Commission Processing Guidelines

Updated April 1, 2022

TABLE OF CONTENTS

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: New Business ("NB") and Renewal ("RN").

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. For carriers with commissions processed under the traditional model, debit balances are not generally pooled for the purpose of collections. For "as-paid" carriers, balances are generally collected through a pooled approach, but adjustments are made for carriers transitioning from traditional to "as-paid." 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."*

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 and GoHealth from chargebacks and future liability arising from advance loans. For each carrier who GoHealth processes New Business and advance 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. For terminated agents, or those who are no longer actively writing business, if the funds held in escrow exceed those of outstanding balances and liabilities, GoHealth will apply escrow to those balances and remit any remaining funds. For active and producing agents, the healthiness of an Agent's account will be determined, as a factor in the release of commissions held in escrow and will be first applied to outstanding balances and any remaining funds remitted 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.

Medicare Advantage and PDP - Commission Rate Audits and Fair Market Value ("FMV")

Commission rate audits for all products and policies are set at the time a policy is first processed through APL, for the lifetime of a policy. So long as GoHealth continues to receive a commission on a member, we will continue to remit payment. Any future changes to contract levels, will not be reflected with existing policies, but instead will apply to any future processed policy.

Beginning in January 2023, GoHealth will be paying Fair Market Value ("FMV") increases for Medicare Advantage and PDP policies, where received by the carrier. While this is not industry norm, GoHealth continues to work with our carrier partners in receiving FMV increases for renewals for past effective vintages. While some carriers pay FMV for all prior effective policies, others do not and the FMV increase is limited based on the effective date of policies. As we build out the 2023 commission schedules, please look for footnotes and comments indicating which carriers and effective vintages are included with this increase.

Additionally, please note that the FMV increase will be given to the street level "MGR" contract for a given policy, with no change in override for any policy. This means that if your agency is structured where sub-agents are not assigned, they will observe the FMV increase, while your agency receiving the override will not observe any change. The same holds true for GoHealth. If the commissions are assigned to an agency "principal agent," you will observe this increase, as part of the lift of street level commission FMV.

Carriers currently paying FMV to GoHealth:

- Aetna
- Anthem
- Cigna Healthspring
- Devoted Health
- Humana (*Policies with 2020 effectives and later*)
- Wellcare

This is subject to change, based on future changes made by each respective carrier partner. Please look for the latest annual Carrier Commission Schedules to better outline the changes occurring each year.

Commission Payment Timing by Product Type

Provided below are illustrations of typical commission payment timing, by product, from submission to carrier payment to GoHealth, to commission payment to agent. There are exceptions and delays that do

frequently impact the below timing, including Open Enrollment, member premium payment, delayed apps, carrier nuances, etc.

Medicare Advantage ("MA")
Please refer to the GoHealth VMO commission calendar for the frequency and cadence of MA carrier commission runs. Medicare Advantage commissions are generally passed through to agents, two to three weeks after the effective date of a policy. Virtually all carriers utilize the receipt of a member's premium as a trigger commission payments. The most significant nuance to MA commission processing is during Open Enrollment when virtually all members are effective January 1st of the following year. As a regulation of CMS, carriers are unable to pay commissions until after January 1st, ***thus during Open Enrollment the submission to commission payment timing of two to three weeks does not apply***.

Medicare Supplement ("Med Supp")
GoHealth's processing time for Medicare Supplements is generally between two and three weeks, from submission or effectuation to agent/agency commission payment. Please see timing of marketing allowance payments below by carrier, where applicable.

Aetna statements are provided on a weekly basis.

Cigna Supplemental Benefits ("Loyal American") new business transactions are processed bi-weekly, with renewals processed as-earned, monthly.

Humana has a standard structure and commission statements are provided on a weekly basis. Please be aware that for Humana, commissions are generally **not** paid until after the effective date of a policy.

Mutual of Omaha has a standard structure and carrier commission statements are provided on a weekly basis.

Fixed Indemnity ("FI")
GoHealth's processing time for FI is generally between two and three weeks, from submission or effectuation to agent/agency commission payment.

HII-Accelerated is processed bi-weekly "as-paid," with both new business and renewal transactions included on the "RN" commission run. Carrier statements are provided on the 7th, 15th, 21st, and 28th, with renewals provided monthly on or around the 15th.

IHC is processed bi-weekly "as-paid," with both new business and renewal transactions include on the "RN" commission run. Carrier statements are provided on a weekly basis, with IHC's combo product statements provided bi-monthly.

