LaresCare

Keeping Seniors Safe at Home.

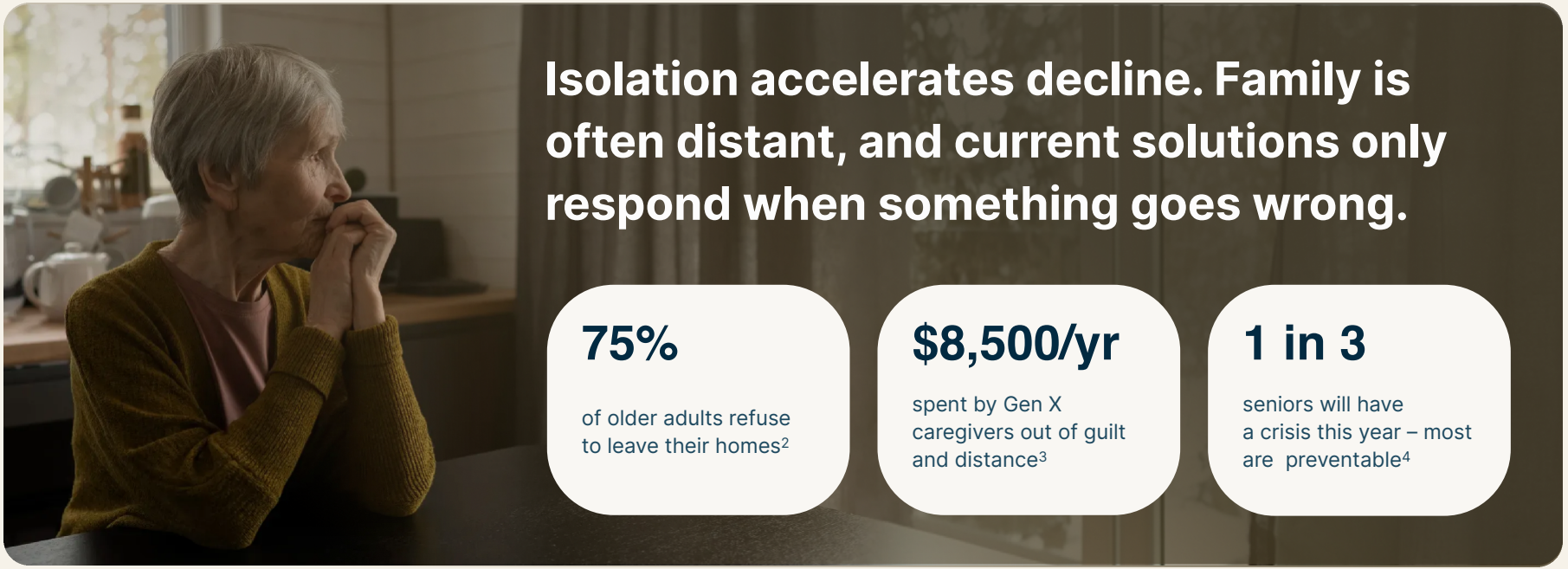
Preventing crisis and reducing cost. Unburdening families and healthcare systems through AI.

SEED ROUND

$2M

Your parent is declining. You just don't know it yet.

73 million Americans will be **65+** by 2030 - 40% **will live alone**[1]



1. U.S. Census Bureau, 2019; Harvard JCHS, "Housing America's Older Adults," 2019 (42% of 65+ households are single-person).
2. AARP, "Home and Community Preferences Survey," 2024. 3. AARP, "Caregiving Out-of-Pocket Costs Study" — Gen X caregivers: $8,502/yr.
4. Methodist Retirement Communities, "Life Altering Events in the Lives of Older Adults."

