



THE ADVISOR

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Most Seniors Just Lost Medicare Telehealth Benefits

By John I. Adams, Chairman, TSCL

This month, I'm writing to you with an urgent, important update. With exceptions only for acute strokes, at-home dialysis treatments, and mental and behavioral health disorders, Medicare Part B will no longer cover telehealth services unless you both live in a rural area and go to a doctor's office or medical facility that's also in a rural area.

The change [took effect](#) on January 31st, and millions will lose an important healthcare benefit.

What is telehealth?

Telehealth, also known as telemedicine, includes medical and health services provided via video or phone. It replaces services that generally occur in person, such as doctor's office visits, psychotherapy, and more.

Why is Part B's telehealth coverage going away?

The first Trump Administration [greatly expanded](#) Medicare Part B's coverage of telehealth services to cover all beneficiaries in March 2020, when COVID-19 became a public health emergency. At the time, Medicare said the change would be temporary for the duration of the pandemic, so this policy change is returning to pre-pandemic norms.

Why should seniors speak out on this?

Telehealth didn't just save lives during the pandemic. It did a lot more than that. Going to the doctor became a lot easier for people who have limited physical mobility or depend on someone else to take them to their appointments. At least [one study](#) found that higher telehealth use among Medicare beneficiaries was correlated with a lower likelihood of opioid overdoses.

The fact is that telehealth is a common-sense addition to Medicare, especially since [academic research suggests](#) it can lower costs for both beneficiaries and healthcare providers. Why would any American be alright with taking that away?



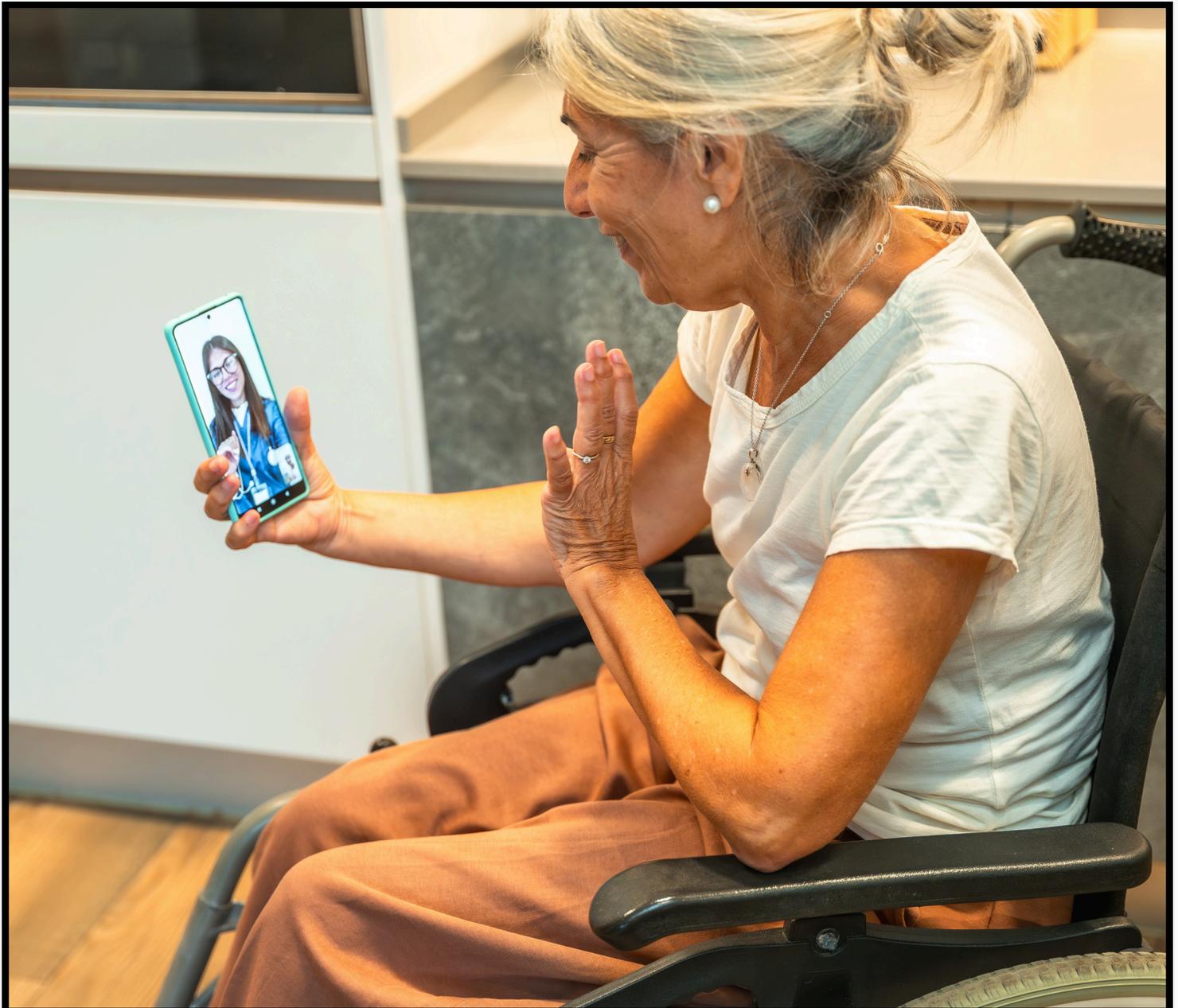
Is Medicare's telehealth coverage likely to return?

