Medicare Advantage			
Anthem BC			
Anthem			Agent Level
CA	CSNP, DSNP, ISNP	*Initial Year	$ 864.00
	HMO, HMO-POS, Non-SNP	**Initial Year	$ 780.00
	All MA	Renewal Yrs 2+	$ 432.00

***$694 Plans**: Chronic Special Needs Plans, Dual Special Needs Plans and Instituional Special Needs Plans (Unless excluded on addendum)

****$626 Plans**: All Medicare Advantage HMO (HMO, HMO-POS) Non Special Needs Plans (Unless excluded on addendum)

See Schedule for Non-Commissionable Plans

Medicare Advantage			
Anthem BCBS			
Anthem			Agent Level
CO, GA, IN, KY, MO, NV, OH, VA, WI	CSNP, DSNP, ISNP	*Initial Year	$ 694.00
	HMO, HMO-POS, Non-SNP	**Initial Year	$ 626.00
	All MA	Renewal Yrs 2+	$ 347.00

***$694 Plans**: Chronic Special Needs Plans, Dual Special Needs Plans and Instituional Special Needs Plans (Unless excluded on addendum)

****$626 Plans**: All Medicare Advantage HMO (HMO, HMO-POS) Non Special Needs Plans (Unless excluded on addendum)

See Schedule for Non-Commissionable Plans

Medicare Advantage			
Anthem BCBS			Agent Level
CT	CSNP, DSNP, ISNP	*Initial Year	$ 781.00
	HMO, HMO-POS, Non-SNP	**Initial Year	$ 705.00
	All MA	Renewal Yrs 2+	$ 391.00

***$781 Plans**: Chronic Special Needs Plans, Dual Special Needs Plans and Instituional Special Needs Plans (Unless excluded on addendum)

****$705 Plans**: All Medicare Advantage HMO (HMO, HMO-POS) Non Special Needs Plans (Unless excluded on addendum)

See Schedule for Non-Commissionable Plans

Medicare Advantage			
Anthem BCBS			Agent Level
NY	CSNP, DSNP, ISNP	*Initial Year	$ 694.00
	HMO, HMO-POS, Non-SNP	**Initial Year	$ 626.00
	All MA	Renewal Yrs 2+	$ 347.00

***$694 Plans**: Chronic Special Needs Plans, Dual Special Needs Plans and Instituional Special Needs Plans (Unless excluded on addendum)

****$626 Plans**: All Medicare Advantage HMO (HMO, HMO-POS) Non Special Needs Plans (Unless excluded on addendum)

See Schedule for Non-Commissionable Plans

Medicare Advantage			
Anthem | MaineHealth			Agent Level
ME	DSNP	*Initial Year	$ 694.00
	HMO, HMO-POS, Non-SNP	**Initial Year	$ 626.00
	All MA	Renewal Yrs 2+	$ 347.00

***$694 Plans**: Dual Special Needs Plans (Unless excluded on addendum)

****$626 Plans**: All Medicare Advantage HMO (HMO, HMO-POS) Non Special Needs Plans (Unless excluded on addendum)

See Schedule for Non-Commissionable Plans

Medicare Advantage			
Healthy Blue			Agent Level
KS, LA	DSNP	Initial Year	$ 694.00
		Renewal Yrs 2+	$ 347.00

Plans: Dual Special Needs Plan

MO is Non-commissionable for 2026

Medicare Advantage			
Simply healthcare			Agent Level
FL	CSNP, DSNP	*Initial Year	$ 694.00
	HMO, HMO-POS, Non-SNP	**Initial Year	$ 626.00
	All MA	Renewal Yrs 2+	$ 347.00

***$694 Plans:** Chronic Special Needs Plans and Dual Special Needs Plans (Unless excluded on addendum)

****$626 Plans:** All Medicare Advantage HMO (HMO) Non Special Needs Plans (Unless excluded on addendum)

See Schedule for Non-Commissionable Plans

Medicare Advantage			
Wellpoint			Agent Level
AZ, IA, SC, TN, TX, WA, WV	CSNP, DSNP, ISNP	*Initial Year	$ 694.00
	HMO, HMO-POS, Non-SNP	**Initial Year	$ 626.00
	All MA	Renewal Yrs 2+	$ 347.00

***$694 Plans**: Chronic Special Needs Plans, Dual Special Needs Plans and Instituional Special Needs Plans (Unless excluded on addendum)

****$626 Plans**: All Medicare Advantage HMO (HMO, HMO-POS) Non Special Needs Plans (Unless excluded on addendum)

See Schedule for Non-Commissionable Plans

Medicare Advantage			
Wellpoint			Agent Level
NJ	CNSP, DSNP	Initial Year	$ 864.00
		Renewal Yrs 2+	$ 432.00

Plans: Chronic Special Needs Plans and Dual Special Needs Plans (Unless excluded on addendum)

See Schedule for Non-Commissionable Plans

1. Agent or the Principal of an Agency must be AHIP Certified and have an active health license in the state the application was written, at the time of payout to receive administrative fees.
2. Administrative fees are subject to proration if not new to CMS. Proration will be determined by the effective date.
3. Administrative fees are subject to chargebacks in the event the member has dis-enrolled from the plan in the same calendar year as the enrollment. Rapid dis-enrollments will result in a full chargeback. If a dis-enrollment occurs after the rapid dis-enrollment period the chargeback will be prorated.
4. Administrative fees will be paid monthly by Premier Marketing.
5. All Administrative fees are paid less the lower levels in the hierarchy.
6. Refer to carrier schedule for non-commissionable plans.

2026 Personal Producing Agent Commission Schedule
Effective January 1, 2026 through December 31, 2026

This schedule is applicable to Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MA-PD) plans offered by Wellpoint to be sold in select counties within Arizona, Iowa, New Jersey, South Carolina, Tennessee, Texas, Washington and West Virginia. See each plan's Summary of Benefits for a complete list of counties.

Product (where available)	Commission Initial Year CMS New to Medicare	Commission CMS Renewal Year 1	Renewal Year 2+
ARIZONA, IOWA, TENNESSEE, TEXAS, WASHINGTON and WEST VIRGINIA Chronic Special Needs Plans, Dual Special Needs Plans and Institutional Special Needs Plans (unless excluded on addendum)	$694	$347	$347
ARIZONA, SOUTH CAROLINA, TENNESSEE, TEXAS and WEST VIRGINIA All Medicare Advantage HMO (HMO, HMO-POS) Non Special Needs Plans (unless excluded on addendum)	$626	$347	$347
NEW JERSEY Chronic Special Needs Plans and Dual Special Needs Plans (unless excluded on addendum)	$864	$432	$432

See 2026 Exceptions list for:

- Non-commissionable plans
- Plans requiring special training to sell

The agent/broker compensation year is January 1 to December 31. Compensation payments will be calculated on a January to December enrollment year. Total payment for year one commission is dependent on notification from CMS. We pay year one for a member "new" to Wellpoint in a lump sum at the monthly renewal rate multiplied by the remaining number of months in the calendar year. CMS later notifies Wellpoint if the beneficiary is considered "new" to Medicare Advantage. Upon notification of "new" status, Wellpoint pays the remainder of the year one commission in a lump sum to total 100% of CMS allowance.

