



2025 Producer Partnership Plan

With Humana, producers have the tools, support and information necessary to help them succeed. Humana also offers producers a comprehensive and competitive suite of compensation.

- > **Group Benefits: Dental, vision, life & disability**
- > **Group Medicare**

Humana[®]

Table of contents

This Producer Partnership Plan (PPP) does not contain rules and provisions or commissions related to the sale of Individual Medicare, Individual Medicare Supplement, Individual Dental and Individual Vision Products. Those rules are contained in the 2025 Individual Products Producer Partnership Plan for Individual Medicare, Medicare Supplement, Dental and Vision products in the secure Agent section of Humana.com, on the Vantage Portal, under “Commissions.”

General information

- Using Humana’s online tools for compensation 3-4
- Setting up or changing direct deposit information 4
- Humana policy for “zero commission” or “fee-based” business 4

Bonus programs

- Group Benefits Growth Bonus 5-9

Base compensation

- Group Benefits: Dental, vision, life and disability 10-11
- Group Medicare 12
- Minimum business production standards Appendix

General information

The rules and provisions provided in this 2025 PPP and the rules and provisions provided in the Appendix to the 2025 Producer Partnership Plan (Appendix) constitute the PPP in its entirety. The Appendix is part of the PPP. The term “Humana” in this PPP has the same meaning as the term “Company” as defined in the Humana Producer Contract “Contract.” Except where otherwise noted, capitalized terms in this PPP are defined in the Contract and this 2025 PPP supersedes all prior producer partnership plans. Humana reserves the sole right to determine the resolution of any discrepancy between the PPP, Appendix and Contract.

Both the PPP and the Appendix may be accessed online at **Humana.com**, in the “Important Producer Notices” section. Producers must sign in to access this section of the agent portal. Reference the Appendix for additional rules and provisions applicable to the compensation offerings detailed in this PPP, including base commissions and bonus programs.

Under Applicable Law, Producer may be required to disclose to the insured or applicant or responsible plan fiduciary the programs under which they are compensated including direct or indirect commissions, bonuses, incentives or other forms of remuneration for which Producer is eligible for the sale or renewal of insured products.

This PPP is the property of Humana. The Producer may view, copy and print the PPP for personal use only. The Producer may not otherwise use, reproduce, download, store, post, broadcast, transmit, modify, sell or make available to the public content from Humana’s PPP.

To sell Products, you must be contracted and appointed by Humana. Humana retains the sole discretion to authorize the Producer to solicit applications for any Product and not all Producers will be authorized to solicit applications for all Products, or to participate in the sale or distribution of any third-party products or products offered through other vendors. Humana reserves the right to decline contracting or appointing any individual or entity at its discretion. Contact your sales representative for more information on becoming a contracted and appointed Producer.

The provisions and commission schedules in the current or any prior Individual Medicare, Major Medical, Ancillary and Supplemental Product Producer Partnership Plan do not apply to Group Benefits Products.

General information

What compensation tools does Humana offer to Producers online?

Humana offers reports to Producers that show how they are performing in Humana’s compensation programs. Through the secure section of the agent portal at Humana.com, Producers may view the following reports:

- Historical commission statements

How do I notify Humana of my direct deposit information?

You can set up or change your direct deposit information in the Commercial Business section for Agents & Brokers at **Humana.com** by navigating to the “Pay and Bonuses” section and clicking on the link titled “Add/Change Direct Deposit Information.”

What is a Line of Coverage?

A Line of Coverage is a class of insurance and the itemized items below are the classes/types of the Lines of Coverage.

- Group Term Life (including AD&D)
- Group Term Supplemental/Voluntary Life
- Group Vision (including Voluntary Vision)
- Group Dental (including Voluntary Dental)
- Group Long Term-Disability (including Voluntary Long-Term Disability)
- Group Short Term-Disability (including Voluntary Short-Term Disability)

All the above Lines of Coverage are Group Benefit Lines of Coverage.

What is a Case?

A Case is any number of the above Lines of Coverage in force with the same employer.

How are “zero commission” or “fee-based” Cases credited towards PPP programs?

Group Benefit Growth Bonus and any other forms of remuneration – For fully insured Cases, only Lines of Coverage for which base commissions are both (a) being charged to the customer and (b) being paid to the Agent of Record are eligible for payment. For self-funded Cases, only Lines of Coverage for which base commissions are charged to and paid from the plan’s administration funds are eligible for payment. Lines of Coverage for which the Agent of Record is not receiving base commissions will count only toward qualification or attainment volume measurement requirements, including but not limited to Line of Coverage counts, enrolled employee counts and premium qualification levels in applicable programs.

