

PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Aetna		
Medical	2-100 ³ (Level Funding) 51-100 ³	\$30 PEPM Broker fee determined by broker
Dental	2-100 ³ (Level Funding) 51-100 ³	9% (additional 1% commission when sold with new medical, first year only) 10%
Vision	2-100 ³ (Level Funding) 51-100 ³	10%
Aflac		
Alternative Solutions	3+ 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 Blue Shield		
Medical	1-50 2-50 (Level Funding) 51-100 ⁴	\$28-\$36 PCPM ² \$31 PCPM ² PEPM calculated based on ACE Tiering
Dental	2-50 2-50 (Level Funding) 51-100 ⁴	10% 8% 8%
Vision	2-50 2-50 (Level Funding) 51-100 ⁴	10% 10% 10%
Anthem Association Health Plans (AHP)		
Medical	1-50	6%
Dental	1-50	8%
Vision and Life/ Disability	1-50	10%
BBSI		
Medical	5% Referral fee	5+ Enrolled Employees
Workers Comp	Up to 13% Referral fee	5 + Enrolled Employees
Business Management Services	Referral Fee	5+ Enrolled Employees
BEST Life and Health Insurance Company		
Dental	2-50 51+	10% 8%
Voluntary Dental	5-50 51+	10% 8%
Vision	5+	10%
Life and AD&D	2+	15%
Camden-Avesis		
Vision	5+	10%
Cigna		
Medical	2-250 ³ (Level Funding) 51-250 ³	5% 5%
Dental	2-250 ³ (Level Funding) 51-250 ³	10% 10%

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Colonial Life¹		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	3+	Varies by product
Companion Life		
Dental	2-9 10+	10% \$0 - \$10,000 10% \$10,001 - \$20,000 7.5% \$20,001 - \$30,000 5% \$30,001+ 3.5%
Voluntary Dental	3+	10%
Vision	2+	10%
LTD, STD & Life/AD&D	2-9 10+	15% \$0 - \$5,000 15% \$5,001 - \$15,000 10% \$15,001 - \$25,000 8% \$25,001 - \$45,000 5% \$45,001+ 2.5%
Voluntary LTD	10+	15%
Voluntary STD	3+	15%
Voluntary Life/AD&D	5+	15%
Delta Dental		
Dental	2-299	10%
Delta Dental (MWG)		
Dental	1-4	10%
E.D.I.S.		
Freedom Dental	2-50 51-99 100+	10% 7.5% 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. • 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) MEC Plans	10+	In order, PEPM, by tier level: WellCare – \$10/20/20/30 PrimeCare – \$10/20/20/30 OptimaCare – \$15/30/30/45 EliteCare – \$15/30/30/45
Hospital Indemnity	10+	Globe Life 15% Mutual of Omaha \$5/\$7 PEPM (lo/hi plan commissions)
Dental	2+ enrolled	10%
Vision	1+ enrolled	10%

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Guardian		
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%
	51+	Contact your Word & Brown representative
Humana		
Dental and Vision	All group sizes	\$0 - \$10,000 10% \$10,001 - \$20,000 7.5% \$20,001 - \$30,000 5% \$30,001 - \$50,000 2.5% \$50,001+ 1.5%
Basic Group Life and AD&D	1-50 enrolled 51+ enrolled	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 51+ enrolled	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 51+ enrolled	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	2+	Varies

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Lincoln Financial Group		
Dental	50-100 eligible 101+ eligible*	\$0 - \$10,000 10% \$10,001 - \$20,000 8% \$20,001 - \$30,000 4% \$30,001 - \$50,000 2% \$50,001 - \$100,000 1.5% \$100,001 - \$250,000 0.25% \$250,001 - \$500,000 0.15% \$500,001+ 0.15%
Vision	50+ eligible	10%
LTD	50-100 eligible 101+ eligible*	\$0 - \$15,000 15% \$15,001 - \$25,000 10% \$25,001 - \$50,000 5% \$50,001 - \$100,000 1% \$100,001+ 0.5%
Life AD&D and STD	50-100 eligible 101+ eligible*	\$0 - \$2,000 15% \$2,001 - \$5,000 12% \$5,001 - \$10,000 11% \$10,001 - \$15,000 8% \$15,001 - \$20,000 7% \$20,001 - \$25,000 6% \$25,001 - \$30,000 5% \$30,001 - \$50,000 2% \$50,001 - \$100,000 1.5% \$100,001 - \$150,000 1% \$150,001 - \$500,000 0.75% \$500,001+ 0.5%
*Flat commission % is negotiable. Contact your Word & Brown representative.		

