The Caucus Corner

NCBA Monthly Newsletter
December 2025

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More than Winter Blues: Understanding Seasonal Affective Disorder

Meet Analise. Analise has a fulfilling life: a loving family, supportive friends, a meaningful career, financial stability, and optimistic plans for the future. Yet this year, as cooler weather creeps in and days become shorter, Analise finds herself consumed by fatigue, craving sweets, and feeling a sense of dread.

For Analise, changes in her mood come as a surprise. At first, Analise attributes her feelings to the stressors in her life—having an energetic toddler, increased pressure at work, decreased time for sleep or exercise, and new expectations from family around hosting a holiday gathering. She copes by pushing herself through social events, relying on several glasses of wine each evening to cut her tension, and sleeping more than usual. When her friends express concern, Analise replies that she is "in a funk."

Analise is not alone. Many individuals experience shifts in mood around the winter months when nature seems to slow down. Life remains busy – even frenzied – with the excitement of holiday gatherings. Yet, holidays can be difficult; struggles around finances, strife with family, loneliness, or grief over loss of a loved one can eclipse opportunities for merriment. Individuals living with a mental health disorder may experience worsened conditions* during this time of the year. For some, winter months bring the onset of a condition known as Seasonal Affective Disorder.

Seasonal Affective Disorder is Not Just the "Winter Blues"

Seasonal Affective Disorder (SAD) is a type of depression associated with seasonal changes. Although it's often referred to as "winter blues," SAD is more than just feeling "down." In fact, SAD can be debilitating. Symptoms can interfere with an individual's daily functioning and cause changes in mood, energy levels, sleep, appetite and more.

SAD typically follows a cyclical pattern, with individuals experiencing symptoms up to five months per year. Most often, individuals experience SAD during late autumn through winter months with symptoms subsiding at the onset of spring.

Analise feels relief during spring and summer, however it is short-lived. Spring and summer fly by as Analise resumes her normal rhythm; but when autumn turns to winter the following year, Analise once again feels overwhelmed. This time, her mood changes more drastically: she feels as though she has no energy, finds herself unable to concentrate at work, and declines most of the social invitations she receives. In fact, some of Analise's previously treasured activities, such as baking and spending time with family, become impossible tasks. As winter continues, Analise is unable to get out of bed on more days than not; she falls behind at work, and even misses the annual family holiday gathering.

Roughly five percent of individuals in the United States experience their own version of Analise's story each year due to SAD. Studies show that its onset may be linked to a range of biological, genetic and environmental factors, including, for example, lower amounts of sunlight due to shorter days—affecting levels of melatonin, serotonin and dopamine that are critical for sleep and mood regulation. SAD has been associated with deficiency in Vitamin D, which is produced by the body when skin is exposed to sunlight.

While anyone can develop SAD, some groups of individuals may be more at risk. Many individuals who are diagnosed with SAD are women, with most symptoms beginning in young adulthood. Those with a personal or family history of mental illness, including Major Depressive Disorder or Schizophrenia, may be at a higher risk for developing SAD. The prevalence of SAD varies by geographic location, and is associated with distance from the equator.

There is hope: SAD is treatable, and even predictable. Another winter season arrives, and Analise finally seeks professional care. She is surprised to learn that her experience is not uncommon. Analise's mental health clinician helps her understand her symptoms, identify unhealthy patterns, and find treatment options. With support, Analise is able to appropriately manage her symptoms and regain a sense of control. She even learns to implement prevention strategies, and reports feeling "hopeful" that she will not continue to suffer each year.

What You Can Do to Overcome SAD

Symptoms of SAD can feel overwhelming. Take charge of your mental health and wellbeing by learning about the treatment options available.

If you are experiencing symptoms of SAD, seek support from a medical professional. Your provider can rule out other types of medical conditions, provide a diagnosis of SAD, and connect you to available treatment options. Although SAD is diagnosed after two years of pattern-related symptoms of depression, do not delay in seeking care when experiencing SAD symptoms.

Tips to Boost Your Mental Health

- To prevent the onset of SAD or to boost your own mental health and wellbeing, try the following:
    - Practice healthy habits to support overall functioning, such as eating nutritional meals, moving your body, drinking enough water, and ensuring adequate sleep.
    - For some, increased exposure to full spectrum light, such as sunlight, is helpful.
    - Pay attention to your stress. When stress levels ramp up, the body is vulnerable to a range of ailments. Learn about ways to build personal resilience and manage stress.
    - Keep a pulse on your physical health through regular check-ins with your physician and pay attention to your body's needs. For example, those with SAD may benefit from adding a Vitamin D supplement into their diet.
    - Connect with your support system. Spend time with loved ones on a regular basis to increase wellbeing, enhance coping skills and prevent against illness.
    - Remain vigilant. Educate yourself about common mental health conditions like SAD and understand the symptoms. Know where to turn if you need support.

SAMHSA Resources

For more information on SAD, visit the SAMHSA website. To learn how to get support for mental health conditions, visit FindSupport.gov. If you're looking for treatment services in your community, visit FindTreatment.gov. If you or someone you know is in in crisis, call or text 988 or chat 988lifeline.org for help 24 hours a day, seven days a week.

'Tis the Season to Show Kindness to Lonely Adults

Ways to make the holidays less sad and isolating for older friends and neighbors

Four years ago, Galina Zuckerman and her family were looking for a volunteer activity they could do together over the holidays when visiting their daughter at college. They ended up volunteering with HANDS, an organization that provides meals and gift bags for Christmas to older adults in Burlington, Vt.

Zuckerman was impressed with how the organization was run, saying the attention to the elder neighbors was given with "so much care, thought and respect." The Zuckermans found the experience so rewarding that year they've continued to make volunteering a part of their family's yearly holiday traditions.

Why Holidays Can Be Difficult

If you have a holiday calendar filled to the brim with preparation and socialization, it's easy to forget that for some people, especially older adults, the season can provoke feelings of sadness, loneliness and isolation.

There are several reasons why the holidays can be stressful for older adults. Mark Silverman, CEO and founder of Amava, a social engagement website for empty nesters and retirees, says, "Images of group gatherings, so common in ads and television shows during the holidays, tend to reinforce feelings of loneliness. These feelings are exacerbated in a season when we all want to connect."

The holidays can make people nostalgic for the past and invoke memories of a spouse, family or friends who are no longer alive. Ken Druck, a healthy aging expert and author of the new book, *Raising an Aging Parent*, explains, "In addition to missing loved ones who have died, older adults may also experience 'living loss' around the holidays. They may be grieving for children that grew up, friends that moved away, family estrangements or other situations that have caused them to feel left out this time of year."

Also, "families may come into town for the holidays and then disappear, resulting in a mood slump for the senior who is now all alone again," says Steve Barlam, president of the Aging Life Care Association in Washington, D.C.

In addition, older adults may have other issues that make them feel isolated during the holidays. Emma Dickison, CEO of Home Helpers, an in-home caregiving service, explains, "They may not be able to fully participate in the festivities due to limited mobility, sight issues or hearing loss, which makes them feel socially isolated. Older adults may also face financial stressors that make it hard to travel to family gatherings or participate in gift exchanging."

