The Changing Healthcare Landscape

Key Updates, Rising Costs, & What Older Adults Should Know for 2027 and Beyond

SPEAKER:

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Today's Discussion

Key Topics We'll Cover



The Changing Healthcare Landscape
What's driving change & what it means for older adults

Rising Healthcare Costs
Key pressures, trends, and what to expect going forward

Access to Care
Doctors, hospitals, networks, and prior authorization

Prescription Drug Developments
Costs, assistance programs, and the impact on Medicare

Aging at Home & Long-Term Care
Care options, coverage limitations & family support

Alzheimer's, Dementia, & Caregiver Support
Resources, care coordination, and Medicare's GUIDE model

Hearing Health & Overall Well-Being
Why hearing care matters for independence and quality of life

Looking Ahead to 2027
Key takeaways and practical steps to be prepared

Top Concern of Retirees remains Health Care Costs

Healthcare & Prescription Costs Top Retiree Financial Concerns

Topic of Concern	2025	2026
Health Care Costs	33%	31%
Maintaining Current Lifestyle	24%	23%
Running Out Of Money	22%	20%
Dental Concerns	17%	24%
Drug Costs	28%	30%

2026 Report on the Financial Confidence of America's Seniors & their Adult Children
https://www.seniorliving.org/finance/senior-financial-confidence

Social Security

Average Annual Cost-Of-Living Increase (*last 30 years*)

2.3%

Social Security Administration, Cost-of-Living adjustments; Jan '92- Jan '21

Medicare Part B

Average Annual Premium Increase (*last 30 years*)

5%

Centers for Medicare & Medicaid Services, Part B Premiums; Jan '92- Jan '21

Inflation + Cost-Of-Living Adjustments

Healthcare Statistics



- The average cost for healthcare in America is ~ **$15,000 per year**
- **$5.3 Trillion** is spent on health care in the U.S. eclipsing the GDP of all G7 nations
- 1 in 4 health care dollars are spent in America goes toward caring for people with diagnosed with diabetes
- 31% of all costs go toward hospital and inpatient costs
- The top 5% of healthcare consumers (often older adults with multiple complex chronic conditions) account for **~50% of all health spending** in any given year.
- **63% of people aged 65 and above consider health care out of pocket costs and affordability to be their number one personal concern.**

Original Medicare

Parts A + B Generally Cover **80%**

Does not include Drug Coverage

Part A

- **Inpatient hospital care**
- **Skilled nursing care** (Limit of 28 hours / week)
- **Hospice care**
- **Home health for person who is homebound** (35 hours / week)
- **Generally Premium-Free; 40 Quarters** (10 years) **worked in U.S.**

Part B

- **Annual Medicare Visit including cognitive/memory testing**
  - Some Preventative services
- **Doctors' Services & specialists**
- **Outpatient Medical Services**
- **Infusions given in doctor's office / health care clinic**
- **Dementia preventative services**
- **Diagnostic Tests - Labs, X-Rays, & MRI's**
- **Non-Inpatient Services**
  - ie. Emergency Room, Hospital Observation
- **Durable Medical Equipment to live at home**
  - Walkers, Wheelchair, Oxygen Equipment, CPAP equipment





What Original Medicare Will NOT Cover:

- **Routine Dental Care**
- **24-hour per day care at home**
- **Care in skilled nursing facility beyond 100 days**
  - 20 days for Med Adv plans
- **Eye glasses/Contacts**
- **Custodial care –** limited coverage at home
- **Nursing home care**
- **Nutritional supplements**
- **Incontinence supplies**
- **Meal Delivery Services**
- **Acupuncture**
- **Hearing Aids**
- **Personal care,** such as bathing, dressing when this is the only care a person needs
- **Homemaking care** such as laundry and shopping

What Medicare Covers vs. Doesn't Cover

COVERED:

- Hospital Care
- Skilled Nursing Facility Care
- Home Health
- Hospice

NOT COVERED:

