



2024

**COMISIONES
BONOS E
INCENTIVOS**



MEDICARE ADVANTAGE



COMISIONES MEDICARE ADVANTAGE

● COMISIONES REGULARES

① MEDICARE INICIAL	\$611
② CAMBIO DE PLAN	\$306
③ RENOVACIONES	\$25.50

ENCUESTAS DE NECESIDADES (HRA, MCA ENTRE OTRAS)



CADA COMPAÑÍA ASEGURADORA PAGA,
DEPENDIENDO DEL TIPO DE PLAN, POR REALIZAR
ENCUESTAS A LOS CLIENTES CON LA FINALIDAD
DE OTORGAR BENEFICIOS ADICIONALES.



HASTA \$225



BONIFICACIONES CORPORACIONES MÉDICAS

IMA MEDICAL GROUP

\$300

CENTERWELL

\$200

DEDICATED

\$250

ISABELLA EN SU PRIMER AEP DE MEDICARE AYUDO A 20 SENIORS CON SU PLAN MEDICO, 15 SENIORS LOS CAMBIO DE PLAN, 5 SENIORS ERAN MEDICARE ORIGINAL (INICIALES) Y REFIRIÓ 6 A CORPORACIONES MEDICAS; ADEMÁS COMO ISABELLA ASISTIÓ A TODOS LOS ENTRENAMIENTOS APRENDIÓ QUE DEBÍA HACER LAS ENCUESTAS DE NECESIDADES A CADA SENIOR Y CON ESTO INCREMENTAR SUS GANANCIAS. CUANTO GANO ISABELLA EN SU PRIMER AEP?

ENCUESTAS

20 X \$75 = \$1.500

REFERIDOS CORP MED

6 X \$200 = \$1.200

MEDICARE INICIAL

5 X \$611 = \$3.055

CAMBIO DE PLAN

15 X \$306 = \$4.590

TOTAL DE INGRESO 1ER AEP ISABELLA

10.220

Premios a través de sorteos mensuales para aquellos agentes con una producción mínima de 5 aplicaciones mensuales





OBAMACARE





ESTADOS	NEW SALES 2024	RENEWALS 2024
<i>Arizona</i>	<i>\$18.00 PMPM</i>	<i>\$18.00 PMPM</i>
<i>Colorado</i>	<i>\$20.00 PMPM</i>	<i>\$18.00 PMPM</i>
<i>Florida</i>	<i>\$27.00 PMPM</i>	<i>\$27.00 PMPM</i>
<i>Georgia</i>	<i>\$22.00 PMPM</i>	<i>\$22.00 PMPM</i>
<i>Illinois</i>	<i>\$18.00 PMPM</i>	<i>\$18.00 PMPM</i>
<i>Indiana</i>	<i>\$22.00 PMPM</i>	<i>\$24.00 PMPM</i>
<i>Mississippi</i>	<i>\$22.00 PMPM</i>	<i>\$22.00 PMPM</i>
<i>North Carolina</i>	<i>\$25.00 PMPM</i>	<i>\$22.00 PMPM</i>
<i>Pennsylvania</i>	<i>\$15.00 PMPM</i>	<i>\$15.00 PMPM</i>
<i>South Carolina</i>	<i>\$12.00 PMPM</i>	<i>\$12.00 PMPM</i>
<i>Tennessee</i>	<i>\$20.00 PMPM</i>	<i>\$22.00 PMPM</i>
<i>Texas</i>	<i>\$25.00 PMPM</i>	<i>\$25.00 PMPM</i>
<i>Utah</i>	<i>\$18.00 PMPM</i>	<i>\$18.00 PMPM</i>
<i>Virginia</i>	<i>\$20.00 PMPM</i>	<i>\$20.00 PMPM</i>



2024 Broker Bonus Program

Cigna Healthcare Individual and Family medical plans

BONUS PROGRAMS

MARKETS	TIER	MEMBERS	BONUS PER MEMBER*
CO, IN, MS, TN, VA	1	25-49	\$25
	2	50-74	\$50
	3	75+	\$75
FL, NC, TX	1	50-149	\$50
	2	150+	\$75

*Bonuses represent maximum potential bonus for policies effective 1/1/2024. Bonuses are prorated for all other effective dates based on each enrolled member's number of potential member months during Plan Year 2024.