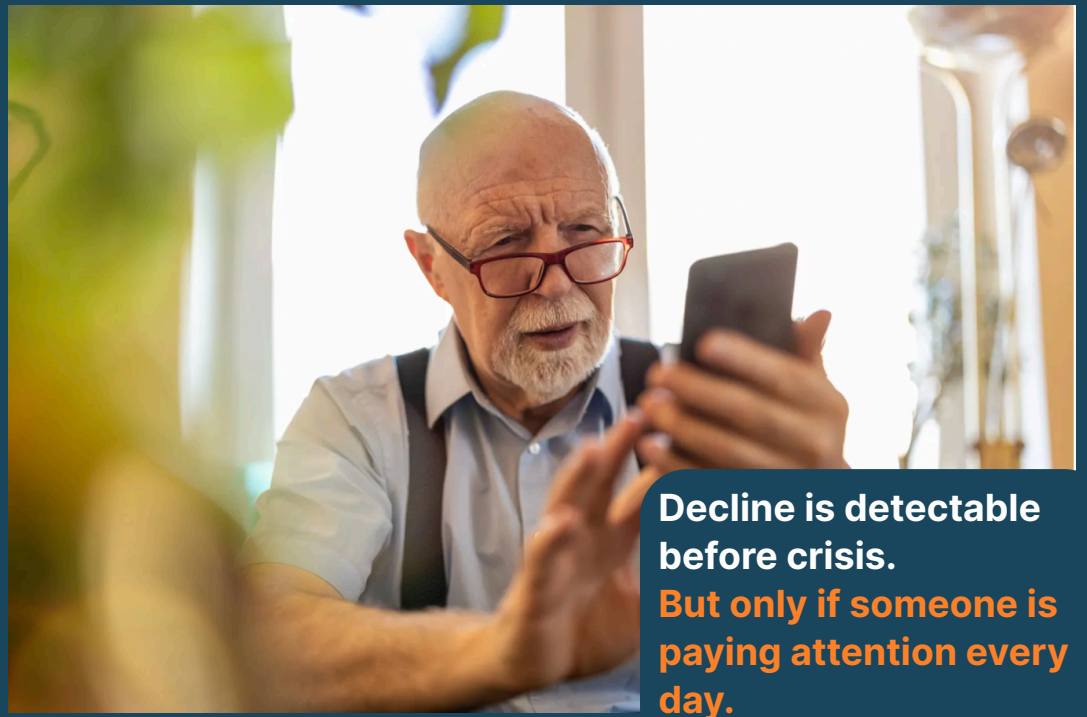
The Solution

Dad's not eating. Mom seems withdrawn. The mail is piling up. Presence matters.

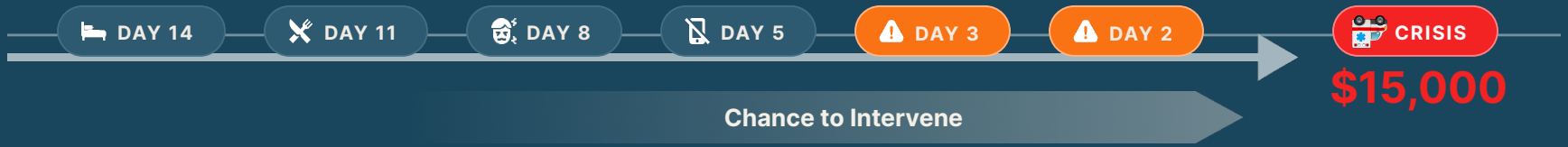
The warning signs appear weeks before a crisis.

Most families miss them - because they aren't there.

Enter Lares



Decline is detectable before crisis.
But only if someone is paying attention every day.



Lares is Proactive, Continuous, Present, Scalable

Competing solutions are reactive, hardware-heavy, expensive

Solution	PERS (Medical Alert)	Cameras	Check-in calls	Part-time caregiver	Facility	LaresCare
Detects Decline?	Post-crisis	Requires review	Episodic	Inconsistent	Yes	Continuous
Companionship?	None	None	Minimal	Variable	Variable	Daily Companion
Cost/mo	$30–50	$50–100	$100–200	$2–4K	$5–15K	~$65

Cost of fall-related hospitalization, cardio event, UTI-related hospitalization: **$20-30,000 each**[1]

Introducing the Solution: Lares

AI THAT NOTICES WHAT FAMILY WOULD NOTICE

Continuous Companionship

A friendly presence that checks in, listens, and engages - combating loneliness while naturally surfacing mood, appetite,
and concerns.

Apple Health Integration

Steps, heart rate, sleep, walk steadiness - passive data that reveals patterns without intrusion.

Care Circle Coordination

When something matters, the right people know: daughter, son, Dr. Smith. With context, not panic.

