

Why GoldenCare?

WELCOME!

Thank you for joining us!

*For audio, use your computer's speakers,
OR dial in using the number on your screen.*

- Perfect Portfolio of Products
- Superior, Personal Backend Support
- Product and Sales Training
- LTC CEO Selling Tools Software
- GoldenCare Rewards Program
- CSG Actuarial Comparison Tools
- StrateCision Comparison Tools
- Discounted E&O Coverage
- InstaPIVOT™ STC Underwriting Tool
- CareOptions Health and Wellness Hub
- Integrity LTCi Referral Program

Determining Client Eligibility for OmniFlex

Determining Client Eligibility OmniFlex™



Jon Randall, Regional Director
GoldenCare

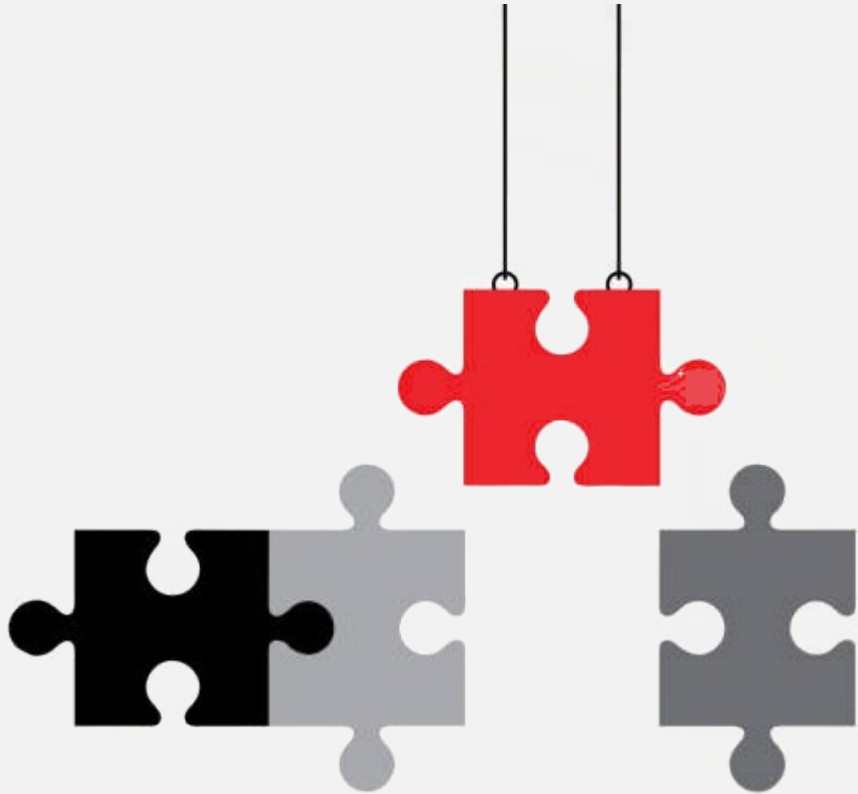
Fact is... the demand for LTCi, STCi & HHC have never been higher and is ever-increasing!



- **90%** of married couples will require some type of care.
- **90%** of adults have never had a real discussion about long term care planning.
- **61%** of people surveyed said they **would rather die** than go into a Nursing Home.

Consumers are worried they'll end up in a Nursing Home. They are waiting for you to mention LTCi/STCi/HHC as an option to help KEEP THEM OUT of those facilities.

<https://brokerworldmag.com/helping-clients-understand-the-cost-of-long-term-care-in-2022/>



A SHIFTING MARKET

A Shifting Market

The Short-Term Care insurance industry is growing rapidly with an introduction of policies that expand coverage levels and underwriting qualifications.

Where Long-Term Care insurance is known for its in-depth underwriting, STC is stepping up to offer coverage in similar care settings, with less stringent underwriting and lower premiums.

