



RETIREMENT REPORT

Your Guide to a Richer Retirement

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Estrangement is all too common among older adults and grown children.

‘Don’t Call Me. Don’t Write. Don’t Reach Out.’

Why families fall apart, and how to put them back together

➤ **BEATRICE SANDERS, 69, A DIVORCED MOTHER** and her only child, Kat Schmidt, 30, were always a tight-knit unit. So when Sanders retired about two years ago, it was a no-brainer to move from Maryland to Utah where her daughter lives.

“She was a great kid and I was always so grateful for that as a single mother with an extremely demanding job,” as the secretary to an ele-

mentary-school principal, Sanders says.

But soon after she moved, she felt an unexpected tension between the two of them. Schmidt told her she had always felt responsible for her mother’s happiness and that the two of them were too enmeshed in each other’s lives. And that Sanders seemed to ignore Schmidt’s pleas to stop what she considered forced physical contact.

**BY ALINA
TUGEND**

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-Dodie Bump



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Then this April, Schmidt told Sanders she was blocking her cell number and needed to end all contact.

"I was devastated," Sanders says. "I tried really really hard to be a good mom."

Sanders' story once would have been shocking but nowadays sounds familiar. Estrangement between parents and adult children has become a popular topic across the media landscape, especially social media; on Reddit several forums for estranged adult children have more than 30,000 visitors weekly. One public Facebook page for parents of estranged children has 13,000 followers.

Whether estrangement is more prevalent than it used to be is anybody's guess. Researchers have looked into the phenomenon and begun to collect some data, but can't yet gauge whether estrangement is more common or just more openly discussed.

"There's no scientifically acceptable data, proving that estrangement is increasing or decreasing," says Karl Pillemer, a professor of human development at Cornell University and a leading expert on the topic. "What has genuinely increased is not the rate of estrangement, but the willingness to name it, and talk about it and engage with others about it."

In a nationally representative survey of 1,340 U.S. adults conducted by Pillemer's Cornell Family Estrangement and Reconciliation Project, 27% said they were estranged from a close relative, meaning they had no contact. This includes 10% who said that relative was

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a parent or a child. The survey was published in his 2020 book, *Fault Lines: Fractured Families and How to Mend Them*. And a 2025 YouGov poll found 38% of American adults reporting estrangement from an immediate family member, including 16% from a parent and 10% from a child.

Causes of estrangement

The causes of estrangement vary as much as family dynamics. In some cases, it can be an adult child cutting off a parent as a consequence of physical, sexual or emotional abuse. Mental illness, drug abuse and other factors can also lead to parent/child breakdowns.

For Richard Heller, 67, and his son, 39, Heller's self-admitted years of unchecked rage and anger led them to where they are now: almost no contact for a decade and a 4-year-old grandchild whom Heller has never met.

Heller, a licensed social worker who lives in Pelham, N.Y., was divorced from his wife when their two children were young; When Heller remarried, he says, his son did not adapt well to the blended family. The conflict only increased as Heller's son became a teenager and an adult.

"Somewhere in there he just decided he didn't want anything to do not only with us, but with his mother—in fact, he's not in touch with anyone from his family of origin," Heller says.

Heller knows the role he played in the conflict with

EDITOR

David Crook

SENIOR EDITOR

Elaine Silvestrini

ART DIRECTOR

Will Tims

DESIGNER

Eva Garis

CONTRIBUTING WRITERS

Simon Constable, MP Dunleavy,
Dawn Fallik, Elton Jones,
Martha McCully, Bob Sipchen,
Joy Taylor, Alina Tugend

EDITORIAL OFFICES

130 West 42nd Street, 7th Floor
New York, NY 10036
retire@kiplinger.com
facebook.com/KiplingerPersonalFinance

SENIOR VICE PRESIDENT, MAGAZINES, SUBSCRIPTIONS & EVENTS

Joel Griffiths

MANAGING DIRECTOR

Shaun Inglethorpe

VICE PRESIDENT, SALES

Steve Friedman
steve.friedman@futurenet.com

EDITOR EMERITUS

Knight A. Kiplinger

SUBSCRIBER SERVICES

Online:
service.kiplinger.com

Email:
KRRservice@kiplinger.com

Write:
P.O. Box 37234,
Boone IA 50037-0234.

REPRINT SERVICE

Adcetera
Telephone: 713-522-8006
Kiplinger@adcetera.com

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his son. “I was a very angry and raging parent when my children were young,” he says. Recently, his daughter Samantha told him she was terrified of him as a child.

For a long time, he was furious at his son and desperate to get him back. But “after 10 years of hardcore meditation and outside help, I’ve resolved a lot of the pain that was driving that rage,” Heller says. Recently, he says, he’s learned to accept his situation, by understanding how he transferred that pain to his son. “How did I help those seeds flourish, so that this estrangement came about? We want to have our children in our life, but more than anything, we need to be at peace with their choice.”

Samantha, 35, who asked to be identified only by her first name, says she and her brother had a very difficult childhood. She understands her brother’s feelings, but she is sad that he has also cut all contact with her.

“I don’t think he fully understands his emotions because I didn’t fully understand mine,” she says. “He might be presenting it as anger, but it’s pain.”

Of her father she says, “I don’t think he’s fully aware of everything he has done, and I can understand why.” As a mother, she’s gained insight into the difficulty parents would have knowing they hurt their child. “So I can see how that’s painful to reflect on and think about.”

Another cause of estrangement: when parents feel their child is violating core beliefs and values, says Megan Gilligan, an associate professor in human development and family science at the University of Missouri.

Gilligan worked on the *Within Family Differences* study, which began in 2000 with in-depth interviews of around 500 mothers and some of their adult children. The women, all around 65 years old and from the Boston metropolitan area, were interviewed again seven years later.

She gives an example from the interviews: a mother, a devout Catholic, was willing to accept her child’s divorce, but not his remarriage. The mother and son ended up estranged. While the mother didn’t choose to end the relationship, her anger at her child’s decision

FROM THE EDITOR

I WANT TO DRAW YOUR ATTENTION to a new initiative spearheaded by our colleagues at Kiplinger.com and encompassing the family of Kiplinger publications—*The Trillion Dollar Talk*.

The United States is experiencing the greatest transfer of personal wealth in human history—the passing of as much as \$124 trillion from Baby Boomers, the Silent Generation and what’s left of the Greatest Generation to our Gen X and Millennial children and our Gen Z and Gen Alpha grandchildren and great-grandchildren.

An unfathomable number to most of us.

I asked Google AI for some appropriate analogies to show me just how much money that is: Enough to last 141,000 years if I spend \$1 million an hour... 340 years if I spend \$1 billion a day... and 17 years and eight months if I spend what the U.S. government spends every day.

Any way you look at it, that’s a lot of scratch.

The Trillion Dollar Talk is a multimedia, multi-disciplinary effort to examine that wealth transfer on both the national and household levels. Most importantly, it’s about how prepared American families are for the transfer and, if they aren’t, what they can do to get ready before the older family members pass away.

Kiplinger commissioned a nationwide study that found, among other things, that roughly two in five parents and adult children cannot estimate how much wealth may ultimately be transferred. One-third of adult children believe inheritance is likely to create conflict among siblings.

Not so surprisingly, families rank inheritance among the least comfortable topics to discuss—worse than talking about politics, mental health or funeral plans. See more about the topic on page 16.

And take some time to check out *The Trillion Dollar Talk* at www.kiplinger.com/tag/the-trillion-dollar-talk.

