

PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
Aetna		
Medical	1-200 eligible 10-200 eligible (Level Funding)	5% Commission is \$50 – PEPM
Dental	2-50 51-200 eligible	Standalone – 9%; with Medical 10% for the first year only 10%
Vision	2-200 eligible	10%
Aflac		
Worksite Voluntary	3+ Policy holders	Begins at 12% commission and increases with agent involvement and production
Ameritas		
Dental	2-100 101+	10% Simple Add-Ons – 10% 10%*
Vision	2-100 101+	10% Simple Add-Ons – 10% 10%*
	*Variable commission available upon broker's request. Contact your Word & Brown representative	
Anthem Blue Cross		
Medical	1-100 20+ enrolled (Level Funding) 101-500 enrolled	5% Medical 5% – PCPM 4%
Dental and Vision	2-500 enrolled	10%
BBSI		
Medical	5%	5+ Enrolled Employees
Workers Comp	Up to 13%	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%
Blue Shield of California		
Medical	1-100 101-299 eligible	5% Blue Shield has transitioned to a Producer Service Fee model. Contact your Word & Brown representative.
Medical (Mirror Package)	1-100	5%
Dental and Vision	2-299 eligible	10%
CalCPA		
Medical	1-100 101+	7% 5%
Dental	2+	10%
CaliforniaChoice® (Employee Choice) Medical		
Medical	1-100 medically enrolled	5%
Dental, Vol. Vision, and Life	2-100	12%
Chiropractic	2-100	6.5%

CARRIER / PLAN	GROUP SIZE	COMMISSION
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% Annual Premium \$500,001+ – 1% – When annualized premium for a single group reaches \$500,001 or more in a contract year, the commission is reduced to 1% for amounts over \$500,001 for that group. 5% or Negotiable
Centivo		
Medical	1+	Negotiable – PEPM commissions are directed by the broker. Contact your Word & Brown representative
Choice Builder®		
Dental, Vision, Life and Chiropractic	2-500	10%
Cigna		
Medical	25-250 eligible (Level Funding) 101-250 eligible	5% 5%
Dental	25-250 eligible (Level Funding) 26-250 eligible	10% 10%
Vision, Life and Disability	26-250 eligible	Contact your Word & Brown representative
Colonial Life		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	3+	Varies by product
Community Care Health		
Medical	1-100	5%
Delta Dental		
Dental and Vision	2-99	10%
E.D.I.S.		
Freedom Dental	2-50 51-100 101+	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

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Evolved Benefits		
Staff Benefits Management and Administrators (SBMA) MEC Plans	25+	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%
Dental and Vision	1+ enrolled	10%
Guardian		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	2-100	Dental and Vision – 10% Basic Life, Voluntary Life, LTD, STD, Vol LTD, and Vol STD – 15%
	101+	For groups 500+, please contact your Word & Brown representative
Health Net		
Medical	1-500 eligible	5%
Dental and Vision	2-500 eligible	10%
Life	2-500 eligible	\$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%
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%

CARRIER / PLAN	GROUP SIZE	COMMISSION
Kaiser Permanente		
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%.
	101-300 eligible	5%
Dental (PPO)	1-100	\$2.80 PMPM
Dental (HMO)	1-100	\$1.40 PMPM
Landmark Healthplan		
Chiropractic/ Acupuncture	2+	20% commission on 1st year's paid premiums; 10% thereafter
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+ 0.50%
*Flat commissions can be offered, please specify to sales rep on RFP		
MediExcel		
Medical	1-100 enrolled 101+ enrolled	7% 5%
Dental	1-100 enrolled 101+ enrolled ²	10% 10%
Vision	1+	10%

* 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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CARRIER / PLAN	GROUP SIZE	COMMISSION
MetLife		
PPO Dental and PPO Vol. Dental	2-100	\$0 - \$5,000 10% \$5,001 - \$10,000 7.5% \$10,001 - \$30,000 5% \$30,001 - \$40,000 3.5% \$40,001 - \$50,000 3% \$50,001 - \$60,000 2% \$60,001 - \$250,000 1.75% \$250,001 - \$500,000 1% \$500,001 - \$1,000,000 0.5% \$1,000,001 - \$5,000,000 0.25% \$5,000,001+ 0.1%
	101+	10% Graded – Commissions are paid on the actual enrollment of the group. Contact your Word & Brown representative.
MetLife Dental HMO/Managed Care, SafeGuard Dental DHMO & Vision	5-100	10%
HMO Dental	101-499	10% Level – Commissions are paid on the actual enrollment of the group
Life and STD	2-100	\$0 - \$5,000 15% \$5,001 - \$10,000 10% \$10,001 - \$30,000 5% \$30,001 - \$40,000 3.5% \$40,001 - \$50,000 3% \$50,001 - \$60,000 2% \$60,001 - \$250,000 1.75% \$250,001 - \$500,000 1% \$500,001 - \$1,000,000 0.5% \$1,000,001 - \$5,000,000 0.25% \$5,000,001+ 0.1%
LTD	5-100	\$0 - \$15,000 15% \$10,001 - \$25,000 10% \$25,001 - \$50,000 5% \$50,001 - \$250,000 2% \$250,001+ 1%
Life	10+	15% Graded – Commissions are paid on the actual enrollment of the group. Contact your Word & Brown representative.
Disability	10+	Varies – Commissions are paid on the actual enrollment of the group
Worksite Voluntary	200+	Varies – Commissions are paid on the actual enrollment of the group Standard commission scale. For groups of 10+, commissions are flexible.
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+*	
Worksite	2+*	
Voluntary	2+*	15%

