



2023 Producer Partnership Plan

With Humana, producers have the tools, support and information necessary to help them succeed. Humana also offers producers a comprehensive and competitive suite of compensation.

Group Medical and Specialty Products

Humana[®]

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This Producer Partnership Plan (PPP) does not contain rules and provisions or commissions related to the sale of Individual Medicare, Individual Medicare Supplement, Individual Dental and Individual Vision Products. Those rules are contained in the 2023 Individual Products Producer Partnership Plan for Individual Medicare, Medicare Supplement, Dental and Vision products in the secure Agent section of **Humana.com**, on the Vantage Portal, under “Commissions.”

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General Information

The rules and provisions provided in this 2023 PPP and the rules and provisions provided in the Appendix to the 2023 Producer Partnership Plan (Appendix) constitute the PPP in its entirety. The Appendix is part of the PPP. The term “Humana” in this PPP has the same meaning as the term “Company” as defined in the Humana Producer Contract “Contract.” Except where otherwise noted, capitalized terms in this PPP are defined in the Contract and this 2023 PPP supersedes all prior producer partnership plans. Humana reserves the sole right to determine the resolution of any discrepancy between the PPP, Appendix and Contract.

Both the PPP and the Appendix may be accessed online at **Humana.com**, in the “Important Producer Notices” section. Producers must sign in to access this section of the agent portal. Reference the Appendix for additional rules and provisions applicable to the compensation offerings detailed in this PPP, including base commissions, bonuses and recognition programs.

Under Applicable Law, Producer may be required to disclose to the insured or applicant or responsible plan fiduciary the programs under which they are compensated including direct or indirect commissions, bonuses, incentives or other forms of remuneration for which Producer is eligible for the sale or renewal of insured products.

This PPP is the property of Humana. The Producer may view, copy and print the PPP for personal use only. The Producer may not otherwise use, reproduce, download, store, post, broadcast, transmit, modify, sell or make available to the public content from Humana’s PPP.

To sell Products, you must be contracted and appointed by Humana. Humana retains the sole discretion to authorize the Producer to solicit applications for any Product and not all Producers will be authorized to solicit applications for all Products, or to participate in the sale or distribution of any third-party products or products offered through other vendors. Humana reserves the right to decline contracting or appointing any individual or entity at its discretion. Contact your sales representative for more information on becoming a contracted and appointed Producer.

The provisions and commission schedules in the current or any prior Individual Medicare, Major Medical, Ancillary and Supplemental Product Producer Partnership Plan do not apply to Group Medical and Specialty Products.

General Information

What compensation tools does Humana offer to Producers online?

Humana offers multiple reports to Producers that show how they are performing in Humana’s compensation programs. Through the secure section of the agent portal at [Humana.com](https://www.humana.com), Producers may view the following reports:

- Historical commission and bonus statements
- Year-to-date production applied to 2023 Leaders Club Program
- Commission Tier qualification for current and prior quarters
- Preliminary Commission Tier qualification for the next quarter

How do I notify Humana of my direct deposit information?

You can set up or change your direct deposit information in the Commercial Business section for Agents & Brokers at [Humana.com](https://www.humana.com) by navigating to the “Pay and Bonuses” section and clicking on the link titled “Add/Change Direct Deposit Information.”

What is a Line of Coverage?

A Line of Coverage is a class of insurance and the itemized items below are the classes/types of the Lines of Coverage.

1. Group Medical
2. Group Term Life
3. Group Term Supplemental/Voluntary Life
4. Group Vision (including Voluntary Vision)
5. Group Dental (including Voluntary Dental)

All of the above Lines of Coverage except Group Medical are Specialty Lines of Coverage.

What is a Case?

A Case is any number of the above Lines of Coverage in force with the same employer.

How are “zero commission” or “fee-based” Cases credited towards PPP programs?

Leaders Club Program – For fully insured Cases, only Lines of Coverage for which base commissions are both (a) being charged to the customer and (b) being paid to the Agent of Record are eligible. For self-funded Cases, only Lines of Coverage for which base commissions are charged to and paid from the plan’s administration funds are eligible for payment.

Medical Growth Bonus, Specialty Growth Bonus and any other forms of remuneration – For fully insured Cases, only Lines of Coverage for which base commissions are both (a) being charged to the customer and (b) being paid to the Agent of Record are eligible for payment. For self-funded Cases, only Lines of Coverage for which base commissions are charged to and paid from the plan’s administration funds are eligible for payment. Lines of Coverage for which the Agent of Record is not receiving base commissions will count only toward qualification or attainment volume measurement requirements, including but not limited to Line of Coverage counts, enrolled employee counts and premium qualification levels in applicable programs.

Leaders Club Program

Leader Points

In 2023, you can earn Leaders Club points through new sales to qualify for awards, including our Leaders Club trip and you can also earn a trip via Large Group Sales!

1. Large Group Sales—Humana will award one Leaders Club event trip for two in 2024 to each Agent of Record that places lines of coverage effective during the 2023 calendar year that meet one of the criteria listed below.

To qualify, you must sell:

- Three or more new Qualifying Large Group Medical lines of coverage with at least 250 enrolled employees each and the total enrolled employees for these Qualifying Group Medical lines of coverage must meet or exceed 1,000 Enrolled Employees.

OR

- Three or more new Qualifying Large Group Specialty lines of coverage with at least \$500,000 of annualized premium each and the total annualized premium for these Qualifying Large Group Specialty lines of coverage must meet or exceed \$2,000,000 in annualized premium.

Agents of Record that qualify for the Leaders Club event trip under any other method are not eligible to qualify under the Large Group Sales criteria and an Agent of Record can only qualify for one trip under this criteria.

2. You can qualify the traditional way—by accumulating Leader Points! The more Leader Points you earn, the more you are awarded with the new reward levels for 2023.

- 2,300 Leader Points earns your choice of one of our fitness awards* (approximate retail value is \$290–\$360).
- 2,700 Leader Points earns your choice of one additional award**. Select from leisure and fitness merchandise. (approximate retail value is \$800–\$1,000).
- 3,000 Leader Points (just 300 more) adds 12 months of access to our exclusive Agent Concierge Unit!
- 3,500 Leader Points, tops off the rewards with an invitation for two to attend Humana’s 2024 Leaders Club event! Approximate retail value of a trip for two is \$10,000 (actual value may vary based on hotel and airfare at time of travel).
- 7,000 Leader Points adds a second invitation for two to Humana’s 2024 Leaders Club event! Approximate retail value of a trip for two is \$10,000 (actual value may vary based on hotel and airfare at time of travel.)

There is a limit of two 2024 Leaders Club event trips awarded to any Agent of Record, regardless of the method of qualification.

Approximate retail values reflect information available at printing; actual retail values may vary at the time rewards are earned or awarded.

*Exact prize information is not available at the time of printing. Previous prizes have included the Fitnation Flex Desk Pro, a Grizzly Cooler, a Hyperice Hypervolt Percussion Gun, etc. These are provided as examples for illustrative purposes only, to demonstrate the variety and types of prizes. Humana does not represent or guarantee that any specific items or models will be available at the time of redemption.

**Exact prize information is not available at the time of printing. Previous prizes have included, Echelon GT+ Connect Bike, Echelon Row Connected Rowing Machine, Breville The Barista Express, an Ocean Kayak paddleboard, etc. These are provided as examples for illustrative purposes only, to demonstrate the variety and types of prizes.

Humana does not represent or guarantee that any specific destinations or items will be available at the time of redemption.

