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AARP Bulletin

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**SPECIAL
REPORT**

SUPER AGERS

HOW SCIENTISTS ARE FINDING
NEW WAYS TO DETECT, AND TREAT,
THE DISEASES OF AGING—
BEFORE THEY EVEN BEGIN!

FUTURE STRATEGIES TO:

- PUT THE BRAKES ON ALZHEIMER'S
- REVERSE HEART DISEASE
- FIX A BROKEN HIP—LIKE MAGIC!
- LIVE LONGER AND HEALTHIER

BREAKTHROUGHS!

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**FROM VISION
TO VICTORY:**
A DECADE OF
ACHIEVEMENTS
FOR AARP'S LEADER

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“I surround myself with people who are happy and positive and smart and funny.”

—Ina Garten

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\$2 trillion

The amount Americans spend on counterfeit products annually

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HOW SMART IS YOUR HOME?

Can it tell you when the medicine cabinet gets opened?

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ALL THEY WANT FOR CHRISTMAS... ARE GIFT CARDS.

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WEIGHT, WHAT?

Being underweight—yes, that's right—can pose health problems as we age.

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Free Online Book
AARP members can read *The Longest Ride*, a *New York Times* bestseller by Nicholas Sparks. Visit aarp.org/LongestRide.

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► **BUZZED BOOMERS** One in 5 Americans 50-plus used some form of cannabis in the past year, says the University of Michigan's National Poll on Healthy Aging. That's up from 1 in 8 in 2021. Users cite help with sleep and dealing with stress and pain relief as benefits of pot use.

MEDICARE COSTS TO FALL FOR MANY

Good news for many Medicare enrollees: Average monthly premiums for Medicare Part D and Medicare Advantage plans will fall in 2025.

The average monthly premium for a stand-alone Part D prescription plan is projected to be \$40 next year, a decline of \$1.63, or nearly \$20 annually, the Centers for Medicare & Medicaid Services (CMS) said in September.

Average Medicare Advantage monthly premiums are expected to decrease by \$1.23 a month to \$17 in 2025. Medicare Advantage members must be enrolled in Parts A and B of Medicare. Part A is free if a person or their spouse has paid Medicare taxes for at least 40 quarters, the equivalent of 10 years. Part B premiums are recalculated every year.

About 60 percent of Medicare Advantage enrollees who stay in their current plan will have no MA premium next year, CMS officials say. The agency projects that more than 4 in 5 enrollees will have the same or lower premiums in 2025 if

they stay with the same plan.

Even though average premiums aren't rising, Part D and Medicare Advantage plans can make other changes to drug lists and costs, so it's important to compare plans during open enrollment, which runs through Dec. 7.

The slight reduction in Part D coverage and in Advantage plan premiums is not the only good news for Medicare beneficiaries in 2025. One of the most significant changes to the prescription plans will take effect next year when out-of-

pocket spending for covered drugs will be capped at \$2,000, far less than what someone with high medication costs pays this year.

Average premiums could be lower next year in part because of a monetary incentive that CMS is giving insurers to keep enrollees' monthly bills stable.

People with Medicare will have access to an average of 15 Part D plans and 34 Medicare Advantage plans with prescription drug coverage. New plans take effect Jan. 1.

\$2,000
Cap for out-of-pocket spending for covered drugs

GET FREE IN-HOME COVID TESTS

After a surge in summer COVID-19 infections and with another wave anticipated this winter, the federal government has renewed its free at-home coronavirus testing program.

Every American household can get four antigen tests delivered directly to their home at no cost.

"Taking a quick test is a great way for all of us to keep our friends, family and loved ones protected," says Dawn O'Connell, assistant secretary for preparedness and response at the U.S. Department of Health and Human Services, which oversees the program.

Testing for COVID-19 can help you get treatment on time and "reduce your risk of severe illness," the program's online platform states. It's also a good way to help prevent the virus from spreading as families and friends gather indoors.

The tests will detect current variants and can be used through the end of the year.

To get your tests, visit covidtests.gov.



CDC: Many Struggle With Rx Costs

About 9 in 10 adults 65 and older in the United States take prescription medication to manage health conditions such as diabetes, heart disease and arthritis, according to a new report from the Centers for Disease Control and Prevention. But the CDC says some older Americans skip doses or delay refills to save money.

Using data from the 2021-2022 National Health Interview Survey, researchers found that 89 percent of older adults took prescription medication in the previous 12 months. But roughly 4 percent of older adults who were prescribed medication did not fill that prescription, citing the cost, the report shows.

Other data suggests many more struggle with high drug prices. A 2019 poll from the health policy nonprofit KFF found that nearly a quarter of adults age 65-plus report difficulty affording their prescription drugs, and a study published in 2023 in *JAMA Network Open* found 1 in 5 older adults don't take medication as prescribed because of the cost.

CDC researchers found that individuals living with several chronic health conditions were more likely than those with fewer health issues to engage in cost-saving strategies. Older adults with no prescription drug coverage were more likely to go without their prescription medication than people with insurance coverage.

Spray Flu Vaccine Approved, but Not Yet for People 50+

There's a new way coming for people to protect themselves from the flu without a shot or doctor's visit. But for now, it's only for those under 50 years old.

Still, older Americans should be heartened about the news, health care experts say.

The U.S. Food and Drug Administration recently approved a nasal spray flu vaccine, called FluMist, for people ages 2 to 49. Once it's available next year, it can be ordered from an online pharmacy and administered at home.

FluMist has not been approved for adults 50 and older. In clinical trials, researchers found that the vaccine was not as effective in people 50-plus.

Even though older adults aren't eligible for the at-home nasal vaccine, it will still benefit

them. That's because the vaccine will likely appeal to school-age children and busy individuals who can't take time off work. And vaccinating more young people against influenza will help boost community immunity, health care experts say.

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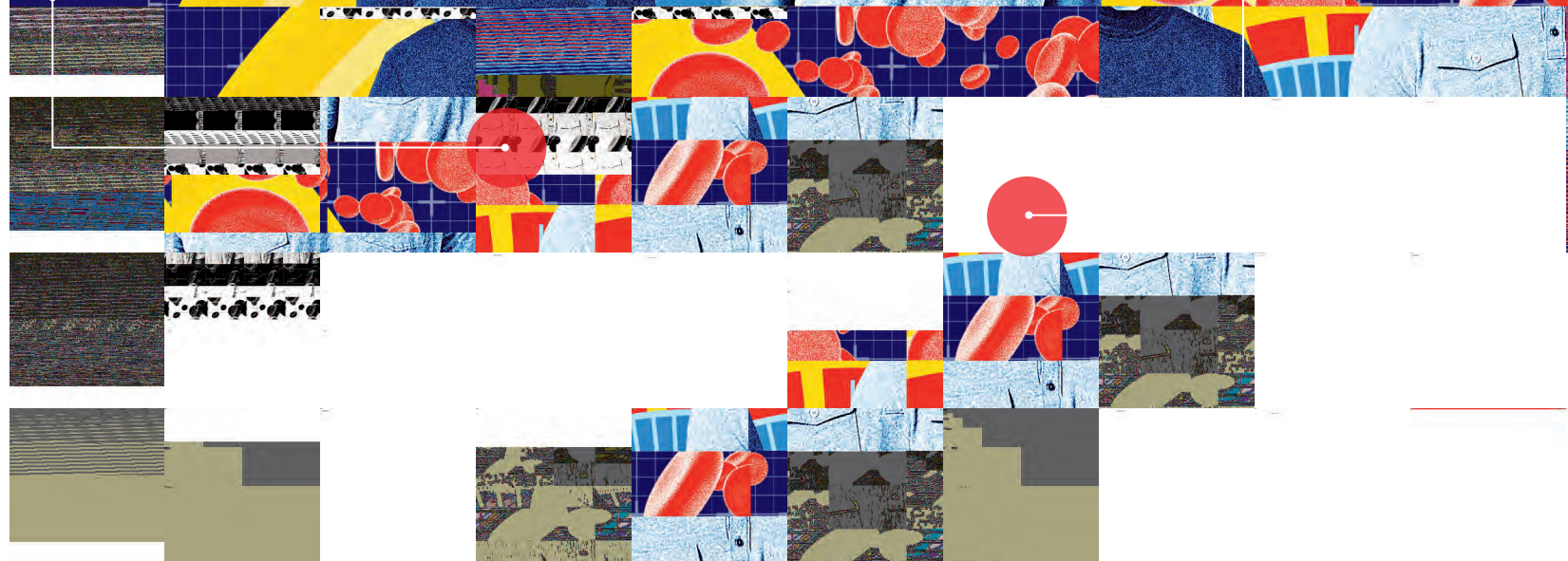
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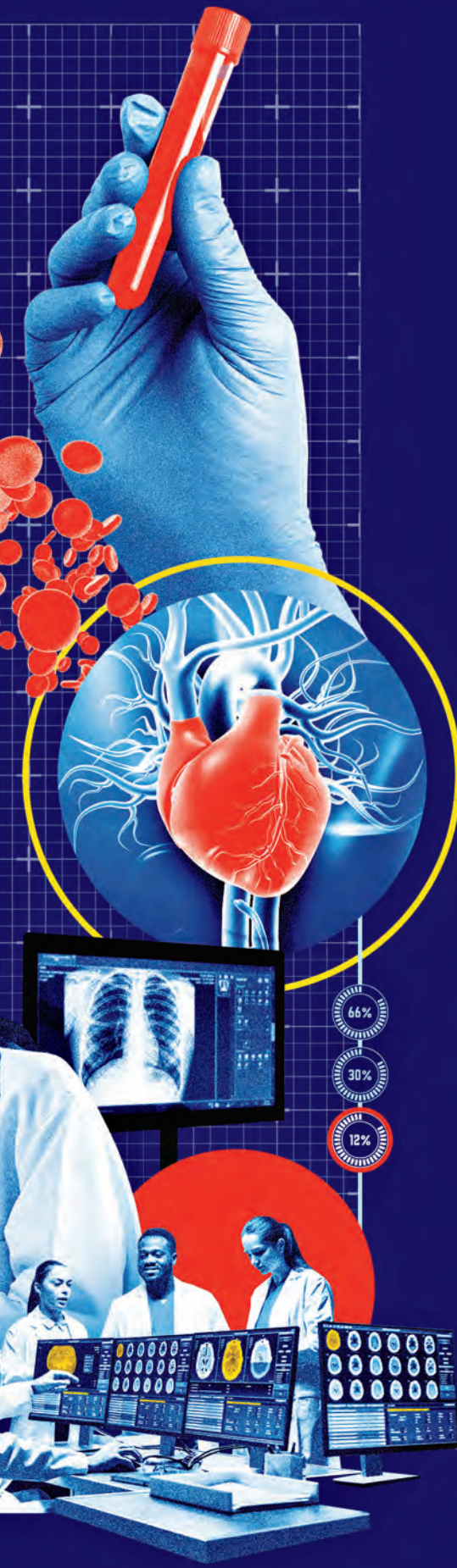
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THE EDITOR OF AGE

We may live for 100 years—perhaps even a century—thanks to medical breakthroughs that will change the way we live, work, and play. But as we age, our bodies, our minds and our

BY JEA



“Would you want to live to 200?”

—Tony Wyss-Coray, neuroscientist

The question sounds hypothetical. But thanks to a handful of scientific breakthroughs that have emerged in just the past two years, it might not be.

In 2023, Wyss-Coray and his team at Stanford University were able to calculate the rate of aging of 11 major organs, using proteins in the blood known as biomarkers. And this past July, researchers in Sweden announced they’d found that a simple blood test could detect Alzheimer’s disease with about 90 percent accuracy.

These discoveries have helped to create a new foundation upon which researchers can build, with the promise of detecting, treating and even halting emerging diseases—think heart disease, cognitive decline and many forms of cancer—before they have a chance to make us ill.

A mind-boggling tsunami of research is suddenly emerging from universities all over the world. In labs, old, frail mice that share blood with younger mice become healthier, stronger, and live longer. Researchers believe this technology could one day be applied to humans. Such advances, which not too long ago were the domain of sci-fi novels and superhero movies, are now within sight.

THE PROMISE OF A LONGER LIFE BEGINS BY GROWING THE ‘HEALTH SPAN’

Today, the maximum human lifespan is estimated at somewhere between 115 and 120 years. (Frenchwoman Jeanne Calment, believed to be the oldest person who ever lived, died in 1997 at 122.) But researchers who study aging are no longer just focused on longevity. Instead, the end game is long life without many of the diseases that are associated with aging—not lifespan, but health span.

“We’re not looking to have people live forever,” says Thomas Rando, director of the UCLA Broad Stem Cell Research Center in Los Angeles. “We’re looking to have them lead healthy lives for as long as they live. That’s the dream.”

In their quest to improve health span, more researchers are studying the field of “super agers”—people over 80 whose memory is at least as good as those in their 50s and 60s. What separates these late-life high achievers from the average population? And how can the rest of us catch up?

“On average, individuals experience cognitive decline with each successive decade from our 30s and 40s onward,” says neuroscientist Emily Rogalski, director of the University of Chicago Healthy Aging & Alzheimer’s Research Center (HAARC) Center, who first defined the term *super ager*. “Identifying key factors that allow for youthful memory holds promise for helping others extend their health span and avoid Alzheimer’s and related dementias.”

About 1 in 5 otherwise healthy adults 50 or older have at least one organ aging at a very accelerated rate.

Indeed, the biggest risk factor for chronic diseases such as heart disease, Alzheimer’s disease, type 2 diabetes, cancers, osteoarthritis—even hearing loss—is simply getting older. If we can slow the rate of aging, we can also delay, and perhaps prevent, the onset of disease, allowing people to live longer and healthier.

