

# 2023 Producer Base Compensation

Your early peek into changes taking effect as soon as December 1, 2022!

**Group Medical and Specialty Products** 



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This 2023 Producer Base Compensation document is part of the Producer Partnership Plan (PPP) referenced throughout this document and provides updated information solely related to base compensation as described herein. It does not contain rules and provisions or commissions related to the sale of Individual Medicare, Individual Medicare Supplement, Individual Dental and Individual Vision Products. Those rules are contained in the 2023 Individual Products Producer Partnership Plan for Individual Medicare, Medicare Supplement, Dental and Vision products in the secure Agent section of **Humana.com**, on the Vantage Portal, under "Commissions."

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# General Information

The rules and provisions provided in the current PPP and the rules and provisions provided in the current Appendix to the Producer Partnership Plan (Appendix) constitute the PPP in its entirety. The Appendix is part of the PPP. This 2023 Producer Based Compensation document is part of the PPP. The term "Humana" in this PPP has the same meaning as the term "Company" as defined in the Humana Producer Contract "Contract." Except where otherwise noted, capitalized terms in the current PPP are defined in the Contract and the current PPP supersedes all prior producer partnership plans. Humana reserves the sole right to determine the resolution of any discrepancy between the PPP, Appendix and Contract.

Both the PPP and the Appendix may be accessed online at **Humana.com**, in the "Important Producer Notices" section. Producers must sign in to access this section of the agent portal. Reference the Appendix for additional rules and provisions applicable to the compensation offerings detailed in this PPP, including base commissions, bonuses and recognition programs.

Under Applicable Law, a Producer may be required to disclose to the insured or applicant or responsible plan fiduciary the programs under which they are compensated including direct or indirect commissions, bonuses, incentives or other forms of remuneration for which Producer is eligible for the sale or renewal of insured products.

This PPP is the property of Humana. The Producer may view, copy and print the PPP for personal use only. The Producer may not otherwise use, reproduce, download, store, post, broadcast, transmit, modify, sell or make available to the public content from Humana's PPP.

To sell Products, you must be contracted and appointed by Humana. Humana retains the sole discretion to authorize the Producer to solicit applications for any Product and not all Producers will be authorized to solicit applications for all Products, or to participate in the sale or distribution of any third-party products or products offered through other vendors. Humana reserves the right to decline contracting or appointing any individual or entity at its discretion. Contact your sales representative for more information on becoming a contracted and appointed Producer.

The provisions and commission schedules in the current or any prior Individual Medicare, Major Medical, Ancillary and Supplemental Product Product Partnership Plan do not apply to Group Medical and Specialty Products.

# General Information

## What compensation tools does Humana offer to Producers online?

Humana offers multiple reports to Producers that show how they are performing in Humana's compensation programs. Through the secure section of the agent portal at Humana.com, Producers may view the following reports:

- Historical commission and bonus statements
- Year-to-date production applied to 2022 Leaders Club Program
- · Commission Tier qualification for current and prior quarters
- Preliminary Commission Tier qualification for the next quarter

## How do I notify Humana of my direct deposit information?

You can set up or change your direct deposit information in the Commercial Business section for Agents & Brokers at Humana.com by navigating to the "Pay and Bonuses" section and clicking on the link titled "Add/Change Direct Deposit Information."

#### What is a Line of Coverage?

A Line of Coverage is a class of insurance and the itemized items below are the classes/types of the Lines of Coverage.

- Group Medical
- 2. Group Term Life
- 3. Group Term Supplemental/Voluntary Life
- 4. Group Vision (including Voluntary Vision)
- 5. Group Dental (including Voluntary Dental)

All of the above Lines of Coverage except Group Medical are Specialty Lines of Coverage.

#### What is a Case?

A Case is any number of the above Lines of Coverage in force with the same employer.

#### How "zero commission" or "fee-based" Cases credit toward PPP programs?

Leaders Club Program - For fully insured Cases, only Lines of Coverage for which base commissions are both (a) being charged to the customer and (b) being paid to the Agent of Record are eligible. For self-funded Cases, only Lines of Coverage for which base commissions are charged to and paid from the plan's administration funds are eligible for payment.

Medical Growth Bonus, Specialty Growth Bonus and any other forms of remuneration – For fully insured Cases, only Lines of Coverage for which base commissions are both (a) being charged to the customer and (b) being paid to the Agent of Record are eligible for payment. For self-funded Cases, only Lines of Coverage for which base commissions are charged to and paid from the plan's administration funds are eligible for payment. Lines of Coverage for which the Agent of Record is not receiving base commissions will count only toward qualification or attainment volume measurement requirements, including but not limited to Line of Coverage counts, enrolled employee counts and premium qualification levels in applicable programs.

## Group Medical and Go365

## When are these Group Medical base commission schedules effective?

Fully insured base commissions (includes Community Rated policies base commissions)

- New sales: These schedules apply to initial effective dates of coverage of Dec. 1, 2022, and later
- Existing Humana customers (as of Nov. 30, 2022): These schedules take effect as of each plan's respective policy anniversary occurring on or after Dec. 1, 2022
- **EXCEPTION:** Texas-based Small Groups renewing on or after Dec. 1, 2015, on fully insured plans that are not Community-Rated\* are subject to the Base Commission schedule in the PPP in effect as of each respective employer's initial effective date of Medical coverage with Humana
- \*Community Rated policies are those policies that are subject to the Affordable Care Act's minimum premium rating rules.

#### Level-Funded premium base compensation

- New sales These schedules apply to initial effective dates of coverage of December 1, 2022, and later
- Existing Humana customers (effective prior to Oct. 1, 2019): The Fully Insured Medical Base Commission State schedule, subsequent year rates, listed in the 2023 PPP would apply.
- Existing Humana customers (effective Oct. 1, 2019 or later): The 2023 LFP renewal Rates would apply.

## Large Group Medical (100 or more Eligible Employees)

Base commission

Louisiana-based employers only	
Fully insured	
100 or more eligible, but less than 100 enrolled	Minimum standard commission = 4%
100–299 enrolled	Minimum standard commission = 4%
300–499 enrolled	Minimum standard commission = 3%
500 or more enrolled	Minimum standard commission = 1%

Fully insured commission rates are negotiable in all other states. Level Funded Premium (LFP) compensation rates on plans with 100 or more eligible employees are the same as the compensation rates published for LFP cases with 51-99 eligible employees in that state. All other self-funded cases' commission rates are negotiable. Contact your Humana sales executive for more information and to complete a Single Case Agreement.

#### Go365 (all Case sizes)

When Go365 is placed with a customer who does not have a Humana fully insured Medical plan, base commissions for Go365 may be added to the fees charged, if requested by the Agent of Record through completion of a Single Case Agreement prior to the pricing of the Go365 plan and with the approval of Humana.

#### Small Group Medical (99 or fewer Eligible Employees)

The base commission schedules for Small Group Medical are provided on pages 8–14. Review the information below for additional details regarding Small Group Medical base commissions.

Small Group base commissions vary depending on three factors:

- 1. The Case size: There are two segments of case sizes—1–50 or 51–99—based on eligible employee counts. Determinations are made at the time of initial application and one month prior to the annual policy anniversary, and will remain in effect until the next annual policy anniversary regardless of any month-to-month enrollment fluctuations. Humana reserves the right to establish the segments of case size for any specific group.
- 2. The Commission Tier of the Agent of Record at time of commission calculation is established by Humana each calendar quarter. For Community Rated policies, the Commission Tier is changed only once annually on the respective policy plan anniversary date. Once an Agent of Record's Commission Tier has been assigned to a Community Rated policy, the Tier will remain for that policy's plan year, even in the event of an Agent of Record change.
- **3.** The situs state, as reflected in Humana's systems, is the state in which the master group policy for Medical coverage was issued. Contact your Humana sales executive for information on how various site multi-location groups are administered.

