

AETNA

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	2-4	All Premium	\$12.00 per ee	\$12.00 per ee
	5-24		\$22.00 per ee	\$22.00 per ee
	25-50		\$25.00 per ee	\$25.00 per ee
	51-100		5% or negotiated lower	5% or negotiated lower
	101-200		NEGOTIATED	
	201+		NEGOTIATED	
MEDICAL- AETNA FUNDING ADVANTAGE	5-50	All Premium	\$30 pepm or negotiated pepm*	\$30 pepm or negotiated pepm*
DENTAL	2 - 50	All Premium	9.00%	9.00%
DENTAL W/ 1 OTHER LOB	2 - 50	All Premium	10.00%	9.00%
DENTAL	51-100	\$0-\$5,000	10.00%	10.00%
		\$5,001-\$20,000	7.00%	7.00%
		\$20,001-\$75,000	4.50%	4.50%
		\$75,001-\$400,000	3.00%	3.00%
		\$400,001-\$1,000,000	2.00%	2.00%
		\$1,000,001 +	1.00%	1.00%
DENTAL	101-200	\$0-\$5,000	10.00%	10.00%
		\$5,001-\$20,000	7.00%	7.00%
		\$20,001-\$75,000	4.50%	4.50%
		\$75,001-\$400,000	3.00%	3.00%
		\$400,001-\$1,000,000	2.00%	2.00%
		\$1,000,001 +	1.00%	1.00%
VISION	2-100	All Premium	10.00%	10.00%

*** AETNA WILL PAY BASED ON ELIBIBLE EMPLOYEES ON THE FIRST YEAR THAN IT WILL BE REVIEWED AND CHANGED AT RENEWAL**

***FOR AFA PLANS THE PEPM RATE IS NEGOTIATED AT ENROLLMENT**

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

AFLAC

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
PERSONAL CANCER INDEMNITY	Less than 65	All Premium	12.00%	2.00%
	66 - 70		0.00%	0.00%
PERSONAL ACCIDENT INDEMNITY	All		10.70%	1.80%
PERSON ACCIDENT EXPENSE	All		10.70%	1.80%
PERSONAL SICKNESS INDEMNITY	Less than 39		7.45%	1.40%
	40 - 59		7.90%	1.40%
	60-70		4.65%	0.95%
VOLUNTARY INDEMNITY PLAN	Less than 39		9.95%	1.90%
	40 - 59		12.00%	2.00%
	60-70		5.65%	0.95%
HOSPITAL PROTECTION	Less than 39		9.95%	1.90%
	40 - 59		12.00%	2.00%
	60-70		5.65%	0.95%
PERSONAL DISABILITY INCOME	All		9.80%	1.80%
DENTAL PLAN	All		7.45%	1.70%
VISION PLAN	Less than 49		7.45%	1.45%
	50 - 59		5.65%	1.40%
	60 - 64		3.60%	1.35%
	65 - 70		0.00%	0.00%
	Less than 39		0.80%	0.65%
QUALIFIED LONG TERM CARE	40 - 49	6.10%	1.70%	
	50 - 79	12.60%	1.70%	
	80 - 84	2.00%	0.65%	
	Less than 69	5.35%	0.00%	
VOLUNTARY GROUP TERM LIFE	70 - 79	0.00%	0.00%	
	Less than 30	10.45%	2.00%	
LIFE PROTECTOR - TERM LIFE	31 - 60	11.95%	2.00%	
	61 - 65	7.60%	2.00%	

SCHEDULE - EFFECTIVE 1/1/2021

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AMERICAN GENERAL

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL	2+	First \$10,000	10.00%	10.00%
		Next \$10,000	7.50%	7.50%
		Next \$10,000	5.00%	5.00%
		Next \$20,000	2.50%	2.50%
		Next \$200,000	1.50%	1.50%
		Next \$250,000	1.50%	1.50%
VISION	2+	Next \$500,000+	1.00%	1.00%
		First \$10,000	10.00%	10.00%
		Next \$10,000	7.50%	7.50%
		Next \$10,000	5.00%	5.00%
		Next \$20,000	2.50%	2.50%
		Next \$200,000	1.50%	1.50%
LIFE AD&D - PLAN A	2+	Next \$250,000	1.50%	1.50%
		Next \$500,000+	1.00%	1.00%
		First \$20,000	15.00%	15.00%
		Next \$20,000	10.00%	10.00%
		Next \$20,000	7.50%	7.50%
		Next \$40,000	5.00%	5.00%
LIFE AD&D - PLAN B	10+	Next \$100,000	2.50%	2.50%
		Next \$300,000	2.00%	2.00%
		Next \$500,000	1.50%	1.50%
		Next \$500,000+	1.00%	1.00%
		First \$10,000	10.00%	10.00%
		Next \$10,000	4.00%	4.00%
STD	2+	Next \$20,000	3.00%	3.00%
		Next \$20,000	2.00%	2.00%
		Next \$140,000	1.50%	1.50%
		Next \$300,000	1.00%	1.00%
		Next \$500,000+	0.60%	0.60%
		First \$15,000	15.00%	15.00%
	2+	Next \$10,000	10.00%	10.00%
		Next \$35,000	5.00%	5.00%
		Next \$50,000	1.00%	1.00%
		Next \$400,000	0.50%	0.50%
		Next \$510,000+	0.38%	0.38%