On a final and not unrelated note: Election Day is Nov. 3. Like all elections, this midterm is really about the future—deciding whom you trust with the future of the country. And this election promises to be especially consequential. Choose as if the future depends on it. Because it does.

See you next month.



David Crook

Write to me at retire@kiplinger.com.

Please put “To the editor” in the subject line.

most likely led to decades of unresolved tension and strain until her son decided to limit or end contact.

Many parents have difficulty coming to terms with the fact that traditional expectations about family roles and power balance have shifted.

Joshua Coleman, a psychologist who specializes in family estrangement, says, “The old rules of engagement have just radically changed.” He explains that the principles of “honor thy mother and thy father, families forever respect thy elders, blood is thicker than water, have given way to this focus [among children] on ‘my mental health, my happiness, my personal growth, my identity, my political beliefs.’”

Coleman, who was estranged from his own daughter for several years, is the author of *Rules of Estrangement: Why Adult Children Cut Ties and How to Heal the Conflict* and writes the substack Family Troubles. His services helping estranged family members are in high demand. So much so that he has a wait list, although he charges \$995 for one video session and a year of email support.

Different realities

What can make reconciliation difficult is that typically the parent and child are operating from clashing perceptions not only of who said what, but what actually happened.

Take Sanders and Schmidt, the mother and daughter who are currently estranged. When her mother moved to Utah, Schmidt had been going through some changes, including leaving the Mormon religion she had been raised in. She had recently started therapy to deal with anxiety.

Sanders sees Schmidt’s decision to cut her off as part of an effort to understand herself. “I feel that Kat is trying to find out who she really is and in order to do that, she needs to reject her mother and her church relationship.”

For Schmidt, her mother is not taking any responsibility for her own actions. She says she repeatedly explained to her mother why certain things she did bothered her so much. But her mother didn’t seem to understand or want to change.

Schmidt says her efforts to protect herself were fruitless. “I couldn’t say no and have it count.”

Mother and daughter both felt they were walking on eggshells for a few years. But as is often the case, one incident precipitated the break and both remember

it very differently. On a night out, Schmidt says her mother unexpectedly grabbed her.

“I’m OK with consensual touches and hugs but I told her forcing physical affection on me is not ok,” Schmidt says. “She showed me that she wouldn’t respect the most important thing to me—a boundary. She didn’t get it.”

As Sanders remembers it, she held on to Schmidt’s shoulder to balance herself in a moment of exuberance.

For Sanders, what makes the situation more agonizing is that she came from an abusive childhood herself, and she sees herself as a much better parent than her own father.

“I told her it breaks my heart that she feels about me the way I felt about my dad,” Sanders says. “I’m not angry at Kat; I’m sad, disappointed, and I resent that I was a good mother and she doesn’t see me that way.”

For Schmidt, her mother is just waiting for her to heal and expects Schmidt will return without exami-

ning her own role in the estrangement. “I love my mom,” she says. “I miss my mom, but I don’t feel safe around her.”

It’s not unusual for a parent to feel clueless when their adult child severs the relationship. “One of the most striking findings in our research is what I call defensive ignorance,” says

Pillemer, the Cornell professor. “Parents in estrangements frequently say that they have no idea why the child cut them off.”

But in almost every case, when interviewers probed further, they found that “many parents had received detailed letters or messages from their children explaining exactly what went wrong, and they dismissed them as crazy, wrong or exaggerated.”

This isn’t necessarily surprising, Pillemer says; parents are not only experiencing rejection, but “there is also the pain of knowing they may have contributed to it. When this happens, our minds protect us by editing out the uncomfortable information.”

Moving toward reconciliation

The good news is many estranged parents and children find their way back to each other although those numbers are difficult to come by, too. And it can take a lot of hard work, however, especially on the parents’ part, to move toward some sort of rapprochement.

One of the first steps is to stop “litigating the facts,” says Jan Anderson, a psychologist who now works as an

“
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severs the relationship.**
”

executive life coach, often with parents of alienated adult children. Insisting that one person is right and one person is wrong rarely works in any relationship, she says. “There are two separate realities here, and it does help to at least be able to understand where your kid is at.”

In a situation where an adult child has severed contact, the power lies with the child to resume it, a shift that parents often have a hard time accepting. “If you’re in a one-down position, how do you negotiate? You have to change your strategy a little bit,” says Anderson. The power dynamics have flipped, and “your child has basically told you, ‘I’m renegotiating the terms of our relationship, Mom and Dad.’”

One potential approach psychologist Coleman recommends considering is what he calls an amends letter. He says when working with clients, helping them write one is usually his first order of business.

That letter “attempts to express some degree of understanding and empathy and responsibility taking and being willing to work on the relationship,” he says. Writing such a letter to his daughter helped them overcome their estrangement.

“It has to be done very carefully because it’s easy to write a letter that may seem like amends, but says things like, ‘Well, if I did anything wrong,’ or ‘Maybe I wasn’t the most perfect parent.’ Those things are all well intended, but they don’t persuade anybody,” Coleman says. “Parents have to be open and willing to take a good, hard look at themselves.”

Still, you can’t force a reconciliation. Parents often ask Anderson if they should just show up on their child’s doorstep. Her response is succinct: “I haven’t

heard of a case yet where it went well.”

Heller, the father with the estranged son, knows that first hand because he tried it.

“I made every effort to reach out,” Heller says. “Eventually, he started blocking my texts, my calls, and so I started stalking him on the internet. I went and visited his place of work. And he was there behind the register, like a deer in the headlights.” This was about three years after his son blocked all access.

Heller told him he loved him and wanted to talk. He says his son’s response was: “Don’t call me. Don’t text me. Don’t write me. Don’t reach out to me in any way, shape or form.”

He has not been in contact with his son since that failed meeting about eight years ago.

Hearing the heartbreaking stories of estrangement can make it easy to lose sight of the fact that many families are closer than ever. According to a 2024 Pew Research Survey, 77% of parents say their relationship with their adult children is excellent or very good.

“I think we have a fascinating paradox at the heart of the estrangement conversation,” Pillemer says. “On the one hand, young people are closer and more dependent on their parents than previous generations. On the other hand, estrangement appears to be prominent and highly visible.”

Sanders, the estranged mother, believes she and her daughter will reunite at some point, but for now she is leaving Utah for South Carolina and moving in with her brother who has health issues.

“It’s not always easy, the call of family duty,” she says. “But that’s what family’s for.” ■

REBUILDING YOUR RELATIONSHIP

Getting back together with adult children who have cut you off isn’t easy, but it can be done.

Here are some tips:

- Let your child know your door is always open, but don’t stalk them on social media or show up at their home or office. If they’re saying they don’t want to talk with you, respect that.
- Attempt to move past placing blame. Even if you feel you are completely in the right, be open and curious with yourself about why your child is so angry with you.
- Get outside help. Good therapy is often useful and so is a friend or family member who will give you an honest view of the situation. Too often, people only confide in those who fully bolster their side, which reinforces the polarization.
- Stay off or limit social media. While it can be a place of support, too often sites about estrangement serve to confirm the beliefs of one side, which isn’t helpful.
- Accept that if you do renew relations with your child, they might set down specific rules of engagement that could feel rigid and unfair. If things go well, these may loosen with time. And keep your eye on the prize of reconciliation.

