

# AGENT SCHEDULE OF COMPENSATION

For all business effective, and renewing, on or after 8/1/20



Commissions are paid only on earned insurance premium for fully insured plans. Service Fee compensation is paid on level-funded plans.

For all plans: Compensation is not paid on any fee, including but not limited to, PPO fees, Administrative fees, fees paid to outside vendors, taxes and fees imposed by the Affordable Care Act.

No compensation or commission is paid on plan participants being direct billed under COBRA or similar state continuation plans. Group size is determined by number of lives at time of issue or renewal.

### Level-Funded Plan Compensation

Product(s)	Group Size	Default First Year and Renewal *
Funding Advantage	2 – 24	6% of maximum monthly cost
	25 – 50	5% of maximum monthly cost
	51 – 100	4% of maximum monthly cost
	101 – 150	3% of maximum monthly cost
	151+	2.5% of maximum monthly cost
Cost Saver	All Groups	10% of maximum monthly costs
MEC	All Groups	10% of maximum monthly costs
Fundamental Care	All Groups	10% of maximum monthly costs

\*This is the default compensation amount and may be varied based on agreement between the agent and the employer. Note: Compensation on level-funded plans is not payable on non-standard claim fund contributions (e.g. specific Stop-Loss layers or for benefits paid outside of the SPD contract). Compensation is based on the maximum monthly cost calculated for a group, regardless of plan funding option chosen. The dollar value of the compensation is then recalculated to a percentage of the regular monthly billed amount for the group (based on funding option).

Coverage Type	Group Size	First Year	Renewals
Allied Dental Design (includes vision)	All Size Groups	8%	8%

Pivot Health Short Term & Bridge to Medicare	First Year	Renewal
All States except noted below	15%*	Not Applicable
IA, IN, MS, ND, NE, TN	11%*	Not Applicable
DE, NH, VA	10%*	Not Applicable
MN	7%*	Not Applicable

**Short Term Medical Bonus:** Comp and bonus for Short Term and Bridge to Medicare plans. Any month in which your commission statement includes ten (10) months of commissionable premium for these plans, a bonus of 5% of premium will be paid.

Other Pivot Health Products	First Year	Second Year	Third Year & Later
PivotCare Elite	25%	7%	3%
PivotCare Economy	25%	7%	3%
PivotCare Economy (TN & OH)	20%	2%	2%
PivotCare Economy (NM)	15%	3%	3%
Pivot Health Renaissance Dental	10%	10%	10%