



2018 Alternate Producer Partnership Plan

Humana.

**Individual Medicare, Medicare Supplement,
Dental and Vision Products**

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General Provisions Applying to this Alternate Producer Partnership Plan

The 2018 Individual Medicare, Medicare Supplement, Dental and Vision Products Alternate Producer Partnership Plan (APPP) 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 APPP is incorporated by reference into and deemed to be a part of the Humana Producer Contract as amended (“Contract”). The APPP may be accessed online in the Pay and Bonuses section of the Agent Portal at Humana.com. This APPP supersedes any previous producer partnership plan except that commission rates for enrollments with effective dates of coverage prior to **January 1, 2018** remain in full force and effect, unless specifically modified by this APPP and outlined in the applicable commission schedule(s) contained herein.

As used in this APPP, 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 APPP and the Contract. Any capitalized term used but not defined in this APPP 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 APPP 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. If Producer has a question or concern regarding state or federal regulation, Producer should consult a legal advisor.

To Sell:

i. Any Humana Products

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.

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 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 the Company 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 the Company for a period of thirty (30) days. If Producer does not provide Notice to the Company 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, the Company’s Compensation determination or Compensation payment shall be deemed correct.

The Company may modify, increase, reduce or discontinue all Compensation payable by the Company by providing Notice to Producer (“Modification”). Notice is deemed sufficiently given on the date the Company mails, emails, or faxes Notice to Producer using any form of Contact Information or posts Notice to the Company’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 the Company provides the Notice to Producer, unless such Modification is required due to Reform or guidance from Regulatory Authorities.

Minimum Production Standards

If Producer fails to meet at least one of the Minimum Production Standards, identified in A through D below, Producer shall Sell or renew enough Products to be eligible for at least \$500 in Compensation every calendar year and meet at least one of the standards identified in A through D below. If Producer fails to comply with and meet the Minimum Production Standards, the Company may (A) reduce Producer’s Compensation by or require Producer to reimburse the Company for the Company’s incurred or expected cost of all appointment fees for each state where Producer is appointed to represent the Company; (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 APPP is the property of Humana. Producer may view, copy, and print the APPP 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 APPP.

Medicare Commission Schedule

MA, MAPD, and PDP Commissions

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.

	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)
Initial Commission	\$312.00	\$567.00	\$511.00	\$455.00	\$72.00 paid first month
Renewal Rate Commission	\$13.00 pmpm (\$156.00 annually)	\$23.66 pmpm (\$284.00 annually)	\$21.33 pmpm (\$256.00 annually)	\$19.00 pmpm (\$228.00 annually)	\$36.00 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”.

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	\$156.00	\$284.00	\$256.00	\$228.00	\$36.00
February 1	11 of 12	\$143.00	\$260.33	\$234.67	\$209.00	\$33.00
March 1	10 of 12	\$130.00	\$236.67	\$213.33	\$190.00	\$30.00
April 1	9 of 12	\$117.00	\$213.00	\$192.00	\$171.00	\$27.00
May 1	8 of 12	\$104.00	\$189.33	\$170.67	\$152.00	\$24.00
June 1	7 of 12	\$91.00	\$165.67	\$149.33	\$133.00	\$21.00
July 1	6 of 12	\$78.00	\$142.00	\$128.00	\$114.00	\$18.00
August 1	5 of 12	\$65.00	\$118.33	\$106.67	\$95.00	\$15.00
September 1	4 of 12	\$52.00	\$94.67	\$85.33	\$76.00	\$12.00
October 1	3 of 12	\$39.00	\$71.00	\$64.00	\$57.00	\$9.00
November 1	2 of 12	\$26.00	\$47.33	\$42.67	\$38.00	\$6.00
December 1	1 of 12	\$13.00	\$23.67	\$21.33	\$19.00	\$3.00

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:

- 1. 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.
- 2. 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: Applies 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	\$156.00	\$283.00	\$255.00	\$227.00	\$36.00
February 1	11 of 12	\$169.00	\$306.67	\$276.33	\$246.00	\$39.00
March 1	10 of 12	\$182.00	\$330.33	\$297.67	\$265.00	\$42.00
April 1	9 of 12	\$195.00	\$354.00	\$319.00	\$284.00	\$45.00
May 1	8 of 12	\$208.00	\$377.67	\$340.33	\$303.00	\$48.00
June 1	7 of 12	\$221.00	\$401.33	\$361.67	\$322.00	\$51.00
July 1	6 of 12	\$234.00	\$425.00	\$383.00	\$341.00	\$54.00
August 1	5 of 12	\$247.00	\$448.67	\$404.33	\$360.00	\$57.00
September 1	4 of 12	\$260.00	\$472.33	\$425.67	\$379.00	\$60.00
October 1	3 of 12	\$273.00	\$496.00	\$447.00	\$398.00	\$63.00
November 1	2 of 12	\$286.00	\$519.67	\$468.33	\$417.00	\$66.00
December 1	1 of 12	\$299.00	\$543.33	\$489.67	\$436.00	\$69.00

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				
		Applies 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	\$156.00	\$283.00	\$255.00	\$227.00	\$36.00
February 1	11 of 12	\$143.00	\$259.42	\$233.75	\$208.08	\$33.00
March 1	10 of 12	\$130.00	\$235.83	\$212.50	\$189.17	\$30.00
April 1	9 of 12	\$117.00	\$212.25	\$191.25	\$170.25	\$27.00
May 1	8 of 12	\$104.00	\$188.67	\$170.00	\$151.33	\$24.00
June 1	7 of 12	\$91.00	\$165.08	\$148.75	\$132.42	\$21.00
July 1	6 of 12	\$78.00	\$141.50	\$127.50	\$113.50	\$18.00
August 1	5 of 12	\$65.00	\$117.92	\$106.25	\$94.58	\$15.00
September 1	4 of 12	\$52.00	\$94.33	\$85.00	\$75.67	\$12.00
October 1	3 of 12	\$39.00	\$70.75	\$63.75	\$56.75	\$9.00
November 1	2 of 12	\$26.00	\$47.17	\$42.50	\$37.83	\$6.00
December 1	1 of 12	\$13.00	\$23.58	\$21.25	\$18.92	\$3.00

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, 2018**.
2. Commission shall be paid to Producer for the Lifetime of the Medicare Product pursuant to the commission schedule in effect each year. Lifetime means 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 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
Moving into or out of an institution
Gains/drops employer/union sponsored coverage
CMS sanction against the plan/contract violation
Plan terminations and non-renewals
In order to coordinate with Part D enrollment periods
In order to coordinate with a State Pharmaceutical Assistance Program
Becoming dually eligible for both Medicare and Medicaid
Dual eligibles moving from an MA to MMP
Qualifying for another plan based on special needs
Becoming Low Income Subsidy (LIS) eligible
Qualifying for another plan based on a chronic condition
Due to an auto, facilitated or passive enrollment
Death
Moves out of the service area
Non-payment of premium
Loss of entitlement
Retroactive notice of Medicare entitlement
When moving to a plan with a 5-star rating or 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 pay no commissions if the Agent of Record on the MA, MAPD or PDP Qualified Enrollment becomes no longer eligible to receive commission for that Qualified Enrollment, unless Producer assigns another Licensed, appointed and Humana-certified Producer as Agent of Record.
9. 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 2018 for Medicare Products effective in 2018. 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.
10. 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, and (v) 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, PDP, or MAPD	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 MAPD 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: If a member enrolls in dual Medicare Products (e.g., a PFFS/MA-only plan and a stand-alone PDP), the Compensation rules apply independently to each Medicare Product. However, if a member replaces dual plans with a single Medicare Product, Compensation is paid based on the MA plan change (e.g., movement from a PFFS/MA-only plan and PDP to a Humana MAPD Product would be compensated at the renewal Compensation amount for the MA to MAPD plan type change).

