

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]

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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]
Chinese Community 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	2-199	10% [for all years]
CIGNA¹		
Dental and Vision	26-250	Negotiable - Contact your Word & Brown representative
Colonial Life¹		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	3+	Varies by product
CompNet¹		
Creative Solutions	1-100	1st year: 4% Renewal: 3%
Delta Dental		
Dental	2-100	10% Flat [for all years]
Vision	5-100	10% Flat [for all years]
Delta Dental (MWG)¹		
Dental	1-4	10% [for all years]
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. • 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

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CARRIER / PLAN	GROUP SIZE	COMMISSION
Evolved Benefits¹		
Staff Benefits Management and Administrators (SBMA)	25-100	Basic - \$10 Virtual - \$10 Ultra - \$15 Ultimate - \$15
Transamerica/TransConnect	2-100	HP45 - 18%
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]
HealthiestYou¹		
TeleHeath	1-100	15% [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 (IMG)¹		
Alternative Solutions	1-100	Varies
Kaiser Permanente^{**}		
Medical	1-100	5% [for all years] • 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)
Landmark Healthplan¹		
Chiropractic	2-199	10% [for all years]
Liberty Dental		
Dental (HMO)	2-300	10% [for all years]

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**** 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
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%
MediExcel Health Plan		
Medical	1-100	7% [for all years]
Dental	1-100	10% [for all years]
Vision	1-100	10% [for all years]
MetLife²		
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]
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]

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CARRIER / PLAN	GROUP SIZE	COMMISSION
National General¹		
Medical	2-24 25-50 51-200	7.0% 6.0% 5.0%
Nippon Life Benefits¹		
Medical	50-100	First \$1,000: 6.50% Next \$4,000: 4.70% Next \$5,000: 2.85% Next \$10,000: 2.60% Next \$10,000: 2.35% Next \$20,000: 1.85% Next \$200,000: 1.15% Next \$500,000: 0.55% Next \$1,250,000: 0.28% Over \$2,000,000: 0.10% -Flat commission % is negotiable, contact your Word & Brown representative
Dental	2-50 51-100	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 51-100	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 51-100	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 51-100	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 51-100	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%
Nippon Life Benefits¹ - Affiliated Trust		
Medical/Rx/Vision	2-50	For the first \$250,00 7% For the Next \$250,00 5.5% Over \$500,00 3.0%
Oscar		
Medical	1-100	5% of premium

CARRIER / PLAN	GROUP SIZE	COMMISSION
Premier Access		
Dental	1-100	\$0-10,000 – 10% \$10,001 - \$20,000 – 7.5% \$20,001 – \$30,000 – 5% \$30,001 – \$50,000 – 2.5% \$50,001 - \$250,000 – 1.5%
Premium Saver (MWG)¹		
Creative Solutions	1-100	Zero to 15%. Contact your Word & Brown representative
Principal²		
Dental	3+ Voluntary: 5+	Graded beginning at 10%
Vision	3+ Voluntary: 5+	Graded beginning at 10%
LTD	3+ Voluntary: 5+	Graded beginning at 15%
STD	3+ Voluntary: 5+	Graded beginning at 10%
Life and AD&D	3+ Voluntary: 5+	Graded beginning at 10%
Accident	3+ Voluntary: 5+	65% 1st year; 5% 2nd year +
Critical Illness	3+ 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
Medical (PPO)	1-100	Contact your Word & Brown representative
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%

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UnitedHealthcare		
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	5+	10% [for all years]
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]
Vision Plan of America		
Vision	2+	10% Flat [for all years]
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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