

LARGE GROUP PRODUCTS & BROKER COMMISSIONS

Carrier / Plan	GROUP SIZE	COMMISSION
Aetna ⁵		
Medical	101-200 eligible 201+ eligible	5% Contact your Word & Brown representative
Dental and Vision	101-200 eligible 201+ eligible	10% Contact your Word & Brown representative
Aflac (Group Platfori	m Plans)	
Creative Solutions	101+ Policy holders	Begins at 12% commission and increases with agent involvement and production
Ameritas		
Dental and Vision	Contact your Large Group representative for RFP: largegroup@wordandbrown.com.	Commission variable. Contact your Word & Brown representative.
Anthem Blue Cross		
Medical, Dental, Vision	101-500 enrolled	4% Medical; Dental HMO 10%; Dental PPO 10%; Vision 10%
BEST Life and Health	ı İnsurance Company	
Dental and Voluntary Dental	101+	8%
Vision	101+	10%
Life and AD&D	101+	15%
Blue Shield of Califo	rnia ⁵	
Medical	101-299 eligible	Blue Shield has transitioned to a Producer Service Fee model. Contact your Word & Brown representative
Dental and Vision	101-299 eligible	Negotiable
Life	101-299 eligible	10%
CalCPA		
Medical	101+	5%
Dental and Vision	101+	10%
Camden		
Vision	101+	10% Level
ChoiceBuilder®		
Dental, Vision, Life and Chiropractic	101-500	10%
CIGNA ⁵		
Medical	101-250 eligible	5% Standard (negotiable) ³
Dental	101-250 eligible	10% Standard (negotiable) ³
Vision, Life and Disability	101-250 eligible	Contact your Word & Brown representative
Colonial Life (Individ	lual and Small Group Voluntary	Plans)
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	101+	Varies by product

Carrier / Plan	GROUP SIZE	COMMISSION
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CompNet		
Creative Solutions	101+	1st year: up to 10% depending on the carrier. Renewal: 5%
E.D.I.S.		
Freedom Dental	101+	3.75%
Group Term Life	2+	10%
EDHP Hybrid, RBP and Buy Up Plans	2+	\$6 PEPM, and the below % of both the specific and aggregate premium. 8 % if spec deductible is \$10,000 9 % if spec deductible is \$20,000 10% if spec deductible is \$30,000 or higher
EDHP MVP Plan	2+	\$10 PEPM
MEC Plans	2+	\$5 PEPM
Evolved Benefits		
Staff Benefits Management and Administrators (SBMA)	101+	Basic - \$10 Virtual - \$10 Ultra - \$15 Ultimate - \$15
TransChoice	101+	15%
Guardian ¹		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	101+	Contact your Word & Brown representative
Health Net⁵		
Medical	101-500 eligible	5%
Dental / Vision	101-500 eligible	10%
Life	101-500 eligible	\$0 - \$10,000 = 10% \$10,001 - \$20,000 = 8% \$20,001 - \$30,000 = 5% \$30,001 - \$50,000 = 4% \$50,001 - \$150,000 = 2% \$150,001+ = 1%

(Continued)

¹ For groups 500+, please contact your Word & Brown representative.

Regional health plans are available in specific areas. Contact your Word & Brown representative for details.

³ Contact your Word & Brown representative for details.

For groups 101-299, please contact your Word & Brown representative.

⁵ Contract limits are based on eligible.

