

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

| CARRIER / PLAN | GROUP SIZE | COMMISSION |
|---|---------------------|---|
| Aetna | | |
| 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 | 2-50 51-100 | Standalone – 9%; with Medical 10% for first year only 10% [for all years] |
| Vision | 2-100 | 10% *Broker commission will be reduced by any override to compensate General Agent. |
| Aflac (Individual Voluntary Plans)¹ | | |
| Creative Solutions | 3-99 Policy holders | Begins at 12% commission and increases with agent involvement and production [for all years]. |
| Ameritas | | |
| Dental | 3-199 | 10% Level Simple Add-Ons - 10% |
| Vision | 3+ | 10% Level Simple Add-Ons - 10% |
| Anthem Blue Cross | | |
| Medical | 1-100 | 5% First \$1,000,000 0.8% Over \$1,000,000 [for all years] |
| Dental and Vision | 2-100 | 10% [for all years] |
| Life | 2-100 | 15% [for all years] |
| Voluntary/Optional Life and AD&D | 10-100 | 15% [for all years] |
| STD, LTD, Vol. STD and Vol. LTD | 10-100 | 15% Flat [for all years] |
| Avesis | | |
| Vision | 2-100 | 10% [for all years] |
| BEST Life and Health Insurance Company² | | |
| Dental | 2-50 51-99 | 10% [for all years] 8% [for all years] |
| Voluntary Dental | 5-50 51-99 | 10% [for all years] 8% [for all years] |
| Vision | 5-99 | 10% [for all years] |
| Life and AD&D | 2-99 | 15% [for all years] |
| Blue Shield of California | | |
| Medical | 1-100 | 5% [for all years] |
| Medical (Mirror Package) | 1-100 | 5% [for all years] |
| Dental and Vision | 1-100 | 10% [for all years] |
| Life | 2-100 | 10% [for all years] |
| CalCPA | | |
| Medical (Anthem Blue Cross) | 1-50 | 7% |
| Dental (Delta Dental) | 2+ | 10% [for all years] |
| Vision (VSP) | 2+ | 10% [for all years] |

| CARRIER / PLAN | GROUP SIZE | COMMISSION |
|---|----------------------------|--|
| CaliforniaChoice® (Employee Choice) Medical | | |
| Medical | 1-100 (medically enrolled) | 5% |
| Dental, Vol. Vision and Life | 2-100 | 12% [for all years] |
| Chiropractic | 2-100 | 6.5% [for all years] |
| California Dental Network | | |
| Dental | 2+ | 10% Flat unless otherwise requested [for all years] |
| Camden¹ | | |
| Vision | 5+ | 10% Flat [for all years] |
| CCHP Health Plan | | |
| Medical | 1-100 101+ | 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. 5% or Negotiable [for all years] |
| ChoiceBuilder® | | |
| Dental, Vision, Life and Chiropractic | 2-500 | 10% [for all years] |
| Cigna¹ | | |
| Dental | 26-250 | Negotiable - Contact your Word & Brown representative |
| Vision, Life and Disability | 26-250 | Contact your Word & Brown representative as we will need to co-broker |
| Cigna + Oscar¹ | | |
| Medical | 1-100 | 5% of premium |
| Colonial Life¹ | | |
| Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity | 3+ | Varies by product |
| CompNet¹ | | |
| Creative Solutions | 1-100 | 1st year: up to 10% depending on the carrier. Renewal: 5% |
| Delta Dental | | |
| Dental | 2-99 | 10% Flat [for all years] |
| Vision | 2-99 | 10% Flat [for all years] |
| Delta Dental (MWG)¹ | | |
| Dental | 1-4 | 10% [for all years] |

(Continued)

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| E.D.I.S.¹ | | |
| Freedom Dental | 2-50 51-100 | 10% 7.5% |
| 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 Benefits¹ | | |
| Staff Benefits Management and Administrators (SBMA) | 25+ | Basic - \$10 Virtual - \$10 Ultra - \$15 Ultimate - \$15 |
| Transamerica/TransChoice | 10+ | 15% |
| Guardian² | | |
| Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer | 2-100 | Standard M-Scale |
| Health Net | | |
| Medical | 1-100 | 5% [for all years] |
| Dental and Vision | 2-100 | 10% [for all years] |
| Life | 2-100 | 4% Level [for all years] |
| Humana¹ | | |
| Dental and Vision | 1-100 | First \$10,000: 10% Next \$10,000: 7.5% Next \$10,000: 5% Next \$20,000: 2.5% Over \$50,000: 1.5% |
| Employer-Sponsored Group Life & AD&D | 1-50 | 10% |
| | 51-100 | First \$5,000: 15% Next \$20,000: 10% Next \$25,000: 7% Next \$50,000: 3% Next \$100,000: 2% Over \$200,000: 1% |
| Voluntary Group Life and AD&D | 1-100 | 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 all years] <ul style="list-style-type: none"> ● For groups with aggregate premiums higher than \$1,000,000 in any group year, commissions are at the above rate for premiums up to \$1,000,000 and at 1% for premiums higher than \$1,000,000 in that group year. |
| Dental (PPO) | 1-100 | \$2.65 (per member per month) |
| Dental (HMO) DeltaCare | 1-100 | \$1.32 (per member per month) |