There are four scenarios affecting how an organization may pay in full or pro-rated compensation:

1) A beneficiary's first year of enrollment in a plan, in which CMS indicates the prior plan type as "none," organizations may pay full or pro-rated initial compensation.
2) A beneficiary moves from an employer group to a non-employer group plan, in which CMS indicates the prior plan type as "none", organizations may pay full or pro-rated initial compensation for a beneficiary's first year of enrollment in a plan.
3) A beneficiary makes an "unlike plan change." For unlike plan changes (e.g., MAPD to PDP or PDP to Cost Plan) occurring after January 1, in which CMS indicates the beneficiary had prior plan history (regardless of plan type), organizations must pay pro-rated initial compensation according to the number of months in the plan. For example, a change from a PDP to an MAPD effective May 1 is an unlike plan change resulting in a pro-rated initial compensation of 8/12 (May thru December) of the MAPD initial compensation rate.
4) A beneficiary makes a "plan change." Compensation will be paid monthly, not in a lump sum.

Rates outlined within this schedule are subject to change.
Advance notice will be sent prior to the effective date of any change.

Exceptions List, Plan Year 2026

<u>Additional Training Required</u> to Sell the Following Medicare Advantage Plans:

State	Plan Name	Plan Type	Contract-PBP-SEG
AZ	Wellpoint I Carelon Home Care (HMO I-SNP)	HMO SNP	H1423-007, 008
NJ	Wellpoint Full Dual Advantage Secure (HMO POS D-SNP)	HMO SNP	H3240-024

<u>Non-Commissionable</u> Medicare Advantage Plans:

State	Plan Name	Plan Type	Contract-PBP-SEG
AZ	Wellpoint Premium Savings (HMO)	HMO	H1423-005-000
AZ	Wellpoint Medicare Advantage 2 (HMO-POS)	HMO-POS	H2593-001-000
AZ	Wellpoint I Carelon Home Care 2 (HMO I-SNP)	HMO ISNP	H2593-003-000
AZ	Wellpoint Lung Care 2 (HMO POS C-SNP)	HMO SNP	H2593-005-000
TN	Wellpoint Extra Help (HMO-POS)	HMO-POS	H5828-008-000
TN	Wellpoint Medicare Advantage (HMO-POS)	HMO-POS	H5828-013-000
TX	Wellpoint Medicare Advantage 2 (HMO-POS)	HMO-POS	H2593-029-000
TX	Wellpoint Dual Advantage 2 (HMO D-SNP)	HMO-SNP	H2593-032-000
TX	Wellpoint Full Dual Advantage 2 (HMO D-SNP)	HMO-SNP	H2593-048-000
TX	Wellpoint Full Dual Advantage (HMO D-SNP)	HMO-SNP	H8849-010-005
TX	Wellpoint Dual Advantage (HMO D-SNP)	HMO-SNP	H8849-011-005
WA	Wellpoint Dual Advantage (HMO D-SNP)	HMO-SNP	H1894-011-000

Plans outlined within this document are subject to change.
Advance notice will be sent prior to the effective date of any change.

In Arizona: Services provided by Wellpoint Health Plans, Inc. and/or Wellpoint Texas, Inc. In Iowa: Services are provided by Wellpoint Iowa, Inc. In New Jersey: Services are provided by Wellpoint New Jersey, Inc. In South Carolina: Services provided by Wellpoint South Carolina, Inc. In Tennessee: Services are provided by Wellpoint Tennessee, Inc. In Texas: Services are provided by Wellpoint Texas, Inc. or Wellpoint Insurance Company. In Washington: Services are provided by Wellpoint Washington, Inc. In West Virginia: Services provided by Wellpoint West Virginia, Inc.

2026 Personal Producing Agent Commission Schedule
Effective January 1, 2026 through December 31, 2026

This schedule is applicable to Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MA-PD) plans offered by Simply Healthcare to be sold in select counties within Florida. See each plan's Summary of Benefits for a complete list of counties.

Product (where available)	Commission Initial Year CMS New to Medicare	Commission CMS Renewal Year 1	Renewal Year 2+
Chronic Special Needs Plans, and Dual Special Needs Plans (unless excluded on addendum)	$694	$347	$347
All Medicare Advantage HMO (HMO) Non Special Needs Plans (unless excluded on addendum)	$626	$347	$347

See 2026 Exceptions list for:

- Non-commissionable plans
- Plans requiring special training to sell

The agent/broker compensation year is January 1 to December 31. Compensation payments will be calculated on a January to December enrollment year. Total payment for year one commission is dependent on notification from CMS. We pay year one for a member "new" to Simply Healthcare in a lump sum at the monthly renewal rate multiplied by the remaining number of months in the calendar year. CMS later notifies Simply Healthcare if the beneficiary is considered "new" to Medicare Advantage. Upon notification of "new" status, Simply Healthcare pays the remainder of the year one commission in a lump sum to total 100% of CMS allowance.

There are four scenarios affecting how an organization may pay in full or pro-rated compensation:

1) A beneficiary's first year of enrollment in a plan, in which CMS indicates the prior plan type as "none," organizations may pay full or pro-rated initial compensation.
2) A beneficiary moves from an employer group to a non-employer group plan, in which CMS indicates the prior plan type as "none", organizations may pay full or pro-rated initial compensation for a beneficiary's first year of enrollment in a plan.
3) A beneficiary makes an "unlike plan change." For unlike plan changes (e.g., MAPD to PDP or PDP to Cost Plan) occurring after January 1, in which CMS indicates the beneficiary had prior plan history (regardless of plan type), organizations must pay pro-rated initial compensation

according to the number of months in the plan. For example, a change from a PDP to an MAPD effective May 1 is an unlike plan change resulting in a pro-rated initial compensation of 8/12 (May thru December) of the MAPD initial compensation rate.

4) A beneficiary makes a “plan change.” Compensation will be paid monthly, not in a lump sum.

Rates outlined within this schedule are subject to change.
Advance notice will be sent prior to the effective date of any change.

Exceptions List, Plan Year 2026

Additional Training Required to Sell the Following Medicare Advantage Plans:

State	Plan Name	Plan Type	Contract-PBP-SEG
N/A			

Non-Commissionable Medicare Advantage Plans:

State	Plan Name	Plan Type	Contract-PBP-SEG
FL	Simply Level (HMO C-SNP)	HMO SNP	H5471-069-000
FL	Simply Level (HMO C-SNP)	HMO SNP	H5471-073-000
FL	Simply Level (HMO C-SNP)	HMO SNP	H5471-075-000
FL	Simply More (HMO)	HMO	H5471-077-000
FL	Simply Level (HMO C-SNP)	HMO SNP	H5471-080-000

Plans outlined within this document are subject to change.
Advance notice will be sent prior to the effective date of any change.

2026 Personal Producing Agent Commission Schedule
Effective January 1, 2026 through December 31, 2026

This schedule is applicable to Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MA-PD) plans offered by Healthy Blue to be sold in select counties within Missouri. See each plan's Summary of Benefits for a complete list of counties.

