

## Schedule of Commissions and Administrative Fees for Humana Medicare Advantage & PDP Plans AGENT 2017

Humana Medicare Advantage – National (Excluding CA, CT, DC, NJ, PA)			
Commission Level*	**Year 1 Initial	Year 1	Years 2+
*Writing Agent	\$443	\$221	\$221
Licensed Only Agent (LOA)	\$0	\$0	\$0

Humana Medicare Advantage – CT, DC & PA			
Commission Level*	**Year 1 Initial	Year 1	Years 2+
*Writing Agent	\$498	\$248	\$248
Licensed Only Agent (LOA)	\$0	\$0	\$0

Humana Medicare Advantage – CA & NJ			
Commission Level*	**Year 1 Initial	Year 1	Years 2+
*Writing Agent	\$553	\$276	\$276
Licensed Only Agent (LOA)	\$0	\$0	\$0

Humana PDP – All States (Excludes Enhanced Plans)			
Commission Level*	**Year 1 Initial	Year 1	Years 2+
*Writing Agent	\$71	\$35	\$35
Licensed Only Agent (LOA)	\$0	\$0	\$0

*\*Commissionable amounts to the Writing Agent shall not exceed current CMS fair market value (FMV) maximums.*

*\*\* Year 1 is specifically for members "NEW" to Medicare Advantage (MA) and/or Part D (PDP) as deemed by CMS.*

As a contracted, certified and appointed agent/agency you will receive the difference in Commissions and Administrative Fees between the Writing Agent's level and your own. Commission payments to your LOA agents must be in compliance with CMS regulations shall not exceed current CMS fair market value (FMV) maximums.

### TO BE COMPLETED BY WRITING AGENT

PRINTED NAME: \_\_\_\_\_ NPN NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Schedule of Commissions and Administrative Fees

National Service Group of AmeriLife, LLC (NSGA) shall pay Commissions and Administrative Fees to Agent in accordance with the commission level communicated by Agent's upline hierarchy to NSGA and in accordance with CMS' current year Fair Market Value (FMV) requirements. Agent agrees to the following compensation levels for the sale of Humana (Humana) Medicare Advantage and PDP Plans. Note that only one (1) Agent may be involved in a sale of a Humana Medicare Advantage or PDP Plan. Agent agrees that it will indemnify and hold NSGA harmless for any disputes between Agent and Agent's upline hierarchy with respect to Commission amounts paid by NSGA in accordance with upline hierarchy's transmittals to NSGA.

1. Humana's Medicare Advantage and PDP Plans. The compensation set forth in this section is the compensation payable by NSGA to Agent for the sale of a Humana Medicare Advantage or PDP plan with an effective date of January 1, 2017 or after.

- a. Commission and Administrative Fees payment

- i. Commissions and Administrative Fees are payable on fully completed applications after NSGA receives notification from the Center for Medicare and Medicaid Services (CMS) and Humana that the transaction is commissionable and NSGA has received Commissions and Fees from Humana. Any enrollments with a future effective date of thirty (30) days or more from the application date may be subject to a delayed commission payment. Compensation is earned in months four (4) through twelve (12) of the enrollment year as long as the member is active with the plan. If a member cancels enrollment prior to month four (4), no compensation is earned. If a member cancels enrollment after month three (3), Commissions and Administrative Fees are paid to Agent on a pro-rated basis for the months in which the member was a member of the plan.
- ii. Renewal Payments. Renewal year Commissions and Administrative Fees are all paid on an as-earned basis (1/12th of the applicable renewal amount is set forth herein) as NSGA receives Commissions and Administrative Fees from Humana on a monthly basis. If these Commissions and Administrative Fees are charged back for any reason, the renewal Commissions and Administrative Fees previously paid are automatically and immediately due to NSGA and NSGA or any assignee will charge same against the next commission advance and/or earned Commissions and Administrative Fees or offset against any other compensation due or to become due to Agent. The aggregate amount paid for selling or servicing a Medicare beneficiary during each of the individual renewal years will be no more than fifty (50) percent of the aggregate amount of compensation paid for that beneficiary in the initial year.

- b. Advance, Adjustments and Interest

- i. At its discretion, NSGA may advance 100% (one-hundred percent) of first year Commissions and Administrative Fees, whether paid at the first year or the renewal rate, on earned enrollments approved by CMS, Humana and NSGA. In the event that a policy on which advanced Commissions and Administrative Fees were paid is cancelled, terminates for any reason, disenrolls or is rescinded during the first 3 months after the effective date of the enrollment, NSGA will immediately charge back the entire advance.
- ii. NSGA reserves the right to cancel, modify or remove any Agent from commission advancement for any reason at any time.

