SMALL GROUP PRODUCTS & BROKER COMMISSIONS

Carrier / Plan	GROUP SIZE	COMMISSION
Aetna Funding Advant	tage ¹	
Medical	2-100 Eligible	\$30 - Can be adjusted
Dental	2-100 Eligible	Commission = 9% (additional 1% commission when sold with new medical, first year only)
Vision	2-100 Eligible	Commission = 10% (Compensation is split between Broker and General Agent)
Aflac (Individual Volu	ntary Plans) ¹	
Alternative Solutions	3-99 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 Bl	ue Shield	
Medical	1-50	\$28-\$36 PCPM**
Dental and Vision	2-50	10%
Anthem Balanced Fun	ding (ABF) ¹	
Medical	2-50	\$31 PCPM***
Dental	2-50	8%
Vision	2-50	10%
Anthem Association H	lealth Plans (AHP) ¹	
Medical	1-50	6%
Dental	1-50	8%
Vision and Life/ Disability	1-50	10%
BEST Life and Health	Insurance Company ^{1,2}	
Dental	2-50 Voluntary 5-50	10% 10%
Vision	5+	10%
Life and AD&D	2+	15%
Camden-Avesis ¹		
Vision	5-50	10%
Cigna Level Funded ¹		
Medical	25-250 eligible employees	5%-Converted to PEPM in quote
Dental	25-250 eligible employees	4%-Converted to PEPM in quote
Colonial Life ¹		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	3+	Varies by product

Carrier / Plan	GROUP SIZE	COMMISSION
Companion Life ¹		
Dental	Group size varies by product	2+ lives: \$0 - \$10,000 - 10% \$10,001 - \$20,000 - 7.5% \$20,001 - \$30,000 - 5% \$30,001+ - 3.5% Voluntary 3+ - 10%
Vision	2-50	10%
LTD	2-50 Voluntary: 10-50	2-9 lives: 15% 10+ lives: \$0 - \$5,000 - 15% \$5,001 - \$15,000 - 10% \$15,001 - \$25,000 - 8% \$25,001 - \$45,000 - 5% \$45,001+ - 2.5% Voluntary 10+ - 15%
STD	2-50 Voluntary: 3-50	2-9 Lives: 15% 10+ Lives: \$0 - \$5,000 - 15% \$5,001 - \$15,000 - 10% \$15,001 - \$25,000 - 8% \$25,001 - \$45,000 - 5% \$45,001+ - 2.5% Voluntary 10+ - 15%
Life and AD&D	2-50 Voluntary: 5-50	2-9 Lives: 15% 10+ Lives: \$0 - \$5,000 - 15% \$5,001 - \$15,000 - 10% \$15,001 - \$25,000 - 8% \$25,001 - \$45,000 - 5% \$45,001+ - 2.5% Voluntary 5+ - 15%
Delta Dental		
Dental	2-99	10%
Delta Dental (MWG) ¹		
Dental	1-4	10%
E.D.I.S.		
Freedom Dental	2-50	10%
Group Term Life1	2+	10%
EDHP Hybrid, RBP and Buy Up Plans ¹	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 ¹	2+	\$10 PEPM
MEC Plans ¹	2+	\$5 PEPM

(Continued)

* In addition to full, standard carrier broker commissions for cases placed through Word & Brown.

** PCPM amount varies based upon group size and broker tiering.

¹ Quoting for this carrier is not available through our online Quoting System, please send your quote request to <u>nevadaquotes@wordandbrown.com</u> or contact your Word & Brown representative.

² Rates quoted from WBQuote may not reflect all discount opportunities offered by the carrier. Please contact your Word & Brown Sales Representative for proposal.

