



**BROKER SCHEDULE OF COMMISSIONS  
FOR POLICIES EFFECTIVE ON OR AFTER October 1, 2020**

<b>INDIVIDUAL AND FAMILY PLANS</b>		
PER CONTRACT (APPLICATION) PER MONTH:	FIRST YEAR <b>\$20 (UP TO \$240 / YR)</b>	RENEWALS <b>\$15 (UP TO \$180)</b>
<b>GROUP PLANS (1 - 50 employees)</b>		
ANNUAL PREMIUM		
1st Year	6.5%	
2nd Year	6.2%	
3rd Year	5.9%	
4th Year	5.6%	
5th Year	5.3%	
6th Year+	5.0%	
When annualized premium for a single group reaches \$500,001 or more in a contract year, the commission is reduced to 1.0% for amounts over \$500,001 for that group.		
<b>MID-SIZE GROUP PLANS (51-100 employees)</b>		
PERCENTAGE OF TOTAL PAID PREMIUM		
1 <sup>st</sup> Year and Renewal	5.0%	
<b>LARGE GROUP PLANS (100+ employees)</b>		
NEGOTIABLE		

Annual premiums are per group, not aggregate. The applicable group commission schedule is based on the number of eligible employees on the effective date of a new group or each year when a group renews and will stay at that rate for the contract year.

<b>MEDICARE ADVANTAGE PLANS</b>			
PER CONTRACT (APPLICATION)	FIRST YEAR (NEW SALE) <b>\$672</b>	RENEWALS <b>\$336</b>	IN-HOUSE CCHP MEDICARE PLAN TRANSFER <b>\$25</b>
ENROLLMENT DURING SEP PRORATED TO THE MONTH WHEN APPLICATION EFFECTUATED			

Commissions are only paid to the broker/agent of record. The same commission schedule applies to all health, riders, supplemental, and ancillary products sold through and billed by CCHP. Schedule of Commission is subject to the terms of the CCHP Broker Agreement and applicable state and federal laws.