



September 15, 2020

Re: Amendment to Agent Agreement

Dear Agent:

This “Letter Amendment” amends your UnitedHealthcare Insurance Company (“Company” or “United”) Agent Agreement (the “Agreement”) as follows:

1. The Agreement is hereby amended, for applications signed on or after October 1, 2020, to amend Appendix A of the 2020 PDP and MA Plans Commission Schedule, “Non-Commissioned Plans and Counties for Specified HMO, PPO, RPPO, Dual SNP and Institutional SNP Plans for applications effective on or after January 1, 2020.” The following Plan/Counties are hereby added to the list of Non-Commissioned Plans and Counties for applications signed on or after October 1, 2020:

Contract # - Plan ID	Product	State: Counties
R0759-003	UnitedHealthcare Dual Complete® RP	Florida: All Counties

For clarification, the Company will not pay commissions on any applications signed on or after October 1, 2020, for the plan listed above.

2. The Agreement is hereby amended, for applications with plan effective dates of January 1, 2021 and later, to amend Appendix A of the 2021 PDP and MA Plans Commission Schedule, “Non-Commissioned Plans and Counties for Specified HMO, PPO, RPPO, Dual SNP and Institutional SNP Plans for applications effective on or after January 1, 2021.” The following Plan/Counties are hereby added to the list of Non-Commissioned Plans and Counties for applications with plan effective dates of January 1, 2021 and later:

Contract # - Plan ID	Product	State: Counties
R0759-003	UnitedHealthcare Dual Complete® RP	Florida: All Counties

For clarification, the Company will not pay commissions on any applications with plan effective dates of January 1, 2021 and later, for the plan listed above.

3. The Agreement is hereby amended, for applications with plan effective dates of January 1, 2021 and later, to amend Appendix A of the 2021 PDP and MA Plans Commission Schedule, “Non-

Commissioned Plans and Counties for Specified HMO, PPO, RPPO, Dual SNP and Institutional SNP Plans for applications effective on or after January 1, 2021.” The following Plan/Counties are hereby removed from the list of Non-Commissioned Plans and Counties for applications with plan effective dates of January 1, 2021 and later:

Contract # - Plan ID	Product	State: Counties
H3113-009-000	UnitedHealthcare Dual Complete®	Pennsylvania: Philadelphia

For clarification, the Company will pay commissions on any applications with plan effective dates of January 1, 2021 and later, for the plan listed above.

- The 2020 PDP and MA Plans Commission Schedule is hereby amended as follows: the paragraph in Exhibit A, Section II (All Medicare Advantage Plans), titled **“Renewal Year” Commissions – Renewal Enrollments for Plan Year 2020**, is hereby deleted and replaced with the following:

“Renewal Year” Commissions – Renewal Enrollments for CMS Plan Year 2020

For the Plan Year 2020, the Company shall pay Agent the following renewal commissions for each individual not identified by CMS as “Initial” and properly enrolled in a Company MA Plan which Agent is approved and authorized to market and promote for the 2020 CMS Plan Year, for January 1, 2020 through December 31, 2020 effective enrollments. If Agent receives the “Initial Year” or “Renewal Year” commission for an enrollment effective on or after January 1, 2020 for the 2020 CMS Plan Year, in subsequent CMS Plan Years, Agent shall be paid the CMS published FMV (Fair Market Value) “Renewal Year” commission amount for the year in which the renewal payments are made, subject to amendment, provided that the individual remains enrolled in a Company MA Plan throughout each renewal year and provided that Agent remains credentialed (licensed, appointed and certified) as required by the Company for each renewal year.

- The 2021 PDP and MA Plans Commission Schedule is hereby amended as follows: the paragraph in Exhibit A, Section II (All Medicare Advantage Plans), titled **“Renewal Year” Commissions – Renewal Enrollments for Plan Year 2021**, is hereby deleted and replaced with the following:

“Renewal Year” Commissions – Renewal Enrollments for CMS Plan Year 2021

For the Plan Year 2021, the Company shall pay Agent the following renewal commissions for each individual not identified by CMS as “Initial” and properly enrolled in a Company MA Plan which Agent is approved and authorized to market and promote for the 2021 CMS Plan Year, for January 1, 2021 through December 31, 2021 effective enrollments. If Agent receives the “Initial Year” or “Renewal Year” commission for an enrollment effective on or after January 1, 2021 for the 2021 CMS Plan Year, in subsequent CMS Plan Years, Agent shall be paid the CMS published FMV (Fair Market Value) “Renewal Year” commission amount for the year in which the renewal payments are made, subject to amendment, provided that the individual remains enrolled in a Company MA Plan throughout each renewal year and provided that Agent

remains credentialed (licensed, appointed and certified) as required by the Company for each renewal year.

6. The following paragraph is hereby added to Paragraph 4.1(c) of the Agreement:

If Agent receives the “Initial Year” or “Renewal Year” commission for an enrollment in a Company MA Plan effective on or after January 1, 2020, in subsequent CMS Plan Years, Agent shall be paid the CMS published FMV (Fair Market Value) “Renewal Year” commission amount for the year in which the renewal payments are made, subject to amendment, provided that the individual remains enrolled in a Company MA Plan throughout each renewal year and provided that Agent remains credentialed (licensed, appointed and certified) as required by the Company for each renewal year.

7. The PDP and MA Plan Commission Schedules for CMS Plan Years 2019 and earlier are hereby amended as follows, effective January 1, 2021: for MA Plans with 2019 effective dates and earlier, Agent shall be paid the CMS published FMV (Fair Market Value) “Renewal Year” commission amount for the year in which the renewal payments are made, subject to amendment, provided that the individual remains enrolled in a Company MA Plan throughout the renewal year and provided that Agent remains credentialed (licensed, appointed and certified) as required by the Company. This change applies only to plans sold in the following California counties: San Diego, Orange, Riverside, San Bernardino, Los Angeles, Ventura, San Luis Obispo, Santa Barbara, Kern.

In the event that Agent does not agree to the amendment set forth in this Letter Amendment, Agent must notify the Company that Agent is terminating the Agreement within thirty (30) days following the date of this Letter Amendment, in which case the Agreement shall be immediately terminated.

The terms and conditions set forth in the Agreement, as amended and modified by this Letter Amendment, shall continue in full force and effect. In the event there is any inconsistency or conflict between the provisions in this Letter Amendment and those in the Agreement, the provisions in this Letter Amendment will supersede and control. Unless otherwise defined in this Letter Amendment, all capitalized terms contained in this Letter Amendment shall be defined as set forth in the Agreement.

Sincerely,



Mark Phillips
Chief Sales and Distribution Officer
UnitedHealthcare Medicare Solutions