

RETIREE INSIGHTS REPORT

Week of September 22 – September 28, 2026

This week's Retiree Insights Report covers the health, safety, housing, and connection stories most relevant to retirees — plus a look at the financial and Social Security updates shaping retirement income. Coverage this week: a major new study on loneliness and healthy life expectancy, evolving 2026 Medicare rules, a warning on senior-targeted fraud schemes, and the latest on Social Security's 2.8% COLA.

1. Health & Medicare

CMS-related coverage this week continued to focus on the rollout of 2026 Medicare changes now taking effect. The Part D prescription drug deductible cap rose to \$615 (up \$25 from 2025) and the annual out-of-pocket cap for covered drugs increased to \$2,100, while insulin remains capped at \$35 per month with no deductible applied. Standard Part A and Part B deductibles are now \$1,736 and \$283, respectively.

A notable new benefit this year: GLP-1 weight-loss medications are now covered under Medicare with a \$50 copay, with the program paying roughly \$245 per month toward the drug cost. Also new for 2026, prior authorization requirements for select services under original Medicare began January 1 in six pilot states — Arizona, New Jersey, Ohio, Oklahoma, Texas, and Washington — a change beneficiaries in those states should watch closely when scheduling procedures.

Separately, the first round of Medicare drug price negotiations took effect this year, lowering costs on 11 medications including Eliquis, Enbrel, and Jardiance — a development expected to ease out-of-pocket burden for retirees managing chronic conditions.

- Part D deductible cap: \$615 (2026), up from \$590 in 2025
- Part D out-of-pocket cap: \$2,100; insulin capped at \$35/month
- Part A deductible: \$1,736 | Part B deductible: \$283
- GLP-1 weight-loss drugs now covered with a \$50 copay
- Prior authorization piloting in 6 states for original Medicare

ACTION ITEM

Review your 2026 Explanation of Benefits for the new Part D deductible and out-of-pocket cap — if you take insulin or a GLP-1 medication, confirm your pharmacy is applying the correct copay before your next fill.

2. Social Isolation & Mental Health

A large new study published this week (Nature Communications, reported September 25) found that chronic loneliness and social isolation can strip away as much as six years of healthy, disease-free life — with researchers noting distinct gender differences in how isolation affects long-term health. The study's authors caution that healthy habits like diet and exercise alone may not fully offset the risks tied to feeling persistently alone, underscoring social connection as its own health factor alongside diet and physical activity.

The finding echoes recent University of Michigan National Poll on Healthy Aging data: roughly one in three adults ages 50–80 report feeling lonely sometimes or often, and 29% report social isolation — both essentially back at pre-pandemic baseline levels. The poll found the burden is far from evenly distributed: among older adults with fair or poor mental health, 75% report loneliness and 77% report isolation, and among those with fair or poor physical health, roughly half report the same.

Public health researchers continue to frame loneliness as a modifiable risk factor, similar to smoking or inactivity, and are urging primary care providers and family members to check in on isolated older adults as part of routine wellness conversations, not just during a health crisis.

- New study: prolonged loneliness/isolation linked to up to 6 fewer years of healthy life
- 33% of adults 50–80 report feeling lonely sometimes or often (Univ. of Michigan poll)
- 75% of older adults with fair/poor mental health report loneliness
- Researchers say healthy habits alone don't fully offset isolation's health risks

TIP

Schedule one standing weekly touchpoint — a call, a meal, a class, or a walk with a neighbor. Consistency matters more than intensity: even brief, regular social contact measurably lowers isolation risk.

3. Housing & Aging in Place

Industry analysts continue to report that older Americans are staying in their homes longer than prior generations, often remaining in place until caregiving needs become difficult to manage, according to commentary from NIC MAP Vision published this month. Baby boomers — described as the wealthiest generation in American history — are bringing higher expectations into their housing decisions, often investing more heavily in home modifications or selectively relocating to higher-quality senior communities rather than downsizing out of necessity.

Analysts also flagged that housing equity remains an underused resource: many retirees are unaware of how home equity can fund aging-in-place modifications, a move to a senior community, or a rightsized home, and most families still wait until a health crisis forces the decision rather than planning ahead. Senior housing occupancy and new construction both remain highly market-dependent, driven by local senior population growth, existing community occupancy rates, and how much new supply is entering a given market.

For retirees weighing their options, the takeaway from this week's coverage is consistent: the earlier a housing and care conversation happens with family, the more choices remain on the table — waiting for a crisis narrows both the financial and logistical options.

