



UNITED INSURANCE GROUP[®]

Short-Term Care Agent Playbook

STC Product Availability Chart

		GTL Short-Term Home Health Care	GTL Recover Cash	MLIC Home Health Care Select	MLIC OmniFlex	Wellabe Essential Care			GTL Short-Term Home Health Care	GTL Recover Cash	MLIC Home Health Care Select	MLIC OmniFlex	Wellabe Essential Care			GTL Short-Term Home Health Care	GTL Recover Cash	MLIC Home Health Care Select	MLIC OmniFlex	Wellabe Essential Care
Alabama	AL	•	•	•	•	•	Louisiana	LA	•	•	•	•	•	Oklahoma	OK	•	•	•	•	•
Alaska	AK	•	•	•	•		Maine	ME					•	Oregon	OR	•	•	•	•	
Arizona	AZ	•	•	•	•	•	Maryland	MD	•	•	▣	•		Pennsylvania	PA	•	•	•		
Arkansas	AR	•	•	•	•	•	Massachusetts	MA						Rhode Island	RI	•	•	•	•	
California	CA						Michigan	MI	•	•	•	•	•	South Carolina	SC	•	•	•	•	
Colorado	CO	•	•	•	•	•	Minnesota	MN						South Dakota	SD	•	•	•	•	•
Connecticut	CT		•				Mississippi	MS	•	•	•	•	•	Tennessee	TN	•	•	•	•	
Washington DC	DC	•	•	•	•		Missouri	MO	•	•	•	•	•	Texas	TX	•	•	•	•	•
Delaware	DE	•	•	•			Montana	MT	•	•	•	•		Utah	UT					
Florida	FL						Nebraska	NE	•	•	•	•	•	Vermont	VT					
Georgia	GA	•	•	•	•	•	Nevada	NV	•	•	•	•	•	Virginia	VA		•		•	
Hawaii	HI	•	•	•	•		New Hampshire	NH		•	•	•		Washington	WA					
Idaho	ID	•	•	•	•	•	New Jersey	NJ						West Virginia	WV	•	•	•	•	•
Illinois	IL	•	•	•	•	•	New Mexico	NM						Wisconsin	WI			•	•	•
Indiana	IN	•	•	•	•	•	New York	NY						Wyoming	WY	•	•	•	•	•
Iowa	IA	•	•	•	•	•	North Carolina	NC	•	•	•	•	•							
Kansas	KS	•		▣			North Dakota	ND		•	•	•								
Kentucky	KY	•	•	▣			Ohio	OH	•	•	•	•	•							

▣ Prior HHC Product Available

MANHATTANLIFE HOME HEALTH CARE SELECT



CARRIER HIGHLIGHTS

- Headquartered in Houston, TX
- B++ AM Best Rated: Reinsured by one of the nation's leading carriers
- Over a decade of experience in the Medicare Supplement market

PLAN HIGHLIGHTS

- Issue ages: 45-89
- Daily Maximum Benefits
 - Classic: \$150
 - Premier: \$300
 - Deluxe: \$450
- Maximum benefit period of 365 days
- Built-in Prescription Drug Coverage
 - Classic: \$300/year
 - Premier: \$600/year
 - Deluxe: \$600/year
- Unlimited Restoration of Benefits
- Simple underwriting

OPTIONAL RIDERS

- Amulance Benefit Rider
- Routine Annual Physical Exam Benefit Rider
- Accident Death & Dismemberment Benefit Rider
- Home Medical Equipment Benefit Rider
- Accident Expense Benefit Rider

DISCOUNTS

- None

MANHATTANLIFE OMNIFLEX SHORT-TERM CARE



CARRIER HIGHLIGHTS

- Headquartered in Houston, TX
- B++ AM Best Rated: Reinsured by one of the nation's leading carriers
- Over a decade of experience in the Medicare Supplement market
- Customers can access forms, policy information and submit a Prescription Drug claim online via our customer portal at clients.manhattanlife.com.
- OmniFlex (Short-Term Care)

PLAN HIGHLIGHTS

- Issue ages: 45-89
- Facility Daily Benefits from \$50 to \$400
- Benefit Period options: 90, 180, 270 or 360 days
- 0, 20, 60, 90 Day Facility Elimination Period
- Lifetime Maximum Benefit Period: 2x Benefit Period
- Built-In Fast-50™ Cash Benefit option for paying a spouse, family, or friends – great for HHC
- Built-in \$300/Year Prescription Drug Benefit
- Built-In Restoration of Benefits- Multiple-time facility- 2x Max
- Simple underwriting with limited benefit plan of \$100 daily benefit for both Facility, HHC & Hospital Indemnity – available for applicants with health concerns.
- Hospice Care- Facility and HHC