UHO/GoldenRule is processed "as paid", which will only have renewal commission runs. Carrier statements are provided on a weekly basis. (*this is scheduled to occur in Q1 2022*)

Administrative Fee
An administrative fee ("admin fee") will be applied to each non-assigned commission transaction, in the amount of $0.05. The admin fee is included for all carriers and both new business and renewal commission runs.

An admin fee will be charged for each non-assigned, non-zero dollar transaction. The admin fee will not be charged for any special run or corrective transaction that is a result of an error not related to a carrier commission statement.

The administrative fee can be viewed on each new business and renewal commission statement.

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

For carriers which GoHealth VMO advances Agents, the advance 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. For carriers process "As-Paid" a debit balance is not created and therefore there are no earned credits.

Generally, if an Agent is advanced 12 months on a policy, the Agent will earn commissions in month 13. 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	$50 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	**$150 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 of the GoHealth VMO Newsletter site: http://agents.gohealth.com/vmo/commissions/. Select the appropriate carrier and an excel tracker will automatically begin to download. 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. 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.

"Migrated" Policies to GoHealth

GoHealth receives producer-level commissions for all members sold while agent/agency was under a Marketing Organization other than GoHealth. Thus, when these policies are "migrated" under the GoHealth organization, we are subject to lower commissions and no override; therefore, associated commissions will be reduced.

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:
    - Policy Terminated
    - Policy Didn't Effectuate
    - Premium Not Paid
    - Not Agent of Record (AOR)
    - Like plan change for Medicare Advantage, with an AOR change request, will not pay until renewals in the following year
    - Incorrect Agent Information (NPN, etc.)
    - Non-Commissionable policy
    - HCSC – renewal of policies originally written during a prior years SEP are non-commissionable

Bank Change Documents

If at any point in time, GoHealth VMO requests for updated banking information, or the Agent requests for their banking information to be updated, the Agent must send this request to AgencyServices@gohealth.com. The Agent is responsible for providing a completed GoHealth VMO Direct Deposit Form as well as a voided check.

If an Agent, during the completion of the intake link, provides incorrect banking information, they are required to provide the GoHealth VMO Direct Deposit Form and voided check before any updates can be made. If commissions are deposited into an incorrect bank account due to inaccurate information being submitted through the intake link or a GoHealth VMO Direct Deposit Form, GoHealth VMO cannot reverse the funds and issue a repayment. If an Agent does not provide updated banking information 48 business hours prior to a commission run, GoHealth VMO cannot guarantee the banking information will be updated in time for the commission run. If funds are deposited into the incorrect bank account in this case, GoHealth VMO will not issue a repayment. Under no circumstance can GoHealth VMO reverse a deposit from a bank account.

Override Commissions

Any agent or Manager receiving override commissions must be appointed with a carrier in order to receive override commissions for the respective carrier.

Cross-Collateralization of Chargebacks

Per the Agent Guidelines, GoHealth VMO reserves the right to hold a portion of Agent commissions from a healthy account to cover open chargeback balances of unhealthy or risky accounts with other GoHealth VMO carriers.

Each week, GoHealth VMO pulls reporting to identify the open chargeback balances that each Agent has with every GoHealth VMO carrier. GoHealth VMO reviews the accounts that have open chargeback balances in which the Agent has not written new business within at least 2 months or, in some cases, in which the open chargeback balance makes up a considerable portion of the overall debit balance with that carrier. In both of these cases, these accounts will be identified as eligible cross-collateralization.

Typically, GoHealth VMO will take a maximum of 25% of the Agent's net check for the current pay period to pay down an open chargeback balance with another carrier. However, GoHealth VMO reserves the

right to apply 100% of a net check (including bonuses) to any outstanding chargeback balance. Cross-collateralizing Agents' debt helps GoHealth VMO ensure the health of all Agent carrier commission loans.

Collections

Once a month, during each carrier renewal commission run, GoHealth VMO completes an analysis of all Agents who have an open debit balance with said carrier. If GoHealth VMO determines that the earned commissions credited to the account will not produce a credit balance in the account within 10 months (Earned Credit Ratio), the account is deemed "risky" and is submitted for further analysis.

After an account is labeled "risky," GoHealth VMO reserves the right to begin the Debit Balance Collection Program to initiate repayment of the open debit balance. GoHealth VMO may, under special circumstances, begin the Debit Balance Collection Program on accounts that are not considered "risky" by the Earned Credit Ratio. Such situations will be determined on an Agent by Agent basis and GoHealth VMO will provide written communication to the Agent and the Agent's Manager.

Debit Balance Collection Program

GoHealth VMO will initiate the collection effort of outstanding debit balances through a series of collection letters to the Agent and the Agent's top-line Manager. If the Agent is unresponsive to the collection effort within the timeframe detailed in the letter, GoHealth VMO reserves the right to hold future earned commissions, override commission and any other monies due to the Agent by GoHealth VMO to satisfy the outstanding debit balance.