—AT

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Changes Coming for Itemized Deductions

TAXPAYERS DON'T CLAIM ITEMIZED deductions as much as they used to. The number of 1040 forms with Schedule A attached reporting itemized deductions has plummeted for post-2017 years, thanks in major part to the 2017 Tax Cuts & Jobs Act. That law nearly doubled standard deductions, set a monetary cap on the write-off for state and local taxes and eliminated some other popular itemized deductions. But for those of you who do itemize, you should be aware of the changes to itemized deductions that lawmakers enacted in 2025's "One Big Beautiful Bill" act and in a recent disaster tax relief law. Here are six key changes:

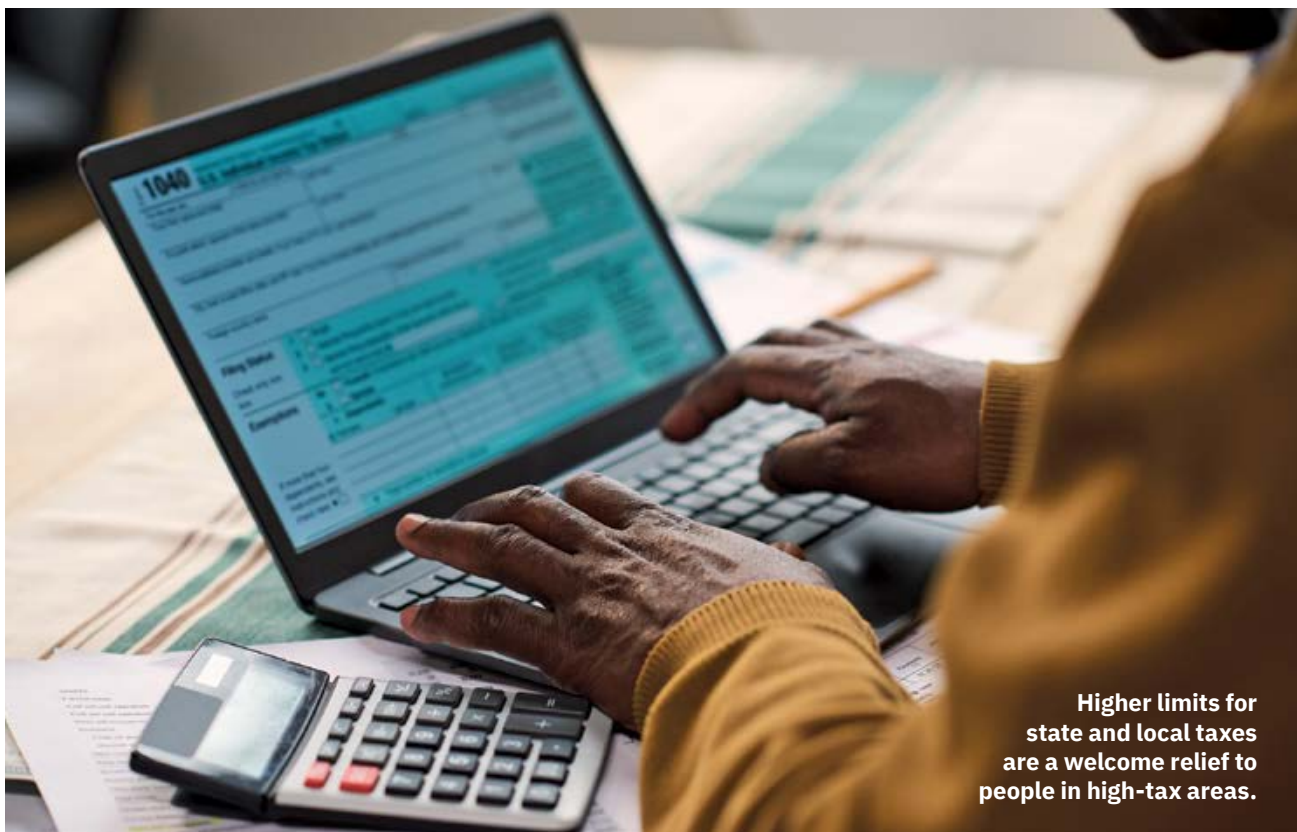
State and local taxes. You can now deduct more of your state and local income and property taxes on your federal tax return if you itemize. Prior to 2018, the state and local tax deduction was generally unlimited, except for people who owed the alternative minimum tax. The 2017 Tax Cuts & Jobs Act imposed a temporary \$10,000 federal limit on this deduction from 2018

through 2025. This limit was the subject of heavy negotiation among Republican congressional lawmakers in 2025, resulting in an increase in the cap on state and local tax deductions to \$40,000 for 2025 through 2029. It returns to \$10,000 beginning in 2030, unless Congress acts.

Not everyone qualifies for the higher limit. For the 2025 tax year, the \$40,000 maximum write-off began to phase out, but not below \$10,000, for filers with adjusted gross incomes over \$500,000. By law, the cap and adjusted gross income threshold increase 1% each year through 2029. For 2026 tax returns filed in 2027, the cap is \$40,400, and the write-off begins to phase out at adjusted gross income over \$505,000.

Charitable contributions. Charitable contributions are a great write-off and help you feel warm and fuzzy. But the One Big Beautiful Bill changed this popular tax write-off. First, starting with 2026 returns filed in 2027, the charitable write-off for itemizers is deductible only

BY JOY
TAYLOR



Higher limits for state and local taxes are a welcome relief to people in high-tax areas.

GETTY IMAGES

to the extent that total charitable donations exceed 0.5% of adjusted gross income reported on your Form 1040. This is akin to the long-standing rule for deducting medical expenses, in which total medical costs are deductible only to the extent they exceed 7.5% of adjusted gross income.

Second, prior to 2018, charitable cash contributions were deductible in a year only to the extent that total cash contributions didn't exceed 50% of adjusted gross income. The 2017 Tax Cuts & Jobs Act temporarily increased this limit to 60% of adjusted gross income through 2025, and the One Big Beautiful Bill made this permanent. The adjusted gross income limit for donations of capital gain property, such as stocks, bonds and shares in mutual funds, is generally 30% of adjusted gross income.

Third, nonitemizers get an easing. If you claim standard deductions, you can also deduct up to \$1,000 of your charitable cash contributions. The amount is \$2,000 for joint filers. And this write-off doesn't phase out for upper-income filers. Gifts to donor advised funds and private nonoperating foundations are excluded. Cash donations mean gifts by cash, check, electronic funds transfer, online payment service, debit card, credit card, payroll deduction or transfer of a gift card redeemable for cash.

Gambling losses. Gambling is soaring in popularity. It's estimated that in 2024, total gaming revenue reached an all-time high of \$72 billion. Gambling includes sports wagers, betting on the horses, buying lottery tickets and more. It's helpful for gamblers to know the tax rules.

All gambling winnings are taxable. Gambling losses are deductible, subject to two important rules. First, you must generally itemize to claim gambling losses. If you take standard deductions, you still must report the winnings as income, but you can't deduct the losses. Second, prior to 2026, gambling losses were deductible only to the extent of reported winnings. Beginning with 2026 returns, your gambling loss deduction is limited to the lesser of reported gambling winnings or 90% of the losses. This change, enacted in the One Big Beautiful Bill, has its detractors in Congress on both sides of the aisle, and the gambling industry is lobbying hard to end it.

