California Products & Commissions - 2024

Carrier	Products	Group Size	Commission		
Small Group Fully Insured					
Aetna	Medical	1-100	5% ¹		
	Dental (standalone, with medical)	2-50	9%, 10% (first year only)		
	Dental, Vision	51-100, 2-100	10%, 7.5%		
Anthem Blue Cross	Medical	1-100	5% ²		
	Dental, Vision	2-100	10%		
Balance by CCHP	Medical	1-50, 51-100	6.5% ³ , 5%		
Blue Shield of California	Medical, Dental, Vision	1-100	5%, 10%, 10%		
	Life	2-100	10%		
CaliforniaChoice	Medical, Chiropractic	1-100	5%, 6.5%		
	Dental, Voluntary Vision, Life	1-100	12%		
Cigna + Oscar	Medical	1-100	5%		
Community Care Health	Medical	1-100	5%		
Covered California	Medical and Dental	1-100	5%		
Health Net	Medical, Dental, Vision, Life	1-100	5%, 10%, 10%, 10% DG		
Kaiser Permanente	Medical	1-100	5% ⁴		
	Dental KPIC PPO & Fee-for-Service	1-100	\$2.77 pmpm		
	Dental HMO (DeltaCare)	1-100	\$1.38 pmpm		
MediExcel Health Plan	Medical, Dental	1-100, 1+	7%, 10%		
Sharp Health Plan	Medical (HMO non-mirrored)	1-100	5%		
	Medical (HMO mirrored and pseudo-mirrored)	1-100	6.5% sliding scale until 5%		
	Medical POS	1-100	5%		
Sutter Health Plus	Medical, Dental, Vision	1-50, 51-100	6.5%, 5%		
UnitedHealthcare	Medical	1-100	5%		
	Dental	2-50, 51-100	10%, 10% DG		
	Vision	2-100	10%		
	Life	2-50, 51-100	10%, 10% DG		
	LTD	2-100	15% DG		
Western Health Advantage	Medical	1-100	5%		

Large Group Fully Insured

Aetna	Medical	101-200	5% (negotiable)
	Dental, Vision	101-200	10% (negotiable) 5
Anthem Blue Cross	Medical	101-500	4% (negotiable)
	Dental, Vision	101-500	10%, 10% DG
Blue Shield of California	Medical, Dental, Vision, Life	101-299	PSF ⁶ , 7%, 7%, 10%
Cigna	Medical	101-499	Negotiable
	Dental, Vision	51-499 ⁷	10%
	Life, Disability (New York Life Group Benefit Solutions)	50-499 ⁷	Negotiable
Health Net	Medical, Dental, Vision, Life	101-500	5%, 10%, 10%, 10% DG
Kaiser Permanente	Medical	101-300	5% (negotiable)
	Dental KPIC PPO & Fee-for-Service	101-300	\$2.77 pmpm
	Dental HMO (DeltaCare)	101-300	\$1.38 pmpm
MediExcel Health Plan	Medical, Dental	101+	5%, 10%
Nippon Life Benefits	Medical	101-500 ⁹	5%
	Dental, Vision, STD	101-500 ⁹	10% DG
	Life, LTD	101-500 ⁹	15% DG
Sharp Health Plan	Medical	101+	5% (negotiable) ⁸
UnitedHealthcare	Medical	101-300	5% (negotiable)
	ACEC Life/Health Trust	101-300	5% ¹⁰
	Dental, Life	101-300	10% DG
	Vision, LTD	101-300	10%, 15% DG

¹ When Aetna small group medical plans annualized premium reaches \$1,000,000 and above, per case, commissions will be paid at 1%.

² When Anthem Blue Cross small group medical plans annualized premium reaches \$1,000,001 commissions will be paid at 0.8% (ends 8.31.2024).

³ Balance by CCHP: 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.

⁴ For Kaiser Permanente small groups with aggregate premium higher than \$1,000,001 or more in a contract year, the commission rate is 1.0%.

⁵ Aetna's large group ancillary products commission is 10% standard but can be negotiated.

⁶ Blue Shield's large group fully insured medical products commission is a Producer Service Fee (PSF) model. Please contact your Large Group Sales Representative with questions or to obtain a copy of the Blue Shield FAQ.

⁷ Cigna's dental, vision, life and disability products are available with 25+ when sold with medical. Vision must be sold with dental or medical – it is not available standalone.

⁸ Large group contract is a co-broker relationship.

 $^{\rm 9}$ Nippon Life Benefits is available to groups 2+ when 3 products are sold.

¹⁰ Contract for groups of 301+ is a co-broker relationship for the ACEC.

