



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

#### House Democrats Stand Against Administration's Planned Social Security Disability Overhaul

On Tuesday, Rep. **John Larson** (CT), Ranking Member, House Committee on Ways and Means Social Security Subcommittee, and Rep. **Debbie Wasserman Schultz** (FL) sent a

**letter to SSA** Commissioner **Frank Bisignano** – signed by 165 additional House Democrats – opposing the Administration's plans to overhaul Social Security disability (SSDI) benefits. Alliance Executive Board Member **Ken Goodfriend** joined Rep. **Wasserman Schultz** at a news conference highlighting the letter.

Earlier this month, *the Washington Post* reported that the Administration plans to update the criteria included in Social Security disability benefit evaluations so

that the age threshold for applicants is either increased to 60 years of age or eliminated. Currently, SSA officials incorporate a person's age, work history and education with their medical assessment when reviewing a disability claim. **A new report** from the Center for American Progress shows that the planned change would make it harder to qualify for benefits and cause harm for millions of older Americans. The **average age** of Social Security disability beneficiaries is 56 years old. The Administration's plan could reduce eligibility by as much as 20 percent overall and up to 30 percent for older Americans.

"Making it harder for people to get disability benefits is a clear violation of President Trump's promise to 'not touch' Social Security," said **Robert Roach, Jr., President of the Alliance**. "We stand with the members of Congress who are defending Social Security and will join them

in fighting this and any other cuts to the benefits we have earned over a lifetime of work."

#### Officials Announce 2.8% COLA Increase for Social Security Beneficiaries

*The following statement was issued by Richard Fiesta, Executive Director of the Alliance for Retired Americans, regarding the announcement that there will be a 2.8% cost-of-living*

*(COLA) benefit increase for millions of Social Security beneficiaries, disabled veterans and federal retirees next year:*

The 74.5 million Americans who rely on Social Security welcome any increase in their monthly benefits. But let's be clear, millions of older Americans will still struggle to afford housing, food, utilities, and prescription drugs.

The average retired worker will

see about \$52 more per month next year. Yet nearly half of that increase will be wiped out by the higher Medicare Part B premium, which is projected to rise to \$206 a month in January. That's \$31 more than in 2025, and would be the first time the premium has exceeded \$200.

"Strengthening and expanding Social Security must be a national priority. If billionaires and the wealthiest 1 percent pay their fair share, we can boost benefits for everyone and guarantee the program's solvency for future generations.

Instead of working to protect Social Security, too many members of Congress and Trump Administration officials are pushing to raise the retirement age, cut benefits, and even privatize the program. Older Americans have earned these benefits through a lifetime of work; they should not have to fight to keep them

### Reconciliation Bill More Harmful and Costly Than Previously Thought

This week, the nonpartisan Congressional Budget Office (CBO) **said a provision in the reconciliation bill** that widens exemptions from Medicare's drug negotiation program will cost significantly more than previously thought. The price tag is now \$8.8 billion, an 80% increase over CBO's original \$4.9 billion estimate. The upward revision was made to more accurately reflect the scope of the policy change.

#### "Orphan Drug" Price Tags Previously Overlooked in HR 1 Evaluation

Under the Inflation Reduction Act (IRA), high-cost drugs are generally eligible for Medicare price negotiation if they have

been on the market for a while without competition. Some drugs were carved out, including certain "orphan drugs" that treat rare diseases. The reconciliation bill (HR 1) expanded upon this, allowing more orphan drugs to delay negotiation or skirt the program entirely. Originally, CBO did not fully capture the extent to which the enhanced exclusions would raise Medicare costs, leaving key impacted drugs—namely Keytruda, Darzalex, and Opdivo—out of its analysis.

In 2023, Medicare spent \$17.5 billion on drugs that are likely to be delayed or blocked from



negotiation due to HR 1. To fill this information gap, other independent experts stepped in, producing reports that examine the HR 1 policy change more comprehensively. For example, a **recent KFF report** factors in the drugs CBO initially missed. The authors explain that in 2023, Medicare spent \$17.5 billion on drugs that are likely to be delayed or blocked from negotiation due to HR 1. Keytruda alone accounted for 32% of that amount (\$5.6 billion); Darzalex was the second most expensive (\$2.4 billion), followed by Opdivo (\$2 billion).

The updated CBO analysis accounts for these effects.

#### All Beneficiaries to Experience Higher Costs

Importantly, in addition to raising Medicare spending by nearly \$4 billion and eroding the IRA's projected **10-year \$98.5 billion savings to Medicare**, HR 1's additional exemptions will mean higher costs for beneficiaries, who will save less **than anticipated** from the drug negotiation program in premiums and out-of-pocket costs. Those who rely on the newly excepted drugs will be hit especially hard. **KFF estimates** beneficiaries who take Keytruda and Opdivo will spend roughly \$3,500 and \$3,000 more per year, respectively....**Read More**

## What happens if you apply for Medicare without supplemental coverage?

When you sign up for **Original Medicare — Part A for hospital care and Part B for medical services** — you may think you've secured reliable health coverage for retirement. But the reality is more complicated. Medicare leaves significant gaps that can turn into serious financial burdens if you don't plan ahead. Without supplemental insurance, you could find yourself paying thousands out of pocket for copayments, deductibles, and coinsurance.

Here's the critical point: **when you first enroll in Medicare, you generally have only a six-month window to purchase additional coverage that helps protect you from those gaps.** If you miss that period, your options become limited, and you may face higher premiums or outright denial if you already have health issues.

### Why Supplemental Coverage Matters

Medigap, also known as Medicare Supplement Insurance, is designed to fill the holes left

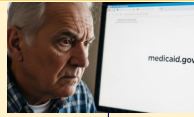
by **Original Medicare.** Sold by private insurers, Medigap policies can cover costs like hospital deductibles, doctor visit copays, and extended coinsurance. Without it, you're exposed to ongoing medical bills that can pile up quickly as you age.

As of **2025, many seniors are turning to high-deductible options, such as the Medigap Plan G.** These plans trade lower monthly premiums for a higher annual deductible, after which the policy covers eligible expenses in full. For healthier retirees, this can be a cost-effective way to maintain coverage without overspending.

It's also important to note what's no longer available. Plans C and F — which used to cover the Part B deductible — are no longer offered to new Medicare enrollees as of January 1, 2020. That makes Plan G one of the most comprehensive options left.

### Medicare Advantage as an Alternative

You also have the option to



choose **Medicare Advantage (Part C), run by private insurers.** These plans

replace Original Medicare and often include extra benefits that aren't available otherwise, such as coverage for **vision, dental, hearing aids, and even gym memberships.** Most also wrap in prescription drug coverage under Part D, sparing you from buying a separate plan.

