

# The Caucus Corner

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## IN THIS ISSUE

### MAINSTREAM NEWS

- Flu at Highest Record.....1-2
- Benefits of Flu Vaccine.....2-3
- Senior Flu Shoots.....4-5

### EMPLOYMENT

- Train Today for Tomorrow's Jobs.....6-8

### HEALTH

- 7 Ways to Stay Fit this Winter.....8-10
- RSV Vaccines Explained.....10
- RSV Vaccines: Answers for Adults 50+.....11-12
- Vaccine Locator .....13
- Your Health Priorities Matter.....14-15
- Dementia Care Resources.....15

### HOUSING

- Find Lasting Love in Assisted Living.....15

### GRANDFAMILIES

- 5 Grandparenting Tips for the Holidays .....16-17

### NCBA SUPPORTIVE SERVICES

- Job Training & Employment .....18
- Health and Wellness.....18
- Housing.....18
- Carl F. West Senior Estates and Grandfamily Apartments.....19
- NCBA Social Media .....19

- Changes Coming to Medicare in 2026.....20-24

- GET OUR NEWSLETTER.....25**

## Flu-like illness activity now at highest rate on record, new CDC data shows



**There have been at least 120,000 hospitalizations so far, the CDC says.**

Flu activity is continuing to climb across the U.S. as hospitalizations rise, according to newly released data from the Centers for Disease Control and Prevention.

The percent of outpatient visits for respiratory illnesses are now at the highest rate on record. About 8% of visits to a health care provider were labeled as flu-like illness, surpassing any levels seen since 1997, the earliest for which data is available. Flu-like illness accounts for patients that have a fever as well as a cough and/or sore throat.

These visits are largely among children and young adults. About 35% of outpatient visits for a respiratory illness were among people under 24 years old and children under age 5 made up about 20% of those.

The CDC estimates there have been 120,000 hospitalizations so far this season, a 48.1% increase from the prior week. Additionally, the CDC says there have been at least 11 million illnesses and 5,000 deaths due to flu so far this season, including at least nine pediatric deaths. In New York, health officials recently reported the highest number of flu hospitalizations recorded in a single week.

"This is really quite a severe flu season right now," Dr. James McDonald, health commissioner for New York state, told "Good Morning America" on Saturday.

Recently, New York also reported a record-breaking number of flu cases in a single week with 72,133 infections for the week ending Dec. 20, according to health department.



Data shows that the majority of this season's cases are linked to a new flu strain called subclade K – a variant of the H3N2 virus, which is itself a subtype of influenza A.

Subclade K has been circulating since the summer in other countries and was a main driver of a spike in flu cases in Canada, Japan and the U.K.

Of the 994 flu samples tested since Sept. 30, nearly all were influenza A. Of those samples that underwent further testing roughly 90% were H3N2, CDC data shows.

Experts expect flu-like illnesses to continue to climb in the coming weeks and warn that this season's peak has likely not been reached yet.

In addition to influenza, COVID-19 and respiratory syncytial virus (RSV) are also circulating this time of year and are contributing to respiratory illness activity.

Currently, the [CDC recommends](#) that everyone ages 6 months and older, with rare exceptions, get an annual flu vaccine.

**For more information, visit:**  
<https://abcnews.go.com/Health/flu-activity-continues-climb-us-11-million-cases/story?id=128891188>

### **Benefits of the Flu Vaccine**

#### **What to Know**

Despite the many benefits offered by flu vaccination, only about half of Americans get an annual flu vaccine. During an average flu season, flu can cause millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths. Many more people could be protected from flu if more people got vaccinated.

#### **What to Know**

Despite the many benefits offered by flu vaccination, only about half of Americans get an annual flu vaccine. During an average flu season, flu can cause millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths. Many more people could be protected from flu if more people got vaccinated.

#### **The benefits of flu vaccination**

There are many reasons to get an influenza (flu) vaccine each year. Below is a summary of the benefits of flu vaccination and selected scientific studies that support these benefits.

#### **Reduce Flu Illness**

Flu Vaccination Can Keep You from Getting Sick with Flu

- Flu vaccine prevents millions of illnesses and flu-related doctor's visits each year. For example, during 2019-2020, the last flu season prior to the COVID-19 pandemic, flu vaccination prevented an estimated 7 million influenza illnesses, 3 million influenza-associated medical visits, 100,000 influenza-associated hospitalizations, and 7,000 influenza-associated deaths.
- During seasons when flu vaccine viruses are similar to circulating flu viruses, flu vaccine has been shown to reduce the risk of having to go to the doctor with flu by 40 - 60%.

