

## APPENDIX A

### COMPENSATION SCHEDULE 2022 PLAN YEAR

This Compensation Schedule (“**Compensation Schedule**”) supplements and is made part of the Medica Agency Partner Agreement between Medica Holding Company, on behalf of itself and its affiliates (collectively “Medica”), and MAP (the “Agreement”). Undefined capitalized terms in this Compensation Schedule have the same meaning as defined in the Agreement.

**SECTION 1. DEFINITIONS AND SCOPE.** For purposes of this Compensation Schedule, “**Contract Charges**” means the total premium amount required of and collected from a Member or Group enrolled through MAP in a Benefit Contract or Group Plan pursuant to the Agreement.

#### **SECTION 2. TERMS AND CONDITIONS.**

##### **2.1 Participation Schedule.**

MAP agrees to sell Medica Benefit Contracts and Group Plans in accordance with the following schedule.

<b>Line of Business</b>	<b>Participation (Check Boxes for All Products MAP Sells)</b>
<b>Government Programs</b>	<input type="checkbox"/>
<b>Individual and Family</b>	<input type="checkbox"/>
<b>Commercial</b>	<input type="checkbox"/>

**2.2 MAP Compensation.** Except for compensation assigned to an FMO pursuant to Appendix C, MAP agrees to look solely to Medica for compensation under the applicable addenda to this Compensation Schedule. MAP shall not be entitled to any amounts from Medica for Compensation Assigned to an FMO pursuant to Appendix C. Except as set forth in this Compensation Schedule, the Agreement and any addenda to the Agreement may provide otherwise, Compensation shall be calculated as set forth as stated in the following Sections.

**2.3 Payment of Compensation.** Unless specified otherwise in this Appendix, Compensation payable under this Compensation Schedule will be paid in prorated monthly installments calculated according to Medica’s standard method. The portion of Compensation due MAP for the first month of a Member’s or Group’s first Contract Year will be paid to MAP, no later than ninety (90) days after the effective date of the Member’s or Group’s enrollment. Compensation for the second and subsequent months will be paid to MAP on a monthly basis no later than sixty (60) days after Medica receives the Member’s or Group’s monthly Contract Charges and monthly enrollment information

from MAP. MAP acknowledges that Medica may at any time implement a new method of calculating or paying Compensation, in accordance with Section 7.2 of the Agreement.

**2.4 Overpayments and Underpayments.** MAP will review the amounts of Compensation actually paid to MAP hereunder and reconcile them against MAP's internal records and will notify Medica upon discovery of any overpayment or underpayment of Compensation. Medica will be entitled to make an appropriate adjustment in Compensation, as provided in this Compensation Schedule, upon discovery of a clerical error. Medica may, pursuant to this provision, collect reimbursement from MAP for any overpayment of Compensation. Medica may in its sole discretion collect from MAP reimbursement for collection agency and legal fees, if any, incurred by Medica to procure reimbursement. Medica also may reduce any current or future Compensation otherwise payable to MAP as Medica deems appropriate to offset amounts overpaid to MAP. MAP will notify Medica of an underpayment within one hundred eighty (180) days after the payment was made in order for Medica to correct such underpayment. Failure by MAP to notify Medica of a discrepancy in compensation within one hundred eighty (180) days after payment will result in MAP forfeiting any and all rights to the adjusted compensation. The requirements of this Section 2.4 will survive termination of the Agreement.

**2.5 Amount Payable.** No amounts will be payable under this Compensation Schedule in excess of any maximum prescribed by any applicable federal or state law, regulation, or regulatory agency instructions. Upon written notice to MAP, Medica may adjust the level of Compensation as Medica deems necessary in its sole discretion to comply with this Section 2.5. Employees of a Group shall be included for purposes of determining Compensation for Small Group or Large Group business only if the Group pays all amounts due to Medica on a timely basis, and MAP submits enrollment changes to Medica in writing not later than the tenth day of the month following the change. Compensation adjustments to enrollment received after the tenth of the month shall be paid or offset in the following month.

**2.6 Rapid Disenrollment.** Medica will audit each of MAP's new Medicare Benefit Contracts sold. Any Medicare Benefit Contract cancelled within the first ninety (90) days of the effective date will be considered a rapid disenrollment. Medica will, pursuant to this section and CMS guidelines, collect reimbursement of all applicable Compensation from MAP where applicable, for any rapid disenrollments occurring within the 0 – 90 day time period. Since MAP is solely responsible for paying Compensation to its Individual Agents, MAP is responsible for recovering Compensation it has paid to its Individual Agents for rapid disenrollments.