SCHEDULE - EFFECTIVE 1/1/2021

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AMERICAN GENERAL

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
LTD	2+	First \$15,000	15.00%	15.00%
		Next \$10,000	10.00%	10.00%
		Next \$35,000	5.00%	5.00%
		Next \$50,000	1.00%	1.00%
		Next \$400,000	0.50%	0.50%
		Next \$510,000+	0.38%	0.38%
NEW YORK DISABILTY LAW	2+	First \$5,000	17.50%	17.50%
		Next \$5,000	13.00%	13.00%
		Next \$40,000	5.00%	5.00%
		Next \$200,000	2.00%	2.00%
		Next \$250,000	2.00%	2.00%
		Next \$1,500,00	1.00%	1.00%
		Next \$2,000,000	1.00%	1.00%
		Next \$4000,000+	0.50%	0.50%

SCHEDULE - EFFECTIVE 1/1/2021

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APEX MANAGEMENT

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEC PLANS	All Lives	N/A	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

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AMERITAS

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL & VISION	All Lives	N/A	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

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ASSURANT

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
Dental	10 +	All Premium	9.00%	9.00%
LIFE, LTD & STD		All Premium	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

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AVESIS

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
VISION	All Lives	\$0 - \$10,000	10.00%	10.00%
		\$10,001 - \$500,000	7.50%	7.50%
		\$500,000 +	7.50%	7.50%
GAP PLAN			10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

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BLUE CROSS OF ARIZONA

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	2-3		\$6 per ee	\$6 per ee
	4 -25		\$27 per ee	\$24 per ee
	26 - 50		\$24 per ee	\$22 per ee
	51 +		Negotiable up to 5%	
MEDICAL -Balanced funded	15-50		**\$28 per ee	**\$28 per ee
	51-99		Negotiable up to 5%	
DENTAL	N/A	All Premium	10.00%	10.00%
*this new schedule is effective only for new business				
** option to negotiate				

SCHEDULE - EFFECTIVE 1/1/2021

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AXA EQUITABLE - SOLD WITH BCBS AZ

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
Dental	2-99 Lives	All Premium	10.00%	10.00%
DENTAL	100+ Lives	First \$10,000	10.00%	10.00%
		Next \$10,000	7.50%	7.50%
		Next \$10,000	5.00%	5.00%
		Next \$20,000	3.00%	3.00%
		Next \$50,000	2.50%	2.50%
		Next \$150,000	2.00%	2.00%
		Excess over \$250,000	1.50%	1.50%
LIFE	2-99 Lives	All Premium	10.00%	10.00%
LIFE	100+ Lives	First \$10,000	15.00%	15.00%
		Next \$5,000	10.00%	10.00%
		Next \$10,000	8.00%	8.00%
		Next \$25,000	5.00%	5.00%
		Next \$50,000	2.00%	2.00%
		Next \$50,000	1.00%	1.00%
		Excess over \$150,000	0.50%	0.50%
LTD	2-99 Lives	All Premium	10.00%	10.00%
LTD	100+ Lives	First \$15,000	15.00%	15.00%
		Next \$10,000	10.00%	10.00%
		Next \$25,000	5.00%	5.00%
		Next \$50,000	2.00%	2.00%
		Excess over \$100,000	1.00%	1.00%
STD	2-99 Lives	All Premium	10.00%	10.00%
STD	100+ Lives	First \$15,000	10.00%	10.00%
		Next \$10,000	7.00%	7.00%
		Next \$25,000	5.00%	5.00%
		Next \$1,950,000	0.50%	0.50%
		Excess over \$2,000,000	0.10%	0.10%

