

2027 Individual Products Producer Partnership Plan

INDIVIDUAL MEDICARE, MEDICARE SUPPLEMENT, DENTAL AND VISION PRODUCTS

Humana®

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General Provisions Applying to the Producer Partnership Plan

The 2027 Individual Medicare, Medicare Supplement, Dental and Vision Products Producer Partnership Plan (PPP) outlines certain rules and provisions and establishes the commission paid (as outlined and/or defined in the applicable commission schedules herein) for the sale of Individual Medicare, Medicare Supplement, Dental and Vision Products issued by Humana (collectively, "Products"). The PPP is incorporated by reference into and deemed to be a part of the Humana Producer Contract as amended ("Contract"). The PPP may be accessed online in the Commissions section of the Humana Vantage Agent Portal at Humana.com. This PPP supersedes any previous producer partnership plan except that commission rates for enrollments with effective dates of coverage prior to **January 1, 2027** remain in full force and effect, unless specifically modified by this PPP and outlined in the applicable commission schedule(s) contained herein.

As used in this PPP, the term "Humana" shall have the same meaning as the term "Company," as those respective terms are defined or used in the Contract. Humana reserves the sole right to determine the resolution of any discrepancy between the PPP and the Contract. Any capitalized term used but not defined in this PPP shall have the same meaning ascribed to such term in the Contract. The terms "Medicare Product" or "Medicare Products" shall mean Humana issued Medicare Advantage ("MA"), Medicare Advantage Prescription Drug ("MAPD"), and Prescription Drug Plan ("PDP") Products.

This PPP does not contain rules and provisions or commissions related to the sale of Humana Group Medicare, Group Dental, Group Vision, Group Medicare Supplement, Group Life, and Group Disability (Short and Long Term) Products. Those rules are contained in the Group Benefits Producer Partnership Plan located in the Pay and Bonuses section of the Agent Portal at Humana.com.

Producer may be obligated to disclose Compensation to clients and prospective clients. Because state laws vary, Producer should be aware of and comply with applicable state Compensation disclosure requirements. In addition, in order to receive Compensation for the sale of Products, it is the responsibility of Producer to be aware of and comply with applicable state and federal laws and regulations as well as Humana's rules and provisions. Humana is not responsible for providing legal advice to Producer.

To Sell:

I. Any Humana Products

If Producer has a question or concern regarding state or federal regulation, Producer should consult a legal advisor. Producer must be Licensed, contracted, and appointed (if appointment is required by Applicable Laws) with Humana. Humana retains the sole discretion to authorize the Producer to solicit applications for Products offered by Humana, and not all Producers will be authorized to solicit applications for Products offered by Humana, or to participate in the sale or distribution of any third-party Products or Products offered through all other forums. Humana reserves the right to decline contracting with or appointing any individual or entity at its discretion.

II. Medicare Products

Producers that are individual persons are required to participate annually in Training specified by Humana and pass a certification test. Training and certification may be accessed on the Humana Vantage Agent Portal at Humana.com.

III. **For any Qualified Health Plan (QHP) of Humana offered through a federally facilitated marketplace, federal state partnership marketplace, or state-based marketplace ("Exchange")**
Producer must meet any requirements imposed by the Exchange, including but not limited to fulfilling applicable registration and training requirements. Humana provides the same Compensation for QHPs offered through the Exchange as Humana does for similar health plans offered outside the Exchange pursuant to 45 C.F.R. 156.200(f). For more information, please refer to the Contract or contact a Humana Sales Representative.

Producer shall provide Notice to Humana of any Compensation dispute within eighteen (18) months from the date the Compensation is paid or would have been paid in the normal course of business and shall discuss the dispute and negotiate in good faith to resolve the dispute with Humana for a period of thirty (30) days. If Producer does not provide Notice to Humana of a Compensation dispute within eighteen (18) months from the date the Compensation is paid or would have been paid in the normal course of business, Humana's Compensation determination or Compensation payment shall be deemed correct.

Humana may modify, increase, reduce or discontinue all Compensation payable by Humana by providing Notice to Producer ("Modification"). Notice is deemed sufficiently given on the date Humana mails, emails, or faxes Notice to Producer using any form of Contact Information or posts Notice to Humana's self-service website. The Modification shall take effect at the time specified in the Notice, provided however that, the Modification will apply to Individual Products with effective dates thirty (30) days or more from the date specified in the notice ("**Modification Effective Date**"), unless such modification, amendment, or supplement is required by Reform or guidance from Regulatory Authorities to take effect on an earlier date.

Minimum Production Standards

Producer shall Sell or renew enough Products to be eligible for Compensation every calendar year and meet at least one of the standards identified in A through D below for Initial Sales or in force. If Producer fails to comply with and meet the Minimum Production Standards, Humana may (A) require Producer to reimburse Humana for Humana's incurred or expected cost of all appointment fees for each state where Producer is appointed to represent Humana; (B) unilaterally amend this Contract to place Producer under inactive producer status; (C) terminate this Contract; or (D) take any other action or inaction permitted by Applicable Laws.

Humana may evaluate Producer's performance as it relates to these Minimum Production Standards periodically at Humana's sole discretion, against those measurements identified in the Initial Sale, and In Force sections below.

Initial Sale

For any prior 12-month period, as either the writing agent or Agent of Record, Producer must Sell at least:

A. Three or more new Individual coverages from any of the following: Medicare Advantage, Medicare Advantage with Prescription Drug, Prescription Drug, Medicare Supplement, Dental or Vision Plans in total in any combination.

OR

B. Two or more new Group coverages from any of the following: Dental, Vision, Life, Short-term Disability, Long-term Disability plans with employer payroll deduction, Medicare Advantage, Medicare Advantage with Prescription Drug, or Prescription Drug Plan.

In force

As either the writing agent or Agent of Record, Producer must have the following in force business as of the end of the prior month in which Humana is valuating performance.

C. Six or more in force Individual coverages from any of the following: Medicare Advantage, Medicare Advantage with Prescription Drug, Prescription Drug, Medicare Supplement, Dental or Vision Plans in total in any combination.

OR

D. Three or more in force Group coverages from any of the following: Dental, Vision, Life, Short-term Disability, Long-term Disability plans with employer payroll deduction, Medicare Advantage, Medicare Advantage with Prescription Drug or Prescription Drug Plan.

Policy lapse, surrender, rescission, or cancellation for all policies other than Medicare (For specific guidelines regarding Medicare Product Rapid Disenrollments, please see Notes on Producer Commissions for Medicare Products).

In the event a policy lapses because premium is not paid and the policy is reinstated, commission on the new or reinstated policy is payable only at Humana's discretion. If it is necessary to rescind coverage for any policy, Producer must promptly refund to Humana any commission or other Compensation received on account of the policy.

If a policy is surrendered, rescinded, or canceled and premiums are refunded or waived, Producer will, in all cases, lose all rights to corresponding commissions or any other applicable Compensation and will repay commissions or any other applicable Compensation to Humana on demand. Commissions or any other applicable Compensation paid in error or overpayments must be repaid on request by Humana. Humana may withhold commissions or any other applicable Compensation otherwise due Producer until the overpayment is repaid in full.

For additional rules and provisions regarding Compensation, please refer to your Humana Producer Contract.

This PPP is the property of Humana. Producer may view, copy, and print the PPP for the sole use of the Producer only. Producer may not otherwise use, reproduce, download, store, post, broadcast, transmit, modify, sell, or make available content from Humana's PPP.

Health Risk Assessment Post Enrollment Survey for Medicare Advantage Special Needs Plan Members

Humana will pay Producer a payment (the "HRA Payment") for assisting a member of a Humana Medicare Advantage Special Needs Plan (SNP) with completing an optional, post enrollment Health Risk Assessment Survey (HRA), for eligible members as determined by Humana. This HRA Payment is applicable to eligible members that are New to Medicare (Initial Sale), new to Humana (moving from another carrier to Humana), or moving from any Humana plan to a Humana SNP plan.

The amount of the HRA Payment is determined based on the effective date of the enrollment. Humana will pay Producer a thirty-five ($35.00) dollar HRA Payment for enrollments with an effective date between January 1, 2026 and August 31, 2026. Humana will pay Producer a twenty-five ($25.00) dollar HRA Payment for enrollments with an effective date on or after **January 1, 2027**.

The HRA Payment is only applicable to HRAs completed for members determined to be eligible by Humana. The HRA Payment is not applicable for HRAs completed for members moving from a Humana non-SNP to another Humana non-SNP. The HRA is optional for the member to complete, and the Producer should not proceed to complete the HRA unless the member agrees to do so.

In order for Producer to be eligible to receive the HRA Payment for assisting the member with the HRA, the following conditions must be met:

- Producer must complete the required Model of Care (MOC) training for this program in advance of engaging members and remain in compliance with all rules and regulations set forth by Humana as part of the required training. The MOC training is integrated into the annual Plan Year Certification-Recertification Training, which can be accessed through the Humana Agent Portal on Humana.com.
- Producer must assist member in completing the HRA in its entirety after a member completes a SNP enrollment application or within ten (10) business days of the member's SNP signature date in order to receive the HRA Payment.
- Producer must only proceed with assisting a member in completing the HRA upon the member's request or voluntary agreement to do so.
- Producer must be actively Licensed, contracted and appointed to sell MA Products with Humana.
- Producer must not be affiliated with a Third-Party Marketing Organization (TPMO) Call Center. Humana retains full discretion in determining whether Producer is affiliated with a TPMO that is acting in a call center capacity and deemed a "Call Center" for purposes of this payment. Some factors Humana may consider when determining whether Producer is affiliated with a TPMO Call Center include whether the Producer is contracted with or employed by a TPMO that utilizes agents who sell in multiple non-bordering states and whether a large percentage of the TPMO's total sales are conducted telephonically.
- Humana has the sole and exclusive right to exclude any Producer from the Health Risk Assessment Post Enrollment Survey for MA SNP Members.
- Humana must receive confirmation that the member has been accepted and validated by CMS based on the member's Medicare status.
- Producer must be the writing agent for the policy. The HRA Payment will only be made to the entity assigned as the Agent of Record as of the effective date of the policy associated with the Producer who has assisted the member with completing the HRA.

Humana reserves the right to withhold payment if any of the preceding conditions are not met.

Member Activation Initiative Program

The Member Activation Initiative Program (hereinafter, the "MAI Program") is applicable to enrollments with an effective date on or after **January 1, 2027**. The MAI Program is designed to provide a payment to Producer for assisting Medicare Advantage members with the completion of the Member Activation Services (the "MAI Payment") on behalf of, and as a representative of Humana.

