Individual and Family Commission Schedule - Attachment C
Oregon
Effective January 1, 2021

Producer Compensation Plan for Individual and Family Business
Providence Health Plan’s producer compensation program focuses on long-term relationships with successful producers who are committed to a health plan focus.

PHP Individual and Family Plan new appointment
Before PHP will issue quotes for individual and family plan business, you must be an appointed producer. To receive an appointment, complete and return our appointment application. Please provide all information requested, including references. The application will be reviewed with consideration for professional association affiliation, individual and family plan health insurance focus, and congruence with Providence values.

+ The appointment application includes:
  + A completed Agency and Commission Agreement, signed by Agency Principal
  + A copy of your current Errors and Omissions Insurance Policy, stating the policyholder name, policy limits ($1 million minimum aggregate coverage) and policy effective dates
  + A copy of your current Oregon producer/agency license(s)
  + A completed W-9 form for accounting purposes
  + If you plan to sell PHP Individual and Family plans through the Federally Facilitated Marketplace (FFM) you will need to provide:
    + Producer FFM training certificate (annually)
    + Agency appointment will require an Agency FFM training certificate if you are a web broker
    + Completed Affordable Care Act (ACA) Addendum to PHP Agency and Commission Agreement, signed by Agency Principal
Maintaining an existing appointment
Insurance producers who are currently appointed with Providence Health Plan are required to meet the following ongoing appointment standards:

+ Maintain a current Oregon producer/agency license
+ Maintain and provide proof of $1 million in errors and omissions coverage
+ Comply with all provisions of the Providence Health Plan Agency and Commission Agreement

Schedule of Commissions

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<thead>
<tr>
<th></th>
<th>Medical</th>
<th>Dental</th>
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<tbody>
<tr>
<td>All plans</td>
<td>$18.00 PMPM</td>
<td>Providence Progressive Dental Plan</td>
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<tr>
<td></td>
<td></td>
<td>$3.10 PMPM</td>
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+ Commissions are paid monthly based on actual membership for each billing month
+ Commissions for the contract year will be paid at the PMPM rate in effect at the beginning of the contract year

The Company may modify the above commission schedule with advance written notice. The Agent shall be deemed to have accepted the modified commission schedule unless the Agent provides written notice of termination as required under the Agency and Commission Agreement.

Visit ProvidenceHealthPlan.com or call 503-574-6300 (Portland Metro Area) or 877-245-4077 (all other areas) for more information.