SCHEDULE - EFFECTIVE 1/1/2021

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CIGNA

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	50 - 200	All Premium	5.00%	5.00%
	200 +		NEGOTIATED	
DENTAL	2-50	All Premium	10.00%	10.00%
VISION	2-50	All Premium	\$1.00 PEPM	\$1.00 PEPM

SCHEDULE - EFFECTIVE 1/1/2021

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CIGNA (LIFE INSURANCE COMPANY OF NORTH AMERICA)

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
VOLUNTARY ACCIDENT	10+	All Premium	10.00%	10.00%
TRAVEL ACCIDENT	10+		10.00%	10.00%
VOLUNTARY LIFE	10+		10.00%	10.00%
SHORT TERM DISABILITY	10+		7.50%	7.50%
LONG TERM DISABILITY	10+		10.00%	10.00%
GROUP LIFE & AD&D	10+		7.50%	7.50%
VOLUNTARY LTD	100 eligible		10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

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CIGNA + OSCAR

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	1-3	All Premium	\$8 pepm	\$8 pepm
	3-50		\$32 pepm	\$32 pepm

SCHEDULE - EFFECTIVE 1/1/2021

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DELTA DENTAL

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL	3 - 49	All Premium	10.00%	10.00%
	50 - 200		12.50%	10.00%
	201 +		5.00%	5.00%
VISION	All Lives	All Premium	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

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EDUCATORS MUTUAL INSURANCE

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	All Ages	Less than \$50,000	6.00%	6.00%
		\$50,000 to \$99,999	5.50%	5.50%
		\$100,000 to \$299,999	5.00%	5.00%
		\$300,000 to \$499,999	4.50%	4.50%
		\$500,000 to \$799,999	4.00%	4.00%
		\$800,000 to \$1,199,999	3.50%	3.50%
		\$1,200,000 to \$1,799,999	2.50%	2.50%
		\$1,800,000 to \$2,499,999	2.00%	2.00%
		\$2,500,000 and above	NEGOTIABLE	
DENTAL	2-50	All Premium	10.00%	10.00%
	51-99		7.00%	7.00%
	100+		NEGOTIABLE	

SCHEDULE WILL BE APPLIED TO NEW & RENEAL GROUP EFF 2/1/20 AND AFTER

SCHEDULE - EFFECTIVE 1/1/2021

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EYEMED VISION CARE

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
VISION	2 +	All Premium	10.00%	5.00%
	10-499		8.00%	5.00%
	500-999		6.00%	5.00%
	1000+		5.00%	5.00%

SCHEDULE - EFFECTIVE 1/1/2021

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EMPLOYERS DENTAL SERVICES

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL	All Lives	All Premium	10.00%	8.00%

SCHEDULE - EFFECTIVE 1/1/2021

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EYECARE DIRECT/ARIZONA EYECARE ALLIANCE

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
VISION	2+	All Premium	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

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GUARDIAN

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL	All Lives	First \$10,000	10.00%	10.00%
		Next \$10,000	7.50%	7.50%
		Next \$10,000	5.00%	5.00%
		Next \$20,000	2.50%	2.50%
		Next \$450,000	1.50%	1.50%
		Next \$2,000,000	1.00%	1.00%
VISION	All Lives	First \$10,000	10.00%	10.00%
		Next \$10,000	7.50%	7.50%
		Next \$10,000	5.00%	5.00%
		Next \$20,000	2.50%	2.50%
		Next \$450,000	1.50%	1.50%
		Next \$2,000,000	1.00%	1.00%
LIFE AD&D	All Lives	First \$5,000	15.00%	15.00%
		Next \$5,000	12.00%	12.00%
		Next \$10,000	10.00%	10.00%
		Next \$10,000	7.00%	7.00%
		Next \$20,000	5.00%	5.00%
		Next \$200,000	3.50%	3.50%
		Next \$250,000	2.00%	2.00%
		Next \$2,000,000	1.00%	1.00%
STD	All Lives	First \$10,000	10.00%	10.00%
		Next \$10,000	7.50%	7.50%
		Next \$10,000	5.00%	5.00%
		Next \$20,000	2.50%	2.50%
		Next \$450,000	1.50%	1.50%
		Next \$2,000,000	1.00%	1.00%
LTD	ALL LIVES	First \$10,000	15.00%	15.00%
		Next \$5,000	15.00%	15.00%
		Next \$5,000	12.50%	12.50%
		Next \$5,000	10.00%	10.00%
		Next \$5,000	5.00%	5.00%
		Next \$20,000	5.00%	5.00%
		Next \$450,000	0.50%	0.50%
		Next \$2,000,000	0.50%	0.50%
		Next \$2,500,000	0.50%	0.50%

