



Commission Processing Guidelines

Updated August 1, 2017

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GoHealth VMO Commissions

The foundation of your relationship with GoHealth VMO is solidified by our commitment to pay you, the Agent, in a timely manner and to be transparent in our accounting rules. You can review your account at any time by logging into www.eagentcenter.com. Instructions for logging into your account are located on the GoHealth VMO Newsletter website and can be found under the Commissions tab. Commission statements are published in your eAgentCenter account.

As a GoHealth VMO Agent, you are provided with access to two types of statements:

Agent Reference Guide

Additional commission-related information can be found in the Agent Reference Guide, and includes information pertaining to the following areas:

- Banking Information
- Cross-Collateralization of Chargebacks
- Collections
- Debit Balance Collection Program
- Additional Guidelines – relating to incorrect commission payments and recoupment

New Business Statement

New Business commissions are advances paid on newly issued Major Medical and Medicare policies which are eligible for an advance. An advance is a loan, paid to the Agent, using future renewal commissions as collateral. The payment of a commission advance generates an advance loan or outstanding debit balance that is owed to GoHealth VMO.*

**Agents should check the carrier-specific commission guidelines for complete information regarding the payment of advances.*

Renewal Statement

The renewal statement, called “Monthly Statement” in eAgentCenter, records two activities. First, it applies earned commissions to an agent’s advance loan balance or outstanding debit balance. Second, earned commissions from renewals (or policies with a bill mode other than monthly) are paid to the agent.

There are several key features of the GoHealth VMO Commission Program that make it a leader in the industry. First, GoHealth VMO respects the importance of the residual income that you created by growing your book of business. That is why your outstanding debit balance is not pooled for the purpose of collections. This means that your earnings will only be applied to chargebacks and unrecoverable balances on policies that terminated prior to the advance loan being paid in full. GoHealth VMO will not, as a general rule, require that your full advance loan be paid before paying your earnings on renewal income. However, if an Agent’s account is deemed “risky,” GoHealth VMO reserves the right to enter the agent into the Debit Balance



Collection Program to initiate repayment of the open debit balance as detailed in this document under “*Debit Balance Collection Program.*”

GoHealth VMO understands how important cash flow is for your business, that’s why, whenever possible, we pay our agents weekly or twice per month. To help facilitate timely payment of commissions GoHealth VMO only pays agents using Direct Deposit.

One of the most important things you, as an Agent, will want to do when joining GoHealth VMO, is to become familiar with the commission guidelines established for each carrier partner. Commission policies vary from carrier to carrier, so it’s important that you review and set your expectations for commissions relating to each carrier.

Escrow

For specific advance programs, GoHealth VMO has implemented an escrow program to protect Agents from chargebacks arising from advance loans. For each carrier who GoHealth processes advances commissions, a flat 2.5% of the advanced amount is withheld and applied to an escrow account. There are **no** caps to the total dollars which can be held in each escrow account. For carriers who process commissions directly, they may have their own guidelines which dictate if an escrow is withheld on advance loan commissions.

Chargebacks are **not** applied to escrow funds and will be applied to advances and renewal commissions.

GoHealth VMO has the right to and will work with agents to release funds in escrow upon request. The healthiness of an Agents account will be determined, as a factor in the release of commissions held in escrow and will be first applied to outstanding debit balances and then released to the Agent. Escrow will continue to be held in the amount of 2.5% on all future advance loan commissions received on new policies.

Escrow Adjustments

During each renewal period, Agents will see a column for “Escrow Adjustments” in the commission detail of their commission statement. Escrow adjustments are not affecting net commissions. The escrow adjustment is the portion of earned credit that is reduced in order to compensate the escrow. Please see the below example to explain how the escrow adjustment works.

An Agent writes a new policy. Per his contract with the agency, he is advanced 5 months commission with 2.5% in escrow. The monthly commission for this policy is \$10. The gross commission is $\$10 \times 5 = \50 . The escrow is $\$50 \times 2.5\% = \1.25 . The net advanced to the Agent is \$48.75. This Agent owes the agency via debit balance \$48.75 and the agency holds \$1.25 in escrow.



For the first 5 monthly earned cycles:

Gross earned = \$10

Escrow Adjustment = Gross Earned * 2.5% escrow = \$0.25

Net Earned Credit = Gross Earned – Escrow Adjustment = \$9.75

After 5 months, the total earned credit is \$48.75. The Agent now owes the agency nothing since the debit balance of \$48.75 has been cleared by the earned credit. The money in the escrow account does not move. The total commission due to the Agent is \$50. He received \$48.75 via advanced commission and the agency is holding \$1.25 in escrow.

Administrative Fee

For all carriers who provide advance loan commissions, a 1% administrative fee will be applied to the beginning debit balance of each month's Renewal period.