## **Group Medical and Go365**

## Can a group's base commission fluctuate from month to month?

Yes, in two instances:

- 1. If a Case is tagged as having a 1-50 Case size group, the applicable base commission is determined by the number of enrolled employees for each premium bill month. If a 1-50 Case size Case grows to greater than 50 enrolled employees, the group will be paid on the 1-50 Case size range that includes up to 50 enrolled employees until it is reclassified as a 51-99 Case size Case at a subsequent policy anniversary.
- 2. When an Agent of Record experiences a quarterly change in Commission Tiers on non-Community Rated policies. Community Rated policies' Commission Tiers are updated only once per year, at the respective policy plan anniversary. For more information, review the section titled "What happens when I qualify for a higher or lower Commission Tier?"

#### **How are Commission Tiers determined?**

The Agent of Record's total weighted Eligible Lines of Coverage (ELC) on the last day of each calendar quarter will determine the Commission Tier for which the Producer qualifies. The Commission Tier for which the Agent of Record qualifies could change each Commission Tier Cycle based on changes to the Agent of Record's total weighted ELCs, described below. A Commission Tier Cycle refers to approximately three months of base commission payments, effective for premium paid and applied by Humana on or after the 26th of the month after the end of each calendar quarter.

Commission Tier 1	Commission Tier 2	Commission Tier 3
Less than 13 ELCs	At least 13, but less than 45 ELCs	45 or more ELCs

## How is my weighted ELC count determined?

ELCs are the Medical and Specialty Lines of Coverage determined to have 2-99 enrolled employees on the most recent of either the Medical coverage's initial effective date or Dec. 31, 2015. Please review the Medical Growth Bonus for full eligibility details. Each ELC is weighted according to the below table:

Line of Coverage	ELC Credit	Line of Coverage	<b>ELC Credit</b>
Group Medical	1.0	Group Dental (including voluntary)	0.50
Group Vision (including voluntary)	0.25	Group Term Life (including AD&D)	0.25
Group Term Supplemental Life (including AD&D)	0.25		

#### What happens if I qualify for a higher, lower or no change in Commission Tier?

- 1. No change: If the Agent of Record qualifies for the same Commission Tier as in the previous Commission Tier Cycle, there will be no change to the Agent of Record's Commission Tier.
- 2. Higher Commission Tier: If the Agent of Record qualifies for an increase in Commission Tier, the increase is effective for base commissions paid on all eligible non-Community Rated Cases for the next Commission Tier Cycle. For example, if you qualify for a higher commission tier at the end of quarter 2, your commission percentage will increase to the higher level for quarter 3. Community Rated policies' commission rates will not be adjusted until each respective policy's subsequent plan anniversary date.
- 3. Lower Commission Tier: If the Agent of Record qualifies for a lower Commission Tier, he or she will either be:
- a. Placed in a Grace Period, being paid on a higher Commission Tier than qualified, remaining on the prior qualified Commission Tier for one Commission Tier Cycle; or
- b. Will be paid on the next lowest Commission Tier, if he or she was in a Grace Period before qualifying for a reduction in Commission Tier for the second consecutive Commission Tier Cycle. Community Rated policies' commission rates will not be adjusted until each respective policy's subsequent plan anniversary date.
- 4. Producer's Commission Tier: If a Producer is named Agent of Record on an existing Community Rated policy, that Producer's Commission Tier will not be applied to the Community Rated policy's commission rate until the policy's subsequent plan anniversary.

## Small Business medical plans

The table below provides detailed situations of how an Agent of Record is placed into a Grace Period or experiences a reduction in Commission Tier.

Commission Tier determination at end of Prior Commission Tier Cycle	Commission Tier under which you are currently being paid	Commission Tier determination at end of Current Commission Tier Cycle	Commission Tier under which you will be paid in the Next Commission Tier Cycle
Commission Tier 3	Commission Tier 3	Commission Tier 1 or 2	Commission Tier 3 Placed in Grace Period
Commission Tier 2	Commission Tier 2	Commission Tier 1	Commission Tier 2 Placed in Grace Period
Commission Tier 1	Commission Tier 3 Currently in Grace Period	Commission Tier 2	Commission Tier 2
Commission Tier 2	Commission Tier 3 Currently in Grace Period	Commission Tier 2	Commission Tier 2
Commission Tier 1	Commission Tier 3 Currently in Grace Period	Commission Tier 1	Commission Tier 2 Placed in Grace Period
Commission Tier 2	Commission Tier 3 Currently in Grace Period	Commission Tier 1	Commission Tier 2 Placed in Grace Period

## **Commission Tier Cycle Calendar for 2023**

There are four Commission Tier Cycles for 2023. Below are the important dates for each Commission Tier Cycle.

	Commission Tier Cycle 1	Commission Tier Cycle 2	Commission Tier Cycle 3	Commission Tier Cycle 4
Commission Tier Cycle begin and end dates	Jan. 26, 2023–	April 26, 2023–	July 26, 2023–	Oct. 26, 2023–
	April 25, 2023	July 25, 2023	Oct. 25, 2023	Jan. 25, 2024
ELC Count measured for business in force as of	Dec. 31, 2022	March 31, 2023	June 30, 2023	Sept. 30, 2023
Next Commission Tier Cycle begin and end dates	April 26, 2023–	July 26, 2023–	Oct. 26, 2023–	Jan. 26, 2024–
	July 25, 2023	Oct. 25, 2023	Jan. 25, 2024	April 25, 2024
Prior Commission Tier Cycle begin and end dates	Oct. 26, 2022–	Jan. 26, 2023–	April 26, 2023–	July 26, 2023–
	Jan. 25, 2023	April 25, 2023	July 25, 2023	Oct. 25, 2023

## Fully insured state schedules

The following tables provide the Small Business base commission schedules by state for 2023. Base commissions are expressed by either a percentage of paid premium or a payment per enrolled employee per month. (Please note that first year compensation for our Level-Funded Premium Product (LFP) is not covered in these tables. See pages 13 and 14 for first year LFP Compensation State Schedules.) In states other than Colorado, LFP plans' subsequent year compensation is covered in these tables, if LFP coverage was effective prior to 10/1/19. Compensation rates for LFP plans placed in Colorado are listed in the table on page 13, regardless of the placement date.

