CHICAGO AND NORTHWEST INDIANA

Producer Performance Guide

2013

UnitedHealthcare®

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- **Case** — Use our case-tracking feature to check the status of your case submission, so you always know where your cases are in the process.
- **Renewals** — View, download and print your renewal packages, shop other plans, and generate alternate medical, pharmacy, dental and life plan quotes for your UnitedHealthcare groups with up to 50* eligible employees. Renewal packages are available three months prior to the policy renewal date and remain online for six months.
- **Plan resources** — Download benefit summaries, review renewal plan relativity grids and find answers to the most frequently asked questions.
- **Network resources** — Access information on our network of over 704,966 physicians and health care professionals, 5,580 hospitals, and 60,000 pharmacies. Resources include network directories, maps, and local fact sheets that include accreditation and reimbursement methods.
- **Online commission statements** — If you receive individual commission statements addressed with your individual name, you can access your individual commission statements online anytime, anywhere.

*The group size available for United eServices resources, including online quoting, may vary from state to state.

Our commitment

UnitedHealthcare is committed to being a reliable source of information, training and broker support. These online resources help brokers gain the knowledge, skills and confidence to keep pace with today's changing health care benefits marketplace. Let us know how we can support you.

broker.uhc.com

Your online destination for all UnitedHealthcare news and marketing resources

We have consolidated nearly all of your online business resources on one website, **broker.uhc.com**, making it easy (no login required) and convenient for you to get the latest UnitedHealthcare news, product and marketing information, and materials you need to meet the demands of your business.

On the site you can:

- Read about the latest news, programs and tools in your area without waiting for an email to arrive in your inbox.
- Search news archives for stories about offerings affecting your clients.
- Learn how to become licensed and appointed with UnitedHealthcare.
- View reports on timely health care trends, case studies and white papers.
- Review important health care reform, modernization and legislative updates.
- Search for information specific to a certain market, topic or group size.
- Access materials to support new and renewal business.
- Advance your knowledge with webcasts and continuing education credited training.
- Find links to online tools you use every day, including United eServices,® United Advantage,® Employer eServices® and others.
- Share articles with clients and colleagues via LinkedIn,® Facebook,® Twitter® and email.
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Visit **broker.uhc.com** today and bookmark the site in your Web browser. Make the site your go-to destination for all UnitedHealthcare information.

Briefing Room

Prepare to grow your business in the Briefing Room broker.uhc.com/briefingroom

Before you hit the stage with clients and prospects, visit us in the Briefing Room at **broker.uhc.com/briefingroom** to refresh your knowledge and discover new tools to help you build and grow your business.

You'll find information that will help you better understand and sell the value of UnitedHealthcare, presented in an accessible and engaging format and designed to be readily shared with colleagues, clients and prospects.

In the Briefing Room, you can:

- View short videos yourself or show them to a client or prospect
- Readily share videos with your colleagues, clients and prospects via email or social media, before, during or after a meeting
- Link to additional tools and resources on each topic

Briefing Room topics include:

- Why UnitedHealthcare
- Health care costs
- Product portfolio
- Wellness
- Pharmacy
- Specialty Benefits
- Health reform

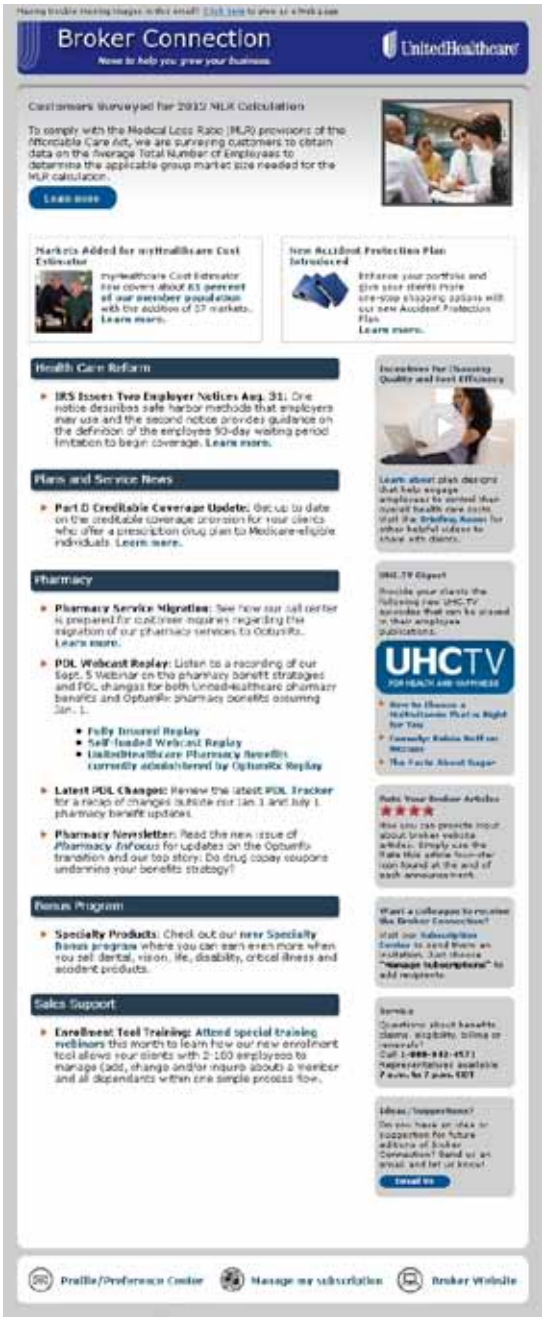
We hope to see you soon as you prepare to grow your business in the Briefing Room. Go to broker.uhc.com/briefingroom.

Broker Connection

Stay connected with our Broker Connection

The Broker Connection is your essential guide to the latest news from UnitedHealthcare. Emailed twice a month, the newsletter delivers timely and valuable information about:

- Health care reform and legislative actions
- Incentive and bonus programs
- Local news and network updates
- Underwriting and administrative changes
- New products and services
- Invitations to informative events
- Successful sales practices
- Wellness programs and case studies
- United Advantage® program offerings



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Resources

Websites

- **United eServices®**
  Located at **UnitedeServices.com**, United eServices is our producer website designed to help you meet the demands of your business. Whether you're looking for online quoting, case status, renewals, network information, plan information or commission statements — we've got it at United eServices.

- **broker.uhc.com**
  Located at **broker.uhc.com**, this website brings you relevant news, tools, product information and marketing resources in one centralized location, helping you save time. All of the information you need is complete, organized and never more than one click away.

- **Briefing Room**
  Visit **broker.uhc.com/briefingroom** to refresh your knowledge and discover new tools to help you build and grow your business. You'll find information that will help you better understand and sell the value of UnitedHealthcare, presented in an accessible and engaging format and designed to be readily shared with colleagues, clients and prospects.

- **Employer eServices®**
  Located at **EmployereServices.com**, Employer eServices helps make benefit administration easy with online eligibility updates, enrollment, billing and claims reporting.

- **Communication Resource Center**
  Located through the links tab at **UnitedeServices.com**. The Communication Resource Center helps benefit administrators communicate important health topics to employees with access to easy-to-use communication templates, tools and resources — you can even build your own employee wellness newsletter.

- **United Advantage®**
  Located at **UnitedAdvantage.com**, this website contains tools designed for our United Advantage agencies, to help you grow your book of business.

- **Broker Publications and Important Notices**
  Subscribe to or update the broker communications available to you from UnitedHealthcare by visiting the Profile and Preference Center. There you can select the state- or market-specific UnitedHealthcare publications and special alerts you wish to receive. Plus, you can update your email address and other information online at any time.

Geography, Case Size Designations, Terms

Area covered by this guide

The bonus programs in this guide apply only to agents with permanent addresses in these counties in Illinois: Boone, Cook, DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Lake, LaSalle, Kendall , McHenry, Will and Winnebago; and these counties in Indiana: Lake, LaPorte and Porter.

Case size designations

Many of the commission and bonus programs in this guide apply to specific case size segments (for example, "groups with up to 50 eligible employees" or "51 or more eligible employees"). In most situations these labels will coincide with the group's actual employee count. However, the specific assignment of any group to one of these classifications is based on the employee count at some point in time, and other factors like the rating formula used, our underwriting rules and operating system indicators. Once classified, groups do not automatically change classification if they grow or shrink in employee count. That means that under our business rules, some groups with (for example) more than 50 eligible employees will be included in the "up to 50 eligible employees" programs, and some groups with fewer than 51 eligible employees will not. We reserve the right to classify any group in any of these designations according to our rules, regardless of the group's actual enrollment, or employee count.