OPTIONAL RIDERS

- Optional Home Health Care Benefit
 - HHC Daily Benefits from \$50 to \$300
 - 0, 20, 60, 90 Day HHC Elimination Periods
 - 90, 180, 270 or 360-Day Benefit Period options
 - HHC Lifetime Maximum Benefit Period: 2x Benefit Period
 - Built-in Restoration of Benefits- Multiple-time HHC-2x Max
- Optional 5% Simple Inflation Benefit- Grows facility, HHC, and Cash benefits.
- Optional Hospital Indemnity Benefit
 - HI Daily Benefits from \$50 to \$300
 - 3, 6 or 20-Day HI Benefit Period options
 - HI Lifetime Maximum Benefit Period: 180 Days

DISCOUNTS

- 10% Spouse Discount Available

GUARANTEE TRUST LIFE SHORT-TERM HOME HEALTH CARE



CARRIER HIGHLIGHTS

- A- (Excellent) AM Best Rated
- Headquartered in Glenview, Illinois
- Ease of doing business – quoting, application submission, forms underwriting, commission, claims, product training – and all the resources needed.
- Over 85 years as a company (founded in 1936)
- Short-Term Home Health Care

PLAN HIGHLIGHTS

- Issue ages: 61-85
- Daily Maximum Benefits
 - Plan A: \$150
 - Plan B: \$300
 - Plan C: \$450
- Maximum benefit period of 360 days
- Built-in Prescription Drug Coverage
 - Plan A: \$300/year
 - Plan B: \$600/year
 - Plan C: \$900/year
- Unlimited Restoration of Benefits
- TCARE built-in benefit for qualified family caregiver, lump sum of \$3,500 available

OPTIONAL RIDERS

- Accident and Sickness Hospitalization Benefit
- Dental and Vision Benefit
- Critical Accident Rider
- Amulance Benefit Rider
- Return of Premium Rider

DISCOUNTS

- None

GUARANTEE TRUST LIFE RECOVER CASH



CARRIER HIGHLIGHTS

- A- (Excellent) AM Best Rated
- Headquartered in Glenview, Illinois
- Ease of doing business – quoting, application submission, forms underwriting, commission, claims, product training – and all the resources needed.
- Over 85 years as a company (founded in 1936)
- Recover Cash (Short-Term Care)

PLAN HIGHLIGHTS

- Issue ages: 40-89
- Nursing Home & Assisted Living Facility Coverage from \$50-\$300 daily benefit
- Facility benefit period options: 30, 45, 60, 90, 180, 360 days
- Facility elimination period options: 0 or 20 days
- TCARE built-in benefit for qualified family caregiver, lump sum of \$3,500 available
- Built-in Restoration of Benefits for Facility Only – restores one-time, up to 2x max

OPTIONAL RIDERS

- Short-term Home Health Care rider with Caregiver benefits
 - Weekly benefit options: \$50-\$1,400 (\$50 increments)
 - Benefit period options: 26 weeks or 52 weeks
- 5% Simple or 5% Compound inflation protection (facility only)

DISCOUNTS

- 10% Spousal Discount Available

WELLABE ESSENTIAL CARE



CARRIER HIGHLIGHTS

- A (Excellent) AM Best Rated
- Ease of doing business – quoting, application, submission, underwriting commission, claims, accessibility – it all makes it easy, simple, and convenient.
- Tools to grow your business – online/live training, marketing materials, Medico Information Center (mic.gomedico.com), and all the resources needed.
- Strong agent support – personal assistance with knowledgeable and friendly agent care representatives.
- Outstanding customer service – the team is committed to making the customer feel valued and appreciated by assisting them at their time of need. Customers can also access forms and policy information online via our customer portal at gomedico.com.

PLAN HIGHLIGHTS

- Issue ages: 40-89
- Unisex rates
- Varying level of benefits available,
 - Essential Care Plus Plan- \$10-\$300 per day (no significant health issues).
 - Essential Care Plan- \$10-\$150 per day (may have some health issues)
- Essential Care PLUS only: Restoration of Benefits, One-time HHC and one-time facility, 2x Max
- \$500 Household Improvement indemnity benefit included.
- \$500 Care Coordination indemnity benefit included.

OPTIONAL RIDERS

- Facility Care Benefit
- Inflation Protection: 5% Simple for Facility and/or HHC.
- Adult day care
- Return of premium
- Uninsurable Spouse Rider (Limited Benefit Rider)

DISCOUNTS

Household discounts

- 7% for an individual qualifying applicant who lives with someone over 40 years old.
- 14% for any 2 household applicants who apply and are issued together on Essential Care or Essential Care Plus plans.
- Multiple policy discount of 5% for any applicant that already has a Wellabe Medicare Supplement policy.
- Max 5% discount for any policy with a Limited Benefit Rider.

