



MONDAY ALERT

New York State Alliance *for* Retired Americans

800 Troy Schenectady Rd., Latham, NY 12110 | 518-783-6231 | www.newyorkstateara.org

October 13, 2025

Medicare Open Enrollment Period Begins October 15

Due to the government shutdown, updates to information on the CMS website may be limited or delayed. Your Medicare benefits and coverage will continue as before, and you can go to your doctor and access the health care services you need.

October 15 is right around the corner, which means Medicare Open Enrollment is almost here! This is your chance to [review and compare health and drug plans](#) for the year ahead.

Why compare? Medicare plans can change from year to year and so can your health care needs. By comparing your options, you might find a plan that better meets your needs and could save you money.

Here's a tip: Log in or create your Medicare account at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) ahead of Open Enrollment. With an account, it's easier to compare plans based on your specific prescriptions. If you need help comparing your options during Open Enrollment, **give us a call at 1-800-MEDICARE.**

Open Enrollment happens from October 15 – December 7 and is the time each year when you can make changes to your coverage. The changes you

make during Open Enrollment are effective January 1 of next year (the plan must get your enrollment request by December 7).

What Can You Do During Open Enrollment

Change your Medicare Advantage Plan Join, drop, or switch to another Medicare Advantage Plan with or without drug coverage (or add or drop drug coverage).

Change Your Drug Plan join, drop, or switch to another Medicare drug plan if you're in Original Medicare.

Change How You Get Your Coverage Switch from Original Medicare to a Medicare Advantage Plan or from a Medicare Advantage Plan to Original Medicare.

Capital District Chapter of NYSARA Alzheimer's Workshop

Join fellow NYSARA members, and learn about the heartbreak and challenges of Alzheimer's Disease, how it affects individuals and families and how to access the help and resources you may need.

Date: Thursday, Oct. 23

Time: 1-2:30 pm

Place: Joseph. Zaloga American Legion Post
4 Everett Road, Albany, NY

Guest Speaker: Bill Gustafson, Alzheimer's Association of New York State

***Nearly 7 million Americans are living with Alzheimers -
Come and Learn what you need to know!***

Please RSVP to Jack Rohl : jack_rohl@yahoo.com or (518) 275-5073

County by County Breakdown of Expected ACA Premium Increases in Each New York County If Premium Subsidy's Expire

