

PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Aetna		
Medical	2-100 (Level Funding) 51-100	\$30 PEPM Broker fee determined by broker
Dental	2-100 (Level Funding) 51-100	9% (additional 1% commission when sold with new medical, first year only) 10%
Vision	2-100 (Level Funding) 51-100	10% 10% Contract limits are based on eligible employees for groups 51+
Aflac		
Worksite Voluntary	3+ policy holders	Begins at 12%
Ameritas		
Dental	2-199	10% Level Simple Add-Ons – 10%
Vision	2+	10% Level Simple Add-Ons – 10%
Anthem Blue Cross Blue Shield		
Medical	1-50 2-50 (Level Funding) 51-100	\$28-\$36 PCPM \$31 PCPM PEPM calculated based on ACE Tiering PCPM amount varies based on group size and broker tiering.
Dental	2-50 2-50 (Level Funding) 51-100	10% 8% 8% Contract limits are based on enrolled employees for groups 51+
Vision	2-50 2-50 (Level Funding) 51-100	10% 10% 10% Contract limits are based on enrolled employees for groups 51+
Anthem Association Health Plans (AHP)		
Medical	1-50	6%
Dental	1-50	8%
Vision and Life/ Disability	1-50	10%
BBSI		
Medical	5% Referral fee	5+ Enrolled Employees
Workers Comp	Up to 13% Referral fee	5 + Enrolled Employees
Business Management Services	Referral Fee	5+ Enrolled Employees
BEST Life and Health Insurance Company		
Dental	2-50 51+	10% 8%
Voluntary Dental	5-50 51+	10% 8%
Vision	5+	10%
Life and AD&D	2+	15%
Cigna		
Medical	2-250 (Level Funding) 51-250	5% 5% Contract limits are based on eligible employees for groups 51+
Dental	2-250 (Level Funding) 51-250	10% 10% Contract limits are based on eligible employees for groups 51+

CARRIER / PLAN	GROUP SIZE	COMMISSION
Colonial Life		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	3+	Varies by product In addition to full, standard carrier broker commissions for cases placed through Word & Brown
Companion Life		
Dental	2-9 10+	10% \$0 - \$10,000 10% \$10,001 - \$20,000 7.5% \$20,001 - \$30,000 5% \$30,001+ 3.5%
Voluntary Dental	3+	10%
Vision	2+	10%
LTD, STD & Life/ AD&D	2-9 10+	15% \$0 - \$5,000 15% \$5,001 - \$15,000 10% \$15,001 - \$25,000 8% \$25,001 - \$45,000 5% \$45,001+ 2.5%
Voluntary LTD	10+	15%
Voluntary STD	3+	15%
Voluntary Life/ AD&D	5+	15%
Delta Dental		
Dental	2-299	10%
E.D.I.S.		
Freedom Dental	2-50 51-99 100+	10% 7.5% 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. <ul style="list-style-type: none"> • 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) MEC Plans	10+	In order, PEPM, by tier level: WellCare – \$10/20/20/30 PrimeCare – \$10/20/20/30 OptimaCare – \$15/30/30/45 EliteCare – \$15/30/30/45
Hospital Indemnity	10+	Globe Life 15% Mutual of Omaha \$5/\$7 PEPM (lo/hi plan commissions)
Dental	2+ enrolled	10%
Vision	1+ enrolled	10%
Guardian		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	1-50 51+	Dental, Vision, Basic Life, LTD, and STD – M-scale Voluntary Life, Vol LTD, and Vol STD – Flat 13% Contact your Word & Brown representative

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Humana			
Dental and Vision	All group sizes	\$0 - \$10,000 \$10,001 - \$20,000 \$20,001 - \$30,000 \$30,001 - \$50,000 \$50,001+	10% 7.5% 5% 2.5% 1.5%
Basic Group Life and AD&D	1-50 enrolled 51+ enrolled	10% \$0 - \$5,000 \$5,001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$200,000 \$200,001+	15% 10% 7% 3% 2% 1%
Voluntary basic Group Life and AD&D	All group sizes	15%	
Short-Term Disability	2-50 enrolled 51+ enrolled	10% \$0 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$30,000 \$30,001 - \$80,000 \$80,001 - \$180,000 \$180,001+	15% 10% 5% 3% 2% 1%
Long-Term Disability	2-50 enrolled 51+ enrolled	10% \$0 - \$15,000 \$15,001 - \$25,000 \$25,001 - \$50,000 \$50,001+	15% 10% 5% 1%
Voluntary Long-Term and Short-Term Disability	All group sizes	15%	
Lincoln Financial Group			
Dental	50-100 eligible 101+ eligible*	\$0 - \$10,000 \$10,001 - \$20,000 \$20,001 - \$30,000 \$30,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001+	10% 8% 4% 2% 1.5% 0.25% 0.15% 0.15%
Vision	50+ eligible	10%	
LTD	50-100 eligible 101+ eligible*	\$0 - \$15,000 \$15,001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$100,000 \$100,001+	15% 10% 5% 1% 0.5%
Life AD&D and STD	50-100 eligible 101+ eligible*	\$0 - \$2,000 \$2,001 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000 \$30,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$150,000 \$150,001 - \$500,000 \$500,001+	15% 12% 11% 8% 7% 6% 5% 2% 1.5% 1% 0.75% 0.5%
		*Flat commission % is negotiable. Contact your Word & Brown representative.	