However, with these advantages come trade-offs. In 2025, the **government tightened regulations on how Medicare Advantage is marketed, aiming to crack down on misleading advertising.** That means you'll need to read the fine print carefully and make sure the plan's network and coverage rules fit your healthcare needs.

### Prescription Drug Coverage (Part D)

If you rely on prescription medications, supplemental coverage is essential. Thanks to the **Inflation Reduction Act, starting in 2025, your out-of-pocket costs for drugs under**

**Part D are capped at \$2,000 annually.** That's a major improvement, but without a Part D plan or Medicare Advantage coverage, you're responsible for the full retail cost of your prescriptions — something that can easily become unaffordable.

Enrolling in Medicare without supplemental coverage is risky. You may think Medicare's Parts A and B are enough, but the gaps are wide, and once your initial enrollment period ends, your choices shrink and costs rise. Whether you choose a Medigap plan, Medicare Advantage, or at least secure drug coverage, the decision you make in those first months will shape your healthcare expenses for years to come.

Failing to act could mean paying far more out of pocket than you ever expected — and by then, it may be too late to fix.

## How Big a Bite Will Medicare Take Out of Your Social Security Raise?

If you are collecting Social Security, there's good news and bad news about what your benefits are going to look like next year.

The good news is that you're getting a Social Security cost-of-living adjustment (COLA), and it is most likely going to be bigger than the one you received in 2025. The bad news is that you're probably going to lose a lot of the extra money to cover higher Medicare premiums.

Here's what's happening with your Social Security increase in 2026, including some details about what Medicare premium increases are going to do to the size of your benefits bump.

### Seniors are in line for a raise, but Medicare will take up most of it

The first thing to know is that the official size of the Social Security raise is being announced on Oct. 24. Right now, we have only estimates for how big the raise will be. Experts are currently projecting that benefits will increase by 2.7% next year. This is a bigger COLA than this

year's, when benefits in 2025 went up by 2.5%.

However, in most cases, Social Security retirees have Medicare premiums taken out of their benefit checks. And unfortunately, those premiums are expected to soar next year. Early projections say they will jump \$21.50 per month, as Part B costs go from \$185 this year to \$206.50 next year, according to estimates from the Medicare Trustees (these numbers also are not final).

That big projected premium increase would eat up a good portion of the **Social Security COLA** for most retirees. If, for example, you are collecting the average benefit of \$2,008.31, a 2.7% raise would give you around \$54.22 extra per month. This means nearly half of the total extra money coming into your check for the COLA would disappear to cover the added Medicare costs.

Unfortunately, this increase in insurance premiums is significantly higher than the one in 2025, when premiums went up



\$10.30 from the \$174.70 in 2024. This relatively huge increase in Medicare could put a big strain on retirees who may already have too little money in their **retirement plans** to supplement Social Security and who may be struggling to make ends meet.

### OLAs won't increase retirees' buying power

The impact of Medicare premiums on **Social Security** benefits helps to illustrate why COLAs are not really providing the protection from **inflation** that they are theoretically supposed to offer. COLAs are expected to help ensure that Social Security benefits maintain buying power as the costs of goods and services go up over time. But in practice, they aren't really doing that.

A big part of the problem is that Social Security's COLAs are calculated based on changes to the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). But urban wage earners and clerical

workers don't have the same spending habits and health issues as seniors. The CPI-W demographic tends to spend much less on healthcare, while seniors spend a lot in this area.

Healthcare costs have been increasing faster than the rate of inflation, and this isn't properly factored in when the COLA is calculated, since healthcare isn't weighted as heavily in the CPI-W as it would be if the price index were tailored to match senior spending. The COLA formula thus ends up underestimating how much more of each retiree's Social Security and **401(k)** distributions end up going to cover their basic care needs.

With the flaws in the CPI-W formula coupled with big Medicare increases, retirees are almost definitely not going to see any increase in buying power in 2026, despite their checks becoming around 2.7% bigger. In fact, they'll be lucky if they don't *lose* ground and see the real value of their benefits fall even further.

## Receive a letter from the Supreme Court? Think again, Social Security watchdog says

If you thought the [U.S. Supreme Court](#) contacted you recently, you've probably fallen victim to a new "high-pressure scam," according to government officials.

The Social Security Administration's Office of the Inspector General (SSA OIG) [issued a warning on Wednesday, Oct. 8](#), about a "government imposter scam." The independent government agency urged program beneficiaries to be on high alert in the event they are, or were, targeted.

The correspondence is not legitimate despite looking so because it is printed on "fake U.S. Supreme Court letterhead," references specific government officials and uses forged signatures, according to the SSA OIG.

Falsified elements of the "certificate," including the letterhead and signatures, were intended to persuade some of the program's 75 million beneficiaries to "cooperate with

the named SSA official, pressuring them to send money or share personal information."

"On every level this letter is completely false. Scammers continue to exploit fear and confusion by impersonating government agencies and officials," Acting SSA OIG Inspector General Michelle L. Anderson said in a statement.

Here's what to know about the "new government imposter scam," including what to do if you believe you, or a loved one, has been targeted.

### What to do if you receive the 'scam letter'

According to Anderson, individuals who receive the "scam letter" in question, or any other correspondence, should "rip it up and report it."

"These criminals are falsely accusing an individual of a crime and using federal agencies and federal officials to try to scare and legitimize their scam," Anderson said. "Be aware of any variations of this scam."



Scammers are also likely to follow up with phone calls or text messages in an attempt to legitimize the claims made in the "scam letter."

Here are some things to look out for, i.e., additional falsifications included in the letter:

- ◆ Errors. (For instance, the incorrectly named "Drug Enforcement Agency.")
- ◆ Claims made about pending legal proceedings or criminal charges.
- ◆ Claims about identity theft and Social Security numbers being issued as a result of a compromise.
- ◆ Claims about frozen assets or issues with bank and investment balances.
- ◆ The letter identifies itself as a "certificate."
- ◆ Official-looking letterhead and signatures.

Phrases like the "recipient will bear full liability for any losses

incurred."

### How to protect yourself from Social Security-related scams

Here are a few tips, courtesy of the SSA IOG, to help protect you or a loved one from Social Security-related scams:

- ◆ Be wary of any individual or entity claiming to be from the SSA or any other government agency.
- ◆ Stop, think and talk to someone you trust before giving out personal information or sending money.
- ◆ Stay up to date on the latest scam warnings and tactics by following the SSA's OIG on social media platforms, including on [X](#), [Facebook](#), and [LinkedIn](#).

For more consumer protection tips, visit the [Federal Trade Commission's website](#). To report or learn more about Social Security-related scams, visit [ssa.gov/scam](#).