SCHEDULE - EFFECTIVE 1/1/2021

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GUARDIAN

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL (Voluntary)	All Lives	First \$10,000	10.00%	10.00%
		Next \$10,000	7.50%	7.50%
		Next \$10,000	5.00%	5.00%
		Next \$20,000	2.50%	2.50%
		Next \$450,000	1.50%	1.50%
		Next \$2,000,000	1.00%	1.00%
VISION (Voluntary)	All Lives	First \$10,000	10.00%	10.00%
		Next \$10,000	7.50%	7.50%
		Next \$10,000	5.00%	5.00%
		Next \$20,000	2.50%	2.50%
		Next \$450,000	1.50%	1.50%
		Next \$2,000,000	1.00%	1.00%
LIFE AD&D (Voluntary)	All Lives	First \$5,000	13.00%	13.00%
		Next \$5,000	13.00%	13.00%
		Next \$10,000	13.00%	13.00%
		Next \$10,000	13.00%	13.00%
		Next \$20,000	13.00%	13.00%
		Next \$200,000	13.00%	13.00%
		Next \$250,000	13.00%	13.00%
		Next \$2,000,000	13.00%	13.00%
STD (Voluntary)	All Lives	First \$10,000	13.00%	13.00%
		Next \$10,000	13.00%	13.00%
		Next \$10,000	13.00%	13.00%
		Next \$20,000	13.00%	13.00%
		Next \$450,000	13.00%	13.00%
		Next \$2,000,000	13.00%	13.00%
LTD (Voluntary)	ALL LIVES	First \$10,000	13.00%	13.00%
		Next \$5,000	13.00%	13.00%
		Next \$5,000	13.00%	13.00%
		Next \$5,000	13.00%	13.00%
		Next \$5,000	13.00%	13.00%
		Next \$20,000	13.00%	13.00%
		Next \$450,000	13.00%	13.00%
		Next \$2,000,000	13.00%	13.00%
		Next \$2,500,000	13.00%	13.00%

SCHEDULE - EFFECTIVE 1/1/2021

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HARTFORD

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
LIFE & DISIBILITY	2- 49	ALL PREMIUM	10.00%	10.00%
LIFE, STD	50+	First \$15,000	10.00%	7.00%
		Next \$10,000	7.00%	5.00%
		Next \$25,000	5.00%	5.00%
		Next \$1,950,000	0.50%	0.50%
		\$200,0000 +	0.10%	0.10%
LTD	50+	First \$15,000	15.00%	15.00%
		Next \$10,000	10.00%	10.00%
		Next \$25,000	5.00%	5.00%
		Next \$1,950,000	0.50%	0.50%
		\$200,0000 +	0.10%	0.10%

SCHEDULE - EFFECTIVE 1/1/2021

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HUMANA

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL - TIER I	1-3	All Premium	\$4.00	\$3.00
ALL COMMUNITY RATED	4-25		\$20.00	\$18.00
	26-50		\$16.00	\$14.00
MEDICAL - TIER II	1-3		\$6.00	\$6.00
ALL COMMUNITY RATED	4-25		\$24.00	\$22.00
	26-50		\$20.00	\$18.00
MEDICAL - TIER III	1-3		\$6.00	\$6.00
ALL COMMUNITY RATED	4-25		\$25.00	\$23.00
	26-50		\$23.00	\$21.00
MEDICAL - TIER I	1-3		All Premium	\$8.00
51+ with 1-50 ELIGIBLE	4-25	\$24.00		\$22.00
	26-50	\$20.00		\$18.00
MEDICAL - TIER II	1-3	\$10.00		\$9.00
51+ with 1-50 ELIGIBLE	4-25	\$27.00		\$25.00
	26-50	\$23.00		\$21.00
MEDICAL - TIER III	1-3	\$12.00		\$11.00
51+ with 1-50 ELIGIBLE	4-25	\$28.00		\$26.00
	26-50	\$26.00		\$24.00
MEDICAL - TIER I - 51+	51-99* Eligible	All Premium		\$3.50
MEDICAL - TIER II - 51+	51-99* Eligible		\$3.75	\$3.50
MEDICAL - TIER III - 51+	51-99* Eligible		\$4.25	\$4.00
MEDICAL - ALL TIER - LEVEL FUNDED	1-99		\$30.00	\$30.00
MEDICAL	100-299			
MEDICAL	300+			
DENTAL	All Lives	First \$10,000	10.00%	10.00%
		Next \$10,000	7.50%	7.50%
		Next \$10,000	5.00%	5.00%
		Next \$20,000	2.50%	2.50%
		Over \$50,000	1.50%	1.50%
VISION		First \$10,000	10.00%	10.00%
		Next \$10,000	7.50%	7.50%
		Next \$10,000	5.00%	5.00%
		Next \$20,000	2.50%	2.50%
		Over \$50,000	1.50%	1.50%
VOL. DENTAL		All Premium	10.00%	10.00%
VOL. VISION		All Premium	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