1. Producer must complete all of the services listed below for each Qualified Enrollment (the "Member Activation Services") in compliance with all applicable regulations and Humana policies and procedures, and as directed by Humana through approved scripting, training, and processes to qualify for the MAI Payment:

    a. Member Consent to Record: Producer shall request the member's consent to record the interaction for the completion of all Member Activation Services. If the member does not provide consent to record the interaction for the completion of all Member Activation Services, the Producer shall close the call and shall not qualify for the MAI Payment or Partial Payment. Producer shall utilize the scripting and processes established by Humana. For the avoidance of doubt, the foregoing Member Consent process must be completed in its entirety, in a manner satisfactory to Humana in its sole discretion, in order for Producer to qualify for the MAI Payment or Partial Payment.

    b. Member Preferences and Verification: Producer shall (i) confirm the member's contact information, (ii) verify the member's communication preferences, (iii) update the member's records as necessary, and (iv) ask the member if they would like to complete a medical records release authorization consent form.

    c. Completed Health Risk Assessment (HRA) or Member Care Assessment (MCA): Producer shall ask the member whether the member would like to complete the Health Risk Assessment (HRA) or Member Care Assessment (MCA), as applicable. If the member provides consent to complete the HRA or MCA, Producer shall guide the member through completion of the HRA or MCA, accurately documenting the member's responses to each question, in accordance with Humana's approved processes and scripting. The HRA or MCA is optional for members to complete, and therefore, the Producer must not utilize any confusing, misleading or high-pressure tactics or other non-compliant conduct to obtain the member's consent to complete the HRA or MCA. Although the HRA or MCA is optional for members to complete, Producer shall not be eligible for the MAI Payment if the member does not complete the HRA or MCA. Producer shall be eligible for Partial Payment only for completion of the HRA.

    d. Presentation of Cologuard Opportunity: If the member is eligible and consents to learn more about Cologuard, Producer shall use approved scripting to educate the member on Cologuard. If the member provides consent to register with Cologuard, Producer shall complete the member's registration with Cologuard. For the avoidance of doubt, Cologuard education and registration is not required for the MAI Payment, as long as Producer in good faith presents the opportunity and documents the member's response whether the member agrees, declines or requests additional information. If a member is not eligible for Cologuard, Producer is able to receive the MAI Payment without presenting the Cologuard Opportunity.

    e. Presentation of Medicare Wellness Visit Assistance: Producer shall advise the member that Producer can assist the member with scheduling a Medicare wellness visit as directed by Humana. For the avoidance of doubt, scheduling a Medicare wellness visit is not required to be eligible for the MAI Payment, as long as Producer in good faith presents the opportunity to assist the member with scheduling the Medicare wellness visit and documents whether the member agrees, declines or requests additional information.

f. Presentation of CenterWell Pharmacy Opportunity: Producer shall advise the member of the CenterWell Pharmacy opportunity utilizing the approved scripting and process provided by Humana and ask if the member would like to learn more. Learning more about CenterWell Pharmacy or registering for CenterWell Pharmacy is optional for members, therefore, the Producer must not utilize any confusing, misleading or high-pressure tactics or other non-compliant conduct to obtain the member's consent. If the member consents to learn more about CenterWell Pharmacy, Producer shall use approved scripting to educate the member on CenterWell Pharmacy. If the member provides consent to register with CenterWell Pharmacy, Producer shall complete the member's registration with CenterWell Pharmacy. For the avoidance of doubt, CenterWell Pharmacy education and registration is not required to be eligible for the MAI Payment, as long as Producer in good faith presents the opportunity and documents the member's response whether the member agrees, declines or requests additional information.

g. Call Closing: Producer shall close the call by setting expectations for the member on next steps.

i. Every part of the above outlined Member Activation Services shall be documented in the applicable reporting system, recorded and be performed in accordance with Humana approved training, scripting and processes to be eligible for MAI Payment. The MAI Payment shall not be paid if any one of the Member Activation Services are not completed or presented in accordance with Humana approved training, scripting or processes. For the avoidance of doubt, Humana shall be under no obligation to pay the MAI Payment or any portion of the MAI Payment if there is any coercion, pressuring or completion of any of the Member Activation Services without the member's consent or if the Producer engages in any other non-compliant conduct.

ii. Producer is required to audio record each call where Member Activation Services are provided and make such call recordings available to Humana, as requested, in order to be eligible for the MAI Payment. Humana reserves the right to withhold or recoup MAI Payment, if call recordings are not maintained or provided to Humana in a timely manner.

2. Humana shall pay Producer a payment in the amount of fifty dollars ($50.00) per completion of the entirety of the Member Activation Services (referred to as the "MAI Payment").

a) If the Producer is unable to complete all of the required Member Activation Services due to the member being unwilling to proceed, but Producer has completed Section 1.a. (Member Consent to Record), and the HRA portion of Section 1.c. (Completed HRA or MCA), Humana shall pay Producer a partial payment of twenty-five dollars ($25.00) ("Partial Payment"). For avoidance of doubt, the Partial Payment shall only be paid if the Producer completes Section 1.a. and completes an HRA as outlined in Section 1.c. Partial Payment shall not be made for completion of the MCA.

3. In order for Producer to be eligible to receive MAI Payment or Partial Payment, the following conditions must be met:

a) Producer must complete the required Model of Care (MOC) training and the MAI Program training modules in advance of engaging members and remain in compliance with all rules and regulations set forth by Humana as part of the required training. The MOC training is integrated into the annual Plan Year Certification-Recertification Training, which can be accessed on Humana MarketPoint University via the Humana Agent Portal. The MAI Program training module can be accessed on Humana MarketPoint University via the Humana Agent Portal.

b) Payments will only be made to Producers who are currently licensed and appointed, have completed all required Humana annual training and passed the certification test, meet all licensure and appointment

requirements at the time of enrollment submission, and complete the Member Activation Services in a compliant and satisfactory manner on Qualified Enrollments, as determined by Humana.

c) This MAI Program is applicable to Medicare Advantage members that are New to Medicare (Initial Sale), new to Humana (moving from another carrier to Humana), or moving from one Humana plan to another Humana plan.

d) Producer must complete all Member Activation Services in their entirety within ten (10) business days following enrollment.

e) Producer must not be affiliated with a Third-Party Marketing Organization (TPMO) Call Center. Humana retains full discretion in determining whether Producer is affiliated with a TPMO that is acting in a call center capacity and deemed a "Call Center" for purposes of this payment. Some factors Humana may consider when determining whether Producer is affiliated with a TPMO Call Center include whether the Producer is contracted with or employed by a TPMO that utilizes agents who sell in multiple non-bordering states and whether a large percentage of the TPMO's total sales are conducted telephonically.

f) Humana must receive confirmation that the member has been accepted and validated by CMS based on the member's Medicare status.

g) The MAI payment or Partial Payment is only applicable to MAIs or HRAs for eligible members, as determined by Humana in its sole discretion.

h) Producer must be the writing agent for the policy. MAI Payment or Partial Payment will only be made to the entity assigned as the Agent of Record as of the effective date of the policy that is associated with the Producer who completed the Member Activation Services.

4. Humana reserves the right to withhold payment if any of the preceding conditions are not met.

5. Humana reserves the right to audit and verify Producer's records related to provision of the Member Activation Services listed in this Addendum.

6. Humana in its sole discretion, has the right to remove Producer from the MAI Program or terminate, modify or revise the MAI Program at any time by providing written notice to Producer.

MA, MAPD, and PDP Commission Schedule

Commission Payment Rates

Except as otherwise specified in this PPP or the Contract, the following chart shows the commission rates Humana pays for the sale of Medicare Products based on the location of the beneficiary's permanent residence. Humana will pay the Initial Commission or Renewal Rate Commission outlined in this chart based on a beneficiary's prior history with Medicare or Medicare Products as described in the "First Year of Coverage" and "Subsequent Years" charts below.

The **Initial Commission** rates in the chart below are applicable to policies with an original effective date on or after January 1, 2027.

Initial Commission				
Initial Commission	**MA or MAPD in CA, NJ**	**MA or MAPD in CT, DC, PA**	**MA or MAPD in All Other States**	**PDP (All States)**
	$902.00	$816.00	$725.00	$0.00 paid first month

The **MA/MAPD Renewal Rate Commission** amounts in the chart below are applicable to policies with an original effective date on or after January 1, 2020.

*The **PDP Renewal Rate Commission** amount in the chart below is only applicable to policies with an original effective date between January 1, 2020 and December 31, 2026, and policies for which an Initial Commission was paid at time of enrollment.

Renewal Rate Commission				
Renewal Rate Commission	**MA or MAPD in CA, NJ**	**MA or MAPD in CT, DC, PA**	**MA or MAPD in All Other States**	**PDP* (All States)**
	$37.58 pmpm ($451.00 annually)	$34.00 pmpm ($408.00 annually)	$30.25 pmpm ($363.00 annually)	$65.00 paid annually

pmpm = per member per month

For Renewal Rate Commission on policies with an original effective date prior to January 1, 2020, please refer to the applicable Producer Partnership Plan of the year that coincides with the original effective date of the policy.

Please note that the dollar amount in parenthesis in the row titled "Renewal Rate Commission" is rounded to the nearest dollar, but the pmpm amount you may receive annually will NOT be rounded to the nearest dollar. For the exact figure paid annually, multiply the relevant monthly amount by twelve (12). Medicare Product changes are described in more detail in the section titled "Medicare Product Changes."

First Year of Coverage (paid annually)

The first year of coverage means the first year in which a beneficiary enrolls in a Medicare Product.

Type of Enrollment (as defined and reported by CMS in its monthly report to Humana)	Commission Paid	Full or Prorated
Initial Sale (New to Medicare)	Initial Commission	Prorated [1]
Unlike Plan Type Change	Initial Commission	Prorated [1]
Like Plan Type Change in Compensation Payment Year 1	Initial Commission	Prorated [1]
Like Plan Type Change in Compensation Payment Years 2+	Renewal Rate Commission	Prorated [1]

Subsequent Years - MA & MAPD (pmpm)

Subsequent years refers to each year following the first year of coverage (defined above), beginning on January 1st after the effective date of the Medicare Product.

Type of Enrollment	Commission Paid	Timing of Payment
All enrollment types	Renewal Rate Commission	Paid per member per month (begins January 1st following enrollment)

Subsequent Years - PDP (paid annually)

Type of Enrollment	Commission Paid	Timing of Payment
All enrollment types	Renewal Rate Commission	Paid annually (begins January 1st following enrollment)

pmpm = per member per month

[1]Prorated for the months that the Medicare Product is in force during the enrollment year. See the Timing and Proration of Payments section below for more information.

[2]Medicare Product history is determined by CMS and is provided to Humana by CMS in a monthly report.