Mortgage insurance premiums. Homebuyers who finance their purchase and make a down payment of less than 20% of the home's purchase price generally must pay for mortgage insurance. Prior to 2022, people who itemized could deduct the mortgage insurance premiums they paid during a year. This tax break disappeared for four years until Congress resurrected it for post-2025 years. Beginning with 2026 returns filed in 2027, itemizers can generally deduct mortgage insurance premiums as part of the interest write-off. The deduction begins to phase out once adjusted gross income exceeds \$100,000 and completely phases out at adjusted gross incomes of \$110,000 or higher.

If you claim standard deductions, you can also deduct up to \$1,000 of your charitable cash contributions. The amount is \$2,000 for joint filers.

Disaster losses. President Trump recently signed legislation that gives tax relief for personal disaster loss write-offs akin to those given to victims of federally declared disasters in 2018 through July 4, 2025. The relief was extended to federal disaster losses incurred before Jan. 1, 2027. Individuals can deduct

these so-called "qualified disaster losses" in excess of a \$500 threshold without regard to the 10%-of-adjusted-gross-income offset that generally applies and without itemizing. This is available to filers who claim standard deductions and to individuals who itemize deductions.

Overall limit on itemized deductions. One change reduces deductions for high-income itemizers; it applies to taxpayers in the top 37% federal income tax rate bracket. Beginning with 2026 returns, itemized deductions are decreased by 2/37 (about 5.4%) of the lesser of the amount of itemized deductions or the taxable income that is taxed at the 37% tax rate. For 2026, the 37%-rate tax bracket starts at \$768,701 for joint filers and \$640,601 for single filers and head-of-household filers. This rule effectively limits the tax benefit of itemized deductions to 35%. ■

Have a tax question? Write askkiplinger@futurenet.com. Joy Taylor, the *Kiplinger Tax Letter* editor, will reply and, with your permission, choose a few queries for our online "Ask the Editor" feature. For past questions and answers go to www.kiplinger.com/tag/ask-the-editor.

Big Pharma Loves Ads, but You Pay for Them

PRESCRIPTION DRUG COMPANIES SPENT more than \$7 billion on television campaigns alone last year. Two of the most advertised drugs—Tremfya and Skyrizi—treat moderate to severe plaque psoriasis and other inflammatory diseases, and can cost anywhere from \$19,000 to \$30,000 per dose without insurance.

BY DAWN
FALLIK

Ads for weight-loss medications like Zepbound and Wegovy, which can cost up to \$600 for a month's allotment of four pre-filled pens, also pervaded the airwaves, particularly on streaming services.

The most heavily advertised drugs aren't necessarily the most expensive drugs, says Geoffrey Joyce, chair of the department of pharmaceutical and health economics at the University of Southern California. To make television advertising worthwhile, a drug generally needs to be branded, still under patent and used to treat a condition that impacts a large number of people.

That explains why drugs for conditions such as plaque psoriasis and diabetes get so much airplay. The ads can make medications look like magic bullets, and research shows that the colorful reels with catchy jingles get patients to ask for them at the doctor's office—and physicians are more likely to prescribe the brand-name drug if requested. But buyer beware, as Medicare Part D plans may not cover brand medications, so make sure to check your plan's list of approved medications—known as a formulary—as well as the plan comparison at www.medicare.gov/plan-compare.

Some plans require patients to try cheaper alterna-

tives first, which could be beneficial as research found that most of the new drugs advertised may not benefit patients more than older drugs.

What the commercials don't mention is the cost. The price can vary widely depending on insurance coverage, deductibles, formularies, rebates—and even the pharmacy.

Merith Basey, executive director of Patients for Affordable Drugs, a bipartisan patient organization, says Americans pay the highest prescription drug prices in the world. That's in part because—unlike other countries—pharmaceutical companies set the prices of drugs when they come to market in the U.S. Other countries with national healthcare have stronger negotiating positions because those governments control what's allowed on the national formulary—the list of recommended and covered drugs.

Experts say that while pharma ads may raise awareness and get patients in the door for a conversation with their doctor, consumers should be wary as brand-name drugs and brand-new options aren't always the best choices for your health or your wallet.

So here are 10 suggestions to consider before asking your doctor for a prescription “as seen on TV.”

1 Compare costs locally. Joyce says that consumers often assume a prescription has a fixed price no matter where it's filled. But that's not true. As part of a 2017 study, shoppers visited more than 500 pharmacies with identical prescriptions and found wide price differences for the exact same medications. They were also less expensive in low-income areas. One antibiotic was as much as \$52 less within one zip code, he says. Don't forget to check in at Costco's pharmacy as well, as one study found that Costco beat Medicare's prices for generic medicines nearly 50% of the time.

2 Ask for generic or biosimilar options. Joyce says that most prescriptions in the United States are filled with generic drugs and, generally speaking, a generic equivalent is expected to provide similar quality and effectiveness. Ditto with “biosimilar” drugs, which treat a range of chronic diseases. For example Humira is a brand-name injection used to treat autoimmune diseases like rheumatoid arthritis, costing



GETTY IMAGES

up to \$10,000 for a month's treatment without insurance. But there are many "biosimilar" options which cost under \$500. Also, you may be able to opt for older versions of drugs. Basey says that drug companies can introduce modified versions of existing medications as patents approach expiration. Ask whether an older, less expensive version remains available.

3 Over-the-counter drugs can be more expensive. Surprisingly, OTC drugs such as ibuprofen are sometimes covered by insurance. So talk to your doctor to see if there's a prescription option. In one personal example, a consumer was able to get a three-month prescription from her doctor for 5% lidocaine patches, used for a back injury. The OTC cost for a 5-pack of 4% lidocaine Salon Pas back patches was \$30 but through insurance she received 180 patches for \$15.

4 Use online comparison tools. If insurance is not delivering the lowest price, experts suggest looking at other options, whether it's GoodRx, SingleCare or Costco's pharmacy. Some states are even getting in on the act—Pennsylvania has a prescription price comparison site. Joyce points to price comparison services and newer pharmacy models that allow consumers to compare costs across pharmacies and purchasing options.

5 Check CostPlus. Mark Cuban's direct-to-consumer pharmacy model cuts out the pharmacy altogether, and offers many common prescriptions used to treat everything from acid reflux to women's health. For example, lansoprazole delayed release (generic for Prevacid) is sold retail for \$122.40, but is sold through CostPlus for home delivery for \$10.75. Joyce says models like this have highlighted how inexpensive many generic drugs can be outside traditional insurance arrangements.

6 Doctor and pharmacist advice. Medical practitioners may not know what patients will pay at the pharmacy, because every patient has different insurance with different co-pays and coverage. But they may be aware of generic options, older versions with equal benefits or even if cash payment lowers the bottom line. So it's important to ask if there's a less expensive option. Doctor's offices might be able to check if a medication falls under a particular insurance before you walk out the door.

7 Contact the manufacturer. Basey says some pharmaceutical companies and nonprofit organizations provide grants or assistance programs, although acceptance may vary. Manufacturers often offer patient-assistance programs or foundations that provide reduced-cost or no-cost medications, particularly for expensive treatments. For example, Tremfya has a rebate offer online. Search for "patient assistance" programs on their site or call the customer number.

8 Consider compounding pharmacies carefully. Compounding pharmacies prepare medications onsite and may offer lower-cost options, especially during shortages or when insurance does not cover a medication, says Joyce. They have become particularly popular for GLP-1 medications, which are often unavailable. But there are safety concerns, including some fatalities due to patient error. The Alliance for Pharmacy Compounding suggests that consumers make sure that the pharmacy is licensed, and that it requires a prescription.

