
2010 COMMISSION SCHEDULES

Effective January 1st, 2010



Assurant

Small Group Health:

Amount of Annual Premium:	First Year	Renewal
First \$35,000	7.0%	4.0%
Next \$65,000	5.0%	4.0%
Next \$100,000	5.0%	4.0%
Over \$200,000	3.0%	4.0%

Individual:

	First Year	2nd Year	3rd-5th Year	6th + Year
Major Medical, Dental, Vision				
Under Age 62	20.0%	4.0%	3.0%	2.0%
Age 62+	10.0%	7.0%	7.0%	0.0%
Short Term	20.0%	N/A		
Student Select	15.0%	8.0%		



Avera

Individual	First Year	Renewal
Under 65 Plans	10%	5%

Group	First Year	Renewal
Small Group	5%	3%
Large Group		
51 to 99 lives	3%	3%
100+ lives	Negotiable upon written request	



Blue Cross / Blue Shield of Illinois

Individual

Individual Products:	Policy Year	Commission	Service Fees
Direct market	1	15% / 20%*	0%
	2-9	5.00%	2.00%
	10	0%	7.00%
Children's Major Medical	1	15% / 20%*	0%
	2-9	7.00%	0%
	10	0%	7.00%
Medicare Supplement Plans A, D, E, & F (Persons aged 65-79)	1	10% / 12.5%*	0%
	2-6	5.00%	5.00%
	7-10	0%	5.00%
	11+	0%	2.50%
First year, age 80+	1	5% / 6.25%*	0%
	2-6	2.50%	2.50%
	7-10	0%	2.50%
	11+	0%	1.25%
Medicare Part D	1	\$53.00 Annual Payment**	
	2-6	\$26.00 Annual Payment	

* Pay higher percentage to those producers who sell over 25 new under / over 65 policies in the prior year ("True Blue" status). Replacement Med Supps do not qualify as new policies. Pay lower percentage to the rest. **Payment to be made directly to agent by the carrier.**

Please note that service fees are not vested and shall cease upon termination of contract with Mutual Med, Inc. or cancellation of coverage. Medicare Supplement policies pay commission and service fees on initial premium only.

**Part D commissions will not be released until the policy has been active for 90 days. Please note that BCBSIL determines what qualifies as a new policy versus a renewal. Any Part D policy that replaces an existing Part D policy will be treated as renewal irrespective of who issued the replaced policy. Per CMS, no more than \$53 annually can be paid for first year commissions on all Part D products, and the second year commissions can not be more than 50% of the first year amount.



Blue Cross / Blue Shield of Illinois

Group

Small Group (New & Renewal):

Group Size	Single	Family
2-3	\$12	\$24
4-15	\$30	\$60
16-25	\$25	\$50
26-50	\$20	\$40

* The above small group schedule is effective October 1st, 2010 to any new groups and existing groups upon renewal. The amounts listed above are per employee per month. Single is any single enrollee, while family is any enrollee plus a dependent or dependents. **Payment to be made directly to agent by the carrier.**

Large Group (New & Renewal):

Premium	Rate
2-3 Enrolled EE's	2.00%
First \$50,000	8.00%
Next \$50,000	4.25%
Next \$50,000	4.00%
Over \$150,000	3.75%



Brokers National Life Assurance

	First Year	Renewals
The Dental Edge	10%	8%
Unique Dental	10%	8%
Association Dental Plan	10%	8%
5, 10 & 15 Year Level Term Plans:		
Family Protector	60%	7%
Family Protector – Child Rider	60%	7%



Coventry Health Care

Iowa Health Products

Coventry One Individual Product

20% 1st year, 4% renewal



Delta Dental Plan of Iowa

Individual Dental Commissions: 7% (New & Renewal)

Group Dental Commissions:

Non Pool Rated Groups 2-50 & All Pool Rated Groups
5% (New & Renewal)

Non Pool Rated Groups 51+ (New & Renewal):

Amount of Premium:	
First \$50,000	4.00%
Next \$50,001-\$100,000	2.70%
Next \$100,001- \$150,000	1.80%
Next \$150,001-\$250,000	1.20%
Over \$250,001	1.20%



Delta Dental Plan of South Dakota

Group Dental Commissions:

