



BROKER AGENT KIT





making it easier to get started with WHA

To help you get started as a producer with WHA, we've provided the following checklist to help you along the way. Visit choosewha.com/brokerkit to download all applicable forms electronically.

CHECKLIST FOR INDIVIDUAL PRODUCERS WITHOUT A LINK TO AN AGENCY

★ Complete the following items **specific to the individual producer**:

- ☐ agent agreement
- ☐ business associate amendment
- ☐ California life and health license¹
- ☐ errors and omission (E&O) certificate²
- ☐ W9 form
- ☐ direct deposit form with a voided check

¹ out-of-state licenses will not be accepted

² must show minimum aggregate amount of \$1,000,000

Agent Agreement



Mail to: Western Health Advantage, Attn: Sales
2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Email to: whasales@westernhealth.com

Direct questions to: 916.563.3198 or 888.499.3198 toll-free
Monday through Friday 8:30 a.m. to 5 p.m. (excluding holidays)

This Agent Agreement ("Agreement") is effective on this _____ day of _____, 20_____,
by and between Western Health Advantage ("WHA"), a California nonprofit tax-exempt public benefit corporation, and
_____, ("Agent").

1. APPOINTMENT OF AGENT

- 1.1 Agent is hereby appointed as an agent of WHA solely with respect to the solicitation of employer group subscribers and individual subscribers to apply to WHA for commercial health benefit plans ("WHA Products") as set forth in this Agreement. Employer groups that subscribe to a WHA Product shall be referred to herein as "Group Subscribers." Individuals that subscribe to a WHA Product shall be referred to herein as "Individual Subscribers." Individuals enrolled in a WHA Product are referred to herein as "Enrollees." Employer groups and individuals that have applied for a WHA Product or are considering a WHA Product may be referred to herein as "Applicants."
- 1.2 This appointment may not be assigned or subdelegated by Agent.
- 1.3 This appointment is not exclusive. WHA reserves the right to appoint additional Agents and Agent reserves the right to accept appointment as an agent for other insurers and health care service plans, without limitation.
- 1.4 This appointment is "at will." WHA may revoke the appointment at any time upon 30 calendar days' written notice to Agent in its sole and absolute discretion without cause. Agent may terminate the appointment at any time upon 30 calendar days' written in its sole and absolute discretion without cause.

2. AGENT'S DUTIES

- 2.1 **Solicitation.** Agent agrees to perform solicitations on behalf of WHA, defined as advertisements or presentations to Applicants on behalf of WHA, in order to disseminate information and rate quotes regarding WHA Products, for the purpose of inducing employer groups or individuals to apply to subscribe to or enroll in WHA Products during the term of this Agreement. Nothing contained in this Agreement shall obligate Agent to sell any or all WHA Products. Agent shall use honest, good-faith efforts in all of its activities on behalf of WHA, and shall utilize reasonable skill, care and diligence in its representation of WHA and the performance of its solicitation duties hereunder. Agent shall act with loyalty, honesty, integrity and good faith, and shall avoid self-dealing, in its relationship with and representation of WHA hereunder.
- 2.2 **Applications for WHA Products.** Agent agrees to submit promptly to WHA all applications for WHA Products received from Applicants and to cooperate with WHA in a prompt manner to obtain additional information as WHA may deem necessary to evaluate each application and/or renewal in a commercially reasonable time frame.
- 2.3 **Agent's Associates.** Agent may utilize employees, subcontractors, partners or others ("Associates") to assist in the performance of Agent's duties, with the understanding that no Associate shall be considered an Agent of WHA or a "broker of record" unless WHA and the Associate have executed an Agent Agreement between the Associate and WHA. Agent shall assure that each Associate complies with the requirements of this Agreement.
 - (a) Agent shall complete and submit to WHA the List of Agent's Associates form attached herewith, which shall identify contact information of each associate that will have access to WHA's Broker Portal when assisting in the performance of Agent's duties. Agent shall provide WHA with the completed List of Agent's Associates within thirty (30) days of executive of this Agreement. The Agent shall also notify WHA at WHASales@westernhealth.com of any additional associates not included in the initial list. Agent is responsible for managing and updating list as necessary.
 - (b) Agent shall notify WHA when Agent terminates any relationship with an Associate that has access to WHA's Broker Portal. Such notice shall be provided by Agent via e-mail to WHASales@westernhealth.com as soon as reasonably practicable, but no later than thirty (30) days from the effective date of the Associate's termination with Agent.

