

**Subject Line: Community Health Choice Agent Commission Statements**  
**Sub-header: First Quarter Broker Incentive and April Commission Statement**

Dear Valued Partner,

You have recently received your April commission statement and we would like to offer explanation to assist in reading your statement correctly.

The first quarter Broker Wellness Incentive payment has been processed and will be paid in a separate remittance and NOT be included as part of your commission payment. Your Incentive payment method will be in the same form you receive your commission payment, i.e. if you have established direct deposit then your Incentive payment will be direct deposited as well. If you receive a paper check, then the Incentive payment will be mailed as a separate check. Direct deposit payment notices were sent via email and paper checks are in process.

While the Incentive payments were made separately, the Incentive statement summary is included in your April commission statement.

To the far right of your commission statement, you will see the last column that is labeled **Wellness Incentive**. Please note the following:

- **Wellness Incentive (Example 1)** - This column shows the first quarter incentive payment detail and provides the number of wellness visits completed per policy. The reporting that ties back to the Incentive was finalized on April 15, 2019.
- **April Commissions (Example 2)** - The April statement will show your April 2019 commission summary detail. The bottom left of your statement will show the **Total Due to Broker**. Please note that you will see separate payment totals, one for commission amount paid and the other for the Wellness Incentive amount paid.

**EXAMPLE 1:**

2019 Statement

Broker							Subscriber													Enrollment												Member Months											
Broker Name	Broker NPN	Broker EH Date	Broker Term Date	Broker Cert Date	Broker Training Date	Approved	Subscriber ID	Subscriber Name	Harris Health	Enrollment ID	Issuer Subscriber ID	Rate Code ID	Plan Type	Subscriber Application Date	Subscriber Eff Date	Subscriber Term Date	Subscriber Paid Through Date	Number Of Members	Enroll Broker Eff Date	Enroll Broker Term Date	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total YTD	Total Eligible YTD	Wellness Incentive								



Dec	Total YTD	Total Eligible YTD	Wellness Incentive
0	8	\$120	\$0