	Enrolled employees for	Commission Tier 1		Commission Tier 2		Commission Tier 3				
Group Situs State	premium bill month	First year	Subsequent year	First year	Subsequent year	First year	Subsequent year			
	All Community Rated Policies (see full definition on page 5) – effective 1/1/2023									
	1–3 enrolled	\$4.00	\$3.00	\$6.00	\$6.00	\$6.00	\$6.00			
	4–25 enrolled	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00			
	More than 25 enrolled	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00			
Avinono	Non Community Rated Fully	Insured Poli	cies Case Size 1-	50 Eligibles	(see full definiti	ion on page	5)			
Arizona	1–3 enrolled	\$8.00	\$7.00	\$10.00	\$9.00	\$12.00	\$11.00			
	4–25 enrolled	\$24.00	\$22.00	\$27.00	\$25.00	\$28.00	\$26.00			
	More than 25 enrolled	\$20.00	\$18.00	\$23.00	\$21.00	\$26.00	\$24.00			
	Fully Insured Case Size 51–9	99 Eligibles (	see full definition	on on page 5	5)					
	All enrolled counts+	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%			
	All Community Rated Fully I	nsured Poli	cies (see full de	finition on p	age 5)					
Calamada	1–3 enrolled	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00			
Colorado	4–25 enrolled	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00			
	More than 25 enrolled	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00			
	All Community Rated Policies (see full definition on page 5)									
	1–3 enrolled	\$2.00	\$2.00	\$2.00	\$2.00	\$3.00	\$3.00			
	4–25 enrolled	\$23.00	\$20.00	\$25.00	\$22.00	\$29.00	\$26.00			
Florida	More than 25 enrolled	\$22.00	\$19.00	\$24.00	\$21.00	\$28.00	\$25.00			
excluding Dade, Palm	Non Community Rated Fully	Insured Poli	cies Case Size 1-	50 Eligibles	(see full definiti	ion on page	5)			
Beach and Broward	1–3 enrolled	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00			
Counties	4–25 enrolled	\$27.00	\$24.00	\$28.00	\$25.00	\$29.00	\$26.00			
	More than 25 enrolled	\$26.00	\$23.00	\$27.00	\$24.00	\$28.00	\$25.00			
	Fully Insured Case Size 51-9	9 Eligibles (	see full definition	n on page 5	)					
	All enrolled counts+	3.75%	3.50%	4.25%	3.75%	4.75%	4.25%			
	All Community Rated Policie	es (see full c	definition on pag	ge 5)						
	1–3 enrolled	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00			
	4–25 enrolled	\$34.00	\$32.00	\$36.00	\$34.00	\$37.00	\$35.00			
Florida	More than 25 enrolled	\$34.00	\$32.00	\$36.00	\$34.00	\$37.00	\$35.00			
Counties of Dade,	Non Community Rated Fully	Insured Poli	cies Case Size 1-	50 Eligibles	(see full definiti	ion on page	5)			
Palm and Broward	1–3 enrolled	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00			
only	4–25 enrolled	\$34.00	\$32.00	\$36.00	\$34.00	\$37.00	\$35.00			
	More than 25 enrolled	\$34.00	\$32.00	\$36.00	\$34.00	\$37.00	\$35.00			
	Fully Insured Case Size 51-9	9 Eligibles (	see full definitio	n on page 5	)					
	All enrolled counts+	4.00%	3.75%	4.50%	4.00%	5.00%	4.50%			

More state-specific base commissions for small business Medical on the next page.

## Fully insured state schedules

	Enrolled employees for	Commissio	Commission Tier 1		on Tier 2	Commission Tier 3					
Group Situs State	premium bill month	First year	Subsequent year	First year	Subsequent year	First year	Subsequent year				
	All Community Rated Polic	ies (see full c	lefinition on pa	ge 5)							
	1–3 enrolled	\$6.00	\$6.00	\$7.00	\$7.00	\$10.00	\$10.00				
	4–25 enrolled	\$25.00	\$23.00	\$28.00	\$26.00	\$33.00	\$31.00				
	More than 25 enrolled	\$25.00	\$23.00	\$28.00	\$26.00	\$33.00	\$31.00				
Coordia	Non Community Rated Full	y Insured Poli	cies Case Size 1	-50 Eligibles	(see full definit	tion on page	5)				
Georgia	1–3 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00				
	4–25 enrolled	\$29.00	\$27.00	\$31.00	\$29.00	\$33.00	\$31.00				
	More than 25 enrolled	\$29.00	\$27.00	\$31.00	\$29.00	\$33.00	\$31.00				
	Fully Insured Case Size 51-	-99 Eligibles (	see full definiti	on on page	5)						
	All enrolled counts	\$26.00	\$24.00	\$28.00	\$26.00	\$30.00	\$28.00				
	All Community Rated Polic	ies (see full o	lefinition on pa	ge 5)							
	1–3 enrolled	\$5.00	\$5.00	\$6.00	\$6.00	\$7.00	\$7.00				
	4–25 enrolled	\$23.00	\$22.00	\$27.00	\$26.00	\$33.00	\$32.00				
	More than 25 enrolled	\$20.00	\$18.00	\$24.00	\$22.00	\$30.00	\$28.00				
	Non Community Rated Full	Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)									
Illinois	1–3 enrolled	\$10.00	\$9.00	\$11.00	\$10.00	\$12.00	\$11.00				
	4–25 enrolled	\$31.00	\$30.00	\$33.00	\$32.00	\$35.00	\$34.00				
	More than 25 enrolled	\$28.00	\$26.00	\$30.00	\$28.00	\$32.00	\$30.00				
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)										
	All enrolled counts	\$25.00	\$23.00	\$26.00	\$24.00	\$27.00	\$25.00				
	All Community Rated Polic	All Community Rated Policies (see full definition on page 5)									
	1–3 enrolled	\$6.00	\$5.00	\$9.00	\$8.00	\$15.00	\$14.00				
	4–25 enrolled	\$9.00	\$8.00	\$16.00	\$15.00	\$23.00	\$22.00				
	More than 25 enrolled	\$9.00	\$8.00	\$16.00	\$15.00	\$23.00	\$22.00				
	Non Community Rated Full	y Insured Poli	cies Case Size 1	-50 Eligibles	(see full definit	tion on page	5)				
Indiana	1–3 enrolled	\$10.00	\$9.00	\$12.00	\$11.00	\$15.00	\$14.00				
	4–25 enrolled	\$20.00	\$19.00	\$23.00	\$22.00	\$26.50	\$25.50				
	More than 25 enrolled	\$20.00	\$19.00	\$23.00	\$22.00	\$26.50	\$25.50				
	Fully Insured Case Size 51-	99 Eligibles (	see full definition	on on page 5	5)						
	All enrolled counts	\$19.00	\$18.00	\$21.00	\$20.00	\$22.00	\$21.00				
	All Community Rated Polic	ies (see full c	lefinition on pa	ge 5)							
	1–3 enrolled	\$5.00	\$5.00	\$5.00	\$5.00	\$6.00	\$6.00				
	4–25 enrolled	\$19.00	\$18.00	\$24.00	\$23.00	\$30.00	\$29.00				
	More than 25 enrolled	\$18.00	\$17.00	\$21.00	\$20.00	\$22.00	\$21.00				
	Non Community Rated Full						-				
Kansas	1–3 enrolled	\$11.00	\$10.00	\$13.00	\$12.00	\$15.00	\$14.00				
	4–25 enrolled	\$26.00	\$25.00	\$28.00	\$27.00	\$32.00	\$31.00				
	More than 25 enrolled	\$21.00	\$20.00	\$23.00	\$22.00	\$27.00	\$26.00				
	Fully Insured Case Size 51-			1.		1.					
	All enrolled counts+	2.75%	2.50%	3.00%	2.75%	3.25%	3.00%				

 $\label{lem:more state-specific base commissions for small business \ Medical \ on \ the \ next \ page.$ 