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HUMANA

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
STD / LTD	All Lives	First \$5,000	15.00%	15.00%
		Next \$20,000	10.00%	10.00%
		Next \$25,000	7.00%	7.00%
		Next \$50,000	3.00%	3.00%
		Next \$100,000	2.00%	2.00%
		Over \$200,000	1.00%	1.00%
BASIC GROUP LIFE & AD&D	2-50	All Premium	10.00%	10.00%
	51+	First \$5,000	15.00%	15.00%
		Next \$20,000	10.00%	10.00%
		Next \$25,000	7.00%	7.00%
		Next \$50,000	3.00%	3.00%
		Next \$100,000	2.00%	2.00%
	\$200,000 +	1.00%	1.00%	
VOLUNTARY LIFE & AD&D	All Lives	All Premium	15.00%	15.00%

* this is also for level funded premium cases 10-99 eligibles

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

LINCOLN FINANCIAL

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal	
DENTAL	1 - 99 employees	First \$10,000	10.00%	10.00%	
		Next \$10,000	8.00%	8.00%	
		Next \$10,000	4.00%	4.00%	
		Next \$20,000	2.00%	2.00%	
		Next \$50,000	1.50%	1.50%	
		Next \$150,000	0.25%	0.25%	
		\$250,000 +	0.15%	0.15%	
LTD		First \$15,000	15.00%	15.00%	
		Next \$10,000	10.00%	10.00%	
		Next \$25,000	5.00%	5.00%	
		Next \$50,000	1.00%	1.00%	
		\$100,000 +	0.50%	0.50%	
LIFE , AD&D, & STD		First \$2,000	15.00%	15.00%	
		Next \$3,000	12.00%	12.00%	
		Next \$5,000	11.00%	11.00%	
		Next \$5,000	8.00%	8.00%	
		Next \$5,000	7.00%	7.00%	
		Next \$5,000	6.00%	6.00%	
		Next \$5,000	5.00%	5.00%	
		Next \$20,000	2.00%	2.00%	
		Next \$50,000	1.50%	1.50%	
		Next \$50,000	1.00%	1.00%	
		Next \$350,000	0.75%	0.75%	
		\$500,000 +	0.50%	0.50%	
		VISION		All Premium	10.00%
All LOB		100 +		Negotiated	
*** Flat Percentage Commissions Available					

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

METLIFE

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
BASIC LIFE, AD&D,STD, DEP. LIFE & CORE LIFE	10+	First \$5,000	15.00%	15.00%
		Next \$5,000	10.00%	10.00%
		Next \$20,000	5.00%	5.00%
		Next \$10,000	3.50%	3.50%
		Next \$10,000	3.00%	3.00%
		Next \$10,000	2.00%	2.00%
		Next \$190,000	1.75%	1.75%
		Next \$250,000	1.00%	1.00%
		Next \$500,000	0.50%	0.50%
		Next \$4,000,000	0.25%	0.25%
\$5,000,000 +		0.10%	0.10%	
DENTAL		First \$5,000	10.00%	10.00%
		Next \$5,000	7.50%	7.50%
		Next \$20,000	5.00%	5.00%
		Next \$10,000	3.50%	3.50%
		Next \$10,000	3.00%	3.00%
		Next \$10,000	2.00%	2.00%
		Next \$190,000	1.75%	1.75%
		Next \$250,000	1.00%	1.00%
		Next \$500,000	0.50%	0.50%
		Next \$4,000,000	0.25%	0.25%
\$5,000,000 +		0.10%	0.10%	
LTD		First \$15,000	15.00%	15.00%
		Next \$10,000	10.00%	10.00%
		Next \$25,000	5.00%	5.00%
		Next \$200,000	2.00%	2.00%
		\$250,000 +	1.00%	1.00%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