#### **Reduce Severity of Illness**

Flu Vaccination has been shown in several studies to reduce severity of illness in people who get vaccinated but still get sick.

- A 2021 study showed that among adults hospitalized with flu, vaccinated patients had a 26% lower risk of intensive care unit (ICU) admission and a 31% lower risk of death from flu compared with those who were unvaccinated.
- A 2018 study in New Zealand showed that among adults hospitalized with flu, vaccinated patients were 59% less likely to be admitted to the ICU than those who had not been vaccinated. Among adults in the ICU with flu, vaccinated patients spent on average four fewer days in the hospital than those who were not vaccinated.

## Reduce the Risk

### Flu Vaccination Can Reduce the Risk of Flu-Associated Hospitalization

- Flu vaccination prevents tens of thousands of hospitalizations each year. For example, during 2019-2020 flu vaccination prevented an estimated 100,000 flu-related hospitalizations.
- A 2018 study showed that from 2012 to 2015, flu vaccination among adults reduced the risk of being admitted to an ICU with flu by 82%.
- A 2017 systematic review found that during 2010-2011 through 2014-2015, flu vaccines reduced the risk of flu-associated hospitalization among older adults by about 40% on average.
- A 2014 study showed that flu vaccination reduced children's risk of flu-related pediatric intensive care unit (PICU) admission by 74% during flu seasons from 2010-2012.

## Chronic Conditions

### Flu Vaccination is an Important Tool for People with Certain Chronic Health Conditions

- Flu vaccination has been associated with lower rates of some cardiac events among people with heart disease, especially among those who have had a cardiac event in the past year.
- Flu vaccination can reduce the risk of a flu-related worsening of chronic lung disease, such as chronic obstructive pulmonary disease (COPD), which requires hospitalization.
- Among people with diabetes and chronic lung disease, flu vaccination has been shown in separate studies to be associated with reduced hospitalizations from a worsening of their chronic condition.

**Getting yourself vaccinated may also protect people around you**, including those who are more vulnerable to serious flu illness, like babies and young children, older people, and people with certain chronic health conditions.

**For more information, visit:** <https://www.cdc.gov/flu-vaccines-work/benefits/index.html>



### Key Takeaways

- Senior flu shots are more potent and meant for people 65 years and older.
- The CDC recommends Fluzone, Flublok, and Fluad flu vaccines for seniors.
- Older adults should get their flu shot between late September and the end of October.

### What Is a Senior Flu Shot?

The CDC recommends an annual [flu vaccine](#) for everyone 6 months and older (with a few, rare exceptions).<sup>3</sup>

However, the standard flu vaccine is not as effective in persons 65 years and older, and older adults are at higher risk for complications, and even death, from the flu.<sup>4</sup>

The immune system gets progressively weaker with aging, a process called [immunosenescence](#). This causes a slowing of immune cell generation in response to pathogens, leading to an increased susceptibility to disease in the older population.<sup>5</sup>

In 2022, the CDC recommended that persons 65 years and older receive annual high-potency influenza vaccines instead of standard flu shots.<sup>6</sup> These senior flu shots prompt a stronger immune response for greater protection against the influenza virus.

### Types of Flu Shots for Seniors

Senior flu shots are available in two formulations: high-dose or adjuvanted. Three of these vaccines available for the 2024-2025 flu season include:

- Fluzone high-dose vaccine
- Flublok recombinant vaccine
- Fluad adjuvanted vaccine

These senior flu vaccines are formulated to address specific immune system issues in people 65 years and older. They help boost immunity and prevent complications from influenza.<sup>3</sup>

### High-Dose Flu Vaccines

High-dose flu vaccines contain higher amounts of flu virus antigens. [Antigens](#) prompt the immune system to produce [antibodies](#) against influenza strains. Antibodies are proteins that recognize and bind to specific antigens and neutralize pathogens.

The antibodies you develop from the flu shot help your immune system quickly mount a defense when exposed to the live flu virus.

High-dose vaccines promote a stronger immune response because they have more antigens than standard flu vaccines. Studies show high-dose vaccines offer older adults 24% more protection against the flu than the standard vaccine.<sup>7</sup>

The following high-dose flu vaccines are available this season:

- **Fluzone High-Dose** contains antigen levels four times greater than standard-dose vaccines. Fluzone is only approved for people 65 years and older.<sup>7</sup>
- **Flublok** contains antigen levels three times greater than regular flu shots. It is a recombinant vaccine manufactured without eggs. Flublok is approved for people age 18 and older and is not limited to older adults.<sup>8</sup>

Both these vaccines can be given with other live or inactivated vaccines.

