AETNA				
Type of Plan / Plan name	# of Eligible	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 eff 10/24		$30 pepm *	$30 pepm *
	51-100 prior 10/24		5.00%	5.00%
	101-200		NEGOTIATED	
	201+		NEGOTIATED	
MEDICAL- AETNA FUNDING ADVANTAGE	2-100	All Premium	$30 pepm *	$30 pepm *
DENTAL	2 - 50	All Premium	9.00%	9.00%
DENTAL - additional 1% comm when sold with medical	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**

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

AFLAC				
Type of Plan / Plan name	# of Eligible	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%
QUALIFIED LONG TERM CARE	Less than 39		0.80%	0.65%
	40 - 49		6.10%	1.70%
	50 - 79		12.60%	1.70%
	80 - 84		2.00%	0.65%
VOLUNTARY GROUP TERM LIFE	Less than 69		5.35%	0.00%
	70 - 79		0.00%	0.00%
LIFE PROTECTOR - TERM LIFE	Less than 30		10.45%	2.00%
	31 - 60		11.95%	2.00%
	61 - 65		7.60%	2.00%

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last updated 11/2/26

ALLSTATE HEALTH SOLUTIONS				
Type of Plan / Plan name	# of Eligible	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 1/1/2027

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last updated 11/2/26

AMERICAN UNITED LIFE INSURANCE				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
LIFE	All Lives	N/A	10.00%	10.00%
LTD & STD	All Lives	N/A	15.00%	15.00%

SCHEDULE - EFFECTIVE 1/1/2027

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

last updated 11/2/26

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

SCHEDULE - EFFECTIVE 1/1/2027

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

last updated 11/2/26

ANGLE HEALTH				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	2+Lives*	N/A	$35.00	$35.00

SCHEDULE - EFFECTIVE 1/1/2027

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

last updated 11/2/26

ANTIDOTE HEALTH				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL		N/A	$25.00	$25.00

SCHEDULE - EFFECTIVE 1/1/2027

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

last updated 11/2/26

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

SCHEDULE - EFFECTIVE 1/1/2027

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

last updated 11/2/26

ASSOCIATION HEALTH PLANS - AZTC, CAWA,MSHT, VCTA, VMTA				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	All Lives	N/A	5.00%	5.00%
LIFE			10.00%	10.00%
VISION			5.00%	5.00%
DENTAL			5.00%	5.00%
DISABILITY			15.00%	15.00%

SCHEDULE - EFFECTIVE 1/1/2027

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

last updated 11/2/26

AVESIS				
Type of Plan / Plan name	# of Eligible	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 1/1/2027

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

last updated 11/2/26

BEAM BENEFITS				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL		All Premium	10.00%	10.00%
VISION		All Premium	10.00%	10.00%
LIFE & VOLUNTARY LIFE		All Premium	10.00%	10.00%
STD (written through hartford)		All Premium	15.00%	15.00%
LTD (written through hartford)		All Premium	15.00%	15.00%
ACCIDENT		All Premium	10.00%	10.00%
CRITICAL ILLNESS		All Premium	15.00%	15.00%
HOSPITAL		All Premium	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2027

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

BLUE CROSS OF ARIZONA (EFFECTIVE 5/1/26)				
Type of Plan / Plan name	# of Enrolled	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	2-3	All Tiers	$6 per ee	$6 per ee
MEDICAL	4 -25	*Tier 1	$32.00	$28.00
	4 -25	*Tier 2	$31.00	$26.00
	4 -25	*Tier 3	$29.00	$25.00
	4 -25	*Tier 4	$15.00	$15.00
MEDICAL	26 - 50	*Tier 1	$28.00	$26.00
	26 - 50	*Tier 2	$27.00	$24.00
	26 - 50	*Tier 3	$26.00	$23.00
	51 +	All Premium	5.00%	5.00%
MEDICAL -Balanced funded	5-99		**$28 per ee	**$28 per ee
DENTAL	N/A	All Premium	10.00%	10.00%

***Tiers are determind by brokers total number of 2-99 group contracts at the end of each month. Tier1 = Broker >500 contracts on books at end of month, Tier 2 = Brokers with 250 to 500 contracts on books at end of each month, Tier 3 = Brokers 11-249 contracts on books at month end, Tier 4 - Brokers 10 or few contracts on books at the month end.**

