

2026 MEDICA AGENCY PARTNER

COMPENSATION ADDENDUM

1. MEDICARE COST

a. Rates apply to COST products in IA and NE.

Agency Tiers	2026 FMV Initial Lump Sum	2026 FMV Replacement Prorated Lump Sum	2026 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	\$694	\$347	\$28.91	N/A	N/A	N/A
Preferred	\$694	\$347	\$28.91	\$50	\$50	\$20
Preferred+	\$694	\$347	\$28.91	\$100	\$100	\$30

b. Rates apply to COST products in ND, SD, MN, and WI **for applications received from 10/15/2025-11/06/2025.**

Agency Tiers	2026 FMV Initial Lump Sum	2026 FMV Replacement Prorated Lump Sum	2026 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	\$694	\$347	\$28.91	N/A	N/A	N/A
Preferred	\$694	\$347	\$28.91	\$50	\$50	\$20
Preferred+	\$694	\$347	\$28.91	\$100	\$100	\$30

c. Rates apply to COST products in ND, SD, MN, and WI **for applications received on or after 11/07/2025.**

Agency Tiers	2026 FMV Initial Lump Sum	2026 FMV Replacement Prorated Lump Sum	2026 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	\$347	\$347	\$28.91	N/A	N/A	N/A
Preferred	\$347	\$347	\$28.91	\$20	\$50	\$20
Preferred+	\$347	\$347	\$28.91	\$30	\$100	\$30

2. MEDICARE ADVANTAGE PRODUCTS

a. Rates apply to MAPD products in NE, SD and ND DSNP

Agency Tiers	2026 FMV Initial Lump Sum	2026 FMV Replacement Prorated Lump Sum	2026 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	\$694	\$347	\$28.91	N/A	N/A	N/A
Preferred	\$694	\$347	\$28.91	\$50	\$50	\$20
Preferred+	\$694	\$347	\$28.91	\$100	\$100	\$30

b. Rates apply to MAPD products in ND **for applications received from 10/15/2025-11/06/2025.**

Agency Tiers	2026 FMV Initial Lump Sum	2026 FMV Replacement Prorated Lump Sum	2026 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	\$694	\$347	\$28.91	N/A	N/A	N/A
Preferred	\$694	\$347	\$28.91	\$50	\$50	\$20
Preferred+	\$694	\$347	\$28.91	\$100	\$100	\$30

c. Rates apply to MAPD products in ND **on or after 11/07/2025.**

Agency Tiers	2026 FMV Initial Lump Sum	2026 FMV Replacement Prorated Lump Sum	2026 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	\$694	\$0	\$28.91	N/A	N/A	N/A
Preferred	\$694	\$0	\$28.91	\$50	\$0	\$20
Preferred+	\$694	\$0	\$28.91	\$100	\$0	\$30

d. Rates apply to MAPD products in MN (MN Counties: Big Stone, Blue Earth, Brown, Cottonwood, Faribault, Fillmore, Houston, Jackson, Lac qui Parle, Lincoln, Lyon, Martin, Mower, Murray, Nicollet, Nobles, Redwood, Steele, Waseca, Winona) **for applications received from 10/15/2025-11/01/2025.**

Agency Tiers	2026 FMV Initial Lump Sum	2026 FMV Replacement Prorated Lump Sum	2026 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	\$694	\$347	\$28.91	N/A	N/A	N/A
Preferred	\$694	\$347	\$28.91	\$50	\$50	\$20
Preferred+	\$694	\$347	\$28.91	\$100	\$100	\$30

- e. Rates apply to MAPD products in MN (MN Counties: Anoka, Becker, Beltrami, Benton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Kandiyohi, Kittson, Lake of the Woods, Mahnommen, Marshall, Morrison, Norman, Otter Tail, Pennigton, Polk, Hope, Ramsey, Red Lake, Renville, Roseau, Scott, Sherburne, Stearns, Swift, Todd, Wadena, Wilkin, Washington, Wright) **for applications received from 10/15/2025-11/01/2025.**

Agency Tiers	2026 FMV Initial Lump Sum	2026 FMV Replacement Prorated Lump Sum	2026 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	\$694	\$0	\$28.91	N/A	\$0	N/A
Preferred	\$694	\$0	\$28.91	\$50	\$0	\$20
Preferred+	\$694	\$0	\$28.91	\$100	\$0	\$30

- f. Rates apply to MAPD products in WI (WI Counties: Adams, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Sauk, Vernon, Walworth, Waukesha) and Minnesota Senior Health Options (MSHO) products in MN.