Bonus programs

2025 Group Benefits Growth Bonus

At Humana, we know your success is our success. To show our appreciation, we're excited to offer an easier way for you to earn more when you sell or renew Humana Group Benefits plans.

Bonus program highlights

- Tiered structure allows you to earn more as you climb to the next level
- Opportunities for selling new and retaining existing business – and for case sizes big and small
- Rewarded for multi-line sales year-over-year so you don't have to start fresh each year
- Earn up to 7% book of business revenue

If you have any questions, please contact your Humana sales executive. We continue to be committed to working with you to offer benefit solutions that address the unique needs of your clients – and provide easier ways to earn more for your business!

Group Benefits Growth Bonus details

The Group Benefits Bonus is intended for Group Benefits Lines of Coverage of all case sizes. The Group Benefits Growth Bonus is paid once annually, within 60 days after the January 31, 2026, program end date.

Humana rewards Producers who grow and maintain a significant block of specialty business. The Group Benefits Growth Bonus payment is comprised of the following items:

- Total New Business and in force Point levels achieved at the Agent of Record Level
- Premium Persistency measured over the term of the Program for Cases in effect as of January 31, 2025, at the Agent of Record Level.
- Line of Coverage Case Size and Compensable Premium

Eligible products:

- Group Term Life (including AD&D)
- Group Term Voluntary/Supplemental Life (including AD&D)
- Group Vision (including Voluntary Vision)
- Group Dental (including Voluntary Dental)
- Group Long-Term Disability (including Voluntary Long-Term Disability)
- Group Short-Term Disability (including Voluntary Short-Term Disability)

Bonus programs

2025 Group Benefits Growth Bonus

How do I qualify for a Group Benefits Growth Bonus and how much can I earn?

Producers may qualify for bonus compensation based on attaining minimum qualification criteria detailed below.

NOTE: If an individual agent or agency agrees to and signs an amendment modifying the terms 2025 Group Benefits Bonus with Humana, the standard 2025 Group Benefits Growth Bonus as detailed in the 2025 PPP will not apply to that agent or agency. The terms of the amendment shall modify and supersede all prior agreements and understandings, both oral and written, regarding the 2025 Group Benefits Bonus.

New business and in force points calculation

New business and in force points are determined based on the number of enrolled employees within each line of coverage.

NEW BUSINESS		IN FORCE BUSINESS	
Enrolled employees	Points per line of coverage	Enrolled employees	Points per line of coverage
< 10	1.00	< 10	0.25
10 – 24	1.50	10 – 24	0.25
25 – 49	2.50	25 – 49	0.75
50 – 99	3.00	50 – 99	1.00
100 – 249	5.00	100 – 249	2.00
250 – 999	7.00	250 – 999	4.00
1,000 +	10.00	1,000 +	5.00

- New business points are derived from the first bill on which a coverage appears
- In force points are derived from the coverage's enrolled employee count as of January 31, 2026

Compensation level determination

- Your compensation level is based on your total new business points and your total points
- You must meet the minimum, in both categories, to qualify for a given Compensation level

Compensation level	Total New Business Points only	Total New Business and In Force Points Combined
Enhanced	30	40
Premier	40	80
Elite	65	145

Bonus programs

2025 Group Benefits Growth Bonus

Premium persistency calculation

The Premium Persistency* is calculated by dividing the producer's January 31, 2026, in force Capped Premium by the producer's January 31, 2025, in force Capped Premium for the same coverages

Capped persistency level:	87% or higher	At least 75% but less than 87%	Less than 75%
	Peak	Summit	Base

* Persistency measurement, for benefits/plans effective on or prior to 1/31/2025, is from 2/1/2025 through 1/31/2026.

Illustration of premium persistency calculation:

	Customer A	Customer B	Customer C	Customer D	Customer E	Total
Coverages	Dental & vision	Life & Voluntary Life	Life & Voluntary Life	Dental & Vision	Life & Voluntary Life	
Beginning premium	\$1,000,000	\$350,000	\$150,000	\$245,000	\$95,000	\$1,840,000
Capped beginning premium*	\$250,000	\$100,000	\$100,000	\$245,000	\$95,000	\$790,000
Capped ending premium*	\$250,000	\$100,000	—	\$245,000	\$95,000	\$690,000
Capped premium persistency	100%	100%	0%	100%	100%	87.34%

* A per case premium cap of \$100,000 for Life/Voluntary Life coverages combined, and \$250,000 for dental and vision combined, will be applied in the premium persistency calculation to minimize the impact of large cases on a producer's persistency.