Possibly. President Trump's first administration [finalized](#) the permanent expansion of telehealth for Medicare in December 2020, highlighting it as an innovative improvement to the healthcare experience—which it was! That means there's a chance the policy changes again, especially if seniors like us mount a public

pressure campaign. Our votes matter in the 2026 midterms, and we need to use them to hold both political parties accountable for protecting our retirement benefits.

If you want to speak up for your benefits, we invite you to call your member of Congress via TSCL's toll-free number at **844-455-0045** so we can connect you with the offices of your Congressional Representative and Senators.

Make your voice heard!



COLA Watch

What will your benefits look like next year?

Average Social Security Benefit:

as of December 2025

\$1,926



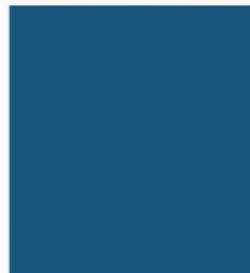
All Beneficiaries

\$2,075



Retired Workers

2.8%



2026
COLA

2.8%



TSCl Predicted
2027 COLA

2.8%



CPI-E Avg.

(TSCl Preferred)

Nov-Jan 2025

2.5%



CPI-W Avg.

(Current Method)

Nov-Jan 2025

The 2027 COLA will be announced in
8 Months

A better inflation measure

would give you a better COLA.

Take a deep dive [here](#).

How Medicare Is Charging More for Less

By Susan Stewart, Licensed Insurance Agent

I completed my fourth Annual Enrollment Period (AEP) on December 7th. Each one has been more difficult than the last. Today, I offer my opinion of the AEP and what I see in the Medicare industry in 2026.

There is always a lot of hype about the changes “next year.” Carriers present the best of what’s to come. They compete against each other for your business and mine. But want to know what I’ve actually seen?

Ever-narrowing networks.

Major hospitals cannot reach contractual agreements with carriers who no longer accept or participate. Doctors’ offices are increasingly moving toward being part of a group rather than operating on their own, which gives them more negotiating power. Some refuse to accept Medicare Advantage plans at all. Some refuse to network with HMOs, even though HMOs account for 80 percent (or more) of plans available this year.

