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## Why GoldenCare?

- Perfect Portfolio of Products
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- CSG Actuarial Comparison Tools
- StrateCision Comparison Tools
- Discounted E&O Coverage
- InstaPIVOT™ STC Underwriting Tool
- CareOptions Health and Wellness Hub
- Integrity LTCi Referral Program



***Welcome! “Secret” Gaps Filled By STC/HHC***

**Your Presenter Today:**

**Tom Randall**

National Marketing Director  
*Over 25 years of experience*



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



- **70%** of people will require some type of care – **90%** of married couples!
- **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 TERRIFIED they'll end up in a Nursing Home. They are waiting for you to mention LTCi 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/>

# With Extended Care... Logic Rules the Day...

## 1) The Aging of America

- A. Over 58M Seniors (Canada = 38.2M Total)
- B. About 10K turn age 70/day (Boomers!)
- C. Over 70M seniors by 2030 (Fac? 2@196/day = <1/2!?)

# Lucky We're Not Offering Just Nursing Home Insurance...

[https://skillednursingnews.com/2023/11/nursing-home-construction-dwindles-as-operators-downsize-but-a-lack-of-medicaid-beds-is-most-concerning/?euid=bdef9e1c98&utm\\_source=snn-newsletter&utm\\_medium=email&utm\\_campaign=4f63d4e696&mc\\_cid=4f63d4e696&mc\\_eid=bdef9e1c98](https://skillednursingnews.com/2023/11/nursing-home-construction-dwindles-as-operators-downsize-but-a-lack-of-medicaid-beds-is-most-concerning/?euid=bdef9e1c98&utm_source=snn-newsletter&utm_medium=email&utm_campaign=4f63d4e696&mc_cid=4f63d4e696&mc_eid=bdef9e1c98)

**11/2/2023**, “Nursing Home Construction Dwindles As Operators Downsize – But a Lack of Medicaid Beds is Most Concerning,” by Amy Stulick, *Skilled Nursing News*

**Quote:** “As nursing home operators continue to decry staffing shortages as a contributor to access issues for residents, new construction of facilities to meet demand appear to be lagging as well. New construction has become especially difficult for operators trying to add Medicaid beds for low income residents, given notoriously low reimbursement rates – which are only now seeing a boost – and as construction costs skyrocket and financing options dwindle, according to industry experts. Only three new nursing homes have opened so far in 2023, a stark number when one considers the amount of closures seen in the industry – 579 closures from 2020 to present. That’s according to a [report](#) from the American Health Care Association (AHCA) released in August.”

# With Extended Care... Logic Rules the Day...

## 1) The Aging of America

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- C. Over 70M seniors by 2030 (Fac? 2@196/day = <1/2!?)

## 2) The Costs of the Aging

- A. GAO: \$100T+ unfunded liabilities
- B. Medicare: \$821B for 65M/58M Srs in '23
- C. Medicaid: About \$853B for 85.1M in '23
  - 1) 69% Federal; 31% State (but shifting after COVID)
  - 2) States panic... Almost 1/3 budget... costs (+10%) & income (+1-3%)
  - 3) Problem: 75% use 30%... 25% use 70%





## Americans Are Clearly Concerned...

11/22/2023, "Americans would have difficulty paying for a year of long-term care: survey," by Kathleen Steele Gaivin, *McKnight's Senior Living*

**Quote:** "The majority of adults say that it would be 'impossible' or 'very difficult' to pay for long-term care, according to the results of a [survey by KFF](#), published last week. The survey was conducted in May 2022. Ninety percent of respondents said that the estimated \$100,000 needed for one year at a nursing home is out of reach. Eighty-three percent said the estimated \$60,000 for one year of assistance from a paid nurse or aide is too expensive."

**3 Out of 5 Personal Bankruptcies due to medical expenses!**

## The Burden for Unpaid Family Caregivers...

<https://www.kiplinger.com/retirement/long-term-care/how-to-help-family-caregivers>

11/12/2023, "The \$600 Billion Dilemma: How to Help Family Caregivers," by Seychelle Thomas, *Kiplinger*

**Quote:** "No one is immune to the sands of time. While you'd never make your loved one feel like a burden for needing care and support, family caregiving still requires significant physical, financial, and emotional commitment. According to a recently released TIAA Institute report, over 53 million Americans currently provide uncompensated caregiving for their families. Most of this uncompensated labor is provided by women, people of color, and Millennials. An AARP report from 2023 showed that the estimated economic value of uncompensated family caregiving was \$600 billion in 2021, up from \$470 billion in the previous study in 2017."