Agency Tiers	2026 FMV Initial Lump Sum	2026 FMV Replacement Prorated Lump Sum	2026 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	\$694	\$347	\$28.91	\$0	\$0	\$0
Preferred	\$694	\$347	\$28.91	\$0	\$0	\$0
Preferred+	\$694	\$347	\$28.91	\$0	\$0	\$0

- g. Rates apply to MAPD products in MN (MN Counties: Dodge, Freeborn, Olmsted, Wabasha, Watonwan) **for applications received from 10/15/2025-11/01/2025.**

Agency Tiers	2026 FMV Initial Lump Sum	2026 FMV Replacement Prorated Lump Sum	2026 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	\$694	\$180	\$28.91	N/A	\$0	N/A
Preferred	\$694	\$180	\$28.91	\$50	\$0	\$20
Preferred+	\$694	\$180	\$28.91	\$100	\$0	\$30

- h. Rates apply to MAPD products in MN **for applications received on or after 11/2/2025.**

Agency Tiers	2026 FMV Initial Lump Sum	2026 FMV Replacement Prorated Lump Sum	2026 FMV Renewal per Policy per Month	BSF New Initial Lump Sum	BSF Replacement Initial Lump Sum	BSF Renewal Lump Sum
Street	\$694	\$0	\$28.91	N/A	\$0	N/A
Preferred	\$694	\$0	\$28.91	\$50	\$0	\$20
Preferred+	\$694	\$0	\$28.91	\$100	\$0	\$30

Definitions:

Initial – Paid as a lump sum annually per Benefit Contract

Replacement – Paid as a prorated lump sum annually per Benefit Contract for a member who is new to Medica but not new to Medicare (Cycle Year 2+), also known as “Switchers”

Renewal – Paid per member per month

Initial BSF– Paid as a lump sum annually per Benefit Contract

Replacement BSF – Paid as a lump sum annually per Benefit Contract

BSF Renewal – Paid based off of January renewal as a lump sum annually per Benefit Contract, does not apply to policies with a 2019 and earlier effective date

Note:

Internal Company Replacement: Commission on the new Internal Company replacement policy will be calculated using the premium and commission schedule of the new policy and the policy year of the original policy that is being replaced. If the agent of record changes from the original policy being replaced, the commissions on the new policy are payable to the original agent of record.

MEDICARE SUPPLEMENTAL PRODUCTS

- a. Medicare Supplement – MN – Effective with applications dated 4/1/2018 – 3/31/2021
Open Enrollment (Turning 65) & Underwritten Policies
Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Year 1-5	\$17.00	Years 6 - beyond	\$8.50

- b. Medicare Supplement – MN – Effective with applications dated 4/1/2018 – 3/31/2021
Guaranteed Issue/Disabled <Age 65
Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Year 1-5	\$8.50	Years 6 - beyond	\$4.25

- c. Medicare Supplement – MN – Effective with applications dated 4/01/2021 -3/31/2023
Open Enrollment (Turning 65) & Underwritten Policies
Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Year 1-6	\$30.00	Years 7-10	\$8.50

- d. Medicare Supplement – MN – Effective with applications dated 4/01/2021 - 3/31/2023
Guaranteed Issue/Disabled <Age 65
Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Year 1-6	\$15.00	Years 7-10	\$8.50

- e. Medicare Supplement – MN – Effective with applications dated 4/01/2023 - 3/31/2025
Open Enrollment (Turning 65) & Underwritten Policies
Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Year 1-6	\$17.00	Years 7-10	\$8.50