## Fully insured state schedules

	Formally of any place on form	Commissio	n Tier 1	Commission	on Tier 2	Commission	on Tier 3		
Group Situs State	Enrolled employees for premium bill month	First year	Subsequent year	First year	Subsequent year	First year	Subsequent year		
	All Community Rated Polic	ies (see full c	lefinition on pa	ge 5)					
	1–3 enrolled	\$4.00	\$3.00	\$5.00	\$4.00	\$6.00	\$5.00		
	4–25 enrolled	\$9.50	\$8.00	\$17.50	\$15.00	\$25.50	\$24.00		
	More than 25 enrolled	\$8.00	\$7.00	\$15.00	\$14.00	\$21.00	\$20.00		
Vontuolo	Non Community Rated Fully	/ Insured Poli	cies Case Size 1	-50 Eligibles	(see full definit	ion on page	5)		
Kentucky	1–3 enrolled	\$8.00	\$7.00	\$9.00	\$8.00	\$10.00	\$9.00		
	4–25 enrolled	\$17.50	\$16.00	\$23.50	\$21.00	\$27.50	\$26.00		
	More than 25 enrolled	\$16.00	\$15.00	\$21.00	\$20.00	\$23.00	\$22.00		
	Fully Insured Case Size 51–	99 Eligibles (	see full definiti	on on page	5)				
	All enrolled counts	\$17.00	\$16.00	\$18.00	\$17.00	\$19.00	\$18.00		
	All Community Rated Polic	ies (see full c	lefinition on pa	ge 5)					
	1–3 enrolled	\$3.00	\$2.00	\$4.00	\$3.00	\$5.00	\$4.00		
	4–25 enrolled	\$19.00	\$18.00	\$22.00	\$21.00	\$27.00	\$26.00		
	More than 25 enrolled	\$11.00	\$11.00	\$14.00	\$13.00	\$19.00	\$18.00		
	Non Community Rated Fully	/ Insured Poli	cies Case Size 1	-50 Eligibles	(see full definit	ion on page	5)		
Louisiana	1–3 enrolled	\$8.00	\$7.00	\$9.00	\$8.00	\$10.00	\$9.00		
	4–25 enrolled	\$28.00	\$27.00	\$30.00	\$29.00	\$32.00	\$31.00		
	More than 25 enrolled	\$20.00	\$20.00	\$22.00	\$21.00	\$24.00	\$23.00		
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)								
	All enrolled counts	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00		
	All Community Rated Policies (see full definition on page 5)								
	1–3 enrolled	\$2.00	\$2.00	\$4.00	\$4.00	\$5.00	\$5.00		
	4–25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00		
	More than 25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00		
	Non Community Rated Fully	/ Insured Poli		-50 Eligibles	(see full definit	ion on page			
Michigan	1–3 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00		
	4–25 enrolled	\$20.00	\$20.00	\$22.00	\$22.00	\$24.00	\$24.00		
	More than 25 enrolled	\$20.00	\$20.00	\$22.00	\$22.00	\$24.00	\$24.00		
	Fully Insured Case Size 51-	99 Eligibles (		1		1			
	All enrolled counts	\$6.00	\$17.25	\$7.50	\$20.00	\$9.75	\$22.50		
	All Community Rated Polic	ies (see full o		ge 5)		1			
	1–3 enrolled	\$5.00	\$5.00	\$5.00	\$5.00	\$6.00	\$6.00		
	4–25 enrolled	\$19.00	\$18.00	\$24.00	\$23.00	\$30.00	\$29.00		
	More than 25 enrolled	\$18.00	\$17.00	\$21.00	\$20.00	\$22.00	\$21.00		
	Non Community Rated Fully						1		
Missouri	1–3 enrolled	\$11.00	\$10.00	\$13.00	\$12.00	\$15.00	\$14.00		
	4–25 enrolled	\$26.00	\$25.00	\$28.00	\$27.00	\$32.00	\$31.00		
	More than 25 enrolled	\$21.00	\$20.00	\$23.00	\$22.00	\$27.00	\$26.00		
	Fully Insured Case Size 51-		1		-	,	,		
	All enrolled counts+	2.75%	2.50%	3.00%	2.75%	3.25%	3.00%		
	c cca countes.			3.0070		3.2070			

More state-specific base commissions for small business Medical on the next page.