Terms used in this guide

- **Agent**, **agency**, **broker**, **producer**, **you** and **yours** are interchangeable and refer to a licensed agent or agency.
- **UnitedHealthcare**, **we**, **our** or **us** are interchangeable and refer to UnitedHealthcare or associated subsidiaries and affiliates.
- **Customer**, **client**, **group**, **case** or **policy** are interchangeable and refer to the policyholder or entity purchasing the insurance product.
- **Enrolled employee**, **covered employee** and **subscriber** are interchangeable and refer to the employee enrolled for coverage in the insurance plan referenced.
- **Members** are the employees and their covered dependents enrolled for coverage by the insurance plan referenced.
- **Writing agent:** a licensed and appointed agent who actually performs the activities related to the solicitation and sale of the insurance plan.
- **Agent of record:** the agent or agency receiving the commissions on a case, and is interchangeable with the term "payee."
- **Consultant or service provider:** an entity (person or agency) who is paid a fee directly by the client instead of carrier-paid commissions.
- **Affiliated cases:** Some larger employer groups with multiple sites or multiple segments may be divided into several different policies or group numbers. All of these subgroups are combined and considered to be one case for commission and bonus purposes, and in this guide and related documents are sometimes collectively referred to as affiliated cases.
- **Commissionable and non-commissionable cases:** a "non-commissionable" case is one where no commissions, or minimal commissions, are paid by the carrier. A case is considered "commissionable" when reasonable base commissions are paid to the agent on a fully insured case, or reasonable commissions are paid to the agent on the administrative fee of a self-funded case. Our processing of a "service fee" or similar payment related to a service agreement between the policyholder and the service provider does not make a case commissionable. Adding minimal or "token" commissions to a case does not make it commissionable, and commissions paid on stop-loss coverage only does not make a case commissionable. UnitedHealthcare reserves the right, at our sole discretion, to determine whether any case is commissionable. Each line of business is considered separately when determining whether a case is commissionable.

  Some restrictions apply to non-commissionable cases in bonus, override and recognition programs. Non-commissionable cases that are governmental entities, and all non-commissionable cases in some jurisdictions, are excluded from bonus and override programs. Other non-commissionable cases may be included in bonus, override and recognition programs if the customer gives written approval for the case to be included in such programs and other conditions are met (see details in the Policy Section of this guide, page 17).

Please refer to the producer compensation policies and practices in the back of this guide for important information.

Medical benefits

Medical base commissions

for groups with up to 50 eligible employees

This commission schedule is effective for new medical groups with up to 50 eligible employees* in Northern and Central Illinois and Northwestern Indiana† with effective dates on or after January 1, 2013, and existing groups in the same area on their first renewal on or after January 1, 2013. The number of enrolled medical employees in the case determines the commission rate paid per employee.

Medical case size	Payment per enrolled employee per month
Up to 4 enrolled employees	$11
5 to 15 enrolled employees	$38
16 to 25 enrolled employees	$36
26 or more enrolled employees	$30

- The payment tier used for new groups is established using the enrolled medical employee count at the time of initial enrollment as determined by us. This commission rate will be used for the entire plan year regardless of any changes to the enrolled medical employee count that occur during the year.
- The tier for renewing cases will be established using the enrolled medical employee count at a time determined by us, usually reflecting the billed employee count for the first month of the new contract period. The new commission rate will be used for the entire renewal period regardless of any changes to the enrolled employee count that occur during the renewal period.
- Changes in the number of sub-groups in multiple-site or multi-segment affiliated groups may trigger a recalculation of the commission rate prior to the next renewal.

How to calculate monthly commissions

The monthly commission payment is calculated by multiplying the actual number of enrolled medical employees in the case during any month by the appropriate commission rate from the commission table. For example, a case with an effective date in March with an initial enrollment of 15 enrolled employees will be paid $38 per enrolled employee per month, which equals $570 for the first month. If the actual enrollment in June is 21 employees, the commissions for June will be 21 multiplied by $38, which equals $798.

†**This commission schedule applies to the following counties in Illinois:** Boone, Cook, DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Lake, LaSalle, Kendall, McHenry, Will and Winnebago. **This commission schedule also applies to the following counties in Indiana:** Lake, LaPorte and Porter.

This commission schedule applies only to medical groups designated by UnitedHealthcare as having up to 50 eligible employees for the area indicated. Commissions vary by area. Please contact your UnitedHealthcare sales office for base commission schedules in other areas. Some medical products may have a specified commission schedule that replace and supersede this schedule.

All UnitedHealthcare commissions and bonus programs are subject to the Agent/Agency Agreement and the policies contained in other sections of this guide. Please refer to that information for complete guidelines related to our producer compensation programs.

*Classification as a group of "up to 50 eligible employees" is determined by us considering a number of factors. Please see Case Size Designations on page 7 for details.

Quarterly Medical Bonus program

for groups with up to 99 eligible employees

UnitedHealthcare will award a bonus to brokers with higher volumes of cases with up to 99 eligible employees. Brokers having the required minimum number of enrolled medical employees in eligible cases on the last day of the calendar quarter and who meet minimum net growth requirements will qualify for a bonus. The bonus is paid as an amount per employee determined by the number of enrolled employees in eligible cases on the last day of the calendar quarter according to the following table.

Bonus payment table — Initial bonus paid per enrolled employee per calendar quarter

Enrolled employees in eligible groups with up to 99 eligible employees	Groups with 1 to 4 enrolled employees	Groups with 5 to 50 enrolled employees	Groups with 51 or more enrolled employees
150 to 499 enrolled employees	$3	$8	$4
500 to 999 enrolled employees	$5	$10	$6
1,000 to 1,499 enrolled employees	$7	$12	$7
1,500 to 2,499 enrolled employees	$9	$14	$9
2,500 or more enrolled employees	$11	$20	$11

Enrolled employee counts used to determine group size and payment amounts are UnitedHealthcare's actual counts for eligible groups on the last day of the calendar quarter. Groups that cancel or are otherwise removed from the agent's block of business prior to the end of the quarter are not included in the bonus payment calculation, but are included in the Net Growth Factor calculation. Eligible cases are fully insured medical groups with up to 99 eligible employees* that are active on the last day of the calendar quarter. Only agents permanently located in the area indicated on page 7 of this guide are eligible for this bonus.

Bonus factors: The bonus received will be modified by two of the characteristics of the agent's block of eligible business, as described in the following sections. The final bonus paid will be the enrolled employee counts in eligible cases on the last day of the calendar quarter multiplied by the appropriate Quarterly Medical Bonus rate for the case size of the eligible groups. This amount is then multiplied by the appropriate Net Growth Factor and the appropriate Specialty Benefits Factor to determine the actual bonus paid.

Net Growth: The bonus you receive will be modified by a factor determined by the change in the number of enrolled medical employees eligible for the Quarterly Medical Bonus program from the same calendar quarter in the prior year, according to the following table:

Net change percent	Net growth factor
125% or more	1.3
115% to 124.9%	1.2
105% to 114.9%	1.1
95% to 104.9%	1.0
85% to 94.9%	0.8
Under 85%	No bonus

The percentages in the left-hand column of the Net Change table above are the total of the enrolled employees in eligible medical cases at the end of the current quarter divided by the same count at the end of the same calendar quarter in the prior year. The prior year count of eligible cases will include groups that were active with us in the prior year but may not have been included in the prior year's Quarterly Medical Bonus calculation due to changes in program rules, segment transfers, AOR changes or other situations.

*Classification as a group with "up to 99 eligible employees" is determined by us considering a number of factors. Please see Case Size Designations on page 7 for details.

Specialty Benefits: The bonus you receive will be modified by a factor that is determined by the ratio that results from dividing the number of enrolled employees in dental, life, vision, short-term disability and long-term disability cases with up to 99 eligible employees* (including stand-alone cases) by the number of medical enrolled employees in eligible cases, according to the following table.

Ratio of Specialty Benefits enrolled employees to medical enrolled employees	Bonus amount in eligible groups is multiplied by:
1.0 or more	1.2
0.75 to 0.99	1.1
0.5 to 0.749	1.0
0.25 to 0.49	0.9
Under 0.25	0.8

Quarterly Medical Bonus calculations

You can calculate your Quarterly Medical Bonus by following these steps:

1. Determine Bonus Level and Initial Bonus Amount

a. Find the appropriate row in the Bonus Payment Table for the total number of enrolled employees in all eligible groups.
b. Multiply the enrolled employee counts by the appropriate rates in the payment table to determine the Initial Bonus Amount.

2. Determine the Net Growth Factor

a. Calculate the net change in medical lives from the prior year by dividing the current enrolled employee count in eligible groups for the current quarter by the enrolled employee count for the same quarter in the prior year.
b. Find the appropriate Net Growth Factor from the table on the previous page.
c. Multiply the Initial Bonus Amount by the Net Growth Factor from the table on the previous page.

3. Determine Specialty Bonus Factor and Quarterly Medical Bonus Amount

a. Calculate the ratio of specialty benefit employees to medical employees by dividing the specialty benefits enrolled employee count by the medical enrolled employee count for the current quarter.
b. Find the appropriate Specialty Benefits Factor from the table on this page.
c. Multiply the amount from step 2c above by the Specialty Benefits Factor to determine the Quarterly Medical Bonus payment.

*Classification as a group with "up to 99 eligible employees" is determined by us considering a number of factors. Please see Case Size Designations on page 7 for details.

Specialty Benefits

for groups with up to 50 eligible employees

Group Term Life and AD&D base commissions

10% of paid premium

Dental base commissions

Dental annual premium*	Commission rate
For the first $10,000 of paid premium in a plan year	10% of paid premium
For the next $15,000 of paid premium in a plan year	7.5% of paid premium
For the next $15,000 of paid premium in a plan year	5% of paid premium
For the next $20,000 of paid premium in a plan year	2.5% of paid premium
For paid premium over $60,000 in a plan year	1.5% of paid premium

*This schedule is applied on a per case basis. The schedule is applied to each dental case starting at the top of the schedule on the original effective date or renewal date.

