

2022 UNITED HEALTH CARE COMPENSATION GUIDE

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

SENIOR MARKET
ADVISORS ✓

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AGENT COMPENSATION PAY

Initial & renewal commissions for each individual enrolled in a company PDP plan

INITIAL YEAR COMMISSIONS

AGENT
\$87.00

Initial year commissions will be paid for electronic enrollments only. In the event that Agent or its Representatives submit paper based enrollments, the Company reserves the right to charge Agent and its Representatives an administrative fee which will be deducted from the Agent-level commission specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

RENEWAL YEAR COMMISSIONS

AGENT
\$44.00

Renewal year commissions will be paid for electronic enrollments only. In the event that Agent or its Representatives submit paper based enrollments, the Company reserves the right to charge Agent and its Representatives an administrative fee which will be deducted from the Agent-level commission specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

*The above commissions will be paid for electronic enrollments only. In the event that Agent or its Representatives submit paper based enrollments, the Company reserves the right to charge Agent and its Representatives an administrative fee which will be deducted from the Agent-level commission specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

AGENT COMPENSATION PAY

Electronic enrollments compensation

INITIAL YEAR COMMISSIONS

	AGENT
CALIFORNIA	\$715.00
NEW JERSEY	\$715.00
CONNECTICUT, PENNSYLVANIA & DISTRICT OF COLUMBIA	\$646.00
ALL OTHER STATES	\$573.00

RENEWAL YEAR COMMISSIONS

	AGENT
CALIFORNIA	\$358.00
NEW JERSEY	\$358.00
CONNECTICUT, PENNSYLVANIA & DISTRICT OF COLUMBIA	\$323.00
ALL OTHER STATES	\$287.00

*The above commissions will be paid for electronic enrollments only. In the event that Agent or its Representatives submit paper based enrollments, the Company reserves the right to charge Agent and its Representatives an administrative fee which will be deducted from the Agent-level commission specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

AGENT COMPENSATION PAY

AL, ID, KS, LA, ME, NH, AK, HI, SD, DC, ND, RI, WY, KY, MD, MS, NE, NV, TN

<i>States</i>	<i>Plans</i>	<i>Agent Years</i>			
AL, ID, KS, LA, ME, NH		1	2-6	7-10	11+
	B, C, F, G, Select G	\$242.00	\$242.00	\$121.00	\$48.40
	N, Select N	\$210.00	\$210.00	\$105.00	\$42.00
	A, K, L	\$105.00	\$105.00	\$52.50	\$21.00
AK, HI, SD		1	2-6	7-10	11+
	B, C, F, G	\$165.00	\$165.00	\$82.50	\$33.00
	N	\$150.00	\$150.00	\$75.00	\$30.00
	A, K, L	\$75.00	\$75.00	\$37.50	\$15.00
DC, ND, RI, WY		1	2-6	7-10	11+
	B, C, F, G	\$196.00	\$196.00	\$98.00	\$39.20
	N	\$170.00	\$170.00	\$85.00	\$34.00
	A, K, L	\$85.00	\$85.00	\$42.50	\$17.00
KY, MD, MS, NE, NV, TN		1	2-6	7-10	11+
	B, C, D, F, G, Select G	\$378.00	\$242.00	\$121.00	\$48.40
	N, Select N	\$210.00	\$210.00	\$105.00	\$42.00
	A, K, L	\$105.00	\$105.00	\$52.50	\$21.00

AGENT COMPENSATION PAY

NM, OR, UT, VA, AR, AZ, CA, CO

NM, OR, UT, VA	1	2-6	7-10	11+
B, C, F, G, Select G	\$332.00	\$219.00	\$109.50	\$43.80
N, Select N	\$190.00	\$190.00	\$95.00	\$38.00
A, K, L	\$95.00	\$95.00	\$47.50	\$19.00
AR	1	2-6	7-10	11+
B, C, F, G, Select G	\$265.00	\$265.00	\$132.50	\$53.00
N, Select N	\$230.00	\$230.00	\$115.00	\$46.00
A, K, L	\$115.00	\$115.00	\$57.50	\$23.00
AZ	1	2-6	7-10	11+
B, C, F, G, Select G	\$310.00	\$310.00	\$40.00	\$40.00
N, Select N	\$250.00	\$250.00	\$30.00	\$30.00
A, K, L	\$105.00	\$105.00	\$15.00	\$15.00
CA	1	2-6	7-10	11+
B, C, F, G	\$345.00	\$345.00	\$172.50	\$69.00
N	\$300.00	\$300.00	\$150.00	\$60.00
A, K, L	\$150.00	\$150.00	\$75.00	\$30.00
CO	1	2-6	7-10	11+
All Plans	\$286.00	\$196.00	\$98.00	\$39.20