***this new schedule is effective only for new business**

**** option to negotiate**

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

last updated 11/2/26

CIGNA				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	20-50		pays at a flat dollar amount and it varies	
	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 1/1/2027

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CIGNA (LIFE INSURANCE COMPANY OF NORTH AMERICA)				
Type of Plan / Plan name	# of Eligible	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%

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

DELTA DENTAL				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL - HMO	All Lives	All Premium	12.50%*	10.00%
DENTAL - PPO	2 - 49	All Premium	12.50%*	10.00%
	50 - 200		12.50%*	10.00%
	201 +		5.00%	5.00%
VISION	All Lives	All Premium	10.00%	10.00%

***Brokers earn 12.5% in monthly commissions for the first 12 months for new pooled dental groups with 2-199 enrolled employees. Thereafter, monthly commissions return to the standard commission rate of 10% for the remaining duration of the dental policy.This is applicable to groups that are new to Delta Dental of Arizona (DDAZ), with 2-199 enrolled employees and with an Effective date of 1/1/26 to 12/31/26. This applies to PPO and PPO Plus Premier dental plans (and new Flex Choice plans) only.**

This does not apply on DHMO plans.

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

last updated 11/2/26

EQUITABLE				
Type of Plan / Plan name	# of Eligible	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%
VISION	ALL LIVES		5.00%	5.00%
VOUNTARY LIFE			15.00%	15.00%
CRITICAL ILLNESS			15.00%	15.00%
HOPSITAL PLUS			12.00%	12.00%

SCHEDULE - EFFECTIVE 1/1/2027

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

EYEMED VISION CARE				
Type of Plan / Plan name	# of Eligible	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%

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last updated 11/2/26

EYECARE DIRECT/ARIZONA EYECARE ALLIANCE				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
VISION	2+	All Premium	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2027

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

last updated 11/2/26

FIRST CONTINENTAL LIFE & ACCIDENT				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL	All Lives	All Premium	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2027

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

GLOBE LIFE				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
LIFE		All Premium	15.00%	15.00%
STD, ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY			15.00%	15.00%
GAP & GAP LIMITED INDEMNITY			15.00%	15.00%
MEC PLANS			10.00%	10.00%

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

last updated 11/2/26

GUARDIAN				
Type of Plan / Plan name	# of Eligible	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%
		Next $2,500,000+	0.50%	0.50%
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%
		Next $2,500,000	0.50%	0.50%
LIFE AD&D	All Lives	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%
		excess over 100,000	0.50%	0.50%
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%
		Next $2,500,000	0.50%	0.50%
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 1/1/2027

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

last updated 11/2/26

GUARDIAN				
Type of Plan / Plan name	# of Eligible	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%
		Next $2,500,000+	0.50%	0.50%
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%
		Next $2,500,000	0.50%	0.50%
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%
		Next $2,500,000	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%
		Next $2,500,000	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 1/1/2027

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GUARDIAN				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
ACCIDENT	Level 1 = Employer paid	N/A	15.00%	15.00%
	Level 2 = Voluntary		20.00%	20.00%
CANCER	Level 1 = Employer paid		15.00%	15.00%
	Level 2 = Voluntary		20.00%	20.00%
CRITICAL ILLNESS	Level 1 = Employer paid		15.00%	15.00%
	Level 2 = Voluntary		20.00%	20.00%
HOSPITAL INDEMNITY	both level		15.00%	15.00%

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HARTFORD				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
LIFE, STD, LTD	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%
*New business brokers are now paid their commissions directly.				

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last updated 11/2/26

HUMANA				
Type of Plan / Plan name	# of Eligible	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%
		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%
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%

SCHEDULE - EFFECTIVE 1/1/2027

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

KANSAS CITYLIFE INSURANCE				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
VISION	All Lives		10.00%	10.00%
DENTAL			10.00%	10.00%
LIFE			10.00%	10.00%
LIFE, STD - GO 2			15.00%	15.00%
STD			10.00%	10.00%
VOLOUNTARY STD			15.00%	15.00%
LTD - GO 2			15.00%	15.00%
LTD			10.00%	10.00%
VOLUNTARY LTD			15.00%	15.00%
* NO OVERRIDE ON AOR'S				

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last updated 11/2/26

LINCOLN FINANCIAL				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL	1 - 99 Eligible	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%	10.00%
All LOB	100 +	Negotiated		
*** Flat Percentage Commissions Available				

SCHEDULE - EFFECTIVE 1/1/2027

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last updated 11/2/26

METLIFE				
Type of Plan / Plan name	# of Eligible	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%
VISION		All Premium	10.00%	10.00%
*New business brokers are now paid their commissions directly.				

