

**UnitedHealthOne**

**COMMISSION SCHEDULE – OFF EXCHANGE PRODUCTS**

All commissions payable under this Contract are payable for policies and certificates issued and for which You (or anyone who has assigned his/her commission to You) were Producer of Record as of the date premium was received and credited.

This Schedule is effective May 1, 2019, or the date for which you subsequently qualify for the schedule, whichever is later. It applies to policies and certificates issued on or after the effective date of the schedule.

Products	Issue Age	First-Year		Renewal Years	
		18-59	60-64	18-59	60-64
<b>FIXED INDEMNITY - GRIC</b>					
Health ProtectorGuard		35%	12%	12%	
Hospital SafeGuard		30%	10%	10%	

Products	First-Year	Renewal Years
<b>SHORT TERM MEDICAL - GRIC</b>		
TriTerm Medical including riders (Commission Method – MA)	20%	10%
Short Term Medical including riders (all states except DE, KS, MN, OH, SC, VA)	24%	N/A
Short Term Medical including riders (OH, SC)	15%	N/A
Short Term Medical including riders (DE, KS, MN, VA)	10%	N/A
<b>DENTAL – GRIC (Commission Method – DEN)</b>		
Dental Gen including riders	30%	5%
Dental 50+ including riders	30%	5%
Dental Primary including riders (all states except CO and ND)	20%	4%
Dental Primary including riders (CO, ND)	10%	3%
Dental Premier including riders (all states except CO and ND)	40%	4%
Dental Premier including riders (CO, ND)	28%	4%
Dental Essential including riders (all states except CO and ND)	4%	4%
Dental Essential including riders (CO, ND)	3%	3%

<b>VISION STANDALONE - GRIC</b>		
Vision Standalone (all states except CO, DE, FL, IN, KY, MD, MN, ND, NJ, OH, SC, TN, VT)	25%	8%
Vision Standalone (DE, FL, IN, KY, MD, OH, NJ, SC, TN, VT)	20%	4%
Vision Standalone (CO, MN, ND)	15%	3%

<b>MEDICAL PRODUCTS – OHI (Commission Method – PMPM)</b>		
Medical	\$6	\$6

<b>NON-INSURANCE PRODUCTS</b>		
HealthiestYou	40%	20%
United Health Allies Discount Card	40%	12%

Products	First-Year	Renewal Years 2-10	Renewal Years 11+
<b>CRITICAL ILLNESS - GRIC</b>			
Critical Illness (all states except CO, CT, MD, NJ, SD, WA, WV)	50%	10%	5%
Critical Illness (CO, MD, NJ, SD, WA, WV)	40%	5%	5%
Critical Illness (CT)	25%	5%	5%





Products	First-Year	Renewal Years 2-10	Renewal Years 11+
<b>CRITICAL LIFE SAFEGUARD - GRIC</b>			
Critical Life SafeGuard (10 year term) aka Term Life SafeGuard including riders	80%	5%	0%
	First-Year	Renewal Years 2-20	Renewal Years 21+
Critical Life SafeGuard (20 year term) aka Term Life SafeGuard including riders	80%	5%	0%

Products	First-Year		Renewal Years		
	<i>Issue Age</i>	18-59	60-64	18-59	60-64
<b>ACCIDENT PRODUCTS - GRIC</b>					
Accident SafeGuard Premier (all states except FL and OH)		40%	8%		8%
Accident SafeGuard Premier (FL, OH)		35%	4%		4%
Accident SafeGuard (all states except FL, KY, OH, SC, SD)		35%	8%		8%
Accident SafeGuard (FL, KY, OH, SC)		30%	4%		4%
Accident SafeGuard (SD)		10%	4%		4%
Accident ProGap, ProGuard, ExpenseGuard including riders (all states except AZ, CO, FL, IN, MD, ME, MN, OH, SC, SD, VA)		40%			8%
Accident ProGap, ProGuard, ExpenseGuard including riders (AZ, FL, IN, MD, ME, OH, SC, VA)		35%			8%
Accident ProGap, ProGuard, ExpenseGuard including riders (CO, MN, SD)		30%			8%

**Commission Method**

The commissionable premium used to calculate the commissions varies depending on the plan type and what type of commissionable premium is used with that particular plan, as outlined on the Schedule. We use the following classifications of commissionable premium.

