

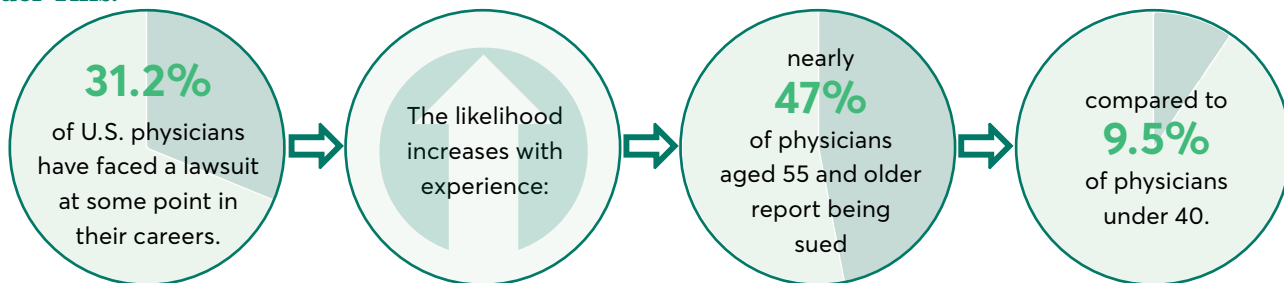
How Do Physicians Feel About Medical Malpractice and Risk Management?



Medscape Survey Findings Align with Copic's Proactive Approach

A recent Medscape survey¹ of physicians confirmed much of what we see in our work. Physicians face challenges beyond clinical expertise, including the constant risk of malpractice lawsuits.

Consider This:



Source: 2022 American Medical Association report

Even meritless claims can take a toll on your practice and well-being. That's why our mission goes beyond just providing coverage—we're here to protect you and the practice of good medicine in every way.

Preventing Suits

Discouraging malpractice lawsuits from happening in the first place is a primary goal of the physicians surveyed. More than half of physicians who responded said that improving communication with patients was important. Other top strategies included capping noneconomic damages and taking steps to reduce medical errors.

Frequent Allegations

The survey outlined frequent allegations that correspond to the information we share in *Copiscope* and our educational activities. Physicians who had been sued indicated their experiences were due to:

- Failure to diagnose/delayed diagnosis (35%)
- Complications from treatment/surgery (29%)
- Failure to treat/delayed treatment (20%)

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Case Outcomes

Physicians often face undue stress when confronted with malpractice claims. But the outcomes of these cases are frequently favorable:

- 57% of serious malpractice cases result in dismissal or verdicts favoring the physician.
- Only 2% of cases go to trial, with just 1 in 50 lawsuits resulting in a decision for the plaintiff.

A large percentage of these suits lack merit and should not have been filed, according to a defense attorney cited in the report. It's also important to note that physicians in states without tort reform or capped damages may face higher rates of lawsuits going to trial, further complicating the legal landscape.

The Role of Defense Attorneys

Physicians undergoing the claims process often express high levels of satisfaction with their defense attorneys. In the Medscape survey, 7 in 10 physicians rated their defense attorney as "very effective" or "effective." Copic-insured physicians report similar favorable experiences with the support they receive from their defense team during the claims process, reflecting the importance of experienced legal representation.

Behavioral Changes After a Lawsuit

Litigation leaves a lasting impression on physicians, prompting many to adjust their practices. Of the physicians surveyed who reported having experienced a malpractice claim, 43% said they took steps to reduce the risk of future claims. This included improving documentation, refining communication, and adopting stricter adherence to protocols—areas that align with Copic's emphasis on risk management and education.

How Copic Helps



Legislative Advocacy

Copic's legislative advocacy for issues such as caps on noneconomic damages is a cornerstone of our commitment to supporting a positive environment for practicing medicine. Through proactive and collaborative legislative efforts, Copic ensures that the voices of healthcare providers are heard, supporting a balanced legal environment that prioritizes patient safety and promotes the integrity of the medical profession.



Preserving Patient Relationships

Copic knows firsthand how poor communication can damage relationships and how good communication can make all the difference. We provide education on patient communication, empathy, and managing difficult interactions. Our nationally-recognized 3Rs Program helps preserve relationships after an adverse outcome happens via a proven framework that addresses the physical, emotional, and financial needs of a patient.



Education Based on Insight

Using decades of claims data, we have identified common causes of medical errors and developed strategies to prevent errors from happening. We provide education about high-risk areas through *Copiscope*, seminars, toolkits and other resources. We even offer onsite and virtual practice reviews to identify high-risk areas and implement best practices for improvement.

