



# MONDAY ALERT

New York State Alliance *for* Retired Americans

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## **Learn the Facts About Vaccinations and be Concerned About Misinformation**

There has been a lot of troubling misinformation about vaccines the news in recent weeks that is causing a lot of confusion and uncertainty. Much of the concern is based on questionable claims that are not based on scientific evidence and long term professional protocols.

While seniors and everyone else should always discuss what is best for themselves and their families with their health care professionals, standard vaccinations still matter for most individuals.

Take the time to be better informed in these challenging times. Learn about what public health care experts have to say: [New York Times Vaccine Info](#)

**Dear Marci**  
**By our friends at Medicare Rights**

Dear Marci,

I'm thinking about switching my Part D plan. I heard I can use the Medicare Star Rating System to compare plans. What are Star Ratings?

- Kim (Carlsbad, NM)

Dear Kim

Yes, Medicare's Star Rating System is one factor you can use to compare different Part D plans. However, for most people, Star Ratings should not be the only thing you consider. It's also important to evaluate plans for their fit to your particular needs – the medications you take, the pharmacies you prefer to use, and your budget.

The Star Rating System is one way Medicare reflects how well Medicare Advantage and Part D plans perform. The scores are impacted by plans' performance in several categories, including quality of care and customer service. Ratings range from one to five stars, with five being the highest rating and one being the lowest rating. In addition to the overall rating, there are ratings for each category. You can use the overall star rating to compare plans or compare based on the categories that are most important to you. Medicare reviews plans every year and releases new star ratings each fall. This means a plan's rating – overall or in specific categories - might change from year to year.

### **How are the plans rated?**

Part D plans are rated on how well they perform in four different categories:

1. Drug plan customer service
2. Member complaints, problems getting services, and choosing to leave the plan
3. Member experience with the drug plan
4. Drug pricing and patient safety

Medicare Advantage Plans are rated on how well they perform in five different categories:

1. Staying healthy: screenings, tests, and vaccines
2. Managing chronic (long-term) conditions

3. Plan responsiveness and care
4. Member complaints, problems getting services, and choosing to leave the plan
5. Health plan customer service

Medicare Advantage plans that include drug benefits (MAPDs) have ratings that include both groups.

Before you consider a plan's star rating, make sure the plan's coverage rules, networks, and cost structures suit your needs. For example, as you are considering Part D plans, be sure the plan covers your drugs at a cost that works for you.

Where to find information on your plan's star rating

- Star ratings can be found using [Medicare's Plan Finder](#) tool or by calling 1-800-MEDICARE. New plan quality ratings come out each October and apply to the next calendar year. For example, plan ratings for 2026 will be available in October 2025.
- Star ratings in the *Medicare & You* handbook might be outdated. For up-to-date information on star ratings, check Plan Finder or call 1-800-MEDICARE.

How to use Star Rating to inform your plan choice

- You can use star ratings to compare plans by the categories, listed above, that Medicare finds important indicators of plan performance. Keep in mind that a plan's star rating is only one factor to look at when comparing plans. Even though a plan has a high star rating, it might not be right for you. You should also consider the plan's costs, coverage, and network for providers and pharmacies.
- If Medicare gives a plan fewer than three stars for three years in a row, Plan Finder will flag the plan as low-performing. The symbol Plan Finder uses to show that a plan is low-performing is an upside-down red triangle with an exclamation point inside of it (similar to a caution sign). Medicare will notify you if the plan you are currently enrolled in is designated as low-performing. You will not be removed from the plan, but you might want to check the

plan's costs and coverage, as well as other plans available in your area, to make sure it is still a good plan for you.

- If you plan to enroll in a low-performing plan, you must call 1-800-MEDICARE or the plan directly. You cannot use the online Plan Finder tool to enroll in low-performing plans.

Hope this helps!

-Marci

## **50+ Longevity Economy - National and New York**

- 83% of US household wealth is held by people over 50
- Access to credit and assets allows the group to spend more on goods, services and investments than their younger counterparts
- When summed together approximately \$1.8 trillion in federal, state and local taxes were attributable to the Longevity Economy in 2018 and it will quadruple by 2050
  - About 43% of federal tax revenue (\$1.4 trillion)
  - and 37% of state and local tax revenue collected in US (\$650 billion)

### **Spending by people aged 50 and over in the US in 2018 supported**

- More than 88.6 million jobs (44% of total employment)
- Over \$4.7 trillion in labor income
- 61% of all US jobs and 43% of labor income was related to spending by the 50+ cohort
- Accounts for a majority of the spending in several categories of goods and services including:
  - healthcare
  - Nondurable goods
  - Durable goods, utilities

- Motor vehicles and parts
  - Financial services
  - Household goods
- Overall contribution - economic and unpaid activities - \$9 trillion in 2018
- 50+ also accounts for the majority of:
  - Volunteering
  - Philanthropy
  - Entrepreneurs
  - Donation activities in the US
  - Large tourism block

## **50+ Longevity New York**

- 36% of population in New York 50+
- Contribute 43% - \$719 billion GDP
- Support 5.9 million jobs
- Generated \$482 billion in wages and salary
- Contribute \$72 billion in state and local taxes (39% of total)

## **Combating Ageism and Stereotypes - Social, Economic and Intellectual Capital of Older Population**

New York's total population is over 19 million and the state **ranks fourth** in the nation in the number of adults over 60 (4.84 million)

- 80% of NYS Retirement System Payouts Stay in NY - \$10.6 billion annually - other pensions - \$30.5 billion
- Social Security - \$59 billion annually paid to NYS older adults
- 900,000 individuals age 60+ contribute 442 million hours of service at an economic value of \$13.2 billion
- 64% of individuals age 60+ who own their own home have no mortgage

- 4.1 million caregivers at any time in a year - economic value if paid for at market rate is \$39 billion average age is 64

## **New Concerns About Trump Immigration Policies Eroding Health Care Services**

Seniors have ample reason to be concerned about looming cuts to federal health care funding enacted by the Trump Administration earlier this summer,. The cuts made to provide tax breaks to billionaires may undermine the availability of health care services in communities and contribute to higher costs, too.