Vision base commissions

10% of paid premium

Short-Term and Long-Term Disability base commissions

Disability annual premium*	Commission rate
For the first $15,000 paid premium in a plan year	15% of premium
For the next $10,000 paid premium in a plan year	10% of premium
For the next $25,000 paid premium in a plan year	5% of premium
For paid premium over $50,000 in a plan year	1% of premium

*This schedule is applied on a per case basis. The schedule is applied to each disability case starting at the top of the schedule on the original effective date or renewal date.

Oxford Benefit Management® (OBM) and Specialty Benefit Solutions (SBS) commissions for groups with 2 to 99 eligible employees

10% of paid premium

Oxford Benefit Management, Inc. acts as the distribution company for products by third-party vendors including UnitedHealthcare Dental, Spectera, LifeEra and UnitedHealth Allies. The UnitedHealthcare Dental PPO Plan, the UnitedHealthcare Dental Trust Plan and Spectera, Inc. are underwritten by UnitedHealthcare Insurance Company, Hartford, Connecticut (except in New York), UnitedHealthcare Insurance Company of New York, Hauppauge New York (New York only). OBM does not underwrite or administer these products and bears no risk on any product offered. UnitedHealthcare Dental coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Vision coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and Unimerica Insurance Company; Unimerica Life insurance Company of New York (NYC); and in California, Unimerica Life Insurance Company. OBM and SBS packages are not available in all states and state-specific requirements may cause limitation or variations for the plans.

Commissions for Specialty Benefit groups with 51 or more eligible employees may be established at the request of the agent or customer. The above schedules will apply if an alternative schedule is not requested.

Classification of a group with “up to 50 eligible employees” is determined by us considering a number of factors. Please see Case Size Designations on page 7 for details.

Specialty Benefits new business bonus

You may earn a bonus for selling group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness and group accident insurance for groups with two or more eligible employees during 2013. Both employer-paid and employee-paid cases sold with medical coverage or on a stand-alone basis are included in the bonus program. You must sell at least 10 new lines of coverage having a combined minimum of $75,000 in annualized premium and fees to qualify for this bonus program. While annualized premium and fees are used for qualification purposes, the bonus payment is based on the actual premium and fees received in 2013. The maximum Specialty Benefits new business bonus paid on any line of coverage within any one case or affiliated cases is $15,000. If all of the bonus requirements are met, the bonus is paid according to the following table:

Specialty Benefits new lines of coverage and premium requirements*	Bonus on premium and fees received in 2013*
10 lines of coverage with a combined minimum of $75,000 in annualized premium and fees*	2%
15 lines of coverage with a combined minimum of $75,000 in annualized premium and fees*	3%
20 lines of coverage with a combined minimum of $75,000 in annualized premium and fees **OR** 10 lines of coverage with a combined minimum of $500,000 in annualized premium and fees*	4%
25 lines of coverage with a combined minimum of $75,000 in annualized premium and fees **OR** 10 lines of coverage with a combined minimum of $750,000 in annualized premium and fees*	5%
30 lines of coverage with a combined minimum of $75,000 in annualized premium and fees **OR** 10 lines of coverage with a combined minimum of $1,000,000 in annualized premium and fees*	6%

*In eligible lines of coverage with effective dates during 2013. Annualized premium or fees for bonus qualification is equal to the December 2013 premium or fees of eligible cases multiplied by 12. The bonus payment is based on the actual premium and fees received in 2013.

Specialty Benefits new business bonus details:

- You must sell at least 10 eligible lines of coverage with original effective dates from January 1, 2013 through December 31, 2013 having a combined minimum of $75,000 in annualized premium and fees in order to qualify for the Specialty Benefits new business bonus. The Specialty Benefits new business bonus is paid only on premium and fees for lines of coverage that had original effective dates during 2013, are active on December 31, 2013 and meet all other eligibility requirements.

- An eligible line of coverage for the Specialty Benefits new business bonus is group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness and group accident insurance in a group of two or more eligible employees that has an original effective date from January 1, 2013 through December 31, 2013. An eligible line of coverage can be sold with medical coverage or on a stand-alone basis. Both employer-paid and employee-paid lines of coverage are eligible.

- An eligible line of coverage must be in an eligible group. Spectera Plan Administrators Private Label vision and some Governmental Entity cases are not eligible for any bonus programs. Groups written through Affiliated Associations of America (AAOA), embedded vision benefit and dental discount cards are not eligible for this bonus. UnitedHealthcare has sole discretion in determining whether a line of coverage is eligible for any bonus program. The lines of coverage and premium or fees of ineligible cases are not included toward the minimum line of coverage requirements, the premium or fee requirements, or any other requirements or calculations related to any Specialty Benefits bonus. Lines of coverage counts and premiums or fees for affiliated groups are combined for all bonus calculations.

- For dual or multiple broker arrangements, line of coverage credit and premium or fee credit will be allocated in the same proportion as the commissions are split on the case. Fractional credits will be used in the calculation, and credits will not be rounded to the nearest integer.

- Special rules apply to payment of bonuses for Governmental Entity customers. We require written customer acknowledgment and approval before paying bonuses on Governmental Entity cases with 51 or more eligible employees. Refer to Producer Compensation policies and procedures for Governmental Entities in this guide for additional policies and more information. Non-commissionable Governmental Entity lines of coverage are not eligible for bonus payments.

- Non-commissionable lines of coverage are subject to special rules. Written customer permission is required for non-governmental non-commissionable cases to be eligible for bonus programs. Please see the Policy Section of this guide for more information.

- An agent or agency can only qualify for one Specialty Benefits new business bonus. The lines of coverage sold and minimum annualized premium or fees within any row must both be met to qualify for a row in the bonus table. The bonus will be paid at the highest bonus percentage where both the lines of coverage and annualized premium or fees criteria are met. The rows in the table are not combined to determine the bonus payable. If an agent meets the qualifications in more than one row in the table, only the bonus for the row paying the highest bonus amount will be paid.

- Annualized premium or fees for this bonus are defined as the December 2013 premium or fees of the eligible cases multiplied by 12. Please note that premium and fees are annualized for qualification purposes only. The bonus payment is based on the actual premium and fees received in 2013.

- The maximum Specialty Benefits new business bonus paid on any line of coverage within any one case or affiliated cases is $15,000. In situations where commissions on the case are split between more than one Agent of Record, the maximum bonus limit will be applied before the bonus is allocated to the Agents of Record.

Bonus calculation: The new business bonus for Specialty Benefits is calculated by totaling eligible lines of coverage and the annualized premium and fees for those eligible lines of coverage to determine the bonus tier from the Specialty Benefits new business bonus payment table.

Example 1: An agency has 16 new lines of coverage with annualized premium and fees in eligible products of $200,000. The agency qualifies for a bonus of 3% of paid premium and fees. The actual premium and fees for coverages with effective dates from January 1, 2013 through December 31, 2013 total $150,000. The bonus payable is 3% of $150,000, or $4,500.

Example 2: An agency has 10 new lines of coverage and annualized premium and fees in eligible products of $550,000. The agency qualifies for a bonus of 4%. The actual premium and fees received for coverages with effective dates from January 1, 2013 through December 31, 2013 total $550,000. The bonus payable is 4% of $550,000, or $22,000.

Specialty Benefits retention bonus

You may earn a bonus for renewing group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness and group accident insurance for groups with two or more eligible employees having renewal dates from January 1, 2013 through December 31, 2013. Both employer-paid and employee-paid cases sold with medical coverage or on a stand-alone basis are included in the bonus program. You must have a minimum of 15 eligible lines of coverage having a combined minimum of $150,000 in premium and fees received in 2013 on December 31, 2013, have premium persistency of at least 80%, and qualify for the 2013 Specialty Benefits new business bonus to qualify for this bonus.

Alternatively, if you did not earn a 2013 Specialty Benefits new business bonus you may qualify for a bonus if you have 15 eligible lines of coverage having a combined minimum of $150,000 in premium and fees received in 2013 on December 31, 2013 and net change in Specialty Benefits premium of at least 105%. The maximum Specialty Benefits retention bonus paid on any line of coverage within any one case or affiliated cases is $15,000. The bonus percentage is determined according to the following table if all of the qualifying criteria in any row of the table are met:

New business or net change qualification	As of December 31, 2013		Premium retention percentage	Bonus on received premium and fees*
	Minimum coverages	Minimum premium		
Earned 2013 Specialty Benefits new business bonus	15	$150,000	80% to 87.49%	1%
	15	$150,000	87.5% – 94.99%	2%
	15	$150,000	95% or greater	3%
	50	$250,000	80% to 87.49%	2%
	50	$250,000	87.5% – 94.99%	4%
	50	$250,000	95% or greater	6%
Net change in Specialty Benefits premium of 105% or greater and did not earn 2013 Specialty Benefits new business bonus	15	$150,000	N/A	1%
	50	$250,000	N/A	2%
Neither of the above				No bonus
Fewer than 15 lines and combined minimum of $150,000 in premium and fees received in 2013				No bonus

* In eligible lines of coverage with effective dates during 2013. If an agent meets all of the qualification requirements in more than one row in the table, only the bonus for the row paying the highest bonus amount will be paid. Bonus is paid on premium and fees received in 2013.

