to both Medicare Part B premiums and deductibles are primarily due to "projected price changes and assumed utilization increases that are consistent with historical experience," according to the CMS **fact sheet** on the price changes.

Income-related adjustment amounts are typically based on tax returns filed two years prior. Beneficiaries who have since had their income go down, or who have experienced a **qualifying life event**, may report that by **submitting a form** to the Social Security Administration.

Insurers misuse prior authorization even for simple treatments

One big insurer, Anthem, denied coverage inappropriately to a woman who needed medicine to ward off Lyme disease on the ground that she failed to get prior authorization for her care. Even when the care needed is simple and easy and patients use network providers, insurers will inappropriately refuse to cover care, putting patients at risk, reports Lauren Sausser for the **Washington Post**. Insurers have no basis for requiring prior authorization for primary care visits.

In this case, the patient with a tick bite scheduled an appointment with an in-network primary care physician after her in-network telehealth provider recommended she do so. Thankfully, she did. It was only

because she visited the physician's clinic that she learned she had another tick on her body that could have given her Lyme disease.

Still, Anthem, her insurer, refused to pay for her visit to the clinic. The insurer's reason: She did not have a proper referral or authorization from her insurer to visit the clinic. Even with simple, low-cost medically necessary procedures—procedures that could be life-saving—insurers use prior authorization as a profit-maximizing strategy at a huge cost to their enrollees.

Corporate health Insurers had said that they were voluntarily going to change the prior authorization process to make it less burdensome for patients. A lot of good that did. Centers for



Medicare and Medicaid Services (CMS) chief, Mehmet Oz, had said his team was going to improve prior authorization as well, but little has changed as of yet.

CMS is supposed to create a list of services for which prior authorization is no longer necessary, as of January 2026. CMS will list services which patients can obtain and, for which they will be covered, without approval from their insurers. If insurers refuse to cover these services, CMS has said it will hold them accountable, but it is unclear how.

As of yet, insurers have not said what aspects of prior authorization they are committed to changing effective January 1. And, for reasons that make a

mockery of the insurers' care management abilities, insurers say that they cannot commit to responding to prior authorization requests in real time until 2027. Why not?

The insurers promised to improve prior authorization as far back as 2018, the president of the American Medical Association reminds us, without making any meaningful reforms. Some experts, including yours truly, do not believe that we will see any meaningful fixes going forward. The government never seems to hold insurers accountable for these types of bad acts, even when they can cause patients serious harm and, at times, premature death.... **Read more**

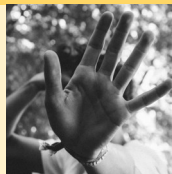
Medicaid corporate insurer networks block access to care

Most states contract with corporate health insurers to deliver health care benefits to their residents on Medicaid. A PNHP report shows that these for-profit insurers cost states more than if they delivered benefits directly, as Connecticut does. Health outcomes in Connecticut are also better. Christopher Weaver and Anna Wilde Mathews report for the Wall Street Journal on the "ghost" networks in Medicaid managed care plans operated by corporate

health insurers.

Overall, the WSJ team found that, in 2023, more than one in three physicians that Medicaid insurers listed as in-network did not treat a single Medicaid patient. Of the specialists treating people with complex conditions listed as in-network, including psychiatrists and dermatologists, barely one in two treated a Medicaid patient.

One boy in need of mental health counseling had to wait for



an appointment for some time even though Centene's Medicaid plan claims to have dozens of specialists in its network. Appointments are too often hard to come by for people in Medicaid health plans operated by private insurers.

Networks appear to be adequate if you assume all the listed physicians are seeing patients. But, when you dig deeper, as with Medicare Advantage plan networks, the doctors listed are

not always seeing new patients or are mistakenly listed, or won't take more patients with Medicaid. People with Medicaid either have long wait times for appointments or go without care.

According to one doctor in Kansas, "It's a fake system." States pay Medicaid insurers, but people can't get care. While insurers claim they work to ensure network accuracy, their financial incentive is to delay and deny care. ... **Read More**

5 Things You Should Know Before Switching to a Medicare Advantage Plan

You've got **Original Medicare**, but you're still paying for a lot on your own. Your coverage has some pretty big gaps, including dental and vision care, and if you want help paying for those expenses, you'll need to buy yet another policy that comes with its own set of costs.

You've thought about switching to a **Medicare Advantage plan** so you only have one policy to deal with. But before you make that call, it's important to understand the following five things about Medicare Advantage plans.