- Anthem Medicare
- Assurant
- Cigna Supplemental Benefits (f.k.a. Loyal American)
- Gerber
- Golden Rule
- HCSC
- Health Insurance Innovations (HII)
- HumanaOne
- Humana Senior
- Medico
- Mutual of Omaha
- National General
- SecureAssist
- UnitedHealthcare

It is important to note that as-earned business is **not** factored into the debit balance. The debit balance only reflects the advanced commissions that the Agent has been paid. Therefore, the administrative fee is not assessed on as-earned commissions.

The administrative fee can be viewed at the top of each renewal statement under the "Admin Fee" heading and at the bottom of the commission statement under the "Notes" section.

Pay Dates

GoHealth VMO publishes commission pay dates on the Commission Calendar on the GoHealth VMO Newsletter website. It is important to note that GoHealth VMO publishes pay dates based on a 24 hour processing timeline. Depending on the Agent's banking institution, the ACH/Direct Deposit process may take up to 48 hours to post into the Agent's account.

Advance Loans and Applied Earnings Overview

GoHealth VMO advances Agents on most Major Medical and Medicare Advantage policies, which generates a debit balance for that policy and carrier. Each month, Agents earn commissions that pay down the debit balance on the policy. Once the debit balance is fully paid down, the Agent will receive earned commissions for the life of the policy.

Generally, if an Agent is advanced 12 months on a policy, the Agent will earn commissions in month 13 (or in the case of a 9 month advance, the agent will earn commissions in month 10). However, if the premium is decreased or increased, the policy will pay down at a different rate and the policy could potentially take more or less time than the number of months advanced before the agent earns commissions on the policy. An example is included to illustrate three different scenarios.

Example

This is an example of three different policies paying down their debit balances at different rates. Each policy has a \$500 monthly premium being paid at 10% to the Agent. This example uses a 6 month advance.

**Note: 6 month advance is for example purposes only. Check the individual carrier guidelines for more information regarding carrier advances.*

Policy #1

Premium: \$500; Commission Rate: 10%; Advance Months: 6

Amount Advanced to the Agent: \$300

Earnings: \$50/month

Variable: In month 4, the premium decreases from \$500 to \$450. Earnings are reduced to \$45/month.

Policy #2

Premium: \$500; Commission Rate: 10%; Advance Months: 6

Amount Advanced to the Agent: \$300

Earnings: \$50/month

Variable: In month 4, the premium increases from \$500 to \$550. Earnings are increased to \$55/month.

Policy #3

Premium: \$500; Commission Rate: 10%; Advance Months: 6

Amount Advanced to the Agent: \$300

Earnings: \$50/month

Variable: Control – this policy will pay at a constant rate of \$50/month

Policy	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11
#1	Adv. \$300	\$250	\$200	\$150	\$105	\$60	\$15	(-\$30)	\$45 earned	\$45 earned	\$45 earned
#2		Adv. \$300	\$250	\$200	\$150	\$95	\$40	(-\$15)	\$55 earned	\$55 earned	\$55 earned
#3			Adv. \$300	\$250	\$200	\$150	\$100	\$50	\$45 earned	\$50 earned	\$50 earned
Debit Balance	\$300	\$550	\$750	\$600	\$455	\$305	\$155	\$5	\$0	\$0	\$0
Earned Comp.	\$0 earned	\$0 earned	\$0 earned	\$0 earned	\$0 earned	\$0 earned	\$0 earned	\$0 earned	\$145 earned	\$150 earned	\$150 earned

Negative amounts represent amounts that have overpaid the individual policy debit balance, but have been applied to the overall total debit balance for the carrier.

Policy #1 pays off its debit balance after 7 months due to the premium decrease (with additional earnings applied to the total debit balance). Policy #2 pays off its debit balance in 6 months (with additional earnings applied to the total debit balance). Policy #3 pays off its debit balance in 5 months because of the additional earnings applied to the total debit balance in month 8 for Policy #1 and month 8 for Policy #2.

In month 9, all three policies are earning credits. If each policy had paid down its debit balance at its normal rate, all three policies would earn credits in month 10. The Agent actually receives earnings earlier due to the premium increase and additional earnings applied to the debit balance.

Commission Trackers

If you are missing commissions or believe that your commissions were paid incorrectly, please fill out the appropriate commission tracker found under the Commissions tab:

<http://agents.gohealth.com/vmo/commissions/>. Select the appropriate carrier, and an excel tracker will automatically download at the bottom of your screen. Required fields are highlighted in red; if these fields are not completely filled out, the tracker will not be researched by GoHealth nor the carrier. Please submit completed trackers to your Account Manager via an encrypted email.

Please allow 30+ days after a policies effectuation date to submit a ticket on a given policy.

Frequently Asked Questions (FAQs)

Provided below is a list of frequently asked questions (FAQs).

