2018

Producer Performance Guide

Connecticut

Welcome.

Dear Producer,

We are pleased to present UnitedHealthcare's 2018 Producer Performance Guide. Please keep this guide and refer to it whenever you have a commission or bonus-related question.

As you review the guide, you'll notice there are key sections that will help you sell UnitedHealthcare and build your relationship with your clients:

Resources.

Features websites, resources and guide terminology to help you find the information you need quickly and efficiently.

Medical Commission and Bonus Programs.

Outlines our competitive base commission, with additional opportunities available through our bonus programs.

Specialty Products Commission and Bonus Programs.

Provides details on Small Business and Key Accounts specialty products base commission and bonus programs, including Dental, Vision, AD&D, Life, Disability and more.

Policies and Practices.

Presents important, detailed information on all of our broker compensation programs.

As you read through the guide, we think you'll see that these commission and bonus programs offer fair compensation for offering UnitedHealthcare to your clients. We look forward to strengthening our relationship and working together to grow our mutual business.

Thank you,

UnitedHealthcare

United eServices®.

United eServices is designed to help you grow your business as a resource for online quoting, case status, renewals, plan resources, network information or commission statements.

Register.

Visit **UnitedeServices.com.** | Click **Register.** | Enter your date of birth and Social Security number.

Tools and Resources.

- **Sales Automation Management (SAM) Quoting and Online Enrollment** — SAM is an online tool on **UnitedeServices.com** introduced in 2016 to help make every part of the quoting, selling and installation process simpler and faster — allowing you to sell more, serve more and satisfy more clients, in less time.

  SAM utilizes innovative technology to dramatically cut down on manual entry, which also reduces errors that can waste even more time and slow down the enrollment and submission processes. SAM puts you in control, accelerating you through quoting and enrollment:

  - **Input minimal group data and plan requirements.**
  - **Filter and compare multiple plan options for your client.**
  - **Quote, generate and email medical and specialty proposals in minutes.**
  - **Continue the process using online enrollment when your client is ready to move forward.**

  SAM allows you to quickly and efficiently comparison shop, quote and enroll your small group* clients in UnitedHealthcare medical and specialty products. Every part of the quoting, selling and installation process is simplified and shortened.

- **Case** — Use our case-tracking feature to check the status of your case submission, so you always know where your cases are in the process.
- **Renewals** — View, download and print your renewal packages, shop other plans, and generate alternate medical, pharmacy, dental and life plan quotes for your UnitedHealthcare groups with up to 50** eligible employees. Renewal packages are available three months prior to the policy renewal date and remain online for six months.
- **Plan resources** — Download benefit summaries, review renewal plan relativity grids and find answers to the most frequently asked questions.
- **Network resources** — Access information on our network of over 911,000 physicians and health care professionals, 5,600 hospitals and 67,000 pharmacies. Resources include network directories, maps and local fact sheets that include accreditation and reimbursement methods.
- **Online commission statements** — If you receive individual commission statements addressed with your individual name, you can access your individual commission statements online anytime, anywhere.

*In the following situations, please continue to use your current system or process to obtain a quote:

- **Groups that do not meet the State's definition of "Small Business."**
- **Renewal business.**
- **New Business on Existing Accounts (NBEA); New Coverage on Existing Accounts (NCEA).**
- **Business sitused in:** District of Columbia, HI, ME, MN, MT, ND, NH, NJ, NV, NY, SD, VT.
- **All Savers.**
- **Oxford.**
- **Sierra.**
- **ACEC.**
- **ADP Total Source.**
- **Critical Illness Protection.**
- **Accident Protection.**
- **Business-to-business quoting using a third-party aggregator tool will not automatically populate in SAM.**

**The group size available for United eServices resources, including online quoting, may vary from state to state.

broker.uhc.com.

Your Online Destination for All UnitedHealthcare News and Marketing Resources.

We have consolidated nearly all of your online business resources on one website, **broker.uhc.com**, making it easy (no login required) and convenient for you to get the latest UnitedHealthcare news, product and marketing information, and materials you need to meet the demands of your business.

On the site you can:

- Read about the latest news, programs and tools in your area without waiting for an email to arrive in your inbox.
- Access past editions of the Broker Connection newsletters.
- Search news archives for stories about offerings affecting your clients.
- Learn how to become licensed and appointed with UnitedHealthcare.
- Review important health care reform, modernization and legislative updates.
- Search for information specific to a certain market, topic or group size.
- Access materials to support new and renewal business.
- Find links to online tools you use every day, including United eServices, United Advantage®, Employer eServices® and others.
- Share articles with clients and colleagues via LinkedIn®, Facebook®, Twitter® and email.
- Rate articles and provide valuable feedback on content.

Visit **broker.uhc.com** today and bookmark the site in your Web browser. Make the site your go-to destination for all UnitedHealthcare information.

LinkedIn is a registered trademark of LinkedIn Corp. Facebook is a registered trademark of Facebook Inc.
Twitter is a registered trademark of Twitter, Inc.

Broker Connection Newsletter.

Stay Connected with Our Broker Connection.

The Broker Connection is your essential guide to the latest news from UnitedHealthcare. Emailed twice a month, the newsletter delivers timely and valuable information about:

- Reform, compliance and legislative alerts.
- Incentive and bonus programs.
- Local news and network updates.
- Underwriting and administrative changes.
- New products and services.
- Invitations to informative events.
- Successful sales practices.
- Wellness programs and case studies.
- United Advantage program offerings.

UnitedHealthcare

BROKER Connection
News to help you grow your business

August 2016

Tool Helps Estimate Small Business Tax Credit

Our new proprietary tax credit modeling tool helps estimate your customers' potential credit amounts if they qualify for recently enacted IRS Small Business Health Care Tax Credit program. View a short overview of Small Business Tax Credit program along with a demonstration of how the tool works.

United Advantage Programs and Services

Don't miss the following programs available exclusively for United Advantage members.

- **Self-funded Training:** Join us Jan. 22-23 in Orlando, Fla. or in Denver, Colo. Feb. 10-11 for the Self-Funded Concepts and Underwriting Training program.
- **Knowledge Institute:** Attend our March 4 Webinar where we will discuss how to explain IRS requirements and what employers need to have ready when the new reporting changes take place in 2016.
- **Webinar Registration & Information:** Learn about opportunities that can enhance your ability to better serve and upsell your clients with Employee Assistance Programs (EAP) in a rapidly evolving post-ACA environment at our Feb. 4 United Advantage webinar.

Health Reform Resources

Visit the new United for Reform Resource Center for implementation guides, timelines, provision details, FAQs and other support documents.

New Text Message Alerts

Now you can receive this newsletter on the go. Text **BROKERNEWS** to 52789 via your mobile phone to receive bi-monthly newsletter alerts.

California News

- **RAF Update:** The Risk Adjustment Factor (RAF) Guarantee Program is updated for your small business clients with 2-50 employees effective July 1, 2013 through Dec. 31, 2013.

Connecticut News

- **Health Reform:** Health insurers in Connecticut are required under state insurance law to disclose Medical Loss Ratio to insurance applicants with each individual or group health insurance application for coverage.

Broker Support

- **Plan Update:** Effective immediately the therapeutic benefit category has been removed from the freestanding facility place of service benefit for all Choice Advanced, Choice Plus Advanced and Choice Plus Direct.

Pharmacy

- **Pharmacy Terms:** On Aug. 1, 2013, eight pharmacies will be termed from the Medco/ESI pharmacy network based on their increased compounding of medications including those containing the bulk chemicals being excluded July 1 for UnitedHealthcare fully insured business.

Receive News Alerts

Don't miss important health plan and reform updates. Text BROKERNEWS to 52789 via your mobile phone to receive alerts.

Ideas/Suggestions?

Do you have an idea or suggestions for future editions of Broker Connection? Send us an email and let us know!

Rate Our Articles

Now you can provide input about broker website articles. Simply use the Rate This Article four-star icon found at the end of each article.

One-Click Unsubscribe | Manage My Subscription | Broker Website

Contact Us | Privacy | Legal

Subscribe to Our Broker Communications.

If you're not receiving the Broker Connection and other important broker notices, visit the Profile and Preference Center, where you can:

- Select the market-specific UnitedHealthcare publications and special alerts you wish to receive.
- Update your email address and other profile information.
- Reset your UnitedHealthcare publication preferences online at any time.

Subscribe to Our Text Messages.

Receive broker news on the go. Get important announcements that affect you, as well as your clients and their members, by subscribing to text message news alerts. Text BROKERNEWS to 52789 via your mobile phone to receive these alerts.

Resources.

Our Commitment.

UnitedHealthcare is committed to being a reliable source of information, training and broker support. These online resources help brokers gain the knowledge, skills and confidence to keep pace with today's changing health care benefits marketplace. Let us know how we can support you.

- **United eServices®.**
  Located at **UnitedeServices.com**, United eServices is our producer website designed to help you meet the demands of your business. Whether you're looking for online quoting, case status, renewals, network information, plan information or commission statements, we've got it at United eServices.
- **broker.uhc.com.**
  Located at **broker.uhc.com**, this website brings you relevant news, tools, product information and marketing resources in one centralized location, helping you save time. All of the information you need is complete, organized and never more than one click away.
- **Employer eServices®.**
  Located at **EmployereServices.com**, Employer eServices helps make benefit administration easy with online eligibility updates, enrollment, billing and claims reporting.
- **Communication Resource Center.**
  Located through the links tab at **UnitedeServices.com**, the Communication Resource Center helps benefit administrators communicate important health topics to employees with access to easy-to-use communication templates, tools and resources — you can even build your own employee wellness newsletter.
- **United Advantage®.**
  Located at **UnitedAdvantage.com**, this website contains tools designed for our United Advantage agencies to help you grow your book of business. To learn more about the United Advantage program, visit the United Advantage Overview.
- **Broker Publications and Important Notices.**
  Subscribe to or update the broker communications available to you from UnitedHealthcare by visiting the Profile and Preference Center. There you can select the state- or market-specific UnitedHealthcare publications and special alerts you wish to receive. Plus, you can update your email address and other information online at any time.
- **oxfordhealth.com.**
  In the broker portal of our **oxfordhealth.com** website, brokers can check Oxford billing, eligibility, benefits, commissions and new group enrollment status; request ID cards and materials; review Oxford product options; create new proposals and rate tables; enroll a new Oxford group or member; change email address, username and password; search for participating Oxford doctors, hospitals, health facilities, labs and pharmacies; and view broker communications, including the latest Oxford news and product information.

Geography, Case Size Designations, Terms.

Area Covered by This Guide.

The bonus programs in this guide apply only to agents with permanent addresses in Connecticut.

Case Size Designations.

Many of the commission and bonus programs in this guide apply to specific case size segments (for example, "groups with up to 50 employees" or "51 or more employees"). In most situations, these labels will coincide with the actual number of employees in the group that are eligible (but not necessarily enrolled) for coverage. However, the actual case size segment designation for commission and bonus program purposes will be made in accordance with state and federal regulations and may be based on the employee count at some point in time, the average number of employees over some period of time or other factors such as the rating formula used, underwriting rules or operating system indicators. That means the specific assignment of any group to one of these classifications may not reflect the actual number of employees at a specified time. Once classified, groups do not automatically change classification for these purposes if their employee count grows or shrinks. That means that some groups with (for example) more than 50 employees will be included in the "up to 50 employees" commission and bonus programs, and some groups with fewer than 51 eligible employees will not. We reserve the right to classify any group in any of these designations for these purposes according to our rules and in accordance with state and federal regulations, regardless of the group's actual enrollment or eligible employee count.