MUTUAL OF OMAHA

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
LIFE,AD&D, STD	All Lives	First 30,000	10.00%	10.00%
		Next 20,000	5.00%	5.00%
		Next 50,000	2.50%	2.50%
		Next 100,000	1.00%	1.00%
		200,00+	0.50%	0.50%
DENTAL		First 5,000	10.00%	10.00%
		Next 5,000	7.50%	7.50%
		Next 20,000	5.00%	5.00%
		Next 10,000	3.50%	3.50%
		Next 10,000	3.00%	3.00%
		Next 10,000	2.00%	2.00%
		Next 190,000	1.75%	1.75%
		Next 250,000	1.00%	1.00%
		Next 500,000	0.50%	0.50%
		Next 4,000,000	0.25%	0.25%
LTD		5,000,000 +	0.10%	0.10%
		First 15,000	15.00%	15.00%
		Next 10,000	10.00%	10.00%
		Next 25,000	5.00%	5.00%
VOLUNTARY TERM LIFE		50,000+	1.00%	1.00%
	First 15,000	15.00%	15.00%	
	Next 10,000	10.00%	10.00%	
	Next 25,000	5.00%	5.00%	

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

NATIONAL GENERAL BENEFITS SOLUTIONS

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL - TRADITIONAL & ADVANTAGE PLANS	0-24 Lives	All Premium	7.00%	6.00%
	25-50 lives		6.00%	5.00%
	51+ lives		\$25 PEPM	\$25 PEPM
MEDICAL - CORE PLANS	0-24 Lives		8.00%	7.00%
	25-50 lives		7.00%	6.00%
	51+ lives		\$25 PEPM	\$25 PEPM
MEDICAL - MEC PLANS	0-24 Lives		7.00%	6.00%
	25-50 lives		6.00%	5.00%
MEDICAL - MEC PREVENTIVE PLANS	0-24 Lives		13.00%	12.00%
	25-50 lives		11.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

PRINCIPAL FINANCIAL GROUP

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal	
LIFE	All Lives	First \$5,000	10.00%	10.00%	
		Next \$5,000	8.00%	8.00%	
		Next \$15,000	6.00%	6.00%	
		Next \$25,000	4.00%	4.00%	
		Next \$100,000	3.00%	3.00%	
		Next \$350,000	2.50%	2.50%	
		Excess over \$500,000	1.60%	1.60%	
VOLUNTARY TERM LIFE			Participation		
		Less than 30%	12.50%	12.50%	
		30% - 39.9%	15.00%	15.00%	
		40% or more	17.50%	17.50%	
STD			First \$5,000	10.00%	10.00%
			Next \$5,000	8.00%	8.00%
			Next \$15,000	6.00%	6.00%
			Next \$25,000	4.00%	4.00%
			Next \$100,000	3.00%	3.00%
			Next \$350,000	2.50%	2.50%
			Excess over \$500,000	1.60%	1.60%
DENTAL			First \$5,000	10.00%	10.00%
			Next \$5,000	8.00%	8.00%
			Next \$15,000	6.00%	6.00%
			Next \$25,000	4.00%	4.00%
			Next \$100,000	3.00%	3.00%
			Next \$350,000	2.50%	2.50%
			Excess over \$500,000	1.60%	1.60%
VISION			First \$5,000	10.00%	10.00%
			Next \$5,000	8.00%	8.00%
			Next \$15,000	6.00%	6.00%
		Next \$25,000	4.00%	4.00%	
		Next \$100,000	3.00%	3.00%	
		Next \$350,000	2.50%	2.50%	
		Excess over \$500,000	1.60%	1.60%	

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

PRINCIPAL FINANCIAL GROUP

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
LTD	All Lives	First \$15,000	15.00%	15.00%
		Next \$10,000	10.00%	10.00%
		Next \$25,000	5.00%	5.00%
		Next \$50,000	2.00%	2.00%
		Next \$100,000	1.00%	1.00%
		Next \$300,000	0.60%	0.60%
		Next \$500,000	0.30%	0.30%
		Over \$1,000,000	0.10%	0.10%

*eff 6/1/21 override will be paid on any group with 2+ plus lives. Any thing prior will have to have had 5 lives to get override