## Why do some seniors choose Medigap over Medicare Advantage?

We may receive commissions from some links to products on this page. Promotions are subject to availability and retailer terms. As [Medicare open enrollment](#) kicks into high gear, millions of older adults are taking a fresh look at their health insurance options. For many, that means deciding between sticking with or switching to either a Medicare Advantage plan or a [Medicare supplemental insurance](#) policy, also known as Medigap. It's a choice that can shape not just monthly budgets but also how easily seniors can access the care they need.

At first glance, Medicare Advantage plans may seem like the obvious choice. Many offer low or \$0 monthly premiums and bundle extra perks like dental, vision and hearing coverage. For retirees living on fixed incomes, those features can be appealing. But despite the popularity of Medicare Advantage — [54% of all Medicare beneficiaries are enrolled in these plans](#) — a significant share of seniors continue to rely on Medigap coverage instead.

So what drives some seniors to choose Medigap coverage over Medicare Advantage plans? That answer typically comes down to what people value in their healthcare coverage. Below, we'll break down what to consider.

### Why do some seniors choose Medigap over Medicare Advantage?

Medigap plans work alongside Original Medicare, covering many of [the out-of-pocket costs that traditional Medicare doesn't](#), like deductibles, coinsurance and copayments. Medicare Advantage plans, on the other hand, replace Original Medicare with a private insurance plan that often comes with its own rules, networks and cost structures. Here's more on why many older adults opt for Medicare supplemental coverage over Medicare Advantage plans:

#### Access to a wider network of doctors and hospitals

One of the main reasons seniors [opt for Medicare supplemental coverage](#) is the flexibility to see any doctor or specialist who accepts Medicare, anywhere in the nation. There are



no restrictive provider networks or referral requirements. For retirees who travel frequently, live in multiple states or simply want to keep their existing doctors, this nationwide access can be a major advantage.

#### More predictable costs over time

While Medigap plans [typically have higher monthly premiums](#) than Medicare Advantage plans, they tend to offer more stable and predictable out-of-pocket expenses. Depending on the plan type, like Plan G or Plan N, Medigap may cover nearly all of the costs left over after Medicare pays its share. For seniors managing chronic conditions or anticipating regular medical visits, that type of coverage predictability can be invaluable.

#### Fewer administrative hurdles

Medicare Advantage plans often require beneficiaries to obtain prior authorizations before they can be approved for certain treatments or services, and these hurdles can sometimes lead to

delays or denials for otherwise necessary medical care. Medigap paired with Original Medicare typically doesn't have these barriers, though, [which makes it easier to access care](#) when you need it.

#### Stable benefits year after year

While Medicare Advantage plans can change their provider networks, cost-sharing rules and benefits annually, [Medicare supplemental plans are standardized](#) and don't change once you enroll. That type of stability can make long-term financial planning simpler and reduce the risk of unexpected coverage shifts.

#### How to decide between Medicare supplemental coverage and Medicare Advantage

Both Medicare Advantage and Medigap have clear benefits and tradeoffs and the right choice often depends on your health needs, financial situation and lifestyle. Here's what to weigh as you're deciding which coverage option makes the most sense for your needs:...[Read More](#)

## Medicare: 6 reasons when to consider supplemental coverage

If you're in excellent health and have robust savings, you might get by with Original Medicare alone. But if you'd rather secure predictable costs, protect against rising medical bills, and keep your options open for care, Medigap coverage is worth serious consideration. With premiums often lower than a single hospital invoice, supplemental insurance isn't just an add-on—it's a financial safeguard against the unexpected.

As open enrollment continues this fall, take time to compare your options. In a healthcare system full of uncertainty, peace of mind may be one of the best investments you can make.

### **You Value Freedom to Travel or Choose Providers Nationwide**

Unlike Medicare Advantage plans, which often limit you to regional provider networks, Medigap gives you flexibility anywhere in the U.S. This is particularly valuable if you travel frequently, spend part of the year in another state, or want access to top specialists without worrying about "out-of-network" penalties. For retirees who split their time between states, that flexibility can mean uninterrupted care wherever life takes them.

### **You Have Existing or Chronic Health Conditions**

If you already manage ongoing

medical needs—like regular specialist visits, physical therapy, or prescription treatments—Medigap can protect you from mounting co-pays and coinsurance. The more often you see doctors, the faster those 20% charges under Medicare Part B add up. Supplemental insurance ensures that your care remains affordable, especially when medical needs become more complex over time

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### **You Don't Have Retiree Insurance or Medicaid**

If you don't have coverage from a former employer or qualify for Medicaid, Medigap can serve as a crucial financial safety net. Without it, you bear full responsibility for Medicare's uncovered expenses—everything



from coinsurance to hospital deductibles. While premiums represent an additional monthly cost, they're

often far less than an unexpected \$5,000 or \$10,000 hospital bill

### **You're Nearing or Just Enrolled in Medicare Part B**

Timing is everything. The best time to sign up for Medigap is during your six-month Medigap Open Enrollment Period, which starts when you first enroll in Medicare Part B. During this window, insurers must offer you coverage regardless of preexisting conditions and cannot charge higher premiums based on your medical history. Miss that window, and you could face higher rates—or even denial of coverage—later.

### **You're Concerned About Long-Term Health Expenses**

Original Medicare doesn't cover dental, vision, hearing aids, or long-term care—services that become increasingly important with age. While Medigap doesn't directly pay for these needs either, it can free up funds that you would otherwise spend on routine medical costs. That flexibility allows you to allocate more of your retirement budget toward uncovered essentials like home health support or specialized therapies.

### **Choosing Between Plan G**

### **and Plan N**

Among the available Medigap options, Plan G and Plan N stand out as the most popular. Plan G offers nearly full protection, covering almost all out-of-pocket costs except the Part B deductible. Plan N, on the other hand, comes with a lower monthly premium but includes modest copayments for doctor visits and emergency care. Both are standardized across insurers—meaning the benefits are identical no matter which company you choose, but prices can vary significantly.

### **Final Thoughts**

If you're in excellent health and have robust savings, you might get by with Original Medicare alone. But if you'd rather secure predictable costs, protect against rising medical bills, and keep your options open for care, Medigap coverage is worth serious consideration. With premiums often lower than a single hospital invoice, supplemental insurance isn't just an add-on—it's a financial safeguard against the unexpected.

As open enrollment continues this fall, take time to compare your options. In a healthcare system full of uncertainty, peace of mind may be one of the best investments you can make.

## Older workers likely to face severe cuts to Social Security Disability Insurance

A Trump administration proposed rule, currently in the works, could reduce the proportion of people who qualify for Social Security Disability Insurance (SSDI) by as much as 20 percent, reports the **Center for Budget and Policy Priorities**. If the rule is finalized, it would be the largest cut to SSDI in its history.

