

**OMAHA HEALTH INSURANCE COMPANY (“OHIC”)**  
**TERMS AND CONDITIONS FOR PAYMENT AND COMPENSATION SCHEDULE**  
**FOR**  
**GENERAL AGENT**  
**MEDICARE PART D PRESCRIPTION DRUG PLAN**  
**SALES AGREEMENT (“AGREEMENT”)**

**A. Definitions.**

1. **Initial Enrollment.** An enrollment into a Product, as defined by CMS.
2. **Like Plan Type Change.** A change in enrollment, as defined by CMS, including from any Medicare Part D Prescription Drug Plan (“PDP Plan”) to any other PDP Plan.
3. **Renewal Enrollment.** Occurs where an Enrollee: (1) makes a Like Plan Type Change; (2) remains continuously enrolled in the same Medicare Part D Prescription Drug Plan in which he/she enrolled as an Initial Enrollment or to which he/she made a Like Plan Type Change; or (3) as otherwise defined by CMS.
4. **Commission.** Compensation relating to the sale or renewal of Product(s), set forth in the applicable Fee Tables below.

All other capitalized terms used herein shall have the same meaning as set forth in the Agreement.

**B. Commission.**

1. **Commission Amounts.** Subject to the terms and conditions of the Agreement and any applicable CMS requirements, Company will pay Commission for each enrollment of an Enrollee (as determined by Company’s and CMS’ records) that is effective on or after January 1, 2021, based on the amounts shown in the applicable Fee Table:
  - (a) **Initial Enrollment.** Full Initial Enrollment Commission Amount set forth in the applicable Fee Table below regardless of the effective date of the Initial Enrollment.
  - (b) **Like Plan Type Change.** Prorated amount of Renewal Enrollment Commission Amount set forth in the applicable Fee Table below,

based on the number of months remaining in the calendar year; provided, if the Like Plan Type Change occurs during the Initial Enrollment year, the prorated amount shall be based on the Initial Enrollment Commission Amount set forth in the applicable Fee Table below.

(c) **Renewal of Initial Enrollment or Like Plan Type Change.**

- i. Full Renewal Enrollment Commission Amount set forth in the applicable Fee Table below for each renewal of an Initial Enrollment or Like Plan Type Change based upon the January 1st renewal of the Enrollee's enrollment.
- ii. Subject to Section E.2 of the Agreement, Company shall continue to pay the applicable Commission Amount for renewal of an Initial Enrollment or Like Plan Type Change for so long as the Enrollee remains continuously enrolled in the Product for which the Commission Amount is payable hereunder.

2. **Chargebacks.** Company will charge back the Commission Amount paid in the event of an unearned or erroneously paid Commission Amount, and as otherwise required by CMS. In addition to all other charge back requirements, Company will charge back any Commission Amount paid:

- (a) When an Enrollee disenrolls from a Product within the first three (3) months of enrollment (i.e. a "rapid disenrollment"). For Example: an Enrollee enrolls effective January 1, but disenrolls effective, January 1, February 1 or March 1.
- (b) If the disenrollment is not a rapid disenrollment, for any months in which the Enrollee is not enrolled in the Product. Chargebacks for Like Type Plan Changes or Renewal Enrollment Commission Amount will be equal to the remaining number of months in the calendar year that the Enrollee was not enrolled in the Product. Chargebacks for Initial Enrollment Commission Amount will be calculated for all months the Enrollee was not enrolled in the Product. For Example: an Enrollee enrolls in the Product with an effective date of April 1. The Enrollee disenrolls from the Product with an effective date of October 1st of the same calendar year Company paid the full Commission Amount for the Initial Enrollment. Company will charge back 6/12ths of the Commission Amount paid for the Initial Enrollment, e.g. January-March and October-December.

C. **Payment.**

1. **Compensation Statement.** Each month, Company will provide to GA a statement of the compensation due to GA for the prior month's activities.
2. **Payment Transmission.** Company will make payment to GA via electronic funds transfer to an account designated by GA, as follows:
  - (a) **Initial Enrollment Commission.** Lump sum payment of entire plan year enrollment compensation.
  - (b) **Commission for Like Plan Type Change and Renewal of Initial Enrollment or Like Plan Type Change.** Lump sum payment of prorated amount due, based on effective date of coverage.
3. **Adjustment/Offset.** Company may, at its discretion, adjust or offset payment(s) to GA to recoup payments for any chargeback above and for any Enrollee CMS has disenrolled or has determined to be ineligible and has made a retroactive adjustment to Company's payments. Retroactive adjustments to payments made to GA shall be for the same period covered by the retroactive adjustments to Company's payments by CMS.

D. **Change in Fee Table.** Unless otherwise required by CMS, any changes to the compensation amounts in the Fee Tables below shall be applied prospectively.

### Medicare Prescription Drug Plan Fee Table

The following Annual Compensation Amount will be reduced by any Annual Compensation Amount assigned to other General Agents in GA's down line distribution.

ANNUAL COMPENSATION AMOUNT	
INITIAL ENROLLMENT YEAR 1	RENEWAL of INITIAL ENROLLMENT or LIKE PLAN COVERAGE
\$81.00	\$41.00