

2022 Individual ACA

Carrier	Product	State	Agent- Level Commission
UHIC	Qualified Health Plan	AL	\$15
UHC of AZ	Qualified Health Plan	AZ	\$20
UHC of FL	Qualified Health Plan	FL	\$25
UHC of GA	Qualified Health Plan	GA	\$20
UHC of IL	Qualified Health Plan	IL	\$25
UHIC	Qualified Health Plan	LA	\$25
OCI	Qualified Health Plan	MD	\$15
UHCCP	Qualified Health Plan	MI	\$20
UHC of NC	Qualified Health Plan	NC	\$25
UHC of OK	Qualified Health Plan	OK	\$20
UHIC	Qualified Health Plan	TN	\$20
UHC of TX	Qualified Health Plan	TX	\$25
OCI	Qualified Health Plan	VA	\$15
UHC of OR	Qualified Health Plan	WA	\$15

UnitedHealthOne

COMMISSION SCHEDULE

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, in its entirety, is effective December 17, 2021, unless otherwise specifically noted below. It applies to policies and certificates issued on or after the effective date of the schedule.

EXCEPTED BENEFITS AND NON-INSURANCE PRODUCTS COMMISSION SCHEDULE

This Section of the Schedule is effective December 17, 2021. It applies to policies and certificates issued on or after this effective date.

Products	First-Year		Renewal Years		
	Issue Age	18-59	60-64	18-59	60-64
FIXED INDEMNITY - GRIC					
Health ProtectorGuard (all states except, CO, FL, MN, VA)		35%	12%		12%
Health ProtectorGuard (CO, FL VA)		30%	7%		7%
Health ProtectorGuard Guard (MN)		20%	2%		2%
Guard Plan and Guard Plus Plan (all states except CO, FL, MN, VA)		25%	7%		7%
Guard Plan and Guard Plus Plan (CO, FL, VA)		20%	2%		2%
Guard Plan and Guard Plus Plan (MN)		10%	2%		2%
Hospital SafeGuard/Premier		30%	10%		10%
Hospital SafeGuard GI (all states except FL, MN, VA)		30%	12%		12%
Hospital SafeGuard GI (FL)		30%	9%		9%
Hospital SafeGuard GI (VA)		25%	5%		5%
Hospital SafeGuard GI (MN)		20%	2%		2%
Hospital Guard GI (all states except MN, VA)		25%	7%		7%
Hospital Guard GI (VA)		20%	3%		3%
Hospital Guard GI (MN)		10%	2%		2%

Products	First-Year	Renewal Years
DENTAL – GRIC (Commission Method – DEN)		
Dental Gen including riders	30%	5%
Dental 50+ including riders	30%	5%
Dental Primary including riders (all states except CO and ND)	20%	4%
Dental Primary including riders (CO, ND)	10%	3%
Dental Premier including riders (all states except CO and ND)	40%	4%
Dental Premier including riders (CO, ND)	28%	4%
VISION STANDALONE - GRIC		
Vision Standalone (all states except CO, DE, FL, IN, KY, MD, MN, ND, NJ, OH, SC, TN, VT)	25%	8%
Vision Standalone (DE, FL, IN, KY, MD, OH, NJ, SC, TN, VT)	20%	4%
Vision Standalone (CO, MN, ND)	15%	3%
NON-INSURANCE PRODUCTS		
HealthiestYou	40%	20%
New Benefits	40%	20%

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

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

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

SHORT TERM AND TRITERM MEDICAL PRODUCTS COMMISSION SCHEDULE

This Section of the Schedule is effective July 1, 2021. It applies to policies and certifications issued on or after the effective date.

Products	First-Year	Renewal Years
SHORT TERM MEDICAL - GRIC		
TriTerm Medical including riders (Commission Method – MA)	25%	10%
Short Term Medical including riders (all states except DE, KS, MN, MS, NH, OH, OR, SC, UT, VA)	24%	N/A
Short Term Medical including riders (OR)	20%	N/A
Short Term Medical including riders (MS, OH, SC)	15%	N/A
Short Term Medical including riders (DE, KS, MN, NH)	10%	N/A
Short Term Medical including riders (VA)	5%	N/A
Short Term Medical including riders (UT)	4%	N/A

OFF EXCHANGE PRODUCTS COMMISSION SCHEDULE

This Section of the Schedule is effective July 1, 2021. It applies to policies and certifications issued on or after the effective date.

Products	First-Year	Renewal Years
MEDICAL PRODUCTS – OHI (Commission Method – PMPM)		
Medical	\$6	\$6

Commission Method

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

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

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

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

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

N/A – Not Applicable

Miscellaneous

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

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

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

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

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

Products not shown on E-Store may be compensated at a lower rate.

Carrier Descriptions

GRIC – Golden Rule Insurance Company

OHI – Oxford Health Insurance, Inc.