

SMALL GROUP PRODUCTS & BROKER COMMISSIONS

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Aetna</b>		
Medical	2-50	5% for annualized premium up to \$1,000,000. Once annualized premium reaches \$1,000,000, commissions will be paid at 1%.
	51-100	10% [for all years]
Dental	1-100	Standalone – 9%; with Medical 10% [for all years]
Vision	1-100	7.5% [for all years]
<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 [for all years].
<b>AlphaStaff<sup>1</sup></b>		
Medical	5+	Administrative fees – 10% Anthem and Kaiser Large Group – 5% [for all years]
Creative Solutions	5+	< \$499 Admin Fee - 10% <sup>1</sup> \$500 - \$750 Admin Fee - 15% <sup>1</sup> \$751 - \$999 Admin Fee - 18% <sup>1</sup> \$1,000+ Admin Fee - 20% <sup>1</sup> MetLife Ancillary Products - 10% [for all years]  <sup>1</sup> In addition to full, standard carrier broker commissions for cases placed through Word & Brown
Dental, Vision, Life and Disability	5+	MetLife Ancillary Products - 10% [for all years]
<b>Ameritas</b>		
Dental	3-99	10% Level [for all years] Simple Add-Ons - 10%
Vision	3+	10% Level [for all years] Simple Add-Ons - 10%
<b>Anthem Blue Cross</b>		
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]
Life	2-100	15% [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]
<b>Avesis</b>		
Vision	2-100	10% [for all years]
<b>BEST Life and Health Insurance Company</b>		
Dental	2-50 51-100	10% [for all years] 8% [for all years]
Voluntary Dental	5-50 51-100	10% [for all years] 8% [for all years]
Vision	5-100	10% [for all years]
Life and AD&D	2-100	15% [for all years]

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

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Blue Shield of California</b>		
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]
<b>CalCPA</b>		
Medical (Anthem Blue Cross)	1-49	7%
Dental (Delta Dental)	2+	10% [for all years]
Vision (VSP)	2+	10% [for all years]
<b>CaliforniaChoice<sup>®</sup> (Employee Choice) Medical</b>		
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]
<b>California Dental Network</b>		
Dental	2+	10% Flat unless otherwise requested [for all years]
<b>Camden</b>		
Vision	5+	10% Flat [for all years]
<b>Chinese Community Health Plan</b>		
Medical	1-50	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.
	51-100	5% or Negotiable [for all years]
<b>Choice Builder</b>		
Dental, Vision, Life and Chiropractic	2-199	10% [for all years]
<b>CIGNA<sup>1</sup></b>		
Dental and Vision	26-250	Negotiable - Contact your Word & Brown representative
<b>Colonial Life<sup>1</sup></b>		
Dental, Life, Disability, Accident, Critical Illness, Cancer and Hospital Confinement Indemnity	3+	Varies by product
<b>CompNet<sup>1</sup></b>		
Creative Solutions	1-100	1st year: 4% Renewal: 3%
<b>Delta Dental</b>		
Dental	2-100	10% Flat [for all years]
Vision	5-100	10% Flat [for all years]

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CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Delta Dental (MWG)<sup>1</sup></b>		
Dental	1-4	10% [for all years]
<b>E.D.I.S.</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>Guardian<sup>1</sup></b>		
Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	2-100	Standard M-Scale
<b>Health Net</b>		
Medical	1-100	5% [for all years]
Dental and Vision	2-100	10% [for all years]
Life	2-100	4% Level [for all years]
<b>HealthiestYou<sup>1</sup></b>		
TeleHeath	1-100	15% [for all years]
<b>Humana<sup>1</sup></b>		
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 51-100	10% 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%
<b>International Medical Group (IMG)<sup>1</sup></b>		
Creative Solutions	1-100	Varies
<b>Kaiser Permanente<sup>**</sup></b>		
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	\$2.59 per member
Dental (HMO)	1-100	\$1.29 per member
<b>Landmark Healthplan<sup>1</sup></b>		
Chiropractic	2-199	10% [for all years]