- Custodial Long-Term care
- Permanent nursing home facility
- Room & Board for Long Term Care
- Non-medical personal care alone

KEY TAKEAWAY - Medicare pays for skilled care, not nursing care



How Government Policy Is Reshaping Coverage

Inflation Reduction Act (IRA)

- $2000 - $2100 Part D out-of-pocket cap
  - No more "Donut Hole"
- Drug Price negotiations (started in 2026)
- Free Vaccines; $35/mo insulin cap
- Premium growth capped at 6%/year
- Extra Help expanded to more low-income seniors

One Big Beautiful Bill Act (BBB)

- Over $1 Trillion cut from health programs
- New Medicaid work requirements
- Medicare Savings Program (MSP) access restricted
- ACA premium subsidies expired (end of '25)
- Automatic spending cuts - Across-the-board reductions resulting in a flat **2% cut** to Medicare reimbursements paid to healthcare providers
- 11.8 million projected to lose coverage by 2034

"Healthcare costs don't dissapear - they shift between consumers, providers, insurers, and taxpayers."

How Insurance Carriers Are Reshaping Coverage

When insurance companies face:

- Higher medical loss ratios
- Higher costs for care Post-COVID
- Higher-acuity claims
- Rising specialty drug expenses
- Increased hospital + outpatient costs
- Regulatory and reimbursement pressure

Clients will experience:

- Higher out-of-pocket costs
- Narrower networks, limited care options
- More prior authorizations and denials
- Formulary changes mid-year
- Reduced supplemental benefits
- The slow elimination of PPO plans

United Healthcare aetna™ Humana. wellcare™

When insurer margins tighten, clients feel it — narrower networks, denied claims, surprise costs.
Advisors who help clients anticipate these shifts add real, measurable value.



How OB3 is Reshaping the Healthcare Landscape

Trump's New Big Bill (also known as OB3)

A major healthcare reform bill with long-term impacts
Changes to drug pricing, insurance policies, tech integration, & more.



Financial Impact on Consumers

- **Rising Costs:** Households may see incremental but steady increases, with some areas facing double-digit hikes.
- **Insurance Dynamics:** Insurers in self-preservation mode, influencing policy changes that trickle down to consumers.
- **Real-World Examples:** How different regions are impacted differently, from flat costs in some areas to notable increases in others.

Impact on Hospitals and Rural Communities

- **Rural Challenges:** Medicaid cuts leading to staffing shortages, reduced services, and economic strain on local communities.
- **Urban vs. Rural:** Different solutions needed for different regions—rural areas hit harder by service reductions.
- **Clinical Trials:** Difficulty in recruiting participants due to immigration and visa hurdles, impacting medical research.
- **Economic ripple effects:** reduced services, longer wait times, and local job losses.

Health Insurance is Different for Everyone.



Approaching age 65 / retirement introduces many health care coverage options!

- Compare your group / retirement coverage to Medicare options
- **Evaluate premium costs as an employee and spouse -** are there substantial savings?
- **Review current utilization of your health coverage**
    - *Co-Pays, deductibles, and out-of-pocket maximums*
- How does your transition to Retirement impact timing of Medicare enrollment?
- Offerings of supplemental coverage will vary by your state, and even by county
- Each year, evaluate coverage to ensure it's the best fit for your current budget & health

Healthcare Complexity is Affecting Patients and Families

Consumers today are facing:





- Rising healthcare costs
- Narrower provider networks – More focus on HMO, Less on PPO
  - Some physician practices and health systems are becoming more selective about the Medicare Advantage plans they participate with
  - PPO flexibility can be especially valuable
- More administrative complexity
  - Red tape, paperwork, and strict rules in a short amount of time
- Prior authorizations, claim denials
- More responsibility to navigate the system themselves

Healthcare in Transition

The Changing Healthcare Landscape

Rising Costs

Pressure on households, employers, and public programs.

