

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Aetna Funding Advantage<sup>1</sup></b>		
Medical	2-100 Eligible	\$30 - Can be adjusted
Dental	2-100 Eligible	Commission = 9% (additional 1% commission when sold with new medical, first year only)
Vision	2-100 Eligible	Commission = 10% (Compensation is split between Broker and General Agent)
<b>Aflac (Individual Voluntary Plans)<sup>1</sup></b>		
Alternative Solutions	3-99 Policy holders	Begins at 12%
<b>Ameritas</b>		
Dental	2-199	10% Level Simple Add-Ons - 10%
Vision	2+	10% Level Simple Add-Ons - 10%
<b>Anthem Blue Cross Blue Shield</b>		
Medical	1-50	\$28-\$36 PCPM**
Dental and Vision	2-50	10%
<b>Anthem Balanced Funding (ABF)<sup>1</sup></b>		
Medical	2-50	\$31 PCPM***
Dental	2-50	8%
Vision	2-50	10%
<b>Anthem Association Health Plans (AHP)<sup>1</sup></b>		
Medical	1-50	6%
Dental	1-50	8%
Vision and Life/Disability	1-50	10%
<b>BEST Life and Health Insurance Company<sup>2</sup></b>		
Dental	2-50 Voluntary 5-50	10% 10%
Vision	5+	10%
Life and AD&D	2+	15%
<b>Camden-Avesis<sup>1</sup></b>		
Vision	5-50	10%
<b>Cigna Level Funded<sup>1,3</sup></b>		
Medical	25-250 eligible employees	5%-Converted to PEPM in quote
Dental	25-250 eligible employees	4%-Converted to PEPM in quote
<b>Colonial Life<sup>1</sup></b>		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	3+	Varies by product

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Companion Life<sup>1</sup></b>		
Dental	Group size varies by product	2+ lives: \$0 - \$10,000 - 10% \$10,001 - \$20,000 - 7.5% \$20,001 - \$30,000 - 5% \$30,001+ - 3.5% Voluntary 3+ - 10%
Vision	2-50	10%
LTD	2-50 Voluntary: 10-50	2-9 lives: 15% 10+ lives: \$0 - \$5,000 - 15% \$5,001 - \$15,000 - 10% \$15,001 - \$25,000 - 8% \$25,001 - \$45,000 - 5% \$45,001+ - 2.5% Voluntary 10+ - 15%
STD	2-50 Voluntary: 3-50	2-9 Lives: 15% 10+ Lives: \$0 - \$5,000 - 15% \$5,001 - \$15,000 - 10% \$15,001 - \$25,000 - 8% \$25,001 - \$45,000 - 5% \$45,001+ - 2.5% Voluntary 10+ - 15%
Life and AD&D	2-50 Voluntary: 5-50	2-9 Lives: 15% 10+ Lives: \$0 - \$5,000 - 15% \$5,001 - \$15,000 - 10% \$15,001 - \$25,000 - 8% \$25,001 - \$45,000 - 5% \$45,001+ - 2.5% Voluntary 5+ - 15%
<b>Delta Dental</b>		
Dental	2-50	10%
<b>Delta Dental (MWG)<sup>1</sup></b>		
Dental	1-4	10%
<b>E.D.I.S.<sup>1</sup></b>		
Freedom Dental	2-50	10%
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

(Continued)

\* In addition to full, standard carrier broker commissions for cases placed through Word & Brown.

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

<sup>3</sup> Contract limits are based on eligible.

<sup>4</sup> Contract limits are based on enrolled.

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Evolved Benefits<sup>1</sup></b>		
Staff Benefits Management and Administrators (SBMA)	25+	Basic - \$10 Virtual - \$10 Ultra - \$15 Ultimate - \$15
Transamerica/TransChoice	10+	15%
<b>Guardian<sup>2</sup></b>		
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 - 13%
<b>Hometown Health</b>		
Medical	1-50	Contact your Word & Brown representative
Vision	1-50	Contact your Word & Brown representative
<b>Humana<sup>1,4</sup></b>		
Dental and Vision	All group sizes	\$0 - \$10,000 - 10.0% \$10,001 - \$20,000 - 7.5% \$20,001 - \$30,000 - 5.0% \$30,001 - \$50,000 - 2.5% \$50,001+ - 1.5%
Basic Group Life and AD&D	1-50 enrolled employees	10%
	51+ enrolled employees	\$0 - \$15,000 - 15% \$5,001 - \$25,000 - 10% \$25,001 - \$50,000 - 7% \$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 employees	10%
	51 enrolled employees	\$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 employees	10%
	51+ enrolled employees	\$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%
<b>International Medical Group Inc. (IMG)<sup>1</sup></b>		
Alternative International Medical, Business Travel Insurance, Travel Risk Mngmt. & Travel Assistance Services	2-50	10%