### Adjuvanted Flu Vaccine

The adjuvanted flu vaccine contains the same level of antigens as the standard vaccine but has an extra ingredient (an adjuvant) to trigger a stronger immune response.<sup>9</sup>

**Fluad Quadrivalent** is the only adjuvanted flu vaccine available for the current flu season and is only approved for people 65 years and older.<sup>10</sup>

Research in older adults shows the adjuvanted flu vaccine is more effective than the standard flu shot, helps to prevent complications and hospitalizations, and also appears to provide longer protection.<sup>11</sup>

### Which Flu Shot Is Best for Seniors?

According to the CDC, the best flu shots for people 65 years and older are Fluzone, Flublok, and Fluad. Known as senior flu shots, the CDC gives no preference to one over another.<sup>3</sup>

A 2023 study found high-dose vaccines offer slightly stronger immunity than adjuvanted ones, though the difference was not statistically significant.<sup>12</sup> Consult your healthcare provider to determine which flu vaccine is best for you.

## Why You Should Get the Senior Flu Shot

People 65 years and older are at the highest risk for influenza complications. About half of flu-related hospitalizations and up to 85% of flu-related deaths originate from this age group.<sup>3</sup>

An annual senior flu shot is critical to prevent these complications because immunity wanes over time, and the vaccine is tailored annually to the current most prominent flu strains.<sup>13</sup>

Research shows older adults often have weaker immune responses to the flu vaccine than younger people. The exact reason for this remains unclear, but investigators suspect two factors may contribute:<sup>14</sup>

- Pre-existing antibodies from prior flu seasons
- Chronic inflammation from arthritis, diabetes, heart disease, or other underlying health conditions

Senior flu shots address these issues to promote a stronger immune response and boost effectiveness.<sup>15</sup>

## Prevent Flu Complications

Both high-dose and adjuvanted flu shots provide older adults with better protection against potential complications from the flu. Compared to standard vaccines, senior flu shots reduce flu-related hospitalizations and deaths.<sup>6</sup>

Some serious flu complications that require immediate medical care, include:<sup>3</sup>

- Difficulty breathing
- Chest or abdominal pain or pressure
- Dizziness or confusion
- Seizures
- Severe muscle pain or weakness
- Not urinating, or other signs of dehydration
- Fever or cough that continues or worsens
- Worsening chronic medical conditions

It's important to know that the flu can develop into [pneumonia](#), a serious and potentially fatal lung infection. Pneumonia and flu symptoms can overlap. Always inform your healthcare provider about any unusual or worsening symptoms.

## What Flu Vaccines Should Seniors Avoid?

Older adults should not be given Flumist, the [nasal spray vaccine](#). This vaccine contains weakened, live influenza viruses and is not approved for use in adults over 50 years.<sup>16</sup> The older population should also avoid getting the standard flu shot unless higher-dose or adjuvanted influenza vaccines aren't available.<sup>1</sup>

## When Should Older Adults Get a Flu Shot?

The best time for older adults to get the flu shot is late September through the end of October. This helps to ensure you have enough time (about two weeks) to build immunity before the holidays when flu activity starts to ramp up.<sup>4</sup>

People 65 years of age and older are advised against getting the flu shot too early in the season. The vaccine's protection fades faster in this population. An August vaccination could lose effectiveness before the end of flu season, typically at the end of May.<sup>4</sup>

However, a late flu shot is better than none at all. If you didn't get your annual influenza vaccine by the end of October, you can still get it in November or December.<sup>4</sup>

## What Are the Side Effects?

The extra immunity offered by senior flu shots is also more likely to cause some side effects vs. standard flu shots. For the most part, side effects of the senior flu shot are mild to moderate and only last a few days.<sup>17</sup>

Senior flu shot side effects can include:

- Fatigue
- Headaches
- Injection site pain and redness
- Malaise
- Muscle aches

Rates of side effects vary among the different vaccines, as follows:

- **Fluad:** Injection site pain (16.3%), headache (10.8%), and fatigue (10.5%)<sup>10</sup>
- **Flublok:** Injection site tenderness (34%), injection site pain (19%), headache (13%), and fatigue (12%)<sup>18</sup>
- **Fluzone:** Injection site pain (33%), myalgia (18%), headache (13%), and malaise (11%)<sup>19</sup>

