# **Contract Amendment Update**

UnitedHealthcare Individual & Family Plans (IFP) is amending its agent/agency contracts.

This "Letter Amendment" amends your UnitedHealthcare Insurance Company ("Company" or "United") Agreement (the "Agreement") as follows:

- The Agreement is hereby amended to update the <u>Compensation Schedule</u> for new and renewing policies with effective dates on or after January 1, 2026 (the "2026 Compensation Schedule").
- 2026 Compensation Schedule applies to policies with coverage effective dates on or after January 1, 2026, in all states currently within the IFP footprint.
- 2026 Compensation Schedule will apply to all on- and off-Exchange policies and all Individual & Family plan types.

**Please note:** Agent action is not required – changes will take effect automatically.

On November 1, 2025, updated agent compensation disclosure talking points will be available on <u>Jarvis</u> to reflect the new Compensation Schedule.

Thank you for your business. UnitedHealthcare is dedicated to helping your clients take full advantage of our plans and benefits.

# United Healthcare

October 30, 2025

Re: Commissions Amendment to Agent Agreement

Dear Agent:

This "Letter Amendment" amends your UnitedHealthcare Insurance Company ("Company" or "United") Agent ("Agent") Agreement (the "Agreement") related to the promotion of Company Qualified Health Plans as follows:

1. The Agreement is hereby amended to replace Exhibit A of the Agreement, the <u>Agent Compensation Schedule</u>, with the <u>Agent Compensation Schedule</u> attached hereto as Exhibit A for coverage effective dates beginning January 1, 2026, for all new and renewing policies.

In the event that Agent does not agree to the amendment set forth in this Letter Amendment, Agent must notify the Company that Agent is terminating the Agreement within thirty (30) days following the date of this Letter Amendment, in which case the Agreement shall be immediately terminated.

The terms and conditions set forth in the Agreement, as amended and modified by this Letter Amendment, shall continue in full force and effect. In the event there is any inconsistency or conflict between the provisions in this Letter Amendment and those in the Agreement, the provisions in this Letter Amendment will supersede and control. Unless otherwise defined in this Letter Amendment, all capitalized terms shall be defined as set forth in the Agreement.

Sincerely,

Marcus Robinson CEO of IFP

UnitedHealthcare Individual and Family Plans

#### **EXHIBIT A**

### **Agent Compensation Schedule**

UnitedHealthcare Insurance Company, on behalf of itself and Affiliates (collectively referred to as the "Company") that offer Qualified Health Plans in the Individual Marketplace (otherwise referred to as the "Exchange") and other health plans and products identified herein (the "Products") will compensate Agent and its Representatives as follows for the marketing and promotion of the Products specified herein.

The Company will compensate Agent and its Representatives, as set forth herein, for each individual properly enrolled in those Products offered by the Company (a complete listing of which is available to Agent and its Representatives by the Company) which Agent and its Representatives are approved and authorized to market and promote by the Company in the service area(s) in which Agent and its Representatives are approved and authorized to operate in by the Company for the time periods set forth herein.

## **Individual Marketplace Commission Schedule – Health Insurance**

Commissions under this schedule are payable for policies and certificates issued and for which Agent and/or its Representative is the agent of record as of the date the policy or certificate is issued.

**New Policies** – This schedule is effective for coverage effective dates beginning January 1, 2026, for all new policies regardless of the date the policy was sold, per the schedule below.

**Renewing Policies** – This schedule is effective for coverage effective dates beginning January 1, 2026, for all renewing policies that were sold in 2025 or prior, per the schedule below.

Carrier	Product	State	Agent- Level New Commission Rate	Agent- Level Renewal Commission Rate	Commission Method
UHIC	Qualified Health Plan	AL	\$20	\$20	PMPM
UHC of AZ	Qualified Health Plan	AZ	\$20	\$20	PMPM
RMHP	Qualified Health Plan	CO	\$20	\$18	PMPM
UHC of FL	Qualified Health Plan	FL	\$27	\$27	PMPM
UHC of GA	Qualified Health Plan	GA	\$25	\$23	PMPM
UHIC	Qualified Health Plan	IA	\$18	\$16	PMPM
UHC of IL	Qualified Health Plan	IL	\$24	\$24	PMPM
UHIC	Qualified Health Plan	IN	\$15	\$15	PMPM
UHIC	Qualified Health Plan	KS	\$15	\$15	PMPM
UHIC	Qualified Health Plan	LA	\$25	\$23	PMPM
OCI	Qualified Health Plan	MD	\$19	\$18	PMPM
UHCCP	Qualified Health Plan	MI	\$19	\$17	PMPM
UHIC	Qualified Health Plan	MO	\$19	\$17	PMPM
UHC of MS	Qualified Health Plan	MS	\$19	\$17	PMPM
UHC of NC	Qualified Health Plan	NC	\$25	\$23	PMPM
UHIC	Qualified Health Plan	NE	\$20	\$18	PMPM
UHIC	Qualified Health Plan	NJ	\$19	\$17	PMPM
UHC of NM	Qualified Health Plan	NM	\$17	\$15	PMPM
UHC of OH	Qualified Health Plan	OH	\$20	\$18	PMPM
UHC of OK	Qualified Health Plan	OK	\$20	\$18	PMPM
UHC of SC	Qualified Health Plan	SC	\$23	\$21	PMPM

UHIC	Qualified Health Plan	TN	\$19	\$17	PMPM
UHC of TX	Qualified Health Plan	TX	\$25	\$25	PMPM
UHCB of TX	Qualified Health Plan	TX	\$25	\$25	PMPM
OCI	Qualified Health Plan	VA	\$19	\$18	PMPM
UHC of OR	Qualified Health Plan	WA	\$18	\$16	PMPM
UHC of WI	Qualified Health Plan	WI	\$19	\$17	PMPM
UHIC	Qualified Health Plan	WY	\$18	\$16	PMPM

## **Commission Method**

The following method is used:

**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 the Company after it makes the enrollment change.

### Miscellaneous

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

This Commission Schedule has products for multiple Company Affiliates. You must be appointed with each Affiliate before you may market that Affiliate's products.

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

#### **Carrier Definitions:**

**OCI** – Optimum Choice, Inc.

RMHP - Rocky Mountain Health Maintenance Organization Incorporated

UHCCP - UnitedHealthcare Community Plan, Inc.

**UHIC** – UnitedHealthcare Insurance Company

**UHC of AZ** – UnitedHealthcare of Arizona, Inc.

**UHC of FL** – UnitedHealthcare of Florida, Inc.

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**UHC of IL** – UnitedHealthcare of Illinois, Inc.

UHC of MS – UnitedHealthcare of Mississippi, Inc.

**UHC of NC** – UnitedHealthcare of North Carolina, Inc.

**UHC of NM** – UnitedHealthcare of New Mexico, Inc.

UHC of OH – UnitedHealthcare of Ohio, Inc.

**UHC of OK** – UnitedHealthcare of Oklahoma, Inc.

**UHC of SC** – UnitedHealthcare of South Carolina, Inc.

**UHC of OR** – UnitedHealthcare of Oregon, Inc.

UHC of TX – UnitedHealthcare of Texas, Inc.

**UHCB of TX** – UnitedHealthcare Benefits of Texas, Inc.

**UHC of WI** – UnitedHealthcare of Wisconsin, Inc.