Longer Lives

Medical advances bring more years- and often more complex care.

Life Impact

Healthcare choices affect independence and financial security.

Changing Systems

Providers and insurers adapt to costs and reimbursement.

Access Challenges

Networks and coverage rules affect where care is received.

Family Involvement

Pressure on households, employers, and public programs.

"The challenge is not just **paying for care**–it's understanding **how to access it.**"

Healthcare in Transition

Why Healthcare Costs Continue to Rise ↑

1:	**Aging Population**	More people need ongoing care.
2:	**Treatment Costs**	Hospital, physician, and outpatient expenses.
3:	**New Therapies**	Specialty medications and advanced treatments.
4:	**Higher Utilization**	More services and more complex conditions.
5:	**System Complexity**	Administration, insurance rules and reimbursement.

WHAT OLDER ADULTS MAY NOTICE:

- Higher out-of-pocket exposure
- Changes in provider access
- More coverage questions
- Greater value of prevention

"Healthcare inflation can affect **costs, access, and how services are approved.**"

Doctors - Hospitals - Insurance Networks

Healthcare Access is Changing



Networks

Provider participation can change; verify before non-emergency care.



Prior Authorization

Some services require insurer approval, which may affect timing.



Continuity of Care

Chronic conditions make uninterrupted access especially important.

"Having **insurance** and having **convenient access** to care are not always the same."

Prescription Drug Coverage

Part D: What's Changing?

$2,400

2027 annual out-of-pocket threshold
for covered Part D drugs

$700

2027 maximum deductible
(some plans charge less)

Factors that vary by plan:

Formulary • Pharmacy • Restrictions • Total Annual Costs

A small premium difference alone usually does not justify switching—
but a meaningful shift in drug costs can.



Pricing Resources

GoodRx is a California-based company that tracks prescription drug prices and provides coupons for discounts on select medications & their generic alternatives.

Cost-Plus Drugs by Mark Cuban Provides safe, affordable medicine or medication with transparent low prices. Joined TrumpRx drug pricing transparency initiative

The Canadian Med Store is a Florida-based company that has prescription drug medications available at competitive prices.

Amazon Pharmacy is Amazon's online pharmacy that sells commonly prescribed drugs at competetive prices.

NeedyMeds is a non-profit organization providing free information on medication & healthcare cost-savings programs, including prescription-assistance programs (PAPs)

2026 Drug Cost Reductions

Medicare chose **10 high-cost, widely used drugs** for the 1st round of negotiated price reductions.

These meds treat conditions like **diabetes, heart disease, arthritis, blood clots, and cancer—**diseases that affect millions of Medicare beneficiaries.

- **Drugs slated to be included in the next negotiation cycle:** Ozempic, Wegovy, Trelegy Ellipta, Rybelsus, Ofev, Ibrance, Breo, Janumet, Otezla, and more

DRUG NAME	2023 PRICE	2026 NEGOTIATED PRICE	Est. Discount
Eliquis	~$521	~$231	~56%
Jardiance	~$573	~$197	~66%
Xarelto	~$517	~$197	~62%
Januvia	~$527	~$113	~79%
Farxiga	~$556	~$178.50	~68%
Entresto	~$628	~$295	~53%
Enbrel	~$7,106	~$2,355	~67%
Imbruvica	~$14,934	~$9,319	~38%
Stelara	~$13,836	~$4,695	~66%
Fiasp/NovoLog	~$495	~$119	~76%

How Medicare Pays for Skilled Nursing Over Time

Days 1-20

Medicare pays 100% of approved costs

Days 21-100

Daily coinsurance applies
Medigap may help cover this expense

After Day 100

Medicare SNF benefit ends
Other payment options include Medicad, LTC Insurance, or private pay

IMPORTANT REMINDER:
Coverage can end **before** Day 100 if skilled care is no longer medically necessary.

Defining "Skilled Need" Under Medicare Guidelines

Key Point:

Coverage is based on medical complexity, not simply needing assistance with daily activities.