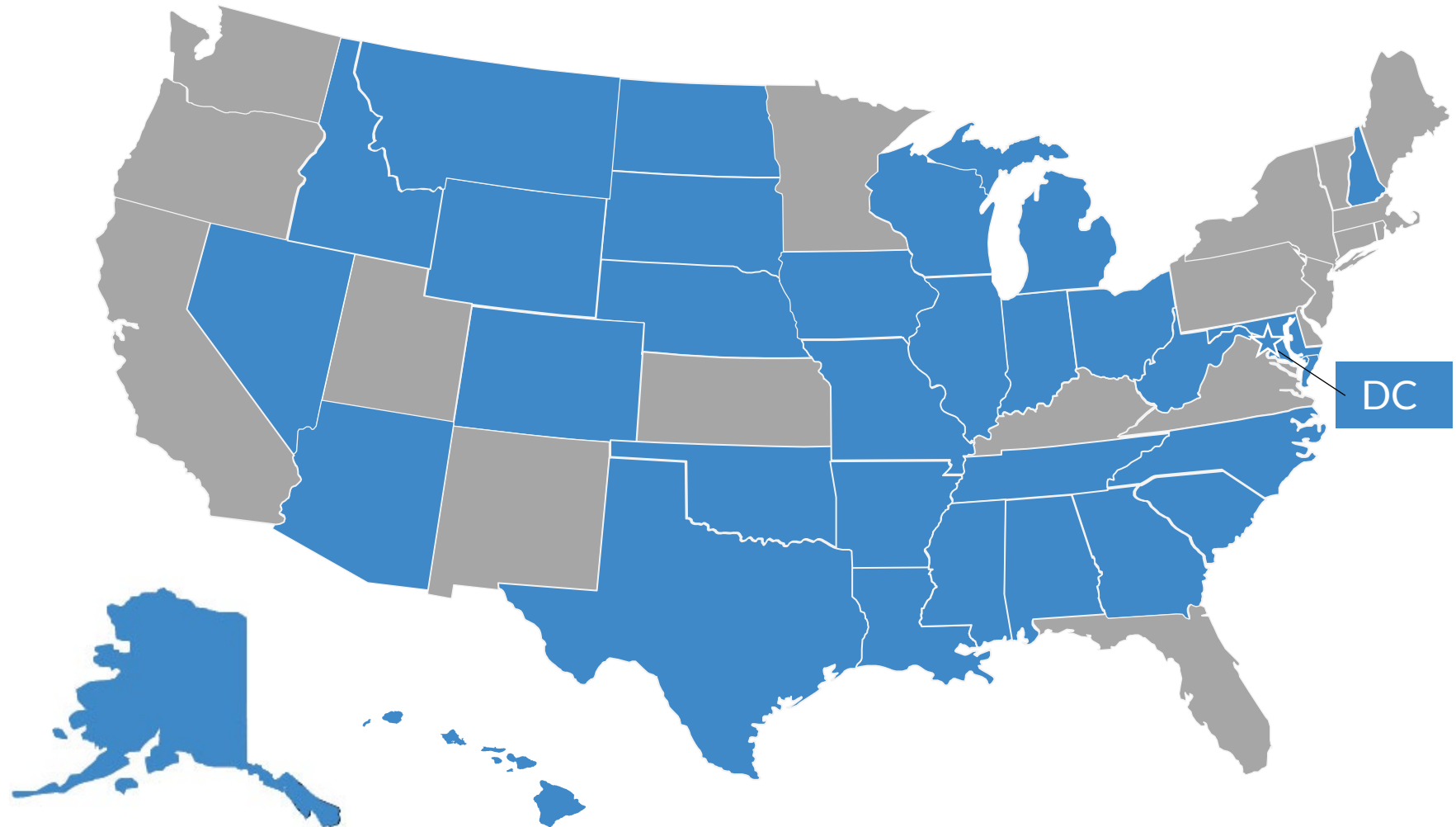
This will allow more of your clients to qualify for and afford coverage!