## Fully insured state schedules

Provided Employees for premium bill month prist year vear part part part part part part part pa		Franklad amplement for	Commissio	n Tier 1	Commissio	n Tier 2	Commission Tier 3				
1-3 enrolled   \$3.00   \$2.00   \$4.00   \$3.00   \$5.00   \$4.00	Group Situs State		First year		First year	1	First year	The state of the s			
A-25 enrolled		All Community Rated Polici	es (see full c	lefinition on pa	ge 5)						
More than 25 enrolled   \$11.00   \$11.00   \$13.00   \$19.00   \$18.00   \$18.00   \$19.00   \$18.00   \$10.		1–3 enrolled	\$3.00	\$2.00	\$4.00	\$3.00	\$5.00	\$4.00			
Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)   1-3 enrolled   \$8.00   \$7.00   \$9.00   \$8.00   \$10.00   \$9.00     A-25 enrolled   \$28.00   \$27.00   \$32.00   \$22.00   \$24.00   \$23.00     Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)   All enrolled counts   \$29.00   \$29.00   \$29.00   \$29.00   \$29.00   \$29.00     Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)   All enrolled counts   \$29.00   \$29.00   \$29.00   \$29.00   \$29.00   \$29.00     All Community Rated Policies (see full definition on page 5)   All enrolled counts   \$5.00   \$5.00   \$5.00   \$5.00   \$5.00   \$5.00     A-25 enrolled   \$10.00   \$10.00   \$10.00   \$10.00   \$10.00   \$10.00     More than 25 enrolled   \$10.00   \$10.00   \$10.00   \$10.00   \$10.00   \$10.00     A-26 enrolled   \$10.00   \$10.00   \$10.00   \$10.00   \$10.00   \$10.00     A-26 enrolled   \$24.00   \$22.00   \$27.00   \$25.00   \$28.00   \$26.00     A-25 enrolled   \$24.00   \$22.00   \$27.00   \$25.00   \$28.00   \$26.00     A-25 enrolled   \$24.00   \$22.00   \$27.00   \$25.00   \$28.00   \$26.00     All enrolled counts   \$18.75   \$17.00   \$20.00   \$18.00   \$12.00   \$11.00     A-25 enrolled   \$16.00   \$15.00   \$11.00   \$10.00   \$11.00   \$11.00     A-25 enrolled   \$16.00   \$15.00   \$17.00   \$16.00   \$17.00   \$16.00     All enrolled   \$16.00   \$15.00   \$17.00   \$16.00   \$17.00   \$16.00   \$17.00     All enrolled   \$16.00   \$15.00   \$17.00   \$16.00   \$17.00   \$16.00   \$17.00     All enrolled   \$16.00   \$18.00   \$17.00   \$16.00   \$17.00   \$16.00   \$17.00     All enrolled   \$16.00   \$18.00   \$18.00   \$19.00   \$17.00   \$10.00     All enrolled   \$16.00   \$18.00   \$18.00   \$10.00   \$10.00   \$10.00   \$10.00     All enrolled   \$16.00   \$18.00   \$18.00   \$10.00   \$10.00   \$10.00   \$10.00     A-25 enrolled   \$16.00   \$18.00   \$18.00   \$10.00   \$10.00   \$10.00   \$10.00     All enrolled   \$16.00   \$18.00   \$18.00   \$10.00   \$10.00   \$10.00   \$10.00   \$10.00     All enrolled   \$16.00   \$18.00   \$18.00   \$10.00   \$10.00   \$		4–25 enrolled	\$19.00	\$18.00	\$22.00	\$21.00	\$27.00	\$26.00			
1-3 enrolled   \$8.00   \$7.00   \$9.00   \$8.00   \$10.00   \$9.00    -25 enrolled   \$28.00   \$27.00   \$30.00   \$29.00   \$32.00   \$31.00		More than 25 enrolled	\$11.00	\$11.00	\$14.00	\$13.00	\$19.00	\$18.00			
1-3 enrolled   \$8.00   \$7.00   \$9.00   \$8.00   \$10.00   \$31.00	Mississippi	Non Community Rated Fully	Insured Poli	cies Case Size 1-	50 Eligibles	(see full definiti	ion on page	5)			
More than 25 enrolled   \$20.00   \$20.00   \$21.00   \$21.00   \$24.00   \$23.00	iviississippi	1–3 enrolled	\$8.00	\$7.00	\$9.00	\$8.00	\$10.00	\$9.00			
Fully Insured Case Size 51–99 Eligibles (see full definition on page 5)   All enrolled counts   \$29.00   \$29.		4–25 enrolled	\$28.00	\$27.00	\$30.00	\$29.00	\$32.00	\$31.00			
All enrolled counts		More than 25 enrolled	\$20.00	\$20.00	\$22.00	\$21.00	\$24.00	\$23.00			
All Community Rated Policies (see full definition on page 5)   1–3 enrolled   \$5.00   \$5.00   \$5.00   \$5.00   \$5.00   \$5.00   \$5.00   \$5.00   \$5.00   \$6.00   \$10.0		Fully Insured Case Size 51–	99 Eligibles (	see full definition	on on page !	5)					
1-3 enrolled		All enrolled counts	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00			
A-25 enrolled		All Community Rated Polici	es (see full c	lefinition on pag	ge 5)						
More than 25 enrolled   \$10.00   \$10.		1–3 enrolled	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00			
Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)   1-3 enrolled		4–25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00			
1-3 enrolled		More than 25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00			
1-3 enrolled											
More than 25 enrolled \$20.00 \$18.00 \$23.00 \$21.00 \$26.00 \$24.00   Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)  All enrolled counts \$18.75 \$17.00 \$20.00 \$18.00 \$21.25 \$19.25   All Community Rated Policies (see full definition on page 5)  1—3 enrolled \$10.00 \$9.00 \$11.00 \$10.00 \$12.00 \$11.00 \$11.00   4—25 enrolled \$16.00 \$15.00 \$17.00 \$16.00 \$18.00 \$17.00 \$16.00   More than 25 enrolled \$15.00 \$14.50 \$16.00 \$15.00 \$17.00 \$16.00 \$16.00 \$16.00 \$16.00 \$16.00 \$15.00 \$17.00 \$16.00	Nevada	1–3 enrolled	\$8.00	\$7.00	\$10.00	\$9.00	\$12.00	\$11.00			
Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)  All enrolled counts \$18.75 \$17.00 \$20.00 \$18.00 \$21.25 \$19.25  All Community Rated Policies (see full definition on page 5)  1-3 enrolled \$10.00 \$9.00 \$11.00 \$10.00 \$12.00 \$11.00  4-25 enrolled \$16.00 \$15.00 \$17.00 \$16.00 \$18.00 \$17.00  More than 25 enrolled \$15.00 \$14.50 \$16.00 \$15.00 \$17.00 \$16.00  Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)  1-3 enrolled \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00  4-25 enrolled \$20.75 \$19.75 \$23.00 \$22.00 \$25.25 \$24.25  More than 25 enrolled \$20.50 \$18.50 \$21.50 \$20.50 \$23.00 \$22.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)  All enrolled counts \$19.00 \$18.00 \$20.00 \$19.00 \$21.00 \$20.00  All Community Rated Policies (see full definition on page 5)  All Community Rated Policies (see full definition on page 5)  1-3 enrolled \$5.00 \$4.00 \$6.00 \$5.00 \$7.00 \$6.00  4-25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)  1-3 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$20.00 \$28.00 \$30.00 \$29.00 \$31.00 \$30.00  More than 25 enrolled \$20.00 \$20.		4–25 enrolled	\$24.00	\$22.00	\$27.00	\$25.00	\$28.00	\$26.00			
All enrolled counts \$18.75 \$17.00 \$20.00 \$18.00 \$21.25 \$19.25  All Community Rated Policies (see full definition on page 5)  1—3 enrolled \$10.00 \$9.00 \$11.00 \$10.00 \$12.00 \$11.00  4—25 enrolled \$16.00 \$15.00 \$17.00 \$16.00 \$18.00 \$17.00  More than 25 enrolled \$15.00 \$14.50 \$16.00 \$15.00 \$17.00 \$16.00  Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)  1—3 enrolled \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00  4—25 enrolled \$20.75 \$19.75 \$23.00 \$22.00 \$25.25 \$24.25  More than 25 enrolled \$20.50 \$18.50 \$21.50 \$20.50 \$23.00 \$22.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)  All enrolled counts \$19.00 \$18.00 \$20.00 \$19.00 \$21.00 \$20.00  All Community Rated Policies (see full definition on page 5)  1—3 enrolled \$5.00 \$4.00 \$6.00 \$5.00 \$7.00 \$6.00  4—25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)  1—3 enrolled \$15.00 \$14.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$15.00 \$14.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)  1—3 enrolled \$27.00 \$26.00 \$28.00 \$30.00 \$29.00 \$31.00 \$30.00  More than 25 enrolled \$27.00 \$26.00 \$28.00 \$27.00 \$29.00 \$31.00 \$30.00		More than 25 enrolled	\$20.00	\$18.00	\$23.00	\$21.00	\$26.00	\$24.00			
All Community Rated Policies (see full definition on page 5)  1-3 enrolled \$10.00 \$9.00 \$11.00 \$10.00 \$12.00 \$11.00  4-25 enrolled \$16.00 \$15.00 \$17.00 \$16.00 \$18.00 \$17.00  More than 25 enrolled \$15.00 \$14.50 \$16.00 \$15.00 \$17.00 \$16.00  Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)  1-3 enrolled \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00  4-25 enrolled \$20.75 \$19.75 \$23.00 \$22.00 \$25.25 \$24.25  More than 25 enrolled \$20.50 \$18.50 \$21.50 \$20.50 \$23.00 \$22.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)  All enrolled counts \$19.00 \$18.00 \$20.00 \$19.00 \$21.00 \$20.00  Fully Insured Case Size 51-90 Eligibles (see full definition on page 5)  1-3 enrolled \$5.00 \$4.00 \$6.00 \$5.00 \$7.00 \$6.00  4-25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)  1-3 enrolled \$15.00 \$14.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$15.00 \$14.00 \$15.00 \$21.00 \$20.00 \$25.00 \$25.00  More than 25 enrolled \$29.00 \$28.00 \$30.00 \$29.00 \$31.00 \$30.00  More than 25 enrolled \$29.00 \$28.00 \$30.00 \$29.00 \$31.00 \$30.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)		Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)									