Volunteering Can Make a Difference

For people that want to spread cheer during the holidays, opportunities are abundant.

"Most communities have organizations devoted to the needs of older people who need help. It's just a matter of reaching out via email, helpline or through local social networks," says Silverman. Local community centers, religious institutions and senior living centers are always in need of volunteers, as are national organizations such as the United Way or Meals On Wheels America.

Jenny Young, vice president of communication at Meals on Wheels America, says, "The holidays can be especially isolating for the one in four seniors who live alone in America. Our organization has five thousand unique programs in communities across the country and our services range from home delivery of meals to serving group meals to friendly visitor programs."

Meals on Wheels volunteers do more than just deliver a nutritious meal to those in need. "Volunteers let seniors know they have not been forgotten," says Young. "Many volunteers form strong connections with the people they provide meals to by simply interacting with them and engaging in conversation."

While volunteers are needed year-round, a short-term commitment at the holidays is fine, too.

According to Silverman, "Most nonprofit organizations find the holidays a challenging time of year to recruit volunteers given people's competing priorities. Organizations are exceptionally thankful for the help and are often willing to go out of their way to provide additional training and mentorship for new volunteers."

Volunteering can be done at any age; there are frequently opportunities for kids. "It's a fun way to teach younger children the value of giving back to their community," says Young.

Zuckerman's son was 12 when the family started volunteering together. She says the experience taught him a lot and made him appreciate all the things he may have taken for granted.

"Burlington is so cold, people were so happy to come for a hot meal. And they appreciated the small presents," she says. "We spent hours packing useful things, each wrapped separately, so that these elder, and often lonely, people would have a full bag of presents to unwrap and uncover."

When older adults volunteer, they are not only helping others, they are also helping themselves. Studies have shown that volunteering can be a great tool in fighting depression. Silverman says, “Volunteering is a great way to socially engage while reminding older adults that they have something to give and that they have value.” According to Druck, older adults can find ways to contribute and repurpose their knowledge by tutoring or teaching kids to sew or play chess.

Little Ways to Spread Kindness and Cheer

When it comes to spreading holiday cheer, sometimes it’s the simple things that are most appreciated.
Zuckerman says, “The best part is that all the volunteers sit with people and talk to them so that guests really feel they have others to celebrate with.”

People don’t need to work with an organization to spread holiday cheer, though. For example, if you are baking, consider bringing over some cookies to an older neighbor. Or if you are buying a wreath or poinsettia, why not buy an extra for an older friend?

Barlam says, "I know two sisters in their hundreds who live together. A volunteer offered to put up a small table Christmas tree and lights in their home. It was a small gesture, but it helped them mark the holiday in a meaningful way." Adds Silverman: “Even twenty minutes over a cup of tea can make the day or week of someone who has become isolated.”

Older adults may be reluctant to say they are lonely or in need of assistance. Lori La Bey, CEO and founder of Alzheimer’s Speaks, says, "This generation has a lot of pride. Maybe they want to go to a party but are afraid to drive in the dark or in bad weather. Offer to drive them, suggesting they would be doing you a favor because you don’t want to go alone.”

Don't forget to check on older neighbors from time to time, especially if the weather gets colder where they live. Young says, “Make sure their heat is working, the walk shoveled and that they have shelf-stabilized meals in case bad weather prohibits meal delivery service."

Finally, one of the best ways to help older adults is to slow down.

“Everyone is in a rush during the holidays, but if you see an older person at the cash register fumbling with their coins, don’t roll your eyes or mumble under your breath," says LaBey. "Same thing if an older person is walking slowly in the crosswalk when you are driving. Be sensitive to the fact that they are older and may need a little more time. A little patience and kindness can make all the difference.”

How to Find Joy While Caregiving Through the Holidays

Learn how to steer through the season and reach calmer waters where joyful moments can surface

While it may be the “most wonderful time of the year” for some, caregivers often enter the holiday season stretched thin, trying to keep traditions alive while juggling a loved one’s changing abilities and needs. The holiday rituals that once brought comfort and joy can feel overwhelming now, widening the gap between how holidays used to be and what they’ve become. Experts say there are ways to ease that strain: recalibrate traditions, build in self-care breaks and set clear expectations around what’s possible this year.

For Tom LeSaint, 75, the holidays look nothing like they used to. Since his wife, Ann, 76, was diagnosed with ALS two years ago, the retired engineer has quietly dismantled the traditions they once treasured. The changes began gradually by letting go of the holiday rituals Ann enjoyed, like baking cookies, shopping and creating the many gift bags for family and friends. Now, simplicity is the only way he can keep up.

Holiday duties that once took an afternoon — decorating the tree, putting up the mantle display, outside lights — stretch across days. His son had to haul the Christmas tree up from the basement because Tom couldn’t lift it due to elbow issues developed from his constant transferring of Ann, and the undecorated tree sat for four days until he could summon enough mental energy and time to finish the job.

“Even though I have cut back on the holiday traditions, the sparkle in Ann’s eye when she enjoys seeing the decorated tree or driving past holiday lights makes the effort all worth it,” says Tom.

Barry Appelbaum, of Lancaster, Pennsylvania, has spent 14 years since his wife Susanne’s stroke steadily scaling back their Hanukkah traditions. Once, he would help her dress for temple and guide her from the car into services, an increasingly exhausting process as her right leg weakened and mobility declined.

Now, to keep her safe and avoid the physical strain, Barry joins his daughter’s family for services — something he genuinely enjoys — while Susanne remains at home with a health aide. “I’ve learned that keeping our traditions alive sometimes means

changing how we celebrate them," says Appelbaum, board member of the Well Spouse Association.

Holiday stress touches many Americans, but it weighs even more heavily on caregivers. An AARP survey found that nearly 7 in 10 caregivers feel emotionally strained during the season. Many are clear about what would help: Almost 80 percent say having someone to talk to who understands would make a difference, 73 percent would welcome help with holiday tasks and 72 percent say assistance with holiday meals would ease the load.

"The holidays can be especially overwhelming for caregivers because of intensified stress," says Theresa Wilbanks, author of *Navigating the Caregiver River: A Journey to Sustainable Caregiving*. "To lighten the load, focus on building support. Talk to others who can relate to your experience, delegate holiday tasks to family or friends, and accept help with meals or other logistics. Create small, intentional moments of connection to make the holidays meaningful to create space for joy, connection and self-care during the season."

Biology of Holiday Stress

Caregivers enter the holidays with stress hormones already running high. Because caregivers live in a near-constant state of vigilance — often waking throughout the night to help a spouse or parent — two key stress chemicals, cortisol and norepinephrine, stay elevated, says Dr. Robert Neel, professor of neurology and director of the ALS Clinic at the University of Cincinnati. "Norepinephrine heightens alertness and raises blood pressure and heart rate, while cortisol keeps the body pushing through fatigue. When these hormones remain chronically high, they take a physical toll: disrupted sleep, poor appetite, higher blood pressure and weight gain, especially around the abdomen."