Terms Used in This Guide.

- **Agent, agency, broker, producer, you** and **yours** are interchangeable and refer to a licensed agent or agency.
- **UnitedHealthcare, we, our** or **us** are interchangeable and refer to UnitedHealthcare or associated subsidiaries and affiliates.
- **Customer, client, group, case** or **policy** are interchangeable and refer to the policyholder or entity purchasing the insurance product.
- **Enrolled employee, covered employee** and **subscriber** are interchangeable and refer to the employee enrolled for coverage in the insurance plan referenced.
- **Members** are the employees and their covered dependents enrolled for coverage by the insurance plan referenced.
- A **Writing Agent** is a licensed and appointed agent who actually performs the activities related to the solicitation and sale of the insurance plan.
- An **Agent of Record (AOR)** is the agent or agency receiving the commissions on a case. The term is interchangeable with "payee."
- A **consultant or service provider** is a person or agency who is paid a fee directly by the client instead of carrier-paid commissions, including cases where we administer the collection and payment of a service fee on behalf of, and as a courtesy to, the customer.
- **Affiliated cases** is the term used when larger employer groups with multiple sites or multiple segments are divided into several different policies or group numbers. Those subgroups are combined and considered to be one case for commission and bonus purposes.
- **Commissionable and non-commissionable cases** are cases where no commissions, or minimal commissions, are paid by the carrier. A case is considered "commissionable" when reasonable base commissions are paid to the agent on a fully insured case, or reasonable commissions are paid to the agent on the administrative fee of a self-funded case. Our processing of a "service fee" or similar payment related to a service agreement between the policyholder and the service provider does not make a case commissionable. Adding minimal or "token" commissions to a case does not make it commissionable, and commissions paid on stop-loss coverage only do not make a case commissionable. UnitedHealthcare reserves the right, at our sole discretion, to determine whether any case is commissionable. Each line of business is considered separately when determining whether a case is commissionable.

  Some restrictions apply to non-commissionable cases in bonus, override and recognition programs. Non-commissionable cases that are Governmental Entities, and all non-commissionable cases in some jurisdictions, are excluded from bonus and override programs. Other non-commissionable cases may be included in bonus, override and recognition programs if the customer gives written approval for the case to be included in such programs and other conditions are met (see details in the Policy Section of this guide).

Please refer to the producer compensation policies and practices in the back of this guide for important information.

Medical Benefits.

Medical Base Commissions
for Groups with up to 50 Eligible Employees.

Oxford and UnitedHealthcare Medical Business.

This commission schedule is effective for new Oxford and UnitedHealthcare medical groups with up to 50 eligible employees* in Connecticut with effective dates on or after January 1, 2018, and existing Oxford and UnitedHealthcare medical groups in Connecticut on their first renewal on or after January 1, 2018.

Medical Case Size	Commissions
1 to 2 enrolled employees	1% of paid premium
3 or more enrolled employees	4.5% of paid premium

- The payment tier used for new groups on all products is established using the enrolled medical employee count at the time of initial enrollment as determined by us.
- The payment tier for renewing cases will be established using the enrolled medical employee count at a time determined by us, usually reflecting the billed employee count for the first month of the new contract period.
- The commission rate set will be used for this group for the entire first year or renewal period regardless of any changes to the enrolled employee count that occur during the period.
- Changes in the number of sub-groups in multiple-site or multi-segment affiliated groups may trigger a recalculation of the commission rate prior to the next renewal.

How to Calculate Monthly Commissions.

The monthly commission payment is calculated by multiplying paid premium for the month by the percentage indicated. For example, if the monthly paid premium for a group with 20 enrolled employees is $10,000, the commissions for that month will be 4.5% times $10,000, or $450.

*All Savers Alternate Funding Commissions: Please contact your UnitedHealthcare sales office or reference the online producer portal (**UHOne.com/broker**) for the most current All Savers Alternate Funding commission schedule for your area.*

Commissions vary by the group's location. Please contact your UnitedHealthcare sales office for base commission schedules in other areas. Some medical products may have a specified commission schedule that replaces and supersedes this schedule.

All UnitedHealthcare commissions and bonus programs are subject to the Agent/Agency Agreement and the policies contained in other sections of this guide. Please refer to that information for complete guidelines related to our producer compensation programs.

*Classification as a group of "up to 50 employees" is determined by us considering a number of factors. Please see Case Size Designations on page 7 for details.

Quarterly Medical Bonus Program
for Groups with up to 100 Employees.

UnitedHealthcare will award a bonus to brokers with higher volumes of cases with up to 100 employees. Brokers having the required minimum number of enrolled medical employees in eligible cases on the last day of the calendar quarter and who meet minimum net growth requirements will qualify for a bonus. The bonus is paid as an amount per employee determined by the number of enrolled employees in eligible cases on the last day of the calendar quarter according to the following table:

Bonus Payment Table — Initial Bonus Paid per Enrolled Employee per Calendar Quarter.

Enrolled Employees in Eligible Groups with up to 100 Employees	Groups with 1 to 2 Enrolled Employees	Groups with 3 to 50 Enrolled Employees	Groups with 51 or More Enrolled Employees
100 to 199 enrolled employees	$1	$6	$2
200 to 449 enrolled employees	$2	$8	$3
450 to 649 enrolled employees	$3	$10	$4
650 to 849 enrolled employees	$4	$12	$5
850 or more enrolled employees	$5	$14	$6

Eligible cases are fully insured medical groups and All Savers Alternate Funding groups with up to 100 eligible employees that are active on the last day of the calendar quarter. Enrolled employee counts used to determine group size and payment amounts are UnitedHealthcare's actual counts for eligible groups on the last day of the calendar quarter. Some cases require written customer approval before being eligible for bonus programs, and some cases are excluded from all bonus programs by regulations and our policies. Groups located in New York are not eligible for this bonus. Only agents permanently located in the area indicated on page 7 of this guide are eligible for this bonus.

Net growth: The bonus you receive will be modified by a factor determined by the change in the number of enrolled medical employees eligible for the Quarterly Medical Bonus program from the same calendar quarter in the prior year, according to the following table:

Net Change Percent	Net Growth Factor
125% or more	1.3
115% to 124.9%	1.2
105% to 114.9%	1.1
100.0% to 104.9%	1.0
Under 100%	No bonus

The percentages in the left-hand column of the net change table above are the total of the enrolled employees in eligible medical cases at the end of the current quarter divided by the same count at the end of the same calendar quarter in the prior year, rounded to the nearest one-tenth of one percent. The prior year count of eligible cases will include groups that were active with us in the prior year but may not have been included in the prior year's Quarterly Medical Bonus calculation due to changes in program rules, segment transfers, AOR changes or other situations.

Specialty Benefits: The bonus you receive will be modified by a factor that is determined by the ratio that results from dividing the number of enrolled employees in group dental, life, vision, short-term disability, long-term disability, critical illness, hospital indemnity and accident cases with up to 100 eligible employees (including stand-alone cases) by the number of medical enrolled employees in eligible cases, according to the following table:

Ratio of Specialty Benefits Enrolled Employees to Medical Enrolled Employees	Bonus Amount Is Multiplied By:
1.25 or more	1.3
1.0 to 1.249	1.2
0.75 to 0.999	1.0
0.5 to 0.749	0.8
Under 0.5	0.7

Agent of Record (AOR) changes: Cases that are removed from the agency's block of eligible business due to an AOR change during the bonus period will be removed from the prior year enrollment count (and therefore will not count against the agency) unless the group cancels at the time of the AOR change. Cases that are acquired by the agency due to an AOR change during the bonus period will be included in both the beginning and ending count for all bonus calculations, regardless of the original effective date of the acquired case.

Quarterly Medical Bonus Calculation.

You can calculate your Quarterly Medical Bonus by following these steps:

1. Determine Bonus Level and Initial Bonus Amount.

a. Find the appropriate row in the Bonus Payment Table on the previous page for the total number of enrolled employees in all eligible groups as of the end of the current quarter.

b. Multiply the enrolled employee counts by the appropriate rates in the payment table to determine the Initial Bonus Amount.

2. Determine the Net Growth Factor.

a. Calculate the Net Change in medical lives from the prior year by dividing the current enrolled employee count in eligible groups for the current quarter by the enrolled employee count for the same quarter in the prior year.

b. Find the appropriate Net Growth Factor from the table on the previous page.

c. If the Net Change in medical lives is high enough to qualify for a bonus, multiply the Initial Bonus Amount by the Net Growth Factor from the table on the previous page.

3. Determine Specialty Bonus Factor and Quarterly Medical Bonus Amount.

a. Calculate the ratio of Specialty Benefits employees to medical employees by dividing the Specialty Benefits enrolled employee count by the medical enrolled employee count for the current quarter.

b. Find the appropriate Specialty Benefits Factor from the table on this page.

c. Multiply the amount from step 2c above by the Specialty Benefits Factor to determine the Quarterly Medical Bonus payment.

*Classification as a group with "up to 100 employees" is determined by us considering a number of factors. Please see "Case Size Designations" on page 7 for details.

Specialty Benefits.

Specialty Benefits
for Groups with up to 50 Eligible Employees.

Group Term Life and AD&D Base Commissions.

10% of paid premium

Dental Base Commissions.

Dental Annual Premium*	Commission Rate
For the first $10,000 of paid premium in a plan year	10% of paid premium
For the next $15,000 of paid premium in a plan year	7.5% of paid premium
For the next $15,000 of paid premium in a plan year	5% of paid premium
For the next $20,000 of paid premium in a plan year	2.5% of paid premium
For paid premium over $60,000 in a plan year	1.5% of paid premium

*This schedule is applied on a per-case basis. The schedule is applied to each dental case starting at the top of the schedule on the original effective date or renewal date.

Vision Base Commissions.

10% of paid premium

Short-Term and Long-Term Disability Base Commissions.

Disability Annual Premium*	Commission Rate
For the first $15,000 paid premium in a plan year	15% of premium
For the next $10,000 paid premium in a plan year	10% of premium
For the next $25,000 paid premium in a plan year	5% of premium
For paid premium over $50,000 in a plan year	1% of premium

*This schedule is applied on a per-case basis. The schedule is applied to each disability case starting at the top of the schedule on the original effective date or renewal date.

Oxford Benefit Management® (OBM) and Specialty Benefit Solutions (SBS) Commissions for Groups with 2 to 100 Eligible Employees.

10% of paid premium

Oxford Benefit Management, Inc. acts as the distribution company for products by third-party vendors including UnitedHealthcare Dental, Spectera, LifeEra and UnitedHealth Allies. The UnitedHealthcare Dental PPO Plan, the UnitedHealthcare Dental Trust Plan and Spectera, Inc. are underwritten by UnitedHealthcare Insurance Company, Hartford, Connecticut (except in New York), UnitedHealthcare Insurance Company of New York, Hauppauge, New York (New York only). OBM does not underwrite or administer these products and bears no risk on any product offered. UnitedHealthcare Dental coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (California only), United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Vision coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and Unimerica Insurance Company; Unimerica Life Insurance Company of New York (New York City); and in California, Unimerica Life Insurance Company. OBM and SBS packages are not available in all states and state-specific requirements may cause limitations or variations for the plans.