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

RELIANCE STANDARD

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
LIFE	20+	\$0 - \$10,000	11.00%	11.00%
		\$10,001 - \$20,000	6.50%	6.50%
		\$20,001 - \$30,000	5.00%	5.00%
		\$30,001 - \$50,000	4.00%	4.00%
		\$50,001 - \$100,000	1.00%	1.00%
\$100,000 +		0.5%	0.5%	
DENTAL AND VISION		\$0 - \$8,000	12.00%	12.00%
		\$8,001 - \$20,000	7.00%	7.00%
		\$20,001 - \$50,000	3.50%	3.50%
		\$50,001 - \$150,000	1.25%	1.25%
		\$150,001 - \$500,000	.5%	.5%
LTD		\$500,000 +	0.25%	0.25%
		\$0 - \$15,000	15.00%	15.00%
		\$15,001 - \$25,000	10.00%	10.00%
		\$25,001 - \$50,000	5.00%	5.00%
	\$50,001 +	1.00%	1.00%	
STD	\$0 - \$15,000	11.00%	11.00%	
	\$15,001 - \$25,000	8.00%	8.00%	
	\$25,001 - \$50,000	5.00%	5.00%	
	\$50,001 +	1.00%	1.00%	
VOLUNTARY GROUP LIFE	All Premium		10.00%	10.00%
VOLUNTARY AD&D and BUSINESS TRAVEL			15.00%	15.00%
VOLUNTARY STD & LTD			up to 20%	up to 20%
BASIC CARE - DENTAL, LIFE & STD			10.00%	10.00%
SMART CHOICE - LIFE	2 - 19		15.00%	10.00%
SMART CHOICE - LTD			15.00%	10.00%
SMART CHOICE - STD			10.00%	10.00%
SMART CHOICE - DENTAL			10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

SECURE CARE

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL	2 - 4	All Premium	7.00%	7.00%
	5 - 49		8.00%	8.00%
	50 - 99		5.00%	5.00%
	100 - 249		5.00%	5.00%
	250 +		4.00%	4.00%
VISION	All Lives	All Premium	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

SIGHTCARE

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
PLANS A,B,C	All Lives	All Premium	10.00%	10.00%
PLAN PLUS			40.00%	40.00%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

STANDARD

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
AGILITY - LIFE / STD / LTD	2-9	ALL PREMIUM	10.00%	10.00%
AGILITY - DENTAL / VISION	2-9	ALL PREMIUM	7.50%	7.50%
DENTAL	10+	First \$5,000	10.00%	10.00%
		Next \$5,000	6.50%	6.50%
		Next \$10,000	3.00%	3.00%
		Next \$10,000	2.50%	2.50%
		Next \$20,000	2.00%	2.00%
		Next \$50,000	1.50%	1.50%
		Next \$50,000	1.00%	1.00%
		Next \$350,000	0.70%	0.70%
		Next \$500,000	0.50%	0.50%
		Next \$4,000,000	0.30%	0.30%
LIFE / AD&D / STD	10+	Over \$5,000,000	0.10%	0.10%
		First \$2,000	15.00%	15.00%
		Next \$8,000	10.00%	10.00%
		Next \$15,000	6.00%	6.00%
		Next \$25,000	4.00%	4.00%
		Next \$50,000	2.00%	2.00%
LTD	10 +	Next \$150,000	1.00%	1.00%
		Over \$250,000	0.50%	0.50%
		First \$15,000	15.00%	15.00%
		Next \$10,000	10.00%	10.00%
		Next \$25,000	5.00%	5.00%
		Over \$50,000	1.00%	1.00%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

SUN LIFE FINANCIAL

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
LIFE / STD / LTD	2+ LIVES	ALL PREMIUM	10.00%	10.00%
DENTAL	2+ LIVES	ALL PREMIUM	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

TOTAL DENTAL

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
VOLUNTARY DENTAL	All Lives	All Premium	10.00%	10.00%
TDA COMPANION PLAN	All Lives		10.00%	10.00%
COMPANION LIFE INDEMNITY DENTAL PLANS	2 - 49		10.00%	10.00%
	50 - 99		7.00%	7.00%
	100 +		4.00%	4.00%
TDAHP PREPAID DENTAL PLANS	All Lives		7.00%	7.00%
TRUE GRP LIFE,AD&D,LTD & STD	10+	FIRST 5,000	15.00%	15.00%
		NEXT 10,000	10.00%	10.00%
		NEXT 10,000	8.00%	8.00%
		NEXT 20,000	5.00%	5.00%
		NEXT 45,000 +	2.50%	2.50%
VISION	All Lives		10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

TRANSAMERICA

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL - GAP PLANS (Standard)	5+	All Premium	21.00%	8.00%
MEDICAL - GAP PLANS (Levelized)	5+	All Premium	9.00%	Level All Years

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

TRUASSURE

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL	10 - 49	All Premium	7.50%	7.50%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

