last updated 11/09/26

ACE MEDICARE SUPPLEMENT (EFF 12/1/26)

Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
PLAN F	65-79	NA	2.44%	2.44% 2-10 yrs 2.25% 11+ yrs
PLAN F	80+	NA	1.21%	1.21% 2-10 YRS 0% 11+
ALL PLANS EXCEPT PLAN F, HIGH G & N	65-79	NA	20.00%	20% 2-10yrs 3.75% 7-10 yrs 2.25 11+yrs
ALL PLANS EXCEPT PLAN F, HIGH G & N	80+	NA	7.00%	7% 2-10 yrs 1.87% 7-10 yrs 0% 11 yrs
PLAN HIGH G & N	65-79	NA	24.00%	24% 2-10 yrs 4.5% 7-10 yrs 2.25% 11+ yrs
PLAN HIGH G & N	80+	NA	9.00%	9% 2-7 yrs 2.25% 7-10 yrs 0% 11+ yrs

SCHEDULE - EFFECTIVE 1/1/2027

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

AETNA				
Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
HMO/PPO (West)	All Ages	NA	$725	$363
PDP (West)	All Ages	NA	$0	$0
**Renewal commissions are paid monthly.				

**CMS will only pay full commissions for new policies if the policy is effective with in the first 3 months of year. Otherwise they will pro rate the commissions

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

AETNA SENIOR SUPPLEMENTAL

Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICARE SUPPLEMENT	All Ages	NA	20% - 1-6 yrs	4% - 7+ yrs
MEDICARE SUPPLEMENT - GUARANTEED ISSUE	All Ages	NA	0.75% 1-6 yrs	0% 7+ yrs

*commissions are paid on the premium less the Medicare Part b deductible amount and the policy fee.

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

last updated 11/09/26

ALIGNMENT HEALTH				
Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICARE ADVANTAGE	All Ages	NA	$725	$363

SCHEDULE - EFFECTIVE 1/1/2027

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

last updated 11/09/26

ALLSTATE HEALTH SOLUTIONS				
Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
DENTAL, VISION, HEARING (DVH)	All Ages	Base Premium	36.00%	4.50%
SENIOR INDEMNITY PLAN	All Ages	Base Premium	59.00%	8.00%
SENIOR LIFE	All Ages	Base Premium	27.00%	0.00%
	All Ages	Base Premium	27.00%	27.00%
	All Ages	Base Premium	24.00%	4.75%
	All Ages	Base Premium	25.00%	4.00%
	All Ages	Base Premium	25.00%	4.00%
	All Ages	Base Premium	40.00%	4.00%
	All Ages	Base Premium	45.00%	6.00%

SCHEDULE - EFFECTIVE 1/1/2027

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

last updated 11/09/26

BCBS OF AZ				
Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICARE SUPPLEMENT - ***NON GI -EFF 1/1/27***	All Ages	NA	$213 1st yr	$11.66 - 2-10 yrs 11+ yrs $2.25
MEDICARE SUPPLEMENT - GI PLAN- ***EFF 1/1/27***	All Ages	NA	$95 1st yr	$5.42 - 2-10 yrs 11+ yrs $1.83

SCHEDULE - EFFECTIVE 1/1/2027

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

BCBS OF AZ ADVANTAGE				
Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICARE ADVANTAGE	All Ages	NA	$725	$363
**Renewal commissions are broken down monthly.				

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

CIGNA

Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
HMO (MAPD)	All Ages	NA	$725	$363
SUPPLEMENT - PLANS F,G	65-79	NA	22% - 1-6 yrs	3% - 7-10 yrs ; 1% - 11+ yrs
SUPPLEMENT - PLANS F,G	80+	NA	11% - 1-6 yrs	2.5% - 7-10 yrs ; 1.% - 11+ yrs
SUPPLEMENT - PLANS N	65-79	NA	26% - 1-6 yrs	2% - 7-10 yrs ; 1% - 11+ yrs
SUPPLEMENT - PLANS N	80+	NA	13% - 1-6 yrs	1.5% - 7-10 yrs ; .50% - 11+ yrs
SUPPLEMENT - PLANS HDG	65-79	NA	27% - 1-6 yrs	8% - 7-10 yrs ; 5% - 11+ yrs
SUPPLEMENT - PLANS HDG	80+	NA	16% - 1-6 yrs	7.5% - 7-10 yrs; 6% - 11+ yrs
SUPPLEMENT - PLANS A	All Ages	NA	5% 1-6 yrs	5% 7-10 yrs 2% 11-30 yrs
SUPPLEMENT - GUARANTEED ISSUE	All Ages	NA	0%	0%

Commissions are not payable on the Enrollment Fee or the premium that is attributable to the Part B deductible in Plan F.