Commissions for Specialty Benefit groups with 51 or more eligible employees may be established at the request of the agent or customer. The above schedules will apply if an alternative schedule is not requested.

Classification of a group with "up to 50 eligible employees" is determined by us considering a number of factors. Please see "Case Size Designations" on page 7 for details.

Specialty Benefits New Business Bonus.

You may earn a bonus for selling new group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness, group accident and group hospital indemnity insurance for groups with two or more eligible employees. In order to receive this bonus, you must meet both of the following requirements:

- Sell at least 10 new lines of coverage having a combined minimum of $100,000 in annualized premium and fees (or 10 new lines of coverage having a combined minimum annualized premium and fees of $500,000) with effective dates from January 2, 2018 through January 1, 2019, and
- Have a net change percentage for your entire Specialty Benefits block of business from January 2018 through January 2019 of at least 100.0%.

If all of the bonus requirements are met, the bonus is calculated using the bonus percentage in the following table:

Specialty Benefits New Lines of Coverage and Annualized Premium*	Bonus Percentage
10 or more lines of coverage with a combined minimum of $100,000 in annualized premium and fees*	2%
15 or more lines of coverage with a combined minimum of $150,000 in annualized premium and fees*	3%
20 or more lines of coverage with a combined minimum of $200,000 in annualized premium and fees, **OR** 10 or more lines of coverage with a combined minimum of $500,000 in annualized premium and fees*	4%
25 or more lines of coverage with a combined minimum of $225,000 in annualized premium and fees, **OR** 10 or more lines of coverage with a combined minimum of $850,000 in annualized premium and fees*	5%
30 or more lines of coverage with a combined minimum of $250,000 in annualized premium and fees, **OR** 10 or more lines of coverage with a combined minimum of $1,250,000 in annualized premium and fees*	6%

*In eligible lines of coverage with effective dates from January 2, 2018 through January 1, 2019. Annualized premium and fees for bonus qualification is equal to the January 2019 premium and fees of eligible cases multiplied by 12.

Both employer-paid and employee-paid lines of coverage sold with medical coverage or on a stand-alone basis are included in the bonus program. The maximum Specialty Benefits new business bonus paid on any line of coverage within any one case or affiliated cases is $15,000.

Bonus adjustment for Specialty Benefits net change percentage: Our Specialty Benefits new business bonus requires a minimum net change in premium for your entire book of Specialty Benefits lines of coverage from January 2, 2018 through January 1, 2019. To receive a new business bonus, your January 2019 Specialty Benefits premium and fees must be at least 100.0% of the premium and fees that we received for your Specialty Benefits lines of coverage for January 2018. The Specialty Benefits net change percentage in premium and fees is calculated by dividing the premium and fees received for all of your Specialty Benefits lines of coverage in January 2019 by the premium and fees received for all of your Specialty Benefits lines of coverage in January 2018. The net change percentage is rounded to the nearest one tenth of one percent. Specialty Benefits lines of coverage that do not meet our general bonus eligibility requirements will be excluded from the net change calculation. If the Specialty Benefits net change percentage is less than 100%, no bonus will be paid.

Specialty Benefits New Business Bonus Details.

- You must sell at least 10 eligible lines of coverage with original effective dates from January 2, 2018 through January 1, 2019 having a combined minimum of $100,000 in annualized premium and fees (or alternatively, 10 new lines of coverage having a combined minimum annualized premium and fees of $500,000), and have a Specialty Benefits net change percentage of 100.0%, in order to qualify for the Specialty Benefits new business bonus. The Specialty Benefits new business bonus is paid on annualized premium and fees for lines of coverage that had original effective dates from January 2, 2018 through January 1, 2019, are active on January 1, 2019 and meet all other eligibility requirements.
- Annualized premium and fees for this bonus are defined as the January 2019 premium and fees of the eligible line of coverage multiplied by 12. The bonus payment is based on the annualized premium and fees.
- The maximum Specialty Benefits new business bonus paid on any line of coverage within any one case or affiliated cases is $15,000. In situations where commissions on the case are split between more than one Agent of Record, the maximum bonus limit will be applied before the bonus is allocated to the Agents of Record.
- An eligible line of coverage for the Specialty Benefits new business bonus is group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness, group accident and group hospital indemnity insurance in a group of two or more eligible employees that has an original effective date from January 2, 2018 through January 1, 2019. An eligible line of coverage must meet all of UnitedHealthcare's general bonus eligibility requirements. An eligible line of coverage can be sold with medical coverage or on a stand-alone basis. Both employer-paid and employee-paid lines of coverage are eligible for the bonus.
- An eligible line of coverage must be in an eligible group. Spectera Plan Administrators Private Label vision, Family Medical Leave (FML) administration plans and some Governmental Entity cases are not eligible for any bonus programs. Groups written through Affiliated Associations of America (AAOA), embedded dental or vision benefits, dental discount cards or state statutory disability plans are not eligible for this bonus. Dental groups administered through UMR/Fiserv that use a dental network other than the UnitedHealthcare Dental network are not eligible for this bonus. UnitedHealthcare has sole discretion in determining whether a line of coverage is eligible for any bonus program. The lines of coverage, premium and fees of ineligible cases are not included toward the minimum line of coverage requirements, the premium and fee requirements, or any other requirements or calculations related to any Specialty Benefits bonus. Lines of coverage counts and premiums and fees for affiliated groups are combined for all bonus calculations.
- For dual or multiple broker arrangements, line of coverage credit and premium or fee credit will be allocated in the same proportion as the commissions are split on the line of coverage. Fractional credits will be used in the calculation, and credits will not be rounded to the nearest integer.
- Special rules apply to payment of bonuses for Governmental Entity and non-commissionable customers. We require written customer acknowledgment and approval before paying bonuses on commissionable Governmental Entity cases with 51 or more eligible employees. Non-commissionable Governmental Entity lines of coverage are not eligible for bonus programs. Written customer permission is required for non-governmental, non-commissionable cases to be eligible for bonus programs. Some lines of coverage are excluded from all bonus programs by regulations or our policies. Please refer to the Producer Compensation policies and procedures for Governmental Entities and non-commissionable cases in this guide for additional information.
- An agent or agency can only qualify for one Specialty Benefits new business bonus. The lines of coverage sold and minimum annualized premium and fees within any row must both be met to qualify for a row in the bonus table. The bonus will be paid at the highest bonus percentage where both the lines of coverage and annualized premium and fees criteria are met. If an agent meets the qualifications in more than one row in the table, only the bonus for the row paying the highest bonus amount will be paid.

Specialty Benefits new business bonus calculation examples: The Specialty Benefits new business bonus is calculated by totaling the eligible lines of coverage and the annualized premium and fees for those eligible lines of coverage to determine the bonus tier from the Specialty Benefits new business bonus payment table. The Specialty Benefits net change percentage is then calculated to determine if the agency qualifies for the Specialty Benefits new business bonus.

Example 1: An agency has 17 new Specialty Benefits lines of coverage with effective dates from January 2, 2018 through January 1, 2019, with annualized premium and fees in new eligible lines of coverage of $200,000. In their entire block of Specialty Benefits business, the agency had $1,000,000 in annualized Specialty Benefits premium in January 2018, and $1,200,000 in annualized Specialty Benefits premium in January 2019.

Step 1. Determine Specialty Benefits new business bonus qualification level: 17 new eligible lines of coverage with annualized premium and fees of $200,000 qualifies for an initial bonus of 3% of the annualized premium and fees for the new eligible lines of coverage.

Step 2. Calculate Specialty Benefits net change percentage: $1,200,000 in annualized Specialty Benefits premium in January 2019 divided by $1,000,000 in January 2018 equals a Specialty Benefits net change percentage of 120.0%, resulting in the agency meeting the net change in premium requirement.

Step 3. Calculate the Specialty Benefits new business bonus: The bonus payable is 3% of $200,000, which equals a bonus of $6,000.

Example 2: An agency has 10 new lines of coverage with effective dates from January 2, 2018 through January 1, 2019, with annualized premium and fees in eligible products of $800,000. In their entire block of Specialty Benefits business, the agency had $1,000,000 in received premium in January 2018, and $950,000 in received specialty benefits premium in January 2019.

Step 1. Determine Specialty Benefits new business bonus qualification level: 10 new lines of coverage with annualized premium and fees of $800,000 qualifies for an initial bonus of 4% of the annualized premium and fees for the new eligible lines of coverage.

Step 2. Calculate Specialty Benefits net change percentage: $950,000 in received premium in January 2019 divided by $1,000,000 in January 2018 equals a Specialty Benefits net change percentage of 95.0%.

Step 3. The agent has not met the minimum Specialty Benefits net change percentage of 100.0%, and no bonus is payable.

Specialty Benefits Retention Bonus.

You may earn a bonus for renewing group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness, group accident and group hospital indemnity insurance for groups with two or more eligible employees having renewal dates from January 2, 2018 through January 1, 2019.

In order to receive a Specialty Benefits retention bonus, you must meet all of the following requirements:

- Qualify for the UnitedHealthcare 2018 Specialty Benefits new business bonus.
- Have at least 25 lines of coverage having a combined minimum of $750,000 in annualized premium and fees that have renewal dates from January 2, 2018 through January 1, 2019, and
- Have a Specialty Benefits premium retention percentage at least 85.0% in Specialty Benefits lines of coverage with renewal dates from January 2, 2018 through January 1, 2019.

If all of the bonus requirements are met, the Specialty Benefits retention bonus is paid according to the following table:

Specialty Benefits Premium Retention Percentage	Bonus on Received Premium and Fees*
85.0% to 89.99%	1%
90.0% to 94.99%	3%
95.0% or greater	5%
Less than 85.0%	No bonus

*In eligible lines of coverage with renewal dates from January 2, 2018 through January 1, 2019. Bonus is paid only on the premium and fees received on renewing lines of coverage during the period from February 2018 through January 2019.

Both employer-paid and employee-paid cases sold with medical coverage or on a stand-alone basis are included in the bonus program. The maximum Specialty Benefits retention bonus paid on any line of coverage within any one case or affiliated cases is $15,000.

Specialty Benefits premium retention percentage: You are required to have a premium retention percentage of at least 85.0% in order to receive a Specialty Benefits retention bonus. The Specialty Benefits premium retention percentage is the January 2019 premium and fees received for lines of coverage that have renewal dates from January 2, 2018 through January 1, 2019, divided by the January 2018 premium and fees received for lines of coverage that have renewal dates from January 2, 2018 through January 1, 2019. The Specialty Benefits premium retention percentage calculation includes only lines of coverage that have renewal or termination dates from January 2, 2018 through January 1, 2019.

Specialty Benefits Retention Bonus Details.

- To qualify for the Specialty Benefits retention bonus you must;
  - Qualify for the UnitedHealthcare 2018 Specialty Benefits new business bonus.
  - Have at least 25 lines of coverage having a combined minimum of $750,000 in annualized premium and fees with renewal dates from January 2, 2018 through January 1, 2019.
  - Have a Specialty Benefits premium retention percentage at least 85.0% in Specialty Benefits lines of coverage with renewal dates from January 2, 2018 through January 1, 2019.
- The maximum Specialty Benefits retention bonus paid on any line of coverage within any one case or affiliated cases is $15,000. In situations where commissions on the case are split between more than one Agent of Record, the maximum bonus limit will be applied before the bonus is allocated to the Agents of Record.

