

# Exhibit B Commission Schedule Supplement

Effective date: January 1, 2025

This Commission Schedule Supplement sets forth certain commissions to be paid pursuant to the Appointment and Commission Agreement (the "Agreement") entered into by Kaiser Foundation Health Plan of Washington, Kaiser Foundation Health Plan of Washington Options, Inc., and Producer. It is incorporated as part of Exhibit B to the Agreement and applies to all small employer group business (group size 1-50 employees).

1. Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc., agree to pay Producer monthly commissions based on the reconciled medical premiums for active employer groups in accordance with the following schedule. For purposes of this supplement, reconciled premiums are premium amounts billed for subscriber and dependent medical coverage that are received and retained for the applicable month.

<b>ENROLLED SUBSCRIBERS</b>	<b>Kaiser Foundation Health Plan of Washington FLAT COMMISSION SCHEDULE</b>	<b>Kaiser Foundation Health Plan of Washington Options, Inc. FLAT COMMISSION SCHEDULE</b>
Groups with 1-3 subscribers	2% of reconciled premiums	2% of reconciled premiums
Groups with 4-50 subscribers	5% of reconciled premiums	5% of reconciled premiums

2. Kaiser Foundation Health Plan of Washington Options, Inc., agrees to pay Producer monthly commissions based on the reconciled dental premiums for active employer groups in accordance with the schedule set forth above. For purposes of this supplement, reconciled premiums are premium amounts billed for subscriber and dependent (19 and older) dental coverage that are received and retained for the applicable month.
3. Commissions shall only be paid to Producer if Producer is designated by the contract holder as the Producer of Record to receive said commissions. Commissions will be paid to Producer within sixty (60) days following the end of each reconciled month.
4. No transfer or assignment of interest in this Commission Schedule Supplement or any payments due hereunder shall be valid unless Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc., provide consent in writing.
5. This Commission Schedule Supplement replaces all prior supplemental terms, conditions, and agreements pertaining to the payment of commissions, and shall automatically terminate upon termination of the Agreement. Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc., reserve the right to amend or cancel this Commission Schedule Supplement upon thirty (30) days written notice to Producer.
6. This Commission Schedule Supplement is subject to all terms and conditions of the Agreement. Any conflict between the terms of the Agreement and this Commission Schedule Supplement shall be resolved in favor of this supplement.



April Coiteux  
Vice President, Marketing, Sales and Business Development  
Date: 05/01/2024  
I attest that the information is accurate to the best of my knowledge at the time of the rate submission.