CARRIER / PLAN	GROUP SIZE	COMMISSION	
MetLife			
Dental	2+	Graded beginning at 10%	
Vision	2+	10%	
LTD	2+	\$0 - \$15,000 \$15,001 - \$25,000 \$25,001+ Flat 15% available	15% 10% Varies
STD	2+	\$0 - \$5,000 \$5,001 - \$10,000 \$10,001+ Flat 15% available	15% 10% Varies
Life and AD&D	5+	Graded beginning at 15%	
Mutual of Omaha			
Dental PPO and EPO	2+*	\$10% Graded	
Voluntary	2+*		
Vision, Life, AD&D, LTD, Accident, Critical Illness, and Hospital Indemnity	2+*	10%	
Voluntary	2+*		
STD (Excluding short-term disability coverage that an employer is required by state law to maintain for its employees, e.g., Hawaii, California, and New York)	2+*		
Voluntary	2+*		
Accident	2+*		
Voluntary	2+*		
Critical Illness	2+*		
Voluntary	2+*		
Worksite	2+*		
Voluntary	2+*	15%	

*Contract limits are based on eligible employees for groups 2+

Nippon Life Benefits			
Dental and Vision	2-49 50+	10% \$0 - \$10,000 10% \$10,001 - \$20,000 7.5% \$20,001 - \$50,000 5.0% \$50,001 - \$100,000 2.5% \$100,001+ 1.0%	
Life/AD&D	2-49 50+	15% \$0 - \$10,000 15% \$10,001 - \$20,000 10% \$20,001 - \$50,000 7.5% \$50,001 - \$100,000 5% \$100,001+ 2.5%	
LTD	2-49 50+	15% \$0 - \$15,000 15% \$15,001 - \$25,000 12.5% \$25,001 - \$100,000 10% \$100,001+ 5%	
STD	2-49 50+	15% \$0 - \$10,000 10% \$10,001 - \$20,000 7.5% \$20,001 - \$50,000 5% \$50,001 - \$100,000 2.5% \$100,001+ 1%	

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CARRIER / PLAN	GROUP SIZE	COMMISSION
Principal		
Dental	2-999 Voluntary: 5+	\$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	2+ Voluntary: 5+	\$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	2+ Voluntary: 5+	\$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% \$1,000,001+ 0.1% Commissions payable at a flat percentage are available for all group coverages.
Accident	2+ Voluntary: 5+	65% 1st year; 5% 2nd year+
Critical Illness	2+ Voluntary: 5+	30% 1st year; 15% 2nd year+
Prominence Health Plan		
Medical	2-50 51+	\$40 PEPM ¹ Negotiable
Prominence Health Plan Association Health Plans		
Medical	2-50 51+	6% Negotiable
Prominence Reno Sparks Chamber of Commerce (RSCC)		
Medical	2-50 51+	6% Negotiable
Reliance Standard		
Dental & STD	2-19 20+	10% Contact your Word & Brown representative
LTD, Life and AD&D, and Accident and Critical Illness	2-19 20+	15% 1st year; 10% Renewal Contact your Word & Brown representative
SecureCare		
Dental	2+	10%
Seniors Choice		
Medical	1+	8%
Part D	1+	5%
Dental and Vision	1-50	10%

CARRIER / PLAN	GROUP SIZE	COMMISSION
The Holman Group		
Worksite Voluntary	10+	% is broker directed
Total Benefits Solutions		
Medical (International)	2+	5%
United Concordia		
Dental	2+	10% but is negotiable
Unum		
Dental	2-500	10%
Vision	2-500	12%
Group Term Life and AD&D	2-500	\$0 - \$15,000 10% \$15,0001 - \$25,000 7% \$25,001 - \$50,000 5% \$50,001 - \$100,000 1% \$100,001+ 0.5%
Voluntary Group Term Life and AD&D	10-500	15%
LTD	2-500	\$0 - \$15,000 15% \$15,001 - \$25,000 10% \$25,000 - \$50,000 5% \$50,001+ 1%
STD	10-500	\$0 - \$15,000 10% \$15,0001 - \$25,000 7% \$25,001 - \$50,000 5% \$50,001 - \$100,000 1% \$100,001+ 0.5%
LTD Voluntary and STD Voluntary	10-500	15%
Accident, Critical Illness, Critical Illness (AACI), and Hospital Indemnity	5-500	15%
VSP		
Vision (Voluntary)	10+	\$0 - \$5,000 10% \$5,001 - \$10,000 5% \$10,001 - \$20,000 3.56% \$20,001 - \$30,000 3% \$30,001 - \$50,000 2.31% \$50,001 - \$250,000 1.44% \$250,001 - \$500,000 0.73% \$500,001+ 0.35%
Vision (Employer Paid)	5+	\$0 - \$5,000 10% \$5,001 - \$10,000 5% \$10,001 - \$20,000 3.56% \$20,001 - \$30,000 3% \$30,001 - \$50,000 2.31% \$50,001 - \$250,000 1.44% \$250,001 - \$500,000 0.73% \$500,001+ 0.35%