



STANDARD COMMISSION SCHEDULE – OREGON

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

601 SW Second Avenue
Portland, Oregon 97204

Commission Schedule Date: January 1, 2024

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
Individual Health Policies	Medical - \$16.00 per member per month* Dental (Stand Alone Only) - \$2.00 per member per month*

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 applies to each member who is charged a premium.