MEDICA AGENCY PARTNER AGREEMENT

2027 COMPENSATION ADDENDUM

(INDIVIDUAL & FAMILY AND MEDICARE)

1. MEDICARE COST PRODUCTS

a. Rates apply to COST products in IA, MN, NE, ND, SD and WI

Agency Tiers	2027 FMV Initial Lump Sum	2027 FMV Replacement Prorated Lump Sum	2027 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	$300	$300	$25	N/A	N/A	N/A
Preferred	$300	$300	$25	$0	$0	$0
Preferred+	$300	$300	$25	$0	$0	$0

2. MEDICARE ADVANTAGE PRODUCTS

a. Rates apply to Medicare Advantage with Part D (MAPD) products in MN (except MN MSHO, see 2c), NE, ND (except ND DSNP, see 2b) and SD

Agency Tiers	2027 FMV Initial Lump Sum	2027 FMV Replacement Prorated Lump Sum	2027 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	$300	$0	$25	N/A	N/A	N/A
Preferred	$300	$0	$25	$0	$0	$0
Preferred+	$300	$0	$25	$0	$0	$0

b. Rates apply to MAPD products in WI and ND DSNP

Agency Tiers	2027 FMV Initial Lump Sum	2027 FMV Replacement Prorated Lump Sum	2027 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	$725	$362.50	$30	$0	$0	$0
Preferred	$725	$362.50	$30	$0	$0	$0
Preferred+	$725	$362.50	$30	$0	$0	$0

c. Rates apply to MAPD products in MN: Minnesota Senior Health Options (MSHO) only

Agency Tiers	2027 FMV Initial Lump Sum	2027 FMV Replacement and Renewal Prorated Lump Sum	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	$725	$362.50	$0	$0	$0
Preferred	$725	$362.50	$0	$0	$0
Preferred+	$725	$362.50	$0	$0	$0

Definitions:

Initial – Paid as a lump sum annually per Benefit Contract (Cycle Year 1)

Replacement – Paid as a prorated lump sum annually per Benefit Contract for a member who is new to Medica but not new to Medicare (Cycle Year 2+), also known as "Switchers"

Renewal – Paid per member per month for a Benefit Contract for a member who is not new to Medica and not new to Medicare (Cycle Year 2+)

Initial BSF– Paid as a lump sum annually per Benefit Contract

Replacement BSF – Paid as a lump sum annually per Benefit Contract

BSF Renewal – Paid based off January renewal as a lump sum annually per Benefit Contract, does not apply to policies with a 2019 and earlier effective date

3. MEDICARE SUPPLEMENTAL PRODUCTS

a. Medicare Supplement – MN – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective between 4/1/2018 – 3/31/2021
Open Enrollment (Turning 65) & Underwritten Policies
Paid per policy per month

Year	Amount	Year	Amount
Year 1-5	$17	Years 6 - beyond	$8.50

b. Medicare Supplement – MN – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective between 4/1/2018 – 3/31/2021
Guaranteed Issue/Disabled <Age 65
Paid per policy per month

Year	Amount	Year	Amount
Year 1-5	$8.50	Years 6 - beyond	$4.25

c. Medicare Supplement – MN – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective between 4/1/2021 -3/31/2023
Open Enrollment (Turning 65) & Underwritten Policies
Paid per policy per month

Year	Amount	Year	Amount
Year 1-6	$30	Years 7-10	$8.50

d. Medicare Supplement – MN – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective between 4/1/2021 - 3/31/2023
Guaranteed Issue/Disabled <Age 65
Paid per policy per month

Year	Amount	Year	Amount
Year 1-6	$15	Years 7-10	$8.50

e. Medicare Supplement – MN – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective between 4/1/2023 - 3/31/2025
Open Enrollment (Turning 65) & Underwritten Policies
Paid per policy per month

Year	Amount	Year	Amount
Year 1-6	$17	Years 7-10	$8.50

f. Medicare Supplement – MN – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective between 4/1/2023 – 3/31/2025
Guaranteed Issue/Disabled <Age 65
Paid per policy per month