1-3 enrolled		All enrolled counts	\$18.75	\$17.00	\$20.00	\$18.00	\$21.25	\$19.25			
Ohio         \$16.00         \$15.00         \$17.00         \$16.00         \$18.00         \$17.00           More than 25 enrolled         \$15.00         \$14.50         \$16.00         \$15.00         \$17.00         \$16.00           Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)           1-3 enrolled         \$18.00         \$19.00         \$19.00         \$19.00         \$19.00         \$19.00         \$19.00         \$19.00         \$19.00         \$19.00											
Ohio         More than 25 enrolled         \$15.00         \$14.50         \$16.00         \$15.00         \$17.00         \$16.00           Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)           1-3 enrolled         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$22.00         \$25.25         \$24.25         \$24.25         \$20.50         \$18.50         \$21.50         \$20.50         \$23.00         \$22.00		1–3 enrolled	\$10.00	\$9.00	\$11.00	\$10.00	\$12.00	\$11.00			
Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)           1-3 enrolled         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$18.00         \$22.00         \$25.25         \$24.25         \$24.25         \$23.00         \$22.00         \$25.25         \$24.25         \$24.25         \$20.00         \$20.50         \$23.00         \$22.00         \$22.00         \$22.00         \$22.00         \$22.00         \$22.00         \$22.00         \$22.00         \$22.00         \$22.00         \$22.00         \$20.00         <		4–25 enrolled	\$16.00	\$15.00	\$17.00	\$16.00	\$18.00	\$17.00			
1-3 enrolled		More than 25 enrolled	\$15.00	\$14.50	\$16.00	\$15.00	\$17.00	\$16.00			
1-3 enrolled \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$4-25 enrolled \$20.75 \$19.75 \$23.00 \$22.00 \$25.25 \$24.25 \$24.25 \$25.00 \$25.25 \$24.25 \$25.00 \$25.25 \$24.25 \$25.00 \$25.20 \$2		Non Community Rated Fully	Insured Poli	cies Case Size 1-	50 Eligibles	(see full definiti	ion on page	5)			
More than 25 enrolled \$20.50 \$18.50 \$21.50 \$20.50 \$23.00 \$22.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)  All enrolled counts \$19.00 \$18.00 \$20.00 \$19.00 \$21.00 \$20.00  All Community Rated Policies (see full definition on page 5)  1–3 enrolled \$5.00 \$4.00 \$6.00 \$5.00 \$7.00 \$6.00  4–25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)  1–3 enrolled \$15.00 \$14.00 \$15.00 \$14.00 \$15.00 \$14.00  4–25 enrolled \$29.00 \$28.00 \$30.00 \$29.00 \$31.00 \$30.00  More than 25 enrolled \$27.00 \$26.00 \$28.00 \$27.00 \$29.00 \$28.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)	Onio	1–3 enrolled	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00			
Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)  All enrolled counts \$19.00 \$18.00 \$20.00 \$19.00 \$21.00 \$20.00  All Community Rated Policies (see full definition on page 5)  1-3 enrolled \$5.00 \$4.00 \$6.00 \$5.00 \$7.00 \$6.00  4-25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)  1-3 enrolled \$15.00 \$14.00 \$15.00 \$14.00 \$15.00 \$14.00  4-25 enrolled \$29.00 \$28.00 \$30.00 \$29.00 \$31.00 \$30.00  More than 25 enrolled \$27.00 \$26.00 \$28.00 \$27.00 \$29.00 \$28.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)		4–25 enrolled	\$20.75	\$19.75	\$23.00	\$22.00	\$25.25	\$24.25			
All enrolled counts \$19.00 \$18.00 \$20.00 \$19.00 \$21.00 \$20.00  All Community Rated Policies (see full definition on page 5)  1-3 enrolled \$5.00 \$4.00 \$6.00 \$5.00 \$7.00 \$6.00  4-25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)  1-3 enrolled \$15.00 \$14.00 \$15.00 \$14.00 \$15.00 \$14.00  4-25 enrolled \$29.00 \$28.00 \$30.00 \$29.00 \$31.00 \$30.00  More than 25 enrolled \$27.00 \$26.00 \$28.00 \$27.00 \$29.00 \$28.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)		More than 25 enrolled	\$20.50	\$18.50	\$21.50	\$20.50	\$23.00	\$22.00			
All Community Rated Policies (see full definition on page 5)  1-3 enrolled \$5.00 \$4.00 \$6.00 \$5.00 \$7.00 \$6.00  4-25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  More than 25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)  1-3 enrolled \$15.00 \$14.00 \$15.00 \$14.00 \$15.00 \$14.00  4-25 enrolled \$29.00 \$28.00 \$30.00 \$29.00 \$31.00 \$30.00  More than 25 enrolled \$27.00 \$26.00 \$28.00 \$27.00 \$29.00 \$28.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)		Fully Insured Case Size 51-9	9 Eligibles (	see full definition	n on page 5	5)		<u>'</u>			
1-3 enrolled       \$5.00       \$4.00       \$6.00       \$5.00       \$7.00       \$6.00         4-25 enrolled       \$16.00       \$15.00       \$21.00       \$20.00       \$26.00       \$25.00         More than 25 enrolled       \$16.00       \$15.00       \$21.00       \$20.00       \$26.00       \$25.00         Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)         1-3 enrolled       \$15.00       \$14.00       \$15.00       \$14.00       \$15.00       \$14.00         4-25 enrolled       \$29.00       \$28.00       \$30.00       \$29.00       \$31.00       \$30.00         More than 25 enrolled       \$27.00       \$26.00       \$28.00       \$27.00       \$29.00       \$28.00         Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)		All enrolled counts	\$19.00	\$18.00	\$20.00	\$19.00	\$21.00	\$20.00			
4-25 enrolled       \$16.00       \$15.00       \$21.00       \$20.00       \$26.00       \$25.00         More than 25 enrolled       \$16.00       \$15.00       \$21.00       \$20.00       \$26.00       \$25.00         Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)         1-3 enrolled       \$15.00       \$14.00       \$15.00       \$14.00         4-25 enrolled       \$29.00       \$28.00       \$30.00       \$29.00       \$31.00       \$30.00         More than 25 enrolled       \$27.00       \$26.00       \$28.00       \$27.00       \$29.00       \$28.00         Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)		All Community Rated Polici	es (see full c	lefinition on pag	ge 5)		1				
More than 25 enrolled \$16.00 \$15.00 \$21.00 \$20.00 \$26.00 \$25.00  Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)  1–3 enrolled \$15.00 \$14.00 \$15.00 \$14.00 \$15.00 \$14.00  4–25 enrolled \$29.00 \$28.00 \$30.00 \$29.00 \$31.00 \$30.00  More than 25 enrolled \$27.00 \$26.00 \$28.00 \$27.00 \$29.00 \$28.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)		1–3 enrolled	\$5.00	\$4.00	\$6.00	\$5.00	\$7.00	\$6.00			
Non Community Rated Fully Insured Policies Case Size 1-50 Eligibles (see full definition on page 5)  1-3 enrolled \$15.00 \$14.00 \$15.00 \$14.00 \$15.00 \$14.00  4-25 enrolled \$29.00 \$28.00 \$30.00 \$29.00 \$31.00 \$30.00  More than 25 enrolled \$27.00 \$26.00 \$28.00 \$27.00 \$29.00 \$28.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)		4–25 enrolled	\$16.00	\$15.00	\$21.00	\$20.00	\$26.00	\$25.00			
Tennessee  1-3 enrolled \$15.00 \$14.00 \$15.00 \$14.00 \$15.00 \$14.00  4-25 enrolled \$29.00 \$28.00 \$30.00 \$29.00 \$31.00 \$30.00  More than 25 enrolled \$27.00 \$26.00 \$28.00 \$27.00 \$29.00 \$28.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)		More than 25 enrolled	\$16.00	\$15.00	\$21.00	\$20.00	\$26.00	\$25.00			
Tennessee  1-3 enrolled \$15.00 \$14.00 \$15.00 \$14.00 \$15.00 \$14.00  4-25 enrolled \$29.00 \$28.00 \$30.00 \$29.00 \$31.00 \$30.00  More than 25 enrolled \$27.00 \$26.00 \$28.00 \$27.00 \$29.00 \$28.00  Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)	_	Non Community Rated Fully	Insured Poli	cies Case Size 1-	50 Eligibles	(see full definiti	ion on page	5)			
More than 25 enrolled         \$27.00         \$26.00         \$28.00         \$27.00         \$29.00         \$28.00           Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)	Tennessee		1	1	1		1				
More than 25 enrolled         \$27.00         \$26.00         \$28.00         \$27.00         \$29.00         \$28.00           Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)		4–25 enrolled	\$29.00	\$28.00	\$30.00	\$29.00	\$31.00	\$30.00			
Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)		More than 25 enrolled	\$27.00					\$28.00			
			9 Eligibles (s	see full definition	n on page 5	5)					
c c		All enrolled counts	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00			