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Liberty Dental</b>		
Dental (HMO)	2-299	10% [for all years]
<b>Lincoln Financial Group<sup>1</sup></b>		
Dental	25+	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	25+	10%
LTD	25+	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	25+	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%
<b>MediExcel Health Plan<sup>1</sup></b>		
Medical	1-100	7% [for all years] •Renewal commission will be based on size of group at renewal
Dental	1-100	10% [for all years]
Vision	1-100	10% [for all years]
<b>MetLife</b>		
PPO Dental	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: 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]
PPO Vol. Dental	2-100	
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]

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

<sup>\*\*</sup> 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
<b>MetLife<sup>1</sup> (Cont.)</b>		
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]
<b>National General<sup>1</sup></b>		
Medical	2-24 25-50 51-200	7.0% 6.0% 5.0%
<b>Nippon Life Benefits<sup>1</sup></b>		
Medical	2-100	First \$250,000: 7.0% Next \$250,000: 5.5% Over \$500,000: 3.0%
Dental	3-49 50-100	10% \$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	3-49 50-100	15% \$0 - \$10,000 = 15% \$10,001 - \$20,000 = 10% \$20,001 - \$50,000 = 7.5% \$50,001 - \$100,000 = 5.0% \$100,001+ = 2.5%
STD	3-49 50-100	15% \$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	3-49 50-100	15% \$0 - \$15,000 = 15% \$15,001 - \$25,000 = 12.5% \$25,001 - \$100,000 = 10% \$100,001+ = 5.0%
<b>Oscar</b>		
Medical	1-100	5% of premium
<b>Premier Access</b>		
Dental	1-100	\$0-10,000 - 10% \$10,001 - \$20,000 - 7.5% \$20,001 - \$30,000 - 5% \$30,001 - \$50,000 - 2.5% \$50,001 - \$250,000 - 1.5%
<b>Premium Saver (MWG)<sup>1</sup></b>		
Creative Solutions	1-100	Zero to 15%. Contact your Word & Brown representative
<b>Principal</b>		
Dental	3+ Voluntary: 5+	Graded beginning at 10%
Vision	3+ Voluntary: 5+	Graded beginning at 10%
LTD	3+ Voluntary: 5+	Graded beginning at 15%
STD	3+ Voluntary: 5+	Graded beginning at 10%
Life and AD&D	3+ Voluntary: 5+	Graded beginning at 10%
Accident	3+ Voluntary: 5+	65% 1st year; 5% 2nd year +
Critical Illness	3+ Voluntary: 5+	30% 1st year; 15% 2nd year +

CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Reliance Standard<sup>1</sup></b>		
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
<b>Seniors Choice<sup>1</sup></b>		
Medical	1-100	8% [for all years]
Part D (RX)	1-100	5% [for all years]
<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
Medical (PPO)	1-100	Contact your Word & Brown representative
<b>SIMNSA</b>		
Medical and Dental	1-100	7% Flat [for all plan years]
<b>SmileSaver/MetLife DHMO</b>		
Dental	2-999	SmileSaver DHMO 600 Plan: 20% All other products: 10% Level [for all years]
<b>UnitedHealthcare</b>		
Medical	1-100	Flat 5%
Dental	2-100	First \$10,000 10% Next \$15,000 7.5% Next \$15,000 5% Next \$20,000 2.5% Over \$60,000 1.5% [for all years]
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]
<b>Unum<sup>1</sup></b>		
Dental	10+	10% [for all years]
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]

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CARRIER / PLAN	GROUP SIZE	COMMISSION
<b>Unum<sup>1</sup> (Cont.)</b>		
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]
<b>Vision Plan of America</b>		
Vision	2+	10% Flat [for all years]
<b>VSP</b>		
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]
<b>Western Health Advantage</b>		
Medical	1-100	Transition groups (51-100): Lock in flat 5% All New Small Groups (1-100): Flat 6.5%
Dental (via Delta Dental)	1-100	7.0% [for all years]

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