⁶ Contract limits are based on enrolled



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Humana⁵		
Dental and Vision	All group sizes	\$0 - \$10,000 - 10.0% \$10,001 - \$20,000 - 7.5% \$20,001 - \$30,000 - 5.0% \$30,001 - \$50,000 - 2.5% \$50,001+ - 1.5%
Basic Group Life and AD&D	1-50 enrolled employees 51+ enrolled employees	10% \$0 - \$15,000 - 15% \$5,001 - \$25,000 - 10% \$25,001 - \$50,000 - 7% \$100,001 - \$200,000 - 2% \$200,001 + - 1%
Voluntary basic Group Life and AD&D	All group sizes	15%
Short-Term Disability	2-50 enrolled employees 51 enrolled employees	10% \$0 - \$5,000 - 15% \$5,001 - \$10,000 - 10% \$10,001 - \$30,000 - 5% \$30,001 - \$80,000 - 3% \$80,001 - \$180,000 - 2% \$180,001+ - 1%
Long-Term Disability	2-50 enrolled employees 51+ enrolled employees	10% \$0 - \$15,000 - 15% \$15,001 - \$25,000 - 10% \$25,001 - \$50,000 - 5% \$50,001+ - 1%
Voluntary Long- Term and Short- Term Disability	All group sizes	15%
International Medica	al Group Inc. (IMG)	
Alternative International Medical, Business Travel Insurance, Travel Risk Mngmt. & Travel Assistance Services	101+	Varies
Kaiser Permanente**		
Medical	101-300 eligible	5%
Landmark Healthpla	n	
Chiropractic/ Acupunture	2+	20% commission on 1st year's paid premiums; 10% thereafter
LIBERTY Dental		
Dental (HMO)	101-300	10%

CARRIER / PLAN	GROUP SIZE	COMMISSION
Lincoln Financial Gr	oup	
Dental	101+ eligible	\$0 - \$10,000 - 10.00% \$10,001 - \$20,000 - 8.00% \$20,001 - \$30,000 - 4.00% \$30,001 - \$50,000 - 2.00% \$50,001 - \$100,000 - 1.50% \$100,001 - \$250,000 - 0.25% \$250,001 - \$500,000 - 0.15% \$500,001 + - 0.15%
Vision	101+ eligible	10%
LTD	101+ eligible	\$0 - \$15,000 - 15.00% \$15,001 - \$25,000 - 10.00% \$25,001 - \$50,000 - 5.00% \$50,001 - \$100,000 - 1.00% \$100,001+ - 0.50%
Life AD&D and STD	101+ eligible	\$0 - \$2,000 - 15.00% \$2,001 - \$5,000 - 12.00% \$5,001 - \$10,000 - 11.00% \$10,001 - \$15,000 - 8.00% \$15,001 - \$20,000 - 7.00% \$20,001 - \$25,000 - 6.00% \$25,001 - \$30,000 - 5.00% \$30,001 - \$50,000 - 2.00% \$50,001 - \$100,000 - 1.50% \$100.001 - \$150,000 - 1.00% \$150,001 - \$150,000 - 0.75% \$50,001 - \$500,000 - 0.75%
MediExcel Health Pl	an ^{2,6}	
Medical	101+	5%
Dental ⁴	101+	10%
Vision	101+	10%
MetLife ⁵		
HMO Dental	101-499	10% Level - Commissions are paid on the actual enrollment of the group
Dental PPO Options and Vol. PPO Options	101+	10% Graded ³ - Commissions are paid on the actual enrollment of the group
Vision	101+	10% Level - Commissions are paid on the actual enrollment of the group
Life	10+	15% Graded ³ - Commissions are paid on the actual enrollment of the group
Disability	10+	Varies - Commissions are paid on the actual enrollment of the group
Creative Solutions	200+	Varies - Commissions are paid on the actual enrollment of the group
NationCare PPO Pres	sented by Sharp Health Plan	
Medical	101+	5%

(Continued)

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⁴ For groups 101-299, please contact your Word & Brown representative.

⁵ MetLife offers the choice between Superior Vision and Davis.

^{*} Please note Kaiser Permanente summary information is contained herein but Kaiser Permanente has not reviewed the information contained within this guide and Word & Brown therefore cannot guarantee its accuracy. Please contact your Word & Brown sales representative in the event of any discrepancies. The information provided in this guide is not intended to describe all of the benefits included in each plan, nor is it designed to serve as the "Evidence of Coverage" or "Certificate of Insurance." The KFHP Evidence of Coverage and the KPIC Certificate of Insurance contain a complete explanation of benefits, exclusions, and limitations.