9 Combination vs single. Fixed-dose combination drugs are a pharmaceutical development in which multiple drugs typically taken together are packaged into a single product. For example, Symbycott is an asthma medication that combines budesonide (a corticosteroid) with formoterol (a long-acting bronchodilator). Tylenol PM (acetaminophen-diphenhydramine) would be another. Joyce said consumers often pay more for those combinations than they would if the ingredients were prescribed separately. As long as taken together, as recommended, they work the same way.

10 Be cautious on overseas options. There's no question that Americans pay more for prescriptions, even routine medications. One comparison found that the price of Humira (a heavily advertised anti-inflammatory drug) is 423% more expensive in the U.S. than in the United Kingdom and 186% more than it costs in Germany. Another example is Eliquis, which costs \$550 out of pocket for 60 5-mg tablets in the U.S. vs \$150 in Canada, which offers a generic version. Both Florida and Colorado have been approved by the FDA to import drugs from Canada, but concerns about supply have blocked progress. And beware of online pharmacy scams. So unless you have a doctor willing to send a script and you're willing to make the drive, ordering from another country may not be the best option. **K**

The Only Five Funds You Really Need

The best way to play the market is to own the market

➤ **WHEN IT COMES TO INVESTING, WISDOM** from the late Jack Bogle remains relevant years after his death. The founder of Vanguard,

now one of the world's largest money managers, focused on developing index funds with ultra-low costs. He advised investors not to time the market, meaning sell during a crash and buy when it's rising. With that guidance in mind, we asked Wall Street experts to name the five investment funds you really need.

U.S. Stocks

For U.S. stocks that provide steady high returns, Richard M. Rosso, director of financial planning at RIA Advisors, suggests the **Vanguard Equity-Income Fund Admiral Shares** (Symbol: **VEIRX**). "You're getting large-cap companies and focus on undervalued stocks with hefty dividends," he says. This approach to U.S. stocks also avoids "roller coaster" returns, meaning huge up-and-down swings in returns, which could stress out many people in retirement.

The fund posted double-digit returns over six years between 2016 and 2025. It only lost money in one year, 2018. Even better, the annual expense for holding the fund was a mere 0.17%; price \$101, yield 2%.

U.S. Bonds

"In the long term, bonds are a ballast to a portfolio," says Sam Stovall, chief investment strategist at CFRA. In other words, having fixed income as part of your holdings will help stabilize the fund's performance. "Things that work in the past end up working in the future."

Stovall recommends the **iShares Core U.S. Aggregate Bond ETF (AGG)**. The ETF's holdings are overwhelmingly (99.99%) investment grade, which generally means the fund's components are not high-risk investments. However, recent returns through mid-September have been weak, with a loss of almost 1%. That loss likely reflects the current inflation surge and drop in government bond prices. The cost of holding the fund is a tiny 0.03%; price \$96, yield 4%.

BY SIMON
CONSTABLE

Emerging Market Stocks

Foreign stocks are worth a look, says Todd Rosenbluth, head of research at VettaFi. He points to **Vanguard FTSE Emerging Markets Index Fund ETF Shares (VWO)**. The holdings include strong companies such as Taiwan Semiconductor Manufacturing Co Ltd., Alibaba Group Holding Ltd. and Tencent Holdings Ltd.

"Here you get broad diversification, and market cap weighting in the holdings," Rosenbluth says. Recent returns have also been strong. Over the last three years through mid-September, the fund has returned an annualized 17.4%. The fund expenses are low at 0.06%; price \$60, yield 2%.

Commodities

Alternative investments also matter because they tend to move in different cycles than stocks. Notably, commodities are a useful addition to a portfolio in relatively small portions. Rosenbluth suggests the **ABRDN Bloomberg All Commodity Longer Dated Strategy K-1 Free ETF (BCD)**. "Here you get diversification in energy, precious metals, and agricultural products," he says. It's also relatively cheap, with an annual expense ratio of 0.3%.

One benefit of commodities is the tax on profits known as K1, which Rosenbluth says is "a better tax experience." It tends to mean lower payments to the Treasury.

Commodity returns can be volatile. Over the last 12 months, especially after oil prices skyrocketed, the fund was 34% through to mid-September. Price \$39; yield 11%.

Real Estate

Stovall suggests another alternative investment: Real estate. As many of us know, the price cycle for this

asset tends to move up and down over the years. He suggests including a small portion of a portfolio in this asset. He suggests picking the **Vanguard Real Estate Index Fund ETF Shares (VNQ)**. From 2018 through 2025, it lost money in only two years. This year through mid-September, the fund gained 8.9%. The expenses are also low at 0.13%; price \$93, yield 4%. ■



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the stories behind our
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Robert Jameson



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Medical Equipment Fraud Costs Medicare Billions

TWO FLORIDA MEN WERE RECENTLY sentenced to federal prison for a conspiracy to bill Medicare for \$34.8 million for thousands of orthotic braces sent to beneficiaries who didn't need them. The Centers for Medicare & Medicaid Services recently suspended 11 medical equipment suppliers from receiving Medicare Advantage payments after identifying more than \$3.4 billion in suspected fraudulent billing practices in 2025 and 2026.

With an annual budget of about \$1.2 trillion, Medicare has long been a target for fraud. It was first identified as vulnerable in 1990, according to the Government Accountability Office. Not only does Medicare account for about 15% of all federal spending, but the program is complex, with more than 1.4 million providers and more than 20 different payment systems, according to the GAO.

There is no overall estimate of how much Medicare loses to fraud, according to KFF, a nonprofit healthcare information organization. Still, medical equipment billing has emerged as one of the most significant categories of fraud even as various administrations have tried to tackle it.

Medicare spends nearly \$10 billion annually on medical equipment for beneficiaries, purchasing products from thousands of suppliers, according to the National Bureau of Economic Research.

The 11 companies recently suspended billed for medical equipment for deceased beneficiaries as well as sup-

plied equipment to beneficiaries who never requested or received it, according to Medicare. Officials had previously barred four of the companies from billing government-run Medicare. So they started billing Medicare Advantage plans instead, exploiting a significant loophole: Medicare Advantage doesn't require the same screening as traditional Medicare.

Even the screening used by Medicare is limited, according to the inspector general for Medicare. "Suppliers with the least screening—those that bill out of network and are not enrolled in Medicare—pose an increased fraud risk to the program," the inspector general said in a recent report.

One Florida provider submitted approximately \$18.4 million in catheter claims for more than 1,200 beneficiaries over two consecutive days in December 2025. The provider was not paid, according to the Medicare centers.

A Texas company submitted approximately \$5.5 million in orthotics claims, but payments were suspended before they reached the supplier. Investigators interviewed six beneficiaries who said they did not know the ordering providers, had never heard of the company, and did not need the orthotics. The investigators identified claims for nine beneficiaries with dates of service after their deaths.

Officials advise beneficiaries to guard against equipment fraud by being careful regarding unsolicited offers for medical supplies and verifying that any equipment you receive matches your doctor's prescription.



Equipment is one of the most significant categories of Medicare fraud.



YOUR BENEFITS

■ **Medicare confusion.** Do you understand everything you think you need to know about Medicare? If your answer is no, you're in good company.

While 89% of Medicare beneficiaries say they understand their coverage options, just 13% could correctly define original Medicare, Medicare Advantage, Medicare Supplement and Part D, according to a survey by insurance agency eHealth.

A whopping 88% don't know original Medicare, without a supplemental Medigap policy, has no annual out-of-pocket spending cap while 42% don't know or underestimate the 20% coinsurance they generally pay under original Medicare without a supplement.