OmniFlex™ Product Availability

Availability as of 10/04/2023



AL, AK, AR, AZ, CO, DC,
GA, HI, IA, ID, IL, IN, LA,
MD, MI, MO, MS, MT, NC,
ND, NE, NH, NV, OH, OK,
SC, SD, TN, TX, WI, WV,
WY



Tools & Resources at your fingertips

- **The OmniFlex Agent Guide, including Medication List**
- **The Underwriting Tip Sheet**
- **OmniFlex Prescreen Form**
- **GoldenCare's InstaPIVOT™ tool**
- **Health Underwriting Questions from the Application**
- **GoldenCare's OmniFlex Assets page**
- **Call & speak with our knowledgeable team!**

OmniFlex Agent Guide



The Medication List is included in the Agent Guide, beginning on page 27.



The Medication List is also a stand-alone piece. Scan the QR code below for instant access on your phone!



Short Term Care

MEDICATIONS/THERAPEUTIC USE REFERENCE

ManhattanLife.

Building by One, Since 1492

These medications are a list of prescription drugs and their common therapeutic use. These prescription drugs are not limited to the treatment of the conditions indicated. This list is by no means complete since it would be impossible to list every medication in an easy reference guide.


Minoxip/Prasipicols & Rasip/Rasipicols-complete PHI & verify diagnosis, if used to treat restless leg syndrome and dose/frequency < 4mg QD, may be considerable.

Truvada/Etricitabine: Is not a complete PHI & verify diagnosis & how prescribed, if used as a preventative measure only, may be considerable.

- Medications in **red** will result in a decline.
- Medications in **teal** will require a PHI to determine diagnosis.

MEDICATION	CONDITION	DECLINE	LIMITED BENEFITS
A ility	Schizophrenia/Bipolar Disorder		Y
A ibitarsone Acetate	Cancer	Y	
A ggrenax	Prevent Blood Clot/Stroke		Y
A ibutolol	Asthma/COPD		Y
A ilexan	Cancer	Y	
A iloco	High Blood Pressure/ Congestive Heart Failure		Y
A medrosterone	Breast CA	Y	
A etabone	Alcoholism		Y
A enopap	Amnesia in place/Chronic Renal Failure & CA Chemotherapy		
A riapril	Alzheimer's Disease/Memory Loss	Y	
A rimexon	Breast CA	Y	
A ripiprazole	Schizophrenia/Bipolar		Y
A isacord	Heart Failure/High Blood Pressure		
A ivoxast	COPD/Asthma		Y
A ixorin	Cancer	Y	
A ivoxon	MS		Y
A zithromycin	Prevent Kidney Transplant Rejection/TA		
A ZT	HIV/AIDS	Y	
A zotepipril	CAD/Heart Failure/High Blood Pressure		
A zotepipril	Pericardial Disease		
A zotepipril	Cancer	Y	

OmniFlex Underwriting Tip Sheet



OmniFlex™ Short-Term Care Underwriting Tip Sheet
Questions: 800.842.7799

ManhattanLife's OmniFlex™ Short-Term Care utilizes two-tiered underwriting to ensure coverage is available to a wider range of clients. The more familiar you are with the factors that go into evaluating eligibility, the more confident you and your client can be about deciding whether to proceed with an application.

Two-Tiered Underwriting (Defined)
The OmniFlex™ STC policy application has two distinct sections of questions related to the applicant's health history.

Part I of the health questions are used to determine overall plan eligibility. If any answer to questions in Part I are "YES", the applicant is not eligible.

Part II of the health questions will determine whether some benefit restrictions will apply. If any answer to Part II questions are "YES", the simple inflation benefit is not available, and the applicant will be limited to a maximum of \$100 Daily Benefit on the Base Policy, Home Health Care Rider, and Hospital Indemnity Rider.

NOTE: Answering "NO" to all medical questions on the application does not guarantee acceptance. The underwriter reviews the applicant's entire medical history when making their decision.

Underwriting Requirements
An applicant's build / Body Mass Index (BMI) is NOT a factor when determining eligibility for OmniFlex™.

Eligibility for OmniFlex™ is based on applicant answers to the health questions on the application, a pharmaceutical check and telephone interview clarification call (as needed).