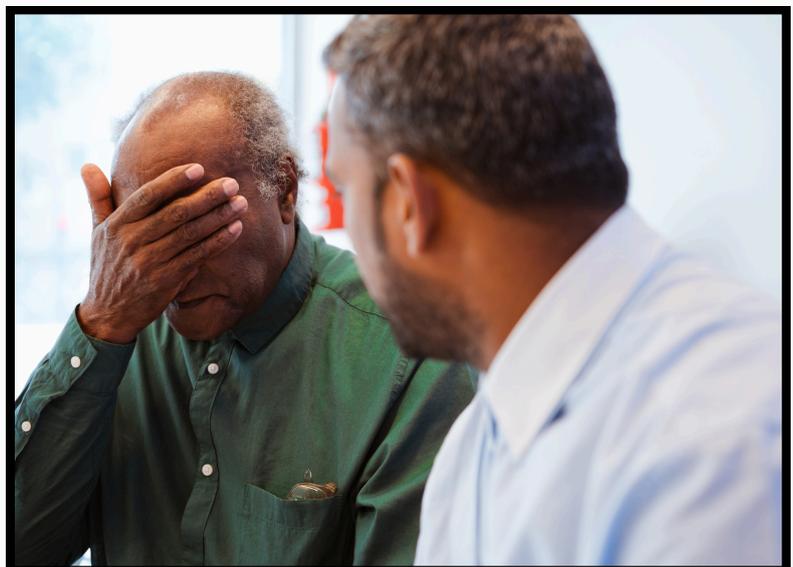
Reduced benefits and increased costs.

This year, people are saying that “Medicare wants to return to being just healthcare without the bells and whistles.” Really? Is dental care no longer essential to physical health? Can a person on a fixed income afford to pay \$400 a day to be in the hospital for three, five, or seven days? A food card. Are these things “bells and whistles”?

THIS is my angst. My opinion. It’s all about money.

Facilities, whether they are hospitals, medical practices, physical therapists, or healthcare providers, need to be paid. They want to make money. However, so do carriers, who want to pay healthcare providers as little as possible. In between are the millions of staff who keep the wheels moving, who also need to bring home a paycheck. Everyone from the janitor with the important job of cleaning hospital floors, the receptionist at your doctor’s office, the highest-paid surgeon, nurses, therapists, administrative staff, and...people like me who work in the insurance industry.

It’s not as simple as people having access to healthcare. What does “access” even mean? Yes, healthcare is there. But can people go to the doctor? Can they afford their medication? How does a person pay off several thousand dollars in medical debt when they can hardly buy boxed macaroni and cheese?



They don't, and that leads to them skipping medical care when they need it. It's messed up.

This is the reality beneficiaries face. From an insurance agent's perspective, the exact people Medicare is supposed to cover remain unseen in the clash over who gets paid and how much profit they can show investors.

As a human being with genuine feelings for my clients' well-being, I hear their stories every day. Sometimes they haunt me. Sometimes I cry with them. Sometimes I go home sad and angry over things outside my control: The Part B premium increased by 9.7 percent [this year](#), from \$185.00 to \$202.90. [The Social Security COLA](#), however, was only 2.8 percent. The gap between those two numbers means that millions will lose Medicaid coverage and will have to pay their Part B premium. I heard from one person who depends on Social Security and has gone without heat and lights since September.

What is he supposed to do in this situation? He's just one person among millions. Need I even say more?

I offer no solution. I can just see the complexity of the problem. How do I cope? I think about my own retirement and how I'm going to manage on a fixed income when I can so clearly see the challenges that lie ahead for me, too. I can try to encourage others, to always speak truthfully and kindly. I can listen and care. I can live a healthy life, both financially and physically.

How can you cope? Try to encourage yourself and others. Accept help when it's offered. Ask for help. Speak truthfully and kindly. Listen to and care about others' experiences, helping where you can. Be wise with your spending and take care of your body to increase your health. Do what you can with integrity and mindfulness. Does that fix the root problem? No. But it's a place to begin. I can control so little, but I can control my response. And so can you.



