

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Aetna<sup>4</sup></b>		
Medical	1-100	5%
Dental	2-50	Standalone – 9%; with Medical 10% for first year only
	51-100	10%
Vision	2-100	10%
<b>Aetna Funding Advantage (AFA)<sup>1</sup></b>		
Medical	10-200	Commission is \$50 - PEPM
<b>Aflac (Individual Voluntary Plans)<sup>1</sup></b>		
Creative Solutions	3-99 Policy holders	Begins at 12% commission and increases with agent involvement and production
<b>Ameritas</b>		
Dental	2-199	10% Simple Add-Ons - 10%
Vision	2+	10% Simple Add-Ons - 10%
<b>Anthem Balanced Funding (ABF)<sup>1</sup></b>		
Medical	20+ enrolled	Medical 5% - PCPM
<b>Anthem Blue Cross</b>		
Medical	1-100	5% First \$1,000,000 0.8% Over \$1,000,000
Dental and Vision	2-100	10%
<b>BEST Life and Health Insurance Company<sup>2</sup></b>		
Dental	2-50 51+	10% 8%
Voluntary Dental	5-50 51+	10% 8%
Vision	5-99	10%
Life and AD&D	2-99	15%
<b>Blue Shield of California<sup>4</sup></b>		
Medical	1-100	5%
Medical (Mirror Package)	1-100	5%
Dental and Vision	1-100	10%
Life	2-100	10%
<b>CalCPA</b>		
Medical	1-50	7%
Dental and Vision	2+	10%

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>CaliforniaChoice<sup>®</sup> (Employee Choice) Medical</b>		
Medical	1-100 (medically enrolled)	5%
Dental, Vol. Vision and Life	2-100	12%
Chiropractic	2-100	6.5%
<b>Camden<sup>1</sup></b>		
Vision	5+	10%
<b>CCHP Health Plan</b>		
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
<b>Centivo<sup>1</sup></b>		
Medical	1-100	Negotiable – PEPM commissions are directed by the broker. Contact your Word & Brown representative
<b>ChoiceBuilder<sup>®</sup></b>		
Dental, Vision, Life and Chiropractic	2-500	10%
<b>Cigna<sup>1,4</sup></b>		
Dental	26-250	Negotiable - Contact your Word & Brown representative
Vision, Life and Disability	26-250	Contact your Word & Brown representative
<b>Cigna Level Funded<sup>1,4</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
<b>Community Care Health</b>		
Medical	1-100	5%
<b>CompNet<sup>1</sup></b>		
Creative Solutions	1-100	1st year: up to 10% depending on the carrier. Renewal: 5%
<b>Delta Dental</b>		
Dental and Vision	2-99	10%
<b>Delta Dental (MWG)<sup>1</sup></b>		
Dental	1-4	10%

(Continued)

<sup>1</sup> Quoting for this carrier is not available on [ca.wordandbrown.com](http://ca.wordandbrown.com), please contact your Word & Brown representative for a proposal request.

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

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

<sup>5</sup> Contract limits are based on enrolled.

# SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>E.D.I.S.<sup>1</sup></b>		
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"> <li>● 8% if spec deductible is \$10,000</li> <li>● 9% if spec deductible is \$20,000</li> <li>● 10% if spec deductible is \$30,000 or higher</li> </ul>
EDHP MVP Plan	2+	\$10 PEPM
MEC Plans	2+	\$5 PEPM
<b>Evolved Benefits<sup>1</sup></b>		
Staff Benefits Management and Administrators (SBMA)	25+	Basic - \$10 Virtual - \$10 Ultra - \$15 Ultimate - \$15
TransChoice	10+	15%
<b>Guardian<sup>2</sup></b>		
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%
<b>Health Net<sup>4</sup></b>		
Medical	1-100	5%
Dental and Vision	2-100	10%
Life	2-100	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%
<b>Humana<sup>1,5</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 51+ enrolled employees	10% \$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 51 enrolled employees	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 employees 51+ enrolled employees	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
<b>Humana<sup>1,5</sup> (Continued)</b>		
Disability	All group sizes	15%
Dental (HMO) DeltaCare	1-100	\$1.32 (per member per month)
<b>International Medical Group Inc. (IMG)<sup>1</sup></b>		
Alternative International Medical, Business Travel Insurance, Travel Risk Mngmt. & Travel Assistance Services	1-100	Varies
<b>Kaiser Permanente<sup>**</sup></b>		
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 (PPO)	1-100	\$2.65 PMPM
Dental (HMO) DeltaCare	1-100	\$1.32 PMPM
<b>Landmark Healthplan<sup>1</sup></b>		
Chiropractic/ Acupuncture	2+	20% commission on 1st year's paid premiums; 10% thereafter
<b>LIBERTY Dental</b>		
Dental (HMO)	2-300	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%

\*Flat commissions can be offered, please specify to sales rep on RFP

(Continued)

\*\* 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.