The holidays amplify this baseline stress. At the same time, the season triggers an uptick in "feel-good" chemicals such as dopamine, serotonin and oxytocin, which are associated with reward, comfort and connection, adds Neel. When these positive emotions land on top of chronic stress, they can create unusually intense reactions. "The key is to find ways to boost the 'feel-good' chemicals and trigger those moments of joy." Neel says the simplest way to feel better is with a hug or comforting touch. "A hug from your spouse, children, and especially a young one, can instantly lift your spirits. Even spending time with a pet helps."

Understanding that these emotional reactions are biologically driven — not a personal failing — can help family caregivers navigate holiday gatherings with more compassion and realistic expectations.

Paula Forte says she used to long for holidays that looked like a Norman Rockwell painting — the kind her family had celebrated for decades. But as her husband, Jack's Alzheimer's progressed, she realized those versions of the holidays no longer existed. "My wisdom to other caregivers: Let go of the past and have the holiday you have this year."

Forte learned that lesson slowly. In the last years of Jack's life, they often couldn't predict whether he could sit at a table, tolerate noise or even use utensils. She stopped putting up the Christmas tree — not out of sadness, but practicality. "I realized I was doing all that labor for someone who could no longer notice it," says Forte, an integrative health and wellness coach in Eden Prairie, Minnesota. "If I wanted a burst of Christmas, I could go to the mall. I didn't need to turn my whole house upside down. Aim for having the holiday that's possible now, not the one from 20 years ago."

5 Ways to Boost Moore Seasonal Joy

While the holidays have a way of summoning "yuletide ghosts" — the meals we used to cook, the houses we used to gather in, the loved ones who once sat at the center of the noise — caregivers often feel these absences more keenly. The season can magnify both joy and grief, leaving many torn between honoring traditions and managing the practical demands of caregiving.

Wilbanks, a caregiving consultant in Loveland, Colorado, says that finding peace and meaning doesn't require perfection. "It's about creating intentional moments that bring connection, even in the midst of change and loss," she notes.

To help caregivers navigate the holidays with more ease and joy, Wilbanks recommends five practical strategies that focus on purpose, connection and self-care.

1. Set clear holiday intentions

Wilbanks encourages caregivers to begin the holiday season by identifying what truly matters to them and their families. By setting clear, intentional objectives — asking yourself what you want to feel, experience or preserve — you create a roadmap for the season. This approach helps caregivers feel grounded and less reactive amid the holiday chaos, allowing them to make conscious choices about what to include and what to let go, Wilbanks says. "Simplifying plans, downsizing gatherings or using virtual activities to connect with loved ones can all foster meaningful moments without adding unnecessary stress."

2. Prepare for stressful moments before they happen

Holiday pressures can escalate quickly, so Wilbanks recommends anticipating challenging moments and planning your responses in advance. Identify potential triggers and decide which conversations you'll sidestep.

Difficult conversations often surface at family gatherings, so consider setting thoughtful boundaries. "Steer discussions away from sensitive topics or postpone them until after the holidays," Wilbanks says. "Responding with calm and intention helps maintain the peaceful environment you want to maintain during the holidays for you and your care recipient."

3. Build self-care breaks into the day

Instead of pushing through the holidays and getting overwhelmed, Wilbanks urges caregivers to take small, purposeful pauses. "Even a few minutes to step away, breathe or simply sit in a quiet spot can restore perspective and energy," she says. Create a cozy retreat in your home — a favorite chair by a window or a spot for quick breathing exercises. Even a brief walk outside can serve as a reset. "Small moments matter, even a five-minute guided meditation or simply stepping outside and sitting in your car. These intentional pauses help caregivers maintain balance and preserve the joy of the season."

4. Practice preemptive forgiveness

Family gatherings can sometimes bring up unintentional or insensitive comments from relatives who don't fully understand your caregiving role. Caregivers often carry an invisible weight, and Wilbanks emphasizes the importance of preparing a forgiving mindset before the holiday begins. "Expect that feelings of resentment might surface, and remember that insensitive comments usually come from misunderstanding, not malice," she says. By letting go in the moment and processing your emotions later you can maintain positive interactions and preserve relationships beyond the caregiving years.

5. Schedule a post-holiday vent session

Holidays can stir up a whirlwind of emotions for caregivers, from stress to frustration to sadness. Wilbanks recommends planning a dedicated outlet to process these feelings, whether it's through a support group, a conversation with a trusted friend or even a few minutes of journaling during a self-care break. Give yourself permission to let it out later, Wilbanks says. "You don't have to carry it all through the holiday. Knowing you have a scheduled time to vent or reflect helps you remain calm and engaged during gatherings while still honoring your own emotional needs."

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Regretting 'Unretirement'- When Going Back to Work Doesn't Work Out

Set yourself up for success with preparation, realistic expectations and a willingness to advocate for the role and environment that fits the person you've become, not the professional you once were…

After 35 years in corporate finance, Susan celebrated her retirement with the obligatory party, tearful goodbyes and a gold watch. But 18 months later, with inflation eating into her savings and days stretching endlessly before her, she accepted a part-time role at her former company.

Within three months, she regretted it. The systems had changed, her old office was now a hot-desking area (desks used by different employees at different times) and former peers who were now managing directors seemed uncomfortable around her. Susan thought she was returning to a friendly, familiar place. Instead, she says, "I felt like a stranger in a strange place."

Susan's not alone. Retirees are returning to the workforce at unprecedented rates. Resume Builder reported that one in eight older adults were likely to return to work in 2025 — with 13% planning to work full-time. Reasons for returning range from financial to overcoming feelings of boredom or isolation.

Unfortunately, not every return to the workplace is successful, even when retirees are returning to their former employers.

Why the Return Doesn't Always Work

The rite of retirement is generally marked with a certain amount of fanfare and celebration. Retirees are likely to be feted at going-away parties and showered with gifts and best wishes. If they later decide to return it can be a bit disorienting for all involved.

For many retirees, returning to the traditional workforce isn't always as fulfilling as they hoped," says Bethany Mascena Tracy, National Director of Franchise Recruitment at The N2 Company. "After a taste of the freedom and flexibility retirement can offer, some people feel frustrated by the 9-5 schedule, the commute and even the office culture that favors younger generations."

Kerry Eales, Chief Human Resources Officer at Smith + Howard, a tax and accounting firm, notes that the workplace itself often looks dramatically different. "New technology, different teams, faster pace," she explains. "And many retirees don't return to the same kind of role. It's common to see former leaders take part-time or entry-level jobs. Some enjoy the change; others find it hard to adjust."

It's not just their companies or their jobs that have changed. They've changed as well, explains Dr. Grace Lee, an executive coach and neuroscientist. "Many returning retirees believe they're simply picking up where they left off: same skills, same strengths, perhaps even the same employer," she explains. "But the role that once felt familiar now feels foreign. The job may not have changed that much, but they have."

This identity disconnect, Lee argues, is often the root cause of unretirement regret. "They haven't recalibrated who they've become mentally, emotionally or energetically since leaving the workforce," she says. "Returning to work without that recalibration becomes a form of internal time-travel, trying to revive an operating system that no longer fits."

The Structural Barriers Nobody Talks About

Beyond personal adjustment, returning workers over 55 face systemic challenges that can doom even well-intentioned comebacks.