**For more information, visit:**

**[https://www.verywellhealth.com/senior-flu-shots-5215868#:~:text=TheCDCrecommendsanannualfluvaccinefor everyone6monthsandolder\(withafew,rareexceptions\).However ,thestandardfluvaccineisnotaseffectiveinpersons65years](https://www.verywellhealth.com/senior-flu-shots-5215868#:~:text=TheCDCrecommendsanannualfluvaccinefor everyone6monthsandolder(withafew,rareexceptions).However ,thestandardfluvaccineisnotaseffectiveinpersons65years)**



Train Today for Tomorrow's Jobs

In his early 60s, Wayne Bohrn of Twin Falls, Idaho retired from a career as a self-employed contractor after injuries and struggling to find enough young people to hire as helpers. But to pay his medical bills, rent and utilities, Bohrn still needed a job.

Through the Easterseals-Goodwill SCSEP program near his home in Idaho, Bohrn gained valuable new skills from classes he took through SCSEP partner GetSetUp, an online learning platform. He mastered advanced features on the iPhone and iPad. Now, he's completing his on-the-job training at the Easterseals-Goodwill SCSEP, helping older adults like himself to use the GetSetUp platform.

"Training through GetSetUp has given me the opportunity to expand my learning, and to really keep up with the times," says Bohrn, who's 63. And he's grateful for the paid work at SCSEP as he looks for a more permanent position at a new job. "I don't have savings," he says. "I do have bills that keep coming."

"More and more people are having to work longer, and the reasons are diverse," says Cheryl Evans, director of the Lifetime Financial Security Program at the Milken Institute. Reasons range from not having saved enough when living paycheck to paycheck, to a lack of access to employer retirement plans, to money simply running out given longer lifespans. "Upskilling and retraining programs are going to be key to older Americans continuing to work," she adds.

Adults aged 65 and up are now the fastest-growing segment of the U.S. workforce and nearly one in four workers will be over age 55 by next year, according to the [U.S. Bureau of Labor Statistics](#). Despite their years of experience, many older workers still face significant barriers in the workforce, especially around technology and job access. "These programs help people to learn and to rebuild a nest egg," Bohrn says.

-6-

### **Some don't even have an email address."**

People who enroll in GetSetUp's online courses learn typing skills, Word and Excel, how to navigate internet browsers so they can do job research, how to improve and post their resume, and fill out online job applications. Job seekers who Bohrn helped set up on the platform and enroll in courses have gone on to land full-time positions in local restaurants and as tour guides at museums.

GetSetUp participants also tend to sign up for additional courses that help with their overall health and well-being, adds Bohrn — him included. He's taken classes on chair exercises and balanced meals, both of which have helped him to better manage his diabetes

### **Confidence in New Tools**

Lawrence Kosick, co-founder of GetSetUp, initially founded his company to help older adults with the technical challenges of getting up to speed on a new smart phone or updating their outdated laptop. During Covid-19, services evolved to teaching older Americans how to use apps to order groceries and exercise.

Then, Kosick and team surveyed clients and found that a significant number were very concerned about their financial security. They worried the money they managed to save wouldn't last their lifetime. "We realized that jobs skills had to be an important part of our programming," he says. "Without financial security, people will have to think about ways to make a little more money and stay in the workforce a little longer." To do so successfully, he knew people needed to feel confident using new tools and they needed new skills.

**"Without financial security, people will have to think about ways to make a little more money and stay in the workforce a little longer."**

But even before upskilling, older Americans who want or need to reenter the workforce have to build confidence, Kosick says. "There's generally a nervousness or lack of confidence," he says. GetSetUp's introductory course teaches participants how to use LinkedIn, about the best job sites, and how to interview well. It also opens their minds to new, possible jobs.

"If you were a teacher 25 years ago, you may think that's what you can and should do," says Kosick. But, depending on a person's background and interests, they might excel at consulting or starting their own small business. "A lot of what we do is expose people to things they thought they couldn't do. With a little reskilling, you *can* do another job."

Guest speakers from companies that welcome older adults visit the virtual class, and class members often bond, choosing to take subsequent classes together and acting as a support system of sorts during the reskilling process and job search.

"The most important thing we teach is, don't be afraid of trying and the potential rejection, because finding a job is game of nos. You're really just looking for one yes."

### **From Corrections Officer to Library Work**

Headquartered in Vermont, Associates for Training & Development, A4TD, helps people ages 55 and older in New York, Pennsylvania, Maine and Connecticut reskill to find employment. "An awful lot of people over the age of 55 are not just *wanting* to work, but they're *needing* to work," says A4TD grants and information director Mark Millward.

