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CALIFORNIA

LARGE GROUP PRODUCTS & BROKER COMMISSIONS

Carrier / Plan	GROUP SIZE	COMMISSION
	anoor size	COMMISSION
Aetna	101.000	504
Medical	101-200 201+	5% Contact your Word & Brown representative
Dental and Vision	101-200 201+	10% Contact your Word & Brown representative
Aflac (Group Platfor	m Plans)	
Creative Solutions	101+ Policy holders	Begins at 12% commission and increases with agent involvement and production
Ameritas		
Dental	Contact your Large Group representative for RFP: largegroup@wordandbrown.com.	Commission variable. Contact your Word & Brown representative.
Vision	Contact your Large Group representative for RFP: largegroup@wordandbrown.com.	Commission variable. Contact your Word & Brown representative.
Anthem Blue Cross		
Medical, Dental, Vision	101-500	4% Medical; Dental HMO 10%; Dental PPO 10%; Vision 10%
BEST Life and Healt	h Insurance Company	
Dental	101+	8%
Voluntary Dental	101+	8%
Vision	101+	10%
Life and AD&D	101+	15%
Blue Shield of Califo	rnia	
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%
CalCPA		
Medical (Anthem Blue Cross)	101+	5%
Dental (Delta Dental)	101+	10%
Vision (VSP)	101+	10%
California Dental Ne	twork	
Dental	101+	Negotiable ²
Camden		
Vision	101+	10% Level
ChoiceBuilder [®]		
Dental, Vision, Life and Chiropractic	101-500	10%
CIGNA		
Medical	101-250	5% Standard (negotiable) ³
Dental	101-250	10% Standard (negotiable)3
Vision, Life and Disability	101-250	Contact your Word & Brown representative as we will need to co-broker
Colonial Life (Individ	lual and Small Group Voluntary	/ Plans)
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	101+	Varies by product

Carrier / Plan	GROUP SIZE	COMMISSION
CompNet		
Creative Solutions	101+	1st year: up to 10% depending on the carrier. Renewal: 5%
E.D.I.S.		·
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.
EDHP MVP Plan	2+	\$10 PEPM
MEC Plans	2+	\$5 PEPM
Evolved Benefits		
Staff Benefits Management and Administrators (SBMA)	101+	Basic - \$10 Virtual - \$10 Ultra - \$15 Ultimate - \$15
TransChoice	101+	15%
Guardian ¹		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	101+	Contact your Word & Brown representative
Health Net		·
Medical	101-500	5%
Dental / Vision	101-500	10%
Life	101-500	$\begin{array}{c} 0-10,000 = 10\% \\ 10,001 - 20,000 = 8\% \\ 20,001 - 30,000 = 5\% \\ 30,001 - 50,000 = 4\% \\ 50,001 - 150,000 = 2\% \\ 150,001 + 1\% \end{array}$
Humana		
Dental and Vision	101+	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	101+	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	101+	15%
International Medica	al Group Inc. (IMG)	
Alternative International Medical, Business Travel Insurance, Travel Risk Mngmt. & Travel Assistance Services	101+	Varies

(Continued)

- ¹ For groups 500+, please contact your Word & Brown representative.
- ² Regional health plans are available in specific areas. Contact your Word & Brown representative for details.
- ³ Contact your Word & Brown representative for details.
- ⁴ For groups 101-299, please contact your Word & Brown representative.

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LARGE GROUP PRODUCTS & BROKER COMMISSIONS

Carrier / Plan	GROUP SIZE	COMMISSION
Kaiser Permanente**		
Medical	101-300	5%
Landmark Healthpla	n	
Chiropractic/ Acupunture	2+	20% commission on 1st year's paid premiums; 10% thereafter
LIBERTY Dental		
Dental (HMO)	101-300	10% [for all years]
Lincoln Financial Gr	oup	
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 - 0.25% 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 - 6.00% Next \$5,000 - 6.00% Next \$5,000 - 2.00% Next \$50,000 - 1.50% Next \$50,000 - 1.00% Next \$350,000 - 0.75% Above \$500,000 - 0.75% Above \$500,000 - 0.50% -Flat commission % is negotiable; contact your Word & Brown representative
MediExcel Health Pla	an ²	
Medical	101+	5%
Dental ⁴	101+	10%
MetLife⁵		
HMO Dental	101-499	10% Level - Commissions are paid on the actual enrollment of the group
Dental PPO Options	101+	10% Graded ³ - Commissions are paid on the actual enrollment of the group
Vol. PPO Options	101+	10% Graded ³ - 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 ³ - 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
NationCare PPO Pres	sented by Sharp Health Plan	
Medical	101+	5%

arrier / Plan	GROUP SIZE	COMMISSION
lippon Life Benefits	s	
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% \$50,001-\$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%
remier Access		
Dental	101+	10% standard
		Other commissions available upon request.
remium Saver		
Creative Solutions	101+	Zero to 15%. Contact your Word & Brown representative

(Continued)

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

³ Contact your Word & Brown representative for details.

⁴ For groups 101-299, please contact your Word & Brown representative.

⁵ 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.

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LARGE GROUP PRODUCTS & BROKER COMMISSIONS

Carrier / Plan	GROUP SIZE	COMMISSION
Principal		
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 \$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 \$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 \$300,000: 2.5% Over \$500,000: 1.6% LTD: First \$15,000: 15% Next \$10,000: 10% Next \$25,000: 2% Next \$500,000: 2% Next \$100,000: 0.6% 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.
Reliance Standard		
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
Seniors Choice		
Medical	101+	8%
Part D (RX)	101+	5%
Sharp Health Plan ²		
Medical (HMO)	101+	Contact your Word & Brown representative
SIMNSA ²		
Medical	101+	7%
SmileSaver/MetLife	DHMO	
Dental	101-999	SmileSaver DHMO: 10% Level

Arrier / Plan	GROUP SIZE	COMMISSION
he Holman Group		
Alternative Solutions (EAP & Crisis Services)	100+	% is broker directed
otal Benefits Soluti	ons (Aetna International)	
Medical (International)	2+	5% first year and renewal
nited Concordia		
Dental	2+	10% but is negotiable
Vision	2+	10% but is negotiable
nitedHealthcare		
Medical	101+	Contact your Word & Brown representative
Dental, Vision, Life and Disability	101+	Contact your Word & Brown representative
num		
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)
ision Plan of Ameri	ca	
HMO Plan 1 + Vol; HMO Plan 2 + Vol; HMO Plan 3	101+	12%
M-Plus Plan	101+	15%
SP		
Vision (Voluntary)	10+	10% Graded
Vision (Employer Paid)	5+	10% Graded
/estern Health Adva	ntage ²	
Medical, Dental and Vision	101+	Contact your Word & Brown representative

 $^{\rm 1}$ $\,$ For groups 500+, please contact your Word & Brown representative.

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³ Contact your Word & Brown representative for details.

⁴ For groups 101-299, please contact your Word & Brown representative.