UNITED CONCORDIA

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
FLEX PREFERRED/PPO	2-9	All Premium	10.00%	10.00%
	10 - 49		10.00%	10.00%
	50 - 99		10.00%	10.00%
	100 - 299		5.00%	5.00%
	300 +		Negotitaded	
CHOICE - VOLUNTARY	10 +		7.00%	7.00%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

UNITED HERITAGE LIFE INSURANCE

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
SHELF LIFE	All Lives	N/S	10.00%	10.00%
LIFE	All Lives	\$0.00 - \$2,000	12.00%	12.00%
		\$1,000.01 - \$5,000	6.00%	6.00%
		\$5,000.01 - \$10,000	5.00%	\$5.00
		\$10,000.01 - \$20,000	3.00%	\$3.00
		\$20,000.01 - \$30,000	2.50%	\$2.50
		\$30,000.01 - \$50,000	2.00%	\$2.00
		\$50,000.01 - \$100,000	1.00%	\$1.00
		\$100,000.01 - \$250,000	0.50%	\$0.50
		\$250,000.01 +	0.30%	0.30%
VOLUNTARY, SUPPLEMENTAL, ACCIDENT & CRITICAL ILLNESS PLANS	All Lives	All Premium	15.00%	15.00%
LTD	All Lives	\$0 - \$15,000	15.00%	15.00%
		\$15,000.01 - \$25,000	10.00%	10.00%
		\$25,000.01 - \$50,000	5.00%	5.00%
		\$50,000.01	0.50%	0.50%
STD	All Lives	\$0 - \$5,000	15.00%	15.00%
		\$5,000.01 - \$10,000	10.00%	10.00%
		\$10,000.01 - \$50,000	5.00%	5.00%
		50000.01 +	1.00%	1.00%
VISION	All Lives	N/A	7.00%	7.00%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

UNITEDHEALTHCARE

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	1-4	All Premium	\$6.00 per ee	\$6.00 per ee
	5-25		\$31.00 per ee	\$24.00 per ee
	26-50		\$26.00 per ee	\$22.00 per ee
	51+ Eligible		4.75%	4.75%
LIFE	2 - 50	All Premium	10.00%	10.00%
DENTAL	2 - 50	First \$10,000	10.00%	10.00%
		Next \$15,000	7.50%	7.50%
		Next \$15,000	5.00%	5.00%
		Next \$20,000	2.50%	2.50%
	\$60,000 +	1.50%	1.50%	
	51 +	All Premium	Negotiated	
VISION	< 1,000	All Premium	10.00%	10.00%
STD & LTD	2-50	First \$15,000	15.00%	15.00%
		Next \$10,000	10.00%	10.00%
		Next \$25,000	5.00%	5.00%
		Over \$50,000	1.00%	1.00%

Commissions are paid on a Per Employee Per Month basis and is calculated based on Lives enrolled at inception and at renewal.

** 51-99 lives Conversion To PEPM upon request

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

UNITEDHEALTHCARE / ALL SAVERS INSURANCE

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	All Lives	All Premium	Negotiated	Negotiated

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

UNUM

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
LTD		First \$15,000	15.00%	15.00%
		Next \$10,000	10.00%	10.00%
		Next \$25,000	5.00%	5.00%
		\$50,000 +	1.00%	1.00%
LIFE,AD&D, STD		First \$15,000	10.00%	10.00%
		Next \$10,000	7.00%	7.00%
		Next \$25,000	5.00%	5.00%
		Next 50,000	1.00%	1.00%
		\$1000,000+	0.50%	0.50%
DENTAL		ALL PREMIUM	10.00%	10.00%
LONG TERM CARE		All Premium	15.00%	15.00%
VOL LIFE, VOL AD&D, VOL STD & VOL LTD		All Premium	15.00%	15.00%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

VISION CARE DIRECT

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
VISION		All Premium	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2021

The schedule shown above is provided by the carrier and is subject to revision as necessary.

VSP

Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
VISION	5+	First \$5,000	10.00%	10.00%
		Next \$5,000	5.00%	5.00%
		Next \$10,000	3.56%	3.56%
		Next \$10,000	3.00%	3.00%
		Next \$20,000	2.31%	2.31%
		Next \$200,000	1.44%	1.44%
		Next \$250,000	0.73%	0.73%
		Exceeding \$500,000	0.35%	0.35%

FOR ALL NEW BUSINESS EFF 10/1/11 BROKER WILL BE PAID DIRECT FROM VSP

SCHEDULE - EFFECTIVE 1/1/2021

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