**LTC Comment:** This might be a good article to share with prospects and clients ... especially women.

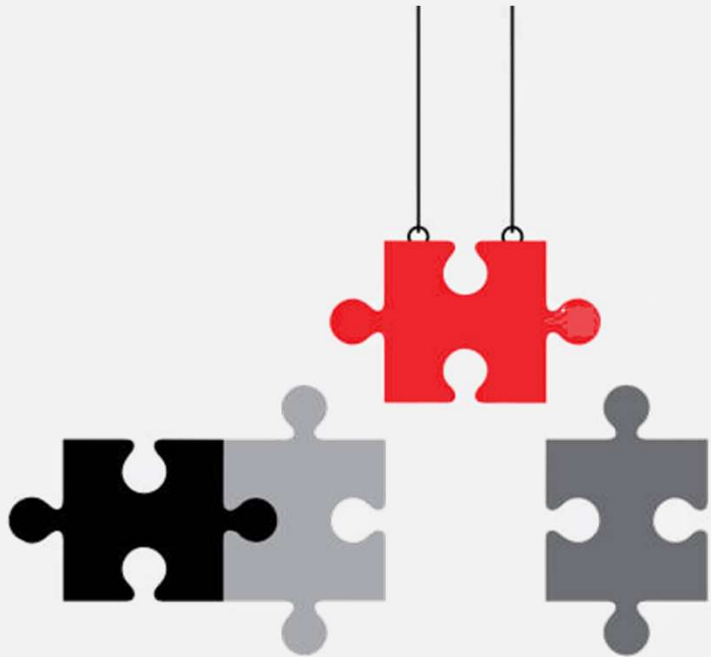


# With Government Underpaying... Caregiver Shortages...

1/4/2024, "HCBS staffing shortages lead to severe cuts to programs, services, new report finds," by Adam Healy, *McKnights Home Care*

**Quote:** "With the vast majority of home- and community-based services providers suffering from a lack of direct support workers, patients in need of home care have fewer programming options. ... As part of the fallout from the shortage, connecting patients with care has become harder. About 75% of case management providers have experienced challenges connecting patients with services, since many are understaffed and unable to accept new patients. And though many states have laws barring providers from turning away new referrals, wait lists can make it just as difficult to access care. ... The biggest problem, according to ANCOR, is the lack of sufficient funding for HCBS programs. Many funding flexibilities put in place during the COVID-19 public health emergency have reached their expiration date."

**LTC Comment:** Now as before and more so in the future, if you want access to quality LTC especially at home, be prepared to pay full market rates privately.



# *A SHIFTING MARKET*

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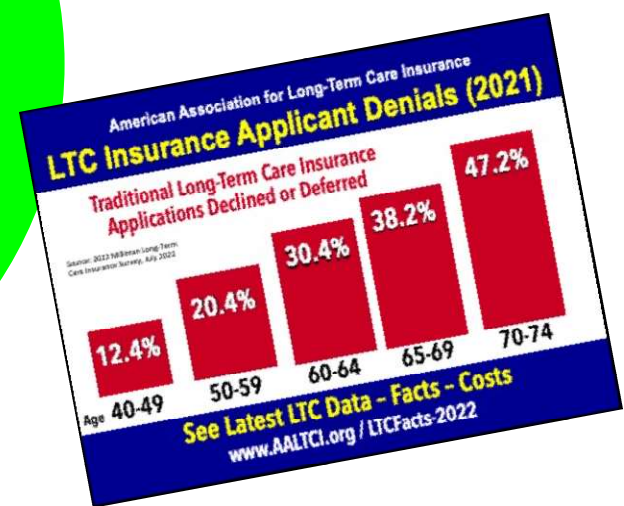
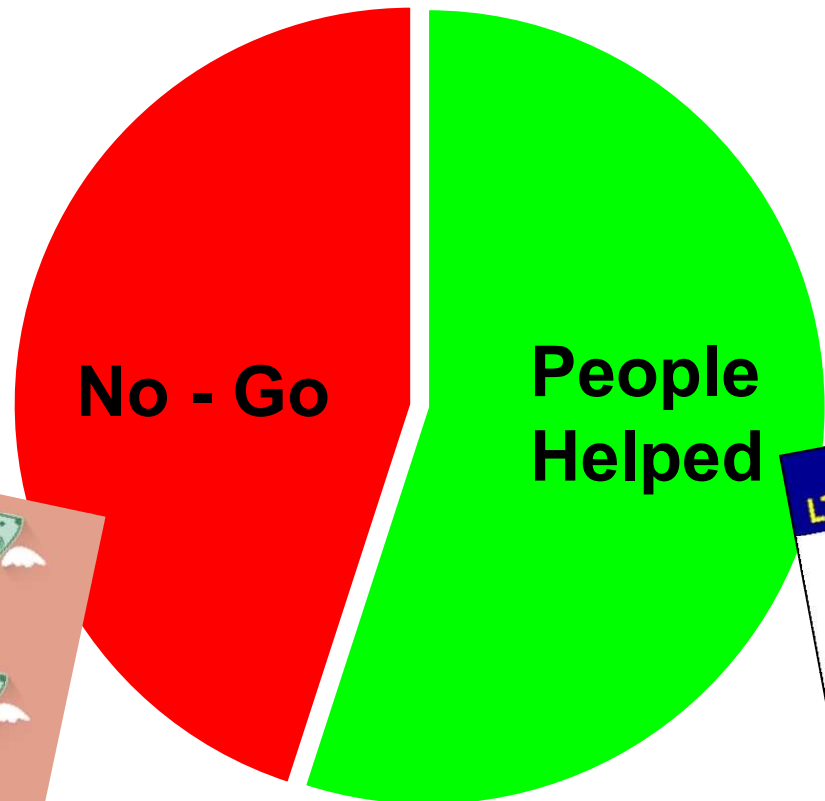
## **A Shifting Market**

