STANDARD COMMISSION SCHEDULE – OREGON

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

601 SW Second Avenue
Portland, Oregon 97204

Commission Schedule Date: January 1, 2026

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

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

Type of Policy	Commission Rate
Individual Health Policies	Medical – $16.00 per member/month* Delta Dental (Stand Alone Only) – $2.00 per member/month* Willamette EPO (Stand Alone Only) – $2.15 per member/month*
Individual Medicare Supplement Policies – New to Medicare**	15% years 1–6 5% years 7+ years of continuous enrollment
Individual Medicare Supplement Policies – All Other Policies (Reenrollments / Other not New to Medicare enrollments)	5% Straight
Small Group Health Policies (1–50 Employees)	Connexus Medical – $25.00 per employee/month* Dental (Stand Alone Only) – $3.00 per member/month*
Group DeltaVision® Policies	3% Straight
Equal Funding Agreements	3% Straight
Large Group Health Policies (Over 50 Employees)	3% Straight
Associated Industries Oregon Association Health Plan	3% Straight, non-negotiable

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

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

** A "New to Medicare" enrollee is one who is newly entitled to Medicare due to age or another qualifying event.