Typically Covered ✓

- IV antibiotics
- Daily wound care
- Physical rehabilitation after surgery
- Stroke rehabilitation
- Complex nursing assessments
- Feeding tube management

Typically NOT Covered Alone ✗

- Assistance with bathing
- Dressing
- Eating
- Supervision for safety
- Custodial dementia care without skilled treatment

Common Reasons Medicare SNF Benefits Terminate

COMMON REASONS INCLUDE:

- Resident no longer requires skilled services
- Therapy goals have been achieved
- Resident has reached a functional plateau
- Documentation does not support continued medical necessity
- Care can safely be provided at a lower level

BEST PRACTICE

Strong documentation from therapists and nursing staff is essential for continued coverage.

Understanding the Gaps

Aging at Home & Long-Term Care

THE GOAL

Remain safe, independent, and supported at home.

THE MISUNDERSTANDING

Medicare generally does not pay for ongoing custodial care.

THE DISTINCTION

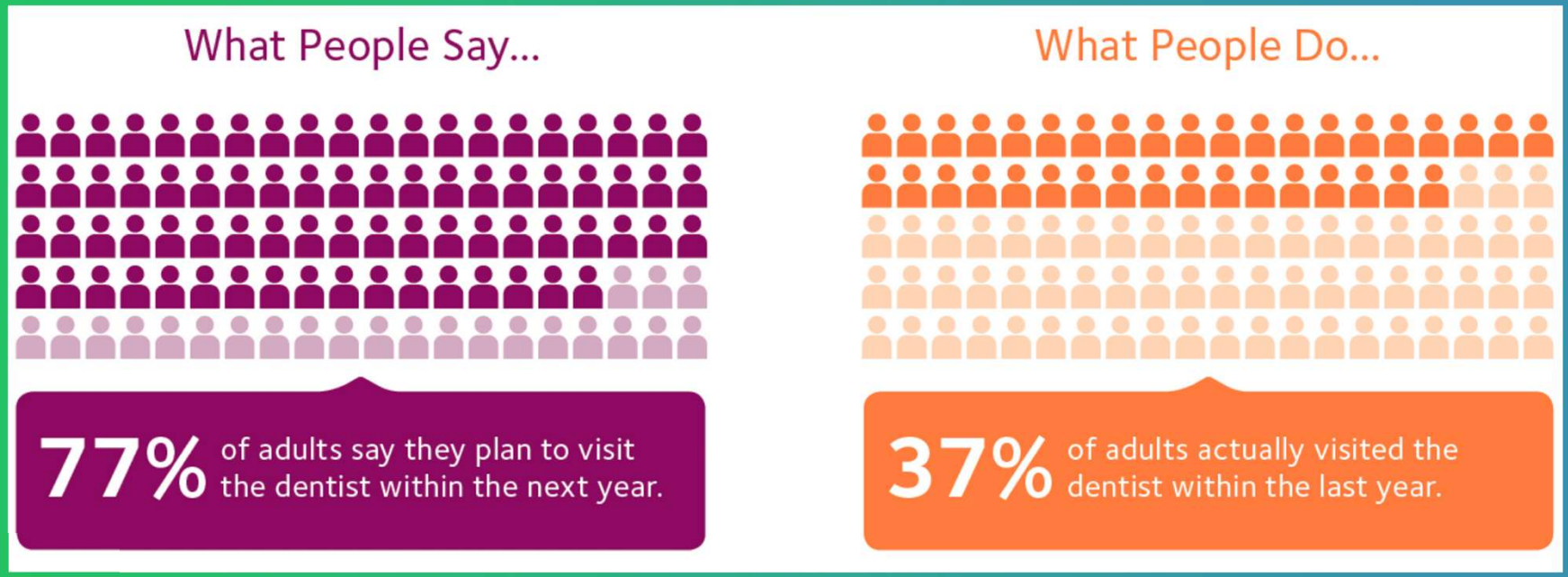
Medicare home health has specific eligibility and coverage rules.

