



## STANDARD COMMISSION SCHEDULE – ALASKA

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

601 SW Second Avenue  
Portland, Oregon 97204

Commission Schedule Date: January 1, 2025

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
<b>Individual Health Policies</b>	Medical – \$18 per member per month* Dental (Stand Alone Only) – \$3 per member per month*
<b>Individual Medicare Supplement Policies – New**</b>	15%
<b>Moda Health Individual Medicare Supplement Policies -Existing</b>	10% Straight
<b>Small Group Health Policies (1-50 Employees)</b>	Medical – \$60 per employee per month* Dental (Stand Alone Only) – \$3 per member per month*
<b>All Group DeltaVision Policies</b>	5% Straight
<b>Equal Funding Agreements</b>	5% Straight
<b>Large Group Health Policies (Over 50 Employees)</b>	Medical and Dental (Stand Alone Only) – 5% Straight VSP Vision (Stand Alone Only) – 10% Straight
<b>Associated Industries Alaska Association Health Plan</b>	5%, 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” Medicare Supplement enrollee is one who ages-in to Medicare and/or is a new Moda Medicare Supplement member. 15% commission is effective for six years before dropping to 5%.

Health Plans provided by Moda Health Plan, Inc.  
Dental plans in Alaska provided by Delta Dental of Alaska.