For more information,
call Cigna HealthcareSM
Broker Support at 877.244.6215,
8:00 am-8:00 pm EST,
Monday-Friday.

Program rules

- Bonus is based on new sales submitted with 2024 effective dates.
- Bonuses for new sales cannot be combined across different states.
- Bonus program is based on number of members submitted. Member counts will be capped at six members per policy.
- 2024 policies must be in effect and paid for a minimum of three months in order to be paid the one-time bonus payment.
- Eligible products include all IFP medical products in CO, FL, IN, MS, NC, TN, TX and VA.
- Cigna Healthcare will offset any overpayment against other compensation due and payable to producer.
- The new sales tiered levels will reset on a monthly basis throughout 2024.



Cigna Healthcare pays commissions to producers licensed under state insurance laws and, if required by law, appointed with Cigna Healthcare.





UnitedHealth Group®

CARRIER	PRODUCT	STATE	AGENTE - LEVEL COMMISSION
<i>UHC</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>AL</i>	<i>\$20</i>
<i>UHC of AZ</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>AZ</i>	<i>\$20</i>
<i>RMHP</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>CO</i>	<i>\$20</i>
<i>UHC of FL</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>FL</i>	<i>\$30</i>
<i>UHC of GA</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>GA</i>	<i>\$25</i>
<i>UHC of IL</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>IL</i>	<i>\$25</i>
<i>UHC</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>KS</i>	<i>\$20</i>
<i>UHC</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>LA</i>	<i>\$25</i>
<i>OCI</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>MD</i>	<i>\$20</i>
<i>UHCCPP</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>MI</i>	<i>\$20</i>
<i>UHC</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>MO</i>	<i>\$20</i>
<i>UHC of MS</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>MS</i>	<i>\$20</i>
<i>UHC of NC</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>NC</i>	<i>\$25</i>
<i>UHC</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>NJ</i>	<i>\$20</i>
<i>UHC of NM</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>NM</i>	<i>\$20</i>
<i>UHC of OH</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>OH</i>	<i>\$25</i>
<i>UHC of OK</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>OK</i>	<i>\$20</i>
<i>UHC of SC</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>SC</i>	<i>\$30</i>
<i>UHC</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>TN</i>	<i>\$20</i>
<i>UHC of TX</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>TX</i>	<i>\$25</i>
<i>OCI</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>VA</i>	<i>\$20</i>
<i>UHC of OR</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>WA</i>	<i>\$15</i>
<i>UHC of WI</i>	<i>QUALIFIED HEALTH PLAN</i>	<i>WI</i>	<i>\$20</i>





2024 New Member and Retention Bonus Programs



We are excited to announce the New Member and Retention Bonus Programs for 2024. The New Member Bonus Program applies to all new sales, and the Retention Bonus Program applies to applicable renewals for UnitedHealthcare Individual & Family Exchange plans effective in 2024.



Payment Structure – New Members

Arizona, Colorado, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Michigan, Mississippi, Missouri, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin

Bonus levels	Bonus amount per member
0-24 new members	\$0
25-49 new members	\$25
50+ new members	\$50

Alabama

Bonus levels	Bonus amount per member
0-24 new members	\$0
25+ new members	\$25



Payment Structure – Retention

Alabama, Arizona, Colorado, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Michigan, Mississippi, Missouri, North Carolina, Ohio, Oklahoma, Tennessee, Texas, Virginia, Washington

Retention levels	Payment amount per retained member
0-49 retained members	\$0
50+ retained members	\$25

Program details:

- New Member Bonus Program applies to new members not enrolled in UnitedHealthcare QHP in December 2023
- New Member Bonus Program membership will only qualify for payment one time in a plan year
- New Member Bonus Program applies to sales of UnitedHealthcare Individual and Family Plans as measured per state in AL, AZ, CO, FL, GA, IL, KS, LA, MD, MI, MO, MS, NC, NJ, NM, OH, OK, SC, TN, TX, VA, WA, WI with Jan. 1, 2024, through Dec. 1, 2024, effective dates
- All New Member Bonus Program payments will be calculated each month by the total number of UnitedHealthcare Individual & Family Plan new active members within each state. New business qualification levels will reset at the end of each month
- New Member Bonus Program payments will be made by the last week of each month, starting May 2024 through December 2024



- Retention Bonus Program applies to membership enrolled in a UnitedHealthcare Individual & Family plan in AL, AZ, CO, FL, GA, IL, KS, LA, MD, MI, MO, MS, NC, OH, OK, TN, TX, VA, WA as of Dec. 31, 2023, who remain enrolled through April 1, 2024
- Retention Bonus Program payments will be made no later than May 30, 2024
- All payment amounts listed above are a one-time bonus payment per effectuated member in the program year
- There is no cap on the New Member Bonus Program or Retention Bonus Program
- Enrollments are measured at the individual NPN level
- All eligible UnitedHealthcare Individual & Family plans must be in force for a minimum of 4 months from the effective date to count as “issued.” Coverage must be in force with premium payment current at the time of contest payout to be included. If coverage is terminated for any reason prior to 4 months, the broker will be charged back for any difference if it alters the bonus amount paid
- Bonus Programs apply to both On- and Off-Exchange business
- If a broker or agent assigns commissions to another agent or agency, the Bonus Program payments will be paid in accordance with our standard commission payout practices
- Broker must meet all compliance requirements and be appointed by the applicable UnitedHealthcare carrier in each of the respective program states to be eligible for these Bonus Programs
- This program is offered at our sole discretion, and we can terminate or modify it at any time and without notice. Any subsequent program is at our discretion. We may modify programs and compensation to comply with state law, regulations or approvals

You + UnitedHealthcare



Aetna CVS Health[®]

Individual & Family plans

2024 Broker Commission Schedule

State	New business/renewals*
Arizona — Banner Aetna	\$20 PMPM
California	\$20 PMPM
Delaware	\$20 PMPM
Florida	\$25 PMPM
Georgia	\$25 PMPM
Indiana	\$20 PMPM
Illinois	\$20 PMPM
Kansas	\$20 PMPM
Maryland	\$20 PMPM
Missouri	\$20 PMPM
Nevada	\$20 PMPM
New Jersey	\$20 PMPM
North Carolina	\$25 PMPM
Ohio	\$20 PMPM
Texas	\$25 PMPM
Utah	\$25 PMPM
Virginia — Northern (Innovation Health)	\$20 PMPM
Virginia — Southern (Aetna [®])	\$20 PMPM

*Commissions are payable to a maximum of five lives per policy





Aetna[®] ACA Individual and Family Plans Broker Program

Arizona, California, Delaware, Florida, Georgia, Illinois, Indiana, Kansas, Maryland, Missouri, Nevada, New Jersey, North Carolina, Ohio, Texas, Utah and Virginia

2024 January Jumpstart

Get ready to earn more - it's as easy as 1,2,3!

1. Determine which program below (Net Growth or New Business) applies to you based on your Aetna book of business.
2. Sell and renew Aetna ACA Individual and Family Plans with January 1, 2024 effective date. Applications must be received November 1, 2023 (October 1, 2023 in California) through December 15, 2023.
3. Earn broker credits and receive a reward for your hard work.

Earn through the Net Growth OR New Business Program (based on book size of each individual broker) plus extra rewards in select states/counties

- Net Growth Program - Brokers with 30 or more members in their book of business will participate in the Net Growth program.
- **or**
- New Business Program - Brokers with less than 30 members in their book of business will participate in the New Business program.
- Earn more in the below counties/states

CA County: Sacramento

FL Counties: Brevard, Hernando, Hillsborough, Pasco, Pinellas, and Volusia

IL, NJ, and UT: Entire State

Go Big in Texas!! You have the opportunity to earn more!