Product (where available)	Commission Initial Year CMS New to Medicare	Commission CMS Renewal Year 1	Renewal Year 2+
Dual Special Needs Plan	$0	$0	$0

The agent/broker compensation year is January 1 to December 31. Compensation payments will be calculated on a January to December enrollment year. Total payment for year one commission is dependent on notification from CMS. We pay year one for a member "new" to Healthy Blue in a lump sum at the monthly renewal rate multiplied by the remaining number of months in the calendar year. CMS later notifies Healthy Blue if the beneficiary is considered "new" to Medicare Advantage. Upon notification of "new" status, Healthy Blue pays the remainder of the year one commission in a lump sum to total 100% of CMS allowance.

There are four scenarios affecting how an organization may pay in full or pro-rated compensation:

1) A beneficiary's first year of enrollment in a plan, in which CMS indicates the prior plan type as "none," organizations may pay full or pro-rated initial compensation.
2) A beneficiary moves from an employer group to a non-employer group plan, in which CMS indicates the prior plan type as "none", organizations may pay full or pro-rated initial compensation for a beneficiary's first year of enrollment in a plan.
3) A beneficiary makes an "unlike plan change." For unlike plan changes (e.g., MAPD to PDP or PDP to Cost Plan) occurring after January 1, in which CMS indicates the beneficiary had prior plan history (regardless of plan type), organizations must pay pro-rated initial compensation according to the number of months in the plan. For example, a change from a PDP to an MAPD effective May 1 is an unlike plan change resulting in a pro-rated initial compensation of 8/12 (May thru December) of the MAPD initial compensation rate.
4) A beneficiary makes a "plan change." Compensation will be paid monthly, not in a lump sum.

Rates outlined within this schedule are subject to change.
Advance notice will be sent prior to the effective date of any change.

2026 Personal Producing Agent Commission Schedule
Effective January 1, 2026 through December 31, 2026

This schedule is applicable to Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MA-PD) plans offered by Healthy Blue to be sold in select counties within Louisiana. See each plan's Summary of Benefits for a complete list of counties.

Product (where available)	Commission Initial Year CMS New to Medicare	Commission CMS Renewal Year 1	Renewal Year 2+
Dual Special Needs Plan	$694	$347	$347

The agent/broker compensation year is January 1 to December 31. Compensation payments will be calculated on a January to December enrollment year. Total payment for year one commission is dependent on notification from CMS. We pay year one for a member "new" to Healthy Blue in a lump sum at the monthly renewal rate multiplied by the remaining number of months in the calendar year. CMS later notifies Healthy Blue if the beneficiary is considered "new" to Medicare Advantage. Upon notification of "new" status, Healthy Blue pays the remainder of the year one commission in a lump sum to total 100% of CMS allowance.

There are four scenarios affecting how an organization may pay in full or pro-rated compensation:

1) A beneficiary's first year of enrollment in a plan, in which CMS indicates the prior plan type as "none," organizations may pay full or pro-rated initial compensation.
2) A beneficiary moves from an employer group to a non-employer group plan, in which CMS indicates the prior plan type as "none", organizations may pay full or pro-rated initial compensation for a beneficiary's first year of enrollment in a plan.
3) A beneficiary makes an "unlike plan change." For unlike plan changes (e.g., MAPD to PDP or PDP to Cost Plan) occurring after January 1, in which CMS indicates the beneficiary had prior plan history (regardless of plan type), organizations must pay pro-rated initial compensation according to the number of months in the plan. For example, a change from a PDP to an MAPD effective May 1 is an unlike plan change resulting in a pro-rated initial compensation of 8/12 (May thru December) of the MAPD initial compensation rate.
4) A beneficiary makes a "plan change." Compensation will be paid monthly, not in a lump sum.

Rates outlined within this schedule are subject to change.
Advance notice will be sent prior to the effective date of any change.

2026 Personal Producing Agent Commission Schedule
Effective January 1, 2026 through December 31, 2026

This schedule is applicable to Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MA-PD) plans offered by Healthy Blue to be sold in select counties within Kansas. See each plan's Summary of Benefits for a complete list of counties.

Product (where available)	Commission Initial Year CMS New to Medicare	Commission CMS Renewal Year 1	Renewal Year 2+
Dual Special Needs Plan	$694	$347	$347

The agent/broker compensation year is January 1 to December 31. Compensation payments will be calculated on a January to December enrollment year. Total payment for year one commission is dependent on notification from CMS. We pay year one for a member "new" to Healthy Blue in a lump sum at the monthly renewal rate multiplied by the remaining number of months in the calendar year. CMS later notifies Healthy Blue if the beneficiary is considered "new" to Medicare Advantage. Upon notification of "new" status, Healthy Blue pays the remainder of the year one commission in a lump sum to total 100% of CMS allowance.

There are four scenarios affecting how an organization may pay in full or pro-rated compensation:

1) A beneficiary's first year of enrollment in a plan, in which CMS indicates the prior plan type as "none," organizations may pay full or pro-rated initial compensation.
2) A beneficiary moves from an employer group to a non-employer group plan, in which CMS indicates the prior plan type as "none", organizations may pay full or pro-rated initial compensation for a beneficiary's first year of enrollment in a plan.
3) A beneficiary makes an "unlike plan change." For unlike plan changes (e.g., MAPD to PDP or PDP to Cost Plan) occurring after January 1, in which CMS indicates the beneficiary had prior plan history (regardless of plan type), organizations must pay pro-rated initial compensation according to the number of months in the plan. For example, a change from a PDP to an MAPD effective May 1 is an unlike plan change resulting in a pro-rated initial compensation of 8/12 (May thru December) of the MAPD initial compensation rate.
4) A beneficiary makes a "plan change." Compensation will be paid monthly, not in a lump sum.

Rates outlined within this schedule are subject to change.
Advance notice will be sent prior to the effective date of any change.

2026 Personal Producing Agent Commission Schedule
Effective January 1, 2026 through December 31, 2026

This schedule is applicable to Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MA-PD) plans offered by Anthem | MaineHealth to be sold in select counties within Maine. See each plan's Summary of Benefits for a complete list of counties.

Product (where available)	Commission Initial Year CMS New to Medicare	Commission CMS Renewal Year 1	Renewal Year 2+
Dual Special Needs Plans (unless excluded on addendum)	$694	$347	$347
All Medicare Advantage HMO (HMO-POS) Non Special Needs Plans (unless excluded on addendum)	$626	$347	$347

See 2026 Exceptions list for:

- Non-commissionable plans
- Plans requiring special training to sell

The agent/broker compensation year is January 1 to December 31. Compensation payments will be calculated on a January to December enrollment year. Total payment for year one commission is dependent on notification from CMS. We pay year one for a member "new" to Anthem | MaineHealth in a lump sum at the monthly renewal rate multiplied by the remaining number of months in the calendar year. CMS later notifies Anthem | MaineHealth if the beneficiary is considered "new" to Medicare Advantage. Upon notification of "new" status, Anthem | MaineHealth pays the remainder of the year one commission in a lump sum to total 100% of CMS allowance.