AGENT COMPENSATION PAY

CT, DE, FL

CT	1	2-6	7-10	11+
B, C, F, G	\$356.00	\$231.00	\$115.50	\$46.20
N	\$210.00	\$210.00	\$105.00	\$42.00
A, K, L	\$105.00	\$105.00	\$52.50	\$21.00
DE	1	2-6	7-10	11+
B, C, F, G	\$231.00	\$231.00	\$115.50	\$46.20
N	\$210.00	\$210.00	\$105.00	\$42.00
A, K, L	\$105.00	\$105.00	\$52.50	\$21.00
FL - Area 1	1	2-6	7-10	11+
B, C, F, G, Select G	\$550.00	\$450.00	\$121.00	\$48.40
N, Select N	\$270.00	\$270.00	\$105.00	\$42.00
A, K, L	\$135.00	\$135.00	\$52.50	\$21.00
FL - Area 2	1	2-6	7-10	11+
B, C, F, G, Select G	\$450.00	\$350.00	\$121.00	\$48.40
N, Select N	\$250.00	\$250.00	\$105.00	\$42.00
A, K, L	\$105.00	\$105.00	\$52.50	\$21.00
FL - Area 3	1	2-6	7-10	11+
B, C, F, G, Select G	\$400.00	\$300.00	\$121.00	\$48.40
N, Select N	\$225.00	\$225.00	\$105.00	\$42.00
A, K, L	\$105.00	\$105.00	\$52.50	\$21.00

AGENT COMPENSATION PAY

GA, IL

GA	1	2-6	7-10	11+
B, C, F, G, Select G	\$350.00	\$350.00	\$40.00	\$40.00
N, Select N	\$250.00	\$250.00	\$30.00	\$30.00
A, K, L	\$125.00	\$125.00	\$15.00	\$15.00
IL - Area 1	1	2-6	7-10	11+
B, C, F, G, Select G	\$320.00	\$320.00	\$100.00	\$40.00
N, Select N	\$280.00	\$280.00	\$75.00	\$30.00
A, K, L	\$140.00	\$140.00	\$37.50	\$15.00
IL - Area 2	1	2-6	7-10	11+
B, C, F, G, Select G	\$300.00	\$300.00	\$75.00	\$40.00
N, Select N	\$250.00	\$250.00	\$50.00	\$30.00
A, K, L	\$125.00	\$125.00	\$25.00	\$15.00

AGENT COMPENSATION PAY

IN, IA, MA, MI, MN

<i>States</i>	<i>Plans</i>	<i>Agent Years</i>			
IN		1	2-6	7-10	11+
	All Plans	\$325.00	\$325.00	\$0.00	\$0.00
IA		1	2-6	7-10	11+
	B, C, F, G	\$286.00	\$196.00	\$98.00	\$39.20
	N	\$170.00	\$170.00	\$85.00	\$34.00
	A, K, L	\$85.00	\$85.00	\$42.50	\$17.00
MA		1	2-6	7-10	11+
	MY , MV	\$350.00	\$242.00	\$121.00	\$48.40
	MX	\$105.00	\$105.00	\$52.50	\$21.00
MI		1-3	4-6	7-10	11+
	B, C, D, F, G	\$410.00	\$200.00	\$100.00	\$60.00
	N	\$350.00	\$150.00	\$50.00	\$50.00
	A, K, L	\$115.00	\$115.00	\$15.00	\$15.00
MN (not payable for riders)		1-4	5-6	7-10	11+
	UW , RW	\$375.00	\$265.00	\$132.50	\$53.00
	TW	\$265.00	\$265.00	\$132.50	\$53.00