**"You want to find something you can get paid for, something you enjoy, and that you get value from. I think we're all searching for that, no matter our age."**

Some older workers can't return to a previous job or industry because of injury, he adds. For example, a former corrections officer who was hurt came to A4TD for re-training. Now, she's working in her local library and she enjoys the new role.

A4TD helps retrain older adults in areas including administrative and office support, health care support, food service, education and childcare support and janitorial and maintenance. Participants take online skills classes — also through GetSetUp — get help with certifications, then work a paid internship in the field they're interested in. At the end of the internship, host institutions sometimes offer participants a full-time job.

Health care, food prep and administrative work are especially popular. "Experience tells us that's where the mature worker has a better chance of being hired," Millward says.

A4TD's work is also a federally-funded SCSEP program. Older adults interested in retraining can start by doing an online search for SCSEP to see if there's a program in their area or nearby, Millward says.

Another effort that could help older adults, adds Milken's Evans, is if companies were to automatically transition interested older workers with physically demanding jobs into training roles, where they can shape the next generation of workers.

Evolving technologies like artificial intelligence could help with this, she adds. For example, an emergency medical technician could stop going on calls, use AI-powered programs to build teaching skills, and then help train younger colleagues.

"We do feel that AI will help older workers," she says.

In July, GetSetUp started to experiment with AI with Helen, a digital AI assistant designed specifically for older adults, part of its commitment to "AI for Good." The multilingual chatbot helps older adults find health, finance and digital skills classes, navigate public benefits, and get simple tech support. It's custom-built for older Americans to be clear and empathetic, Kosick says.

For Millward, technology is a critical tool to help guide older Americans back into the workforce. But the retraining and reentry journey has to start with one simple question, he says. "I always ask people, what do you want to be when you grow up? You want to find something you can get paid for, something you enjoy, and that you get value from. I think we're all searching for that, no matter our age."

**Contributing Author: Deborah Lynn Blumberg is a Washington, D.C.-based writer specializing in health, wellness, business and finance. She has written for The Wall Street Journal, Barron's, MarketWatch, The Christian Science Monitor and The New York Times. She's also working on her first book, about how her great grandparents helped save refugees from the Holocaust, while building a collection of memorabilia from the New York City department store her family used to own.**



## 7 Ways to Stay Fit This Winter

**Everything from taking a walk (inside or out) to a living room dance party can keep you healthy and energized during this season**

Physical activity is crucial for overall health and longevity but getting enough exercise can be difficult in the dark, cold and icy winter. Besides the motivation-squashing effects of frigid temperatures and 4 p.m. sunsets, working out in winter carries a higher risk of slips and falls, and even driving to the gym can be precarious on icy roads.

Still, that's no reason to hibernate until spring.

"A year-round exercise program keeps us moving, and we feel better when we move," says [Gene Schafer](#), certified athletic trainer and owner of ARC Athletics in New York City. Regular exercise is important for anyone, but especially those 55 and older, Schafer adds, noting that it can help maintain joint mobility, muscle strength and balance — all key for sustaining independence and avoiding injuries. "Staying active also boosts mood, supports heart health and helps counteract the seasonal dip in energy that many people experience in colder months," he says.

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The [United States Centers for Disease Control and Prevention](#) recommends all adults get at least 150 minutes of moderate to vigorous activity every week, plus two days of [strength training](#) — equivalent to about 30 minutes a day. But if that doesn't feel feasible, start small, suggests [Sarah Pelc Graca](#), certified personal trainer, health coach and owner of Strong With Sarah in Novi, Michigan.

"Even light or moderate activity can help you manage chronic conditions like arthritis, diabetes and high blood pressure," Pelc Graca says. "The key is to choose activities that feel safe, enjoyable and right for your ability level. Remember, being consistent matters more than working out hard when it comes to seeing results and feeling your best."

With that in mind, here are 7 ideas.

### Take a Walk (Indoors)

Walking is a straightforward, accessible workout almost anyone can do just about anywhere, says [Ellen Geminiani, MD](#), a sports medicine physician with Women's Health, Sports and Performance in Boston. If it's tough to muster up the motivation to get out in the cold, she suggests recruiting a buddy or joining an organized walking group to make it more enjoyable. You can also walk indoors, she suggests, at a mall or indoor track, to stay warm and reduce the risk of falls.

For additional benefits, step up your walking routine by wearing a weighted vest, suggests [Matthew Cifelli, PT, DPT](#), founder and owner of Attain Physical Therapy in Wayne, New Jersey. "This can help improve cardiovascular fitness, bone density, posture and balance," he says. [Nordic walking poles](#) are another good option to engage the upper body and provide stability, Cifelli adds.