“We’ve identified some dials we can tweak that allow us to change the rate of aging,” says Eric Verdin, president of the Buck Institute for Research on Aging.

“The hypothesis is not fully proven yet, but the evidence is pretty strong,” he says. “The aging field is transforming medicine.”

This new way of looking at disease has triggered a tectonic shift in the science of aging,

CONTINUED ON PAGE 8



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Cover Story

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a field of research referred to by a different name: geroscience. The goal of geroscience is to extend physical health and cognition and make being a super ager the rule, rather than the exception.

THE COMING CRISIS OF AN AGING POPULATION, AND WHY WE MUST KEEP OURSELVES HEALTHY

Preserving the health of people in their 80s, 90s and beyond is a critical challenge facing the U.S. Over the next 30 years, the number of centenarians in this country is projected to quadruple to roughly 422,000 by 2054, according to the U.S. Census Bureau, while the population of people over 65 may reach 82 million in the next 25 years.

“At least half of these individuals over 65 will have two or more diseases; a quarter of them will have three or more diseases by age 70,” says biochemist Laura Niedernhofer, director of the Institute on the Biology of Aging & Metabolism at the University of Minnesota. “We need a radical new approach.”

Some researchers believe the era of that radical new approach has already dawned.

In the not-too-distant future, your doctor will be able to use antiaging supplements and drugs to “treat” aging overall, delaying the onset of age-related diseases. Advances in screening technology, together with targeted therapies, may usher in “a new era in the detection and treatment of cancer,” says Ronald DePinho, cancer biologist and the Harry Graves Burkhart III distinguished university chair and past president of the University of Texas MD Anderson Cancer Center.

In 10 years, for example, if you or a loved one is diagnosed with pancreatic cancer—which today has a five-year survival rate of just 13 percent—a combination of targeted therapy, immunotherapy drugs activating the immune system, and a personalized mRNA vaccine (which triggers a cancer-specific immune response) could lead to “doubling or tripling five-year survival,” DePinho says. In 20 years, minimally invasive image-guided surgeries, followed by personalized vaccines after surgery, will help prevent recurrence of early-stage cancers. (For a timeline of upcoming breakthroughs, see page 14.)

In the coming decades, a hip fracture—

ILLUSTRATION SOURCE IMAGES: PAGES 6, 8, 10, 16: SHUTTERSTOCK (19)

MY LONGEVITY SECRETS



NIR BARZILAI, 68, President of the Academy for Health & Lifespan Research: “I exercise every day for about an hour on the Peloton treadmill and stretch twice a week with a trainer. I’m doing upper-body and lower-body exercise with weights and stretching. For food, my main intervention is intermittent fasting at least 16 hours a day, many times more. I’m trying to do more Mediterranean diet and less carbohydrates. I take 1,500 mg of metformin every day. For sleep, I try to be in a dark room without electronics for at least eight hours and get as much good sleep as I can. For social connectivity, I’m talking to you.”

which currently results in death in 21 percent of people 60 and older within a year after a fall—will be transformed from a potential tragedy into a temporary setback: Stem cell therapy, which may be delivered in a special infusion center, will allow older people to regrow bone mass, enabling them to return to full function and health, UCLA’s Rando says.

Your annual checkup will most likely be a lot different as well. Beyond basics such as glucose levels and triglycerides, the checkup of the future may consist of testing thousands of biomarkers—molecules found in your blood and other body fluids or tissues that can reveal potential or emerging diseases before they pose a threat.

Although biomarker-guided therapies have been used to treat cancer for decades,

scientists are identifying biomarkers of aging that will help predict dementia, liver disease, osteoporosis and other diseases, allowing for earlier and more accurate interventions before disease sets in.

Some scientists, such as Harvard geneticist and longevity researcher David Sinclair, believe that aging can even be reversed. Here’s the theory: Day by day, year by year, our DNA replicates itself as we discard old cells and grow new ones. But like a copier running low on ink, the duplication gets less and less accurate, and genetic information is lost. That’s what creates aging.

What would happen if we could prevent that information loss?

Last year, in a paper published in *Cell*, Sinclair and his team made the case that

a backup copy of the genetic instructions stored on the body’s “hard drive” could be rebooted, essentially reversing the damage done by aging. Though his experiments are primarily in the animal testing phase, Sinclair says he will start a trial next year to test this theory, with the specific goal of reversing blindness in humans.

WHY DIFFERENT BODY PARTS AGE AT DIFFERENT RATES, AND HOW MEDICINE CAN RESPOND

You need only look around at your circle of friends to realize that the passing of time affects everyone differently; one 70-year-old may look 60ish (hopefully that’s you) while another looks fully their

CONTINUED ON PAGE 10

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Cover Story

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age and more. Each person has what's called a "biological age," which is the measure of the health of their tissues and organs. Your biological age may be lower or higher than the number of birthdays you've had.

"Everyone ages differently due to genetics, lived experiences and family history," says Miranda Orr, a neuroscientist specializing in Alzheimer's disease and brain aging at Wake Forest University School of Medicine and the Salisbury VA Medical Center in North Carolina. Even different parts of our bodies age at different rates, which is why an otherwise healthy person can be blindsided by an unexpected disease that targets one specific organ—kidney failure, for example, or prostate cancer.

"We are a collection of organs, and not everyone's organs are aging at the same rate," says Wyss-Coray, the D.H. Chen distinguished professor of neurology and neurological sciences at Stanford University. In his groundbreaking study last year, Wyss-Coray not only demonstrated that researchers could use biomarkers to identify how each organ is aging, but was able to show the consequences of those findings: An organ that was aging faster carried a 15 to 50 percent higher risk for mortality in the following 15 years. One in 5 healthy adults 50 and older have at least one organ that is aging too fast, the study found.

Since identifying what they call the "hallmarks of aging"—the molecular, cellular and systemic processes that our bodies undergo as we grow older—geroscience like Wyss-Coray can define the specific ways in which each individual ages. Once your unique hallmarks are established, doctors will be able to tailor drug regimens and combination therapies to treat your specific aging profile, rather than giving you the same type of treatment as everyone else.

And that opens up a wide world of opportunities to detect, treat and reverse disease.

The code to your specific aging profile is found within a series of these biomarkers—molecules within the body that offer clues to one's health. Triglycerides, A1C and prostate-specific antigens (PSA) are common examples of biomarkers. But researchers can now use blood, skin or saliva samples to analyze specific patterns in DNA, called methylation

MY
LONGEVITY
SECRETS



RONALD DePINHO, 69, Harry Graves Burkhart III distinguished university chair and past president of the University of Texas MD Anderson Cancer Center: “I consume a balanced diet rich in fish, fruits and vegetables, and take a baby aspirin and 2,000 IU of vitamin D. Avoid processed and red meats; perform daily exercise incorporating cardio (bike, elliptical), balance/coordination (tae kwon do), strength (weight lifting) and flexibility (yoga), averaging a total of eight hours per week. I routinely walk 3 miles each night after dinner. Also, no tobacco; avoid excessive sun; limit alcohol to one glass or less per day.”

marks, that give a more detailed look at the biological age of various body parts. If DNA from a certain area of the body shows signs of greater wear and tear, doctors may be able to administer treatments to give that area a helping hand—bringing its biological age back in line with the rest of the body before a disease can take hold.

“If you can monitor the relative age of an organ on an ongoing basis and see, for example, that the lung of a 60-year-old is aging like that of a 65-year-old, you can do an intervention to bring it back to its normal age,” says Wyss-Coray, who predicts that the Food and Drug Administration (FDA) will approve tests for use in humans specifically designed to measure organ aging within the next five to 10 years.

HOW EARLY DETECTION MAY MAKE ALZHEIMER'S TREATABLE AT LAST

For nearly 7 million Americans who have Alzheimer's disease and millions of others whose family histories point to a strong proclivity for the disease, the challenges of diagnosis remain considerable. “The problem is we don't understand the intrinsic mechanisms of the disease yet, so we don't have highly effective interventions, and we don't have enough knowledge about Alzheimer's to cure it,” says Luigi Ferrucci, scientific director of the National Institute on Aging (NIA). But as with other parts of the body, early detection and intervention will probably be the key to effectively treating diseases of the brain. (The only two FDA-approved treatments currently available to slow progression of Alzhei-

mer's, the anti-amyloid drugs lecanemab and donanemab, have to be administered in the early stages of the disease.)

Until now, the diagnosis of Alzheimer's has been made through PET scans and spinal taps—expensive procedures often inaccessible to people who live in rural areas or who lack insurance or money for pricey diagnostics. That's why the announcement this past summer by the group of researchers at Lund University in Sweden of the blood test that can accurately diagnose Alzheimer's in routine health care settings is a game changer.

Rhoda Au, a professor of anatomy and neurobiology at the Boston University Chobanian & Avedisian School of Medicine, is experimenting with voice-based digital

CONTINUED ON PAGE 12



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CONTINUED FROM PAGE 11

markers as a diagnostic tool for Alzheimer's disease. Traditional cognitive testing for neurodegenerative illnesses can be time-consuming and inaccurate. Using voice-based digital markers, Au has found that people with cognitive impairment often have detectable acoustic features such as hesitation and stuttering that indicate disease much sooner than other diagnostic tools.

"The idea is to pick up that something is amiss early, then figure out why," Au says. "If you're experiencing a neurodegenerative process, it's not acute but gradual. The longer you can delay the progression or onset of symptoms, the longer you can delay significant consequences of this disease. The goal is to live to end of life cognitively intact."

As early diagnostic techniques improve, so do treatment options. Drugs that reduce inflammation in the brain are in clinical trials. The anti-amyloid drugs currently available only slow the disease by about 30 percent, says Howard Fillit, cofounder and chief science officer of the Alzheimer's Drug Discovery Foundation, "so we clearly need drugs with other mechanisms to be used in combination with anti-amyloid drugs to slow the disease down further." The goal is to slow the disease by 100 percent, he says. "Drugs reducing inflammation in Alzheimer's disease could achieve this goal, at least in part."

DePinho's team at MD Anderson recently identified a molecule that reduces age-related inflammation and improves brain and muscle function in mice. This could have enormous therapeutic implications for diseases such as Alzheimer's and Parkinson's, as well as heart disease and various forms of cancer.

THE MEDICINES THAT 'CURE' AGING MAY ALREADY BE ON YOUR DRUGSTORE SHELVES

Although there are no antiaging drugs approved by the FDA—in part because the FDA doesn't recognize aging as a disease—at least a dozen drugs that have been approved for other purposes are strong contenders for use as antiaging agents, says Nir Barzilai, president of the Academy for Health & Lifespan Research, whose research focuses on repurposing drugs to fight aging in new ways. These drugs target the hallmarks of aging and have protective mechanisms that work on the whole system to tamp down

CONTINUED ON PAGE 14

A Perfect Day of Not Aging

AS WE'VE SEEN, EVERY INDIVIDUAL—INDEED, EVERY INDIVIDUAL BODY PART—AGES AT A DISTINCT RATE. BUT THERE ARE THINGS YOU CAN DO THAT MAY SLOW AGING OR, AT THE VERY LEAST, FOSTER HEALTHY AGING. HERE'S WHAT A DAY WITHOUT AGING MIGHT LOOK LIKE. WHO KNOWS—MAYBE YOU'LL WAKE UP TOMORROW THE SAME AGE YOU ARE TODAY!



6–8 a.m.

WAKE UP. Waking up between 6 and 8 a.m. is generally in sync with your body's circadian rhythm, which is the internal clock that regulates your sleep and wakefulness. The American Academy of Sleep Medicine recommends that you wake up no less than seven (and no more than nine) hours after you went to bed.



7–9 a.m.

MORNING WALK. Be sure to get some sunlight in the morning, which helps your body produce the vitamin D that may slow the aging process. Make a habit of walking the dog or doing light chores outside first thing in the morning, before the demands of the day trap you in your house, car or office.



9–10 a.m.

BREAKFAST. Start with a protein smoothie with mixed fruit. A high-protein breakfast is critical for maintaining muscle mass as we age, according to numerous studies. Research shows that getting 25 to 30 grams of protein in the morning is effective in preventing age-related muscle loss, also known as sarcopenia.



Noon

MEDITATION. Any calming activity, such as yoga or prayer, can help reduce the risk of cognitive decline by activating the prefrontal cortex, an area of the brain that is diminished in those with cognition difficulties. A study in the *Journal of Alzheimer's Disease* found that just 12 minutes of meditation daily could make a difference.



1 p.m.

LUNCH. Have a mixed salad with salmon. A Mediterranean-style diet that is abundant in fruits and vegetables and omega-3 rich fish such as salmon can reduce inflammation, a culprit in biological aging, according to a review of studies in the journal *Nutrients*. Eating a wide array of plant foods boosts the microbiome, the master controller of gut inflammation.



3 p.m.

EXERCISE. Afternoon exercise may reduce the risk of premature death even more than morning or evening workouts, according to a study of more than 90,000 men and women published last year in *Nature Communications*. Walk briskly for 30 minutes or get some kind of cardio exercise at least five days a week, and use weights on the other two days.



4–6 p.m.

SOCIALIZE. Maintaining social connections is one of the pillars of anti-aging, according to several studies. Social isolation in older people can increase the risk for dementia by about 30 percent, according to researchers at Johns Hopkins University School of Medicine and the Bloomberg School of Public Health.



6 p.m.

DINNER. Dine on vegetable tacos with brown rice and beans. Eating during an eight- to 12-hour window of the day and fasting for the remaining 12 to 16 hours (including sleep time) has been shown to have numerous advantages associated with longevity and decreased incidence of disease, including cancers. Lean heavily on vegetables, fruits, nuts, grains and legumes—then close the kitchen until morning.