**ACT** - Actual commissionable premium is based on the actual amount of premium credited to the policyholder or certificate holder's account. All products use this commission method unless otherwise indicated.

**DEN** - Commissionable premium at the time of issuance is the initial premium for the plan or rider. Thereafter, commissionable premium is the initial commissionable premium adjusted to reflect subsequent changes in plan or rider benefits, family status, or residence.

**PMPM – Per Member Per Month** – PMPM count means the actively enrolled members for a policy. The PMPM count is calculated at the time of issue. When member enrollment changes occur, the PMPM count is recalculated. The new PMPM count is applied to premiums received by us after we make the enrollment change.

**MA – Modified Actual** – Modified Actual commissionable premium at the time of issuance is the initial premium including any tobacco rating for the policy or certificate, adjusted to exclude premium attributable to underwriting rate-ups. Thereafter, Modified Actual commissionable premium is the initial commissionable premium adjusted to reflect subsequent changes in plan benefits, family status and residence of the policy or certificate.

**N/A – Not Applicable**

**Miscellaneous**

All policies or certificates are considered to have "renewed" as of the 13<sup>th</sup> consecutive month coverage is in force. Renewal commissions are payable only while the plan remains in force.

Some or all of Our Insurance Products may be marketed pursuant to agreements between us and various associations for the purpose of making the policies available to members of such associations. Consequently, in addition to the duties imposed on You under this Contract, You may be responsible for taking policy applications for membership in such associations, collecting the initial membership dues, along with policy applications and initial premium to us. Amounts remitted for dues shall be separate from amounts remitted for premium, and shall in no way be included in the amount of commissionable premium used to determine the commission and/or overrides payable under this Contract.

Plan issuance and administration (including calculation and remittance of commission and/or override) may be performed by other UnitedHealthcare companies or contracted designees.

This Commission Schedule may have products for multiple insurance carriers. You must be appointed with each carrier before you may market that carrier's products.

If Commission Rates are not shown on the Schedule, commission rates are determined by the Company.

**Carrier Descriptions**

**GRIC** – Golden Rule Insurance Company

**OHI** – Oxford Health Insurance, Inc.



### COMMISSION SCHEDULE

All commissions payable under the Gethealthinsurance.com Agency contract are payable for policies and certificates issued and for which You (or anyone who has assigned his/her commission to You) were Producer of Record as of the date premium was received and credited by the carrier.

**This Schedule is effective December 16, 2016, or the date for which you subsequently qualify for the schedule, whichever is later. You are not authorized to offer any products unless you are contracted as a sub-producer with Gethealthinsurance.com Agency and duly appointed with the appropriate carrier.**

Carrier	Product	First Year	Renewal Years	Commission Method
IAIC	Core Access (all states except ME, NC, OH, SD, UT)	30%	8%	ACT
IAIC	Core Access (ME, UT)	28%	5%	ACT
IAIC	Core Access (NC, OH)	27%	5%	ACT
IAIC	Core Access (SD)	20%	3%	ACT

**Commission Method**

**ACT - Actual** - Actual commissionable premium is based on the actual amount of premium credited to the policyholder or certificate holder's account.

**Miscellaneous**

All policies or certificates are considered to have "renewed" as of the 13<sup>th</sup> consecutive month coverage is in force. Commissions are payable only while the plan remains in force.

**Carrier Descriptions**

**IAIC** - Independence American Insurance Company



**INDIVIDUAL MARKETPLACE COMMISSION SCHEDULE  
ACCIDENT AND HEALTH INSURANCE**

All commissions payable under this Contract are payable for policies and certificates issued and for which You (or anyone who has assigned his/her commission to You) were Producer of Record as of the date premium was received and credited.