Scott Siff, Founder and CEO of Pivoters, an AI-driven job matching platform for workers 55+, points to troubling statistics. "The average age of job-seekers on the major online job boards is about 28-30, which means those job boards are optimized for much younger people," Siff says. "They don't do a good job of reflecting the rich experiences that a potential employee 55+ has to offer."

When older workers do appear on these platforms, Siff explains, they stand out as outliers, and not in a good way. "There is a natural bias against them," he says. "The 55+ folks aren't as likely to get a real look. It's a huge problem."

The irony? Research shows that workers 55 and older actually make better employees. A Pew Research Center survey found that 67% of workers over 65 say they are extremely or very satisfied with their jobs, making them the most satisfied age group compared to younger workers. Studies also show they're more loyal, better at adapting to change and likely to stay in their jobs longer.

Edward Hones, an employment lawyer and founder of Hones Law PLLC in Seattle, sees the legal dimension of this bias. "One of the biggest reasons retirees struggle when re-entering the workforce is the disconnect between their expectations and the current workplace culture," he says. "Retirees also sometimes face subtle age bias, where their skills and contributions are undervalued, or they're assumed to be less adaptable."

Fortunately, there are some steps that returning retirees can take to boost the odds that their return will be successful, for them and the organizations they work for.

What to Consider Before Accepting a Role
When accepting an opportunity to return to the workforce, whether to a former employer or a new company, preparation and self-awareness are critical.

Hanzel Talorete, Head Coach at Get Smart Series, emphasizes the importance of understanding your true motivation. Successful returners clearly define their "why," Talorete says. There's a difference between returning due to financial need versus seeking fulfillment. "The biggest issue I see with returning retirees is misaligned expectations — both theirs and their employers.'"

Before jumping back in, Eales suggests asking: "What do I really want from this job besides a paycheck? Is it purpose, flexibility, social connection?" Yes, money matters, but Eales adds "being emotionally ready — both to leave and to return — is just as important."

Three critical steps can help pave the way for a smooth transition back into the workplace, Talorete suggests. "Conduct honest skills assessments to identify gaps before applying, clearly define their 'why,' and negotiate role expectations up front, especially around flexibility and learning curves."

"It's critical to research the culture and expectations of the prospective employer just as much as the role itself," Hones adds. "Preparing by brushing up on new technologies, emphasizing adaptability and being clear about the kind of work environment they thrive in can make the transition smoother."

Keep in mind that a return doesn't have to mean a return to the same work hours and schedule that you had pre-retirement. Flexibility matters to retirees, and it's okay to seek out the kind of flexibility that best meets your needs.

Stephen Huber, President of Home Care Providers, says, "Employees that excel will test the waters before committing fully. I have hired several individuals who either started working with us on specific projects or we worked with them on a contract basis for various projects."

The greatest cause of failure in unretiring, says Talorete, is failing to find the right cultural fit. Despite many older adults deciding to return to work due to cost-of-living concerns, Talorete cautions not to take the first offer without doing a careful evaluation of cultural fit. While financial pressures can be intense, accepting the wrong role can be costly in other ways.

When the fit isn't right, though, returning retirees aren't obligated to stay.

If modifications aren't possible, take your insights and apply them to your next search, Siff advises. But he stresses, "make sure that you're only applying to jobs that fit your revised criteria."

A Changed Landscape Offers New Possibilities

The workforce is evolving in ways that may actually favor experienced workers. With 37.3% of people age 55 and older now employed — up from just 31.5% in 2000 — older workers are becoming less of an outlier. Workers ages 75 and older are the fastest-growing age group in the workforce, more than quadrupling in size since 1964, according to Pew Research.

As Siff notes, "The workforce is already getting older on average, and as employers increasingly recognize the huge value of workers over 55, they will become more common."

Companies are recognizing these shifts and the rising interest among retirees in returning to the workforce. With many facing challenges finding top talent, retirees represent a fertile recruiting ground and employers are taking steps to cater to their needs. Many are offering flexible arrangements, part-time options and consultative roles specifically designed for returning retired workers or those nearing retirement.

These relationships can be a win-win for both returning employees and their employers when navigated carefully and with a solid understanding of the benefits and potential drawbacks for both.

Moving Forward with Purpose

For returning retirees, successful unretirement, then, requires more than updating a resume or brushing up on Excel skills. It requires honest self-reflection about who you are now, what you need from work, and what you have to offer in this stage of life.

"Retirees who thrive treat their return like a strategic career pivot, not a desperate grab for any position," says Talorete. "They leverage their experience while acknowledging they're entering a changed landscape."

The numbers show that unretirement can work — millions of older Americans are finding fulfillment and financial stability in their return to work. But success requires preparation, realistic expectations and a willingness to advocate for the role and environment that fits the person you've become, not the professional you once were.

As Hones puts it: "Returning to work can be deeply rewarding, but retirees should approach it with the same diligence and openness to change as they did in the earlier stages of their careers."

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Tips to Avoid Holiday Weight Gain

Learn simple strategies to celebrate the season without gaining weight.

The average American gains one to two pounds over the holidays. A traditional holiday meal — such as turkey, mashed potatoes, green bean casserole, pumpkin pie, wine and all the fixings – contains an estimated 2,500 to 3,000 calories, and 229 grams of fat per serving. That's more calories and fat than adults should have in an entire day.

More troubling, most of us never lose that extra weight, says Leah Groppo, R.D, a nutritionist with the Cardio-Metabolic Program at Mills-Peninsula Medical Center. Over the years, accumulated holiday weight gain can lead to diabetes, heart disease, obesity and more.

Groppo says the holidays are a tough time for anyone trying to maintain a healthy weight, for a few reasons. There's the delicious holiday food, of course. But also, "the holidays bring up lots of food traditions people associate with comfort and family. It's really hard to stick to a healthy diet in the face of dishes made with love by mom or grandma."

But you don't have to skip your favorite holiday food to stay healthy. Instead, follow this advice from Groppo to celebrate the holidays without weight gain.

Throughout the Holiday Season:

Make a plan and set goals - Before all the festivities begin, take time to reflect on your specific behaviors, like how much you eat and drink at a party. Set measurable goals on how you can be healthier.

Exercise - Be as active as you can. People gain weight during the holidays because of an increase in calories and a decrease in exercise. So have some of your catch-up conversations with friends and family while you walk together.

Eat more vegetables - The more healthy vegetable dishes you eat, the less meat, gravy and dessert you'll have room to eat.

Stock up on the right foods - Don't tempt yourself by keeping holiday treats on display. Instead of that delicious-looking pie, put out an appetizing bowl of fresh fruit. And if you bake sweets, have the gift bags ready to load them up and give them away immediately.

Reduce Sugar Intake - It takes 21 days to change an eating habit, plan on reducing your sugar intake weeks before the holidays. That way, you'll be satisfied with a few sweet bites during the candy crush.

At Parties:

Eat before you go - Have a healthy-but-filling snack in advance so you won't be tempted to overindulge in the buffet line.

Survey the full spread and make smart choices - Fill half of a small plate with colorful vegetables, one quarter with protein and one quarter with starches or grains (preferably whole grains). Avoid anything fried or covered in a heavy cream sauce.

Watch out for beverages - Stick to sparkling water instead of punch or eggnog, and limit your alcohol intake, which contains empty calories and can increase your appetite.

