



2024 Individual Products Producer Partnership Plan

INDIVIDUAL MEDICARE, MEDICARE SUPPLEMENT,
DENTAL AND VISION PRODUCTS



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General Provisions Applying to the Producer Partnership Plan

The 2024 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, 2024** 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 Medical, Group Dental, Group Vision, Group Medicare Supplement, Group Life & Supplemental, and Group Specialty Products. Those rules are contained in the Group Medical and Specialty 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. In Puerto Rico, an agent that holds an Authorized Person license type MUST assign all Compensation to a Producer or a corporation that holds the required license type for the policies or contracts sold. The Authorized Person will NOT receive any Compensation directly.

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. In no event will the Modification take effect prior to thirty (30) calendar days from the date Humana provides the Notice to Producer, unless such Modification is required due to Reform or guidance from Regulatory Authorities.

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 Inforce. 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: Medical, Dental, Vision, Life, Short-term Disability, Long-term Disability, Pharmacy, Workplace Voluntary Benefit 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: Medical, Dental, Vision, Life, Short-term Disability, Long-term Disability, Pharmacy, Workplace Voluntary Benefit 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 MA Enrollees

Humana will pay Producer a one-time sixty dollar (\$60.00) payment for assisting Medicare Advantage enrollees in completing an optional, post enrollment Health Risk Assessment (HRA) Survey. This payment is applicable to enrollees that are New to Medicare (Initial Sale) or new to Humana (moving from another carrier to Humana). Payment is not applicable for enrollees moving from one Humana plan to another Humana plan. The survey is optional for the member to complete, and the agent should not proceed to complete the survey unless the member agrees to do so.

In order for Producer to be eligible to receive payment for assisting the enrollee with the survey, the following conditions must be met:

- Producer must complete the required Model of Care (MOC) training for this program in advance of engaging enrollees 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 Vantage Agent Portal on Humana.com.
- Producer must assist enrollee in completing the survey in its entirety after enrollment or within thirty (30) calendar days of enrollment in order to receive the payment.
- Producer must only proceed with assisting enrollee in completing the survey upon their request or agreement to do so.
- Producer must be actively Licensed, contracted and appointed to sell MA Products with Humana.
- Humana must receive confirmation that the enrollee has been accepted and validated by CMS based on the enrollee's Medicare status.
- Producer must be the Agent of Record or writing agent for the policy. 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 enrollee with completing the survey.

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

MEDICARE COMMISSION SCHEDULE

MA, MAPD, and PDP Commission Schedule

Commission Payment Rates

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.

Initial Commission rates in the chart below are applicable to policies with an original effective date on or after [January 1, 2024](#)

Initial Commission					
Initial Commission	MA or MAPD in Puerto Rico	MA or MAPD in CA, NJ	MA or MAPD in CT, DC, PA	MA or MAPD in All Other States	PDP (All States)
	\$418.00	\$762.00	\$689.00	\$611.00	\$100.00 paid first month

Renewal Rate Commission rates in the chart below are applicable to policies with an original effective date on or after [January 1, 2020](#)

Renewal Rate Commission					
Renewal Rate Commission	MA or MAPD in Puerto Rico	MA or MAPD in CA, NJ	MA or MAPD in CT, DC, PA	MA or MAPD in All Other States	PDP (All States)
	\$17.41 pmpm (\$209.00 annually)	\$31.75 pmpm (\$381.00 annually)	\$28.75 pmpm (\$345.00 annually)	\$25.50 pmpm (\$306.00 annually)	\$50.00 paid annually

pmpm = per member per month

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 times twelve (12). Medicare Product changes are described in more detail in the section titled "Medicare Product Changes".

[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.](#)

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	Full
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
Employer Group to Individual	Initial Commission	Full – when there is no prior plan history ² Prorated ¹ - when there is prior plan history ²

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 1 st 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 1 st following enrollment)

pmpm = per member per month

¹Prorated 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.