- 2.4 **Solicitation Materials.** Agent shall utilize only those solicitation materials that have been preapproved in writing or provided by WHA. Upon termination of this Agreement, Agent immediately shall destroy or return the materials that have been provided by WHA.
- 2.5 **Maintenance of Applicable Licensure.** Agent and each Associate shall obtain and maintain any and all applicable licenses, appointments, or authorizations required by law to solicit employer groups or individuals on behalf of health care service plans under the laws of the State of California, including without limitation the Knox Keene Health Care Service Plan Act of 1975 ("Knox Keene Act"). Agent shall provide a copy of all applicable licenses to WHA upon request. Agent shall promptly notify WHA of the institution of any disciplinary proceedings against Agent, Agency, Associates or any of Agent's or agency's principal persons or employees, by the California Insurance Commissioner or Department of Managed Health Care ("DMHC"), and/or by any other regulatory body having jurisdiction over Agents', Associates or Agency's licensure and/or solicitation activities, regardless of whether such disciplinary proceedings are directly related to Agent's, Associate's or Agency's activities with respect to WHA. "Agency" as used herein means a firm that employs or contracts with Agent relative to Agent's activities in soliciting persons to apply for or purchase health care service plans or insurance products.
- 2.6 **Compliance with Applicable Law and WHA Health Plans.** Agent shall become familiar with and shall comply with any applicable California and federal laws and regulations which govern the conduct of health care service plans and the activities of Agent in relation to health care service plans. Agent shall not utilize as an Associate any individual who is currently suspended or barred by the DMHC from operating as a solicitor, or who is prohibited from serving as an officer, director, employee, or associate of any health care service plan or solicitor firm pursuant to an order issued by the Director of the DMHC in accordance with Health & Safety Code section 1388, or who is suspended or barred by the Department of Insurance from soliciting or selling insurance products. Agent shall not engage in any act or practice in violation or attempted violation or conspiracy to violate, directly or indirectly, of any applicable statute, rule, regulation or order issued by the Director of the DMHC. [1388]
- 2.7 **Agent Training.** Agent shall become familiar with, and shall comply with, WHA's organization, rules, procedures, and WHA Products. Agent shall participate in WHA marketing training programs, and during the term of this Agreement, Agent shall attend seminars and educational meetings concerning WHA organization, procedures, and WHA Products when necessary to maintain Agent's knowledge. WHA shall be responsible for training Agent regarding WHA Products, and shall notify Agent of any significant changes to such WHA Products. Agent shall be responsible for the training of its Associates. [1300.59]
- 2.8 **Books and Records.** The parties hereto acknowledge that the Knox Keene Act requires, and Agent shall comply with, the following:
- (a) Agent shall keep and maintain current books and records including a current list of the names and addresses of its shareholders, principals and/or partners, if any, and a list of all employees who solicit pursuant to this Agreement, as well as such other information as may be required by the DMHC.[1300.85]
 - (b) All records, books, and papers of Agent shall be open to inspection by the DMHC during Agent's normal business hours, and shall not be removed from the State of California without prior consent of the DMHC. [1300.81]
 - (c) Agent shall make such special reports to the DMHC as the DMHC may require from time to time. [1384(d)]
 - (d) Agent shall preserve, for a period of not less than five (5) years, the last two (2) years of which shall be in an easily accessible place at Agent's offices, all books of account and other records required under the provisions of, and for the purpose of the Knox Keene Act. After such books and records have been preserved for two (2) years, they may be warehoused, stored, or microfilmed, so long as they are available to the DMHC within not more than five (5) days following a request therefor. [1300.85.1]
- 2.9 **Covered California.** Agent shall maintain certification with Covered California. Agent acknowledges that WHA will not pay Agent Commission on premium received for Individuals enrolled through Covered California unless Agent maintains such certification. Agent acknowledges that Covered California is responsible for the payment of Commission for Groups enrolled through Covered California, and WHA will not pay Commission for such enrollments.
- 2.10 **Required Disclosures.** Agent is required to make disclosures to groups with 100 or fewer eligible employees ("Small Groups") pursuant to this section. [1357.514]
- 2.10.1 Whenever providing information to small groups, Agent shall:
- (a) Advise the group of WHA's obligation to sell to any small group any small group health care service plan

and provide the group, upon request, with the actual rates that would be charged to that employer for a given contract.

- (b) Notify the group that Agent will procure rate and benefit information for the group on any health care service plan offered by WHA.
- (c) Notify the group that upon request Agent will provide the group with a summary brochure for any health care service plan offered by WHA.
- (d) Notify the group of the availability of coverage and the availability of tax credits for certain employers consistent with federal and state law, including any rules, regulations, or guidance promulgated thereunder.

2.10.2 Whenever recommending a particular benefit plan, Agent shall advise the group that, upon request, Agent shall provide the group with a summary brochure contacting the benefit plan design being recommended by Agent.

2.10.3 Prior to submitting an application for a group, Agent shall:

- (a) For each of the plan contracts offered by WHA, provide the group with a summary brochure and the premium for that particular group.
- (b) Notify the group that, upon request, Agent will provide the group with an Evidence of Coverage document for each contract WHA offers.
- (c) Obtain a signed statement from the group acknowledging that the group has received the disclosures required by this Section 2.10.

2.10.4 Agent acknowledges that it is required to comply with Health and Safety Code Section 1357.514 notwithstanding any disagreement between that section and this Section 2.10 of this Agreement.

3. LIMITATIONS ON AUTHORITY OF AGENT

3.1 **No Authority to Legally Bind WHA.** Subject to applicable law, Agent shall have no authority, under this Agreement or otherwise, to do or perform, and shall not do or perform, any of the following in the name of or on behalf of WHA or any corporate member, director, officer or principal thereof, without WHA's express grant of authority:

- (a) Incur any debt or liability;
- (b) Bind or execute any contract, including any Group Service Agreement or renewal thereof;
- (c) Make, alter, or discharge any contract, including a Group Service Agreement;
- (d) Change any aspect of any WHA Product;
- (e) Waive any default by a WHA current, former or potential Group Subscriber, Individual Subscriber or Enrollee;
- (f) Utilize rates other than those provided by WHA in any quote. This is not intended to prevent any Agent from utilizing a commercially available insurance quote system as long as the rates quoted through such system are the rates provided by WHA;
- (g) Extend the time for or method of payment by any WHA Group Subscriber, Individual Subscriber or Enrollee;
- (h) Withhold monies or property of WHA;
- (i) Settle or adjust claims against or on behalf of WHA; and
- (j) Make binding representations regarding benefits or coverage provided under WHA Products.

3.2 **No Authority to Collect Premiums.** Agent shall have no authority to collect or attempt to collect on behalf of WHA any payments or premiums tendered by or on behalf of Group Subscribers, Individual Subscribers or Enrollees of WHA Products. In the event that Agent receives payment for the account of WHA for any reason whatsoever, Agent shall (i) comply with the requirements of California law, including, without limitation, Section 1300.67.12 of Title 28 of the California Code of Regulations, and (ii) immediately pay over all monies to WHA. Any failure of Agent to pay over to WHA said monies as provided herein or to comply with any of the provisions of this Section 3.2 shall give rise to a right by WHA to immediately terminate this Agreement upon written notice to Agent. Furthermore, upon termination of this Agreement in accordance with this Section 3.2, WHA shall have the right to offset said monies from any compensation due Agent as set forth in Section 4.4.2 hereof. Nothing herein shall waive or limit any rights that WHA may have at law or in equity to said monies.

4. AGENT'S COMPENSATION.

4.1 **Compensation.** As payment for the performance of services pursuant to this Agreement, WHA shall pay Agent

commissions ("Commissions") on premiums collected from Group Subscribers and Individual Subscribers for whom Agent is "broker of record" ("Agent's Accounts"), according to the schedule set forth on Exhibit A attached hereto and incorporated herein by reference, and consistent with the terms of this Agreement, and shall pay no other compensation. Agent shall be eligible to receive Commissions only so long as this Agreement remains in full force and effect. If this Agreement is terminated for any reason, WHA shall owe no Commission that would have accrued after the termination date hereof. WHA may change the commission schedule at any time in its sole discretion upon 60 days' written notice to Agent.