There are four scenarios affecting how an organization may pay in full or pro-rated compensation:

1) A beneficiary's first year of enrollment in a plan, in which CMS indicates the prior plan type as "none," organizations may pay full or pro-rated initial compensation.
2) A beneficiary moves from an employer group to a non-employer group plan, in which CMS indicates the prior plan type as "none", organizations may pay full or pro-rated initial compensation for a beneficiary's first year of enrollment in a plan.
3) A beneficiary makes an "unlike plan change." For unlike plan changes (e.g., MAPD to PDP or PDP to Cost Plan) occurring after January 1, in which CMS indicates the beneficiary had prior plan history (regardless of plan type), organizations must pay pro-rated initial compensation according to the number of months in the plan. For example, a change from a PDP to an MAPD

effective May 1 is an unlike plan change resulting in a pro-rated initial compensation of 8/12 (May thru December) of the MAPD initial compensation rate.

4) A beneficiary makes a “plan change.” Compensation will be paid monthly, not in a lump sum.

Rates outlined within this schedule are subject to change.
Advance notice will be sent prior to the effective date of any change.

Exceptions List, Plan Year 2026

<u>Additional Training Required</u> to Sell the Following Medicare Advantage Plans:

State	Plan Name	Plan Type	Contract-PBP-SEG
N/A			

<u>Non-Commissionable</u> Medicare Advantage Plans:

State	Plan Name	Plan Type	Contract-PBP-SEG
ME	Anthem I MaineHealth Advantage Choice (HMO-POS)	HMO-POS	H9065-003-000
ME	Anthem I MaineHealth Advantage Plus (HMO)	HMO	H9065-008-000
ME	Anthem I MaineHealth Advantage Veteran (PPO)	LPPO	H9219-004-000

Plans outlined within this document are subject to change.

Plans offered by AMH Health, LLC and AMH Health Plans Of Maine, Inc., joint ventures between MaineHealth and Anthem Partnership Holding Company, LLC. AMH Health, LLC and AMH Health Plans of Maine, Inc. are independent licensees of the Blue Cross Blue Shield Association.vance notice will be sent prior to the effective date of any change.

For Broker Use Only – Not For Member Use

2026 Personal Producing Agent Commission Schedule
Effective January 1, 2026 through December 31, 2026

This schedule is applicable to Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MA-PD) plans offered by Anthem Blue Cross and Blue Shield to be sold in select counties within Colorado, Connecticut, Georgia, Indiana, Kentucky, Missouri, Nevada, New York, Ohio, Virginia and Wisconsin. See each plan's Summary of Benefits for a complete list of counties.

Product (where available)	Commission Initial Year CMS New to Medicare	Commission CMS Renewal Year 1	Renewal Year 2+
COLORADO, GEORGIA, INDIANA, KENTUCKY, MISSOURI, NEVADA, NEW YORK, OHIO, VIRGINIA, and WISCONSIN Chronic Special Needs Plans, Dual Special Needs Plans and Institutional Special Needs Plans (unless excluded on addendum)	$694	$347	$347
COLORADO, GEORGIA, INDIANA, KENTUCKY, MISSOURI, NEVADA, NEW YORK, OHIO, VIRGINIA and WISCONSIN All Medicare Advantage HMO (HMO, HMO-POS) Non Special Needs Plans (unless excluded on addendum)	$626	$347	$347
CONNECTICUT Chronic Special Needs Plans, Dual Special Needs Plans and Institutional Special Needs Plans (unless excluded on addendum)	$781	$391	$391
CONNECTICUT All Medicare Advantage HMO (HMO, HMO-POS) Non Special Needs Plans (unless excluded on addendum)	$705	$391	$391
CONNECTICUT Part D	$0.00	$0.00	$0.00

See 2026 Exceptions list for:

- Non-commissionable plans
- Plans requiring special training to sell

The agent/broker compensation year is January 1 to December 31. Compensation payments will be calculated on a January to December enrollment year. Total payment for year one commission is dependent on notification from CMS. We pay year one for a member "new" to Anthem Blue Cross and

Blue Shield in a lump sum at the monthly renewal rate multiplied by the remaining number of months in the calendar year. CMS later notifies Anthem Blue Cross and Blue Shield if the beneficiary is considered "new" to Medicare Advantage. Upon notification of "new" status, Anthem Blue Cross and Blue Shield pays the remainder of the year one commission in a lump sum to total 100% of CMS allowance.

There are four scenarios affecting how an organization may pay in full or pro-rated compensation:

1) A beneficiary's first year of enrollment in a plan, in which CMS indicates the prior plan type as "none," organizations may pay full or pro-rated initial compensation.
2) A beneficiary moves from an employer group to a non-employer group plan, in which CMS indicates the prior plan type as "none", organizations may pay full or pro-rated initial compensation for a beneficiary's first year of enrollment in a plan.
3) A beneficiary makes an "unlike plan change." For unlike plan changes (e.g., MAPD to PDP or PDP to Cost Plan) occurring after January 1, in which CMS indicates the beneficiary had prior plan history (regardless of plan type), organizations must pay pro-rated initial compensation according to the number of months in the plan. For example, a change from a PDP to an MAPD effective May 1 is an unlike plan change resulting in a pro-rated initial compensation of 8/12 (May thru December) of the MAPD initial compensation rate.
4) A beneficiary makes a "plan change." Compensation will be paid monthly, not in a lump sum.

Rates outlined within this schedule are subject to change.
Advance notice will be sent prior to the effective date of any change.

Exceptions List, Plan Year 2026

Additional Training Required to Sell the Following Medicare Advantage Plans:

State	Plan Name	Plan Type	Contract-PBP-SEG
NY	Anthem HealthPlus Full Dual Advantage LTSS (HMO D-SNP)	HMO SNP	H8432-041
NY	Anthem HealthPlus Full Dual Advantage LTSS 2 (HMO D-SNP)	HMO SNP	H6988-004

Non-Commissionable Medicare Advantage Plans:

State	Plan Name	Plan Type	Contract-PBP-SEG
CT	Anthem Full Dual Advantage (PPO D-SNP)	LPPO SNP	H2836-006-000
CT	Anthem Dual Advantage (PPO D-SNP)	LPPO SNP	H2836-007-000
CT	Anthem Kidney Care (HMO-POS C-SNP)	HMO SNP	H5854-012-000
CT	Anthem Veteran (HMO-POS)	HMO-POS	H5854-018-000
CT	Anthem Medicare Advantage (HMO)	HMO	H5854-019-001
CT	Anthem Medicare Advantage (HMO)	HMO	H5854-019-002
GA	Anthem Medicare Advantage 2 (PPO)	LPPO	H4036-030-000
GA	Anthem Veteran (PPO)	LPPO	H4036-040-000
GA	Anthem Medicare Advantage (HMO-POS)	HMO-POS	H5422-011-000
GA	Anthem Extra Help (HMO-POS)	HMO-POS	H5422-013-000
GA	Anthem Veteran (HMO-POS)	HMO-POS	H5422-014-000
GA	Anthem Kidney Care (HMO-POS C-SNP)	HMO-SNP	H5422-015-000
IN	Anthem Dual Advantage (HMO D-SNP)	HMO SNP	H0629-002-000
IN	Anthem Medicare Advantage 3 (PPO)	LPPO	H1607-012-000
IN	Anthem Medicare Advantage 2 (PPO)	LPPO	H1607-015-000
IN	Anthem Extra Help (HMO-POS)	HMO-POS	H3447-024-000
IN	Anthem Veteran (PPO)	LPPO	H7093-001-000
IN	Anthem Medicare Advantage (PPO)	LPPO	H7093-002-000
IN	Anthem Medicare Advantage 2 (HMO-POS)	HMO-POS	H7220-004-000
IN	Anthem Medicare Advantage (HMO)	HMO	H7220-009-001
IN	Anthem Medicare Advantage (HMO)	HMO	H7220-009-002
IN	Anthem Medicare Advantage (HMO)	HMO	H7220-010-000
IN KY	Anthem Medicare Advantage (Regional PPO)	RPPO	R5941-016-000
KY	Anthem Medicare Advantage 3 (PPO)	LPPO	H4036-034-000
KY	Anthem Medicare Advantage (PPO)	LPPO	H4036-036-000
KY	Anthem Veteran (PPO)	LPPO	H4909-023-000
MO	Anthem Veteran (PPO)	LPPO	H4909-021-000
NV	Anthem Medicare Advantage (HMO-POS)	HMO-POS	H4346-017-000
NV	Anthem Full Dual Advantage (HMO D-SNP)	HMO SNP	H4346-025-000
NY	Anthem Veteran 2 (HMO-POS)	HMO-POS	H6988-008-000
NY	Anthem Medicare Advantage (HMO)	HMO	H8432-009-000
NY	Anthem Medicare Advantage (HMO)	HMO	H8432-010-000
NY	Anthem Medicare Advantage (HMO)	HMO	H8432-011-000
NY	Anthem Veteran (HMO-POS)	HMO-POS	H8432-036-000

NY	Anthem Medicare Advantage (HMO-POS)	HMO-POS	H8432-040-000
OH	Anthem Medicare Advantage (HMO-POS)	HMO-POS	H3655-045-001
OH	Anthem Medicare Advantage (HMO-POS)	HMO-POS	H3655-045-003
OH	Anthem Medicare Advantage 4 (PPO)	LPPO	H4036-017-000
OH	Anthem Veteran (PPO)	LPPO	H4036-022-000
OH	Anthem Medicare Advantage 3 (PPO)	LPPO	H4036-025-000
OH	Anthem Medicare Advantage (PPO)	LPPO	H4036-026-000
OH	Anthem Veteran (Regional PPO)	RPPO	R5941-013-000
OH	Anthem Medicare Advantage (Regional PPO)	RPPO	R5941-014-000
VA	Anthem Medicare Advantage (HMO-POS)	HMO-POS	H3447-013-000
VA	Anthem Medicare Advantage 3 (HMO-POS)	HMO-POS	H3447-049-000
VA	Anthem Medicare Advantage (PPO)	LPPO	H4909-014-000
VA	Anthem Veteran (PPO)	LPPO	H4909-020-000
VA	Anthem Grocery (PPO)	LPPO	H4909-026-000
WI	Anthem Medicare Advantage 3 (PPO)	LPPO	H4036-008-000
WI	Anthem Veteran (PPO)	LPPO	H4036-024-000

Plans outlined within this document are subject to change.
Advance notice will be sent prior to the effective date of any change.

For Broker Use Only – Not For Member Use

2026 Personal Producing Agent Commission Schedule
Effective January 1, 2026 through December 31, 2026

This schedule is applicable to Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MA-PD) plans offered by Anthem Blue Cross to be sold in select counties within California. See each plan's Summary of Benefits for a complete list of counties.

Product (where available)	Commission Initial Year CMS New to Medicare	Commission CMS Renewal Year 1	Renewal Year 2+
Chronic Special Needs Plans, Dual Special Needs Plans and Institutional Special Needs Plans (unless excluded on addendum)	$864	$432	$432
All Medicare Advantage HMO (HMO-POS) Non Special Needs Plans (unless excluded on addendum)	$780	$432	$432

See 2026 Exceptions list for:

- Non-commissionable plans
- Plans requiring special training to sell

The agent/broker compensation year is January 1 to December 31. Compensation payments will be calculated on a January to December enrollment year. Total payment for year one commission is dependent on notification from CMS. We pay year one for a member "new" to Anthem Blue Cross in a lump sum at the monthly renewal rate multiplied by the remaining number of months in the calendar year. CMS later notifies Anthem Blue Cross if the beneficiary is considered "new" to Medicare Advantage. Upon notification of "new" status, Anthem Blue Cross pays the remainder of the year one commission in a lump sum to total 100% of CMS allowance.

There are four scenarios affecting how an organization may pay in full or pro-rated compensation:

1) A beneficiary's first year of enrollment in a plan, in which CMS indicates the prior plan type as "none," organizations may pay full or pro-rated initial compensation.
2) A beneficiary moves from an employer group to a non-employer group plan, in which CMS indicates the prior plan type as "none", organizations may pay full or pro-rated initial compensation for a beneficiary's first year of enrollment in a plan.
3) A beneficiary makes an "unlike plan change." For unlike plan changes (e.g., MAPD to PDP or PDP to Cost Plan) occurring after January 1, in which CMS indicates the beneficiary had prior plan history (regardless of plan type), organizations must pay pro-rated initial compensation

according to the number of months in the plan. For example, a change from a PDP to an MAPD effective May 1 is an unlike plan change resulting in a pro-rated initial compensation of 8/12 (May thru December) of the MAPD initial compensation rate.

4) A beneficiary makes a “plan change.” Compensation will be paid monthly, not in a lump sum.

Rates outlined within this schedule are subject to change.
Advance notice will be sent prior to the effective date of any change.

Exceptions List, Plan Year 2026

Additional Training Required to Sell the Following Medicare Advantage Plans:

State	Plan Name	Plan Type	Contract-PBP-SEG
CA	Anthem I Carelon Home Care (HMO I-SNP)	HMO SNP	H0544-005

Non-Commissionable Medicare Advantage Plans:

State	Plan Name	Plan Type	Contract-PBP-SEG
CA	Anthem Dual Advantage (HMO D-SNP)	HMO SNP	H4471-005-000
CA	Anthem Dual Advantage (PPO D-SNP)	LPPO SNP	H4704-001-000
CA	Anthem Dual Advantage 2 (PPO D-SNP)	LPPO SNP	H4704-002-000

Plans outlined within this document are subject to change.
Advance notice will be sent prior to the effective date of any change.

KENTUCKY
Senior Medicare Supplement
Agent Commission Schedule
Effective January 1, 2024

Medicare Supplement 65+	
Open Enrollment Underwritten Year 1 - 6 23%	**Open Enrollment Underwritten** Year 7 + 4%
Guarantee Issue Year 1 - 6 2%	**Guarantee Issue** **Year 7 +** 0%
Specialty Product **Anthem Extras** Year 1+ 10%	

- Commission payments are based on initial premium and payable for the life of the policy (unless otherwise noted).
- Commission rate applicable only to policies issued to individuals age 65 and older. Zero commissions are paid for policies issued to individuals under age 65.
- Applies for policies shown written with an effective date beginning with January 1, 2024.
- Replacement policies will be paid at the renewal rate.
- Plan changes from a policy issued to individuals under age 65 to policies issued to individuals age 65 and older are eligible for the new commission rate.