- AEP Policies – policies sold during a given years AEP, do not pay commissions until after January 1st, of the following year.
- Common reasons policies don't pay commissions include:
 - o Policy Terminated
 - o Policy Didn't Effectuate
 - o Premium Not Paid
 - o Not Agent of Record (AOR)
 - o Incorrect Agent Information (NPN, etc.)
 - o Non-Commissionable policy
 - o For Aetna/Coventry – didn't achieve the Chairman tier in 2016
 - o HCSC – renewal of policies originally written during a prior years SEP are non-commissionable



Carrier Specific Processing Guidelines

Below are **general** guidelines for commission payments made by GoHealth VMO. Please keep in mind that the given time frames and examples may not always reflect actual commission timing based on when a policy is issued and/or effective. Several factors affect when commission is paid to GoHealth VMO by a carrier including delays during the underwriting process, when premium is received, and carrier commission processing, among others.

These general guidelines are here to help the Agent determine when commissions should be paid for a policy based on the factors below. As always, questions regarding commissions should be directed to your GoHealth VMO Manager for further review.

AETNA

New Business	Renewals
<ul style="list-style-type: none"> • No new business commission runs; Aetna is not eligible for an advance • All new business will be paid monthly as-earned on the renewal commission run 	<ul style="list-style-type: none"> • All renewal business paid monthly • Policies paid as-earned • Commissions are generally processed around the end of each month and include earned commissions collected during the previous month (check the Commission Calendar for exact pay dates) <ul style="list-style-type: none"> ○ Aetna will only include policies for which they have received premium payment ○ For example, if a policy issues (and premium has been received) in June, it will be paid by GoHealth in July
Additional Aetna Guidelines	
<ul style="list-style-type: none"> • All commissions are paid on a Per Subscriber Per Month (PSPM) basis • 2017 Commissionable States <ul style="list-style-type: none"> ○ On-Exchange: DE, IA, NE, & VA (Aetna and Innovation Health) ○ Off-Exchange: CT, MO, FL, GA, ME, NC, NV, & SC • On-exchange commissions pay after premium has been paid AND after the policy goes into effect. • Off-exchange commissions pay after the premium is paid month over month. • You can check to see if you are the AOR by looking at your Book of Business report in Producer World. • You can check to see if your member has paid their premium by checking the Book of Business Report in Producer World. It will show statuses for your policies. • No broker tiering for 2017 	

AETNA MEDICARE

New Business	Renewals
<ul style="list-style-type: none"> • Medicare Advantage <ul style="list-style-type: none"> ○ New business paid monthly for initial compensation ○ All new business is pro-rated using a plan year of January 1 – December 31 ○ CMS approval is received by Aetna Medicare several days after the signature date of the application - it generally takes 5 to 7 	<ul style="list-style-type: none"> • Paid monthly • Policies paid as-earned for Medicare Advantage policies in years 2+ • If CMS validates the member is New to Medicare, Validated Commission will be

<p>business days for CMS to approve an application. Holidays result in this process to take longer than the general turnaround time.</p> <ul style="list-style-type: none"> ○ Once CMS approval is received it takes approximately 14 business days (3 weeks) for Aetna Medicare to process commissions ○ No interest charge 	<p>paid plus a true up of Initial Commission to equal the full annual Initial Commission</p> <ul style="list-style-type: none"> ● See Commission Calendar for renewal pay dates
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**If an application is submitted to Aetna Medicare that does not have GoHealth attached, or listed as the General Agent on the application, GoHealth will not contact the carrier and request to be attached as the GA. In these cases, the agent will be paid directly by Aetna Medicare for the lifetime of the policy.

ANTHEM

New Business	Renewals
<ul style="list-style-type: none"> ● No new business commission runs; Anthem is not eligible for an advance ● All new business will be paid monthly as-earned on the renewal commission run 	<ul style="list-style-type: none"> ● All new business paid monthly ● Policies paid as-earned ● Commissions are generally processed around the end of each month and include earned commissions collected during the previous month (check the Commission Calendar for exact pay dates) <ul style="list-style-type: none"> ○ Anthem will only include policies for which they have received premium payment ○ For example, if a policy issues (and premium has been received) in June, it will be paid by GoHealth in July
Additional Anthem Guidelines	
<ul style="list-style-type: none"> ● Anthem is not paying broker commissions on any CORE plans in CO, GA (HMO), ME & NV, these are provided in detail on the 2017 commission schedule. ● Anthem is paying broker commissions on CORE plans in CT, IN & OH. ● States with no CORE plans CA, MO, KY, NH, VA & WI. ● New York is non-commissionable. ● Connecticut is paying commission off-exchange only. ● The majority of states are paying commissions on a Per Member Per Month (PMPM) basis. Many of the states have a cap on the number of members they will pay on. Please refer to the available commission schedule for each states specific commission structure. 	