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, 2018**:

MA or MAPD Products		
State and County	Products/Plans (Contract Number-PBP Code)	
Arkansas: Baxter, Benton, Boone, Carroll, Clark, Cleburne, Conway, Craighead, Crawford, Dallas, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hot Spring, Iard, Jefferson, Johnson, Lee, Logan, Lonoke, Madison, Marion, Montgomery, Newton, Perry, Phillips, Pike, Poinsett, Polk, Pope, Pulaski, Randolph, Saline, Scott, Searcy, Sebastian, Sharp, St. Francis, Van Buren, Washington, Yell	R1532-001 R1532-002	RPPO RPPO
Colorado: All Counties	H2649-060	HMO
Georgia: Appling, Barrow, Brantley, Butts, Gilmer, Lincoln, Spalding, Tattnell	R3392-002	RPPO
Kansas: All Counties	H2649-012	HMO
Kansas: Atchison, Bourbon, Cherokee, Cowley, Crawford, Dickinson, Douglas, Franklin, Harvey, Jefferson, Johnson, Labette, Leavenworth, Linn, McPherson, Miami, Pottawatomie, Reno, Sedgwick, Shawnee, Sumner, Wyandotte	R4845-001 R4845-002	RPPO RPPO
Kentucky: All Counties	H5525-030 H6622-019	LPPO HMO
Missouri: All Counties	H2649-012	HMO
Missouri: Audrain, Barry, Bates, Benton, Bollinger, Boone, Callaway, Carroll, Cass, Cedar, Christian, Clay, Cole, Cooper, Dade, Dallas, Douglas, Franklin, Greene, Henry, Hickory, Howard, Howell, Jackson, Jasper, Jefferson, Johnson, Laclede, Lafayette, Lawrence, Lincoln, McDonald, Miller, Moniteau, Morgan, Newton, Oregon, Osage, Ozark, Pettis, Phelps, Platte, Polk, Pulaski, Ray, Saline, St. Charles, St. Clair, St. Francois, St. Louis, St. Louis City, Stone, Taney, Vernon, Warren, Washington, Wayne, Webster, Wright	R1532-001 R1532-002	RPPO RPPO
North Carolina: Burke	R1390-002	RPPO
Ohio: All Counties	H5525-030 H6622-019 H6622-020	LPPO HMO HMO
Oklahoma: Adair, Canadian, Cherokee, Cleveland, Comanche, Craig, Custer, Delaware, Dewey, Grady, Haskell, Hughes, Johnston, Kay, Kingfisher, Kiowa, Le Flore, Lincoln, Logan, Mayes, McClain, Muskogee, Noble, Nowata, Oklahoma, Okmulgee, Osage, Ottawa, Pawnee, Pittsburg, Pottawatomie, Pushmataha, Seminole, Sequoyah, Stephens, Tulsa, Wagoner	R4845-001 R4845-002	RPPO RPPO
South Carolina: Richland	R3392-002	RPPO
Texas: All Counties	H2649-056	HMO
Virginia: Alexandria City, Amelia, Arlington, Bath, Botetourt, Caroline, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Craig, Culpeper, Cumberland, Dinwiddie, Fauquier, Franklin, Fredericksburg City, Gloucester, Goochland, Greensville, Hampton City, Hanover, Henrico, Hopewell City, Isle of Wight, James City, King and Queen, King George, Loudoun, Louisa, Manassas City, Manassas Park City, New Kent, Newport News City, Norfolk City, Petersburg City, Poquoson City, Portsmouth City, Powhatan, Prince George, Prince William, Richmond City, Roanoke, Roanoke City, Salem City, Southampton, Spotsylvania, Stafford, Suffolk City, Surry, Sussex, Virginia Beach City, Warren, Williamsburg City, York	R1390-002	RPPO

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, 2018**:

