

# 2022 HUMANA COMPENSATION GUIDE

Overview of 2022 CMS compensation guidelines,  
compensation pay and how to read commission statements.

SENIOR MARKET  
ADVISORS 

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# DEFINITIONS

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Definitions of the following terms: Unlike Initial Sale 1<sup>st</sup> Year, Like Plan Type Change 1<sup>st</sup> Year, Like Plan Type Change



## UNLIKE INITIAL SALE 1<sup>ST</sup> YEAR

A sale is considered an Initial Sale if the member is aging-in, is new to Medicare, moves from an employer group, or enrolls from Original Medicare. The broker will be paid the Initial Sale Rate regardless of the enrollment effective date or month.



## LIKE PLAN TYPE CHANGE 1<sup>ST</sup> YEAR

A plan is considered a Like Plan Type of Change if a member moves from MA or MAPD to PDP only or moves from PDP only to MA or MAPD. The broker is paid a prorated amount of the full Initial Sale Rate for the months that the policy is in force during the enrollment year. (For example, a change from a PDP to an MAPD effective May 1<sup>st</sup> is a like plan change resulting in a pro-rated initial compensation of 8/12 (May thru December) of the MAPD initial compensation rate.



## LIKE PLAN TYPE CHANGE

The sale is considered a Like Plan Type of Change if the member makes any of the following changes: An MAPD to another MA or MAPD or anything else NOT considered an Unlike Plan Type Change. For example, if the member is moving from a MA or MAPD to another MA or MAPD, then the sale is considered a Like Plan Type Change and will receive a prorated commission based upon the number of months that the policy is in force during the enrollment year.

# AGENT COMPENSATION PAY

## Schedule of Commissions and Administrative Fees for Humana Medicare Advantage & PDP Plans AGENT 2022

Humana Medicare Advantage – National			
Administrative Level	Year 1 Initial	Year 1 Replacement	Years 2+
Writing Agent	\$573	\$287	\$287

Humana Medicare Advantage – CA & NJ			
Administrative Level	Year 1 Initial	Year 1 Replacement	Years 2+
Writing Agent	\$715	\$358	\$358

Humana Medicare Advantage – CT, DC & PA			
Administrative Level	Year 1 Initial	Year 1 Replacement	Years 2+
Writing Agent	\$646	\$323	\$323

Humana PDP – All States			
Administrative Level	Year 1 Initial	Year 1 Replacement	Years 2+
Writing Agent	\$81	\$41	\$41



# AGENT COMPENSATION PAY

First Year of Coverage (Paid Annually)

Type of Enrollment (as defined and reported by CMS in its monthly report to Humana)	Commission Paid	Full or Prorated
Initial Sale (New to Medicare)	Initial Commission	Full
Unlike Plan Type Change	Initial Commission	Prorated <sup>1</sup>
Like Plan Type Change in Compensation Payment Year 1	Initial Commission	Prorated <sup>1</sup>
Like Plan Type Change in Compensation Payment Years 2+	Renewal Rate Commission	Prorated <sup>1</sup>
Employer Group to Individual	Initial Commission	Full - when there is no prior plan history <sup>2</sup> Prorated <sup>1</sup> - when there is prior plan history <sup>2</sup>

**The first year of coverage means the first year in which a beneficiary enrolls in a Humana MA, MAPD, or PDP plan.**

# AGENT COMPENSATION PAY

Subsequent Years – MA & MAPD & Subsequent Years PDP

## SUBSEQUENT YEARS – MA & MAPD (pmpm)

\*pmpm = per member per month

Type of Enrollment	Commission Paid	Timing of Payment
All enrollment types	Renewal Rate Commission	Paid per member per month (begins January 1 <sup>st</sup> following enrollment)

## SUBSEQUENT YEARS – PDP (Paid Annually)

Type of Enrollment	Commission Paid	Timing of Payment
All enrollment types	Renewal Rate Commission	Paid annually (begins January 1 <sup>st</sup> following enrollment)