Physicians today need more than legal protection—they need proactive solutions. By addressing these challenges, we're not just mitigating risk—we're building safer, more trusting healthcare experiences for all.

¹ <https://www.medscape.com/slideshow/2024-malpractice-report-6017673>



Humanitarian Awards: Upcoming Nomination Deadlines

Recognizing physicians who are making a difference

Copic's Humanitarian Award is a special recognition given each year to honor physicians who have made extraordinary contributions through volunteer medical services and community involvement. We aim to celebrate those who selflessly give their time and expertise beyond their daily responsibilities.

Since 2001, this award has enabled us to donate over \$600,000 to 56 healthcare nonprofits across seven states. The recipient of the award has the privilege of designating a \$10,000 donation from Copic to a healthcare-related 501(c)(3) organization within their state. Below, you'll find the upcoming nomination deadlines. To download a nomination form and learn about prior award winners, please visit www.copic.com/humanitarian-award.

Nomination deadlines by state:

- **Colorado:** May 1–August 15
- **Nebraska:** February 3–April 30
- **Utah:** March 1–July 31
- **Minnesota:** May 1–June 30
- **North Dakota:** April 1–August 31



Bite-Size Webinars

Looking for a little learning over the lunch hour? Dive into Copic's Bite-Size Webinars educational series, where we explore timely topics in healthcare, from the latest legal and regulatory updates to navigating patient interactions. Mark your calendars and join us for these upcoming presentations, happening from 12–1pm Mountain Time.

- **March 5:** Healthcare in the Digital Age: Managing Social Media and Patient Privacy
- **June 4:** Choose Your Words Carefully: Medical Records and Liability Risk
- **Sept. 3:** Guidelines for Clinical Documentation and Record Preservation
- **May 7:** Early Reporting and Reducing Risk
- **Aug. 6:** Peer Review

Attendance at the live virtual presentation earns insured facilities 1 Copic point.
Please contact Cathi Pennetta at cpennetta@copic.com or (720) 858-6228 for registration information.



Copic Virtual Mock Trial:

Get an inside look at a medical liability trial

Step into the courtroom with us for an immersive experience that delves into the intricacies of a medical liability trial. Guided by Copic's Deputy General Counsel, this program features an on-screen reenactment of an actual trial. Our cast includes members of Copic's Defense Counsel team, Risk

Management and Claims departments, along with practicing physicians. As an attendee, you'll take on the role of a jury member, tasked with delivering a verdict after hearing compelling testimonies from the plaintiff, an expert witness, and the defendant.

The Mock Trial program offers a unique behind-the-scenes look and serves as an educational tool to understand the sequence of events from the moment a lawsuit is filed. *Please note, if you participated in the virtual Mock Trial in 2023-2024, this will be the same case and program material focusing on the diagnosis of a spinal epidural abscess.*

- **When:** The next virtual program will be Tues., 3/11 from 6–9pm MT
- **Where:** Virtual, Zoom platform
- **Registration:** Contact Gina Rowland at growland@copic.com or 720.858.6065. Registration is limited; please register early.
- Eligible attendees will receive 2 Copic points and 3 CME credits. Providers insured under a facility policy can attend but are ineligible to earn Copic points.



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Did you miss a previous edition of a Copic newsletter?
Don't worry. Access an archive of past newsletters on www.copic.com.

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www.copicfinancial.com

Copic Medical Foundation

720.858.6060

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Website
www.copicfoundation.org

www.copic.com |  



The Legislative Landscape

In just the first two months of the 2025 legislative session, the Copic Public Affairs team is already running on espresso, snacks, and strong collaboration with our partners. We are tracking over 45 bills introduced across a whole slate of topics and anticipating many more yet to come. For now, here is an overview of what's happening at the Capitol.

The First Regular Session of the 75th Colorado General Assembly kicked off on January 8 with an anticipated adjournment date of May 7, 2025. The state's current budget deficit, which is estimated to be between \$750 million to \$1 billion, is the top agenda item for legislators as every piece of introduced legislation is scrutinized through the lens of its fiscal impact. Governor Jared Polis presented his budget strategy to state legislators in November, and now it is up to the General Assembly to pass the state's new budget plan which is set to begin on July 1, 2025.

How does the state's budget crisis affect healthcare?