Leaders Club Program

How to earn Leader Points

Do this!	And earn Leader Points
Sell!	<p>Group Medical Sales (including fully insured, self-funded and Group Medicare)</p> <ol style="list-style-type: none"> 1. Earn 40 Leader Points for every new Group Medical Line of Coverage placed; and 2. Earn two Leader Points for each enrolled employee on each new Medical Line of Coverage. <ul style="list-style-type: none"> • A maximum of 1,000 total Leader Points may be earned on any new employer Medical plan placed
	<p>Specialty Sales (see complete listing of Qualifying Specialty Lines of Coverage on page 4)</p> <ol style="list-style-type: none"> 2. Earn 25 Leader Points for every new Qualifying Specialty Line of Coverage placed; and 3. Earn two Leader Points for every \$1,000 in annualized premium generated by each new Qualifying Specialty Line of Coverage. <ul style="list-style-type: none"> • A maximum of 1,000 total Leader Points may be earned on any new Specialty Line of Coverage placed per employer.
	<p>Earn an additional 250 points per employer for placing a Go365 product with an employer of 100 or more full time employees that does not offer its employees a Humana fully insured medical plan.</p>
Partner!	<p>On Hand and Accolade Sales</p> <ol style="list-style-type: none"> 1. Earn 20 Leader Points for every new On Hand and Accolade plan placed; and 2. Earn one Leader Point for each enrolled employee on each new On Hand or Accolade plan. <ul style="list-style-type: none"> • A maximum of 250 total Leader Points may be earned on any new employer On Hand or Accolade plan placed.
	<p>Get a head start on your 2024 Leaders Club campaign by earning Leader Points on your 2023 new sales with October, November and December initial effective dates of coverage! You'll receive full Leader Points credited toward your 2023 qualification and another 10% credited toward your 2024 qualification.</p> <ul style="list-style-type: none"> • Example: Place 10 new Medical Cases with 20 enrolled employees per plan with October, November and December, 2023 effective dates and earn 800 Leader Points for 2023, and another 80 for 2024. Earn more by placing additional lines of coverage!

- New sales' Leader Points are earned only for new Medical and Qualifying Specialty Lines of Coverage placed with initial effective dates of coverage within the 2023 calendar year, and that remain in force as of Dec. 31, 2023.
- Leader Points are awarded based on the enrolled employee count and annualized premium as of the end of the initial effective month of coverage, but must remain in effect as of Dec. 31, 2023.
- Leader Points earned are reduced by any applicable commission split on each line of coverage split.

Bonus programs

Introduction

Agents of Record who grow and maintain a book of Humana group business are eligible to earn additional compensation under our Medical Growth Bonus and Specialty Growth Bonus programs. These bonus programs give you the opportunity to earn on new and existing group business.

What Cases are eligible for the bonus programs?

Bonus	
Medical Growth Bonus	Group Medical Lines of Coverage for which you are the Agent of Record and receiving base commissions, with two or more enrolled employees at the end of each calendar quarter.
Specialty Growth Bonus	Specialty Lines of Coverage for which you are Agent of Record and receiving base commissions, with two or more enrolled employees at the end of each semi-annual Bonus Period.

Specialty Lines of Coverage eligible for inclusion in the Specialty Growth Bonuses are the Lines of Coverage listed in the “What is a Line of Coverage?” section, excluding Group Medical.

	Medical Growth Bonus
How to qualify	<p>Small Business Opportunity: The Agent of Record must have at least 26 Small Group Medical Cases in force with a total of at least 200 enrolled employees at the end of the calendar quarter.</p> <p>Additional Small Business Opportunity qualifying method – Producers that do not meet the 26 case requirement of the Small Business Opportunity, can qualify via increasing their Inforce Small Group Case counts by 5 Cases, as compared to the prior quarter.</p> <p>Large Group Opportunity: The Agent of Record must have at least two Large Group Medical Cases in force with a total of at least 300 enrolled employees at the end of the calendar quarter.</p>
Initial payment range	<p>Small Business Opportunity: \$6–\$17 per Group Medical enrolled employee.</p> <p>Large Group Opportunity: \$1–\$15 per fully insured Group Medical enrolled employee and \$1–\$4 per self-funded Group Medical enrolled employee.</p>
Modifying factors	Earn up to 20% more for net growth on the Small Group Opportunity and up to 40% more for net growth and placing qualifying New Cases on the large Group Opportunity.
Bonus periods	Payments based on in force Cases as of the last date of each calendar quarter, beginning on March 31, 2023.

What are Aggregate and Compensable Premium?

Aggregate Premium is the total premium and administration fees paid and posted to eligible Lines of Coverage during each bonus period, after applying the commission split percentage attributable to the Agent of Record. Compensable Premium is Aggregate Premium less any premium and fees attributable to Lines of Coverage with initial effective dates of coverage prior to Jan. 1, 2008 that are insured or administered by CompBenefits Insurance Company and Lines of Coverages for which Humana is not paying base commissions.

Bonus programs

Medical Growth Bonus

For Group Medical Cases of all sizes. The Medical Growth Bonus is paid quarterly, within 60 days following the last day of each calendar quarter. The first calendar quarter ends on March 31, 2023.



Partner TIP: Earn up to **20% more** on the Small Business Opportunity via our Small Group Modifier and up **40% more** on the Large Group Opportunity via our Retention and New Case Modifiers

How do I qualify for a Medical Growth Bonus and how much can I earn?

The Medical Growth Bonus now features two opportunities to earn. An Agent of Record can qualify for either or both opportunities.

Under the Medical Growth Bonus, Eligible Cases are those for which base commissions are being charged to the customer and the Agent of Record is receiving base commissions.

Small Business Opportunity

An Agent of Record must have at least 26 Small Employer Group* Medical Cases with 2 or more enrolled employees in force with a total of at least 200 Medical enrolled employees in force in those Medical Cases on the last day of the calendar quarter. Additionally, the number of enrolled employees at the end of the calendar quarter must total at least 85% of the enrolled employees in Small Employer Group* Medical Cases, as compared to the same quarter in 2022.

Additional Qualifying Method – Producers that do not meet the 26 case requirement can qualify via increasing their Inforce Small Group Case counts by 5 Cases, as compared to the prior quarter. Producers that qualify under this method will be compensated at the rates listed in the “at least 26 but less than 41” row listed in the chart below.

Small Group Case Count	Quarterly Bonus Payment per Small Group Medical Enrolled Employee	
	Groups with 2–9 Enrolled Employees**	Groups with 10–99 Enrolled Employees
at least 26 but less than 41	\$8	\$6
at least 41 but less than 65	\$10	\$8
at least 65 but less than 100	\$14	\$11
100 or more	\$17	\$13

Bonus programs

Small Group Medical Growth Payment Modifier - Agents of Record that have at least 96% of the Enrolled Employee count in force as compared to the same quarter of 2022, can increase their Small Business Bonus by 2%, for each percentage point they attain above 95%, up to a maximum of 20%.

Small Group Enrolled Employee Retention Percentage	Small Group Bonus Modifier
105% or more	20.00%
At least 104%, but less than 105%	18.00%
At least 103%, but less than 104%	16.00%
At least 102%, but less than 103%	14.00%
At least 101%, but less than 102%	12.00%
At least 100%, but less than 101%	10.00%
At least 99%, but less than 100%	8.00%
At least 98%, but less than 99%	6.00%
At least 97%, but less than 98%	4.00%
At least 96%, but less than 97%	2.00%

Only fully insured Group Medical plans and Level-Funded Premium group plans are eligible for the Small Business Opportunity.

*Small Employer Groups are those with fewer than 100 enrolled employees on the plan's initial effective date of coverage or, if the initial effective date of coverage is prior to December 2015, the number of employees covered in December 2015.