# AGENT COMPENSATION PAY

First Commission Payment

CHART A: FIRST PAYMENT

Effective Date	Months Enrolled	First Commission Payment				
		MA & MAPD Puerto Rico	MA & MAPD CA, NJ	MA & MAPD CT, DC, PA	MA & MAPD All Other States	PDP All States
January 1	12 of 12	\$197.00	\$358.00	\$323.00	\$287.00	\$44.00
February 1	11 of 12	\$180.58	\$328.17	\$296.08	\$263.08	\$40.33
March 1	10 of 12	\$164.17	\$298.33	\$269.17	\$239.17	\$36.67
April 1	9 of 12	\$147.75	\$268.50	\$242.25	\$215.25	\$33.00
May 1	8 of 12	\$131.33	\$238.67	\$215.33	\$191.33	\$29.33
June 1	7 of 12	\$114.92	\$208.83	\$188.42	\$167.42	\$25.67
July 1	6 of 12	\$98.50	\$179.00	\$161.50	\$143.50	\$22.00
August 1	5 of 12	\$82.08	\$149.17	\$134.58	\$119.58	\$18.33
September 1	4 of 12	\$65.67	\$119.33	\$107.67	\$95.67	\$14.67
October 1	3 of 12	\$49.25	\$89.50	\$80.75	\$71.75	\$11.00
November 1	2 of 12	\$32.83	\$59.67	\$53.83	\$47.83	\$7.33
December 1	1 of 12	\$16.42	\$29.83	\$26.92	\$23.92	\$3.67



# AGENT COMPENSATION PAY

Second Payment – Initial Sale

CHART B: SECOND PAYMENT – INITIAL SALE

Effective Date	Months Enrolled	Second Commission Payment: Applies to Initial Sale				
		MA & MAPD Puerto Rico	MA & MAPD CA, NJ	MA & MAPD CT, DC, PA	MA & MAPD All Other	PDP All States
January 1	12 of 12	\$197.00	\$357.00	\$323.00	\$286.00	\$43.00
February 1	11 of 12	\$213.42	\$386.83	\$349.92	\$309.92	\$46.67
March 1	10 of 12	\$229.83	\$416.67	\$376.83	\$333.83	\$50.33
April 1	9 of 12	\$246.25	\$446.50	\$403.75	\$357.75	\$54.00
May 1	8 of 12	\$262.67	\$476.33	\$430.67	\$381.67	\$57.67
June 1	7 of 12	\$279.08	\$506.17	\$457.58	\$405.58	\$61.33
July 1	6 of 12	\$295.50	\$536.00	\$484.50	\$429.50	\$65.00
August 1	5 of 12	\$311.92	\$565.83	\$511.42	\$453.42	\$68.67
September 1	4 of 12	\$328.33	\$595.67	\$538.33	\$477.33	\$72.33
October 1	3 of 12	\$344.75	\$625.50	\$565.25	\$501.25	\$76.00
November 1	2 of 12	\$361.17	\$655.33	\$592.17	\$525.17	\$79.67
December 1	1 of 12	\$377.58	\$685.17	\$619.08	\$549.08	\$83.33



# AGENT COMPENSATION PAY

Second Payment – Unlike Plan Type Change or Like Plan Type Change in Compensation Payment Year 1

CHART C: SECOND PAYMENT – UNLIKE PLAN TYPE CHANGE OR LIKE PLAN TYPE CHANGE IN COMPENSATION PAYMENT YEAR 1

Effective Date	Months Enrolled	Second Commission Payment Applies to Unlike Plan Type Change or Like Plan Type Change in Compensation Payment Year				
		MA & MAPD Puerto Rico	MA & MAPD CA, NJ	MA & MAPD CT, DC, PA	MA & MAPD All Other	PDP All States
January 1	12 of 12	\$197.00	\$357.00	\$323.00	\$286.00	\$43.00
February 1	11 of 12	\$180.59	\$327.25	\$296.09	\$262.17	\$39.42
March 1	10 of 12	\$164.16	\$297.50	\$269.16	\$238.33	\$35.83
April 1	9 of 12	\$147.75	\$267.75	\$242.25	\$214.50	\$32.25
May 1	8 of 12	\$131.34	\$238.00	\$215.34	\$190.67	\$28.67
June 1	7 of 12	\$114.91	\$208.25	\$188.41	\$166.83	\$25.08
July 1	6 of 12	\$98.50	\$178.50	\$161.50	\$143.00	\$21.50
August 1	5 of 12	\$82.09	\$148.75	\$134.59	\$119.17	\$17.92
September 1	4 of 12	\$65.66	\$119.00	\$107.66	\$95.33	\$14.33
October 1	3 of 12	\$49.25	\$89.25	\$80.75	\$71.50	\$10.75
November 1	2 of 12	\$32.84	\$59.50	\$53.84	\$47.67	\$7.17
December 1	1 of 12	\$16.41	\$29.75	\$26.91	\$23.83	\$3.58