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>LIBERTY Dental</b>		
Dental (DHMO/EPO)	2-300	10%
Dental (EPO/PPO/POS)	2-99	10%
<b>Lincoln Financial Group<sup>1</sup></b>		
Dental	50-99 eligible	\$0 - \$10,000 - 10.00% \$10,001 - \$20,000 - 8.00% \$20,001 - \$30,000 - 4.00% \$30,001 - \$50,000 - 2.00% \$50,001 - \$100,000 - 1.50% \$100,001 - \$250,000 - 0.25% \$250,001 - \$500,000 - 0.15% \$500,001+ - 0.15%
Vision	50-99 eligible	10%
LTD	50-99 eligible	\$0 - \$15,000 - 15.00% \$15,001 - \$25,000 - 10.00% \$25,001 - \$50,000 - 5.00% \$50,001 - \$100,000 - 1.00% \$100,001+ - 0.50%
Life AD&D and STD	50-99 eligible	\$0 - \$2,000 - 15.00% \$2,001 - \$5,000 - 12.00% \$5,001 - \$10,000 - 11.00% \$10,001 - \$15,000 - 8.00% \$15,001 - \$20,000 - 7.00% \$20,001 - \$25,000 - 6.00% \$25,001 - \$30,000 - 5.00% \$30,001 - \$50,000 - 2.00% \$50,001 - \$100,000 - 1.50% \$100,001 - \$150,000 - 1.00% \$150,001 - \$500,000 - 0.75% \$500,001+ - 0.50%
<b>MetLife<sup>2</sup></b>		
Dental	2-50	Graded beginning at 10%
Vision	2-50	10%
LTD	2-50	\$0 - \$15,000 - 15% \$15,001 - \$25,000 - 10% \$25,001+ - Varies Flat 15% available
STD	2-50	\$0 - \$5,000 - 15% \$5,001 - \$10,000 - 10% \$10,001+ - Varies Flat 15% available
Life and AD&D	5-50	Graded beginning at 15%
<b>Nippon Life Benefits<sup>1</sup></b>		
Dental and Vision	2-50	10% first year and renewal
Life and AD&D, STD, and LTD	2-50	15% first year and renewal
<b>Premier Access</b>		
Dental	1-100	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.
<b>Premium Saver (MWG)<sup>1</sup></b>		
Alternative Solutions	1-50	Zero to 15%. Contact your Word & Brown representative

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<b>Principal<sup>2</sup></b>		
Dental, Vision, STD, and Life and AD&D	2+ Voluntary: 5+	Graded beginning at 10%
LTD	2+ Voluntary: 5+	Graded beginning at 15%
Accident	2+ Voluntary: 5+	65% 1st year; 5% 2nd year +
Critical Illness	2+ Voluntary: 5+	30% 1st year; 15% 2nd year +
<b>Prominence Health Plan (Small Group ACA)</b>		
Medical	2-50	\$34-\$40 PEPM*
<b>Prominence Health Plan Association Health Plans</b>		
Medical	2-50	6%
<b>Prominence Reno Sparks Chamber of Commerce (RSCC)</b>		
Medical	2-50	6%
<b>Reliance Standard<sup>1</sup></b>		
Dental & STD	2-19	10%
LTD, Life and AD&D, and Accident and Critical Illness	2-19	15% 1st year; 10% Renewal
<b>SecureCare<sup>2</sup></b>		
Dental	2-50	10%
<b>Seniors Choice<sup>1</sup></b>		
Medical	1-50	8%
Part D (RX)	1-50	5%
Dental and Vision	1-50	10%
<b>The Holman Group<sup>1</sup></b>		
Alternative Solutions (EAP & Crisis Services)	10-100	% is broker directed
<b>Total Benefits Solutions (Aetna International)<sup>1</sup></b>		
Medical (International)	2+	5% first year and renewal
<b>United Concordia</b>		
Dental	2+	10%

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Unum<sup>1</sup></b>		
Dental	10-50	10%
Vision	10+	12%
Group Term Life and AD&D	2-50	\$0 - \$15,000 - 10% \$15,001 - \$25,000 - 7% \$25,001 - \$50,000 - 5% \$50,001 - \$100,000 - 1% \$100,001+ - 0.5%
Group Term Life and AD&D Voluntary	10-50	15%
LTD	2-50	\$0 - \$15,000 - 15% \$15,001 - \$25,000 - 10% \$25,000 - \$50,000 - 5% \$50,001+ - 1%
STD	2-50	\$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+	15%
Accident, Critical Illness, Critical Illness (AACI), and Hospital Indemnity	5+	15%
<b>VSP<sup>1, 2</sup></b>		
Dental	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	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%

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