If the Agent is determined by GoHealth VMO to be uncollectible or the sum of the future earnings is deemed insufficient to the repayment of the outstanding debit balance, GoHealth VMO reserves the right to "roll up" the outstanding debit balance to the top-line Manager. This is in accordance with Section 2(g) of Addendum C - Manager Addendum.

If all GoHealth VMO collection efforts prove unsuccessful, all supporting documents will be turned over to Legal for further collection actions.

Additional Guidelines

GoHealth VMO will not reverse any commission payments unless the incorrect payment is due to a GoHealth VMO error.

GoHealth VMO compensates Agents with the commissions set forth in commission schedules provided by Agent's Manager or directly by GoHealth VMO. GoHealth VMO shall pay no commission to an Agent unless, and until, GoHealth VMO receives payment of its commission from the carrier that accepts an application for and issues the policy. No commission is earned until the policy is issued, delivered, accepted and paid for by the applicant.

Commissions may be modified by GoHealth VMO with a thirty (30) day notice to Agent. Notice may be provided by Newsletter, e-mail, or other written communication by GoHealth VMO to Agent. In a situation in which a carrier implements commission modifications that impact commissions received by GoHealth VMO without a thirty (30) day notice, GoHealth VMO is not required to wait thirty (30) days to implement

said modifications. In such situations, GoHealth VMO will provide written notification to Agent when GoHealth VMO receives knowledge of the modification.

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 MED SUPP

New Business	Renewals
• Paid monthly • Advance: 24 months • Pro-rated chargebacks thru the entire 24-month advance period	• Paid monthly • Policies migrated or paying GoHealth as-earned will be paid as-earned on renewal and can be subject to reduced commissions

AETNA MEDICARE

Renewals
• Paid bi-weekly • Policies paid as-earned for Medicare Advantage policies to Renewal Years

**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 and Renewals
• Paid monthly as-paid on renewal commission runs • Anthem does not advance and 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 Guidelines
• Refer to the latest Commission Schedule regarding non-paying and paying broker commissions on CORE plans • NY is non-commissionable. • CT and GA are paying commissions on and off exchange • Please refer to schedule for full list 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 and Renewals
• New business, initial MA, validated “New to Medicare,” and Renewal commissions are paid “as-paid” on a bi-weekly basis

- Medicare Supplement policies are paid monthly as-earned
- Medicare Advantage: If a policy terminates within 3 months of the effective date, the entire commissions paid are charged back
  - There are specific situations in which the commissions may be pro-rated

Additional Guidelines

- Medicare Supplement commissions paid on issue ages 65+ only unless otherwise indicated on commission schedule
- Non-commissionable Medicare Advantage plans are provided on the annual Anthem Sr. commission schedules
- Medicare Supplement commission payments are based on initial premium and apply to new sales only (switches from prior Anthem BCBS Med Supp plan do not qualify)
- Medicare Supplement commission is not paid on rate increases, surcharges, policy administrative fees, other fees, or changes to the Policy
- For more information regarding replacement policies, please refer to 2022 schedule and DOI guidelines

ASSURANT HEALTH

Renewals

- Paid bi-monthly
- Includes policies paid as-earned and loan activity on advanced policies
- Fully subsidized on-exchange major medical plans pay as-earned

BLUE CROSS BLUE SHIELD OF ARIZONA, MICHIGAN & MINNESOTA (BCBS AZ, MI & MN)

New Business and Renewals

- Paid monthly as-earned on renewal commission runs
- Commissions generally include earned commissions collected during the previous month
  - BCBS MI 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
- Renewal commission rates apply to all policies paying renewal payments in the current year, regardless of effective date.
- 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 Guidelines

- If premium has been paid, on-exchange commission 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.

BLUE CROSS BLUE SHIELD OF MICHIGAN (MEDICARE ADVANTAGE)

New Business and Renewals

- New business, initial MA, validated "New to Medicare," and renewal commissions are paid "as-paid" monthly
- There are specific situations in which the commissions may be pro-rated

CENTRAL UNITED LIFE (CUL)

New Business	Renewals
• Carrier no longer offered and not eligible for new business	• Paid monthly as-earned