10–11 p.m.

BEDTIME. A U.K. study found that going to bed between 10 and 11 p.m. may reduce heart disease risk, especially in women. Other research indicates that deep sleep, which occurs from the hours of 10 p.m. to 1 a.m., represents the optimal time for the brain to clear out debris and reorganize itself, reducing one's risk of Alzheimer's disease.

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Cover Story

CONTINUED FROM PAGE 12

inflammation. Dozens of drugs are in clinical trials in humans.

Some of these medications, such as the diabetes drug metformin, the immunosuppressant rapamycin and ACE inhibitors that treat high blood pressure, have been around for decades. They're relatively inexpensive and have a long safety record. Researchers are starting to test these drugs and supplements in clinical trials in hopes that, if they work, the FDA will approve them as antiaging drugs.

Rapamycin, which has long been used to reduce organ rejection in transplant patients, is being studied for use on periodontal disease, a chronic inflammatory condition of the gums that affects many people over 65 and is associated with dementia and heart disease. And metformin has captured the interest of the FDA, which is advising on a study of metformin being launched by the American Federation for Aging Research (AFAR).

"We're making progress, but nothing is out there yet," Barzilai says. "We need to

start using these drugs."

Another set of drugs in clinical testing targets senescent (or "zombie") cells. As we get older, the cells in our bodies lose their ability to divide and replicate—the key to life. These zombie cells accumulate in tissues

throughout the body and release harmful substances. As the immune system responds to the zombie cells, it further fuels low-level, chronic inflammation that accelerates cellular damage, erodes muscle strength and weakens immune function—a process

known as inflammaging.

Drugs are being tested that can target and eliminate zombie cells while sparing healthy cells; several have recently moved into early-stage human trials. A combination of the cancer drug dasatinib and quercetin, a naturally occurring nutrient in fruits and vegetables, has been found to reduce inflammation and improve metabolic function in old mice.

"Think of aging as being in an oven," DePinho says, "You're slowly getting cooked over time. But you can turn the heat down and let something cook longer."

The end game is a long life without the diseases of aging—not just lifespan but "health span."

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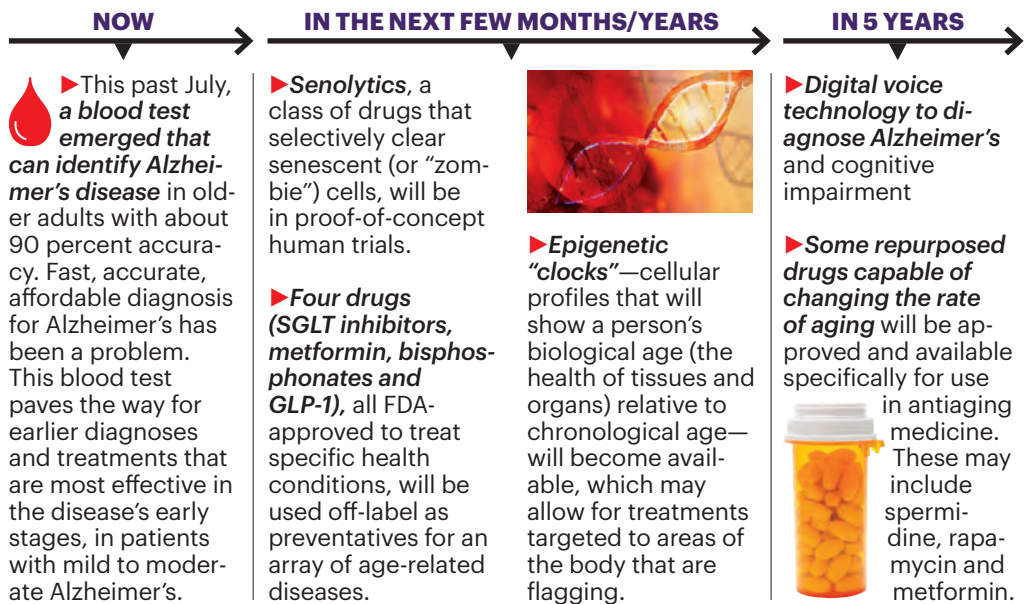
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Aging Breakthroughs: A Timeline



LEFT TO RIGHT: NOUN PROJECT; GETTY IMAGES (3)

MY LONGEVITY SECRETS



RHODA AU, 63, Professor of anatomy and neurobiology at the Boston University Chobanian & Avedisian School of Medicine: Starting in my early 40s, I've been pretty consistent with running. I try to get a minimum of 18 miles per week, coupled with the elliptical machine when the outside weather is bad. I take the stairs whenever possible (airports, hotels, offices). I try to avoid drinking calories, don't drink alcohol or anything with caffeine, never smoked. Try to keep a low sugar intake. And no recreational drug use, ever.

WHAT TO DO TODAY TO GET READY FOR THE COMING REVOLUTION IN AGING

The stunning advances coming in human aging—perhaps shaping your old age—make the best case for preparing now by following lifestyle choices that research has proven will maximize your chance of a healthy old age—and even extend longevity.

“It's never too late,” Verdin says. “Twenty years from now, an 80-year-old who had followed the best practices for good health—and once things are discovered and approved by FDA—is likely to be 10 years younger physiologically.”

In 2015, the Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER) trial demonstrated for the first time that a group of lifestyle interventions can improve brain health and prevent cognitive decline. Researchers followed 1,260 older adults (60 to 77 years old)

over a two-year period to investigate the link between lifestyle choices and cognitive health. They found a 25 percent greater improvement in cognition among people who adhered to healthy lifestyle behaviors than among those in the control group who received general health advice.

The five “fingers” in the study are associated with cognitive health, and researchers generally agree on the lifestyle practices that maximize healthy aging:

► **Exercise.** Studies have shown that 30 minutes of exercise a day can help control weight, boost energy, enhance cognitive function and promote better sleep. Even 15 minutes a day is useful. “If you exercise even a little, it will expand your health expectancy,” says the NIA's Ferrucci.

► **Healthy eating.** Although there is no single diet that is conclusively proven to slow

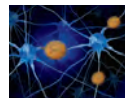
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OVER THE NEXT 20 YEARS, CUTTING-EDGE DIAGNOSTICS, DRUGS AND INNOVATIVE TREATMENTS ARE GOING TO TARGET, AND PERHAPS DRAMATICALLY SLOW, HOW WE AGE.

IN 10 YEARS

- **Identification of biomarkers** that will predict how close you are to experiencing cognitive decline
- **Biomarkers that give you a risk prediction for diseases** and a time frame for when you are likely to get them
- **Blood tests to detect biomarkers** for dementia, cancers, heart disease, osteoporosis and other age-related diseases

- **Drugs that slow or clear amyloid and tau tangles**, as well as other treatments to slow the progression of Alzheimer's disease



- **Therapies in clinical trials that target multiple aging pathways**, such as TERT gene therapy
- **Blood tests that indicate the biological age of major organs**

IN 15-20 YEARS

- **Personalized antiaging treatments** that use AI and big data to customize antiaging regimens based on an individual's genetic and environmental factors
- **Neurodegeneration prevention:** Breakthroughs in preventing Alzheimer's or Parkinson's disease through advanced gene therapies or cellular reprogramming

IN THE FUTURE

- **Drugs that prevent Alzheimer's disease**
- **Advanced organ regeneration:** Organoids and 3D-printed organs for transplant and rejuvenation of failing tissues
- **Longer lifespan via emerging geroscience advances** will eventually allow us to live beyond current biological limits.



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CONTINUED FROM PAGE 15

aging, many experts recommend a Mediterranean plant-based diet that is rich in fruit and vegetables, whole grains, legumes, fish and nuts. Minimal intake of processed foods, sugar, alcohol and red meat is also recommended. The Mediterranean diet has been proven to be effective in reducing cardiovascular disease and risk factors such as high cholesterol, high blood pressure, glucose levels and inflammatory markers, all of which are associated with cognitive decline. A 2022 study published in *The American Journal of Clinical Nutrition* found that a Mediterranean-style diet was associated with slower age-related brain atrophy.

► **Cognitive engagement.** According to neuroscientist Rogalski, numerous kinds of mental activities can help maintain general cognitive function and brain health. These may include learning a new language, playing strategy games such as chess or checkers, or working through difficult puzzles. The key is to choose activities that are mentally challenging.

► **Social activity.** Interact with friends and family in activities. It can boost your cognition and is emotionally fulfilling. A 2017 study by Rogalski's team, published in *PLOS One*, found that super agers who engaged in more social relations and relationships had better memory scores than older adults who did not engage.

► **Cardiovascular health.** Stay on top of your blood pressure and cholesterol. Statins, which have been prescribed for decades, are among the most effective antiaging drugs already on the market. (They are also anti-inflammatory.) Medications to lower high blood pressure, which is a primary marker of health, are also widely available.

Be sure to have regular exams that include



“If we could expand the good life, we can prolong longevity. The problem is that we’re only intervening on disease when disease becomes clinically evident.”

—Luigi Ferrucci, National Institute on Aging

blood work, a colonoscopy, a mammogram, a prostate check and a routine diabetes check.

Talk to your doctor about supplements such as vitamin D, calcium and B12. Although the internet is abundant in supplements promising all sorts of miracles, don't take those unless you have discussed it with your doctor.

Regular dental appointments are important, too. A recent analysis led by the National Institute on Aging (NIA) found that the bacteria associated with periodontal disease are also associated with the development of Alzheimer's and related dementias, especially vascular dementia.

“If we intervene in the first part of life, we may not be able to eliminate disease, but maybe we can compress it closer to the end of life,” Ferrucci says. “Most older people are not afraid of dying, they're more afraid of becoming disabled and dependent on others. If

we could expand the good life, we can prolong longevity. The problem is that we're only intervening on disease when disease becomes clinically evident.”

Geroscience stress that these kinds of advancements in health span are more important than holding out hope that we'll eventually be able to live to 200. But living to 100, in excellent health, seems to be a commonly attainable goal in the not-too-distant future.

In September 2000, two researchers made a friendly wager. Biologist Steven Austad predicted that someone alive that year would live to 150. Longevity researcher S. Jay Olshansky challenged him to a bet, arguing that no matter what advances were made in antiaging medicine, no human who was alive in 2000 would still be around in 2150.

Both men invested \$150. They've since doubled the bet, and with returns, the pot could feasibly exceed \$1 billion by 2150. The only question is, whose descendants will reap the rewards?

Olshansky, a professor in the School of Public Health at the University of Illinois at Chicago, remains a skeptic: “I'm more confident today that I will win this bet than when I first made it 24 years ago. There is no evidence to suggest anyone will live past 120, let alone 150.” Austad, who is AFAR's scientific director, counters, “We have learned since the bet that life-extending drugs (at least in mice) have a substantial longevity boost even when begun as late as 60 years or more. I'm fairly confident that such drugs will be available within 20 years. But even if it takes 30 years, I'm confident that I'll win.”

And that could add up to an awful lot of candles on our birthday cakes. ■

Jeanne Dorin McDowell is a former correspondent for Time magazine who has written for The New York Times and other publications.

MY
LONGEVITY
SECRETS



TONY WYSS-CORAY, 60, D.H. Chen distinguished professor of neurology and neurological sciences at Stanford University: “I enjoy different types of food, exercise and social activities, sleep seven hours a day and tend not to worry too much about things. Most of my meals are freshly prepared and contain fruits, nuts and vegetables, lots of cheese, chocolate, and I love a glass of wine with my meals. I do Pilates exercises a few times a week and try to do a weekly 10K run. I don't take any supplements or drugs.”



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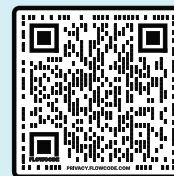
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“How do I politely decline being weighed at the doctor’s office?”

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In a survey, 384 women of all different body sizes talked about their most recent health visit. More than half of those who refused to be weighed said that being asked to step on the scale made them feel bad about themselves. They reported that it negatively affected their self-esteem, mental health and emotional well-being.

Even though it may be uncomfortable, unless you have an eating disorder or a distorted body image, skipping the scale may not be such a good idea. I consider my patients’ weight to be a vital sign of their health. Knowing it is as important as taking their blood



pressure or sending their blood work to a lab.

If hearing your weight makes you feel uncomfortable, there are ways to get around it. It’s appropriate for you to say to your doctor, “I don’t want to know the number. Please don’t tell me, and I don’t want to look at it.”

When I have a patient facing the scale and they say, “Adam, I just don’t want to do this. I feel too embarrassed,” I turn to them and say, “That’s fine. You can close your eyes, or we’ll put you on the scale backward. I promise I won’t tell you what it says.”

Of course, I can’t pick anyone up and put them on the scale, but I reassure my patients that I never look at their weight as a cosmetic issue. I explain that I need to know their

weight to help interpret their blood work or to decide how much medication to prescribe.

There are also medical reasons behind weight gain or loss that have nothing to do with how much you’re eating. Recently, a patient complained about feeling lightheaded. I put him on the scale and found out he had lost 10 pounds. As a result, his blood pressure had dropped, and

the medication he was prescribed to keep his pressure low was now making him feel dizzy.

If you’ve lost weight unexpectedly, it could be a sign of illness, such as an overactive thyroid (hyperthyroidism) or even cancer. It might be an indication of depression or issues in your gastrointestinal tract.

Being underweight, particularly as we get older, can be a risk factor for several health problems. Let’s say there’s an 88-year-old woman who should really be 130 pounds, but she’s down to 120, and her body mass index (BMI) is low. If she gets sick, she’s at a higher risk for severe illness and even death because she’s underweight.

