

## LARGE GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Aetna<sup>5</sup></b>		
Medical	101-200 201+	5% Contact your Word & Brown representative
Dental and Vision	101-200 201+	10% Contact your Word & Brown representative
<b>Aflac (Group Platform Plans)</b>		
Creative Solutions	101+ Policy holders	Begins at 12% commission and increases with agent involvement and production
<b>Ameritas</b>		
Dental	Contact your Large Group representative for RFP: <a href="mailto:largegroup@wordandbrown.com">largegroup@wordandbrown.com</a> .	Commission variable. Contact your Word & Brown representative.
Vision	Contact your Large Group representative for RFP: <a href="mailto:largegroup@wordandbrown.com">largegroup@wordandbrown.com</a> .	Commission variable. Contact your Word & Brown representative.
<b>Anthem Blue Cross</b>		
Medical, Dental, Vision	101-500	4% Medical; Dental HMO 10%; Dental PPO 10%; Vision 10%
<b>BEST Life and Health Insurance Company</b>		
Dental	101+	8%
Voluntary Dental	101+	8%
Vision	101+	10%
Life and AD&D	101+	15%
<b>Blue Shield of California<sup>5</sup></b>		
Medical	101-299	Blue Shield has transitioned to a Producer Service Fee model. Contact your Word & Brown representative
Dental	101-299	Negotiable
Vision	101-299	Negotiable
Life	101-299	10%
<b>CalCPA</b>		
Medical (Anthem Blue Cross)	101+	5%
Dental (Delta Dental)	101+	10%
Vision (VSP)	101+	10%
<b>Camden</b>		
Vision	101+	10% Level
<b>ChoiceBuilder<sup>®</sup></b>		
Dental, Vision, Life and Chiropractic	101-500	10%
<b>CIGNA<sup>5</sup></b>		
Medical	101-250	5% Standard (negotiable) <sup>3</sup>
Dental	101-250	10% Standard (negotiable) <sup>3</sup>
Vision, Life and Disability	101-250	Contact your Word & Brown representative as we will need to co-broker
<b>Colonial Life (Individual and Small Group Voluntary Plans)</b>		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	101+	Varies by product

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>CompNet</b>		
Creative Solutions	101+	1st year: up to 10% depending on the carrier. Renewal: 5%
<b>E.D.I.S.</b>		
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"> <li>• 8% if spec deductible is \$10,000</li> <li>• 9% if spec deductible is \$20,000</li> <li>• 10% if spec deductible is \$30,000 or higher</li> </ul>
EDHP MVP Plan	2+	\$10 PEPM
MEC Plans	2+	\$5 PEPM
<b>Evolved Benefits</b>		
Staff Benefits Management and Administrators (SBMA)	101+	Basic - \$10 Virtual - \$10 Ultra - \$15 Ultimate - \$15
TransChoice	101+	15%
<b>Guardian<sup>1</sup></b>		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	101+	Contact your Word & Brown representative
<b>Health Net<sup>5</sup></b>		
Medical	101-500	5%
Dental / Vision	101-500	10%
Life	101-500	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%

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- <sup>1</sup> For groups 500+, please contact your Word & Brown representative.
- <sup>2</sup> Regional health plans are available in specific areas. Contact your Word & Brown representative for details.
- <sup>3</sup> Contact your Word & Brown representative for details.
- <sup>4</sup> For groups 101-299, please contact your Word & Brown representative.
- <sup>5</sup> Contract limits are based on eligible.
- <sup>6</sup> Contract limits are based on enrolled.

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**Humana<sup>5</sup>**

**Standard commissions are as follows:**

**Schedules**

Employer-sponsored basic Group Life and AD&D for groups with 1-50 enrolled employees – 10%  
 Voluntary basic Group Life and AD&D – 15%  
 Employer-sponsored Long-Term and Short-Term Disability for groups with 2-50 enrolled employees – 10%  
 Voluntary Long Term and Short-Term Disability for all group sizes – 15%

**Schedules for Dental, Vision and larger Life and AD&D plans:**

**Annual Premium per line of coverage Employer-sponsored Basic Group Life and AD&D with 51 or more enrolled employees Annual Premium Dental\* and Vision**