	Single Individual making \$65,000						Family of Four		
County	2025 Monthly Cost	2026 Monthly Cost	Additional Monthly Cost	Additional Annual Cost	Percent Increase		2025 Monthly Cost	2026 Monthly Cost	Add Mont
Albany County	\$ 305.72	\$ 507.44	\$ 201.72	\$ 2,420.64	65.98%		\$ 1,043.15	\$ 1,446.20	\$
Allegany County	\$ 329.46	\$ 433.76	\$ 104.30	\$ 1,251.60	31.66%		\$ 1,023.96	\$ 1,236.22	\$
Bronx County	\$ 254.21	\$ 647.29	\$ 393.08	\$ 4,716.96	154.63%		\$ 1,083.35	\$ 1,844.78	\$
Broome County	\$ 309.87	\$ 508.51	\$ 198.64	\$ 2,383.68	64.10%		\$ 1,039.53	\$ 1,449.25	\$
Cattaraugus County	\$ 329.46	\$ 433.76	\$ 104.30	\$ 1,251.60	31.66%		\$ 1,023.96	\$ 1,236.22	\$
Cayuga County	\$ 309.87	\$ 508.51	\$ 198.64	\$ 2,383.68	64.10%		\$ 1,039.53	\$ 1,449.25	\$
Chautauqua County	\$ 329.46	\$ 433.76	\$ 104.30	\$ 1,251.60	31.66%		\$ 1,023.96	\$ 1,236.22	\$
Chemung County	\$ 309.87	\$ 508.51	\$ 198.64	\$ 2,383.68	64.10%		\$ 1,039.53	\$ 1,449.25	\$
Chenango County	\$ 306.92	\$ 525.01	\$ 218.09	\$ 2,617.08	71.06%		\$ 1,041.47	\$ 1,496.28	\$
Clinton County	\$ 221.22	\$ 753.97	\$ 532.75	\$ 6,393.00	240.82%		\$ 1,013.83	\$ 2,148.81	\$
Columbia County	\$ 305.72	\$ 507.44	\$ 201.72	\$ 2,420.64	65.98%		\$ 1,043.15	\$ 1,446.20	\$
Cortland County	\$ 309.87	\$ 508.51	\$ 198.64	\$ 2,383.68	64.10%		\$ 1,039.53	\$ 1,449.25	\$
Delaware County	\$ 282.84	\$ 598.43	\$ 315.59	\$ 3,787.08	111.58%		\$ 1,061.09	\$ 1,705.53	\$
Dutchess County	\$ 282.84	\$ 598.43	\$ 315.59	\$ 3,787.08	111.58%		\$ 1,061.09	\$ 1,705.53	\$
Erie County	\$ 329.46	\$ 433.76	\$ 104.30	\$ 1,251.60	31.66%		\$ 1,023.96	\$ 1,236.22	\$
Essex County	\$ 306.92	\$ 525.01	\$ 218.09	\$ 2,617.08	71.06%		\$ 1,041.47	\$ 1,496.28	\$
Franklin County	\$ 306.92	\$ 525.01	\$ 218.09	\$ 2,617.08	71.06%		\$ 1,041.47	\$ 1,496.28	\$
Fulton County	\$ 305.72	\$ 507.44	\$ 201.72	\$ 2,420.64	65.98%		\$ 1,043.15	\$ 1,446.20	\$
Genesee County	\$ 329.46	\$ 433.76	\$ 104.30	\$ 1,251.60	31.66%		\$ 1,023.96	\$ 1,236.22	\$
Greene County	\$ 305.72	\$ 507.44	\$ 201.72	\$ 2,420.64	65.98%		\$ 1,043.15	\$ 1,446.20	\$
Hamilton County	\$ 306.92	\$ 525.01	\$ 218.09	\$ 2,617.08	71.06%		\$ 1,041.47	\$ 1,496.28	\$
Herkimer County	\$ 218.22	\$ 753.97	\$ 535.75	\$ 6,429.00	245.51%		\$ 1,007.83	\$ 2,148.81	\$
Jefferson County	\$ 306.92	\$ 525.01	\$ 218.09	\$ 2,617.08	71.06%		\$ 1,041.47	\$ 1,496.28	\$
Kings County	\$ 254.21	\$ 647.29	\$ 393.08	\$ 4,716.96	154.63%		\$ 1,083.35	\$ 1,844.78	\$
Lewis County	\$ 306.92	\$ 525.01	\$ 218.09	\$ 2,617.08	71.06%		\$ 1,041.47	\$ 1,496.28	\$
Livingston County	\$ 298.48	\$ 544.32	\$ 245.84	\$ 2,950.08	82.36%		\$ 1,048.02	\$ 1,551.31	\$
Madison County	\$ 306.92	\$ 525.01	\$ 218.09	\$ 2,617.08	71.06%		\$ 1,041.47	\$ 1,496.28	\$
Monroe County	\$ 298.48	\$ 544.32	\$ 245.84	\$ 2,950.08	82.36%		\$ 1,048.02	\$ 1,551.31	\$
Montgomery County	\$ 235.72	\$ 693.07	\$ 457.35	\$ 5,488.20	194.02%		\$ 1,005.70	\$ 1,975.25	\$
Nassau County	\$ 278.15	\$ 637.78	\$ 359.63	\$ 4,315.56	129.29%		\$ 1,064.88	\$ 1,817.67	\$
New York County	\$ 254.21	\$ 647.29	\$ 393.08	\$ 4,716.96	154.63%		\$ 1,083.35	\$ 1,844.78	\$
Niagara County	\$ 329.46	\$ 433.76	\$ 104.30	\$ 1,251.60	31.66%		\$ 1,023.96	\$ 1,236.22	\$
Oneida County	\$ 306.92	\$ 525.01	\$ 218.09	\$ 2,617.08	71.06%		\$ 1,041.47	\$ 1,496.28	\$
Onondaga County	\$ 309.87	\$ 508.51	\$ 198.64	\$ 2,383.68	64.10%		\$ 1,039.53	\$ 1,449.25	\$
Ontario County	\$ 298.48	\$ 544.32	\$ 245.84	\$ 2,950.08	82.36%		\$ 1,048.02	\$ 1,551.31	\$
Orange County	\$ 282.84	\$ 598.43	\$ 315.59	\$ 3,787.08	111.58%		\$ 1,061.09	\$ 1,705.53	\$