The governor's budget proposal includes freezing reimbursement rates for Medicaid providers because the cost of uninsured visits generated \$150 million in unexpected costs last year. However, members of the state legislature are pushing back to ensure that providers are compensated for services provided.

Further, without funding, various state programs come under threat, including healthcare safety net programs. Colorado ranks worst in the country in net Medicaid enrollment. This, combined with the fact that hospital emergency departments are seeing 50% more uninsured patients than before the pandemic, has generated financial instability for safety net providers, driving up healthcare costs for all residents.

The federal government's spending freeze may also impact the state's healthcare resources, as the state government received more than \$17 billion in federal grants and

contracts in 2024, with roughly \$11 billion going to Medicaid payments to the state's Department of Health Care Policy and Financing. Although the federal freeze has been rescinded, it is still the subject of multiple lawsuits and there is a fear that essential funding could still be turned off.

We are keeping an eye on all of these developments and their greater implications on the legislative environment as we navigate the bills that impact healthcare access and delivery in Colorado.

Copic has long believed that advocating on legislative issues is an important way to allow the healthcare community to devote its resources to quality improvement and patient care. Copic's legislative priorities are viewed through the lens of stabilizing the tort environment, promoting learning in healthcare, ensuring the delivery of safe, quality care, and protecting the patient and physician relationship.

Priority Bills

Copic is currently tracking several healthcare-related bills. *Please note: This information was current at the time of publication, but status of legislation may have changed since then.*



Senate Bill 83

Limitations on restrictive employee agreements

While current law states that "covenants not to compete" are generally prohibited, there is an exemption for highly compensated workers. This bill amends existing law to exclude those that practice medicine, including advanced practice registered nursing and dentistry, from noncompete agreements.



Senate Bill 129

Legally protected healthcare activity protections

This seeks to strengthen healthcare providers and facilities that provide reproductive and gender affirming care. In addition to other legal protections, the bill allows prescribers of mifepristone and misoprostol to remain anonymous on prescription labels and protects providers from enforcement of any out of state orders for providing reproductive and gender affirming care.

Legislative Landscape (from page 1)



Senate Bill 130

Providing emergency medical services

This adds a new requirement that an emergency department, including labor and delivery department, must provide medical services to a patient who presents to the emergency department. It prohibits inquiring about the patient's ability to pay until after care is provided, prohibits discrimination against patients, and allows the State Attorney General and/or patient to bring action against the emergency department and/or provider based on violations of this bill.



Senate Bill 152

Healthcare practitioner identification requirements

This bill outlines new transparency requirements in healthcare advertising and identification. The bill requires any advertising of healthcare services to list the provider's name, type of state-issued license, certificate, or registration held. In the office, the bill requires a public display of these same credentials, as well as mandates that the provider give a verbal summary of these credentials to the patient during their visit.



Senate Bill 157

Deceptive trade practice significant impact standard

This reoccurring bill aims to eliminate the significant impact requirement of a consumer protection act claim under the Colorado Consumer Protection Act. While this bill would have impacts across the greater business community, removing this test would open the possibility of frivolous lawsuits.



House Bill 1010

Prohibition against price gouging

This bill states that engaging in price gouging of the sale of necessities, including healthcare, is an unfair act and creates a presumption that a 10% or more average increase from the cost during the preceding 90 days amounts to price gouging.



House Bill 1174

Reimbursement requirements for health insurers

This bill sets reimbursement rates that a health insurance carrier may reimburse a provider for covered services for the state employee group benefit plans and for small employer group benefit plans. Along with rate setting, the bill sets aside \$500,000 to explore rate setting in other areas including schools, higher education, and local government employees.



House Bill 1176

Behavioral health treatment stigma for providers

This bill states that licensed healthcare providers are not required to disclose a physical illness, physical condition, behavioral health disorder, mental health disorder, or substance use disorder that no longer impacts the individual's ability to practice one's healthcare profession or occupation with reasonable skill and safety to patients or clients.

Copic's Public Affairs team remains focused on working closely with our colleagues at the Colorado Medical Society and the Colorado Hospital Association to navigate the current healthcare environment, and how it will impact the practice of medicine and the delivery of quality care.

Visit Copic's Healthcare Advocacy page at www.copic.com/healthcare-advocacy for more information on bills we track during the legislative session, to sign up for newsletter updates, or to find your elected officials. If you have questions, please contact Copic's Senior Manager of Public Affairs, Sarah Meirose at smeirose@copic.com.