ANTHEM MEDICARE

New Business	Renewals
<ul style="list-style-type: none"> ● New business commissions only include initial compensation for Medicare Advantage policies <ul style="list-style-type: none"> ○ Medicare Supplement policies are paid monthly as-earned ○ Validated commissions for “New to Medicare” clients are paid on the monthly renewal statement ● Paid monthly – check the Commission Calendar for exact pay dates ● Guidelines regarding timing of commission payments: <ul style="list-style-type: none"> ○ CMS approval is received by Anthem several days after the signature date of the application - it generally takes 5 to 7 business days for CMS to approve an application. 	<ul style="list-style-type: none"> ● Monthly renewal commissions include validated commissions and renewal commissions for Medicare Advantage policies and as-earned commission for Medicare Supplement policies ● Medicare Supplement plans are paid based on the original premium when premium is received by Anthem ● Medicare Supplement commission is not paid on rate increases, surcharges, policy administrative fees, other fees, or changes to the Policy ● Medicare Supplement replacement sales are eligible only for renewal commission

<p>Holidays result in this process to take longer than the general turnaround time.</p> <ul style="list-style-type: none"> ○ Once CMS approval is received it takes approximately 14 business days (3 weeks) for Anthem to process commissions ● If a policy terminates within 3 months of the effective date, the entire commissions paid are charged back <ul style="list-style-type: none"> ○ There are specific situations in which the commissions may be pro-rated ● Escrow: applied on all advances in the amount of 2.5% ● 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> ● Paid monthly – check the Commission Calendar for exact pay dates
Additional Anthem Medicare Guidelines	
<ul style="list-style-type: none"> ● Medicare Supplement commissions paid on issue ages 65+ only unless otherwise indicated on commission schedule ● Non-commissionable Medicare Advantage plans include Anthem MediBlue Plus (HMO) Sacramento & Yolo County and Anthem MediBlue Dual Advantage (HMO SNP) Sacramento. 	

ASSURANT HEALTH

New Business	Renewals
<ul style="list-style-type: none"> ● New business paid bi-weekly ● 9 month advance with 2.5% escrow ● 1% administrative fee charged monthly on outstanding advance loan/debit balance <p>INTERNAL REPLACEMENT POLICIES</p> <ul style="list-style-type: none"> ● Assurant drafts premium for internal replacement policies based on the client’s current scheduled draft ● This will affect timing of commission payments to agents because these policies will not hit GoHealth VMO’s statement until after the client’s scheduled draft has occurred 	<ul style="list-style-type: none"> ● Paid bi-monthly ● Includes policies paid as-earned and loan activity on advanced policies ● Generally processed at the end of each month - see Commission Calendar for renewal pay dates ● Fully subsidized on-exchange major medical plans pay as-earned

BLUE CROSS BLUE SHIELD OF MICHIGAN (BCBS MI)

New Business	Renewals
<ul style="list-style-type: none"> ● No new business commission runs; BCBS MI is not eligible for an advance ● All new business will be paid monthly as-earned on the renewal commission run 	<ul style="list-style-type: none"> ● All new business paid monthly ● Policies paid as-earned ● Commissions are generally processed around the end of each month and include earned commissions collected during the previous month (check the Commission Calendar for exact pay dates) <ul style="list-style-type: none"> ○ BCBS MI will only include policies for which they have received premium payment ● Renewal commission rates apply to all policies paying renewal payments in the current year, regardless of effective date. <ul style="list-style-type: none"> ○ E.g., a policy with an effective date in 2016 would pay at the first year rate based on the 2016 schedule for 12 months, in month 13+ it would pay out based on the current 2017 commission schedule or beyond.

Additional BCBS MI Health Guidelines

- If premium has been paid, on-exchange commissions pay on the next cycle **following** effectuation.
- New to Blue enrollment is defined as a CONTRACT that has not been in effect within any Blues individual plan for at least 3-months prior to the effective date of the most current enrollment.
- New to Blue enrollments are paid at Year 1 pay levels for 12-consecutive months regardless of when enrollment occurs
- Retention contracts are considered a CONTRACT that has been active longer than 12 consecutive months, or a CONTRACT that did not have a lapse in coverage greater than 3-consecutive months.
- Special Enrollment Period (SEP) enrollment counts as any enrollment submitted outside of the annual OEP. That contract will be paid at the same commission for the duration of the contract's life.

