



2011

Producer performance guide

Neighborhood Health Partnership –
South Florida

uhc.com/broker – New broker site

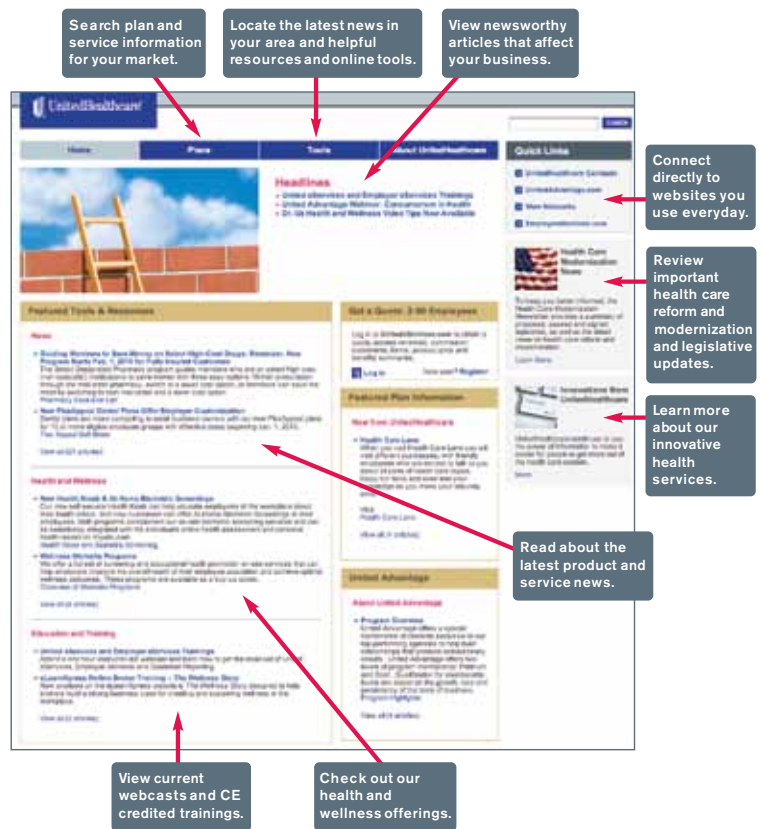
Your online destination for all UnitedHealthcare news and marketing resources

We have consolidated nearly all of your online business resources to one website, **uhc.com/broker**, making it easy (no log in required) and convenient for you to get the latest UnitedHealthcare news, product and marketing information, plus the resources 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 having to wait 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.

Visit **uhc.com/broker** today and bookmark the site in your Web browser. Make the site your go-to destination for all UnitedHealthcare information.



United eServices is designed for you. Whether you're looking for online quoting, case status, renewals, plan resources, network information or commission statements, we're here to help. It's all part of our commitment to help you grow your book of business. Join the thousands of our brokers already accessing this valuable resource.

Register today

- Visit www.UnitedeServices.com
- Click **Register**
- Enter your date of birth and Social Security Number

Tools and resources

- **Quoting** — our quoting tool is designed to streamline the quoting process for your groups up to 50* eligible employees, and provide you with access to UnitedHealthcare information. With online quoting, you can create quotes and proposals for single site and multiple sites: medical, dental, vision, disability and life plans. Quoting is fast and available anytime.
- **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, and generate alternate medical, pharmacy, dental and life plan quotes for your UnitedHealthcare groups with up to 50* eligible employees online. 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 661,257 physicians and health care professionals, 5,147 hospitals, and 64,000 pharmacies. Resources include network directories, maps, and local fact sheets that include accreditation and reimbursement methods.
- **Online commission statements** — access your individual commission statements online anytime, anywhere. Available for those who receive individual commission statements addressed with their individual name.

*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.

Resources

Websites

- **uhc.com/broker**

Located at **www.uhc.com/broker**, 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.

- **United eServices®**

Located at **www.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 submission and status, renewals, network information, plan information or commission statements — we've got it at United eServices.

- **Employer eServices®**

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

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.

Please refer to the producer compensation policies and practices in the back of this guide for important information. Commissions vary in different areas. Please contact your UnitedHealthcare sales office for base commission schedules for areas not included in this guide.

Area covered by this guide

The bonus programs in this guide apply only to Neighborhood Health Partnership groups in South Florida.

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.