Specialty Benefits retention bonus details:

- You must have at least 15 eligible lines of coverage having a combined minimum of $150,000 in premium and fees received in 2013 on December 31, 2013 and a minimum retention percentage of 80% in order to qualify for the Specialty Benefits retention bonus. The Specialty Benefits retention bonus is paid only on premium and fees for lines of coverage that had renewal dates during 2013, are active on December 31, 2013 and meet all other eligibility requirements. For purposes of this bonus, the "renewal date" for groups with rate guarantees longer than one year will be the 12-month anniversary of their original effective date or their last renewal.

- An eligible line of coverage for the Specialty Benefits retention bonus is group term life, group supplemental life, group dental, group short-term disability, group long-term disability, group vision, group critical illness and group accident insurance in a group of two or more eligible employees that is active on December 31, 2013, and that has a renewal date from January 1, 2013 through December 31, 2013. An eligible line of coverage can be associated with medical coverage or exist on a stand-alone basis. Both employer-paid and employee-paid lines of coverage are eligible.

- An eligible line of coverage must be in an eligible group. Spectera Plan Administrators Private Label vision and some Governmental Entity cases are not eligible for any bonus programs. Groups written through Affiliated Associations of America (AAOA), embedded vision benefit and dental discount cards are not eligible for this bonus. UnitedHealthcare has sole discretion in determining whether a line of coverage is eligible for any bonus program. The lines of coverage and premium or fees of ineligible cases are not included toward the minimum line of coverage or premium requirements, or any other requirements or calculations related to any Specialty Benefits bonus. Lines of coverage counts and premiums or fees for affiliated groups are combined for all bonus calculations.

- For the Specialty Benefits retention bonus, "retention percentage" is the December 2013 premium and fees of lines of coverage eligible for the 2013 Specialty Benefits retention bonus divided by the December 2012 premium and fees of lines of coverage eligible for the 2013 Specialty Benefits retention bonus. "Retention percentage" incorporates only lines of coverage that renew or terminate during 2013, and does not include any new lines of coverage sold during 2013.

- For the Specialty Benefits retention bonus, "net change in Specialty Benefits premium" is the December 2013 premium and fees received for all active lines of coverage eligible for either the 2013 Specialty Benefits retention bonus or the 2013 Specialty Benefits new business bonus divided by the December 2012 premium and fees for all lines of coverage eligible for the 2013 Specialty Benefits retention bonus. "Net change in Specialty Benefits premium" reflects the impact of new lines of coverage sold during 2013 as well as terminations that occur during 2013. (Please note that the Specialty Benefits retention bonus is paid only on the received premium and fees of lines of coverage that renew during 2013.)

- For dual or multiple broker arrangements, line of coverage credit and premium or fee credit will be allocated in the same proportion as the commissions are split on the case. Fractional credits will be used in the calculation, and credits will not be rounded to the nearest integer.

- Special rules apply to payment of bonuses for Governmental Entity customers. We require written customer acknowledgment and approval before paying bonuses on Governmental Entity cases with 51 or more eligible employees. Refer to Producer Compensation policies and procedures for Governmental Entities in this guide for additional policies and more information. Non-commissionable Governmental Entity lines of coverage are not eligible for bonus payments.

- Non-commissionable lines of coverage are subject to special rules. Written customer permission is required for non-governmental non-commissionable cases to be eligible for bonus programs. Please see the Policy Section of this guide for more information.

- An agent can only qualify for one Specialty Benefits retention bonus. All of the qualifying criteria in any row of the Specialty Benefits retention bonus payment table must be met in order to qualify for the bonus. If an agent meets all of the qualifications in more than one row in the table, only the bonus for the row paying the highest bonus amount will be paid.

- The maximum Specialty Benefits retention bonus paid on any line of coverage within any one case or affiliated cases is $15,000. In situations where commissions on the case are split between more than one Agent of Record, the maximum bonus limit will be applied before the bonus is allocated to the Agents of Record.

Bonus calculation: If all the qualifying criteria for any row in the Specialty Benefits retention bonus payment table are met, the bonus percentage in that row is then multiplied by the premium and fees received in 2013 in the eligible, active renewed lines of coverage to determine the bonus paid.

Example 1: An agency has 15 eligible lines of coverage on December 31, 2013 having renewal dates during 2013. The total premium and fees received for these 15 lines of coverage in 2013 is $200,000. The December 2012 premium and fees of eligible cases was $20,000 and the December 2013 premium and fees of active renewed lines of coverage and new business was $19,500. That means the retention percentage for the agent is $19,500 divided by $20,000, or 97.5%. The agency also earns a 2013 Specialty Benefits new business bonus. The agent has met all the qualifying criteria, and according to the bonus table qualifying for the new business bonus with 15 lines of coverage, at least $150,000 in premium and fees received in 2013, and retention percentage of 97.5% results in a bonus of 3% of the premium and fees received in 2013. The agent receives a bonus of 3% times $200,000, or $6,000.

Example 2: An agency does not qualify for a 2013 Specialty Benefits new business bonus. However, the agency had 55 eligible active lines of coverage on December 31, 2012. The agency renewed 50 of those 55 lines of coverages during 2013, and the renewed lines of coverage had received premium and fees of $510,000 on December 31, 2013. In addition, during 2013 the agency wrote seven new lines of coverage with $75,000 of received premium and fees resulting in a total received premium on all lines of coverage on December 31, 2013 of $585,000. The December 2012 premium and fees of eligible cases was $50,000 and the December 2013 premium and fees of active renewed lines of coverage and new business was $60,000. The agency's "net change in premium" for 2013 is therefore 120.0 % ($60,000 divided by $50,000). The agency has met all the qualifying criteria including Net Change in Specialty Benefits Premium of 105% or greater and a minimum of 50 eligible renewed lines of coverage on December 31, 2013. The agent receives a bonus of $10,200, which is 2% of the received eligible premium and fees of the lines of coverage that renewed during 2013 ($510,000).

Producer compensation policies and practices

The definitions of key terms used in this guide can be found on page 7.

Only agents and agencies permanently located in the area for which this guide is written are eligible for the bonus, recognition and other programs described in this guide.

Agents and agencies who sell products offered by UnitedHealthcare and related companies must have a written agreement with us, and be appropriately licensed and appointed in the states where they solicit or sell our products. Producers must maintain active licenses and appointments in the appropriate states, and remain in good standing with us, to receive commissions. No commissions will be paid on any case for any period where the Writing Agent or Agent of Record is not licensed and appointed in the state where the case is issued. No retroactive commissions will be paid for cases where commissions were forfeited due to lack of licensing and appointment.

UnitedHealthcare complies with all applicable state and federal regulations with regard to producer compensation. All producer compensation will be reported as required for federal, state and local income taxes. All producer compensation, including bonus compensation, may be subject to reporting to meet other regulatory requirements, including (but not exclusively) reporting of commissions, bonuses, overrides and other compensation associated with ERISA groups (Form 5500, Schedules A or C). UnitedHealthcare will be the sole arbiter as to whether, and to what extent, compensation is subject to reporting under these regulations.

The terms of the UnitedHealthcare Agent/Agency Agreement apply to all commission, bonus and recognition programs. Agents and agencies are responsible for complying with all applicable state and federal statutes and regulations related to the sale of our products.

UnitedHealthcare may modify any base commission at any time for any reason with notice as specified in the Agent/Agency Agreement. UnitedHealthcare may modify or terminate any or all bonus, overrides or recognition programs at any time and for any reason without prior notice, unless state law prohibits such a change.

Business practices

UnitedHealthcare is committed to ethical business practices and full disclosure of our producer compensation to customers. We believe that our programs provide fair compensation for the value that our appointed agents and agencies bring to customers and UnitedHealthcare.

Disclosure of producer compensation: UnitedHealthcare believes in "fully transparent" producer compensation, which means that customers have the right to know what their producer is being paid for servicing their UnitedHealthcare products, including bonuses and override payments. We encourage our producers to share their compensation arrangements with their customers. Our Agent/Agency Agreement and our compensation policies require disclosure to customers when required by law and provide discretion for us to disclose compensation as we deem appropriate.

UnitedHealthcare is committed to greater customer awareness of the compensation being paid to producers for selling our products. Basic information about UnitedHealthcare's producer compensation programs is included in our proposals. Additional general information is included in our employer application, administrative service agreements and on our employer internet site.

Customer-specific compensation disclosure: The specific compensation paid to a producer for the solicitation or sale to employer groups covered by Employment Retirement Income Security Act (ERISA) is reported in the Form 5500 (Schedules A or C) sent to those customers. The compensation reported includes base commissions, bonuses, overrides and certain non-monetary compensation. Beyond this regulated reporting, we believe that the primary source of specific information regarding compensation is the producer receiving the compensation. We encourage customers to ask their agents about their compensation and we encourage our agents to inform their customers about their compensation.

Customers who inquire about the specific compensation paid on their policies will initially be directed to their producer. If a customer continues to request that we supply this information to them directly, we will honor that request and disclose base commissions, bonuses, overrides and certain non-monetary compensation paid on the case. All customers have access to this information, regardless of case size, funding or business type. We may require that such requests be in writing by an authorized representative of the customer.

Written customer acknowledgements: UnitedHealthcare may require specific customer acknowledgment and approval for certain compensation arrangements. We reserve the right, at our sole discretion, to request written customer acknowledgment and approval, and to establish the form of such acknowledgment, for any compensation that we pay. Some state laws require that a producer obtain written customer acknowledgment of compensation received from an insurer if the producer is also receiving compensation from the customer. UnitedHealthcare expects producers to know and comply with such laws, including any requirements as to when the customer acknowledgment must be obtained.