Non Pool Rated Groups 2-50 & All Pool Rated Groups

New 7%
Renewal 3%

Non Pool Rated Groups 51+ (New & Renewal):

Amount of Premium:	
First \$10,000	3.33%
Next \$10,001-\$20,000	2.00%
Next \$20,001- \$40,000	0.66%
Over \$40,001	0.33%



Dearborn National (FDL)

Life Products

Annualized Premium:

\$0 to \$10,000	11.00%
\$10,001 to \$50,000	8.00%
\$50,001 to \$100,000	4.50%
\$100,001 +	3.00%

Dental Products

Voluntary Dental 6.00%



Health Alliance

Medical groups, 2 – 5 lives	5.0%
Medical groups, 6 – 9 lives	8.0%
Medical groups, 10 – 24 lives	7.0%
Medical groups, 25 – 50 lives	5.0%
Medical groups, 51 – 100 lives	3.0%
Medical groups, 101 - 250 lives	2.0%
Medical groups, 251 – 500 lives	1.0%
Medical groups, 500+ lives	0.5%



Humana

Small Group Health:

Group Size:	New & Renewal
2-3	\$6.70
4-9	\$28.00
10-25	\$23.40
26-50	\$14.70

Large Group Health:

Group Size:	New & Renewal
51-99	2.67%
100+	Negotiable*

Group Dental & Vision:

Annual Premium:	New & Renewal
First \$10,000	6.67%
Next \$10,000	5.00%
Next \$10,000	3.34%
Next \$20,000	1.67%
Next \$50,000	1.00%
Over \$100,000	0.33%

Small Group Life & AD&D: 6.67% of Paid Premium

The Small Group Health amounts listed above are per member (employee) per month.

*Please see your account rep if you would like a different amount built into the quote.

Humana continued on next page...



Humana

Large Group Life & AD&D:

Annual Premium:	New & Renewal
First \$5,000	10.00%
Next \$20,000	6.67%
Next \$25,000	4.67%
Next \$50,000	2.00%
Next \$100,000	1.33%
Over \$200,000	0.67%

Group LTD & STD:

Annual Premium:	New & Renewal
First \$5,000	10.00%
Next \$20,000	6.67%
Next \$25,000	4.67%
Next \$50,000	2.00%
Next \$100,000	1.33%
Over \$200,000	0.67%

Voluntary Dental & Vision:

6.67% of Paid Premium

Voluntary Life & AD&D:

10.00% of Paid Premium



Mutual of Omaha

(United World & United of Omaha)

<-----# of New Lives Sold Annually---->

OVER 65 PLANS (Age 65-80)	0	1-11	12-19	20-49	50+
Policy Years 1 - 6	9.00%	9.00%	13.50%	13.50%	16.50%
Policy Years 7 - 10	1.00%	1.50%	2.00%	2.50%	3.00%
Policy Years 11+	0.00%	0.00%	0.00%	0.00%	0.00%

OVER 65 PLANS (Age 81+)	0	1-11	12-19	20-49	50+
Policy Years 1 - 6	4.50%	4.50%	6.25%	6.25%	7.00%
Policy Years 7 - 10	1.00%	1.25%	1.50%	1.75%	2.00%
Policy Years 11+	0.00%	0.00%	0.00%	0.00%	0.00%



Quad City Community Healthcare

Group Health (2-50)	First Year	Renewals
GA Sub-Agent	6.00%	6.00%
Direct Writing Agent	5.75%	5.75%
Individual Health		
GA Sub-Agent	20.00%	4.00%
Direct Writing Agent	19.00%	3.75%



Reliance Standard

Group Life – All Years

Annual Premium	Rate
Up to \$10,000	11.00%
\$10,001 to \$20,000	6.50%
\$20,001 to \$30,000	5.00%
\$30,001 to \$50,000	4.00%
\$50,001 to \$100,000	1.00%
Over \$100,000	0.50%

Group Dental & Vision – All Years

Annual Premium	Rate
Up to \$8,000	12.00%
\$8,001 to \$20,000	7.00%
\$20,001 to \$50,000	3.50%
\$50,001 to 150,000	1.25%
\$150,001 to \$500,000	0.50%
Over \$500,000	0.25%

LTD – All years

Annual Premium	Rate
Up to \$15,000	15.00%
\$15,001 to \$25,000	10.00%
\$25,001 to \$50,000	5.00%
Over \$50,000	1.00%