Retirees Face a Financial Health Crisis

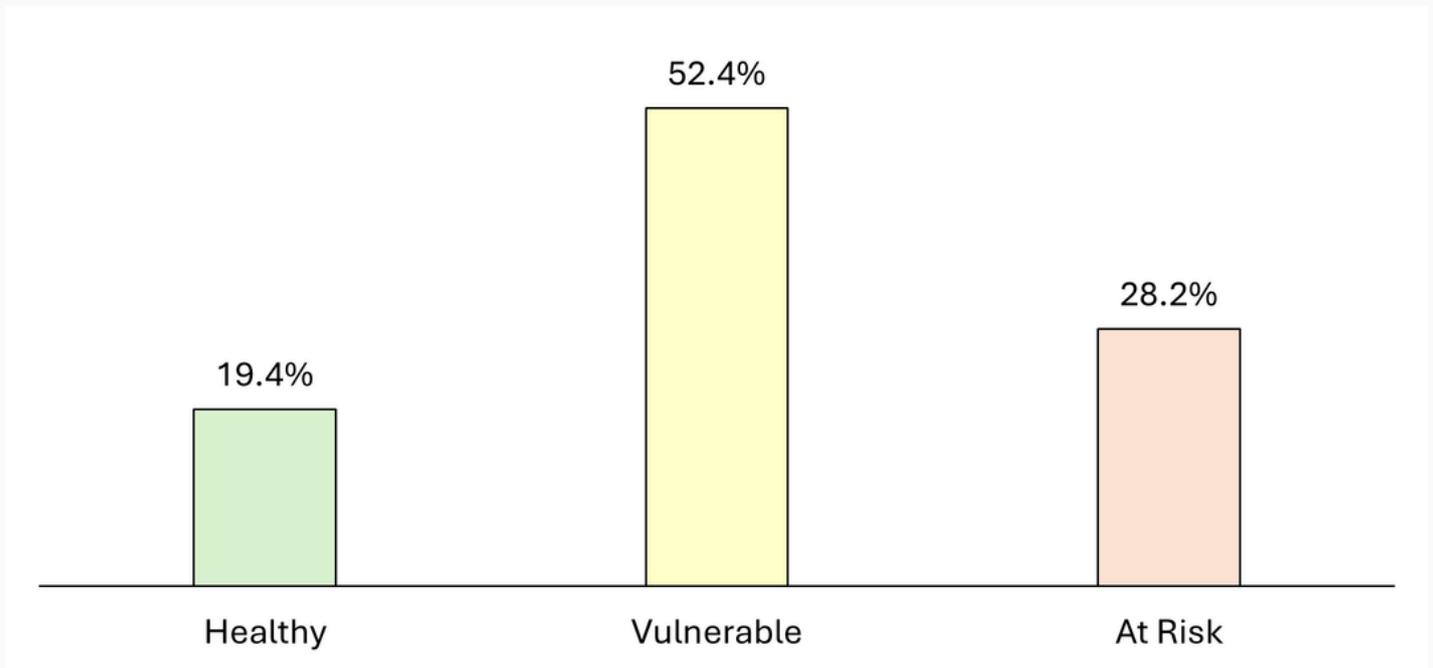
By Alex Moore

We hear a lot of stories about American seniors in difficult financial situations, with many struggling to afford essentials such as groceries, rent, and basic healthcare services like a dentist or optometrist appointment. However, a new TSCL [study](#) of 1,359 seniors shows just how dire the situation is.

As shown in the figure below, only one in five older Americans (19.4 percent) describe themselves as financially healthy

in retirement, defined as having adequate income that will last through retirement, as long as they live. Meanwhile, 52.4 percent describe themselves as financially vulnerable, with enough income to get by for now, but doubts about the future. Most concerning of all, the remaining 28.2 percent categorized themselves as financially at risk, with too little income to cover even essentials.