More state-specific base commissions for small business Medical on the next page.

## Fully insured state schedules

	Fundled amplements	Commissio	n Tier 1	Commissio	n Tier 2	Commission Tier 3				
Group Situs State	Enrolled employees for premium bill month	First year	Subsequent year	First year	Subsequent year	First year	Subsequent year			
	All Community Rated Polici	es (see full d	lefinition on pa	ge 5)						
	1–3 enrolled	4.00%	4.00%	4.25%	4.25%	4.50%	4.50%			
	4–25 enrolled	4.00%	4.00%	4.25%	4.25%	4.50%	4.50%			
	More than 25 enrolled	4.00%	4.00%	4.25%	4.25%	4.50%	4.50%			
Toyor	Non Community Rated Fully	Insured Poli	cies Case Size 1-	50 Eligibles	(see full definiti	ion on page	5)			
Texas	1–3 enrolled	4.00%	4.00%	4.25%	4.25%	4.50%	4.50%			
	4–25 enrolled	4.00%	4.00%	4.25%	4.25%	4.50%	4.50%			
	More than 25 enrolled	4.00%	4.00%	4.25%	4.25%	4.50%	4.50%			
	Fully Insured Case Size 51–9	99 Eligibles (	see full definition	on on page !	5)					
	All enrolled counts	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%			
	All Community Rated Polici	es (see full d	lefinition on pag	ge 5)						
	1–3 enrolled	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00			
	4–25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00			
	More than 25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00			
	Non Community Rated Fully	Insured Poli	cies Case Size 1-	50 Eligibles	(see full definiti	ion on page	5)			
Utah	1–3 enrolled	\$31.00	\$28.00	\$32.00	\$29.00	\$34.00	\$31.00			
	4–25 enrolled	\$31.00	\$28.00	\$32.00	\$29.00	\$34.00	\$31.00			
	More than 25 enrolled	\$27.00	\$23.00	\$30.00	\$26.00	\$32.00	\$28.00			
	Fully Insured Case Size 51-99 Eligibles (see full definition on page 5)									
	All enrolled counts	\$21.00	\$20.00	\$22.00	\$21.00	\$23.00	\$22.00			
	All Community Rated Policies (see full definition on page 5)									
	1–3 enrolled	\$4.00	\$3.00	\$7.00	\$6.00	\$10.00	\$9.00			
	4–25 enrolled	\$17.00	\$16.00	\$21.00	\$20.00	\$25.00	\$24.00			
	More than 25 enrolled	\$13.00	\$12.00	\$17.00	\$16.00	\$21.00	\$20.00			
	Non Community Rated Fully	Insured Poli	cies Case Size 1-	50 Eligibles	(see full definiti	ion on page	5)			
Wisconsin	1–3 enrolled	\$8.00	\$7.00	\$9.00	\$8.00	\$11.00	\$10.00			
	4–25 enrolled	\$25.00	\$24.00	\$26.00	\$25.00	\$28.00	\$27.00			
	More than 25 enrolled	\$21.00	\$20.00	\$22.00	\$21.00	\$24.00	\$23.00			
	Fully Insured Case Size 51-9	9 Eligibles (s	see full definition	n on page 5	5)		·			
	All enrolled counts	\$20.00	\$19.00	\$21.00	\$20.00	\$23.00	\$22.00			
	All Community Rated Polici	es (see full d	lefinition on pag	ge 5)		1				
	1–3 enrolled	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00			
	4–25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00			
	More than 25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00			
All al	Non Community Rated Fully	Insured Poli					5)			
All other states	1–3 enrolled	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00			
	4–25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00			
	More than 25 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00			
	Fully Insured Case Size 51-9				5)					
	All enrolled counts	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00			
	1	1	1		I.	1	I			

<sup>+</sup>The case size 51–99 business is paid as a percentage of Paid Premium, which differs from the Case size 1–50 business which is paid as a dollar amount per enrolled employee per month.

## **Level-Funded Premium Compensation**

## State schedules for cases with 1–99 employees

The following table provides first year Level-Funded Premium (LFP) base compensation schedules by state, starting with December 1, 2022 effective dates. Unless otherwise noted, compensation is based on a payment per enrolled employee per month. Subsequent year compensation rates for LFP plans placed prior to 10/1/19 in states other than Colorado are based on the fully insured rates in the tables on pages 8–12. Compensation rates for LFP plans placed in Colorado are listed in this table, regardless of placement date.

		on Tier 1	Commission	on Tier 2	Commission Tier 3					
Group Situs State	Enrolled employees for premium bill month	First year	Subsequent	First year	Subsequent	First year	Subsequent			
	Level-Funded Premium Cas	se Size 1–99	Eligible Employ	rees			,			
Arizona	Any number enrolled	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00			
	Level-Funded Premium Case Size 1–99 Eligible Employees – (Effective on or after 10/1/2019)									
	Any number enrolled	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00			
Colorado	Level-Funded Premium Cas	se Size 1–99	Eligible Employ	ees – ( <b>Effec</b>	tive before 10/	1/2019)				
	Any number enrolled	NA	\$23.00	NA	\$24.00	NA	\$25.00			
AL ILEL 11	Level-Funded Premium Cas	se Size 1–99	Eligible Employ	rees						
North Florida	Any number enrolled	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00			
0 1 = 1 1	Level-Funded Premium Cas	se Size 1–99	Eligible Employ	rees		_				
South Florida	Any number enrolled	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00			
	Level-Funded Premium Cas	se Size 1–99	Eligible Employ	rees		_				
Georgia	Any number enrolled	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00			
	Level-Funded Premium Cas	se Size 1–50	Eligible Employ	rees		_				
	1–3 enrolled	\$10.00	\$9.00	\$11.00	\$10.00	\$12.00	\$11.00			
	4–25 enrolled	\$31.00	\$30.00	\$33.00	\$32.00	\$35.00	\$34.00			
Illinois	26–50 enrolled	\$28.00	\$26.00	\$30.00	\$28.00	\$32.00	\$30.00			
	Level-Funded Premium Case Size 51–99 Eligible Employees									
	Any number enrolled	\$25.00	\$23.00	\$26.00	\$24.00	\$27.00	\$25.00			
	Level-Funded Premium Case Size 1–50 Eligible Employees									
	1–3 enrolled	\$10.00	\$9.00	\$12.00	\$11.00	\$15.00	\$14.00			
Indiana	4–50 enrolled	\$20.00	\$19.00	\$23.00	\$22.00	\$26.50	\$25.50			
	Level-Funded Premium Cas	se Size 51–9	9 Eligible Emplo							
	Any number enrolled	\$19.00	\$18.00	\$21.00	\$20.00	\$22.00	\$21.00			
	Level-Funded Premium Cas	se Size 1–99	Eligible Employ	rees						
Kansas	Any number enrolled	\$32.00	\$32.00	\$32.00	\$32.00	\$32.00	\$32.00			
	Level-Funded Premium Cas	se Size 1–50	Eligible Employ							
	1–3 enrolled	\$8.00	\$7.00	\$9.00	\$8.00	\$10.00	\$9.00			
	4–25 enrolled	\$17.50	\$16.00	\$23.50	\$21.00	\$27.50	\$26.00			
Kentucky	26–50 enrolled	\$16.00	\$15.00	\$21.00	\$20.00	\$23.00	\$22.00			
	Level-Funded Premium Cas	se Size 51–9	9 Eligible Emplo	yees						
		\$17.00		1	\$17.00	\$19.00	\$18.00			
	Level-Funded Premium Cas									
	1–50 enrolled	\$31.00	\$30.00	\$33.00	\$32.00	\$35.00	\$34.00			
Louisiana	Level-Funded Premium Cas	se Size 51–9	9 Eligible Emplo	yees						
	Any number enrolled	\$18.00	\$18.00	\$20.75	\$19.75	\$23.50	\$21.25			
	Level-Funded Premium Cas		1							
	1–3 enrolled	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00			
Michigan	4–50 enrolled	\$20.00	\$20.00	\$22.00	\$22.00	\$24.00	\$24.00			
· ·	Level-Funded Premium Cas			_						
	Any number enrolled	\$6.00	\$17.25	\$7.50	\$20.00	\$9.75	\$22.50			
	<u> </u>	1.1	1	1.	1	1.	1			