Humana Enhanced (PDP) Products	
Products/Plans (Contract Number-PBP Code)	State (All Counties)
S5552-003	New York
S5884-001	Alabama, Tennessee
S5884-002	Connecticut, Massachusetts, Rhode Island, Vermont
S5884-004	Delaware, District of Columbia, Maryland
S5884-005	Pennsylvania, West Virginia
S5884-008	South Carolina
S5884-009	Georgia
S5884-010	Florida
S5884-015	Illinois
S5884-019	Louisiana
S5884-020	Texas
S5884-021	Oklahoma
S5884-022	Kansas
S5884-024	New Mexico
S5884-028	Oregon, Washington
S5884-030	California
S5884-062	New Jersey
S5884-065	Virginia
S5884-066	North Carolina
S5884-071	Michigan
S5884-072	Ohio
S5884-073	Indiana, Kentucky
S5884-074	Wisconsin
S5884-076	Missouri
S5884-077	Arkansas
S5884-078	Mississippi
S5884-083	Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming
S5884-085	Colorado
S5884-086	Arizona
S5884-087	Nevada
S5884-089	Idaho, Utah
S5884-092	Maine, New Hampshire
S5884-093	Hawaii
S5884-094	Alaska

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)

**Note: 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 Schedule

For policies in AZ, CO, DE, IA, ID, IL, MD, MI, MT, NC, ND, NM, PA, SC, TX, WI, and WY

VALUE MEDICARE SUPPLEMENT COMMISSION SCHEDULE									
State(s)	Plans	Type of Enrollment*	Age	Payment Year(s)					
				First Year	Subsequent Years				
					Years 2-3	Years 4-6	Year 7	Years 8-10	Years 11+
AZ, ID, DE, NC, ND, NM, WY	A, F, F-HD, G, K, N	OE & UW	<65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			65-80	20.00%	20.00%	20.00%	5.00%	5.00%	3.00%
			81+	10.00%	10.00%	10.00%	2.50%	2.50%	1.00%
AZ, ID, DE, NC, ND, NM, WY	A, F, F-HD, G, K, N	GI	<65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			65-80	2.00%	2.00%	2.00%	0.00%	0.00%	0.00%
			81+	2.00%	2.00%	2.00%	0.00%	0.00%	0.00%
IA	A, F, F-HD, G, N	OE & UW	<65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			65-80	20.00%	20.00%	20.00%	5.00%	5.00%	3.00%
			81+	10.00%	10.00%	10.00%	2.50%	2.50%	1.00%
IA	A, F, F-HD, G, K, N	GI	<65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			65-80	2.00%	2.00%	2.00%	0.00%	0.00%	0.00%
			81+	2.00%	2.00%	2.00%	0.00%	0.00%	0.00%
CO	A, F, F-HD, G, K, N	ALL	<65	18.00%	18.00%	18.00%	5.00%	5.00%	3.00%
			65-80	18.00%	18.00%	18.00%	5.00%	5.00%	3.00%
			81+	18.00%	18.00%	18.00%	5.00%	5.00%	3.00%
IL	A, F, F-HD, G, N	OE & UW	<65	10.00%	10.00%	10.00%	2.50%	2.50%	1.00%
			65-80	20.00%	20.00%	20.00%	5.00%	5.00%	3.00%
			81+	10.00%	10.00%	10.00%	2.50%	2.50%	1.00%
IL	A, F, F-HD, G, N	GI	<65	2.00%	2.00%	2.00%	0.00%	0.00%	0.00%
			65-80	2.00%	2.00%	2.00%	0.00%	0.00%	0.00%
			81+	2.00%	2.00%	2.00%	0.00%	0.00%	0.00%
MD	All Plans	ALL	<65	11.00%	11.00%	11.00%	5.00%	5.00%	3.00%
			65-80	11.00%	11.00%	11.00%	5.00%	5.00%	3.00%
			81+	11.00%	11.00%	11.00%	5.00%	5.00%	3.00%
MI	A, F, F-HD, G, K, N	OE & UW	<65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			65-80	29.00%	29.00%	7.00%	5.00%	5.00%	3.00%
			81+	14.00%	14.00%	3.50%	2.50%	2.50%	1.00%
MI	A, F, F-HD, G, K, N	GI	<65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			65-80	2.00%	2.00%	0.00%	0.00%	0.00%	0.00%
			81+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