- Retirees are remaining in their homes longer than previous generations
- Home equity remains underutilized for funding aging-in-place modifications
- Senior housing supply and demand vary sharply by local market
- Families often delay housing/care planning until a crisis forces the decision

ACTION ITEM

Before a health event forces the decision, have the housing conversation now: map out what modifications your current home would need, what it would cost, and what alternatives (downsizing, senior community, in-home care) exist in your area.

4. Scams & Fraud Targeting Seniors

Federal prosecutors and consumer-protection groups continued to warn seniors this week about a familiar but evolving set of fraud schemes. The U.S. Attorney's Office has highlighted seven recurring scam types aimed at older adults: cryptocurrency investment scams promising outsized returns, lottery/prize scams demanding upfront "fees," grandparent scams involving fake emergency bail requests, romance scams from new online acquaintances, government-imposter schemes (fake IRS or Social Security officials), "money mule" recruitment schemes, and tech-support pop-up scams. Officials noted some victims have lost entire life savings to these tactics.

Health insurance scams are also on the rise, with fraudsters impersonating Medicare representatives — especially during plan-change season — to steal Social Security numbers or charge for services that are actually free. Consumer watchdogs estimate lottery and prize mass-marketing fraud alone costs victims in the U.S. and Canada roughly \$1 billion per year.

Officials are urging families to talk openly about these tactics before a scam call happens, since forewarned seniors are far more likely to recognize and hang up on a scripted scam attempt. Suspected elder financial exploitation can be reported to the FBI at tips.fbi.gov or through the Department of Justice's Elder Justice Initiative.

- 7 recurring scam types flagged by federal prosecutors this week
- Medicare-impersonation scams rising, especially around plan-change periods
- Lottery/prize fraud costs an estimated \$1 billion/year in the U.S. and Canada
- Report suspected elder fraud at tips.fbi.gov or justice.gov/elderjustice

TIP

No legitimate government agency — including Medicare or Social Security — will call demanding immediate payment or personal information. Hang up, and call the agency directly using the number on

your official card or statement to verify.

5. Financial Outlook — 20%

Social Security's 2.8% cost-of-living adjustment (COLA) took effect with January 2026 payments, lifting the average retiree benefit to \$2,071 per month — about \$56 more than in 2025. SSI recipients saw their increase begin with the December 31, 2025 payment. The Social Security Administration confirmed the adjustment applies to more than 75 million Americans receiving Social Security or SSI benefits.

Several other 2026 program changes are now in effect: the taxable maximum wage base rose to \$184,500 (up \$8,400), meaning higher earners will pay Social Security tax on more of their income; the earnings test limit for beneficiaries working before full retirement age rose to \$24,480 per year; and full retirement age reaches 67 this November for anyone born in 1960 or later, completing a decades-long phase-in. On the funding side, the Social Security Old-Age and Survivors Insurance trust fund is still projected to face a shortfall by 2032, which could mean a benefit reduction of roughly 28% in 2033 absent Congressional action — a reminder for retirees to keep an eye on legislative developments.

On the Medicare side, Part B premiums for retiree health plans have continued to climb for 2026, a cost retirees should factor into monthly income planning alongside the COLA increase, since a portion of the COLA is typically offset by higher Part B premiums deducted directly from Social Security checks.

- 2026 COLA: 2.8%; average retiree benefit now \$2,071/month
- Taxable maximum wage base: \$184,500 (up from \$176,100)
- Full retirement age reaches 67 this November for those born in 1960+
- OASI trust fund shortfall still projected for 2032 absent Congressional action

ACTION ITEM

Check your Social Security benefit statement (via your my Social Security account) to confirm your updated 2026 payment amount reflects the 2.8% COLA net of any Part B premium increase, and adjust your monthly budget accordingly.

Report Summary

Report date: September 28, 2026

Coverage period: September 22 – September 28, 2026

Topic split: 80% non-financial (health & Medicare, social isolation & mental health, housing & aging in place, scams & fraud) / 20% financial (Social Security, retirement income, Medicare premium costs).

Prepared for the Insights page at hub.turnkeyretirementsurvivalpro.com. Sources this week include CMS, the Social Security Administration, Kiplinger, U.S. News & World Report / HealthDay, the University

of Michigan National Poll on Healthy Aging, NIC MAP Vision, the U.S. Attorney's Office, and SeniorLiving.org.