

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Aetna		
Medical	1-100	5%
Dental	2-50	Standalone – 9%; with Medical 10% for first year only
	51-100	10%
Vision	2-100	10%
Aetna Funding Advantage (AFA)¹		
Medical	10-200	Commission is \$50 - PEPM
Aflac (Individual Voluntary Plans)¹		
Creative Solutions	3-99 Policy holders	Begins at 12% commission and increases with agent involvement and production
Ameritas		
Dental	2-199	10% Simple Add-Ons - 10%
Vision	2+	10% Simple Add-Ons - 10%
Anthem Balanced Funding (ABF)¹		
Medical	20+ enrolled	Medical 5% - PCPM
Anthem Blue Cross		
Medical	1-100	5% First \$1,000,000 0.8% Over \$1,000,000
Dental and Vision	2-100	10%
BEST Life and Health Insurance Company^{1,2}		
Dental	2-50 51+	10% 8%
Voluntary Dental	5-50 51+	10% 8%
Vision	5-99	10%
Life and AD&D	2-99	15%
Blue Shield of California		
Medical	1-100	5%
Medical (Mirror Package)	1-100	5%
Dental and Vision	1-100	10%
Life	2-100	10%
CalCPA		
Medical	1-100	7%
Dental and Vision	2+	10%

CARRIER / PLAN	GROUP SIZE	COMMISSION
CaliforniaChoice® (Employee Choice) Medical		
Medical	1-100 (medically enrolled)	5%
Dental, Vol. Vision and Life	2-100	12%
Chiropractic	2-100	6.5%
Camden¹		
Vision	5+	10%
CCHP Health Plan		
Medical	1-100	1st Year: 6.5% 2nd Year: 6.2% 3rd Year: 5.9% 4th Year: 5.6% 5th Year: 5.3% 6th Year+: 5.0% Annual Premium \$500,001+: 1.0% -When annualized premium for a single group reaches \$500,001 or more in a contract year, the commission is reduced to 1.0% for amounts over \$500,001 for that group.
	101+	5% or Negotiable
Centivo¹		
Medical	1-100	Negotiable – PEPM commissions are directed by the broker. Contact your Word & Brown representative
ChoiceBuilder®		
Dental, Vision, Life and Chiropractic	2-500	10%
Cigna¹		
Dental	26-250	Negotiable - Contact your Word & Brown representative
Vision, Life and Disability	26-250	Contact your Word & Brown representative
Cigna Level Funded¹		
Medical	25-250 eligible employees	5% - Converted to PEPM in quote
Dental	25-250 eligible employees	4% - Converted to PEPM in quote
Colonial Life¹		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	3+	Varies by product
Community Care Health		
Medical	1-100	5%
CompNet¹		
Creative Solutions	1-100	1st year: up to 10% depending on the carrier. Renewal: 5%
Delta Dental		
Dental and Vision	2-99	10%
Delta Dental (MWG)¹		
Dental	1-4	10%

(Continued)

¹ Quoting for this carrier is not available on wordandbrown.com, please contact your Word & Brown representative for a proposal request.

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

³ Standard commission scale. For group in the 10+ space commissions are flexible.

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
E.D.I.S.		
Freedom Dental	2-50 51-100	10% 7.5%
Group Term Life ¹	2+	10%
EDHP Hybrid, RBP and Buy Up Plans ¹	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 ¹	2+	\$10 PEPM
MEC Plans ¹	2+	\$5 PEPM
Evolved Benefits¹		
Staff Benefits Management and Administrators (SBMA)	25+	Basic - \$10 Virtual - \$10 Ultra - \$15 Ultimate - \$15
TransChoice	10+	15%
Guardian^{1,2}		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	2-100	Dental and Vision - 10% Basic Life, Voluntary Life, LTD, STD, Vol LTD, and Vol STD - 15%
Health Net		
Medical	1-100	5%
Dental and Vision	2-100	10%
Life	2-100	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%
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 ¹	All group sizes	15%
Short-Term Disability ¹	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 ¹	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%

CARRIER / PLAN	GROUP SIZE	COMMISSION
Humana (Continued)		
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	1-100	Varies
Kaiser Permanente**		
Medical	1-100	5% for annualized premium up to \$1,000,000. Once annualized premium reaches \$1,000,000, commissions will be paid at 1%.
Dental (PPO)	1-100	\$2.65 PMPM
Dental (HMO) DeltaCare	1-100	\$1.32 PMPM
Landmark Healthplan¹		
Chiropractic/Acupuncture	2+	20% commission on 1st year's paid premiums; 10% thereafter
LIBERTY Dental		
Dental (HMO)	2-300	10%
Lincoln Financial Group¹		
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 - \$500,000 - 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 - \$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 - \$500,000 - 0.75% \$500,001+ - 0.50%
*Flat commissions can be offered, please specify to sales rep on RFP		