On the other hand, if you’ve gained a significant amount of weight, it could be a sign of a hormonal disorder called Cushing’s syndrome or an underactive thyroid (hypothyroidism). It can also mean you’re at risk for several medical conditions, including high blood pressure, heart disease, type 2 diabetes, joint pain and sleep apnea.

The decision on whether your doctor weighs you is entirely your own. It’s every patient’s legal and ethical right to be in charge of what happens to their body. Even if your doctor tries to convince you of its importance as I have just done, you can simply say, “No thank you. I prefer not to do it.” ■

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Adam B. Rosenbluth, M.D., practices and teaches in New York City. Each Monday online, he answers your questions about how to make your body work better for you.

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“COOKING IS LIKE DRIVING A CAR. YOU HAVE TO ADJUST THE WHEEL ALONG THE WAY.”

—THE 76-YEAR-OLD TV PERSONALITY AND BEST-SELLING COOKBOOK AUTHOR'S NEW MEMOIR, *BE READY WHEN THE LUCK HAPPENS*, DESCRIBES BUILDING AN EMPIRE AROUND SIMPLE MEALS AND EVERYDAY HOSPITALITY



Even after all these years, you write that cooking can still be really hard.

Cooking is like driving a car. You don't just set it on a course and have it go straight; you have to adjust the wheel along the way. Maybe the chicken is a different size than you expected, or the carrots aren't as sweet as they were last week. It takes enormous concentration. And that's just before the guests arrive! The shopping and the cook-

What's your creative process, and has it changed as you've gotten older?

When I had my first book contract, the idea I started with was very specific. I wanted you to be able to open a book and say, "The photograph looks amazing. That looks delicious." Then I wanted you to look at the recipe and say, "I can actually make that." I have to say, that hasn't really changed over the 25 years that I've been working on cookbooks. I've gotten better at it, gotten more detailed, but my creative process is pretty much the same.

In your new memoir, you write about difficulties growing up. How did you overcome that?

The negative voice in my head is my mother saying, "You think it's a good idea, but it'll turn out badly." It's always there. I'm very diligent about making sure that when I hear that voice, I counter it. I go, "Oh, that's her voice. It's not me. What do I think?"

Is there a "secret sauce" to living a more confident life?

I surround myself with people who are happy and positive and smart and funny—certainly my

husband, Jeffrey, but others too—and we support each other. That gives you a sense of confidence. Somebody also once suggested that I get up each morning and write five things that I do really well. At first, I thought, *Well, that'll get me through a day, maybe a day and a half.* But what I found is that over a period of several weeks, I could think of five more things—big things, little things—that I had done well. When I get anxious about my ability, I go to that list.

Your memoir describes plenty of pursuits before you bought the Barefoot Contessa food specialty store in New York; you learned to fly a plane, renovated houses and even landed a position in the White House Office of Management and Budget. Was there a career move that felt especially crazy?

Certainly leaving a very good job in the White House to buy Barefoot Contessa, a specialty food store in a place I'd never been, was about as crazy as it gets. [*Laughs.*] It was courageous but a little nuts! When I made the change, I thought I didn't know anything. But once

I went in, I thought, *I do know how to do this.*

How did your past prepare you?

Only in the process of writing the memoir did I come to understand that I actually had been doing everything I'd do at Barefoot Contessa, in my 20s, but I did it for fun. I'd taught myself how to cook. I'd taught myself how to renovate houses. I'd taught myself how to go to the bank and get a loan, things that you need to know when you run a business. Now I realize it wasn't so crazy.

Your career can be physically demanding. How do you take care of yourself?

Having a body is really difficult! [*Laughs.*] I work out with a trainer twice a week, and I do yoga twice a week. I think both are really important. But also, as I've gotten older, I tend to work really hard in the mornings and then do other things in the afternoon. For a couple of hours a day, I have to be what I call "toes up"—I might read in bed or take a nap or answer emails. Your body tells you when you're tired. Most of us just power through it, and that takes its toll. I've learned to listen.

ing and the table setting and the flowers, and then at the end of it, appearing for your guests like you're completely relaxed. It exhausted me when I was 25, and it still does. But I love doing it, so I keep doing it.

What advice would you give those for whom hosting a dinner party is intimidating?

The key is that it doesn't matter what you serve. You can serve something simple that's delicious with a peach tart from a bakery and have a very good time with your friends. You don't have to make the peach tart.

What are you doing differently these days as a hostess that some of us might want to try?

I've come back to something that I used to do but hadn't done in a long time, which is instead of doing dinner on Saturday night, which is a big deal with lots of courses, doing lunch on Sunday. The meal's simpler. Everybody has more energy. They've done all their chores on Saturday, and I find the guests are more relaxed. ■

Interview by Dacey Orr Siveuright

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Non-Smoker Current Monthly Rates

Issue Age	Female Rates		
	\$10,000	\$50,000	\$150,000
45-49	\$10	\$23	\$52
50-54	11	29	71
55-59	13	38	94
60-64	17	58	148
65-69	21	81	213
70-74	33	141	377

Issue Age	Male Rates		
	\$10,000	\$50,000	\$150,000
45-49	\$12	\$36	\$83
50-54	14	45	107
55-59	18	65	157
60-64	24	94	233
65-69	31	128	323
70-74	42	184	469

Cigarette smokers within the last 12 months will pay a higher rate. Premiums above are the rates New York Life currently charges. Your initial premium is based on your age at issue; premiums increase as you enter each new five-year age band and will be based on the current rates at that time. Age bands begin at ages 45-49 and end at ages 75-79. Coverage ends at age 80. Premiums are not guaranteed; however, your rates may change only if they are changed for all others in the same class of insureds. If relevant statements of age or facts are not accurate, New York Life will make a fair adjustment of premiums and/or insurance. Residents of FL: D. N. Ogle is a licensed Florida agent for service to Florida residents. Residents of MT have rates different from those shown. An alternate product with different rates is available in NY. Please call New York Life for details and higher coverage options.

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3. Return the coupon on the right



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* Apply online not available in all states.

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ASK FOR HELP

Artificial intelligence tools can answer your important caregiving questions—as long as you know what information to enter

BY MICHAEL R. MILLER

Artificial intelligence can help caregivers with common tasks. If you're a caregiver and not sure what to do in a situation, an all-purpose AI tool such as ChatGPT (chatgpt.com), Google Gemini (gemini.google.com) or Microsoft Copilot (copilot.microsoft.com) can help.

These AI tools generate text responses to user prompts, similar to an online chatbot. You can use them to answer questions, provide information and write material for you.

All you have to do is go to the website, write a prompt—that is, a question or a suggestion—and hit Enter. After the AI response, you can continue the conversation by entering additional prompts; it's all displayed like a conversation. It's really as simple as that.

Remember, AI cannot substitute for professional medical, legal or financial advice. Asking AI for help is a good first step, but always consult a professional for all important matters. Remember, AI makes mistakes.

So what should a caregiver ask AI? Here are some sample prompts to help you get started.

Getting Smarter About Medical Information

▶ Please explain the doctor's instructions in language a middle-school child would understand.

[List instructions you got from your doctor.]

▶ The person in my care has fallen and bruised their hip. What should I do?

Working With Doctors

▶ The person in my care has been experiencing episodes of dizziness. What questions should we ask the doctor during an upcoming visit?

Providing Care Plans

▶ Please create a personalized care plan for a person for whom I'm caring. They are 5-foot-4, 130 pounds and have been experiencing dizzy spells. They are in generally good health and require intermittent care. Include information about daily schedules, medication maintenance, diet and exercise.

Improving Nutrition

▶ Please provide a seven-day meal plan for an 85-year-old woman, 140 pounds, with a heart condition. This person needs to restrict carb consumption and is allergic to soy. They'd like to maintain or increase their weight by a few pounds over the next month.

Navigating Financial Waters

▶ Create a budget for managing caregiving expenses for an 80-year-old woman living on her own with minimal care.

▶ What are strategies to manage my father's medical expenses?



▶ What is the best type of long-term care insurance for my 85-year-old father?

Understanding Legal Issues

▶ What do I need to know about estate planning for my 80- and 75-year-old parents?

▶ My mother has approximately \$500,000 in savings. How can I best manage her finances on a weekly basis?

Receiving Personalized Advice

▶ My father is 90 and living by himself in an apartment. He has trouble walking and is no longer capable of driving. His mind is still sharp, but his memory is starting to fade. He doesn't like people looking after him but needs assistance with many things. Can you give me some advice on caring for him?

▶ My mother is no longer capable of maintaining her house and

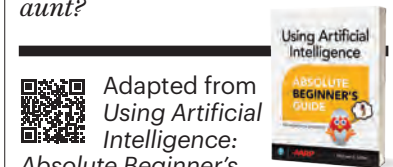
yard by herself. We're afraid she'd react adversely to moving to an assisted-care facility. What options do we have in this situation?

Discovering Other Resources

▶ Are there any local support groups for children caring for parents with Alzheimer's?

▶ My 85-year-old mother is having foot problems. Can you recommend a specialist in our area?

▶ Can you recommend someone who can help me understand Medicare options for my 85-year-old aunt?



Adapted from **Using Artificial Intelligence: Absolute Beginner's Guide** by Michael R. Miller, published by Que Publishing and AARP Books. To be released on Nov. 27. Preorder at aarp.org/techbooks or wherever you buy books. Or scan the code here.

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**SCAN TO VISIT
OUR WEBSITE.**

A SMART HOME GUIDE

How technology can make daily life easier for older people—or caregivers

ILLUSTRATION BY **JANNE IIVONEN**

Getting older doesn't have to mean leaving your home. New technology promises to make aging in place easier, safer and more satisfying. In some cases, it can even lend a hand to caregivers.

Smart tech that is connected to the internet can often be controlled from anywhere inside or outside the home. Some of the most useful devices learn your preferences and routines and adjust to you. Or they provide insight to a loved one who helps out. "What becomes even more valuable with smart devices is when data reveals behavioral patterns that could alert a caregiver when something seems off," says Andy Miller, senior vice president of AARP Innovation Labs. Here's a look at products that can help around the house.

1. SMART LIGHTS

Can be turned on and off through an app. Can be programmed to turn on when detecting movement for security outside your home or safety inside it, such as when a person gets up at night.

2. SMART TVS

Sure, you spend countless hours streaming movies, shows, live news and sports with an internet-connected TV. But smart TVs can also use a webcam for video chats, telehealth calls with your doctor or virtual exercise sessions.

3. SMART THERMOSTATS

Typically can learn your indoor climate preferences over time. When the thermostat detects the house is empty, it can reduce the amount of heating or cooling, shaving a few bucks off your energy bill. Includes remote control through an app, for the resident or a caregiver.

4. SMART SPEAKERS

With voice commands, you can play music, get the weather forecast, get questions answered and more. This can become the command center for your home, providing voice control for other products. Smart speakers are also popular in the kitchen for setting timers.

6. ACTIVITY SENSORS

Caregivers can monitor an older adult's daily activities, such as getting out of bed, entering or exiting a room, or leaving an exterior door open. They can track daily activities to send alerts to family or a caregiver if, for example, a chair is occupied for too many hours.

7. FALL DETECTORS

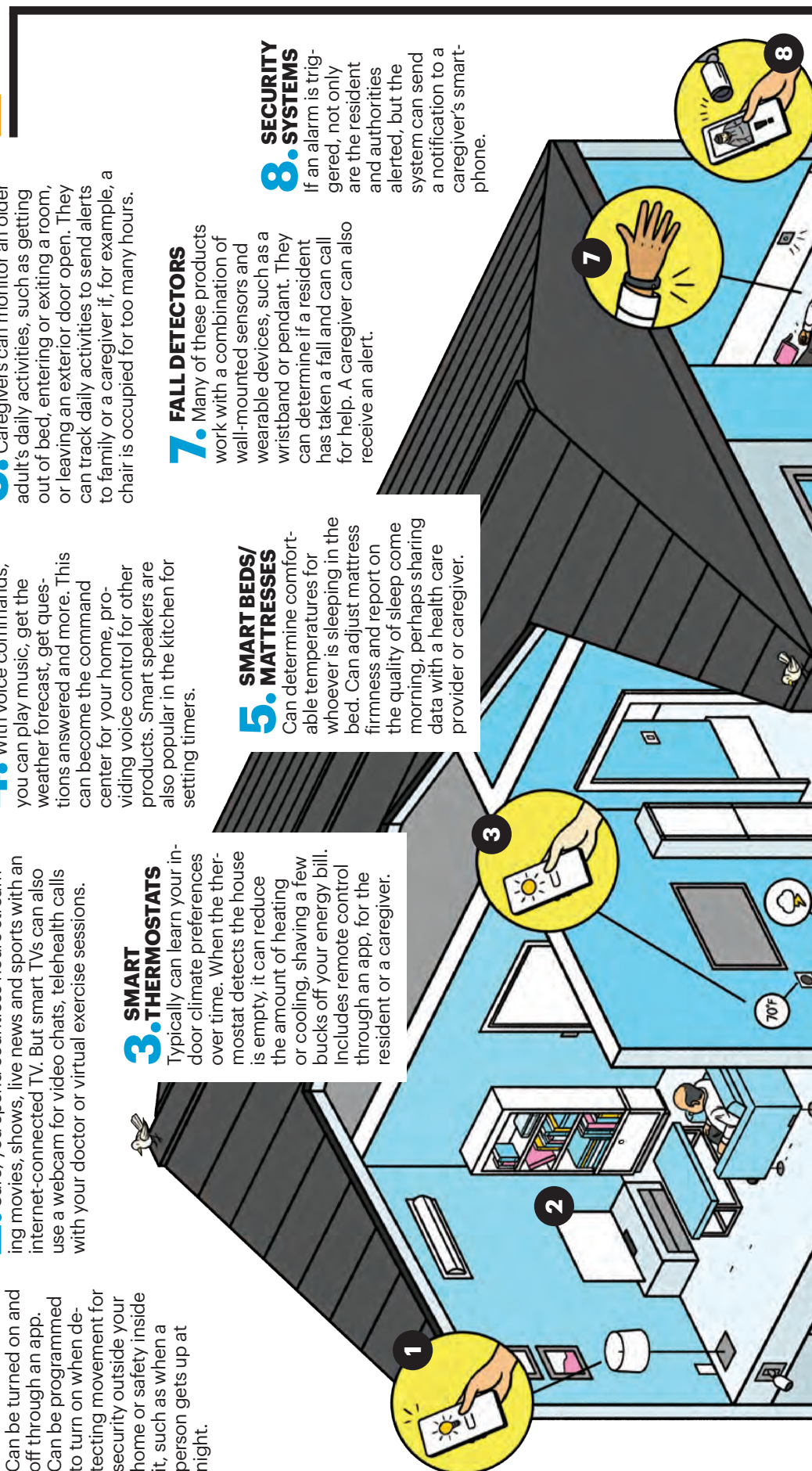
Many of these products work with a combination of wall-mounted sensors and wearable devices, such as a wristband or pendant. They can determine if a resident has taken a fall and can call for help. A caregiver can also receive an alert.