The Legislative Landscape

In just the first two months of the 2025 legislative session, the Copic Public Affairs team is already running on espresso, snacks, and strong collaboration with our partners. We are tracking over 70 bills introduced across a variety of topics. For now, here is an overview of what's happening at the Capitol.

The First Regular Session of the 91st Iowa General Assembly convened on Monday, January 13, 2025. With this year being the first session of the two-year biennial legislature, the resetting of the two-year cycle means that there are no carry-over bills from last year, so we are working with a clean slate. Lawmakers will spend a 110-day session at work in Des Moines.

As we enter a new legislative session, it is a good time to reflect on why Copic engages in state advocacy and its priorities. Copic has long believed that our efforts toward advocating

on legislative issues allows you, the healthcare community, to devote more of your resources to delivering the best quality patient care. Copic's legislative priorities are viewed through the lens of stabilizing the tort environment, promoting learning in healthcare, ensuring the delivery of safe, quality care, and protecting the patient and physician relationship.

We are currently tracking several bills impacting healthcare. *Please note: This information was current at the time of publication, but status of legislation may have changed since then.*

Priority Bills



Senate File 2

Statute of Repose Exceptions

This bill places a duty on medical liability insurers to negotiate a settlement with policy limits if an offer is made by a claimant at or within policy limits in claims of negligence. This bill would make the insurer liable for the full amount of the judgment if no settlement is reached.



Senate File 48

Reporting of Serious Reportable Events and Providing Penalties

This bill requires healthcare facilities to report to the Director of the Department of Inspections, Appeals, and Licensing (DIAL) the occurrence of an applicable serious reportable event no later than 15 working days or as soon as reasonably possible after the discovery of the event.



Senate File 103

Adoption of the American Medical Association's Code of Medical Ethics by the Board of Medicine



House Study Bill 191

Ensuring Access to Quality Healthcare

An act relating to health care including a funding model for the rural health care system; the elimination of several health care-related award, grant, residency, and fellowship programs; establishment of a health care professional incentive program; Medicaid graduate medical education; the health facilities council; and the Iowa health information network, making appropriations, and including effective date provisions

Companion Bill is Senate Study Bill 1163

This would provide \$10 million in funding for current state-funded student loan repayment programs. The Governor has also directed Health and Human Services to establish a Graduate Medical Education enhanced payment to draw down more than \$150 million in federal dollars to create a projected 115 new residency slots at Iowa's 14 teaching hospitals.



House File 312

Orders for treatment of persons experiencing psychiatric deterioration

This bill allows the court to order treatment if there is clear and convincing evidence that a person is experiencing "psychiatric deterioration." This bill defines this new classification as a person is unlikely to seek treatment based on their history, unable to understand the need to treat one's own condition, and within a reasonable degree of medical certainty, likely to continue to deteriorate until they have a serious mental impairment.



House File 385

Discharge of involuntarily committed persons from a facility or hospital

This bill requires that the treating facility to refer the patient to an administrative services organization (ASO) for evaluation, case management, post discharge services, suicide risk assessment, 30-day supply of a medication and provide the patient or patient's legal representative with a discharge report prior to the discharge of a person that was committed for a substance use disorder to serious mental impairment.



Senate Study Bill 1122

Regulating litigation financing contracts, and including effective date and applicability provision

This bill creates the Litigation Financing Transparency and Consumer Protection Act. The bill would require litigation financiers to register with the Secretary of State, which would become part of the public record. This bill also provides limitations on how a financier may conduct business.

Copic's Public Affairs team remains focused on working alongside our colleagues at the Iowa Medical Society and the Iowa Hospital Association to navigate the current healthcare environment, and how it will impact the practice of medicine and the delivery of quality care.

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Have You Listened to Copic's Podcast?

Within Normal Limits is our engaging podcast that dives into the world of medicine through enlightening conversations with Copic's team of experts and renowned physician leaders. Hosted by Eric Zacharias, MD, an internal medicine doctor and Copic's Chief Medical Officer, each episode explores timely topics with a blend of case study reviews, in-depth discussions, and practical advice on avoiding common risks and enhancing patient care. *Within Normal Limits* offers a unique

opportunity to learn from the experiences of others and gain valuable knowledge to become a better medical provider, ultimately delivering the best patient care possible.

Within Normal Limits is available on popular platforms such as Apple Podcasts, Google Podcasts, and Spotify. You can also go to www.copic.com/podcast for more information. New episodes are posted throughout the year, so be sure to subscribe and enjoy the podcast.