Definitions

- **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:** an entity (person or agency) who is paid a fee directly by the client instead of carrier paid commissions.
- **Non-commissionable case:** a case where no commissions, or minimal commissions, are paid by the carrier. Such cases are excluded from bonus and recognition programs. In general, 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. 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 to determine whether any case is commissionable. Each line of business is considered separately when determining whether a case is commissionable.
- **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.

Medical benefits

Medical base commissions for groups with up to 50 eligible employees

This commission schedule is effective for all new Neighborhood Health Partnership medical groups in South Florida with up to 50 eligible employees* with effective dates on or after January 1, 2011, and existing Neighborhood Health Partnership groups on their first renewal on or after January 1, 2011. The plan type and number of enrolled medical employees in the case determines the commission rate paid per employee.

Neighborhood Health Partnership medical plan and case size	First year percent of paid premium	Renewal percent of paid premium
All plans		
1 or 2 enrolled employees	1%	1%
3 or 4 enrolled employees	2%	2%
HMO and POS plans with “per day” hospital co-payment (H2000 plans)		
5 or more enrolled employees	8%	5%
Coinsurance plans		
5 or more enrolled employees	8%	5%
Freedom plans		
5 or more enrolled employees	10%	10%
All other plans		
5 or more enrolled employees	8%	6%

- “First year” commissions are paid for the period from the original effective date up to the first renewal date. The “Renewal” commission rates are paid for all months starting on and subsequent to the first renewal date.
- 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, but 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 paid premium for the month by the percentage indicated. For example, if the paid premium for a first year H2000 group for a month is \$10,000, the commissions for that month will be 8% times \$10,000, or \$800.

This commission schedule applies only to medical groups designated by Neighborhood Health Partnership as having up to 50 eligible employees for the area indicated. Commissions vary by area. Some medical products may have a specified commission schedule that replace and supersede this schedule. All UnitedHealthcare and subsidiary commission 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 4 for details.

NHP quarterly medical bonus program

for groups with up to 50 eligible employees

Neighborhood Health Partnership will award a bonus to brokers who accumulate blocks of cases with up to 50 eligible employees that have at least 5 enrolled employees. Eligible cases are Neighborhood Health Partnership medical cases with up to 50 eligible employees* that have at least 5 enrolled employees and are active on the last day of the calendar quarter. Brokers having a minimum of 75 enrolled medical employees in eligible cases on the last day of the calendar quarter qualify for a bonus. The bonus is a percentage of the premiums paid for eligible cases during the quarter. The bonus will be paid according to the following table for the calendar quarters starting on or after January 1, 2011:

Enrolled employees in eligible groups with up to 50 eligible employees* having at least 5 enrolled employees	Quarterly medical bonus percentage
75 to 124 enrolled employees	1% of quarter's paid premium
125 to 224 employees	2% of quarter's paid premium
225 to 324 enrolled employees	3% of quarter's paid premium
325 or more enrolled employees	4% of quarter's paid premium

The bonus percentage is determined by the number of enrolled medical employees in eligible cases on the last day of the calendar quarter. Paid premium is premium paid for medical coverage on eligible groups that remain active through the end of the calendar quarter. Premiums paid for cases that cancel or are otherwise removed from the agent's block of business prior to the end quarter are not included in the bonus calculation.

Bonus example

Bonus example: An agency has 150 enrolled medical employees in Neighborhood Health Partnership medical cases with up to 50 eligible employees* with at least 5 enrolled employees at the end of a calendar quarter, with paid premium during the quarter of \$200,000.

How to calculate your quarterly medical bonus

1. Determine Bonus Level

- The 150 enrolled employees, results in a 2% bonus level (from the table above).

2. Determine Bonus Amount

- Multiply the paid premium in eligible cases by the bonus percentage (from step 1): $\$200,000 \times 2\% = \$4,000$.

*Classification as a group with "up to 50 eligible employees" is determined by us considering a number of factors. Please see Case Size Designations on page 4 for details.

Medical growth bonus for groups with 51 or more eligible employees

UnitedHealthcare expects to offer a bonus program for the sale and retention of 51-plus medical business in 2011. However, we are still developing the terms and conditions of the 2011 medical bonus programs for groups with 51 or more eligible employees. The details of the bonus will be announced as soon as possible.

Please remember that UnitedHealthcare's 2010 medical bonus program for groups with 51 or more eligible employees that was announced in the 2010 Producer Performance Guide will include any business written or renewed through January 1, 2011.

