



STANDARD COMMISSION SCHEDULE – OREGON

Moda Health Plan, Inc.
Oregon Dental Service, dba Delta Dental Plan of Oregon

601 SW Second Avenue
Portland, Oregon 97204

Commission Schedule Date: January 1, 2025

As of the Commission Schedule Date stated above, this Commission Schedule supersedes all prior Commission Schedules.

Unless otherwise agreed to in writing, Company agrees to pay Producer commissions in accordance with the following rates and terms:

Type of Policy	Commission Rate
Individual Health Policies	Medical - \$16.00 per member per month* Dental (Stand Alone Only) - \$2.00 per member per month*
Individual Medicare Supplement Policies – New**	15%
Individual Medicare Supplement Policies -Existing	5% Straight
Small Group Health Policies (1-50 Employees)	Connexus Medical- \$25.00 per employee per month* Moda Select Medical - \$25.00 per employee per month* Dental (Stand Alone Only) - \$3.00 per member per month*
All Group DeltaVision® Policies	3% Straight
Equal Funding Agreements	3% Straight
Large Group Health Policies (Over 50 Employees)	3% Straight

Commission paid to Producer shall be based on the above rates. For purposes of calculating the commission rate for a given month, all premiums paid for the policy year, or portion thereof, shall be taken into account when determining the “annual premium” in the above schedule.

*Per member per month or per employee per month applies to each employee or member who is charged a premium.

**A “new” Medicare Supplement enrollee is one who ages-in to Medicare and/or is a new Moda Medicare Supplement member. 15% commission is effective for six years before dropping to “existing” commission rate.



**OREGON COMMISSION SCHEDULE
ENDORSEMENT FOR
CURRENT AGENCY AGREEMENTS**

**Moda Health Plan, Inc.
Oregon Dental Service, dba Delta Dental Plan of Oregon**

601 SW Second Avenue
Portland, Oregon 97204

This endorsement forms a part of your current Agency Agreement ("Agreement"). Moda Health Plan, Inc. and Oregon Dental Service (dba Delta Dental Plan of Oregon) are making changes to the commission schedule. The commission rate changes apply to Individual Health policies and Small Group Health policies.

In consideration of the terms and conditions of your Agreement, it is understood and agreed that the producer rate for Moda Health Delta Division commissions are updated to include all group sizes.

The endorsement is subject to the conditions, exclusions and all other terms of the Agreement indicated above which are not inconsistent with this endorsement and forms a part of the Agreement when signed by an authorized representative of Moda Health and Delta Dental.

By Signature:

A handwritten signature in black ink, appearing to read "Scott Loftin".

Printed Name: Scott Loftin

Title: Senior Vice President, Sales & Account Services