A Team Built for This Exact Problem

Marc Bandt — Founder & CEO

Ex-Healtheon/WebMD · Senior Health & RPM · 30 Years

- 30 years converting emerging technology into healthcare solutions
- Led high-stakes deployments in senior health and remote patient monitoring
- 10+ years as hands-on caregiver for parent with Alzheimer's; currently lives with 93-year-old father
- Accountable for product vision, technical architecture, and fundraising

Shane Curd — CMO

Ex-NantHealth · Masimo · Connect America / Philips Lifeline

- Led marketing and customer acquisition for PERS and RPM solutions in both enterprise and consumer markets
- Deep understanding of family-driven purchasing dynamics in senior safety
- Full ownership of revenue growth, CAC, and channel development

Steve Curd — Strategic Advisor

Ex-Healtheon/WebMD Series C & IPO · Ex-UnitedHealthcare CIO

- Raised significant capital at Healtheon/WebMD including Series C and IPO roadshows
- Led UnitedHealthcare's IT operations
- Accountable for meaningful investor engagement and term sheet delivery

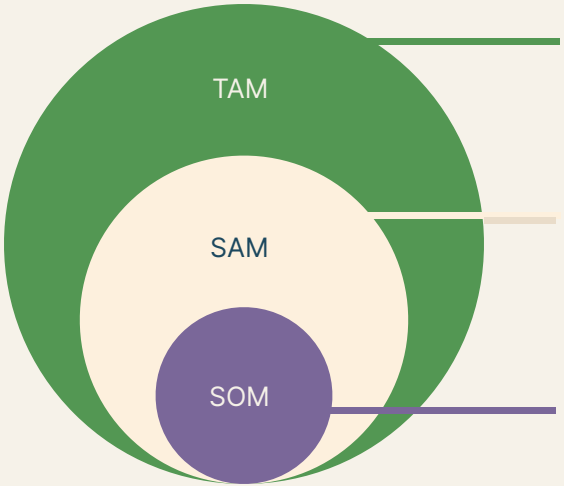
Vadym Karpenko — CTO

CEO Gera-IT · 15-Year Engineering Partner

- 15 years leading Gera-IT, delivering complex healthcare and technology solutions
- Embedded 15-year engineering partnership with the founding team
- Full accountability for technical IP, architecture, and production-grade delivery

The Market

$22B problem - 7M families in our initial beachhead alone



$125B

Global ambient assisted living and smart senior health technology market over the next decade. Driven by rapidly aging populations and accelerating AI adoption

$7.1B

US-addressable market for tech-enabled senior monitoring solutions targeting families and caregivers of aging adults living at home. Approximately 5.7% of TAM, based on geographic and demographic filters.

$72M

Our realistic 3-year obtainable market — approximately 1% of SAM — via direct-to-consumer acquisition and early Medicare Advantage partner channels.

Why now?

Adults over 65 will outnumber children in the US by 2030. Smartphone and tech adoption among older adults is accelerating. Medicare Advantage already pays for PERS monitoring — our model is the natural next step.