Commissions are paid on the initial premium only and are not paid on any increase in premium due to age change or plan wide rate increases.

Renewal commissions are paid monthly. Amounts listed above represent annual commission

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

last updated 11/09/26

DEVOTED HEALTH				
Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICARE ADVANTAGE	All Ages	NA	$725	$363

SCHEDULE - EFFECTIVE 1/1/2027

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

last updated 11/09/26

HUMANA				
Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
MA PLANS	All Ages	NA	$725	$363.00
PDP PLANS	All Ages	NA	$0	$0.00
SUPPLEMENT - ACHIEVE PRODUCTS	65-80	N/A	22% 1-6 yrs	2.5% 7+ yrs
SUPPLEMENT - ACHIEVE PRODUCTS PLAN N	65-80	N/A	26% 1-6 yrs	2.5% 7+ yrs
SUPPLEMENT - ACHIEVE PRODUCTS	81+	N/A	11% 1-6 yrs	1% 7+ yrs
SUPPLEMENT - ACHIEVE PRODUCTS PLAN N	81+	N/A	13% 1-6 yrs	1% 7+ yrs
SUPPLEMENT - ACHIEVE PRODUCTS GI	All Ages	N/A	$25	$25 2-6 yrs
SUPPLEMENT - STANDARD & VALUE PRODUCTS OE	65-80	N/A	22% 1ST YR	2.50% 7+ yrs
SUPPLEMENT - STANDARD & VALUE PRODUCTS OE	81+	N/A	11% 1ST YR	1% 7+ yrs
SUPPLEMENT - STANDARD & VALUE PRODUCTS GI	65-80	N/A	3.00% 1ST YR	3.00% 2-6 yrs
SUPPLEMENT - STANDARD & VALUE PRODUCTS GI	81+	N/A	1% 1ST YR	1% 2-6 yrs
**MA plans renewal commissions are paid monthly.				
**PDP plans renewal are paid annually				
****Supplemental commissions during renewal yrs are calculated based on the initial year premium				

SCHEDULE - EFFECTIVE 1/1/2027

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

MUTUAL OF OMAHA

Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICARE SUPPLEMENT (AZ)	65-80	All Premium	18% - 1-6 Yrs	4.50% - 7-10 Yrs 0%- 11+ yrs
	81+	All Premium	9% - 1-6 Yr	2.25% - 7-10 Yrs 0% - 11+ Yrs
MEDICARE SUPPLEMENT-GUARANTEED ISSUE (AZ)	65-80	All Premium	1.50%	1.50%
	81+	All Premium	0.75%	0.75%

** Commission is calculated on the lesser of the initial or paid premium, less the Part B deductible offset on applicable

*Replacement plans are not commissionable

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

PHYSICIANS MUTUAL

Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICARE SUPPLEMENT - OPEN ENROLLMENT		All Premium	21% 1-6 yrs	3% - 7+yrs
MEDICARE SUPPLEMENT - UNDERWRITTEN		All Premium	21% 1-6 yrs	3% - 7+yrs
MEDICARE SUPPLEMENT- INTERNAL REPLACEMENTS		All Premium	12.5% 1-6 yrs	3% - 7+yrs
MEDICARE SUPPLEMENT - ALL OTHER GUARANTEE ISSUE, UNDERAGE & ISSUE AGE 80+		All Premium	2% - 1-6 yrs	1%- 7+yrs

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

UNITED HEALTHCARE

Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
MA - ALL SPECIAL NEEDS (C-SNP & D-SNP)	All Ages	NA	$725	$363
MA - ALL NON SPECIAL NEEDS HMO	All Ages	NA	$700	$350
MA - ALL NON SPECIAL NEEDS PPO (renewal enrollments associated with an exiting company MA plan member	All Ages	NA	$406	$203
MA - ALL NON SPECIAL NEEDS PPO (renewal enrollments not associated with an existing company MA member)	All Ages	NA	$406	$313
PDP PLANS**	All Ages	NA	$0	$0
MEDICARE SUPPLEMENTS - UHIC- PLAN B, C , F, G, SELECT, G	All Ages	NA	$315	$315 - 2-6 yrs $150 - 7-10 yrs $0 - 11+ yrs
MEDICARE SUPPLEMENTS - UHIC - PLAN N, SELECT N	All Ages	NA	$252	$252 - 2-6 yrs $120 - 7-10 yrs $0 - 11+ yrs
MEDICARE SUPPLEMENTS - UHIC - PLAN A, K, L	All Ages	NA	$126	$126 - 2-6 yrs $60 - 7-10 yrs $0 - 11+ yrs
MEDICARE SUPPLEMENTS - UHICA - PLAN F, G	All Ages	NA	$100	$100 - 2-6 yrs $50 - 7yrs - 10 yrs $0 - 11+ yrs
MEDICARE SUPPLEMENTS - UHICA - PLAN N	All Ages	NA	$50	$50 - 2-6 yrs $25 - 7-10 yrs $0 - 11+ yrs
MEDICARE SUPPLEMENTS - UHCIA - PLAN A	All Ages	NA	$0	$0 - 2-6 yrs $0 - 7-10 yrs $0 - 11+ yrs