1. You'll limit the doctors and hospitals you can use

Private health insurers offer Medicare Advantage plans, and they typically require you to use doctors within their network for non-emergency care. Some may permit you to use out-of-network doctors, but you'll pay a higher rate if you do. This is different from Original Medicare, which allows you to visit any doctor in the U.S. who accepts Medicare.

If you travel often or if your

preferred doctor isn't part of the Medicare Advantage plan's network, you might prefer to stick to Original Medicare and add a Medicare supplement (Medigap) policy to fill in some of the gaps.

2. You'll likely need a referral to see a specialist

Original Medicare typically doesn't require you to get a referral from your primary care doctor before you can visit a specialist. However, many Medicare Advantage plans do. If this is a concern for you, check with the insurer issuing the policy to find out how it handles specialist visits.

3. You'll only have one set of costs to worry about

When you enroll in Original Medicare, you typically have to add a Part D plan for prescription drug coverage and you may want a Medigap policy to cover additional services. However, these other policies come with their own **premiums, deductibles,**



and **copays** that can be difficult to keep track of. Medicare Advantage plans include everything that Original Medicare covers,

plus some extras. This often includes prescription drug coverage, so there's no need for a separate Part D plan. You'll only have one set of costs to keep track of if you choose this option.

You should also note that you won't have the option to purchase a Medigap policy if you choose a Medicare Advantage plan. So make sure your Medicare Advantage plan covers all the key services and treatments you expect to need.

4. You'll have a yearly limit on out-of-pocket costs

Original Medicare doesn't place any limit on how much you can pay in total out-of-pocket costs during the year. This could make it a costly option for those who expect to visit the doctor often in 2026.

A Medicare Advantage plan will limit your yearly out-of-pocket costs, though each plan

sets its own ceiling. Check into this before settling on a Medicare Advantage plan.

5. You likely still won't have coverage for foreign travel

Most Medicare Advantage plans don't cover health insurance outside of the U.S. You'll need to look into travel medical insurance for this. Or, if you plan to **retire abroad**, you can check out health insurance in the country you plan to retire in.

Review all your options carefully

It's worth comparing all your options before deciding which plan is right for you. Look at coverage as well as cost. Make sure the plan you choose covers the doctors, services, and medications you need.

Do this before the open enrollment period ends on Dec. 7, 2025. If you miss this window, you may not be able to change your plan again until next October.

Help for Seniors: Your Guide to Assistance Programs & Services

Did you know there are literally thousands of programs that provide help for seniors in America? Whether you are struggling with the cost of housing or home repairs, looking for ways to save on prescriptions or hearing aids, or seeking affordable legal guidance, you can probably find senior citizens assistance programs that are designed to address needs like yours. In fact, the range of

available services is so vast that the biggest challenge might be identifying the options that work best for your particular situation.

A good starting point in any search for senior assistance options is to check with your local Area Agency on Aging or use the online **Eldercare Locator** provided by the U.S. Administration on Aging. Either



method can direct you to a host of services for older adults in your area.

The **directory of resources** at the end of this article includes many more sites that can help you find the benefits and programs that are most applicable to you.

The following sections provide information on the many different resources that are

available to help older adults meet their needs and improve their quality of life. Check out specific information about 11 different topics, or use the directory of resources to track down additional assistance... **Read More on Help related to 11 different topics**

Senator Sanders proposes health care reforms, but overlooks need to strengthen Traditional Medicare

Senator Bernie Sanders, Ranking Member of the Senate Health Education Labor and Pensions (HELP) Committee is asking Senate Democrats to come together behind major health care reforms when they negotiate with Republicans on extending the Affordable Care Act subsidies. While Senator Sanders appreciates that Medicare for All is not in the cards at the moment, he sees an opportunity to raise a series of health care reforms that his caucus can unite behind. Sadly, Sanders is not urging Democrats to unite behind strengthening Traditional

Medicare.

As part of the agreement to end the government shutdown, Republicans said they would hold a vote on extending premium subsidies for people in the state health care exchanges no later than mid-December. Sanders **recommends in a letter to Senate Democrats that the Democrats unify behind a vote that includes repealing the \$1 trillion in Medicaid cuts and lowering drug prices for people with Medicare.** The goal is to make health care more affordable and accessible.



Sanders agrees with President Trump that the corporate health insurers are "BIG" and "BAD." But, he explains that Trump's

proposal to send the Affordable Care Act premium subsidy money to people instead of spending it to ensure they have insurance will not protect them. As he says, it would be an "absolute disaster." The most people would receive would be \$6,500. That would not cover cancer treatment or a hospital stay or childbirth.