**** 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.**

| CARRIER / PLAN | GROUP SIZE | COMMISSION |
|--|------------|--|
| Landmark Healthplan¹ | | |
| Chiropractic/ Acupuncture | 2+ | 20% commission on 1st year's paid premiums; 10% thereafter |
| LIBERTY Dental | | |
| Dental (HMO) | 2-300 | 10% [for all years] |
| Lincoln Financial Group¹ | | |
| Dental* | 2-99 | 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% |
| Vision* | 2-99 | 10% |
| LTD* | 2-99 | 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% |
| Life AD&D and STD* | 2-99 | 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 commissions can be offered, please specify to sales rep on RFP | | |
| MediExcel Health Plan | | |
| Medical | 1-100 | 7% [for all years] |
| Dental | 1-100 | 10% [for all years] |
| Vision | 1-100 | 10% [for all years] |
| MetLife^{2,3} | | |
| PPO Dental | 2-100 | First \$5,000: 10.00% Next \$5,000: 7.50% Next \$20,000: 5.00% Next \$10,000: 3.50% Next \$10,000: 3.00% Next \$10,000: 2.00% Next \$190,000: 1.75% Next \$250,000: 1.00% Next \$500,000: 0.50% Next \$4,000,000: 0.25% Over \$5,000,000: 0.10% [for all years] |
| PPO Vol. Dental | 2-100 | |
| MetLife Dental HMO/Managed Care, SafeGuard Dental DHMO & Vision | 5-100 | 10% Level [for all years] |

(Continued)

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

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|---|-------------|---|
| MetLife²⁻³ (Cont.) | | |
| Life and STD | 2-100 | First \$5,000: 15.00% Next \$5,000: 10.00% Next \$20,000: 5.00% Next \$10,000: 3.50% Next \$10,000: 3.00% Next \$10,000: 2.00% Next \$190,000: 1.75% Next \$250,000: 1.00% Next \$500,000: 0.50% Next \$4,000,000: 0.25% Over \$5,000,000: 0.10% [for all years] |
| LTD | 5-100 | First \$15,000: 15.00% Next \$10,000: 10.00% Next \$25,000: 5.00% Next \$200,000: 2.00% Over \$250,000: 1.00% [for all years] |
| Nippon Life Benefits¹ | | |
| LYNX & Rotational Staff Trust | 2-100 | 10% flat commission, first year only |
| LYNX & Affiliated Trust | 2-100 | First \$250,000 7% Next \$250,000 5.5% Over \$500,000 3.0% |
| Dental | 2-50 51+ | 10% first year and renewal \$0 - \$10,000 = 10% \$10,001 - \$15,000 = 7.5% \$15,001 - \$20,000 = 7.5% \$20,001 - \$25,000 = 5.0% \$25,001 - \$50,000 = 5.0% \$50,001 - \$100,000 = 2.5% \$100,001+ = 1.0% |
| Vision | 2-50 51+ | 10% first year and renewal \$0 - \$10,000 = 10% \$10,001 - \$15,000 = 7.5% \$15,001 - \$20,000 = 7.5% \$20,001 - \$25,000 = 5.0% \$25,001 - \$50,000 = 5.0% \$50,001 - \$100,000 = 2.5% \$100,001+ = 1.0% |
| Life and AD&D | 2-50 51+ | 15% first year and renewal \$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 | 2-50 51+ | 15% first year and renewal \$0 - \$10,000 = 10% \$10,001 - \$15,000 = 7.5% \$15,001 - \$20,000 = 7.5% \$20,001 - \$25,000 = 5.0% \$25,001 - \$50,000 = 5.0% \$50,001 - \$100,000 = 2.5% \$100,001+ = 1.0% |
| LTD | 2-50 51+ | 15% first year and renewal \$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% |
| Premier Access | | |
| Dental | 1-100 | 10% flat unless otherwise requested Renewal - will remain as sold unless a request for change is made. |