Advance Commissions:

Anthem Blue Cross Blue Shield will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which premiums have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Anthem Blue Cross Blue Shield will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Anthem Blue Cross Blue Shield reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned.

Payment on a Percentage of Original Premium (Any and All Modernized Medicare Supplement and Medicare Select) – Subject to the Broker Agreement and except as noted in this Commission Schedule, commission payable on Broker's Senior Business effective January 1, 2024 or later shall be paid on a percentage of Original Premium when premium is received by Company and appears on Company's income file. Original Premium shall mean the premium rate on the member's initial effective date of the Policy, regardless of whether the member changes plans, zip codes, underwriting levels, or agent/broker of record. Commission is not paid on rate increases, surcharges, Policy administrative fees, other fees, or changes to the Policy.

Maine
Anthem Blue Cross and Blue Shield
Senior Medicare Supplement
Agent Commission Schedule
Effective January 1, 2024

Medicare Supplement				
PLAN	**YEAR 1**	**YEAR 2 - 6**	**YEAR 7 – 10**	**YEAR 11+**
Plan F, Plan G	**$225**	**$225**	**$112.50**	**$56.25**
Plan N	**$210**	**$210**	**$105**	**$52.50**
Plan A	**$204**	**$120**	**$60.00**	**$30.00**

- Commission payments payable thru the life of the policy.
- Applies for policies shown written with effective dates beginning with January 1, 2024. Medicare Supplement commissions are paid in advance. The above rates are displayed as the annual amount.
- Replacement policies will be paid at the renewal rate.
- Renewal rates become effective at policy anniversary.

Advance Commission:

Anthem Blue Cross and Blue Shield will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. This means if your initial month's commission is $11.25, your initial commission payment to be advanced will be $11.25 x 9 months = $101.25. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which premiums have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Anthem Blue Cross and Blue Shield will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Anthem Blue Cross and Blue Shield reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned."

MISSOURI
Senior Medicare Supplement
Agent Commission Schedule
Effective January 1, 2024

Medicare Supplement (Plan A, Plan F, Plan G, Plan N)	
Year 1 - 6	**Year 7 +**
21%	4%
Specialty Plan – Anthem Extras	
Year 1 – 6	Year 7+
10%	10%

- Commission payments for Medicare Supplement policies are based on initial premium and payable for the life of the policy (unless otherwise noted).
  Commission payments for Anthem Extra policies are based on paid premium and payable for the life of the policy.
- Applies for policies shown written with an effective date beginning with January 1, 2024.
- Replacement policies will be paid at the renewal rate.

Advance Commissions:

Anthem Blue Cross and Blue Shield will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which premiums have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Anthem Blue Cross and Blue Shield will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Anthem Blue Cross and Blue Shield reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned."

Payment on a Percentage of Original Premium (Any and All Modernized Medicare Supplement and Medicare Select) – Subject to the Broker Agreement and except as noted in this Commission Schedule, commission payable on Broker's Senior Business effective January 1, 2024 or later shall be paid on a percentage of Original Premium when premium is received by Company and appears on Company's income file. Original Premium shall mean the premium rate on the member's initial effective date of the Policy, regardless of whether the member changes plans, zip codes, underwriting levels, or agent/broker of record. Commission is not paid on rate increases, surcharges, Policy administrative fees, other fees, or changes to the Policy.

New Hampshire
Anthem Blue Cross and Blue Shield
Senior Medicare Supplement
Agent Commission Schedule
Effective January 1, 2024

Medicare Supplement – Over 65					
Enrollment Type	**Plan**	**YEAR 1**	**YEAR 2 - 6**	**YEAR 7 - 10**	**YEAR 11+**
Open Enrollment Underwritten	**Plan F, G**	**$300**	**$300**	**$150.00**	**$75.00**
	Plan N	**$210**	**$210**	**$105**	**$52.50**
	Plan A	**$240**	**$120**	**$60**	**$30**
Guaranteed Issue	**Plan F, G, N, A**	**$25**	**$25**	**$0**	**$0**

Medicare Supplement – Pre 65 (Medicare Disabled)			
	YEAR 1	**YEAR 2 - 6**	**YEAR 7+**
All Plans	**$24**	**$24**	**$24**

- Commission payments are payable for the life of the policy (except for pre-65 plans as noted above)
- Applies for policies shown written with effective dates beginning January 1, 2024.
- Medicare Supplement commissions are paid in advance. The above rates are displayed as the annual amount.
- Replacement policies will be paid at the renewal rate.
- Renewal rates become effective at policy anniversary.

Advance Commission:

Anthem Blue Cross and Blue Shield will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. This means if your initial month's commission is $11.25, your initial commission payment to be advanced will be $11.25 x 9 months = $101.25. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which premiums have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Anthem Blue Cross and Blue Shield will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Anthem Blue Cross and Blue Shield reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned."

NEVADA
Medicare Supplement
Agent Commission Schedule
Effective January 1, 2024

Medicare Supplement – Classic Plan A, N, and F	
Production Count	**Commission Rate**
1-3 policies	11%
4-8 policies	12%
9+ policies	14%
• Commission payments are based on initial premium and payable for the life of the policy. • Applies for policies shown written with an effective date on or after January 1, 2024. • Replacement policies will be paid at the renewal rate.	

Medicare Supplement – Innovative Plan F, G and N		
Year 1	**Year 2 - 6**	**Year 7+**
26%	13%	2%
• Commission payments are based on initial premium and payable for the life of the policy. • Applies for policies shown written with an effective date on or after January 1, 2024 • Replacement policies will be paid at the renewal rate.		

Payment on a Percentage of Original Premium (Over 65 Products – Any and All Medicare Supplement Policies) – Subject to the Broker Agreement and except as noted in this Commission Fee Schedule, commissions payable on Broker's Senior Business effective January 1, 2024 or later shall be paid on a percentage of Original Premium when premium is received by Company and appears on Company's income file. Original Premium shall mean the premium rate on the member's initial effective date of the Policy, regardless of whether the member changes plans, zip codes, underwriting levels, or agent/broker of record. Commissions are not paid on rate increases, surcharges, Policy administrative fees, other fees, or changes to the Policy. Any such first year and renewal commissions shall be calculated only for premium received by Company on Medicare Supplement contracts issued, effective and in-force at the time of commission payment.

Advance Commission:

Anthem Blue Cross and Blue Shield will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which commissions have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Anthem Blue Cross and Blue Shield will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Anthem Blue Cross and Blue Shield reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned.

For purposes of the Nevada commission schedules above, "Contract" shall not include a subscriber (including any dependent members) or member enrolled in COBRA, state continuation or any other applicable state or federal continuation of a group plan, and thus no compensation shall be paid for said member(s).