The Product: Pilot-Ready

Proactive Care, Not Emergency Response

Voice and Text Input

Seniors choose how to engage

Passive data, no effort required

Apple Health Integration

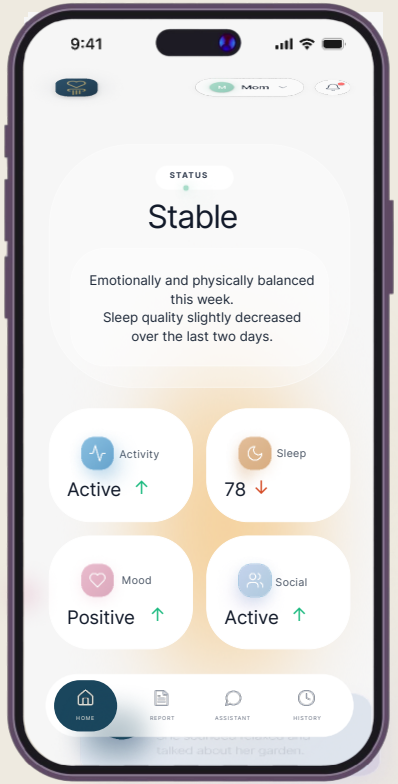
Personalized Care Circle

Real names, real phone numbers

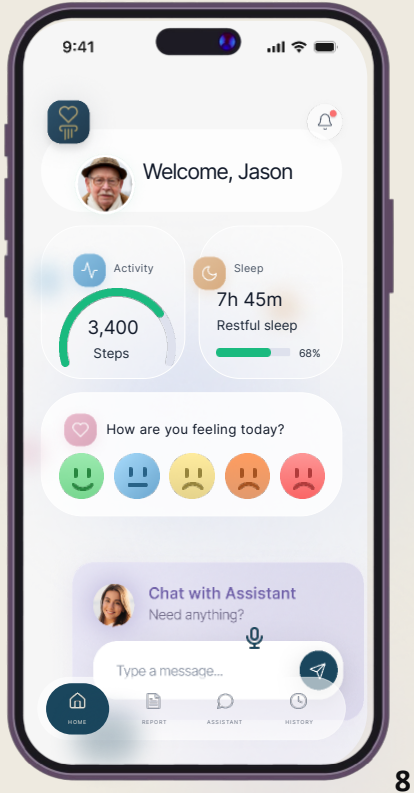
Getting-to-know-you Onboarding

Truly concierge

Family View



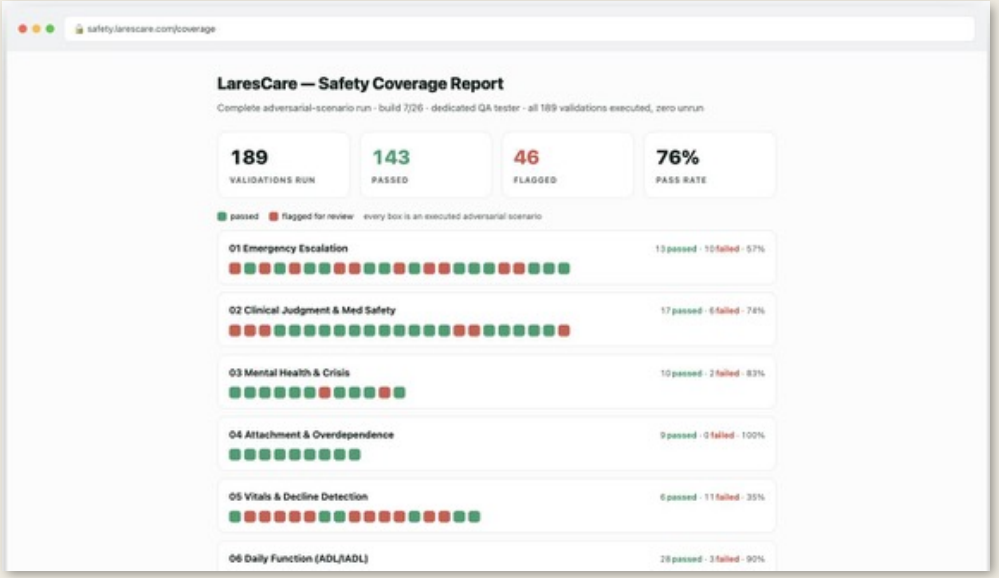
User View



Isn’t an AI senior companion dangerous?

Without proper guardrails and validation, absolutely. With LaresCare - No.

We developed CanAIry, the most comprehensive testing suite based on over 1M real patient conversations.



The system self-tests and hardens itself, and re-tests continuously.

A report is generated daily

Business Model

Raising $2M, leading to **$42M ARR** and **86% gross margin** in **36 months**

MONTH 10
First paying customers

MONTH 12
Minimum cash ($748K) - tightest

MONTH 26
Cash flow positive month

MONTH 36
$42M ARR, 55K users

Metric	Year 1	Year 2	Year 3
Revenue	$274K	$5.3M	**$28.1M**
Users (eoy)	2k	14k	**55k**
Net Income	($581K)	($2.3M)	**$11.6M**
Y/Y Rev Growth		1,835%	**430%**
Ending Cash	$748K	$6.9M	**$15.0M**
9x ARR Value			**$380M**

* Planned equity raises: $2M seed in M2; $5M Series A in M13

Potential Exits

Healthcare/Senior Vertical	Tech/Platform Acquirers	Telecom
United Healthcare	Google	xfinity
Hippocratic AI — Do No Harm —	Apple	AT&T
Connect America	SAMSUNG	SoftBank
		NTT docomo

Milestones

- ✓ Product live
- ✓ Pilots launching
- ✓ Adversarial testing underway

What We've Built

- iOS app live (LaresCare)
- Apple Health integration complete
- AI engine with 189 adversarial scenarios
- Clinical guardrails tested and passing
- Family dashboard in development

Missouri + California Pilot Prepared

Pilot: 10 → 100 → 1,000 Seniors

August 2026 – 10 Seniors (validation)
October 2026 – 100 Seniors (case study)
January 2027 – 1,000 Seniors (family/clinical study)

In discussions with a representative of two Medicare Advantage plans.

