

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	10-50	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	51-200	\$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%
LIFE, AD&D	2-100	All Premium	15.00%	15.00%
	101+	\$0-\$15,000	12.00%	12.00%
		\$15,001-\$25,000	10.00%	10.00%
		\$25,001-\$50,000	5.00%	5.00%
		\$50,001-\$150,000	1.00%	1.00%
		\$150,001 +	0.50%	0.50%
STD & LTD	2-100	All Premium	15.00%	15.00%
	101+	\$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-\$150,000	1.00%	1.00%
		\$150,001 +	0.50%	0.50%
* 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				

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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

AFLAC				
Type of Plan / Plan name	Age Banded	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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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%
		Next \$500,000+	1.00%	1.00%
VISION	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%
		Next \$500,000+	1.00%	1.00%
LIFE AD&D - PLAN A	2+	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%
		Next 100,000	2.50%	2.50%
		Next \$300,000	2.00%	2.00%
		Next \$500,000	1.50%	1.50%
LIFE AD&D - PLAN B	10+	Next 1,000,000+	1.00%	1.00%
		First \$10,000	10.00%	10.00%
		Next \$10,000	4.00%	4.00%
		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%
STD	2+	Next \$500,000+	0.60%	0.60%
		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%
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
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 \$1,500,000	1.00%			1.00%
Next \$2,000,000	1.00%			1.00%
Next \$4000,000+	0.50%	0.50%		

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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

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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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<b>BLUE CROSS OF ARIZONA (EFFECTIVE 7/1/18)</b>				
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%	
DENTAL	N/A	All Premium	10.00%	10.00%
*this new schedule is effective only for new business				
<b>AXA EQUITABLE - SOLD WITH BCBS AZ</b>				
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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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		8.00%	8.00%
	201 +		5.00%	5.00%
VISION	All Lives	All Premium	10.00%	10.00%
VOL. DENTAL	2 +	All Premium	8.00%	5.00%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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

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%
		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 \$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%
		Next \$2,500,000	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%
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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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GUARDIAN				
Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
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%
		Next \$2,500,000	13.00%	13.00%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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HARTFORD				
Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
LIFE & DISABILITY	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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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HEALTHNET of ARIZONA				
Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL - PLATINUM, GOLD, SILVER , BRONZE <b>(**EFFECTIVE 5/1/16)</b>	2-50	All Premium	4.50%	4.50%
MEDICAL - PLATINUM, GOLD, SILVER	51-100		4.00%	4.00%
	101+	NEGOTIATED DURING QUOTE		
LIFE	All Lives	All Premium	10.00%	10.00%
DENTAL	All Lives	All Premium	10.00%	4.00%
VISION, CHIROPRACTIC, ALTERNATIVE MEDICINE	2-50	All Premium	4.50%	4.50%
***Dental commission are paid in a lump annual sum based on the client's estimated premium				

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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	\$8.00	\$7.00
	4-25		\$24.00	\$22.00
	26-50		\$20.00	\$18.00
	51-99*		3.50%	3.25%
	100-299		NEGOTIATED	
	300+		NEGOTIATED	
MEDICAL - TIER II	1-3	All Premium	\$10.00	\$9.00
	4-25		\$27.00	\$25.00
	26-50		\$23.00	\$21.00
	51-99*		3.75%	3.50%
	100-299		NEGOTIATED	
	300+		NEGOTIATED	
MEDICAL - TIER III	1-3	All Premium	\$12.00	\$11.00
	4-25		\$28.00	\$26.00
	26-50		\$26.00	\$24.00
	51-99*		4.25%	4.00%
	100-299		NEGOTIATED	
	300+		NEGOTIATED	
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		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

LINCOLN FINANCIAL						
Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal		
DENTAL	10 - 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%	
LIFE , AD&D, & STD		Next \$50,000	1.00%	1.00%		
		\$100,000 +	0.50%	0.50%		
		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				

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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%	
		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%		
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%		
DENTAL					
LTD					

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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%
		200,000+	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%
		50,000+	1.00%	1.00%
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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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NATIONAL GENERAL BENEFITS SOLUTIONS				
Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	0-24 Lives		7.00%	6.00%
	25-50 lives		6.00%	5.00%
	51+ lives		5.00%	4.00%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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		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%	
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%		

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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		20+	\$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			20+	\$0 - \$15,000	15.00%	15.00%					
				\$15,001 - \$25,000	10.00%	10.00%					
				\$25,001 - \$50,000	5.00%	5.00%					
STD				20+	\$50,001 +	1.00%	1.00%				
					\$0 - \$15,000	11.00%	11.00%				
					\$15,001 - \$25,000	8.00%	8.00%				
VOLUNTARY GROUP LIFE					20+	\$25,001 - \$50,000	5.00%	5.00%			
						\$50,001 +	1.00%	1.00%			
	\$0 - \$15,000					11.00%	11.00%				
VOLUNTARY AD&D and BUSINESS TRAVEL	20+					\$15,001 - \$25,000	8.00%	8.00%			
						\$25,001 - \$50,000	5.00%	5.00%			
						\$50,001 +	1.00%	1.00%			
VOLUNTARY STD & LTD						20+	All Premium	10.00%	10.00%		
								15.00%	15.00%		
		up to 20%						up to 20%			
10.00%		10.00%									
BASIC CARE - DENTAL, LIFE & STD		20+						All Premium	10.00%	10.00%	
									15.00%	15.00%	
									up to 20%	up to 20%	
10.00%									10.00%		
SMART CHOICE - LIFE			2 - 19						All Premium	15.00%	10.00%
										15.00%	10.00%
							10.00%			10.00%	
				10.00%			10.00%				
SMART CHOICE - LTD				2 - 19			All Premium			15.00%	10.00%
										15.00%	10.00%
					10.00%			10.00%			
					10.00%			10.00%			
SMART CHOICE - STD					2 - 19			All Premium		15.00%	10.00%
	15.00%									10.00%	
	10.00%		10.00%								
	10.00%		10.00%								
SMART CHOICE - DENTAL	2 - 19		All Premium			15.00%			10.00%		
						15.00%			10.00%		
				10.00%		10.00%					
				10.00%		10.00%					

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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%
		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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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	5.00%	5.00%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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%	

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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TRANSAMERICA				
Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL - GAP PLANS (Standard)	5+	All Premium	16.00%	8.00%
MEDICAL - GAP PLANS (Levelized)	5+	All Premium	9.00%	Level All Years

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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 +		Negotiated	
CHOICE - VOLUNTARY	10 +		7.00%	7.00%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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%
		\$50,000.01 +	1.00%	1.00%
VISION	All Lives	N/A	7.00%	7.00%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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UNITEDHEALTHCARE				
Type of Plan / Plan name	# of Employees	Annual Premium	Broker Commissions	Broker Commission at Renewal
MEDICAL	1-2	All Premium	\$6.00 per ee	\$6.00 per ee
	3-4		\$10.00 per ee	\$10.00 per ee
	5-25		\$30.00 per ee	\$24.00 per ee
	26-50		\$25.00 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				

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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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

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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%
		First \$15,000	10.00%	10.00%
LIFE,AD&D, STD		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%
		ALL PREMIUM	10.00%	10.00%
DENTAL		All Premium	15.00%	15.00%
LONG TERM CARE		All Premium	15.00%	15.00%
VOL LIFE, VOL AD&D, VOL STD & VOL LTD		All Premium	15.00%	15.00%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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%

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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 VSI				

GROUP COMMISSION SCHEDULE - EFFECTIVE 1/1/2018

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