# AGENT COMPENSATION PAY

Adjustment to Prior Year Commission Schedule(s)

Prior Year Renewal Rate Adjustments				
MA & MAPD State	2009 Effective	2013 Effective	2014 Effective	2015 Effective
PR	\$11.66 pmpm (\$140 annually)	No Change (see 2013 Payment Schedules for rates)	\$11.66 pmpm (\$140 annually)	No Change (see 2015 Payment Schedules for rates)
CA	No Change (see 2009 Payment Schedules for rates)	\$21.25 pmpm (\$255 annually)	\$21.25 pmpm (\$255 annually)	\$21.25 pmpm (\$255 annually)
NJ	No Change (see 2009 Payment Schedules for rates)	No Change (see 2013 Payment Schedules for rates)	\$21.25 pmpm (\$255 annually)	\$21.25 pmpm (\$255 annually)
CT, DC, PA	No Change (see 2009 Payment Schedules for rates)	No Change (see 2013 Payment Schedules for rates)	\$19.16 pmpm (\$230 annually)	\$19.16 pmpm (\$230 annually)
AK, AZ, HI, NV, TX	No Change (see 2009 Payment Schedules for rates)	\$17.00 pmpm (\$204 annually)	\$17.00 pmpm (\$204 annually)	\$17.00 pmpm (\$204 annually)
All Other States	No Change (see 2009 Payment Schedules for rates)	No Change (see 2013 Payment Schedules for rates)	\$17.00 pmpm (\$204 annually)	\$17.00 pmpm (\$204 annually)

*\*Note: Prior year Renewal Rates refer to the Renewal Rate for plans effective in the year indicated. Years 2012, 2011, 2010 and years prior to 2009 have no changes*



# PLAN & PRODUCT CHANGES

MA, MAPD, and PDP Plan and Product Changes

Type	Description (as reported by CMS)	Agent of Record & Writing Agent Impact	Commission Impact
<b>INITIAL SALE</b>			
MA, PDP, or MAPD	New enrollment (i.e. age-in, new to Medicare, or enrolls from Original Medicare)	N/A	Initial Commission is paid the first year that the plan is in effect, followed by Renewal Rate Commission paid in subsequent years beginning on January 1 <sup>st</sup> .
<b>UNLIKE PLAN TYPE CHANGE</b>			
PDP to MAPD MAPD to PDP Section 1876 Cost Plan to MA or MAPD Section 1876 Cost Plan to PDP	Unlike Plan Type Change (as reported by CMS)	Existing Agent of Record is replaced by the new Agent of Record	Commission from original plan ceases.  Commissions paid on the original plan will be charged back according to the Rapid Disenrollment or Long Term Disenrollment sections above.  YMC pays pro-rated Initial Commission based on the new plan's effective date, followed by Renewal Rate Commission paid in subsequent years beginning on January 1 <sup>st</sup> .
<b>LIKE PLAN TYPE CHANGE IN COMPENSATION PAYMENT YEAR 1</b>			
MA or MAPD to another MA or MAPD  PDP to another PDP	Like Plan Type Change in Compensation Payment Year 1 (as reported by CMS)	Existing Agent of Record and writing agent are replaced by the new Agent of Record and writing agent.	Commission from original plan ceases.  Commissions paid on the original plan will be charged back according to the Rapid Disenrollment or Long Term Disenrollment sections above.  YMC pays pro-rated Initial Commission based on new plan's effective date, followed by Renewal Rate Commission paid in subsequent years beginning on January 1 <sup>st</sup> .