OmniFlex Quick Rates

ManhattanLife OmniFlex STC Quick Glance MONTHLY* RATES (NO INFLATION)

Rates Valid* as of 01/15/2024 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	GOOD \$100/Day Fac. / 360 Days / 0 Elim. \$100/Day HHC / 360 Days / 0 Elim (Built-In Fast-50™ Cash & \$300 Rx)		BETTER \$200/Day Fac. / 360 Days / 0 Elim. \$200/Day HHC / 360 Days / 0 Elim (Built-In Fast-50™ Cash & \$300 Rx)		BEST \$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	\$20.64	\$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	\$79.06	\$71.15	\$154.40	\$138.96	\$281.90	\$253.71
69	\$86.94	\$78.25	\$169.95	\$152.95	\$310.39	\$279.35
70	\$94.82	\$85.34	\$185.49	\$166.94	\$338.89	\$305.00
71	\$102.70	\$92.43	\$201.04	\$180.93	\$367.39	\$330.65
72	\$110.58	\$99.52	\$216.58	\$194.92	\$395.88	\$356.29
73	\$123.66	\$111.29	\$242.65	\$218.39	\$443.95	\$399.55
74	\$136.74	\$123.06	\$268.73	\$241.85	\$492.01	\$442.81
75	\$149.82	\$134.83	\$294.80	\$265.32	\$540.08	\$486.07

*FOR AGENT USE ONLY. Rates may be off by a couple cents due to rounding. For Annual Rates, Multiply by 12.

Not all states' rates are included. Don't see rates for a specific state? Contact GoldenCare for other state-specific OmniFlex rates.

OmniFlex Quick Rates (Continued)

ManhattanLife OmniFlex STC Quick Glance MONTHLY* RATES (NO INFLATION)

Rates Valid* as of 01/15/2024 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	GOOD \$100/Day Fac. / 360 Days / 0 Elim. \$100/Day HHC / 360 Days / 0 Elim (Built-In Fast-50™ Cash & \$300 Rx)		BETTER \$200/Day Fac. / 360 Days / 0 Elim. \$200/Day HHC / 360 Days / 0 Elim (Built-In Fast-50™ Cash & \$300 Rx)		BEST \$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
76	\$162.89	\$146.60	\$320.87	\$288.78	\$588.14	\$529.33
77	\$175.97	\$158.37	\$346.94	\$312.25	\$636.20	\$572.58
78	\$193.51	\$174.16	\$382.01	\$343.81	\$700.94	\$630.85
79	\$211.04	\$189.94	\$417.08	\$375.37	\$765.69	\$689.12
80	\$228.58	\$205.72	\$452.15	\$406.94	\$830.43	\$747.38
81	\$246.11	\$221.50	\$487.22	\$438.50	\$895.17	\$805.65
82	\$263.64	\$237.28	\$522.29	\$470.06	\$959.89	\$863.90
83	\$281.18	\$253.06	\$557.36	\$501.62	\$1,024.61	\$922.15
84	\$298.71	\$268.84	\$592.43	\$533.19	\$1,089.34	\$980.41
85	\$316.25	\$284.62	\$627.50	\$564.75	\$1,154.06	\$1,038.66
86	\$333.78	\$300.40	\$662.57	\$596.31	\$1,218.79	\$1,096.91
87	\$351.32	\$316.19	\$697.64	\$627.87	\$1,283.51	\$1,155.16
88	\$368.85	\$331.97	\$732.71	\$659.44	\$1,348.24	\$1,213.41
89	\$386.39	\$347.75	\$767.78	\$691.00	\$1,412.96	\$1,271.66

*FOR AGENT USE ONLY. Rates may be off by a couple cents due to rounding. For Annual Rates, Multiply by 12.

Not all states' rates are included. Don't see rates for a specific state? Contact GoldenCare for other state-specific OmniFlex rates.

Home Health Care Select Quick Rates

ManhattanLife HHC Select Quick Glance MONTHLY* RATES

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

Rates Directly Below Valid* as of 01/15/2024 for AL, AK, AR, AZ, DC, DE, GA, HI, IA, ID, LA, MT, NE, NV, OK, PA, RI, WI, & WY (\$20 Annual Policy Fee Included in Rates)