**Texas-based Small Employer Groups with 1 Enrolled Employee will be included in the 2–9 Enrolled Employee grouping.

Large Group Opportunity

An Agent of Record must have at least 2 Large Group* Medical Cases in force with a total of at least 300 Medical enrolled employees in force in those Medical Cases on the last day of the calendar quarter. If these minimums are met, the Agent of Record is eligible to receive a bonus payment based on the number of employees enrolled in Eligible Cases on the last day of the calendar quarter.

Agent of Record's Large Group Case Count is	Quarterly Bonus Payment per Large Group Medical Enrolled Employee	
	Fully Insured	Self-Funded
at least 2 but less than 4	\$1.00	\$1.00
at least 4 but less than 6	\$3.00	\$1.50
at least 6 but less than 8	\$4.00	\$2.00
at least 8 but less than 11	\$6.00	\$2.50
at least 11 but less than 14	\$9.00	\$3.00
at least 14 but less than 18	\$12.00	\$3.50
18 or more	\$15.00	\$4.00

Large Group Medical Growth Payment Modifiers –

- **New Case Modifier** - Agents of Record that add new Large Group Medical cases during 2023 can increase their Large Group Bonus by 5%, for each eligible case added. This Modifier will take effect in the quarter a qualifying case is effective and continue through the remaining quarter(s) of 2023. The maximum for this Modifier is 20% for any quarter of 2023.
- **Retention Modifier**- Agents of Record that have at least 96% of the Enrolled Employee count in force as compared to the same quarter of 2022, can increase their Large Group Bonus by 2%, for each percentage point they attain above 95%, up to a maximum of 20%.

Large Group Enrolled Employee Retention Percentage	Large Group Retention Modifier
105% or more	20.00%
At least 104%, but less than 105%	18.00%
At least 103%, but less than 104%	16.00%
At least 102%, but less than 103%	14.00%
At least 101%, but less than 102%	12.00%
At least 100%, but less than 101%	10.00%
At least 99%, but less than 100%	8.00%
At least 98%, but less than 99%	6.00%
At least 97%, but less than 98%	4.00%
At least 96%, but less than 97%	2.00%

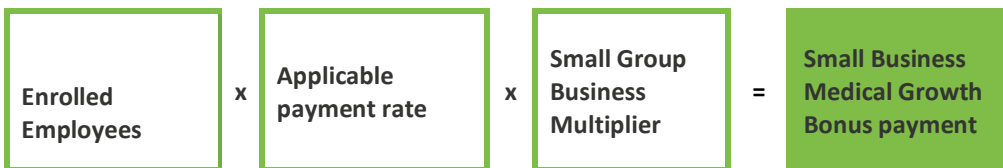
*Large Groups are those with 100 or more enrolled employees on the plan’s initial effective date of coverage, or if the initial effective date of coverage is prior to December 2015, the number of employees covered in December 2015.

How does Humana calculate the Medical Growth Bonus payments?

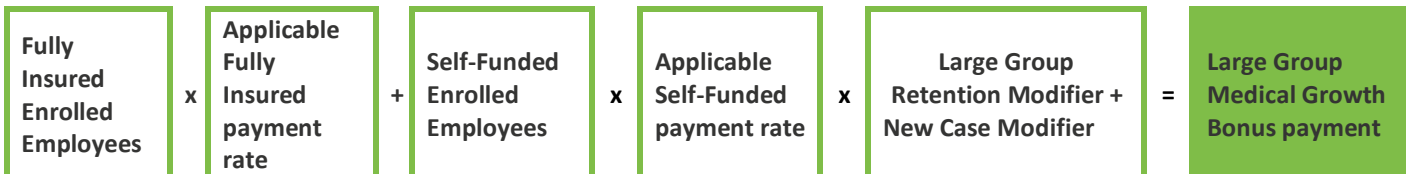
The Medical Growth Bonus payment is calculated as shown below, with the final amount earned being the sum of the Small Business Medical Growth Bonus payment and the Large Group Medical Growth Bonus payment:

Medical Growth Bonus payment calculation

Small Business Opportunity



Large Business Opportunity



Bonus programs

2023 Specialty Growth Bonus

At Humana, we know your success is our success. To show our appreciation, we're excited to offer a new and easier way for you to earn more when you sell or renew Humana specialty plans.

**NEW
FOR 2023**

When you renew Humana specialty lines of coverage with clients that currently have a medical line of coverage, we'll give you **new business points** for each specialty line renewed* and still count those renewed lines in your premium persistency calculation in your Specialty Growth Bonus payment.

Bonus program highlights

- Tiered structure allows you to earn more as you climb to the next level
- Opportunities for selling new and retaining existing business – and for case sizes big and small
- Rewarded for multi-line sales year-over-year so you don't have to start fresh each year
- Earn up to 7% book of business revenue

If you have any questions, please contact your Humana sales executive. We continue to be committed to working with you to offer benefit solutions that address the unique needs of your clients – and provide easier ways to earn more for your business!

Specialty Growth Bonus details

The Specialty Growth Bonus is intended for Specialty Lines of Coverage of all sizes. The Specialty Growth Bonus is paid once annually, within 60 days after the January 31, 2024 program end date.

Humana rewards Producers who grow and maintain a significant block of specialty business. The Specialty Growth Bonus payment is a function of the following items:

- Total New Business and Inforce Point levels achieved at the Agent of Record Level
- Premium Persistency measured over the term of the Program for Cases in effect as of January 31, 2023, at the Agent of Record Level.
- Line of Coverage Case Size and Compensable Premium

Eligible products:

- Group Term Life (including AD&D)
- Group Term Voluntary/Supplemental Life (including AD&D)
- Group Vision (including Voluntary Vision)
- Group Dental (including Voluntary Dental)

How do I qualify for a Specialty Growth Bonus and how much can I earn?

Producers may qualify for bonus compensation based on attaining minimum qualification criteria detailed below.

New business and inforce points calculation

New business and in-force points are determined based on the number of enrolled employees within each line of coverage.

NEW BUSINESS		INFORCE BUSINESS	
Enrolled employees	Points per line of coverage	Enrolled employees	Points per line of coverage
< 10	0.50	< 10	0.25
10 – 24	1.50	10 – 24	0.25
25 – 49	2.50	25 – 49	0.75
50 – 99	3.00	50 – 99	1.00
100 – 249	5.00	100 – 249	2.00
250 – 999	7.00	250 – 999	4.00
1,000 +	10.00	1,000 +	5.00

- New business points are derived from the first bill on which a coverage appears
- Inforce points are derived from the coverage’s enrolled employee count as of January 31, 2024

Compensation level determination

- Your compensation level is based on your total new business points and your total points
- You must meet the minimum, in both categories, to qualify for a given Compensation level

Compensation level	Total New Business Points Only	Total New Business and In Force Points Combined
Enhanced	30	40
Premier	40	80
Elite	65	145

Premium persistency calculation

The Premium Persistency¹ is calculated by dividing the producer’s January 31, 2024, Inforce Capped Premium by the producer’s January 31, 2023, Inforce Capped Premium for the same coverages

Capped persistency level:

87% or higher	At least 75% but less than 87%	Less than 75%
Peak	Summit	Base

Illustration of premium persistency calculation:

	Customer A	Customer B	Customer C	Customer D	Customer E	Total
Coverages	Dental & vision	Life & Voluntary Life	Life & Voluntary Life	Dental & Vision	Life & Voluntary Life	
Beginning premium	\$1,000,000	\$350,000	\$150,000	\$245,000	\$95,000	\$1,840,000
Capped beginning premium*	\$250,000	\$100,000	\$100,000	\$245,000	\$95,000	\$790,000
Capped ending premium*	\$250,000	\$100,000	—	\$245,000	\$95,000	\$690,000
Capped premium persistency	100%	100%	0%	100%	100%	87.34%

* A per case premium cap of \$100,000 for Life/Voluntary Life coverages combined, and \$250,000 for dental and vision combined, will be applied in the premium persistency calculation to minimize the impact of large cases on a producer's persistency.