CIGNA HEALTHSPRING

New Business and Renewals
• New business, initial MA, validated "New to Medicare," and renewal commissions are paid "as-paid" monthly • Medicare Advantage: If a policy terminates within 3 months of the effective date, the policy is considered a rapid disenrollment and the entire commissions paid are charged back. • All renewal compensation will be paid on an up-front, lump-sum basis for continuously enrolled customers. Cigna will process renewal disenrollment chargebacks for the months remaining in 2022 following a customer's termination date. • CHS pays renewal commissions as an aggregate annualized payment. Upon termination of a customer's continuous enrollment, all renewal payments made in 2022 will be subject to a full or prorated chargeback, based on the number of in-force months. • There are specific situations in which the commission may be pro-rated based on how many months a customer is anticipated to be enrolled.
Additional Guidelines

• Cigna Healthspring does not compensate and agent for the following reasons:
  ○ When an application is rejected, denied, cancelled or voided.
  ○ When an application is incomplete or in RFI status and the request for additional information is not met within the required time frame.
  ○ When an Agent is deemed unqualified due to lack of contract, license, appointment, or certification.

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

New Business and Renewals
• Paid bi-weekly as-paid • Med Supp Marketing Allowance paid on renewal • Advance: 15 months on Med Supp, with a 9-month Marketing Allowance. 9 months on all other products. • Advance paid only on Medicare Supplement and Fixed Indemnity policies with monthly billing   ○ Policies with non-monthly bill modes will be paid as-earned on the renewal statement • Policies under the category of Guaranteed Issue are subject to a reduced commission. Non-commissionable plans are detailed in commission schedule • Loyal American reserves the right to pay reduced or capped commissions, based on the premium and aggregate commission amount due to GoHealth.
Additional Guidelines
• Commissionable premium is the policy's original issue gross premium less any household/spousal discounts, and less the premium designated to cover the Part B deductible if applicable to the plan purchased • Premium rate-ups and renewal increases are non-commissionable. No commissions shall be paid on underwriting or substandard premium rate-ups or renewal premium increases. • Commissions are paid on the initial premium only and are not paid on any increase in premium due to age change or plan wide rate increases, unless required by law. Premium reductions will affect the initial premium accordingly.

COVENTRY SR.

Renewals
• Paid monthly as-earned • Commissions generally include earned commissions collected during the previous month   ○ Coventry 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 Guidelines
• 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.

DEVOTED HEALTH

New Business and Renewals
• Paid monthly as-paid on renewal commission runs.
Additional Guidelines
• Members enrolled who voluntarily or involuntarily disenroll within the first three (3) effective months of the plan year are considered rapid dis-enrollments and will result in chargebacks of all previously paid commissions. • Please refer to the available commission schedule for each states specific commission structure.

GERBER

New Business and Renewals
• Paid monthly as-paid on renewal commission runs. • This carrier is no longer offering policies to new members and is solely paying out renewals.
Additional Guidelines

• Business must be issued by the end of business on Monday of the previous week
• Medicare Part B deductible premium is not commissionable
  ○ 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
  ○ Policies with quarterly or annual bill modes may be paid as-earned on the renewal statement

GOLDEN RULE/UNITEDHEALTHONE

New Business	Renewals
• Paid bi-weekly • Advance: 3, 6, or 9 months depending on product	• Paid bi-weekly • Core products are as-earned and will be processed with renewals
Additional Guidelines	
• UHO processes commissions to GoHealth, based on the receipt of the members second month premium payment • 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 and Renewals
• Paid monthly as-paid on renewal commission runs • HCSC will only include policies for which they have received premium payment • Existing debit balances from advances will be recouped through a “pooled” approach, applying a percentage of your earned commissions to existing balances
Additional Guidelines
• 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 commission’s pay after both premium and subsidy have been paid in full. • Off-exchange commission’s 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:
    - 10 days: MT, OK, TX
    - 30 days: IL, NM
- Acceptable methods for requesting a Free Look cancellation:
    - 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:
    - 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 and Renewals
• Paid monthly as-paid on renewal commission runs • Initial and validated "New to Medicare" commissions are paid on the monthly renewal statement • Medicare Supplement policies are paid as-earned • HCSC Senior will only include policies for which they have received premium payment
Additional Guidelines
• 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) – INCLUDING HII-ACCELERATED

New Business and Renewals
• Standard - Paid monthly as-paid on renewal commission runs • Accelerated - Paid bi-weekly as-paid on renewal commission runs • Advance: 6 months (Health Essential product). 3 or 6 month (Ancillary products depending on product and attached products)

HUMANA*ONE*

New Business and Renewals
• Paid bi-weekly as-paid on renewal commission runs • Advance: 9 months (only on Major Medical policies with monthly billing)   ○ If a policy terminates within 3 months of the effective date, the entire commissions paid are charged back • Major Medical policies with quarterly or annual bill modes will be paid as-earned on the renewal statement