Seniors' Financial Health in Retirement



The seniors who describe themselves as financially vulnerable and at risk aren't just making a mountain out of a molehill, either. They're more likely to worry about inflation drying up their savings, more apt to depend on public assistance programs like food stamps and Medicaid, and more prone to forgoing medical services due to cost. For example, financially at-risk seniors are about four times more likely to have forgone a doctor's visit of some kind in the last year because they couldn't afford it, compared to their financially healthy peers.

Here's the upshot: Most American seniors are living from benefits check to benefits check, a version of living paycheck to paycheck that's a lot harder to solve because even for those who wanted to return to the workforce, age-related discrimination is a real thing. The only real solution is to augment Social Security and Medicare, unless we're comfortable leaving the seniors who built our economy out to dry—an option none of us would prefer.

The worst part is that solutions are already on the table. Congress has proposed several bills that would change the tax code to pay for more benefits today while making Social Security's finances more sustainable for another generation, but bipartisan gridlock keeps getting in the way. If you're interested in learning more, we highly encourage you to download TSCL's 2025 *Retirement Survey*, available for free [here](#), to see which long-term solutions seniors like you support and oppose.



Inspector General Report Confirms Customer Service Improvements at Social Security

By Alex Moore

Social Security is one of the U.S. government services Americans are most likely to interact with at some point in their lives. This makes the quality of that service paramount, and historically, the results have often left seniors wanting more, with long wait times, difficult processes, and mistakes such as overpaying or underpaying beneficiaries.

However, it appears that the Social Security Administration (SSA) might finally be on the right track when it comes to customer service. When the agency released [figures](#) claiming it had slashed its average speed to answer incoming phone calls and substantially reduced its field office waiting times last July, many were skeptical, including [this publication](#). Senator Elizabeth Warren even [formally requested](#) that SSA Commissioner Frank Bisignano audit the numbers due to her doubts.

The SSA's Office of the Inspector General (OIG), an internal function responsible for policing waste, fraud, and abuse within the agency, released the [findings of that audit](#) in December 2025. The results should make every American senior smile.

The audit found that SSA did achieve the customer service improvements it publicly reported. Phone waiting times did, in fact, fall from 30 minutes in January 2025 to 7 minutes by September 2025, even as the agency handled 65 percent more calls than



in the 2024 fiscal year. Abandoned calls—those where seniors wait so long they give up and hang up—also fell dramatically, from 3.4 million in January 2025 to 911,000 (a 73.3% decrease) in September 2025. Nearly a million abandoned calls still isn't ideal, but that's real improvement.

“The results of the audit come as no surprise to anyone following the historic progress we are making at the agency,” said Commissioner Bisignano in a [press release](#) accompanying the audit findings. “We are serving more Americans at significantly faster speeds than ever before.”

So, what's the difference between the results in 2025 and previous efforts to strengthen SSA's service? It's not as if previous administrations and agency leadership haven't tried.

Apparently, it starts with technology. SSA recently adopted a new telecommunications platform for its public service, helping the agency find real-time ways to help callers, identify customer service reps in need of additional training, and automate processes so callers don't need to wait to speak to another person to fulfill the objectives of their call when it isn't necessary. It has also leaned into artificial intelligence, launching an online chatbot to help Americans with 74 frequently asked questions about Social Security benefits.

Long story short, this is a piece of welcome news. Here at TSCL, we spend a lot of energy holding government accountable when Social Security and Medicare benefits don't work as advertised, and it's nice, for once, to be able to say we see things trending in the right direction.



Best Ways to Save: Home Heating and Cooling

By Alex Moore

It's February, which means most of the United States is in the dead of winter. This makes home heating an essential, yet painful cost. Heating the average American home [will cost](#) \$941 this winter, up about 8.7 percent from last year. Summer is not much better, with the average cost to cool a home from June to September [estimated](#) at \$719 in 2024, or 8 percent higher than the prior year.

For seniors on fixed incomes, this means economic erosion. Social Security's last three cost-of-living adjustments (COLAs) were 3.2 percent, 2.5 percent, and 2.8 percent in 2024, 2025, and 2026, respectively. Utility costs are going up faster than Social Security benefits, so it's essential that you act to minimize the damage to your budget.