And speaking of supplement plans, just 45% of respondents aged 54 and up correctly identified the basic definition of a Medicare Supplement plan, also known as Medigap, which is a separate private insurance plan that covers many of traditional Medicare's out-of-pocket costs.

For help navigating your Medicare questions, you can contact your State Health Insurance Assistance Program. These can be found at www.shiphelp.org.

■ **Protect your Social Security from scammers.** Scammers posing as bank or government employees are persuading Social Security beneficiaries to transfer their funds out of their bank accounts, allowing the thieves to take the money, according to an alert from the Social Security Administration.

According to the agency, “a scammer contacts you, describing a problem with fraud or identity theft. To seem trustworthy, the caller says they are a bank or government employee trying to help you protect or recover your money. They may even provide you with details about you or your account that only a bank employee or Social Security employee should know. They may say they are transferring your call to other departments or agencies to add legitimacy. They keep you on the call, sometimes for hours, and coach you through a three-way call with your real bank to unlock your account. They then direct you to transfer or move money to another account, supposedly to keep it safe.”

But, Social Security says legitimate bank and government employees will never help beneficiaries transfer their money, and no legitimate bank employee needs patrons to stay on a call for hours or keep a call secret.

If you get one of those calls, hang up and call the bank at the phone number on your statement or card.

Also, never move money, load a barcode or share account access based on instructions from an unsolicited caller, regardless of whether the caller knows your account details.

If you are scammed, report it at ssa.gov/scam.

■ **Medicare options.** Starting in the Spring, traditional Medicare will offer technology-supported care options to Medicare beneficiaries who have heart failure, chronic obstructive pulmonary disease (better known as COPD), substance use disorders, and nicotine dependence. The technology options are designed to help patients improve their health and stay independent, from the comfort of their homes.

The program enables participating organizations

NOVEMBER FINANCIAL CALENDAR

- 1 All Saints' Day; New York Marathon; Daylight Saving Time ends
- 3 Election Day
- 6 BLS October jobs report
- 8 Diwali; NASCAR Cup Series Championship
- 10 BLS Consumer Price Index (inflation)
- 11 Veterans Day (federal government, banks closed)
- 24 Davis Cup Finals (tennis)
- 26 Thanksgiving (federal government, banks, stock exchanges closed)
- 27 Black Friday; shortened stock trading day

25 YEARS AGO (2001)

- 12 American Airlines jetliner crashes in Queens, N.Y., killing 265
- 14 Afghanistan capital Kabul taken by U.S.-supported Northern Alliance
- 15 Microsoft introduces Xbox gaming console
- 16 Movie *Harry Potter and the Sorcerer's Stone* opens
- 19 President George W. Bush signs law creating Transportation Security Administration (TSA)
- 29 Former Beatle George Harrison dies

50 YEARS AGO (1976)

- 2 Jimmy Carter defeats Gerald Ford in presidential election
- 3 Movie *Carrie* premieres
- 11 Sculptor Alexander Calder dies
- 17 Seven-city tour of *Treasures of Tutankhamun* exhibit opens in Washington, D.C.
- 19 Andrew Lloyd Webber and Tim Rice release concept album *Evita*; Australian media mogul Rupert Murdoch buys *New York Post* newspaper
- 21 Movie *Rocky* opens in New York City
- 22 Comic strip *Cathy* debuts
- 24 Federal court permits use of marijuana for medical purposes
- 25 The Band gives farewell performance in San Francisco, Martin Scorsese films it as *The Last Waltz*
- 26 Trademark Microsoft registered with the New Mexico secretary of state
- 29 New York Yankees sign free agent Reggie Jackson to record \$3 million, five-year contract

INFORMATION TO ACT ON

to provide virtual care, health coaching, remote monitoring, as well as connected devices and wearables between regular doctor visits.

According to the Centers for Medicare & Medicaid Services, participation is voluntary and does not negatively alter a beneficiary's Medicare benefits, coverage or provider choice.

The program, known as the ACCESS Model, currently offers care options for people with chronic conditions, including high blood pressure, diabetes, chronic musculoskeletal pain and depression.

As of this writing, 160 organizations participate in ACCESS; Medicare says it will continue to add to this list. Medicare Advantage enrollees are not eligible, though their plans may offer similar programs.



YOUR ESTATE

■ **Having the talk.** Fewer than one in five American families have discussed inheritance plans, according to new research from Kiplinger in partnership with Morning Consult. This leaves many unprepared for an estimated \$85 trillion expected to transfer to Gen X and Millennials over the next two decades, according to Cerulli Associates.

The findings reveal a significant disconnect between parents and adult children when it comes to inheritance expectations and financial planning. While 47% of parents expect to leave a meaningful inheritance, just 24% of adult children expect to receive one, suggesting that many families are making assumptions instead of having conversations based on facts.

The research also reveals that many families lack a clear understanding of what is actually at stake. Twenty-six percent of parents can't even estimate the value of their own estate.

The top reason families stay silent, the research reveals: a deep uncertainty about how much parents will have left to pass down to their children, given widespread concerns about inflation and other economic pressures, long-term-care costs and how long they will live. The anxiety, the survey shows, cuts across generational and wealth lines—shared by adult children as well as by parents with annual incomes above \$100,000 and estates worth \$1 million or more.

Beyond finances, the study highlights the emotional complexity surrounding family dynamics and discussions. Families rank inheritance among the least com-

fortable topics to discuss—worse than talking about politics, mental health, and funeral plans.

But they say it's not quite as difficult as talking about sex and dating.



YOUR JOB

■ **How long to work?** “The middle class has aspirations of extending their working years and fully retiring beyond traditional retirement age,” says Catherine Collinson, CEO and president of Transamerica Institute, a nonprofit foundation that tracks Americans' attitudes regarding retirement. “This can be a good strategy for bringing in income and bridging retirement savings gaps – if they can remain healthy and employable as they grow older.”

According to this year's survey, 33% of workers expect to retire at age 70+ or do not plan to retire. Women are more likely than men to expect to work longer (36% vs. 30%).

But life often gets in the way of plans. Consequently, the survey showed 48% retired sooner than planned, including 45% of men and 50% of women. Men retire at the median age of 63 and women at 62.

Men are more likely than women to have retired early for employment-related reasons (62% vs. 44%) – and women are more likely to have done so for family-related reasons (30% vs. 17%). In addition, 17% of men and 11% of women retired earlier than planned because they saved and could afford to retire.

Among those who are not yet retired, 45% of survey respondents are worried that AI and robotics are making their job skills no longer needed. Women are more likely than men to be worried (48% vs. 41%).

■ **Technology and work.** Contrary to popular belief, many older workers want to embrace technology. According to CWI Works, a nonprofit that trains and places older workers, employees 55 and older are comfortable using technology and eager to learn new skills.

Among adults in this age group who have used AI for work, 87% reported in a survey they are at least somewhat comfortable using the technology, with 49% reporting that they are very or extremely comfortable with it.

Still, 76% of U.S. adults agree that people assume older workers are less comfortable with new technology.

Yet, older and younger (18-34) adults who are unemployed and looking for work, want opportunities to update their skills the most (34% v 31%), as compared

to middle-aged workers (24%).

One obstacle for older workers is ads with job descriptions that signal they are not welcome.