**This Schedule is effective November 17, 2015, or the date for which you subsequently qualify for the schedule, whichever is later. It applies to issued Individual Marketplace policies and certificates received by us from the Marketplace on or after November 17, 2015 and with an initial effective date of January 1, 2016, or later. Individual Marketplace policies and certificates with an initial effective date of January 1, 2016 and received by us prior to November 17, 2015 will be paid in accordance with the previous Marketplace Commission Schedule as revised on October 23, 2015.\***

Carrier	Product	State	Months 1-12	Months 13-24	Months 25+	Commission Method
UHCAL	Marketplace Plan	AL	5%	2%	2%	ACT
UHCAR	Marketplace Plan	AR	2%	2%	2%	ACT
ASIC	Marketplace Plan	AZ	2%	2%	2%	ACT
UHCBP	Marketplace Plan	CA	3.8%	3%	3%	ACT
ASIC/UHCCO	Marketplace Plan	CO	4%	4%	4%	ACT
UHIC	Marketplace Plan	CT	\$20	\$20	\$20	PMPM
UHCFL	Marketplace Plan	FL	2%	2%	2%	ACT
UHCGA	Marketplace Plan	GA	2%	2%	2%	ACT
HHI	Medical Care Plan	GA	6%	3%	1%	ACT
UHCML	Marketplace Plan	IA	3%	2%	1%	ACT
UHCMW	Marketplace Plan	IL	2%	2%	2%	ACT
HHI	Medical Care Plan	IL	6%	3%	1%	ACT
ASIC	Marketplace Plan	IN	2%	2%	2%	ACT
UHCMW	Marketplace Plan	KS	3%	2%	1%	ACT
UHCKY	Marketplace Plan	KY	2%	2%	2%	ACT
UHCLA	Marketplace Plan	LA	5%	2%	2%	ACT
UHCMA/ASIC	Marketplace Plan	MD	\$20	\$20	\$20	PMPM
UHCCP	Marketplace Plan	MI	2%	2%	2%	ACT
UHCMS	Marketplace Plan	MS	5%	2%	2%	ACT
ASIC	Marketplace Plan	MO	5%	3%	1%	ACT
UHCML	Marketplace Plan	NE	3%	2%	1%	ACT
OHPNJ	Marketplace Plan	NJ	\$11.50	\$11.50	\$11.50	PPPM
UHCNY	Marketplace Plan (new and renewal policies)	NY	\$10	\$10	\$10	PPPM
UHCNC	Marketplace Plan	NC	2%	2%	2%	ACT
UHCOH/ ASIC	Marketplace Plan	OH	2%	2%	2%	ACT
UHCOK	Marketplace Plan	OK	2%	2%	2%	ACT
UHCPA	Marketplace Plan	PA	4%	4%	4%	ACT
UHIC	Marketplace Plan	SC	2%	2%	2%	ACT
UHIC	Marketplace Plan	TN	2%	2%	2%	ACT
ASIC	Marketplace Plan	TX	2%	2%	2%	ACT
UHCMA	Marketplace Plan	VA	\$20	\$20	\$20	PMPM
UHCWA	Marketplace Plan	WA	\$17	\$17	\$17	PMPM
ASIC	Marketplace Plan	WI	2%	2%	2%	ACT

**Commission Method**

The following methods are used:

**ACT - Actual** – Commission payments are based on a percentage of the actual amount of premium credited to the policyholder’s account including government paid subsidized premium.

**PPPM - Per Policy Per Month** – Commission payments are a specified amount per policy per month. Commission payments are paid after the receipt of monthly premium.

**PMPM – Per Member Per Month** – PMPM count means the actively enrolled members for a policy. The PMPM count is calculated at the time of issue. When member enrollment changes occur the PMPM count is recalculated. The new PMPM count is applied to premiums received by us after we make the enrollment change.

**Miscellaneous**

If an Off Exchange policy is issued for the same product and legal entity as an On Exchange product, the rates for the Off Exchange product are the same as the On Exchange listed above.