	Single Individual making \$65,000						Family of Four		
County	2025 Monthly Cost	2026 Monthly Cost	Additional Monthly Cost	Additional Annual Cost	Percent Increase		2025 Monthly Cost	2026 Monthly Cost	Add Mont
Orleans County	\$ 329.46	\$ 433.76	\$ 104.30	\$ 1,251.60	31.66%		\$ 1,023.96	\$ 1,236.22	\$
Oswego County	\$ 306.92	\$ 525.01	\$ 218.09	\$ 2,617.08	71.06%		\$ 1,041.47	\$ 1,496.28	\$
Otsego County	\$ 193.22	\$ 753.97	\$ 560.75	\$ 6,729.00	290.21%		\$ 958.83	\$ 2,148.81	\$
Putnam County	\$ 282.84	\$ 598.43	\$ 315.59	\$ 3,787.08	111.58%		\$ 1,061.09	\$ 1,705.53	\$
Queens County	\$ 254.21	\$ 647.29	\$ 393.08	\$ 4,716.96	154.63%		\$ 1,083.35	\$ 1,844.78	\$
Rensselaer County	\$ 305.72	\$ 507.44	\$ 201.72	\$ 2,420.64	65.98%		\$ 1,043.15	\$ 1,446.20	\$
Richmond County	\$ 254.21	\$ 647.29	\$ 393.08	\$ 4,716.96	154.63%		\$ 1,083.35	\$ 1,844.78	\$
Rockland County	\$ 254.21	\$ 647.29	\$ 393.08	\$ 4,716.96	154.63%		\$ 1,083.35	\$ 1,844.78	\$
Saratoga County	\$ 305.72	\$ 507.44	\$ 201.72	\$ 2,420.64	65.98%		\$ 1,043.15	\$ 1,446.20	\$
Schenectady County	\$ 305.72	\$ 507.44	\$ 201.72	\$ 2,420.64	65.98%		\$ 1,043.15	\$ 1,446.20	\$
Schoharie County	\$ 231.72	\$ 693.07	\$ 461.35	\$ 5,536.20	199.10%		\$ 999.70	\$ 1,975.25	\$
Schuyler County	\$ 309.87	\$ 508.51	\$ 198.64	\$ 2,383.68	64.10%		\$ 1,039.53	\$ 1,449.25	\$
Seneca County	\$ 298.48	\$ 544.32	\$ 245.84	\$ 2,950.08	82.36%		\$ 1,048.02	\$ 1,551.31	\$
St. Lawrence County	\$ 306.92	\$ 525.01	\$ 218.09	\$ 2,617.08	71.06%		\$ 1,041.47	\$ 1,496.28	\$
Steuben County	\$ 309.87	\$ 508.51	\$ 198.64	\$ 2,383.68	64.10%		\$ 1,039.53	\$ 1,449.25	\$
Suffolk County	\$ 278.15	\$ 637.78	\$ 359.63	\$ 4,315.56	129.29%		\$ 1,064.88	\$ 1,817.67	\$
Sullivan County	\$ 282.84	\$ 598.43	\$ 315.59	\$ 3,787.08	111.58%		\$ 1,061.09	\$ 1,705.53	\$
Tioga County	\$ 309.87	\$ 508.51	\$ 198.64	\$ 2,383.68	64.10%		\$ 1,039.53	\$ 1,449.25	\$
Tompkins County	\$ 194.81	\$ 806.31	\$ 611.50	\$ 7,338.00	313.90%		\$ 1,006.57	\$ 2,297.98	\$
Ulster County	\$ 282.84	\$ 598.43	\$ 315.59	\$ 3,787.08	111.58%		\$ 1,061.09	\$ 1,705.53	\$
Warren County	\$ 305.72	\$ 507.44	\$ 201.72	\$ 2,420.64	65.98%		\$ 1,043.15	\$ 1,446.20	\$
Washington County	\$ 305.72	\$ 507.44	\$ 201.72	\$ 2,420.64	65.98%		\$ 1,043.15	\$ 1,446.20	\$
Wayne County	\$ 298.48	\$ 544.32	\$ 245.84	\$ 2,950.08	82.36%		\$ 1,048.02	\$ 1,551.31	\$
Westchester County	\$ 254.21	\$ 647.29	\$ 393.08	\$ 4,716.96	154.63%		\$ 1,083.35	\$ 1,844.78	\$
Wyoming County	\$ 329.46	\$ 433.76	\$ 104.30	\$ 1,251.60	31.66%		\$ 1,023.96	\$ 1,236.22	\$
Yates County	\$ 298.48	\$ 544.32	\$ 245.84	\$ 2,950.08	82.36%		\$ 1,048.02	\$ 1,551.31	\$