Millions of Americans under 65 rely on SSDI before becoming eligible for full Social Security benefits at 67. People receiving SSDI suffer from serious and long-term disabilities that make it extremely hard for them to earn a living. SSDI keeps them from impoverishment. As it is, **benefits do not meet the**

**needs of most of the people receiving SSDI** as they age. The Trump rule would put up more barriers to SSDI and Supplemental Security Income eligibility.

The Trump administration rule would likely mean that 1.5 million fewer people would be eligible for SSDI. Most of these people are over 50 years old. The rule is designed to take a narrow view of who cannot work as a result of medical conditions, even though the SSDI law requires that the administration look at people's age, skills, health conditions and education when determining whether someone can work.

The SSDI eligibility rules already make it extremely



difficult to qualify for SSDI. The new rule, if finalized, will hurt people living in the South and Appalachia the most.

People in these regions have higher proportions of residents receiving SSDI.

If finalized, the new rule will endanger people's retirement security and ability to meet basic needs. As it is, people receiving SSDI live with fewer assets and lower incomes than other Americans. Without SSDI, they will be forced to rely on savings to meet basic needs and to take Social Security earlier, when benefits are as much as 30 percent lower.

Without SSDI, they will struggle to get health care;

instead of being eligible for Medicare 24 months after going on SSDI, they won't get Medicare until they are 65. While they might be eligible for Medicaid, Medicaid cuts and work requirements will make it all the harder for them to qualify. **Federally Qualified Health Centers** are also facing serious cuts and struggling to survive.

Lastly, without SSDI, people will face greater obstacles qualifying for food stamps and other critical benefits.

## Errors in new Medicare plan portal mislead seniors on coverage

.Ahead of the open enrollment period for Medicare Advantage plans that began Wednesday, the Trump administration created a **directory** to help millions of seniors look up which doctors and medical providers accept which insurance.

But the portal frequently produces erroneous and conflicting information, The Washington Post found, setting off a scramble inside the federal government to fix it. Left unaddressed, the problems could confuse older adults as they sift through dozens of options, or force them to foot the bill for regular medical appointments, according to Medicare experts and patient advocates. Trump administration officials in June **announced** plans for a national directory of health care providers and the insurance plans they accept, saying that it would bring clarity to patients' efforts to navigate America's byzantine health care system. They have since touted it as part of a

broader "Make Health Tech Great Again" **push** to modernize health care technology.

Then in August, officials said that they would develop a temporary directory limited to **Medicare Advantage** plans. Development of that narrower portal was rushed to coincide with the start of this year's Medicare Advantage open enrollment, according to three people who spoke on the condition of anonymity to discuss federal operations. Without the directory, people trying to choose a Medicare Advantage plan offered by a private health insurer have long faced a daunting task of comparing dozens of websites.

But The Post found that the results in the directory are inconsistent and often contradictory. In some cases, the tool includes duplicative addresses, with the same provider appearing to be simultaneously in



-network and out-of-network. In other cases, the tool initially informs users that a provider is covered by a plan but

lists that provider as out-of-network on other pages. Outside Medicare experts who used the tool Wednesday said they identified similar problems.

After The Post raised the problems to the Centers for Medicare and Medicaid Services on Wednesday morning, officials were working quickly to address the errors and seek potential solutions, according to an official who spoke on the condition of anonymity to discuss internal operations. As of Thursday afternoon, some of the problems were still visible on the Medicare Advantage website, including duplicative addresses that provided different responses about whether a provider was covered by a health plan.

The Department of Health and Human Services, which oversees CMS, did not respond to

questions about whether the agency had been aware of the problems before The Post's inquiry and whether it had identified the cause. But the agency acknowledged errors that needed to be fixed.

Andrew Nixon, an HHS spokesman, said the agency is addressing "some user interface and data alignment issues to ensure the best possible experience" for users. He also said the new tool developed with a private vendor was intended as a stopgap until the agency could launch a more comprehensive national directory of health care providers as "the long-term solution to these broader data accuracy issues."

"This year's updates to Medicare Plan Finder are not intended to address longstanding issues that exist with health plan-published provider directories across the industry," Nixon said in a statement....**[Read More](#)**

## How much your Medicare bills will increase based on your income in 2026

If you're enrolled in **Medicare**, your income from 2024 is about to matter more than you might expect. As the **2026 Medicare enrollment** period began on October 15, millions of retirees are discovering that their income level two years ago will directly affect how much they pay for health coverage next year.

### These changes could affect your COLA

The federal government uses that data to calculate whether you'll owe an additional **Income-Related Monthly Adjustment Amount (IRMAA)** — a surcharge on top of your standard Medicare premiums. For higher-income beneficiaries, these increases could easily wipe out much of the Social Security cost-of-living adjustment (COLA) expected for 2026.

### How Medicare costs are shifting in 2026

Although the official **2026 Medicare Part B** premium has not yet been announced, projections suggest that the standard monthly cost will reach around \$206.50 — one of the steepest increases in years. However, if your income in 2024

was above certain thresholds, you'll likely pay significantly more.

### Estimated IRMAA Surcharges — 2026 (based on 2024 income)

**Notes\***: The table uses the projected standard Part B premium of \$206.50 (official 2026 premium not yet released). These totals are estimates (Part B premium + IRMAA). Additionally, estimated Medicare Part D (prescription drug) surcharges could add roughly \$14–\$85 per month depending on income level. IRMAA is calculated from your 2024 tax records; plan accordingly.

These figures don't include the separate premium increases for **Medicare prescription drug coverage (Part D), which could add \$14 to \$85 per month depending on income level.**

### Why your 2024 income matters

Medicare determines IRMAA using tax data from two years prior. That means your income from 2024 decides how much **you'll pay in 2026, and what you earn this year will**



**influence your 2027 premiums.** If your 2024 income exceeded the set limits — even by a small amount — you could

automatically fall into a higher cost bracket.

### How to reduce or avoid the surcharge

While the IRMAA is unavoidable for those with **higher earnings**, there are legitimate ways to lower your adjusted income and potentially reduce or eliminate the surcharge:

- ◆ **Review your income level:** Try to stay below Medicare's income thresholds when possible.
- ◆ **Leverage tax deductions:** Charitable donations, medical expenses, or contributions to retirement plans can reduce your taxable income.
- ◆ **Consider Roth conversions:** Shifting funds to Roth accounts can lower future taxable distributions.
- ◆ **Appeal your IRMAA:** If you've experienced a major life change — such as divorce, loss of income, or the death of

a spouse — you can request a review from the Social Security Administration (SSA) to lower your premium category.