The telephone interview is only required if clarification is needed regarding medications. Please refer to the [ManhattanLife STC Medication List](#) (Form ML-Omni-MedList0223).

In the event ManhattanLife is unable to complete a phone interview, additional medical records may be required.


Issue Ages
OmniFlex™ is available to applicants between 45 - 89. Consideration is based on attached age.

Pre-screen Your Tough Cases
Do you have a client with a lengthy or complicated health history? Utilize our OmniFlex™ prescreen form to help you determine eligibility for even your toughest cases!

Complete the [OmniFlex™ Health Prescreen Form](#) with your client's information and follow the submission instructions.

ManhattanLife Underwriting Contacts:
Health Prescreen: 800 672 4535 option 9, then option 2 (OmniFlex)
Interview Clarification Call (PH): 800 672 4535 option 8, then option 2 (OmniFlex)
STC Underwriting@manhattanlife.com

Hours to reach OmniFlex™ Underwriting Team:
• Monday - Thursday: 8:00 a.m. to 5:00 p.m. Central Time
• Friday: 8:00 a.m. to 2:00 p.m. Central Time



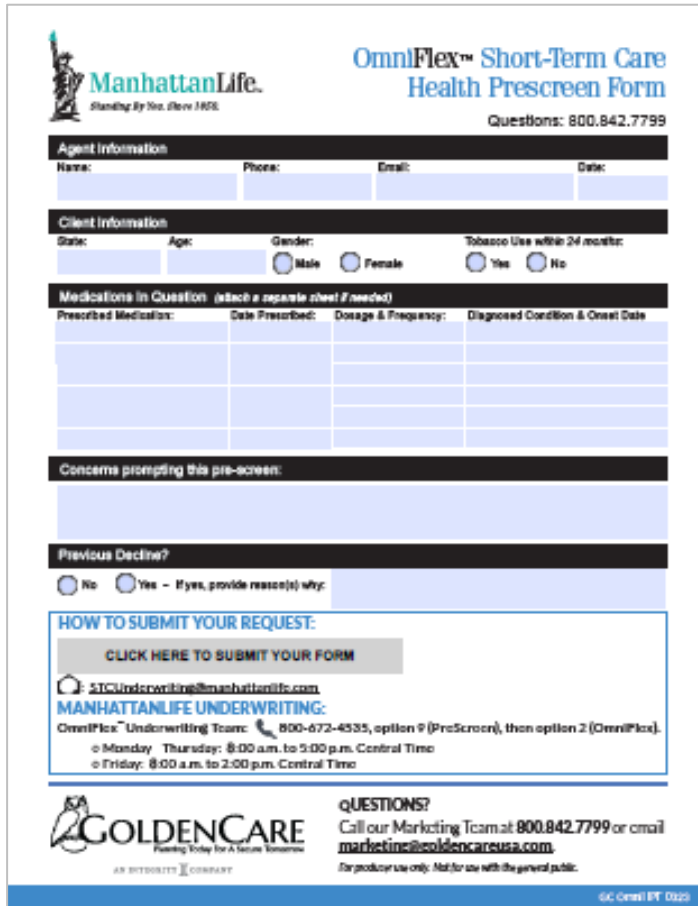
QUESTIONS?
Call our Marketing Team at 800.842.7799 or email marketing@goldencareusa.com
For producer use only. Not for use with the general public.
©C OmniFlex Tip Sheet



This does refer to the Medication List we already mentioned.

It also directs agents to utilize our OmniFlex Health Prescreen Form when clients have lengthy or complicated health histories.