# PLAN & PRODUCT CHANGES

MA, MAPD, and PDP Plan and Product Changes

## LIKE PLAN TYPE CHANGE IN COMPENSATION PAYMENT YEARS 2+

MA or MAPD to  
another MA or  
MAPD

PDP to another  
PDP

Like Plan Type Change in  
Compensation Payment  
Years 2+ (as reported by  
CMS)

Existing Agent of Record  
and writing agent are  
replaced by the new  
Agent of Record and  
writing agent.

Commission from original plan ceases.

Commissions paid on the original plan will be charged  
back according to the Rapid Disenrollment or Long Term  
Disenrollment sections above.

YMC pays pro-rated Renewal Rate Commission based on  
new plan's effective date, followed by Renewal Rate  
Commission paid in subsequent years beginning on  
January 1<sup>st</sup>.

## CONTINUOUS COVERAGE – NO CHANGE IN EITHER BENEFIT PLAN CONTRACT NUMBER or PBP CODE

MA to MA

MAPD to MAPD

PDP to PDP  
or

Crosswalks, Mass  
Moves, Rollovers  
(due to plan exits)

No change in either benefit  
plan contract number or PBP  
code (e.g. H1036-161 to  
H1036-161, etc.)

or

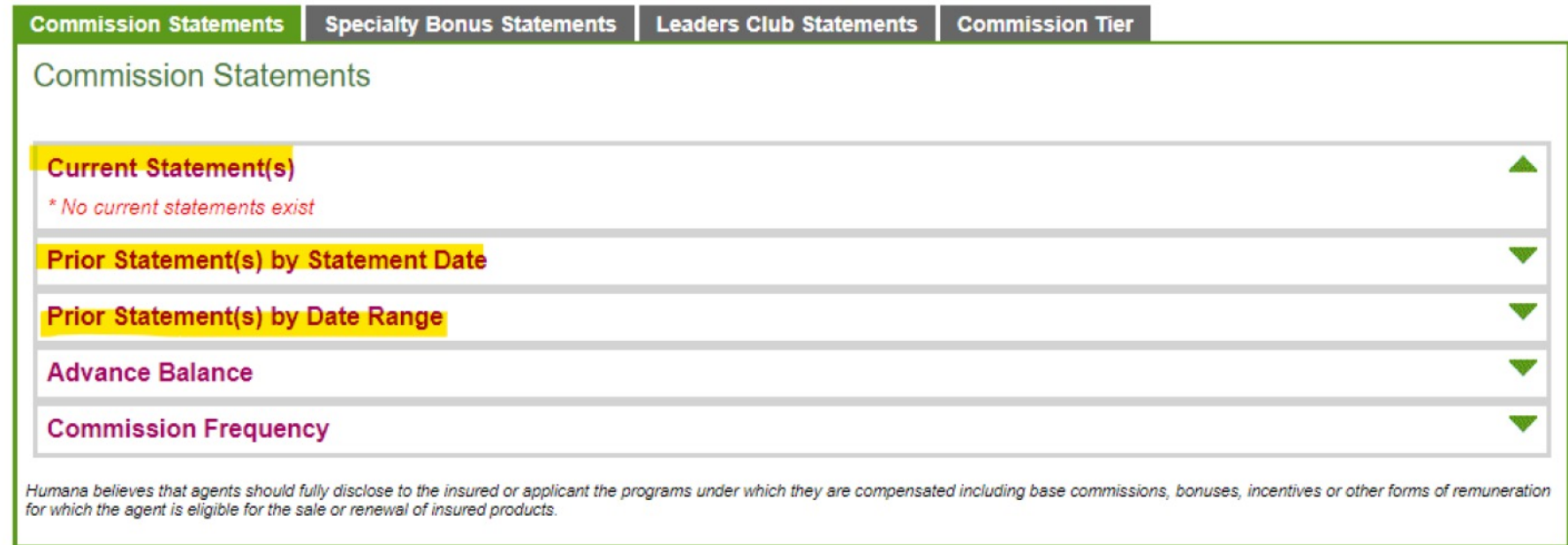
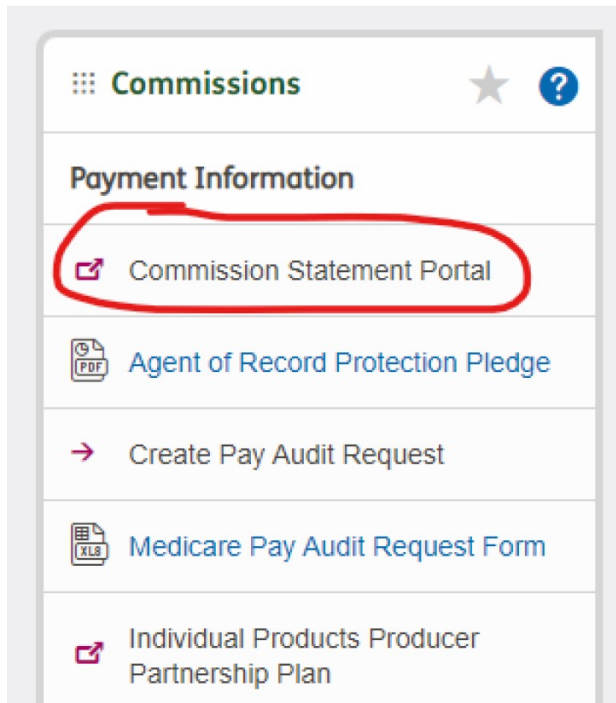
in those instances where a  
new contract/PBP code is  
assigned by Humana or CMS