Walking laps around the house or marching in place are great ways to get your steps in when you can't get outside, says Mustafa Alnaib, MBChB, MRCS, clinic director at ACTIVATE Musculoskeletal Clinic in Kent and London, England. "This keeps joints moving and gently raises heart rate," Alnaib says, advising people with poor balance to stay near a wall or worktop and clear any trip hazards beforehand.

### **Try Online Workouts**

From high intensity interval training (HIIT) to tai chi, you'll find a vast compendium of free or low-cost guided workouts online. "YouTube is an excellent resource for this," Pelc Graca says, noting that there are options for every fitness level and ability. "You can build strength, flexibility, core stability and balance, plus get motivation from following along with an instructor," she says.

If you're just starting out, Pelc Graca recommends going slow and modifying movements as needed to avoid strain, especially if you have knee, wrist or lower back issues.

And if you're not sure where to look first, Cifelli recommends the platforms and channels such as Silver Sneakers, SeniorFit Online, Yes2Next, Sit and Be Fit, and Senior Planet.

### **Make Housework a Workout**

You can even get in a workout while doing your chores. "Things like vacuuming can work core and shoulder stability, or you can do squats to pick up laundry or groceries," Geminiani says.

Pelc Graca suggests turning on some upbeat music while you work and moving a little quicker to get your heart pumping. "This works for all fitness levels and helps you sneak in extra movement without needing to carve out more time," she says. "You can get in some light cardio, rack up more daily steps, improve your mobility and feel a sense of accomplishment."

Just be careful to avoid twisting when lifting, especially if you have back issues, Pelc Graca cautions. Bend at your hips and keep your back straight.

### **Try a Winter Sport**

If you can safely get outside, winter sports can be a fun way to stay active and make the most of the season, Pelc Graca says. "These activities combine movement, fresh air and fun, which can really help your mood and motivation," she says, adding that they can also boost cardio fitness, leg strength and balance.

Cifelli suggests activities like snow-shoeing or cross-country skiing, specifically. "Both activities are low-impact aerobic exercises that engage multiple muscle groups while being joint-friendly," he says.

Pelc Graca cautions to start slowly and wear the appropriate gear for warmth and traction. "These activities aren't suitable if you have balance concerns, severe joint pain or a heart condition unless your doctor says it's safe," she adds.

### **Have a Dance Party**

Many community and senior centers offer free and low-cost dance classes, such as ballroom dancing, line dancing, salsa or [gentle ballet](#). You can also make your living room a dance floor. "Put on your favorite playlist and dance around for 5 to 10 minutes. No choreography needed — just move in any way that feels good to you," Pelc Graca suggests.

Dancing combines balance, coordination and cardiovascular work, Alnaib says. Plus, it's fun, so you may be more likely to keep at it, he adds.

To prevent injury, avoid sudden turns and dance near a stable chair or surface if you have balance problems, Alnaib advises.

### **Try Calisthenics**

Bodyweight exercises can help you build strength without the need for dumbbells or other equipment, and they're [easy to modify](#) depending on your needs.

The following are some of Alnaib and Schafer's favorites:

**Squats:** These are essentially getting up from a chair, Schafer says. "As you get up from the chair, think about pushing your feet through the floor and bringing your shoulders back," he says. "A squat is an important exercise because when we pick up things from the ground we are squatting." He suggests doing one or two sets of 10.

**"As you get up from the chair, think about pushing your feet through the floor and bringing your shoulders back."**

**Shoulder blade squeezes:** While standing, squeeze your shoulder blades together 15 times, holding for three seconds each time, Schafer says. This can help improve your posture, he explains, which is important because it can help decrease the risk of spine and shoulder issues.

**Push-ups:** Don't worry if you can't do a standard pushup — there are plenty of variations. The kneeling pushup is one. But if you can't get down on the ground, Alnaib suggests doing them standing using a wall or countertop. "Stand at arm's length from a wall or kitchen counter, lean in and push back," Alnaib says, explaining that this can help build upper body strength. "People with shoulder problems or [osteoporosis](#) should keep movements small and stop if there is sharp pain," he adds. Try doing one or two sets of 10-12 at a time.



**Seated marching:** Sitting tall in a firm chair, lift one knee at a time as if marching while gently swinging your arms, Alnaib says. "This is ideal for those with balance issues or limited mobility, as it improves circulation and joint movement without the risk of standing," he says.