OmniFlex Health Prescreen Form



The form is titled "OmniFlex™ Short-Term Care Health Prescreen Form" and includes the ManhattanLife logo with the tagline "Standing By You Since 1878". A contact number "Questions: 800.842.7799" is provided. The form is divided into several sections: "Agent Information" with fields for Name, Phone, Email, and Date; "Client Information" with fields for Date, Age, Gender (Male/Female), and Tobacco Use (Yes/No); "Medications in Question" with a table for Prescribed Medication, Date Prescribed, Dosage & Frequency, and Diagnosed Condition & Onset Date; "Concerns prompting this pre-screen:" with a text area; "Previous Decline?" with radio buttons for No or Yes (with a reason field); and "HOW TO SUBMIT YOUR REQUEST:" with a "CLICK HERE TO SUBMIT YOUR FORM" button and contact information for STCUnderwriting@manhattanlife.com and MANHATTANLIFE UNDERWRITING. The form also includes contact information for the OmniFlex Underwriting Team and the GoldenCare logo with the tagline "Planning Today for A Secure Tomorrow".

Agent Information
Name: _____ Phone: _____ Email: _____ Date: _____

Client Information
Date: _____ Age: _____ Gender: ☐ Male ☐ Female Tobacco Use within 24 months: ☐ Yes ☐ No

Medications in Question (attach a separate sheet if needed)

Prescribed Medication:	Date Prescribed:	Dosage & Frequency:	Diagnosed Condition & Onset Date

Concerns prompting this pre-screen:

Previous Decline?
☐ No ☐ Yes - If yes, provide reason(s) why: _____

HOW TO SUBMIT YOUR REQUEST:
CLICK HERE TO SUBMIT YOUR FORM
✉ STCUnderwriting@manhattanlife.com
MANHATTANLIFE UNDERWRITING:
OmniFlex™ Underwriting Team: 800-672-4535, option 9 (PreScreen), then option 2 (OmniFlex).
o Monday - Thursday: 8:00 a.m. to 5:00 p.m. Central Time
o Friday: 8:00 a.m. to 2:00 p.m. Central Time

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Planning Today for A Secure Tomorrow
AN SUNAMERICA COMPANY

QUESTIONS?
Call our Marketing Team at 800.842.7799 or email marketing@goldencareusa.com.
For producer use only. Not for use with the general public.

GC Omni ST 0325



When working with clients that have lengthy or complicated health histories, utilize our OmniFlex Health Prescreen Form!

It includes a button which opens web-based mail already addressed to STCUnderwriting@manhattanlife.com



GoldenCare has developed a new Short-Term Care Underwriting Comparison Tool called InstaPIVOT™. This tool compares all of our STC portfolio products, making it easy for you to find a solution for your client in minutes.

[illegible]

OmniFlex Health Questions from the App

HEALTH QUESTIONS – PART I

(If any answer to questions 1-5 below is "YES", you are not eligible for coverage)

APPLICANT A

APPLICANT B

- | | | | |
|----|--|--|--|
| 1. | Have you been treated or diagnosed by a medical professional as having acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or tested positive for human immunodeficiency virus (HIV) infection? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Is any applicant currently eligible for Medicaid or on early Medicare due to disability (prior to age 65) or disabled? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Are you currently: | | |
| | a. Receiving assistance or supervision to perform activities of daily living such as bathing, dressing, eating, toileting, getting in or out of bed, or have an inability to control bowel or bladder function? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b. Receiving home health care services, or confined in a rehabilitation facility, nursing facility, or assisted living facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | c. Being treated, or have you been diagnosed, by a medical professional for Alzheimer's Disease, dementia, Parkinson's Disease (stage 4 or 5), Huntington's Chorea, or cognitive impairment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | d. Receiving treatment by a medical professional for diabetic complications resulting in neuropathy, proliferative retinopathy, kidney disease or failure, renal insufficiency, or kidney dialysis? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | e. Receiving treatment by a medical professional for insulin dependent diabetes in conjunction with heart failure? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Within the past 12 months, have you been advised to have tests, treatment, or surgery that has not yet been performed or have pending test results? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Within the last 24 months, have you been diagnosed with, received treatment for, or been prescribed medication for any of the following conditions by a medical professional: Cancer (other than skin cancer in situ), leukemia, lymphoma, malignant melanoma, or cancer that has spread from its original site? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