OHIO
Senior Medicare Supplement
Agent Commission Schedule
Effective January 1, 2024

Medicare Supplement
(Plan A, Plan F, Plan G, Plan N, Select F, Select G, Select N)

Open Enrollment Underwritten	
Year 1 - 6	**Year 7 +**
23%	4%
Guarantee Issue	
Year 1 - 6	**Year 7 +**
2%	0%
Specialty Products Anthem Extra	
Year 1+	
10%	

- Commission payments are based on initial premium and payable for the life of policy (unless otherwise noted)
- Applies for policies shown written with an effective date beginning with January 1, 2024
- Replacement policies will be paid at the renewal rate

Advance Commissions:

Anthem Blue Cross Blue Shield will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which premiums have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Anthem Blue Cross Blue Shield will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Anthem Blue Cross Blue Shield reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned.

Payment on a Percentage of Original Premium (Any and All Modernized Medicare Supplement and Medicare Select) – Subject to the Broker Agreement and except as noted in this Commission Schedule, commission payable on Broker's Senior Business effective January 1, 2024 or later shall be paid on a percentage of Original Premium when premium is received by Company and appears on Company's income file. Original Premium shall mean the premium rate on the member's initial effective date of the Policy, regardless of whether the member changes plans, zip codes, underwriting levels, or agent/broker of record. Commission is not paid on rate increases, surcharges, Policy administrative fees, other fees, or changes to the Policy.

VIRGINIA
Medicare Supplement
Agent Commission Schedule
Effective July 1, 2026

Anthem offers an array of Medicare Supplement products designed for Medicare eligible individuals. These products give consumers the ability to choose health care coverage that best fits their needs. Rates apply only to plans sold with effective dates beginning with July 1, 2026.

Medicare Supplement			
New Business or Replacement of another carrier Open Enrollment and Underwritten Plans	**Year 1**	**Years 2-6**	**Years 7 - 10**
Plan F, G, and N	$372	$372	$66
Plan A	$96	$85	$21.50
Guaranteed Issue			
Plan F, G, N and A	$20.00	$20.00	$0

Plan Type	**One -Time Fee**
Plan B	$25 administration fee

- For replacement of another Anthem Medicare Supplement, commission is based on the effective date of the original plan
- Renewal commissions paid through year 10, as long as the policy remains in force and agent is recognized as the Agent of Record by the company
- Replacement policies will be paid at the renewal rate.
- Commission rates are displayed at an annual rate however paid monthly ($372.00/12 = $31.00 a month)

Advance Commission:

Anthem Blue Cross and Blue Shield will advance commissions for nine months for new Medicare Supplement members in a lump sum based on the initial months commission calculation. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which commissions have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Anthem Blue Cross and Blue Shield will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Anthem Blue Cross and Blue Shield reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned.

WISCONSIN

Senior Medicare Supplement
Agent Commission Schedule
Effective January 1, 2024

Medicare Supplement	
Year 1 - 6	**Year 7 +**
21%	4%

- Commission payments are based on initial premium and payable for the life of the policy (unless otherwise noted).
- Applies for policies shown written with an effective date beginning January 1, 2024.
- Replacement policies will be paid at the renewal rate.
- Plan changes from a policy issued to individuals under age 65 to policies issued to individuals age 65 and older are eligible for the new commission rate.

Advance Commissions:

Anthem Blue Cross Blue Shield will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which premiums have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Anthem Blue Cross Blue Shield will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Anthem Blue Cross Blue Shield reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned.

Payment on a Percentage of Original Premium (Any and All Modernized Medicare Supplement and Medicare Select) – Subject to the Broker Agreement and except as noted in this Commission Schedule, commission payable on Broker's Senior Business effective January 1, 2024 or later shall be paid on a percentage of Original Premium when premium is received by Company and appears on Company's income file. Original Premium shall mean the premium rate on the member's initial effective date of the Policy, regardless of whether the member changes plans, zip codes, underwriting levels, or agent/broker of record. Commission is not paid on rate increases, surcharges, Policy administrative fees, other fees, or changes to the Policy.

ARIZONA
Senior Medicare Supplement
Agent Commission Schedule
Effective January 1, 2024

Medicare Supplement

Enrollment Type	Plan	Year 1	Year 2 - 6	Year 7 - 10	Year 11 +
Open Enrollment Underwritten	F, G	$400	$340	$100	$50
	N	$250	$250	$100	$50
	A	$0	$0	$0	$0

Enrollment Type	Plan	Year 1-6	Year 7	Year 8 - 10	Year 11 +
Guaranteed Issue	F, G, N	$41.50	$0	$0	$0
	A	$0	$0	$0	$0

- Amounts above are displayed at the annual commission amount
- Applies for policies shown written with an effective beginning with January 1, 2024
- Replacement policies will be paid at the renewal rate.

Advance Commissions:

Amerigroup will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. This means if your initial month's override is $3.75, your initial override payment to be advanced will be $3.75 x 9 months = $33.75. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which commissions have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Amerigroup will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Amerigroup reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned.

TEXAS
Senior Medicare Supplement
Agent Commission Schedule
Effective January 1, 2024

Medicare Supplement

Enrollment Type		Year 1	Year 2 - 7	Year 8 - 10	Year 11+
Open Enrollment Underwritten	**Plan F, G**	$400	$225	$100	$50
	Plan N	$225	$225	$100	$50
	Plan A	$0	$0	$0	$0

Enrollment Type		Year 1	Year 2 - 7	Year 8 - 10	Year 11+
Guarantee Issue	**Plan F, G, N**	$41.50	$41.50	$0	$0
	Plan A	$0	$0	$0	$0

- Amounts above are displayed at the annual commission amount
- Applies for policies shown written with an effective date beginning with January 1, 2024.
- Replacement policies will be paid at the renewal rate.

Advance Commissions:

Wellpoint will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. This means if your initial month's commission amount is $33.34, your initial commission payment to be advanced will be $33.34 x 9 months = $300.06. The advance will be tracked each month while the commissions are earned over the nine-month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which commissions have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Wellpoint will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Wellpoint reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned.

Coverage is provided by Wellpoint Insurance Company.

CALIFORNIA

Medicare Supplement Commission Schedule
Effective January 1, 2024

Medicare Supplement 65 + Plan Types: Plan A, Plan F, Innovative Plan F, Plan G and Plan N			
Enrollment Type	**Year 1 – 6**	**Year 7 – 10**	**Year 11 +**
Open Enrollment Underwritten	**20% per month**	**5% per month**	**5% per month**
Guarantee Issue	**10% per month**	**5% per month**	**0%**

- Commission payments are based on paid premium and payable for the life of the policy.
- Applies for policies shown written beginning with an effective date of January 1, 2024.
- Open enrollment applies to turning 65 or New to Part B.

Specialty Plan	
Anthem Extras	**Year 1+ 10%**

Medicare Supplement Pre-65	
Plan Type	**Year 1 - 6**
Plan A Pre-65 Plan F Pre-65 Plan G Pre-65 Innovative Plan F Pre-65 Plan N Pre-65	**$5 yearly administration fee**

Anthem Blue Cross will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which commissions have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, the Company will recoup any overpaid commission as set forth in the applicable agent or broker agreement. The company reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned.