- 4.1.1 **Commissions Paid as Premium Received.** WHA shall pay Commission following receipt of premium for WHA Products from Agent's Accounts for a current month and shall calculate Commission on the actual premium amounts paid less any refunds paid or due to a Group Subscriber, Individual Subscriber or Enrollee, regardless of whether such premium payments reflect any reductions in premium, non-payments, NSFs, cancellations, late payments, and regardless of which month(s) such reductions, non-payments, NSFs and cancellations apply to.
- 4.1.2 **Commissions Owed to Broker of Record.** In no event shall WHA owe any Commissions to Agent if Agent is not the "broker of record" for a Group Subscriber during the period for which the Group Subscriber paid premiums to WHA. Any dispute as to "broker of record" shall be resolved by reference to the written instructions of the Group Subscriber. If more than one Agent is "broker of record", WHA shall evenly divide the Commission due among them unless all "brokers of record" issue mutually agreed upon written instructions to WHA for different division of Commission.
- 4.1.3 **Commissions Payable Only on WHA Products.** WHA shall pay Commission on premiums received for WHA Products, including any COBRA premium received.
- 4.1.4 **Agent's Instructions for Payment of Commissions.** WHA shall comply with the instructions of Agent set forth in the Agent Information Sheet with respect to the name to which Commission payments shall be made out to. WHA shall not be liable for any error or omission of Agent with respect to such instructions. Agent represents that the information provided to WHA in the Agent Information Sheet and any replacement Agent Information Sheet is true and correct.
- 4.1.5 **Covered California.** WHA shall not pay Commission on premiums received for Groups enrolled through Covered California. WHA shall pay Commission on premiums collected for Individuals enrolled through Covered California pursuant to Section 2.9 of this Agreement.
- 4.2 **Compensation Paid Solely by WHA.** Agent shall look solely to WHA for payment of compensation under this Agreement and shall not look to any other source to obtain any compensation or reimbursement for products marketed under this Agreement, except as permitted under Section 2.9 of this Agreement.
- 4.3 **WHA's Right to Terminate Agent's Accounts.** WHA reserves the right to terminate any of Agent's Accounts or enrollee(s) thereof without notice to Agent in accordance with WHA's contractual, statutory and regulatory rights and obligations, all of which shall be interpreted in WHA's sole and absolute discretion.
- 4.4 **Limitations Upon WHA's Obligation to Pay Commissions.**
 - 4.4.1 **Legal Prohibitions.** Agent acknowledges and agrees that WHA shall not be obligated to pay Agent any Commissions for services performed hereunder or otherwise if the payment of such Commissions would violate applicable statutory provisions, regulations, or rulings, which prohibit the payment of Commissions under certain circumstances.
 - 4.4.2 **Right of Offset.** Any "indebtedness" owing by Agent to WHA which arises at any time constitutes a first lien in favor of WHA upon any Commissions due or to become due to Agent hereunder, and WHA, at its sole discretion, shall have the right to offset from any Commission due Agent such indebtedness in a lump sum or in two or more sums, at WHA's sole discretion, without notice. Nothing herein shall waive or limit any rights that WHA may have at law or in equity to said monies. "Indebtedness" as used herein shall include, without limitation, sums paid to Agent by WHA in error; sums paid to Agent by WHA that are later determined not to be owed to Agent; sums deducted as a consequence of issuing a refund of premiums to a Group Subscriber or Enrollee; sums collected by Agent on behalf of WHA but not immediately paid to WHA; and any and all other sums owed by Agent to WHA for any reason whether arising hereunder or otherwise.

5. TERMINATION

- 5.1 **Without Cause.** This Agreement may be terminated at any time, with or without cause, by either party upon thirty

(30) days written notice mailed or delivered by the terminating party to the other party stating when the termination shall be effective.

- 5.2 **For Cause.** Either party may terminate this Agreement immediately upon written notice to the other if the terminating party reasonably believes that continuation of the Agreement would harm the terminating party's reputation or the reputation of any of the terminating party's shareholders, partners, corporate members, officers, directors, contracted medical groups, other agencies or employees. By way of example and not as a limitation, either party may terminate this Agreement immediately if the other is involved in any public scandal, commits a crime, pleads nolo contendere to a crime related in any way to the parties' relationship, rights and obligations under this Agreement, or commits any act involving dishonesty, fraud, or deceit.
- 5.3 **Loss of Licensure.** This Agreement automatically shall be terminated if (a) Agent ceases to be licensed in the State of California to perform the services required under this Agreement, or (b) WHA ceases to be licensed in the State of California to offer WHA Products, such termination to be effective on the date on which the applicable license is lost or forfeited.
- 5.4 **Death of Agent.** This Agreement automatically shall be terminated upon Agent's death.
- 5.5 **Effect of Termination.** Termination of this Agreement shall automatically revoke the appointment set forth herein. Termination shall not release either party from obligations, rights or liabilities that accrued prior to the termination. No further commissions shall be due or owing by WHA to Agent after termination of this Agreement.

6. RELATIONSHIP OF PARTIES

- 6.1 **Independent Contractor.** It is the mutual intention of the parties hereto that Agent is an independent contractor for all purposes and is not an employee of WHA for any purpose. Agent reserves full control of its activities and those of any of its employees or contractors, with the right to exercise independent judgment as to the time, place, or manner of carrying out the provisions of this Agreement.
- 6.2 **Unauthorized Actions by Agent.** WHA shall not be bound by or liable for any actions taken or representations made beyond the scope of or in violation of this Agreement. However, the actions of any agent of Agent shall bind Agent under this Agreement.
- 6.3 **Indemnify.** Agent shall defend, indemnify, and hold harmless WHA from and against any and all injuries, claims, demands, liabilities, suits at law or in equity, costs or expenses (including court costs and reasonable attorneys' fees) or judgments of any nature whatsoever, which WHA or its corporate members, directors, officers, employees, or representatives may sustain or incur by reason of any act or omission of Agent or Agent's employees or agents arising out of or related to this Agreement.
- 6.4 **E&O Insurance.** Agent shall, at its sole cost and expense, procure and maintain such policies of professional liability, fidelity, and other insurance, acceptable to WHA, as shall be reasonably necessary to insure Agent and its Associates, employees, agents, shareholders, directors, and officers against any claim or claims for damages arising out of Agent's provision of its professional services hereunder. Such insurance shall be procured from an insurer(s) acceptable to WHA. Agent's professional liability insurance (unless the parties shall otherwise mutually agree in writing) shall provide for limits of not less than one million dollars (\$1,000,000) per occurrence, three million dollars (\$3,000,000) aggregate. Agent's fidelity insurance shall (unless the parties shall otherwise mutually agree in writing) provide for loss limits of not less than two hundred fifty thousand dollars (\$250,000) per single loss. Agent shall, upon written request, provide WHA with certificates of insurance demonstrating the insurance coverage required under this Section. Further, Agent shall provide WHA with not less than thirty (30) days written notice of any cancellation, reduction, or other material change in the amount or scope of any coverage required under this Section.
- 6.5 **Proprietary and Confidential Information.** Information, data and materials disclosed by one party to the other in connection with this Agreement that is not generally known to the public and that is clearly identified as confidential or which, by its nature, should reasonably be considered to be confidential, shall remain confidential and proprietary to the disclosing party. Each party agrees to use proprietary and confidential information of the other party in connection with the performance of this Agreement and only in the manner provided by this Agreement. Upon termination of this Agreement, each party shall immediately destroy or return all proprietary and confidential information to the other party.