All policies or certificates are considered to have “renewed” as of the 13<sup>th</sup> month after the initial effective date. Renewal commissions are payable only while the plan remains in force and in accordance with the Schedule.

Plan issuance and administration (including calculation and remittance of commission and/or override) may be performed by affiliated companies.

This Commission Schedule has products for multiple insurance carriers. You must be appointed with each carrier before you may market that carrier’s products.

If Commission Rates are not shown on the Schedule, commission rates are determined by the Company.

\* Effective January 1, 2016, policies and certificates in New York will be paid based on commission in the above table for new and renewing business regardless of the date the policy was sold.

**Carrier Definitions:**

<b>ASIC</b> – All Savers Insurance Company	<b>UHCLA</b> - UnitedHealthcare of Louisiana, Inc.
<b>OHPNJ</b> - Oxford Health Plans (NJ), Inc.	<b>UHCMA</b> - UnitedHealthcare of the Mid-Atlantic, Inc.
<b>HHI</b> – Harken Health Insurance Company	<b>UHCML</b> - UnitedHealthcare of the Midlands, Inc.
<b>UHCAL</b> - UnitedHealthcare of Alabama, Inc.	<b>UHCMW</b> - UnitedHealthcare of the Midwest, Inc.
<b>UHCAR</b> - UnitedHealthcare of Arkansas, Inc.	<b>UHCMS</b> - UnitedHealthcare of Mississippi, Inc.
<b>UHCBP</b> - UnitedHealthcare Benefits Plan of California	<b>UHCNC</b> - UnitedHealthcare of North Carolina, Inc.
<b>UHCCO</b> - UnitedHealthcare of Colorado, Inc.	<b>UHCNY</b> - UnitedHealthcare of New York, Inc.
<b>UHIC</b> – UnitedHealthcare Insurance Company	<b>UHCNH</b> - UnitedHealthcare of New Hampshire, Inc.
<b>UHCCP</b> - UnitedHealthcare Community Plan, Inc.	<b>UHCOK</b> - UnitedHealthcare of Oklahoma, Inc.
<b>UHCFL</b> - UnitedHealthcare of Florida, Inc.	<b>UHCPA</b> - UnitedHealthcare of Pennsylvania, Inc.
<b>UHCGA</b> - UnitedHealthcare of Georgia, Inc.	<b>UHCWA</b> - UnitedHealthcare of Washington, Inc.
<b>UHCKY</b> - UnitedHealthcare of Kentucky, LTD	

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**This Schedule is effective November 1, 2015, or the date for which you subsequently qualify for the schedule, whichever is later. It applies to issued policies and certificates quoted from EStore and other applications signed on or after the effective date of the schedule.**

Carrier	Products	First-Year	Renewal Years 2-10	Renewal Years 11+	Commissionable Method
GRIC	Short Term Medical Plus Elite including riders	20%	N/A	N/A	ACT
GRIC	Short Term Medical (other than Plus Elite) including riders (all states except KS, OH, VA)	20%	N/A	N/A	ACT
GRIC	Short Term Medical (other than Plus Elite) including riders (KS, OH, VA)	12.5%	N/A	N/A	ACT
GRIC	Dental Standalone including riders (all states except Nevada and Pennsylvania )	12%	12%	12%	DEN
GRIC	Dental Standalone including riders (Pennsylvania)	10%	10%	10%	DEN
GRIC	Dental Standalone including riders (Nevada)	0%	0%	0%	DEN
GRIC	Critical Illness (all states except CO, CT, MD, NJ, SD, WA, WV)	50%	10%	5%	ACT
GRIC	Critical Illness (CO, MD, NJ, SD, WA, WV)	40%	5%	5%	ACT
GRIC	Critical Illness (CT)	25%	5%	5%	ACT
GRIC	Disability Income	50%	10%	5%	ACT
		<b>First-Year</b>	<b>Renewal Year 2</b>	<b>Renewal Years 3+</b>	
UHCLIC	<b>2016 Original ACA Medical –</b> New policy originally issued in 2016	6%	3%	1%	ACT
UHCLIC	<b>2015 Original ACA Medical -</b> Replacement of a policy originally issued in 2015. Note: For replacement policies, the original effective date of the policy is used to determine the duration of the policy.	6%	3%	1%	ACT
UHCLIC	<b>2014 Original ACA Medical -</b> Replacement of a policy originally issued in 2014. Note: For replacement policies, the original effective date of the policy is used to determine the duration of the policy.	N/A	3%	1%	ACT
HHI	Medical Care Plan	6%	3%	1%	ACT
GRIC	Medical	4%	4%	4%	ACT
		<b>First-Year</b>	<b>Renewal Years 2-5</b>	<b>Renewal Years 6+</b>	
UHCLIC	Dental Primary including riders (all states except CO and ND)	20%	4%	4%	DEN
UHCLIC	Dental Primary including riders (CO, ND)	10%	3%	3%	DEN
UHCLIC	Dental Premier including riders (all states except CO and ND)	40%	4%	4%	DEN
UHCLIC	Dental Premier including riders (CO, ND)	28%	4%	4%	DEN
UHCLIC	Dental Essential including riders (all states except CO and ND)	4%	4%	4%	DEN
UHCLIC	Dental Essential including riders (CO, ND)	3%	3%	3%	DEN