At the Holiday Dinner Table:

Pick poultry, not ham or a roast - Turkey has fewer calories and less sodium and saturated fat than ham or red meat. To cut additional calories, skip the skin and choose white meat.

Go light on the gravy, dressings and sides - Traditional stuffing with sausage, mashed potatoes loaded with butter, and gravy (often made with cream) are full of unnecessary calories. Take small tastes, if at all.

Skip seconds - It takes up to 25 minutes for your brain to process that your stomach is full, so eat slowly.

Have a dessert plan - Pecan pie and other traditional desserts can be some of the most calorie-dense dishes at a holiday feast. If you want to have dessert, reduce the amount you eat during the main meal.

For more information, visit:
https://www.sutterhealth.org/health/tips-to-avoid-holiday-weight-gain

RSV Vaccines Explained: Answers for Adults 50+

Respiratory syncytial virus (RSV) is a common respiratory virus. In many people, it causes cold-like symptoms, including cough, sore throat, fatigue, runny nose, and headache.

However, for adults ages 50 and older, RSV can be far more serious. It can cause more severe illnesses such as pneumonia, bronchiolitis (an infection of the lungs), congestive heart failure, or worsening of asthma or COPD symptoms. Adults who get very sick from RSV may need to be hospitalized — and severe RSV can be life threatening. - **Last Updated11/07/2025**

For more information, visit: https://cveep.org/news/rsv-vaccines-explained-answers-for-adults-50/

RSV Vaccines Explained: Answers for Adults 50+

CVEEP
Fighting Infectious Respiratory Disease

What is RSV?

Respiratory syncytial virus (RSV) is a common respiratory virus. In many people, it causes cold-like symptoms, including cough, sore throat, fatigue, runny nose, and headache.[1] However, for adults ages 50 and older, RSV can be far more serious. It can cause more severe illnesses such as pneumonia, bronchiolitis (an infection of the lungs), congestive heart failure, or worsening of asthma or COPD symptoms. Adults who get very sick from RSV may need to be hospitalized – and severe RSV can be life threatening.[2]

Why should I get vaccinated?

Vaccination is the most simple, effective tool to protect yourself from severe RSV illness. RSV vaccines can help prevent the risk of complications if you do get sick and reduce your chance of needing to be hospitalized or have further health setbacks.

Who should get an RSV vaccine?

The Centers for Disease Control and Prevention (CDC) recommends **everyone ages 75 and older get an RSV vaccine**. Adults ages **50-74** who are at increased risk of severe RSV are also recommended to get an RSV vaccine.[3]

If I've already received the RSV vaccine, do I need to get another?

The RSV vaccine is not currently an annual vaccine. Protection from the RSV vaccine lasts for more than a year, meaning that if you received a dose (including last year), you do not need to get another RSV vaccine.

What conditions put someone at increased risk?

Certain health and environmental conditions can put you at greater risk for severe RSV disease. If you have an ongoing health condition like chronic heart or lung disease, a weakened immune system, live in a nursing home – or just aren't sure – ask your health care provider or pharmacist whether an RSV vaccine is right for you.

Why is there a different recommendation for people under the age of 75?

While the risk of severe RSV increases with age, RSV can also exacerbate existing medical conditions in adults ages 50-74. For instance, a case of RSV in someone with COPD can trigger serious complications. Vaccination offers an added layer of protection for adults with ongoing health conditions.

If I am at increased risk for RSV, are there different steps to get vaccinated?

No. You do not need to bring supporting medical records or proof of any condition that puts you at increased risk. According to the CDC, self-reporting a risk condition is sufficient evidence. Pharmacists and providers should not deny RSV vaccination for this reason.[4]

cveep.org

When is the best time to get the RSV vaccine?

You can get an RSV vaccine at any time of year, but August through October is ideal — just before RSV season starts circulating widely. If you have not received your vaccine yet, it's not too late. Vaccination at any time still offers strong protection, which lasts for more than one year. RSV vaccines are not an annual vaccine, meaning you're covered for multiple seasons once you've received it.[4]

Where can I get the vaccine? What if my doctor doesn't have any in stock?

RSV vaccines are available at pharmacies, doctor's offices, and public health or community health clinics. If your provider or pharmacy doesn't have the vaccine in stock, ask for a referral or contact your state health department. You can also use CVEEP's vaccine locator tool to find nearby locations.

CVEEP Vaccine Locator Tool

Will my insurance cover the RSV vaccine?

Yes. Nearly all private and public health insurance plans cover vaccines recommended by the CDC's Advisory Committee on Immunization Practices (ACIP) free of cost.[5] If you don't have health insurance, contact your local or state health department to find free or low-cost vaccine programs.

Are there any side effects from the vaccine?

Like all vaccines, RSV vaccination can cause mild, temporary side effects. Common ones include pain, redness, and swelling at the injection site as well as fatigue, fever, headache, nausea, diarrhea, and muscle or joint pain. Individuals who experience these symptoms after receiving other vaccines are likely to experience the same with the RSV vaccine. In clinical trials, a small number of participants 60 and older developed a rare condition called Guillain-Barré syndrome (GBS). However, CDC continues to monitor vaccine safety and has concluded that by reducing RSV-associated hospitalizations and death, the benefits of RSV vaccination outweigh potential risks.[6]

[1] https://www.cdc.gov/rsv/about/index.html
[2] https://www.lung.org/lung-health-diseases/lung-disease-lookup/rsv/rsv-in-adults
[3] https://www.cdc.gov/rsv/adults/index.html
[4] https://www.cdc.gov/rsv/vaccines/adults.html
[5] https://www.cdc.gov/vaccines-adults/recommended-vaccines/how-to-pay-adult-vaccines.html
[6] https://www.cdc.gov/rsv/vaccines/adults.html#cdc_vaccine_recommendations_who_should-what-are-the-possible-side-effects

cveep.org

UPDATED: 11/2025

Vaccine Locator

Use this tool to find places near you that offer vaccines. Enter your ZIP code or city to see nearby pharmacies and health centers where you can get more information about vaccination and schedule an appointment.

To locate a vaccine in your area**, visit: https://cveep.org/vaccine-locator/**

Vaccines may also be available through your local health department.

Visit your local National Association of County and City Health Officials at: **https://www.naccho.org/membership/lhd-directory**

Data Sources and Disclaimer

This tool provides information on a variety of vaccination locations, including federally qualified health centers (FQHCs) and independent and commercial pharmacies, by combining location data from sources like Google API and the Health Resources and Services Administration (HRSA).

The accuracy and timeliness of this data depend entirely on the updates provided by these third-party sources. CVEEP does not guarantee the completeness, accuracy, or current availability of vaccines at listed locations. Users are encouraged to contact sites directly before visiting to confirm vaccine availability, operating hours, and eligibility requirements.

How Your Health Priorities Can Help You Achieve What Matters Most to You

Duryce, 72, has three children, 10 grandchildren, and nine great grandchildren. She also has 16 health problems, including diabetes, hypertension, asthma, reflux, back pain, and insomnia, resulting in 19 different medications prescribed by numerous specialists.