Sanders goes on to say that our "health care system is broken, dysfunctional and cruel." Without

insurance, people will go bankrupt or go without critical care. At the same time, we need to cut the cost of prescriptions in half, says Sanders.

Curiously, Sanders claims he does not want to defend our current health care system. But, he proposes additional Medicare benefits which will put even more money in the pockets of corporate health insurers selling Medicare Advantage plans. He does not mention the need to strengthen Traditional Medicare, which is far more cost-effective than Medicare Advantage, while also guaranteeing easy access to care.

What to Do When You Become the Family Caregiver

The caregiver role often takes people by surprise, leaving them unprepared.

Naomi Williams, a 47-year-old single mother in Augusta, Georgia, gave birth 15 years ago to her only child, Noah. During her **pregnancy** and regular doctor visits, she expressed concerns that were mostly ignored. Her **blood pressure** was high, her feet were swollen, and she gave birth by emergency **cesarean section** 14 weeks early.

Because of Williams' lack of oxygen and blood flow, Noah was born dead. He was revived and sent to the neonatal intensive care unit (NICU) with serious complications and disabilities and wasn't expected to live for long. Williams received a diagnosis of **preeclampsia**, as well as hemolysis, elevated liver

enzymes and low platelet count (HELLP), a life-threatening pregnancy complication, that came too late for Noah to avert the complications with which he's been living since his birth.

Following five months in two NICUs, Williams brought Noah home. The hospital staff didn't expect him to live for long and warned that if he did, he would experience many serious complications and would need constant support.

Williams and Noah have created a meaningful life together. Noah has cerebral palsy, which impacts his arms and legs and is wheelchair dependent. He's unable to speak and communicates with gestures and sounds. He doesn't see well, but he can hear and is busy every day attending special education



classes with other children like himself.

Williams has learned how to find the resources she needs to help take care of

Noah, to seek out support groups and find help from her community and others who have similar experiences. She also works full time as a **grief coach** and on a contract basis with a health care system to help people navigate the services and support needed in difficult situations.

"Noah is the best thing that's ever happened to me, and although on paper he has a lot of diagnoses, he is a boy who smiles with his entire body, is funny and continually dares me to give him the opportunities to show me what he is able to do," Williams says. "I've learned so much from him about myself and

about life and all its possibilities."

Whether you're caring for your child who requires special care, a spouse who is acutely ill or your **aging parent who needs senior care**, becoming a family caregiver is no small feat, but it is a role that more and more people are having to step into.

Like Williams, there are at least 53 million or 1 in 5 unpaid family caregivers in the United States, most of whom are women, according to multiple sources.

With the advancement of medical treatments, longer lifespans and more people living with chronic illnesses and **disabilities**, it's not unlikely that you already are or may find yourself in the role of primary family caregiver....**Read More**

Hitting retirement age in 2026? This Social Security change could impact you.

Social Security's so-called "full retirement age" — the age when people can start collecting all of their earned benefits — is about to hit a new threshold, a change that will affect Americans born in 1960 or later.

The full retirement age (FRA) for Social Security is calculated using a worker's birth year, while their monthly benefits are based on the number of years they've worked and their income over that period. People may claim Social Security as early as age 62, but doing so permanently reduces their monthly benefit by about 30% compared with waiting until hitting their FRA.

Starting in 2026, Social Security's full retirement age is set to make its final scheduled increase, marking the last step-up in age enacted under a **1983 congressional reform** designed to shore up the program's finances. Before that overhaul, people could claim their FRA benefits at 65, but the law gradually pushed that age higher, culminating in the change that takes effect in 2026.

Since 2021, the FRA has been rising by two months each year. It now stands at **66 years and 10 months** for people born in 1959. Next year brings the final step in that schedule, when the FRA

will reach 67 for everyone born in 1960 or later.

With the FRA hitting 67, people born in 1960 won't qualify for their full benefits until 2027, rather than 2026. (You can check your own full-benefit age by entering your birthdate into this **Social Security calculator**.)

The increase in the FRA will first impact the youngest baby boomers, or those born between 1960-1964, followed by Generation X, which spans 1965 to 1980. The change comes as many workers report feeling financially unprepared for retirement, with only about four in 10 Americans saying they're on track to maintain their current lifestyle in retirement, **according** to recent research from Vanguard.

