Illinois Sales Group Producer Commission Agreement Schedule

Effective - October 1, 2010

The following commission table applies to all groups under the Standard Producer Commission Agreement effective October 1, 2010 and replaces the Standard Producer Commission Schedule in effect prior to the effective date of this schedule.

Small Group Commission Schedule Health Products

Regulated Small Group:

Lives	Commission - Single	Commission - Family
2 – 3	\$12.00	\$24.00
4 – 15	\$30.00	\$60.00
16 – 25	\$25.00	\$50.00
26 – 50	\$20.00	\$40.00

Non-Regulated Small Group:

Commission (2-3 lives)	Commission (4-150 lives)
	8.00%
2.00%	4.25%
Flat Rate	4.00%
	3.75%
	2.00%

The above commission applies to both the first year and renewal and will be paid monthly on a cumulative basis.

- 1. This Commission Schedule applies to groups placed with HCSC on or after October 1, 2010 and for existing groups this Commission Schedule applies upon renewal.
- 2. Large Group Non-Premium and HMOI only cases with negotiated and underwriting approved commission rates or formulas must be submitted on an Individual Case Commission Agreement.
- 3. Regulated Small Group means those groups that have 50 or less total employees regardless of the total # enrolling.
- 4. Non-Regulated Small Group means those groups that have 51 or more employees regardless of the total # enrolling.
- 5. Note: The group size category assignments are determined at the time of the new sale or annual policy renewal and will remain in effect until the next annual policy renewal.

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Illinois Sales Group Producer Commission Agreement Schedule

Effective - October 1, 2010

The following commission table applies to all groups under the Standard Producer Commission Agreement effective October 1, 2010 and replaces the Standard Producer Commission Schedule in effect prior to the effective date of this schedule.

Small Group Commission Schedule BlueCare Dental Products

Annual Premium Volume	Commission (2-3 lives)	Commission (4-150 lives)
\$1 - \$50,000		8.00%
\$50,001 - \$100,000	2.00%	4.25%
\$100,001 - \$150,000	Flat Rate	4.00%
\$150,001 or more		3.75%

The above commission applies to both the first year and renewal and will be paid monthly on a cumulative basis.

- 1. This Commission Schedule applies to groups placed with HCSC on or after October 1, 2010 and for existing groups this Commission Schedule applies upon renewal.
- 2. Large Group Non-Premium and HMOI only cases with negotiated and underwriting approved commission rates or formulas must be submitted on an Individual Case Commission Agreement.