



AGENT/BROKER COMPENSATION DISCLOSURE

Mountain Health Co-op is required by law to disclose to enrollees any direct or indirect compensation that MHC pays to an agent or broker associated with enrolling individuals in individual health insurance coverage. Accordingly, MHC is providing the Agent/Broker compensation schedule which is attached to this Disclosure.

Please note that no compensation is paid to an agent or broker unless an agent or broker assisted as enrollee with enrollment

Exhibit A MOUNTAIN HEALTH CO-OP Schedule of Commissions

IDAHO

| Product | Schedule of Commissions |
|--------------------|---|
| Individual Policy | \$12.50 per individual policy per month Family plans limited to a payment of \$12.50 per adult member up to a maximum of two, and \$12.50 per dependent up to a maximum of 3 dependents per family per month. (Example: A family of 5 or more would represent a maximum monthly commission of \$62.50 per month for a family plan) |
| Small Group Policy | 5% paid monthly based on paid premium |

**Exhibit A
MOUNTAIN HEALTH CO-OP
Schedule of Commissions**

MONTANA

| Product | Schedule of Commissions |
|--------------------|---|
| Individual Policy | \$11.00 per individual policy per month Family plans limited to a payment of \$11.00 per adult member up to a maximum of two, and \$6.00 per dependent up to a maximum of 3 dependents per family per month. (Example: A family of 5 or more would represent a maximum monthly commission of \$40.00 per month for a family plan.) |
| Small Group Policy | 5% paid monthly based on paid premium |

**Exhibit A
MOUNTAIN HEALTH CO-OP
Schedule of Commissions**

WYOMING

| Product | Schedule of Commissions |
|--------------------|--|
| Individual Policy | \$16.50 per individual policy per month |
| Small Group Policy | 3.5% paid monthly based on total premium |