Bonus calculation

- Based on your Compensation Level and your Premium Persistency, you can determine your bonus percentage applicable to the premium category of each case using the chart below
- If your persistency is 87% or higher you are rewarded with the greater bonus percentages illustrated below

Capped premium persistency level	Points level	Premium category	Plans with <25 insured lives	Plans with 25+ insured lives				Balance
			All premium per case ²	First \$50,000	Next \$50,000	Next \$150,000	Next \$150,000	
Peak	Elite	New & inforce business	4.0%	7.00%	5.50%	3.00%	1.50%	0.75%
	Premier		3.0%	5.00%	4.00%	2.00%	1.00%	0.50%
	Enhanced		2.0%	2.00%	2.00%	0.75%	0.50%	0.25%
Summit	Elite	New & inforce business	3.5%	6.00%	4.75%	2.50%	1.25%	0.50%
	Premier		2.5%	4.00%	3.25%	1.50%	0.75%	0.25%
	Enhanced		1.5%	1.50%	1.50%	0.75%	0.50%	0.25%
Base	Elite	New business only	3.5%	6.00%	4.75%	2.50%	1.25%	0.50%
	Premier		2.5%	4.00%	3.25%	1.50%	0.75%	0.25%
	Enhanced		1.5%	1.50%	1.50%	0.75%	0.50%	0.25%

- Persistency measurement, for benefits/plans effective on or prior to 1/31/2023, is from 2/1/2023 through 1/31/2024.
- Bonuses are calculated on premiums paid and posted to the customer's account within the program period of 2/1/2023 through 1/31/2024. SGB bonus payments are limited to \$200,000 on any one plan. SGB is payable only on plans inforce as of 1/31/2024. This brochure provides a general overview of Humana's standard SGB program. It is not a complete statement of the rights, benefits, limitations, or exclusions of the program. The standard program parameters described herein may be amended by supplemental programs. Final determination of qualification and payment rests solely with Humana. This SGB Program is subject to regulatory approval.

Provisions below apply to the Specialty Growth Bonus:

Bonus offerings are subject to current product availability by state.

All lines of coverage are subject to availability by case size and underwriting approval.

Under applicable law, agents may be required to disclose to the insured or applicant their compensation including base commissions, bonuses, incentives, or other forms of remuneration for which the agent is eligible for the sale or renewal of insurance products.

Only Group plans for which base commissions are being charged to the customer and the Agent of Record is receiving base commissions are considered Eligible Cases.

Individual agents or agencies may be obligated to disclose compensation to clients. Because state laws vary, agents should be aware of and comply with applicable state compensation disclosure requirements. Humana is not responsible for providing legal advice to agents. If an agent has a question or concern regarding his/her state's compensation disclosure law, he/she should consult a legal advisor.

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Base commissions

Group Medical and Go365

When are these Group Medical base commission schedules effective?

Fully insured base commissions (includes Community Rated policies base commissions)

- New sales: These schedules apply to initial effective dates of coverage of Dec. 1, 2022, and later
- Existing Humana customers (as of Nov. 30, 2022): These schedules take effect as of each plan's respective policy anniversary occurring on or after Dec. 1, 2022
- **EXCEPTION:** Texas-based Small Groups renewing on or after Dec. 1, 2015, on fully insured plans that are not Community-Rated* are subject to the Base Commission schedule in the PPP in effect as of each respective employer's initial effective date of Medical coverage with Humana

*Community Rated policies are those policies that are subject to the Affordable Care Act's minimum premium rating rules.

Level-Funded premium base compensation

- New sales – These schedules apply to initial effective dates of coverage of December 1, 2022, and later
- Existing Humana customers (effective prior to Oct. 1, 2019): The Fully Insured Medical Base Commission – State schedule, subsequent year rates, listed in the 2023 PPP would apply.
- Existing Humana customers (effective Oct. 1, 2019 or later): The 2023 LFP renewal Rates would apply.

Large Group Medical (100 or more Eligible Employees)

Base commission

Louisiana-based employers only	
Fully insured	
100 or more eligible, but less than 100 enrolled	Minimum standard commission = 4%
100–299 enrolled	Minimum standard commission = 4%
300–499 enrolled	Minimum standard commission = 3%
500 or more enrolled	Minimum standard commission = 1%

Fully insured commission rates are negotiable in all other states. Level Funded Premium (LFP) compensation rates on plans with 100 or more eligible employees are the same as the compensation rates published for LFP cases with 51-99 eligible employees in that state. All other self-funded cases' commission rates are negotiable. Contact your Humana sales executive for more information and to complete a Single Case Agreement.

Go365 (all Case sizes)

When Go365 is placed with a customer who does not have a Humana fully insured Medical plan, base commissions for Go365 may be added to the fees charged, if requested by the Agent of Record through completion of a Single Case Agreement prior to the pricing of the Go365 plan and with the approval of Humana.

Small Group Medical (99 or fewer Eligible Employees)

The base commission schedules for Small Group Medical are provided on pages 20-26. Review the information below for additional details regarding Small Group Medical base commissions.

Small Group base commissions vary depending on three factors:

- 1. The Case size:** There are two segments of case sizes—1–50 or 51–99—based on eligible employee counts. Determinations are made at the time of initial application and one month prior to the annual policy anniversary, and will remain in effect until the next annual policy anniversary regardless of any month-to-month enrollment fluctuations. Humana reserves the right to establish the segments of case size for any specific group.
- 2. The Commission Tier of the Agent of Record at time of commission calculation** is established by Humana each calendar quarter. For Community Rated policies, the Commission Tier is changed only once annually on the respective policy plan anniversary date. Once an Agent of Record's Commission Tier has been assigned to a Community Rated policy, the Tier will remain for that policy's plan year, even in the event of an Agent of Record change.
- 3. The situs state, as reflected in Humana's systems,** is the state in which the master group policy for Medical coverage was issued. Contact your Humana sales executive for information on how various site multi-location groups are administered.

Base commissions

Group Medical and Go365

Can a group's base commission fluctuate from month to month?

Yes, in two instances:

1. If a Case is tagged as having a 1–50 Case size group, the applicable base commission is determined by the number of enrolled employees for each premium bill month. If a 1–50 Case size Case grows to greater than 50 enrolled employees, the group will be paid on the 1–50 Case size range that includes up to 50 enrolled employees until it is reclassified as a 51–99 Case size Case at a subsequent policy anniversary.
2. When an Agent of Record experiences a quarterly change in Commission Tiers on non-Community Rated policies. Community Rated policies' Commission Tiers are updated only once per year, at the respective policy plan anniversary. For more information, review the section titled "What happens when I qualify for a higher or lower Commission Tier?"

How are Commission Tiers determined?

The Agent of Record's total weighted Eligible Lines of Coverage (ELC) on the last day of each calendar quarter will determine the Commission Tier for which the Producer qualifies. The Commission Tier for which the Agent of Record qualifies could change each Commission Tier Cycle based on changes to the Agent of Record's total weighted ELCs, described below. A Commission Tier Cycle refers to approximately three months of base commission payments, effective for premium paid and applied by Humana on or after the 26th of the month after the end of each calendar quarter.