Our most recent episodes include:

- Executive Orders and Federal Legislation: Considerations for Healthcare Providers
- A Legal Expert's View on Non-Compete Agreements
- The Value of Early Reporting of Incidents



The Legislative Landscape

In just the first two months of the 2025 legislative session, the Copic Public Affairs team is already running on espresso, snacks, and strong collaboration with our partners. We are tracking almost 50 bills introduced across a variety of topics. Here is an overview of what's happening at the Capitol.

The First Session of the 109th Nebraska Legislature kicked off on Wednesday, January 8, with an expected adjournment of Monday, June 9. Nebraska is the only state in the country made up of one legislative body, thanks to the passage of a 1934 ballot initiative. The Unicameral legislature is made up of only 49 senators, making it the smallest legislative branch in the country.

The state legislature operates on a two-year cycle and this year is the first session of the biennial legislature. The resetting of the cycle means they must pass a state budget, and that there are no carryover bills from last year, so we are working with a clean slate. They convene for session for 60 business days in even numbered years and 90 days in odd numbered years, which provides some extra business days this year.

As we enter a new legislative session, it is a good time to reflect on why Copic engages in state advocacy and its priorities. Copic has long believed that our efforts toward advocating on legislative issues allows you, the healthcare community, to devote more of your resources to delivering the best quality patient care. We view our legislative priorities through the lens of stabilizing the tort environment, promoting learning in healthcare, ensuring the delivery of safe, quality care, and protecting the patient and physician relationship. We are currently tracking several bills impacting healthcare. *(Please note: This information was current at the time of publication, but status of legislation may have changed since then.)*

Priority Bills



Legislative Bill 66

Uniform Healthcare Decisions Act

This is a model bill that was drafted by the Uniform Law Commission. The bill outlines advanced directives, including powers of attorney for healthcare in which an individual appoints an agent to make healthcare decisions for them if they become unable to make those decisions for themselves.

This bill also addresses healthcare instructions to let providers and designated agents know what care they want, their priorities for healthcare, and the values they want to guide decisions made for them. It also authorizes certain people to make healthcare decisions for individuals who cannot make their own decisions and have not appointed an agent to do so.



Legislative Bill 205

Provide requirements for admissibility of evidence relating to medical expenses

This bill seeks to enact multiple rules of evidence and procedure, including evidence of past or future medical treatment in a personal injury or wrongful death claim. This bill is designed to reduce verdict amounts, limiting past paid expenses to the amount paid by the individual's insurance.



Legislative Bill 651

Change provisions of the Nebraska Medical Cannabis Patient Protection Act and the Nebraska Medical Cannabis Regulation Act and provide for regulation of medical cannabis

This bill establishes the Nebraska Medical Cannabis Patient Protections Act. Notably, the bill gives health care providers the ability to permit patients to possess more than 5 ounces if necessary or appropriate based on the provider's professional judgment for any reason.

[Continued on page 2](#)

Legislative Landscape (from page 1)



Legislative Bill 676

Change and eliminate provisions relating to certified nurse midwives and provide for applicability of the Nebraska Hospital Medical Liability Act

This bill makes certified nurse midwives independent of physician supervision requirements and allows them to attend home births. This bill also allows certified nurse midwives to qualify for the state's excess liability fund.



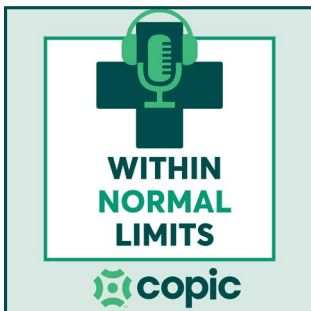
Legislative Bill 677

Change provisions of the Nebraska Medical Cannabis Regulation Act and provide for regulation of medical cannabis

This bill establishes the Nebraska Medical Cannabis Regulation Act, which is intended to provide guidance for providers as to the appropriate situation for a medical cannabis recommendation.

Copic's Public Affairs team remains focused on working alongside our colleagues at the Nebraska Medical Association and the Nebraska Hospital Association to navigate the current healthcare environment, and how it will impact the practice of medicine and the delivery of quality care.

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- Copic Medical Foundation Grant Recipient: AIRnyc
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- Copic Medical Foundation Grant Recipient: Metropolitan State University of Denver
- The Value of Early Reporting of Incidents

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CMS Members Can Pair Long-Term Care with Life Insurance

Colorado Medical Society (CMS) members have a unique opportunity to add life insurance with a long-term care benefit to their financial plans. CMS has teamed up with Transamerica Universal Life Insurance, BuddyIns, and Copic Financial to offer a special group rate for this two-in-one benefit that offers simplified issue life insurance for family needs *plus* long-term care benefits.