²Medicare 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 prorated 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

Effective Date	Months Enrolled	First Commission Payment				
		MA & MAPD Puerto Rico	MA & MAPD CA, NJ	MA & MAPD CT, DC, PA	MA & MAPD All Other States	PDP All States
January 1	12 of 12	\$209.00	\$381.00	\$345.00	\$306.00	\$50.00
February 1	11 of 12	\$191.58	\$349.25	\$316.25	\$280.50	\$45.83
March 1	10 of 12	\$174.17	\$317.50	\$287.50	\$255.00	\$41.67
April 1	9 of 12	\$156.75	\$285.75	\$258.75	\$229.50	\$37.50
May 1	8 of 12	\$139.33	\$254.00	\$230.00	\$204.00	\$33.33
June 1	7 of 12	\$121.92	\$222.25	\$201.25	\$178.50	\$29.17
July 1	6 of 12	\$104.50	\$190.50	\$172.50	\$153.00	\$25.00
August 1	5 of 12	\$87.08	\$158.75	\$143.75	\$127.50	\$20.83
September 1	4 of 12	\$69.67	\$127.00	\$115.00	\$102.00	\$16.67
October 1	3 of 12	\$52.25	\$95.25	\$86.25	\$76.50	\$12.50
November 1	2 of 12	\$34.83	\$63.50	\$57.50	\$51.00	\$8.33
December 1	1 of 12	\$17.42	\$31.75	\$28.75	\$25.50	\$4.17

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:

- 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 the chart below titled “**Chart B: Second Payment – Initial Sale**”. Note that the first and second commission payments, when added together, equal the applicable full Initial Commission, regardless of the enrollment effective date or month.
- 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

Effective Date	Months Enrolled	Second Commission Payment: Applicable to Initial Sale				
		MA & MAPD Puerto Rico	MA & MAPD CA, NJ	MA & MAPD CT, DC, PA	MA & MAPD All Other States	PDP All States
January 1	12 of 12	\$209.00	\$381.00	\$344.00	\$305.00	\$50.00
February 1	11 of 12	\$226.42	\$412.75	\$372.75	\$330.50	\$54.17
March 1	10 of 12	\$243.83	\$444.50	\$401.50	\$356.00	\$58.33
April 1	9 of 12	\$261.25	\$476.25	\$430.25	\$381.50	\$62.50
May 1	8 of 12	\$278.67	\$508.00	\$459.00	\$407.00	\$66.67
June 1	7 of 12	\$296.08	\$539.75	\$487.75	\$432.50	\$70.83
July 1	6 of 12	\$313.50	\$571.50	\$516.50	\$458.00	\$75.00
August 1	5 of 12	\$330.92	\$603.25	\$545.25	\$483.50	\$79.17
September 1	4 of 12	\$348.33	\$635.00	\$574.00	\$509.00	\$83.33
October 1	3 of 12	\$365.75	\$666.75	\$602.75	\$534.50	\$87.50
November 1	2 of 12	\$383.17	\$698.50	\$631.50	\$560.00	\$91.67
December 1	1 of 12	\$400.58	\$730.25	\$660.25	\$585.50	\$95.83

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

Effective Date	Months Enrolled	Second Commission Payment: Applicable to Unlike Plan Type Change or Like Plan Type Change in Compensation Payment Year 1				
		MA & MAPD Puerto Rico	MA & MAPD CA, NJ	MA & MAPD CT, DC, PA	MA & MAPD All Other States	PDP All States
January 1	12 of 12	\$209.00	\$381.00	\$344.00	\$305.00	\$50.00
February 1	11 of 12	\$191.59	\$349.25	\$315.33	\$279.58	\$45.84
March 1	10 of 12	\$174.16	\$317.50	\$286.67	\$254.17	\$41.66
April 1	9 of 12	\$156.75	\$285.75	\$258.00	\$228.75	\$37.50
May 1	8 of 12	\$139.34	\$254.00	\$229.33	\$203.33	\$33.34
June 1	7 of 12	\$121.91	\$222.25	\$200.67	\$177.92	\$29.16
July 1	6 of 12	\$104.50	\$190.50	\$172.00	\$152.50	\$25.00
August 1	5 of 12	\$87.09	\$158.75	\$143.33	\$127.08	\$20.84
September 1	4 of 12	\$69.66	\$127.00	\$114.67	\$101.67	\$16.66
October 1	3 of 12	\$52.25	\$95.25	\$86.00	\$76.25	\$12.50
November 1	2 of 12	\$34.84	\$63.50	\$57.33	\$50.83	\$8.34
December 1	1 of 12	\$17.41	\$31.75	\$28.67	\$25.42	\$4.16