**2.7 Requirement of Completion of Medicare Certification, General Compliance, and Fraud, Waste & Abuse Training.** MAP will and will ensure that its Individual Agents comply with applicable laws, regulations and regulatory agency instructions. MAP and its Individual Agents will complete a Medica- approved certification course, general compliance course, and fraud, waste & abuse training. Failure to become Medica Medicare certified, and/or complete the general compliance course, and the fraud, waste & abuse training will result in non-payment of Compensation for those policies sold or in effect while MAP was non-compliant.

## MEDICA AGENCY PARTNER

### GOVERNMENT PROGRAMS COMPENSATION ADDENDUM

**NOTE:** Compensation amounts are determined based on the effective year of the Benefit Contract. Benefit Contracts written prior to the effective date of this Addendum shall be paid at the Compensation levels in effect as of the date the Benefit Contract.

#### 1. MEDICARE COST AND MEDICARE ADVANTAGE PRODUCTS

**Initial year** – Amount and Agency Broker Service Fee (BSF) paid annually per Benefit Contract.

Tier	Amount	Agency BSF
Street	\$573	N/A
Street +	\$573	N/A
Preferred	\$573	\$50
Preferred +	\$573	\$100

**Renewal year(s)** – Amount paid per Benefit Contract per month, BSF paid per Benefit Contract annually.

Tier	Amount	Agency BSF
Street	\$23.91	N/A
Street +	\$23.91	N/A
Preferred	\$23.91	\$20
Preferred +	\$23.91	\$30

MAP Criteria:

Tier	Book Size	Quarterly Growth Rate	Quarterly Retention Rate
Street	0 – 100	N/A	N/A
Street +	101 – 250	2%	93%
Preferred	251 – 500	2%	93%
Preferred +	Greater than 500	2%	93%

All criteria must be met in order to move to a higher level.

*Book = Medical Membership in MAPD, COST, Medicare Supplement Products*

*Book size and growth rates are determined by Medica from time to time in its reasonable discretion.*

#### 2. MEDICARE SUPPLEMENTAL PRODUCTS

Medicare Supplement – MN – Effective 4/1/2018 – 3/31/2021

Open Enrollment & Guaranteed Issue

Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Year 1 – 5	\$17.00	Years 6 – beyond	\$8.50

Medicare Supplement – MN – Effective 4/01/2021 Open Enrollment (Turning 65) & Underwritten Policies Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Year 1 – 6	\$30.00	Years 7 – 10	\$8.50

Medicare Supplement – MN – Effective 4/01/2021

Guaranteed Issue / Disabled < Age 65

Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Year 1 – 6	\$15.00	Years 7 – 10	\$8.50

Medicare Supplement – IA, ND, NE, SD – Effective with applications dated 5/1/2022 and later  
Open Enrollment (Turning 65) & Underwritten Policies

Plan Types: A, G, N, F

Tier	Year	Ages 65+	Year	Ages 65-80
Agent	Year 1 – 6	\$20	Year 7 +	\$3

Guaranteed Issue Paid once per year

Tier	Year	Ages 65+	Year	Ages 65+
Agent	Year 1 – 6	\$9	N/A	N/A

SD Attained Aged Commission Rates (<65 years old) Paid on 100% of  
original premium per policy per month Plan Types: A, G, F, N

Tier	Year	<Age 65	Ages 81+	Year	Ages 65-80	Ages 81+
Agent	Year 1 – 6	\$9	N/A	N/A	N/A	N/A

Note:

- Internal Company Replacement: Commission on the new Internal Company replacement policy will be calculated using the premium and commission schedule of the new policy and the policy year of the original policy that is being replaced. If the agent of record changes from the original policy being replaced, the commissions on the new policy are payable to the original agent of record.

### 3. GROUP MEDICARE PRODUCTS

Agent comp amount paid per Benefit Contract per month.  
Agency BSF is paid annually and is a one-time payment per new Benefit Contract; no amount paid for renewals. Legacy rates do not apply for Group Medicare Products.

Tier	Agent Comp	Agency BSF
Street	\$22	N/A
Street +	\$22	N/A
Preferred	\$22	\$50
Preferred +	\$22	\$100

## INDIVIDUAL AND FAMILY BUSINESS COMPENSATION ADDENDUM

All amounts paid per Benefit Contract per month

Tier	MN/ND/WI	IA/NE	AZ/KS/MO/OK
All (new and renewal)	\$15	\$18	\$21

## **COMMERCIAL COMPENSATION ADDENDUM**

To be posted by Medica on the Broker Portal and effective as of the date indicated on the Broker Portal.