Specialty benefits

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 ManagementSM (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 United Healthcare Insurance Company, Hartford, Connecticut (except in New York), United Healthcare 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 4 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, and group critical illness insurance for groups with two or more eligible employees during 2011. 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 ten new lines of coverage having a combined minimum of \$75,000 in annualized premium and fees to qualify for this bonus program. The maximum Specialty Benefits new business bonus paid on any line of coverage within any one case or affiliated cases is \$5,000. 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 annualized premium and fees*
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 2011. Annualized premium or fees for this bonus is equal to the December 2011 premium or fees of eligible cases multiplied by 12.

Specialty Benefits new business bonus details:

- You must sell at least ten eligible lines of coverage with original effective dates from January 1, 2011 through December 31, 2011 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 2011, are active on December 31, 2011, 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, and group critical illness insurance product in a group of two or more eligible employees that has an original effective date from January 1, 2011 through December 31, 2011. 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. Life and supplemental life are considered to be separate lines of coverage.
- An eligible line of coverage must be in an eligible group. Non-commissionable cases, OptumHealth Private Label vision, and some Governmental Entity cases are not eligible for any bonus programs. 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 towards the minimum line of coverage requirements, the premium or fee requirements, or any other requirements or calculations related to any Specialty Benefits bonus.

- 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.
- 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 2011 premium or fees of the eligible cases multiplied by 12.
- The maximum Specialty Benefits new business bonus paid on any line of coverage within any one case or affiliated cases is \$5,000. 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.
- Sierra Health Services, Inc. specialty benefit business is not included in this bonus program.

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. The percentage in that tier is then multiplied by the annualized premium and fees in eligible lines of coverage to determine the bonus paid.

Example 1: An agency has 16 new lines of coverage and annualized premium and fees in eligible products of \$200,000. That results in a bonus of 3% of the eligible premium and fees, and the bonus payable is 3% of \$200,000, or \$6,000.

Example 2: An agency has 10 new lines of coverage and annualized premium and fees in eligible products of \$550,000. That results in a bonus of 4% of the premium and fees, and 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, and group critical illness insurance for groups with two or more eligible employees having renewal dates from January 1, 2011 through December 31, 2011. 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 \$75,000 in annualized premium on December 31, 2011, have premium persistency of at least 85%, and qualify for the 2011 Specialty Benefits new business bonus to qualify for this bonus. Alternatively, you may also qualify for this bonus if you have 15 eligible lines of coverage having a combined minimum of \$75,000 in annualized premium on December 31, 2011, premium persistency of 85%, and net change in Specialty premium of at least 100%. The maximum Specialty Benefits retention bonus paid on any line of coverage within any one case or affiliated cases is \$5,000. 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, 2011		Premium retention percentage	Bonus on annualized premium and fees*
	Minimum coverages	Minimum premium		
Earned 2011 Specialty Benefits New Business Bonus	15	\$75,000	85% to 89.99%	1%
	15	\$75,000	90% – 94.99%	2%
	15	\$75,000	95% or greater	3%
	50	\$75,000	85% to 89.99%	2%
	50	\$75,000	90% – 94.99%	4%
	50	\$75,000	95% or greater	6%
Net change in premium of 100% or greater	15	\$75,000	85% or greater	1%
	50	\$75,000	85% or greater	2%
Neither of the above				No bonus
Fewer than 15 lines and combined minimum of \$75,000 in annualized premium				No bonus

* In eligible lines of coverage with effective dates during 2011. Annualized premium or fees for this bonus is equal to the December 2011 premium or fees of eligible cases for lines of coverage that had renewal dates during 2011 multiplied by 12. If an agent meets 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.

Specialty Benefits retention bonus details:

- You must have at least 15 eligible lines of coverage having a combined minimum of \$75,000 in annualized premium on December 31, 2011 and a minimum retention percentage of 85% 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 2011 are active on December 31, 2011, 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, and group critical illness insurance product in a group of two or more eligible employees that is active on December 31, 2011 and that has a renewal date from January 1, 2011 through December 31, 2011. 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. Life and supplemental life are considered to be separate lines of coverage.