CENTRAL UNITED LIFE (CUL)

New Business	Renewals
<ul style="list-style-type: none"> • Carrier no longer offered • Not eligible for new business 	<ul style="list-style-type: none"> • Paid monthly • Includes payments for policies paid as-earned • See Commission Calendar for renewal pay dates

CIGNA SUPPLEMENTAL BENEFITS (f.k.a. LOYAL AMERICAN)

New Business	Renewals
<ul style="list-style-type: none"> • New business paid bi-weekly • Advances: 15-month on Med Supp and 9-month on all other products; with 2.5% escrow • Advance paid only on Medicare Supplement and Fixed Indemnity policies with monthly billing <ul style="list-style-type: none"> ○ Policies with quarterly or annual bill modes will be paid as-earned on the renewal statement • Policies that fall into the category of Guaranteed Issue are subject to a reduced commission. Please refer to the Loyal American commission schedule for complete details. • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> • Paid monthly • Policies paid as-earned

COVENTRY

New Business	Renewals
<ul style="list-style-type: none"> • No new business commission runs; Coventry is not eligible for an advance • All new business will be paid monthly as-earned on the renewal commission run 	<ul style="list-style-type: none"> • All new business paid monthly • Policies paid as-earned • Commissions are generally processed around the end of each month and include earned commissions collected during the previous month <ul style="list-style-type: none"> ○ Coventry will only include policies for which they have received premium payment
<p>Additional Coventry Guidelines</p>	
<ul style="list-style-type: none"> • On-exchange commissions pay after premium has been paid AND after the policy goes into effect. • Off-exchange commissions pay after the premium is paid month over month. 	

GERBER

New Business	Renewals
<ul style="list-style-type: none"> • New business paid once monthly • Business must be issued by the end of business on Monday of the previous week • Medicare Part B deductible premium is not commissionable <ul style="list-style-type: none"> ○ Commission is not calculated on premium increases ○ For states that have Policy/Application fees, the fees are not commissionable • No advance on internal replacement business or affiliate replacement business • Commission is calculated on the lesser of initial premium or paid premium • See Commission Schedule for Guaranteed Issue policy commission rates (not eligible for advance) • Advance paid only on Medicare Supplement policies with monthly billing <ul style="list-style-type: none"> ○ Policies with quarterly or annual bill modes may be paid as-earned on the renewal statement • 12 month advance with 2.5% escrow • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> • Paid monthly • Policies paid as-earned • See Commission Calendar for renewal pay dates

GOLDEN RULE/UNITEDHEALTHONE

New Business	Renewals
<ul style="list-style-type: none"> • New business paid bi-weekly • New business for Core products is as-earned and will be processed on Renewal statements • Advances: Health ProtectorGuard – 9-months; all other ancillaries – 9-months • New business escrow is 2.5% • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> • Paid bi-monthly • Policies paid as-earned
Additional Golden Rule/UnitedHealthOne Guidelines	
<ul style="list-style-type: none"> • There are no on- or off-exchange commissionable Major Medical plans for 2017 • On-exchange NY Major Medical plans renewals are no longer commissionable • UHO does not have an internal first premium deadline date; they are adhering to the 60 day grace period set by the government • Off-exchange products draft on the later of the effective date or issue date; Commissions will pay on the next cycle following effectuation. • Collect premium up front for as many applicants as possible and ensure they have set up ongoing billing. 	

HEALTH CARE SERVICE CORPORATION (HCSC)

New Business	Renewals
<ul style="list-style-type: none"> • New business paid monthly for Major Medical policies at a 6 month advance 	<ul style="list-style-type: none"> • Renewals are paid once a month • Renewal policies paid as-earned

<ul style="list-style-type: none"> • Escrow: applied on all advances in the amount of 2.5% • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> ○ HCSC will only include policies for which they have received premium payment
Additional HCSC Guidelines	
<ul style="list-style-type: none"> • HCSC will pay first year rates if the member switches from one metallic plan to another • HCSC will pay first year rates if the member switches from an off-exchange plan to an on-exchange plan • On-exchange commissions pay after both premium and subsidy have been paid in full. • Off-exchange commissions pay after the member pays entire month's premium. • You can check if your member has paid their premium by checking Retail Producer Portal on Blue Access for Producers. The "Paid thru dates" should be your first checking point. • Helpful hints from the carrier: Verify that all certifications are on file with the Producer Service Center, and monitor your Book of Business and member premium payments. • HCSC Free Look Period: allows members to cancel an on-exchange policy by contacting HCSC • The Free Look Period starts at the later of the policy's effective date or issue date, and the period varies by state: <ul style="list-style-type: none"> ○ IL - 30 days ○ MT - 10 days ○ NM - 30 days ○ OK - 10 days ○ TX - 10 days • Acceptable methods for requesting a Free Look cancellation: <ul style="list-style-type: none"> ○ Telephone call by the policyholder ○ Written request with the policyholder's name (hand printed, typed, or signature) that can be emailed, faxed, or mailed in to HCSC ○ Member can return the policy kit to HCSC or to the writing agent ○ The agent can submit a written or faxed request signed by the policyholder, or return the kit on the insured's behalf • If claims have already been submitted on the policy: <ul style="list-style-type: none"> ○ If claims have been paid on the policy, the Free Look cancellation is denied, and the policy is terminated as of the date of the last paid claim ○ If claims are pending or denied on the policy, the Free Look cancellation is allowed 	

HEALTH CARE SERVICE CORPORATION SENIOR (HCSC SENIOR)