Seal Air Leakages

When air leaks into or out of your home—through the walls, doors, floors, roof, and anything else you can think of—it makes your HVAC systems work harder to keep your home cool or hot, depending on the season. The EPA [estimates](#) sealing air leaks would save the average homeowner about 15 percent on energy costs for the year. If we combine the heating and cooling costs listed above, that's about \$250.

If you reduce your own home's air leakage, the Department of Energy says you can start seeing a [return on your investment](#) in



less than one year. The agency highlights applying caulk to seal cracks around doors or window frames and weatherstripping tape to parts of your house that move, such as doors or windows themselves. Some companies offer services to address air leakage; this can also be a high-impact DIY project.

Invest in a Smart Thermostat

A smart thermostat is basically a thermostat that connects to an app on your smartphone and gives you a lot of control over how to manage your home's internal temperature. You can use one to shut off your heat or air conditioning remotely, set your house to different temperatures throughout the day, and get automated suggestions to save energy.

According to the [online tech publication CNET](#), installing a smart thermostat costs about \$100 to \$350 up front. Then, it saves the typical homeowner between about \$130 and \$250 per year in energy usage.

Transition to Energy-Efficient Appliances

Some appliances are designed to work more efficiently than others, and a more efficient model can save you quite a bit of money over a lifespan of five to ten years. This isn't a recommendation to go buy a new refrigerator if you have a perfectly fine one at home, but when the time comes, you should factor energy use into your decision.

[Sears Home Services](#) recommends purchasing ENERGY STAR appliances, which the Environmental Protection Agency (EPA) certifies for their energy efficiency and eco-friendliness.

To get certified, appliances must undergo rigorous tests in independent laboratories. These devices tend to cost slightly more up front but more than repay the difference over time. Sears also says that ENERGY STAR appliances tend to offer better features and reliability than their non-certified counterparts.

Start Cutting Your Heating and Cooling Costs Now

If you haven't already, the time is now to seal your home's air leaks and install a smart thermostat. It could save you up to \$500 a year, with a positive return on investment in year one. That means the earlier you take these steps the bigger long-term impact they'll have on your budget. Then, the next time you need to replace your home appliances, save even more by shopping for energy-efficient options.

Share Your Best Ways to Save

We want to hear from you! Tell The Advisor about the creative ways you've cut costs—whether by reducing monthly expenses or saving on big-ticket purchases.

To share your Best Ways to Save, email us at ShareYourStory@TSClHq.org.

Take the 2026 Senior Survey!

Wait! Before you close this issue, please take a moment to take TSCL's **2026 Senior Survey!**

The **Senior Survey** is a critical piece of research that TSCL uses to understand you, our members. It provides you the opportunity to let us know how you feel about:

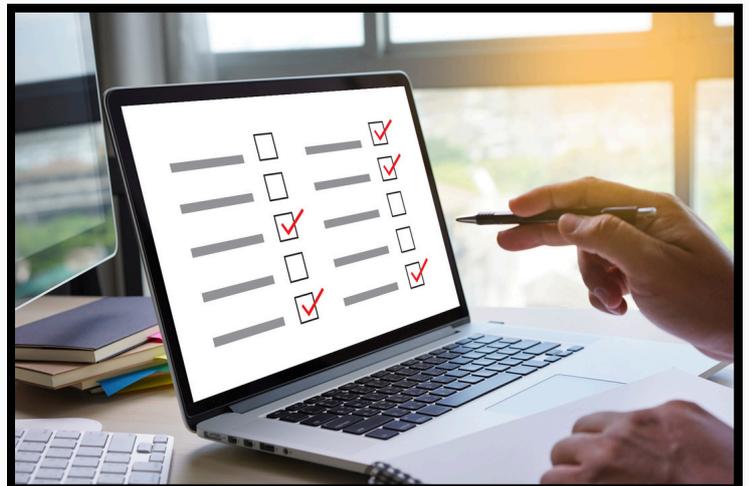
- Your Social Security benefits
- Your Medicare Benefits
- Policy proposals to reform your benefits.