5. SMART BEDS/MATTRESSES

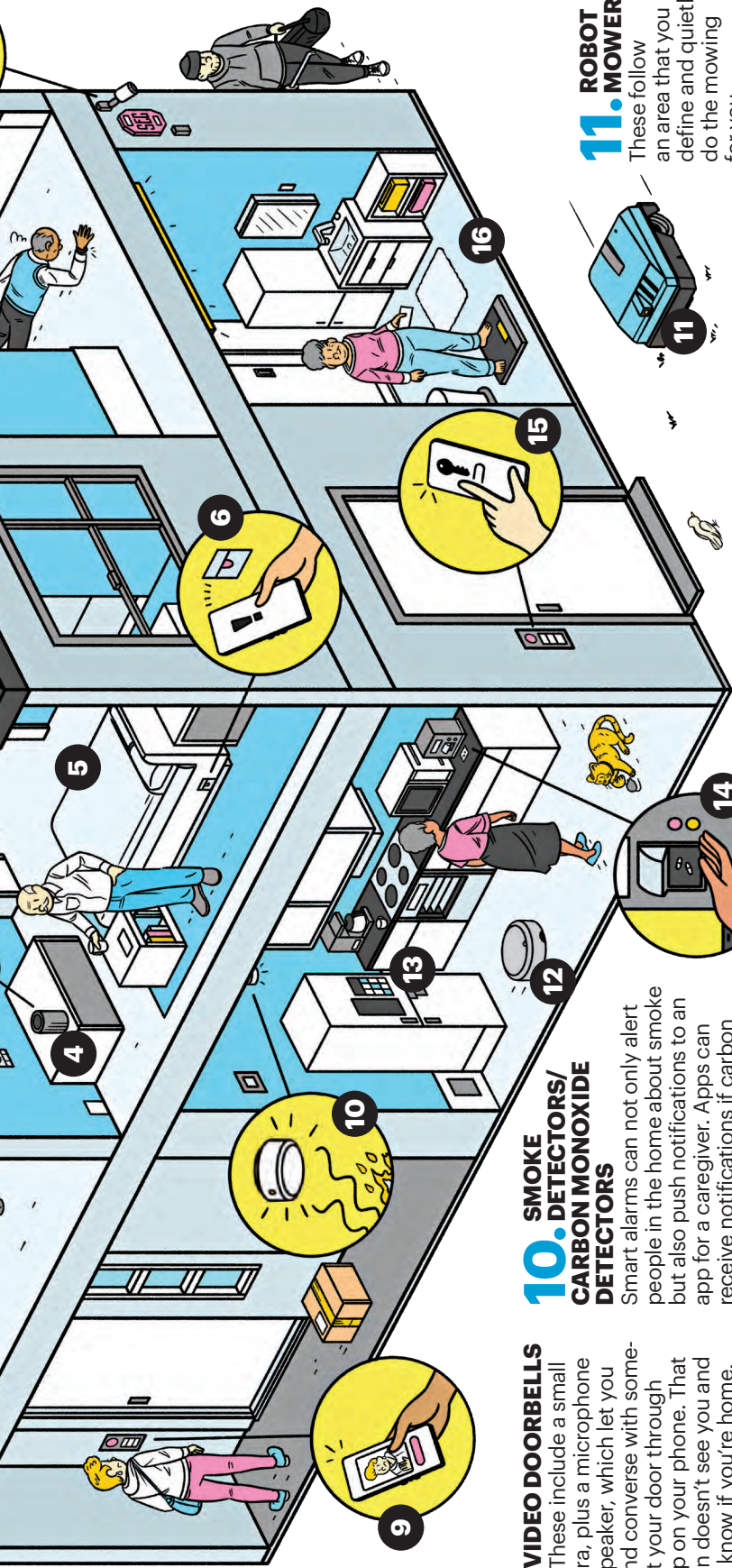
Can determine comfortable temperatures for whoever is sleeping in the bed. Can adjust mattress firmness and report on the quality of sleep come morning, perhaps sharing data with a health care provider or caregiver.

8. SECURITY SYSTEMS

If an alarm is triggered, not only are the resident and authorities alerted, but the system can send a notification to a caregiver's smartphone.



AN AARP NEED TO KNOW GUIDE



9. VIDEO DOORBELLS

These include a small camera, plus a microphone and speaker, which let you see and converse with someone at your door through an app on your phone. That person doesn't see you and won't know if you're home. Some models can regularly record video for review.

10. SMOKE DETECTORS/ CARBON MONOXIDE DETECTORS

Smart alarms can not only alert people in the home about smoke but also push notifications to an app for a caregiver. Apps can receive notifications if carbon monoxide or other indoor air quality issues are detected.

12. CLEANING ROBOTS

These started as automated sweepers that learned the layout of your rooms and did the dirty work; now some can also mop hard floors.

11. ROBOT MOWERS

These follow an area that you define and quietly do the mowing for you.

13. SMART APPLIANCES

A smart refrigerator allows contents to be seen in an app, if you can't remember what you have or need while shopping. In some cases, it can suggest recipes based on the ingredients on hand. A smart stove will let you or a caregiver shut off an oven remotely. A smart microwave can be turned on or off remotely via an app.

14. MEDICATION DISPENSERS

Can be programmed to give out the right amount of medicine and audibly or visually alert a person when it's time to take a dose. Many can be managed through phone apps, so a caregiver can check to see when medication has been dispensed.

15. SMART LOCKS

Lock and unlock doors remotely and monitor comings and goings—perhaps of a loved one with dementia who may wander. Convenient for remotely providing access to health aides, house cleaners and other family members.

16. BATHROOM TECH

Smart water sensors can shut off water and alert you if a leak or a constantly running toilet is detected. Smart scales are useful to track weight and other body measurements and send the data to a health app or share it with caregivers or medical providers. Sensors can indicate how often someone opens a medicine cabinet.



For more guidance on smart homes, visit AARP's Personal Technology Resource Center's caregiving section at aarp.org/caretech. Or use your phone to scan the code at left.

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CRUNCH YOUR FUTURE NUMBERS... TODAY

Check out these tools for estimating your retirement income and claiming your Social Security benefits

BY RICHARD EISENBERG

Search for “retirement calculator” online, and you’ll find links to plenty of tools for answering pressing questions: Will you outlive your money? What’s a realistic retirement budget? What could you get by waiting to claim Social Security?

Although all these tools are designed to address the same general concern—*How much money will I have in retirement?*—they have some big differences. Some will get you quick estimates with little effort. Others can give you more detailed projections if you’re willing to spend more time on them.

We examined more than a dozen free or low-cost calculators available from financial services firms, retirement planning companies and Social Security claiming

specialists. Testing with profiles of hypothetical preretirees, we assembled a lineup of calculators worth considering, once we weeded out those with various problems, such as asking for too much personal data.

Even the best tools can’t perfectly predict your future. Each incorporates assumptions about key numbers such as inflation rates, investment returns and your spending needs. (Tellingly, plugging the same information for one test subject into different calculators resulted in monthly income forecasts ranging from \$3,470 to \$3,880.) All of these assumptions could be wrong, and not every calculator makes it easy to tinker with them.

Still, having an educated guess about your future is better than being completely in the dark. The nonprofit Employee Benefit Research Institute, for example, has found that half of workers who calculated how much they’ll need in retirement started saving more.

Retirement Planning Calculators

AARP

Retirement Calculator

Get an estimate of your savings at retirement age. Also see your year-by-year income forecast—or, if applicable, your income shortfall. **Best Features:** The tool works for singles and both married and unmarried couples. Annual income is broken down by source.

Be Aware: Default life expectancy ages are 84 for men and 87 for women. You’ll have to estimate your Social Security income. aarp.org/calculators

BANKRATE

Retirement Calculator

Plug in your current and planned savings to get a quick idea of whether they’ll be sufficient for your desired standard of living.

Best Features: Sliders controlling several variables, such as age of retirement and annual savings, give you instant feedback showing whether, and how quickly, you might run out of money.

Be Aware: Social Security estimates, which can’t be adjusted, are based on out-of-date FICA (Federal Insurance Contributions Act) and benefit numbers, and the calculation assumes that only one spouse in a marriage has earned retirement benefits. bankrate.com/calculators

CONTINUED ON PAGE 28

CONTINUED FROM PAGE 27

BOLDIN

Basic Planner

Get answers to questions such as when you can retire, what your income will be and how your net worth will change annually.

Best Features: Ability to handle several complexities other planners don't, such as the different tax treatments of traditional and Roth IRAs and the effect of claiming Social Security later than your retirement date.

Be Aware: It may take 10 to 20 minutes to set up the planner and a few hours or longer to get the most out of it.

Also Check Out: PlannerPlus (\$120/year), which adds many more features, such as precise modeling of Medicare expenses. The Simple Retirement Calculator takes less than a minute to estimate how long your money will last.

boldin.com

FIDELITY

Fidelity Retirement Score

Answer six simple questions and see whether your retirement planning is On Target, Good, Fair or Needs Attention.

Best Features: Simplicity and speed

Be Aware: The Retirement Score is just for one person, not a couple.

Also Check Out: Retirement Strategies Tax Estimator, which higher-income taxpayers can use to estimate the tax impact of Roth IRA conversions, charitable giving and retirement savings withdrawals.

fidelity.com/calculators

NERDWALLET

Retirement Calculator

Get an estimate of the dollar amount you'll have upon your expected retirement age, and see how long it will last based on your standard of living.

Best Features: Easy inputs and instant feedback on how changes to your assumptions will affect your financial outcome.

Be Aware: You'll have to input Social Security income, and you'll have to figure out for yourself your after-tax retirement income.

nerdwallet.com/calculator/retirement-calculator

MORE HELP FROM AARP

Find these additional free retirement planning calculators and tools at aarp.org/calculators.

▶ **Traditional IRA:** See possible growth of retirement savings.

▶ **Required Minimum Distribution:** Estimate mandatory

401(k) and traditional IRA withdrawals for this year and beyond.

▶ **401(k) Savings and Planning:** Model your account's growth based on contributions, employer matches and investment returns.

▶ **Self-Employed 401(k)**

Contributions: See how much you can save in different tax-deferred retirement accounts.

▶ **Roth 401(k) vs. Traditional 401(k):** Compare estimates of the after-tax value of contributions to these different accounts.

Claiming Social Security

The Social Security Administration has numerous calculators on its site to help you estimate the benefits you might receive based on factors such as whether you have a government pension. Find those tools at ssa.gov/benefits/calculators. Here are some other useful Social Security online tools.

AARP

The Social Security calculator provides a quick rough estimate of benefits based on your date of birth and current salary.

Keep in Mind: The tool links to AARP's free online Social Security resources.

aarp.org/calculators

FIDELITY

Based on your date of birth, the Social Security benefit calculator provides your full retirement age (FRA) and estimates your benefit at that age. You can see claiming strategies for you and your spouse, and get claiming strategies if you're widowed or divorced.

Keep in Mind: As with other calculators able to estimate

your benefits, you'll get more accurate projections and claiming strategies by entering Social Security's estimate based on your actual earnings history. To get that number, go to ssa.gov/myaccount and set up or access your My Social Security account.

fidelity.com/calculators

MAXIMIZE MY SOCIAL SECURITY

This \$49/year software package from Boston University economics professor Laurence Kotlikoff runs through more than 1,000 possible claiming strategies, producing a detailed report spotlighting top recommendations for you.

Keep in Mind: You'll need to put in at least 30 minutes with the program to make full use of it.

maximizemysocialsecurity.com

OPEN SOCIAL SECURITY

This free calculator from CPA Mike Piper, author of *Social Security Made Simple*, displays a color-coded graph showing the desirability of alternate

Social Security claiming strategies for you. It can run numbers for you as a couple or as an individual who is widowed, divorced or disabled. It can also estimate your reduction in benefits if the Social Security trust fund is depleted.

Keep in Mind: This is suited for people who aren't put off by financial jargon such as "present value." It works best with a Chrome browser.

opensocialsecurity.com

T. ROWE PRICE

The brokerage's easy-to-use Social Security Optimizer works for singles, married couples and people due survivor or divorced spousal benefits. You get a detailed report with Social Security basics and the pros and cons of the claiming strategy calculated to provide your highest lifetime benefits.

Keep in Mind: Plan on spending 30 minutes entering data. The default setting is for a 95-year life expectancy.

troweprice.com/socialsecurity

doesn't update results automatically.