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California Products & Commissions - 2024

Carrier	Group Size	Commission	
Medical Level Funded			
Aetna Funding Advantage (AFA)	10-100	\$50 PEPM	
Allstate Benefits	2+	2-24 enrolled: 7% (negotiable) ¹ ; 25-50 enrolled: 6% (negotiable) ¹ ; 51+ enrolled: standard PEPM, % also available ¹	
Anthem Balanced Funding (ABF)	20-100	\$55 per contract per month (negotiable)	
Cigna	25-499	PEPM (negotiable)	
UnitedHealthcare	10-100	PEPM equated to standard of % (negotiable)	

¹ Commissions paid on total sold premium based on enrolled employee count. All tiers adjustable 0%-29%.

Carrier	Products	Group Size	Commission
Minimum Essential Coverage Plans (MEC)			
Apex-MEC	MEC Basic, MEC and MEC Plus Advantage	4+	\$10 PEPM on all tiers
	MEC with Beazley GLI	7+	\$10 PEPM + 15% of Beazley premium on all tiers
	MEC Plus with Beazley GLI	7+	\$10 PEPM + 15% of Beazley premium on all tiers
	MEC Plus Advantage with Beazley GLI	7+	\$10 PEPM + 15% of Beazley premium on all tiers

Carrier	Products	Group Size	Commission	
Standalone Ancillary				
Ameritas (Inshore Benefits)	Dental	1+	8%	
Beam	Dental, Vision	2+	10%	
California Dental Network	Dental HMO	2-99	10%	
Delta Dental (Allied Administrators)	Dental, Vision	2-99	10%	
Delta Dental (Inshore Benefits)	Dental	3+	8%	
Equitable	Dental, STD	2+	10% DG ²	
	Vision	2+	10%	
	Life (contributory or voluntary w/basic life), LTD	2+	15% DG ²	
	Life (voluntary without basic life)	10+	15%	
Guardian	Dental PPO, Life, Vision, STD	2-500	10% DG ²	
	LTD	2-200	15% DG ²	
	Voluntary Life, Voluntary LTD, Voluntary STD	3-500, 3-500, 10-500	13%	
Guardian (Inshore Benefits)	Dental	1+	10%	
Humana	Dental, Vision	2-299	10% DG ²	
	Life (contributory)	2-50, 51-299	10%, 15% DG ²	
	Life (voluntary)	2-299	15%	
Humana (Inshore Benefits)	Dental	2+	8%	
Landmark Healthplan	Chiropractic, Chiropractic w/Acupuncture	2+	20%	
Lincoln Financial Group	Dental (contributory), Dental (voluntary)	2-1,000	10% DG ² , 10% or 15%	
	Vision (contributory/voluntary)	2-1,000	5%	
	Life, LTD, STD (contributory)	2-1,000	15% DG ²	
	Life, LTD, STD (voluntary)	2-1,000	10%, 15% or 20%	
MetLife	Dental HMO, Vision	5+, 2+	10% ³ , 10% DG ²	
	Dental PPO (contributory, voluntary)	2+, 5+	10% DG ²	
	Life, LTD, STD	10+	15% DG ²	
	Buy-Up Life, Voluntary LTD, Voluntary STD	10+	15% ³	
New York Life Group Benefit Solutions	Life, Disability	50-5,000	Negotiable	
	FMLA/ADA Administration	250-5,000	Negotiable	
Norton LifeLock (Inshore Benefits)	Identity Theft Protection	1+	20%	
Principal Financial Group	Dental, Life, Vision, STD (contributory, voluntary)	3+, 5+	10% DG ²	
	LTD (contributory, voluntary)	3+, 5+	15% DG ²	
Sun Life Financial	Dental, Vision, STD (contributory)	2-499	10% DG ²	
	Life (contributory)	2-499	12% DG ²	
	Life (voluntary), STD (voluntary), LTD (voluntary)	2-499	15%	
	LTD (contributory)	2-499	15% DG ²	
The Hartford	Life, STD, LTD	4+, 10+, 4+	10% DG ² , 10% DG ² , 15% DG ²	
United Concordia	Dental, Vision	2-149	10%	
Unum	Dental, Vision (contributory), Vision (voluntary)	10-500	10%, 10%, 12%	
	Life, LTD, STD (contributory)	2-500	10% DG ² , 15% DG ² , 10% DG ²	
	Life, LTD, STD (voluntary)	2-500	15%	
Vision Service Plan (Inshore Benefits)	Vision (contributory, voluntary)	3+, 1+	8%	

² Commissions paid at a flat percentage schedule can be requested. The amount available varies by coverage. Please advise your Warner Pacific Rating Analyst of your request about this option at the time of the request for proposal.
³ MetLife's Standard Broker Commission is displayed. A non-standard commission agreement will be required for each coverage when the commission level

requested is non-standard.

Legend Contributory = Employer Sponsored DG = Downgrade

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