7. GENERAL PROVISIONS

- 7.1 **Federal and State Law and Regulation.** This Agreement and the performance thereof is subject to the requirements

of the Knox Keene Act, and the regulations promulgated thereunder by the DMHC. All provisions required by law or regulation to be in this Agreement shall bind the parties whether or not set forth herein.

7.2 Arbitration.

7.2.1 **Binding Arbitration.** All disputes between Agent and WHA shall be resolved by binding arbitration before JAMS, a non-judicial arbitration and mediation service. If the amount at issue is less than \$200,000, then the arbitrator will have no jurisdiction to award more than \$200,000. The JAMS Comprehensive Arbitration Rules and Procedures ("Rules") in effect at the time a demand for arbitration is made will be applied to the arbitration. The parties will seek to mutually agree on the appointment of an arbitrator; however, if an agreement cannot be reached within 30 days following the date demanding arbitration, the parties will use the arbitrator appointment procedures in the Rules. Arbitration hearings will be held at the neutral administrator's offices in Sacramento, California or at another location agreed upon in writing by the parties. Civil discovery may be taken in such arbitration as provided by California law and civil procedure. The arbitrator(s) selected will have the power to control the timing, scope and manner of the taking of discovery and will have the same powers to enforce the parties' respective duties concerning discovery as would a Superior Court of California. The arbitrator(s) will have the power to grant all remedies provided by California law. The parties will divide equally the fees and expenses of the arbitrator(s) and the neutral administrator. The arbitrator(s) will not have the power to commit errors of law or legal reasoning, and the award may be vacated or corrected pursuant to California law. The Federal Arbitration Act, 9 U.S.C. §§ 1-4, will also apply to the arbitration.

7.2.2 **Waiver of Jury Trial.** The parties specifically agree to use this arbitration procedure in place of any rights they otherwise would have to submit any controversy or dispute to a court or jury. The parties also expressly waive any right to recover punitive damages in connection with any arbitrable dispute.

7.3 **Assignment / No Third Party Beneficiary.** Neither this Agreement nor any of the rights, interests, or benefits arising hereunder shall be assigned, transferred, or delegated either in whole or in part by Agent without the prior written consent of WHA. Nothing in this Agreement is intended or shall be construed to give any third party, other than the parties hereto and their permitted assignees, any legal or equitable right, remedy or claim under or in respect of this Agreement or any provision contained herein.

7.4 **Entire Agreement.** This Agreement contains the entire understanding of Agent and WHA with respect to the subject matter hereof and it incorporates all of the covenants, conditions, representations, promises, and agreements exchanged by the parties hereto with respect to such matter. This Agreement supersedes any and all prior or contemporaneous negotiations, agreements, or communications, whether written or oral, between Agent and WHA with respect to the subject matter of this Agreement.

7.5 **Severability.** If any provision or provisions of this Agreement is rendered by a court or governmental agency of competent jurisdiction to be invalid, illegal, or unenforceable, the remainder of this Agreement shall not be affected thereby, but shall remain in full force and effect.

7.6 **Attorneys' Fees and Costs.** If any action at law or in equity, or any arbitration or mediation is brought to enforce or interpret the terms of this Agreement or any obligation owing hereunder, the prevailing party shall be entitled to reasonable attorneys' fees and costs and expenses of suit, including, without limitation, expert and accountant fees.

7.7 **Amendment/Waiver.** Except as otherwise set forth herein, this Agreement shall not be amended, or any condition hereof waived, except by a written instrument signed by both parties hereto, and then any such amendment or waiver shall be effective only in the specific instance and for the specific purpose for which it is given. Notwithstanding the foregoing, the Agent Information Sheet may be modified by the Agent by submitting a new Agent Information Sheet to WHA.

7.8 **Governing Law.** This Agreement shall be governed by, construed in accordance with, and enforced under the laws of the State of California.

7.9 **Notice.** All notices required or permitted by this Agreement shall be in writing and may be delivered in person, sent by registered or certified mail or a nationally recognized overnight courier that guarantees next day delivery, or by facsimile transmission, and shall be deemed sufficiently given if served in the manner specified in this Section to the address or facsimile number set forth below each party's signatures. Either party may revise its address / fax number by notifying the other party in writing.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the dates set forth below.

AGENT/AGENCY

Name of Agent/Agency_____ Date_____

Signature_____

Printed Name and Title (if different from above)_____

Address/fax for any notices due under this Agreement:

Address:_____

Fax:_____

WESTERN HEALTH ADVANTAGE



Signature

Sue Haddad, Chief Financial Officer

Printed Name and Title

Address for any notices due under this Agreement:

2349 Gateway Oaks Drive, Suite 100

Sacramento, CA 95833

Exhibit A

STANDARD AGENT COMMISSION SCHEDULE

Effective 1.1.25



INDIVIDUAL SUBSCRIBERS

Individuals enrolled through Covered California receiving Advance Payment of Premium Tax Credit (APTC)	\$22 per member per month
All other individuals	5.0% flat commission

SMALL GROUP

1-100 Eligible Employees (as determined by the employer, consistent with state and federal law)

All groups with an effective date of December 1, 2018 or later and all groups that engage a general agent.	5.0% flat commission
All groups with an effective date of January 1, 2016 through November 30, 2018, except groups that engage a general agent.	6.5% flat commission
Small groups with an effective date of December 31, 2015 or earlier and did not transition from large group to small group, except groups that engage a general agent.	7.0% flat commission
Groups with an effective date of December 31, 2015 or earlier that transitioned from large group to small group in 2016.	5.0% flat commission