"I just felt like I'm living on medications and not free to do what I want," says Duryce. She suspected some of the medications were doing more harm than good and nearly stopped taking them. Duryce's story is not unique. Many older adults with ongoing health problems are overburdened by health care, but identifying your health priorities can help.

The problem with "one-size-fits-all" health care is that older adults don't always fit. Treatment recommendations are based on studies that, for the most part, exclude older adults, especially those with many health conditions. These studies don't always include the outcomes such as everyday activities and symptoms that matter most, either.

The result is often too many doctor and other medical appointments and too many medications, tests, and procedures, some of which may cause problems without offering much benefit to the outcomes that matter most to older adults.[1, 2]

While well-intentioned, this one-size-fits-all approach does not necessarily help older adults do what matters most to them—their own health priorities.

What are health priorities?

Health priorities are the health and life goals you most desire given what you are willing and able to do to achieve those goals.

Goals should be:

- **Specific**: Think about what you wish to do, when you will do it, where, with whom, how often, and for how long.
- **Realistic**: Consider your current life and health. What will you realistically be able to do, even if you cannot do it right now? Remember, with your health care team's help, improvements are possible.
- **Actionable**: By creating goals that are specific and realistic, your health care team can act by offering treatments and services to help you reach your goals.

Your health priorities are unique to you. For example, if spending time with your grandchildren at the playground is something you value, your top health priority might be, "To be less tired so I can play with my grandchildren weekly." Maintaining independence, enjoying life, and longevity are other values to consider when thinking about your health goals and priorities.

Benefits of identifying your health priorities

Identifying your health priorities has major benefits, including:

1. **Being an active partner in your health care decisions.** Your voice is the most important voice in the room when it comes to the care you receive. You are the expert in what matters most to you, and your health care team are the experts in helping you get there.

2. **Your health care will focus on your priorities.** When you share your priorities with your health care team, they can re-evaluate your care. They may be able to reduce care that does not align with your priorities and increase care that supports what matters most to you.

3. **Your loved ones will know what matters most to you.** People often assume their loved ones know what matters most to them. However, when it's time to make decisions, having clear and unambiguous health priorities written down can help your loved one ensure the care you receive is focused on what matters to you.

4. In the end, your health care should help you do what matters most to you. For many older adults with several health concerns, identifying their health priorities results in simplifying care. For caregivers, gaining clarity on what matters most to you can ignite a renewed sense of purpose.

Why should I identify my health priorities? Doesn't my health care team already know them?

While most health professionals consider patient preferences and goals, many may not know what they are. Your specific health priorities can help them plan your care in a more structured and understandable way—even providing guidance and troubleshooting for difficult cases.

Your goals and preferences can help you have productive conversations with your doctors, such as about the many tradeoffs involved in health care decision-making. The conversation shifts from, "You need (test or treatment) because

of your (disease)," to "I'm recommending (starting/continuing/stopping treatment) because it will help you achieve (your health goal) and is consistent with (your health care preference)."

How do I identify my health priorities? Start with My Health Priorities

My Health Priorities **(https://myhealthpriorities.org/)** is a free, online self-assessment tool that guides you through a series of simple questions to help you identify your health priorities. The questions ask about your values, health goals and bothersome health problems to reach your top priority.

When you're finished answering the questions, you will have a printable summary that you can save for your records and share with your doctors, other health care team members, and family.

If you have a caregiver such as a trusted family member or friend, doing the assessment together may be best. While they might think they know what matters most to you, talking through the questions together often sparks conversations about things they may not have considered. You can find more information on this approach to health care at Patient Priorities Care by visiting**: https://patientprioritiescare.org/patients-caregivers/.**

Please note that the information you provide on the My Health Priorities web site will always remain private. This web site does share personal information gathered through the questions.

Check out My Health Priorities at https://myhealthpriorities.org.

Patient Priorities Care (PPC) and its priorities identification tool, My Health Priorities, are aligned with the Age-Friendly Health Systems 4Ms Framework. Starting with what Matters, PPC anchors Medication, Mentation and Mobility. PPC is funded by The John A. Hartford Foundation.

Sources

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2. Davenport C, Ouellet J, Tinetti ME. Use of the patient-identified top health priority in care decision-making for older adults with multiple chronic conditions. JAMA Network Open. Oct. 28, 2021. Found on the internet at https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2785572

Finally—Help for Families Caring for Someone with Dementia

Best Programs for Caregiving is a first-of-its-kind free online directory of top-rated programs that support the family members and friends caring for individuals living with dementia. Best Programs for Caregiving provides detailed information on nearly 50 dementia caregiving programs across the country that can help you identify the resources and services you need, improve your hands-on skills, reduce stress and enhance your physical and mental well-being.

Simply enter your zip code on the home page to find high-quality education and support programs offered online, via telephone or in person. No login or account is required. You'll find a range of programs proven to help manage the challenges associated with dementia caregiving.

You can access information on the program features, eligibility, enrollment, costs, and program length and format. Best Programs for Caregiving is designed to help family caregivers get the help they need.

Visit the site at bpc.caregiver.org.

Carl F. West Estates and Grandfamily Apartments

Grand Opening

On November 13, 2025, NCBA hosted a grand opening to announce the opening of Carl F. West Estates and Grandfamily Apartments, an $140 million, 179-unit in the heart of DC's Columbia Heights.

Carl F. West Estates and Grandfamily Apartments features independent senior units, and uniquely includes thirty-six units that are reserved for "grandfamilies"—older adults raising grandchildren or young relatives.

The complex includes a fitness center, library, computer lab, and playgrounds for children and will also house NCBA's main offices.

Carl F. West is located at 1370 Harvard Street, NW, Washington, DC 20009. To learn more, visit: www.ncbacfw.com, or call 202-387-1427.

GrandFamilies

Family and Kinship

5 Grandparenting Tips for Holiday Traditions

Traditions are meaningful to just about everyone during the Christmas season. They help us express our family's uniqueness, they help everyone anticipate being together to celebrate, and they often create memories that last a lifetime.

Christmas traditions help to make this season bright, but sometimes other things get in the way. So here are some tips to keep in mind:

Lead the way.

As grandparents, we should be a unifying presence for the family. That means being proactive about gathering the extended family. Often it's expected that everyone's coming "over the river and through the woods to Grandmother's house." But no matter where you get together, it's important for children to know their aunts and uncles, to see other people's family dynamics, and to experience the interaction of three or more generations. By taking a leading role here, we help to model the importance of family.

More than that, grandparents are the natural keepers of the family's heritage. We know the history and tell the stories, complete with photo albums and mementos from years ago that we can pull out and show to everyone. Christmas traditions are part of that.

So, chances are, it will be our job to restore and continue family traditions—whether they are from our youth or brand new this year. We can't force our children and grandchildren to embrace our traditions, but if we make them special and meaningful, chances are they will want to continue them. And those traditions we establish and maintain will likely be passed on to future generations as part of our legacy. For many people, those memories become much more valuable than any gifts under the tree.

Be family-focused.

Emphasize traditions that foster togetherness and interaction. To be clear, this doesn't mean watching TV programs together, an annual video game challenge, or having everyone go their separate ways with their devices. Some of that can be fine, but make sure the focus is on traditions that encourage family time.