- An eligible line of coverage for the Specialty Benefits retention bonus is group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness, group accident and group hospital indemnity insurance covering a group of two or more eligible employees that has a renewal date from January 2, 2018 through January 1, 2019. An eligible line of coverage must also meet all of UnitedHealthcare's general bonus eligibility requirements. An eligible line of coverage can be associated with medical coverage or exist on a stand-alone basis. Both employer-paid and employee-paid lines of coverage are eligible for this bonus.
- "Received premium and fees" are the premium and fees received by UnitedHealthcare for eligible Specialty Benefits lines of coverage for the months of February 2018 through January 2019. The Specialty Benefits retention bonus is paid on received premium and fees for eligible lines of coverage that are active on January 1, 2019, and meet all other general bonus eligibility requirements. For purposes of this bonus, the "renewal date" for groups with rate guarantees longer than one year will be the 12-month anniversary of their original effective date or their last renewal.
- For the Specialty Benefits retention bonus, "Premium retention percentage" is the January 2019 premium and fees received for lines of coverage eligible for the 2018 Specialty Benefits retention bonus divided by the January 2018 premium and fees received for lines of coverage eligible for the 2018 Specialty Benefits retention bonus.
- An eligible line of coverage must be in an eligible group. Spectera Plan Administrators Private Label vision, Family Medical Leave (FML) administration plans and some Governmental Entity cases are not eligible for any bonus programs. Groups written through Affiliated Associations of America (AAOA), embedded dental or vision benefits, dental discount cards or state statutory disability plans are not eligible for this bonus. Dental groups administered through UMR/Fiserv that use a dental network other than the UnitedHealthcare Dental network are not eligible for this bonus. UnitedHealthcare has sole discretion in determining whether a line of coverage is eligible for any bonus program. The lines of coverage, premium and fees of ineligible cases are not included toward the minimum line of coverage requirements, the premium and fee requirements, or any other requirements or calculations related to any Specialty Benefits bonus. Lines of coverage counts and premiums and fees for affiliated groups are combined for all bonus calculations.
- For dual or multiple broker arrangements, line of coverage credit and premium or fee credit will be allocated in the same proportion as the commissions are split on the case. Fractional credits will be used in the calculation, and credits will not be rounded to the nearest integer.
- Special rules apply to payment of bonuses for Governmental Entity and non-commissionable customers. We require written customer acknowledgment and approval before paying bonuses on commissionable Governmental Entity cases with 51 or more eligible employees. Non-commissionable Governmental Entity lines of coverage are not eligible for bonus programs. Written customer permission is required for non-governmental, non-commissionable cases to be eligible for bonus programs. Some lines of coverage are excluded from all bonus programs by regulations and our policies. Please refer to the Producer Compensation policies and procedures for Governmental Entities and non-commissionable cases in this guide for additional information.

Specialty Benefits retention bonus calculation: If all the qualifying criteria for the Specialty Benefits retention bonus are met, the bonus is calculated as follows:

Specialty Benefits retention bonus calculation example: An agency qualifies for a Specialty Benefits new business bonus by writing 16 new coverages with annualized premium and fees in eligible products of $160,000. In addition:

- The agency had a net change percentage of at least 100% in the Specialty Benefits new business bonus calculation.
- The agency had 25 eligible lines of coverage on January 1, 2019 with renewal dates from January 2, 2018 through January 1, 2019.
- The total premium and fees received for these 25 lines of coverage for the period from February 2018 through January 2019 was $770,000.
- The January 2018 premium and fees received for eligible lines of coverage was $65,000, and the January 2019 premium and fees received for eligible lines of coverage was $63,375.

Step 1. Calculate the premium retention percentage: The agency's premium retention percentage is $63,375 (the January 2019 premium and fees received for eligible lines of coverage) divided by $65,000 (the January 2018 premium and fees received for eligible lines of coverage), or 97.5%.

Step 2. Determine the Specialty Benefits retention bonus percentage: Referring to the bonus table, we find that a premium retention percentage of 97.5% earns a bonus of 5% of received premium and fees.

Step 3. Calculate the Specialty Benefits retention bonus amount: The bonus payable is 5% of the total premium and fees received for the eligible lines of coverage for the period from February 2018 through January 2019, which is $770,000. The bonus is 5% times the total premium and fees received for these 25 lines of coverage for the period from February 2018 through January 2019. The calculation is 5% of $770,000, or $38,500.

Producer Compensation Policies and Practices.

The definitions of key terms used in this guide can be found on page 8.

Area covered by this guide: Only agents and agencies permanently located in the area for which this guide is written are eligible for the bonus, recognition and other programs described in this guide.

Agent credentialing, contracting and appointment: Agents and agencies who sell products offered by UnitedHealthcare and related companies must have a written agreement with us, and be appropriately licensed and appointed in the states where they solicit or sell our products. Producers must maintain active licenses and appointments in the appropriate states, and remain in good standing with us, to receive commissions. No commissions will be paid on any case for any period where the Writing Agent or Agent of Record is not licensed and appointed in the state where the case is issued, except following the termination of an appointment where permitted by law. No retroactive commissions will be paid for cases where commissions were forfeited due to lack of licensing and appointment.

The terms of the UnitedHealthcare Agent/Agency Agreement apply to all commission, bonus and recognition programs. Agents and agencies are responsible for complying with all applicable state and federal statutes and regulations related to the sale of our products.

Regulatory reporting: UnitedHealthcare complies with all applicable state and federal regulations with regard to producer compensation. All producer compensation will be reported as required for federal, state and local income taxes. All producer compensation, including bonuses, overrides and other compensation, may be subject to reporting to meet other regulatory requirements. Commissions, bonuses, overrides and some non-cash compensation associated with some groups will be reported for ERISA-related reporting (Form 5500, Schedules A or C). UnitedHealthcare will have sole discretion as to whether, and to what extent, compensation is subject to reporting under these regulations.

Case size segment assignment: Many of the commission and bonus programs in this guide apply to specific case size segments (for example, “groups with up to 50 employees,” “groups with up to 100 employees” or “51 or more employees”). In most situations, these labels will coincide with the actual number of employees in the group that are eligible (but not necessarily enrolled) for coverage. However, the actual case size segment designation for commission and bonus program purposes will be made in accordance with state and federal regulations and may be based on the employee count at some point in time, the average number of employees over some period of time, or other factors such as the rating formula used, underwriting rules or operating system indicators. That means the specific assignment of any group to one of these classifications may not reflect the actual number of employees at a specified time, and may not coincide with case size designations used for other purposes. Once classified, groups do not automatically change classification for these purposes if their employee count grows or shrinks. That means that some groups with (for example) more than 50 employees will be included in the “up to 50 employees” commission and bonus programs, and some groups with fewer than 51 eligible employees will not. We reserve the right to classify any group in any of these designations for these purposes according to our rules and in accordance with state and federal regulations, regardless of the group’s actual enrollment or eligible employee count.

UnitedHealthcare electronic delivery consent: By accepting an appointment with UnitedHealthcare, agents agree that UnitedHealthcare will employ electronic communications for most business-related communications. This consent applies to all Internet-based communications from UnitedHealthcare, including email, website and mobile applications. Electronic communications include, but are not limited to, commission statements, renewal packages and emails between agents and UnitedHealthcare employees.

Business Practices.

UnitedHealthcare is committed to ethical business practices and full disclosure of our producer compensation to customers. We believe that our programs provide fair compensation for the value that our appointed agents and agencies bring to customers and UnitedHealthcare.

Disclosure of producer compensation: UnitedHealthcare believes in fully transparent producer compensation, which means that customers have the right to know what their producer is being paid for servicing their UnitedHealthcare products, including all bonuses and override payments. We encourage our producers to share their compensation arrangements with their customers. Our Agent/Agency Agreement and our compensation policies require disclosure to customers when required by law and provide discretion for us to disclose compensation directly to our customers as we deem appropriate.

UnitedHealthcare is committed to greater customer awareness of the compensation being paid to producers for selling our products. Basic information about UnitedHealthcare's producer compensation programs is included in our proposals. Additional general information is included in our employer application, administrative service agreements and on our employer Internet site.

Customer-specific compensation disclosure: The specific compensation paid to a producer for the solicitation or sale to employer groups covered by Employment Retirement Income Security Act (ERISA) is reported in the Form 5500 (Schedules A or C) information sent to those customers. The compensation reported includes base commissions, bonuses, overrides and certain non-monetary compensation. Beyond this regulated reporting, we believe that the primary source of specific information regarding compensation is the producer receiving the compensation. We encourage customers to ask their agents about their compensation and we encourage our agents to inform their customers about their compensation. Customers who inquire about the specific compensation paid on their policies will initially be directed to their producer. If a customer continues to request that we supply this information to them directly, we will honor that request and disclose base commissions, bonuses, overrides and certain non-monetary compensation paid on the case. All customers have access to this information, regardless of case size, funding or business type. We may require that such requests be in writing by an authorized representative of the customer.

Written customer acknowledgments: UnitedHealthcare may require written customer acknowledgment and approval for certain compensation arrangements. We reserve the right, at our sole discretion, to request written customer acknowledgment and approval, and to establish the form of such acknowledgment, for any compensation that we pay. Some state laws require that a producer obtain written customer acknowledgment of compensation received from an insurer if the producer is also receiving compensation directly from the customer. UnitedHealthcare expects producers to know and comply with such laws, including any requirements as to when the customer acknowledgment must be obtained.

Bid rigging or other unfair bidding practices are not tolerated: UnitedHealthcare's business practices and various laws and regulations prohibit any activities that manipulate proposals in coordination with competitors in a manner contrary to the customer's interests. Bid rigging involves trading business with competitors through the manipulation of premiums, fees or products to produce a quote that is intentionally higher or less favorable to a prospective customer, or is in any way designed to provide a false appearance of competition. It is UnitedHealthcare's policy to always present a legitimate quote to the producer, consultant or customer. We will never condone or allow a producer to coordinate pricing with another carrier in a way that gives one of the carriers a competitive edge, or prevents the best price from being presented to the customer. If you suspect someone is attempting to rig a bid or otherwise inappropriately steer business, report the situation to UnitedHealthcare's legal department immediately. Note that bid rigging or steering generally involves coordination with other carriers. A situation where we present our best premium rate or fee to a producer or customer, even though we do not expect that the rate will be competitive, is not bid rigging. It is also permissible to lower quoted premiums if we receive additional underwriting information, to match competitor pricing or as the result of negotiation with the customer.

Base Commissions.

UnitedHealthcare may modify any base commission at any time for any reason with notice as specified in the Agent/Agency Agreement.

Small groups: Base commission schedules for "small groups" (in some jurisdictions having up to 50 employees, and in other jurisdictions up to 100 employees) vary from market to market. The small group base commission schedule used for a single site case is the schedule in effect for the county in which the policy is issued. If there are multiple sites associated with a case, the commission schedule used will be that of the base location selected by us. Special rules regarding multiple sites cases may apply in some areas. In most situations, the number of enrolled employees for all locations will be used to determine the tier that establishes the commission rate. However, the regulations in certain states may result in the isolation of the enrolled employee count for locations within that state. In such instances, the commissions for such locations may be calculated independently based on the enrolled employee count for that state only, and these employees will be excluded from the counts in other locations.

The base commission tier for small groups in states where a published "tiered" commission schedule applies will be set using an initial or renewal enrolled employee count at a time of our choosing. For some of our operating systems, the tier will be established using the enrolled employee count at the time of the first month's bill for new groups, and the billed count for the first month of a renewal year, but this will vary at our discretion. The enrolled employee count for customers with multiple sites may be re-established every time an affiliated site is added or removed during the contract year.