Additional Guidelines
• ***Please refer to the available commission schedules for commissionable and non-commissionable states, counties, and plans*** • If an existing member moves from one Humana*One* plan to another, renewal commission will pay   ○ 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 commission's 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 – MEDICARE ADVANTAGE

New Business and Renewals
• New business, initial MA, validated "New to Medicare," and renewal commissions are paid "as-paid" bi-weekly • Medicare Supplement policies are paid bi-weekly "as-paid"
Additional Guidelines

• Members enrolled who voluntarily or involuntarily dis-enroll within the first three (3) effective months are considered a rapid disenrollment and will result in chargebacks of all previously paid commissions.
  ○ There are specific situations in which the commissions may be prorated.
• 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
  ○ 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 – MED SUPP

New Business and Renewals
• Humana Med Supp is processed as part of Humana Senior • Paid monthly as-earned (new business is included on renewal commission runs) • If a policy is canceled during the free look period, 100% of the commission paid to the agent(s) will be charged back

IHC (Anthem branded products – including FI)

New Business and Renewals
• New business and renewals are paid bi-weekly "as-paid" on renewal commission runs. • All products, including Fixed Indemnity (FI) are processed as-earned – see commission schedule for details. • Unearned commissions will be charged back on lapsed policies, or those where premiums were not collected. • Re-written business will be subject to the renewal compensation level. • Commissionable premium is the premium amount paid for the first month excluding any enrollment, marketing and association fees.

MOLINA

New Business and Renewals
• Paid monthly as-earned on renewal commission runs • Policies are Per Member Per Month (PMPM) • SEP policies are non-commissionable – except CA

MUTUAL OF OMAHA

New Business and Renewals

• Commissions are paid "as-paid" weekly
• Standard: 16-month advance
  ○ The advance appears as two separate transactions, first for 12-months and second for 4-months
• Advances paid only on Medicare Supplement policies with monthly billing
  ○ Policies with non-monthly bill modes will be paid as-earned on the renewal statement
• Advances – Non-Med Supp
  ○ 9 month advance for Life policies
  ○ 6 month advance for Critical Illness policies
• 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).
• Mutual of Omaha reserves the right to pay reduced or capped commissions, based on the premium and aggregate commission amount due to GoHealth.
• 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

NATIONAL GENERAL

New Business	Renewals
• Paid bi-weekly • Advance: 9 months (supplemental coverage). 3 months (short term medical)	• Paid monthly as-earned
Additional Guidelines	
• 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. • 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.

TRANSAMERICA

New Business and Renewals
• Paid monthly as-earned on renewal commission runs

UNITED AMERICAN

New Business and Renewals
• Paid monthly as-paid on renewal commission runs • United American has an "accelerated" commission with heaped commissions paying in early months of effectuated policies

UNITEDHEALTHCARE

New Business and Renewals

• New business, initial MA, validated "New to Medicare," and renewal commissions are processed "as-paid" bi-weekly
• Medicare Advantage
  ○ Specific MA plans will be pro-rated whether the member is New to Medicare for replacement plans
• Medicare Supplement
  ○ 9-month advance
• Policies paid as-earned for Medicare Supplement and Medicare Advantage policies in years 2+
• Care Improvement Plus new business, validated "New to Medicare," and renewals are included on bi-weekly renewal commission runs

UNITEDHEALTHCARE MAJOR MED

New Business and Renewals
• Paid weekly as-paid • If UnitedHealthcare refunds any premium for any reason, the indebtedness to UnitedHealthcare for any commissions paid on that premium. Reimbursement should be made to the UnitedHealthcare for the premiums received within thirty (30) days of UnitedHealthcare's written request. • In the states of IL, KS, ME, and MO for any individual/applicant who is eligible for open enrollment or underwritten as of the plan effective date, additional commissions for all levels will be paid in accordance with • In the states of CO, FL, MT, OR, TN, and WI for any individual/applicant who is eligible as of the plan effective date, additional commissions for all levels will be paid in accordance with the above commission schedules. Commissions for years 7-10 and 11+ are payable for open enrollment, underwritten, and guaranteed issue applications.

WELLCARE

New Business and Renewals
• New business, initial MA, validated "New to Medicare," and renewal commissions are processed "as-paid" bi-weekly • Wellcare's override and admin fee is subject to prorated chargebacks for the first 12-months, as it is treated as a 12-month payment • Replacement policies or plan changes for existing Wellcare members are generally paid as-earned beginning 1-2 months after enrollment. If the member is re-enrolled in a like plan within the members first year with Wellcare, policies will not begin paying until the first renewal period (January the year following) • Policies paid as-earned for policies in years 2+