- ◆ **Why planning ahead pays off** @MiBolsilloColombia
- ◆ Being proactive about your income and **tax planning today can have a tangible impact on what you keep from your Social Security checks in the next few years.** As Medicare costs climb, every strategy that keeps your income within the right limits helps you protect more of your retirement income and manage the growing cost of healthcare in 2026.
- ◆ Understanding how the system calculates your premiums — and taking steps now — could be the difference between a small increase and a major hit to your monthly budget.
- ◆ \* **[View table](#)**

## 2026: Medicare Part D prescription drug costs and benefits

It's the Medicare Annual Open Enrollment Period. People with Medicare are either in traditional Medicare and picking a standalone Medicare Part D prescription drug plan or choosing a Medicare Advantage plan with Part D benefits. The good news is that, overall, premiums for standalone Part D plans are going down a bit.

The Centers for Medicare and Medicaid Services (CMS), which

oversees Medicare, projects that the monthly premium for a standalone Part D plan is dropping nearly four dollars. Some plan premiums will drop to zero. While you likely will spend more upfront for Part D coverage in traditional Medicare, you will have easy access to care from the doctors and hospitals you know and trust and will not face inappropriate delays and denials



of care, as many people do in Medicare Advantage. If you have traditional Medicare, you will have fewer standalone prescription drug plans to choose from, but that should make no difference. There are too many now, and it's hard to know which to choose. If you are in a Medicare Advantage plan, beware that you might be able to get your drugs at lower cost from a mail-order pharmacy

than through your Medicare Advantage plan.

The 2026 Part D deductible could be as high as \$615 in 2026. You will need to pay the full cost of your deductible out of pocket before your prescription drug coverage kicks in. After you meet your deductible, you will pay 25 percent of the cost of your drugs until you reach the \$2,100 maximum out-of-pocket cap.

## Federal cuts to Meals on Wheels will mean more older adults go hungry

The Meals on Wheels program has been responsible for ensuring millions of older adults do not go hungry. In addition, the people delivering the meals are a source of companionship for older adults living in relative isolation. Now, Carl Dmitri reports for Brown School of Public Health that the federal government is cutting Meals on Wheels funding.

The older adults population in the US is growing rapidly. In the four years between 2020 and 2024, the number of older adults rose 13 percent. Not

surprisingly, the number of homebound older adults has also risen.

It's a tragedy that Meals on Wheels only reaches about 14 percent of homebound, food-insecure older adults on low incomes. The overwhelming majority of homebound food-insecure older adults do not receive these meals. Funding cuts to Meals on Wheels will only make matters worse.

A recent study shows the enormous value of home-delivered meals. It allows older



adults to remain independent. It keeps them from going hungry and promotes better mental and physical well-being as well as

socialization. It also permits older adults to continue to age in place rather than move into a nursing home.

Of particular note, meals on wheels helps ease people's financial burden. People receiving meals tend to have annual incomes under \$30,000 and many have incomes under \$15,000. Grocery costs of \$50 a

week eat deeply into their budgets. It goes without saying that traveling to get groceries, preparing meals and cleaning up can also take a huge toll on people.

Funding for Meals on Wheels has not kept up with inflation. The program is far less strong today as it was in 2001. Cutting it further only means that more older adults will go hungry.

## Dear Marci: What questions should I ask before signing up for a Medicare Advantage Plan based on its supplemental benefits?

### .Dear Marci,

*I have been looking into Medicare Advantage Plans. There are so many options with extra coverage that seem too good to be true. I want to make sure I understand what's being covered and pick a plan that's right for me. What questions should I ask about supplemental benefits before signing up for a plan?*

– *Isaiah (Madison, GA)*

Dear Isaiah,

Great question! It's possible to assume that a plan's supplemental benefits cover more than they do. For example, you might assume a plan's dental benefit covers fillings and x-rays, when it might only cover yearly cleanings. So, it's important to understand exactly how a plan's supplemental benefits work before signing up for the plan. Ask the following questions to better understand the available coverage:

- ◆ Is this really a supplemental benefit? Or is this service covered under Original Medicare?
- ◆ Sometimes, plan marketing materials can make it seem as though they are covering additional services when these services are actually covered by Medicare. To find out if a service is covered by Original Medicare, call 1-800-MEDICARE (1-800-633-4227) or use Medicare.gov too look up the service.
- ◆ If I am signing up for a Medicare Advantage Plan because it has this benefit, have I also made sure that the plan's other coverage will work for me?
- ◆ For example, are all my providers in this plan's network? Are my drugs on this plan's formulary?
- ◆ Is this benefit offered to all enrollees in this Medicare Advantage Plan?
- ◆ Is it an optional benefit that I need to sign up for?
- ◆ Is it a benefit only offered to plan members with chronic conditions? Do I meet the plan's criteria for coverage?
- ◆ Is the benefit only available in some circumstances?
- ◆ Is there a cost associated with this benefit?
- ◆ Is there an additional premium?
- ◆ Are there copays or coinsurances for these services?
- ◆ Is this Medicare Advantage Plan's premium higher than comparable plans that do not offer this benefit?
- ◆ Are there limits to how much I can use this service? For example, a set number of rides under a transportation benefit or a dollar limit on eyeglasses?

- ◆ Are there restrictions on where and how I can access these services? For example, do I need to see in-network providers, receive a referral, or participate in a care management program?
- ◆ Are there some excluded services within this category of benefits?
- ◆ Is this the most cost-effective way for me to access these services?

Is a separate insurance plan or private payment an option? Do these alternatives offer more benefits? What is the difference in cost, including premiums? Be sure to keep records of any conversations you have with plan representatives, such as the date and time of the call, and name and contact information of the rep. Also try to get everything in writing. Hope this helps!  
-Marci

## 90% of Americans plan to skip the No. 1 piece of Social Security advice, study finds

Nine in 10 working Americans say they plan to ignore one of the most common pieces of financial advice about Social Security: waiting until age 70 to claim benefits, which ensures higher monthly payments, according to a new study from investment firm Schroders.

Social Security allows employees to claim their benefits as soon as they turn 62, years before the so-called "full retirement age," which now stands at 67. But claiming Social Security early has a tradeoff—it lowers your monthly payment by about 30%, with those lower benefits locked in for the rest of your life.

By contrast, delaying Social Security until age 70 results in a roughly 30% higher monthly payment than if you claimed benefits at age 67 — also locked in as long you're collecting benefits. As a result, financial experts often recommend that seniors hold off as long as they can, with one study finding that filing early for benefits can **cost \$182,000** in foregone payments.

The **Schroders survey** suggests that many Americans who haven't yet retired aren't buying that advice.

In the survey of 1,500 adults, most respondents said they understand the trade-offs of claiming early, but only 10% plan to wait until age 70, while 44% expect to file for benefits before they reach full retirement age.

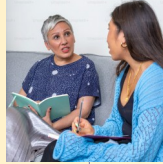
### "Not an oversight"

The disconnect illustrates the financial reality facing most workers, Deb Boyden, head of U.S. defined contribution at Schroders, told CBS News.

