

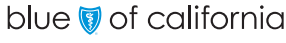


LISI COMMISSION GUIDE


	1-100 ON SMALL GROUP	
	Medical	
	Up To \$1,000,000 In Annualized Premium	5%
	\$1,000,000+ In Annualized Premium	1%
	Dental	9%
	Sold With Medical	Additional 1%
	Life: 1-50 Subscribers Life: 51-100 Subscribers	15%
First \$15,000	12%	
Next \$10,000	10%	
Next \$25,000	5%	
Next \$100,000	1%	
Over \$150,000	0.5%	
Vision	7.5%	

	3-99 DENTAL AND VISION PLANS	
	Annual Premium	
	\$0 - \$8,000	10%
	\$8,001 - \$20,000	\$800 + 6% Of Excess
	\$20,001 - \$50,000	\$1,520 + 3.5% Of Excess
	\$50,001 - \$150,000	\$2,570 + 1.25% Of Excess
	\$150,001 - \$500,000	\$3,820 + 0.5% Of Excess
\$500,000 +	\$5570 + 0.25% Of Excess	


	1-100 ON SMALL GROUP	
	Medical	5%
	Dental, Vision, & Life	10%


	OFF-EXCHANGE PLANS AND 51-100 ELIGIBLE EMPLOYEES ON SMALL GROUP MIRROR	
	Medical	
	Year 1	5.0%
	Renewal year(s)	5.0%
	Dental, Vision, & Life	10%
	1-50 ELIGIBLE EMPLOYEES ON SMALL GROUP MIRROR	
	Medical	
	Year 1	6.5%
	Year 2	6.2%
	Year 3	5.9%
	Year 4	5.6%
	Year 5	5.3%
	Year 6+	5.0%
Dental, Vision, & Life	10%	


	1-100 ON SMALL GROUP	
	Medical	
	1-50 subscribers	7%
	51-100 subscribers	5%
	Dental And Vision	10%


	1-100 ON SMALL GROUP	
	1-50 Enrolled Employees	
	Medical, Chiropractic	6.5%
	Dental, Life, Voluntary Vision	12%
	51-100 Enrolled Employees	
Medical	5%	
Chiropractic, Dental, Life, Voluntary Vision	10%	


	GROUP	
	PLAN 460	25%
	OTHER GROUP	
	2-50	10%
	OVER 50	negotiable

	1-100 ON SMALL GROUP	
	1 st Year	6.5%
	2 nd Year	6.2%
	3 rd Year	5.9%
	4 th Year	5.6%
	5 th Year	5.3%
	6 th Year +	5.0%
	Annual Premium \$500,001+	1.0%
	When annualized premium for a single group reaches \$500,001 or more in a contract year, the commission rate is dropped to 1.0% for amounts over \$500,001 for that group only.	
	51+	
Medical	5% or Negotiable	


	2-199	
	Dental, Vision, Life, Chiropractic, & Acupuncture	10%


	51-250	
	Medical, Basic Term Life Sold With Voluntary Term Life	5%
	Dental	6%
	Long-Term Disability	
	First \$15,000	15%
	Next \$10,000	10%
Next \$25,000	5%	
Over \$50,000	1%	
Short-Term Disability		
First \$15,000	15%	
Next \$10,000	10%	
Next \$25,000	5%	
Next \$950,000	1%	
Over \$1,000,000	0.5%	
Basic Term Life		
First \$10,000	12%	
Next \$15,000	7%	
Next \$25,000	5%	
Next \$50,000	1%	
Over \$100,000	0.5%	


	CoPower ONE™: 5-99	
	Dental/Vision/Life	10%
	CoPower ONE™: 2+	
	Dental PPO	(see MetLife Dental downgrade on page 4)
	Dental HMO, Vision, Basic & Supplement Life	10%
	CoPower SELECT™: 2+	
	Delta Dental Including Deltacare (5-99)	10%
	Metlife Dental Ppo (5-50)	(see MetLife Dental downgrade on page 4)
	Metlife Dental Hmo (5-50)	10%
	VSP (2-500)	10%
	Unum Basic & Voluntary Life (2-249)	10%
Unum Long Term Disability (2-249)		
First \$15,000	15%	
Next \$10,000	10%	
Next \$25,000	5%	
Next \$50,000	1%	
Over \$100,000	1%	


	1-100 ON SMALL GROUP	
	1-49 Enrolled Employees	
	1 st Year	6.5%
	2 nd Year	6.2%
	3 rd Year	5.9%
	4 th Year	5.6%
	5 th Year	5.3%
	6 th Year +	5.0%
	50-100 Enrolled Employees	5.0%


	2-50	
	Integrated MediComp	10%


	1-100 EMPLOYEES ON SMALL GROUP	
	Medical	5%
	Dental & Vision	10%
	Life	
	Annual Premium	
	First \$10,000	10.00%
	Next \$10,000	8.00%
	Next \$10,000	5.00%
	Next \$20,000	4.00%
	Next \$100,000	2.00%
Next \$600,000+	1.00%	
101+ EMPLOYEES ON LARGE GROUP		
Medical	4% or negotiable	
Dental & Vision		
101-150	4%	
151-500	3%	
501+	negotiable	