LARGE GROUPS

100+ Eligible Employees (as determined by the employer, consistent with state and federal law)

All groups	5.0% flat commission unless otherwise mutually agreed upon during proposal or renewal process of a specific Group Subscriber. Such mutually agreed rates shall be as set forth in the accepted proposed rates.
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Agent Information Sheet



Please complete this Agent Information Sheet and return with the signed Agent Agreement to:

Mail to: Western Health Advantage, Attn: Sales
2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Email to: whasales@westernhealth.com

Direct questions to: 916.563.3198 or 888.499.3198 toll-free
Monday through Friday 8:30 a.m. to 5 p.m. (excluding holidays)

Date _____

Agent Name _____

Agent Mailing Address (for marketing purposes) _____

City, State, Zip _____

Telephone _____

Fax _____

Email _____

Type of License (attach copy) _____

Agent License Number _____

Errors & Omissions Carrier _____

E&O Limits (attach copy of your certificate page) _____

I direct WHA to make commission payable to the following Agent or Agency name and address

Required: Attach W-9 for Agent or Agency listed directly above.

List of Agent Associates

As permitted under Section 2.3 of the Agent/Agency Agreement, Agent/Agency are permitted to utilize employees, subcontractors, partners or others ("Associates") to assist in the performance of Agent/Agency duties. Such Associates are required to comply with the requirements of the Agent/Agency Agreements.

Pursuant to section 2.3(a) of the Agent/Agency Agreement, Agent/Agency are required to provide the following information for each associates that will have access to the WHA Broker Portal:

First & Last Name: _____ **Title:** _____
Phone: _____ **Email:** _____
Mailing Address: _____
Accounts (Contact works on specific accounts listed): _____

First & Last Name: _____ **Title:** _____
Phone: _____ **Email:** _____
Mailing Address: _____
Accounts (Contact works on specific accounts listed): _____

First & Last Name: _____ **Title:** _____
Phone: _____ **Email:** _____
Mailing Address: _____
Accounts (Contact works on specific accounts listed): _____

First & Last Name: _____ **Title:** _____
Phone: _____ **Email:** _____
Mailing Address: _____
Accounts (Contact works on specific accounts listed): _____

First & Last Name: _____ **Title:** _____
Phone: _____ **Email:** _____
Mailing Address: _____
Accounts (Contact works on specific accounts listed): _____

First & Last Name: _____ **Title:** _____
Phone: _____ **Email:** _____
Mailing Address: _____
Accounts (Contact works on specific accounts listed): _____

First & Last Name: _____ **Title:** _____
Phone: _____ **Email:** _____
Mailing Address: _____
Accounts (Contact works on specific accounts listed): _____

Pursuant to Section 2.3(b) of the Agent/Agency Agreement, it is the responsibility of Agent/Agency to manage its associates by notifying WHA at WHASales@westernhealth.com as soon as possible within 30 days of an Associate's termination.

Business Associate Amendment



Mail to: Western Health Advantage, Attn: Sales
2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Email to: whasales@westernhealth.com

Direct questions to: 916.563.3198 or 888.499.3198 toll-free
Monday through Friday 8:30 a.m. to 5 p.m. (excluding holidays)

Indicate One: ☐ **AGENT** ☐ **AGENCY**

☐ **COMMERCIAL**

Name: _____

This Amendment ("Amendment"), effective _____, supplements and is made a part of the Agent Agreement ("Agreement") dated _____ by and between Western Health Advantage ("Health Plan") and _____ ("Business Associate").

The parties agree that the terms and conditions of this Amendment shall apply to the Agreement and also to any other agreement or arrangement whereby Business Associate is in the role of a Business Associate to Health Plan, whether this Amendment is specifically referenced or not.

- A. Health Plan and Business Associate are parties to the Agreement pursuant to which Business Associate provides a service to, or performs a function on behalf of, Health Plan and, in connection therewith, uses or discloses Protected Health Information ("PHI"), which includes Electronic Protected Health Information ("EPHI"), that is subject to protection under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and certain privacy and security regulations found at 45 CFR Parts 160 through 164, as now or hereafter amended ("HIPAA Regulations");
- B. Health Plan is a Covered Entity as that term is defined in the HIPAA Regulations. Business Associate creates or receives PHI and/or EPHI from or on behalf of Health Plan and is, therefore, a Business Associate, as defined in the HIPAA Regulations;
- C. Pursuant to the HIPAA Regulations, Business Associate, as a Business Associate of Health Plan, must agree in writing to certain mandatory provisions regarding the safeguarding, use and disclosure of PHI and EPHI; and
- D. The purpose of this Amendment is to satisfy the Business Associate contract requirements as set forth at § 164.314(a) and § 164.504(e) of the HIPAA Regulations, as they may be amended from time-to-time.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

1. **Definitions.** Capitalized terms in this Amendment have the meanings set forth in this section. In the event of a conflict between the definition of a term as it appears in this section and the definition of that term in the HIPAA Regulations, the definition appearing in the HIPAA Regulations shall control.
 - a. "Breach" means the unauthorized acquisition, access, Use, or Disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under HIPAA and the HIPAA regulations, including 45 CFR § 164.402, as well as California Civil Code §§ 1798.29 and 1798.82.
 - b. "Data Aggregation" means the combining of protected health information by Business Associate with the protected health information received by Business Associate in its capacity as a business associate of Health Plan, to permit data analyses that relate to the health care operations of the parties, and shall have the meaning given to such term under HIPAA and the HIPAA regulations, including 45 CFR § 164.501.
 - c. "Designated Record Set" means a group of records that is:
 - (i) The medical records and billing records about individuals maintained by or for Health Plan;
 - (ii) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for Health Plan; or
 - (iii) Used, in whole or in part, by or for Health Plan to make decisions about individuals and shall have the meaning given to such term under HIPAA and the HIPAA regulations, including 45 CFR § 164.501
 - d. "Disclosure" means the release, transfer, provision of access to, or divulging in any manner of information

outside the Business Associate's organization.