STD – All Years

Annual Premium	Rate
Up to \$15,000	11.00%
\$15,001 to \$25,000	8.00%
\$25,001 to \$50,000	5.00%
Over \$50,000	1.00%

Voluntary Life – All years 10.00%

Voluntary AD&D – All years 15.00%

Voluntary Disability Income – All years up to 20%



Security Life Insurance Company of America

PrimeStar Dental Program	
First year Commissions:	6.67%
Renewal Commissions	3.33%



TASC

	First Year	Renewal
FlexSystem	25%*	12.5%*
DirectPay (HRA)	10%	5%
COBRAToday	10%	5%
ERISAEEdge	10%	5%
FMLAMatters	10%	5%
AgriPlan	\$50.00	\$25.00
BizPlan	\$50.00	\$25.00
Payroll Administration	\$50.00	\$25.00

*Please note: The Debit / Claim Card fees and \$1.00 PEPM of the FlexSystem Full FSA Administration fee are non-commissionable.



United HealthCare and United HealthCare of the River Valley

Group Health:

Group Size:	New	Renewal
2-3	\$26	\$21
4-50	\$36	\$31
51-99	Standard = 5%*	

Group Dental:

Amount of Paid Premium per Case:	New & Renewal
First \$10,000	10.0%
Next \$15,000	7.5%
Next \$15,000	5.0%
Next \$20,000	2.5%
Over \$60,000	1.5%

Group Vision & Life 10% of Paid Premium

Group STD / LTD:

Amount of Paid Premium per Case:	New & Renewal
First \$15,000	15.0%
Next \$10,000	10.0%
Next \$25,000	5.0%
Over \$50,000	1.0%

The Health amounts listed above are per member (employee) per month. The Dental & STD / LTD rates listed above are applied on a per case basis, and the premium bucket is based on annual paid premium per plan year.

Please note that commissions will be paid directly to the agent by the carrier. The agent will also qualify for all carrier sponsored incentive programs. These will be calculated and paid directly by the carrier. Please contact us for specific information on the bonus programs.

*Please see your account rep if you would like a different amount built into the quote.



UnitedHealthOne (Golden Rule)

Individual Plans	First Year	Renewal
Age 60 & Under		
Without Term Life	13%	3%
With Term Life	15%	3%
Age Over 60		
Without Term Life	7%	3%
With Term Life	9%	3%
Short Term Medical	13%	3%
Medicare Supplement		
Plans A & G	10%	10%
Plans C & F	11%	11%
Rewritten Business	2%	2%



Vision Service Plan

Groups 2 to 99 lives	8.00%
Groups 100+ lives	Negotiable



Wellmark Blue Cross Blue Shield of Iowa Individual

<-----# of New Lives Sold Annually---->

UNDER 65 PLANS	0	1-11	12-19	20-49	50+
1st Yr Direct Pay Products*	8.00%	8.00%	13.50%	13.50%	15.75%
Renewal Yrs 2-7 Direct Pay	1.10%	1.90%	2.70%	3.70%	3.90%
Renewal Yrs 8+ Direct Pay	1.10%	1.10%	2.20%	2.20%	2.20%
Blue Transitions	1.60% for all years				

OVER 65 PLANS	0	1-11	12-19	20-49	50+
1st Yr Med Supp Products*	9.00%	9.00%	13.50%	13.50%	16.50%
Renewal Yrs 2-7 Med Supp	1.80%	2.70%	7.30%	8.20%	8.70%
Renewal Yrs 8+ Med Supp	1.10%	1.80%	5.50%	6.40%	6.40%
Basic and Standard Plans:	1.60% for all years				

* Includes Short-term Medical. Please also note that in order to qualify for the 50+ category your overall Wellmark Medicare supplement retention must equal or exceed 91%. Please note that Wellmark determines what qualifies as a new policy versus a renewal. Any Medicare Supplement policy that replaces an existing Medicare supplement policy will be treated as renewal irrespective of who issued the replaced policy.



Wellmark Blue Cross Blue Shield of Iowa Individual

MEDICARE PART D & MEDICARE BLUE PPO:

	<u>New</u>	<u>Renewal</u>
Part D (All Plans)	\$4.41	\$2.20
Blue PPO	\$18.75	\$9.38

*Please note that the amounts listed above are per member per month.