CWI Works says words in these descriptions that signal bias include phrases like “recent college graduate.” When included in a job description, 69% of older workers are less likely to apply. Other language that has the same effect: “Digital-first/digital native” turns away 41% of older adults, with 44% those reading it as a signal the role is intended for a different age group. Additional words that make older workers feel jobs are intended for other age groups include “culture fit” (46%), “go-getter” (45%), and “high potential” (36%).

■ **Kids’ effect on retirement plans.** Americans without children are less confident about retirement and less likely to have a written financial plan than parents, according to this year’s Annual Retirement Study from

Allianz Life.

The study found that 54% of Americans without children feel confident they can meet their retirement savings goal, compared with 72% of parents.

And 62% of those without children do not have a written financial plan, versus 42% of parents.

Sixty-one percent of those without children say day-to-day expenses prevent them from even thinking about retirement savings.



YOUR TAXES

■ **Who has to make quarterly estimated tax payments?** According to the IRS, estimated tax payments aren’t

solely for the self-employed. Other kinds of income subject to estimated taxes include: interest, dividends, alimony, capital gains, royalties, rents, prizes and awards.

Estimated tax is used to pay not only income tax but

HEALTH & WELLNESS

How to Get Enough Fiber

BY MARTHA McCULLY

If last year’s nutritional buzzword was protein—added to everything from coffee to cereal—2026 is the year of fiber. Even Arnold Schwarzenegger is selling a fiber supplement powder online. But if the word fiber makes you think of psyllium husks and Wasa crackers, think again. Fiber is just carbohydrates that your body doesn’t digest. Fiber lowers blood sugar and LDL cholesterol, curbs your appetite, gives you the feeling of satiety and feeds the good bacteria in your gut. Research has proven for decades that a fiber-rich diet is linked to lower rates of cardiovascular disease, type 2 diabetes, and colorectal cancer. Though most of us just don’t eat enough of it.

Being conscious of fiber is the first step to changing that. Soluble fiber is found in oats, chia seeds, nuts, beans, lentils and some fruits and vegetables like peas and avocado; it retains water and becomes gel-like; think of chia pudding. It can slow down digestion and can help lower cholesterol and blood sugar, according to the Mayo Clinic. Insoluble fiber doesn’t dissolve in water; it’s in whole grain foods

(barley, brown rice, wheat flour, farro), nuts, fruits with peels like pears and vegetables such as cauliflower and green beans. It adds bulk to the stool to improve regularity.

The recommended daily intake of fiber is 21 grams for women over 50, and 30 grams for men over 50, according to the National Academy of Medicine. Look at the Nutrition Facts label of foods for fiber amounts; words like psyllium, inulin and resistant starch mean fiber has been added. Excellent sources are (one cup cooked) split peas (16g), chickpeas (12.5g) and black beans (15g). Chia seeds have 10g of fiber in two tablespoons, a sweet potato with skin has 4g, a pear with skin has 5.5g and an apple with skin has 4.5g. A whole avocado has 10g. You can look up other amounts on the USDA FoodData Central website at <https://fdc.nal.usda.gov>.

High-fiber foods are more filling than low-fiber foods. Refined, processed foods are usually lower in fiber, as are fruit juices that don’t have the skin or pulp of the whole fruit. Some experts recommend starting every meal with fiber (a salad, crunchy crudités) because it slows the absorption of nutrients and decreases blood sugar spikes.

As Arnold says, “Fiber is foundational. It’s proven. It works.”

INFORMATION TO ACT ON

other taxes such as self-employment tax and alternative minimum tax.

The IRS says knowing the requirements and paying on time is key to avoiding any penalties that can be imposed on taxpayers who didn't pay enough tax during the year, either through withholding or by making estimated tax payments.

Taxpayers can pay online at www.irs.gov/payments. Use Form 1040-ES and pay by mail or by phone.

Additionally, individuals can pay through their IRS Individual Online Account, where they can also see their payment history and other tax records.

For additional information, refer to Publication 505, Tax Withholding and Estimated Tax. 

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Total printed	51,939	48,350
Percent paid and/or requested circulation	99.92%	99.92%
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Percent paid (both print and electronic)	99.92%	99.92%

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Shaun Inglethorpe, Managing Director

YOUR TECH

How Chatbots Can Guide Decisions and Detect Scams

BY ELTON JONES, TOM'S GUIDE

AI chatbots such as ChatGPT, Google Gemini and Microsoft Copilot can help navigate Medicare, financial issues as well as general technology problems.

Use the following prompts to turn an AI chatbot into a digital assistant:

Explain Medicare to me like I'm a complete beginner. Start with the basics and gradually introduce more complicated concepts.

Explain this financial document to me in plain English. Highlight anything I should ask a qualified financial professional about. (Make sure you attach the financial document you want more clarity about)

I need to make a decision about [explain your situation]. Give me a balanced summary of the strongest arguments for and against each option.

Explain how to set up my new iPhone [model name and number] step by step. Assume I'm not very comfortable with technology and don't skip any steps.

ChatGPT features plugins—Malwarebytes and McAfee—that help figure out if a web address, phone number, text message or email is trustworthy. Begin your prompt by @'ing either of those plugins, using any of the following prompts, then copy and paste things that might be a scam:

Is this link safe to click?
Is the DM I just shared with you from a scammer?

Analyze this email for potential scam warning signs. Explain every red flag you find.

Note: Never share personal or confidential information, such as financial or medical documents, with any AI chatbot, and always check with a professional before making any decision given to you by AI.

Tom's Guide is an online buying guide with reviews of electronics, appliances, exercise equipment and other devices and services at www.tomsguide.com.

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‘Age Tech’ Takes On a Critical Role

New AI-powered apps and gadgets are built for older adults at home

➤ **THE WIDE WORLD OF SO-CALLED AGE TECH**—devices, apps and services designed to help older adults navigate life—can seem dazzling at first.

Wearing a pendant with a button to summon emergency help is no longer cutting edge. Now there are 4D radar imaging home sensors that alert caregivers when you fall (or lie immobile for too long); “smart mats” you can stand on to check your vital signs; a tabletop AI robot that can play games or remind you to take your meds—and more.

Whether you’re considering a few innovations for your own comfort, or you want to make life easier and safer for a loved one, these systems promise peace of mind, and even light entertainment, for all involved. But where do you begin?

First, keep an open mind when it comes to “age tech”—a trendy term—versus other kinds of technology that might also be useful to you, says Laurie Orlov, who tracks industry research and trends in the Aging, Health and Technology Watch blog. “Start by identifying the problem you want to solve, because that will help you find more products specific to your particular need,” she advises.

Why technology matters more with age

People are living longer (no surprise there). But 93% of adults age 65 and up live in their own home or apartment, according to the Pew Research Center, and 60% hope to keep it that way by continuing to age in place with the help of a caregiver.

This is both a noble aim and a tall order, given that two-thirds of people will need long-term care at some point in their lives. And given the strain on people’s time and energy, it’s no surprise that more caregivers—and adults themselves—are turning to technology to fill the gaps. Half of adults 50 and older use at least one type of smart-home tech (e.g., for security, lighting, even cleaning), according to a 2026 report from AARP, and the use of wearable devices like watches, rings and pendants has more than

tripled, from 11% to 36%, since 2016.

Caregivers are also more tech reliant: the use of remote monitoring systems—including apps, wearable devices, video platforms and the like—has nearly doubled since 2020: to 25% from 13%, according to a 2025 report by AARP and the National Alliance for Caregiving.