MT	A, F, F-HD, G, K, N	OE & UW	<65	5.00%	5.00%	5.00%	3.00%	3.00%	3.00%
			65-80	20.00%	20.00%	20.00%	5.00%	5.00%	3.00%
			81+	10.00%	10.00%	10.00%	2.50%	2.50%	1.00%
MT	A, F, F-HD, G, K, N	GI	<65	5.00%	5.00%	5.00%	3.00%	3.00%	3.00%
			65-80	23.00%	23.00%	23.00%	0.00%	0.00%	0.00%
			81+	23.00%	23.00%	23.00%	0.00%	0.00%	0.00%
PA	A, B, F, F-HD, G, K, N	OE & UW	<65	10.00%	10.00%	10.00%	0.00%	0.00%	0.00%
			65-80	20.00%	20.00%	20.00%	5.00%	5.00%	3.00%
			81+	10.00%	10.00%	10.00%	2.50%	2.50%	1.00%
PA	A, B, F, F-HD, G, K, N	GI	<65	4.00%	4.00%	4.00%	0.00%	0.00%	0.00%
			65-80	4.00%	4.00%	4.00%	0.00%	0.00%	0.00%
			81+	4.00%	4.00%	4.00%	0.00%	0.00%	0.00%
SC	A, F, F-HD, G, N	ALL	<65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			65-80	18.00%	18.00%	18.00%	5.00%	5.00%	3.00%
			81+	10.00%	10.00%	10.00%	2.50%	2.50%	1.00%
TX	A, F, F-HD, G, K, N	OE & UW	<65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			65-80	20.00%	20.00%	20.00%	20.00%	5.00%	3.00%
			81+	10.00%	10.00%	10.00%	10.00%	2.50%	1.00%
TX	A, F, F-HD, G, K, N	GI	<65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			65-80	2.00%	2.00%	2.00%	2.00%	0.00%	0.00%
			81+	2.00%	2.00%	2.00%	2.00%	0.00%	0.00%
WI	Basic, 50% Cost Share, 25% Cost Share	ALL	<65	18.00%	18.00%	18.00%	0.00%	0.00%	0.00%
			65-80	18.00%	18.00%	18.00%	5.00%	5.00%	3.00%
			81+	10.00%	10.00%	10.00%	2.50%	2.50%	1.00%

**Types of Enrollment: Open Enrollment (OE); Underwriting (UW); Guarantee Issue (GI)*

Notes on Value Medicare Supplement Producer Commission:

1. This schedule supersedes any previous schedules regarding Medicare Supplement and will apply to new Value Medicare Supplement Plan enrollments with effective dates of coverage on or after **January 1, 2018**. For those states where commissions are paid as a percent of premium, commissions are paid based on the First Year premium defined in this schedule and will apply through the Subsequent Years renewal period. Commission will not be paid on any increases in premium including attained age increases or experience rate increases.
2. First Year commission for a policy means the flat fee or percentage of the annualized premium for the first 12 months that the policy is in force on a premium paying basis. Subsequent Years renewal commission for a policy means the flat fee or percentage of the annualized premium amount that is earned during each 12-month period that the policy is in force on a premium paying basis beginning with the 13th month.
3. The initial monthly paid premium and effective date will control payments and policy year for Subsequent Years renewal commission determination. Policy year is not affected by a plan or product change unless there is a lapse in coverage greater than 6 months.

4. Commissions are applied 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.
5. Coverage converted from one Humana affiliate to another, from one Humana-branded or cobranded Product to another, or to a different Product within the Product line is considered internal replacement business for commission purposes. Internal replacement business commission will be paid based on a percent of initial paid premium or flat dollar amount of the new plan according to the chart above and will be based upon the policy year of the former policy. External replacement business commission will be calculated as new business at policy First Year.
6. Commissions are payable only when premium payments are current and no late premium payments are due.
7. In order for Producer to receive commission, the Producer's name must appear on the insurance application.
8. For active inforce policies paying commission, a change in Agent of Record will have no effect on the commission calculation. The new Producer assigned will receive commission according to the chart above and based upon the policy effective date.
9. 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.
10. Humana reserves the right to exclude any policy from eligibility for commissions, bonus, or recognition programs at their sole discretion.
11. 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 commissions will cease.
12. Commission will discontinue when the Agent of Record on the Medicare Supplement policy is no longer eligible to receive commission for that policy unless Producer assigns another licensed, appointed and Humana-certified Producer as Agent of Record. In the event of an Agent of Record termination, Subsequent Years renewal commission will discontinue unless Producer assigns another licensed, appointed and Humana-certified Producer as Agent of Record.
13. 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 are payable only at Humana's discretion.
14. 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.
15. In the event of member death, commission will be paid through the end of the month in which the member died.

