

LAST UPDATED 4/21/26

<b>AETNA</b>				
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%
<b>* AETNA WILL PAY BASED ON ELIBIBLE EMPLOYEES ON THE FIRST YEAR THAN IT WILL BE REVIEWED AND CHANGED AT RENEWAL</b>				
<b>*FOR AFA PLANS THE PEPM RATE IS NEGOTIATED AT ENROLLMENT</b>				

SCHEDULE - EFFECTIVE 1/1/2026

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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%	

SCHEDULE - EFFECTIVE 1/1/2026

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<b>ALLSTATE HEALTH SOLUTIONS</b>				
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 1/1/2026

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<b>AMERICAN UNITED LIFE INSURANCE</b>				
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 1/1/2026

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<b>AMERITAS</b>				
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 1/1/2026

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<b>ANGLE HEALTH</b>				
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 1/1/2026

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

SCHEDULE - EFFECTIVE 1/1/2026

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<b>APEX MANAGEMENT</b>				
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 1/1/2026

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<b>ASSOCIATION HEALTH PLANS - AZTC, CAWA, MSHT, VCTA, VMTA</b>				
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 1/1/2026

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<b>AVESIS</b>				
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 1/1/2026

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<b>BEAM BENEFITS</b>				
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 1/1/2026

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<b>BLUE CROSS OF ARIZONA (EFFECTIVE 5/1/26)</b>				
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%
<p><b>*Tiers are determind by brokers total number of 2-99 group contracts at the end of each month. Tier1 = Broker &gt;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.</b></p>				
<p><b>*this new schedule is effective only for new business</b></p>				
<p><b>** option to negotiate</b></p>				

<b>BLUE CROSS OF ARIZONA (EFFECTIVE 3/1/24)</b>				
Type of Plan / Plan name	# of Enrolled	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	2-3	All Tiers	\$9 per ee	\$9 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
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%
<p><b>*Tiers are determind by brokers total number of 2-99 group contracts at the end of each month. Tier1 = Broker &gt;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 &lt;250contracts on books at month end</b></p>				
<p><b>*this new schedule is effective only for new business</b></p>				
<p><b>** option to negotiate</b></p>				

SCHEDULE - EFFECTIVE 1/1/2026

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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 1/1/2026

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<b>CIGNA (LIFE INSURANCE COMPANY OF NORTH AMERICA)</b>				
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%

SCHEDULE - EFFECTIVE 1/1/2026

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<b>DELTA DENTAL</b>				
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 7/1/26. This applies to PPO and PPO Plus Premier dental plans (and new Flex Choice plans) only.**

**This does not apply on DHMO plans.**

<b>EQUITABLE</b>				
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 1/1/2026

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<b>EYEMED VISION CARE</b>				
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%

SCHEDULE - EFFECTIVE 1/1/2026

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<b>EYECARE DIRECT/ARIZONA EYECARE ALLIANCE</b>				
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 1/1/2026

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<b>FIRST CONTINENTAL LIFE &amp; ACCIDENT</b>				
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 1/1/2026

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<b>GLOBE LIFE</b>				
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%

SCHEDULE - EFFECTIVE 1/1/2026

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<b>GUARDIAN</b>				
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 1/1/2026

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<b>GUARDIAN</b>				
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%		

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<b>GUARDIAN</b>					
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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<b>HARTFORD</b>				
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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<b>HUMANA</b>					
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%	10.00%
		Next \$10,000	7.50%	7.50%	7.50%
		Next \$10,000	5.00%	5.00%	5.00%
		Next \$20,000	2.50%	2.50%	2.50%
		Over \$50,000	1.50%	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 1/1/2026

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

<b>KANSAS CITYLIFE INSURANCE</b>				
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				

SCHEDULE - EFFECTIVE 1/1/2026

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

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%
All LOB	100 +	Negotiated		
*** Flat Percentage Commissions Available				

SCHEDULE - EFFECTIVE 1/1/2026

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

<b>METLIFE</b>				
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%
DENTAL	10+	\$5,000,000 +	0.10%	0.10%
		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%
LTD	10+	Next \$4,000,000	0.25%	0.25%
		\$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%
VISION	10+	Next \$200,000	2.00%	2.00%
		\$250,000 +	1.00%	1.00%
		All Premium	10.00%	10.00%
*New business brokers are now paid their commissions directly.				

SCHEDULE - EFFECTIVE 1/1/2026

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

<b>MOTIVEHEALTH</b>				
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 1/1/2026

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

<b>MUTUAL OF OMAHA</b>					
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 1/1/2026

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

<b>MUTUAL OF OMAHA</b>				
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 1/1/2026

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

<b>OPTIMYL BENEFITS</b>				
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 1/1/2026

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

<b>PACIFIC LIFE &amp; ANNUITY</b>				
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 1/1/2026

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 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		All Lives	<b>Participation</b>					
			Less than 30%	12.50%	12.50%			
			30% - 39.9%	15.00%	15.00%			
			40% or more	17.50%	17.50%			
STD			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%		
DENTAL				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%	
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 1/1/2026

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

<b>PRINCIPAL FINANCIAL GROUP</b>				
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 1/1/2026

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

<b>RELIANCE STANDARD</b>				
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			20.00%	20.00%
CRITICAL ILLNESS		N/A	20.00%	20.00%
VOLUNTARY GROUP LIFE			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	All Premium	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 1/1/2026

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

<b>RENAISSANCE</b>				
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 1/1/2026

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

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

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SCHEDULE - EFFECTIVE 1/1/2026

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

<b>SECURE CARE/EDIS</b>				
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 1/1/2026

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

<b>SIGHTCARE</b>				
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 1/1/2026

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

<b>SOLSTICE BENEFITS</b>				
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 1/1/2026

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

<b>STANDARD</b>				
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%
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 1/1/2026

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

<b>SUN LIFE FINANCIAL</b>				
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 1/1/2026

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

<b>TOTAL DENTAL</b>				
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 1/1/2026

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

<b>TRANSAMERICA</b>				
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

SCHEDULE - EFFECTIVE 1/1/2026

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

<b>TRUASSURE</b>				
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 1/1/2026

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

<b>UNITED CONCORDIA</b>				
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 1/1/2026

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

<b>UNITED HERITAGE LIFE INSURANCE</b>				
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
		\$10,000.01 - \$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 1/1/2026

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<b>UNITEDHEALTHCARE</b>				
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			*\$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%
<b>Commissions are paid on a Per Employee Per Month basis and is calculated based on Lives enrolled at inception and at renewal.</b>				
<b>** 51-99 lives Conversion To PEPM upon request</b>				
<b>*\$31 IS STANDARD AMOUNT CAN BE CHANGED IF BROKER WANTS TO</b>				

SCHEDULE - EFFECTIVE 1/1/2026

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

<b>UNITED PET CARE</b>				
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 1/1/2026

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

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 1/1/2026

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

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

SCHEDULE - EFFECTIVE 1/1/2026

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

<b>VSP</b>				
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%
<b>FOR ALL BUSINESS EFF 9/1/24 BROKER WILL BE PAID DIRECT FROM VSP</b>				

SCHEDULE - EFFECTIVE 1/1/2026

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