# **Level-Funded Premium Compensation**

## State schedules for cases with 1–99 employees

	Enrolled employees for	Commission Tier 1		Commission Tier 2		Commission Tier 3			
Group Situs State	premium bill month	First year	Subsequent year	First year	Subsequent year	First year	Subsequent year		
Missouri	Level-Funded Premium Case Size 1–99 Eligible Employees								
Missouri	Any number enrolled	\$32.00	\$32.00	\$32.00	\$32.00	\$32.00	\$32.00		
Mississippi	Level-Funded Premium Ca	se Size 1–50	Eligible Employ	yees					
	1–50 enrolled	\$31.00	\$30.00	\$33.00	\$32.00	\$35.00	\$34.00		
	Level-Funded Premium Case Size 51–99 Eligible Employees								
	Any number enrolled	\$18.00	\$18.00	\$20.75	\$19.75	\$23.50	\$21.25		
Nevada	Level-Funded Premium Case Size 1–50 Eligible Employees								
	1–50 enrolled	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00		
	Level-Funded Premium Case Size 51–99 Eligible Employees								
	Any number enrolled	\$18.75	\$17.00	\$20.00	\$18.00	\$21.25	\$19.25		
	Level-Funded Premium Case Size 1–50 Eligible Employees								
	1–25 enrolled	\$21.75	\$20.75	\$28.00	\$28.00	\$30.00	\$30.00		
Ohio	26–50 enrolled	\$21.50	\$19.50	\$28.00	\$28.00	\$30.00	\$30.00		
	Level-Funded Premium Case Size 51–99 Eligible Employees								
	Any number enrolled	\$20.00	\$19.00	\$28.00	\$28.00	\$30.00	\$30.00		
	Level-Funded Premium Case Size 1–50 Eligible Employees								
T	1–50 enrolled	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00		
Tennessee	Level-Funded Premium Case Size 51–99 Eligible Employees								
	Any number enrolled	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00		
<b>.</b>	Level-Funded Premium Case Size 1–99 Eligible Employees								
Texas	Any number enrolled	\$36.00	\$35.00	\$38.00	\$37.00	\$40.00	\$39.00		
Utah	Level-Funded Premium Case Size 1–50 Eligible Employees								
	1–50 enrolled	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00		
	Level-Funded Premium Case Size 51–99 Eligible Employees								
	Any number enrolled	\$21.00	\$20.00	\$22.00	\$21.00	\$23.00	\$22.00		
Wisconsin	Level-Funded Premium Case Size 1–50 Eligible Employees								
	1–3 enrolled	\$8.00	\$7.00	\$9.00	\$8.00	\$11.00	\$10.00		
	4–25 enrolled	\$25.00	\$24.00	\$26.00	\$25.00	\$28.00	\$27.00		
	26–50 enrolled	\$21.00	\$20.00	\$22.00	\$21.00	\$24.00	\$23.00		
	Level-Funded Premium Case Size 51–99 Eligible Employees								
	Any number enrolled	\$20.00	\$19.00	\$21.00	\$20.00	\$23.00	\$22.00		
Other	Level-Funded Premium Case Size 1–50 Eligible Employees								
	1–3 enrolled	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00		
	4–50 enrolled	\$15.00	\$14.00	\$17.00	\$16.00	\$19.00	\$18.00		
	Level-Funded Premium Case Size 51–99 Eligible Employees								
	Any number enrolled	\$18.00	\$12.50	\$18.50	\$13.00	\$19.00	\$13.50		

## **Group Specialty**

#### **Group Specialty coverages**

These base commission schedules are effective for new customers with initial effective dates of coverage on Dec. 1, 2022, or later. New group Specialty Lines of Coverage added to existing customer accounts are subject to the Group Specialty commission schedules in effect as of the date that customer's period of continuous coverage with Humana began. (Example: Customer began Medical coverage on Jan. 1, 2013, and added dental coverage on Jan. 1, 2023. The 2013 Group Specialty commission schedule applies to the new dental coverage.)

Group Specialty base commissions are calculated separately from Group Medical base commissions. The Group Specialty base commissions in this document apply to first-year and subsequent year premium payments. Producers may modify the below Group Specialty base commissions for Cases with 20 or more Eligible Employees by executing a Single Case Agreement. See your Humana sales executive for more information.

#### **Schedules**

- Employer sponsored basic Group Life and AD&D for groups with 1–50 enrolled employees 10%
- Voluntary basic Group Life and AD&D 15%

#### Schedules for Dental, Vision and larger Life and AD&D plans:

Annual Premium per line of coverage	Employer Sponsored Basic Group Life and AD&D with 51 or more enrolled employees	Annual Premium	Dental* and Vision
For the first \$5,000	15%	For the first \$10,000	10.0%
For the next \$20,000	10%	For the next \$10,000	7.5%
For the next \$25,000	7%	For the next \$10,000	5.0%
For the next \$50,000	3%	For the next \$20,000	2.5%
For the next \$100,000 <b>2%</b>		Over \$50,000	1.5%
Over \$200,000	1%		

<sup>\*</sup>Texas-based employers only: The commission schedule for employer-sponsored dental plans with fewer than 100 Eligible Employees is 10% of annual premium, at all premium levels.

## **Group Medicare**

Humana group-sponsored\* Medicare Advantage (MA) plans deliver benefits for employers and their beneficiaries.

#### **Humana Group Medicare Advantage 2023 commission schedule**

For new business with effective dates on or after Jan. 1, 2023, and existing business with policy anniversary dates on or after Jan. 1, 2023:

Group Medicare commissions	First Contract year commission	Subsequent contract year commission	
Medicare Advantage (MA) or Medicare Advantage with Prescription Drug (MAPD)	\$200 per enrollee	\$100 per enrollee	
Prescription Drug Plan (PDP) only	\$50 per enrollee	\$50 per enrollee	

Commission schedules are subject to change based on changes in CMS guidelines or for future policy years. If a Group Medicare Advantage medical plan is subsequently added to a prescription drug plan (PDP), or a prescription drug plan (PDP) is subsequently added to a Group Medicare Advantage medical plan we will pay the first year commission amount for the first year of the contract only. All payments will be paid according to the Qualification and Payment guidelines below.

This program does not apply to groups with greater than 5,000 enrollees. For these groups, a Single Case Agreement is required to determine producer payments.

#### Qualification

All of the following criteria must be met by the Agent of Record to qualify for the program:

- 1. The Producer must be appointed by Humana and have in effect with Humana the Group Sponsored Medicare Advantage Agency Amendment and/or the Group Sponsored Medicare Advantage Agent Amendment on record with Humana's Agency Management Unit before the sale.
- 2. Member enrollment must be confirmed by CMS before any producer payments.
- **3.** The Agent of Record must be recognized by the group that sponsored the Group Medicare Advantage plan as Agent of Record and perform the customary functions associated with this role.
- **4.** Producers and agencies placing Group Medicare business and receiving nonstandard commission are required to sign a commission schedule confirming commission rates applicable to each Group Medicare account.
- 5. The Producer must complete the annual Group Medicare training to be paid commissions.

#### **Payment**

First contract year commission payments are made in the fourth month after the member's effective date, assuming confirmation by CMS that the individual is an MA, MAPD or PDP enrollee. Subsequent contract years begin with the first January following the Case's initial effective date. All subsequent year commissions are paid based on enrollment in January, with payments issued in April. Chargebacks in the amount of the previously paid commissions will result if a Case cancels within the first contract year. The amount of Chargeback will be proportionate to the time remaining in the contract period on the date of termination. It will be charged against future commissions. If there are no future payments against which to recoup the Chargeback, the full amount of the Chargeback shall be due and payable by the Producer within 90 days.

We also offer an additional Group Medicare Producer Bonus Program. Please contact your Group Medicare Sales Executive for more information.

<sup>\*&</sup>quot;Sponsored" means that the employer agrees to make the plan available to their eligible retirees.

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