MetLife		
Dental	2+	Graded beginning at 10%
Vision	2+	10%
LTD	2+	\$0 - \$15,000 15% \$15,001 - \$25,000 10% \$25,001+ Varies Flat 15% available
STD	2+	\$0 - \$5,000 15% \$5,001 - \$10,000 10% \$10,001+ Varies Flat 15% available
Life and AD&D	5+	Graded beginning at 15%

Mutual of Omaha		
Dental PPO and EPO	2+*	\$10% Graded
Voluntary	2+*	
Vision, Life, AD&D, LTD, Accident, Critical Illness, and Hospital Indemnity	2+*	10%
Voluntary	2+*	
STD (Excluding short-term disability coverage that an employer is required by state law to maintain for its employees, e.g., Hawaii, California, and New York)	2+*	
Voluntary	2+*	
Accident	2+*	
Voluntary	2+*	
Critical Illness	2+*	
Voluntary	2+*	
Worksite	2+*	
Voluntary	2+*	15%

*Contract limits are based on eligible employees for groups 2+

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CARRIER / PLAN	GROUP SIZE	COMMISSION	
Nippon Life Benefits			
Dental and Vision	2-49 50+	10% \$0 - \$10,000 \$10,001 - \$20,000 \$20,001 - \$50,000 \$50,001 - \$100,000 \$100,001+	10% 7.5% 5.0% 2.5% 1.0%
Life/AD&D	2-49 50+	15% \$0 - \$10,000 \$10,001 - \$20,000 \$20,001 - \$50,000 \$50,001 - \$100,000 \$100,001+	15% 10% 7.5% 5% 2.5%
LTD	2-49 50+	15% \$0 - \$15,000 \$15,001 - \$25,000 \$25,001 - \$100,000 \$100,001+	15% 12.5% 10% 5%
STD	2-49 50+	15% \$0 - \$10,000 \$10,001 - \$20,000 \$20,001 - \$50,000 \$50,001 - \$100,000 \$100,001+	10% 7.5% 5% 2.5% 1%
Premier Access			
Dental	1+	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)			
Alternative Solutions	1+	Zero to 15%. Contact your Word & Brown representative	
Principal			
Dental	2-999 Voluntary: 5+	\$0 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$150,000 \$150,001 - \$500,000 \$500,001+	10% 8% 6% 4% 3% 2.5% 1.6% Commissions payable at a flat percentage are available for all group coverages.
Vision, Life, and STD	2+ Voluntary: 5+	\$0 - \$5,000: 10% \$5,001 - \$10,000 \$10,001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$150,000 \$150,001 - \$500,000 \$500,001+	10% 8% 6% 4% 3% 2.5% 1.6% Commissions payable at a flat percentage are available for all group coverages.
LTD	2+ Voluntary: 5+	\$0 - \$15,000 \$15,001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$200,000 \$200,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001+	15% 10% 5% 2% 1% 0.6% 0.3% 0.1% Commissions payable at a flat percentage are available for all group coverages.
Accident	2+ Voluntary: 5+	65% 1st year; 5% 2nd year+	
Critical Illness	2+ Voluntary: 5+	30% 1st year; 15% 2nd year+	
Prominence Health Plan			
Medical	2-50 51+	\$34-\$40 PEPM' Negotiable	

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Prominence Health Plan Association Health Plans			
Medical	2-50 51+	6% Negotiable	
Prominence Reno Sparks Chamber of Commerce (RSCC)			
Medical	2-50 51+	6% Negotiable	
Reliance Standard			
Dental & STD	2-19 20+	10% Contact your Word & Brown representative	
LTD, Life and AD&D, and Accident and Critical Illness	2-19 20+	15% 1st year; 10% Renewal Contact your Word & Brown representative	
SecureCare			
Dental	2+	10%	
Seniors Choice			
Medical	1+	8%	
Part D	1+	5%	
Dental and Vision	1-50	10%	
The Holman Group			
Alternative Solutions (EAP & Crisis Services)	10+	% is broker directed	
Total Benefits Solutions			
Medical (International)	2+	5%	
United Concordia			
Dental	2+	10% but is negotiable	
Unum			
Dental	2-500	10%	
Vision	2-500	12%	
Group Term Life and AD&D	2-500	\$0 - \$15,000 \$15,0001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$100,000 \$100,001+	10% 7% 5% 1% 0.5%
Voluntary Group Term Life and AD&D	10-500	15%	
LTD	2-500	\$0 - \$15,000 \$15,001 - \$25,000 \$25,001 - \$50,000 \$50,001+	15% 10% 5% 1%
STD	10-500	\$0 - \$15,000 \$15,0001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$100,000 \$100,001+	10% 7% 5% 1% 0.5%
LTD Voluntary and STD Voluntary	10-500	15%	
Accident, Critical Illness, Critical Illness (AACI), and Hospital Indemnity	5-500	15%	

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VSP			
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%