### Indoor Swimming

If you have access to an [indoor pool](#), consider swimming laps or joining a water aerobics class, suggests Mohammad Usman, DPM, a podiatrist and foot and ankle surgeon at [Michigan Avenue Podiatry Clinic](#) in Chicago.

"For most people — especially those with arthritis, prior injuries or balance concerns — this is my first recommendation," says Usman, who frequently treats injuries resulting from winter falls. Buoyancy reduces the load on your joints, which eases pain in the knees, feet and hips. Plus, water resistance is substantially greater than air, so simple movements like lifting your legs become excellent low-impact [strength and cardio workouts](#). "Even simply walking forward, backward and sideways in waist-deep water for about 30 minutes provides a very effective full-body workout," Usman says.

According to Usman, many YMCAs, community centers and hospital wellness facilities offer classes designed for older adults and those with arthritis.

**Contributing Author: Kate Daniel is a freelance writer and award-winning journalist from the Pacific Northwest specializing in health and wellness, with a particular emphasis on mental health and nutrition.**



### 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 Updated 11/07/2025**

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





### **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.<sup>4</sup>



### **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.<sup>5</sup> 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.<sup>6</sup>

<sup>1</sup> <https://www.cdc.gov/rsv/about/index.html>

<sup>2</sup> <https://www.lung.org/lung-health-diseases/lung-disease-lookup/rsv/rsv-in-adults>

<sup>3</sup> <https://www.cdc.gov/rsv/adults/index.html>

<sup>4</sup> <https://www.cdc.gov/rsv/vaccines/adults.html>

<sup>5</sup> <https://www.cdc.gov/vaccines-adults/recommended-vaccines/how-to-pay-adult-vaccines.html>

<sup>6</sup> [https://www.cdc.gov/rsv/vaccines/adults.html#cdc\\_vaccine\\_recommendations\\_who\\_should-what-are-the-possible-side-effects](https://www.cdc.gov/rsv/vaccines/adults.html#cdc_vaccine_recommendations_who_should-what-are-the-possible-side-effects)

## 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.<sup>1, 2</sup>

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**

1. Tinetti ME, et al. Patient priority-directed decision making and care for older adults with multiple chronic conditions. *Clinics in Geriatric Medicine*. May 2016. Found on the internet at <https://pubmed.ncbi.nlm.nih.gov/27113145/>

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](https://bpc.caregiver.org).**



# GrandFamilies

## Family and Kinship

### Yes, Baby Boomer Grandparents Love to Spoil—But There's a Deeper Reason Why

#### Key Takeaways

- Baby boomer grandparents often show love by giving gifts and celebrating achievements.
- Many boomers help with child care, though work commitments may limit their availability.
- Even from afar, boomer grandparents use technology to stay connected and involved.

Born between 1946 and 1964, baby boomers comprise a significant portion of grandparents today. That's because their children, who largely fall within the millennial generation, might be in the midst of their childbearing years.

Every generation is hallmarked by common characteristics, meaning that boomers are bringing their own beliefs and values to the grandparenting game. This impacts how they interact with their grandkids on a generational scale.

We dug into some common characteristics of baby boomers, what they might be like as grandparents, and tips for fostering a healthy [grandparent-grandchild relationship](#).

#### Common Baby Boomer Characteristics

While it's true that certain [generational traits](#) are more stereotypical than others, experts agree that boomers (and every other generation) share common beliefs, attitudes, and values. Here are some common baby boomer characteristics—though keep in mind they might not apply to every boomer in your life.

- **Career-oriented:** They're largely focused on work and career. Personal growth in these fields is important.
- **Independent and resourceful:** Baby boomers prioritize personal gratification and independence. People might describe them as resourceful, goal-oriented, disciplined, ambitious, and competitive.
- **Tech savvy:** Although they might prefer in-person interactions, they're willing to learn the tech of the times. You're likely to find them on [social media](#).
- **Optimistic:** Boomers generally have an optimistic view of things ("look on the bright side!") because they have benefited from decent wages, homeownership, and social changes.
- **Resistant to change:** Some boomers can be sensitive to feedback and judgmental of those who see things differently, which explains the "OK, boomer" memes you might've seen online.
- **Family-focused:** Baby boomers are often more focused on family than previous generations.

#### How Do Baby Boomers Act as Grandparents?

Every baby boomer will have a [different approach to grandparenting](#), but experts notice a few overarching trends.

#### They might spoil grandchildren with gifts and toys

Many grandparents focus on ensuring physical needs are met—and this sentiment makes sense if you think about their background. When boomers were growing up, society was preoccupied with food security and having a roof over their heads, says Amy DeBlase, LMHC, LPC, PMH-C, clinical director and supervisor at [Let's Talk Psychological Wellness](#). As a result, boomers "place different values on basic needs versus emotional ones, compared with their kids," she says.