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CARRIER / PLAN	GROUP SIZE	COMMISSION
Nippon Life Benefits		
Medical	101+	5% flat commission
Dental, Vision, and Life/AD&D	101+	\$0 - \$10,000 - 15% \$10,001 - \$20,000 - 10% \$20,001 - \$50,000 - 7.5% \$50,001 - \$100,000 - 5% \$100,001+ - 2.5%
STD	101+	\$0-\$10,000 10% \$10,001-\$20,000 7.5% \$20,001-\$50,000 5% \$50,001-\$100,000 2.5% \$100,001 + 1%
LTD	101+	\$0 - \$10,000 15% \$10,001 - \$15,000 15% \$15,001 - \$25,000 12.5% \$25,001-\$100,000 10% \$100,001 + 5%
Premier Access		
Dental	101+	10% standard
		Other commissions available upon request.
Premium Saver		
Creative Solutions	101+	Zero to 15%. Contact your Word & Brown representative
Principal		
Dental	101-999	\$0 - \$5,000: 10% \$5,001 - \$10,000: 8% \$10,001 - \$25,000: 6% \$25,001 - \$50,000: 4% \$50,001 - \$150,000: 3% \$150,001 - \$500,000: 2.5% \$500,001+: 1.6% Commissions payable at a flat percentage are available for all group coverages.
Vision, Life, and STD	101+	\$0 - \$5,000: 10% \$5,001 - \$10,000: 8% \$10,001 - \$25,000: 6% \$25,001 - \$50,000: 4% \$50,001 - \$150,000: 3% \$150,001 - \$500,000: 2.5% \$500,001+: 1.6% Commissions payable at a flat percentage are available for all group coverages.
LTD	101+	\$0 - \$15,000: 15% \$15,001 - \$25,000: 10% \$25,001 - \$50,000: 5% \$50,001 - \$100,000: 2% \$100,001 - \$200,000: 1% \$200,001 - \$500,000: 0.6% \$500,001 - \$1,000,000: 0.3% \$1,000,000+: 0.1% Commissions payable at a flat percentage are available for all group coverages.
Reliance Standard		
Dental, Life, Disability, and Creative Solutions	20+	Contact your Word & Brown representative
Seniors Choice		
Medical	101+	8%
Part D (RX)	101+	5%
Sharp Health Plan ²		
Medical (HMO)	101+	Contact your Word & Brown representative

CARRIER / PLAN	GROUP SIZE	COMMISSION
SIMNSA ²		
Medical	101+	7%
SmileSaver/MetLife	DHM0	
Dental	101-999	SmileSaver DHM0: 10% Level
The Holman Group		
Alternative Solutions (EAP & Crisis Services)	100+	% is broker directed
Total Benefits Solut	ions (Aetna International)	
Medical (International)	2+	5% first year and renewal
United Concordia		
Dental and Vision	2+	10% but is negotiable
UnitedHealthcare		
Medical, Dental, Vision, Life and Disability	101+ eligible	Contact your Word & Brown representative
Unum		
Dental	101-500	10%
Vision	101-500	12% (flat)
Group Term Life and AD&D	101-500	0 - \$15,000 - 10% \$15,001 - \$25,000 - 7% \$25,001 - \$50,000 - 5% \$50,001 - \$100,000 - 1% \$100,001+ - 0.5%
Group Term Life and AD&D Voluntary	101-500	15%
LTD	101-500	\$0 - \$15,000 - 15% \$15,001 - \$25,000 - 10% \$25,001 - \$50,000 - 5% \$50,001+ - 1%
STD	101-500	\$0 - \$15,000 - 10% \$15,001 - \$25,000 - 7% \$25,001 - \$50,000 - 5% \$50,001 - \$100,000 - 1% \$100,001+ - 0.5%
LTD Voluntary and STD Voluntary	101-500	15%
Accident, Critical Illness, Critical Illness (AACI), and Hospital Indemnity	101-500	15%
Vision Plan of Amer	ica	
HMO Plan 1 + Vol; HMO Plan 2 + Vol; HMO Plan 3	101+	12%
M-Plus Plan	101+	15%
VSP		
Vision (Voluntary)	10+	10% Graded
Vision (Employer Paid)	5+	10% Graded
Western Health Adv	antage ²	
Medical, Dental and Vision	101+	Contact your Word & Brown representative

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