



2027 Utah Agent Compensation and Bonus Programs

We are pleased to present the commission schedule for 2027.

A new **Individual Plan bonus program** will begin in 2027. Agents can earn cash bonuses for eligible Individual Plan members, including both new and renewing members. See below for details.

Utah Individual Plans | Bonus will be calculated as noted below.

This incentive applies to effective dates from **January 1, 2027**, through **December 31, 2027**. The bonus is **\$20 per member** and will be paid in two \$10 increments.

Agents must meet a 300-member threshold to qualify. Bonus payments will be based on eligible new and renewed members, with payments issued in May 2027 and March 2028. Book-of-business snapshots will be taken in April 2027 and December 2027 to determine eligibility and payment amounts.

INDIVIDUAL PLANS	BONUS PER MEMBER
New and renewing members	\$20 paid in two installments

Utah Small Employer | Bonus will be calculated as noted below.

This incentive applies to effective dates from **January 1, 2027**, through **December 31, 2027**.

SMALL EMPLOYER (ACA)	BONUS PER NEW AND RENEWING SUBSCRIBER
All sold groups	\$10

Utah Small Employer Level Funding | Bonus will be calculated as noted below.

This incentive applies to effective dates from **January 1, 2027**, through **December 31, 2027**.

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

Utah Small Employer & Individual Dental Plans | Bonus will be calculated as noted below.

This incentive applies to effective dates from **January 1, 2027**, through **December 31, 2027**.

SMALL EMPLOYER & INDIVIDUAL DENTAL PLANS	BONUS PER MEMBER
New members	\$15 per member one-time payment

TERMS AND CONDITIONS

- Qualification period for Utah Individual program is limited to coverage effective date of January 1, 2027 – December 31, 2027. Agents must meet a 300-member threshold to qualify. Bonus payments will be paid in May 2027 and March 2028. Book-of-business snapshots will be taken in April 2027 and December 2027 to determine eligibility and payment amounts.
- Qualification period for Utah Small Employer Level Funding program is limited to coverage effective date of January 1, 2027 – December 31, 2027. Bonus will be paid in April 2028.
- Qualification period for Utah Small Employer program is limited to coverage effective date of January 1, 2027 - December 31, 2027. Bonus will be paid in April 2028.
- Qualification period for Utah Small Employer & Individual Dental plans is limited to coverage date of January 1, 2027 – December 31, 2027. Bonus will be paid in April 2028.
- 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.
- Lost membership because of terminated accounts will reduce the total number of new members.
- Split cases will be credited 100 percent to the primary agent.
- Eligibility is limited to agents currently residing in Utah.
- 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.
- Select Health, in its sole discretion, will determine incentive qualification and how to resolve any other issues that may arise for the incentive campaign.
- No alternative awards can be substituted.
- An agent must be in good standing throughout the qualification period and at the time of incentive receipt to be eligible.
- An agent may opt out of the program by providing written notice.
- Incentive will be rewarded to qualifying writing agent, not agency owner or representative when the agent is affiliated with an agency.

Top Producer Bonus

In addition to our competitive commission schedule, the following bonus program will continue. Bonus will be paid monthly.

APPOINTMENT TYPE	QUALIFICATION
Agency	2,000+ members

Top Producer bonus payments are determined and paid based on the product type.

PRODUCT TYPE	PAYMENT AMOUNT
Individual and Transition Plans	17% of commissions paid
Small Employer Plans	22% of commissions paid
Large Employer Plans	1% of premium paid
Dental Plans	\$1.25 Per Subscriber Per Month (PSPM)

Agencies must be based in Utah to be eligible for top producer bonus payments. If, at any time, 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 Agency's production again exceeds such level(s). When payable, top producer bonuses are added to the regular commissions payable pursuant to Exhibit A.

EXHIBIT A
COMPUTATION OF AGENT/AGENCY COMMISSIONS – UTAH
Effective January 1, 2027

For eligible, fully insured Utah 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 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 (ACA)	\$42 Per Employee Per Month (PEPM)
Small Employer Level Funded	\$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)
Short-term, Limited Duration Plans	20% of Premium
Dental Plans	1-50 Eligible Employees: 10% of Premium 51+ Eligible Employees: Negotiable**
Eyewear 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.