CARRIER / PLAN	GROUP SIZE	COMMISSION
Nippon Life Benefits		
Medical	101+	5%
LYNX & Rotational Staff Trust	2-100	10% commission, first year only \$0 - \$250,000 7% \$250,001 - \$500,000 5.5% \$500,001+ 3%
LYNX & Affiliated Trust	2-100	\$0 - \$250,000 7% \$250,001 - \$500,000 5.5% \$500,001+ 3%
Dental and Vision	2-49 50+	10% first year and renewal \$0 - \$10,000 10% \$10,001 - \$20,000 7.5% \$20,001 - \$50,000 5% \$50,001 - \$100,000 2.5% \$100,001+ 1%
Life/AD&D	2-49 50+	15% first year and renewal \$0 - \$10,000 15% \$10,001 - \$20,000 10% \$20,001 - \$50,000 7.5% \$50,001 - \$100,000 5% \$100,001+ 2.5%
STD	2-49 50+	15% first year and renewal \$0 - \$10,000 10% \$10,001 - \$20,000 7.5% \$20,001 - \$50,000 5% \$50,001 - \$100,000 2.5% \$100,001+ 1%
LTD	2-49 50+	15% first year and renewal \$0 - \$15,000 15% \$15,001 - \$25,000 12.5% \$25,001 - \$100,000 10% \$100,001+ 5%
Principal		
Dental	2-999 Voluntary: 5+	\$0 - \$5,000 10% \$5,001 - \$10,000 8% \$10,001 - \$25,000 6% \$25,001 - \$50,000 4% \$50,001 - \$150,000 3% \$150,001 - \$500,000 2.5% \$500,001+ 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 8% \$10,001 - \$25,000 6% \$25,001 - \$50,000 4% \$50,001 - \$150,000 3% \$150,001 - \$500,000 2.5% \$500,001+ 1.6% Commissions payable at a flat percentage are available for all group coverages.
LTD	2+ Voluntary: 5+	\$0 - \$15,000 15% \$15,001 - \$25,000 10% \$25,001 - \$50,000 5% \$50,001 - \$100,000 2% \$100,001 - \$200,000 1% \$200,001 - \$500,000 0.6% \$500,001 - \$1,000,000 0.3% \$1,000,001+ 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+

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

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CARRIER / PLAN	GROUP SIZE	COMMISSION
Reliance Standard		
Dental and STD	2-19 20+	10% Contact your Word & Brown representative
Life and LTD	2-19 20+	15% 1st year; 10% Renewal Contact your Word & Brown representative
Critical Illness and Accident	2-19	15% 1st year; 10% Renewal
Worksite Voluntary	20+	Contact your Word & Brown representative
Seniors Choice		
Medical	1+	8%
Part D	1+	5%
Dental and Vision	1-100	10%
Sharp Health Plan		
Medical (HMO)	1-100 101+	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% of Paid Premium Contact your Word & Brown representative
Medical (PPO)	101+	5%
SIMNSA		
Medical	1+	7%
Dental	1-100	7%
Sutter Health Plan		
Medical	1-50 51-100	6.5% 5%
The Holman Group		
Worksite Voluntary	10+	% is broker directed
Total Benefits Solutions		
Medical (International)	2+	5%
United Concordia		
Dental and Vision	2+	10% but is negotiable
UnitedHealthcare		
Medical	1-100 101-300 eligible (Level Funding) 101+ eligible	5% \$55 PEPM Contact your Word & Brown representative
Dental	2-100 101-300 eligible	2-50: 10% 51-100: commission can vary at the request of agent or customer. Contact your Word & Brown representative
Vision and Life	2-100 101-300 eligible	10% Contact your Word & Brown representative
STD and LTD	2-100 101-300 eligible	\$0 - \$15,000 15% \$15,001 - \$25,000 10% \$25,001 - \$50,000 5% \$50,001+ 1% Contact your Word & Brown representative
UnitedHealthcare ACEC		
Medical	2-50 51+ eligible	5% Adjustable (PEPM or % of premium)
Dental & Vision	2+ eligible	Standard schedule

CARRIER / PLAN	GROUP SIZE	COMMISSION
Unum		
Dental	2-500	10%
Vision	2-500	12%
Group Term Life and AD&D	2-500	0 - \$15,000 10% \$15,001 - \$25,000 7% \$25,001 - \$50,000 5% \$50,001 - \$100,000 1% \$100,001+ 0.5%
Voluntary Group Term Life and AD&D	10-500	15%
LTD	2-500	\$0 - \$15,000 15% \$15,001 - \$25,000 10% \$25,001 - \$50,000 5% \$50,001+ 1%
STD	10-500	\$0 - \$15,000 10% \$15,001 - \$25,000 7% \$25,001 - \$50,000 5% \$50,001 - \$100,000 1% \$100,001+ 0.5%
LTD Voluntary and STD Voluntary	10-500	15%
Accident, Critical Illness, Critical Illness (ACI), and Hospital Indemnity	5-500	15%
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%
Western Health Advantage		
Medical	1-100	Transition groups (51-100) – Lock in 6.5% All New Small Groups (1-100) – 5%
Dental (via Delta Dental)	1-100	7%