(Continued)

** 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.

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
MediExcel Health Plan		
Medical	1-100 enrolled	7%
Dental and Vision	1-100 enrolled	10%
MetLife^{1,2,3}		
PPO Dental PPO Vol. Dental	2-100 2-100	\$0 - \$5,000: 10.00% \$5,001 - \$10,000: 7.50% \$10,001 - \$30,000: 5.00% \$30,001 - \$40,000: 3.50% \$40,001 - \$50,000: 3.00% \$50,001 - \$60,000: 2.00% \$60,001 - \$250,000: 1.75% \$250,001 - \$500,000: 1.00% \$500,001 - \$1,000,000: 0.50% \$1,000,001 - \$5,000,000: 0.25% \$5,000,001+: 0.10%
MetLife Dental HMO/Managed Care, SafeGuard Dental DHMO & Vision	5-100	10% Level
Life and STD	2-100	\$0 - \$5,000: 15.00% \$5,001 - \$10,000: 10.00% \$10,001 - \$30,000: 5.00% \$30,001 - \$40,000: 3.50% \$40,001 - \$50,000: 3.00% \$50,001 - \$60,000: 2.00% \$60,001 - \$250,000: 1.75% \$250,001 - \$500,000: 1.00% \$500,001 - \$1,000,000: 0.50% \$1,000,001 - \$5,000,000: 0.25% \$5,000,001+: 0.10%
LTD	5-100	\$0 - \$15,000: 15.00% \$10,001 - \$25,000: 10.00% \$25,001 - \$50,000: 5.00% \$50,001 - \$250,000: 2.00% \$250,001+: 1.00%
Nippon Life Benefits¹		
LYNX & Rotational Staff Trust	2-100	10% commission, first year only Renewal: \$0 - \$250,000 - 7% \$250,001 - \$500,000 - 5.5% \$500,001+ - 3.0%
LYNX & Affiliated Trust	2-100	\$0 - \$250,000 - 7% \$250,001 - \$500,000 - 5.5% \$500,001+ - 3.0%
Dental and Vision	2-49 50+	10% first year and renewal \$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 and AD&D	2-49 50+	15% first year and renewal \$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	2-49 50+	15% first year and renewal \$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%
LTD	2-49 50+	15% first year and renewal \$0 - \$15,000 = 15% \$15,001 - \$25,000 = 12.5% \$25,001 - \$100,000 = 10% \$100,001+ = 5%

CARRIER / PLAN	GROUP SIZE	COMMISSION
Premier Access¹		
Dental	1-100	10% flat unless otherwise requested Renewal - will remain as sold unless a request for change is made.
Premium Saver (MWG)¹		
Creative Solutions	1-100	Zero to 15%. Contact your Word & Brown representative
Principal²		
Dental, Vision, STD, Life and AD&D	2+ Voluntary: 5+	Graded beginning at 10%
LTD	2+ Voluntary: 5+	Graded beginning at 15%
Accident	2+ Voluntary: 5+	65% 1st year; 5% 2nd year +
Critical Illness	2+ Voluntary: 5+	30% 1st year; 15% 2nd year +
Reliance Standard¹		
Dental and STD	2-19	10%
Life, LTD, and Critical Illness & Accident	2-19	15% 1st year; 10% Renewal
Seniors Choice¹		
Medical	1-100	8%
Part D (RX)	1-100	5%
Dental and Vision	1-100	10%
Sharp Health Plan		
Medical (HMO)	1-100	Up to 5% of Paid Premium Mirrored Plans: 1st Year - 6.5% of Paid Premium 2nd Year - 6.2% of Paid Premium 3rd Year - 5.9% of Paid Premium 4th Year - 5.6% of Paid Premium 5th Year - 5.3% of Paid Premium 6+ Years - 5.0% of Paid Premium
SIMNSA		
Medical and Dental	1-100	7%
SmileSaver/MetLife DHMO¹		
Dental	2-999	SmileSaver DHMO: 10% Level
Sutter Health Plan		
Medical	1-50 51-100	6.5% 5%

(Continued)

¹ Quoting for this carrier is not available on wordandbrown.com, please contact your Word & Brown representative for a proposal request.