"Raising the retirement age is an effective cut in lifetime benefits for younger baby boomers, members of Gen X and all the generations after," said Max Richtman, CEO of the advocacy group National Committee to Preserve Social Security and Medicare, in an email to CBS News.

While the increase in the full retirement age shouldn't come as a surprise given it was enacted



43 years ago, it doesn't guarantee older workers will be any more prepared financially for retirement, he added.

"Having time to plan, however, does not mean they have been able to put aside more for retirement, considering the stagnation of real wages and the rising cost of college tuition, home prices and other key living expenses," Richtman said.

Retirement expectations versus reality

There's also a longstanding gap between the age at which people expect to stop working and their real-world experiences, which can add to the financial strain of funding retirement. Many Americans believe they'll retire at age 65, but the median retirement age in the U.S. **is in fact 62**.

Nearly six in 10 retirees say they stepped back from the workforce earlier than they had planned, **according** to research published last year by the Transamerica Center for Retirement Studies. An October **survey** from the same group found that most middle-class retirees — people with annual household incomes between \$50,000 and \$199,999 — stopped working earlier than

they envisioned because of employment issues, such as losing their jobs, or poor health.

That gap between expectations and reality may explain recent research that found 44% of Americans said they plan to **claim Social Security before they** reach their full retirement age, which would result in lower monthly benefits.

Some Americans also file for Social Security before reaching their FRA out of a belief it makes more sense to bank more years of guaranteed retirement income, even if it's at a lower monthly amount.

Transamerica also found that nine in 10 working Americans say they plan to ignore the conventional financial advice of **waiting until age 70** to claim Social Security benefits, which locks in a 24% boost to a retiree's FRA payments.

In the meantime, younger boomers and Gen Xers will have to hold off a little longer to claim their full Social Security benefits.

"These younger cohorts will have to try their best to plan for retirement, knowing that they cannot collect full benefits until 67," Richtman added.



RIARA HealthLink Wellness News

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

Thyroid Cancer Is Often Highly Treatable — Here's What Patients Should Know

Thyroid cancer is often a highly treatable disease. Most cases are detected in early stages and have excellent outcomes. There are several different types of thyroid cancer, and recent changes in management — especially for low-risk cases — are transforming care.

More than 90% of thyroid cancers are differentiated thyroid cancers (DTC), including papillary, follicular and oncocyte types, which are usually slow-growing and treatable. More aggressive thyroid cancers, such as poorly differentiated, anaplastic and medullary thyroid cancers, are much less common and require more specialized treatment approaches.

What is thyroid cancer?

The thyroid is a small, butterfly-shaped gland in the front of the neck that helps regulate metabolism, energy and growth. Thyroid cancer develops when cells in the gland grow uncontrollably and spread. Most thyroid cancers are found as a painless lump or nodule in the neck, often during a routine physical exam, or are seen incidentally on imaging studies performed for another reason.

Thyroid cancer types

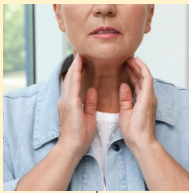
The majority of thyroid

cancers (about 84%) are papillary thyroid cancers. These arise from the gland's follicular cells, which produce hormones that help regulate metabolism. Follicular and oncocyte thyroid cancers are less common and are often associated with slightly more aggressive disease. Medullary, poorly differentiated and anaplastic thyroid cancers are quite rare and are more aggressive.

Most differentiated thyroid cancers are slow-growing and have favorable long-term outcomes. Patients with low-risk thyroid cancers often have a high rate of cure, and even those whose cancer has spread can sometimes live for many years with appropriate treatment.

Thyroid cancer symptoms

No recommended screening tests for thyroid cancer exist. Most cases are found incidentally and do not cause any symptoms. When symptoms do occur, they may include a painless lump in the neck, hoarseness, difficulty swallowing and/or swollen neck lymph nodes. Rapid growth, pain or sudden changes in voice may suggest a more aggressive thyroid cancer, but these symptoms are uncommon.



What causes thyroid cancer?

The exact cause of most thyroid cancer is unknown. Risk factors include a history of radiation exposure to the head or neck, a family history of thyroid cancer, as well as certain genetic syndromes that predispose to thyroid cancer. Thyroid cancer is more common in women and tends to occur in middle age, but can affect people of any age and sex. Most cases are not inherited, but some rare types (like medullary thyroid cancer) can run in families.