New Data Confirms That Tax Flight in New York Is a Myth

By the Fiscal Policy Institute

The 2025 New York mayoral race has reignited debates over whether increasing taxes on high earners will cause them to move away in search of lower taxes. But new tax data confirm FPI's prior findings that tax flight among top earners is largely a myth.

Highlights

- New 2023 tax data from the NYS Department of Tax and Finance confirm FPI's prior findings that New York's top 1 percent of earners move out of state less frequently than all other income groups.
- Migration data show that there was no notable increase in out-migration among high earners following the State's 2021 increases to the top Personal

Income Tax (PIT) rates. These higher tax rates raise approximately \$3.6 billion annually.

- FPI analysis of part-year resident filing rates, which reflect migration patterns, shows that the trends among high earners in 2023 align closely with pre-pandemic patterns (2015–2019), indicating that the 2021 tax increases did not change high earner migration behavior.
- Following the 2021 PIT rate increases, high earners' share of total state income showed no significant changes—indicating that the rate increases did not have adverse effects on high earners' incomes.
- **Because fears of tax flight are unfounded, policymakers should support raising tax rates to fund essential programs such as universal childcare, affordable housing, Medicaid, and public transit.**

NYS AFL-CIO Union Proud Podcast: The Federal Shutdown - Hear an important update from the NYS AFL-CIO about the Federal Shutdown...what it means, for you, who's responsible and what you can do about it: <https://nysaflcio.org/podcast>

New Details: Officials from AFL-CIO and Congress Will Speak at the Alliance's Annual Retirement Security Symposium on November 19

We have confirmed new speakers for our annual Retiree Security Symposium, *The Looming Retirement Security Crisis*, on Wednesday, November 19, 2025, from 9:00 AM to 4:00 PM at AFL-CIO headquarters in Washington, DC.

Liz Shuler, President of the AFL-CIO, and Rep. **John Larson** (CT), Ranking Member, House Committee on Ways and Means Social Security Subcommittee, have been invited to speak at the event.

Due to limited space, please RSVP at <https://tinyurl.com/Symposium111925> by November 1, 2025. A continental breakfast and lunch will be provided. The event will also be livestreamed. Respondents who RSVP to attend virtually will receive the link for the livestream.