"The decision to sacrifice extra Social Security income is not an oversight for most Americans," she said. "According to our research, 70% of Americans are aware that waiting longer to claim Social Security leads to higher payments, and yet so few are willing to hold off."

Many retirees are facing a shortfall in their own retirement savings, a financial gap that's been well documented as a growing share of Americans **live paycheck to paycheck**. Many workers "need the income generated by Social Security to meet their expenses immediately upon retiring," Boyden noted.

Another **new study**, released Tuesday by the Allianz Center for



the Future of Retirement, finds that a majority of Americans say they don't know much about Social Security or how it will fit into their retirement plan.

And about 1 in 5 believe Social Security will provide all the retirement income they need, even though it generally replaces only 40% of a worker's wages when they retire, the study found.

There's another reason why many Americans plan on claiming their Social Security benefits before reaching full retirement age, she added. That's due to concerns about the future of Social Security, which is fueling concerns that "the money may not be there if they wait," Boyden said.

Social Security is indeed **facing a financial crunch**, with an aging U.S. population resulting in its payments now outpacing contributions from workers. Without changes to the program, that will result in its trust funds **becoming insolvent** by 2034, according to the most recent calculation from the Social Security Board of Trustees.

Yet many people wrongly believe that means Social Security will halt payments if the

trust funds become insolvent. Payments would continue in such an event, but benefits would be reduced by about 20% — a potentially major financial hit to the program's more than 70 million beneficiaries.

Still, there are ways lawmakers can shore up the program, such as by raising the income cap on Social Security taxes, which stands at \$176,100, according to experts. Earnings over that amount are exempt from the payroll tax, which funds Social Security.

In the meantime, non-retired Americans told Schroders they believe they need \$5,032 in monthly income to retire comfortably. But today's retirees on average generate about \$3,250 in monthly retirement income, Boyden said, adding that the gap signals the need to help workers plan better for retirement.

A recent analysis from Goldman Sachs found three-quarters of younger working Americans say they're **struggling to save** for retirement because basic expenses such as housing are eating up a bigger share of their income compared with prior generations.

## Private Medicare, Medicaid Plans Exaggerate In-Network Mental Health Options, Watchdogs Say

Companies running private Medicare and Medicaid insurance plans inaccurately list many mental health professionals as being available to treat the plans' members, a new federal watchdog report says.

The investigators allege that some insurers effectively set up "ghost networks" of psychologists, psychiatrists, and other mental health professionals who purportedly have agreed to treat patients covered by the publicly financed Medicare and Medicaid plans. In fact, many of those professionals do not have contracts with the plans, do not work at the locations listed, or are retired, the investigators said.

The Office of Inspector General for the Department of Health and Human Services, which oversees the giant Medicare and Medicaid health programs, released its findings **in a recent report**.

The report focuses on insurers

the government pays to cover people in Medicare Advantage plans and in privately managed Medicaid plans. About 30% of all Americans are covered by such insurance, the report says. The government pays the insurers hundreds of billions of dollars annually.

The companies are paid set rates per person they cover and are allowed to keep whatever money they don't spend on patient care. The insurers are required to have adequate numbers of health care professionals under contract to serve patients in each region they cover.

But the new report found that 55% of mental health professionals listed as in-network by Medicare Advantage plans were not providing such care to any of the plans' members. The figure was 28% for Medicaid managed care plans.



Some mental health professionals told investigators they shouldn't have been listed

as in-network care providers for the insurers' members, because they no longer worked at the locations listed or because they didn't participate in the Medicare Advantage or Medicaid managed care plans. Others said they were working as administrators and no longer providing patient care.

In one case, the report says, a private Medicaid plan listed a mental health professional as providing care in 19 practice locations. But when the investigators checked, a receptionist at one of the clinics said the person had retired a few years ago.

Jeanine Simpkins of Mesa, Arizona, learned how skimpy the networks can be when a 40-year-old family member was in crisis this fall. Simpkins struggled to find a drug rehabilitation

program that would accept the Medicare Advantage insurance the relative is on because of a disability.

Simpkins said she contacted about 20 rehab programs, none of which would take the Medicare insurance plan. "You feel kind of dropped," she said. "I was pretty surprised, because I thought we had something good in place for her."

Simpkins' relative eventually enrolled in part-time hospital care instead of an inpatient rehabilitation center. It can be challenging for patients to find timely, nearby care, for all kinds of health problems, from colds to cancer.

But Jodi Nudelman, a regional inspector general who helped write the federal report, said in an interview that the stakes can be especially high for patients seeking mental health care....**Read More**



## Moving From Home Might Foreshadow Better Health In Old Age, Experts Say

Moving away from a hometown can be a bittersweet experience, as people leave behind familiar comforts for a fresh start.

It also might be a sign of better future health, a new study says.

Americans who migrate within the United States have significantly better health than those who remain in their birth state, researchers reported Oct. 15 in the *Journal of Ethnic and Minority Studies*.

People who stayed put were more likely to become disabled as seniors, with a higher risk of vision and hearing problems, cognitive impairment, limitations in daily activities and physical weaknesses like difficulty walking or climbing stairs, researchers found.

"We found that older adults who stayed in their birth state had up to 22% higher odds of disability than internal migrants,"

said lead researcher **Katherine Ahlin**, a graduate of the University of Toronto Factor-Inwentash Faculty of Social Work.

"This study provides the first large-scale evidence that internal migration in the U.S. is linked to better health in later life," Ahlin said in a news release.

For the study, researchers analyzed 10 years of data gathered on 5.4 million older adults in the U.S., comparing disability between people who remained in their home states with people who moved away.

Results showed that people who left their home state had better health and less disability.

Researchers suspected that education might play a part. However, taking people's education levels into account substantially reduced – but did not eliminate – the observed



health advantage, researchers found. "Educational attainment appears to play a dual role — both increasing the likelihood of migration and offering protection against disability," researcher **Alyssa McAlpine**, an FIFSW graduate, said in a news release.

"However, internal migrants remained healthier even when we adjusted for education, which suggests that other factors like self-selection are also at play," McAlpine said.

In other words, healthier people might choose to migrate, while those who are less healthy might stay put because moving would be too taxing, researchers said. Less healthy people also might choose to move back to their home states.

The team also found that immigrants from abroad had even lower odds of disability

than internal U.S. migrants, with 7% to 33% lower odds of four types of disabilities – hearing problems, vision problems, cognitive impairment and mobility problems.

"This stronger health advantage among immigrants points to a more intense selection process where unhealthy individuals are less likely to overcome the multiple challenges of international migration," said senior researcher **Esme Fuller-Thomson**, director of the Institute for Life Course and Aging at the University of Toronto.

"Barriers such as cost, distance and immigration policies likely reinforce this selection effect," she said in a news release.

Overall, the results suggest that moving between states might signal a person's resilience and their desire for opportunity, researchers concluded.