Bonus programs

2025 Group Benefits Growth Bonus

Bonus calculation

- Based on your Compensation Level and your Premium Persistency, you can determine your bonus percentage applicable to the premium category of each line of coverage using the chart below
- If your persistency is 87% or higher you are rewarded with the greater bonus percentages illustrated below

Capped premium persistency level	Points level	Premium category	Plans with <25 insured lives	Plans with 25+ insured lives				Balance
			All premium per case*	First \$50,000	Next \$50,000	Next \$150,000	Next \$150,000	
Peak	Elite	New & in force business	5.0%	7.00%	5.50%	3.00%	1.50%	0.75%
	Premier		3.0%	5.00%	4.00%	2.00%	1.00%	0.50%
	Enhanced		2.0%	2.00%	2.00%	0.75%	0.50%	0.25%
Summit	Elite	New & in force business	3.5%	6.00%	4.75%	2.50%	1.25%	0.50%
	Premier		2.5%	4.00%	3.25%	1.50%	0.75%	0.25%
	Enhanced		1.5%	1.50%	1.50%	0.75%	0.50%	0.25%
Base	Elite	New business only	3.5%	6.00%	4.75%	2.50%	1.25%	0.50%
	Premier		2.5%	4.00%	3.25%	1.50%	0.75%	0.25%
	Enhanced		1.5%	1.50%	1.50%	0.75%	0.50%	0.25%

* Bonuses are calculated on premiums paid and posted to the customer's account within the program period of 2/1/2025 through 1/31/2026. Group Benefits bonus payments are limited to \$200,000 on any one plan. Group Benefits is payable only on plans in force as of 1/31/2026. This brochure provides a general overview of Humana's standard Group Benefits program. It is not a complete statement of the rights, benefits, limitations, or exclusions of the program. The standard program parameters described herein may be amended by supplemental programs. Final determination of qualification and payment rests solely with Humana. This Group Benefits Program is subject to regulatory approval.

Bonus programs

2025 Group Benefits Growth Bonus

Provisions below apply to the Group Benefits Growth Bonus:

Bonus offerings are subject to current product availability by state.

All lines of coverage are subject to availability by case size and underwriting approval.

Under applicable law, agents may be required to disclose to the insured or applicant their compensation including base commissions, bonuses, incentives, or other forms of remuneration for which the agent is eligible for the sale or renewal of insurance products.

Only Group plans for which base commissions are being charged to the customer and the Agent of Record is receiving base commissions are considered Eligible Cases.

Individual agents or agencies may be obligated to disclose compensation to clients. Because state laws vary, agents should be aware of and comply with applicable state compensation disclosure requirements. Humana is not responsible for providing legal advice to agents. If an agent has a question or concern regarding his/her state's compensation disclosure law, he/she should consult a legal advisor.

Confidential and Proprietary Information. For Agent Use Only. Do Not Distribute.

Base commissions

Group Benefits coverages: Dental, vision, life and disability

These base commission schedules are effective for new customers with initial effective dates of coverage on Dec. 1, 2024, or later. New Group Benefits Lines of Coverage added to existing customer accounts are subject to the Group Benefits commission schedules in effect as of the date that customer's period of continuous coverage with Humana began. (Example: Customer began Vision coverage on Jan. 1, 2013, and added dental coverage on Jan. 1, 2024. The 2013 Group Specialty commission schedule applies to the new dental coverage.)

The Group Benefits base commissions in this document apply to first-year and subsequent year premium payments. The Group Disability commissions listed below apply to all new Disability lines of coverage effective 12/1/24 or later. Producers may modify the below Group Specialty base commissions for Cases with 2 or more Eligible Employees by executing a Single Case Agreement. See your Humana sales executive for more information.

