



# 2025 Individual and Group agent compensation and bonus programs.

Beginning January 1, 2025, the Individual Plans commission rate will be \$20 PMPM.

We're excited to add a Small Employer Level Funded bonus following the rollout of these plans. Agents may also earn a cash bonus for every new and renewing Small Employer group.

## NEW Small Employer Level Funded Product Bonus

We recently introduced our latest offering, a [level funding product](#) that provides an additional straightforward health benefit solution. For more details, contact your account manager.

## Utah Small Employer Level Funding | Bonus will be calculated as follows:

This incentive applies to effective dates from **January 1, 2025** through **December 31, 2025**.

SMALL EMPLOYER LEVEL FUNDING	BONUS PER SUBSCRIBER
All sold Level Funded groups	\$75 One-time payment

## Utah Small Employer | Bonus will be calculated as follows:

This incentive applies to effective dates from **January 1, 2025** through **December 31, 2025**.

All sold Small Employer groups	\$10 One-time payment

### TERMS AND CONDITIONS.

1. Qualification period for Utah Small Employer Level Funding and Small Employer (ACA) bonus program is limited to coverage effective date of January 1, 2025 – December 31, 2025. Bonus will be paid in April 2026.
2. Any group moving from another line of business within Select Health to Small Employer will not be counted. The exception would be moving from our traditional Small Employer to the Small Employer Level Funded product.
3. Lost membership because of terminated accounts will reduce the total number of new members.
4. Split cases will only be credited 100 percent to the primary agent.
5. Eligibility is limited to agents currently residing in Utah.
6. Payouts will comply with standard reporting requirements on Schedule A (Form 5500) for all applicable group business. Agent is responsible for complying with other compensation disclosure requirements that apply and any tax obligations.
7. Select Health, in its sole discretion, will determine incentive qualification and how to resolve any other issues that may arise for the incentive campaign.
8. No alternative awards can be substituted.
9. An agent must be in good standing throughout the qualification period and at the time of incentive receipt to be eligible.
10. An agent may opt out of the program by providing written notice.
11. Incentive will be rewarded to qualifying writing agent, not agency owner or representative when the agent is affiliated with an agency.

## EXHIBIT A

### COMPUTATION OF AGENT/AGENCY COMMISSIONS - UTAH

Effective January 1, 2025

For eligible, fully insured Utah individual, group, dental and vision business written for SelectHealth, Inc. or SelectHealth Benefit Assurance Company, Inc. (regardless of product name), commissions are payable to Agent/Agency by Select Health for Agent/Agency production. Such commissions are computed and paid to Agent/Agency based upon monthly premiums actually paid to Select Health. Payment of the following commissions will begin approximately forty-five (45) days after the enrollment, and payments will be made on a monthly basis thereafter. Subsequent checks will be cut by the fifteenth (15th) of the following month for those cases that have paid premium. Otherwise, such commissions will be paid the month following receipt of premium.

PRODUCT TYPE	COMMISSION RATE
Individual	\$20 Per Member Per Month (PMPM)*
Grandmothered Individual	4% of Premium*
Small Employer (up to 50)	\$40 Per Employee Per Month (PEPM)
Small Employer Level Funded (up to 50)	\$40 PEPM or agent choice of \$30, \$35, \$40, \$45, or \$50 PEPM
Large Employer (51-99)	5% Flat, Negotiated PEPM or Percentage**
Large Employer Level Funded (51+)	\$30 PEPM or Negotiated PEPM**
Large Employer (100+)	3% Flat, Negotiated PEPM, or Percentage**
Associations	5% of Premium (4% to the writing agent and 1% to the association sponsoring agent/agency)
Transition (Temporary) Plans	15% of Premium
Dental Plans	1-50 Eligible Employees: 10% of Premium 51+ Eligible Employees: Negotiable**
Vision Plans	10% of Premium

\*Commission will cap on each individual policy at a maximum of three children age 20 or younger. The cap does not apply to eligible children older than age 20.

\*\*Any negotiated arrangements must be agreed to in writing.