- c. In accordance with CMS regulations pertaining to rapid disenrollment as set forth more specifically in Paragraph 1.a.i. above, if a Humana Medicare Advantage or PDP Plan Member disenrolls within the period set forth by CMS as the Rapid Disenrollment Period, then all First Year Commission Payments and Renewal Commission Payments paid, credited or advanced on such policy shall be charged back to Agent.

- d. Commission, Administrative Fees or compensation payable by NSGA including commission or Administrative Fees payable according to any commission or Administrative Fees schedule may be modified, increased, reduced or discontinued by notice from NSGA and such amendment shall take effect at the time specified in the notice, but in no event prior to ten (10) days from the date such notice is posted to [www.agentxcelerator.com](http://www.agentxcelerator.com) unless such modification, increase, decrease or discontinuation is required by state or federal law or CMS regulations to take effect on an earlier date. All commission, Administrative Fees or compensation for all Humana business, including existing business may be modified, increased, reduced or discontinued.

## Commission Payment Rates

Medicare Products: Agents 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.

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.

### First Year of Coverage (paid annually)

The first year of coverage means the first year in which a beneficiary enrolls in a Humana MA, MAPD, or PDP plan.

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 <sup>1</sup>
Like Plan Type Change in Compensation Payment Year 1	Initial Commission	Prorated <sup>1</sup>
Like Plan Type Change in Compensation Payment Years 2+	Renewal Rate Commission	Prorated <sup>1</sup>
Employer Group to Individual	Initial Commission	Full - when there is no prior plan history <sup>2</sup> Prorated <sup>1</sup> - when there is prior plan history <sup>2</sup>

### Subsequent Years - MA & MAPD (pmpm)

Subsequent years refers to each year following the first year of coverage (defined above), beginning on January 1<sup>st</sup> after the effective date of the plan.

Type of Enrollment	Commission Paid	Timing of Payment
All enrollment types	Renewal Rate Commission	Paid per member per month (begins January 1 <sup>st</sup> 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 <sup>st</sup> following enrollment)

pmpm = per member per month

<sup>1</sup>Prorated for the months that the policy is in force during the enrollment year. See the Timing and Proration of Payments section below for more information.

<sup>2</sup>Prior plan history is determined by Humana and is provided to NSGA 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 pro-rated 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	\$152.00	\$276.00	\$249.00	\$221.00	\$35.00
February 1	11 of 12	\$139.33	\$253.00	\$228.25	\$202.58	\$32.08
March 1	10 of 12	\$126.67	\$230.00	\$207.50	\$184.17	\$29.17
April 1	9 of 12	\$114.00	\$207.00	\$186.75	\$165.75	\$26.25
May 1	8 of 12	\$101.33	\$184.00	\$166.00	\$147.33	\$23.33
June 1	7 of 12	\$88.67	\$161.00	\$145.25	\$128.92	\$20.42
July 1	6 of 12	\$76.00	\$138.00	\$124.50	\$110.50	\$17.50
August 1	5 of 12	\$63.33	\$115.00	\$103.75	\$92.08	\$14.58
September 1	4 of 12	\$50.67	\$92.00	\$83.00	\$73.67	\$11.67
October 1	3 of 12	\$38.00	\$69.00	\$62.25	\$55.25	\$8.75
November 1	2 of 12	\$25.33	\$46.00	\$41.50	\$36.83	\$5.83
December 1	1 of 12	\$12.67	\$23.00	\$20.75	\$18.42	\$2.92

### 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	\$152.00	\$277.00	\$249.00	\$222.00	\$36.00
February 1	11 of 12	\$164.67	\$300.00	\$269.75	\$240.42	\$38.92
March 1	10 of 12	\$177.33	\$323.00	\$290.50	\$258.83	\$41.83
April 1	9 of 12	\$190.00	\$346.00	\$311.25	\$277.25	\$44.75
May 1	8 of 12	\$202.67	\$369.00	\$332.00	\$295.67	\$47.67
June 1	7 of 12	\$215.33	\$392.00	\$352.75	\$314.08	\$50.58
July 1	6 of 12	\$228.00	\$415.00	\$373.50	\$332.50	\$53.50
August 1	5 of 12	\$240.67	\$438.00	\$394.25	\$350.92	\$56.42
September 1	4 of 12	\$253.33	\$461.00	\$415.00	\$369.33	\$59.33
October 1	3 of 12	\$266.00	\$484.00	\$435.75	\$387.75	\$62.25
November 1	2 of 12	\$278.67	\$507.00	\$456.50	\$406.17	\$65.17
December 1	1 of 12	\$291.33	\$530.00	\$477.25	\$424.58	\$68.08