For the first \$5,000 15% For the first \$10,000 10.0%

For the next \$20,000 10% For the next \$10,000 7.5%

For the next \$25,000 7% For the next \$10,000 5.0%

For the next \$50,000 3% For the next \$20,000 2.5%

For the next \$100,000 2% Over \$50,000 1.5%

Over \$200,000 1%

*Texas-based employers only: The commission schedule for employer-sponsored dental plans with fewer than 100 Eligible Employees is 10% of annual premium, at all premium levels.*

**Schedules for Employer-Sponsored Long-Term and Short-Term Disability plans:**

**Annual Premium per line of coverage Employer-sponsored Short-term Disability with 51 or more enrolled employees Annual Premium Dental\* and Vision**

For the first \$5,000 15% For the first \$15,000 15.0%

For the next \$5,000 10% For the next \$10,000 10.0%

For the next \$20,000 5.0% For the next \$25,000 5.0%

For the next \$50,000 3.0% Over \$50,000 1.0%

For the next \$100,000 2.0%

Over \$180,000 1%

**International Medical Group Inc. (IMG)**

Alternative International Medical, Business Travel Insurance, Travel Risk Mngmt. & Travel Assistance Services	101+	Varies
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**Kaiser Permanente\*\***

Medical	101-300	5%
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**Landmark Healthplan**

Chiropractic/ Acupuncture	2+	20% commission on 1st year's paid premiums; 10% thereafter
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**LIBERTY Dental**

Dental (HMO)	101-300	10% [for all years]
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CARRIER / PLAN	GROUP SIZE	COMMISSION
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**Lincoln Financial Group**

Dental	101+	First \$10,000 - 10.00% Next \$10,000 - 8.00% Next \$10,000 - 4.00% Next \$20,000 - 2.00% Next \$50,000 - 1.50% Next \$150,000 - 0.25% Next \$250,000 - 0.15% Above \$500,000 - 0.15% -Flat commission % is negotiable; contact your Word & Brown representative
Vision	101+	10%
LTD	101+	First \$15,000 - 15.00% Next \$10,000 - 10.00% Next \$25,000 - 5.00% Next \$50,000 - 1.00% Above \$100,000 - 0.50% -Flat commission % is negotiable; contact your Word & Brown representative
Life AD&D and STD	101+	First \$2,000 - 15.00% Next \$3,000 - 12.00% Next \$5,000 - 11.00% Next \$5,000 - 8.00% Next \$5,000 - 7.00% Next \$5,000 - 6.00% Next \$5,000 - 5.00% Next \$20,000 - 2.00% Next \$50,000 - 1.50% Next \$50,000 - 1.00% Next \$350,000 - 0.75% Above \$500,000 - 0.50% -Flat commission % is negotiable; contact your Word & Brown representative

**MediExcel Health Plan<sup>2,6</sup>**

Medical	101+	5%
Dental <sup>4</sup>	101+	10%
Vision	101+	10%

**MetLife<sup>5</sup>**

HMO Dental	101-499	10% Level - Commissions are paid on the actual enrollment of the group
Dental PPO Options	101+	10% Graded <sup>3</sup> - Commissions are paid on the actual enrollment of the group
Vol. PPO Options	101+	10% Graded <sup>3</sup> - 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 <sup>3</sup> - 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

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

<sup>3</sup> Contact your Word & Brown representative for details.

<sup>4</sup> For groups 101-299, please contact your Word & Brown representative.

<sup>5</sup> 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
<b>NationCare PPO Presented by Sharp Health Plan</b>		
Medical	101+	5%
<b>Nippon Life Benefits</b>		
Medical	101+	5% flat commission
Dental	101+	\$0-\$10,000 15% \$10,001-\$15,000 10% \$15,001-\$20,000 10% \$20,001-\$25,000 7.5% \$25,001-\$50,000 7.5% \$50,001-\$100,000 5% \$100,001 + 2.5%
Vision	101+	\$0-\$10,000 15% \$10,001-\$15,000 10% \$15,001-\$20,000 10% \$20,001-\$25,000 7.5% \$25,001-\$50,000 7.5% \$50,001-\$100,000 5% \$100,001 + 2.5%
Life/AD&D	101+	\$0-\$10,000 15% \$10,001-\$15,000 10% \$15,001-\$20,000 10% \$20,001-\$25,000 7.5% \$25,001-\$50,000 7.5% \$50,001-\$100,000 5% \$100,001 + 2.5%
STD	101+	\$0-\$10,000 10% \$10,001-\$15,000 7.5% \$15,001-\$20,000 7.5% \$20,001-\$25,000 5% \$25,001-\$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-\$20,000 12.5% \$20,001-\$25,000 12.5% \$25,001-\$50,000 10% \$50,001-\$100,000 10% \$100,001 + 5%
<b>Premier Access</b>		
Dental	101+	10% standard  Other commissions available upon request.
<b>Premium Saver</b>		
Creative Solutions	101+	Zero to 15%. Contact your Word & Brown representative