OmniFlex Health Questions from the App

HEALTH QUESTIONS – PART II			
(If any answer to question 1 below is "YES", any simple inflation benefit is not available, and the applicant will be limited to a maximum of \$100 of daily benefit on the base Policy, Home Health Care Rider, and Hospital Indemnity Rider).		APPLICANT A	APPLICANT B
1.	Within the past 24 months, have you been diagnosed with, received treatment for, or been prescribed medication for any of the following conditions by a medical professional:		
a.	Stroke, transient ischemic attack (TIA), congestive heart failure (CHF), or organ transplant (other than corneal transplant)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Diabetes that requires more than 50 units of insulin daily or more than 2 oral and 1 injectable medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Systemic lupus, multiple sclerosis, muscular dystrophy, cerebral palsy, motor neuron disease, Lou Gehrig's disease (ALS), psychotic disorders, alcohol, or substance abuse or any other neurological or neuromuscular disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Amputation caused by disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Chronic obstructive lung or pulmonary disease (COPD), chronic bronchitis or emphysema, respiratory disease requiring the use of oxygen, or chronic liver disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II of the application's health questions will help you determine whether the individual will qualify for full benefits or limited benefits.

OmniFlex Assets:

Remember, we make an entire collection of OmniFlex assets available on our agent website:

goldencareagent.com/omniflex-assets/

OmniFlex Resources - GoldenCare

goldencareagent.com/omniflex-assets/

For Assistance: 1-800-842-7799 • Career Opportunities

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AN INTEGRITY COMPANY

BRING IN AN EXPERT
Schedule Your Meeting Now!

ABOUT US PRODUCTS AGENT RESOURCES TOOLS CONTRACTING NEWS

OmniFlex Resource Page

Current State Availability:
AK, AL, AR, AZ, CO, DC, GA, HI, IA, ID, IL, IN, LA, MD, MI, MO, MS, MT, NC, ND, NE, NH, NV, OH, OK, SC, SD, TN, TX, WI, WV, WY

Ages: 45-89

OmniFlex 1st APP \$200 CASH BONUS INCENTIVE!

OmniFlex Short-Term Care

- STC Feature & Price Comparison
- OmniFlex Differentiators
- OmniFlex Short Presentation
- OmniFlex Mid-Sized Presentation
- ManhattanDirect 2.0 Quote/Enrollment Login
- ManhattanDirect 2.0 User Guide
- Quote/Enrollment Training Video
- OmniFlex Online Account Help
- Premium Examples
- OmniFlex Health Questions Sample Application
- OmniFlex Health Questions Only Sample
- GoldenCare's InstaPIVOT STC Underwriting Tool
- OmniFlex Rate Calculator
- Sample Quote 1: Using Rate Calculator
- Sample Quote 2: Using Rate Calculator
- How to Submit an OmniFlex Claim
- Manhattan Corporate Brochure

OmniFlex Fast Facts

1 of 12 OmniFlex - Why Would You Offer Anything ...

FAST FACTS
WHY OMNIFLEX?

01:23

OmniFlex e-App and Quote Demo

Why GoldenCare?

- Perfect Portfolio of Products
- Superior, Personal Backend Support
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- CareOptions Health and Wellness Hub
- Integrity LTCI Referral Program
- Bring In An Expert Service

WELCOME!
Thank you for joining us!

27:58

- Agent Guide
- Consumer Brochure
- Consumer Infographic
- Underwriting Tip Sheet
- Prescreen Form
- Rx Reimbursement Form
- New Biz & UW PHI Scenarios
- Sample Policy
- OmniFlex Medication List
- Outline of Coverage
- FAQ



OmniFlex™
Short-Term Care insurance

1ST APP INCENTIVE



**We are pleased to
announce a special 1st
App incentive!**

**Now earn at \$200
CASH BONUS for
OmniFlex™ business
written within 30 days
of completing your
appointment!***

Call & speak with our knowledgeable team!



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Delivering exceptional service in all 50 states!

Why GoldenCare?

*Thank you for
joining us today!*

*For attending, we will send the CE Voucher, copy of
these presentation slides, and more!*

Watch your inbox for our email!

- Perfect Portfolio of Products
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