## One Of The Deadliest Syndromes You've Never Heard About

It's one of the deadliest syndromes you've never heard of, but experts are hoping to change that.

Nearly 9 of 10 Americans have not heard of cardiovascular-kidney-metabolic (CKM) syndrome, even though about the same proportion are affected by it, according to a new survey by the American Heart Association (AHA).

CKM syndrome represents a cluster of health problems occurring in one of the body's most essential "full circle systems," experts said. It includes heart disease, kidney disease, diabetes and obesity. "The heart, kidney and metabolic systems are connected and, as such, should be treated in a coordinated way," **Dr. Eduardo Sanchez**, the AHA's chief medical officer for prevention, said in a news release. "These results reveal the need to emphasize those connections and help patients understand the importance of collaborative care."

Nearly 90% of U.S. adults have at least one risk factor for CKM, which was defined by the AHA in 2023.

These risk factors include high blood pressure, abnormal cholesterol, high blood sugar, excess weight and reduced kidney function, the AHA says. The interplay of these factors can increase a person's risk of **heart attack**, stroke and heart failure more than any one of them alone.

CKM syndrome affect the complex system that fuels the body:

- ◆ The heart pumps blood throughout the body.
  - ◆ The metabolic system burns blood sugar for energy.
  - ◆ Waste from blood sugar metabolism dumps back into the blood.
  - ◆ The kidneys filter that waste and balance fluids, which helps with blood pressure.
  - ◆ Blood pressure affects how the heart pumps blood.
- "It's a full circle," Sanchez



said. "You can take care of your overall health with regular checks of your blood pressure, cholesterol, weight, blood sugar and kidney function."

For most people, CKM syndrome is reversible with medication and changes to their lifestyle like eating healthier and getting more exercise, experts said.

But word hasn't yet gotten out about CKM syndrome, as the new survey found that only 12% of U.S. adults have heard of it.

There also were some powerful misperceptions associated with the syndrome.

For example, 42% of those surveyed believed that a healthy heart wouldn't likely be damaged by illnesses affecting other organ systems, or they weren't sure.

And 68% incorrectly believed that it's best to manage individual conditions one at a time, or weren't sure of the best way to manage them.

However, people also seemed interested in learning more about CKM syndrome.

Four in five (79%) said it's important to understand CKM health, and 72% said they're interested in learning more about it.

Most were interested in learning how CKM syndrome is treated (72%) and diagnosed (71%).

"We want people to know that it's really common to have heart, kidney and metabolic risk factors at the same time," Sanchez said. "It is reassuring that once the CKM connection was defined nearly three-quarters of those responding understood that it was important and wanted to learn more."

The AHA plans to issue its first-ever guidelines on CKM syndrome in early 2026.

The online survey was conducted in August 2025 among 4,007 adults. The margin of error is plus or minus 2 percentage points.

## A Patient's Guide to High Blood Pressure

Learn about the symptoms, causes and treatment options in the high blood pressure condition guide at U.S News and World Report.

It's easy to ignore high blood pressure, also referred to as hypertension, until health complications strike.

Unfortunately, many people don't realize the impact of high blood pressure until they develop heart disease, have kidney damage or suffer a stroke.

The official standard for high blood pressure is when your blood pressure is consistently 130/80 mmHg or higher. About 122 million Americans now have high blood pressure, according to the American Heart Association. The only way to know if you have high blood pressure is to have your blood pressure level checked.

More than ever, patients are

encouraged to track their own progress and take proactive measures to reduce their risks. The good news is that, if you're among the many people diagnosed with hypertension, there's plenty you can do to manage it, prevent complications and bring your blood pressure down to a normal range.

### Diagnosis

High blood pressure is typically diagnosed during an examination by a health care professional, who will ask you about any symptoms and your medical history.

The health care professional will listen to your heart with a stethoscope and check your blood pressure using a cuff, known as a sphygmomanometer, which is placed around your arm and inflated to compress the brachial artery. This temporarily blocks the flow of blood before slowly



releasing air.

A blood pressure reading has two numbers:

◆ **Systolic pressure (top number):** This measure shows how much pressure your blood is exerting against your artery walls when the heart is squeezing.

◆ **Diastolic pressure (bottom number):** This is a measurement of how much pressure your blood is exerting against your artery walls while the heart is resting between beats.

Health care providers typically pay more attention to the systolic blood pressure measurement for heart disease for people older than 50. For most people, systolic blood pressure rises steadily with age. That's because as people get older, their arteries stiffen and long-term plaque can build up.

This can lead to an increased incidence of cardiac and vascular disease.

### Signs and Symptoms

High blood pressure is called the "silent killer" for good reason.

Many people with chronic high blood pressure can't feel it and, therefore, don't know they have it, says Suzanne Judd, a professor in the department of biostatistics with the University of Alabama at Birmingham.

Unless you're experiencing the medical emergency known as a hypertensive crisis, you're unlikely to have symptoms that serve as high blood pressure warning signs. For most people, untreated chronic high blood pressure will slowly but steadily do its damage over time.

Hypertensive crisis is when blood pressure rapidly spikes to readings of 180/120, according to AHA guidelines....[Read More](#)

## Drug Combo Cuts Death Risk From Advanced Prostate Cancer

A powerful new drug combo has yielded a major breakthrough for men battling an aggressive form of prostate cancer.

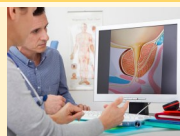
Adding the drug enzalutamide to standard hormone therapy reduced the risk of premature death by more than 40% in patients whose prostate cancer had returned, a large international clinical trial has found.

The findings were simultaneously published in The New England Journal of Medicine and presented Sunday at a meeting of the European

Society for Medical Oncology in Berlin.

The trial focused on patients with what's called high-risk biochemically recurrent prostate cancer. These are men who have already undergone surgery or radiation therapy, but whose blood tests show a rapid, concerning rise in prostate-specific antigen (PSA) levels.

A rapid increase in PSA indicates the cancer is highly likely to come back and spread quickly, often to the bones or spine.



"After initial treatment, some patients see their prostate cancer come back in an aggressive way and are at risk for their disease to spread quickly," said researcher Dr. Stephen Freedland, director of the Center for Integrated Research in Cancer and Lifestyle at Cedars-Sinai Cancer in Los Angeles.

For decades, the standard approach for these patients has been hormone therapy alone, which aims to reduce testosterone — a fuel for prostate cancer.

But this approach has not consistently improved overall survival.

"Hormone therapy, which is what we've been offering patients for 30 years, has not improved survival and neither has anything else. That makes these findings a real game changer," Freedland said in a news release.