| CARRIER / PLAN | GROUP SIZE | COMMISSION |
|---|---------------------|---|
| Premium Saver (MWG)¹ | | |
| Creative Solutions | 1-100 | Zero to 15%. Contact your Word & Brown representative |
| Principal² | | |
| Dental | 2+ Voluntary: 5+ | Graded beginning at 10% |
| Vision | 2+ Voluntary: 5+ | Graded beginning at 10% |
| LTD | 2+ Voluntary: 5+ | Graded beginning at 15% |
| STD | 2+ Voluntary: 5+ | Graded beginning at 10% |
| Life and AD&D | 2+ Voluntary: 5+ | Graded beginning at 10% |
| Accident | 2+ Voluntary: 5+ | 65% 1st year; 5% 2nd year + |
| Critical Illness | 2+ Voluntary: 5+ | 30% 1st year; 15% 2nd year + |
| Reliance Standard¹ | | |
| Dental | 2-19 | 10% [for all years] |
| Life | 2-19 | 15% 1st year; 10% Renewal |
| LTD | 2-19 | 15% 1st year; 10% Renewal |
| STD | 2-19 | 10% [for all years] |
| Critical Illness & Accident | 2-19 | 15% 1st year; 10% Renewal |
| Seniors Choice¹ | | |
| Medical | 1-100 | 8% [for all years] |
| Part D (RX) | 1-100 | 5% [for all years] |
| Dental | 1-100 | 10% |
| 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% Flat [for all plan years] |
| SmileSaver/MetLife DHMO | | |
| Dental | 2-999 | SmileSaver DHMO: 10% Level |
| Sutter Health Plus | | |
| Medical | 1-50 51-100 | 6.5% 5% |
| The Holman Group | | |
| Alternative Solutions (EAP & Crisis Services) | 10-100 | % is broker directed |

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|---|------------|---|
| Total Benefits Solutions (Aetna International)¹ | | |
| Medical (International) | 2+ | 5% first year and renewal |
| United Concordia | | |
| Dental | 2+ | 10% |
| Vision | 2+ | 10% |
| United Healthcare | | |
| Medical | 1-100 | Flat 5% |
| Dental | 2-100 | 2-50: 10% 51+ commission can vary at the request of agent or customer. |
| Vision | 2-100 | 10% [for all years] |
| Life | 2-100 | 10% [for all years] |
| STD & LTD | 2-100 | First \$15,000: 15% Next \$10,000: 10% Next \$25,000: 5% Over \$50,000: 1% [for all years] |
| Unum¹ | | |
| Dental | 2+ | 10% [for all years] |
| Vision | 2+ | 12% (flat) |
| Group Term Life and AD&D | 2+ | First \$15K - 10% Next \$10K - 7% Next \$25K - 5% Next \$50K - 1% \$100K+ - 0.5% [for all years] |
| Group Term Life and AD&D Voluntary | 10+ | 15% [for all years] |
| LTD | 2+ | First \$15K - 15% Next \$10K - 10% Next \$25K - 5% \$50K+ - 1% [for all years] |
| STD | 10+ | First \$15K - 10% Next \$10K - 7% Next \$25K - 5% Next \$50K - 1% \$100K - 0.5% [for all years] |
| LTD Voluntary and STD Voluntary | 10+ | 15% [for all years] |
| Accident | 5+ | 15% (flat) |
| Critical Illness | 5+ | 15% (flat) |
| Critical Illness (AACI) | 5+ | 15% (flat) |
| Hospital Indemnity | 5+ | 15% (flat) |
| Vision Plan of America | | |
| Vision | 2+ | 10% Flat [for all years] |

| CARRIER / PLAN | GROUP SIZE | COMMISSION |
|---------------------------------|------------|--|
| VSP² | | |
| Vision (Voluntary) | 10+ | First \$5,000: 10% Next \$5,000: 5% Next \$10,000: 3.56% Next \$10,000: 3% Next \$20,000: 2.31% Next \$200,000: 1.44% Next \$250,000: 0.73% Exceeding \$500,000: 0.35% [for all years] |
| Vision (Employer Paid) | 5+ | First \$5,000: 10% Next \$5,000: 5% Next \$10,000: 3.56% Next \$10,000: 3% Next \$20,000: 2.31% Next \$200,000: 1.44% Next \$250,000: 0.73% Exceeding \$500,000: 0.35% [for all years] |
| Western Health Advantage | | |
| Medical | 1-100 | Transition groups (51-100): Lock in flat 6.5% All New Small Groups (1-100): Flat 5% |
| Dental (via Delta Dental) | 1-100 | 7.0% [for all years] |

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