Existing Agent of Record  
and writing agent  
remain the same.

Renewal Rate Commission paid beginning on January 1<sup>st</sup>.

# VIEW STATEMENTS

How to View Humana Statements



## Humana Portal

Log in to your [Humana Portal](#) to access and view your statements.



## Deposit Name

When viewing your bank statement, the commissions deposit will be named, **"HUMANA INC"**

# HOW TO READ HUMANA STATEMENT

Example of Statement From Humana

AorSan	CommRunDt	WaName	WaSan	GrpName	GrpNbr	PID	UMID	ApplId	BlkBusCd	PltfrmCd
1234567	11/17/21	SMITH, JOHN	1788747	JONES, BOB	12345678910A	123456789	1A23B12CD45		MA	LV
1234567	11/17/21	SMITH, JOHN	1788747	JONES, BOB	12345678910A	123456789	1A23B12CD46		MA	CP
1234567	11/17/21	SMITH, JOHN	1788747	JONES, BOB	12345678910A	123456789	1A23B12CD47		MA	CP
1234567	11/17/21	SMITH, JOHN	1812457	JONES, BOB	12345678910A	123456789	1A23B12CD48		MA	LV
1234567	11/17/21	SMITH, JOHN	1812457	JONES, BOB	12345678910A	123456789	1A23B12CD49		MA	LV
1234567	11/17/21	SMITH, JOHN	1820672	JONES, BOB	12345678910A	123456789	1A23B12CD50		MA	LV
1234567	11/17/21	SMITH, JOHN	1656512	JONES, BOB	12345678910A	123456789	1A23B12CD51		IN	CB
1234567	11/17/21	SMITH, JOHN	1656512	JONES, BOB	12345678910A	123456789	1A23B12CD52		IN	CB