- e. "Electronic PHI" means PHI that is transmitted by or maintained in electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including 45 CFR § 160.103.
 - f. "Individual" means the person who is the subject of Protected Health Information.
 - g. "Protected Health Information" ("PHI") means any information, including Electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present, or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment of the provision of health care to an individual, and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to 45 CFR § 160.103. For the purposes of this Amendment, PHI includes all medical information and health insurance information as defined in California Civil Code §§ 56.05 and 1798.82.
 - h. "Required By Law" means a mandate contained in law that compels an entity to make a Use or Disclosure of protected health information and that is enforceable in a court of law, and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including 45 CFR § 164.103.
 - i. "Secretary" means the Secretary, Department of Health and Human Services, or his or her designee.
 - j. "Security Incident" means the attempted or successful unauthorized access, Use, Disclosure, modification, or destruction of information of interference with system operations, and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including 45 CFR § 164.304.
 - k. "Unsecured PHI" means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of an Encryption or Destruction technology or methodology specified by the Secretary in guidance issued under Section 13402(h)(2) of the HITECH Act on the Health and Human Services website, as such guidance may be revised from time to time, and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including 45 CFR § 164.402.
 - l. "Use" of PHI means the sharing, employment, application, utilization, examination, or analysis of PHI within the Business Associate's organization.
2. **Scope of Use and Disclosure of PHI.** Except as otherwise limited in this Amendment:
- a. Business Associate shall use and disclose PHI solely to provide the services, or perform the functions, described in the Agreement, provided that such Use or Disclosure would not violate the HIPAA Regulations if so used or disclosed by Health Plan, or the minimum necessary policies and procedures of Business Associate required by § 164.514 of the HIPAA Regulations. Further, each such Use and Disclosure, respectively, shall be in compliance with each applicable requirement of § 164.504(e) of the HIPAA Regulations, relating to business associate contracts, and shall not violate California Civil Code §56 et seq. or California Civil Code §1798 et seq. Business Associate may use or disclose PHI for the proper management and administration of Business Associate or to provide Data Aggregation services to Health Plan. Business Associate may Use or Disclose PHI as Required By Law. Business Associate may not use or disclose PHI in a manner that would violate Subpart E of 45 CFR Part 164 if done by Health Plan.
3. **Obligations of Business Associate.** Business Associate shall:
- a. Not Use or Disclose PHI other than as permitted or required by the Agreement or as Required By Law. Business Associate may consult with Health Plan to assist with determination of whether Use or Disclosure is permitted or required in the event of uncertainty.
 - b. Use reasonable and appropriate safeguards to prevent Use or Disclosure of the PHI other than as provided for by this Amendment.
 - c. Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of PHI by Business Associate in violation of the requirements of this Amendment and report the mitigation actions taken to Health Plan within 30 days from the date Business Associate discovers the Use or Disclosure.
 - d. Report to Health Plan any Use or Disclosure of the PHI not provided for by this Amendment of which Business Associate becomes aware, including breaches of unsecured PHI as required under of § 164.410 of the HIPAA Regulations, and any Security Incident of which Business Associate becomes aware. Submit an initial report to Health Plan no later than three business days from the date of discovery of the Use or Disclosure. The initial report shall include as much detail as possible, but shall at least include the nature and extent of the PHI involved and the recipients(s) of the PHI. Within a reasonable time from the completion of Business Associate's

investigation, but in no case later than 30 days from the discovery of the Use or Disclosure, submit a final report fully describing the incident, the results of the investigation, and the mitigation efforts and remediation actions taken by Business Associate. Cooperate with Health Plan's risk assessment by providing relevant requested information including, but not limited to, the nature and extent of the PHI involved, the recipient(s) of the PHI, the names of individuals whose information was disclosed or impacted, and whether the PHI was actually acquired or viewed.

- e. Require contractors, subcontractors, and/or agents to whom Business Associate provides PHI created or received by Business Associate on behalf of Health Plan to agree in writing to the same restrictions and conditions that apply to Business Associate with respect to such PHI under this Amendment, in accordance with of §§ 164.502 and 164.308 of the HIPAA Regulations.
- f. Utilize only contractors, subcontractors, or other agents who are physically located within a jurisdiction subject to the laws of the United States and ensure that no contractor, subcontractor, or agent maintains, processes, uses, or discloses PHI subject to this Amendment in any way that will remove the PHI from such jurisdiction.
- g. Provide access, at the request of Health Plan, upon 15 days' written notice, to PHI in a Designated Record Set, to Health Plan in order to meet the requirements under § 164.524 of the HIPAA Regulations. If Health Plan and Business Associate mutually agree, Business Associate may provide such access directly to Individual, provided that such access is provided to the Individual in the time-frames set forth in § 164.524 of the HIPAA Regulations.
- h. Make any amendment(s) to PHI in a Designated Record Set that the Health Plan directs or agrees to pursuant to § 164.526 of the HIPAA Regulations at the request of Health Plan within 30 days, or take other measures as necessary to satisfy Health Plan's obligations under § 164.526 of the HIPAA Regulations.
- i. Make internal practices, books, and records, including, but not limited to, policies and procedures, relating to the use and disclosure of PHI created or received by Business Associate on behalf of Health Plan available for the Secretary and the Health Plan to access, if requested, in a time and manner designated by the Secretary, for purposes of the Secretary determining Health Plan's compliance with the HIPAA Regulations.
- j. Maintain for a period of six (6) years an accounting of all disclosures of PHI that are required to be maintained under § 164.528 of the HIPAA Regulations. Such accounting will include the date of the disclosure, the name of the recipient, a description of PHI disclosed and the purpose of the disclosure.
- k. Provide to Health Plan within 30 days of Health Plan's request, information collected in accordance with Section 3.j. of this Amendment, to permit Health Plan to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with § 164.528 of the HIPAA Regulations. If Health Plan and Business Associate mutually agree, Business Associate may provide such accounting directly to Individual, provided that such accounting is provided to the Individual in the time-frames set forth in § 164.528 of the HIPAA Regulations.
- l. Make reasonable efforts to implement any restriction of the Use or Disclosure of PHI that Health Plan has agreed to under Section 4.c. of this Amendment.
- m. With respect to EPHI, implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the EPHI that Business Associate creates, receives, maintains, or transmits on behalf of Health Plan as required by 45 CFR Part 164, Subpart C.
- n. With respect to EPHI, ensure that any agent, including a subcontractor, to whom Business Associate provides EPHI, agrees to implement reasonable and appropriate safeguards to protect the EPHI.
- o. With respect to EPHI, report to Health Plan any Security Incident of which Business Associate becomes aware.
- p. Not transmit nor permit any subcontractor to transmit, move, ship, mail or in any way convey or communicate any PHI or EPHI to a location outside of the United States of America without the advance written consent of the Health Plan.
- q. HITECH Requirements: Sections 164.306 (security standards), 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards), 164.314 (organizational standards), and 164.316 (policies and procedures and documentation requirements) of the HIPAA Regulations, shall apply to Business Associate in the same manner that such sections apply to Health Plan. The additional requirements of Title XIII of the "Health Information Technology for Economic and Clinical Health Act" or the "HITECH Act" contained in Public Law 111-005 that relate to privacy and/or security and that are made applicable with respect to covered entities shall also be applicable to Business Associate and shall be and by this reference hereby are incorporated into this Amendment.
- r. Upon the expiration or earlier termination of the Agreement, for any reason, Business Associate shall return or