Timing and Proration of Payments

The following explains the timing and amount of commission payments.

First Commission Payment

The first commission payment following enrollment will be paid by Humana at the Renewal Rate Commission pro-rated based on the number of months that the Medicare Product would be effective for the rest of the plan year. For example, an enrollment effective April 1st will generate a commission payment for 9/12ths of the Renewal Rate Commission because the member will only be enrolled for 9/12ths of that year. The below chart titled "**Chart A: First Payment**" details the first commission payment Humana will pay based on the effective date of the enrollment:

CHART A: FIRST PAYMENT

		Chart A: First Payment		
Effective Date	**Months Enrolled**	MA & MAPD CA, NJ	MA & MAPD CT, DC, PA	MA & MAPD All Other States
January 1	12 of 12	$451.00	$408.00	$363.00
February 1	11 of 12	$413.42	$374.00	$332.75
March 1	10 of 12	$375.83	$340.00	$302.50
April 1	9 of 12	$338.25	$306.00	$272.25
May 1	8 of 12	$300.67	$272.00	$242.00
June 1	7 of 12	$263.08	$238.00	$211.75
July 1	6 of 12	$225.50	$204.00	$181.50
August 1	5 of 12	$187.92	$170.00	$151.25
September 1	4 of 12	$150.33	$136.00	$121.00
October 1	3 of 12	$112.75	$102.00	$90.75
November 1	2 of 12	$75.17	$68.00	$60.50
December 1	1 of 12	$37.58	$34.00	$30.25

Second Commission Payment

Humana uses a monthly report provided by CMS to determine whether a sale is considered an Initial Sale, Unlike Plan Type Change, Like Plan Type Change in Compensation Payment Year 1, or Like Plan Type Change in Compensation Payment Years 2+. Humana makes a second commission payment for an Initial Sale, Unlike Plan Type Change or a Like Plan Type Change in Compensation Payment Year 1 for the sale of a Medicare Product upon CMS validating the enrollee's Medicare status as follows:

1. **Initial Sale:** A sale is considered an Initial Sale if the member is aging-in, is new to Medicare, or enrolls from Original Medicare into a Medicare Product. Humana pays a second commission payment for an Initial Sale according to "**Chart B: Second Payment – Initial Sale"**. Note that the first and second commission payments, when added together, equal the applicable full or prorated Initial Commission.

2. **Unlike Plan Type Change**: A sale of a Medicare Product is considered an Unlike Plan Type Change if a member moves from MA or MAPD to PDP only, moves from PDP only to MA or MAPD, moves from a section 1876 cost plan to MA or MAPD, or moves from a section 1876 cost plan to PDP. Humana pays a second commission payment for an Unlike Plan Type Change according to the chart below titled **"Chart C: Second Payment – Unlike Plan Type Change or Like Plan Type Change in Compensation Payment Year 1"**. Note that, per CMS guidelines,

Humana may only pay commission for the months the member is actually enrolled, so the commission payment will be pro-rated based on the number of months that the Medicare Product would be effective the rest of the plan year.

3. **Like Plan Type Change in Compensation Payment Year 1:** A sale of a Medicare Product is considered a Like Plan Type Change in Compensation Payment Year 1 if the member makes any change to his/her plan that is not considered an Unlike Plan Type Change above, and occurs during Compensation Payment Year 1, as defined by CMS. For example, if the member is moving from a MA or MAPD to another MA or MAPD, or PDP to another PDP and the CMS report indicates the plan change was made during Compensation Payment Year 1, then the sale of the Medicare Product is considered a Like Plan Type Change in Compensation Payment Year 1. Humana pays a second commission payment for a Like Plan Type Change in Compensation Payment Year 1 according to the chart below titled **"Chart C: Second Payment – Unlike Plan Type Change or Like Plan Type Change in Compensation Payment Year 1"**. Note that, per CMS guidelines, Humana may only pay commission for the months the member is actually enrolled, so the commission payment will be pro-rated based on the number of months that the Medicare Product would be effective the rest of the plan year.

4. **Like Plan Type Change in Compensation Payment Years 2+:** A sale is considered a Like Plan Type Change in Compensation Payment Years 2+ if the member makes any change to his/her Medicare Product that is not considered an Unlike Plan Type Change or Like Plan Type Change in Compensation Payment Year 1 above. Humana only makes the first commission payment and not a second commission payment for a Like Plan Type Change in Compensation Payment Years 2+. For example, if the member is moving from a MA or MAPD to another MA or MAPD, or PDP to another PDP and the CMS report indicates the Medicare Product change was not made in Compensation Payment Year 1, then the sale is considered a Like Plan Type Change in Compensation Payment Years 2+ and only the first commission payment is made. Note that, per CMS guidelines, Humana may only pay commission for the months the member is actually enrolled, so the commission payment will be pro-rated based on the number of months that the Medicare Product would be effective the rest of the plan year.

CHART B: SECOND PAYMENT – INITIAL SALE

		Chart B: Second Payment – Initial Sale		
Effective Date	**Months Enrolled**	MA & MAPD CA, NJ	MA & MAPD CT, DC, PA	MA & MAPD All Other States
January 1	12 of 12	$451.00	$408.00	$362.00
February 1	11 of 12	$413.41	$374.00	$331.83
March 1	10 of 12	$375.84	$340.00	$301.67
April 1	9 of 12	$338.25	$306.00	$271.50
May 1	8 of 12	$300.66	$272.00	$241.33
June 1	7 of 12	$263.09	$238.00	$211.17
July 1	6 of 12	$225.50	$204.00	$181.00
August 1	5 of 12	$187.91	$170.00	$150.83
September 1	4 of 12	$150.34	$136.00	$120.67
October 1	3 of 12	$112.75	$102.00	$90.50
November 1	2 of 12	$75.16	$68.00	$60.33
December 1	1 of 12	$37.59	$34.00	$30.17

CHART C: SECOND PAYMENT – UNLIKE PLAN TYPE CHANGE OR LIKE PLAN TYPE CHANGE IN COMPENSATION PAYMENT YEAR 1

Effective Date	Months Enrolled	Chart C: Second Payment - Unlike Plan Type Change or Like Plan Type Change in Compensation Payment Year 1		
		MA & MAPD CA, NJ	MA & MAPD CT, DC, PA	MA & MAPD All Other States
January 1	12 of 12	$451.00	$408.00	$362.00
February 1	11 of 12	$413.41	$374.00	$331.83
March 1	10 of 12	$375.84	$340.00	$301.67
April 1	9 of 12	$338.25	$306.00	$271.50
May 1	8 of 12	$300.66	$272.00	$241.33
June 1	7 of 12	$263.09	$238.00	$211.17
July 1	6 of 12	$225.50	$204.00	$181.00
August 1	5 of 12	$187.91	$170.00	$150.83
September 1	4 of 12	$150.34	$136.00	$120.67
October 1	3 of 12	$112.75	$102.00	$90.50
November 1	2 of 12	$75.16	$68.00	$60.33
December 1	1 of 12	$37.59	$34.00	$30.17

Notes on Producer Commissions for Medicare Products:

1. This commission schedule supersedes any previous commission schedules regarding MA, MAPD, or PDP plans and will apply to new enrollments in Medicare Products with effective dates of coverage on or after **January 1, 2027**.

2. Commission shall be paid to Producer only for the period that the member remains enrolled in the Medicare Product and Producer remains under contract with Humana and is properly Licensed, certified, and appointed as required under State law or CMS guidance.

3. In accordance with CMS guidelines, commission can only be paid to a Producer that actively meets state Licensure and/or appointment requirements and who has successfully completed Humana's annual Training and passed Humana's certification test. No commission will be paid unless the Producer is currently contracted with Humana and is currently Licensed and appointed to Sell Humana Medicare Products and has passed the certification test.

4. Commission will be paid to the Producer for all Qualified Enrollments according to the commission schedule in effect as of the date the member signs the enrollment application ("Member Signature Date"). A "Qualified Enrollment" means an individual enrolled in a Medicare Product by a Producer whose enrollment is (a) eligible per CMS rules; (b) completed and submitted to CMS; and (c) accepted as a member by CMS. In order for Producer to receive the commission for a particular Qualified Enrollment, the Producer must meet all applicable Humana requirements to receive commission from Humana.

5. Chargebacks. Humana will recover from Producer any commissions paid to Producer for the sale of a Medicare Product that is not a Qualified Enrollment.

6. Rapid Disenrollments. Members enrolled through Producer who voluntarily or involuntarily disenroll within the first three months of enrollment are considered rapid disenrollments. For example, if a member enrolls in a Medicare Product effective October 1, November 1, or December 1, and disenrolls during the same enrollment year unrelated to the Annual Election Period and effective on or before January 1 of the following year.

   A Rapid Disenrollment will result in Humana recovering from the Producer any commission paid to Producer related to the Medicare Product. The commission will be charged against future Compensation and any other monetary Compensation or commission that would otherwise be payable to Producer. Exceptions:

   a. It is not considered a Rapid Disenrollment when a member enrolls in a Medicare Product effective October 1, November 1, or December 1, and subsequently changes plans effective January 1 of the following year during the Annual Election Period.

   b. Rapid disenrollment compensation recovery does not apply when CMS determines that recoupment is not in the best interests of the Medicare program. Such situations include when a beneficiary disenrolls within the first three months for any of the following reasons:

Reason
Other creditable coverage (e.g., employer plan)
Moving into or out of an institution
Gains/drops employer/union sponsored coverage
Plan terminations, non-renewal, or CMS imposed sanction
To coordinate with Part D enrollment periods or a State Pharmaceutical Assistance Program
Becoming Low Income Subsidy (LIS) or dually eligible for Medicare and Medicaid
Dual eligibles moving from an MAPD to MMP
Qualifying for another plan based on special needs
Due to an auto, facilitated or passive enrollment
Death
Moving out of the service area
Non-payment of premium
Loss of entitlement or retroactive notice of entitlement
Moving into a 5-star plan
Moving from a Low Performer Icon (LPI) plan into a plan with three or more stars

7. Long Term Disenrollments. Members enrolled through Producer who voluntarily or involuntarily disenroll from a Humana Medicare Product before the end of the initial plan year and are not considered rapid disenrollments as described above, are considered long term disenrollments and will result in a recovering pro-rated commissions equal to those months the member was not enrolled on the Medicare Product (e.g., a member ages in effective April 1st). The member disenrolls effective September 30th of the same year. Humana must charge back 6/12ths of the initial Compensation -- January through March and October through December. Chargebacks will be charged against future Compensation and any other monetary Compensation or commission. The pro-rated charge-back rule applies to all years of Medicare Product membership by the member.