Large groups: Large group cases are groups with 51 or more employees, or 101 or more enrolled employees, depending on the jurisdiction. UnitedHealthcare may prohibit the payment of base commissions on large group cases in a specified size segment and geography. If such a prohibition is applied, no base commission will be paid on the cases subject to the prohibition.

If no prohibition of base commissions is applied to a case, UnitedHealthcare may establish or cap commissions for large groups based on geography and the number of eligible or enrolled employees in a group. Otherwise, the base commission for large groups is established by the customer, subject to state regulations and UnitedHealthcare's agent compensation policies (including any applicable maximum commission limit). When commissions are not established by UnitedHealthcare and the customer does not give specific instructions, base commissions for large groups are established by mutual agreement between UnitedHealthcare and the agent in accordance with our policies and where allowed by state regulations.

Premium rates for large groups may vary to reflect the commission included in the proposal. UnitedHealthcare may modify any base commission at any time for any reason with notice as specified in the Agent/Agency Agreement.

Agents and customers may request that no commissions be paid for large groups. Base commissions will only be paid on large groups if commissions are included in the premium rate being paid by the customer. If an existing large group customer requests a reduction or elimination of commissions, we will comply with the request and reduce premium, and reduce or eliminate commissions, in accordance with the request and our policies. If an existing large group customer requests an increase in commissions, the higher commissions will not be paid until premiums are increased to cover the cost of the additional commissions. UnitedHealthcare reserves the right to limit the amount of commissions that can be paid on any case. UnitedHealthcare may require that an authorized representative of a customer provide written acknowledgment and approval of the commission structure and amount for their case at any time.

Maximum allowable commissions and prohibited commissions: UnitedHealthcare may establish maximum allowable commission rates or prohibit commissions for a specified category or segment of groups at any time with 30 days notice to agents. The categories for which commissions are limited or prohibited may include size segment, geographic location and other attributes. UnitedHealthcare may adjust the maximum allowable commission rate, prohibit commissions or waive the prohibition of commissions for a specified group if, in UnitedHealthcare's sole discretion, circumstances warrant such action.

Customer acknowledgment and approval for base commissions: UnitedHealthcare may require written customer approval before paying commissions on any fully insured medical group if, in UnitedHealthcare's sole opinion, such documentation is appropriate and necessary to assure that all parties are aware of and agree to the commission level. The written customer acknowledgment must be submitted to UnitedHealthcare underwriting and accepted by UnitedHealthcare to receive a proposal or before payment of commissions. A sample customer acknowledgment letter may be obtained from your UnitedHealthcare representative.

Repayment and recovery of commission and override errors: UnitedHealthcare will not adjust any commission or override payments to an agent, agency or general agent except with respect to payments made within two years prior to the date of the adjustment. In this regard, neither an agent, agency, general agent nor UnitedHealthcare may assert a claim against the other relating to incorrect commission or override payments, unless such claim is made, and the resulting adjustment is commenced, within two years of the date of the incorrect commission or override payments. UnitedHealthcare maintains the right to recover payments by reducing any amounts owed to the broker, including all commission, override and bonus payments.

Enrollment count and premium adjustments: Retroactive changes to employee counts or premiums will be applied at the commission rate that was in effect for the month the adjustment was made.

Delinquent premium: No commissions are payable for any premium collected by a third party, collection agency, through a court judgment or similar process.

Commissions on groups with Packaged Savings®: The premium used to calculate percent of premium-based commissions for groups receiving Packaged Savings is reduced by the Packaged Savings administrative credit in order to accurately reflect actual premium received.

Agent of Record changes: Compensation will be paid only to the licensed and appointed Agent of Record (AOR) assigned to the case by the customer and accepted by us. The customer has the right to designate and change their AOR; however, UnitedHealthcare reserves the right to accept or reject, at our sole discretion, requests to change the AOR assigned to a case and direct commissions and bonus payments to another AOR.

All requests to change AOR assignments must be made in writing by the customer in a form approved by us. We will generally accept requests to change AOR if the request is made in writing by an authorized representative of the customer. The request must be made in the form of a letter, on the customer's letterhead, directed to UnitedHealthcare (not the new AOR) that:

- Delegates the new Writing Agent and AOR (using the name by which they are appointed by us),
- Specifies the lines of coverage impacted, and
- States that the customer's delegation of the new AOR supersedes all other designations, and terminates commissions and other payments to any prior agent.

If we accept the customer's request, the AOR change will be implemented at a time of our choosing, usually in the month following our receipt of the request. As a courtesy, and at our discretion, we may advise the current AOR of the receipt of the request to remove them from the case.

Properly executed AOR change request letters should be submitted directly to one of the following:

By fax: **1-888-289-0069**
By email: **OxProducerComp@uhc.com**
By United States Postal Service mail: **UnitedHealthcare Commissions**
4 Research Drive
Shelton, CT 06484

An AOR change request may be rescinded if the request to rescind the designation of the new AOR is received by us in writing within 30 days of the effective date of the AOR change that is being rescinded. If the request to rescind the designation of the new AOR is received after 30 days of the effective date of the AOR change, the previous agent will be reinstated as the AOR on the first day of the next month following the receipt of the recision letter.

If an agent is designated as the AOR for cases where there is no current agent, or no commissions are paid on the case, UnitedHealthcare will not pay commissions to the new agent if commissions are prohibited for the case. If commissions are permitted, no commissions will be paid until commissions are added to the fully insured premium rate or self-funded fee. If we recognize a new AOR on a commissionable case and the new AOR requests an increase in commissions in writing, we will not pay the higher commissions until the additional commissions are added to the fully insured premium rate or self-funded fee. The change in premium can occur at the next renewal, or the customer may approve a change in premium in writing off-renewal to accommodate the compensation. If we recognize a new AOR on a commissionable case where we do not have an established commission schedule, and the new AOR requests a decrease in commissions in writing, we will reduce the commissions and the fully insured premium rate or self-funded fee when the change can be processed, without waiting for the next renewal date. (Note that we will not increase, decrease or eliminate commissions paid according to an established commission schedule.)

The customer is always the ultimate authority in designating an AOR for their case, provided that we have contracted with and appointed the designated AOR. However, absent other instructions from the customer, a current AOR may designate a new AOR by requesting such a change in writing. If the current AOR is an agency, the person requesting such a change must certify that they are authorized to make such a request on behalf of the agency. The new AOR is subject to acceptance by UnitedHealthcare.

Change of Service Provider under a Service Fee Billing Agreement: Customers who engage a Service Provider and enter into a Service Fee Billing Agreement can change their Service Provider. The naming of the new Service Provider requires completion of a new Service Fee Billing Agreement with the new Service Provider.

Effective date of change to the Service Fee Service Provider: Due to some issues related to the timing of invoices, UnitedHealthcare can only accept changes to the Service Provider under a Service Fee Billing Agreement if notice is received by the UnitedHealthcare Commissions Unit before the customer's next month billing invoice is created. In most instances that occurs around the tenth day of the month prior to the month being billed (for example, June 10 for a change that is effective July 1). If a request to change Service Providers is received after the coming month's billing invoice is created, the change in Service Providers will not occur for two months (for example, a change request received September 20 will be effective November 1). System and reporting issues prohibit us from making exceptions to these rules.

Customers who know they will be replacing their current Service Provider but who do not yet have a new Service Provider or updated Service Fee documents can remove the current Service Provider before the billing invoice is created without naming a replacement by notifying their sales representative of the upcoming change. In such cases, we can install a new Service Provider starting in the month after the old Service Provider was removed.

Assignment: An AOR may appoint another agent or agency (the assignee) to receive the commissions on all of their cases through assignment. Such an assignment of commissions is irrevocable, and all rights to further assignment of commissions on the assigned cases will be granted only to the agent or agency to which the commissions are assigned. The assignee must be licensed and appointed by UnitedHealthcare and legally able to receive commissions. We reserve the right to reject any request for assignment. An agent may rescind their assignment at any time, but the rescission will only apply for cases written after the effective date of the rescission.

Commissions differentiated by length of coverage: For commission structures that are differentiated by the length of time the case has had coverage with us, "first-year" commissions are paid for a period from the original effective date up to the first renewal date. The commission rates for "subsequent years" or "renewal years" are paid for all months starting on and following the first renewal date. The subsequent-year or renewal-year commission classification will apply as long as the company has continuing coverage with any of our subsidiaries, even if the policy undergoes a change in coverage, reinstatement, transfer to another operating platform, is "spun-off" from a larger group or is transferred to another UnitedHealthcare or UnitedHealth Group operating company.

Commissions differentiated by product: Commission schedules may apply to a specific product or set of products within a product line. UnitedHealthcare has sole discretion to classify a product and assign commission schedules to a product. The commission schedule for groups that convert from one product to another will be changed at the time of the product conversion.

Government continuation policies: No commissions are paid on policies converted to individual policies and certain government continuation policies.

Premium holiday: A premium holiday occurs when we eliminate the premium due in a month for a customer or a group of customers. During a premium holiday the customer pays no money for their coverage for the month, but their coverage remains in force.

The following policies apply to the payment of commissions for a premium holiday:

1. Percent of premium: A premium holiday means that no premium is paid for the month of the premium holiday. Therefore, no commissions will be paid for cases where commissions are paid as a percent of premium.

2. Per employee per month (PEPM): Commissions will be paid for groups where the commissions are based on the number of enrolled employees in the month. Even though no premium is paid, there is an active enrolled employee count. Therefore, commissions will be paid in the usual manner for commission based on a payment per employee per month.

3. Flat fee: The group is still active for the premium holiday month, so flat-fee commissions will be paid in the usual manner for commission based on a flat fee per month.

If we process a service fee as a courtesy to the customer and the service provider, no service fees will be collected or paid for a premium holiday month.

These premium holiday policies are subject to exception or modification at UnitedHealthcare's discretion.

Restrictions on the use of health reimbursement accounts (HRAs) or self-funded plans with UnitedHealthcare medical policies: UnitedHealthcare prohibits the solicitation or sale of its medical products for use in conjunction with HRAs or self-funded plans unless the UnitedHealthcare medical product is specifically designed for such use. Where permitted by law, UnitedHealthcare reserves the right to eliminate commissions on UnitedHealthcare and affiliate medical products that were not specifically designed for use with an HRA or self-funded plan if it determines that an agent has sold such a product for use with an HRA or self-funded plan. Where permitted by law, we will recover commissions paid on any UnitedHealthcare and affiliate medical products for any period of time that an HRA or self-funded plan was in force in violation of this policy.

Agent certification of information: Agents may be required to sign documents or certify information related to a group's funding type or funding level, employee contribution, coverages or other aspects of a customer's coverage (or application for coverage) with UnitedHealthcare. Where permitted by law, agents found to have knowingly signed inaccurate documents or certified inaccurate information on such documents will be subject to possible sanctions, including termination of appointments and forfeiture of commissions for the group covered by the document. Where permitted by law, we may recover commissions paid on any UnitedHealthcare and affiliate's products or services for any period of time that any group was in force under the inaccurate documentation.

Special Policies for Governmental Entities.