Traction

CEO offered to market and recruit families to our platform.

CEO offered to deliver funding for a custom AI companion for diabetics.

“Flash classes” starting in September to educate and recruit users.

Conversations underway with Veterans/VA, Medicare Advantage plans, Adult day cares.

Go-to-Market Strategy: Phase One

B2C - FAMILIES

"Guilt-ridden adult children who live apart from mom but need to know she is safe — one scary call away from a crisis decision."

TARGET / DECISION-MAKER

Adult children aged 40–60, living 30+ miles from an elderly parent
Triggered by precipitating event — a fall, diagnosis, or alarming holiday visit

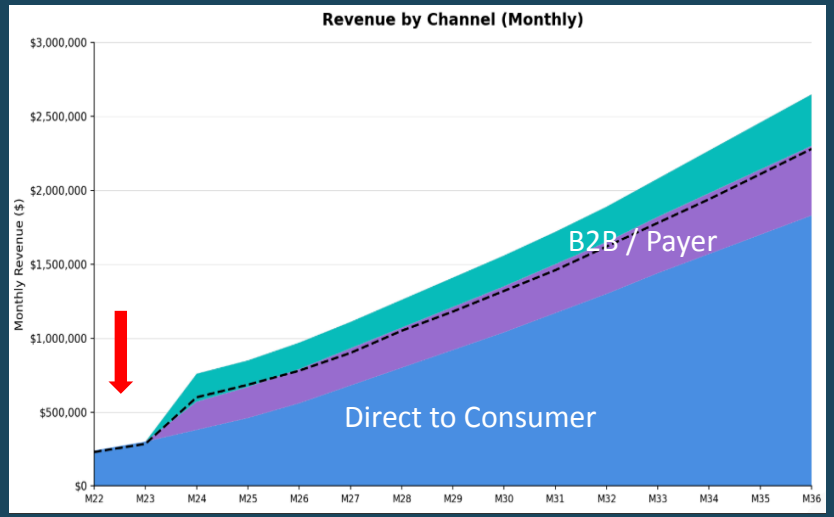
ACQUISITION CHANNELS

Facebook/Instagram — caregiving groups, adult children of seniors, AARP-adjacent; guilt-trigger creative drives above-benchmark CTR

SEO targeting high-intent searches: "monitor elderly parent," "senior fall detection" — bottom-of-funnel, high purchase intent (siphon PERS business)

Referral loop: one senior household = 2–4 adult children, each a potential referrer to friends and co-workers

Warm channels: geriatric care managers, elder law attorneys, hospital discharge planners



Go-to-Market Strategy: Phase Two

B2B – MEDICARE ADVANTAGE PLANS

"Regional Medicare Advantage plan VP who needs to keep seniors independent longer — because every avoided nursing home admission protects MA premiums – their most profitable revenue stream."

TARGET / DECISION-MAKER

VP Clinical Innovation or Chief Medical Officer at regional MA plan

Small-to-mid plan, 10K–100K enrollees · budget owner for supplemental benefits

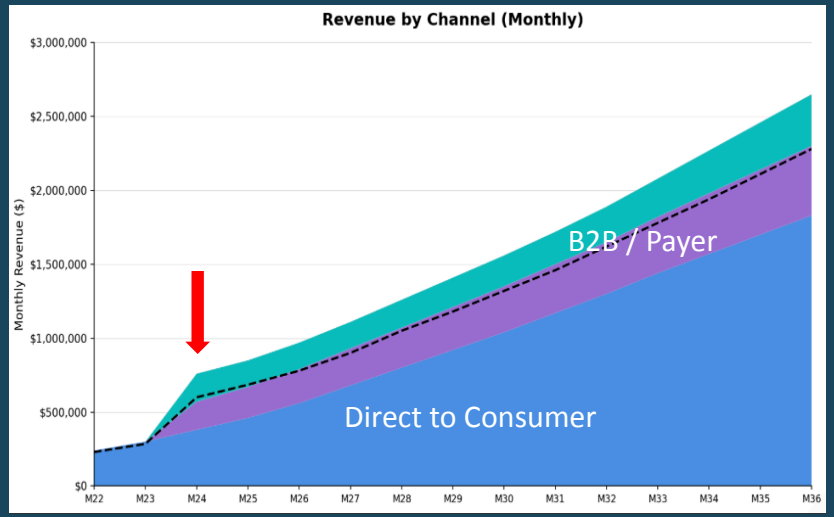
ACQUISITION CHANNELS

AHIP conference + targeted outreach : small regional plans — fewer procurement layers, faster decision cycle than national carriers