For policies not subject to the Value Medicare Supplement Schedule above:

MEDICARE SUPPLEMENT COMMISSION SCHEDULE				
State(s)	Plan(s)	Type of Enrollment*	Commission First Year	Commission Subsequent Years (2 - 6)**
CA	B, C, F	OE & UW	\$35.50 commission pmpm (\$426.00 annually)	\$35.50 commission pmpm (\$426.00 annually)
CA	B, C, F	GI	\$17.25 commission pmpm (\$207.00 annually)	\$17.25 commission pmpm (\$207.00 annually)
CA	N	OE & UW	\$21.50 commission pmpm (\$258.00 annually)	\$21.50 commission pmpm (\$258.00 annually)
CA	N	GI	\$10.50 commission pmpm (\$126.00 annually)	\$10.50 commission pmpm (\$126.00 annually)
CA	A, F-HD, K, L	OE & UW	\$13.75 commission pmpm (\$165.00 annually)	\$13.75 commission pmpm (\$165.00 annually)
CA	A, F-HD, K, L	GI	\$6.50 commission pmpm (\$78.00 annually)	\$6.50 commission pmpm (\$78.00 annually)
NH	B, C, F, N	OE & UW	\$28.33 commission pmpm (\$340.00 annually)	\$28.33 commission pmpm (\$340.00 annually)
NH	B, C, F, N	GI	\$14.16 commission pmpm (\$170.00 annually)	\$14.16 commission pmpm (\$170.00 annually)
NH	A, F-HD, K, L	OE & UW	\$11.66 commission pmpm (\$140.00 annually)	\$11.66 commission pmpm (\$140.00 annually)
NH	A, F-HD, K, L	GI	\$5.83 commission pmpm (\$70.00 annually)	\$5.83 commission pmpm (\$70.00 annually)
CT, MA, NY, OR, TN, VT	All Plans	All	18.00% commission	18.00% commission
IN	All Plans	All	12.00% commission	12.00% commission
All Other States	All Plans	OE & UW	18.00% commission	18.00% commission
All Other States	All Plans	GI	9.00% commission	9.00% commission

pmpm = per member per month

The dollar amount in parenthesis under the \$ Amount Column in the above chart 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).

***Types of Enrollment: Open Enrollment (OE); Underwriting (UW); Guarantee Issue (GI)**

****Exceptions to Subsequent Years renewal periods:**

Washington Subsequent Years renewal period is years 2 – life of the policy

West Virginia Subsequent Years renewal period is years 2-5

MEDICARE SUPPLEMENT COMMISSION SCHEDULE				
Policies Issued Under Age 65 – Exception States				
State(s)	Plan(s)	Type of Enrollment*	Commission First Year	Commission Subsequent Years (2 - 6)
CA	B, C, F	OE	\$35.50 commission pmpm (\$426.00 annually)	\$35.50 commission pmpm (\$426.00 annually)
CA	N	OE	\$21.50 commission pmpm (\$258.00 annually)	\$21.50 commission pmpm (\$258.00 annually)
CA	A, F-HD, K, L	OE	\$13.75 commission pmpm (\$165.00 annually)	\$13.75 commission pmpm (\$165.00 annually)
FL	All Plans	OE & UW	7.00% commission	7.00% commission
FL	All Plans	GI	3.60% commission	3.60% commission

*Types of Enrollment: Open Enrollment (OE); Underwriting (UW); Guarantee Issue (GI)

Notes on Medicare Supplement Producer Commission:

1. This schedule supersedes any previous schedules regarding Medicare Supplement and will apply to new Medicare Supplement enrollments with effective dates of coverage on or after **January 1, 2018**. For those states where commissions are paid as a percent of premium, commissions are based on the First Year premium defined in this schedule and will apply through the Subsequent Years renewal period. Commissions are not paid on any increases in premium including attained age increases or experience rate increases, except in the state of Washington.
2. First Year commission for a policy means the flat fee or percentage of the annualized premium for the first 12 months that the policy is in force on a premium paying basis. Subsequent Years renewal commission for a policy means the flat fee or percentage of the annualized premium amount that is earned during each 12-month period that the policy is in force on a premium paying basis beginning with the 13th month.
3. The initial monthly premium and effective date will control payments and policy year for Subsequent Years renewal commission determination. Policy year is not affected by a plan or Product change unless there is a lapse in coverage greater than 6 months.
4. Commissions are applied 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.
5. Coverage converted from one Humana affiliate to another, from one Humana-branded or cobranded Product to another, or to a different Product within the Product line is considered internal replacement business for commission purposes. Internal replacement business commission will be paid based on a percent of initial premium or flat dollar amount of the new plan according to the chart above and will be based upon the policy year of the former policy. External replacement business commission will be calculated as new business at policy First Year.
6. Commissions are payable only when premium payments are current and no late premium payments are due.
7. In order for Producer to receive commission, writing agent's name must appear on the insurance application.

8. For active inforce policies paying commission, a change in Agent of Record will have no effect on the commission calculation. The new Producer assigned will receive commission according to the chart above and based upon the policy effective date.
9. 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.
10. Humana reserves the right to exclude any policy from eligibility for commission, bonus, or recognition programs at their sole discretion.
11. Commissions are not payable for policies written for beneficiaries with issue age younger than 65 or over age 80 except:
 - a. in the following states where commissions are paid regardless of policyholder age: **IN, KS, ME, MO, and OR;**
 - b. in **FL** where commissions are paid regardless of policy holder age, but under 65 is a lower percentage as illustrated in the Policies Issued Under Age 65 – Exception States;
 - c. in the following states where commissions are paid age 65 or older: **AL, AK, DC, GA, HI, KY, LA, MS, NE, NH, NM, OH, OK, SD, TN, UT, VA, and WV;**
 - d. in **CA** where commissions are paid under age of 65 in open enrollment only due to disability as illustrated in the Policies Issued Under Age 65 – Exception States.

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.

12. Commission will discontinue when the Agent of Record on the Medicare Supplement Qualified Enrollment is no longer eligible to receive commission for that Qualified Enrollment unless Producer assigns another Licensed, appointed and Humana-certified Producer as Agent of Record. In the event of an Agent of Record termination, Subsequent Years renewal Producer commission will discontinue unless Producer assigns another Licensed, appointed and Humana-certified Producer as Agent of Record.
13. 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.
14. 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.
15. In the event of member death, commission will be paid through the end of the month in which the member died.

Dental and Vision - Commission Schedule

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 Enrollment Fee Commission per application for issued policies. One-Time Enrollment Fee Commission is only paid in the instances where the One-Time Enrollment Fee is paid by the member and posted by Humana.

Plan	Commission, Expressed as a Percent of Paid Premium or Monthly Plan Fee	One-Time Enrollment Fee Commission
Humana Vision		
-Humana Vision -Vision Care -Vision Focus	All Years 10%	\$35 in all states
Humana Dental		
Dental Loyalty Plus	All Years 10%	\$35 in all states
Complete Dental <i>(select states available in April 2018)</i>	All Years 10%	\$35 in all states
Dental Preventive Plus	All Years 10%	\$35 in all states
Dental Savings Plus (Dental, Vision, Rx, Hearing, Alternative Medicine Discount Plan)	All Years Utah: 0% All other states: 20%	Utah: \$0.00 \$15.00 in all other states
Dental Simple Choice	All Years 10%	\$35 in all states
Dental Smart Choice	All Years 10%	None
Dental Value Plan (C550) Available in GA, IL & KY	All Years 10%	\$35 in all states
Dental Value Plan (HI215)	All Years 10%	\$35 in all states
Veteran's Preventive Plus Package	All Years 10%	\$35 in all states

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.

First Year means the first twelve (12) months following the initial effective date of coverage. Subsequent Years means the subsequent twelve (12) month period following the First Year.



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