Receive an extra \$75 for all new or renewed members in any of these Texas counties - **Bexar, El Paso, Harris and Travis**. This incentive applies to brokers with any size book of business. Broker does not need to qualify for payment under the Net Growth or New Business programs to qualify for credits under this program.

County determination for both qualification and payment is based on location of the subscriber, not member.

[Aetna.com](https://www.aetna.com)

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The logo for Aetna CVS Health, featuring a red heart icon followed by the word "aetna" in purple, "CVS" in red, and "Health." in red.

Net Growth Program

Offered to brokers with 30 or more members in their book of business as of the October 24, 2023 Compensation Statement

	Per member credit (AZ, DE, FL, GA, IL, IN, KS, MO, NC, OH, UT)			Per member credit (TX)		Per member credit (CA, MD, NJ, NV, VA)	
	Gold & Bronze	Silver	Silver in Select Areas*	Gold	Silver	All Metals	All Metals in Select Areas*
<100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
100% to <115%	\$20	\$50	\$75	\$75	\$100	\$30	\$55
115% to <130%	\$40	\$75	\$100	\$100	\$125	\$50	\$75
130%+	\$60	\$100	\$125	\$125	\$150	\$75	\$100

Net Growth Qualification and Payment

Net growth qualification is determined by dividing the total (uncapped) enrolled members in broker's book of business which meet the following criteria ("Current Members") by the total (uncapped) enrolled members in broker's book of business as of the October 24, 2023 Compensation Statement ("Baseline Members").

- Members with effective date of January 1, 2024
- Members who remain active as of March 31, 2024
- Members with applications submitted between November 1, 2023 (October 1, 2023 in California) and December 15, 2023

Net growth payment is determined by multiplying the earned per member credit per state or county by the broker's current capped enrolled members.

North Carolina Silver Membership - Qualification and Payment examples (with definitions above):

500 Current Members / 400 Baseline Members = 125% net growth

500 current capped members X \$100 earned credit = \$50,000

OR

New Business Program

Offered to brokers with less than 30 members in their book of business as of the October 24, 2023 Compensation Statement

Per member credit (FL and TX)			Per member credit (AZ, DE, GA, MO, NC)			Per member credit (IL, IN, KS, OH, UT)			Per member credit (CA, MD, NJ, NV, VA)		
Members	Silver & Gold	Silver in Select Areas*	Members	Silver & Gold	Silver in Select Areas*	Members	Silver & Gold	Silver in Select Areas*	Members	All Metals	All Metals in Select Areas*
<25	\$0	\$0	<15	\$0	\$0	<15	\$0	\$0	<15	\$0	\$0
25-49	\$50	\$75	15-29	\$50	\$75	15-29	\$75	\$100	15-29	\$50	\$75
50-149	\$75	\$100	30-59	\$75	\$100	30-59	\$100	\$125	30-59	\$75	\$100
150+	\$100	\$125	60+	\$100	\$125	60+	\$125	\$150	60+	\$100	\$125

New Business Qualification and Payment

New business qualification is determined by summing the total (uncapped) enrolled members in broker's book of business which meet all of the following criteria ("New Business Members")

- Members with effective date of January 1, 2024
- Members who remain active as of March 31, 2024
- Members with applications submitted between November 1, 2023 (October 1, 2023 in California) and December 15, 2023

New business payment per state is determined by multiplying the earned per member credit per state or county by the broker's new business capped enrolled members.

*Select Areas to Earn More!

- CA County: Sacramento
- FL Counties: Brevard, Hernando, Hillsborough, Pasco, Pinellas, Volusia
- IL, NJ and UT: Entire State

(County determination for both qualification and payment is based on location of subscriber, not member – must qualify for payment under the Net Growth or New Business program to qualify)

Guidelines to keep in mind

Eligible participants

- Must be licensed and appointed (where required) and have an in-force Producer Agreement.
- General agents are not eligible to participate.
- Brokers with 30 or more members in their book of business as of the October 24, 2023 Compensation Statement will participate in the Net Growth program.
- Brokers with less than 30 members in their book of business as of the October 24, 2023 Compensation Statement will participate in the New Business program.