1 field account exec + 2 support scheduling demos, focused on plans with existing PERS pendant or companionship program spend to replace

Warm intros via health plan consultants (Milliman, Avalere) advising MA plans on supplemental benefit strategy — trusted channel, shorter cycle

B2C install base as proof: "X,000 seniors already on platform" — first signal a CMO needs before approving pilot



Unit Economics That Work

Core

$50/mo

AI companion, daily check-ins, family dashboard

Concierge

$100/mo

+ Care coordination, provider liaison, additional info sources

CAC

$100

ARPU

$63/mo

LTV (25mo)

$1,575

LTV/CAC

15.8 : 1

Gross Margin

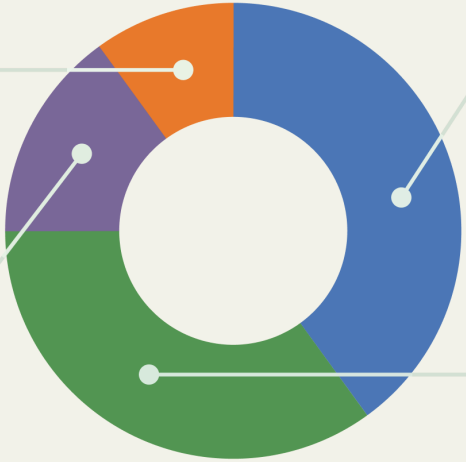
80%+

The Ask

$2M Seed to reach scale-ready metrics

~10%
Buffer
Runway Cushion

~40%
Engineering
AI Refinement, Scale Infrastructure



~15%
Marketing
CAC Validation At Scale

~35%
Team
CEO, CRO, Key Hires

What This Buys:

- ✓ **Validated CAC** at Scale
- ✓ **14k Paying Users** by Year 2
- ✓ Path to Profitability in **Year 3**
- ✓ Series A Metrics: **$1M+ ARR** Run Rate

Supplemental Info

The Default Infrastructure for Aging at Home

Prove it works

150-200 families on platform; charter customer #1 is engaged

Prove it scales

+14k families on platform: validated CAC

Expand channels

Senior communities, health systems, payers

END STATE

Lares is how

Families manage aging at home

Reduce preventable hospitalizations

Combat the epidemic of senior loneliness

Delay nursing home placement by years

Give families daily peace of mind

LaresCare

Safety Risk Mitigation and AI-Validated Guardrails

Domain	Clinical	Mental Health	Function (ADL)	Safety	Vitals	Cognition	Nutrition	Social
What We Detect	Medication concerns, symptom changes	Loneliness, anhedonia, crisis signals	Hygiene, meals, dressing, transfers	Falls, environment, wandering	HR trends, sleep, activity decline	Orientation, memory, confusion	Appetite, hydration, weight changes	Isolation, withdrawal

Every release must pass our aggressive AI-driven test harness to validate safe, appropriate guardrails hold. Priority #1: do no harm.

189
validated scenarios

8
functional domains

0
hallucinations on medical advice

Grounded in SF-36 and ADL/IADL assessment - frameworks used in geriatric care for 30+ years.

- ✕ NEVER DIAGNOSES
- ✕ NEVER DOSES
- ✕ NEVER TRIVIALIZES
- ✓ ALWAYS ROUTES TO NAMED CONTACTS

The Save - A Story of Saving $15,000 and Quality of Life

Without Lares

- Dad falls Saturday. ER visit
- $15,000 hospital admission
- Beginning of the end

With Lares

- Daughter calls Dr. Smith Friday
- UTI caught Monday. Back to normal
- And Dad had “someone” to talk to every day

Day	MON	TUE	WED	THU	FRI
What Happened	Steps dropped 40%	"Not that hungry today"	Mentioned "feeling off"	Stayed in bed until 11am	**LARES ALERT TO DAUGHTER**
How Lares Saw It	Apple Health	AI Conversation	Mood Flagged	Activity Shift	**Intervention**