That also means you're engaged as a grandparent. Don't treat family traditions like 'check the box' obligations, but really invest yourself in making them special for everyone. And if it seems overwhelming, remember that sometimes less can be more; you might decide to choose quality over quantity when it comes to traditions.

Celebrate uniqueness.

Does your family have any unusual Christmas traditions? Probably fewer people these days are going out caroling, but that's a great tradition for one family I know. Another has a cookie-baking marathon. Instead of turkey or ham, one family comes up with a shrimp dish to feature on Christmas Day. For another family, it's Italian beef. Do you have a wacky gift exchange? Or maybe everyone takes time to volunteer at a local charity close to the holidays.

If they're unique, somehow that can make them more special. Participating in those traditions can be a proud reminder for each child and adult that they are part of a larger family, even if it might be quirky in some ways.

Be flexible.

Some grandparents lay on guilt trips if the rest of the family doesn't fit into their holiday plans. Or, they make demands: "If you want to be part of this family, you get those kids here by Christmas Eve." On the other side, some communicate apathy in an effort to avoid making demands: "Well, stop by when you can."

A better option is to let everyone know their presence is important while acknowledging how difficult it is to sync schedules. "We'd like to have everyone together during Christmas break. We'll cook the turkey, but let's make sure and get together. What works for you?" Show the entire clan—including your grandchildren—that being together is important for your family, even if it's in the middle of December or the first week of January.

Be positive

In today's world, it's normal to complain about having to go visit relatives for the holidays. People expect it to be boring, stressful, or just awkward. As the family matriarch or patriarch, you can set the tone, so do all you can to make the time positive.

That might mean changing your routine, giving up what you prefer so someone else can be happy, or being open-minded toward someone whose thinking you just don't understand. If the family situation is complicated, or even if things work out so that you don't get to see the grandkids at all, having a good attitude anyway will speak volumes to your grandkids.

For more information, visit: **https://grandkidsmatter.org/hot-topics/holidays-seasonal/grandparent-holiday-traditions/**

NCBA Supportive Services

Founded in 1970, NCBA is a national 501 (c) (3) nonprofit organization. Headquartered in Washington, DC, NCBA is the only national aging organization who meets and addresses the social and economic challenges of low-income African American and Black older adults, their families, and caregivers.

NCBA Supportive Services include:

Job Training & Employment Programs

The Senior Community Service Employment Program (SCSEP)

SCSEP is a part-time community service and work-based job training program that offers older adults the opportunity to return or remain active in the workforce through on the job training in community-based organizations in identified growth industries.

Priority is given to Veterans and their qualified spouses, then to individuals who: are over age 65; have a disability; have low literacy skills or limited English proficiency; reside in a rural area; may be homeless or at risk for homelessness; have low employment prospects; failed to find employment after using services through the American Job Center system.

Annually, NCBA and CVS partner to host job fairs to orient SCSEP participants about the benefits of working at CVS as a mature worker.

To learn more about the Senior Community Service Employment Program (SCSEP), visit: https://ncba-aging.org/employment-program-resources

The Senior Environmental Employment Program

NCBA administers the Senior Environmental Employment (SEE) Program with funding from the U.S. Environmental Protection Agency.

Agency (EPA) to older adults, age 55+ with professional backgrounds in engineering, public information, chemistry, writing and administration the opportunity to remain active in the workforce while sharing their talents with the U.S. Environmental Protection Agency (EPA) in Washington, DC, and at EPA Regional Offices and Environmental Laboratories in NC, OK, FL, and GA.

To learn more about the Senior Employment Environment Program (SEE), visit: https://ncbainc.org/see/

Health

The NCBA Health and Wellness Program offers continual education, resources, and technical assistance either in-person, online, or through self-paced learning opportunities. The program offers a wide variety of social and economic services and support including, the delivery and coordination of national health education and promotion activities, and the dissemination of and referral to resources.

To learn more visit: https://ncbainc.org/the-ncba-health-and-wellness-program/

Housing

Established in 1977, the NCBA Housing Management Corporation (NCBA-HMC) is the organization's largest program and service to seniors. NCBA-HMC provides senior housing for over 500 low-income seniors with operations in Washington, DC, Jackson, MS, Hernando, MS, Marks, MS, Mayersville, MS and Reidsville, NC.

To learn more about NCBA Housing Program, visit: https://ncbainc.org/affordable-housing/

Samuel J. Simmons NCBA Estates located in Washington, DC

Carl F. West Senior Estates --Now Open

Carl F. West Senior Estates and Grandfamily Apartments are now OPEN!

For more information, call 202-289-1700 or visit: info@ncbacfw.com.

Social Media

To learn more about NCBA programs, services, and upcoming events, follow us on Facebook, Twitter, and Instagram!

Facebook @NCBA1970
Twitter@NCBA1970
Instagram@NCBA_1970

You're also welcome to learn more about NCBA by visiting our website at www.ncbainc.org. We look forward to hearing from you!

Important: 7 Changes Coming to Medicare in 2026

Lower prices on 10 drugs, new features in plan finder, no reenrollment in prescription payment plan? Check, check and check……

Key takeaways

- ✓ You'll see lower prices on 10 popular high-cost prescriptions.
- ✓ Misled by plan finder? You'll have a chance to change MA plans.
- ✓ Drug spending cap rises. Payment plan reenrollment is put on auto.
- ✓ Original Medicare begins prior-authorization pilot program.
- ✓ Advantage plan pilot shut down; limits added to second program.

The new year will bring a new round of Medicare coverage, cost and policychanges that will affect each beneficiary differently, depending on their medical needs, income and other factors. To help you stay in the know, AARP lists some of the most significant changes that will shape your 2026 coverage.

1. **Medicare-negotiated lower drug prices start**

Ten prescription drugs (**https://www.aarp.org/medicare/first-medicare-negotiated-drug-prices-debut/**) with high costs for Medicare will be available at lower prices in 2026.

The first round of these Medicare-negotiated prices, made possible under a prescription drug law (**https://www.aarp.org/advocacy/inflation-reduction-act-questions-answers-2022/**) passed in 2022 that AARP supported, will help make medications more accessible and affordable. The lower prices for these 10

medications (**https://www.aarp.org/advocacy/medicare-drug-price-list-2024/**)— which include arthritis, blood clot, cancer and diabetes drugs — are expected to improve quality of life for millions of beneficiaries.

The negotiated prices, which become effective Jan. 1, must be made available to eligible Medicare beneficiaries, and the 10 drugs must be included among the covered drugs for all Medicare Advantage prescription drug plans and stand-alone Part D drug plans that beneficiaries in original Medicare can buy.

The savings are expected to lower recipients' out-of-pocket spending by an estimated $1.5 billion in 2026, and the savings will continue every year. If lower prices had been in effect in 2023, Medicare itself would have saved about $6 billion, the Centers for Medicare & Medicaid Services (CMS) says.