Per CMS, no more than \$53 annually can be paid for first year commissions on all Part D products, and the second year commissions can not be more than 50% of the first year amount. Blue PPO sales will be considered the same as a Medicare Supplement for individual production calculations.

LONG TERM CARE PLANS:

Age Bracket:	New	Renewal
Under Age 60	50%	7%
61 - 74	40%	7%
75 – 85	30%	7%

The above commission schedules are effective January 1, 2010. Wellmark Blue Cross of Iowa reserves the right to adjust the commissions paid on its products. Mutual Med also reserves the right to adjust commission schedules as market conditions change. We will give as much notice as possible prior to any change in future commission schedules.



Wellmark Blue Cross Blue Shield of Iowa

SMALL GROUP

Group Medical, Life, STD, LTD and Dental Commission – 2 to 50 lives – Based on book of business in force and retention as outlined below:

	<u>Renewal</u>	<u>New</u>
Over 100 lives in force	4.00%	5.00%
25 to 99 lives in force	3.50%	5.00%
Less than 25 lives in force	3.00%	5.00%
Retention requirement	92% based on lives	

Additional 2-50 program requirements:

Retention will be measured monthly at the end of the month. Groups moved to other Mutual Med products will not count against your retention. If the above retention requirement is not met for a month (or if your number of lives in force drops below the threshold), the commission rate on your entire book of business (except those that have not renewed to the above schedule) will drop one category. For example, if you are earning 4.0% and miss your retention target, you will drop down to 3.5%. If you place additional small group business and move up a category, all new business and renewals being paid at the above schedule will move up one category in the next month.



Wellmark Blue Cross Blue Shield of Iowa

COMMISSION SCHEDULE LARGE GROUP

Groups 51+: Dental - 3.2% flat for both new and renewal.

Groups 51+: Medical: Monthly commission percentages are based upon annualized premium at the initial effective date and at subsequent renewal dates. The monthly percentage is determined by calculating the expected annual premium as of these dates and applying the annual premium amount to the following table.

<u>Annualized Premium</u>	<u>New</u>	<u>Renewal</u>
\$0 - \$369,600	4.01%	3.90%
\$369,601 - \$420,000	2.58%	2.81%
\$420,001 - \$464,800	2.50%	2.70%
\$464,801 - \$509,600	2.41%	2.61%
\$509,601 - \$560,000	2.29%	2.52%
\$560,001 - \$616,000	2.15%	2.43%
\$616,001 - \$677,600	2.03%	2.34%
\$677,601 - \$744,800	1.92%	2.27%
\$744,801 - \$817,600	1.78%	2.19%
\$817,601 - \$896,000	1.64%	2.12%
\$896,001 - \$980,000	1.49%	2.05%
\$980,001 - \$1,069,600	1.37%	1.98%
\$1,069,601 - \$1,164,800	1.29%	1.96%
\$1,164,801 - \$1,265,600	1.23%	1.94%
\$1,265,601 - \$1,372,000	1.21%	1.90%
\$1,372,001 - \$1,484,000	1.17%	1.60%
\$1,484,001 - \$1,601,600	1.12%	1.56%
\$1,601,601 - \$1,724,800	1.06%	1.51%
\$1,724,801 - \$1,853,600	0.98%	1.49%
\$1,853,601 - \$1,988,000	0.92%	1.44%
\$1,988,001 - \$2,128,000	0.92%	1.44%
\$2,128,001 - \$2,273,600	0.92%	1.42%
\$2,273,601 - \$2,424,800	0.92%	1.40%
\$2,424,801 - \$2,581,600	0.86%	1.38%
\$2,581,601 - \$2,744,000	0.80%	1.36%
\$2,744,001 - \$2,912,000	0.78%	1.36%
\$2,912,001 - \$3,085,600	0.78%	1.36%
\$3,085,601 - \$3,264,800	0.74%	1.33%
\$3,264,801 - \$3,449,600	0.74%	1.33%

Commission on groups in excess of 500 lives is negotiable.



Wellmark Blue Cross Blue Shield of Iowa

COMMISSION SCHEDULE LARGE GROUP (cont.)