Special rules apply to payment of monetary compensation (including commissions, bonuses and overrides) and non-monetary rewards to producers who solicit and sell UnitedHealthcare coverage or services to tax-supported or government-related customers, referred to as "Governmental Entities" in our Agent/Agency Agreement and throughout this guide. Customers considered Governmental Entities include (but are not limited to) villages, townships, cities, counties, states, public school districts (including some charter schools) and universities, government-sponsored boards and districts, and similar entities. UnitedHealthcare has sole discretion in determining whether a customer is a "Governmental Entity."

Restriction on consultants for Governmental Entities: A producer must notify UnitedHealthcare immediately if they accept a consulting fee or other compensation directly from a Governmental Entity (or accept compensation from a third party, other than UnitedHealthcare, on behalf of a Governmental Entity). In general, producers who are acting as consultants for a Governmental Entity (that is, they receive compensation directly from the Governmental Entity) will not be able to receive commissions, bonuses, overrides, non-monetary rewards or other compensation from UnitedHealthcare on that case. This policy applies to all case sizes (including groups with up to 50 eligible employees) and funding types. A producer who has accepted a consulting fee from, or who has acted as a "consultant" for, a Governmental Entity may wish to terminate their status as "consultant" for that customer and move back to the standard relationship of only being an agent for UnitedHealthcare. A transition from consultant to agent may only be done with written permission from UnitedHealthcare, and after a thorough review of the specific circumstances of the case. A change in status will only be allowed if the Governmental Entity signs an acknowledgment and approval document (provided by UnitedHealthcare) dismissing the producer as their consultant, affirming that it no longer provides separate compensation to the producer and granting permission for the producer to act as the Agent of Record for their account.

RFP and RFI restrictions for Governmental Entities: The Request for Proposal, Request for Information, bid specifications or other written instructions for some Governmental Entities with 51 or more employees may specify or limit the amount of compensation that may be paid to the producer. UnitedHealthcare strictly adheres to producer compensation limits established by the request for proposal or bid specifications for Governmental Entities with 51 or more employees. If a limit on compensation is established, those limits cannot be exceeded. If compensation is paid in the form of commissions, no separate additional compensation in any form, such as overrides or bonuses, may be paid to the producer where the total of such amounts, together with the commissions, would exceed the customer's limitations.

Bonuses and overrides for Governmental Entities: Special bonus and override rules apply to Governmental Entities. No bonuses or overrides will be paid on non-commissionable large group cases that are Governmental Entities. To ensure that other Governmental Entities have an opportunity to understand the compensation being paid on their case, we require written customer approval before paying bonuses and/or overrides on commissionable large group cases (including cases where we administer a service fee) that are Governmental Entities. Even with customer acknowledgment, eligibility for bonuses is subject to acceptance by UnitedHealthcare. No bonuses or overrides will be paid on commissionable large group cases that are Governmental Entities without the approval of UnitedHealthcare, and written acknowledgment and approval for the payment by an authorized representative of the customer. This acknowledgment and approval must include all the information required in the template available for this purpose, and must be signed by an official authorized to sign legal documents for the Governmental Entity.

Small group Governmental Entities: If a Governmental Entity case is classified by us as a small group case and standard commissions are paid, the case is eligible for published bonus programs. Small group cases are quoted and placed with the assumption that no special compensation considerations will be granted. However, even for these cases, if the producer accepts any compensation directly from or acts as the consultant to the Governmental Entity, no compensation of any type can be paid to the producer without written customer acknowledgment and approval. Producers are responsible for notifying us that they are receiving this compensation or otherwise acting as a consultant to a Governmental Entity. Producers may not accept such compensation if the terms of their agreement with the Governmental Entity prohibit the payment of such compensation. Producers are responsible for notifying us that they are unable to accept such compensation.

General Policies for Bonus and Recognition Programs.

UnitedHealthcare's bonus programs may vary from market to market. Some bonus programs are available only in certain locations. The programs in this guide apply only to agents and agencies that are permanently located in the area covered by this guide, unless otherwise specified in the bonus rules. UnitedHealthcare may modify or terminate any or all bonus, override or recognition programs at any time and for any reason without prior notice, unless state law prohibits such a change.

Bonuses and overrides are paid to the agent or agency to whom commissions are paid on an eligible case. Agents must be in good standing and have an active appointment with UnitedHealthcare during the program period and at the time of the payment to be eligible for bonus and override programs. Eligible business written and renewed by an agent or agency is included in the bonus calculation regardless of the location of the group, unless excluded by the specific program rules, our policies or state regulations. A case's eligibility for a specific bonus or override program is dependent upon a number of factors including, but not limited to, the number of enrolled employees at initial enrollment, renewal or some other point in time; the case's location; funding type; General Agent involvement; and length of time covered by UnitedHealthcare. UnitedHealthcare may offer bonus, override and recognition programs only to selected agents or agencies.

Bonus periods vary from program to program. Bonuses will be paid when the required data is available in final form, and after allowing additional time for calculations and data validation. The enrolled employee or member counts used in any bonus program will be from a source of UnitedHealthcare's choosing, and on a date (or dates, if applicable) of our choosing. Once finalized by UnitedHealthcare, enrollment counts will not be adjusted for subsequent changes or retroactive adjustments to the enrollment count. UnitedHealthcare's determination of group and enrollment counts is final.

Modifications and exclusions in bonus programs: UnitedHealthcare has the right to modify or terminate any bonus program at any time without notice. UnitedHealthcare has the right to retroactively change the terms of any bonus program, and correct any bonus program material, in the event of typographical or other errors. UnitedHealthcare has the right to substitute any non-cash rewards, trip destinations or other prizes at any time without notice. UnitedHealthcare has the sole and complete discretion to interpret the terms of all bonus programs and to determine amounts payable under the program. UnitedHealthcare has the right to exclude any case from eligibility for any bonus, override or recognition program for any reason. UnitedHealthcare will exclude any case from eligibility for any and all bonus, override or recognition programs if it determines, at its sole discretion, that including the case in the program would create an actual or perceived conflict of interest for the agent and the customer. Cases may be excluded from bonus eligibility, or bonus payments may be subject to recovery from future compensation, if cases eligible for the bonus or used in the bonus calculation cancel during the first 12 months of coverage.

UnitedHealthcare bonus programs are generally designed for a specific product or case size segment. We reserve the right to specify or clarify the limitations and terms of any bonus program at any time without notice. Employer association, affinity business and business acquired through the acquisition of an agency, a block of business or similar transaction may be excluded from bonus eligibility at our discretion without notice. Affiliation, trust and association business may be excluded from bonus programs without notice at our discretion. New York Health Maintenance Organization business, New York HealthPass business, Healthy New York, Connecticut Business and Industry Association (CBIA), Affiliated Associations of America (AAOA) and Cover Florida business are excluded from all bonus programs. All non-commissionable business in New Mexico, Montana and any other states or jurisdictions where regulations prohibit such payments is excluded from all bonus and override programs. Bonus programs are subject to, and contingent upon, regulatory approval in New York, and other jurisdictions, as required by law.

Reporting and disclosure of bonus payments: All bonus and override payments, and some non-cash compensation, will be subject to reporting as required for regulatory requirements, including (but not exclusively) the reporting associated with ERISA groups (Form 5500, Schedules A and C). UnitedHealthcare will be the sole arbiter as to whether and to what extent compensation is subject to reporting under these regulations, and will determine how bonus amounts are allocated to eligible cases.

All bonus and override payments, and some non-cash compensation, are subject to income tax reporting and withholding (if applicable). The taxable value of non-cash recognition such as trips will be assigned to the entity that directly earned the reward regardless of who actually received the benefits of the reward.

Governmental Entities: Some Governmental Entity cases written or renewed by producers may not be eligible for bonus programs. Please refer to the "Special Policies for Governmental Entities" section of this guide for details.

Bonus adjustments: Any corrections to a bonus payment must be requested within 180 days of the date the bonus was paid. All claims for a bonus payment must be made within 180 days of the date the bonus payment was released by UnitedHealthcare.

Change in a group's eligibility status: If a group that was not eligible for bonus programs becomes eligible (for example, by becoming "commissionable"), the date of bonus eligibility will be determined solely by UnitedHealthcare. In most cases, groups that become eligible prior to the end of a bonus period will be included in that bonus, unless inclusion in that bonus would create a conflict of interest, or if the customer was advised that the case would not be eligible for bonuses during the period. If the bonus involves net change or retention elements, the group's enrollment will be added to the beginning counts of the bonus calculation if the group was effective at the time of the baseline or beginning measurement.

Agent of Record (AOR) changes: Unless indicated otherwise in a bonus program's specific rules, the following rules apply for AOR changes: Existing UnitedHealthcare cases acquired by an agent through an AOR change will not be credited as "new business" for the acquiring agent in bonuses where "new business" is a component of the bonus program. Existing UnitedHealthcare cases acquired by an agent through an AOR change will be added to both the beginning and ending counts of the new AOR for net change, retention and persistency calculations in bonus programs for which the cases are eligible, regardless of the effective date of the case.

Existing UnitedHealthcare cases lost by an agent through an AOR change that remain with UnitedHealthcare are generally excluded from all bonus calculations for the losing agent. Such cases are not counted for meeting eligibility requirements for the losing agent, and will be removed from both the beginning and ending counts for net change, retention and persistency calculations for the losing agent. Cases that cancel coverage with UnitedHealthcare at the time of an AOR change will be counted as terminations for the AOR in effect on the last day of coverage with UnitedHealthcare.

If an agent or producer acquires all or part of another producer's existing UnitedHealthcare block of business by purchase, merger or other means, the acquired business will not count toward any new business requirements. Existing UnitedHealthcare cases acquired by purchase, merger or other means will be added to both the beginning and ending counts of the new AOR for net change, retention and persistency calculations in bonus programs for which the cases are eligible, regardless of the effective date of the case.

Case size designation changes: The impact of a change in case size designation of a case (for example, from "groups with up to 100 employees" to "groups with 101 or more employees") will vary for specific bonus programs. Cases that enter a new case size segment due to a case size designation change will not be credited as "new business" or as a net gain for net change, retention and persistency calculations. Cases that leave a case size segment due to a change in enrollment will not be considered a cancellation for net change, retention and persistency calculations, and will be removed from both the beginning and ending counts. Cases that transfer into the "up to 100 employees" segment from the 101 or more segment on January 1 of any year will remain eligible for any "101 or more employees" bonuses that end on the date of their transfer. UnitedHealthcare will determine the impact of case size segment changes in situations not specifically covered elsewhere.

Internal transfers and policy number changes: Cases that change renewal dates, policy numbers or other identifiers due to transfer to another UnitedHealthcare or UnitedHealth Group operating company or operating system will not be considered "new business" in bonuses where "new business" is a specified qualification criterion.

Split or shared cases: Bonus amounts, or case and employee credit, for cases where two or more agents split base commissions will be split in the same proportions for all bonus and recognition programs. In a bonus program where case and/or enrolled employee credit are used to establish eligibility and/or the bonus amount, all credits will be allocated in proportion to the split of commissions. For example, an agent who receives 50% of the base commissions on a case with 21 enrolled employees will receive credit for 0.5 case and 10.5 enrolled employees. In most bonus programs, the results of the allocation calculations will be rounded to the nearest one-tenth (for example, 21.5 employees, 2.5 groups or 99.1%). The fractional case and employee credits will be used to determine qualification and the bonus payment. In bonus programs having a limit or cap on the number of eligible employees, the amount of bonus or other factors for a case or group of affiliated cases, the limit or caps are applied before the credit or payment for the case is allocated to the agents (for example, an agent who receives 50% of the base commission on a case that earns a bonus of $1,000 will receive $500).