THE RESOURCES

Medicaid may support eligible people; caregivers need help as well.

"A need for daily assistance doesn't automatically guarantee Medicare will contribute."

The ADA Health Policy Institute (Highlights)



Comprehensive Dental Benefits Breakdown

Line-By-Line

Preventive/Diagnostic Services

- Routine Exams
- Cleanings
- Bitewing X-rays
- Fluoride Treatments
- Space Maintainers
- Sealants

Basic Services

- Full Mouth X-rays
- Emergency Exams and Palliative (pain relief) Treatment
- Fillings (silver (amalgam) and tooth colored (composite) on front teeth)
- Oral Surgery (simple extractions)
- Recementation of Bridges, Crowns, Onlays

Major Restorative Services

- Oral Surgery (surgical extractions including general anesthesia, IV sedation)
- Oral Surgery (all other)
- Endodontics (root canals and pulpal therapy)
- Non-Surgical Periodontic (gum) Maintenance
- Surgical Periodontic (gum) Maintenance
- Crowns, Onlays (and other ceramic restorations to permanent teeth)
- Partial/Full Dentures
- Denture (repair, reline, rebase and adjustments)
- Fixed/Removable Bridges
- Implants***/Implant crowns
- Bridge and Crown Repair

Deductibles and Maximums

- Annual Program Deductible
- Annual Program Maximum (per person)

Out-of-Network Reimbursement

*** Implants are covered on the Diamond plans; subject to a 12 month waiting period and a $5,000

The Medical & Social Impact of Hearing Loss

Hearing Loss is a Serious Health Issue, linked to:



Loneliness, isolation, depression, heart disease, and even stroke.



Increased risk of falls by 50%

Hearing Aids are PROVEN to improve social engagement, memory retention, & quality of life!

Hearing vs. Listening

Hearing = Detecting Sound

Listening = Processing Sounds, Understanding Speech (especially in Loud Environments)

Those who suffer from hearing loss often struggle more with comprehension than volume.

IN THE USA:

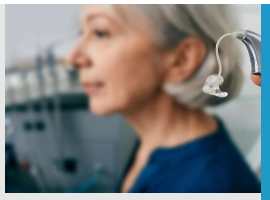
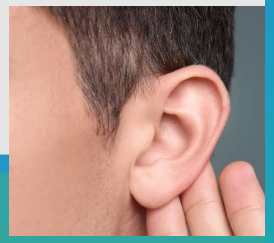
37 Million people have some level of measurable hearing loss

26 Million more struggle with listening, despite regular testing



Addressing Stigma & Resistance in Hearing Care

- **Low Utilization:** Only 10% of those with hearing loss wear hearing aids, largely driven by perceived stigma.
- **Perceived Negative Stereotypes:** Frequently associated with aging, weakness, or incompetence.
- **High Stigma Across Generations:** Felt by 63% of Millennials, 47% of Gen X, and 41% of Boomers.
- **A Cultural Double Standard:** While 62% of Americans comfortably wear glasses and millions use orthodontic aligners, hearing aids remain underutilized.
- **The Goal:** Shift public perception to view hearing aids as ordinary, beneficial health tools.




Growing Challenges for Families

Dementia Care & Caregiver Support

RECOGNIZE

Early evaluation helps families understand care needs and options.

COORDINATE

Caregivers, clinicians, and community services all play a role.

THE DISTINCTION

Medical services, supportive services, and custodial care all differ.

Know about G.U.I.D.E.

Medicare's GUIDE model supports dementia care and caregivers through participating providers.

"The challenge is not only **treating** illness-it's **supporting care overtime.**"

Alzheimer's Patients

"Does Medicare cover **At-Home Care** for Alzheimer patients?"

