

California Products & Commissions - 2025

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%
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	\$2.80 pmpm
	Dental HMO (DeltaCare)	1-100	\$1.40 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 Plan	Medical, Dental, Vision	1-50, 51-100	6.5%, 5%
UnitedHealthcare	Medical	1-100	5%
	ACEC Life/Health Trust	2-50, 51-100	5%, negotiable ¹⁰
	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%
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 Dental HMO (DeltaCare)	101-300	\$2.77 pmpm
		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 and vision products are available groups 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.

⁹ Nippon Life Benefits is available to groups 2+ when 3 products are sold.

¹⁰ ACEC broker commission for groups with 51-99 and 100+ is paid at % of paid medical premium or set as PEPM. Contract for groups of 301+ is a co-broker agreement.

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Revised 10/24/2025



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Carrier	Group Size	Commission
Medical Level Funded		
Aetna Funding Advantage (AFA)	10-100	\$55 PEPM
Anthem Balanced Funding (ABF)	20-100	\$55 per contract per month (negotiable)
Cigna	25-499	PEPM (negotiable)
Clearwater	25-125	PEPM (negotiable)
Nationwide Mutual Insurance Company (formerly Allstate Benefits)	2+	2-24 enrolled: 7% (negotiable) ¹ ; 25-50 enrolled: 6% (negotiable) ¹ ; 51+ enrolled: standard PEPM, % also available ¹
UnitedHealthcare Level Funded	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 Globe Life GLI	7+	\$10 PEPM + 15% of Globe Life premium on all tiers
	MEC Plus with Globe Life GLI	7+	\$10 PEPM + 15% of Globe Life premium on all tiers
	MEC Plus Advantage with Globe Life GLI	7+	\$10 PEPM + 15% of Globe Life premium on all tiers

Carrier	Products	Group Size	Commission
Standalone Ancillary			
Ameritas (Inshore Benefits)	Dental	1+	8%
Beam	Dental, Vision	2+	10%
ChoiceBuilder	Dental, Vision, Life, Chiropractic	2-199	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%
Landmark Healthplan	Chiropractic, Chiropractic w/Acupuncture	2+	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
Mutual of Omaha	Dental PPO, Dental EPO, Vision, Life (contributory)	2+, 10+, 2+, 2+	10% DG ²
	Life (voluntary), LTD, STD	5+, 2+, 2+	15% DG ² , 15% DG ² , 10% DG ²
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	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
The Standard	Dental, Vision	2+	10% DG ²
	Life, LTD, STD	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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