Treatment for thyroid cancer

Treatment depends on the type, size and stage of the cancer. For most people with small, low-risk papillary or follicular thyroid cancers, surgery to remove part of the thyroid (thyroid lobectomy) is often adequate.

The 2025 American Thyroid Association guidelines recommend less aggressive treatment for many low-risk cases. Lobectomy is preferred over complete thyroid removal (total thyroidectomy) when possible, and radioactive iodine (RAI) therapy is reserved only for higher-risk patients.

For very small thyroid cancers without additional concerning

features, active surveillance may be considered instead of immediate surgery. Radiofrequency ablation (RFA) is another new alternative treatment that is undergoing investigation for selected small low risk cancers. RFA is a non surgical, minimally invasive treatment.

A thin probe is inserted into a thyroid nodule under ultrasound guidance and radiofrequency waves are used to generate heat and shrink the nodule, while preserving surrounding thyroid tissue.

For higher-risk or more advanced cancers, treatment may include total thyroidectomy, RAI and sometimes external radiation or systemic (chemotherapy) therapies. When thyroid cancers do not respond to standard treatment, newer therapies are now available, especially for more advanced or aggressive types.

Targeted therapy: These medicines are designed to attack specific features found only on cancer cells, like a key fitting a specific lock. They destroy cancer cells while leaving healthy cells alone... [Read More](#)

Daily Orange Juice May Shift Gene Activity Tied to Heart Health

Your morning orange juice may be influencing your health in ways you can't see.

In a new study published recently in the journal *Molecular Nutrition & Food Research*, researchers found that daily OJ intake altered gene activity connected to heart and metabolic function.

For the study, 20 healthy adults drank around two cups of 100% orange juice daily for two months.

Scientists from universities in Brazil and the United States then examined samples of participants' immune cells. They tracked changes in more than 1,700 genes, looking for shifts linked to inflammation, blood pressure and

how the body uses fat.

The team of researchers found broad changes in gene activity after regular orange juice intake. Many of these changes pointed toward reduced inflammation or healthier blood vessel function. But the type of changes varied depending on a person's body weight.

People with a normal weight tended to show shifts in genes tied to inflammation, while those who were overweight showed more changes involving fat metabolism and energy use.

Researchers say these effects may be driven by the flavonoids, natural plant compounds found in citrus fruits, berries, tea and



cocoa. Flavonoids act as antioxidants and studies have suggested they may help protect the heart, researchers noted.

The study "reinforces the therapeutic potential of OJ by providing important and unprecedented insights into the molecular mechanisms behind the effects of chronic OJ consumption," researchers wrote.

Researchers also said that the findings "may influence molecular response to bioactive compounds in OJ and provide information for personalized recommendations on the consumption of flavonoid-rich foods."

Still, the researchers

emphasized that this was a very small study and did not include a comparison drink, meaning it cannot show that orange juice alone caused these changes.

Larger studies will be needed to confirm the results and determine whether these molecular shifts lead to actual benefits.

New York-based registered dietitian *Nicolette Pace*, who was not involved in the study, told *Fox News* that "orange juice isn't an elixir — it's one deeply studied example."

She added that the study "opens the door to incredible possibilities for how individualized nutrition can truly work..." [Read More](#)

New Survey Shows 72% of Adults Struggle With Sleepiness Each Day

Tired? Well, a new national survey shows that you're not alone.

Researchers found that most adults feel sleepy during the day, and that tiredness affects many parts of everyday life.

The **American Academy of Sleep Medicine** (AASM) surveyed U.S. adults and found that 72% say sleepiness sometimes, often or always gets in the way of their everyday activities.

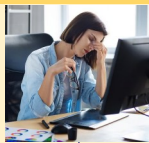
Many people reported that being tired affects their mood (60%), **stress** or **anxiety** levels (53%), and work productivity (42%).

"Daytime sleepiness is a common problem that can be detrimental for mood, performance, and quality of

life," **Dr. Eric Olson**, past president of the AASM and professor of medicine at Mayo Clinic Alix School of Medicine in Rochester, Minnesota, said in a news release. "Healthy sleep enables us to feel great and perform our best during the day."

The survey also showed differences across age and gender. Women were more likely than men — 36% versus 25% — to say sleepiness affects how they manage their household. Adults ages 25 to 34 (30%) and 35 to 44 (31%) were the most likely to say sleepiness affects their relationships.

Further, many adults try to boost their energy with quick fixes. More than half use caffeine (56%), and nearly as many take a



nap (46%) to push through the day.