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

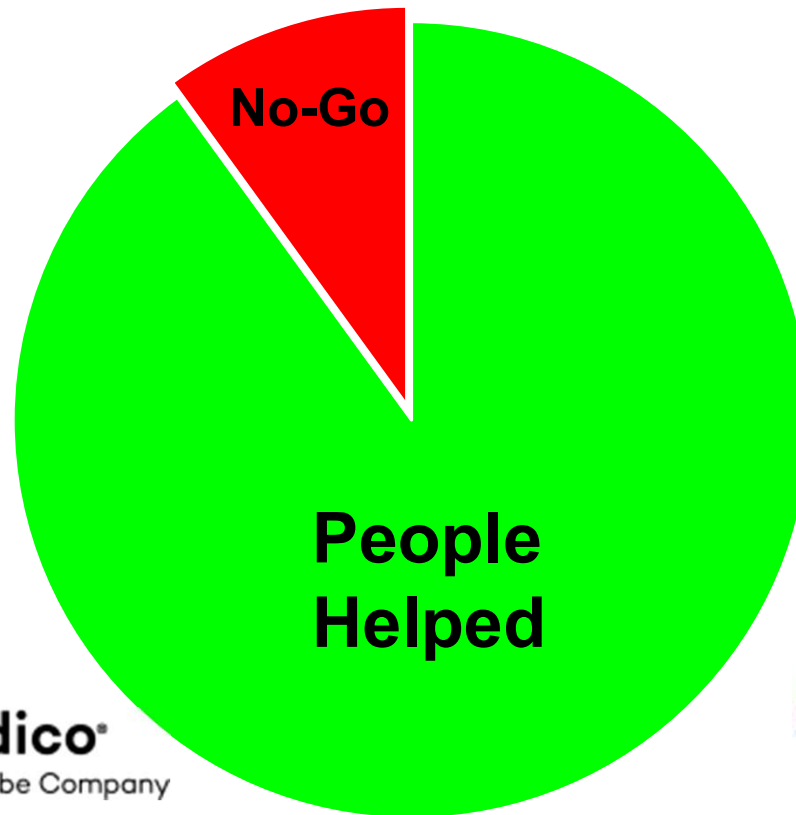
Where Long-Term Care insurance is known for its in-depth underwriting, STC is stepping up to offer coverage in similar care settings, with less stringent underwriting and lower premiums.

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

# Traditional LTCi/Hybrids Today...



# Now We Can Make It Look More Like This...





SHORT-TERM CARE DESERVES A SEAT AT THE “BIG BOYS” TABLE



# ***A Quick Refresher on Medicare...***

## PART A – Hospital Insurance

- Pays for Inpatient Hospital Stays
- 2024 - \$1,632 deductible per inpatient hospitalization (60 day benefit period)
- 2024 - \$408 co-pay for days 61-90
- 2024 - \$816 co-pay for 60 Lifetime Reserve Days

## PART A – Skilled Nursing Facility

- After inpatient hospital stay, Medicare Part A covers 1<sup>st</sup> 20 days at 100%
- 2024 – Daily co-pay of \$204 for days 21-100

