



AGENT/BROKER COMPENSATION DISCLOSURE

Mountain Health CO-OP is required by law to disclose to enrollees any direct or indirect compensation that the CO-OP pays to an agent or broker associated with enrolling individuals in individual health insurance coverage. Accordingly, the CO-OP 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 an 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