Plus, for the first time this year, we'll be making the results available to you. Once the survey is completed, we'll prepare a detailed report, then make sure to share it with you!

The survey will take about 15-20 minutes to complete. Your response will be completely anonymous. You can preview the questions on the following pages.

Please click the button below to take the survey now!

[TAKE THE SURVEY!](#)



2025 Retirement Survey

Section 1 – Retirement Status

- Have you begun claiming your Social Security retirement benefits?
 - Yes.
 - No, but I am eligible.
 - No, and I am not eligible.

- How many years are you away from claiming your Social Security retirement benefits?
 - 0-2 years
 - 3-5 years
 - 6-10 years
 - 10+ years

- What is your retirement status?
 - I no longer work.
 - I did not work prior to claiming my benefits.
 - I left the workforce when I retired but have since returned to work.
 - I remained in the workforce with reduced hours and/or responsibilities.

- When did you first claim your Social Security retirement benefits? Please choose the option that best describes your situation.
 - When I first became eligible (age 62).
 - After I first became eligible but before I reached full retirement age. \At full retirement age (between age 66-67 depending on birth year).
 - After full retirement age.

- Why did you choose to claim your benefits before full retirement age? Please select all that apply.
 - I did not know my benefits would be penalized.
 - I could not afford to cover basic expenses without them.
 - To handle a financial emergency.
 - To handle a medical emergency or address a medical issue.
 - To pay off debt.
 - To coordinate payments with my spouse.
 - I knew about the penalty to my benefits but did not care.
 - None of the above.

- What is your estimated total monthly take-home income, after taxes and other deductions?
 - \$0 to \$1,000
 - \$1,001 to \$2,000
 - \$2,001 to \$3,000
 - \$3,001 to \$4,000
 - \$4,001 to \$5,000
 - \$5,001 to \$6,000
 - \$6,001 or more
 - Unsure

- Approximately what percentage of your income comes from your Social Security retirement benefits?
 - Less than 25%.
 - 26% to 50%
 - 51% to 75%
 - 76% to 99%
 - 100%
 - Unsure

Section 2 – COLA Satisfaction

- Overall, how satisfied are you with the amount you receive from your monthly Social Security benefit check(s)?
 - Satisfied
 - Neither satisfied nor dissatisfied
 - Dissatisfied

- Based on your economic experience, what would you expect U.S. inflation to have been in 2024?
 - Between 0% and 0.99%
 - Between 1% and 1.99%
 - Between 2% and 2.99%
 - Between 3% and 3.99%
 - Between 4% and 4.99%
 - Between 5% and 5.99%
 - Between 6% and 6.99%
 - 7% or above
 - Unsure

- You said that you believed U.S. inflation in 2024 was above 7%. How high do you think it was? Please enter a percentage between 7% and 100%.

- The Social Security Cost-of-Living Adjustment (COLA) is 2.6% for 2025. Which of the following statements best describes how you feel about this COLA?
 - This COLA is fair, and my benefits will keep pace with inflation.
 - This COLA is too low, and my benefits will fall behind inflation.
 - This COLA is too high, and my benefits will grow faster than inflation.

