



2025 Individual and Small Employer agent compensation.

Idaho Individual plans.

We're excited to continue our Individual plan bonus program this year!

Base commission for Idaho Individual plans will remain at \$16 PMPM effective **January 1, 2025**. Agents may earn a cash bonus for Silver or Gold subscribers. Small Employer agents may earn a cash bonus for every new and renewing group.

Details to qualify this year for the 2026 Agent Incentive trip coming soon!

Idaho Individual | Bonus will be calculated as follows:

This incentive applies to effective dates from **January 1, 2025**, through **December 31, 2025**, and is paid for net new business.

| NET NEW SUBSCRIBERS | BONUS PER SOLD SUBSCRIBER |
|---------------------------------|---------------------------|
| NET NEW SILVER OR HIGHER | |
| 0-5 | None |
| 6-50 | \$50 |
| 51+ | \$100 |

Idaho Small Employer | Bonus will be calculated as follows:

This incentive applies to effective dates from **January 1, 2025**, through **December 31, 2025**, and is paid for net new business.

| GROUP SIZE | BONUS PER NEW AND RENEWING SUBSCRIBER |
|------------|---------------------------------------|
| 5-10 | \$10 |
| 11-20 | \$15 |
| 21-30 | \$20 |
| 31-50 | \$25 |

TERMS AND CONDITIONS.

1. Qualification period is limited to coverage effective dates between **January 1, 2025**, through, **December 31, 2025**, on Idaho business.
2. Groups moving from Large Employer to Small Employer will not be counted.
3. Lost membership because of terminated accounts will reduce the total number of new members.
4. Split cases will be credited 100 percent to the primary agent.
5. Eligibility is limited to agents currently residing in Idaho.
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 advance written notice.
11. Incentive will be awarded to qualifying writing agent, not agency owner or representative when the agent is affiliated with an agency.
12. Incentive will be paid on the Individual Plan program in two installments. The first, **April 2025** for coverage effective dates from **January 1, 2025**, through **February 28, 2025**, and the second in **April 2026** for coverage effective dates from **March 1, 2025**, through **December 31, 2025**.
13. Incentive will be paid on the Small Employer in a onetime payment in **April 2026**.

EXHIBIT A

COMPUTATION OF AGENT/AGENCY COMMISSIONS - IDAHO

Effective January 1, 2025

For eligible, fully insured Idaho Individual and Group 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 | \$16 Per Member Per Month (PMPM)* |
| Small Employer (up to 50) | 1-18: \$27.75 Per Employee Per Month (PEPM) 19-50: \$32.00 Per Employee Per Month (PEPM) |
| Large Employer (51+) | 3% Flat, Negotiated PEPM or Percentage** |
| Transition Plans (Temporary) | 15% of Premium |
| Short-term, Limited Duration Plans | \$12 Per Member Per Month (PMPM) |
| 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.