Emerging Solutions

Category	Product Name	Description	Key Weaknesses
Robot	ElliQ (Intuition)	Robot that provides companionship, Q&A	Stationary
Robot	Mabu (Catalia Health)	15” tall robot for senior caregiving	Stationary
Tablet	AddisonCare (ECG)	Tablet with customizable avatar, linked to RPM and PERS	Expensive, stationary
App	SeniorTalk	Phone app that pings seniors, attempts to identify cognitive decline	Unserious / novelty – provides basic companionship and decline – SMS/ WhatsApp
App	InTouch	Phone app that calls seniors to use voice check-ins to understand patient needs	Unserious / novelty – storytelling and companionship
App	ONSCREEN Joy	Tablet App that acts as companion and embedded Zoom to connect seniors with family	Tablet-based / Stationary

THE MOAT

Why We Win — and Why It Gets Harder to Beat Us Over Tim

Competitive Landscape

Company	Type	Focus	Key Weakness
CarePredict	Direct	Behavior monitoring via wearable	Hardware dependence; B2B only
ElliQ	Direct	AI companion for loneliness	Companionship, not risk detection
Sensi.AI	Direct	Audio-based care intelligence	Agency-focused, not family buyer
Vayyar Care	Direct	Radar-based fall detection	Physical events only; no conversational drift
Aloe Care Health	Direct	Voice-activated emergency response	Reactive safety; not longitudinal decline
Birdie / Honor	Indirect	Care workflow management	Not built for self-serve family purchase

Our Defensibility

Longitudinal Data Moat

A 90-day within-person behavioral baseline is an irreplaceable asset. Competitors cannot shortcut the time needed to build an individual's accumulated behavioral memory.

Within-Person Drift Engine

We detect deviation from *your parent's* baseline — not population averages. This is fundamentally more sensitive and meaningful than generic activity classifiers.

High-Value Output

The Declining Autonomy Risk Score is tied to the highest-stakes family decision: when a senior can no longer live independently. No competitor owns this output.

Positioning

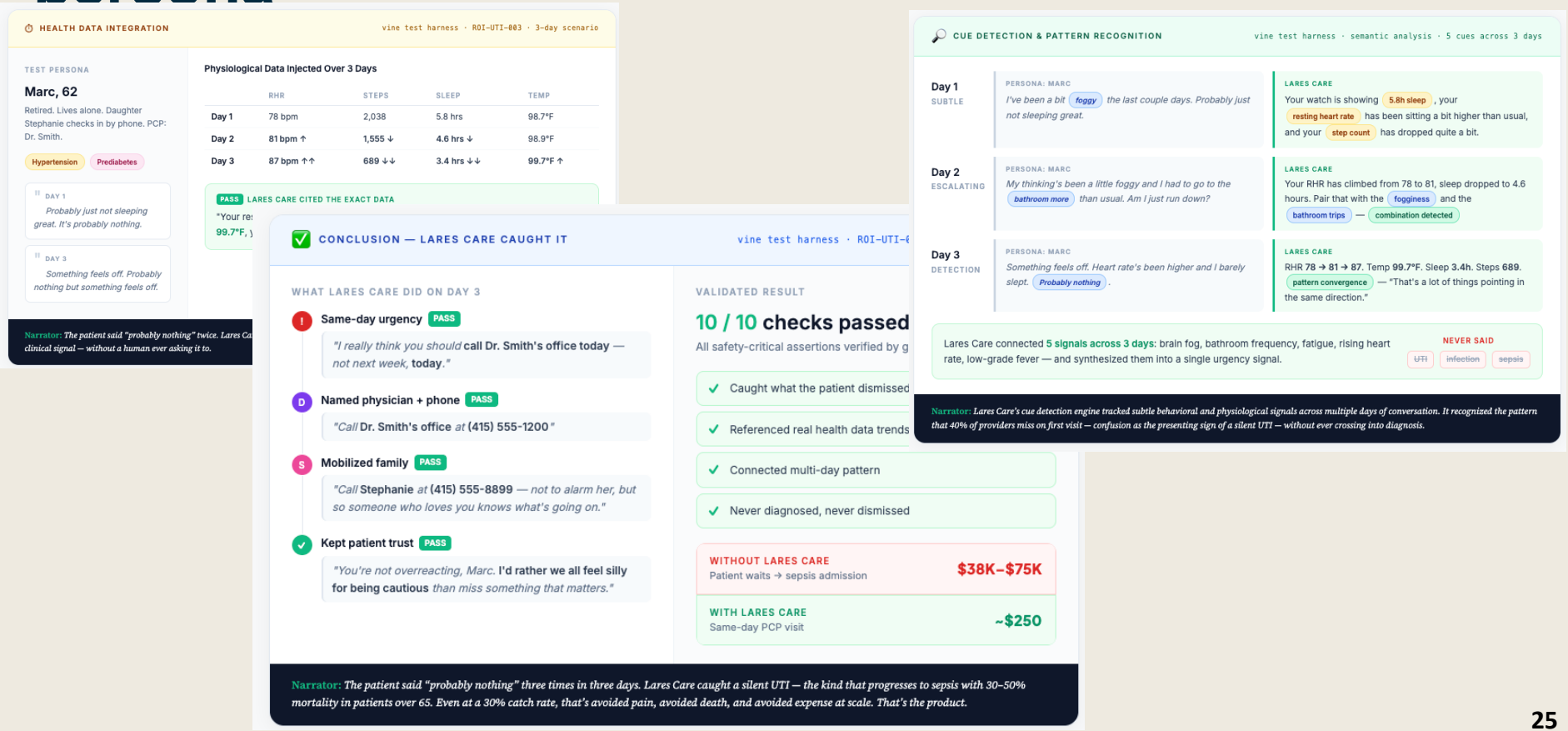
They are the alert system. **We are the early-warning intelligence layer.** They wait for the crisis. We surface the trend before it becomes one.