Section 3 – Medicare Satisfaction

- Have you started receiving Medicare benefits?
 - Yes.
 - No.
- Overall, how satisfied are you with the cost of your Medicare benefits?
 - Very satisfied
 - Somewhat satisfied
 - Not satisfied
- Overall, how satisfied are you with the coverage of your Medicare benefits?
 - Very satisfied
 - Somewhat satisfied
 - Not satisfied
- How much did you spend per month on all healthcare costs in 2024? Please include all Medicare premiums, insurance premiums, co-pays, and out-of-pocket costs for all your medical needs, including dental and vision needs.
 - \$0 to \$200
 - \$201 to \$400
 - \$401 to \$600
 - \$601 to \$800
 - \$801 to \$1,000
 - \$1,001 or more
 - Unsure
- How much did you spend per month on out-of-pocket costs for prescription drugs in 2024? Please do not include what you pay for Part D or Medicare Advantage plan premiums.
 - \$0 to \$50
 - \$51 to \$100
 - \$101 to \$166.67 (the 2025 out-of-pocket limit)
 - \$166.68 to \$200
 - \$201 to \$400
 - \$401 to \$600
 - \$601 to \$666.67 (the 2024 yearly out-of-pocket limit)
 - More than \$666.67
 - Unsure

Section 4 – Policies

TSCL's research found that Social Security benefits lost approximately 20% of their buying power between 2010 and 2024 due to cost-of-living-adjustments (COLAs) that do not keep up with inflation.

- Which of the following policies would you support to raise future COLAs for Social Security benefits?
 - Calculating COLAs with an inflation index that better represents seniors' economic experiences.
 - Guaranteeing a 3% minimum COLA.
 - Providing a one-time \$4,098 catch-up payment to make up for COLA shortfalls.
 - Providing a one-time \$1,400 senior stimulus to make up for COLA shortfalls.
 - None of the above.

Social Security is facing a financial crisis because the program costs more money than it brings in. If Congress fails to act, benefits will be reduced by 20 percent starting in 2034 due to budget shortfalls.

- Which of the following policies would you support to address this issue? Please select all that apply.
 - Raising the full retirement age for Social Security from 67 to 70.
 - Creating a fast-track process for Congress to vote on Social Security legislation.
 - Increase the Social Security payroll tax rate. (currently 6.2 percent for employees and 6.2 percent for employers)
 - Eliminate the limit on earnings that are subject to Social Security payroll taxes. (\$176,100 in 2025)
 - Applying the 6.2 percent Social Security employee payroll tax to investment income for high earners.
 - Require the government to invest Social Security payroll taxes in stocks, bonds, and other assets.
 - Reduce Social Security cost-of-living adjustments (COLAs).
 - None of the above.

Under current law, the income thresholds that make up to 85% of Social Security benefits eligible for taxation have never been adjusted for inflation since being established in 1984. You will pay federal income taxes on your benefits if your combined income (50% of your benefit amount plus any other earned income) exceeds \$25,000/year filing individually or \$32,000/year filing jointly.

- Which of the following approaches would you support to modernize the taxation threshold for Social Security income?
 - Provide a one-time adjustment to catch the thresholds up to today's dollars.
 - Implement an annual adjustment that helps the thresholds keep pace with future inflation.
 - None of the above.

- In your opinion, how much of a priority should Social Security and Medicare reform be for the Presidential administration and Congress?
 - A top priority
 - A high priority
 - A moderate priority
 - A low priority
 - Not a priority

- If the new Presidential administration and Congress pursue Social Security and Medicare reform, which aspect of the programs would you most like to see them prioritize?
 - Social Security's COLAs
 - Social Security's long-term finances
 - Medicare premiums
 - Medicare prescription drug access
 - Simplifying Medicare plan selection
 - Waste in the Social Security and Medicare budgets

Section 5 – Demographics

- What is your zip code?

- How old are you? Please enter a whole number.

- What is your gender?
 - Male
 - Female
 - Other

- What is your ethnicity?
 - Hispanic or Latino
 - Not Hispanic or Latino

- What is your race?
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Some other race
 - Multiracial

- Do you own or rent your primary residence?
 - Own
 - Rent

- What is your highest level of education?
 - Did not graduate high school
 - High school/GED
 - Some college, no degree
 - Associate's degree
 - Bachelor's degree
 - Master's degree
 - Professional or doctoral degree (e.g., MD, JD or PhD)

- How would you characterize your political leanings?
 - Democrat
 - Republican
 - Independent
 - Other