Multiple segment ("affiliated") cases: Larger employers who have groups with multiple sites or segments may be divided into several different policies or group numbers. All of these "subgroups" are considered to be one case for commission and bonus purposes, sometimes collectively referred to as "affiliated cases." All affiliated cases will be combined to count as one case, and the enrolled employee and member counts for all related cases will be combined for bonus calculations and rules, including case size designation, enrollment caps and payment caps.

New business in existing accounts: Employees added to existing cases due to routine hiring, expanded hours or the addition of work shifts are not considered "new business" in bonuses where "new business" is a specified qualification. If a discrete block of new covered employees are brought to UnitedHealthcare through the addition of a new segment or site to an existing group, the employees in the new segment may be considered "new business" at our discretion. We will determine whether the additional employees will be considered "new business" following a review of the circumstances related to adding the new employees and the rules of the bonus program in question.

Case caps: Some bonus programs limit the number of enrolled employees, members, premium or other factors that will be eligible for a bonus program. These caps apply to any eligible group, and are applied to the combined counts for multiple segment (or affiliated) cases.

Agencies with multiple locations: UnitedHealthcare's bonus programs are designed to pay for business sold by agency locations within a local health plan area. Therefore, bonuses for agencies that have multiple branches working through different health plans will be based on the business placed through each local branch location. UnitedHealthcare reserves the right to determine whether an agency location qualifies as a separate eligible branch location for bonus purposes.

Policy of combining business for UnitedHealthcare bonus programs: UnitedHealthcare's policy for bonus and recognition programs is to direct rewards to the Agent of Record directly responsible for producing and maintaining the business within a local branch office within a local health plan area. We do not allow unrelated agents or agencies to combine their business through assignment or other means with the intent of maximizing bonus payments or achieving higher tiers in United Advantage® or other recognition programs. We only allow agents and agencies to combine business if they are in the same health plan coverage area, and then only if there is a true business relationship between the parties. For the purposes of this requirement, we define a "true business relationship" as some form of common ownership of the agency business, plus other tangible evidence that the relationship represents a merger of all aspects of the business. Such evidence includes the sharing of office space, staff, phone and computer systems, combining of all expenses and all revenues from all carriers, and sharing in profits or losses related to the sale and retention of health insurance. Creating a partnership, corporation, LLC or other business entity without also merging all revenues, expenses, ledgers, assets and other aspects of the business, and sharing in profits or losses, does not meet the definition of a "true business relationship." UnitedHealthcare is the sole arbiter regarding whether a "true business relationship" exists between parties, and may adjust or terminate bonus payments, and suspend or terminate bonus eligibility, for agents and agencies found to be in violation of this policy. If we allow combining of business, the change will be made on a prospective basis only, and no prior bonuses will be recalculated.

Voluntary participation: Agents and agencies may voluntarily withdraw from participation in bonus programs. Such withdrawal must be for all programs and for all customers. Requests for exclusion of a specific customer or customers from bonus programs will not be accepted unless there are special considerations related to regulatory or conflict of interest concerns. UnitedHealthcare will retain full discretion on whether specific cases can be eliminated from bonus consideration for such reasons. Such exclusions must be agreed to in advance.

Requests to reinstate bonus eligibility after a voluntary withdrawal will be subject to acceptance by UnitedHealthcare. Such requests will generally be considered only for bonus periods beginning after the date of the request. UnitedHealthcare will, at its sole discretion, establish the dates for the reinstatement of the agent's eligibility for the various bonus programs, and may prorate or otherwise adjust bonus payments covering partial bonus periods. Prior to accepting an agent's request to be reinstated for bonus eligibility, the agent must confirm that they have advised their customers that they will be accepting bonuses. UnitedHealthcare may, at its sole discretion, require that the agent advise all customers in writing that they are now accepting bonuses as a condition of reinstatement of bonus eligibility.

Exclusion of Professional Employer Organizations (PEOs) from bonus programs: Business written through a PEO arrangement with a UnitedHealthcare Master Medical Plan is excluded from all bonus and override programs.

General Agents: General Agents receiving compensation under General Agent's or special compensation arrangements are not eligible for bonuses or other compensation except as specifically allowed by their agreement with us.

Bonus eligibility of non-commissionable cases: Special rules apply to the payment of bonuses and overrides on "non-commissionable cases" (please see definition on page 8).

Non-commissionable governmental cases excluded from all bonus programs: Non-commissionable Governmental Entity cases are not eligible for any override or bonus program.

State-specific case exclusions: All non-commissionable business in New Mexico, Montana and any other states or jurisdictions where regulations prohibit such payments is excluded from all bonus and override programs.

Specific bonus programs: Some specific bonus programs may exclude all non-commissionable cases from bonus eligibility.

Written customer approval required for other non-commissionable cases: To ensure that our customers have an opportunity to understand the compensation being paid on their cases, we require written customer approval before paying bonuses and non-General Agent overrides on non-commissionable cases for commercial (that is, not a Governmental Entity) customers. However, commercial non-commissionable cases will not be eligible for any bonus or override programs and payments (even with customer permission) if we determine that legal or regulatory prohibitions would preclude the case from eligibility for such programs or payments. We have sole discretion in determining whether such legal or regulatory prohibitions exist. If no legal or regulatory prohibitions exist, commercial non-commissionable cases will be eligible for bonus and non-General Agent override programs, but bonuses or non-General Agent overrides will be paid on such cases only if we receive written acknowledgment and approval for the payment by an authorized representative of the customer. This acknowledgment and approval must include all the information found on the template available for this purpose, and must be signed by an official authorized to sign legal documents for the customer (please note — the standard form United HealthCare Services, Inc. "Billing and Collection Agreement" includes bonus authorization language). Eligibility for bonuses is subject to acceptance by UnitedHealthcare.

Bonus eligibility for existing cases that change from commissionable to non-commissionable during the bonus period: If an existing customer that is eligible for bonuses converts from commissionable to non-commissionable status during a bonus period, the case will be considered eligible for that bonus if the change from commissionable to non-commissionable occurred after a designated point in time:

- For annual bonus programs that end on December 31 or January 1, the case will be eligible for the bonus if the case was commissionable as of March 15 of the specified bonus period, and was eligible for the bonus at the time it changed to non-commissionable.
- For bonus programs that are paid on any other time period, the case will be eligible for the bonus subject to UnitedHealthcare's discretion. Generally, if the change from commissionable to non-commissionable occurred after 20% of the specified bonus period had passed, the case will be considered eligible, provided that the case was eligible for the bonus at the time it changed to non-commissionable.

The above rules apply to all customers, including Governmental Entity cases, provided that the governmental case had the required customer acknowledgment letter in place prior to the payment of the bonus.

The transitional rules in this section apply only to the bonus period in effect when the case changes from commissionable to non-commissionable status. In order to be eligible for subsequent bonus programs, commercial groups have to present written customer approval as detailed elsewhere in this guide. Non-commissionable Governmental Entity groups would not be eligible for any bonus programs after the transitional period.

The following table summarizes the eligibility of non-commissionable cases for bonus programs:

Summary Table — Bonus Eligibility of Non-Commissionable Groups.

The eligibility of non-commissionable cases depends on their effective date, the date the case became non-commissionable and whether they are a Governmental Entity. The following table indicates the eligibility of non-commissionable cases for both governmental and non-governmental business.

Category of Group	Eligibility for Bonuses with Bonus Periods Covering the Date the Group Converts to Non-Commissionable Status	Eligibility for Bonus Programs That Begin After the Date the Group Converts to Non-Commissionable Status
Governmental Groups		
Existing governmental group that changes from commissionable to non-commissionable status during the bonus period	Eligible only if we had the required Governmental Entity approval letter when the case was commissionable.	Not eligible.
New non-commissionable governmental group with effective dates during the bonus period	Not eligible.	Not eligible.
Existing governmental group that was non-commissionable prior to the bonus period	Not eligible.	Not eligible.
Commercial (Non-Governmental) Groups*		
Existing group that changes from commissionable to non-commissionable status during the bonus period*	Eligible if the case was eligible for at least 20% of the bonus period, **OR** if we get written customer approval (either billing agreement or separate letter) after the conversion to non-commissionable and before the end of the bonus period.	Eligible if we have customer approval (either billing agreement or separate letter) before the end of the bonus period. [Not eligible without customer approval.]
New non-commissionable group written during the bonus period*	Eligible if we have customer approval (either billing agreement or separate letter) before the end of the bonus period. [Not eligible without customer approval.]	Eligible if we have customer approval (either billing agreement or separate letter) before the end of the bonus period. [Not eligible without customer approval.]
Existing group that was non-commissionable prior to the bonus period*	Eligible if we have customer approval (either billing agreement or separate letter) before the end of the bonus period. [Not eligible without customer approval.]	Eligible if we have customer approval (either billing agreement or separate letter) before the end of the bonus period. [Not eligible without customer approval.]

*Non-commissionable cases in New Mexico, Montana and any other states or jurisdictions where regulations prohibit such payments are excluded from all bonus and override programs.

Data Security for Protected Health Information.

Federal regulations require that carriers and their agents maintain a high level of security on computer hardware, networks and devices that store or process sensitive client information. These regulations require that carriers confirm that their appointed agents use equipment and practices that meet the federal standards for data security. We require that agents confirm that their computer equipment and practices are compliant with the federal computer security standards. Here are some of the areas we cover as part of that confirmation process:

1. Protections for remote access of your computer network: You are required to have multiple levels of authentication before allowing anyone to enter the network. To meet this standard, your system must use at least two factors to confirm identity before anyone can enter the network. For example, in addition to their password and username combination, anyone trying to enter the network is asked to verify their identity with something that they — and only they — know, such as a PIN or Token Code. Multi-factor authentication should be implemented to authorize anyone requesting remote access — including all third parties (along with vendor access for support and maintenance) — to prevent unauthorized users access to the organization's internal network where protected information is located.

2. Segregating protected data from your operational systems: You are required to employ methods to protect client information from attacks by way of compromised operation software. Some of the best practices in this area include:

   a. Common infrastructure shared across Virtual LAN (VLAN) trunks. This architecture provides a higher level of security than networks that are not segmented.

   b. Access Control Lists (ACLs) that manage access to sensitive information or resources based on a user's need-to-know or job requirements.

   c. Firewall rules that restrict communications between the public Internet and sensitive internal systems.

   d. Outbound rules that explicitly allow, or explicitly block, network traffic originating from the computer that matches the criteria in the rule.

3. Mobile access: If your computers or network can be accessed by mobile devices (laptops, smartphones, tablets), you are required to have appropriate security measures in place to prevent unauthorized access from such devices. These procedures may include encryption, blocked USB ports and other methods to ensure that the security risks associated with the use of mobile devices have been identified and addressed. You should also have a formal documented policy governing mobile access to your systems.

4. Disk encryption: Any computer (server, desktop or laptop) that has Protected Health Information (PHI) or Personally Identifying Information (PII) must implement full-disk encryption. Full-disk encryption uses software or hardware to encrypt every bit of data that goes on a disk or disk volume. Full-disk encryption helps secure important information and prevents breaches by encrypting all of the data on a hard drive at rest. Without the proper authentication key, even if the hard drive is removed and placed in another machine, the data remains inaccessible.