AGENT COMPENSATION PAY

MO, MT, NC, NJ, NY

MO	1	2-6	7-10	11+
B, C, F, G	\$458.00	\$282.00	\$141.00	\$56.40
N	\$210.00	\$210.00	\$105.00	\$42.00
A, K, L	\$105.00	\$105.00	\$52.50	\$21.00
MT	1	2-6	7-10	11+
All Plans	\$260.00	\$183.00	\$91.50	\$36.60
NC	1	2-6	7-10	11+
B, C, D, F, G, Select G	\$275.00	\$275.00	\$40.00	\$40.00
N, Select N	\$225.00	\$225.00	\$30.00	\$30.00
A, K, L	\$112.50	\$112.50	\$15.00	\$15.00
NJ	1	2-6	7-10	11+
B, C, D, F, G	\$424.00	\$350.00	\$132.50	\$53.00
N	\$230.00	\$230.00	\$115.00	\$46.00
A, K, L	\$115.00	\$115.00	\$57.50	\$23.00
NY	1	2-6	7-10	11+
B, C, F, G	\$400.00	\$270.00	\$0.00	\$0.00
N	\$270.00	\$270.00	\$0.00	\$0.00
A, K, L	\$135.00	\$135.00	\$0.00	\$0.00

AGENT COMPENSATION PAY

OH, OK, PA, SC

OH	1	2-7	8-10	11+
B, C, D, F, G, Select G	\$260.00	\$260.00	\$40.00	\$40.00
N, Select N	\$245.00	\$245.00	\$30.00	\$30.00
A, K, L	\$122.50	\$122.50	\$15.00	\$15.00
OK	1	2-6	7-10	11+
B, C, F, G, Select G	\$219.00	\$219.00	\$109.50	\$43.80
N, Select N	\$190.00	\$190.00	\$95.00	\$38.00
A, K, L	\$95.00	\$95.00	\$47.50	\$19.00
PA	1	2-6	7-10	11+
B, C, F, G	\$378.00	\$317.00	\$121.00	\$48.40
N	\$210.00	\$210.00	\$105.00	\$42.00
A, K, L	\$105.00	\$105.00	\$52.50	\$21.00
SC- Area 1	1	2-6	7-10	11+
B, C, F, G	\$250.00	\$250.00	\$40.00	\$40.00
N	\$230.00	\$230.00	\$30.00	\$30.00
A, K, L	\$115.00	\$115.00	\$15.00	\$15.00
SC- Area 2	1	2-6	7-10	11+
B, C, F, G	\$245.00	\$245.00	\$40.00	\$40.00
N	\$220.00	\$220.00	\$30.00	\$30.00
A, K, L	\$110.00	\$110.00	\$15.00	\$15.00
SC- Area 3	1	2-6	7-10	11+
B, C, F, G	\$245.00	\$245.00	\$40.00	\$40.00
N	\$220.00	\$220.00	\$30.00	\$30.00
A, K, L	\$110.00	\$110.00	\$15.00	\$15.00

AGENT COMPENSATION PAY

TX

TX- Area 1	1	2-7	8-10	11+
B, C, F, G, Select G	\$300.00	\$300.00	\$40.00	\$40.00
N, Select N	\$275.00	\$275.00	\$30.00	\$30.00
A, K, L	\$137.50	\$137.50	\$15.00	\$15.00
TX- Area 2	1	2-7	8-10	11+
B, C, F, G, Select G	\$280.00	\$280.00	\$40.00	\$40.00
N, Select N	\$250.00	\$250.00	\$30.00	\$30.00
A, K, L	\$125.00	\$125.00	\$15.00	\$15.00
TX- Area 3	1	2-7	8-10	11+
B, C, F, G, Select G	\$270.00	\$270.00	\$40.00	\$40.00
N, Select N	\$240.00	\$240.00	\$30.00	\$30.00
A, K, L	\$120.00	\$120.00	\$15.00	\$15.00

AGENT COMPENSATION PAY

VT, WA, WI, WV, GU, PR, VI

<i>States</i>	<i>Plans</i>	<i>Agent Years</i>			
VT		1	2-6	7-10	11+
	C, F	\$196.00	\$196.00	\$98.00	\$39.20
	B, G	\$183.00	\$183.00	\$91.50	\$36.60
	N	\$170.00	\$170.00	\$85.00	\$34.00
	A, K, L	\$85.00	\$85.00	\$42.50	\$17.00
WA		All years			
	All Plans	8.00%	8.00%	8.00%	8.00%
WI (not payable for riders)		1	2-6	7-10	11+
	MW	\$260.00	\$240.00	\$120.00	\$48.00
	NW	\$190.00	\$190.00	\$95.00	\$38.00
WV		1	2-6	7-10	11+
	B, C, F, G	\$265.00	\$265.00	\$132.50	\$53.00
	N	\$230.00	\$230.00	\$115.00	\$46.00
	A, K, L	\$115.00	\$115.00	\$57.50	\$23.00
GU, PR, VI		1	2-6	7-10	11+
	B, C, F, G, N	\$110.00	\$110.00	\$0.00	\$0.00
	A, K, L	\$55.00	\$55.00	\$0.00	\$0.00