Colorado

Medicare Supplement Agent Commission
Schedule Effective January 1, 2024

Medicare Supplement (Plan A, Plan F, Plan G, Plan N)		
Year 1	**Year 2 - 6**	**Year 7+**
26%	13%	2%

Specialty Plan – Anthem Extras	
Year 1 – 6	**Year 7 +**
10%	10%

- Commission payments for Medicare Supplement policies are based on initial premium and payable for the life of the policy.
- Commission payments for Anthem Extras policies are based on paid premium and payable for the life of the policy.
- Applies for policies shown written with an effective date beginning with January 1, 2024.
- Replacement policies will be paid at the renewal rate.

Advance Commissions:

Anthem Blue Cross Blue Shield will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which commissions have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Anthem Blue Cross Blue Shield will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Anthem Blue Cross Blue Shield reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned.

Payment on a Percentage of Original Premium (Any and All Modernized Medicare Supplement and Medicare Select) – Subject to the Broker Agreement and except as noted in this Commission Schedule, commission payable on Broker's Senior Business with effective dates on or after January 1, 2024, shall be paid on a percentage of Original Premium when premium is received by Company and appears on Company's income file. Original Premium shall mean the premium rate on the member's initial effective date of the Policy, regardless of whether the member changes plans, zip codes, or agent/broker of record. Commission is not paid on rate increases, surcharges, Policy administrative fees, other fees, or changes to the Policy. For Medicare Supplement and Medicare Select Policy replacement sales, Commission shall be paid at the renewal percentage only. Any such first year and renewal Commission shall be calculated only for premium received by Company on Medicare Supplement and Medicare Select contracts issued, effective and in-force within a 12-month calendar year (January-December).

Connecticut
Anthem Blue Cross and Blue Shield
Senior Medicare Supplement
Agent Commission Schedule
Effective January 1, 2024

Medicare Supplement – Over 65				
PLAN	**YEAR 1**	**YEAR 2 - 6**	**YEAR 7 – 10**	**YEAR 11 +**
Plan F, Plan G	**$100**	**$225**	**$112.50**	**$56.25**
Plan N	**$100**	**$210**	**$105**	**$52.50**
Plan A	**$100**	**$120**	**$60**	**$30**

Medicare Supplement – Pre 65 (Medicare Disabled)			
	YEAR 1	**YEAR 2 – 6**	**Year 7+**
All Plans	**$24**	**$24**	**zero**

- Commission payments are payable for the life of the policy (except for pre-65 plans as noted above)
- Applies for policies shown written with effective dates beginning with January 1, 2024.
- Medicare Supplement commissions are paid in advance. The above rates are displayed as the annual amount.
- Replacement policies will be paid at the renewal rate. Renewal rates become effective at policy anniversary.

Advance Commissions:

Anthem Blue Cross and Blue Shield will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. This means if your initial month's commission is $8.34, your initial commission payment to be advanced will be $8.34 x 9 months = $75.06. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which premiums have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Anthem Blue Cross and Blue Shield will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Anthem Blue Cross and Blue Shield reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned."

GEORGIA
Senior Medicare Supplement
Agent Commission Schedule
Effective January 1, 2024

65 + Plans Open Enrollment and Underwritten Plans (Plan A, Plan F, Plan G, Plan N)	
Year 1 - 6	**Year 7 +**
23%	4%
65 + Plans Guarantee Issue (Plan A, Plan F, Plan G, Plan N)	
Year 1 - 6	**Year 7 +**
2%	0%
Pre 65 Plans (Plan A, Plan F, Plan G, Plan N)	
Year 1 - 6 $5/year administration fee	
Specialty Plan – Anthem Extras	
Year 1 - 6	**Year 7+**
10%	10%

- Commission payments for Medicare Supplement policies are based on initial premium and payable for the life of the policy (unless otherwise noted).
- Commission payments for Anthem Extra policies are based on paid premium and payable for the life of the policy. Applies for policies shown written with an effective date beginning with January 1, 2024.
- Plan changes from a policy issued to individuals under age 65 to policies issued to individuals age 65 and older are eligible for the new commission rate.
- Replacement policies will be paid at the renewal rate.

Advance Commissions:

Anthem Blue Cross Blue Shield will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which premiums have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Anthem Blue Cross Blue Shield will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Anthem Blue Cross Blue Shield reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned.

Payment on a Percentage of Original Premium (Over 65 Products Any and All Modernized Medicare Supplement and Medicare Select) – Subject to the Broker Agreement and except as noted in this Commission Schedule, commission payable on Broker's Senior Business effective January 1, 2024 or later shall be paid on a percentage of Original Premium when premium is received by Company and appears on Company's income file. Original Premium shall mean the premium rate on the member's initial effective date of the Policy, regardless of whether the member changes plans, zip codes, underwriting levels, or agent/broker of record. Commission is not paid on rate increases, surcharges, Policy administrative fees, other fees, or changes to the Policy.

INDIANA

Senior Medicare Supplement
Agent Commission Schedule
Effective January 1, 2024

Medicare Supplement	
Year 1 - 6	**Year 7+**
21%	0%
Specialty Plan – Anthem Extras	
Year 1 - 6	Year 7+
10%	10%

- Commission payments for Medicare Supplement policies are based on initial premium and payable through year 6.
- Commission payments for Anthem Extras policies are based on paid premium and payable for the life of the policy.
- Applies for policies shown written with an effective date beginning with January 1, 2024.
- Replacement policies will be paid at the renewal rate.

Advance Commissions:

Anthem Blue Cross Blue Shield will advance commissions for 9 months for new Medicare Supplement members in a lump sum based on the initial month's commission calculation. The advance will be tracked each month while the commissions are earned over the nine month period. Once the advance commissions have been fully earned, commission payments will resume paying month to month. In the event premium is not paid on a policy for which premiums have been advanced, or the agent or broker is ineligible under the agent or broker agreement to receive compensation, resulting in an overpayment of commission, Anthem Blue Cross Blue Shield will recoup any overpaid commission as set forth in the applicable agent or broker agreement. Anthem Blue Cross Blue Shield reserves the right to discontinue the advance commissions program at any time without notice and to return to paying commissions month to month as commissions are earned.

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Payment on a Percentage of Original Premium (Over 65 Products Any and All Modernized Medicare Supplement and Medicare Select) – Subject to the Broker Agreement and except as noted in this Commission Schedule, commission payable on Broker's Senior Business effective January 1, 2024 or later shall be paid on a percentage of Original Premium when premium is received by Company and appears on Company's income file. Original Premium shall mean the premium rate on the member's initial effective date of the Policy, regardless of whether the member changes plans, zip codes, underwriting levels, or agent/broker of record. Commission is not paid on rate increases, surcharges, Policy administrative fees, other fees, or changes to the Policy. For Medicare Supplement and Medicare Select Policy replacement sales, Commission shall be paid at the renewal percentage only. Any such first year and renewal commission shall be calculated only for premium received by Company on Medicare Supplement and Medicare Select contracts issued, effective and in-force within a 12-month calendar year (January-December). Brokers shall begin each calendar year at Commission Tier Level 1 for new business. Commission shall be applied retroactively upon attaining a higher Commission Tier Level.