*2022 Trustees Report: Part A Trust Fund Depleted in 2028 (-\$247B by 2031)*

# ***A Quick Refresher on Medicare...***

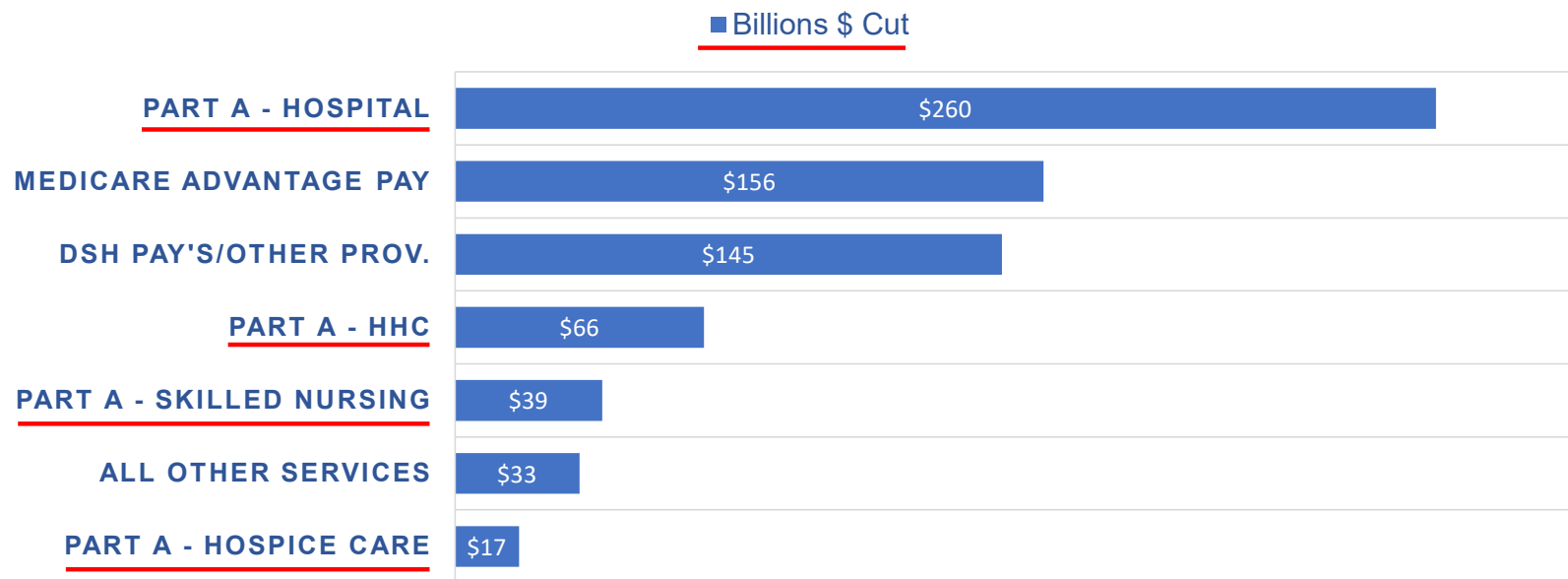
## PART B – Medical Insurance

- Pays for outpatient services that are medically necessary
  - Medical Expenses – primary Dr. & specialists visits, mental health, medical supplies, preventative benefits
  - Lab & diagnostic testing
  - Outpatient hospital treatment
  - Durable medical equipment
- 2024 - \$174.70 Standard monthly premium
  - Income-Related Monthly Adjustment Amount (IRMAA)
  - 2024 - \$244.60 if over \$103K (ind.) or \$206K (joint)
- 2024 - \$240 annual deductible, then 20% coinsurance (no max.)

*While Underfunded, Rising Part B Premiums Can Help Offset to Some Extent*

# Remember the Affordable Care Act?

2010 – “Obama Care” Budgeting → 10-Year Medicare Reduction of \$716B



*Very Large Portion of Cuts Aimed at Medicare Part A*

# ***A Crackdown on Hospital Readmissions...***

## PART A – Hospital Readmissions

- About 1 in 5 Medicare patients readmitted within 30 days
- Most commonly for surgical site infections (JAMA)
- In 2012, government found that many could have been avoided
- Same study – Medicare care costs double due to just one readmission
  - Approx. \$15,000 for patients admitted once...
  - Approx. \$33,000 for patients readmitted once
- Estimated that Preventable readmissions cost Medicare \$17B+

# ***A Crackdown on Hospital Readmissions...***

## PART A – Hospital Readr

- About 1 in 5 Medicare p
- Most commonly for sury
- In 2012, government fo
- Same study – Medicare
  - Approx. \$15,000 fo
  - Approx. \$33,000 fo
- Estimated that Preven



*So... The Government Decided to Start Penalizing Hospitals*



# *A Crackdown on Hospital Readmissions...*



## Hospital Readmissions Reduction Program

- Up to 3% penalty on Medicare reimbursements
- 93% of hospitals subject to HRRP have been penalized
- Big hit on hospitals... Medicare saved \$521M (in fiscal 2022)

*So... The Government Decided to Start Penalizing Hospitals*

# ***Bigger Part A Medicare Savings Needed...***



*The Big  
Business of  
Medicare  
Hospital  
Audits*

## The Government LOVES Their Acronyms

- 1<sup>st</sup> the “MAC’s” with “MRAC’s” enforced, then the “TMR” hit after 2013...
- Then, the “OPPS” says “BFCC”, a “QIO,” conducts “IMR’s” starting in 2016...
- Luckily, hospitals have the 392 page “MCPM” to help...??