New Business	Renewals
<ul style="list-style-type: none"> • New business paid once monthly • New business commissions only include initial compensation for Medicare Advantage policies • Medicare Supplement policies are paid monthly as-earned • Validated commissions for "New to Medicare" clients are paid on the monthly renewal statement 	<ul style="list-style-type: none"> • Renewal business paid once monthly • HCSC Senior will only include policies for which they have received premium payment
Additional HCSC Senior Guidelines	
<ul style="list-style-type: none"> • For Med Supp in Illinois, when an existing Medicare Supplement and Medicare Select (PPO) is replaced with another policy, the term of the policy will be paid according to the policy effective date of the original policy. If policy lapse from original policy is greater than 30 days, then the new policy will be paid as first year and considered new. No compensation is paid on Medicare Supplement business that replaces an existing in force Medicare Supplement policy unless the replacement is from the producer's own book of business. • For Med Supp in Texas, renewal compensation will be paid on all other carrier Medicare Supplement replacement policies. All compensation and service fees for Medicare Supplement product lines are based on the initial premium on the policy. 	

- For Med Supp, if a BCBS-OK Medicare Supplement policyholder had a previous Medicare Supplement product with BCBS-OK, compensation will be paid based on the previous product's effective date.

HEALTH INSURANCE INNOVATIONS (HII)

New Business	Renewals
<ul style="list-style-type: none"> • New business paid bi-weekly • Health Essential product: 6 month advance • Ancillary Products: 6 month advance • Escrow: applied on all advances in the amount of 2.5% • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> • Paid monthly • Includes payments for policies paid as-earned

HUMANAONE

New Business	Renewals
<ul style="list-style-type: none"> • New business paid bi-weekly for Major Medical policies • If a policy terminates within 3 months of the effective date, the entire commissions paid are charged back • Advance paid only on Major Medical policies with monthly billing <ul style="list-style-type: none"> ○ Major Medical policies with quarterly or annual bill modes will be paid as-earned on the renewal statement • 9 month advance with 2.5% escrow* • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> • Paid bi-monthly • Policies paid as-earned • See Commission Calendar for renewal pay dates
Additional HumanaOne Guidelines	
<ul style="list-style-type: none"> • Please refer to the available commission schedules for commissionable and non-commissionable states, counties, and plans • If an existing member moves from one HumanaOne plan to another, renewal commission will pay <ul style="list-style-type: none"> ○ Even if clients move from off-marketplace to on-marketplace or vice-versa • If a client moves from a pre-ACA plan to an ACA plan, first year commission will pay • Humana will NOT pay commissions for new members or business that is auto-assigned by the Centers for Medicare and Medicaid Services (CMS) due to a Qualified Health Plan (QHP) issuer exiting the Federally Facilitated Marketplace (FFM) or State Run Exchanges. • Initial effective date of coverage means the first day of coverage where the issuance of a new plan to a member who is not currently and has not been a member on a company issued IMM plan at any time in the previous six (6) calendar months. • On-exchange commission payments are broken up into 2 categories: non-subsidized and subsidized. For non-subsidized members, on-exchange commissions pay when the member is on the agent's Book of Business AND pays premium. For subsidized members, partial commissions occur when the member pays their portion of the premium. 100% subsidized premium is applied the same time billing occurs (around the 20th of the month). • Off-exchange commission payments are the same as on-exchange except that 100% subsidies don't apply for off-exchange policies. 	

HUMANA SENIOR

New Business	Renewals
<ul style="list-style-type: none"> New business commissions only include initial compensation for Medicare Advantage policies <ul style="list-style-type: none"> Medicare Supplement policies are paid monthly as-earned Validated commissions for “New to Medicare” clients are paid on the monthly renewal statement Paid bi-weekly Guidelines regarding timing of commission payments: Care Plus <ul style="list-style-type: none"> New Business is paid bi-weekly Escrow: applied on all advances in the amount of 2.5% 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> Monthly renewal commissions include validated commissions and renewal commissions for Medicare Advantage policies and as-earned commission for Medicare Supplement policies Care Plus validated payments are paid with monthly renewals Paid monthly
Additional Humana Senior Health Guidelines	
<ul style="list-style-type: none"> Members enrolled who voluntarily or involuntarily dis-enroll within the first three (3) effective months are considered short-term dis-enrollments and will result in chargebacks of all previously paid commissions. Members enrolled who voluntarily or involuntarily dis-enroll between effective months four (4) and 12 of the enrollment period are considered long-term dis-enrollments and will result in a pro-rated chargeback of previously paid Agent Commissions equal to those months the member was not enrolled on the plan. Non-Commissionable Policies <ul style="list-style-type: none"> Policies that are considered “prior coverage” or “continuous coverage” are not commissionable. Prior/Continuous coverage refers to instances where an agent wrote an application and then another agent wrote a policy under the same contract number, intentionally or unintentionally. If the contract number does not change, commission will remain with the original agent. This does happen on occasion, so please be aware when writing business. 	

