

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

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

**This Schedule is effective November 1, 2015, or the date for which you subsequently qualify for the schedule, whichever is later. It applies to issued Individual Marketplace policies and certificates with an initial effective date of January 1, 2016 or later.**

Carrier	Product	State	First-Year	Renewal Year 2	Renewal Years 3+	Commission Method
UHCAL	Marketplace Plan	AL	6%	3%	1%	ACT
UHCAR	Marketplace Plan	AR	\$14	\$14	\$14	PPPM
ASIC	Marketplace Plan	AZ	6%	4%	2%	ACT
UHCBP	Marketplace Plan	CA	3.8%	3%	3%	ACT
ASIC/UHCCO	Marketplace Plan	CO	7%	5%	3%	ACT
UHIC	Marketplace Plan	CT	\$20	\$20	\$20	PMPM
		FL Policies				
		1-49	7%	4%	2%	
UHCFL	Marketplace Plan	50+	7%	6%	3%	ACT-VIP 1
UHCGA	Marketplace Plan	GA	6%	3%	1%	ACT
		GA Policies				
		0-12	4%			
		13-24	5%			
HHI	Medical Care Plan	25+	6%	2%	1%	ACT-VIP-2
UHCML	Marketplace Plan	IA	6%	4%	2%	ACT
UHCMW	Marketplace Plan	IL	6%	4%	2%	ACT
		IL Policies				
		0-12	4%			
		13-24	5%			
HHI	Medical Care Plan	25+	6%	2%	1%	ACT-VIP-2
ASIC	Marketplace Plan	IN	6%	4%	2%	ACT
UHCMW	Marketplace Plan	KS	5%	4%	2%	ACT
UHKY	Marketplace Plan	KY	6%	4%	2%	ACT
UHCLA	Marketplace Plan	LA	6%	3%	1%	ACT
UHCMA/ASIC	Marketplace Plan	MD	\$20	\$20	\$20	PMPM
UHCCP	Marketplace Plan	MI	6%	4%	2%	ACT
UHCMS	Marketplace Plan	MS	6%	2%	1%	ACT
ASIC	Marketplace Plan	MO	6%	4%	2%	ACT
UHCML	Marketplace Plan	NE	6%	4%	2%	ACT
OHPNJ	Marketplace Plan	NJ	\$45	\$45	\$45	PPPM
UHCNY	Marketplace Plan (new and renewal policies)	NY	\$15	\$15	\$15	PPPM
UHCNC	Marketplace Plan	NC	7%	3%	3%	ACT
UHCNH/ASIC	Marketplace Plan	NH	6%	4%	2%	ACT
UHCOK	Marketplace Plan	OK	4%	4%	4%	ACT
UHCPA	Marketplace Plan	PA	4%	4%	4%	ACT
UHIC	Marketplace Plan	SC	9%	3%	3%	ACT
UHIC	Marketplace Plan	TN	\$18	\$18	\$18	PPPM

Carrier	Product	State	First-Year	Renewal Year 2	Renewal Years 3+	Commission Method
ASIC	Marketplace Plan	TX	4%	4%	4%	ACT
UHCMA	Marketplace Plan	VA	\$20	\$20	\$20	PMPM
UHCWA	Marketplace Plan	WA	\$20	\$20	\$20	PMPM
ASIC	Marketplace Plan	WI	5%	4%	2%	ACT

**Commission Method**

The following methods are used:

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

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

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

**Variable Incentive Program (VIP)** - The number of policies referenced in the Schedule as “Policies,” upon which commissions may be dependent, is equal to the total number of medical policies or certificates that were issued during the preceding 12 calendar month period as measured on the last day of the previous month and for which you were broker of record. This number will be recalculated each calendar month to include only the preceding 12 calendar months. Then, using the table, the rate that corresponds to the number of Policies will be applied to all issued policies and certificates for which commissions are payable to You under this Contract.

**VIP 1** – This count includes Marketplace plans only, excluding Medical Care Plan products.

**VIP 2** - The count is calculated using only Medical Care Plan products. This count includes both on and off exchange products.

**Miscellaneous**

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

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

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

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

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

**Carrier Definitions:**

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