destroy all PHI received from Health Plan, or created or received by Business Associate on behalf of Health Plan that Business Associate still maintains and retain no copies of such PHI; provided that if such return or destruction of PHI is infeasible, Business Associate shall provide to Health Plan notification of the conditions that make return or destruction infeasible and shall extend the protections of this Amendment to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

- s. In the event Business Associate is Required By Law to disclose PHI, Business Associate shall promptly notify Health Plan of such requirement. Business Associate shall give Health Plan sufficient opportunity to oppose or take other appropriate action before Business Associate discloses the PHI.
 - t. In the event Business Associate is served with legal process or a request from a governmental agency that may potentially require the disclosure of PHI, Business Associate shall promptly, and in any case within two business days of its receipt of such legal process or request, notify Health Plan. Business Associate shall not disclose the PHI without Health Plan's consent unless pursuant to a valid and specific court order or to comply with a requirement for review of documents by a governmental regulatory agency under its statutory or regulatory authority to regulate the activities of either party.
 - u. Subject to the limitations set forth in Section 13405(d)(2) of the HITECH Act, Business Associate shall not directly or indirectly receive remuneration in exchange for any of Health Plan's PHI unless Business Associate first obtains authorization from Health Plan. Health Plan shall not grant such authorization unless the subject of the PHI has granted Health Plan a valid authorization that includes a specification of whether the PHI can be further exchanged for remuneration by the entity receiving the individual's PHI.
 - v. Business Associate agrees to make reasonable efforts to trace lost or translate indecipherable transmissions. Business Associate shall bear all costs associated with the recreation of incomplete, lost or indecipherable transmissions if such loss is the result of an act or omission of Business Associate.
 - w. If Business Associate fails to adhere to any of the privacy, confidentiality, and/or data security provisions set forth in this Amendment or any other agreement it has with Health Plan or if there is a Security Incident or Breach of PHI in Business Associate's possession and, as a result, PHI or any other confidential information is unlawfully accessed, used or disclosed, Business Associate agrees to pay and reimburse Health Plan for any and all costs, direct or indirect, incurred by Health Plan associated with any Security Incident or Breach notification obligations.
 - x. Business Associate shall make its internal practices, books and records relating to the use, disclosure or security of PHI received from Health Plan (or created or received by Business Associate on behalf of Health Plan) available to any state or federal agency, including the U.S. Department of Health and Human Services, for purposes of determining Health Plan's and/or Business Associate's compliance with federal/state privacy and security laws and regulations.
 - y. Business Associate shall agree to cooperate with a vendor risk assessment, upon request from Health Plan.
4. **Obligations of Health Plan.** Health Plan shall:
- a. Provide Business Associate with the notice of privacy practices that Health Plan furnishes to Individuals in accordance with § 164.520 of the HIPAA Regulations.
 - b. Promptly notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI.
 - c. Promptly notify Business Associate of any restriction to the Use or Disclosure of PHI that Health Plan has agreed to in accordance with § 164.522 of the HIPAA Regulations, to the extent that such restriction may affect Business Associate's Use or Disclosure of PHI.
 - d. Not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Regulations if so used or disclosed by Health Plan, unless such Use or Disclosure is necessary for the purposes of Data Aggregation or management and administrative activities of Business Associate under the Agreement.
5. **Termination for Breach.** Upon Health Plan's knowledge of a material breach of the terms of this Amendment by Business Associate, Health Plan shall, in accordance with the notification requirement and cure period set forth in the Agreement, provide an opportunity for Business Associate to cure the breach or end the violation. Health Plan may terminate the Agreement if Business Associate does not cure the breach or end the violation within the cure period set forth in the Agreement.

6. **Insurance and Indemnification.**

- a. In addition to any general and/or professional liability insurance coverage required of Business Associate under any other agreement, Business Associate agrees to obtain and maintain, at its sole expense, liability insurance on an occurrence basis, covering any and all claims, liabilities, demands, damages, losses, costs and expenses arising from a breach of the security, privacy, or confidentiality obligations of Business Associate, its officers, employees, agents and subcontractors, under this Amendment. A copy of such policy or a certificate evidencing the policy shall be provided to Health Plan within 30 days of executing this Amendment.
- b. Business Associate agrees to defend at Health Plan's election, indemnify, and hold harmless Health Plan, its officers, agents or employees from and against any and all claims, liabilities, demands, damages, losses, costs and expenses (including costs and reasonable attorneys' fees), or claims for injury or damages, including, but not limited to civil money penalties imposed on Health Plan by the Secretary and costs of notification required by of §§ 164.404 and 164.406 of the HIPAA Regulations, that are caused by or result from the acts or omissions of Business Associate, its officers, employees, agents and subcontractors with respect to the use and disclosure of Health Plan's PHI.
- c. Health Plan agrees to defend at Business Associate's election, indemnify, and hold harmless Business Associate, its officers, agents and employees from and against any and all claims, liabilities, demands, damages, losses, costs and expenses (including costs and reasonable attorneys' fees), or claims for injury or damages that are caused by or result from the acts or omissions of Health Plan, its officers, agents or employees with respect to the use and disclosure of Health Plan's PHI.