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, 2024**.
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 on the Submitted date for a new Medicare Product and the Medicare Product's effective date for renewals, as determined by Humana. 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. "Submitted" is defined as being entered and accepted into the Humana enrollment system. 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. Charge-backs. 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 dual (Medicare and Medicaid) eligible
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
Moves 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. Charge-backs 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 2024 for Medicare Products effective in 2024. 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.

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 1 st .
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 1 st .
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 1 st .
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 1 st .
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 1 st .

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, 2024**:

MA or MAPD Products		
State and County	Products/Plans (Contract Number-PBP Code)	
Arizona: All Counties	H5216-263	PPO
California: All Counties	H5619-032	HMO
	H5525-055	PPO
Delaware: All Counties	H5216-312	PPO
Florida: All Counties	H1036-280	HMO
	H7284-006	PPO
Georgia: All Counties	H5216-242	PPO
	H5216-279	PPO
	H5216-349	PPO
Illinois: All Counties	H5525-068	PPO
	H5525-069	PPO
Indiana: All Counties	H5216-400	PPO
	H5619-160	HMO
	H5216-324	PPO
Kentucky: All Counties	H5525-030	PPO
	H6622-019	HMO
	H5216-324	PPO
Louisiana: All Counties	R0110-001	PPO
New Jersey: All Counties	H5216-185	PPO
North Dakota: All Counties	H5216-273	PPO
	H5525-067	PPO
Ohio: All Counties	H5216-401	PPO
	H5525-030	PPO
	H6622-019	HMO
Puerto Rico: All Municipalities	H4007-029	HMO
South Carolina: All Counties	H5216-243	PPO
South Dakota: All Counties	H5216-273	PPO
	H5525-067	PPO
Texas: All Counties	H0028-064	HMO
	H5216-369	PPO
Virginia: All Counties	H5216-362	PPO
	H5216-312	PPO
Wisconsin: All Counties	H6622-088	PPO

Non-Commissionable Counties for Specified Medicare Products (continued)

Humana Basic Rx (PDP) Products			
State (All Counties)	Products/Plans (Contract Number - PBP Code)		State (All Counties)
Alabama	S5884-106		Montana
Alaska	S5884-116		Nebraska
Arizona	S5884-146		Nevada
Arkansas	S5884-141		New Hampshire
California	S5884-114		New Jersey
Colorado	S5884-111		New Mexico
Connecticut	S5884-102		New York
Delaware	S5884-103		North Carolina
District of Columbia	S5884-103		North Dakota
Florida	S5884-105		Ohio
Georgia	S5884-135		Oklahoma
Hawaii	S5884-115		Oregon
Idaho	S5884-147		Pennsylvania
Illinois	S5884-107		Puerto Rico
Indiana	S5884-138		Rhode Island
Iowa	S5884-145		South Carolina
Kansas	S5884-109		South Dakota
Kentucky	S5884-138		Tennessee
Louisiana	S5884-108		Texas
Maine	S5884-101		Utah
Maryland	S5884-103		Vermont
Massachusetts	S5884-102		Virginia
Michigan	S5884-136		Washington
Minnesota	S5884-145		West Virginia
Mississippi	S5884-142		Wisconsin
Missouri	S5884-140		Wyoming

