

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	Standalone – 9%; with Medical 10% for first year only
	51-100	10% [for all years]
Vision	2-100	10% *Broker commission will be reduced by any override to compensate General Agent.
Aetna Funding Advantage (AFA)¹		
Medical	10-100	Commission is \$50 - PEPM
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	2-199	10% Level Simple Add-Ons - 10%
Vision	2+	10% Level Simple Add-Ons - 10%
Anthem Balanced Funding (ABF)¹		
Medical	Group size is minimum of 20 enrolled	Medical 5% - PCPM
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]
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]
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]

CARRIER / PLAN	GROUP SIZE	COMMISSION
CalCPA		
Medical (Anthem Blue Cross)	1-50	7%
Dental (Delta Dental)	2+	10% [for all years]
Vision (VSP)	2+	10% [for all years]
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]
Camden¹		
Vision	5+	10% Flat [for all years]
CCHP Health Plan		
Medical	1-100	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.
	101+	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 Level Funded¹		
Medical	25-250 eligible employees	5% - Converted to PEPM in quote
Dental	25-250 eligible employees	4% - Converted to PEPM in quote Special Note: A Cigna level funded dental offer is contingent on level funded medical being offered as well. If medical is not offered, or is sold as fully insured, then the dental contract reverts to fully insured and requires a minimum of 51 eligible employees
Cigna + Oscar		
Medical	1-100	5% of premium
Colonial Life¹		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	3+	Varies by product

¹ Quoting for this carrier is not available on ca.wordandbrown.com, please contact your Word & Brown representative for a proposal request.

² Rates quoted from WBQuote may not reflect all discount opportunities offered by the carrier. Please contact your Word & Brown Sales Representative for proposal.

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

(Continued)

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Community Care Health		
Medical	1-100	5% 1st year and renewal
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]
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
TransChoice	10+	15%
Guardian²		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	2-100	Dental - Flat 10% Vision - Flat 10% Basic Life - Flat 15% Voluntary Life - Flat 15% LTD - Flat 15% STD - Flat 15% Vol LTD - Flat 15% Vol STD - Flat 15%
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%

CARRIER / PLAN	GROUP SIZE	COMMISSION
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] • 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/ 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]

(Continued)

- Quoting for this carrier is not available on ca.wordandbrown.com, please contact your Word & Brown representative for a proposal request.
- Rates quoted from WBQuote may not reflect all discount opportunities offered by the carrier. Please contact your Word & Brown Sales Representative for proposal.
- Standard commission scale. For group in the 10+ space commissions are flexible.

** 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.

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
MetLife²⁻³		
PPO Dental PPO Vol. Dental	2-100 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]
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]
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%

CARRIER / PLAN	GROUP SIZE	COMMISSION
Nippon Life Benefits¹ (Cont.)		
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.
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

(Continued)

¹ Quoting for this carrier is not available on ca.wordandbrown.com, please contact your Word & Brown representative for a proposal request.

² Rates quoted from WBQuote may not reflect all discount opportunities offered by the carrier. Please contact your Word & Brown Sales Representative for proposal.

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

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
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
Total Benefits Solutions (Aetna International)¹		
Medical (International)	2+	5% first year and renewal
United Concordia		
Dental	2+	10%
Vision	2+	10%
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]
UnitedHealthcare Level Funding¹		
Medical	10-100	\$55 PEPM (negotiable) ³
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)

CARRIER / PLAN	GROUP SIZE	COMMISSION
Unum¹ (Cont.)		
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]
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]

¹ Quoting for this carrier is not available on ca.wordandbrown.com, please contact your Word & Brown representative for a proposal request.

² Rates quoted from WBQuote may not reflect all discount opportunities offered by the carrier. Please contact your Word & Brown Sales Representative for proposal.

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