7. **Assistance in Litigation.** Business Associate shall make itself, and any employees or agents assisting Business Associate in the performance of its obligations under this Amendment, available to Health Plan at no cost to Health Plan to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings against Health Plan, its directors, officer, agents or employees based upon claimed violation of HIPAA, the HIPAA Regulations or other laws relating to security and privacy.
8. **Amendment.** The parties agree to take such action to amend this Amendment from time-to-time as is necessary for Health Plan to comply with the requirements of HIPAA and the HIPAA Regulations. This Amendment shall be automatically amended to incorporate any new or changed provisions of HIPAA upon the effective date of such new or changed provisions. Such automatic amendment shall be effective whether it is reduced to writing or not.
9. **Survival.** The respective rights and obligations of Business Associate under Section 6 of this Amendment shall survive the termination of the Agreement.
10. **Interpretation.** Any ambiguity in this Amendment shall be resolved to permit Health Plan to comply with the HIPAA Regulations.
11. **Conflict of Terms.** Business Associate is an independent contractor and nothing in this Amendment is intended to create or imply an agency or employment relationship between Health Plan and Business Associate.
12. **Independent Contractor.** Except as expressly modified by the terms of this Amendment, all of the terms and conditions set forth in the Agreement shall remain in full force and effect.
13. **Other Terms Remain in Force.** Except as expressly modified by the terms of this Amendment, all of the terms and conditions set forth in the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment as of the date(s) set forth below.

BUSINESS ASSOCIATE

Printed Name _____ Title _____

Signature _____ Date _____

WESTERN HEALTH ADVANTAGE



Signature

Wendy Soe-McKeeman, Chief Legal Officer

Printed Name and Title

Direct Deposit Authorization Form

BROKER COMMISSION



Section 1: TYPE OF REQUEST

VOIDED CHECK ATTACHED ☐

☐ New ☐ Change ☐ Cancel

Section 2: BROKER INFORMATION

☐ COMMERCIAL

Broker/Agency Name _____
WHA Broker/Agency Identification No. _____
Tax ID (TIN)/Social Security No. _____
Broker/Agency Phone Number _____
Broker/Agency Mailing Address _____
City/State/Zip _____
Broker/Agency Email Address _____

Section 3: BANKING INFORMATION

Bank Name (Receiving Bank) _____
Bank City/State/Zip _____
Name on Bank Account _____
Routing Number _____
Account Number _____

Section 4: AUTHORIZATION

I certify that the information provided on this form is correct, and that I am authorized to sign this form for the above-named company. I hereby authorize Western Health Advantage ("WHA") to electronically deposit payments to the bank account designated above. This authorization will remain in effect until I give written notice of change or cancellation, or until WHA notifies me that this service has been cancelled. I understand that a new authorization must be completed if there is a change to my bank account, my bank account is closed, or there is a change in financial institutions, and that such changes may take up to 30 days to be effective.

Authorized Signature _____ Date _____

Print Name _____ Title _____

Return completed form with a VOIDED CHECK to Western Health Advantage by mail, fax, or email.

Mail to: Western Health Advantage, Attn: Sales
2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Email to: whasales@westernhealth.com

Direct questions to: 916.563.3198 or 888.499.3198 toll-free
Monday through Friday 8:30 a.m. to 5 p.m. (excluding holidays)



manage your client's health plan — 24/7

You will enjoy how easy we have made it to administer your client's health plan with online resources such as enrollment tools, billing management, renewals and plan documents at **westernhealth.com/broker**.

SIGN-UP FOR ACCESS TO SECURE TOOLS

Once you have submitted the required documents to WHA (see checklists), you can gain access to WHA's Broker Portal. Start by signing up for secure access at **mywha.org/signup**. You will need your WHA broker ID number to establish an account. You will receive a temporary password via email. Use this password within 24 hours to log-in. You will then be prompted to create a new password. You are then set to log into the portal at **westernhealth.com/broker** to gain access to the tools available to you; see right for a quick look.

CUSTOMIZED LINK FOR INDIVIDUAL/FAMILY SALES

Once established as a broker, you will receive an email with your personal WHA URL, which you can add to your website or email to your clients. When your clients use the link to shop for an individual/family health plan, your broker information will pre-populate into our online application. Once the application is completed, you will receive an email advising you to log into your broker account to attest to this application. Contact Individual Sales.

ONLINE TOOLS in the WHA Broker Portal

- ★ **Commissions:** Use the link in the WHA Broker Portal tool bar at **westernhealth.com/broker** for commission statements for all other lines of business.

EVERYDAY TOOLS

- commission statements for Large Group, Small Group and Individual sales
- rate sheets
- forms and downloads
- communications
- service cost estimator
- plan documents

SMALL GROUP TOOLS

- group quoting tool
- underwriting guidelines
- group pricing tool
- group administration
- small group renewals

INDIVIDUAL/FAMILY TOOLS

- application attestation
- billing and payments
- member administration
- individual renewals



getting started with Western Health Advantage

Our dedicated, local representatives are available to help you take steps toward getting contracted with WHA, whether you are a producer at an agency or independent. We look forward to working with you.

EMPLOYER GROUP PLANS

- Assistance with large group (101 or more eligible) and small group (1 to 100 eligible) benefits and rates
- Information about renewals and benefit changes
- Order supplies and materials for your clients
CALL 916.563.3198 option 1; 888.499.3198 toll-free
FAX 916.568.1338
EMAIL whasales@westernhealth.com

INDIVIDUAL/FAMILY + MICRO GROUP PLANS

- Assistance with individual/family members benefits and rates
- Information about renewals and benefit changes
- Order supplies and materials for your clients
- Initiate benefit plan changes
CALL 916.563.3198 option 2; 888.499.3198 toll-free
FAX 916.568.1338
EMAIL individualsales@westernhealth.com

PREMIUM BILLING

- Verify premium payments and account balances
- Obtain billing history or view/print a bill
CALL 916.563.2206; 888.442.2206 toll-free
AUTOMATED PAYMENT SYSTEM 866.203.3303
FAX 916.568.0334
EMAIL premiumbilling@westernhealth.com

ENROLLMENT

- Verify eligibility
- Update enrollee information (name, address, PCP)
- Get assistance with additional eligibility questions
CALL 916.563.2206; 888.442.2206 toll-free
FAX 916.568.0334
EMAIL eligibility@westernhealth.com

MEMBER SERVICES

- Medical and prescription benefit plan information
- Assistance choosing a PCP or seeing a specialist
- Inquire about traveling or an emergency situation
- Get clarification on a bill or claim for service
- File a complaint or compliment
CALL 916.563.2250; 888.563.2250 toll-free
FAX 916.568.0126
EMAIL memberservices@westernhealth.com



westernhealth.com/broker