Blue Cross and Blue Shield of Illinois Compensation Schedule Group Markets Product Lines Effective January 1, 2016

The following compensation schedule applies to both new and renewal groups sold under the Standard Producer Agreement and replaces any Standard Producer Compensation Schedule in effect prior to the effective date of this schedule. Renewal compensation under this schedule will begin upon the accounts renewal on or after the effective date of this schedule. For purposes of determining commissions, new and existing, any Affordable Care Act Health Insurer Fee or Reinsurance Fee included within premium will be excluded. In no event will compensation be payable with respect to any such fees.

GROUP HEALTH PRODUCT LINES – SMALL GROUPS		
GROUP SIZE	COMPENSATION RATES	
	SINGLE	FAMILY
1-50	\$27.00	\$50.00
GROUP HEALTH PRODUCT LINES - MID-MARKET GROUPS		
ANNUAL PREMIUM VOLUME	COMPENSATION RATES	
	GROUP SIZE AT OED/AD 2-3 LIVES	GROUP SIZE AT OED/AD 4-150 LIVES
\$1 - \$50,000	2.00% Flat Rate	8.00%
\$50,001 - \$100,000	2.00% Flat Rate	4.25%
\$100,001 - \$150,000	2.00% Flat Rate	4.00%
\$150,001 or more	2.00% Flat Rate	3.75%
BLUECARE DENTAL SMALL GROUP PRODUCTS LINES		
ANNUAL PREMIUM VOLUME	COMPENSATION RATES	
	GROUP SIZE AT OED/AD 2-3 LIVES	GROUP SIZE AT OED/AD 4-150 LIVES
\$1 - \$50,000	2.00% Flat Rate	8.00%
\$50,001 - \$100,000	2.00% Flat Rate	4.25%
\$100,001 - \$150,000	2.00% Flat Rate	4.00%
\$150,001 or more	2.00% Flat Rate	3.75%
LARGE GROUP HEALTH AND DENTAL PRODUCT LINES		

Large Group, Non-Premium and HMOI only cases are negotiated and require approval. All negotiated rates must be submitted on an Individual Case Commission Addendum (ICCA).

OED = original effective date / AD = anniversary date

NOTE:

It is the Producer's responsibility to ensure the accuracy of each monthly commission statement. Health Care Service Corporation, a Mutual Legal Reserve Company, limits commission adjustments to twenty four (24) months for non-payment a or under-payment of commissions on non-negotiated commission amounts.

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