SCHEDULE - EFFECTIVE 1/1/2027

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last updated 11/2/26

MOTIVEHEALTH				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	10-50	N/A	$30	$30
	51-99	N/A	5.00%	5.00%
	100+	N/A	Negotiated	

SCHEDULE - EFFECTIVE 1/1/2027

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last updated 11/2/26

MUTUAL OF OMAHA				
Type of Plan / Plan name	# of Eligible	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%
		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%
		50,000+	1.00%	1.00%
VISION	All Lives	N/A	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2027

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MUTUAL OF OMAHA				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
VOLUNTARY TERM LIFE		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%
VOLUNTARY 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%
VOLUNTARY STD		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%
ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY		All premium	15.00%	15.00%

SCHEDULE - EFFECTIVE 1/1/2027

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last updated 11/2/26

OPTIMYL BENEFITS				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	2-24	N/A	7.00%	7.00%
	25-50	N/A	6.00%	6.00%
	51+	N/A	$25	$25

SCHEDULE - EFFECTIVE 1/1/2027

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last updated 11/2/26

PACIFIC LIFE & ANNUITY				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL - LEVEL	2-250		10.00%	10.00%
DENTAL - GRADED	250+	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 50,000	1.50%	1.50%
		next 150,000	1.00%	1.00%
		over 250,000	0.50%	0.50%
VISION	All Lives		10.00%	10.00%
BASIC LIFE & AD&D - LEVEL	2-50		10.00%	10.00%
BASIC LIFE & AD&D - GRADED	51+	First 5,000	10.00%	10.00%
		Next 5,000	9.00%	9.00%
		Next 15,000	6.00%	6.00%
		Next 25,000	4.00%	4.00%
		Next 50,000	2.00%	2.00%
		Next 50,000	1.50%	1.50%
		Next 100,000	1.00%	1.00%
		$250,000.00	0.50%	0.50%
VOLUNTARY LIFE & AD&D	All Lives		10.00%	10.00%
LTD - LEVEL	2-50		10.00%	10.00%
LTD - GRADED	51+	First 15,000	15.00%	15.00%
		Next 10,000	10.00%	10.00%
		Next 15,000	5.00%	5.00%
		Next 50,000	2.00%	2.00%
		next 150,000	1.00%	1.00%
		over 250,000	0.50%	0.50%
STD - LEVEL	2-50		10.00%	10.00%
STD - GRADED	51+	Frist 10,000	10.00%	15.00%
		Next 15,000	7.50%	7.50%
		Next 25,000	5.00%	5.00%
		Next 50,000	2.00%	2.00%
		Next 50,000	1.50%	1.50%
		Next 100,000	1.00%	1.00%
		over 250,000	0.50%	0.50%
		First 15,000	15.00%	15.00%
ACCIDENT	5+ enrolled	N/A	65.00%	5% yr 2 ; 2.50% 3+ yrs
CRITICAL ILLNESS	5+ enrolled	N/A	70.00%	10% yr 2 ; 2.50% 3+ yrs
HOSPITAL INDEMNITY	5+ enrolled	N/A	50.00%	5% yr 2 ; 2.50% 3+ yrs

*Broker commissions are paid directly to the broker

SCHEDULE - EFFECTIVE 1/1/2027

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PET BENEFITS SOLUTION				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	N/A	N/A	10.00%	5.00%

*A one-time payment of $10 that is paid to the broker for each new employee Wishbone application.