Year	Amount	Year	Amount
Year 1-6	$8.50	Years 7-10	$8.50

g. Medicare Supplement – MN – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective between 4/1/2025 – 3/31/2026
Open Enrollment (Turning 65) & Underwritten Policies
Paid per policy per month

Year	Amount	Year	Amount
Year 1-6	$19	Years 7-10	$8.50

h. Medicare Supplement – MN – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective between 4/1/2025 – 3/31/2026
Guaranteed Issue/Disabled < Age 65
Paid per policy per month

Year	Amount	Year	Amount
Year 1-6	$9	Years 7-10	$8.50

i. Medicare Supplement – MN – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective 4/1/2026 and later
Open Enrollment (Turning 65) & Underwritten Policies
Paid per policy per month

Year	Amount	Year	Amount
Year 1-6	$19	Years 7-10	$8.50

j. Medicare Supplement – MN – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective 4/1/2026 and later
Guaranteed Issue/Disabled < Age 65
Paid per policy per month

Year	Amount	Year	Amount
Year 1-5	$5.50	Years 6+	$0

k. Medicare Supplement – IA/SD/ND/NE – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective between 5/1/2022-5/31/2025
Open Enrollment (Turning 65) & Underwritten Policies
Paid per policy per month

Year	Amount	Year	Amount
Years 1-6	$20	Year 7+	$3

l. Medicare Supplement – IA/SD/ND – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective between 5/1/2022-5/31/2025
Guaranteed Issue/Disabled < Age 65
Paid per policy per month

Year	Amount
Years 1-6	$9

m. Medicare Supplement – IA/SD/ND/NE – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective 6/1/2025 and later
Open Enrollment (Turning 65) & Underwritten Policies
Paid per policy per month

Year	Amount	Year	Amount
Years 1-6	$20	Year 7+	$3

n. Medicare Supplement – IA/SD – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective 6/1/2025 and later
Guaranteed Issue/Disabled < Age 65
Paid per policy per month

Year	Amount	Year	Amount
Years 1	$9	Years 2+	$0

o. Medicare Supplement – ND – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective 6/1/25 and later
Guaranteed Issue/Disabled < Age 65
Paid per policy per month

Year	Amount	Year	Amount
Years 1-6	$1.75	Years 7+	$0

p. Medicare Supplement – NE – Applicable to Members whose Benefit Contracts have an initial Contract Year dated effective 1/1/25 and later
Guaranteed Issue/Disabled < Age 65
Paid once per year

Year	Amount	Year	Amount
Years 1	$9	Years 2+	$0

4. GROUP MEDICARE PRODUCTS

a. Group Medicare Benefit Contract Compensation amount paid per Benefit Contract per month BSF is paid annually and is a one-time payment per new Benefit Contract; no BSF amount paid for renewals

Tier	Group Medicare Benefit Contract Compensation	BSF
Street	$22	N/A
Preferred	$22	$0
Preferred+	$22	$0

5. INDIVIDUAL AND FAMILY BUSINESS

State rates are defined by state associated with the Benefit Contract

a. All amounts paid per Member per month up to 5 Members per Family:

Member	MN/MO	NE	ND/WI (WI Counties: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford (Engage Only), Douglas, Dunn, Eau Claire, Jackson, La Crosse, Monroe, Pepin, Pierce, Polk, Rusk, Sawyer, St. Croix, Trempealeau, Vernon (Engage Only), Washburn)
All (New and Renewal)	$21	$20	$15

b. All amounts paid per Member per month up to 5 Members per Family:

Member	WI (WI Counties: Adams, Brown, Columbia, Crawford (DHP only), Dane, Dodge, Door, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Kewaunee, Lafayette, Marquette, Oconto, Richland, Rock, Sauk, Sheboygan, Vernon (DHP only), Walworth, Waukesha)
All (New and Renewal)	$18