Drug name	Negotiated price	List price in 2023	Percent discount
Januvia	$113	$527	79%
NovoLog/Fiasp, several pens	$119	$495	76%
Farxiga	$178	$556	68%
Enbrel	$2,355	$7,106	67%
Jardiance	$197	$573	66%
Stelara	$4,695	$13,836	66%
Xarelto	$197	$517	62%
Eliquis	$231	$521	56%
Entresto	$295	$628	53%
Imbruvica	$9,319	$14,934	38%

Source: Centers for Medicare & Medicaid Services • Embed

AARP

2. <u>Some enrollees may get another chance to switch plans</u>

If you've looked at the 2026 Medicare Plan Finder **(https://www.medicare.gov/plan-compare/#/?year=2026&lang=en)**, readied for Medicare open enrollment Oct. 15 to Dec. 7, CMS has included information about which doctors and other health care providers are included in a Medicare Advantage plan's network **(https://www.aarp.org/medicare/medicare-plan-finder-provider-listings/).**

Now many consumers interested in a Medicare Advantage plan won't have to leave the plan finder to see if their doctors, hospitals and other health care providers are included in an insurer's provider network. Previously, potential enrollees had to get that information by visiting each plan's website, calling each company or enlisting an insurance broker to assist them. Be advised: The provider-directory information is not listed for all plans; new information will be added and updated as CMS receives it.

Enrollees who choose original Medicare can see any physician who accepts Medicare, which is about 98 percent of all doctors who aren't pediatricians, according to KFF (**https://www.kff.org/medicare/how-many-physicians-have-opted-out-of-the-medicare-program/)**, a nonpartisan health policy nonprofit headquartered in San Francisco with a presence in Washington, D.C.

About half of Medicare beneficiaries have Medicare Advantage plans, the privately run alternative to original Medicare. These plans limit participants to their lists of providers and charge more or require full payment for out-of-network services.

If Medicare Advantage enrollees who used plan finder during their first three months on a new plan discover that its information was wrong and their doctors are not in-network, they'll be eligible to switch to a plan that has their providers or go to original Medicare during an only-in-2026 special enrollment period. So as soon as coverage begins, you should determine whether the providers you want really do take your insurance.

3. Deductibles and spending caps for Part D plans go up

The $2,000 limit on out-of-pocket expenses for prescription drug plans, which includes stand-alone plans that go with original Medicare and drug coverage provided through Medicare Advantage plans, is rising in 2026 to $2,100. The cap was introduced in 2025. This $100 increase, a 5 percent climb, reflects the annual percentage increase in average spending for covered Part D drugs that occurred in 2024.

Also increasing is the maximum Part D deductible, adjusted each year. It will be $615, up from $590 in 2025. Some Part D plans will have lower deductibles or none at all.

4. No reenrolling in Medicare drug payment plan needed

In 2025, original Medicare enrollees in Part D prescription plans and Medicare Advantage plans with prescription coverage had the option to pay out-of-pocket costs in monthly installments rather than all at once at a pharmacy. Paired with the $2,000 cap on out-of-pocket prescription costs, that might have meant

that a $2,000 bill in January became a $167-a-month payment through the Medicare Prescription Payment Plan.

To make enrollment in the program easier in 2026, those who participated in 2025 will be reenrolled automatically unless they opt out or change to a new Part D or Medicare Advantage plan. If you do change plans and want to continue on a payment plan, just contact your new drug plan. “Automatic renewal eases burden for both participants and plan sponsors,” CMS said. For participants who decide not to stay, Part D plans must process their opt-out request within three days.

5. Original Medicare begins prior authorization test

In a six-year experiment that begins Jan. 1, millions of original Medicare beneficiaries in six states could be required to get advance approval, called prior authorization (**https://www.aarp.org/medicare/faq/what-is-medicare-prior-authorization**)/, before certain medical services, procedures or devices are covered.

If successful, the pilot project could lead to wider use of prior authorization in original Medicare, possibly using artificial intelligence (AI). The practice is already widely used in Medicare Advantage (**https://www.aarp.org/pri/topics/health/coverage-access/prior-authorization-federal-rules-protecting-people-medicare-adv/**), with some plans using AI and algorithmic software to help make coverage decisions. The experiment runs through December 2031 and could involve up to 6.4 million original Medicare beneficiaries in parts of Arizona, New Jersey, Ohio, Oklahoma, Texas and Washington, according to estimates from McDermott+, a health care consulting firm in Washington, D.C. It’s designed to speed up coverage decisions and cut wasteful spending on at least 16 devices, procedures and services that are “particularly vulnerable to fraud, waste and abuse or inappropriate use,” according to CMS. Technology companies that participate will be paid based on savings from denied medical claims, which has drawn the ire of the American Medical Association and consumer organizations.

The pilot project comes amid concerns from lawmakers, government watchdogs (**https://oig.hhs.gov/reports/all/2022/some-medicare-advantage-organization-denials-of-prior-authorization-requests-raise-concerns-about-beneficiary-access-to-medically-necessary-care/?url=https%25253A%25252F%25252Foig.hhs.gov%25252Freports%25252Fall%25252F2022%25252Fsome-medicare-advantage-organization-denials-of-prior-authorization-requests-raise-concerns-about-beneficiary-access-to-medically-necessary-care%25252F&data=05%25257C02%25257Capugh%252540aarp.org%25257Cfb748b2785aa43b3bab808ddf706fc91%25257Ca395e38b4b754e4493499a37de460a33%25257C0%25257C0%25257C638938331558182711%25257CUnknown%25257CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAi**

OiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%25253D%25253D%25257C0%25257C%25257C%25257C&sdata=551hGfAFuzT8BaM1tIVhSDMcNQepQj1x7fcGSY5uGXQ%25253D&reserved=0) and others that Medicare Advantage plans' prior authorization procedures (**https://www.aarp.org/medicare/faq/medicare-part-d-restrictions/)** can create burdens for caregivers, who have to figure out how to appeal, and risk the health of patients by delaying or denying care that would otherwise be covered under original Medicare.

7. Medicare Advantage plans limit nonmedical benefits

The Bipartisan Budget Act of 2018 expanded the types of supplemental benefits that Medicare Advantage plans could offer to chronically ill enrollees. In 2026, CMS is limiting the types of allowable coverage. This help, called Special Supplemental Benefits for the Chronically Ill, doesn't have to relate to health but must have a reasonable expectation of improving or maintaining the health or function of someone who has a persistent medical condition, according to CMS.

Among the benefits and treatments that **WONT** be allowed in 2026:

- Alcohol, cannabis and tobacco products
- Certain cosmetic surgeries and procedures, such as facelifts, treatment for facial lines and remedies for atrophy of collagen and fat
- Funeral planning and expenses (**https://www.aarp.org/money/personal-finance/ways-to-lower-funeral-costs/)**
- Life insurance and hospital indemnity insurance (**https://www.aarp.org/money/personal-finance/keep-life-insurance-or-cash-out/)**
- Unhealthy foods (**https://www.aarp.org/health/healthy-living/foods-to-avoid-after-50/)**

"We believe that codifying a non-exhaustive list of examples of items or services that do not meet these standards will provide transparency and greater certainty for MA organizations and enrollees about the rules that govern these benefits," CMS says in the rule.

For more information, visit: https://www.aarp.org/medicare/whats-new-in-medicare-2026/

Contributing Author: Tony Pugh is an award-winning writer and editor covering Medicare for AARP. He has also covered Medicare for Bloomberg Law and as a national correspondent for Knight Ridder/McClatchy Newspapers.

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