Commission Tier 1	Commission Tier 2	Commission Tier 3
Less than 13 ELCs	At least 13, but less than 45 ELCs	45 or more ELCs

How is my weighted ELC count determined?

ELCs are the Medical and Specialty Lines of Coverage determined to have 2–99 enrolled employees on the most recent of either the Medical coverage's initial effective date or Dec. 31, 2015. Please review the Medical Growth Bonus for full eligibility details. Each ELC is weighted according to the below table:

Line of Coverage	ELC Credit	Line of Coverage	ELC Credit
Group Medical	1.0	Group Dental (including voluntary)	0.50
Group Vision (including voluntary)	0.25	Group Term Life (including AD&D)	0.25
Group Term Supplemental Life (including AD&D)	0.25		

What happens if I qualify for a higher, lower or no change in Commission Tier?

1. **No change:** If the Agent of Record qualifies for the same Commission Tier as in the previous Commission Tier Cycle, there will be no change to the Agent of Record's Commission Tier.
2. **Higher Commission Tier:** If the Agent of Record qualifies for an increase in Commission Tier, the increase is effective for base commissions paid on all eligible non-Community Rated Cases for the next Commission Tier Cycle. For example, if you qualify for a higher commission tier at the end of quarter 2, your commission percentage will increase to the higher level for quarter 3. Community Rated policies' commission rates will not be adjusted until each respective policy's subsequent plan anniversary date.
3. **Lower Commission Tier:** If the Agent of Record qualifies for a lower Commission Tier, he or she will either be:
 - a. Placed in a Grace Period, being paid on a higher Commission Tier than qualified, remaining on the prior qualified Commission Tier for one Commission Tier Cycle; **or**
 - b. Will be paid on the next lowest Commission Tier, if he or she was in a Grace Period before qualifying for a reduction in Commission Tier for the second consecutive Commission Tier Cycle. Community Rated policies' commission rates will not be adjusted until each respective policy's subsequent plan anniversary date.
4. **Producer's Commission Tier:** If a Producer is named Agent of Record on an existing Community Rated policy, that Producer's Commission Tier will not be applied to the Community Rated policy's commission rate until the policy's subsequent plan anniversary.

Base commissions

Small Business medical plans

The table below provides detailed situations of how an Agent of Record is placed into a Grace Period or experiences a reduction in Commission Tier.

Commission Tier determination at end of Prior Commission Tier Cycle	Commission Tier under which you are currently being paid	Commission Tier determination at end of Current Commission Tier Cycle	Commission Tier under which you will be paid in the Next Commission Tier Cycle
Commission Tier 3	Commission Tier 3	Commission Tier 1 or 2	Commission Tier 3 Placed in Grace Period
Commission Tier 2	Commission Tier 2	Commission Tier 1	Commission Tier 2 Placed in Grace Period
Commission Tier 1	Commission Tier 3 Currently in Grace Period	Commission Tier 2	Commission Tier 2
Commission Tier 2	Commission Tier 3 Currently in Grace Period	Commission Tier 2	Commission Tier 2
Commission Tier 1	Commission Tier 3 Currently in Grace Period	Commission Tier 1	Commission Tier 2 Placed in Grace Period
Commission Tier 2	Commission Tier 3 Currently in Grace Period	Commission Tier 1	Commission Tier 2 Placed in Grace Period

Commission Tier Cycle Calendar for 2023

There are four Commission Tier Cycles for 2023. Below are the important dates for each Commission Tier Cycle.

	Commission Tier Cycle 1	Commission Tier Cycle 2	Commission Tier Cycle 3	Commission Tier Cycle 4
Commission Tier Cycle begin and end dates	Jan. 26, 2023–April 25, 2023	April 26, 2023–July 25, 2023	July 26, 2023–Oct. 25, 2023	Oct. 26, 2023–Jan. 25, 2024
ELC Count measured for business in force as of	Dec. 31, 2022	March 31, 2023	June 30, 2023	Sept. 30, 2023
Next Commission Tier Cycle begin and end dates	April 26, 2023–July 25, 2023	July 26, 2023–Oct. 25, 2023	Oct. 26, 2023–Jan. 25, 2024	Jan. 26, 2024–April 25, 2024
Prior Commission Tier Cycle begin and end dates	Oct. 26, 2022–Jan. 25, 2023	Jan. 26, 2023–April 25, 2023	April 26, 2023–July 25, 2023	July 26, 2023–Oct. 25, 2023

Base commissions

Fully insured state schedules

The following tables provide the Small Business base commission schedules by state for 2023. Base commissions are expressed by either a percentage of paid premium or a payment per enrolled employee per month. (Please note that first year compensation for our Level-Funded Premium Product (LFP) is not covered in these tables. See pages 24 and 25 for first year LFP Compensation State Schedules.) In states other than Colorado, LFP plan's subsequent year compensation is covered in these tables, if LFP coverage was effective prior to 10/1/19. Compensation rates for LFP plans placed in Colorado are listed in the table on page 24, regardless of the placement date.

Group Situs State	Enrolled employees for premium bill month	Commission Tier 1		Commission Tier 2		Commission Tier 3	
		First year	Subsequent year	First year	Subsequent year	First year	Subsequent year
Arizona	All Community Rated Policies (see full definition on page 16) – effective 1/1/2023						
	1–3 enrolled	\$4.00	\$3.00	\$6.00	\$6.00	\$6.00	\$6.00
	4–25 enrolled	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
	More than 25 enrolled	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$8.00	\$7.00	\$10.00	\$9.00	\$12.00	\$11.00
	4–25 enrolled	\$24.00	\$22.00	\$27.00	\$25.00	\$28.00	\$26.00
	More than 25 enrolled	\$20.00	\$18.00	\$23.00	\$21.00	\$26.00	\$24.00
	Fully Insured Case Size 51–99 Eligibles (see full definition on page 16)						
	All enrolled counts+	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Colorado	All Community Rated Fully Insured Policies (see full definition on page 16)						
	1–3 enrolled	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
	4–25 enrolled	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
	More than 25 enrolled	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Florida excluding Dade, Palm Beach and Broward Counties	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$2.00	\$2.00	\$2.00	\$2.00	\$3.00	\$3.00
	4–25 enrolled	\$23.00	\$20.00	\$25.00	\$22.00	\$29.00	\$26.00
	More than 25 enrolled	\$22.00	\$19.00	\$24.00	\$21.00	\$28.00	\$25.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
	4–25 enrolled	\$27.00	\$24.00	\$28.00	\$25.00	\$29.00	\$26.00
	More than 25 enrolled	\$26.00	\$23.00	\$27.00	\$24.00	\$28.00	\$25.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts+	3.75%	3.50%	4.25%	3.75%	4.75%	4.25%
Florida Counties of Dade, Palm and Broward only	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
	4–25 enrolled	\$34.00	\$32.00	\$36.00	\$34.00	\$37.00	\$35.00
	More than 25 enrolled	\$34.00	\$32.00	\$36.00	\$34.00	\$37.00	\$35.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
	4–25 enrolled	\$34.00	\$32.00	\$36.00	\$34.00	\$37.00	\$35.00
	More than 25 enrolled	\$34.00	\$32.00	\$36.00	\$34.00	\$37.00	\$35.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts+	4.00%	3.75%	4.50%	4.00%	5.00%	4.50%

More state-specific base commissions for small business Medical on the next page.