Understanding Long-term Care (LTC) Insurance

According to the National Alliance for Caregiving¹, approximately 53 million people in the United States are providing unpaid care for a loved one. And the national average cost for an in-home health aide is \$6,292 a month. It's a common misconception that LTC is covered by health or disability insurance, but neither these nor Medicare cover LTC expenses. Situations where LTC may become necessary include following a traumatic event/accident or due to serious illness or cognitive impairment such as Alzheimer's disease. This is why it's important to consider options to safeguard your future and the savings you're working so hard to build.

The Complexities of Long-term Care Coverage and the Difference in the CMS Program

LTC has traditionally come with its own set of complexities that have made acquiring coverage difficult:

- Premiums continue to rise and a majority of the A-rated carriers don't offer traditional coverage.
- LTC benefits have always been a "use it or lose it" coverage type. Individuals can pay 30+ years of premium and not utilize coverage.
- Medical underwriting has, and continues to be burdensome while obtaining coverage.

What makes the CMS program different:

- Simplified underwriting provides real-time decision on coverage approval.
- Contract holds an accelerated benefit where the policy owner is able to obtain two-times the amount of coverage applied for LTC need.
- A built-in restorative death benefit, regardless of how much of the benefit is used for advanced care. The death benefit will be paid out to the listed beneficiary.

Two Solutions in One

Below are examples of how a universal life policy with LTC can provide a long-term care benefit of \$4,000/month. (The care costs shown reflect a national median.)

Know the Cost When Choosing the Care Setting:



Home Health

- Home Health Aide (40 hours/week) \$62,400
- Long Term Care Annual Benefit -\$24,000
- Remaining out-of-pocket expenses =\$38,400/yr



Assisted Living

- Assisted Living (\$5,350/month) \$64,200
- Long Term Care Annual Benefit -\$48,000
- Remaining out-of-pocket expenses =\$16,200/yr



Private Nursing Home

- Private Nursing Home (\$320/day) \$116,800
- Long Term Care Annual Benefit -\$48,000
- Remaining out-of-pocket expenses =\$68,800/yr

Peace of Mind Doesn't Have to Break the Bank

Visit the website enroll.buddyins.com/CMS (or scan the QR code below) to learn more about this new program, review frequently asked questions, and explore the benefit calculator. Contact Jeff Feakes with any other questions at 720.858.6285 or jfeakes@copic.com.



Menu of Products and Services

Copic Financial has the experience to help navigate complex decisions and find a solution. We work with physicians, dentists, and other members of the healthcare community to help make sure they are adequately insured to manage their professional careers and personal lives. We are an independent insurance brokerage and consulting firm that focuses on the healthcare industry and offer a wide variety of products and services. Review the list below and call Copic Financial to learn more:

Property & Casualty

- Business Owners Insurance (Property/General Liability)
- Cyber Liability/Data Breach Insurance
- Errors and Omissions (E&O)
- Directors and Officers (D&O)
- Liability Insurance
- Umbrella (Supplement to General Liability)
- Employment Practices
- Fiduciary Liability
- Fidelity Bonds (ERISA)

Workers' Compensation

Employee Benefits

- Group Health Plans
- Group Dental Plans
- Group Vision
- Group Disability
- Group Life

Financial & Retirement Planning

- Debt Consolidation
- Practice Continuation Planning
- Simplified Employee Pensions (SEP)
- 401(k)
- Simple IRAs
- Traditional and Roth IRAs
- 529 College Savings
- Retirement Consulting

Disability Insurance

- Disability Income
- Disability Overhead Expense
- Disability-Retirement Security

Life Insurance

- Term
- Variable
- Whole
- Universal

Additional Services

- Professional Employer Organization (PEO) Options
 - **HR Trainings and Tools**
 - **Wellness Programs**
 - **Compensation Structure**
 - **Payroll Services**
- ACA/ERISA Compliance

**Think of Us
for All Your
Business and
Personal
Needs**

- Income Protection
- Loan Collateral
- Business Protection
- Data Protection
- Tax Incentives/Breaks
- Employer Retention and Recruiting Tools
- Job Satisfaction
- Practice Transition
- Key-person Life Insurance
- Buy-Sell Agreements
- Employee Benefit Compliance

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