8. Humana will not pay commissions or any referral fees for the sale of a Medicare Product that will be effective in a future year until the beginning of that future year. For example, commission will not be paid until January 2027 for Medicare Products effective in 2027. A Field Marketing Organization (FMO) or similar type entity that has been retained to Sell Humana Medicare Products must not pay Producers' commission or referral fees for a Medicare Product that is effective in a future year until the beginning of that future year.

9. In order for Producer to receive Compensation for the sale of a Medicare Product, the submitted member application for sale must (i) be free of any inaccuracies, (ii) be complete, (iii) be submitted timely, (iv) identify Producer as the writing agent, (v) be completed in accordance with all applicable regulations and requirements of the Contract as determined by Humana in its' sole discretion and (vi) contain all supplemental documents as is necessary for Humana to evaluate acceptance or rejection of the application. Humana reserves the right to withhold Compensation if any of the preceding conditions are not met.

Modified Commissions for Humana Like Plan Type Changes on Specific Medicare Products with a 2026 Policy Effective Date

Notwithstanding any commission rates otherwise identified in this PPP, the previous Renewal Rate Commission for Humana Like Plan Type Changes on Specific Medicare Products with a 2026 policy effective date was $165.00, beginning in January 2027 the annual Renewal Rate commission amount is $363.00 paid monthly at $30.25 per member per month (pmpm). The applicable Specific Medicare Products for Modified Commissions are outlined in the 2026 Individual Products PPP in the section titled "Modified Commissions for Humana Like Plan Type Changes on Specific Medicare Products" according to Chart 1, Chart 2, or Chart 3 based on the applicable effective date.

Medicare Product Changes

Medicare members may elect to choose different Medicare Product options and Medicare Products from one year to the next or even in the same year. They may also make these changes through different Producers. These changes may impact commissions. The following table describes how Humana pays commissions relating to Medicare Product changes.

Type	Description (as reported by CMS)	Agent of Record & Writing Agent Impact	Commission Impact
INITIAL SALE			
MA, MAPD, or PDP	New enrollment (i.e., age-in, new to Medicare, or enrolls from Original Medicare)	N/A	Initial Commission is paid the first year that the Medicare Product is in effect, followed by Renewal Rate Commission paid in subsequent years beginning on January 1st.
UNLIKE PLAN TYPE CHANGE			
PDP to MA or MAPD or MA or MAPD to PDP Section 1876 Cost Plan to MA or MAPD Section 1876 Cost Plan to PDP	Unlike Plan Type Change (as reported by CMS)	Existing Agent of Record is replaced by the new Agent of Record	Commission from original plan ceases. Commissions paid on the original Medicare Product will be charged back according to the Rapid Disenrollment or Long Term Disenrollment sections above. Humana pays pro-rated Initial Commission based on the new Medicare Product's effective date, followed by Renewal Rate Commission paid in subsequent years beginning on January 1st.
LIKE PLAN TYPE CHANGE IN COMPENSATION PAYMENT YEAR 1			
MA or MAPD to another MA or MAPD PDP to another PDP	Like Plan Type Change in Compensation Payment Year 1 (as reported by CMS)	Existing Agent of Record and writing agent are replaced by the new Agent of Record and writing agent.	Commission from original plan ceases. Commissions paid on the original Medicare Product will be charged back according to the Rapid Disenrollment or Long Term Disenrollment sections above. Humana pays pro-rated Initial Commission based on new Medicare Product's effective date, followed by Renewal Rate Commission paid in subsequent years beginning on January 1st.
LIKE PLAN TYPE CHANGE IN COMPENSATION PAYMENT YEARS 2+			
MA or MAPD to another MA or MAPD PDP to another PDP	Like Plan Type Change in Compensation Payment Years 2+ (as reported by CMS)	Existing Agent of Record and writing agent are replaced by the new Agent of Record and writing agent.	Commission from original plan ceases. Commissions paid on the original Medicare Product will be charged back according to the Rapid Disenrollment or Long Term Disenrollment sections above. Humana pays pro-rated Renewal Rate Commission based on new Medicare Product's effective date, followed by Renewal Rate Commission paid in subsequent years beginning on January 1st.
CONTINUOUS COVERAGE			
MA to MA MAPD to MAPD PDP to PDP or Crosswalks, Mass Moves, Rollovers (due to plan exits)	No change in either benefit plan contract number or PBP code (e.g., H1036-161 to H1036-161, etc.) or in those instances where a new contract/PBP code is assigned by Humana or CMS	Existing Agent of Record and writing agent remain the same.	Renewal Rate Commission paid beginning on January 1st.

Plan types defined per 42 CFR 422.2274 and 423.2274
PBP = Plan Benefit Package

NOTE: For enrollees who change from two plans (e.g., MA and a stand-alone PDP) (dual enrollments) to one plan (MAPD), compensation is at the renewal rate for the MAPD product.

Non-Commissionable Counties for Specified Medicare Products

Notwithstanding anything herein to the contrary, no commission will be paid for any of the following Medicare Products with effective dates of coverage on or after **January 1, 2027**:

MA or MAPD Plans		
State / County	**Products/Plans (Contract Number/PBP Code/Segmentation ID)**	
Alabama: All Counties	H5216-179-000	PPO
	H5216-269-000	PPO
	H5216-368-000	PPO
	H5216-370-000	PPO
	H5216-466-000	PPO
	H5619-089-000	HMO
	H5619-093-000	HMO
	R0110-017-000	PPO
	R0110-018-000	PPO
Arizona: All Counties	H0028-074-001	HMO
	H0028-074-002	HMO
	H5216-265-000	PPO
	H5216-371-000	PPO
Arkansas: Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Desha, Drew, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hempstead, Hot Spring, Howard, Izard, Jackson, Jefferson, Johnson, Lafayette, Lawrence, Lee, Lincoln, Little River, Logan, Lonoke, Madison, Marion, Miller, Mississippi, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, St. Francis, Saline, Scott, Searcy, Sebastian, Sevier, Sharp, Stone, Union, Van Buren, Washington, Yell	H5216-278-001	PPO
Arkansas: All Counties	H5216-097-000	PPO
	H5216-264-000	PPO
	H5216-337-003	PPO
	H5216-361-000	PPO
	H5216-366-000	PPO
	H8145-126-000	PFFS
California: All Counties	H5619-016-000	HMO
	H5619-021-000	HMO
Colorado: Boulder, Douglas, Jefferson	H0028-081-001	HMO
Colorado: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson	H5216-435-002	PPO
Colorado: All Counties	H0028-081-002	HMO
	H5216-261-000	PPO
Delaware: All Counties	H5216-308-000	PPO
District of Columbia: All Counties	H5216-383-000	PPO
Florida: All Counties	H5216-068-000	PPO
	H5216-311-000	PPO
	H5216-480-000	PPO
	H7284-008-000	PPO
	H7284-009-000	PPO
	H7284-013-000	PPO
	R5826-074-000	PPO

State / County	Products/Plans (Contract Number/PBP Code/Segmentation ID)	
Georgia: All Counties	H5216-203-001	PPO
	H5216-242-000	PPO
	H5216-286-000	PPO
	H5216-345-000	PPO
	H5216-347-000	PPO
	H5216-421-000	PPO
	H5216-466-000	PPO
	H7617-092-000	PPO
	H7617-093-000	PPO
	H7617-094-000	PPO
	H7617-095-000	PPO
	H7617-130-000	PPO
	H7617-132-000	PPO
	H7617-135-000	PPO
Hawaii: All Counties	H5216-234-000	PPO
	H5216-313-000	PPO
	H5216-314-000	PPO
	H5216-464-000	PPO
Idaho: All Counties	H5216-048-000	PPO
	H5216-132-000	PPO
Illinois: Adams, Alexander, Boone, Brown, Bureau, Carroll, Cass, Champaign, Christian, Clark, Clay, Coles, Cook, Crawford, Cumberland, Dekalb, De Witt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jo Daviess, Johnson, Kane, Kankakee, Kendall, Knox, Lake, La Salle, Lawrence, Lee, Livingston, Logan, McDonough, McHenry, Mclean, Macon, Marshall, Mason, Massac, Menard, Mercer, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Saline, Sangamon, Schuyler, Scott, Shelby, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Winnebago, Woodford	H5216-355-000	PPO
Illinois: All Counties	H0028-014-000	HMO
	H0028-065-000	HMO
	H5216-251-000	PPO
	H5216-278-001	PPO
	H5216-318-001	PPO
	H5216-403-000	PPO
	H5216-407-000	PPO
	H8145-126-000	PFFS
	R5361-002-000	PPO
Indiana: All Counties	H5216-019-000	PPO
	H5216-053-000	PPO
	H5216-226-000	PPO
	H5216-317-000	PPO
	H5216-322-000	PPO
	H5216-441-000	PPO
	H5216-446-000	PPO
	H5216-481-001	PPO
	H5525-008-000	PPO
	H5619-051-000	HMO

State / County	Products/Plans (Contract Number/PBP Code/Segmentation ID)	
Indiana: All Counties	H7617-142-000	PPO
	H7617-143-000	PPO
	R0110-011-000	PPO
	R0110-012-000	PPO
Iowa: All Counties	H7617-118-000	PPO
Kansas: Allen, Anderson, Atchison, Barton, Bourbon, Butler, Chase, Cherokee, Clay, Coffey, Cowley, Crawford, Dickinson, Doniphan, Douglas, Ellsworth, Franklin, Geary, Greenwood, Harper, Harvey, Jackson, Jefferson, Johnson, Kingman, Labette, Leavenworth, Linn, McPherson, Marion, Marshall, Miami, Montgomery, Morris, Nemaha, Osage, Ottawa, Pawnee, Pottawatomie, Pratt, Reno, Rice, Riley, Russell, Saline, Sedgwick, Shawnee, Sumner, Wabaunsee, Washington, Wilson, Wyandotte	H5216-278-001	PPO
Kansas: All Counties	H0028-054-001	HMO
	H0028-066-000	HMO
	H4461-047-000	HMO
	H5216-318-002	PPO
	H5216-405-000	PPO
	H5216-409-000	PPO
	H7617-010-000	PPO
	H8145-126-000	PFFS
Kentucky: Boone, Caldwell, Campbell, Carroll, Cumberland, Edmonson, Estill, Floyd, Grant, Greenup, Hancock, Hardin, Harrison, Henderson, Kenton, McLean, Meade, Monroe, Ohio, Oldham, Owen, Pendleton, Robertson, Shelby, Todd, Trigg, Union, Webster, Wolfe	H7617-049-000	PPO
Kentucky: All Counties	H5216-019-000	PPO
	H5216-226-000	PPO
	H5216-285-000	PPO
	H5216-317-000	PPO
	H5216-322-000	PPO
	H5216-446-000	PPO
	H5216-481-002	PPO
	H5525-008-000	PPO
	H5525-030-000	PPO
	H5525-045-000	PPO
	H6622-021-001	HMO
	H7617-142-000	PPO
	H7617-143-000	PPO
	H8145-052-000	PFFS
	R0110-011-000	PPO
	R0110-012-000	PPO
Louisiana: All Counties	H1951-044-000	HMO
	H1951-057-000	HMO
	H5216-064-000	PPO
	H5216-161-000	PPO
	H5216-325-000	PPO
	H5216-326-000	PPO
	H5216-330-000	PPO
	H5216-332-000	PPO
	H5216-417-000	PPO
	H7617-079-000	PPO
	R0110-001-000	PPO