Base commissions

Fully insured state schedules

Group Situs State	Enrolled employees for premium bill month	Commission Tier 1		Commission Tier 2		Commission Tier 3	
		First year	Subsequent year	First year	Subsequent year	First year	Subsequent year
Georgia	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$6.00	\$6.00	\$7.00	\$7.00	\$10.00	\$10.00
	4–25 enrolled	\$25.00	\$23.00	\$28.00	\$26.00	\$33.00	\$31.00
	More than 25 enrolled	\$25.00	\$23.00	\$28.00	\$26.00	\$33.00	\$31.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	4–25 enrolled	\$29.00	\$27.00	\$31.00	\$29.00	\$33.00	\$31.00
	More than 25 enrolled	\$29.00	\$27.00	\$31.00	\$29.00	\$33.00	\$31.00
	Fully Insured Case Size 51–99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$26.00	\$24.00	\$28.00	\$26.00	\$30.00	\$28.00
Illinois	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$5.00	\$5.00	\$6.00	\$6.00	\$7.00	\$7.00
	4–25 enrolled	\$23.00	\$22.00	\$27.00	\$26.00	\$33.00	\$32.00
	More than 25 enrolled	\$20.00	\$18.00	\$24.00	\$22.00	\$30.00	\$28.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$10.00	\$9.00	\$11.00	\$10.00	\$12.00	\$11.00
	4–25 enrolled	\$31.00	\$30.00	\$33.00	\$32.00	\$35.00	\$34.00
	More than 25 enrolled	\$28.00	\$26.00	\$30.00	\$28.00	\$32.00	\$30.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$25.00	\$23.00	\$26.00	\$24.00	\$27.00	\$25.00
Indiana	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$6.00	\$5.00	\$9.00	\$8.00	\$15.00	\$14.00
	4–25 enrolled	\$9.00	\$8.00	\$16.00	\$15.00	\$23.00	\$22.00
	More than 25 enrolled	\$9.00	\$8.00	\$16.00	\$15.00	\$23.00	\$22.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$10.00	\$9.00	\$12.00	\$11.00	\$15.00	\$14.00
	4–25 enrolled	\$20.00	\$19.00	\$23.00	\$22.00	\$26.50	\$25.50
	More than 25 enrolled	\$20.00	\$19.00	\$23.00	\$22.00	\$26.50	\$25.50
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$19.00	\$18.00	\$21.00	\$20.00	\$22.00	\$21.00
Kansas	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$5.00	\$5.00	\$5.00	\$5.00	\$6.00	\$6.00
	4–25 enrolled	\$19.00	\$18.00	\$24.00	\$23.00	\$30.00	\$29.00
	More than 25 enrolled	\$18.00	\$17.00	\$21.00	\$20.00	\$22.00	\$21.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$11.00	\$10.00	\$13.00	\$12.00	\$15.00	\$14.00
	4–25 enrolled	\$26.00	\$25.00	\$28.00	\$27.00	\$32.00	\$31.00
	More than 25 enrolled	\$21.00	\$20.00	\$23.00	\$22.00	\$27.00	\$26.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts+	2.75%	2.50%	3.00%	2.75%	3.25%	3.00%

More state-specific base commissions for small business Medical on the next page.

Base commissions

Fully insured state schedules

Group Situs State	Enrolled employees for premium bill month	Commission Tier 1		Commission Tier 2		Commission Tier 3	
		First year	Subsequent year	First year	Subsequent year	First year	Subsequent year
Kentucky	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$4.00	\$3.00	\$5.00	\$4.00	\$6.00	\$5.00
	4–25 enrolled	\$9.50	\$8.00	\$17.50	\$15.00	\$25.50	\$24.00
	More than 25 enrolled	\$8.00	\$7.00	\$15.00	\$14.00	\$21.00	\$20.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$8.00	\$7.00	\$9.00	\$8.00	\$10.00	\$9.00
	4–25 enrolled	\$17.50	\$16.00	\$23.50	\$21.00	\$27.50	\$26.00
	More than 25 enrolled	\$16.00	\$15.00	\$21.00	\$20.00	\$23.00	\$22.00
	Fully Insured Case Size 51–99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$17.00	\$16.00	\$18.00	\$17.00	\$19.00	\$18.00
Louisiana	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$3.00	\$2.00	\$4.00	\$3.00	\$5.00	\$4.00
	4–25 enrolled	\$19.00	\$18.00	\$22.00	\$21.00	\$27.00	\$26.00
	More than 25 enrolled	\$11.00	\$11.00	\$14.00	\$13.00	\$19.00	\$18.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$8.00	\$7.00	\$9.00	\$8.00	\$10.00	\$9.00
	4–25 enrolled	\$28.00	\$27.00	\$30.00	\$29.00	\$32.00	\$31.00
	More than 25 enrolled	\$20.00	\$20.00	\$22.00	\$21.00	\$24.00	\$23.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00
Michigan	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$2.00	\$2.00	\$4.00	\$4.00	\$5.00	\$5.00
	4–25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	More than 25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	4–25 enrolled	\$20.00	\$20.00	\$22.00	\$22.00	\$24.00	\$24.00
	More than 25 enrolled	\$20.00	\$20.00	\$22.00	\$22.00	\$24.00	\$24.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$6.00	\$17.25	\$7.50	\$20.00	\$9.75	\$22.50
Missouri	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$5.00	\$5.00	\$5.00	\$5.00	\$6.00	\$6.00
	4–25 enrolled	\$19.00	\$18.00	\$24.00	\$23.00	\$30.00	\$29.00
	More than 25 enrolled	\$18.00	\$17.00	\$21.00	\$20.00	\$22.00	\$21.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$11.00	\$10.00	\$13.00	\$12.00	\$15.00	\$14.00
	4–25 enrolled	\$26.00	\$25.00	\$28.00	\$27.00	\$32.00	\$31.00
	More than 25 enrolled	\$21.00	\$20.00	\$23.00	\$22.00	\$27.00	\$26.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts+	2.75%	2.50%	3.00%	2.75%	3.25%	3.00%

More state-specific base commissions for small business Medical on the next page.

Base commissions

Fully insured state schedules

Group Situs State	Enrolled employees for premium bill month	Commission Tier 1		Commission Tier 2		Commission Tier 3	
		First year	Subsequent year	First year	Subsequent year	First year	Subsequent year
Mississippi	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$3.00	\$2.00	\$4.00	\$3.00	\$5.00	\$4.00
	4–25 enrolled	\$19.00	\$18.00	\$22.00	\$21.00	\$27.00	\$26.00
	More than 25 enrolled	\$11.00	\$11.00	\$14.00	\$13.00	\$19.00	\$18.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$8.00	\$7.00	\$9.00	\$8.00	\$10.00	\$9.00
	4–25 enrolled	\$28.00	\$27.00	\$30.00	\$29.00	\$32.00	\$31.00
	More than 25 enrolled	\$20.00	\$20.00	\$22.00	\$21.00	\$24.00	\$23.00
	Fully Insured Case Size 51–99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00
Nevada	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
	4–25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	More than 25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$8.00	\$7.00	\$10.00	\$9.00	\$12.00	\$11.00
	4–25 enrolled	\$24.00	\$22.00	\$27.00	\$25.00	\$28.00	\$26.00
	More than 25 enrolled	\$20.00	\$18.00	\$23.00	\$21.00	\$26.00	\$24.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$18.75	\$17.00	\$20.00	\$18.00	\$21.25	\$19.25
Ohio	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$10.00	\$9.00	\$11.00	\$10.00	\$12.00	\$11.00
	4–25 enrolled	\$16.00	\$15.00	\$17.00	\$16.00	\$18.00	\$17.00
	More than 25 enrolled	\$15.00	\$14.50	\$16.00	\$15.00	\$17.00	\$16.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00
	4–25 enrolled	\$20.75	\$19.75	\$23.00	\$22.00	\$25.25	\$24.25
	More than 25 enrolled	\$20.50	\$18.50	\$21.50	\$20.50	\$23.00	\$22.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$19.00	\$18.00	\$20.00	\$19.00	\$21.00	\$20.00
Tennessee	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$5.00	\$4.00	\$6.00	\$5.00	\$7.00	\$6.00
	4–25 enrolled	\$16.00	\$15.00	\$21.00	\$20.00	\$26.00	\$25.00
	More than 25 enrolled	\$16.00	\$15.00	\$21.00	\$20.00	\$26.00	\$25.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$15.00	\$14.00	\$15.00	\$14.00	\$15.00	\$14.00
	4–25 enrolled	\$29.00	\$28.00	\$30.00	\$29.00	\$31.00	\$30.00
	More than 25 enrolled	\$27.00	\$26.00	\$28.00	\$27.00	\$29.00	\$28.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00

More state-specific base commissions for small business Medical on the next page.