- An eligible line of coverage must be in an eligible group. Non-commissionable cases, OptumHealth Private Label vision, and some Governmental Entity cases are not eligible for any bonus programs. 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 towards the minimum line of coverage or premium requirements, or any other requirements or calculations related to any Specialty Benefits bonus.
- For the Specialty Benefits retention bonus, “retention percentage” is the December 2011 premium and fees of lines of coverage eligible for the 2011 Specialty Benefits retention bonus divided by the December 2010 premium and fees of lines of coverage eligible for the 2011 Specialty Benefits retention bonus. “Retention percentage” incorporates only lines of coverage that renew or terminate during 2011, and does not include any new lines of coverage sold during 2011.
- For the Specialty Benefits retention bonus, “net change in Specialty premium” is the December 2011 premium and fees for all active lines of coverage eligible for either the 2011 Specialty Benefits retention bonus or the 2011 Specialty Benefits new business bonus divided by the December 2010 premium and fees for all lines of coverage eligible for the 2011 Specialty Benefits retention bonus. “Net change in Specialty premium” reflects the impact of new lines of coverage sold during 2011 as well as terminations that occur during 2011. (Please note that the Specialty Benefits retention bonus is paid only on the premium and fees of lines of coverage that renew during 2011.)
- 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.
- 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 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 premium or fees of the eligible cases multiplied by 12.
- The maximum Specialty Benefits retention bonus paid on any line of coverage within any one case or affiliated cases is \$5,000. 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.
- Sierra Health Services, Inc. specialty benefit business is not included in this bonus program.

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 December 2011 annualized premium and fees 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, 2011 having renewal dates during 2011. The annualized premium and fees of these 15 lines of coverage is \$206,000 on December 31, 2010 and \$200,000 on December 31, 2011. That means the retention percentage for the agent is \$200,000 divided by \$206,000, or 97.1%. The agency also earns a 2011 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, \$75,000 in annualized premium, and retention percentage of 97.1% results in a bonus of 3% of the annualized eligible December 2011 premium and fees. The agent receives a bonus of 3% times \$200,000, or \$6,000.

Example 2: An agency does not qualify for a 2011 Specialty Benefits new business bonus. However, the agency had 55 eligible active lines of coverage with annualized premium and fees of \$543,000 on December 31, 2010. The agency renewed 50 of those 55 lines of coverages during 2011, and the renewed lines of coverage had annualized premium and fees of \$510,000 on December 31, 2011. That results in a premium persistency of 93.9% (\$510,000 divided by \$543,000). In addition during 2011 the agency wrote 7 new lines of coverage with \$75,000 of annualized premium and fees resulting in a total annualized premium on all lines of coverage on December 31, 2011 of \$585,000. The agency's "net change in premium" for 2011 is therefore 107.7 % (\$585,000 divided by \$543,000). The agency has met all the qualifying criteria including Net Change in Premium of 100% or greater, a minimum of 50 eligible renewed lines of coverage on December 31, 2011, a retention percentage of 85% or greater, and a minimum of \$75,000 in annualized premium. The agent receives a bonus of \$10,200, which is 2% of the annualized eligible premium and fees of the lines of coverage that renewed during 2011 (\$510,000).

Producer compensation policies and practices

Please also refer to the definitions of key terms on pages 3 and 4.

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 and participate in bonus and recognition programs. No compensation 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. UnitedHealthcare believes in “fully transparent” producer compensation, which means that customers have the right to know what their agent or consultants are 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.

Disclosure of producer compensation: 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 or business type. Such requests must 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, as detailed in other sections of this guide. 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

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.

Base commission for groups with 51 or more eligible employees are established by the customer, subject to UnitedHealthcare’s agent compensation policies and state regulations. 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 (including any applicable maximum commission limit) and state regulations. Premium rates for group 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 written acknowledgement by an authorized representative of a customer of the specific commission arrangement on any case at any time.

Maximum allowable 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 or other attributes. UnitedHealthcare may adjust the maximum allowable commission rate or prohibit commissions for a specified group if, in UnitedHealthcare’s sole discretion, circumstances warrant such action.

Medical commission limits for groups with 51 or more eligible employees: 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. 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 either of these designations according to our rules, regardless of the group’s actual enrollment, or employee count.

Repayment and recovery of commission, override and bonus errors: UnitedHealthcare will not adjust any commission, override or bonus 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, override or bonus 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 judgement, 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: commissions and bonuses 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: **1-860-221-0067**

By e-mail: **agtcomp@uhc.com**

By United States Postal Service mail:

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

If a producer becomes appointed as AOR for cases where there is no current agent, UnitedHealthcare will not pay commissions 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 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. 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. 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.

Producer compensation policies and procedures for 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, government-sponsored boards and districts, and similar entities. UnitedHealthcare has sole discretion in determining whether a customer is a “governmental entity.”