AGE	CLASSIC \$150/Day Max. Daily Benefit / 365 Days. \$40/Day HHC Aide / 60 Days (All 0 Day Elim. & Built-in \$300 Rx)		PREMIER \$300/Day Max. Daily Benefit / 365 Days. \$80/Day HHC Aide / 60 Days (All 0 Day Elim. & Built-in \$600 Rx)		DELUXE \$450/Day Max. Daily Benefit / 365 Days. \$0/Day HHC Aide / 60 Days (All 0 Day Elim. & Built-in \$600 Rx)	
	BASE ONLY	BASE + RIDERS**	BASE ONLY	BASE + RIDERS**	BASE ONLY	BASE + RIDERS**
45-49	\$16.59	\$21.15	\$25.53	\$30.09	\$26.65	\$31.21
50-54	\$17.85	\$22.41	\$27.56	\$32.12	\$28.75	\$33.31
55-59	\$20.30	\$24.86	\$31.47	\$36.03	\$32.85	\$37.41
60-64	\$22.16	\$26.72	\$34.45	\$39.01	\$36.23	\$40.79
65-69	\$25.88	\$30.44	\$40.41	\$44.97	\$43.03	\$47.59
70-74	\$38.92	\$43.48	\$61.27	\$65.83	\$66.81	\$71.37
75-79	\$51.96	\$56.52	\$85.13	\$86.69	\$93.77	\$98.33
80-84	\$68.72	\$73.28	\$108.95	\$113.51	\$128.52	\$133.08
85-89	\$86.64	\$91.20	\$137.62	\$142.18	\$165.34	\$169.90

TYPES OF INDIVIDUAL SERVICES COVERED	CLASSIC (\$150 Max.)	PREMIER (\$300 Max.)	DELUXE (\$450 Max.)
Nursing Care, Physical or Occupational Therapy, or Speech Pathology:	\$75	\$150	\$200
Chemotherapy Specialist or Respiration Therapy:	\$60	\$120	\$200
Enterostomal Therapy:	\$50	\$100	\$200
Medical Social Services:	\$100	\$200	\$300

*FOR AGENT USE ONLY. Rates may be off by a couple cents due to rounding. For Annual Rates, Multiply by 12.

Not all states' rates are included. Don't see rates for a specific state? Contact GoldenCare for other state-specific HHC Select rates.

** Rates include Routine Annual Exam Rider (\$150/Year after 1x 12 Mos. Waiting Period), Ambulance Rider (\$200/Trip; 4 Trip/Year; \$2500 Life Max.), and Accidental Death & Dismemberment Rider (\$10,000 with specifics). Accident Expense Benefit and Home Medical Equipment Benefit Riders are NOT included here, but are also available in most states. See Brochure/Outline of Coverage for full Details on all riders.

Home Health Care Select Quick Rates (Continued)

ManhattanLife HHC Select Quick Glance MONTHLY* RATES

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

Rates Directly Below Valid* as of 01/15/2024 for MI & TN (\$20 Annual Policy Fee Included in Rates)

AGE	CLASSIC \$150/Day Max. Daily Benefit / 365 Days. \$40/Day HHC Aide / 60 Days (All 0 Day Elim. & Built-in \$300 Rx)		PREMIER \$300/Day Max. Daily Benefit / 365 Days. \$80/Day HHC Aide / 60 Days (All 0 Day Elim. & Built-in \$600 Rx)		DELUXE \$450/Day Max. Daily Benefit / 365 Days. \$0/Day HHC Aide / 60 Days (All 0 Day Elim. & Built-in \$600 Rx)	
	BASE ONLY	BASE + RIDERS**	BASE ONLY	BASE + RIDERS**	BASE ONLY	BASE + RIDERS**
45-49	\$15.77	\$20.12	\$24.23	\$28.58	\$25.28	\$29.63
50-54	\$16.96	\$21.31	\$26.15	\$30.50	\$27.27	\$31.62
55-59	\$19.27	\$23.62	\$29.84	\$34.19	\$31.11	\$35.46
60-64	\$21.04	\$25.39	\$32.66	\$37.01	\$34.33	\$38.68
65-69	\$24.56	\$28.91	\$38.29	\$42.64	\$40.76	\$45.11
70-74	\$36.88	\$41.23	\$58.01	\$62.36	\$63.25	\$67.60
75-79	\$49.20	\$53.55	\$77.73	\$82.08	\$88.73	\$93.08
80-84	\$65.05	\$69.40	\$103.08	\$107.43	\$121.58	\$125.93
85-89	\$81.99	\$86.34	\$130.19	\$134.54	\$156.39	\$160.74

TYPES OF INDIVIDUAL SERVICES COVERED	CLASSIC (\$150 Max.)	PREMIER (\$300 Max.)	DELUXE (\$450 Max.)
Nursing Care, Physical or Occupational Therapy, or Speech Pathology:	\$75	\$150	\$200
Chemotherapy Specialist or Respiration Therapy:	\$60	\$120	\$200
Enterostomal Therapy:	\$50	\$100	\$200
Medical Social Services:	\$100	\$200	\$300

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