*Whew! Do You See Now Why We Named This Webinar, “Secret Gaps” ??*

# ***Medicare Recovery Auditors...***

## [A Closer Look at Medicare Recovery Auditor Contractors \(MRAC's\)](#)

- **Third party contractors hired by Medicare**
- **Determine the legitimacy of each patient's hospital admission**
- **Often get a "heads up" from Medicare Administration Contractors (MAC's)**
- **If a hospital makes a wrong decision admitting a patient, MRAC contacts Medicare**
- **If Medicare validates that it was an error, hospital can lose 100% of reimbursement**
- **Of course, the MRAC receives a nice compensation for each invalid they find**

*Sounds Like A Good Idea for Savings... What Could Possibly Go Wrong?*

# ***Hospitals Don't Like Getting Stiffed...***

## Welcome to the World of “Observation” vs “Inpatient” Stays

- Remember Medicare Part B (Medical Coverage)?
- Hospitals use “Observation Status” to still get paid – and avoid “inpatient” audits
- Observation status stays increased dramatically out of the gates
- 2007-2009, ratio of observation stays to inpatient admissions increased 34%
- 2002-2012, number of observation claims submitted increased by 88%
- In 2013, CMS adopts “Two-Midnight Rule” to “help” doctors with admitting decisions

**The Two-Midnight Rule:** Inpatient admission and payment are appropriate when the treating physician expects the patient to require a stay that crosses two midnights and admits patient based on that expectation.

*It Didn't Help... Fear of No Reimbursement (& Penalties for Re-Admit) Too Big*

# So... What's The Big Deal for My Clients?

## Potentially More Out-of-Pocket... and the 3-Midnight Rule for SNF

- First, observation may mean larger Part B out-of-pocket costs?
- But, the 3-Day inpatient requirement for skilled nursing follow-up is big concern

Skilled Nursing Facility 3-Day Rule Billing

MLN Fact Sheet

To qualify for skilled nursing facility (SNF) services coverage, Medicare patients must meet the "3-day rule" before SNF admission. The 3-day rule requires the patient to have a medically necessary 3-consecutive-day inpatient hospital stay, which doesn't include the discharge day or pre-admission time in the emergency department (ED) or outpatient observation.

The 3-day rule also applies to hospitals and critical access hospitals (CAHs) approved to provide swing bed services for acute care or post-hospital SNF services.

*After a Couple Google Searches... You Will See the Implications!*



# *A Sad and Unexpected Surprise...*



## Potential Affects of “Observation” Stays

- Patients can get stuck with HUGE, unexpected recovery bills
- These types of surprises can still happen
- Short visits to a SNF are quite common for rehab

*Imagine a Loved One in This Type of Situation?*

# ***The NOTICE Act Goes to the MOON...***

## The NOTICE Act (Aug. 2015) Tries To Help With the “MOON”

- The Medicare Outpatient Observation Notice (required no later than 3/8/17)
- After 24-Hrs - informs patients that they are receiving outpatient observation
- Nice thought, but many patients do not realize the implications
- Plus, they have limited rights to appeal or challenge their status

**Medicare Outpatient Observation Notice**

Patient name: \_\_\_\_\_ Patient number: \_\_\_\_\_

\_\_\_\_\_

You're a hospital outpatient receiving observation services. You are not an inpatient  
because:

\_\_\_\_\_

# Tell Your Senior Clients About MOON...

## Being an outpatient may affect what you pay in a hospital:

- When you're a hospital outpatient, your observation stay is covered under Medicare Part B.
- For Part B services, you generally pay:
  - A copayment for each outpatient hospital service you get. Part B copayments may vary by type of service.
  - 20% of the Medicare-approved amount for most doctor services, after the Part B deductible.

## Observation services may affect coverage and payment of your care after you leave the hospital:

- If you need skilled nursing facility (SNF) care after you leave the hospital, Medicare Part A will only cover SNF care if you've had a 3-day minimum, medically necessary, inpatient hospital stay for a related illness or injury. An inpatient hospital stay begins the day the hospital admits you as an inpatient based on a doctor's order and doesn't include the day you're discharged.
- If you have Medicaid, a Medicare Advantage plan or other health plan, Medicaid or the plan may have different rules for SNF coverage after you leave the hospital. Check with Medicaid or your plan.

**NOTE:** Medicare Part A generally doesn't cover outpatient hospital services, like an observation stay. However, Part A will generally cover medically necessary inpatient services if the hospital admits you as an inpatient based on a doctor's order. In most cases, you'll pay a one-time deductible for all of your inpatient hospital services for the first 60 days you're in a hospital.

## Simply as a Courtesy, Remind Them of "MOON" & Implications

- **May affect what they pay for in the hospital**
- **May affect what coverage they have after they leave the hospital**
- **Especially relevant if they will need rehabilitation services after they leave**

# Tell Your Senior Clients About MOON...

## Simply as a Courtesy, Remind Them of “MOON” & Implications

### Your costs for medications:

Generally, prescription and over-the-counter drugs, including “self-administered drugs,” you get in a hospital outpatient setting (like an emergency department) aren’t covered by Part B. “Self-administered drugs” are drugs you’d normally take on your own. For safety reasons, many hospitals don’t allow you to take medications brought from home. If you have a Medicare prescription drug plan (Part D), your plan may help you pay for these drugs. You’ll likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Contact your drug plan for more information.