Base commissions

Fully insured state schedules

Group Situs State	Enrolled employees for premium bill month	Commission Tier 1		Commission Tier 2		Commission Tier 3	
		First year	Subsequent year	First year	Subsequent year	First year	Subsequent year
Texas	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	4.00%	4.00%	4.25%	4.25%	4.50%	4.50%
	4–25 enrolled	4.00%	4.00%	4.25%	4.25%	4.50%	4.50%
	More than 25 enrolled	4.00%	4.00%	4.25%	4.25%	4.50%	4.50%
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	4.00%	4.00%	4.25%	4.25%	4.50%	4.50%
	4–25 enrolled	4.00%	4.00%	4.25%	4.25%	4.50%	4.50%
	More than 25 enrolled	4.00%	4.00%	4.25%	4.25%	4.50%	4.50%
	Fully Insured Case Size 51–99 Eligibles (see full definition on page 16)						
	All enrolled counts	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
Utah	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
	4–25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	More than 25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$31.00	\$28.00	\$32.00	\$29.00	\$34.00	\$31.00
	4–25 enrolled	\$31.00	\$28.00	\$32.00	\$29.00	\$34.00	\$31.00
	More than 25 enrolled	\$27.00	\$23.00	\$30.00	\$26.00	\$32.00	\$28.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$21.00	\$20.00	\$22.00	\$21.00	\$23.00	\$22.00
Wisconsin	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$4.00	\$3.00	\$7.00	\$6.00	\$10.00	\$9.00
	4–25 enrolled	\$17.00	\$16.00	\$21.00	\$20.00	\$25.00	\$24.00
	More than 25 enrolled	\$13.00	\$12.00	\$17.00	\$16.00	\$21.00	\$20.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$8.00	\$7.00	\$9.00	\$8.00	\$11.00	\$10.00
	4–25 enrolled	\$25.00	\$24.00	\$26.00	\$25.00	\$28.00	\$27.00
	More than 25 enrolled	\$21.00	\$20.00	\$22.00	\$21.00	\$24.00	\$23.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$20.00	\$19.00	\$21.00	\$20.00	\$23.00	\$22.00
All other states	All Community Rated Policies (see full definition on page 16)						
	1–3 enrolled	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
	4–25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	More than 25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 16)						
	1–3 enrolled	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
	4–25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	More than 25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 16)						
	All enrolled counts	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00

+The case size 51–99 business is paid as a percentage of Paid Premium, which differs from the Case size 1–50 business which is paid as a dollar amount per enrolled employee per month.

Level-Funded Premium Compensation

State schedules for cases with 1–99 employees

The following table provides first year Level-Funded Premium (LFP) base compensation schedules by state, starting with December 1, 2021 effective dates. Unless otherwise noted, compensation is based on a payment per enrolled employee per month. Subsequent year compensation rates for LFP plans placed prior to 10/1/19 in states other than Colorado are based on the fully insured rates in the tables on pages 19–23. Compensation rates for LFP plans placed in Colorado are listed in this table, regardless of placement date.

Group Situs State	Enrolled employees for premium bill month	Commission Tier 1		Commission Tier 2		Commission Tier 3	
		First year	Subsequent year	First year	Subsequent year	First year	Subsequent year
Arizona	Level-Funded Premium Case Size 1–99 Eligible Employees						
	Any number enrolled	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
Colorado	Level-Funded Premium Case Size 1–99 Eligible Employees – (Effective on or after 10/1/2019)						
	Any number enrolled	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
	Level-Funded Premium Case Size 1–99 Eligible Employees – (Effective before 10/1/2019)						
	Any number enrolled	NA	\$23.00	NA	\$24.00	NA	\$25.00
North Florida	Level-Funded Premium Case Size 1–99 Eligible Employees						
	Any number enrolled	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
South Florida	Level-Funded Premium Case Size 1–99 Eligible Employees						
	Any number enrolled	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Georgia	Level-Funded Premium Case Size 1–99 Eligible Employees						
	Any number enrolled	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Illinois	Level-Funded Premium Case Size 1–50 Eligible Employees						
	1–3 enrolled	\$10.00	\$9.00	\$11.00	\$10.00	\$12.00	\$11.00
	4–25 enrolled	\$31.00	\$30.00	\$33.00	\$32.00	\$35.00	\$34.00
	26–50 enrolled	\$28.00	\$26.00	\$30.00	\$28.00	\$32.00	\$30.00
	Level-Funded Premium Case Size 51–99 Eligible Employees						
	Any number enrolled	\$25.00	\$23.00	\$26.00	\$24.00	\$27.00	\$25.00
Indiana	Level-Funded Premium Case Size 1–50 Eligible Employees						
	1–3 enrolled	\$10.00	\$9.00	\$12.00	\$11.00	\$15.00	\$14.00
	4–50 enrolled	\$20.00	\$19.00	\$23.00	\$22.00	\$26.50	\$25.50
	Level-Funded Premium Case Size 51–99 Eligible Employees						
	Any number enrolled	\$19.00	\$18.00	\$21.00	\$20.00	\$22.00	\$21.00
Kansas	Level-Funded Premium Case Size 1–99 Eligible Employees						
	Any number enrolled	\$32.00	\$32.00	\$32.00	\$32.00	\$32.00	\$32.00
Kentucky	Level-Funded Premium Case Size 1–50 Eligible Employees						
	1–3 enrolled	\$8.00	\$7.00	\$9.00	\$8.00	\$10.00	\$9.00
	4–25 enrolled	\$17.50	\$16.00	\$23.50	\$21.00	\$27.50	\$26.00
	26–50 enrolled	\$16.00	\$15.00	\$21.00	\$20.00	\$23.00	\$22.00
	Level-Funded Premium Case Size 51–99 Eligible Employees						
	Any number enrolled	\$17.00	\$16.00	\$18.00	\$17.00	\$19.00	\$18.00
Louisiana	Level-Funded Premium Case Size 1–50 Eligible Employees						
	1–50 enrolled	\$31.00	\$30.00	\$33.00	\$32.00	\$35.00	\$34.00
	Level-Funded Premium Case Size 51–99 Eligible Employees						
	Any number enrolled	\$18.00	\$18.00	\$20.75	\$19.75	\$23.50	\$21.25
Michigan	Level-Funded Premium Case Size 1–50 Eligible Employees						
	1–3 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	4–50 enrolled	\$20.00	\$20.00	\$22.00	\$22.00	\$24.00	\$24.00
	Level-Funded Premium Case Size 51–99 Eligible Employees						
	Any number enrolled	\$6.00	\$17.25	\$7.50	\$20.00	\$9.75	\$22.50