- f. Medicare Supplement – MN – Effective with applications dated 4/01/2023 – 3/31/2025
Guaranteed Issue/Disabled <Age 65
Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Year 1-6	\$8.50	Years 7-10	\$8.50

- g. Medicare Supplement – MN – Effective with applications dated 4/01/2025 and later
Open Enrollment (Turning 65) & Underwritten Policies

Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Year 1-6	\$19.00	Years 7-10	\$8.50

- h. Medicare Supplement – MN – Effective with applications dated 4/01/2025 and later
Guaranteed Issue / Disabled < Age 65

Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Year 1-6	\$9.00	Years 7-10	\$8.50

- i. Medicare Supplement – IA/SD/ND/NE - Effective with applications dated 5/1/2022-5/31/2025
Open Enrollment (Turning 65) & Underwritten Policies

Paid per policy per month, except NE* Plan A only for issue age less than 65 which are paid once per year

*See 2 N.

Tier	Year	Amount	Year	Amount
Agent	Years 1-6	\$20.00	Year 7+	\$3.00

- j. Medicare Supplement – IA/SD/ND/NE - Effective with applications dated 5/1/2022-5/31/2025
Guaranteed Issue / Disabled < Age 65

Paid per policy per month, except NE* Plan A only for issue age less than 65 which are paid once per year

*See 2 N.

Tier	Year	Amount
Agent	Years 1-6	\$9.00

- k. Medicare Supplement – IA/SD/ND/NE (All Plans A,F,G,N) - Effective with applications dated
6/1/2025 and later

Open Enrollment (Turning 65) & Underwritten Policies

Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Years 1-6	\$20.00	Year 7+	\$3.00

- l. Medicare Supplement – IA/SD - Effective with applications dated 6/1/2025 and later
Guaranteed Issue / Disabled < Age 65

Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Years 1	\$9.00	2+	\$0.00

- m. Medicare Supplement – ND - Effective with applications dated 6/1/25 and later
Guaranteed Issue / Disabled < Age 65
Paid per policy per month

Tier	Year	Amount	Year	Amount
Agent	Years 1-6	\$1.75	7+	\$0.00

- n. Medicare Supplement – NE Plan A Only for issue age less than 65 - Effective with applications dated 6/1/25 and later
Open Enrollment (Turning 65) & Underwritten Policies
Paid once per year

Tier	Year	Amount	Year	Amount
Agent	Years 1-6	\$20.00	Year 7+	\$3.00

- o. Medicare Supplement – NE Plan A Only for issue age less than 65 - Effective with applications dated 6/1/25 and later
Guaranteed Issue / Disabled < Age 65
Paid once per year

Tier	Year	Amount	Year	Amount
Agent	Years 1-6	\$9.00	Years 7+	\$0

i. GROUP MEDICARE PRODUCTS

Agent comp amount paid per Benefit Contract per month.

Agency BSF is paid annually and is a one-time payment per new Benefit Contract; no BSF amount paid for renewals.

Legacy rates do not apply for Group Medicare Products.

Tier	Agent Comp	Agency BSF
Street	\$22.00	N/A
Preferred	\$22.00	\$50.00
Preferred+	\$22.00	\$100.00

j. INDIVIDUAL AND FAMILY BUSINESS

State rates are defined by state associated with the benefit plan.

All amounts paid per member per month up to 5 members:

Member	IA	MN/KS/MO	NE	ND/WI: (WI Counties: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Iron, Jackson, Pepin, Pierce, Polk, Price, Rusk, Sawyer, St. Croix, Taylor and Washburn)
All (New and Renewal)	\$18.00	\$21.00	\$20.00	\$15.00

All amounts paid per member per month:

Member	WI (WI Counties: Adams, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Walworth, Waukesha)
All (New and Renewal)	\$18.00

k. COMMERCIAL COMPENSATION ADDENDUM

To be posted by Medica on the Broker Portal and effective as of the date indicated on the Broker Portal.