If it seems like boomer grandparents are quick to [spoil their grandchildren](#) with toys and other tangible things (instead of delving deep into emotional sentimentality), it's not because they don't care. It's because they're trying to give them what was missing from their own childhood.

#### Some boomer grandparents help with child care

Some boomers play a large role in [caring for their grandchildren](#). A [2023 Harris Poll](#) found that 42% of working parents rely on grandparents—and specifically grandmothers—for child care. When the need for child care comes up unexpectedly, 41% say that grandma is "one person tagged in for unpaid care."

Similarly, a survey from Generations United and MetLife found that about 13% of surveyed grandparents regularly care for a grandchild. Of that percentage, about one-third babysit at least five days per week. Many factors might contribute to the trend of grandparents as childcare providers: astronomical daycare costs, a larger percentage of mothers in the workforce, and more.

Not everyone shares this experience. Some parents feel like their boomer parents aren't around enough for their kids. One reason might be that boomers are working longer, pushing off retirement and, with it, extra time to help watch the grandkids. A 2023 report from the Pew Research Center found that 19% of Americans age 65 and older had jobs in 2023, which is double the percentage compared with 35 years ago.

### **Boomers might use technology to interact with grandkids**

During the pandemic, everyone adjusted how they communicated with others. This included boomers, who embraced social media and video calls to stay connected with grandchildren—and who likely still rely on these high-tech methods today.

Technology especially comes in handy because, now more than ever before, grandparents might live far away from their grandkids. According to an AARP report from 2019, more than half of grandparents have "at least one grandchild" living more than 200 miles away, and one-third live at least 50 miles from their closest grandchild.

That said, because boomers still value in-person interaction, they'll probably still enjoy day trips to the museum or the movies with the kiddos.

### **Boomer grandparents celebrate accomplishments**

Many boomers are work-centric and goal-orientated, so they likely prioritize schoolwork and education, and they're proud when grandkids achieve expectations. Grandparents might show up for an awards ceremony at school, but they may be quick to judge parents when grandkids face challenges. On the other hand, parents who came after the boomer generation are more likely to recognize that failure can teach lessons too, like building resilience.

For more information, visit:

<https://www.yahoo.com/lifestyle/articles/yes-baby-boomer-grandparents-love-163000306.html>



## 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 and Grandfamily Apartments are now OPEN!

NCBA is proud to announce the opening of the Carl F. West Senior Estates and Grandfamily Apartments, a 179-unit community in D.C.'s Columbia Heights. Thirty-six units are reserved for "grandfamilies"—older adults raising grandchildren or young adults. Carl F. West Senior Estates includes a fitness center, library computer lab, and playgrounds for children. Our 36 grand family units are thoughtfully designed to offer comfort, stability, and built-in support—creating a safe, nurturing environment where both generations thrive.

For more information, call 202-289-1700 or visit:  
[info@ncbacfw.com](mailto: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](http://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 policy changes 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/) (<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/) (<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/) (<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](#)



## 2. Some enrollees may get another chance to switch plans

If you've looked at the 2026 [Medicare Plan Finder](https://www.medicare.gov/plan-compare/#/?year=2026&lang=en) (<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/) (<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/) (<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/) (<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/) (<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%25257CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOilwLjAuMDAwMCIsIlAiOiJXaW4zMtVhSDMcNQepQi1x7fcGSY5uGXQ%25253D%25253D%25257C0%25257C%25257C%25257C&sdata=551hGfAFuzT8BaM1tIVhSDMcNQepQi1x7fcGSY5uGXQ%25253D&reserved=0) (<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%25257CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOilwLjAuMDAwMCIsIlAiOiJXaW4zMtVhSDMcNQepQi1x7fcGSY5uGXQ%25253D%25253D%25257C0%25257C%25257C%25257C&sdata=551hGfAFuzT8BaM1tIVhSDMcNQepQi1x7fcGSY5uGXQ%25253D&reserved=0>) and others that Medicare Advantage plans' [prior authorization procedures](https://www.aarp.org/medicare/faq/medicare-part-d-restrictions/) (<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](https://www.aarp.org/money/personal-finance/ways-to-lower-funeral-costs/) and expenses (<https://www.aarp.org/money/personal-finance/ways-to-lower-funeral-costs/>)
- [Life insurance](https://www.aarp.org/money/personal-finance/keep-life-insurance-or-cash-out/) 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/) (<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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