	2-50 EMPLOYEES ON SMALL GROUP	
	Medical	
	1 st Year	6.5%
	2 nd Year	6.2%
	3 rd Year	5.9%
	4 th Year	5.6%
	5 th Year	5.3%
	6 th Year +	5.0%
	Annual Premium \$500,001+	1.0%
	When annualized premium for a single group is higher than \$500,000 in any group year, commissions will be 1.0% of premium in that group year.	
51-100 EMPLOYEES ON SMALL GROUP		
Medical	5%	
2017 COMMISSION: 1-100 EMPLOYEES ON SMALL GROUP		
Medical	5%	
Annual Premium \$1,000,000+	1%	
When annualized premium for a single group is higher than \$1,000,000 in any group year, commissions will be 1.0% of premium in that group year.		
Dental		
PPO & Fee-For-Service	\$2.56 pmpm	
HMO	\$1.28 pmpm	


	2-50	
	Medical	7% or negotiable
	Dental	10%
	51+	
	Medical	5% or negotiable
Dental	10%	

	2-499	
	Dental	
	First \$5,000	10.0%
	Next \$5,000	7.5%
	Next \$20,000	5.0%
	Next \$10,000	3.5%
	Next \$10,000	3.0%
	Next \$10,000	2.0%
	Next \$190,000	1.75%
	Next \$250,000	1.0%
Next \$500,000	0.5%	
Next \$4,000,000	0.25%	
\$5,000,000 and over	0.1%	
Life & Short-Term Disability		
First \$5,000	15%	
Next \$5,000	10%	
Next \$20,000	5.0%	
Next \$10,000	3.5%	
Next \$10,000	3.0%	
Next \$10,000	2.0%	
Next \$190,000	1.75%	
Next \$250,000	1.0%	
Next \$500,000	0.5%	
Next \$4,000,000	0.25%	
\$5,000,000 and over	0.1%	
Long-Term Disability		
First \$15,000	15%	
Next \$10,000	10%	
Next \$25,000	5%	
Next \$200,000	2%	
Excess over \$250,000	1%	
Vision (flat)	10%	


	3-50	
	Annual Premium	
	\$0-\$10,000	10%
	\$10,001-\$20,000	7.5%
	\$20,001-\$30,000	5.0%
	\$30,001-\$50,000	2.5%
	\$50,001-\$75,000	1.5%
	Over \$75,000	1.5%
	51+	
	Commission is negotiable. If not specified, it will be paid as follows:	
\$0-\$19,000	10%	
\$20,000-\$24,999	8%	
\$25,000-\$49,999	6%	
\$50,000-\$74,999	4%	
\$75,000-\$149,999	3%	
\$150,000-\$250,000	2%	

	3+	
	Dental, Vision, Short-Term Disability, Group Term Life Annual Premium First \$5,000 10% Next \$5,000 8.0% Next \$15,000 6.0% Next \$25,000 4.0% Next \$100,000 3.0% Next \$350,000 2.5% Over \$500,000 1.6%	
	Long Term Disability Annual Premium First \$15,000 15% Next \$10,000 10% Next \$25,000 5.0% Next \$50,000 2.0% Next \$100,000 1.0% Next \$300,000 0.6% Next \$500,000 0.3% Over \$1,000,000 0.1%	

	SMARTCHOICE™ 2-19	
	Life & Long-Term Disability 1 st Year 15% Renewal 10%	
	Dental And Short Term Disability	10%
	Critical Illness & Accident Insurance	pending

	2-100	
	Medical (Standard Non-Mirror Plans)	5%
	Medical (Mirror Plans): 1-49 Enrolled Employees 1st Year 6.5% 2nd Year 6.2% 3rd Year 5.9% 4th Year 5.6% 5th Year 5.3% 6th Year+ 5.0%	
	50-100 Enrolled Employees	5.0%

	2+	
	HSA HRA FSA	10% sliding scale of \$50-\$750 (one time payment) sliding scale of \$50-\$750 (one time payment)

	1-100 EMPLOYEES ON SMALL GROUP	
	Medical Year 1 7.0% Year 2+: 6.5%	



1-100 EMPLOYEES ON SMALL GROUP	
Medical	5.0%
Dental	
First \$10,000	10%
Next \$15,000	7.5%
Next \$15,000	5.0%
Next \$20,000	2.5%
Over \$60,000	1.5%
Group Life & AD&D	10%
Vision	10%
Short-Term & Long-Term Disability	
First \$15,000	15%
Next \$10,000	10%
Next \$25,000	5.0%
Over \$50,000	1.0%
101-300 EMPLOYEES ON LARGE GROUP	
Medical	negotiable
Dental	negotiable
Medical	negotiable
Short-Term & Long-Term Disability	negotiable



2-499	
Dental, Vision	10%
Long-Term Disability	
First \$15,000	15%
Next \$10,000	10%
Next \$25,000	5%
Over \$50,000	1%
\$100,000+	1%
10-499	
Life & Short-Term Disability	
First \$15,000	10%
Next \$10,000	7%
Next \$25,000	5%
Over \$50,000	1%
\$100,000+	0.5%
Voluntary Life	15%