



BROKER SCHEDULE OF COMMISSIONS FOR POLICIES EFFECTIVE ON OR AFTER 1/1/2022

INDIVIDUAL AND FAMILY PLA	ANS		
PER CONTRACT (APPLICATION)	FIRST YEAR	RENEWALS	
PER MONTH:	\$20 (UP TO \$240 / YR)	\$15 (UP TO \$180)	
GROUP PLANS (1 - 50 employe	es)		
ANNUAL PREMIUM			
1st Year	6.5%		
2nd Year	6.2%		
3rd Year	5.9%		
4th Year	5.6%		
5th Year	5.3%		
6th Year+	5.0%		
When annualized premium for a single grou amounts over \$500,001 for that group.	p reaches \$500,001 or more in a contract year	ar, the commission is reduced to 1.0% for	
MID-SIZE GROUP PLANS (51-	100 employees)		
PERCENTAGE OF TOTAL PAID PRE	MIUM		
1 st Year and Renewal	5.0%		
LARGE GROUP PLANS (100+ 6	employees)		
NEGOTIABLE			

Annual premiums are per group, not aggregate. The applicable group commission schedule is based on the number of eligible employees on the effective date of a new group or each year when a group renews and will stay at that rate for the contract year.

MEDICARE ADVANTAGE PLANS					
PER CONTRACT (APPLICATION)	FIRST YEAR (NEW SALE) \$715	RENEWALS \$358	IN-HOUSE CCHP MEDICARE PLAN TRANSFER \$25		
ENROLLMENT DURING SEP PRORATED TO THE MONTH WHEN APPLICATION EFFECTUATED					

Commissions are only paid to the broker/agent of record. The same commission schedule applies to all health, riders, supplemental, and ancillary products sold through and billed by CCHP. Schedule of Commission is subject to the terms of the CCHP Broker Agreement and applicable state and federal laws.