State / County	Products/Plans (Contract Number/PBP Code/Segmentation ID)	
Maine: Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, York	H5216-138-000	PPO
Maine: All Counties	H5216-175-000	PPO
	H5216-291-000	PPO
	H5619-066-000	HMO
	H5619-137-000	HMO
	H5619-181-000	HMO
	H7617-046-000	PPO
Maryland: All Counties	H5216-376-000	PPO
	H6622-081-000	HMO
Massachusetts: All Counties	H5216-138-000	PPO
	H7617-046-000	PPO
Michigan: Alcona, Alger, Allegan, Antrim, Arenac, Baraga, Barry, Bay, Benzie, Berrien, Branch, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Delta, Dickinson, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Houghton, Huron, Ingham, Ionia, Iosco, Iron, Isabella, Jackson, Kalkaska, Kent, Keweenaw, Lake, Lapeer, Leelanau, Lenawee, Livingston, Luce, Macomb, Manistee, Marquette, Mecosta, Menominee, Midland, Missaukee, Monroe, Montcalm, Montmorency, Newaygo, Oakland, Ogemaw, Ontonagon, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Schoolcraft, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	H5216-190-000	PPO
Michigan: Allegan, Arenac, Barry, Bay, Berrien, Branch, Cass, Clare, Clinton, Delta, Dickinson, Eaton, Genesee, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Kent, Lapeer, Lenawee, Livingston, Macomb, Marquette, Mecosta, Menominee, Midland, Monroe, Montcalm, Newaygo, Oakland, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne	H5216-306-000	PPO
Michigan: Allegan, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Cass, Cheboygan, Clare, Clinton, Crawford, Delta, Dickinson, Eaton, Genesee, Grand Traverse, Gratiot, Hillsdale, Ingham, Ionia, Isabella, Jackson, Kent, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Marquette, Mecosta, Menominee, Midland, Missaukee, Monroe, Montcalm, Montmorency, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Roscommon, Saginaw, St. Clair, St. Joseph, Shiawassee, Van Buren, Washtenaw, Wayne, Wexford	H5216-384-000	PPO
Michigan: Alger, Baraga, Houghton, Iron, Keweenaw, Luce, Ontonagon, Schoolcraft	H7617-058-000	PPO
Mississippi: Adams, Alcorn, Attala, Benton, Bolivar, Calhoun, Chickasaw, Claiborne, Clarke, Coahoma, Copiah, Covington, Desoto, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Humphreys, Issaquena, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Leake, Leflore, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Panola, Pearl River, Perry, Pike, Prentiss, Quitman, Rankin, Scott, Sharkey, Stone, Sunflower, Tallahatchie, Tate, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo	H5216-200-000	PPO
Mississippi: All Counties	H5216-097-000	PPO
	H5216-160-000	PPO
	H5216-292-000	PPO
	H5216-298-000	PPO
	H5216-300-000	PPO

State / County	Products/Plans (Contract Number/PBP Code/Segmentation ID)	
Mississippi: All Counties	H5216-367-000	PPO
	H6622-047-000	HMO
	H6622-048-000	HMO
	R0110-001-000	PPO
Missouri: Adair, Andrew, Atchison, Audrain, Barry, Barton, Bates, Benton, Bollinger, Boone, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Franklin, Carter, Cass, Cedar, Chariton, Christian, Clark, Clay, Clinton, Cole, Cooper, Crawford, Dade, Dallas, Daviess, Dekalb, Dent, Douglas, Gasconade, Greene, Grundy, Henry, Hickory, Holt, Howard, Howell, Iron, Jackson, Jasper, Jefferson, Johnson, Knox, Laclede, Lafayette, Lawrence, Lewis, Lincoln, Linn, Macon, Madison, Marion, McDonald, Mercer, Miller, Mississippi, Moniteau, Monroe, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Pettis, Phelps, Pike, Platte, Polk, Pulaski, Putnam, Ralls, Randolph, Ray, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shannon, Shelby, St. Charles, St. Clair, St. Francois, St. Louis City, St. Louis, Ste. Genevieve, Stoddard, Stone, Sullivan, Taney, Texas, Vernon, Warren, Washington, Wayne, Webster, Worth, Wright	H5216-278-001	PPO
Missouri: All Counties	H0028-014-000	HMO
	H0028-054-001	HMO
	H0028-065-000	HMO
	H0028-066-000	HMO
	H4461-047-000	HMO
	H4623-002-000	HMO
	H5216-318-001	PPO
	H5216-318-002	PPO
	H5216-404-000	PPO
	H5216-405-000	PPO
	H5216-407-000	PPO
	H7617-010-000	PPO
	H8145-126-000	PFFS
Montana: All Counties	H5216-048-000	PPO
	H5216-457-001	PPO
	H5216-457-002	PPO
	H7617-024-000	PPO
	H7617-026-000	PPO
Nevada: All Counties	H5216-281-000	PPO
	H6622-056-000	HMO
New Hampshire: Hillsborough, Merrimack, Rockingham, Strafford	H5216-138-000	PPO
New Hampshire: All Counties	H5619-137-000	HMO
New Jersey: All Counties	H5216-319-000	PPO
	H7617-045-000	PPO
New Mexico: Bernalillo, Sandoval, San Miguel, Santa Fe, Torrance, Valencia	H5216-223-000	PPO
New Mexico: All Counties	H0028-019-000	HMO
North Carolina: All Counties	H5525-035-000	PPO
	H6622-057-000	HMO

State / County	Products/Plans (Contract Number/PBP Code/Segmentation ID)	
Ohio: Adams, Allen, Ashland, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Darke, Delaware, Erie, Fairfield, Franklin, Fulton, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Miami, Monroe, Montgomery, Morrow, Noble, Ottawa, Paulding, Perry, Pickaway, Portage, Preble, Putnam, Sandusky, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Warren, Wayne, Williams, Wood, Wyandot	H5216-441-000	PPO
Ohio: Adams, Allen, Ashland, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Darke, Delaware, Erie, Fairfield, Franklin, Fulton, Geauga, Greene, Hamilton, Hancock, Hardin, Harrison, Henry, Holmes, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Miami, Montgomery, Morrow, Ottawa, Paulding, Pickaway, Portage, Preble, Putnam, Sandusky, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Warren, Wayne, Williams, Wood, Wyandot	H5216-481-002	PPO
Ohio: All Counties	H5216-106-000	PPO
	H5216-285-000	PPO
	H5216-401-000	PPO
	H5525-030-000	PPO
	H5525-042-000	PPO
	H7617-140-000	PPO
	H7617-142-000	PPO
	R0110-015-000	PPO
	R0110-016-000	PPO
Oklahoma: Adair, Alfalfa, Atoka, Bryan, Caddo, Canadian, Cherokee, Choctaw, Cleveland, Comanche, Cotton, Craig, Creek, Delaware, Dewey, Garfield, Garvin, Grady, Grant, Greer, Haskell, Hughes, Jackson, Jefferson, Johnston, Kay, Kingfisher, Kiowa, Latimer, Le Flore, Lincoln, Logan, Love, Major, Marshall, Mayes, McClain, McCurtain, McIntosh, Murray, Muskogee, Noble, Nowata, Okfuskee, Oklahoma, Okmulgee, Osage, Ottawa, Pawnee, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, Rogers, Seminole, Sequoyah, Stephens, Tillman, Tulsa, Wagoner, Woods	H5216-278-001	PPO
Oklahoma: All Counties	H5216-264-000	PPO
	H5216-337-002	PPO
	H5216-372-000	PPO
	H8145-126-000	PFFS
Oregon: All Counties	H1036-306-000	HMO
	H5216-048-000	PPO
	H5216-132-000	PPO
Pennsylvania: All Counties	H5216-120-000	PPO
	H5525-005-000	PPO
	H5525-006-000	PPO
	H8145-052-000	PFFS
	R0110-007-000	PPO
	R0110-008-000	PPO
South Carolina: All Counties	H5216-243-000	PPO
	H5216-277-000	PPO
	H5216-286-000	PPO
	H5216-345-000	PPO