If you’re enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage may be different. Check with your plan to find out about coverage for outpatient observation services.

If you’re a Qualified Medicare Beneficiary through your state Medicaid program, you can’t be billed for Part A or Part B deductibles, coinsurance, and copayments.

Additional Information (Optional):

Please sign below to show you received and understand this notice.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date / Time

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit [Medicare.gov/about-us/accessibility](https://www.medicare.gov/about-us/accessibility).

- Medication costs may be of concern
- May be differences if they have a Medicare Advantage Plan
- Remind them not to be afraid to try to fight for their rights
- Great lead in to remind them of the extra importance of securing an Extended Care policy

# ***This Topic is Still a Moving Target...***

Some Potential Solutions Are Proposed... But, Medicare Funds Are Tight...

- **Improving Access to Medicare Coverage Act (2021) proposes solving days issue**
- **Probably won't work because they did not create a good acronym (jk)**
- **The 2021 Outpatient Prospective Payment System (OPPS - has an acronym!) and plans to phase out the Inpatient Only (IPO) list of 1,700 procedures... which may significantly compromise SNF access**
- **Basically, with the aging baby boomers... one should be careful relying on Medicare for doing anything but tightening up coverage availability**

*The Best Advice You Can Give... Plan Ahead With a STC/HHC Plan!*



# No 90-day certification requirement for claim:

Top health conditions and events that would **NOT** trigger Long-Term Care insurance claims, but **WOULD** trigger Short-Term Care insurance claim:

- Knee replacement
- Osteoporosis / broken bones
- Cardiac arrest
- Heart Valve Replacement
- Bypass surgery
- Hip Replacement
- Motor vehicle accident recovery



You Can  
Have Your  
Cake...  
and Eat It  
Too!

**Restoration of Benefits is HUGE with STCi Policies!**



# ***And... We Did Not Even Get to MEDICAID !?***

## **They could lose the house — to Medicaid**

Tony Leys · March 1, 2023 12:02 PM ET



**Medicaid paid \$226,611 for Mother's Nursing Home Care.**

# Product/State Availability

*(confirmed as of 3/1/2024)*

## **GTL Recover Cash Availability (37)**

AK, AL, AR, AZ, CO, CT, DC, DE, GA, HI, IA, ID, IL, IN, KY, LA, MD, MI, MO, MS, MT, NC, NE, NH, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, VA, WV, WY

## **OmniFlex Availability (35)**

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, OR, RI, SC, SD, TN, TX, VA, WI, WV, WY

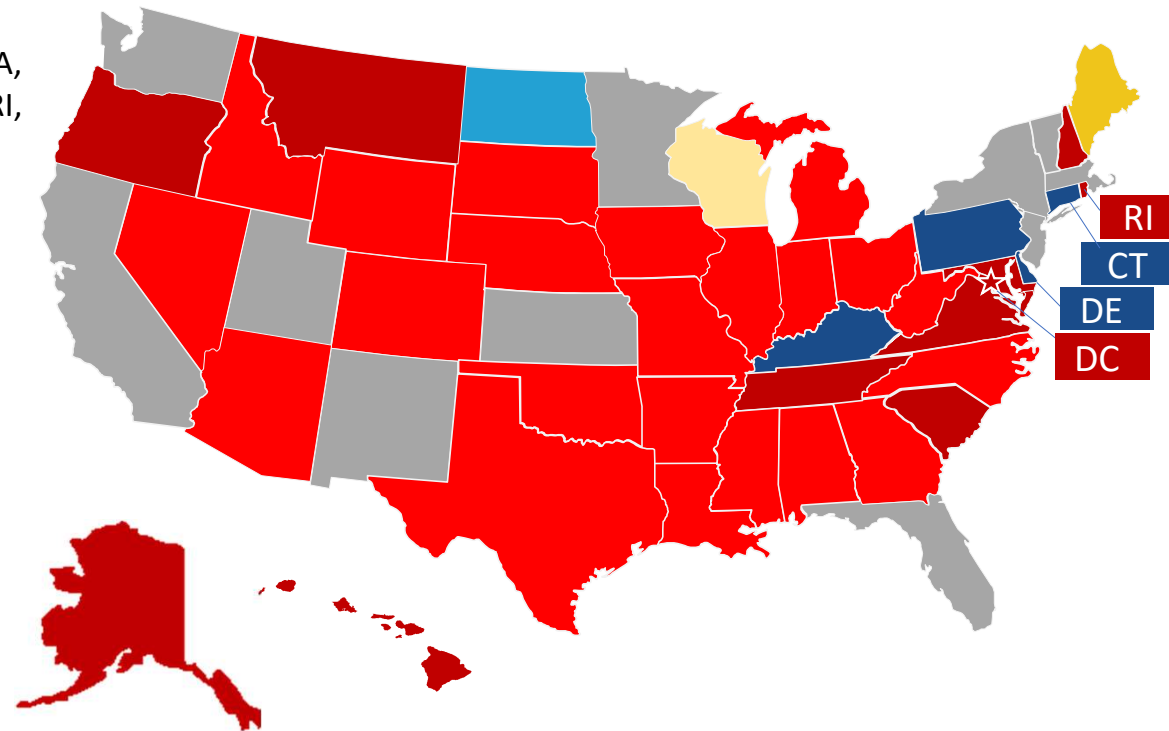
## **Wellabe Essential Care Availability (24)**