Also Check Out: Roth IRA Conversion Calculator, which shows the tax consequences of converting a traditional IRA to a Roth IRA.

schwab.com/financial-planning/tools

VANGUARD

Retirement Income Calculator

A fill-in-the-blank tool lets you quickly estimate how much you'll be able to spend monthly in retirement and how that matches up to your desired spending.

Best Features: Quick answers

Be Aware: There's not much nuance—no inputs for tax treatment of savings, for example. You have to supply your own benefits estimate for Social Security.

Also Check Out: Retirement Expenses Worksheet, which lets you put in best guesses for retirement spending.

investor.vanguard.com/tools-calculators

Richard Eisenberg is a longtime personal finance journalist who contributes to MarketWatch, Fortune and Next Avenue.



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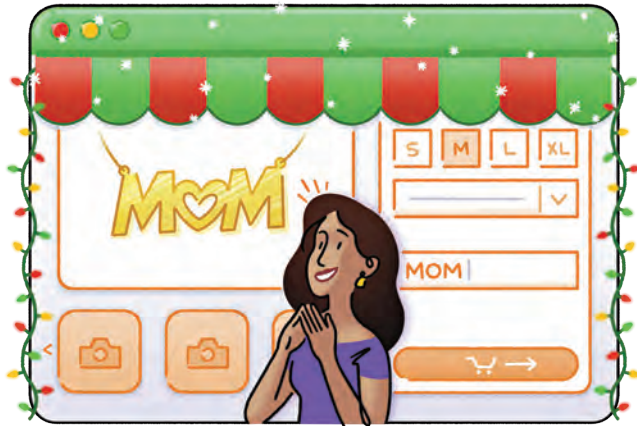


OmahaSteaks.com/IdealGift7204



Your Money Live Well for Less

BY LISA LEE FREEMAN



UNIQUE GIFTS FOR LESS

Find handmade items online

For alternatives to the mass-produced items we normally buy this season, check out maker marketplaces—online bazaars featuring handcrafted goodies, including jewelry, home goods and more. Gift guides and search filters make it easy to find great, budget-friendly items.

I've found all kinds of gift ideas for less than \$50—gorgeous leather totes, unusual plants, funky glassware, cheery ceramics, personalized jewelry and more.

Shopping at maker marketplaces supports small businesses, but since you're not buying from major U.S. retailers, proceed with care. As is typical, Etsy, the granddaddy of these sites, warns that it doesn't guarantee or endorse any items or content posted by sellers.

My tips to stay safe and shop smart:

1. Watch out for gotchas. Shipping and return policies can vary dramatically, so read them closely. Sales may be final, and shipping fees may sting. A beautiful beeswax candle set I found on Etsy cost only \$8, but shipping—from the U.K.—was an additional \$21.

2. Get the details. Study product descriptions for dimensions, materials and weight. If you have a question, message the seller through the site before ordering.

3. Narrow your search. Sort by price (and many other criteria) on most sites to avoid getting distracted by budget busters.

4. Check the feedback. Read reviews—not just ratings—to learn about products and sellers. If a seller has no reviews, seek out other vendors.

5. Scope out the shop. See an item you like? Look at the vendor's other goods for insight into whom you're dealing with and to get more gift ideas. I liked a ring holder on one site, but the tiny, uneven assortment

of other offerings made me think twice.

6. Stand up for yourself. Contact the seller if something goes awry. I bought a handmade laptop case a few years ago, but when it arrived, it didn't fit as advertised. After I complained, the seller shipped out a new one, plus a free iPhone case.

7. Take your case higher. If the seller isn't responsive to complaints, contact the host website. It may mediate a solution, although there are no guarantees; your best protection is trying to avoid a problematic seller or item in the first place.

Some maker marketplaces to check out:

▶ **Etsy.** Click on Gift mode and get ideas based on whom you're shopping for—wife, child or neighbor, for example. [etsy.com](https://www.etsy.com)

▶ **Amazon Handmade.** Search for Prime-eligible products and get fast, free shipping if you're a member. [amazon.com/handmade](https://www.amazon.com/handmade)

▶ **MakerPlace by Michaels.** You'll find a gift guide as well as how-tos so you can make your own presents. [michaels.com/makerplace](https://www.michaels.com/makerplace)

▶ **Artisans Cooperative.** Browse gift guides including "unique stocking stuffers" and "artisan crafted gifts for children." [artisans.coop](https://www.artisans.coop)

▶ **Cratejoy.** Shop a wide selection of themed gift basket subscriptions, most of which auto-renew. To avoid unwanted renewals, click on the Give as a Gift box, where you can limit the number of deliveries. [cratejoy.com](https://www.cratejoy.com)

▶ **iCraft and GoImagine.** These sites have a homier vibe. On GoImagine, you can find sellers near you. [icraftgifts.com](https://www.icraftgifts.com), [goimagine.com](https://www.goimagine.com) ■

Lisa Lee Freeman, a journalist specializing in shopping and saving strategies, was editor in chief of ShopSmart magazine from Consumer Reports.

MEMBERS ONLY AARP MEMBERS EDITION

25 GREAT WAYS: SAVE ON HOLIDAY SHOPPING

Time your purchases. You don't have to wait for the holiday shopping season. On Nov. 20, 2023—four days before Black Friday—electronics were already marked down 24.1 percent, toys were down 23.8 percent and apparel prices were down 20.8 percent, according to Adobe shopping data.



Follow favorite retailers. Consider joining your favorite retailers' email lists and following them on social media. Signing up for a retailer's loyalty program can provide access to more savings.

Use cash-back portals. Coupon sites have evolved, and today shopping portals give consumers free access to cash-back deals, coupons and other discounts. You can shop on your computer or mobile device at popular portals such as CouponCabin, Ibotta, Rakuten, RetailMeNot and TopCashback.

Search for coupon codes. The internet can be a treasure trove of coupon codes. Search the retailer's name and "coupon codes." Also, check out websites such as RetailMeNot, the Crazy Coupon Lady and CouponCabin before making online purchases.

Buy used electronics. Retailers, including Amazon, Target and Walmart, sell certified refurbished electronics at discounted prices year-round. Ask about a warranty, which is often available.

Hunt for gift card deals. Gift cards have become coveted holiday presents, research by the National Retail Federation shows. It often pays to wait until December to purchase them, when many businesses offer discounted cards to drum up business.



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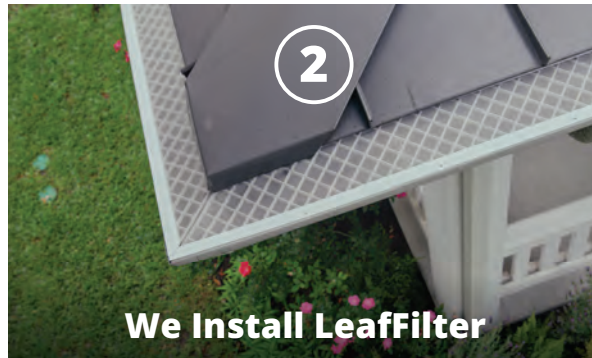


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ONLINE SHOPPING'S HOLIDAY HORRORS

Counterfeit products and fake online stores can steal your money and identity

BY SARI HARRAR

A floral-print scarf reminds Debra Berlyn that even an internet advocate can fall for an online shopping scam. “I saw a social media ad for a scarf that doubled as a COVID mask,” says Berlyn, of Washington, D.C., executive director of the Project to Get Older Adults onLine (Project GOAL). “But it was flimsy, tiny and didn’t serve its purpose. It taught me the lesson to always double-check before I purchase something via social media.”

Online shopping scams are big business—especially around the holidays, says Amy Nofziger, director of victim support for the AARP Fraud Watch Network.

Nearly 3 out of 4 Americans ages 18 to 85 told a 2023 Michigan State University survey they’d bought a fake product in the previous year. Scammers “are using very sophisticated strategies,” says survey coauthor Saleem Alhabash. “You have to be critical of every product you buy online.”

Here are things to watch out for to avoid



online shopping scams, and some new twists crooks are employing this holiday season.

► **Look-alike products:** Americans buy \$2 trillion in counterfeit products annually, says the National Crime Prevention Council (NCPC). These include knockoffs of brand-name shoes and clothes, household goods, toys, sports equipment, cosmetics and more.

► **The twist:** Fake products online are more convincing than ever. Counterfeiters use artificial intelligence to modify product information to deceive consumers into thinking their products are authentic, Alhabash says. They also use photos of legitimate products, says Kimberly Gianopoulos, managing direc-

tor of international affairs and trade for the U.S. Government Accountability Office. Her team bought fake products and found “it’s really hard to tell if something is counterfeit or not.” One fake travel mug looked like the real thing—except for a tiny “made in” stamp on the bottom that misspelled the manufacturer’s location.

► **Faked safety seals on counterfeit electronics:** One in 10 digital devices—cellphones, TVs, computers, gaming systems, music players and more—sold around the world may be fake, according to research cited by Havocscope, a company that monitors the global black market. There’s danger: Counterfeit devices and accessories cause more than 70 deaths and 350,000 injuries a year in the U.S., the NCPC says.

► **The twist:** Scammers fake safety certifications on counterfeit electronics, says Robert Slone, senior vice president and chief scientist at UL Solutions, a private company that certifies electronics and other products. “There are significant risks possible with counterfeit products,” he says. “We’ve strengthened the UL Mark by adding holographic labels on some products to make them harder to replicate.”

► **Phony websites and fake stores in online marketplaces:** Scammers set up impostor websites that look like those of famous brands and well-known retailers, Nofziger says. Fake shops almost never deliver the products they advertise. You might get a false item, but in most cases, criminals steal your money and your financial information.

► **The twist:** Scammers also act like third-party sellers on big online marketplaces such as Walmart.com and Amazon.com, creating “pop-up” fake stores that offer goods at rock-bottom prices, grab your cash or credit card information, then vanish in a matter of hours. Fake e-commerce stores have fooled more than 850,000 U.S. and European consumers, stealing \$50 million from them since 2021, according to “BogusBazaar,” a May 2024 report from the German cybersecurity group Security Research Labs. ■

Sari Harrar is a contributing editor for AARP and frequently writes on health and fraud for the Bulletin.

Smart Ways to Shop Safely Online

Steer clear of deep discounts and “sale ends soon” urgency. Emails, texts and social media messages advertising unusually large price cuts can be a tip-off that an item is counterfeit, Nofziger says.

► **Don’t rely completely on price—or customer ratings.** Some scammers charge full price for fakes to deceive buyers, and manage to accrue—or fake—positive customer ratings, Gianopoulos says.

► **Don’t click on links in online solicitations.** Look up seller websites online, or use the URL on a bill or store credit card. Then make sure that the brand name is spelled correctly in the URL and that there’s a lock icon before it, indicating the site is secure for credit card transactions.

► **Check for customer service contact information** and a place to click for returns, Alhabash recommends. Search the name

of an unfamiliar third-party seller online with the word “scam” or “complaint” or “review” to check for problems.

► **Double-check safety seals.** Look up a certification company’s safety seal on a product before you buy it to make sure it’s genuine, Slone recommends.

► **Buy with a credit card.** Don’t purchase from sellers who want payment by gift card, peer-to-peer apps or cryptocurrency.

Have questions related to scams? Call the AARP Fraud Watch Network Helpline toll-free at 877-908-3360. For the latest fraud news and advice, go to aarp.org/fraudwatchnetwork.



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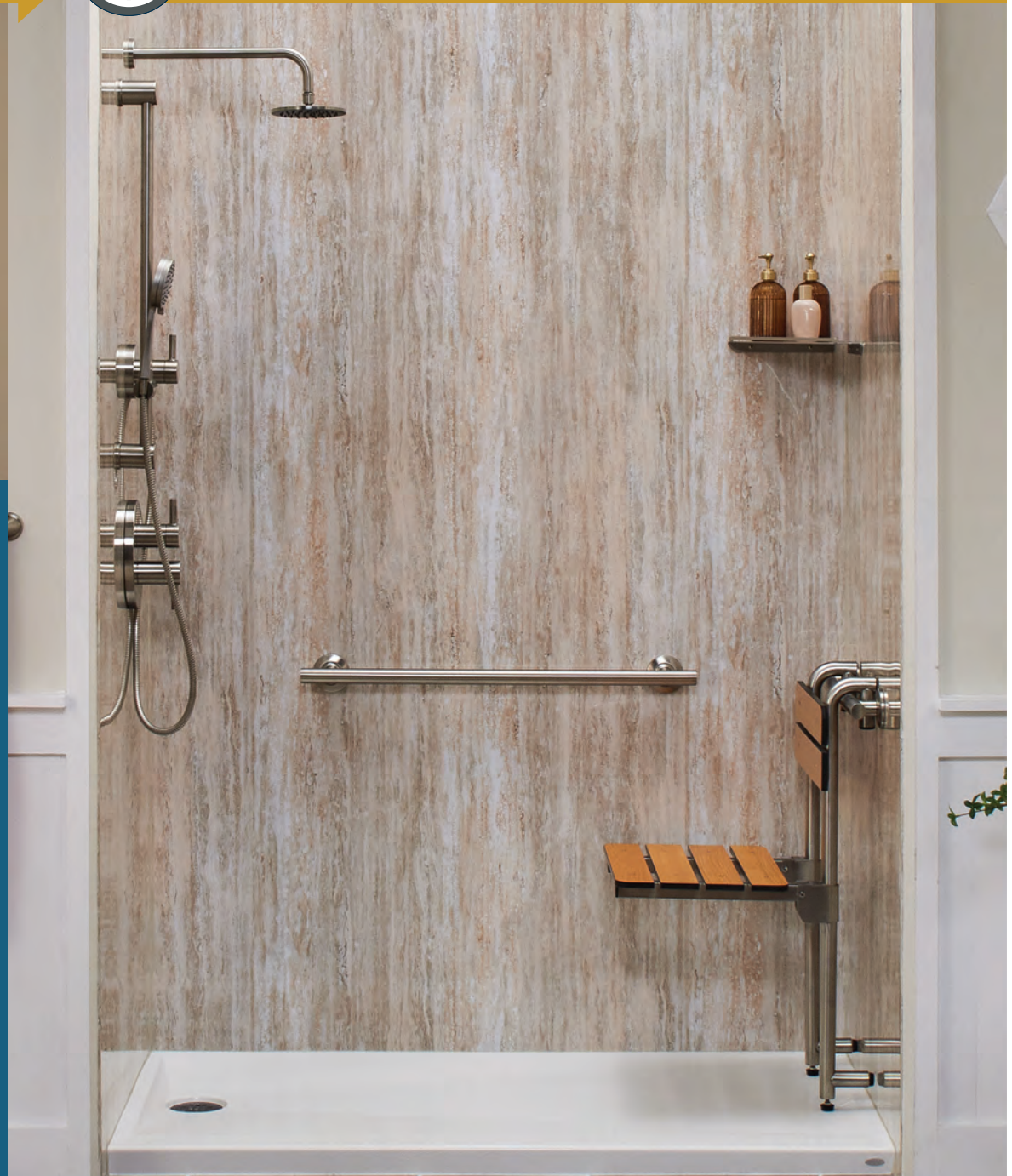
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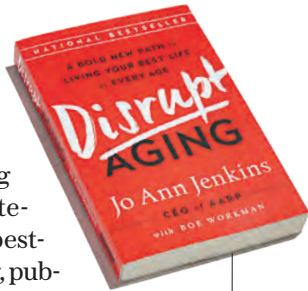