State / County	Products/Plans (Contract Number/PBP Code/Segmentation ID)	
South Carolina: All Counties	H5216-347-000	PPO
	H5216-466-000	PPO
	H7617-094-000	PPO
	H7617-095-000	PPO
	H7617-128-000	PPO
Tennessee: All Counties	H4461-022-000	HMO
	H5216-097-000	PPO
	H5216-180-000	PPO
	H5216-416-000	PPO
	H7617-117-000	PPO
	R0110-017-000	PPO
	R0110-018-000	PPO
Texas: Anderson, Andrews, Angelina, Aransas, Archer, Armstrong, Atascosa, Austin, Bandera, Bastrop, Baylor, Bee, Bexar, Blanco, Bowie, Brazoria, Brooks, Brown, Burleson, Burnet, Caldwell, Calhoun, Callahan, Cameron, Camp, Carson, Cass, Chambers, Cherokee, Clay, Coke, Coleman, Collin, Colorado, Comal, Comanche, Concho, Cooke, Coryell, Crosby, Dallas, Dawson, Deaf Smith, Delta, Denton, Dewitt, Dickens, Dimmit, Duval, Eastland, Ector, Edwards, Ellis, El Paso, Erath, Falls, Fannin, Fayette, Franklin, Freestone, Frio, Galveston, Garza, Gillespie, Goliad, Gonzales, Gray, Grayson, Gregg, Grimes, Guadalupe, Hale, Hall, Hamilton, Hardin, Harris, Harrison, Hartley, Haskell, Hays, Henderson, Hidalgo, Hill, Hockley, Hopkins, Houston, Howard, Hudspeth, Hunt, Hutchinson, Irion, Jack, Jackson, Jasper, Jefferson, Jim Hogg, Jim Wells, Johnson, Jones, Karnes, Kaufman, Kendall, Kenedy, Kerr, Kinney, Kleberg, Lamar, Lamb, Lampasas, Lavaca, Lee, Leon, Liberty, Limestone, Live Oak, Llano, Lubbock, Lynn, McCulloch, McLennan, Madison, Marion, Martin, Matagorda, Maverick, Medina, Midland, Milam, Montague, Montgomery, Moore, Morris, Nacogdoches, Navarro, Newton, Nolan, Nueces, Orange, Palo Pinto, Panola, Parker, Pecos, Polk, Potter, Rains, Randall, Real, Red River, Reeves, Refugio, Robertson, Rockwall, Runnels, Rusk, Sabine, San Augustine, San Jacinto, San Patricio, San Saba, Schleicher, Shackelford, Shelby, Smith, Somervell, Starr, Stephens, Tarrant, Terry, Throckmorton, Titus, Tom Green, Travis, Trinity, Tyler, Upshur, Uvalde, Val Verde, Van Zandt, Victoria, Walker, Waller, Ward, Washington, Webb, Wharton, Wilbarger, Willacy, Williamson, Wilson, Wise, Wood, Young, Zapata, Zavala	H5216-348-000	PPO
Texas: Anderson, Angelina, Aransas, Bastrop, Bee, Bowie, Brazoria, Caldwell, Cass, Chambers, Collin, Cooke, Coryell, Delta, Denton, Ector, Ellis, Fannin, Fayette, Galveston, Grayson, Gregg, Hale, Hardin, Harris, Harrison, Hays, Henderson, Hill, Hood, Hopkins, Howard, Jasper, Jefferson, Jim Wells, Johnson, Kaufman, Kleberg, Lamar, Liberty, Llano, Lubbock, Maverick, Milam, Montague, Montgomery, Nacogdoches, Navarro, Nueces, Orange, Parker, Potter, Randall, Red River, Rockwall, Rusk, San Jacinto, San Patricio, Smith, Tarrant, Titus, Tom Green, Travis, Tyler, Upshur, Van Zandt, Victoria, Walker, Waller, Washington, Wharton, Williamson, Wise, Wood	H5216-358-000	PPO
Texas: Cooke, Dallas, Denton, Ellis, Hill, Hood, Kaufman, Montague, Tarrant, Wise	H7617-035-000	PPO
Texas: All Counties	H0028-029-000	HMO
	H0028-030-000	HMO
	H0028-032-000	HMO
	H0028-035-000	HMO
	H0028-036-000	HMO

State / County	Products/Plans (Contract Number/PBP Code/Segmentation ID)	
Texas: All Counties	H0028-037-000	HMO
	H0028-039-000	HMO
	H0028-041-000	HMO
	H0028-042-000	HMO
	H0028-043-001	HMO
	H0028-043-002	HMO
	H0028-046-000	HMO
	H0028-059-000	HMO
	H0028-060-000	HMO
	H0028-070-000	HMO
	H0028-072-000	HMO
	H5216-042-000	PPO
	H5216-043-001	PPO
	H5216-043-006	PPO
	H5216-350-000	PPO
	H5216-351-000	PPO
	H5216-352-000	PPO
	H5216-369-000	PPO
	H5216-431-000	PPO
	H5216-432-000	PPO
	H5216-433-000	PPO
	H7617-042-000	PPO
	H7617-136-000	PPO
	H7617-137-000	PPO
	H7617-138-000	PPO
	H8145-126-000	PFFS
	R4182-003-000	PPO
	R4182-004-000	PPO
Utah: Davis, Salt Lake, Utah, Weber	H5216-471-000	PPO
Utah: All Counties	H5216-048-000	PPO
Vermont: All Counties	H5216-138-000	PPO
	H7617-046-000	PPO
Virginia: Amelia, Bland, Buckingham, Craig, Dinwiddie, Essex, Fluvanna, Franklin City, Galax City, Hanover, Highland, Isle Of Wight, King William, Mathews, Richmond, Stafford, Westmoreland	H7617-098-000	PPO
Virginia: Alexandria City, Amelia, Bath, Bland, Buckingham, Craig, Dinwiddie, Essex, Fluvanna, Franklin City, Galax City, Giles, Hanover, Highland, Isle Of Wight, King William, Lancaster, Mathews, New Kent, Richmond, Shenandoah, Stafford, Westmoreland	H7617-100-000	PPO
Virginia: Alexandria City, Bath, Giles, Lancaster, New Kent, Shenandoah	H7617-101-000	PPO
Virginia: All Counties	H5216-100-000	PPO
	H5216-266-000	PPO
	H5216-271-000	PPO
	H5216-308-000	PPO
	H5216-310-000	PPO
	H5216-362-000	PPO
	H5216-406-000	PPO
	H5216-408-000	PPO
	H6622-004-000	HMO
	H6622-090-000	HMO

State / County	Products/Plans (Contract Number/PBP Code/Segmentation ID)	
Virginia: All Counties	H7617-131-000	PPO
	H7617-133-000	PPO
	H7617-134-000	PPO
	H8145-091-000	PFFS
Washington: All Counties	H1036-306-000	HMO
	H5216-048-000	PPO
	H5216-427-001	PPO
	H5619-057-000	HMO
	H5619-165-000	HMO
	H5619-174-000	HMO
West Virginia: Barbour, Braxton, Brooke, Calhoun, Doddridge, Gilmer, Grant, Hampshire, Hancock, Hardy, Harrison, Jackson, Lewis, Marion, Marshall, Mineral, Monongalia, Morgan, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Randolph, Ritchie, Roane, Taylor, Tucker, Tyler, Upshur, Webster, Wetzel, Wirt, Wyoming	H7617-065-000	PPO
West Virginia: All Counties	H5216-019-000	PPO
	H5216-124-000	PPO
	H5216-328-000	PPO
	H5525-005-000	PPO
	H7617-139-000	PPO
	H8145-052-000	PFFS
	R0110-007-000	PPO
	R0110-008-000	PPO
Wisconsin: All Counties	H5216-006-000	PPO
	H5216-173-000	PPO
	H5216-252-000	PPO
	H5216-253-000	PPO
	H5216-355-000	PPO
	H5216-410-000	PPO
	R5361-002-000	PPO
Wyoming: All Counties	H5216-048-000	PPO

Non-Commissionable Counties for Specified Medicare Products

Notwithstanding anything herein to the contrary, no commission will be paid for any of the following Medicare Products with effective dates of coverage on or after **January 1, 2027**:

Non-Commissionable PDP Plans Contract Number/PBP Code/ Segmentation ID – Applicable to All States			
S5884-101-000	S5884-141-000	S5884-167-000	S5884-193-000
S5884-102-000	S5884-142-000	S5884-168-000	S5884-194-000
S5884-103-000	S5884-143-000	S5884-169-000	S5884-195-000
S5884-104-000	S5884-144-000	S5884-170-000	S5884-196-000
S5884-105-000	S5884-145-000	S5884-171-000	S5884-197-000
S5884-106-000	S5884-146-000	S5884-172-000	S5884-198-000
S5884-107-000	S5884-147-000	S5884-173-000	S5884-199-000
S5884-108-000	S5884-148-000	S5884-174-000	S5884-200-000
S5884-109-000	S5884-149-000	S5884-175-000	S5884-201-000
S5884-110-000	S5884-150-000	S5884-176-000	S5884-202-000
S5884-111-000	S5884-151-000	S5884-177-000	S5884-203-000
S5884-112-000	S5884-152-000	S5884-178-000	S5884-204-000
S5884-113-000	S5884-153-000	S5884-179-000	S5884-205-000
S5884-114-000	S5884-154-000	S5884-180-000	S5884-206-000
S5884-115-000	S5884-155-000	S5884-181-000	S5884-207-000
S5884-116-000	S5884-156-000	S5884-182-000	S5884-208-000
S5884-131-000	S5884-157-000	S5884-183-000	S5884-209-000
S5884-132-000	S5884-158-000	S5884-184-000	S5884-210-000
S5884-133-000	S5884-159-000	S5884-185-000	S5884-211-000
S5884-134-000	S5884-160-000	S5884-186-000	S5884-212-000
S5884-135-000	S5884-161-000	S5884-187-000	S5884-213-000
S5884-136-000	S5884-162-000	S5884-188-000	S5884-216-000
S5884-137-000	S5884-163-000	S5884-189-000	S5884-217-000
S5884-138-000	S5884-164-000	S5884-190-000	S5884-218-000
S5884-139-000	S5884-165-000	S5884-191-000	
S5884-140-000	S5884-166-000	S5884-192-000	

Adjustment to Prior Year Commission Schedule(s)

For your convenience, listed below are Renewal Rate Commission adjustments from prior years that will remain in effect.

Prior Year Renewal Rate Adjustments				
MA & MAPD State	**2009 Effective Date**	**2013 Effective Date**	**2014 Effective Date**	**2015 Effective Date**
PR	$11.66 pmpm ($140 annually)	No Change *(see 2013 PPP for rates)*	$11.66 pmpm ($140 annually)	No Change *(see 2015 PPP for rates)*
CA	No Change *(see 2009 PPP for rates)*	$21.25 pmpm ($255 annually)	$21.25 pmpm ($255 annually)	$21.25 pmpm ($255 annually)
NJ	No Change *(see 2009 PPP for rates)*	No Change *(see 2013 PPP for rates)*	$21.25 pmpm ($255 annually)	$21.25 pmpm ($255 annually)
CT, DC, PA	No Change *(see 2009 PPP for rates)*	No Change *(see 2013 PPP for rates)*	$19.16 pmpm ($230 annually)	$19.16 pmpm ($230 annually)
AK, AZ, HI, NV, TX	No Change *(see 2009 PPP for rates)*	$17.00 pmpm ($204 annually)	$17.00 pmpm ($204 annually)	$17.00 pmpm ($204 annually)
All Other States	No Change *(see 2009 PPP for rates)*	No Change *(see 2013 PPP for rates)*	$17.00 pmpm ($204 annually)	$17.00 pmpm ($204 annually)

For prior year Renewal Rates refer to the Renewal Rate for plans effective in the year indicated. Years 2012, 2011, 2010 and years prior to 2009 have no changes.