AL, AR, AZ, CO, GA, IA, ID, IL, IN, LA, ME, MI, MO, MS, NC, NE, NV, OH, OK, SD, TX, WI, WV, WY

## **GTL & OmniFlex Available**

## **OmniFlex & Wellabe Available**

## **All 3 Products Available**



# HHC Product/State Availability

*(confirmed as of 03/22/2024)*

## **GTL Short-Term Home Health Care (35)**

AK, AL, AR, AZ, CO, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, MI, MO, MS, MT, NC, NE, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, WV, WY

## **ManhattanLife Home Health Care Select (35)**

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

## **Home Health Care (\*previous version)(3)**

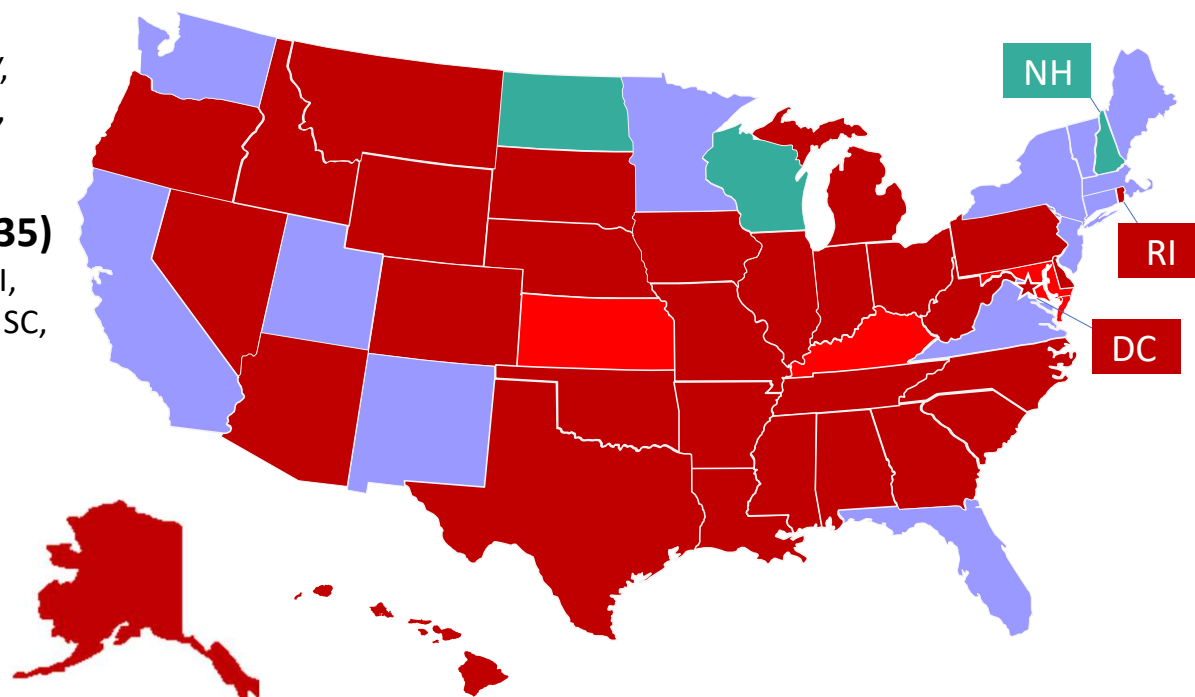
KS, KY, MD

## **True Freedom Home Care Service Plans:**

Available in all 50 states

## **All 3 Carriers' Products Available**

## **All 3 (MHL previous HHC version) Available**



**~ ManhattanLife OmniFlex STC Quick Glance MONTHLY\* Rates (NO INFLATION) ~**

Rates Valid\* as of 12/21/2023 for AL, AK, AR, DC, GA, HI, IL, IA, LA, MD, MO, NV, NH, NC, OR, TX, WV, WI, & WY

NOTES: Rates do NOT include a 1x commissionable \$25 per applicant fee. If SINGLE & TOBACCO, Multiply SINGLE by 1.10; If MARRIED & TOBACCO, Use SINGLE Rate Shown.