A DECADE OF ACHIEVEMENTS FOR AARP'S LEADER

Ten years after taking the helm at AARP, CEO **Jo Ann Jenkins** is stepping down at the end of the year. Here is a snapshot of her influence on aging in America

► **Disrupted Aging.**

Jenkins changed the conversation about what it means to grow older in this country, challenging outdated attitudes and stereotypes. She wrote the best-selling book *Disrupt Aging*, published in 2016. Her efforts also included creating AARP Innovation Labs to help shape the future of aging with new technology, and later the AgeTech Collaborative, which brings together more than 525 organizations to create products to benefit people 50-plus. AARP established the Innovation Fund in 2015 with a commitment of \$40 million to invest in companies focused on aging in place and access to health care.



► **Supported Family Caregivers.**

She bolstered family caregivers through strong advocacy at the state and national level, providing them with crucial programs and resources, and ensured that family caregivers were front and center alongside paid care workers in a 2023 Biden administration executive order on the care economy. She pushed for passage of the CARE Act, now in 42 states, which provides family caregivers of hospitalized patients with the skills needed to help those leaving the hospital.

► **Led the Fight Against Dementia and for Better Brain Health.** During Jenkins' tenure, the AARP Brain Health Fund committed \$60 million to the Dementia Discovery Fund, a venture capital fund that invests in

dementia cures. AARP also created the Global Council on Brain Health as an independent organization to provide trusted information on how to maintain and improve brain health.



► **Helped People Achieve and Protect Retirement Savings.**

Since 2019, AARP has driven the expansion of access to workplace retirement savings in 20 states, lowering the number of workers without access to a retirement account.



► **Provided Leadership During the COVID-19 Pandemic.**

As the COVID pandemic swept the country, AARP worked to expand access to telemedicine and paid sick leave, while advocating for increased consumer protections, safe access to voting, and protection for those in nursing homes and long-term care facilities.

► **Lowered Prescription Drug Costs.** Jenkins led a nationwide effort to keep Rx drug price reductions in the Inflation Reduction Act and get the legislation

passed. As a result, Medicare now negotiates for lower drug prices, insulin costs are capped at \$35 a month for people on Medicare, many vaccines are available free of charge and, beginning in 2025, those on Medicare won't have to pay more than \$2,000 a year for med-

ications. States have passed 165 laws or executive actions since 2019 reducing out-of-pocket costs for millions of Americans.

► **Established AARP as a Leader on Global Aging Issues.** Jenkins traveled to Europe, Asia and Africa to meet with government officials, confer with leaders of aging organizations and visit agencies serving older adults to learn how they address aging and to share what we have learned in the U.S. She engaged with organizations such as the United Nations, the World Economic Forum and the Organization for Economic Cooperation and Development on how countries will deal with the needs of aging populations.

It's no surprise that Jenkins was named by *Fortune* as one of the "World's 50 Greatest Leaders" and that AARP was named by *Ethisphere* as one of the world's

most ethical companies.

We'll have more to say about how AARP will be in capable hands after Jenkins departs. For now, join us in thanking her for a decade of wise leadership as AARP made aging better in America and around the world. ■



AARP CEO Jo Ann Jenkins speaks at the U.S. Capitol in July 2022. AARP helped generate 3.6 million emails to Congress calling for drug price relief.



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62	\$31.45	\$22.90	\$61.90	\$44.80	\$92.35	\$66.70	\$153.25	\$110.50
63	\$32.50	\$23.70	\$64.00	\$46.40	\$95.50	\$69.10	\$158.50	\$114.50
64	\$33.50	\$24.55	\$66.00	\$48.10	\$98.50	\$71.65	\$163.50	\$118.75
65	\$34.75	\$25.50	\$68.50	\$50.00	\$102.25	\$74.50	\$169.75	\$123.50
66	\$35.90	\$26.35	\$70.80	\$51.70	\$105.70	\$77.05	\$175.50	\$127.75
67	\$37.05	\$27.25	\$73.10	\$53.50	\$109.15	\$79.75	\$181.25	\$132.25
68	\$38.70	\$28.95	\$76.40	\$56.90	\$114.10	\$84.85	\$189.50	\$140.75
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BY JO ANN JENKINS, CEO

FAREWELL TO AARP

After 10 years, I thank you for all we've accomplished together

On Sept. 5, 2014, I walked onstage at AARP's national member event at the San Diego Convention Center to deliver my first speech as AARP's chief executive officer.

That day I made a promise to AARP's members: "As your CEO, I will be unapologetic in fighting for the wants and needs of people 50-plus."

As AARP's new CEO, I wanted to change the conversation about what it means to grow older. I said we need to "disrupt aging"—to challenge outdated stereotypes and attitudes about getting older and spark new solutions that help people live better as they age. I challenged our members to help me do that.

As I prepare to say farewell to AARP, I look back and ask, "How did we do?"

And I feel we can take pride in what we were able to accomplish together.

We are now better prepared to shape the future so people will be empowered to choose how they live as they age.

We have fought for people 50 and over in the halls of Congress, at the White House, and in state capitals and communities across the country. We brought relief from the high cost of prescription drugs, helped ease the burden of caregiving, opposed age discrimination in the workplace, protected Social Security and Medicare, made it easier for people to save for retirement, made communities more age-friendly, and ensured that older Americans have affordable access to technology.

We elevated the importance of brain health and made a significant contribution to the battle against Alzheimer's disease and other dementias. We promoted AARP's role in global aging. And we tackled the tough issues related to the emerging five-generation workforce.

We changed not just the conversation about aging but also what it means to grow older.

Today, more people are embracing age as a period of continued growth and finding purpose in their lives. So we're beginning to see a new type of experienced, accomplished workforce. We're witnessing an explod-



“We are now better prepared to shape the future so people will be empowered to choose how they live as they age.”

—CEO Jo Ann Jenkins

ing consumer market that is bolstering our economy. And instead of seeing a growing pool of dependents, we're seeing the growth of intergenerational communities with new and different strengths.

AARP and its members have been at the

forefront of these changes. Recognizing the increasingly important role technology plays in our lives, we focused on innovation as a key driver of change. Through our AARP Innovation Labs and the AgeTech Collaborative, we have worked with entrepreneurs and businesses to develop new products and services that make aging easier.

We provided new opportunities for people 50 and over to become more adept at navigating our increasingly digital environment by bringing Older Adults Technology Services (OATS) into the AARP family to offer a wide array of training programs to AARP members. And we stepped up efforts to help members protect their digital assets from fraud.

We have excelled as a wise friend and fierce defender of people 50 and older and their interests. Never was this more apparent than during the COVID-19 pandemic. We provided relevant, unbiased information to help people navigate uncharted waters, created solutions to help older people stay connected with their families, and spoke out on issues ranging from stimulus checks to vaccines to nursing home reforms.

We have come a long way in helping to empower people to choose how they live as they age. And much of the credit goes to you, our members.

But AARP's work is not finished.

As I wind up my tenure as the steward of the legacy of our founder, Dr. Ethel Percy Andrus, I'm proud that we have lived up to the motto she gave us more than 65 years ago—"To serve; not to be served." I leave confident that AARP is well positioned to continue building on that legacy.

Serving as your CEO has been a tremendous privilege and extraordinary experience. What I will miss the most is you, the members and volunteers, and the exceptional staff whose passion for our mission and commitment to service is second to none.

As I bid you farewell, I want to thank you from the bottom of my heart for your support, your service and all you do to disrupt aging.

Although I am leaving AARP, rest assured that I will continue to be unapologetic in fighting for the wants and needs of people 50-plus. ■

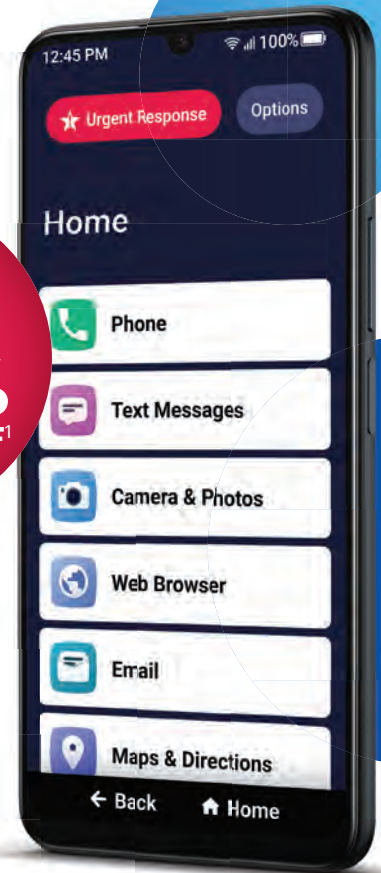
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Readers Respond

COVID UPDATE

Thanks for shedding light on long COVID ["COVID: Where We Are Now—Where We're Headed," Cover Story, September]. Although the patients profiled found some help, many patients find that their physicians don't believe long COVID is real, or they believe the symptoms are psychosomatic. These patients are not getting the support they need to improve their quality of life. The CDC has issued guidance for physicians in treating long COVID. It starts with believing the patient and validating concerns. It recognizes that usual testing will often come back "fine," but that is not a reason to discount symptoms or pursue appropriate treatment or referrals.

DARICE SCHUBATIS
PLYMOUTH, MICHIGAN

Enjoyed the long COVID story. It's a tough field. The border between long COVID and



something else is nebulous and further complicated with comorbidity. Even with those challenges, author Nicole Pajer patiently and methodically explained a very complicated syndrome with amazing clarity. Scientists and medical doctors are good at what they do, but they are not really good at communicating with the public. We need more people like Pajer. I also appreciate that the article ended on a positive note. Keep up the outstanding work!

SHINICHIRO KUROSAWA
BOSTON, MASSACHUSETTS

SOCIAL SECURITY ISSUES

Thank you for the excellent interview with Social Security Commissioner Martin O'Malley ["Congress Has Reduced Our Staff to a 25-Year Low," Your Money]. For someone who has only been at his post for a short time, Commissioner O'Malley exhibited a clear, in-depth understanding of the importance of Social Security to those of us who enjoy its benefits, and the intricacies of this complex bureaucracy. He didn't try to evade discussions of potential and current

problems, such as staffing and solvency. Rather, he tackled these issues head-on. I came away encouraged about the future of the program. Under O'Malley's leadership, the Social Security Administration is in good hands.

ALAN KAZDOY
DALLAS, TEXAS

STILL LEARNING

"Great Ways to Save: Continuing Education" [Your Money] recommended auditing college courses. I did just that. I audited chemistry, physics, geology and other courses at Miami University Middletown (Ohio) for free. The professors were second to none, and my participation provided the education requirements I needed to maintain my engineer's license in Ohio.

DONALD PERANDER
MIDDLETOWN, OHIO

★ We appreciate hearing from you. Write to: Bulletin Editor, Dept. RF, 601 E St. NW, Washington, DC 20049, or email bulletin@aarp.org. Please include your address and phone number.



“Erika found a way to help me survive.”

At 70, Tom McSpedden found himself struggling to afford food on his limited disability benefits. A chance call connected him with Erika Murdoch, a specialist at Sacramento Food Bank & Family Services, an AARP Foundation grantee. Erika helped Tom secure an additional \$70 monthly in SNAP benefits, making a crucial difference in his life.



It takes community heroes like Erika to end senior poverty. Watch the story at aarpfoundation.org/tom

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Medicare Made Easy

BY ANN KAYRISH

My husband died last year, and I'm still receiving bills for his hospital stay and medical services. How do I determine what Medicare has already paid now that his Medicare.gov account has been deactivated?

Medicare will process claims for your husband to cover services up until his death. Doctors and care providers have one year to submit claims to Medicare. To identify what Medicare has paid, and what may still be owed, you'll need copies of your husband's Medicare Summary Notices (MSNs). Since your husband's Medicare.gov account is no longer active, you'll need to fill out CMS Form 10106, also known as Authorization to Disclose Personal Health Information. You can get this form online. Or call Medicare at 800-633-4227.

