
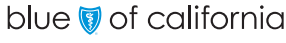



# LISI COMMISSION GUIDE


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

	<b>3-99 DENTAL AND VISION PLANS</b>	
	<b>Annual Premium</b>	
	\$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	


	<b>1-100 ON SMALL GROUP</b>	
	<b>Medical</b>	5%
	<b>Dental, Vision, &amp; Life</b>	10%


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


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


	<b>1 - 100 SMALL GROUP</b>	
	<b>Medical</b>	5%
	<b>Dental, Life, Voluntary Vision</b>	12%
	<b>Chiropractic</b>	6.5%


	<b>GROUP</b>	
	<b>PLAN 460</b>	25%
	<b>OTHER GROUP</b>	
	<b>2-50</b>	10%
	<b>OVER 50</b>	negotiable

	<b>1-100 ON SMALL GROUP</b>	
	1 <sup>st</sup> Year	6.5%
	2 <sup>nd</sup> Year	6.2%
	3 <sup>rd</sup> Year	5.9%
	4 <sup>th</sup> Year	5.6%
	5 <sup>th</sup> Year	5.3%
	6 <sup>th</sup> 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.	
	<b>51+</b>	
<b>Medical</b>	5% or Negotiable	


	<b>2-199</b>	
	<b>Dental, Vision, Life, Chiropractic, &amp; Acupuncture</b>	10%


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

	<b>CoPower ONE™: 2-99</b>	
	Dental/Vision/Life	10%
	<b>CoPower SELECT™: 2+</b>	
	Anthem Blue Cross of CA Dental, Vision and Life (2-100)	10%
	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%
	United Healthcare (2-100)	
	Dental PPO	10%
	Dental HMO	8%
	Vision	10%
	Basic Life	10%
	Supplement Life	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%	

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

	<b>2-50</b>	
	Integrated MediComp	10%

	<b>1-100 EMPLOYEES ON SMALL GROUP</b>	
	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%	
<b>101+ EMPLOYEES ON LARGE GROUP</b>		
Medical	4% or negotiable	
Dental & Vision		
101-150	4%	
151-500	3%	
501+	negotiable	

	<b>2-50 EMPLOYEES ON SMALL GROUP</b>	
	Medical	
	1 <sup>st</sup> Year	6.5%
	2 <sup>nd</sup> Year	6.2%
	3 <sup>rd</sup> Year	5.9%
	4 <sup>th</sup> Year	5.6%
	5 <sup>th</sup> Year	5.3%
	6 <sup>th</sup> 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.	
<b>51-100 EMPLOYEES ON SMALL GROUP</b>		
Medical	5%	
<b>2017 COMMISSION: 1-100 EMPLOYEES ON SMALL GROUP</b>		
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	

	<b>2-100</b>	
	Life	10%
	<b>2-200</b>	
	Dental	10%
	Long-Term Disability	
	First \$20,000	15%
	Next \$30,000	10%
Over \$50,000	1%	



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





2-499		
<b>Dental</b>		
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%
<b>Life &amp; Short-Term Disability</b>		
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%
<b>Long-Term Disability</b>		
First	\$15,000	15%
Next	\$10,000	10%
Next	\$25,000	5%
Next	\$200,000	2%
	Excess over \$250,000	1%
	Vision (flat)	10%
<b>Vision</b>		
		10%




3-50		
<b>Annual Premium</b>		
	\$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+		
<b>Commission is negotiable. If not specified, it will be paid as follows:</b>		
	\$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%




	<b>3+</b>	
	<b>Dental, Vision, Short-Term Disability, Group Term Life</b> 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%	
	<b>Long Term Disability</b> 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%	

	<b>SMARTCHOICE™ 2-19</b>	
	<b>Life &amp; Long-Term Disability</b> 1 <sup>st</sup> Year 15% Renewal 10%	
	<b>Dental And Short Term Disability</b>	<b>10%</b>
	<b>Critical Illness &amp; Accident Insurance</b>	<b>pending</b>

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

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

	<b>1-100 EMPLOYEES ON SMALL GROUP</b>	
	<b>1-50 Enrolled Employees</b>	<b>6.5%</b>
	<b>51-100 Enrolled Employees</b>	<b>5%</b>



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%