Needless to say, the demand for supportive tech devices and services shows no signs of slowing. People over 50 spent about \$94.5 billion on technology in 2025, a number that’s projected to hit \$120 billion by 2030, according to the AgeTech Collaborative, a network of startups, entrepreneurs and incubators led by AARP.

Perusing new arrivals in the tech aisle

Most assistive tech falls into well-established categories, from wearable devices (watches, rings, pendants that can track physical activity and monitor vital signs

BY MP
DUNLEAVEY



Technology is helping to make homes ‘health monitoring stations’.

GETTY IMAGES

like blood pressure) to in-home sensors that can detect falls or unusual changes in behavior, to programmable devices that can provide alerts, respond to commands or place hands-free emergency calls.

Some of the most noteworthy technologies are super-smart apps and devices that are responsive and in some cases predictive, says Emily Nabors, associate director of innovation at the Center for Healthy Aging with the National Council on Aging. Artificial intelligence is powering these innovations.

AI allows most devices and apps to provide a more sophisticated level of care, Nabors says. Many devices “use AI algorithms along with motion sensors to detect falls,” she says. “Others use machine learning models to predict potential health concerns based on changes in biometric data.” Once a device knows your baseline, it can flag important deviations: the subtle change in gait that precedes a fall, the disrupted sleep and extra bathroom trips that might signal a urinary tract infection.

For example, the home sensor Vayyar Care uses radar rather than a camera or a wearable to identify a fall. A small wall-mounted unit emits radio waves to map a person’s movement and posture, even if they’re in the dark. It can flag a “long lie,” when someone has been on the floor too long, even if the fall itself was too gentle to trigger an alarm.

Other innovations are portable. The Food and Drug Administration’s “Home as a Health Care Hub” initiative—which uses diabetes as a test case—highlights smart mats that a person can stand on to monitor vital signs like body temperature and weight changes.

What ties some of these innovations together is a broader shift toward reimagining the home as an integral part of the healthcare system. The U.S. is facing an escalation in chronic diseases, even as the number of hospitals and clinics contract and costs rise. So, as healthcare moves out of traditional facilities, the living room, kitchen and bathroom are doubling as health-monitoring stations.

Your social life on tech

Smart TVs and tablets increasingly provide platforms and portals that help families and friends stay connected. But AI can also make artificial companionship feel more satisfying—or at least entertaining.

EllieQ, a tabletop AI-powered personal pal, for example, can increasingly hold more natural back-and-forth conversations and respond to what you actually say rather than reciting canned lines. The fluffy robotic “pets” that purr and bark and respond to your touch are

getting better at initiating contact, like a real pet, rather than waiting to be summoned.

When it comes to this level of personal interaction, many people are wary about their privacy. Nabors says it’s largely up to you to vet the privacy and data collection settings on any device: “Be sure to review these so you know what information is stored by an AI device, and ensure they collect only required information.”

Similarly, as prescient as AI-based technologies can be, that doesn’t mean AI is a genie that can do your bidding—or your doctor’s. “Always check that any medical advice or instructions are valid,” Nabors says. “AI doesn’t replace a healthcare provider’s guidance or recommendations.”

Sometimes the basics are good enough

If all this “age tech” sounds like another set of tasks to master and apps to coordinate, you aren’t wrong. But there’s good news here, too.

Macalee Cassaday, a founder of Cyber-Seniors, a company that provides tech training for older adults, notes that many people can get a lot more out of the tech they already have. Rather than assume you need a smarter device, or an easier one, “change the settings in the devices you have to make them easier to do what you need,” she says.

By making the cursor bigger, the track pad less sensitive, and delaying the sleep mode (when a device goes dark)—all features that can be adjusted via the settings menu—people become more confident using whatever device they have, she says.

Medicare Advantage plans may cover some forms of technology, particularly if they help you stay safer at home, but you’re going to pay for most types of tech—some of which come with steep subscription fees—out of pocket. (See page 15 for what traditional Medicare is doing about technology.)

And some of the items you already own or have installed at home may do more than you realize. “The smart watch that counts your steps may also be able to detect when you trip and fall,” Orlov says. Similarly, just as your home alarm system may summon emergency help if you forget to turn off the stove, it may also be able to summon help if you fall.

Embracing technology does hold out the promise of peace of mind, greater personal safety and (maybe) a longer, healthier life. That doesn’t mean that acquiring every new toy that hits the market will improve your quality of life. With age tech, as with most things, less is usually more. ■

Meanwhile, Back at the Old Folks' Home

MY FIRST SPOONFUL OF GINGER-COCONUT

curry soup triggered one of those semi-voluntary, eyes-closed-with-head-lolling-back gestures signifying not only that a dish is delicious, but that its deliciousness has infiltrated our souls, reminding us to savor our surroundings, companions and all of life's ample pleasures.

I was dining that afternoon with a friend and former colleague at an outdoor table within view of an inviting pool. A few months earlier, Sergio and his wife had decided to sell their home and move into this landlocked cruise ship of a senior living center in a Los Angeles suburb. Sergio's health struggles were key to their calculations.

I'm no longer so childishly hubristic as to think that I'm immune to the possibility that such a place may someday—maybe tomorrow—have appeal. Rather, at age 73, I struggle to understand why the idea of checking into a senior community, assisted living center or nursing home gives me the creeps.

Two current streaming series suggest I'm not alone in my resistance. In Netflix's *The Burroughs*, the ragtag cast discovers a, well ... creepy, underside to their luxury New Mexico retirement community and resists amusingly. In the same network's *A Man on the Inside*, a widowed, retired professor played by Ted Danson goes undercover in a San Francisco senior living home and amusingly sniffs out its weirdness and wonders.

I'll leave it to Kiplinger's experts to help readers sort out the complex, unamusing economics of this \$1 trillion industry. My only insight came from a colleague's comment while I was helping my father during his losing fight against lung cancer. Dickensian almshouses may be gone, but levels of care remain far from egalitarian. One day a fellow journalist overheard one of my contentious phone calls. "Imagine what it's like," she

said, "for people who don't have an asshole on their side." Set aside the abusive dumps that swallow up people who lack annoying allies and/or tons of cash. Why do even "resort-living" joints give some of us pause?

I recently attended a memorial for the well-to-do father of childhood friends, held at a facility he'd moved into with his wife after a wildfire burned their lifelong home down to a chimney and slab. The establishment's pitch uses a term corporations offer when they're about to put staff out to pasture: "Ready to right-size?" In a cloying tone common in the business, the website promises: "An occasion for living

your best life," and, "It's not just where you live. It's where you belong."

My friends' father belonged in or to that "village" for 23 years. It sure seems as if he thrived there, transitioning from an independent living cottage, to the assisted, to the skilled nursing parts of the 37-acre property. He enjoyed music, ice cream and a fierce game of bridge until he died at 105. Would he have been happier if he'd held onto his autonomy, I wondered—

instantly realizing it was not my question to ask.

Photos on the wall of the apartment Sergio Bata Munoz shares with his beautiful wife, Juana, show my friend in an earlier chapter of his life, hanging out in Mexico with novelists Carlos Fuentes (*The Death of Artemio Cruz*), Gabriel Garcia Marquez (*One Hundred Years of Solitude*) and William Styron (*Sophie's Choice*).

Watching my no-longer-young-but-ever-dignified friend enjoying our "dining experience" while yakking with other residents about the guest speaker program that Sergio's already taken over, gave me faith in his decision. The setting of a good yarn, after all, is far less important than its characters, and characters get more interesting as they adapt to unexpected turns in their story's plot. **K**

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