- 1 Quoting for this carrier is not available on [ca.wordandbrown.com](http://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
<b>MediExcel Health Plan<sup>5</sup></b>		
Medical	1-100	7%
Dental and Vision	1-100	10%
<b>MetLife<sup>2-3</sup></b>		
PPO Dental PPO Vol. Dental	2-100 2-100	\$0 - \$5,000: 10.00% \$5,001 - \$10,000: 7.50% \$10,001 - \$30,000: 5.00% \$30,001 - \$40,000: 3.50% \$40,001 - \$50,000: 3.00% \$50,001 - \$60,000: 2.00% \$60,001 - \$250,000: 1.75% \$250,001 - \$500,000: 1.00% \$500,001 - \$1,000,000: 0.50% \$1,000,001 - \$5,000,000: 0.25% \$5,000,001+: 0.10%
MetLife Dental HMO/Managed Care, SafeGuard Dental DHMO & Vision	5-100	10% Level
Life and STD	2-100	\$0 - \$5,000: 15.00% \$5,001 - \$10,000: 10.00% \$10,001 - \$30,000: 5.00% \$30,001 - \$40,000: 3.50% \$40,001 - \$50,000: 3.00% \$50,001 - \$60,000: 2.00% \$60,001 - \$250,000: 1.75% \$250,001 - \$500,000: 1.00% \$500,001 - \$1,000,000: 0.50% \$1,000,001 - \$5,000,000: 0.25% \$5,000,001+: 0.10%
LTD	5-100	\$0 - \$15,000: 15.00% \$10,001 - \$25,000: 10.00% \$25,001 - \$50,000: 5.00% \$50,001 - \$250,000: 2.00% \$250,001+: 1.00%
<b>Nippon Life Benefits<sup>1</sup></b>		
LYNX & Rotational Staff Trust	2-100	10% commission, first year only Renewal: \$0 - \$250,000 - 7% \$250,001 - \$500,000 - 5.5% \$500,001+ - 3.0%
LYNX & Affiliated Trust	2-100	\$0 - \$250,000 - 7% \$250,001 - \$500,000 - 5.5% \$500,001+ - 3.0%
Dental and Vision	2-50 51+	10% first year and renewal \$0 - \$10,000 = 10% \$10,001 - \$20,000 = 7.5% \$20,001 - \$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 - \$20,000 = 10% \$20,001 - \$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 - \$20,000 = 7.5% \$20,001 - \$50,000 = 5.0% \$50,001 - \$100,000 = 2.5% \$100,001+ = 1.0%
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%

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Premier Access</b>		
Dental	1-100	10% flat unless otherwise requested  Renewal - will remain as sold unless a request for change is made.
<b>Premium Saver (MWG)<sup>1</sup></b>		
Creative Solutions	1-100	Zero to 15%. Contact your Word & Brown representative
<b>Principal<sup>2</sup></b>		
Dental, Vision, STD, 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>Reliance Standard<sup>1</sup></b>		
Dental and STD	2-19	10%
Life, LTD, and Critical Illness & Accident	2-19	15% 1st year; 10% Renewal
<b>Seniors Choice<sup>1</sup></b>		
Medical	1-100	8%
Part D (RX)	1-100	5%
Dental and Vision	1-100	10%
<b>Sharp Health Plan</b>		
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
<b>SIMNSA</b>		
Medical and Dental	1-100	7%
<b>SmileSaver/MetLife DHMO</b>		
Dental	2-999	SmileSaver DHMO: 10% Level
<b>Sutter Health Plan</b>		
Medical	1-50 51-100	6.5% 5%

(Continued)

<sup>1</sup> Quoting for this carrier is not available on [ca.wordandbrown.com](http://ca.wordandbrown.com), please contact your Word & Brown representative for a proposal request.  
<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> Standard commission scale. For group in the 10+ space commissions are flexible.

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>The Holman Group</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%
<b>United Concordia</b>		
Dental and Vision	2+	10%
<b>UnitedHealthcare</b>		
Medical	1-100	5%
Dental	2-100	2-50: 10% 51+ commission can vary at the request of agent or customer.
Vision and Life	2-100	10%
STD & LTD	2-100	\$0 - \$15,000: 15% \$15,001 - \$25,000: 10% \$25,001 - \$50,000: 5% \$50,001+: 1%
<b>UnitedHealthcare Level Funding<sup>1</sup></b>		
Medical	10-100	\$55 PEPM (negotiable) <sup>3</sup>
<b>Unum<sup>1</sup></b>		
Dental	2+	10%
Vision	2+	12%
Group Term Life and AD&D	2+	\$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+	15%
LTD	2+	\$0 - \$15,000 - 15% \$15,001 - \$25,000 - 10% \$25,000 - \$50,000 - 5% \$50,001+ - 1%
STD	10+	\$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>Vision Plan of America</b>		
Vision	2+	10%

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>VSP<sup>1,2</sup></b>		
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%
<b>Western Health Advantage</b>		
Medical	1-100	Transition groups (51-100): Lock in 6.5% All New Small Groups (1-100): 5%
Dental (via Delta Dental)	1-100	7.0%

<sup>1</sup> Quoting for this carrier is not available on [ca.wordandbrown.com](http://ca.wordandbrown.com), please contact your Word & Brown representative for a proposal request.

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