**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	\$152.00	\$277.00	\$249.00	\$222.00	\$36.00
February 1	11 of 12	\$139.34	\$253.92	\$228.25	\$203.50	\$33.00
March 1	10 of 12	\$126.66	\$230.83	\$207.50	\$185.00	\$30.00
April 1	9 of 12	\$114.00	\$207.75	\$186.75	\$166.50	\$27.00
May 1	8 of 12	\$101.34	\$184.67	\$166.00	\$148.00	\$24.00
June 1	7 of 12	\$88.66	\$161.58	\$145.25	\$129.50	\$21.00
July 1	6 of 12	\$76.00	\$138.50	\$124.50	\$111.00	\$18.00
August 1	5 of 12	\$63.34	\$115.42	\$103.75	\$92.50	\$15.00
September 1	4 of 12	\$50.66	\$92.33	\$83.00	\$74.00	\$12.00
October 1	3 of 12	\$38.00	\$69.25	\$62.25	\$55.50	\$9.00
November 1	2 of 12	\$25.34	\$46.17	\$41.50	\$37.00	\$6.00
December 1	1 of 12	\$12.66	\$23.08	\$20.75	\$18.50	\$3.00

**Notes on MA, MAPD and PDP Company Agent Commission and Company Administrative Fees:**

1. This commission and Administrative Fee schedule supersedes any previous commission and Administrative Fees schedules regarding MA, MAPD and PDP Plans and will apply to new MA, MAPD and PDP Plan enrollments with effective dates of coverage on or after **January 1, 2017**.
2. Commission and Administrative Fees shall be paid to Agent for the Lifetime of the policy pursuant to the commission schedule in effect each year. Lifetime means the period that the member remains enrolled in the plan and Agent remains under contract with Humana through NSGA and is properly licensed, certified, and appointed as required under State law or CMS guidance.
3. In accordance with CMS guidelines, commission and Administrative Fees can only be paid to Agent 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 and Administrative Fees will be paid unless Agent is currently licensed and appointed to sell Humana Medicare Products through NSGA and Agent has passed the certification test.
4. Commission and Administrative Fees will be paid to the Agent for all Qualified Enrollments according to the commission schedule in effect on the Submitted date for new plans and plan effective date for renewals, as determined by Humana. A "Qualified Enrollment" means an individual enrolled in a Medicare Product by Agent 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 Agent to receive the commission and/or Administrative Fees for a particular Qualified Enrollment, the Agent who provides the basis for the commission must meet all applicable Humana requirements to receive commission from NSGA.
5. Charge-backs. NSGA will recover from Agent any commissions and Administrative Fees paid to Company for an enrollment that is not a Qualified Enrollment. Commission and Administrative Fees will be paid only for months the member was actually enrolled in the plan.
6. Rapid Disenrollments. Members enrolled through Agent who voluntarily or involuntarily disenroll within the first 3 effective months of the plan year are considered rapid disenrollments (for example, if a member enrolls in a plan effective October 1, November 1, or December 1, and disenrolls (unrelated to the Annual Election Period) effective on or before January 1 of the following year). A Rapid Disenrollment will result in NSGA recovering from the Company any commission and Administrative Fees paid to Agent related to the enrollment. The commission and Administrative Fees will be charged against future compensation and any other monetary compensation, commission and Administrative Fees that would otherwise be payable to Agent. Exceptions:
  - a. It is not considered a Rapid Disenrollment when a member enrolls in a plan 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. NSGA will recover a pro-rated amount for the months the member was not enrolled, instead of all commissions and Administrative Fees, when an enrollee disenrolls from a plan prior to the end of the plan year within the first three months of enrollment for any of the reasons listed in the table below:

Reason
Enrollee disenrolls due to other creditable coverage (as defined under Applicable Law).
Enrollee disenrolls due to moving into or out of an institution (as defined under Applicable Law).
Enrollee gains or drops employer- or union- sponsored coverage.
Enrollee is disenrolled because of a CMS sanction /contract violation against Humana.
Enrollee is disenrolled because of plan terminations and non-renewals.
Enrollee is disenrolled in order to coordinate with Part D enrollment periods.
Enrollee is disenrolled in order to coordinate with a State Pharmaceutical Assistance Program (as defined under Applicable Law).
Enrollee becomes dually eligible for both Medicare and Medicaid.
Enrollee becomes eligible to enroll in another plan based on special needs.
Enrollee becomes eligible for the Medicare Part D low income subsidy (as defined under Applicable Law).
Enrollee qualifies to enroll in another plan based on a chronic condition.
Enrollee disenrolls due to auto, facilitated or passive enrollment (as defined under Applicable Law).
Enrollee dies.
Enrollee moves out of the service area of the Product.
Enrollee is disenrolled due to non-payment of premiums.
Enrollee loses entitlement to Medicare.
Enrollee disenrolls due to retroactive notice of Medicare entitlement.
Enrollee disenrolls to enroll in another plan with a 5-star rating or out of a low performing plan.

7. Long Term Disenrollments. Members enrolled through Agent who voluntarily or involuntarily disenroll from a Humana plan 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 and Administrative Fees equal to those months the member was not enrolled on the plan (e.g. a member ages in effective April 1<sup>st</sup>. The member disenrolls effective September 30<sup>th</sup> of the same year. NSGA 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, commission and Administrative Fees. The pro-rated charge-back rule applies to all years of plan membership by the member.
8. NSGA will pay no commission and Administrative Fees if the Agent on the MA, MAPD or PDP Qualified Enrollment becomes no longer eligible to receive commission for that Qualified Enrollment.
9. Agent understands and agrees that no portion of the Administrative Fees paid under this agreement may be shared with downline Agents.
10. Commission, Administrative Fees or compensation payable by NSGA including commission or Administrative Fees payable according to any commission or Administrative Fees schedule may be modified, increased, reduced or discontinued by notice from NSGA and such amendment shall take effect at the time specified in the notice, but in no event prior to ten (10) days from the date such notice is posted to [www.agentxcelerator.com](http://www.agentxcelerator.com) unless such modification, increase, decrease or discontinuation is required by state or federal law or CMS regulations to take effect on an earlier date. All commission, Administrative Fees or compensation for all Humana business, including existing business may be modified, increased, reduced or discontinued.
11. NSGA will not pay commissions for a future year enrollment until the beginning of that future enrollment year. For example, commission will not be paid until January 2017 for enrollments effective in 2017. A Field Marketing Organization (FMO) or similar type entity that has been retained to sell Humana MA, MAPD, or PDP Products must not pay Company commissions or referral fees for a future year enrollment in a Humana MA, MAPD, or PDP Product until the beginning of that future enrollment year.

12. In order for Agent to receive compensation for an enrollment, the submitted member application for enrollment must (i) be free of any inaccuracies, (ii) be complete, (iii) be submitted timely, (iv) identify Agent as the writing agent, and (v) contain all supplemental documents as is necessary for Humana to evaluate acceptance or rejection of the application. Humana and NSGA reserves the right to withhold compensation if any of the preceding conditions are not met.

## 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)	\$0.00 pmpm (\$0 annually)
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 prior to 2009, 2010, and 2012 have no changes*

## MA, MAPD and PDP Plan and Product Changes

Medicare members may elect to choose different plan options and Products from one year to the next or even in the same year. They may also make these changes through different Companys. These changes may impact commissions. The following table describes how NSGA pays commissions relating to plan and Product changes.

Type	Description (as reported by CMS)	Agent of Record & Writing Agent Impact	Commission Impact
<b>INITIAL SALE</b>			
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 plan is in effect, followed by Renewal Rate Commission paid in subsequent years beginning on January 1 <sup>st</sup> .
<b>UNLIKE PLAN TYPE CHANGE</b>			
PDP to MAPD 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 plan will be charged back according to the Rapid Disenrollment or Long Term Disenrollment sections above.  NSGA pays pro-rated Initial Commission based on the new plan's effective date, followed by Renewal Rate Commission paid in subsequent years beginning on January 1 <sup>st</sup> .
<b>LIKE PLAN TYPE CHANGE IN COMPENSATION PAYMENT YEAR 1</b>			
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 plan will be charged back according to the Rapid Disenrollment or Long Term Disenrollment sections above.  NSGA pays pro-rated Initial Commission based on new plan's effective date, followed by Renewal Rate Commission paid in subsequent years beginning on January 1 <sup>st</sup> .
<b>LIKE PLAN TYPE CHANGE IN COMPENSATION PAYMENT YEARS 2+</b>			
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 plan will be charged back according to the Rapid Disenrollment or Long Term Disenrollment sections above.  NSGA pays pro-rated Renewal Rate Commission based on new plan's effective date, followed by Renewal Rate Commission paid in subsequent years beginning on January 1 <sup>st</sup> .
<b>CONTINUOUS COVERAGE – NO CHANGE IN EITHER BENEFIT PLAN CONTRACT NUMBER or PBP CODE</b>			
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 <sup>st</sup> .