Medicare Supplement Commission Schedules

- **Standard Core and Value Products Commission Schedule**
- **Achieve Products Commission Schedule**

Medicare Supplement Commission Schedule
Applicable to Standard Core and Value Products
For policies with effective dates on or after January 1, 2027

Medicare Supplement Commission Schedule Applicable to Standard Core and Value Products For Ages Under 65											
			Paid Annually*	Paid Monthly							
				Subsequent Years (2+)							
State	Plans	Enrollment Type	First Year	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Years 8-10	Years 11+
California	All Plans	OE	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	2.00%	2.00%	2.00%
	All Plans	UW, GI	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Colorado	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Florida	All Plans	OE, UW, GI	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	1.00%	1.00%	1.00%
Idaho	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Illinois	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Kansas	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Maine	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Minnesota	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Missouri	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Montana	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
New York	All Plans	OE, UW, GI	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	5.00%	5.00%	3.00%
Oregon	All Plans	OE, UW, GI	18.00%	18.00%	18.00%	18.00%	18.00%	18.00%	2.50%	2.50%	2.50%
Pennsylvania	All Plans	OE, UW , GI	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	0.00%	0.00%	0.00%
Wisconsin	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
All Other States	All Plans	OE, UW, GI	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

First Year commission paid annually; Subsequent Years are paid monthly beginning in the 13th month; If a Product change is made during the First Year (for any state), commissions will be paid monthly.
**Exceptions: Washington paid monthly for the life of the policy, including First Year.*

Medicare Supplement Commission Schedule
Applicable to Standard Core and Value Products
For Ages 65 - 80

State	Plans	Enrollment Type	Paid Annually*	Paid Monthly							
				Subsequent Years (2+)							
			First Year	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Years 8-10	Years 11+
Alabama	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Alaska	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	0.00%	0.00%	0.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Arizona	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Arkansas	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
California	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Colorado	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Connecticut	All Plans	OE, UW, GI	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	8.00%	8.00%	0.00%
Delaware	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
District of Columbia	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	0.00%	0.00%	0.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Florida	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Georgia	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Hawaii	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	0.00%	0.00%	0.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Idaho	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Illinois	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Indiana	All Plans	OE, UW, GI	24.00%	24.00%	24.00%	24.00%	24.00%	24.00%	0.00%	0.00%	0.00%
Iowa	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Kansas	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Kentucky	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Louisiana	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Maine	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Maryland	All Plans	OE, UW, GI	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	5.00%	5.00%	3.00%
Massachusetts	All Plans	OE, UW, GI	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	2.50%	2.50%	2.50%
Michigan	All Plans	OE, UW	32.00%	32.00%	32.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Minnesota	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Mississippi	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%

First Year commission paid annually; Subsequent Years are paid monthly beginning in the 13th month; If a Product change is made during the First Year (for any state), commissions will be paid monthly.
**Exceptions: Washington paid monthly for the life of the policy, including First Year.*

Medicare Supplement Commission Schedule
Applicable to Standard Core and Value Products
For Ages 65 - 80 (continued)

			Paid Annually*	Paid Monthly							
				Subsequent Years (2+)							
State	Plans	Enrollment Type	First Year	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Years 8-10	Years 11+
Missouri	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Montana	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Nebraska	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	0.00%	0.00%	0.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Nevada	All Plans	OE, UW, GI	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%	5.00%	5.00%	3.00%
New Hampshire	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
New Jersey	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
New Mexico	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
New York	All Plans	OE, UW, GI	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	5.00%	5.00%	3.00%
North Carolina	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
North Dakota	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Ohio	All Plans	OE, UW	24.00%	24.00%	24.00%	24.00%	24.00%	24.00%	24.00%	0.00%	0.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Oklahoma	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Oregon	All Plans	OE, UW, GI	18.00%	18.00%	18.00%	18.00%	18.00%	18.00%	2.50%	2.50%	2.50%
Pennsylvania	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	0.00%	0.00%	0.00%
Rhode Island	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
South Carolina	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
South Dakota	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Tennessee	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Texas	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%
Utah	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Vermont	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Virginia	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Washington*	All Plans	OE, UW, GI	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%
West Virginia	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Wisconsin	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Wyoming	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%

First Year commission paid annually; Subsequent Years are paid monthly beginning in the 13th month; If a Product change is made during the First Year (for any state), commissions will be paid monthly.
**Exceptions: Washington paid monthly for the life of the policy, including First Year.*

Medicare Supplement Commission Schedule Applicable to Standard Core and Value Products For Ages 81 and above											
			Paid Annually*	Paid Monthly							
				Subsequent Years (2+)							
State	Plans	Enrollment Type	First Year	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Years 8-10	Years 11+
Alabama	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Alaska	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	0.00%	0.00%	0.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Arizona	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Arkansas	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
California	All Plans	OE, UW, GI	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
Colorado	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Connecticut	All Plans	OE, UW, GI	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Delaware	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
District of Columbia	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	0.00%	0.00%	0.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Florida	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Georgia	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Hawaii	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	0.00%	0.00%	0.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Idaho	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Illinois	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Indiana	All Plans	OE, UW, GI	24.00%	24.00%	24.00%	24.00%	24.00%	24.00%	0.00%	0.00%	0.00%
Iowa	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Kansas	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Kentucky	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Louisiana	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Maine	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Maryland	All Plans	OE, UW, GI	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	5.00%	5.00%	3.00%
Massachusetts	All Plans	OE, UW, GI	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Michigan	All Plans	OE, UW	16.00%	16.00%	16.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Minnesota	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Mississippi	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%

First Year commission paid annually; Subsequent Years are paid monthly beginning in the 13th month; If a Product change is made during the First Year (for any state), commissions will be paid monthly.
**Exceptions: Washington paid monthly for the life of the policy, including First Year.*

Medicare Supplement Commission Schedule
Applicable to Standard Core and Value Products
For Ages 81 and above (continued)

State	Plans	Enrollment Type	Paid Annually* First Year	Paid Monthly Subsequent Years (2+) Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Years 8-10	Years 11+
Missouri	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Montana	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Nebraska	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	0.00%	0.00%	0.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Nevada	All Plans	OE, UW, GI	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	2.50%	2.50%	1.00%
New Hampshire	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
New Jersey	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
New Mexico	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
New York	All Plans	OE, UW, GI	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	5.00%	5.00%	3.00%
North Carolina	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
North Dakota	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Ohio	All Plans	OE, UW	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	0.00%	0.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Oklahoma	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Oregon	All Plans	OE, UW, GI	18.00%	18.00%	18.00%	18.00%	18.00%	18.00%	2.50%	2.50%	2.50%
Pennsylvania	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	0.00%	0.00%	0.00%
Rhode Island	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
South Carolina	All Plans	OE, UW, GI	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
South Dakota	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Tennessee	All Plans	OE, UW, GI	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
Texas	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%
Utah	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Vermont	All Plans	OE, UW, GI	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Virginia	All Plans	OE, UW	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.00%
	All Plans	GI	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%
Washington*	All Plans	OE, UW, GI	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%
West Virginia	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%
Wisconsin	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
Wyoming	All Plans	OE, UW	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	1.00%	1.00%	1.00%
	All Plans	GI	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%	0.00%	0.00%

First Year commission paid annually; Subsequent Years are paid monthly beginning in the 13th month; If a Product change is made during the First Year (for any state), commissions will be paid monthly.

**Exceptions: Washington paid monthly for the life of the policy, including First Year.*

Medicare Supplement Commission Schedule
Applicable to Achieve Products

For policies with effective dates on or after January 1, 2027

Alabama, Arizona, Arkansas, Delaware, Georgia, Iowa, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, North Carolina, North Dakota, Oklahoma, South Dakota, Virginia, West Virginia, Wyoming			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	1.0%	1.0%	1.0%
	N	OE, UW	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	1.0%	1.0%	1.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Alabama, Arizona, Arkansas, Delaware, Georgia, Iowa, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, North Carolina, North Dakota, Oklahoma, South Dakota, Virginia, West Virginia, Wyoming			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	1.25%	1.25%	1.25%
	N	OE, UW	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	1.25%	1.25%	1.25%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

California - <65 only pay during initial OEP			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	2.0%	2.0%	2.0%
	All Plans	GI, UW	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW, GI	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	1.0%	1.0%	1.0%
	N	OE, UW, GI	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	1.0%	1.0%	1.0%

California - <65 only pay during initial OEP			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	2.25%	2.25%	2.25%
	All Plans	GI, UW	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW, GI	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	1.25%	1.25%	1.25%
	N	OE, UW, GI	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	1.25%	1.25%	1.25%

Colorado			Policies Issued All Ages								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW, GI	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%

Colorado			Policies Issued All Ages								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW, GI	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%

Florida			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.0%	0.0%	0.0%
	N	OE, UW, GI	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW, GI	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	1.0%	1.0%	1.0%
	N	OE, UW, GI	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	1.0%	1.0%	1.0%

Florida			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.0%	0.0%	0.0%
	N	OE, UW, GI	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW, GI	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	1.25%	1.25%	1.25%
	N	OE, UW, GI	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	1.25%	1.25%	1.25%

Illinois			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	1.0%	1.0%	1.0%
	N	OE, UW	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	1.0%	1.0%	1.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	1.0%	1.0%	1.0%
	N	OE, UW	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	1.0%	1.0%	1.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Illinois			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	1.25%	1.25%	1.25%
	N	OE, UW	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	1.25%	1.25%	1.25%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	1.25%	1.25%	1.25%
	N	OE, UW	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	1.25%	1.25%	1.25%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Indiana			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	24.0%	24.0%	24.0%	24.0%	24.0%	24.0%	0.0%	0.0%	0.0%

Indiana			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	0.0%	0.0%	0.0%

Kansas			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	1.0%	1.0%	1.0%
	N	OE, UW	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	1.0%	1.0%	1.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Kansas			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	1.25%	1.25%	1.25%
	N	OE, UW	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	1.25%	1.25%	1.25%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Maine			Policies Issued All Ages								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Maine			Policies Issued All Ages								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Michigan			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	32.0%	32.0%	32.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
	N	OE, UW	37.0%	37.0%	37.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	16.0%	16.0%	16.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
	N	OE, UW	18.5%	18.5%	18.5%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Michigan			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	33.0%	33.0%	33.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
	N	OE, UW	38.0%	38.0%	38.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	16.5%	16.5%	16.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
	N	OE, UW	19.0%	19.0%	19.0%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Minnesota, Montana, Wisconsin			Policies Issued All Ages								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%

Minnesota, Montana, Wisconsin			Policies Issued All Ages								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%

Missouri			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	A, F	OE, UW	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	2.5%	2.5%	2.5%
	G, HD-G	OE, UW	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%	2.5%	2.5%	2.5%
	N	OE, UW	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%	2.5%	2.5%	2.5%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 65+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	A, F	OE, UW	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	2.5%	2.5%	2.5%
	G, HD-G	OE, UW	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%	2.5%	2.5%	2.5%
	N	OE, UW	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%	2.5%	2.5%	2.5%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Missouri			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	A, F	OE, UW	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	3.0%	3.0%	3.0%
	G, HD-G	OE, UW	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	3.0%	3.0%	3.0%
	N	OE, UW	16.5%	16.5%	16.5%	16.5%	16.5%	16.5%	3.0%	3.0%	3.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 65+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	A, F	OE, UW	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	3.0%	3.0%	3.0%
	G, HD-G	OE, UW	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	3.0%	3.0%	3.0%
	N	OE, UW	16.5%	16.5%	16.5%	16.5%	16.5%	16.5%	3.0%	3.0%	3.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