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Evolved Benefits ¹		
Staff Benefits Manage- ment and Administra- tors (SBMA)	25+	Basic - \$10 Virtual - \$10 Ultra - \$15 Ultimate - \$15
Transamerica/ TransChoice	10+	15%
Guardian1, ²		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	1-50	Dental, Vision, Basic Life, LTD, and STD - M-scale Voluntary Life, Vol LTD, and Vol STD - Flat 13%
Hometown Health		
Medical	1-50	Contact your Word & Brown representative
Vision	1-50	Contact your Word & Brown representative
Humana		
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 - 550,000 - 2.5% 50,001 + -1.5%
Basic Group Life and	1-50 enrolled employees	10%
AD&D	51+ enrolled employees	\$0 - \$5,000 - 15% \$5,001 - \$25,000 - 10% \$25,001 - \$50,000 - 7% \$50,001 - \$100,000 - 3% \$100,001 - \$200,000 - 2% \$200,001 + - 1%
Voluntary basic Group Life and AD&D ¹	All group sizes	15%
Short-Term Disability ¹	2-50 enrolled employees	10%
	51 enrolled employees	\$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 Disabilit1	2-50 enrolled employees	10%
	51+ enrolled employees	\$0 - \$15,000 - 15% \$15,001 - \$25,000 - 10% \$25,001 - \$50,000 - 5% \$50,001+ - 1%
Voluntary Long-Term and Short-Term Disability ¹	All group sizes	15%
International Medical	Group Inc. (IMG) ¹	
Alternative International Medical, Business Travel Insurance, Travel Risk Mngmt. & Travel Assistance Services	2-50	10%

CARRIER / PLAN	GROUP SIZE	COMMISSION
LIBERTY Dental		
Dental (DHMO/EPO) Dental (EPO/PPO/ POS)	2-300 2-99	10% 10%
Lincoln Financial Gro	up ¹	
Dental	50-99 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 - \$250,000 - 0.15% \$500,001+ - 0.15%
Vision	50-99 eligible	10%
LTD	50-99 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	50-99 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 - \$20,000 - 6.00% \$25,001 - \$30,000 - 5.00% \$30,001 - \$50,000 - 2.00% \$50,001 - \$100,000 - 1.50% \$100,001 - \$150,000 - 0.75% \$500,001 + - 0.50%
MetLife ^{1,2}		
Dental	2-50	Graded beginning at 10%
Vision	2-50	10%
LTD	2-50	\$0 - \$15,000 - 15% \$15,001 - \$25,000 - 10% \$25,001+ - Varies Flat 15% available
STD	2-50	\$0 - \$5,000 - 15% \$5,001 - \$10,000 - 10% \$10,001+ - Varies Flat 15% available
Life and AD&D	5-50	Graded beginning at 15%
Nippon Life Benefits ¹		
Dental and Vision	2-49	10% first year and renewal
Life and AD&D, STD, and LTD	2-49	15% first year and renewal
Premier Access ¹		
Dental	1-100	As requested in the RFQ - 10% commissions or graded and will continue for the life of the contract and based on the commission instructions in place at the time of the sale. Higher commissions available upon request.
Premium Saver (MWG	i) ¹	
Alternative Solutions	1-50	Zero to 15%. Contact your Word & Brown representative

(Continued)

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SMALL GROUP PRODUCTS & BROKER COMMISSIONS

Carrier / Plan	GROUP SIZE	COMMISSION	CARRIER / PLAN	GROUP SIZE	COMMISSION
Principal ²			Unum ¹		
Dental, Vision, STD,	2+	Graded beginning at 10%	Dental	10-50	10%
and Life and AD&D	Voluntary: 5+		Vision	10+	12%
LTD	2+ Voluntary: 5+	Graded beginning at 15%	Group Term Life and AD&D	2-50	\$0 - \$15,000 - 10% \$15,0001 - \$25,000 - 7%
Accident	2+ Voluntary: 5+	65% 1st year; 5% 2nd year +	1000		\$25,001 - \$50,000 - 5% \$50,001 - \$100,000 - 1% \$100,001+ - 0.5%
Critical Illness	2+ Voluntary: 5+	30% 1st year; 15% 2nd year +	Group Term Life and AD&D Voluntary	10-50	15%
Prominence Health P	lan (Small Group ACA)			2.50	¢0, ¢15,000, 15%
Medical	2-50	\$34-\$40 PEPM*	LTD	2-50	\$0 - \$15,000 - 15% \$15,001 - \$25,000 10% \$25,000 - \$50,000 - 5%
	lan Association Health Plans ¹		070	0.50	\$50,001+ - 1%
Medical Prominence Beno Sn	2-50 arks Chamber of Commerce (R	6% SCC)1	STD	2-50	\$0 - \$15,000 - 10% \$15,0001 - \$25,000 - 7% \$25,001 - \$50,000 - 5%
Medical	2-50	6%			\$50,001 - \$100,000 - 1% \$100,001+ - 0.5%
Reliance Standard ¹	2-30	0 /8	LTD Voluntary and STD Voluntary	10+	15%
Dental & STD	2-19	10%	Accident, Critical	5+	15%
LTD, Life and AD&D, and Accident and Critical Illness	2-19	15% 1st year; 10% Renewal	Illness, Critical Illness (AACI), and Hospital Indemnity		
SecureCare ²			VSP ^{1, 2}		
Dental	2-50	10%	Dental	Vision (Voluntary) 10+	\$0 - \$5,000: 10%
Seniors Choice ¹		'			\$5,001 - \$10,000: 5% \$10,001 - \$20,000: 3.56%
Medical	1-50	8%			\$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%
Part D (RX)	1-50	5%			
Dental and Vision	1-50	10%			
The Holman Group ¹			Vision	Vision (Employer Paid) 5+	\$0 - \$5,000: 10% \$5,001 - \$10,000: 5%
Alternative Solutions (EAP & Crisis Services)	10-100	% is broker directed			\$10,001 - \$20,000: 3.56% \$20,001 - \$30,000: 3% \$30,001 - \$50,000: 1.44%
Total Benefits Solution	ons (Aetna International) ¹				\$250,001 - \$500,000: 0.73% \$500,001+: 0.35%
Medical (International)	2+	5% first year and renewal		1	
United Concordia		·			
Dental	2+	10%			
	1	l			

