2027 Ambetter Commission Schedule

This Commission Schedule Addendum applies to Ambetter (the Plan) Qualified Health Plans (QHPs) sold inside or through the Marketplace, or Off-Exchange Plans enrolled directly with the Plan, for Benefit Year 2027, even if such QHPs and Off-Exchange Plans were sold prior to the commencement of the Benefit Year.

In accordance with the Producer Agreement, the Plan reserves the right to change this Commission Schedule at any time without advance notice, unless otherwise indicated by an SBM or specific state. The Commission Schedule is reviewed periodically and may be adjusted to reflect market conditions.

Section 1: Definitions

The following are defined terms for purposes of the Commission Schedule:

1.1 Benefit Year means a year of health insurance benefits coverage under a QHP or an Off-Exchange Plan. The Benefit Year for policies bought inside or through the Marketplace or Off-Exchange Plans enrolled directly with the Plan, begins January 1 of each year and ends December 31 of the same year.

1.2 Marketplace means a governmental agency or non-profit entity established under the Affordable Care Act through which individuals purchase QHPs. Sometimes referred to as "Exchanges," this term includes the Federally-facilitated Marketplace (FFM), Federally-supported State-based Marketplace (SSBMs), State-partnership Marketplaces (SPMs), and State-based Marketplaces (SBM).

1.3 Member means each individual enrolled with coverage under a single QHP insurance policy with the Plan selected through the Marketplace or an Off-Exchange Plan purchased from the Plan.

1.4 Open Enrollment Period (or OEP) means the annual period of time during which individuals can enroll in a QHP through the Marketplace or for an Off-Exchange Plan through the Plan. For the 2027 Benefit Year, the annual Open Enrollment Period begins on November 1, 2026, and extends through January 15, 2027. For purposes of this Commission Schedule, the term OEP includes any extensions or "in line" enrollment policies issued by the U.S. Department of Health & Human Services (HHS) which in effect extend the time for individuals to enroll during OEP beyond January 15, 2027.

1.5 PMPM (per Member per month) means the method in which payment is calculated for a sale of a QHP and for an Off-Exchange Plan and paid for each Member.

1.6 Qualified Health Plan (or QHP) means an individual health insurance policy that is certified to be offered for sale through the Marketplace. A QHP is a single policy issued by the Plan which provides self-only, child-only, or family coverage.

1.7 Special Enrollment Period (or SEP) means the period of time during which an individual who experiences certain qualifying events may enroll in, or change enrollment in, a QHP through the Marketplace outside of the Open Enrollment Period or they may enroll with an Off-Exchange Plan directly with the Plan.

1.8 Off-Exchange[1] Plans means an individual health insurance policy that is purchased directly from the Plan, outside of the Marketplace.

1.9 Chargeback means the recoupment of the unearned commission payments for retroactively canceled or termed policies.

1.10 Notwithstanding anything to the contrary in this Agreement, commissions shall be deemed "earned" only upon the Plan's receipt of the applicable Member premium payment.

The Plan will not pay commissions on any enrollment for which premium is not received from the Member, including but not limited to circumstances where:

- Premium amounts are advanced, subsidized, funded, or otherwise satisfied through Plan-applied credits, APTC allocation, or internal accounting treatment;
- Amounts are subsequently written off, reversed, or classified as bad debt; or
- Coverage appears active or paid through a given period due solely to Plan-applied payments rather than actual Member remittance.

Any commissions associated with such enrollments shall be considered unearned and are not payable, or, if previously paid, are subject to recoupment in accordance with this Agreement.

Section 2: Commission Schedule

2.1 Commission rates are calculated by the Member's state of residency based on PMPM and are as follows:

State		PMPM Rate	
		Marketplace (On-Exchange)	Off-Marketplace (Off-Exchange)
Alabama		$20	$20
Arkansas		$18	$18
Arizona		$20	$20
Florida		$27	$27
Georgia		$27	$27
Illinois		$25	$25
Indiana		$20	$20
Iowa		$20	$20
Kansas		$20	$20
Kentucky		$20	$20
Louisiana		$30	$30
Michigan		$21	$21
Mississippi		$20	$20
Missouri		$20	$20
Nebraska		$20	$20
Nevada	Premier Plan	$25	$25
	Battle Born State Plan	$5	NA
New Jersey		$20	$20
North Carolina		$25	$25
Ohio		$20	$20
Oklahoma		$25	$25
Pennsylvania		$25	$25
South Carolina		$30	$30
Tennessee		$20	$20
Washington		$25	$25
Texas	Premier Plan	$25	$25
	Solutions Off-Exchange Plan	NA	$25
	Value Plan	$20	$20