*Answer: **Only** if homebound + deemed essential*

Services related to other **health conditions,** such as rehab

Non-Medical Services

*Medicare **Will** Cover:*

Home safety evaluations

Cognitive assessments

Care planning

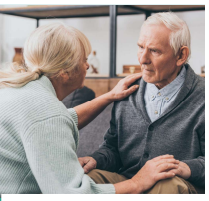
Hospital stays

Prescriptions

(if patient has Part D coverage)













Guiding an Improved Dementia Experience

GUIDE Program Model

Information for Patients & Caregivers

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

What is GUIDE?

Your doctor or care team may be participating in a new program called GUIDE. This program offers enhanced services for dementia care and support for caregivers (a relative or unpaid nonrelative who helps with activities of daily living). The goals of GUIDE are to:

- Improve the quality of life for people living with dementia
- Enhance support for caregivers of people living with dementia
- Help people living with dementia stay in their homes and communities longer

Services for people living with dementia & their caregivers

Comprehensive Assessment & Care Plan

Get an **assessment** to identify your individual health needs and to build a **care plan** that is tailored to provide the services you need.

Caregiver Support

A relative or unpaid nonrelative who helps as a caregiver can **receive education** and **support** such as direct communication with a care navigator when they need it.

GUIDE Respite Services

GUIDE Respite Services can be provided, up to an annual cap, so caregivers may take a break when they need to. Support comes from local in-home respite providers, adult day centers and nursing homes.

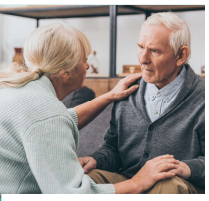
Coordination & Support

Get connected to **community-based services** like meals and transportation. Care teams will also work together to **coordinate** clinical and support services.

24/7 Access

Care navigators help you get care and **24/7 access** to a care team member or helpline to ask questions or get support.











Guiding an Improved Dementia Experience

GUIDE Program Model

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Patient Example

Mildred is an 86-year-old woman living alone with **moderate dementia**. She has regular appointments with her primary care doctor, dentist, and optometrist, and gets her medications from a local pharmacist. Her **caregiver**, Anne, is her 35-year-old granddaughter who visits daily to help with housekeeping and personal care tasks. Anne is a mom with a full-time job.

Challenges before GUIDE

- Mildred was experiencing worsening symptoms related to her dementia.
- Her primary care doctor wasn't equipped to treat her dementia.
- She needed help getting to appointments and taking medications.
- Anne was burnt out as a caregiver and wanted to find Mildred a nursing home, but it was too costly.

Help & support from GUIDE

- Mildred learns about GUIDE from her doctor and starts working with an **interdisciplinary care team.**
- Mildred's **care navigator** connects her to transportation services.
- Anne gets **caregiver training** to cope with Mildred's symptoms and her own stress.
- Mildred receives **GUIDE Respite Services,** allowing Anne to take a break.

Services customized to meet individual needs and goals

Care that respects individual backgrounds & values

New in 2026:

Medicare GLP-1 Bridge Program

Temporary CMS Demonstration Program – July 1, 2026 - December 31, 2027

- Expands access to certain GLP-1 weight-loss medications for eligible Medicare beneficiaries
- Operates **outside** of the Medicare Part D benefit
- Available regardless of which Part D plan a beneficiary has
- Designed to evaluate expanded Medicare access to GLP-1 therapies

Member Cost: $50 Monthly Co-pay

Eligible Medications:

wegovy®

Foundayo

(KwikPen Only)

zepbound™

Who Qualifies for the Medicare GLP-1 Bridge?

Beneficiaries must:

- Be **enrolled** in Medicare **Part D**
- Obtain **prior authorization** through the CMS program
- Participate in **ongoing nutrition** & **physical activity**
- Use the medication for **weight management**, not a condition already covered by Part D

Clinical Eligibility Requirements

Body Mass Index	Additional Requirement(s)
27+	Prediabetes, Prior Heart Attack, Prior Stroke, or Peripheral Artery Disease
30+	Heart Failure, CKD, or Uncontrolled Hypertension
35+	None

IMPORTANT: Part D Coverage Takes Priority

If a GLP-1 is prescribed for a condition already covered by Medicare Part D, it is **not eligible** for the GLP-1 Bridge.