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	2013 Effective	2014 Effective	2015 Effective
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 Only

For policies with effective dates on or after January 1, 2024

Medicare Supplement Commission Schedule											
Applicable to Standard Core and Value Products Only											
For Ages Under 65											
			Paid Annually*	Paid Monthly							
			First Year	Subsequent Years (2+)							
State	Plans	Enrollment Type		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%
Maryland	All Plans	OE, UW, GI	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	5.00%	5.00%	3.00%
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	18.00%	18.00%	18.00%	18.00%	18.00%	18.00%	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%

Please note: In California, commissions are paid for under Age 65 in Open Enrollment only due to disability.

First Year commission paid annually; Subsequent Years are paid monthly beginning in the 13th; 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 Only
For Ages 65 - 80

			Paid Annually*	Paid Monthly							
			First Year	Subsequent Years (2+)							
State	Plans	Enrollment Type		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	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
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	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	5.00%	5.00%	3.00%
Massachusetts	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	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%
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%

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 Only
For Ages 65 - 80 (continued)

			Paid Annually*	Paid Monthly							
			First Year	Subsequent Years (2+)							
State	Plans	Enrollment Type		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Years 8-10	Years 11+
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	18.00%	18.00%	18.00%	18.00%	18.00%	18.00%	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%
Puerto Rico	All Plans	OE, UW, GI	22.00%	22.00%	22.00%	22.00%	22.00%	22.00%	2.50%	2.50%	2.50%
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 Only 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	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	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%
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%

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 Only
For Ages 81 and above (continued)

			Paid Annually*	Paid Monthly							
			First Year	Subsequent Years (2+)							
State	Plans	Enrollment Type		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Years 8-10	Years 11+
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	18.00%	18.00%	18.00%	18.00%	18.00%	18.00%	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%
Puerto Rico	All Plans	OE, UW, GI	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	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%	1.00%	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 Only

For policies with effective dates on or after January 1, 2024

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
Alabama, Arizona, Arkansas, Georgia, Iowa, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, North Carolina, Oklahoma, South Dakota, Virginia, West Virginia			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, Georgia, Iowa, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, North Carolina, Oklahoma, South Dakota, Virginia, West Virginia			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

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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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%

Please note: In California, commissions are paid for under Age 65 in Open Enrollment only due to disability.

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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%
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%

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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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%

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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%

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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

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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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%

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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

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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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

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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%	2.5%	2.5%	2.5%
	N	OE, UW, GI	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	2.5%	2.5%	2.5%
			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	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	3.0%	3.0%	3.0%
	N	OE, UW, GI	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	3.0%	3.0%	3.0%

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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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%

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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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%

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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%

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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 regarding Achieve Medicare Supplement Commissions, please contact your upline (MGA/FMO). Plan availability subject to state approval.

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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%	2.0%	2.0%	2.0%
	N	OE, UW	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	2.0%	2.0%	2.0%
	All Plans	GI	\$25	\$25	\$25	\$25	\$25	\$25	\$0	\$0	\$0

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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

Medicare Supplement Commission Schedule - Applicable to Achieve Products Only											
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%
			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%

Producers default to Level 4 unless otherwise specified; For any questions regarding 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)

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, 2024**.
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 and early enrollment discounts, 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 inforce 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, 2024**. 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
Discount Savings Plan (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
Smart Choice	All Years 10%	None
Humana Extend 1,250	All Years 10%	\$35.00
Humana Extend 2,500	All Years 10%	\$35.00
Humana Extend 5,000	All Years 10%	\$35.00

Dental and Vision - Commission Schedule (Continued)

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 life time of the policy. No One-Time Enrollment Fee shall be collected nor shall a One-Time Enrollment Fee Commission be paid for plans sold on federally facilitated, federal state partnership, or state based marketplaces (applies to Smart Choice Dental plans only).

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

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