Bid rigging or other unfair bidding practices are not tolerated: UnitedHealthcare's business practices and various laws and regulations prohibit any activities that manipulate proposals in coordination with competitors in a manner contrary to the customer's interests. Bid rigging involves trading business with competitors through the manipulation of premiums, fees or products to produce a quote that is intentionally higher or less favorable to a prospective customer, or is in any way designed to provide a false appearance of competition.

It is UnitedHealthcare's policy to always present a legitimate quote to the producer, consultant or customer. We will never condone or allow a producer to coordinate pricing with another carrier in a way that gives one of the carriers a competitive edge, or prevents the best price from being presented to the customer. If you suspect someone is attempting to rig a bid or otherwise inappropriately steer business, report the situation to UnitedHealthcare's legal department immediately.

Note that bid rigging or steering generally involves coordination with other carriers. A situation where we present our best premium rate or fee to a producer or customer, even though we do not expect that the rate will be competitive, is not bid rigging. It is also permissible to lower quoted premiums if we receive additional underwriting information, to match competitor pricing or as the result of negotiation with the customer.

Base commissions

Groups with up to 50 eligible employees: Base commission schedules for groups with up to 50 eligible employees may vary from market to market. The base commission schedule used for a single site case is the schedule in effect for the county in which the policy is issued. If there are multiple sites associated with a case, the commission schedule used will be that of the base location as determined by us. Special rules regarding multiple sites cases may apply in some areas. In most situations, the number of enrolled employees for all locations will be used to determine the tier that establishes the commission rate. However, the regulations in certain states may result in the isolation of the enrolled employee count for locations within that state. In such instances, the commissions for such locations may be calculated independently based on the enrolled employee count for that state only, and these employees will be excluded from the counts in other locations.

The base commission tier for groups with up to 50 eligible employees in states where a published "tiered" commission schedule applies will be set using an initial or renewal enrolled employee count at a time of our choosing. Usually, the tier will be established using the enrolled employee count at the time of the first month's bill for new groups, and the billed count for the first month of a renewal year, but this may vary at our discretion. The enrolled employee count for customers with multiple sites may be re-established every time an affiliated site is added or removed during the contract year.

Groups with 51 or more eligible employees: UnitedHealthcare may prohibit the payment of base commissions on cases that have 51 or more eligible employees in a specified size segment and geography. If such a prohibition is applied no base commission will be paid on the cases subject to the prohibition.

If no prohibition of base commissions is applied to a case, the base commission for groups with 51 or more eligible employees are established by the customer, subject to state regulations and UnitedHealthcare's agent compensation policies (including any applicable maximum commission limit). When the customer does not give specific instructions, base commissions for groups with 51 or more eligible employees are established by mutual agreement between UnitedHealthcare and the agent in accordance with our policies and state regulations. When neither the customer nor the agent gives specific instructions, base commissions for groups with 51 or more eligible employees are established by UnitedHealthcare.

Premium rates for groups with 51 or more eligible employees will vary to reflect the commission included in the proposal. Agents and customers may request that no commissions be paid for groups with 51 or more eligible employees. Base commissions will only be paid on groups with 51 or more eligible employees if the commissions are included in the premium rate being paid by the customer. If an existing customer with 51 or more eligible employees requests a reduction or elimination of commissions we will comply with the request and reduce premium, and reduce or eliminate commissions, in accordance with the request and our policies. If an existing customer with 51 or more eligible employees requests an increase in commissions, the higher commissions will not be paid until premiums are increased to cover the cost of the additional commissions. UnitedHealthcare reserves the right to limit the amount of commissions that can be paid on any case. UnitedHealthcare may require that an authorized representative of a customer provide written acknowledgement and approval of the commission structure and amount for their case at any time.

Maximum allowable commissions and prohibited commissions: UnitedHealthcare may establish maximum allowable commission rates or prohibit commissions for a specified category or segment of groups at any time with 30 days notice to agents. The categories for which commissions are limited or prohibited may include size segment, geographic location and other attributes. UnitedHealthcare may adjust the maximum allowable commission rate, prohibit commissions, or waive the prohibition of commissions for a specified group if, in UnitedHealthcare's sole discretion, circumstances warrant such action.

Customer acknowledgment and approval for base commissions: UnitedHealthcare may require written customer approval before paying commissions on any fully insured medical group if, in UnitedHealthcare's sole opinion, such documentation is appropriate and necessary to assure that all parties are aware of and agree to the commission level. The written customer acknowledgment must be submitted to UnitedHealthcare underwriting and accepted by UnitedHealthcare to receive a proposal or before payment of commissions. A sample customer acknowledgment letter may be obtained from your UnitedHealthcare representative.

Case size segment assignment: Many of the commission schedules in this guide apply to specific case size segments (for example, "groups with up to 50 eligible employees" or "groups with 51 or more eligible employees"). In most situations these labels will coincide with the group's actual employee count. However, the specific assignment of any group to one of these classifications is based on the employee count at some point in time, and other factors like the rating formula used, our underwriting rules and operating system indicators. Once classified, groups do not automatically change classification if they grow or shrink in employee count. That means that under

our business rules, some groups with (for example) more than 50 eligible employees will be included in the "up to 50 eligible employees" programs, and some groups with fewer than 51 eligible employees will not. We reserve the right to classify any group in any case size designation according to our rules, regardless of the group's actual enrollment, or employee count.

Repayment and recovery of commission and override errors: UnitedHealthcare will not adjust any commission or override payments to an agent, agency or general agent except with respect to payments made within two years prior to the date of the adjustment. In this regard, neither an agent, agency, general agent nor UnitedHealthcare may assert a claim against the other relating to incorrect commission or override payments, unless such claim is made, and the resulting adjustment is commenced, within two years of the date of the incorrect commission or override payments. UnitedHealthcare maintains the right to recover payments by reducing any amounts owed to the broker, including all commission, override and bonus payments.

Enrollment count and premium adjustments: Retroactive changes to employee counts or premiums will be applied at the commission rate that was in effect for the month the adjustment was made.

Delinquent premium: No commissions are payable for any premium collected by a third party collection agency, through a court judgment, or similar process.

Commissions on groups with Packaged Savings®: The premium used to calculate percent of premium-based commissions for groups receiving Packaged Savings is reduced by the Packaged Savings administrative credit in order to accurately reflect actual premium received.

Agent of Record (AOR) changes: Compensation will be paid only to the licensed and appointed AOR assigned to the case by the customer and accepted by us. UnitedHealthcare reserves the right to accept or reject, at our sole discretion, requests to change the AOR assigned to a case and direct commissions and bonus payments to another AOR. All requests to change AOR assignments must be made in writing by the customer in a form approved by us.

UnitedHealthcare believes that the customer has the right to designate and change their AOR, so we will accept such requests provided that the proposed agent is properly licensed and appointed with us. Our policy is to accept requests to change AOR if the request is made in writing by an authorized representative of the customer. The request must be made in the form of a letter, on the customer's letterhead, directed to UnitedHealthcare (not the new AOR) that: designates the new Writing Agent and AOR (using the name by which they are appointed by us); specifies the lines of coverage impacted; and states that the customer's instructions to name a new AOR supersedes other designations, and terminates commissions and other payments to any prior agent. If we accept the customer's request, the AOR change will be implemented at a time of our choosing, usually in the month following our receipt of the request. As a courtesy, and at our discretion, we may advise the current AOR of the receipt of the request to remove them from the case.

Properly executed AOR change request letters should be submitted directly to one of the following:

By fax: **1-855-663-2042**

By email: **agtcomp@uhc.com**

By United States Postal Service mail:

UnitedHealthcare
Broker Commissions
400 Capital Blvd 2nd Floor
Rocky Hill, CT 06067-3576

An AOR change request may be rescinded if the request to rescind the designation of the new AOR is received by us in writing within 30 days of the effective date of the AOR change that is being rescinded. If the request to rescind the designation of the new AOR is received after 30 days of the effective date of the AOR change, the previous agent will be reinstated as the AOR on the first day of the next month following the receipt of the recision letter.

If a producer becomes appointed as AOR for cases where there is no current agent, UnitedHealthcare will not pay commissions to the new agent if commissions are prohibited for the case. If commissions are permitted, no commissions will be paid until commissions are added to the fully insured premium rate or self-funded fee. The change in premium can occur at the next renewal, or the customer may approve (in writing) a change in premium rates off-renewal to accommodate the compensation. If we recognize a new AOR on a case where no commissions are being paid, we will not pay commissions on the case if commissions are prohibited for the case. If commissions are permitted, no commissions will be paid until commissions are added to the fully insured premium rate or self-funded fee. If we recognize a new AOR on a commissionable case with 51 or more eligible employees, and the new AOR requests an increase in commissions in writing, we will not pay the higher commissions until the additional commissions are added to the fully insured premium rate or self-funded fee. The change in premium can occur at the next renewal, or the customer may approve a change in premium in writing off-renewal to accommodate the compensation. If we recognize a new AOR on a commissionable case with 51 or more eligible employees, and the new AOR requests a decrease in commissions in writing, we will reduce the commissions and the fully insured premium rate or self-funded fee when the change can be processed, without waiting for the next renewal date.