If you have any questions, please contact Joni Jones at jjones@retiredamericans.org / 202-637-5377.

Shakeups at Social Security Administration Cause More Turmoil for Retirees and Staff

The Trump Administration kicked off this week with major changes at the Social Security Administration (SSA) that threaten to further weaken the agency.

On Monday, U.S. Treasury Secretary **Scott Bessent** [announced](#) that SSA Commissioner **Frank Bisignano** will now also serve as CEO of the Internal Revenue Service (IRS). Alliance Executive Director **Richard Fiesta** [blasted the move](#) – which essentially treats the position of SSA Commissioner as a side gig – in a statement.

The Washington Post reported that the Administration is also [considering changing](#) the Social Security disability criteria. Currently SSA reviews disability claims by looking at a person's age, work history, and education to decide whether they can adjust to other kinds of work. Applicants over 50 generally have a higher chance of qualifying, since age is recognized as a factor that can make it harder to adapt to new types of jobs.

The SSA is considering raising the age threshold to 60 years or completely eliminating age as a factor altogether. If the changes take effect, advocates say thousands of older people with disabilities will need to find work, or if

they are 62, claim their Social Security retirement benefits early, significantly reducing their monthly benefit amount.

"After cutting thousands of staff members and replacing them with AI chatbots, the Administration has decided to deepen the chaos at SSA by giving Bisignano another job and cutting older disabled beneficiaries off from their benefits," said **Robert Roach, Jr.**, President of the Alliance.

"Older Americans have earned their benefits over a lifetime of hard work. They deserve better from the Administration."

Older Enrollees and Patients Living in Red States Will Be Hurt Most If ACA Subsidies Lapse

[Americans between the ages of 50 and 64](#) and those living in [Republican congressional districts](#) will be the hardest hit if the current Affordable Care Act tax credits are not renewed by Congress, according to new analyses from KFF.

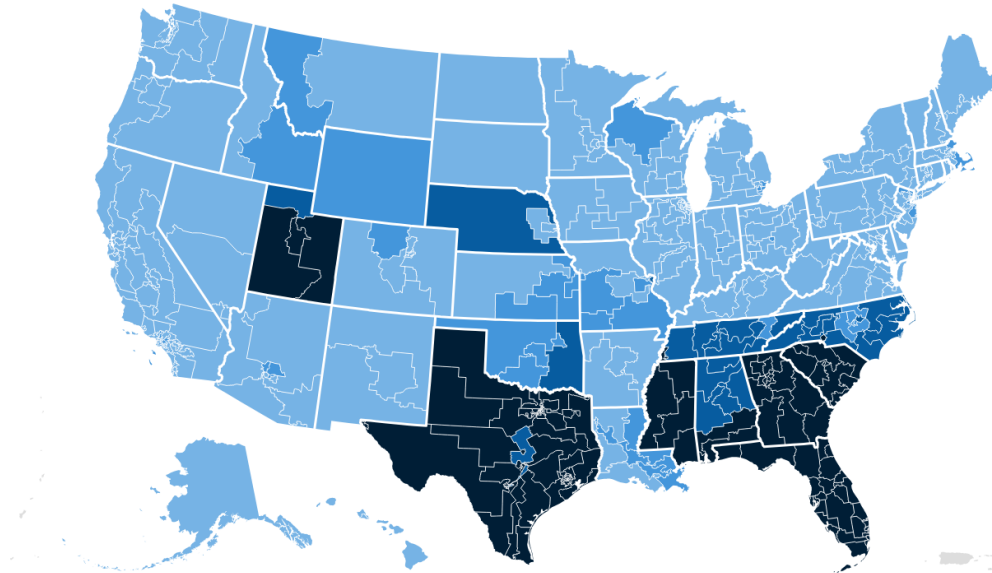
The tax credits expanded eligibility for subsidies so that more middle-income Americans could get help paying health insurance premiums. Fifty-one percent of these enrollees are 50 to 64 years old. They are not eligible for Medicare and do not have health insurance through their employment. Since insurers are already allowed to charge older patients up to three times as much for ACA plans, if subsidies expire, this group would be hit with a "double whammy," where they could no longer get help paying for premiums but also would face the steepest increases.

