EXHIBIT A
COMPUTATION OF MEDICARE AGENT/AGENCY COMMISSIONS
10/1/2026-12/31/2026

1. The parties understand and agree that all payment of commissions will only be made in accordance with Medicare laws, rules, regulations, and CMS instructions.

2. Select Health will compensate Agent/Agency for each enrollee for which Agent/Agency is the agent of record as follows:

Initial Year with Select Health
New to Select Health Medicare

	Utah	Colorado	Nevada
Electronic Enrollments (Submitted through Select Health's Broker Portal): For enrollees that are new to Select Health Medicare with no previous Medicare Advantage (indicated by "NONE" on CMS's Agent Broker Compensation Report)	$693.60 lump sum payment the month coverage begins **Commissionable** Select Health Medicare Dual (D-SNP) H1994-015 and Select Health Medicare Veterans H1994-016 **Non-Commissionable** Select Health Medicare Essential H1994-001, 017, & 022	$693.60 lump sum payment the month coverage begins	$693.60 lump sum payment the month coverage begins
Paper Enrollments: For enrollees that are new to Select Health Medicare with no previous Medicare Advantage (indicated by "NONE" on CMS's Agent Broker Compensation Report)	$346.80 lump sum payment plus $28.90 per month beginning the month coverage begins **Commissionable** Select Health Medicare Dual (D-SNP) H1994-015 and	$346.80 lump sum payment plus $28.90 per month beginning the month coverage begins	$346.80 lump sum payment plus $28.90 per month beginning the month coverage begins

	Select Health Medicare Veterans H1994-016 **Non-Commissionable** Select Health Medicare Essential H1994-001, 017 & 022		
All Other Electronic Initial Enrollments: For enrollees that are new to Select Health Medicare with Unlike coverage (indicated by PDP or cost plan on CMS's Agent Broker Compensation Report)	$346.80 lump sum payment plus $28.90 per month beginning the month coverage begins **Commissionable** Select Health Medicare Dual (D-SNP) H1994-015 and Select Health Medicare Veterans H1994-016 **Non-Commissionable** Select Health Medicare Essential H1994-001, 017 & 022	$346.80 lump sum payment plus $28.90 per month beginning the month coverage begins	$693.60 pro-rated lump sum payment based on the month coverage begins
All Other Paper Initial Enrollments: For enrollees that are new to Select Health Medicare with Unlike coverage (indicated by PDP or cost plan on CMS's Agent Broker Compensation Report)	$57.80 per month beginning the month coverage begins **Commissionable** Select Health Medicare Dual (D-SNP) H1994-015 and Select Health Medicare Veterans H1994-016	$57.80 per month beginning the month coverage begins	$693.60 pro-rated lump sum payment based on the month coverage begins

	Non-Commissionable Select Health Medicare Essential H1994-001, 017 & 022		

Initial Year Coming to Select Health

New to Select Health Medicare and like plan

	Utah	Colorado	Nevada
Electronic Enrollments (Submitted through Select Health's Broker Portal): For enrollees that are new to Select Health Medicare that are coming from another MA/MAPD Plan (indicated by "MA" or "MAPD" on CMS's Agent Broker Compensation Report)	$173.40 lump sum payment plus $14.45 per month beginning the month coverage begins **Commissionable** Select Health Medicare Dual (D-SNP) H1994-015 and Select Health Medicare Veterans H1994-016 **Non-Commissionable** Select Health Medicare Essential H1994-001, 017 & 022	$173.40 lump sum payment plus $14.45 per month beginning the month coverage begins	$346.80 pro-rated lump sum payment based on the month the coverage begins
Paper Enrollments: For enrollees that are new to Select Health Medicare that are coming from another MA/MAPD Plan (indicated by "MA" or "MAPD" on CMS's Agent Broker Compensation Report)	$28.90 per month beginning the month coverage begins **Commissionable** Select Health Medicare Dual (D-SNP) H1994-015 and Select Health Medicare Veterans H1994-016 **Non-Commissionable** Select Health Medicare Essential	$28.90 per month beginning the month coverage begins	$346.80 pro-rated lump sum payment based on the month the coverage begins

	H1994-001, 017 & 022		

Renewal Year Staying with Select Health

	Utah	Colorado	Nevada
Existing Enrollment For enrollees remaining with Select Health from year to year	$28.90 per month beginning on the month coverage begins **Commissionable** Enrollee stays on their current PBP **Non-Commissionable** Enrollee changes PBP (for any reason)	$28.90 per month beginning on the month coverage begins	$28.90 per month beginning on the month coverage begins

3. The commissions described herein apply to Select Health's MA Plan enrollments beginning October 1, 2026. Commission payments will only be made for those plan options identified as commissionable. All Nevada and Colorado plan options are commissionable.

4. Agent/Agency must be in compliance with the terms of the Agreement to receive both initial year and renewal year commission payments.

5. The parties agree and understand that CMS regulates commissions.

6. Agent/Agency agrees and understands that all commissions are paid at the renewal rate unless CMS notifies Select Health that the enrollee is an initial "new" enrollee. Initial year payment rates are paid on new enrollees to Select Health's MA Plan as well as enrollments into Select Health's MA Plan from a different plan type.

7. Payments will begin on the month following the month in which the enrollee's plan becomes effective and CMS confirms the status of the enrollee. Payment for any given month will be made approximately on or before the fifteenth (15^{th}) day of the following month.

8. Renewal year commission payments will be made pursuant to the Agent/Agency Agreement and will

be paid as long as the member remains active on the plan.

9. As described above, Agent/Agency understands that Select Health will pay a lump sum, up-front commission for applications that are submitted electronically for enrollees that are new to Select Health Advantage with no previous Medicare Advantage (indicated by "NONE" on CMS's Agent Broker Compensation Report).

10. Select Health and Agent/Agency acknowledge and agree that Select Health is required to recover, and Agent/Agency will refund, any payments made to Agent/Agency for enrollees who disenroll from Select Health's MA Plan within the first three (3) months of enrollment and any other time an enrollee is not enrolled in Select Health's MA Plan. However, Select Health will not recover, and Agent/Agency is not required to refund, any payments made to Agent/Agency when an enrollee disenrolls within the first three (3) months due to the following circumstances: (1) disenrollment from Medicare Part D due to other creditable coverage (as defined under applicable law) or due to institutionalization (as defined under applicable law); (2) the enrollee gains/drops employer/union sponsored coverage; (3) the enrollee drops coverage due to a CMS sanction against the Select Health MA Plan or termination of Select Health's contract with CMS; (4) during the Medigap trial period; (5) to coordinate with the Part D enrollment periods; (6) to coordinate with an SPAP; (7) the enrollee becomes dually eligible for both Medicare and Medicaid; (8) the enrollee qualifies for another plan based on special needs; (9) the enrollee becomes LIS eligible; (10) the enrollee qualifies for another plan based on a chronic condition; (11) the enrollee moves into or out of an institution; (12) due to an auto or facilitated enrollment; (13) the enrollee is involuntarily disenrolled due to death, moving out of the service area, non-payment of premium, loss of entitlement, retroactive notice of Medicare entitlement, contract violation, or Select Health's MA Plan nonrenewal or termination; or (14) when the enrollee moves to a plan with a five-star rating.

11. Agent/Agency agrees that it will not charge any enrollee a marketing fee outside of the approved premium.