**AorSan:** Agent of Record (Sales Agent Number)

**CommRunDt:** Date Commissions statement was ran

**WaName:** Writing Agent Name

**WaSan:** Writing Agent Sales Agent Number

**GrpName:** Beneficiary Name

**GrpNbr:** Beneficiary Medicare ID

**PID:** Personal Identification – You can dismiss this column

**UMID:** You can dismiss this column

**ApplID:** Application ID – You can dismiss this column

**BlkBusCd:** Indicates type of product sold

**PltfrmCd:** You can dismiss this column



# HOW TO READ HUMANA STATEMENT

Example of Statement From Humana

TxnDueDt	MonthPaid	PaidToDate	FrstYrRnwI	LiveType	LiveCount	Line	Product	ProdCode	ExchangeInd	CommRate	TotalPremium	SplitPct	PaidAmount
1/1/22	JAN		F	R	1	17	MEDICARE	MER		-1.00	0.00	100.00	-125.00
1/1/22	JAN		F	R	1	17	MEDICARE	MER		1.00	0.00	100.00	125.00
1/1/22	JAN		F	R	1	17	MEDICARE	MER		1.00	0.00	100.00	125.00
10/1/21	OCT		F	R	1	17	MEDICARE	MEP		-0.92	0.00	100.00	-115.00
10/1/21	OCT		F		1	17	MEDICARE	MEP		-0.17	0.00	100.00	-45.00
1/1/22	JAN		F	R	1	17	MEDICARE	MER		1.00	0.00	100.00	125.00
12/1/21	DEC		F	R	1	60	VISION			10.00	14.24	100.00	1.42
12/1/21	DEC		F	R	1	60	VISION			10.00	14.24	100.00	1.42

**TxnDueDt:** Tax due date

**MonthPaid:** Month policy has been paid up until

**PaidtoDate:** Date policy has been paid up until

**FirstYrRnwI:** Describes whether policy is new or renewal

**LiveType:** Designates that a first year is a first year override

**Live Count:** Number of members covered by policy

**Line:** Line item:

17 (Medicare Plan)

3 (Dental Plan)

60 (Vision Plan)

**Product:** Designates category of policy (Medicare, Dental, Vision)

**ProdCode:** You can disregard this column

**ExchangeInd:** Comments from carrier describing transaction

**CommRate:** Breaks down commission paid based on product sold

**TotalPremium:** Amount paid by beneficiary in premium

**SplitPct:** Split percentage

**PaidAmount:** Actual dollar amount paid to agent

# HOW TO READ HUMANA STATEMENT

Example of Statement From Humana

EarnoffAmount	AdvOrCbKPrm	Comment	MiscDesc	MiscAmount	TxnTypeCd	EffDate	AorAgentId	WaAgentId
		FIRST YEAR OVERRIDE		0.00	OVRF	1/1/22		
		FIRST YEAR OVERRIDE		0.00	OVRF	1/1/22		
		FIRST YEAR OVERRIDE		0.00	OVRF	1/1/22		
		FIRST YEAR OVERRIDE		0.00	OVRF	10/1/21		
		FIRST YEAR COMMISSIONS		0.00	ARCF	10/1/21		
		FIRST YEAR OVERRIDE		0.00	OVRF	1/1/22		
		COMPBENEFITS FIRST YEAR COMMISSION		0.00	CRCF	12/6/20		
		COMPBENEFITS FIRST YEAR COMMISSION		0.00	CRCF	12/6/20		

**EarnoffAmount:** You can disregard this column

**AdvOrCbKPrm:** You can disregard this column

**Comment:** Type of commission being paid (renewal, Override, first year override)

**MiscDesc:** Miscellaneous Description (if applicable)

**MiscAmount:** Miscellaneous amounts paid to agent

**TxnTypeCd:** Designates transaction type for tax purposes

**EffDate:** Effective Date

**AorAgentID:** You can disregard this column

**WaAgentId:** You can disregard this column

# HOW TO READ HUMANA STATEMENT

Example of Statement From Humana

AcctName	AcctNumber	MemberNumber	PolicyName	PolicyNumber	Contract	ReplInd	PriorPolNbr
					H1234		
					H1235		
					H1236		
					H1237		
					H1238		
					H1239		

**AcctName:** Percentage of commission paid to agent

**AcctNumber:** Paid-to date of the policy for the month/year

**MemberNumber:** Number of months paid

**PolicyName:** You can disregard this column

**PolicyNumber:** You can disregard this column

**Contract:** Identifies plan

**ReplInd:** You can disregard this column

**PriorPolNbr:** Prior policy number (if applicable)



# Questions? We're here to help.

Email [commissions@medicarehealthbenefits.com](mailto:commissions@medicarehealthbenefits.com)

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