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Principal</b>		
Dental	101-999	First \$5,000: 10% Next \$5,000: 8% Next \$15,000: 6% Next \$25,000: 4% Next \$100,000: 3% Next \$350,000: 2.5% Over \$500,000: 1.6%  Commissions payable at a flat percentage are available for all group coverages.
Vision	101+	First \$5,000: 10% Next \$5,000: 8% Next \$15,000: 6% Next \$25,000: 4% Next \$100,000: 3% Next \$350,000: 2.5% Over \$500,000: 1.6%  Commissions payable at a flat percentage are available for all group coverages.
Life	101+	First \$5,000: 10% Next \$5,000: 8% Next \$15,000: 6% Next \$25,000: 4% Next \$100,000: 3% Next \$350,000: 2.5% Over \$500,000: 1.6%  Commissions payable at a flat percentage are available for all group coverages.
Disability	101+	STD: First \$5,000: 10% Next \$5,000: 8% Next \$15,000: 6% Next \$25,000: 4% Next \$100,000: 3% Next \$350,000: 2.5% Over \$500,000: 1.6% LTD: First \$15,000: 15% Next \$10,000: 10% Next \$25,000: 5% Next \$50,000: 2% Next \$100,000: 1% Next \$300,000: 0.6% Next \$500,000: 0.3% Over \$1,000,000: 0.1%  Commissions payable at a flat percentage are available for all group coverages.
<b>Reliance Standard</b>		
Dental	20+	Contact your Word & Brown representative
Life	20+	Contact your Word & Brown representative
Disability	20+	Contact your Word & Brown representative
Creative Solutions	20+	Contact your Word & Brown representative
<b>Seniors Choice</b>		
Medical	101+	8%
Part D (RX)	101+	5%
<b>Sharp Health Plan<sup>2</sup></b>		
Medical (HMO)	101+	Contact your Word & Brown representative
<b>SIMNSA<sup>2</sup></b>		
Medical	101+	7%
<b>SmileSaver/MetLife DHMO</b>		
Dental	101-999	SmileSaver DHMO: 10% Level

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<sup>3</sup> Contact your Word & Brown representative for details.

<sup>4</sup> For groups 101-299, please contact your Word & Brown representative.

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CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>The Holman Group</b>		
Alternative Solutions (EAP & Crisis Services)	100+	% is broker directed
<b>Total Benefits Solutions (Aetna International)</b>		
Medical (International)	2+	5% first year and renewal
<b>United Concordia</b>		
Dental	2+	10% but is negotiable
Vision	2+	10% but is negotiable
<b>UnitedHealthcare</b>		
Medical	101+	Contact your Word & Brown representative
Dental, Vision, Life and Disability	101+	Contact your Word & Brown representative
<b>Unum</b>		
Dental	101-500	10%
Vision	101-500	12% (flat)
Group Term Life and AD&D	101-500	First \$15K - 10% Next \$10K - 7% Next \$25K - 5% Next \$50K - 1% \$100K+ - 0.5%
Group Term Life and AD&D Voluntary	101-500	15%
LTD	101-500	First \$15K - 15% Next \$10K - 10% Next \$25K - 5% \$50K+ - 1%
STD	101-500	First \$15K - 10% Next \$10K - 7% Next \$25K - 5% Next \$50K - 1% \$100K - 0.5%
LTD Voluntary and STD Voluntary	101-500	15%
Accident	101-500	15% (flat)
Critical Illness	101-500	15% (flat)
Critical Illness (AACI)	101-500	15% (flat)
Hospital Indemnity	101-500	15% (flat)
<b>Vision Plan of America</b>		
HMO Plan 1 + Vol; HMO Plan 2 + Vol; HMO Plan 3	101+	12%
M-Plus Plan	101+	15%
<b>VSP</b>		
Vision (Voluntary)	10+	10% Graded
Vision (Employer Paid)	5+	10% Graded
<b>Western Health Advantage<sup>2</sup></b>		
Medical, Dental and Vision	101+	Contact your Word & Brown representative

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