New Hampshire, Utah			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

New Hampshire, Utah			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Ohio			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	24.0%	24.0%	24.0%	24.0%	24.0%	24.0%	24.0%	0.0%	0.0%
	N	OE, UW	29.0%	29.0%	29.0%	29.0%	29.0%	29.0%	29.0%	0.0%	0.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	0.0%	0.0%
	N	OE, UW	14.5%	14.5%	14.5%	14.5%	14.5%	14.5%	14.5%	0.0%	0.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Ohio			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	0.0%	0.0%
	N	OE, UW	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	0.0%	0.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	0.0%	0.0%
	N	OE, UW	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	0.0%	0.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$0	$0	$0

Oregon			Policies Issued All Ages								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW, GI	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%

Oregon			Policies Issued All Ages								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW, GI	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%

Pennsylvania			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.0%	0.0%	0.0%
	All Plans	GI	$50	$50	$50	$50	$50	$50	$0	$0	$0
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%
	All Plans	GI	$50	$50	$50	$50	$50	$50	$0	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	1.0%	1.0%	1.0%
	N	OE, UW	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	1.0%	1.0%	1.0%
	All Plans	GI	$50	$50	$50	$50	$50	$50	$0	$0	$0

Pennsylvania			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.0%	0.0%	0.0%
	All Plans	GI	$50	$50	$50	$50	$50	$50	$0	$0	$0
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%
	All Plans	GI	$50	$50	$50	$50	$50	$50	$0	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	1.25%	1.25%	1.25%
	N	OE, UW	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	1.25%	1.25%	1.25%
	All Plans	GI	$50	$50	$50	$50	$50	$50	$0	$0	$0

South Carolina			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW, GI	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	1.0%	1.0%	1.0%
	N	OE, UW, GI	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	1.0%	1.0%	1.0%

South Carolina			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW, GI	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	1.25%	1.25%	1.25%
	N	OE, UW, GI	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	1.25%	1.25%	1.25%

Tennessee			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%	2.5%
	N	OE, UW, GI	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%	2.5%
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	1.0%	1.0%	1.0%
	N	OE, UW, GI	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	1.0%	1.0%	1.0%

Tennessee			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%	3.0%
	N	OE, UW, GI	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%	3.0%
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW, GI	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	1.25%	1.25%	1.25%
	N	OE, UW, GI	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	1.25%	1.25%	1.25%

Texas			Policies Issued < Age 65								
Level 4 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	2.5%	2.5%
	N	OE, UW	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.5%	2.5%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$25	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	1.0%	1.0%
	N	OE, UW	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	1.0%	1.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$25	$0	$0

Texas			Policies Issued < Age 65								
Level 5 Schedule	**Plan Types**	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans	OE, UW, GI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			Policies Issued Age 65-80								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	3.0%	3.0%
	N	OE, UW	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	3.0%	3.0%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$25	$0	$0
			Policies Issued Age 81+								
	Plan Types	**Type of Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8-10**	**Years 11+**
	All Plans (excludes N)	OE, UW	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	11.50%	1.25%	1.25%
	N	OE, UW	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	13.50%	1.25%	1.25%
	All Plans	GI	$25	$25	$25	$25	$25	$25	$25	$0	$0

Producers default to Level 4 unless otherwise specified; For any questions reqarding Achieve Medicare Supplement Commissions, please contact your upline (MGA/FMO). Plan availability subject to state approval.

Enrollment Types: Open Enrollment (OE); Underwriting (UW); Guarantee Issue (GI)

Plan availability subject to state approval. Not all plans available in all states. Please refer to your state's Outline of Coverage for available plans.

Notes on Medicare Supplement Producer Commission:

1. This schedule supersedes any previous schedules regarding Medicare Supplement Products and will apply to new Medicare Supplement Product enrollments with effective dates of coverage on or after **January 1, 2027.**

2. First Year commission for a policy means the flat fee (dollar amount) or percentage of the initial premium for the first 12 months that the policy is in force. Subsequent Years (Years 2-11+) renewal commission for a policy means the flat fee or percentage of the initial premium beginning with the 13th month. The initial monthly premium and effective date will control payments and policy year for Subsequent Years renewal commission determination. The effective date of the policy is not affected by a plan or Product change unless there is a lapse in coverage greater than 6 months.

3. Commissions are not paid on any increases in premium including attained age increases or experience rate increases, except in the state of Washington.

4. Commissions that are based on a percentage of premium are calculated by applying the percentage to Commissionable Premium only. Commissionable Premium is the original gross premium less household/spousal early enrollment discounts, Humana.com online enrollment discounts (if applicable), and less the premium designated by Humana to cover the Part B Deductible if applicable to the plan purchased (Exception: In the states of Indiana and Washington, Commissionable Premium includes the amount of the premium attributed to the Part B Deductible).

5. Commissions are payable only when premium payments are current, and no late premium payments are due. In order for Producer to receive commission, writing agent's name must appear on the insurance application.

6. For active in force policies paying commission:

    a. A change in Agent of Record during the First Year (without a Product change) will have no effect on the commission calculation and the new Agent of Record will receive Subsequent Years renewal commission beginning in the 13th month in accordance with the Medicare Supplement Commission Schedule above and based upon the policy effective date.

    b. A change in Agent of Record during the Subsequent Years renewal period will have no effect on the commission calculation, and the new Agent of Record will receive commission in the month following the change in accordance with the Medicare Supplement Commission Schedule above and based upon the policy effective date.

    c. If a Product change occurs during the First Year, the original Agent of Record will receive a chargeback for the remaining months the member was not enrolled in the plan. The Agent of Record on the new plan will receive monthly commission payments for the remainder of the First Year based upon the original policy effective date.

7. Humana reserves the right to exclude any policy from eligibility for commission where the applicant's premium will be paid (in whole or in part) by a third-party payer other than a family member, Power of Attorney, legal guardian, through a defined contribution, or by their employer.

8. Humana reserves the right to exclude any policy from eligibility for commission, bonus, or recognition programs at their sole discretion.

9. For any state where Humana does not pay commission for policies over age 80, if a member's issue age is 80 or less and attains an age of 81 or older during the life of the policy, commission will continue to be paid on the policy through the Subsequent Years renewal period; except in the event a member changes plans after attaining age 81, in which case commission will cease upon the effective date of the new policy.

10. If any Medicare Supplement policy lapses and is not subsequently reinstated, there shall be no further obligation by Humana to pay commission and any unearned commission will be repaid to Humana on demand. If any lapsed policy is replaced or reinstated, any commission on the new or reinstated policy is payable only at Humana's discretion.

11. If coverage is surrendered, rescinded, or cancelled for any reason and premiums are refunded or waived, the Producer shall, in all cases, lose all rights to corresponding commission, respectively, and Producer shall repay commission to Humana on demand.

12. Any application received for an individual qualifying during their initial Medicare Supplement Open Enrollment Period shall be deemed as OE or OEP. The initial Medicare Supplement Open Enrollment period lasts for 6 months and begins on the first day of the month the beneficiary is both 65 or older and enrolled in Medicare Part B. This definition also extends to states that have an initial Medicare Supplement Open Enrollment Period for individuals under 65 who qualify for Medicare because of disability or ESRD. Applications received outside of this specified period of initial open enrollment shall be categorized either as Guaranteed Issue (GI), as required by law, or subject to a Medical Underwriting (UW) assessment.

Dental and Vision - Commission Schedule

This schedule supersedes any previous schedules regarding Dental and Vision Products and will apply to new Dental and Vision Product enrollments with initial effective dates of coverage on or after **January 1, 2027.** Commissions for Individual Dental and Vision Products are paid as a percent of paid premium or monthly plan fees in addition to, in some instances, a One-Time Commission Payment or One-Time Enrollment Fee Commission (as applicable) per application for issued policies.

Humana Dental Plans		
Plan	**Commission, Expressed as a Percent of Paid Premium or Monthly Plan Fee**	**One-Time Commission Payment or One-Time Enrollment Fee Commission (as applicable)**
Preventive Value	**None**	$30.00
Preventive Plus	**All Years** 10%	$35.00
Preventive Plus for Veterans	**All Years** 10%	$35.00
Bright Plus	**All Years** 10%	$30.00
Bright Plus for Veterans	**All Years** 10%	$30.00
Loyalty Plus	**All Years** 10%	$35.00
Complete Dental	**All Years** 10%	$35.00
Humana Extend 1250	**All Years** 10%	$35.00
Humana Extend 2500	**All Years** 10%	$35.00
Humana Extend 5000	**All Years** Massachusetts: 0% All other states: 10%	Massachusetts: $0.00 $35.00
Dental Savings Plus (Discount Plan - Dental, Vision, Rx, Hearing, Alternative Medicine)	**All Years** Utah: 0% All other states: 20%	Utah: $0.00 $15.00 in all other states
Dental Value Plan (HI215)	**All Years** 10%	$35.00
Dental Value Plan (C550)	**All Years** 10%	$35.00
Simple Choice	**All Years** 10%	$35.00

Dental and Vision - Commission Schedule (Continued)

Humana Dental On-Exchange Plans		
Plan	**Commission, Expressed as a Percent of Paid Premium or Monthly Plan Fee**	**One-Time Commission Payment or One-Time Enrollment Fee Commission (as applicable)**
Smart Choice (On-Exchange Plan)	**All Years** Colorado, Georgia, Idaho, Illinois, Minnesota, Oregon, Pennsylvania, & Virginia: 0% All other states: 10%	None
Humana Family Dental PPO* (On-Exchange Plan only offered in CA)	None	Annual flat commission of $5.00 per month that the policy is in force

**For Humana Family Dental PPO (On-Exchange Plan only offered in CA) - If the policy is terminated prior to the end of the plan year, Producer will receive a chargeback for the remaining months the member was not enrolled in the plan.*

Humana Vision Plans		
Plan	**Commission, Expressed as a Percent of Paid Premium or Monthly Plan Fee**	**One-Time Commission Payment or One-Time Enrollment Fee Commission (as applicable)**
Humana Vision Plus	**All Years** 10%	$35.00
Humana Vision	**All Years** 10%	$35.00
Vision Care Plan (VCP)	**All Years** 10%	$35.00
Focus	**All Years** 10%	$35.00

A One-Time Commission Payment or One-Time Enrollment Fee Commission (as applicable) is paid only at the time of the initial enrollment into this plan for the lifetime of the policy.

Not all plans available in all states. Please refer to your Agent Guide for available plans in your area.


Humana.