HUMANA SENIOR, CONT.

Initial Sale, Product Change, and Plan Option Change Definitions:

TYPE	DESCRIPTION	AOR IMPACT	RENEWAL COMMISSION IMPACT
Initial Sale & Unlike Plan Type Change			
MA, PDP, or MAPD	New enrollment (ie. age-in, new to Medicare, etc.)	N/A	Initial year commission paid and new commissions cycle commences for new plan.
PDP to MAPD	New enrollment from PDP only to MAPD	AOR is replaced by new AOR	Renewal commission from PDP ceases. Initial year MAPD commission paid and new commissions cycle commences for new MAPD
MAPD to PDP	New enrollment from MAPD to PDP only	AOR is replaced by new AOR	Renewal commission from MAPD ceases. Initial year PDP commission paid and new commissions cycle commences for new PDP.
Like Plan Type Changes – New CMS Contract			
MAPD to MAPD	Change in Benefit plan contract (eg. from other carrier to H1804 to H2994, R5826 to H5415, etc.) i.e. PFFS to PPO, PPO to HMO, etc.	AOR is replaced by new AOR	Renewal commission from original plan ceases. Replacement/renewal rate commission paid based on new plan’s effective date.

PDP to PDP	From other carrier	AOR is replaced by new AOR	Renewal commission from original plan ceases. Replacement/renewal rate commission paid based on new plan's effective date.
Like Plan Type Changes – Same CMS Contract			
MAPD to MAPD	No change in Benefit plan contract (eg. H1036 to H1036) i.e. change from PFFS A to PFFS B, HMO to HMO SNP, etc.	None – AOR remains	None – paid on original plan effective date
PDP to PDP	No change in Benefit plan contract (eg. S5884 to S5884) i.e. change from Standard to Enhanced, Enhanced to Wal-Mart, etc.	None – AOR remains	None – paid on original plan effective date

MEDICO

New Business	Renewals
<ul style="list-style-type: none"> • New business paid every other week • All products are eligible for 9 month advances • Chargeback or Debit Balance: In the event of any refund, rescission, lapsed, stop-payment or cancelled policy, any unearned portion of the advance will be deducted from the next payment otherwise payable to Distributor, including but not limited to advance(s) and any earned first-year and renewal commission. • Escrow: applied on all advances in the amount of 2.5% • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> • Paid monthly • Policies paid as-earned • See Commission Calendar for renewal pay dates
Additional Medico Guidelines	
<ul style="list-style-type: none"> • Unless indicated otherwise in the schedules provided, commissions paid on a Medicare Supplement policy replacing an existing Medico Insurance Company or Medico Corp Life Insurance Company Medicare Supplement policy will be paid at 90% of the normal commission rate for such policy • Commissions will be paid on original premium only. No commission will be paid on any premium increase. • No commission will be paid on premium attributed to the Part B Deductible coverage. • Commissions will be charged back for death due to natural causes during first six months for Whole Life and first twelve months for Graded Benefit at 100%. Death due to natural causes during second six months for Whole Life and second twelve months for Graded Benefit at 50%. • Unearned commissions will be charged back on lapsed policies due to death. • Agent will reimburse GoHealth and subsequently, Medico, any commissions received on premiums which are returned by Medico as required by state regulations. 	

MOLINA

New Business	Renewals
<ul style="list-style-type: none"> • New business paid as-earned on Renewal • Policies are Per Member Per Month (PMPM) • SEP policies are non-commissionable – except CA • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> • Paid monthly • Policies paid as-earned

MUTUAL OF OMAHA

New Business	Renewals
<ul style="list-style-type: none"> • New business paid bi- weekly • Medicare Part B deductible premium is not commissionable • No advance on internal replacement business or affiliate replacement business (affiliate replacement business subject to reduced commission per Mutual). • Commission is calculated on the lesser of initial premium or paid premium, except for the state of WA, where commission is calculated on paid premium • See Commission Schedule for Guaranteed Issue policy commission rates (not eligible for advance) • If a policy is canceled during the free look period, 100% of the commission paid to the agent(s) will be charged back • Advances paid only on Medicare Supplement policies with monthly billing <ul style="list-style-type: none"> ○ Policies with quarterly or annual bill modes may be paid as-earned on the renewal statement • 12 month advance <ul style="list-style-type: none"> ○ 9 month advance for Life policies ○ 6 month advance for Critical Illness policies • Escrow: applied on all advances in the amount of 2.5% • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> • Paid monthly • Policies paid as-earned