The policyholder is always the ultimate authority in designating an AOR for their case, provided that we have contracted with and appointed (or agree to contract with and appoint) the designated AOR. However, absent other instructions from the customer, a current AOR may designate a new AOR by requesting such a change in writing. If the current AOR is an agency, the person requesting such a change must certify that they are authorized to make such a request on behalf of the agency. The new AOR is subject to acceptance by UnitedHealthcare.

Assignment: An Agent of Record (AOR) may appoint another agent or agency (the assignee) to receive the commissions on all of their cases through assignment. Such an assignment of commissions is irrevocable, and all rights to further assignment of commissions on the assigned cases will be granted only to the agent or agency to whom the commissions are assigned. The assignee must be licensed and appointed by UnitedHealthcare and legally able to receive commissions. We reserve the right to reject any request for assignment. An agent may rescind their assignment at any time, but the rescission will only apply for cases written after the effective date of the rescission.

Commissions differentiated by length of coverage: For commission structures that are differentiated by the length of time the case has had coverage with us, "first year" commissions are paid for a period from the original effective date up to the first renewal date. The commission rates for "subsequent years" or "renewal years" are paid for all months starting on and following the first renewal date. The subsequent year or renewal year commission classification will apply as long as the company has continuing coverage, even if the policy undergoes a change in coverage, reinstatement, transfer to another operating platform, or is transferred to another UnitedHealthcare or UnitedHealth Group operating company.

Commissions differentiated by product: Commission schedules may apply to a specific product or set of products within a product line. UnitedHealthcare has sole discretion to classify a product and assign commission schedules to a product. The commission schedule for groups that convert from one product to another will be changed at the time of the product conversion.

Government continuation policies: No commissions are paid on policies converted to individual policies and certain government continuation policies.

Restrictions on the use of Health Reimbursement Accounts (HRA) or self-funded plans with UnitedHealthcare medical policies: UnitedHealthcare prohibits the solicitation or sale of its medical products for use in conjunction with Health Reimbursement Accounts (HRA) or self-funded plans unless the UnitedHealthcare medical product is specifically designed for such use. Where permitted by law, UnitedHealthcare reserves the right to eliminate commissions on UnitedHealthcare and affiliate medical products that were not specifically designed for use with an HRA or self-funded plan if it determines that an agent has sold such a product for use with an HRA or self-funded plan. Where permitted by law, we will recover commissions paid on any UnitedHealthcare and affiliate medical products for any period of time that an HRA or self-funded plan was in force in violation of this policy.

Agent certification of information: Agents may be required to sign documents or certify information related to a group's funding type or funding level, employee contribution, coverages or other aspects of a customer's coverage (or application for coverage) with UnitedHealthcare. Where permitted by law, agents found to have knowingly signed inaccurate documents or certified inaccurate information on such documents will be subject to actions, including possible termination of appointments and forfeiture of commissions for the group covered by the document. Where permitted by law, we will recover commissions paid on any UnitedHealthcare and affiliate's products or services for any period of time that any group was in force under the inaccurate documentation.

Governmental entities: Special rules apply to payment of monetary compensation (including commissions, bonuses, and overrides) and non-monetary rewards to producers who solicit and sell UnitedHealthcare coverage or services to tax-supported or government-related customers, referred to as Governmental Entities in our Agent/Agency Agreement and throughout this guide. Customers considered Governmental Entities include (but are not limited to) villages, townships, cities, counties, states, public school districts and universities, government-sponsored boards and districts, and similar entities. UnitedHealthcare has sole discretion in determining whether a customer is a "governmental entity."

Governmental entities – Restriction on consultants: A producer who accepts a consulting fee or other compensation directly from a governmental entity (or who accepts compensation from a third party, other than UnitedHealthcare, on behalf of a governmental entity) must notify UnitedHealthcare immediately of this change in status. In general, producers who are acting as consultants (i.e., receiving compensation directly from the governmental entity) for a governmental entity will not be able to receive commissions, bonuses, overrides, non-monetary rewards or other compensation from UnitedHealthcare on that case. This policy applies to all case sizes (including groups with up to 50 eligible employees) and funding types.

A producer who has accepted a consulting fee from, or who has acted as a "consultant" for, a governmental entity may wish to terminate their status as "consultant" for that customer and move back to the standard relationship of only being an agent for UnitedHealthcare. A transition from consultant to agent may only be done with written permission from UnitedHealthcare, and after a thorough review of the specific circumstances of the case. A change in status will only be allowed if the governmental entity signs an acknowledgement and approval document (provided by UnitedHealthcare) dismissing the producer as their consultant, affirming that it no longer provides separate compensation to the producer and granting permission for the producer to act as the agent of record for their account.

Governmental entities – RFP and RFI restrictions: The Request for Proposal, bid specifications or other written instructions for some governmental entities with 51 or more eligible employees may specify or limit the amount of compensation that may be paid to the producer. UnitedHealthcare strictly adheres to producer compensation limits established by the request for proposal or bid specifications for governmental entities with 51 or more eligible employees. If a limit on compensation is established, those limits cannot be exceeded. If compensation is paid in the form of commissions, no separate additional compensation in any form, such as overrides or bonuses, may be paid to the producer where the total of such amounts, together with the commissions, would exceed the customer's limitations.

Governmental entities – Bonus and overrides: Special bonus and override rules apply to governmental entities. No bonuses or overrides will be paid on non-commissionable governmental entity groups with 51 or more eligible employees. To ensure that other governmental entities have an opportunity to understand the compensation being paid on their case, we require written customer approval before paying bonuses and/or overrides on commissionable governmental entity cases of 51 or more eligible employees. Even with customer acknowledgement, eligibility for bonuses is subject to acceptance by UnitedHealthcare. No bonuses or overrides will be paid on commissionable governmental entity groups with 51 or more eligible employees without the approval of UnitedHealthcare, and written acknowledgment and approval for the payment by an authorized representative of the customer. This acknowledgment and approval must follow the template available for this purpose, and must be signed by an official authorized to sign legal documents for the governmental entity.

Governmental entities – Cases with up to 50 eligible employees: If a governmental entity case is classified by us as a case with up to 50 eligible employees and standard commissions are paid, the case is eligible for published bonus programs with up to 50 eligible employees. Such cases are quoted and placed with the assumption that no special compensation considerations will be granted. However, even for these cases, if the producer accepts any compensation directly from or acts as the consultant to the governmental entity, no compensation of any type can be paid to the producer without written customer acknowledgement and approval. Producers are responsible for notifying us that they are receiving this compensation or otherwise acting as a consultant to a governmental entity. Producers may not accept such compensation if the terms of their agreement with the governmental entity prohibit the payment of such compensation. Producers are responsible for notifying us that they are unable to accept such compensation.

General policies for bonus and recognition programs

UnitedHealthcare's bonus programs may vary from market to market. Some bonus programs are available only in certain locations. The programs in this guide apply only to agents and agencies who are permanently located in the area covered by this guide. All of the eligible business written and renewed by an agent or agency is included in the bonus calculation, regardless of the location of the group, unless excluded by the specific program rules, our policies or state regulations. A case's eligibility for a specific bonus program is dependent upon a number of factors, including, but not limited to: the number of enrolled employees at initial enrollment, renewal or some other point in time; the case's location; funding type; and length of time covered by UnitedHealthcare. UnitedHealthcare may also offer recognition programs such as award trips, non-cash prize programs, and access to special programs reserved for selected agents and agencies.

Bonus periods vary from program to program. Bonuses will be paid when the required data is available in final form, and after allowing additional time for calculations and data validation.

The enrolled employee or member counts used in any bonus program will be from a source of UnitedHealthcare's choosing, and on a date (or dates, if applicable) of our choosing. Once finalized by UnitedHealthcare, enrollment counts will not be adjusted for subsequent changes or retroactive adjustments to the enrollment count. UnitedHealthcare's determination of group and enrollment counts is final.

UnitedHealthcare has the right to modify or terminate any bonus program at any time without notice. UnitedHealthcare has the right to substitute any non-cash rewards, trip destinations, or other prizes at any time without notice. UnitedHealthcare has the sole and complete discretion to interpret the terms of all bonus programs and to determine amounts payable under the program.

UnitedHealthcare has the right to exclude any case from eligibility for any and all bonus, override, or recognition programs if it determines, at its sole discretion, that including the case in the program would create an actual or perceived conflict of interest for the agent and the customer. UnitedHealthcare has the right to exclude any case from eligibility for any bonus, override or recognition program for any reason.

Cases may be excluded from bonus eligibility, or bonus payments may be subject to recovery from future compensation, if cases eligible for the bonus or used in the bonus calculation cancel during the first 12 months of coverage.

UnitedHealthcare bonus programs are generally designed for a specific product or case size segment. We reserve the right to specify or clarify the limitations and terms of any bonus program at any time without notice. Employer association, affinity business, and business acquired through the acquisition of an agency, a block of business or similar transaction may be excluded from bonus eligibility at our discretion without notice.

New York Health Maintenance Organization business, New York HealthPass business, Healthy New York, Connecticut Business and Industry Association (CBIA), Affiliated Associations of America (AAOA), and Cover Florida business are excluded from all bonus programs. Oxford medical groups in New York with up to 50 eligible employees are excluded from bonus programs. Association business may be excluded from bonus eligibility. Bonus programs are subject to regulatory approval in New York, and other jurisdictions as required by law. All non-commissionable business in New Mexico, Montana and any other states or jurisdictions where regulations prohibit such payments is excluded from all bonus and override programs.