VIEW UHC STATEMENTS

How to View UHC Statements



UHC Portal (Jarvis)

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



Deposit Name

When viewing your bank statement, the commissions deposit will be named, **"UHC SEC HOZ"**

HOW TO READ UHC STATEMENT

Example of Statement from UHC

	Party ID	Agent Name	Agent ID	Statement Date	Writing Agent ID	Writing Agent Name	Client Reference #	Member Name	MedicareID	AARP Member ID / Exchange ID
1										
2	1234567	SENIOR MARKET ADVISORS LLC	1234567	11/2/2021	1234567	JONES, JOHN	123456	DOE, JANE	ABCD123	
3	1234567	SENIOR MARKET ADVISORS LLC	1234567	11/2/2021	1234567	JONES, JOHN	123456	DOE, JANE	ABCD124	
4	1234567	SENIOR MARKET ADVISORS LLC	1234567	11/2/2021	1234567	JONES, JOHN	123456	DOE, JANE	ABCD125	
5	1234567	SENIOR MARKET ADVISORS LLC	1234567	11/2/2021	1234567	JONES, JOHN	123456	DOE, JANE	ABCD126	
6	1234567	SENIOR MARKET ADVISORS LLC	1234567	11/2/2021	1234567	JONES, JOHN	123456	DOE, JANE	ABCD127	

PartyID: Identification number assigned to organization

Agent Name: Name of agency/upline

Agent Address: Address of agency/upline

Agent ID: Writing number of agency/upline

Statement Date: Date that commissions statement was made/sent

Writing Agent ID: Identification number of writing agent

Writing Agent Name: Name of agent

Client Reference #: Number used for carrier to identify client

Member Name: Name of beneficiary

MedicareID AARP Member ID: Masked Medicare number or AARP member ID

HOW TO READ UHC STATEMENT

Example of Statement from UHC

Policy Number	Original Effective Date	Plan Type	Contract	PBP	Plan Code	Member State	Member County	Commission Action	Payment Period
123456789	11/1/2021	MAPD	H1234	123		AZ	Pima	New	
123456789	1/1/2022	DSNP	H1235	123		TX	Galveston	New	
123456789	1/1/2022	DSNP	H1236	123		TX	Bexar	New	
123456789	1/1/2022	MAPD	H1237	123		AZ	Pima	New	
123456789	11/1/2021	CSNP	H1238	123		SC	Chesterfield	New	

Policy Number: Identification number assigned to policy

Original Effective Date: Date policy went into effect

Plan Type: Type of plan (MAPD, DSNP, CSNP)

Contract: Contract number associated with plan

PBP: Plan benefit package

Plan Code: You can disregard this column

Member State: State beneficiary resides in

Member County: County beneficiary resides in

Commission Action: New chargebacks for this statement

Payment Period: You can disregard this column

HOW TO READ UHC STATEMENT

Example of Statement from UHC

Prem Amount	UAD Activity	Commission	Term Reason	GI Reduction Indicator	Comp Type	Prior Plan	Term Date
	\$0.00	\$16.66			R		
	\$0.00	\$25.00			R		
	\$0.00	\$40.00			R		
	\$0.00	\$40.00			R		
	\$0.00	\$16.66	Member Termination		R		12/31/2021

Prem Amount: Amount paid by beneficiary in premium

UAD Activity: You can disregard this column

Commission: Amount received per application

Term Reason: Reason a policy was terminated (if applicable)

GI Reduction Indicator: You can disregard this column

Comp Type: Indicates if comp is initial or renewal

Prior Plan: Prior plan type of beneficiary (if applicable)

Term Date: Date policy was terminated (if applicable)

Questions? We're here to help.

Email commissions@medicarehealthbenefits.com

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