



2027 Nevada Individual and Small Employer Agent Compensation

We're pleased to announce the following commission schedule and introduce a new Small Employer bonus!

Nevada Individual Plans

Commission for Nevada Individual Plans will remain at \$19 Per Member Per Month (PMPM).

New Small Employer Bonus

Agents may earn a cash bonus on new and renewing business. To qualify, groups must have at least 10 enrolled employees (subscribers). The bonus is **\$20 per employee** and will be paid in two \$10 increments, with the first payment issued in May 2027 and the second payment issued in March 2028. Book-of-business snapshots will be taken in April 2027 and December 2027 to determine eligibility and payment amounts.

Top Producer Bonus

In addition to our competitive commission schedule, the following bonus program will continue for 2027 on both Individual and Small Employer Plans and will be paid as follows. Bonus will be paid monthly.

MEMBERSHIP (DIRECT AGENT)	BONUS AMOUNT	MEMBERSHIP (AGENCY)	BONUS AMOUNT
50-99 members	10% of total commission	100-199 members	10% of total commission
100-249 members	15% of total commission	200-499 members	15% of total commission
250+ members	20% of total commission	500+ members	20% of total commission

If, at any time, Agent's or Agency's production drops below the top producer minimum qualification level(s) (described above) for three consecutive months, top producer bonuses will not be paid or payable until the Agent's or Agency's production again exceeds such level(s). When payable, top producer bonuses are added to the regular commissions payable pursuant to Exhibit A.

Eligibility

Select Health-appointed agents must be based in Nevada to be eligible for top producer bonus payments. Agents splitting commission on business will split the bonus in the same percentage as their commission is split. Agent of Record (AOR) submissions on existing Select Health business will not be eligible for the bonus incentive.

TERMS AND CONDITIONS

1. Qualification period is limited to coverage effective date of January 1, 2027 – December 31, 2027.

2. The Small Employer program bonus is **\$20 per employee** and will be paid in two \$10 increments, with the first payment issued in May 2027 and the second payment issued in March 2028. Book-of-business snapshots will be taken in April 2027 and December 2027 to determine eligibility and payment amounts.

3. Lost membership because of subscribers with terminated coverage will reduce the total number of new members.

4. Split cases will be credited 100 percent to the primary agent.

5. Payouts will comply with standard reporting requirements. Agent is responsible for complying with other compensation
- disclosure requirements that apply and any tax obligations.

6. Select Health, in its sole discretion, will determine incentive qualification and how to resolve any other issues that may arise for the incentive campaign.

7. No alternative awards can be substituted.

8. An agent must be in good standing throughout the qualification period and at the time of incentive receipt to be eligible.

9. An agent may opt out of the program by providing written notice.

10. 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 - NEVADA

Effective January 1, 2027

For eligible, fully insured Nevada individual, group, dental, and eyewear 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 45 days after the enrollment, and payments will be made on a monthly basis thereafter. Subsequent checks will be cut by the fifteenth 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	\$19 Per Member Per Month (PMPM)
Small Employer (ACA)	\$35 Per Employee Per Month (PEPM)
Dental Plans	1-50 Eligible Employees: 10% of Premium
Eyewear Plans	10% of Premium