"While it's common to have coffee or another caffeinated drink to

improve alertness, consistently relying on caffeine to function during the daytime is a sign that you need more sleep," Olson explained.

He added that "the AASM recommends that adults should sleep seven or more hours per night on a regular basis."

A recent AASM **statement** warns that sleepiness can also harm overall health and safety. Experts say health care providers should take daytime sleepiness seriously because it may signal sleep disorders, medical issues, mental health conditions or side effects

of medications or drugs.

"Excessive daytime sleepiness is a warning sign that demands clinical attention," the statement reads.

The AASM notes several signs that it may be time to talk to a doctor or sleep specialist, including:

- ◆ Trouble staying awake during normal activities
- ◆ Loud snoring or gasping during sleep
- ◆ Difficulty with memory or concentration
- ◆ Problems falling or staying asleep
- ◆ Waking up feeling unrefreshed

Cold Snaps, Heat Waves Kill Thousands Annually

Cold snaps and heat waves have contributed to tens of thousands of deaths in the United States over the past quarter-century, a new study says.

More than 69,000 U.S. deaths occurred between 1999 and 2024 where extreme cold or heat were listed as an underlying or contributing cause, researchers reported Nov. 17 in the ***Annals of Internal Medicine***.

That's out of a total 69 million deaths — meaning that 1 in every 1,000 deaths were related to extreme cold or heat, researchers said.

"Our findings show that both

heat and cold exposure continue to claim thousands of lives every year in the United States, deaths that are largely preventable," senior researcher **Dr. Shady Abohashem**, an investigator at the Cardiovascular Imaging Research Center of Massachusetts General Hospital in Boston, said in a news release.

Of those deaths, 65% were cold-related and 35% heat-related, researchers found.

"While most temperature-related deaths are still driven by cold exposure, heat-related



deaths are expected to rise as climate change accelerates," Abohashem said.

Seniors 65 and older were four times more likely to die due to extreme

temperatures than younger adults, researchers found.

Results also showed that Black people were twice as likely to die from extreme heat as white people, and were also more likely to die from extreme cold.

Men were 2.6 times more likely than women to die from extreme temperatures.

"Climate change increases

risks of severe weather events, and our findings underscore the need for targeted adaptation strategies, like improving housing quality, access to cooling and heating, and early-warning systems, to protect vulnerable groups as climate extremes intensify," Abohashem said.

"The results help us understand which populations may be disproportionately affected so public health strategies can shift accordingly," Abohashem added.

Novo Nordisk Rolls Out Lower Prices for Ozempic and Wegovy

People paying out of pocket for **Ozempic** or Wegovy may soon see lower costs, as **Novo Nordisk** rolls out new price discounts for its popular GLP-1 medications.

The company announced that through the end of March, patients with prescriptions can buy the two lowest doses of **Ozempic** and **Wegovy** for \$199 a month for two months.

After that, the monthly cost rises to \$349. The discounts can be accessed through the drugs' websites and used at pharmacies or through telehealth.

The \$199 offer only applies to 0.25 mg and 0.5 mg injections. The higher \$349 price covers the

1 mg dose of Ozempic and all Wegovy doses. The 2 mg dose of Ozempic is not included.

"The US healthcare system is complex, with different types of insurance and various ways for patients to obtain their medicines," **Dave Moore**, Novo Nordisk's executive vice president of U.S. operations, told **NBC**

"Our new savings offers provide immediate impact, bringing forward greater cost savings for those who are currently without coverage or choose to self-pay," he added.

These price cuts come as list prices for both medications



remain around \$1,000 or more per month. They also follow a **recent partnership with Costco**, which began offering low-

dose Ozempic and Wegovy for \$499 per month out of pocket.

Novo Nordisk has similar cash-pay deals available through CVS, Walmart and its own direct-to-consumer website.

President Donald Trump said this month that he is working with Novo Nordisk and **Eli Lilly** to lower out-of-pocket costs even more to between \$50 and \$350, depending on dose and insurance.

Demand for GLP-1 medications has surged as studies show they

not only support weight loss but may also improve heart health, help **treat sleep apnea** and reduce cancer mortality.

A recent **KFF survey** found that almost 1 in 5 U.S. adults has taken a GLP-1 drug, and 1 in 8 currently use one. About 25% of users say they have insurance but still pay the full cost themselves.

Dr. Shauna Levy, medical director of the Tulane Weight Loss Center in New Orleans, told NBC News the new pricing could help many more patients afford treatment... **Read More**