National General

New Business	Renewals
<ul style="list-style-type: none"> • New business paid every other week • If a policy lapses during the first year and the commission has been advanced, the unearned commission will be charged to agent's account and will represent a commission debit balance owed to Assurant Health. • Advances: supplemental coverage is 9-months • Escrow: applied on all advances in the amount of 2.5% • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> • Paid monthly • Policies paid as-earned
Additional National General Guidelines	
<ul style="list-style-type: none"> • Commission will be payable only for premium which is received from the insured and retained by Assurant Health. Any reversal or refund of premium will result in a reversal of commission or other compensation based on the premium. • Assurant Health reserves the right to determine the commission rate and/or Tier on replacement business. For these purposes, "replacement" shall mean the substitution of insurance or other coverage under one Assurant Health certificate or policy for insurance or other coverage under another Assurant Health certificate or policy. • For policies being transferred from one agent to another, renewals will be paid to the new agent of record based on the rate of commission in-force as of the effective date of the transfer as outlined on the most current Commission and Product Schedule and the duration of the policy. • Company shall have one hundred eighty (180) days from the date that a commission payment is made to dispute the method of calculation and/or the amount of such commission payment. Disputes respecting commissions 	

shall be subject to decision and settlement by Assurant Health and Assurant Health's decision shall be final and binding upon the parties involved.

SECUREASSIST

New Business	Renewals
<ul style="list-style-type: none"> • New business paid as-earned on Renewal • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> • Paid monthly • Bundles 1 & 2 paid as-earned only • 30 day free look period <ul style="list-style-type: none"> ○ If member cancels within 30 days, all commission is charged back • See Commission Calendar for renewal pay dates

UNITEDHEALTHCARE

New Business	Renewals
<ul style="list-style-type: none"> • Medicare Advantage <ul style="list-style-type: none"> ○ New business paid monthly ○ Specific MA plans will be pro-rated whether the member is New to Medicare or not (see below for plan types) • Medicare Supplement <ul style="list-style-type: none"> ○ 9 month advance ○ No interest charge • Care Improvement Plus <ul style="list-style-type: none"> ○ New Business paid monthly • Escrow: applied on all advances in the amount of 2.5% • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> • Paid monthly • Policies paid as-earned for Medicare Supplement and Medicare Advantage policies in years 2+ • Validated commissions are paid with monthly renewals • Care Improvement Plus validated payments are paid with monthly renewals

Wellcare

New Business	Renewals
<ul style="list-style-type: none"> • Medicare Advantage <ul style="list-style-type: none"> ○ New business paid bi-weekly for initial compensation, for commission activity that was verified during the previous two weeks ○ MA plans will be pro-rated whether the member is New to Medicare or not • Escrow: applied on all advances in the amount of 2.5% • 1% administrative fee charged monthly on outstanding advance loan/debit balance 	<ul style="list-style-type: none"> • Paid monthly • Policies paid as-earned for policies in years 2+ • Validated commissions are paid with monthly renewals •

Additional Carrier Specific Processing Guidelines

Below are **general** guidelines for commission payments made to the agent directly by the carrier. Please keep in mind that the given time frames and examples may not always reflect actual commission timing based on when a policy is issued and/or effective.

AMERICO

Advance Months	9 Months
Payment Frequency	Daily
Contact Information for Commission Inquiries	Phone: 1-800-231-0801 Email: pending.business@americo.com
Additional Information	<ul style="list-style-type: none"> • Daily EFT processes every weekday • Minimum transfer = \$25.00 • There is an as-earned commission cap on each submitted life insurance application with a commission over \$2,500 and on each annuity application with a commission over \$10,000. Any commission amount that is greater than the cap will be retained for 30 days and will be released in the next pay cycle after that period.
Common Outstanding Items (causing commission payment delays)	<ul style="list-style-type: none"> • Initial premium • Balance of premium • Rated Amendment • Signed Illustration • Personal Health Statement • Bank Draft Authorization • Voided Check Copy • Anti-Money Laundering Training • California Annuity Training • Iowa Continuing Education Training

COLORADO BANKERS LIFE

Advance Months	9 Months
Payment Frequency	Daily
Contact Information for Commission Inquiries	Phone: 1-888-455-7462

FIDELITY LIFE

Advance Months	25%, 50% or 75%
Payment Frequency	Every Friday
Contact Information for Commission Inquiries	Phone: 1-800-369-3990

GUARANTEE TRUST LIFE INSURANCE COMPANY

Advance Months	6 Months
Payment Frequency	Every Friday
Contact Information for Commission Inquiries	Phone: 1-800-323-6907 ext. 4346

VALUE BENEFITS OF AMERICA

Advance Months	4, 6 or 9 Months
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Payment Frequency	New Business: Every Friday Renewals: Around the 20 th
Contact Information for Commission Inquiries	Phone: 1-800-366-2467 ext. 124

USA+

Advance Months	9 Months, 6 Months for Life
Payment Frequency	New Business: Every Thursday or Friday Renewal: Once a month, paid by the 10 th
Contact Information for Commission Inquiries	Phone: 1-800-237-1910 Email: marketing@teamcorp.com