All bonus compensation will be subject to reporting as required for regulatory requirements, including (but not exclusively) the reporting associated with ERISA groups (Form 5500, Schedules A and C). UnitedHealthcare will be the sole arbiter as to whether and to what extent compensation is subject to reporting under these regulations, and will determine how bonus amounts are allocated to eligible cases.

All bonus and recognition programs are subject to income tax reporting and withholding (if applicable). The taxable value of non-cash recognition such as trips will be assigned to the entity that directly earned the reward regardless of who actually received the benefits of the reward.

Governmental entities: Some governmental entity cases written or renewed by producers may not be eligible for bonus programs. Please refer to the special rules in this guide for details.

Bonus adjustments: Any corrections to a bonus payment must be requested within 180 days of the date the bonus was paid. All claims for a bonus payment must be made within 180 days of the date the bonus payment was released by UnitedHealthcare.

Change in a group's eligibility status: If a group that was not eligible for bonus programs becomes eligible (for example, by becoming "commissionable"), the date of bonus eligibility will be determined solely by UnitedHealthcare. In most cases, groups that become eligible prior to the end of a bonus period will be included in that bonus, unless inclusion in that bonus would create a conflict of interest, or if the customer was advised that the case would not be eligible for bonuses during the period. If the bonus involves net change or retention elements, the group's enrollment will be added to the beginning counts of the bonus calculation if the group was effective at the time of the baseline or beginning measurement.

Agent of Record (AOR) changes: Unless indicated otherwise in a bonus program's specific rules, the following rules apply for AOR changes: Cases acquired by an AOR change will not be credited as "new business" for the acquiring agent in bonuses where "new business" is a specified qualification criterion. Cases acquired by an AOR change will be added to both the beginning and ending counts of the new AOR for net change, retention and persistency calculations, regardless of the effective date of the case. Cases lost by an AOR change are generally excluded from all bonus calculations for the losing agent, are not counted for meeting eligibility requirements for the losing agent and will be removed from both the beginning and ending counts for net change, retention and persistency calculations for the losing agent provided that the case does not cancel at the time of the AOR change.

If a producer acquires all or part of another producer's block of business by purchase, merger, or other means, the acquired business will not count toward any new business, persistency or net growth measure. UnitedHealthcare will determine whether and (if applicable) how the acquired business will count for inclusion in the bonus calculations.

Case size designation changes: The impact of a change in case size designation of a case (for example, from "groups with up to 99 eligible employees" to "groups with 100 or more eligible employees") will vary for specific bonus programs. Cases that enter a new case size segment due to a case size designation change will not be credited as "new business" or as a net gain for net change, retention, and persistency calculations. Cases that leave a case size segment due to a change in enrollment will not be considered a cancellation for net change, retention, and persistency calculations, and will be removed from both the beginning and ending counts. Cases that transfer into the "up to 99 eligible employee" segment from the 100-plus segment on January 1 of any year will remain eligible for the 100-plus bonus that ended on the date of their transfer. UnitedHealthcare will determine the impact of case size segment changes in situations not specifically covered elsewhere.

Internal transfers and policy number changes: Cases that change renewal dates, policy numbers or other identifiers due to transfer to another UnitedHealthcare or UnitedHealth Group operating company or operating system will not be considered "new business" in bonuses where "new business" is a specified qualification criterion.

Split or shared cases: Bonus amounts, or case and employee credit, for cases where two or more agents split base commissions will be split in the same proportions for all bonus and recognition programs. For example, an agent who receives 50 percent of the base commission on a case that earns a bonus of $1,000 will receive $500. In a bonus program where case and/or enrolled employee credit are used to establish eligibility and/or the bonus amount, all credits will be allocated in proportion to the split of commissions. For example, an agent who receives 50 percent of the base commissions on a case with 20 enrolled employees will receive credit for 0.5 case and 10 enrolled employees. Fractional case and employee credits will be used, and will not be rounded to the nearest integer in any bonus program calculation. In bonus programs having a limit or cap on the number of eligible employees, the amount of bonus, or other factors for a case or group of affiliated cases, the limit or caps are applied before the credit or payment for the case is allocated to the agents.

General agents: General Agents receiving compensation under General Agent's or special compensation arrangements are not eligible for bonuses or other compensation except as specifically allowed by their agreement with us.

Multiple segment cases: Larger employers who have multiple site or multiple segment groups may be divided into several different policies or group numbers. All of these "subgroups" are considered to be one case for commission and bonus purposes, sometimes collectively referred to as "affiliated cases." All affiliated cases will be combined to count as one case, and the enrolled employee and member counts for all related cases will be combined for bonus calculations and rules, including case size designation, enrollment caps and payment caps.

New business in existing accounts: Employees added to existing cases due to routine hiring, expanded hours or the addition of work shifts are not considered "new business" in bonuses where "new business" is a specified qualification. If a discrete block of new covered employees are brought to UnitedHealthcare through the addition of a new segment or site to an existing group, the employees in the new segment may be considered "new business" at our discretion. We will determine whether the additional employees will be consider "new business" following a review of the circumstances related to adding the new employees and the rules of the bonus program in question.

Bonus eligibility of non-commissionable cases: Special rules apply to the payment of bonuses and overrides on "non-commissionable cases" (please see definition on page 7).

Bonus and non-General Agent override eligibility for non-commissionable cases: Non-commissionable governmental entity cases are not eligible for any override or bonus program. All non-commissionable business in New Mexico, Montana and any other states or jurisdictions where regulations prohibit such payments is excluded from all bonus and override programs.

To ensure that our customers have an opportunity to understand the compensation being paid on their cases, we require written customer approval before paying bonuses and non-General Agent overrides on non-commissionable cases for non-governmental entity customers. However, non-governmental non-commissionable cases will not be eligible for any bonus or override programs and payments (even with customer permission) if we determine that legal or regulatory prohibitions would preclude the case from eligibility for such programs or payments. We have sole discretion in determining whether such legal or regulatory prohibitions exist.

If no legal or regulatory prohibitions exist, non-governmental non-commissionable cases will be eligible for bonus and non-General Agent override programs, and bonuses or non-General Agent overrides will be paid on such cases, only if we receive written acknowledgment and approval for the payment by an authorized representative of the customer. This acknowledgment and approval must follow the template available for this purpose, and must be signed by an official authorized to sign legal documents for the customer (the standard form United HealthCare Services, Inc. "Billing and Collection Agreement" includes bonus authorization language). Eligibility for bonuses is subject to acceptance by UnitedHealthcare.

Bonus eligibility for existing cases that change from commissionable to non-commissionable during the bonus period: If an existing customer that is eligible for bonuses converts from commissionable to non-commissionable status during a bonus period, the case will be considered eligible for that bonus if the change from commissionable to non-commissionable occurred after a designated point in time:

- For annual bonus programs that end on December 31 or January 1, the case will be eligible for the bonus if the case was commissionable as of March 15 of the specified bonus period, and was eligible for the bonus at the time it changed to non-commissionable.
- For bonus programs that are paid on any other time period, the case will be eligible for the bonus subject to UnitedHealthcare's discretion. Generally, if the change from commissionable to non-commissionable occurred after 20 percent of the specified bonus period had passed the case will be considered eligible, provided that the case was eligible for the bonus at the time it changed to non-commissionable.

The above rules apply to all customers, including governmental entity cases, provided that the governmental case had the required customer acknowledgement letter in place prior to the payment of the bonus.

The transitional rules in this section apply only to the bonus period in effect when the case changes from commissionable to non-commissionable status. In order to be eligible for subsequent bonus programs, non-governmental groups have to present written customer approval as detailed elsewhere in this guide. Non-commissionable governmental entity groups would not be eligible for any bonuses programs after the transitional period.

The following table summarizes the eligibility of non-commissionable cases for bonus programs:

Category of group	Eligibility for bonuses with bonus periods covering the date the group converts to non-commissionable status	Eligibility for bonus programs that begin after the date the group converts to non-commissionable status
Governmental groups		
Existing governmental group that changes from commissionable to non-commissionable status during the bonus period.	Eligible only if we had the required governmental entity approval letter when the case was commissionable.	Not eligible.
New non-commissionable governmental group with effective dates during the bonus period.	Not eligible.	Not eligible.
Existing governmental group that was non-commissionable prior to the bonus period.	Not eligible.	Not eligible.
Non-governmental groups*		
Existing group that changes from commissionable to non-commissionable status during the bonus period.	Eligible if the case was eligible for at least 20% of the bonus period, **OR** if we get written customer approval (either billing agreement or separate letter) after the conversion to non-commissionable and before the end of the bonus period.	Eligible if we have customer approval (either billing agreement or separate letter) before the end of the bonus period. [Not eligible without customer approval.]
New non-commissionable group written during the bonus period.	Eligible if we have customer approval (either billing agreement or separate letter) before the end of the bonus period. [Not eligible without customer approval.]	Eligible if we have customer approval (either billing agreement or separate letter) before the end of the bonus period. [Not eligible without customer approval.]
Existing group that was non-commissionable prior to the bonus period.	Eligible if we have customer approval (either billing agreement or separate letter) before the end of the bonus period. [Not eligible without customer approval.]	Eligible if we have customer approval (either billing agreement or separate letter) before the end of the bonus period. [Not eligible without customer approval.]