Medicare supplement rates are for applications signed on or after 10/1/26 for policy eff dates of 1/1/27

**** effective for new policies 6/1/25 all pdp plans are non commissionable.**

****Not all MA plans may be commissionable: compensation rates shown above are for commissionable plans.**

SCHEDULE - EFFECTIVE 1/1/2027

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

WELLABE - EFFECTIVE 2/1/26

Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICARE SUPPLEMENT - ALL PLANS EXCEPT PLAN N	65-79	NA	22% 1-6 yrs	7% 7-10 yrs: 1% 11 + yrs
MEDICARE SUPPLEMENT - ALL PLANS EXCEPT PLAN N	80-85	NA	18.75% 1-6 yrs	4.5% 7-10 yrs: 1.50% 11 + yrs
MEDICARE SUPPLEMENT - ALL PLANS EXCEPT PLAN N	86+	NA	11% 1-6 yrs	2% 7-10 yrs: 1% 11 + yrs
MEDICARE SUPPLEMENT - PLAN N	65-79	NA	27% 1-6 yrs	9% 7-10 yrs: 1% 11 + yrs
MEDICARE SUPPLEMENT - PLAN N	80-85	NA	21.75% 1-6 yrs	7.5% 7-10 yrs: 1.50% 11 + yrs
MEDICARE SUPPLEMENT - PLAN N	86+	NA	13% 1-6 yrs	2.5% 7-10 yrs: 1% 11 + yrs
GUARANTEED ISSUE	All Ages	NA	$25 one time flat fee	n/s
SHORT TERM CARE	All Ages	NA	57.50%	5% yrs 2-10 : 2% 11+ yrs
DENTAL	All Ages	NA	50.00%	3.00%
HOSPITAL INDEMNITY	All Ages	NA	42.00%	10% yrs 2-6 YRS : 5% 7-10 YRS : 2.5% 11+ yrs
CRITICAL ILLNESS	All Ages	NA	55.00%	5% yrs 2-10 : 2% 11+ yrs

SCHEDULE - EFFECTIVE 1/1/2027

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

last updated 11/09/26

WELLABE - EFFECTIVE 5/1/26

Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICARE SUPPLEMENT - ALL PLANS EXCEPT PLAN N	65-79	NA	20% 1-6 yrs	6% 7-10 yrs: 1% 11 + yrs
MEDICARE SUPPLEMENT - ALL PLANS EXCEPT PLAN N	80-85	NA	17% 1-6 yrs	4.% 7-10 yrs: 1.50% 11 + yrs
MEDICARE SUPPLEMENT - ALL PLANS EXCEPT PLAN N	86+	NA	10% 1-6 yrs	1.5% 7-10 yrs: 1% 11 + yrs
MEDICARE SUPPLEMENT - PLAN N	65-79	NA	24% 1-6 yrs	10% 7-10 yrs: 1% 11 + yrs
MEDICARE SUPPLEMENT - PLAN N	80-85	NA	19% 1-6 yrs	6% 7-10 yrs: 1.50% 11 + yrs
MEDICARE SUPPLEMENT - PLAN N	86+	NA	12% 1-6 yrs	3% 7-10 yrs: 1% 11 + yrs
GUARANTEED ISSUE	All Ages	NA	$25 one time flat fee	n/s
SHORT TERM CARE	All Ages	NA	57.50%	5% yrs 2-10 : 2% 11+ yrs
DENTAL	All Ages	NA	50.00%	3.00%
HOSPITAL INDEMNITY	All Ages	NA	42.00%	10% yrs 2-6 YRS : 5% 7-10 YRS : 2.5% 11+ yrs
CRITICAL ILLNESS	All Ages	NA	55.00%	5% yrs 2-10 : 2% 11+ yrs

SCHEDULE - EFFECTIVE 1/1/2027

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

last updated 11/09/26

WELLCARE				
Type of Plan / Plan name	AGES	Annual Premium	Broker Commissions	Broker Commission at Renewal
MA PLANS	All Ages	NA	$725	$363
PDP PLANS	All Ages	NA	$0	$0

SCHEDULE - EFFECTIVE 1/1/2027

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