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LARGE GROUP PRODUCTS & BROKER COMMISSIONS

Carrier / Plan	GROUP SIZE	COMMISSION	
\etna			
Medical	51-100 eligible	Broker fee determined by broker	
Dental and Vision	51-100 eligible	10% but is negotiable	
Aetna Funding Advan	tage		
Medical	51-100	Broker fee determined by broker	
Aflac			
Alternative Solutions	51+ Policy holders	Begins at 12%	
Ameritas			
Dental	51-199	10% Level Simple Add-Ons - 10%	
Vision	51+	10% Level Simple Add-Ons - 10%	
Anthem Blue Cross B	lue Shield		
Medical	51-100 enrolled	PEPM calculated based on ACE Tiering	
Dental	51-100 enrolled	8%	
Vision	51-100 enrolled	10%	
BEST Life and Health	Insurance Company		
Dental and Voluntary			
Dental	51+	8%	
Vision	51+	10%	
Life and AD&D	51+	15%	
Camden-Avesis			
Vision	51+	10%	
Cigna			
Medical	51-250 eligible	5% Standard (negotiable)	
Dental	51-250 eligible	10% (negotiable)	
Cigna Level Funded			
Medical	51-250 eligible	5% Standard (negotiable)	
Dental	51-250 eligible	10% (negotiable)	
Colonial Life			
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	51+	Varies by product	
Companion Life		·	
Dental	51+	\$0 - \$10,000 - 10% \$10,001 - \$20,000 - 7.5% \$20,001 - \$30,000 - 5% \$30,001+ - 3.5%	
Vision	51+	10%	
Life and AD&D	51+	\$0 - \$5,000 - 15% \$5,001 - \$15,000 - 10% \$15,001 - \$25,000 - 8% \$25,001 - \$45,000 - 5% \$45,001+ - 2.5%	
Delta Dental			
Dental	51-299	10%	
E.D.I.S.			
Freedom Dental	51-99	7.5%	
	100+	3.75%	

CARRIER / PLAN	GROUP SIZE	COMMISSION
E.D.I.S. (Cont.)		
Group Term Life	51+	10%
EDHP Hybrid, RBP and Buy Up Plans	51+	\$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	51+	\$10 PEPM
MEC Plans	51+	\$5 PEPM
Evolved Benefits		
Staff Benefits Management and Administrators (SBMA)	101+	Basic - \$10 Virtual - \$10 Ultra - \$15 Ultimate - \$15
Transamerica/ TransConnect	101+	15%
Guardian ¹		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	51+	Contact your Word & Brown representative
Hometown Health		
Medical	51+	Contact your Word & Brown representative
Vision	51+	Contact your Word & Brown representative
Humana		
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 - \$5,000 - 15% \$5,001 - \$25,000 - 10% \$25,001 - \$50,000 - 7% \$50,001 - \$100,000 - 3% \$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 Medical	Group Inc. (IMG)	
Alternative International Medical, Business Travel Insurance, Travel Risk Mngmt. & Travel Assistance Services	51+	Varies