Healthcare & Technology

Artificial Intelligence is Changing Healthcare

Medical Imaging & Diagnosis

AI is increasingly used in imaging, diagnostics, and patient care.

Operational Efficiency

Providers use AI for documentation, scheduling, and workflow.

Earlier Detection

AI may support earlier identification and more personalized treatment.

Insurance Decisions

Insurers use AI in administration and claims management

Important Conversations

Accuracy, privacy, transparency, and human oversight matter greatly.

Stay Informed

Ask how technology influences decisions about your care

"Technology should **support** human judgement and personalized care- not **replace** it."

Aging & Family Support

The Growing Caregiver Shortage

GROWING DEMAND

Longer lives and a desire to age at home increases the need for caregivers.

WORKFORCE PRESSURE

Qualified home aides can be difficult to find; labor costs are rising.

FAMILY RESPONSIBLITY

Relatives increasingly coordinate and provide essential care.

PLAN AHEAD

Consider care options early, especially without nearby family support

"The question often becomes **who will provide the care** - not just **how to pay for it**."

Prescription Safety

Medication Overload: Too Many?



1:	**Multiple Doctors**	Specialists may prescribe serveral different meds each
2:	**Combined Risks**	Interactions, dizziness, falls, and side effects
3:	**Daily Function**	Some drugs can affect memory, alertness, or balance
4:	**Changing Needs**	A prescription may become less appropriate over-time
5:	**Regular Reviews**	Review medications with your doctors and pharmacists

"Everyone should maintain an **updated list of meds** for review!**"**

Care Beyond the Hospital

The Hospital of the Future May Be Your Home

AT HOME CARE

Some programs allow eligible patients to receive hospital-level treatment at their homes.

REMOTE MONITORING

Technology can help clinicians track conditions from a distance, while avoiding challenges that arise from hospitalization.

SAFE & APPROPRIATE

Programs require having the right medical supervision, support, eligibility, and coverage.

"Healthcare may increasingly come to patients instead of the **reverse**."

Prevention & Independence

Falls: A Major Threat to Independence

Injury Risk

Falls are a leadng cause of injury among older adults.

Life Disruption

Serious falls may lead to rehab and loss of independence.

Medication Effects

Some drugs can contribute to dizziness and instability.

Home Safety

Simple modifications can reduce preventable hazards.

Movement Matters

Strength and balance exercises support mobility.

Speak Up

Discuss fall prevention with healthcare professionals.

"Preventing falls is a very important way to **protect your independence.**"

Planning for Longevity

The Financial Impact of Living Longer

1:	**Longer Retirements**	Savings often need to last 25-30 years, or more.
2:	**Later-Life Care**	Healthcare and caregiving costs often increase with age.
3:	**Hidden Expenses**	Transportation, home changes, and assistance add up.
4:	**Family Impact**	Supporting aging parents can strain time & finances.
5:	**Broader Planning**	Prepare for changes in health, mobility, and independence.

"Plan not just for retirement**,** but for **healthcare and caregiving**!**"**

Practical Considerations

Five Ways to Prepare for 2027

1:	**Stay Informed**	Watch for changes in healthcare policy and coverage.
2:	**Know Your Coverage**	Understand what is covered-and what is not.
3:	**Check Access**	Confirm doctors, hospitals, and medications.
4:	**Find Resources**	Explore hep with drug costs, caregiving, and long-term care.
5:	**Ask Early**	Seek qualified guidance before a decision becomes urgent.

"Understand your options, recognize problems, and know where to turn."

Thank You!

Scan Me!
Schedule a consultation, browse upcoming webinars, or access educational resources

Linktree

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