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last updated 11/2/26

PRINCIPAL FINANCIAL GROUP				
Type of Plan / Plan name	# of Eligible	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	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%

SCHEDULE - EFFECTIVE 1/1/2027

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PRINCIPAL FINANCIAL GROUP				
Type of Plan / Plan name	# of Eligible	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%
ACCIDENT, CRITICAL ILLNESS	All Lives		20.00%	20.00%
HOSPITAL INDEMNITY	All Lives		15.00%	15.00%

SCHEDULE - EFFECTIVE 1/1/2027

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last updated 11/2/26

RELIANCE STANDARD				
Type of Plan / Plan name	# of Eligible	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%
		$500,000 +	0.25%	0.25%
LTD		$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%
ACCIDENT		N/A	20.00%	20.00%
CRITICAL ILLNESS			20.00%	20.00%
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 1/1/2027

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last updated 11/2/26

RENAISSANCE				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL		All Premium	10.00%	10.00%
VOLUNTARY DENTAL			10.00%	10.00%
VISION			10.00%	10.00%
VOLUNTARY VISION			10.00%	10.00%
LIFE - BASIC & VOLUNTARY			15.00%	15.00%
STD			15.00%	15.00%
LTD			15.00%	15.00%
ACCIDENT			15.00%	15.00%

SCHEDULE - EFFECTIVE 1/1/2027

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last updated 11/2/26

SANA BENEFITS				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	All Lives	All Premium	$35.00	$35

SCHEDULE - EFFECTIVE 1/1/2027

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last updated 11/2/26

SAVII				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	All Lives	All Premium	*$30-$35 PEPM	$35

BROKER COMP IS NEGOTIABLE

SCHEDULE - EFFECTIVE 1/1/2027

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SECURE CARE/EDIS				
Type of Plan / Plan name	# of Eligible	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 1/1/2027

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SIGHTCARE				
Type of Plan / Plan name	# of Eligible	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 1/1/2027

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last updated 11/2/26

SOLSTICE BENEFITS				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL			10.00%	10.00%
VISION			10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2027

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last updated 11/2/26

STANDARD				
Type of Plan / Plan name	# of Eligible	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%
		Over $5,000,000	0.10%	0.10%
LIFE / AD&D / STD	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%
		Next $150,000	1.00%	1.00%
		Over $250,000	0.50%	0.50%
LTD	10 +	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 1/1/2027

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SUN LIFE FINANCIAL				
Type of Plan / Plan name	# of Eligible	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 1/1/2027

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THATCH HEALTH INSURANCE SERVICES, LLC.				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	All Lives	All Premium	$30.00	$30

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TOTAL DENTAL				
Type of Plan / Plan name	# of Eligible	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 1/1/2027

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TRANSAMERICA				
Type of Plan / Plan name	# of Eligible	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

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last updated 11/2/26

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

SCHEDULE - EFFECTIVE 1/1/2027

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last updated 11/2/26

UNITED CONCORDIA				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL - FLEX PREFERRED/PPO	2-99	All Premium	10.00%	10.00%
	300 +		Negotiated	
DENTAL - CHOICE - VOLUNTARY	10 +		7.00%	7.00%
VISION	2-99		10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2027

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UNITED HERITAGE LIFE INSURANCE				
Type of Plan / Plan name	# of Eligible	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
		$10,00.01 - $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 1/1/2027

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UNITEDHEALTHCARE				
Type of Plan / Plan name	# of Eligible	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%
MEDICAL - LEVEL FUNDED - EFF 8/1/26	2-9		$40.00	$40.00
MEDICAL - LEVEL FUNDED	10+		*$31	*$31
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**				
***$31 IS STANDARD AMOUNT CAN BE CHANGED IF BROKER WANTS TO**				

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last updated 11/2/26

UNITED PET CARE				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	All Lives	All Premium	10.00%	10.00%

SCHEDULE - EFFECTIVE 1/1/2027

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last updated 11/2/26

UNUM				
Type of Plan / Plan name	# of Eligible	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%
VOLUNTARY VISION		All Premium	12.00%	12.00%
VISION - EMPLOYER PAID		All Premium	10.00%	10.00%
VOL LIFE, VOL AD&D, VOL STD & VOL LTD		All Premium	15.00%	15.00%

SCHEDULE - EFFECTIVE 1/1/2027

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

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last updated 11/2/26

VSP				
Type of Plan / Plan name	# of Eligible	Annual Premium	Broker Commissions	Broker Commission at Renewal
VISION	10-999 Lives	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 BUSINESS EFF 9/1/24 BROKER WILL BE PAID DIRECT FROM VSP				

SCHEDULE - EFFECTIVE 1/1/2027

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