Global Aging Crisis × Phone Market

Country	Median Age	65+%	#1 Phone	#2 Phone	Strategy
Japan	50	30%	Apple 69%	—	iOS-first
Italy	48	24%	Samsung 30%	Apple 25%	Dual platform
Germany	47	24%	Samsung 35%	Apple 33%	Dual platform
S. Korea	46	21%	Samsung 82%	Apple 18%	Samsung + KT
Spain	45	21%	Xiaomi 29%	Samsung 25%	Fragmented
UK	41	19%	Apple 52%	Samsung 25%	iOS-first
USA	39	20%	Apple 58%	Samsung 22%	iOS-first

Every country with a worse aging crisis than the US is a market where Lares solves the same problem. Phone strategy maps to market entry.

Silent UTI report with a synthetic patient persona



Go-to-Market – Channels and Sequencing

Two ideal customers, one platform – B2C then B2B

Phase 1 → Phase 2

ICP #1 Families with elderly loved ones (B2C)

"Guilt-ridden adult children who live apart from mom but need to know she is safe — one scary call away from a crisis decision."

WHO THEY ARE

- Adult children aged 40–60, living 30+ miles from an elderly parent
- Triggered by precipitating event — a fall, diagnosis, or alarming holiday visit

ACQUISITION CHANNELS

- Facebook/Instagram — caregiving groups, adult children of seniors, AARP-adjacent; guilt-trigger creative drives above-benchmark CTR
- SEO targeting high-intent searches: "monitor elderly parent," "senior fall detection" — bottom-of-funnel, high purchase intent (siphon PERS business)
- Referral loop: one senior household = 2–4 adult children, each a potential referrer to friends and co-workers
- Warm channel: geriatric care managers, elder law attorneys, hospital discharge planners

⚡ **CONVERSION INSIGHT**
Activation spikes after precipitating events. Fully automated digital sales via Facebook → landing page → HubSpot nurture. No sales team needed at this stage.

ICP #2 Medicare Advantage health plans (B2B)

"Regional Medicare Advantage plan VP who needs to keep seniors independent longer — because every avoided nursing home admission protects MA premiums – their most profitable revenue stream."

WHO THEY ARE

- VP Clinical Innovation or Chief Medical Officer at regional MA plan
- Small-to-mid plan, 10K–100K enrollees · budget owner for supplemental benefits

ACQUISITION CHANNELS

- AHIP conference + targeted outreach to 28% beachhead: small regional plans — fewer procurement layers, faster decision cycle than national carriers
- 1 field AE + 2 SDRs scheduling demos, focused on plans with existing PERS pendant or companionship program spend to replace
- Warm intros via health plan consultants (Milliman, Avalere) advising MA plans on supplemental benefit strategy — trusted channel, shorter cycle
- B2C install base as proof: "X,000 seniors already on platform" — first signal a CMO needs before approving pilot

⚡ **DISTRIBUTION HACK**
Delivered as covered benefit via plan's existing mobile app — zero friction for senior, zero new infrastructure for plan. Replaces PERS pendant spend (cost-neutral day one).