Level-Funded Premium Compensation

State schedules for cases with 1–99 employees

Group Situs State	Enrolled employees for premium bill month	Commission Tier 1		Commission Tier 2		Commission Tier 3	
		First year	Subsequent year	First year	Subsequent year	First year	Subsequent year
Missouri	Level-Funded Premium Case Size 1–99 Eligible Employees						
	Any number enrolled	\$32.00	\$32.00	\$32.00	\$32.00	\$32.00	\$32.00
Mississippi	Level-Funded Premium Case Size 1–50 Eligible Employees						
	1–50 enrolled	\$31.00	\$30.00	\$33.00	\$32.00	\$35.00	\$34.00
	Level-Funded Premium Case Size 51–99 Eligible Employees						
	Any number enrolled	\$18.00	\$18.00	\$20.75	\$19.75	\$23.50	\$21.25
Nevada	Level-Funded Premium Case Size 1–50 Eligible Employees						
	1–50 enrolled	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
	Level-Funded Premium Case Size 51–99 Eligible Employees						
	Any number enrolled	\$18.75	\$17.00	\$20.00	\$18.00	\$21.25	\$19.25
Ohio	Level-Funded Premium Case Size 1–50 Eligible Employees						
	1–25 enrolled	\$21.75	\$20.75	\$28.00	\$28.00	\$30.00	\$30.00
	26–50 enrolled	\$21.50	\$19.50	\$28.00	\$28.00	\$30.00	\$30.00
	Level-Funded Premium Case Size 51–99 Eligible Employees						
	Any number enrolled	\$20.00	\$19.00	\$28.00	\$28.00	\$30.00	\$30.00
Tennessee	Level-Funded Premium Case Size 1–50 Eligible Employees						
	1–50 enrolled	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
	Level-Funded Premium Case Size 51–99 Eligible Employees						
Any number enrolled	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	
Texas	Level-Funded Premium Case Size 1–99 Eligible Employees						
	Any number enrolled	\$36.00	\$35.00	\$38.00	\$37.00	\$40.00	\$39.00
Utah	Level-Funded Premium Case Size 1–50 Eligible Employees						
	1–50 enrolled	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
	Level-Funded Premium Case Size 51–99 Eligible Employees						
	Any number enrolled	\$21.00	\$20.00	\$22.00	\$21.00	\$23.00	\$22.00
Wisconsin	Level-Funded Premium Case Size 1–50 Eligible Employees						
	1–3 enrolled	\$8.00	\$7.00	\$9.00	\$8.00	\$11.00	\$10.00
	4–25 enrolled	\$25.00	\$24.00	\$26.00	\$25.00	\$28.00	\$27.00
	26–50 enrolled	\$21.00	\$20.00	\$22.00	\$21.00	\$24.00	\$23.00
	Level-Funded Premium Case Size 51–99 Eligible Employees						
Any number enrolled	\$20.00	\$19.00	\$21.00	\$20.00	\$23.00	\$22.00	
Other	Level-Funded Premium Case Size 1–50 Eligible Employees						
	1–3 enrolled	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
	4–50 enrolled	\$15.00	\$14.00	\$17.00	\$16.00	\$19.00	\$18.00
	Level-Funded Premium Case Size 51–99 Eligible Employees						
	Any number enrolled	\$18.00	\$12.50	\$18.50	\$13.00	\$19.00	\$13.50

Base commissions

Group Specialty

Group Specialty coverages

These base commission schedules are effective for new customers with initial effective dates of coverage on Dec. 1, 2022, or later. New group Specialty Lines of Coverage added to existing customer accounts are subject to the Group Specialty commission schedules in effect as of the date that customer's period of continuous coverage with Humana began. (Example: Customer began Medical coverage on Jan. 1, 2013, and added dental coverage on Jan. 1, 2023. The 2013 Group Specialty commission schedule applies to the new dental coverage.)

Group Specialty base commissions are calculated separately from Group Medical base commissions. The Group Specialty base commissions in this document apply to first-year and subsequent year premium payments. Producers may modify the below Group Specialty base commissions for Cases with 20 or more Eligible Employees by executing a Single Case Agreement. See your Humana sales executive for more information.

Schedules

- Employer sponsored basic Group Life and AD&D for groups with 1–50 enrolled employees – 10%
- Voluntary basic Group Life and AD&D – 15%

Schedules for Dental, Vision and larger Life and AD&D plans:

Annual Premium per line of coverage	Employer Sponsored Basic Group Life and AD&D with 51 or more enrolled employees	Annual Premium	Dental* and Vision
For the first \$5,000	15%	For the first \$10,000	10.0%
For the next \$20,000	10%	For the next \$10,000	7.5%
For the next \$25,000	7%	For the next \$10,000	5.0%
For the next \$50,000	3%	For the next \$20,000	2.5%
For the next \$100,000	2%	Over \$50,000	1.5%
Over \$200,000	1%		

*Texas-based employers only: The commission schedule for employer-sponsored dental plans with fewer than 100 Eligible Employees is 10% of annual premium, at all premium levels.

Base commissions

Group Medicare

Humana group-sponsored* Medicare Advantage (MA) plans deliver benefits for employers and their beneficiaries.

Humana Group Medicare Advantage 2023 commission schedule

For new business with effective dates on or after Jan. 1, 2023, and existing business with policy anniversary dates on or after Jan. 1, 2023:

Group Medicare commissions	First Contract year commission	Subsequent contract year commission
Medicare Advantage (MA) or Medicare Advantage with Prescription Drug (MAPD)	\$200 per enrollee	\$100 per enrollee
Prescription Drug Plan (PDP) only	\$50 per enrollee	\$50 per enrollee

Commission schedules are subject to change based on changes in CMS guidelines or for future policy years. If a Group Medicare Advantage medical plan is subsequently added to a prescription drug plan (PDP), or a prescription drug plan (PDP) is subsequently added to a Group Medicare Advantage medical plan we will pay the first year commission amount for the first year of the contract only. All payments will be paid according to the Qualification and Payment guidelines below.

This program does not apply to groups with greater than 5,000 enrollees. For these groups, a Single Case Agreement is required to determine producer payments.

Qualification

All of the following criteria must be met by the Agent of Record to qualify for the program:

1. The Producer must be appointed by Humana and have in effect with Humana the Group Sponsored Medicare Advantage Agency Amendment and/or the Group Sponsored Medicare Advantage Agent Amendment on record with Humana's Agency Management Unit before the sale.
2. Member enrollment must be confirmed by CMS before any producer payments.
3. The Agent of Record must be recognized by the group that sponsored the Group Medicare Advantage plan as Agent of Record and perform the customary functions associated with this role.
4. Producers and agencies placing Group Medicare business and receiving nonstandard commission are required to sign a commission schedule confirming commission rates applicable to each Group Medicare account.
5. The Producer must complete the annual Group Medicare training to be paid commissions.

Payment

First contract year commission payments are made in the fourth month after the member's effective date, assuming confirmation by CMS that the individual is an MA, MAPD or PDP enrollee. Subsequent contract years begin with the first January following the Case's initial effective date. All subsequent year commissions are paid based on enrollment in January, with payments issued in April. Chargebacks in the amount of the previously paid commissions will result if a Case cancels within the first contract year. The amount of Chargeback will be proportionate to the time remaining in the contract period on the date of termination. It will be charged against future commissions. If there are no future payments against which to recoup the Chargeback, the full amount of the Chargeback shall be due and payable by the Producer within 90 days.

*"Sponsored" means that the employer agrees to make the plan available to their eligible retirees.

We also offer an additional Group Medicare Producer Bonus Program. Please contact your Group Medicare Sales Executive for more information.



Group Medical and Specialty Products