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

³ Standard commission scale. For group in the 10+ space commissions are flexible.

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
The Holman Group		
Alternative Solutions (EAP & Crisis Services)	10-100	% is broker directed
Total Benefits Solutions (Aetna International)¹		
Medical (International)	2+	5%
United Concordia		
Dental and Vision	2+	10%
UnitedHealthcare		
Medical	1-100	5%
Dental	2-100	2-50: 10% 51+ commission can vary at the request of agent or customer.
Vision and Life	2-100	10%
STD & LTD	2-100	\$0 - \$15,000: 15% \$15,001 - \$25,000: 10% \$25,001 - \$50,000: 5% \$50,001+: 1%
UnitedHealthcare Level Funding¹		
Medical	10-100	\$55 PEPM (negotiable) ³
Unum¹		
Dental	2+	10%
Vision	2+	12%
Group Term Life and AD&D	2+	\$0 - \$15,000 - 10% \$15,0001 - \$25,000 - 7% \$25,001 - \$50,000 - 5% \$50,001 - \$100,000 - 1% \$100,001+ - 0.5%
Group Term Life and AD&D Voluntary	10+	15%
LTD	2+	\$0 - \$15,000 - 15% \$15,001 - \$25,000 - - 10% \$25,000 - \$50,000 - 5% \$50,001+ - 1%
STD	10+	\$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+	15%
Accident, Critical Illness, Critical Illness (AACI), and Hospital Indemnity	5+	15%
Vision Plan of America¹		
Vision	2+	10%

CARRIER / PLAN	GROUP SIZE	COMMISSION
VSP^{1,2}		
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%
Western Health Advantage		
Medical	1-100	Transition groups (51-100): Lock in 6.5% All New Small Groups (1-100): 5%
Dental (via Delta Dental)	1-100	7.0%

¹ Quoting for this carrier is not available on wordandbrown.com, please contact your Word & Brown representative for a proposal request.

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

³ Standard commission scale. For group in the 10+ space commissions are flexible.

LARGE GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Aetna		
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 Platform 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 Insurance Company		
Dental and Voluntary Dental	101+	8%
Vision	101+	10%
Life and AD&D	101+	15%
Blue Shield of California		
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
Centivo⁵		
Medical	101+	(Negotiable – PEPM commissions are directed by the broker. Contact your Word & Brown representative).
ChoiceBuilder®		
Dental, Vision, Life and Chiropractic	101-500	10%
CIGNA		
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 (Individual 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
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. <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)	101+	Basic - \$10 Virtual - \$10 Ultra - \$15 Ultimate - \$15
TransChoice	101+	15%
Guardian¹		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	101+	Contact your Word & Brown representative
Health Net		
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.
- ² Regional health plans are available in specific areas. Contact your Word & Brown representative for details.
- ³ Contact your Word & Brown representative for details.
- ⁴ For groups 101-299, please contact your Word & Brown representative.
- ⁵ Quoting for this carrier is not available on wordandbrown.com, please contact your Word & Brown representative for a proposal request.

LARGE GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
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	101+	Varies
Kaiser Permanente**		
Medical	101-300 eligible	5%
Landmark Healthplan		
Chiropractic/ Acupuncture	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 Group		
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 - \$500,000 - 0.75% \$500,001+ - 0.50%
MediExcel Health Plan²		
Medical	101+ enrolled	5%
Dental ⁴	101+ enrolled	10%
Vision	101+ enrolled	10%
MetLife⁵		
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 Presented by Sharp Health Plan		
Medical	101+	5%

(Continued)

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

² Regional health plans are available in specific areas. Contact your Word & Brown representative for details.

³ Contact your Word & Brown representative for details.

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.**

LARGE GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Nippon Life Benefits		
Medical	101+	5% flat commission
Dental and Vision	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%
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%
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%
LTD	101+	\$0 - \$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%

CARRIER / PLAN	GROUP SIZE	COMMISSION
Sharp Health Plan²		
Medical (HMO)	101+	Contact your Word & Brown representative
SIMNSA²		
Medical	101+	7%
SmileSaver/MetLife DHMO		
Dental	101-999	SmileSaver DHMO: 10% Level
The Holman Group		
Alternative Solutions (EAP & Crisis Services)	100+	% is broker directed
Total Benefits Solutions (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%
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 America		
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 Advantage²		
Medical, Dental and Vision	101+	Contact your Word & Brown representative

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

² Regional health plans are available in specific areas. Contact your Word & Brown representative for details.

³ Contact your Word & Brown representative for details.

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