		First-Year	Renewal Years 2-10	Renewal Years 11+	
		First-Year	Renewal Years 2-10	Renewal Years 11+	
UHCLIC	Critical Life SafeGuard (10 year term) aka Term Life SafeGuard	80%	5%	0%	ACT
		First-Year	Renewal Years 2-20	Renewal Years 21+	
UHCLIC	Critical Life SafeGuard (20 year term) aka Term Life SafeGuard	80%	5%	0%	ACT
	United Health Allies Discount Card	40%	12%	12%	ACT

Carrier	Products	First-Year		Renewal		Commissionable Method	
		Issue Age	18-59	60-64	18-59		60-64
UHCLIC	Accident SafeGuard Premier (all states except FL and OH)		40%	8%	8%	8%	ACT
UHCLIC	Accident SafeGuard Premier (FL, OH)		35%	4%	4%	4%	ACT
UHCLIC	Accident SafeGuard (all states except FL, KY, OH, SC, SD)		35%	8%	8%	8%	ACT
UHCLIC	Accident SafeGuard (FL, KY, OH, SC)		30%	4%	4%	4%	ACT
UHCLIC	Accident SafeGuard (SD)		10%	4%	4%	4%	ACT
UHCLIC	Hospital SafeGuard		30%	10%	10%	10%	ACT
UHCLIC	Hospital SafeGuard Premier		30%	10%	10%	10%	ACT

#### **Commission Method**

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**ACT - Actual** - Actual commissionable premium is based on the actual amount of premium credited to the policyholder or certificate holder's account.

**DEN – Dental/Vision/Ancillary** - Dental/Vision/Ancillary commissionable premium at the time of issuance is the initial premium for the plan or rider. Thereafter, Dental/Vision/Ancillary commissionable premium is the initial commissionable premium adjusted to reflect subsequent changes in plan or rider benefits, family status, or residence.

**N/A – Not Applicable**

#### **Miscellaneous**

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Some or all of Our Insurance Products may be marketed pursuant to agreements between us and various associations for the purpose of making the policies available to members of such associations. Consequently, in addition to the duties imposed on You under this Contract, You may be responsible for taking policy applications for membership in such associations, collecting the initial membership dues, along with policy applications and initial premium to us. Amounts remitted for dues shall be separate from amounts remitted for premium, and shall in no way be included in the amount of commissionable premium used to determine the commission and/or overrides payable under this Contract.

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If Commission Rates are not shown on the Schedule, commission rates are determined by the Company.

#### **Carrier Descriptions**

**GRIC** – Golden Rule Insurance Company

**UHCLIC** – UnitedHealthcare Life Insurance Company

**HHI** – Harken Health Insurance Company