New analysis also offers an important perspective about how the Trump Administration Immigration policies may also harm seniors and others who depend on health care services: <https://crr.bc.edu/immigration-and-caregiving-who-will-care-for-aging-boomers/>

## **SSA Workers and Beneficiaries Feel the Strain Amid Administration Changes**

Social Security Administration (SSA) workers and beneficiaries [are struggling](#) amid turmoil caused by changes from the Administration, according to preliminary findings [in a report](#) obtained this week by Axios.

The agency, which was already chronically understaffed and underfunded, has experienced a rapid decline in staffing levels and customer service quality since Department of Government Efficiency (DOGE) operatives slashed its workforce by 12 percent earlier this year.

Beneficiaries report that it's more difficult than ever to access services. The agency's switch to a different phone service and shuffling around of staff to answer the national 800 customer service number has decimated field office workforces, making it challenging to contact them.

In person appointments are harder to schedule and very brief, reducing the likelihood that visitors actually get their issues resolved. The SSA has prioritized digital infrastructure over supporting workers leaving many beneficiaries to rely on chatbots rather than trained personnel for help.

"This new report confirms what we already knew: that the Administration's attacks on the Social Security Administration and its workforce is directly hurting beneficiaries and workers," said **Robert Roach, Jr.**, President of the Alliance. "Congress must restore full staffing levels immediately so we can contain the damage and stop further deterioration of the agency's customer service."

## Millions Will Pay Higher Premiums Next Year if ACA Subsidies Are Not Renewed

Twenty-two million Americans who purchase health insurance through the Affordable Care Act are being notified that their premiums will increase by as much as 75 percent in 2026. Four million of these enrollees [are older adults](#) between the ages of 45 and 64 years of age.

### Enrollees Making Above 400% of Poverty Will Lose All Financial Assistance Without the ACA's Enhanced Premium Tax Credits

Example of the annual premium payments that ACA Marketplace enrollees are expected to contribute out-of-pocket for a benchmark silver plan in 2025 vs. 2026 without the enhanced premium tax credits.



Note: A national average benchmark silver premium for a 55 year old couple making \$85,000 annually was used for the 2025 column. The 2026 column assumes that 2025 benchmark premiums will grow by 18%.  
Source: KFF Analysis

KFF

The increases are due to enhanced premium ACA tax credits, which are [set to expire](#) at the end of this year. The tax credits were first enacted in 2021 under President **Joe Biden** to lower out-of-pocket health care costs and reduce the number of uninsured Americans.

According to the Kaiser Family Foundation, the impact will be felt especially hard in states that did not expand Medicaid. Fifty-percent of Americans who purchase their own health insurance are [small business owners or work](#) for them while a quarter of all [farmers](#) get their coverage from the Marketplaces.

Last week, Democrats included ACA subsidy extension in their government funding plan and stressed that any proposed agreement should include provisions to reverse impending health care cuts. Republicans in both the Senate and the House [ultimately rejected](#) the plan.

“Earlier this year Republicans extended billions of dollars worth of tax credits to help the wealthiest Americans and big corporations. It’s only fair that tax credits that keep health care affordable for millions of working American families be extended as well,” said **Richard Fiesta**, Executive Director of the Alliance. “A government shut down is never good, but some things are worth fighting for.”

## **Medicare Open Enrollment Starts October 15: What to Know as Costs Are Expected to Skyrocket**

Every year, Medicare provides an open enrollment period that goes from October 15 to December 7. During this time, current beneficiaries can assess aspects of their current Medicare plans, evaluate features of other plans offered in their area, and choose different coverage based on their needs.

Patients are allowed to make updates like opting to switch from traditional Medicare to a Medicare Advantage plan (or vice versa), deciding to



transition from one Medicare Advantage plan to another, or switching between Medicare Part D prescription drug plans. Any coverage updates adopted by beneficiaries go into effect on January 1 of the following year.

“Open enrollment can be an overwhelming time for retirees. But prices are going up and health care costs – including for Medicare – are expected to surge,” said **Joseph Peters, Jr.** Secretary-Treasurer of the Alliance. “It’s more important than ever for seniors to take the time to review their Medicare plans, compare costs and coverage, and make sure that they have a plan that fits their needs.”

Beneficiaries who need help to navigate the process can contact the State Health Insurance Assistance Program (SHIP) for guidance. [Find your local SHIP office here.](#)

### ***KFF Health News: AI Will Soon Have a Say in Approving or Denying Medicare Treatments***

**By Lauren Sausser and Darius Tahir**

Taking a page from the private insurance industry’s playbook, the Trump administration will launch a program next year to find out how much money an artificial intelligence algorithm could save the federal government by denying care to Medicare patients.

The pilot program, designed to weed out wasteful, “low-value” services, amounts to a federal expansion of an unpopular process called prior authorization, which requires patients or someone on their medical team to seek insurance approval before proceeding with certain procedures, tests, and prescriptions. It will affect Medicare patients, and the doctors and hospitals who care for them, in Arizona, Ohio, Oklahoma, New Jersey, Texas, and Washington, starting Jan. 1 and running through 2031.

The move has raised eyebrows among politicians and policy experts. The traditional version of Medicare, which covers adults 65 and older and some people with disabilities, has mostly eschewed prior authorization. Still, it is widely used by private insurers, especially in the Medicare Advantage market.