Figure 1

At least 10% of the population in all congressional districts in Florida, Georgia, Mississippi, and South Carolina are enrolled in the ACA Marketplaces

Share of Population That is Enrolled in the Affordable Care Act Marketplaces in 2025 by Congressional District, 119th Congress

■ < 6% ■ 6%–8% ■ 8%–10% ■ ≥ 10%



Note: Sum of estimated plan selections do not sum up to national total due to rounding. Congressional district level enrollment was estimated by taking county-level enrollment and mapping it to the Congressional district level, apportioning enrollment when counties are in multiple congressional districts. Party listed is the party of the House member for the congressional district and is as of October 3, 2025.

Source: KFF analysis of Missouri Census Data Center GeoCorr 2022 tool, CMS state and county Open Enrollment Period public use files, and state enrollment data

KFF

Americans living in states that have not expanded Medicaid or have high rates of uninsured and/or low-income residents are also more likely to be enrolled in an ACA Marketplace plan and take advantage of subsidized coverage. More than half of ACA enrollees live in Republican congressional districts, especially in Southern states. At least 10 percent of residents in every congressional district in Florida, Georgia, Mississippi, and South Carolina are enrolled in a Marketplace plan.

The five congressional districts with the most ACA enrollees are all in Florida: FL-27, FL-24, FL-28, FL-09, and FL-26. At least 30% of residents in each of these districts are enrolled in an ACA plan.

The ACA tax credits will expire on December 31, 2025. If Congress does not take action, on January 1, health insurance premiums [will skyrocket](#) by as much as 114 percent for 22 million Americans who rely on ACA Marketplace plans. Democrats attempted to get an extension included in a government funding bill last week, but Republicans pushed a “clean” bill that would keep spending at previous levels for seven weeks instead.

“This new research highlights how devastating it will be for millions of Americans across the country,” said **Richard Fiesta**, Executive Director of the Alliance. “It’s time to fund the government and extend ACA subsidies to avert a preventable health care catastrophe.”

Alliance Commemorates Hispanic Heritage Month

The Alliance has joined the AFL-CIO in celebrating [Hispanic Heritage Month](#). Hispanic workers are a crucial part of the workforce and have been invaluable in the fight for workers’ rights.

The AFL-CIO has spotlighted some of these contributions in a [series of profiles](#) on its website and social media, as well as select displays in the lobby of the headquarters building in Washington, D.C.

“We are grateful for the work and accomplishments of our friends in the Hispanic community and appreciate the work of our allies in the Labor Council for Latin American Advancement ([LCLAA](#)),” said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. “One way we can reward this work is by strengthening Social Security and increasing benefits, which research shows Hispanic seniors are [particularly reliant](#) on because they often have less access to other sources of retirement income.”

KFF Health News: Health Centers Face Risks as Government Funding Lapses

By Paula Andalo

About 1,500 federally funded health centers that serve millions of low-income people face significant financial challenges, their leaders say, as the government shutdown compounds other cuts to their revenue.

Some of these community health centers may have to cut medical and administrative staff or reduce services. Some could eventually close. The result, their advocates warn, may be added pressure on already crowded hospital emergency rooms.

"This is the worst time in all the years I have been working in health care," said Jim Mangia, president and CEO of St. John's Community Health, a network of 28 clinics that serves more than 144,000 patients in Los Angeles, Riverside, and San Bernardino counties in California. "We are facing federal cuts and extreme state cuts that will impact services."

St. John's and other federally qualified health centers offer primary care and a wide range of other services free of charge or on a sliding fee scale. Nationwide, they see nearly 34 million patients in the country's most underserved areas.