* Non-commissionable cases in New Mexico, Montana, and any other states or jurisdictions where regulations prohibit such payments is excluded from all bonus and override programs

Specific Bonus Programs: Some specific bonus programs may exclude non-commissionable cases from bonus eligibility.

Agencies with multiple locations: UnitedHealthcare's bonus programs are designed to pay for business sold by agency locations within a local health plan area. Therefore, bonuses for agencies that have multiple branches working through different health plans will be based on the business placed through each local branch location. UnitedHealthcare reserves the right to determine whether an agency location qualifies as a separate eligible branch location for bonus purposes.

Policy of combining of business for UnitedHealthcare bonus programs: UnitedHealthcare's policy for bonuses and recognition programs is to direct rewards to the agent or agency directly responsible for producing and maintaining the business within a local branch office within a health plan. We do not allow agents or agencies to combine their business through assignment or other means with the intent of maximizing bonus payments or achieving higher tiers in United Advantage® or other recognition programs.

We only allow agents and agencies to combine business if they are in the same health plan coverage area, and then only if there is a true business relationship between the parties. For the purposes of this requirement, we define a "true business relationship" as some form of common ownership, plus other tangible evidence that the relationship represents a merger of all aspects of the business. Such evidence includes the sharing of office space, phone and computer systems, and combining of all expenses and all revenues from all carriers related to the sale and retention of health insurance. Creating a partnership, corporation, LLC or other business entity without also merging all revenues, expenses, ledgers, assets and other aspects of the business does not meet the definition of a "true business relationship." UnitedHealthcare is the sole arbiter regarding whether a "true business relationship" exists between parties, and may adjust or terminate bonus payments, and suspend or terminate bonus eligibility, for agents and agencies found to be in violation of this policy. If we allow combining of business, the change will be made on a prospective basis only, and no prior bonuses will be recalculated.

Voluntary participation: Agents and agencies may voluntarily withdraw from participation in bonus programs. Such withdrawal must be for all programs and for all customers.

Requests for exclusion of a specific customer or customers from bonus programs will not be accepted unless there are special considerations related to regulatory or conflict of interest concerns. UnitedHealthcare will retain full discretion on whether specific cases can be eliminated from bonus consideration for such reasons. Such exclusions must be agreed to in advance.

Requests to reinstate bonus eligibility after a voluntary withdrawal will be subject to acceptance by UnitedHealthcare. Such requests will generally be considered only for bonus periods beginning after the date of the request. UnitedHealthcare will, at its sole discretion, establish the dates for the reinstatement of the agent's eligibility for the various bonus programs, and may prorate or otherwise adjust bonus payments covering partial bonus periods. Prior to accepting an agent's request to be reinstated for bonus eligibility, the agent must confirm that they have advised their customers that they will be accepting bonuses. UnitedHealthcare may, at its sole discretion, require that the agent advise all customers in writing that they are now accepting bonuses as a condition of reinstatement of bonus eligibility.

Reasons to choose UnitedHealthcare

1 Comprehensive benefit solutions

From cutting-edge consumer-driven plans to traditional coverage, get affordable products designed to serve organizations of virtually every size. Also, choose from integrated vision, dental, life, disability and behavioral health plans for streamlined administration.

2 Promote healthy lifestyles with wellness programs

UnitedHealth Wellness® programs help members take charge of their health and well-being. Based on clinical lifestyle modification research, our programs help members understand and educate themselves, then support and reward positive change. UnitedHealth Wellness is included in all plans.

3 Nationwide network access

With more than 704,966 physicians and health care professionals, 5,580 hospitals and 60,000 pharmacies, it's easy to find a network physician or hospital nearby.

4 UnitedHealth Premium® designation program

The UnitedHealth Premium designation program gives members important quality and cost-efficiency information about doctors and facilities in our network to help them make informed decisions about their care.

5 Online tools for employers and members

Employer eServices® lets benefits professionals manage enrollment, eligibility and billing in real-time. **myuhc.com**,® our member website, lets members research health information, check claims status, find network physicians and more – all online. Members can access their family's health information anytime, anywhere with **UnitedHealthcare Health4Me™ mobile app** (available for iPhone® and Android™ operating systems). And through **myHealthcare Cost Estimator**, members on **myuhc.com** can receive personalized provider and facility cost estimates for high-cost, common procedures and treatments based on their specific health plan benefits, and, where available, quality and efficiency designation information about their selected providers and facilities, to help them make more informed health care decisions.

6 Outstanding customer service

We provide information to members when and how they want it. Members can get automated information quickly and easily, or speak with a knowledgeable representative.

All UnitedHealthcare members can access a cost estimator online tool. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

iPhone is a registered trademark of Apple, Inc. Android is a trademark of Google, Inc.

UnitedHealth Group reputation and recognition

- UnitedHealth Group was named to the **Dow Jones Industrial Average**, a blue chip group of 30 companies deemed industry leaders.
- FORTUNE® magazine named UnitedHealth Group the **World's Most Admired Company in the Insurance and Managed Care Sector** in its 2012 rankings, including ranking the company **No. 1 in Innovation**.
- FORTUNE magazine ranked UnitedHealth Group **No. 22 in the 2012 rankings of the 500 largest U.S. corporations** based on 2011 revenues.
- The Product Development and Management Association recognized UnitedHealth Group with the **2011 Outstanding Corporate Innovator Award**. The award recognizes sustained (five or more years) quantifiable business results from new products and services. Past winners include such world-class innovators as Apple, Pepsi, BMW, FedEx, Bank of America, Harley Davidson and Xerox, among others.
- The U.S. Department of Health & Human Services awarded a **2011 Healthy Living Innovation Award** to the YMCA's Diabetes Prevention Program, created in partnership with UnitedHealth Group and the Centers for Disease Control and Prevention (CDC).

*FORTUNE® Magazine, March 19, 2012. FORTUNE is a registered trademark of Time, Inc. FORTUNE and Time Inc. are not affiliated with, and do not endorse products or services of, UnitedHealth Group.

UnitedHealthcare's competitive differences

- In the J.D. Power and Associates® 2011 Employer Health Insurance Plan Study℠, UnitedHealthcare ranked **highest in employer satisfaction** among the nation's self-insured commercial health plans. UnitedHealthcare ranked highest in all five individual factors measured in the self-insured segment of the study: cost and cost management; account servicing; employee plan service experience; product offering and benefit designs; and problem resolution.
- UnitedHealthcare was named to the **2012 InformationWeek 500**, a list of America's top technology innovators, for creating a state-of-the-art data and analytic platform to improve customer service.
- The American Medical Association's 2012 National Health Insurer Report Card rated UnitedHealthcare **No. 1 in claims processing accuracy** among the seven leading commercial health insurers.
- Health and well-being philosophy: Our programs are designed to help keep consumers healthy, including UnitedHealth Wellness,® Healthy Pregnancy program, reminders program, and 24-hour consumer phone line staffed by nurses and master's level specialists to help with health, personal or financial issues.
- Open access products require no referrals. No prior authorization for most medical procedures.
- High-risk case management for diseases such as asthma, diabetes and coronary artery disease provide support to people with these conditions.
- Online consumer health records for simple, secure access to vital health data anywhere, anytime.

Corporate facts

UnitedHealthcare's parent company, UnitedHealth Group, is one of the largest health care services companies in the United States:

- With more than $102 billion annual revenue
- Serving more than 75 million Americans
- Touching nearly every aspect of health care financing and delivery in the United States

Source: 2011 Annual Report

To learn more about UnitedHealthcare's capabilities, please contact your UnitedHealthcare representative.

UnitedHealthcare Vision® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates.

UnitedHealthcare Dental® coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and associated COC form number DCOC.CER.06. Benefits for the UnitedHealthcare Dental® DHMO plans are provided by or through the following UnitedHealth Group companies: Dental Benefit Providers of California, Inc., Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by Dental Benefit Providers, Inc. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware. Offered by Solstice Benefits, Inc. a Licensed Prepaid Limited Health Service Organization; Chapter 636 F. S., and administered by Dental Benefit Providers, Inc.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company; and in California by Unimerica Life Insurance Company; and in New York by Unimerica Life Insurance Company of New York. In New York, the Life Insurance product is provided on Form LASD-POL-LIFE NY (05/03) and the Disability product on Form LASD-POL-ADD/DIS NY (05/03). In Texas, Life and Disability coverage is provided on Form LASD-POL-TX (05/03) or Form UHCLD-POL 2/2008-TX. UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Life Insurance Company in Milwaukee, WI; Unimerica Life Insurance Company of New York in New York, NY. Some products vary by state or may not be available in all states.

UnitedHealthcare's Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

For a complete description of the UnitedHealth Premium® designation program, including details on the methodology used, geographic availability and program limitations, please see myuhc.com.

UnitedHealth Wellness® is a collection of programs and services offered to UnitedHealthcare enrollees to help them stay healthy. It is not intended to be medical advice or a substitute for your doctor's care. It is not an insurance product but is offered to existing enrollees of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to encourage their participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. Some UnitedHealth Wellness programs and services may not be available in all states or for all group sizes. Components subject to change.

The Healthy Pregnancy Program follows national practice standards from the Institute for Clinical Systems Improvement. The Healthy Pregnancy Program cannot diagnose problems or recommend specific treatment. The information provided is not a substitute for your doctor's care.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of Illinois or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of Illinois, Inc.

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