AGE	~ OPTION 1 ~ \$100/Day Fac. / 360 Days / 0 Elim. \$100/Day HHC / 360 Days / 0 Elim. (Built-In Fast-50™ Cash & \$300 Rx)		~ OPTION 2 ~ \$200/Day Fac. / 360 Days / 0 Elim. \$200/Day HHC / 360 Days / 0 Elim. (Built-In Fast-50™ Cash & \$300 Rx)		~ OPTION 3 ~ \$400/Day Fac. / 360 Days / 0 Elim. \$300/Day HHC / 360 Days / 0 Elim. (Built-In Fast-50™ Cash & \$300 Rx)	
	SINGLE	MARRIED	SINGLE	MARRIED	SINGLE	MARRIED
45-50	\$22.60	\$20.34	\$42.87	\$38.58	\$77.23	\$69.50
51	\$23.36	\$21.02	\$44.22	\$39.79	\$79.55	\$71.60
52	\$24.12	\$21.70	\$45.57	\$41.01	\$81.87	\$73.68
53	\$25.77	\$23.20	\$48.83	\$43.95	\$87.85	\$79.06
54	\$27.43	\$24.69	\$52.10	\$46.89	\$93.83	\$84.45
55	\$29.09	\$26.18	\$55.36	\$49.83	\$99.81	\$89.83
56	\$30.75	\$27.67	\$58.63	\$52.76	\$105.79	\$95.21
57	\$32.42	\$29.18	\$61.93	\$55.73	\$111.84	\$100.65
58	\$35.39	\$31.85	\$67.81	\$61.03	\$122.66	\$110.39
59	\$38.35	\$34.52	\$73.69	\$66.32	\$133.48	\$120.13
60	\$41.32	\$37.19	\$79.57	\$71.61	\$144.30	\$129.87
61	\$44.28	\$39.85	\$85.45	\$76.90	\$155.12	\$139.61
62	\$47.25	\$42.52	\$91.33	\$82.20	\$165.96	\$149.36
63	\$52.04	\$46.83	\$100.84	\$90.76	\$183.46	\$165.11
64	\$56.83	\$51.14	\$110.36	\$99.32	\$200.96	\$180.87
65	\$61.62	\$55.46	\$119.87	\$107.88	\$218.46	\$196.62
66	\$66.41	\$59.77	\$129.38	\$116.44	\$235.96	\$212.37
67	\$71.18	\$64.06	\$138.86	\$124.97	\$253.40	\$228.06
68	\$79.00	\$71.18	\$154.40	\$138.86	\$281.96	\$253.40



**~ Guarantee Trust Life (GTL) Short-Term HHC Quick Glance MONTHLY\* Rates ~**

*NOTES: See Applicable Per Service Daily Payments Further Below. These are Unisex / Single or Married rates and DO include any applicable ongoing, non-commissionable, per insured policy fees.*

**Rates Directly Below Valid\* as of 03/01/2024 for AL, AK, AR, AZ, DC, DE, GA, HI, IA, IL, LA, MD, MI, NE, NV, OH, OK, OR, SC, WV, & WY (\$20 Annual Policy Fee Included in Rates)**

AGE	~ PLAN A ~	~ PLAN B ~	~ PLAN C ~
	\$150/Day Max. Daily Benefit / 360 Days \$50/Day HHC Aide / Full Days (All 0 Day Elim., w/ TCARE, 1x-\$3500 Family Caregiver, & <u>\$300 Rx</u> )	\$300/Day Max. Daily Benefit / 360 Days \$100/Day HHC Aide / Full Days (All 0 Day Elim., w/ TCARE, 1x-\$3500 Family Caregiver, & <u>\$600 Rx</u> )	\$450/Day Max. Daily Benefit / 360 Days \$150/Day HHC Aide / Full Days (All 0 Day Elim., w/ TCARE, 1x-\$3500 Family Caregiver, & <u>\$900 Rx</u> )
	Monthly Rates w/o Rx (Riders Avail.**)	Monthly Rates w/o Rx (Riders Avail.**)	Monthly Rates w/o Rx (Riders Avail.**)
61	\$25.59	\$45.01	\$65.93
62	\$25.90	\$45.32	\$66.24
63	\$26.25	\$45.67	\$66.59
64	\$26.61	\$46.03	\$66.95
65	\$30.47	\$53.34	\$78.44
66	\$30.92	\$53.79	\$78.89
67	\$31.42	\$54.29	\$79.39
68	\$31.96	\$54.83	\$79.93
69	\$32.54	\$55.41	\$80.51
70	\$33.16	\$56.03	\$81.12
71	\$42.10	\$73.28	\$108.68



# Be On The Lookout for Our Next W.O.W. Webinar!

*THURSDAY, June 6<sup>th</sup> at 10 a.m. CDT*

*THE PLAN... A Complete A-Z  
Extended Care Conversation Starter  
& Sales Presentation...*

*Let Us Show You How!*





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## Why GoldenCare?

Thank you! Catch us 6/6 at 10 a.m. CDT  
for more...



- Perfect Portfolio of Products
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- 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

***A Closer Look: OmniFlex™ STC & Recovery Care***