*Plan types defined per 42 CFR 422.2274 and 423.2274*

PBP = Plan Benefit Package

**NOTE:** If a member enrolls in a dual plan (e.g., a PFFS/MA-only plan and a stand-alone PDP), the Compensation rules apply independently to each plan. However, if a member replaces a dual plan with a single plan, Compensation is paid based on the MA plan change (e.g., movement from a PFFS/MA-only plan and PDP to an MAPD plan would be compensated at the renewal Compensation amount for the MA to MAPD plan type change).

## Territories/Products Excluded from Payment of Commissions and Administrative Fees

- 1. Non-Commissionable Counties for Specified MA, MAPD, and PDP Plans.** Notwithstanding anything herein to the contrary, in the county and/or states listed below, no commission or Administrative Fees shall be paid for any enrollments with effective dates of coverage on or after **January 1, 2017** in the following corresponding plans:

State and County	Products/Plans (Contract Number-PBP Code)	
California: San Joaquin	H5619-026	HMO
	H5619-038	HMO
California: Stanislaus	H5619-032	HMO
	H5619-038	HMO
Colorado: All Counties	H2649-060	HMO
Florida: Monroe	R5826-005	RPPO
	R5826-018	RPPO
Florida: Alachua, Baker, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, Columbia, Desoto, Dixie, Duval, Escambia, Flagler, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jefferson, Lafayette, Lake, Lee, Levy, Liberty, Madison, Manatee, Marion, Martin, Miami-Dade, Monroe, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Saint Johns, Saint Lucie, Santa Rosa, Sarasota, Seminole, Sumter, Suwannee, Union, Volusia, Walton, Washington	R5826-074	RPPO
Georgia: Appling, Barrow, Brantley, Butts, Gilmer, Lincoln, Spalding, Tattnall	R5826-077	RPPO
Indiana: Fountain, Newton, Perry, Tipton, White	H5525-008	LPPO
Indiana: Decatur	H8145-011	PFFS
Indiana: Scott, Tipton	R5826-066	RPPO
Kansas: All Counties	H2649-012	HMO
Kentucky: Bullitt, Henry, Jefferson, Nelson, Oldham, Shelby, Spencer	R5826-008	RPPO
Kentucky: All Counties	H5525-030	LPPO
	H6622-019	HMO
Missouri: All Counties	H2649-012	HMO
<b>New York: All Counties</b>	<b>H3533-004</b>	<b>HMO</b>
North Carolina: Burke, New Hanover	R5826-079	RPPO
Ohio: Ottawa	H6622-016	HMO
Ohio: Morrow	R5826-021	RPPO
Ohio: Auglaize, Clark, Crawford, Pickaway	H8145-032	PFFS
Ohio: All Counties	H5525-030	LPPO
	H6622-019	HMO
	H6622-020	HMO
Ohio: Hocking, Morgan, Morrow, Washington	R5826-007	RPPO
Pennsylvania: Allegheny, Beaver, Berks, Bucks, Butler, Carbon, Chester, Columbia, Cumberland, Delaware, Erie, Lackawanna, Lebanon, Lehigh, Luzerne, Monroe, Montgomery, Perry, Philadelphia, Washington, Westmoreland, Wyoming, York	R5826-002	RPPO
South Carolina: Richland	R5826-077	RPPO
Texas: All Counties	H2649-056	HMO
Virginia: Alexandria City, Amelia, Arlington, Botetourt, Caroline, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Craig, Culpeper, Cumberland, Dinwiddie, Fauquier, Franklin, Fredericksburg City, Gloucester, Goochland, Hampton City, Hanover, Henrico, Hopewell City, Isle of Wight, James City, King and Queen, King George, Loudon, Louisa, Manassas 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, Spotsylvania, Stafford, Suffolk City, Surry, Sussex, Virginia Beach City, Warren, Williamsburg City, York	R5826-079	RPPO
West Virginia: Berkeley, Boone, Brooke, Cabell, Fayette, Hancock, Jefferson, Kanawha, Lincoln, Logan, Mineral, Pocahontas, Putnam, Raleigh, Wayne, Wyoming	R5826-002	RPPO

Humana Enhanced (PDP) Plans	
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, North Dakota, Nebraska, 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