The trial involved more than 1,000 patients from 244 sites across 17 countries, making the results applicable to a diverse global population...[Read More](#)

## GLP-1 Drugs Help Protect Against Sleep Apnea, Study Says

Weight-loss drugs like Ozempic and Zepbound might help protect people from health risks related to sleep apnea, a new study says.

Type 2 diabetes patients taking GLP-1 drugs were overall less likely to die within the next year, but those with sleep apnea did even better, researchers reported Monday at a meeting of the American College of Chest Physicians in Chicago.

"We observed one-year mortality in patients with type two diabetes who were prescribed GLP-1RAs to be substantially lower than patients not prescribed

GLP-1RAs, with a disproportionate benefit observed in those also diagnosed with

obstructive sleep apnea," lead researcher Dr. Cosmo Fowler, a sleep medicine physician at Piedmont health system in Atlanta, said in a news release.

The results support the U.S. Food and Drug Administration's (FDA) decision in December 2024 to approve Zepbound (tirzepatide) as the first drug to treat sleep apnea in adults with obesity.

Sleep apnea occurs when a



person's upper airway becomes blocked while they snooze, causing pauses in their breathing that awaken them. The result: poor sleep night after night.

Sleep apnea is more common in people with overweight or obesity, because excess weight from fatty deposits increases pressure on the upper airways, causing them to collapse, according to the Obesity Medicine Association. Extra pounds also reduce a person's lung capacity.

For the new study, researchers analyzed data on nearly 1.8 million patients with type 2

diabetes, of whom about 28% had been prescribed a GLP-1 drug.

Glucagon-like peptide-1 (GLP-1) drugs mimic the GLP-1 hormone, which helps control insulin and blood sugar levels, decreases appetite and slows digestion of food. The drugs initially were developed to treat diabetes, before their weight loss benefits were observed.

Everyone taking a GLP-1 drug had a lower short-term risk of death, but those with sleep apnea had a 20% lower risk than those without the breathing disorder, results showed.

## Need a Little Help Going? Science Says Grab a Kiwi

Kiwis may be more than a healthy snack — they could also help get your digestive system moving.

New evidence-based dietary guidelines from the **British Dietetic Association** say kiwis, rye bread and certain supplements may help people manage chronic **constipation** without on medication.

These guidelines focus specifically on diet-based constipation treatment rather than pharmaceuticals, according to lead author **Eirini Dimidi**, a registered dietitian and associate professor at King's College London.

She hopes that "people themselves with constipation can access now evidence-based information, feel empowered to

take control of the symptoms and improve a condition that has a tremendous impact on quality of life."

Chronic constipation affects roughly 16% of adults worldwide. In the U.S. alone, constipation leads to about 2.5 million doctor visits each year, according to the **American College of Gastroenterology**.

Constipation is defined as having fewer than three bowel movements per week, lasting for more than three months. Common symptoms include hard or lumpy stools, bloating, abdominal discomfort and nausea.

"If you're chronically constipated, you may not be able to even participate in physical activity, because you feel



bloated, you're in pain, you're achy, it may affect your mood," **Sue-Ellen Anderson-Haynes**, a registered dietitian and spokesperson for the Academy of Nutrition and Dietetics, told *NBC News*.

Researchers analyzed numerous clinical trials to determine which foods and supplements offer the best benefits. The recommendations — published Oct. 13 in the **Journal of Human Nutrition & Dietetics and Neurogastroenterology & Motility** — include:

- ◆ **Kiwis:** Eating three daily (with or without the skin) can improve stool frequency.
- ◆ **Rye bread:** Six to eight slices per day can help increase frequency, though researchers noted this portion size may

not be realistic for everyone.

- ◆ **Fiber supplements:** Taking at least 10 grams per day, such as psyllium, can improve stool frequency and ease straining.
  - ◆ **Magnesium oxide supplements:** 0.5 to 1.5 grams daily can help with stool frequency and reduce bloating and pain.
  - ◆ **Probiotics:** Certain strains such as *B. lactis* and *Bacillus coagulans* may help some people after four weeks of use.
- High-mineral water:** Drinking 0.5 to 1.5 liters daily of magnesium-rich water may enhance results when combined with other treatments....**Read More**

## Pay attention to your feet!

Pay attention to your feet! You need them. Talk to your doctor if they look different, feel different or are not working for you the way they should. Your feet change as you age.

You want to be good to your feet, because your feet keep you steady. Foot issues can increase your risk of falling and breaking a hip or a shoulder. Keep in mind that your feet tend to grow larger over time, your arches fall, and you could need bigger shoes. Here are some foot care tips:

**If your feet are swollen:** You could have high blood pressure, gout or kidney problems. With gout, it's often your big toe that swells.

**If your feet are tingling:** You might have diabetes.

**If your skin between your toes or bottoms of your feet are cracked, red or you have sores that won't heal:** Talk to your doctor.

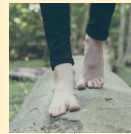
**If a dark line appears under**

**a toenail:** You could have skin cancer.

**If you stop growing hair on your toes:** Your veins might not be working as they should, preventing good blood flow.

**If your feet are causing you pain,** where are you feeling it?

- ◆ Fungal infections between the toes causing redness, blisters or itching: This is typically called athlete's foot because the infection develops from sweat and moisture build-up in your feet as a result of exercise. Make sure you wash your feet, including the area between the toes, after exercise and then dry then to prevent infections. Use an over-the-counter fungal spray or cream to treat the infection. And, talk to your doctor.
- ◆ Toenail fungus is very



common among older adults. It results from brittle and dry nails and reduced circulation to the feet as you age. Your toenail becomes discolored and thick. If it doesn't hurt, you don't really have to worry about it. But, it could spread to other toes.

- ◆ Ingrown toenails: To prevent them, cut toenails straight across. Do not round them at the edges.
- ◆ Blisters: You can pop a blister with a clean tool. But don't take the top off. Simply put an antiseptic cream on with a bandaid until it heals.
- ◆ Bunions, hammertoes, corns or calluses. More than one in three older adults have bunions. They appear on the inside of your feet at the base of the big toe. Hammertoes are protrusions

on the top of your toe that keep your toe from sitting straight and flat. With calluses and corns, there's a thickening of your skin. Corns might also have some fluid.

- ◆ Plantar fasciitis: One in ten adults over 50 suffer from plantar fasciitis. It causes a pain on the bottom of your feet, which can be debilitating. It is an inflammation of the tissue on the bottom of your feet and across its full length. It might not be possible to prevent plantar fasciitis. It often results from exercise, when the muscles in your legs and feet are tight. And, you don't want to stop exercising!!!! But, you should be sure to take time to stretch your muscles, particularly your calves, before and after exercising.

## Don't forget to get your 2025 Vaccinations

### Flu and People 65 Years and Older

### Pneumococcal vaccination is also important

### COVID-19

### Shingles

### RSV vaccines for older adults