5. Location security: You are required to provide a secure physical environment for areas that contain servers, desktops or laptops that have PHI or PII to ensure that only authorized personnel are allowed access. Such measures include locked doors, security cameras and similar measures to ensure that only authorized personnel are allowed access to servers and critical hardware. Without such controls, unauthorized individuals may gain physical access to systems or areas containing protected information.

6. USB port and removable media security: You are required to protect your systems and data from attacks through removable media, including USB ports. You must have policies and procedures to manage the use of removable storage media, including: identifying those individuals who are permitted to use removable storage devices; describing how such usage and access is monitored and tracked; and encrypting any removable media that contain protected information. Controls should be in place to ensure secure storage of protected information on removable media like flash drives, disks or similar media. These devices can be misplaced or stolen, resulting in unauthorized data loss or disclosure.

7. Password encryption: Passwords for accessing your computers and networks must be encrypted. All passwords should be encrypted at rest, during transmission across the Internet, and during transmission over and across the internal network to prevent compromised user accounts.

8. System monitoring: You are required to monitor your computers and systems to protect against, and uncover any hacking of, operational systems or files. This monitoring should include:

   a. File integrity checking tools to ensure that critical system files related to protected information (including sensitive system and application libraries, and configurations) have not been altered. Such tools allow the organization to identify any unauthorized changes to system or user files.

   b. Controls to ensure that logging systems and log information are protected from tampering and unauthorized access. Such controls ensure that only authorized individuals can access logs generated from user activities such as login, logout, file read, file write, etc.

   c. Configuring information systems (domain controllers, firewalls, switches, routers, digital video recorder (DVR), building management system (BMS), anti-virus servers, patch management servers, etc.) to receive time updates (Network Time Protocol (NTP)) from industry-accepted time sources. This activity synchronizes all participating computers to within a few milliseconds and assists in tracking unauthorized access to systems.

9. Ongoing risk assessment: Finally, you are required to perform risk assessments to identify and quantify risks and communicate the results to management and appropriate third parties on an ongoing basis. New threats to data are constantly emerging and require ongoing vigilance. Please remember that any material breach to your systems that contain PHI or PII must be reported to UnitedHealthcare immediately.

We look forward to working with you to help ensure that customer data remains as secure as possible. If you have any questions on these requirements, please email or call UnitedHealthcare's Vendor Management Office at **uhc_vendor_mgmt@uhc.com** or **952-979-5614**. Thank you for your attention to this important topic.

Reasons to Choose UnitedHealthcare.

UnitedHealth Group Reputation and Recognition.

UnitedHealth Group serves individuals in local communities in all 50 states of the United States and 125 other nations. UnitedHealth Group is a diversified health and well-being company providing health benefits through UnitedHealthcare and the growing markets for health services through Optum®. These two platforms share and build upon three core competencies: clinical insight, technology, and data and information. The breadth and scope of our diversified enterprise help consistently improve health care quality, access and affordability. Our ability to analyze complex data and apply deep health care expertise and insights allows us to serve care providers, individuals, vulnerable populations, businesses, communities and governments with more innovative products and complete, end-to-end offerings for many of the biggest challenges facing health care today.

- UnitedHealth Group was the top-ranking company in the insurance and managed care sector on ***FORTUNE's*** **2017 "World's Most Admired Companies"** list. This is the seventh straight year UnitedHealth Group ranked **No. 1 overall in its sector** and the eighth year in a row the company has been rated **No. 1 in its sector for innovation.**
- UnitedHealth Group is a member of the **Dow Jones Industrial Average**, a blue chip group of 30 companies deemed industry leaders, and has been listed in the **Dow Jones Sustainability World Index** and **Dow Jones North America Index** annually since 1999.
- In the 2016 ***Newsweek*** **Green Rankings**, created in partnership with Corporate Knights Capital and HIP Investor, UnitedHealth Group ranked **20th** out of the largest 500 U.S. companies in **corporate sustainability and environmental impact.**
- The Civic 50 ranked UnitedHealth Group one of America's **50 most community-minded companies.** The annual initiative from Points of Light recognizes companies that **improve the quality of life in the communities where they do business.** UnitedHealth Group has been included in the rankings every year since The Civic 50 initiative began in 2012. (2017)

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UnitedHealthcare Competitive Differences.

UnitedHealthcare provides a broad range of health benefit products and services for people in employer-sponsored health plans (large national employers, public sector employers, mid-sized employers, small businesses and individuals), those enrolled in Medicare and Medicaid, as well as those who purchase their own health plans.

- UnitedHealthcare served more than **52 million people** in 2016.
- UnitedHealthcare has more than **800 value-based care arrangements in place** to improve patient health and reward care providers for high-quality and better outcomes.
- UnitedHealth Group's workforce includes **30,000 physicians and nurses** focused on helping people live healthier lives.

Source: UnitedHealth Group Fact Book 2017 Q2; 2016 Annual Report

To learn more about UnitedHealthcare's capabilities, please contact your UnitedHealthcare representative.

Oxford Products from UnitedHealthcare.

Information When, Where and How You Want It.

- **Oxfordhealth.com** — Self-service and online administration available via our website. Benefits administrators (BAs) can check employee eligibility, enroll employees or dependents and perform monthly bill inquiries. Members can check benefits, view claims activity, request materials or ID cards and search for physicians.
- **Customer Service model** — Client Service teams work with BAs to help them administer their plans.
- ***Oxford Express®*** — A 24-hour interactive voice response (IVR) system. BAs can check member eligibility status and obtain billing and payment information.

Offering Access to Quality Care.

- **Tri-state provider network** — Oxford members have access to more than 200,000 participating physicians and providers, and to more than 200 participating hospitals throughout the New York, New Jersey, Connecticut tri-state area.[1]
- **National UnitedHealthcare Choice Plus Network** — Most plans allow members to access more than 911,000 UnitedHealthcare Choice Plus Network participating health care professionals and 5,647 participating hospitals outside of the tri-state area.[2] This is great news for "snow birds," travelers and parents of students attending an out-of-state college.
- **Pharmacy network** — Members with pharmacy benefits have access to more than 64,000 retail network pharmacies, including all large national chains, many local, community pharmacies and the OptumRx® Mail Service Pharmacy for their prescriptions.[3]
- **UnitedHealth Premium® program** — This program can help members find a doctor who meets guidelines for providing quality and cost-effective care. The program identifies physicians whose claims data demonstrates that they have met or exceeded nationally developed, objective quality standards developed by organizations such as the National Quality Forum, Ambulatory Care Quality Alliance and the National Committee for Quality Assurance.

Revolutionizing Health Care Coverage.

- **Complementary & Alternative Medicine (CAM) Program** — Members can access the area's first fully credentialed network of alternative medicine providers,[4] including chiropractors, acupuncturists, massage therapists, yoga instructors, naturopaths (in Connecticut only) and nutritionists.
- **In- and out-of-network coverage** — With our point-of-service and open-access plans, members can receive covered care from doctors outside our network.

Specialty Benefits.

We understand how important it is for employers to have the ability to offer their employees a comprehensive benefits package. For employers looking to purchase specialty benefits alongside their Oxford plan from UnitedHealthcare, we offer a full suite of dental, vision, life and disability products, in addition to our medical products.

Making Wellness a Part of Our Members' Lives.

- **Preventive Care Benefits** — Preventive care consists of the following services performed by network participating providers for the purpose of promoting good health and early detection of disease: well-baby and well-child care, adult periodic physical exams, adult immunization, well-woman exams, family planning, prostate cancer screening, and diabetic supplies, education and self-management.

Continued on next page

- **HealtheNote Reminders** — We send special mailings to the homes of our Oxford plan members to help them improve their health and remember the importance of preventive care. These HealtheNote Reminders cover topics such as: Women's Health, Child and Adolescent Immunizations, Coronary Artery Disease and Diabetes.

- **Population Health Programs** — Oxford Population Health programs are intended to help empower members to better manage their health and stay focused on their wellness goals. With an emphasis on preventive measures, the programs are meant to help members get healthy or stay healthy, while helping employers build a healthier workforce. These programs include: **Heart Smart℠**, **Better Breathing®**, **Smoking Cessation** and **Exam Reminders.**

- **Health Discounts** — Members can save 10 percent to 50 percent on health and wellness services that may not be covered by their medical plan.

- ***Healthy Mind Healthy Body®*** — A personal e-newsletter that gives members health and wellness information.

- **An Innovative Wellness Experience** — Rally® is a user-friendly, interactive health and wellness enhancement to the member website experience. By harnessing the power of data, social connections and rewards, Oxford members can receive personal lifestyle plans that focus on goals, competition, progress tracking and healthy living.

- ***Oxford On-Call®*** — A 24-hour health care guidance line staffed by registered nurses who can help guide members to an appropriate source of care.

Sweat Equity — Member Wellness Rewards.

It's not your typical gym reimbursement program. The Oxford Sweat Equity program helps motivate eligible members to get started or continue with an exercise plan by offering a wide range of qualifying exercise options. Members complete 50 "workouts" in six months to be eligible for reimbursement toward a fitness center membership and exercise class fees.

[1]Network Report, December 2016. This data represents all participating providers except ancillary providers (i.e., laboratories, radiology centers, urgent care centers, etc.) and hospitals. Dental and complementary and alternative medicine providers are included. Providers who are board certified in more than one specialty are counted multiple times.

[2]UnitedHealth Networks, Q3 2017.

[3]UnitedHealthcare Network Data; 2016. OptumRx, a business unit of Optum, a UnitedHealth Group platform, provides pharmacy benefit management services. Participating pharmacies may vary by state and are subject to change without notice.

[4]Restrictions may apply. Depending on a member's plan, a member may have access to CAM through paying a contracted rate (applies to nutritionists, naturopaths [in CT only], yoga instructors, chiropractors, massage therapists, and acupuncturists); standard in-network benefits (applies to chiropractors; applies to naturopaths only in CT); out-of-network benefits; or an alternative medicine rider if purchased by the employer. Members can check their Certificate of Coverage for the specifics of their plan.

UnitedHealth Group is one of the most diversified health and well-being companies in the United States, providing health care coverage and benefits services through UnitedHealthcare, and information and technology-enabled services through Optum. Our mission is to help people live healthier lives and help make the health system work better for everyone. Our work is aligned around basic values: integrity, compassion, relationships, innovation and performance.

Not for Consumer Use.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact UnitedHealthcare Insurance Company.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company; Unimerica Insurance Company; and certain products in California by Unimerica Life Insurance Company; and in New York by Unimerica Life Insurance Company of New York. Texas coverage is provided on Form LASD-POL -TX (05/03), Form UHCLD-POL 2/2008-TX or Form UICLD-POL –TX 4/5. UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Insurance Company and Unimerica Life Insurance Company in Milwaukee, WI; and Unimerica Life Insurance Company of New York in New York, NY.

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on form UHICI-POL-1 et al., in Texas on UHICI-POL-1 and in Virginia on UHICI-POL-1-VA. Critical Illness coverage is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company on form UHCAC-POL-1 (01/12) et al., in Texas on form UHCAC-POL-1-TX (01/12) and in Virginia on UHCAC-POL-1-VA (01/12). The policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company on policy forms UHIHIP-POL-TX, et al. and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. and UHIHIP-CERT-VA, et al. in Virginia. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare’s Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of New England, Inc. Oxford HMO products are underwritten by Oxford Health Plans (CT), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Administrative services provided by Oxford Health Plans, LLC.

465-1902_17-5780__MT-986853.2 11/17 Broker ©2017 United HealthCare Services, Inc.