Schedules

- Employer sponsored basic Group Life and AD&D for groups with 1-50 enrolled employees – 10%
- Voluntary basic Group Life and AD&D – 15%
- Employer sponsored Long-Term and Short-Term Disability for groups with 2-50 enrolled employees – 10%
- Voluntary Long-Term and Short-Term Disability for all group sizes – 15%

Schedules for Dental, Vision and larger Life and AD&D plans:

Annual Premium per line of coverage	Employer Sponsored Basic Group Life and AD&D with 51 or more enrolled employees	Annual Premium	Dental* and Vision
For the first \$5,000	15%	For the first \$10,000	10.0%
For the next \$20,000	10%	For the next \$10,000	7.5%
For the next \$25,000	7%	For the next \$10,000	5.0%
For the next \$50,000	3%	For the next \$20,000	2.5%
For the next \$100,000	2%	Over \$50,000	1.5%
Over \$200,000	1%		

* **Massachusetts-based employers only:** For Groups effective 3/1/25 or later, the commission schedule for dental plans with 2-50 Enrolled Employees will be 0% of annual premium and dental plans with 51-99 Enrolled Employees will be a flat 3% of annual premium, at all premium levels.

* **Texas-based employers only:** The commission schedule for employer-sponsored dental plans with fewer than 100 Eligible Employees is 10% of annual premium, at all premium levels.

Base commissions

Schedules for Employer Sponsored Long-Term and Short-Term Disability plans:

Annual Premium per line of coverage	Employer Sponsored Short-term Disability with 51 or more enrolled employees	Annual Premium	Employer Sponsored Long-term Disability with 51 or more enrolled employees
For the first \$5,000	15.0%	For the first \$15,000	15.0%
For the next \$5,000	10.0%	For the next \$10,000	10.0%
For the next \$20,000	5.0%	For the next \$25,000	5.0%
For the next \$50,000	3.0%	Over \$50,000	1.0%
For the next \$100,000	2.0%		
Over \$180,000	1.0%		

Base commissions

Group Medicare

Humana group-sponsored* Medicare Advantage (MA) plans deliver benefits for employers and their beneficiaries.

Humana Group Medicare Advantage 2025 commission schedule

For new business with effective dates on or after Jan. 1, 2025, and existing business with policy anniversary dates on or after Jan. 1, 2025:

Group Medicare commissions	First Contract year commission	Subsequent contract year commission
Medicare Advantage (MA) or Medicare Advantage with Prescription Drug (MAPD)	\$16.67 per enrollee per month	\$8.34 per enrollee per month
Prescription Drug Plan (PDP) only	\$4.17 per enrollee per month	\$4.17 per enrollee per month

Commission schedules are subject to change based on changes in CMS guidelines or for future policy years. If a new Group Medicare Advantage medical plan (MA) is subsequently added to a Group Prescription Drug Plan (PDP), or a new Group Prescription Drug Plan (PDP) is subsequently added to a Group Medicare Advantage medical plan (MA), to create a MAPD plan, Humana will pay the first-year commission amount for the first year of the member's coverage. All payments will be paid according to the Qualification and Payment guidelines below.

This program does not apply to groups with greater than 5,000 enrollees. For these groups, a Single Case Agreement is required to determine producer payments.

Qualification

The following criteria must be met by the Agent of Record to qualify for the program:

1. The Producer must be appointed by Humana and have in effect with Humana the Group Sponsored Medicare Advantage Agency Amendment and/or the Group Sponsored Medicare Advantage Agent Amendment on record with Humana's Agency Management Unit before the sale.
2. Member enrollment must be confirmed by CMS, else a chargeback may apply.
3. The Agent of Record must be recognized by the group that sponsored the Group Medicare Advantage plan as Agent of Record and perform the customary functions associated with this role.
4. Producers and agencies placing Group Medicare business and receiving nonstandard commission are required to sign a commission schedule confirming commission rates applicable to each Group Medicare account.

Payment

First contract year commission payments are paid, assuming confirmation by CMS that the individual is an MA, MAPD or PDP enrollee. Subsequent contract years begin 12 months after the member's initial effective date. Chargebacks in the amount of the previously paid commissions will result if a member disenrolls within the first three months. If a Group cancels within the first contract year, the amount of chargeback will be proportionate to the time remaining in the contract period on the date of termination. Any chargebacks will be offset from future commissions. If there are no future payments against which to recoup the chargeback, the full amount of the chargeback shall be due and payable by the Producer.

*"Sponsored" means that the employer agrees to make the plan available to their eligible retirees.

We also offer an additional Group Medicare Producer Bonus Program. Please contact your Group Medicare Sales Executive for more information.