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NEVADA

LARGE GROUP PRODUCTS & BROKER COMMISSIONS

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CARRIER / PLAN	GROUP SIZE	COMMISSION
LIBERTY Dental Dental (DHMO/EPO)	2-300	10%
Dental (EPO/PPO/ POS)	2-99	10%
Lincoln Financial Gro	up	
Dental	100+ 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% Flat commission % is negotiable; contact your Word & Brown representative
Vision	100+ eligible	10%
LTD	100+ 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% Flat commission % is negotiable; contact your Word & Brown representative
Life AD&D and STD	100+ 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% \$25,001 - \$20,000 - 5.00% \$30,001 - \$50,000 - 2.00% \$30,001 - \$50,000 - 1.50% \$100,001 - \$150,000 - 1.00% 150,001 - \$150,000 - 1.00% 150,001 - \$500,000 - 0.75% \$500,001+ - 0.50% Flat commission % is negotiable; contact your Word & Brown representative
MetLife		
Dental	51+	Graded beginning at 10%
Vision	51+	10%
LTD	51+	\$0 - \$15,000 - 15% \$15,001 - \$25,000 - 10% \$25,001+ - Varies
STD	51+	\$0 - \$5,000 - 15% \$5,001 - \$10,000 - 10% \$10,001+ - Varies
Life and AD&D	51+	Graded beginning at 15%
Nippon Life		
Dental, Vision, and STD	50+	\$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	50+	$\begin{array}{l} \$0 - \$10,000 = 15\% \\ \$10,001 - \$20,000 = 10\% \\ \$20,001 - \$50,000 = 7.5\% \\ \$50,001 - \$100,000 = 5\% \\ \$100,001 + = 2.5\% \end{array}$
LTD	50+	\$0 - \$10,000 = 15% \$10,001 - \$15,000 = 15% \$15,001 - \$25,000 = 12.5% \$25,001 - \$100,000 = 10% \$100,001+ = 5%

Carrier / Plan	GROUP SIZE	COMMISSION
Premier Access		
Dental	101+	As requested in the RFQ - 10% commissions or graded and will continue for the life of the con- tract and based on the commission instructions place at the time of the sale. Higher commission available upon request.
Premium Saver		
Alternative Solutions	51+	Zero to 15%. Contact your Word & Brown representative
Principal		
Dental	101-999	\$0 - \$5,000: 10% \$5,001 - \$10,000: 8% \$20,001 - \$25,000: 6% \$25,001 - \$50,000: 4% \$50,001 - \$50,000: 3% \$150,001 - \$500,000: 2.5% \$500,001+: 1.6% Commissions payable at a flat percentage ar available for all group coverages.
Vision, Life, and STD	101+	\$0 - \$5,000: 10% \$5,001 - \$10,000: 8% \$25,001 - \$50,000: 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 ar available for all group coverages.
LTD	101+	First \$15,000: 15% Next \$10,000: 10% Next \$25,000: 5% Next \$50,000: 2% Next \$300,000: 0.6% Next \$300,000: 0.6% Next \$500,000: 0.1% Over \$1,000,000: 0.1% Commissions payable at a flat percentage are available for all group coverages.
Prominence Health Pl	an (Small Group ACA)	
Medical	51+	Negotiable
Prominence Hea <u>lth Pl</u>	an Association Health Pla	ns
Medical	51+	Negotiable

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NEVADA

Carrier / Plan	GROUP SIZE	COMMISSION
Prominence Reno Spa	arks Chamber of Commerce (R	ISCC)
Medical	51+	Negotiable
Reliance Standard		
Dental, Life, Disability, and Creative Solutions	20+	Contact your Word & Brown representative
SecureCare		
Dental	51+	10% level
Seniors Choice		
Medical	51+	8%
Part D (RX)	51+	5%
The Holman Group		
Alternative Solutions (EAP & Crisis Services)	100+	% is broker directed
Total Benefits Solutio	ns (Aetna International)	
Medical	2+	5% first year and renewal
United Concordia		
Dental	2+	10% but is negotiable
Unum ¹		
Dental	101-500	10%
Vision	101-500	12%
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%
VSP		
Vision	51+	\$0 - \$5,000 - 10% \$5,001 - \$10,000 - 5% \$10,001 - \$20,000 - 3.56% \$20,001 - \$30,000 - 2.31% \$30,001 - \$50,000 - 1.44% \$50,001 - \$300,000 - 0.73% \$500,001+ - 0.35%

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