In other words, if the monthly premium is \$50,000, the annual premium would be \$600,000 and the commission percentage payable would be 2.15% for new and 2.43% for renewal. Additional commission may no longer be built into quoted rates; however, additional compensation is available via a per-head service fee. This fee must be requested no later than the time of submission to underwriting and will be shown as a separate line item on the policyholder's monthly billing statement. All service fees sold in this manner will be payable 100% to the agent. This commission schedule will be effective for groups sold or renewing January 1, 2010 or later.



Wellmark Blue Cross Blue Shield of South Dakota

<---# of New Lives Sold Annually--->

UNDER 65 PLANS	0-19	20+
1st Yr Direct Pay Products*	10.17%	13.56%
Renewal Yrs 2-7 Direct Pay	2.88%	3.56%
Renewal Yrs 8+ Direct Pay	2.03%	2.54%
Blue Transitions	1.33% for all years	
OVER 65 PLANS	0-19	20+
1st Yr Med Supp Products*	11.20%	14.00%
Renewal Yrs 2-7 Med Supp	5.60%	7.00%
Renewal Yrs 8+ Med Supp	4.50%	5.60%
Basic and Standard Plans:	1.60% for all years	

*Please note that Medicare Part D sales will not be included in the individual production calculations above, but short term policies and Blue PPO are included.

*Please note that Wellmark determines what qualifies as a new policy versus a renewal. Any Medicare Supplement policy that replaces an existing Medicare supplement policy will be treated as renewal irrespective of who issued the replaced policy.

MEDICARE PART D & MEDICARE BLUE PPO:

	<u>New</u>	<u>Renewal</u>
Part D (All Plans)	\$4.41	\$2.20
Blue PPO	\$18.75	\$9.38

*Please note that the amounts listed above are per member per month.

Per CMS, no more than \$53 annually can be paid for first year commissions on all Part D products, and the second year commissions can not be more than 50% of the first year amount. Blue PPO sales will be considered the same as a Medicare Supplement for individual production calculations.

The above commission schedules are effective January 1, 2010. Wellmark Blue Cross of South Dakota reserves the right to adjust the commissions paid on its products. Mutual Med also reserves the right to adjust commission schedules as market conditions change. We will give as much notice as possible prior to any change in future commission schedules.



Wellmark Blue Cross Blue Shield of South Dakota

SMALL GROUP

Small Group:

Health and Dental — First Year and Renewal 3%

Large Group:

<u>Annualized Premium</u>	<u>New</u>	<u>Renewal</u>
\$0 - \$357,500	2.11%	1.76%
\$357,501 - \$385,000	2.02%	1.64%
\$385,001 - \$412,500	1.92%	1.56%
\$412,501 - \$443,300	1.83%	1.50%
\$443,301 - \$477,400	1.73%	1.42%
\$477,401 - \$514,800	1.64%	1.37%
\$514,801 - \$555,500	1.55%	1.28%
\$555,501 - \$599,500	1.50%	1.26%
\$599,501 - \$646,800	1.45%	1.23%
\$646,801 - \$697,400	1.41%	1.20%
\$697,401 - \$751,300	1.36%	1.15%
\$751,301 - \$808,500	1.31%	1.12%
\$808,501 - \$869,000	1.26%	1.10%
\$869,001 - \$932,800	1.22%	1.07%
\$932,801 - \$999,900	1.17%	1.04%
\$999,901 - \$1,070,300	1.12%	1.01%
\$1,070,301 - \$1,144,000	1.08%	0.96%
\$1,144,001 - \$1,221,000	1.03%	0.94%
\$1,221,001 - \$1,301,300	1.01%	0.90%
\$1,301,301 - \$1,384,900	0.98%	0.88%
\$1,384,901 - \$1,471,800	0.96%	0.85%
\$1,471,801 - \$1,562,000	0.94%	0.83%
\$1,562,001 - \$1,655,500	0.89%	0.80%
\$1,655,501 - \$1,752,300	0.87%	0.78%
\$1,752,301 - \$1,852,400	0.80%	0.74%
\$1,852,401 - \$1,955,800	0.75%	0.70%
\$1,955,801 - \$2,062,500	0.70%	0.64%
\$2,062,501 - \$2,172,500	0.65%	0.61%
\$2,172,501 - \$22,000,000	0.61%	0.61%