Section 3: Monthly Commission Payments

3.1 Commissions payments will be distributed on a monthly basis based on the Section 2: Commission Schedule.

Section 4: Important Notes Applicable to Commission Schedule

4.1 In order to be eligible to earn a monthly commission on the Plan's QHP and/or an Off-Exchange Plan[1], the Producer and Sub-Producer, if applicable, must:

- Be licensed, actively contracted and appointed to sell the Plan QHPs and Off-Exchange Plans; It Is the producer's responsibility to ensure they have obtained all licenses and any other applicable requirements to facilitate enrollments and be eligible for compensation.
- Meet all additional state and federal requirements to sell Qualified Health Plans, including but not limited to Marketplace training and certification;
- Be in compliance with all provisions of the Producer Agreement and Sub-Producer Agreement, if applicable;
- Be identified as the producer of record on the 834 with Producer's correct name and National Producer Number (NPN) (Benefit Enrollment and Maintenance) file received during the Open Enrollment Period from the Marketplace or listed as a producer on an Off-Exchange enrollment application; and
- Must be appointed in accordance with the following established State rules:
    - AL, AR, GA, KY, LA, MI, MS, NE, NJ, NV,NC, OK, SC, TN, and WA – 15-day rule; Producers must be contracted and appointed within 15 days of the QHP receipt of the enrollment or and/or Off-Exchange[1] enrollment application to be eligible for commissions.
      If Producer fails to meet this requirement, Producer may only be eligible for renewal commissions, should producer subsequently become contracted and appointed prior to the renewal date of the policy.
    - AZ, IA, IL, IN, KS, MO and OH - 30-day rule; Producers must be contracted and appointed within 30 days of the QHP receipt of the enrollment or and/or Off-Exchange[1] enrollment application to be eligible for commissions. If Producer fails to meet this requirement, Producer may only be eligible for renewal commissions, should producer subsequently become contracted and appointed prior to the renewal date of the policy.
    - FL - 45-day rule; Producers must be contracted and appointed within 45 days of the QHP receipt of the enrollment to be eligible for commissions. If Producer fails to meet this requirement, Producer may only be eligible for renewal commissions, should producer subsequently become contracted and appointed prior to the renewal date of the policy.
    - PA and TX: Pre-appointment state; any enrollments received prior to appointment date are never eligible for commission.

4.2 Commissions will be paid for enrollments received through Special Enrollment Periods for Benefit Year 2027[2].

4.3 Maintaining Producer's appointment with the Plan requires a minimum enrollment of ten (10) Members annually during the Open Enrollment period. Failure to meet this minimum enrollment requirement may result in termination of appointment[3].

4.4 This Commission Schedule and any related documents are the confidential and proprietary information of the Plan. By receiving the Commission Schedule, the Producer and Sub-Producer, if applicable, agrees that he or she will use the Commission Schedule only for the purpose contemplated by this Agreement and not disclose it or any information within the Commission Schedule or any related documents to any other person without the prior written authorization of the Plan.

Notwithstanding anything to the contrary elsewhere in the Agreement, this Commission Schedule, and any related documents, shall remain confidential indefinitely. Each party recognizes that monetary damages would not be a sufficient remedy for breach of this provision and that the parties are entitled to equitable relief as a remedy for the breach, including all costs and expenses as well as attorney's fees incurred by the Plan. Such equitable relief is in addition to all other remedies available in law or at equity, including termination of the Agreement and termination of any commission payments. The Producer and Sub-Producer, if applicable, must notify the Plan immediately upon discovery of any unauthorized use or disclosure of the Commission Schedule and any related documents, and cooperate with any and all efforts to help regain possession of the Commission Schedule and any related documents and prevent its further unauthorized use.

4.5 Ambetter and/or its agents are entitled to and may conduct monthly reviews and/or audits of commissions paid to Ambetter Health brokers. These reviews are to identify policies which have been retroactively canceled or termed.
In accordance with the Ambetter Health Producer Agreement sections 4.4.1, 4.4.2 and 4.7, Ambetter Health will Chargeback the overpayment of unearned commissions. This Chargeback will be reflected on monthly compensation statements.

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[1] For consumer states not listed under Off-Marketplace within the Table of the Section 2: Commission Schedule, but are listed under Marketplace, consumers can enroll directly with the Plan.

[2] Plan reserves the right to modify or discontinue Commission payments for enrollments received through an SEP at any time.

[3] Enrollments made outside of OEP or during an SEP may count toward the minimum production requirement.