Producers accepting compensation directly from, or acting as consultants to, governmental entities must have written customer acknowledgement: a producer who accepts a consulting fee or other compensation directly or indirectly from a governmental entity must provide UnitedHealthcare with written customer approval before they may receive any commissions, bonuses, overrides, non-monetary rewards or other compensation from UnitedHealthcare on that case. This 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. This policy also applies to anyone acting as a consultant for a governmental entity whether or not the governmental entity compensates the consultant. 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 a governmental entity may wish to terminate their status as “consultant” for that customer. This can only be done with written permission from UnitedHealthcare, and after a thorough review of the specific circumstances of the case. If a change in status is allowed, it can only be implemented if the governmental entity signs an acknowledgement and approval document (provided by UnitedHealthcare) granting permission for such a change.

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: the Request for Proposal, bid specifications or other written instructions for some governmental entities with 51 or more eligible employees specify or limit the amount of compensation that may be paid to the producer. 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.

Customer acknowledgement and approval is required to pay any bonuses or overrides on governmental entity business with 51 or more eligible employees: to ensure that 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 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 governmental entity business groups of 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. As a reminder, non-commissionable cases are not eligible for any override or bonus program.

Governmental entity 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. You are responsible for notifying us that you are receiving this compensation or otherwise acting as a consultant to a governmental entity. You may not accept such compensation if the terms of your agreement with the governmental entity prohibit the payment of such compensation. You are responsible for notifying us that you 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 payments may be subject to recovery from future compensation if cases used in the bonus calculation cancel during the first twelve months of coverage. 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.

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. Sierra Health and Life Insurance Company, Inc. and Health Plan of Nevada, Inc. groups are not included in any bonus programs. New York Health Maintenance Organization business, New York HealthPass business, Connecticut Business and Industry Association (CBIA), Affiliated Associations of America (AAOA), and Cover Florida business are excluded from all 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 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.

“Non-commissionable” cases excluded from bonuses: non-commissionable cases are not eligible for any bonus program. Please refer to the definition of “non-commissionable” on page 4 for more information.

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.

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. Cases lost by an AOR change are generally excluded from 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 towards 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 50 eligible employees” to “groups with 51 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 50 eligible employee” segment from the 51-plus segment on January 1 of any year will remain eligible for the 51-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, an agent who receives (for example) 50 percent of the base commissions on a case with 20 enrolled employees will receive credit for 0.5 case and ten enrolled employees. Fractional case and employee credits are not 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.

If 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 only may be considered “new business” in bonuses where “new business” is a specified qualification criterion at our discretion. This determination will be made following a review of the circumstances related to adding the new employees and the rules of the bonus program in question.

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.

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.

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 from bonuses 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.

Requests to reinstate bonus eligibility after a voluntary withdrawal will be subject to acceptance by UnitedHealthcare. Prior to accepting an agent’s request to be reinstated for bonus eligibility, the agent must confirm that they have not advised their customers that they will not 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. UnitedHealthcare will, at its sole discretion, establish the dates for the reinstatement of the agent’s eligibility for the various bonus programs, and may pro-rate or otherwise adjust bonus payments covering partial bonus periods.

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 661,257 physicians and health care professionals, 5,147 hospitals and 64,000 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.

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.



What sets UnitedHealthcare apart

Corporate facts

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

- With more than \$87 billion annual revenue
- Serving more than 75 million Americans
- Overseeing approximately \$120 billion in health care spending annually
- Touching nearly every aspect of health care financing and delivery in the United States

Source: 2009 Annual Report

UnitedHealth Group reputation and recognition

- FORTUNE Magazine's 2011 ranking of the most admired companies ranked UnitedHealth Group number one among health care insurance and managed care companies.*
- UnitedHealth Group has been listed in the Dow Jones Sustainability World Index and Dow Jones Sustainability North America Index for 11 consecutive years.

UnitedHealthcare's competitive differences

- 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.
- Innovative use of claims data helps identify those most likely to become ill and helps promote adherence to best-practice and evidence-based care.
- Online consumer health records for simple, secure access to vital health data anywhere, anytime.

*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. FORTUNE® Magazine, March 21, 2011.

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 provided by or through 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.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, located in Hartford, Connecticut; and in California by Unimerica Life Insurance Company; and in New York by Unimerica Life Insurance Company of New York.

UnitedHealthcare's Definity® 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 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.

The Healthy Pregnancy Program follows national practice standards from the Institute for Clinical Systems Improvement. The Healthy Pregnancy Program can not 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 or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of Florida, Inc. and Neighborhood Health Partnership, Inc.