Will my employer-based prescription drug plan still be "creditable" given changes to the Medicare prescription drug benefit? Creditable coverage means that your cur-

rent prescription drug plan through your employer, union or another group is just as good as the standard Medicare prescription drug plan. It is especially important to check this year's notice because some drug plans that were previously considered as good as Medicare's plan no longer meet that standard. Each year, by Oct. 15, your health plan must let you know whether your coverage is still considered as good as Medicare's standard coverage. If you find out that your prescription drug plan is no longer creditable, you will need to sign up for a Medicare prescription drug plan to avoid a late enrollment penalty. If your plan is no longer creditable, you get a special enrollment period (SEP) that starts in the month you lose that coverage and lasts for the next two months. Enrolling in Medicare Part D during this time means you won't face a late enrollment penalty.

My doctor informed me that she will be retiring next year, and the practice will be closing. Will I be eligible for a special enrollment period to switch out of my Medicare Advantage plan?

When a doctor or health care provider leaves a Medicare Advantage (MA) plan, patients are not routinely given a special

enrollment period. Doctors and health care providers in MA plans can decide to leave the network at any time. If your primary care doctor or behavioral health provider decides to leave a plan, you should receive a written notice at least 45 days before they go. If a specialist is leaving, you should receive a written notice at least 30 days in advance. The notice will include information on how to select a new provider, how to request ongoing care with the departing provider and/or how to request a special enrollment period to change plans. The Centers for Medicare & Medicaid Services (CMS) may decide that the provider's departure impacts a plan network so much that all affected plan members will be given a special enrollment period to switch to a different Medicare Advantage plan or go back to original Medicare. If this happens, you will receive a notice from the plan explaining the timing and reason for the SEP. ■

Ann Kayrish has worked as a Medicare counselor with the State Health Insurance Assistance Program and as the Medicare expert at the National Center for Benefits Outreach and Enrollment at the National Council on Aging. Send your questions about Medicare to medicare@aarpp.org.



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SPOTLIGHT MARYLAND

LAW TAKES AIM AT HIGH ENERGY BILLS

For years, third-party energy retailers have been persuading Maryland consumers to switch suppliers, offering initial utility rates that seemed like a bargain, along with gift cards and other incentives.

After sign-up, however, those rates often skyrocketed—forcing many residents to seek help with utility bills that had become unaffordable, according to advocates and local officials.

Tammy Bresnahan, senior director for advocacy at AARP Maryland, says that will change in 2025, when a new law goes into effect—cracking down on what she and others say are predatory tactics by third-party suppliers that target older and low-income Marylanders. (Those suppliers buy electricity and gas from generators and then sell the energy back to residents.)

The new measure, passed during the 2024 legislative session, will limit variable rates and prevent energy companies

from automatically renewing customers in certain programs without giving them at least 90 days’ notice. The law also lays out clearer guidelines for obtaining a license to become an energy salesperson, with penalties for those who engage in unfair or deceptive practices, and it imposes new standards for the marketing of clean energy, among other provisions.

Bresnahan says the law sends a message: “Stop taking advantage of people.” AARP estimates it could result in \$200 million in annual savings for state residents.

Laurel Peltier, chair of the Maryland Energy Advocates Coalition—which worked with AARP to win passage of the law—says lower rates won’t be the only benefit. “People may notice fewer aggressive energy salespeople in big-box stores or at their front doors,” she says.

Check your own utility bill with AARP Maryland’s Energy Supplier Toolkit at linktr.ee/MDEnergyToolkit. —Mike Gruss

DELAWARE

Improving care Assisted living facilities that offer memory care must now employ specialized staff trained in handling dementia patients, under a new law supported by AARP Delaware.

It’s one of several measures passed in 2024 that will help improve care at the state’s long-term care facilities, says Sheila Grant, associate state director of advocacy at AARP Delaware.

Other changes include:

► The Division of Health Care Quality will be required to inspect long-term care facilities every 12 months, with increased civil penalties for violations.

► The Division of Health Care Quality will conduct additional oversight for temporary workers at such facilities.

“It’s going to improve the staffing and the quality of care,” Grant says of the new laws. When families are choosing a nursing home, they will be able to make more informed decisions, she says.

NEW JERSEY

Getting tax relief New Jersey residents who own or rent property and meet certain income limits may be eligible for as much as \$1,750 in tax relief as part of a state program. But the deadline to apply is fast approaching.

The Affordable New Jersey Communities for Homeowners and Renters (ANCHOR) program is based on 2021 residency, income and age. The deadline to apply is Saturday, Nov. 30. For more information, residents can visit anchor.nj.gov or call the ANCHOR hotline at 609-826-4282 or 888-238-1233.

NORTH CAROLINA

Aging well North Carolina officials have issued a comprehensive plan for aging that outlines steps state agencies should take to meet the needs of the state’s growing older population.

The All Ages, All Stages NC blueprint calls for prioritizing home- and community-based services, increasing support for family caregivers, expanding housing options and strengthening the health care workforce, among other actions. Find more at ncdhhs.gov/imstillhere.

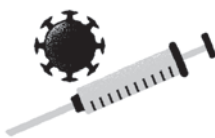
PENNSYLVANIA

Enjoying nature On Wednesday, Dec. 11, the Phipps Conservatory and Botanical Gardens will host a free, virtual tour of its seasonal plants and flowers, including amaryllis and poinsettias.

Participants will also be able to see the conservatory’s winter light garden. Sign up at aarp.org/hippsflowers. —MG

EVENTS & ACTIVITIES AROUND THE REGION

For more information: local.aarp.org.



DELAWARE

Want to get the most recent **COVID-19 shot**? Find updated vaccine guidelines, locations and other information at aarp.org/DEvaccine.



MARYLAND

Learn about **volunteering** at monthly coffees with Kathy Lewis, AARP Maryland’s associate state director of outreach. More at states.aarp.org/maryland/coffees.



NORTH CAROLINA

Get in the groove during an online **Zumba class** on Nov. 20 at 11 a.m. The low-impact class can help with cardio and balance. Register at events.aarp.org/ZumbaNCNov20.



PENNSYLVANIA

Take a break from holiday treats with a “fresh eats” **cooking class** on Dec. 2 at 6 p.m. Learn to make roasted butternut bisque with maple croutons. Register at aarp.org/fresheats.



WEST VIRGINIA

AARP West Virginia is urging residents to **contact their members of Congress** and voice support for a federal caregiver tax credit. Learn more at aarp.org/wv.

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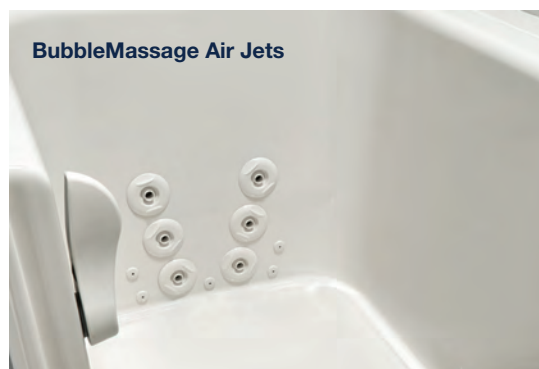
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WORK & JOBS

- AARP Job Board
- AARP Skills Builder for Work™

HOME & REAL ESTATE

- AARP Foundation Local Assistance Directory
- AARP® Real Estate Benefits by Anywhere

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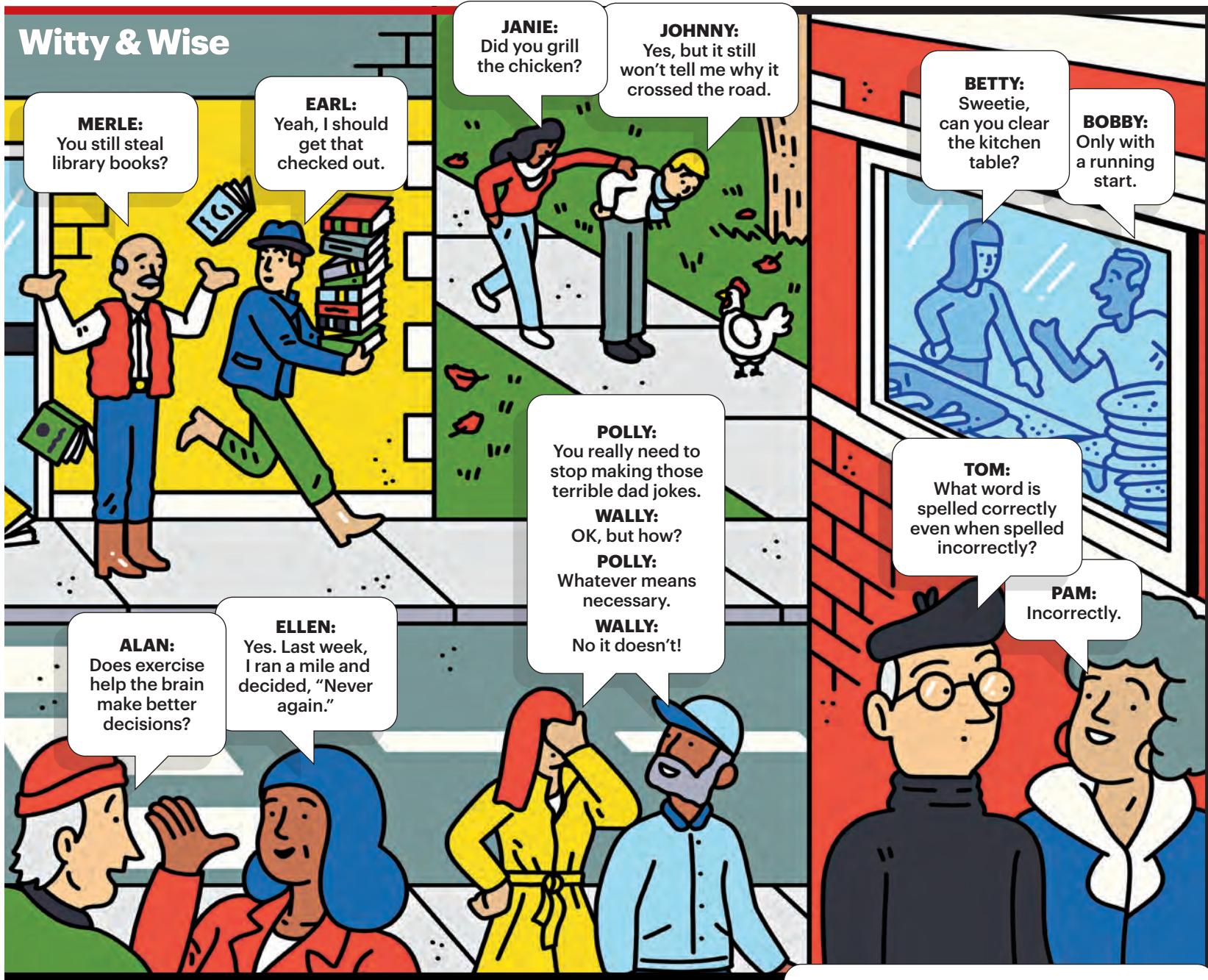
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Only with a running start.

POLLY:
You really need to stop making those terrible dad jokes.

WALLY:
OK, but how?

POLLY:
Whatever means necessary.

WALLY:
No it doesn't!

ALAN:
Does exercise help the brain make better decisions?

ELLEN:
Yes. Last week, I ran a mile and decided, "Never again."

TOM:
What word is spelled correctly even when spelled incorrectly?

PAM:
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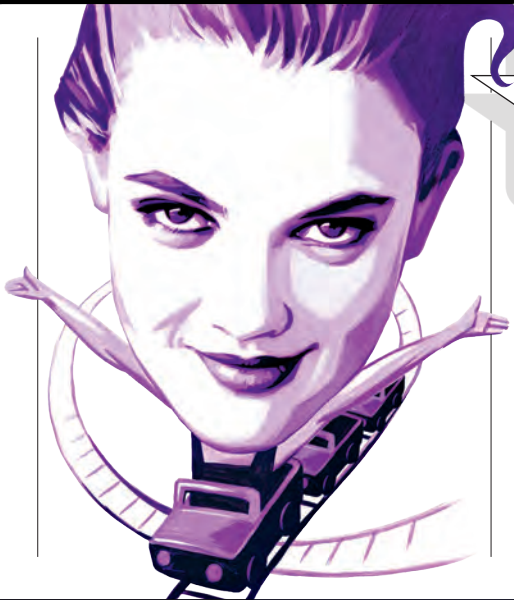
“Anybody that says ‘words hurt’ has never been punched in the face.”—Chris Rock, 59

“When I was young, I was a perfectionist to the degree where it’s painful. I’ve learned, as I grow older, that I have to let a lot go.”—Actor Carol Kane, 72

“No farewell tour for the E Street Band! Farewell to what? Thousands of people screaming your name?”—Bruce Springsteen, 75

“I never saw success as results. Sometimes the results aren’t there, but you feel good because you got better.”—Actor Vince Vaughn, 54

“Be there for your kids. Say yes. Say yes as much as you can.”—Stephen King, 77



“We all fall and rise. Over and over. Life’s a roller coaster. And what a beautiful ride it is.”—Drew Barrymore, 49

“Would you sit in makeup for six hours at 1 in the mother-bleeping morning if you didn’t love what you’re doing?”—Spike Lee, 67

“I’m not letting anyone else put on the pointy hat and beard if I can help it.”—Lord of the Rings actor Ian McKellen, 85, on holding off retirement

“I’ve spent the past 40 years striking the perfect balance between constantly working and never getting bugged in a deli.”—Actor Richard Kind, 67

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