Eligible business

- New and renewing Aetna ACA Individual and Family Plan on and off exchange medical members with applications received November 1, 2023 (October 1, 2023 in California) through December 15, 2023 with January 1, 2024 effective dates.
- Book of business is based solely on members for which broker is receiving compensation.
- The relationship between the broker and member must be documented to our satisfaction.
- Members must be active on March 31, 2024 for both qualification and payment.
- The primary broker is eligible for payment on business sold through a general agent.

Disclosures

- Producer is required to provide advanced written disclosure to customers on the nature of the compensation that the producer may be entitled to receive from us.
- Credits outlined in this document are not charged to the customer's experience-rated contracts but will be disclosed in accordance with our producer compensation disclosure policy.
- More details can be found by accessing our standard Producer Agreement at: <https://www.Aetna.com/insurance-producer/become-appointed-with-aetna.html>

Final determinations

- This program is offered at our sole discretion, and we can terminate or modify it at any time and without notice. Any subsequent program is at our discretion. We may modify programs and compensation to comply with state law, regulations or approvals.
- Our records determine producer's final results and will be the only basis for determination of qualification, calculation and payment of credits. Our decisions are final.

Calculations

- Net Growth is calculated at a national level; payments are calculated at a state level.
- New Business is calculated at a state level for both qualification and payment.
- Qualification calculations are based on total (uncapped) enrolled members. Payment calculations are based on total (capped) enrolled members with a per-policy maximum of five members.
- Qualification and payment are calculated using subscriber's geographic location at the time of qualification calculation.

Payments

- We will pay credits no later than June 30, 2024.
- Credits will be reported as taxable income.
- Payments will be submitted under one tax identification number (TIN). We will not split payments to multiple brokers or TINs.
- Any disputes about payments must be received in writing within 90 days of payment release.

Questions about the broker program?

Contact the Broker Service Unit at 1-844-383-6128.

Health plans are offered or underwritten or administered by Aetna Health of California Inc., Aetna Health Inc. (Florida), Aetna Health Inc. (Georgia), Aetna Life Insurance Company, Aetna Health of Utah Inc., Aetna Health Inc. (Pennsylvania), or Aetna Health Inc. (Texas)(Aetna). Aetna is part of the CVS Health family of companies.

[Aetna.com](https://www.aetna.com)

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2024 COMMISSIONS

Participating Producer Commissions

ESTADOS	2024 RENEWALS (PMPM)	2024 OEP and SEP (PMPM)
California	\$20.00	\$20.00
Florida	\$25.00	\$25.00
Idaho	\$13.00	\$13.00
Illinois	\$20.00	\$20.00
Kentucky	\$18.00	\$18.00
Michigan	\$24.00	\$24.00
Mississippi	\$18.00	\$18.00
Nevada	N/A	\$16.00
New Mexico	\$17.00	\$17.00
Ohio	\$16.00	\$16.00
South Carolina	\$19.00	\$19.00
Texas	\$22.00	\$22.00
Utah	\$19.00	\$19.00
Washington	\$15.00	\$15.00
Wisconsin	\$16.00	\$16.00



Molina Healthcare Broker Bonus Program

Molina Healthcare is excited to announce our **AGENT** bonus program to reward your hard work and celebrate your continued loyalty!



Molina Healthcare **AGENT** Bonus for **RENEWING** 2024 Members

# of Overall Renewed Members	One-time Bonus Amount per Member
50+	\$50

Payment Details:

- 1) Bonus payment will pay out in July 2024 to your agency. Your agency is solely responsible for paying any bonus amounts to you
- 2) One-time payment (not Per Member Per Month (PMPM))
- 3) The above table outlines the amount of renewed members enrolled and the amount per member that you will earn
- 4) Bonus will be based on book of business (BOB) through 4/30/24 (i.e. enrolled for 120 days)

Program terms and conditions:

- 1) Renewing membership only
- 2) Members must effectuate 1/1/24
- 3) Members must remain enrolled with Molina for 4 months after their initial effectuation date
- 4) Members cannot be in grace period at the conclusion of their 4th month of enrollment
- 5) Agent of record must remain consistent for the members first 120 days of enrollment

Molina Healthcare **AGENT** Bonus for **NEW** 2024 Members

Total # of New Members	One Time Bonus Amount per Member
25+	\$25
50+	\$50
100+	\$75

Payment Details:

- 1) For OEP and SEP membership, new member bonus payments will pay out to the active agency based on member counts at the conclusion of the member eligibility period . Your agency is solely responsible for paying any bonus amounts to you
- 2) Bonus amounts must be earned by each agent individually. New enrollments by an agent will not be added to enrollments by a different agent for purposes of meeting the enrollment target
- 3) These are one-time payments (not Per Member Per Month (PMPM))
- 4) Bonus payments will be paid out in the 3rd month after the conclusion of the bonus eligibility period.
For example:
 - Members enrolling 1/1/24 and remaining active/paid for 4 months (Jan-Apr) will have a bonus payout in the third month following that four-month period (in this case July)
 - Members enrolling 2/1/24 and remaining active/paid for 4 months (Feb-May) will have a bonus payout in the third month following that four-month period (in this case August)
 - This payment schedule continues monthly moving ahead as such for the duration of the year
- 5) Payment will be determined by the total amount of qualifying members and the dollar amount that corresponds in the table above

Program terms and conditions:

- 1) These payments apply to new business only
- 2) Members must remain enrolled with Molina for 4 months after their initial effectuation date
- 3) Members with data discrepancies in the 834 report will not be included in the bonus calculation
- 4) Members cannot be in grace period at the conclusion of their 4th month of enrollment
- 5) Agent of record must remain consistent for the members first 4 months of enrollment
- 6) The number of members eligible for a bonus resets at the beginning of each month
- 7) This bonus is available in all states

We sincerely appreciate your partnership.

Warm Regards,
Your Marketplace Sales Team



** These New Member Agent Bonus and Renewal Bonus opportunities are considered a Supplemental Program under the Marketing General Agency Agreement. Except as otherwise stated here, the program will be governed by that Agreement.*



Grow Your Book of Business with America's #1 Marketplace Health Insurance. With our competitive commissions, you'll earn the same rate for all your enrollments—new, renewals and off-exchange.

Ambetter 2024 Broker Commission by State
(per member, per month)

	Marketplace (On-exchange)	Off-exchange
Alabama	\$20	N/A
Arkansas	\$18	N/A
Arizona, Indiana, Kansas, Mississippi, New Jersey, New Mexico, New Hampshire, Ohio, Tennessee	\$20	\$20
Illinois, Michigan, Nevada, Texas	\$25	\$25
Florida, Georgia, Pennsylvania	\$30	\$30
Delaware, Kentucky, Missouri, Nebraska	\$20	N/A
Louisiana	\$30	N/A
North Carolina, Oklahoma, Washington	\$25	N/A
South Carolina	\$30	N/A





2024 NEW MEMBER BONUS PROGRAM

Get your clients the quality, affordable healthcare coverage they deserve with America's #1 Marketplace health insurance.*

Earn as you enroll new members in Ambetter Health. Contracted agents can earn a one-time, per member bonus for eligible new members with plan effective dates of **January 1, 2024** and **February 1, 2024**.

2024 New Member Bonus		
State Tier	One-Time Payment	Number of New Members
AL, AR, DE, IL, IN, KY, LA, MI, NE, NH, NJ, NM, OH, OK, PA	\$50 per New Member	25-49 New Members
	\$100 per New Member	50+ New Members
AZ, FL, GA, KS, MS, MO, NV, NC, SC, TN, TX, WA	\$50 per New Member	50-99 New Members
	\$100 per New Member	100+ New Members

Payout is for cumulative new members per individual State Tier. 2024 New Member Bonus Program is at the agent NPN level. Example: 25 new LA members (25x\$50=\$1,250)

Questions? Call your Ambetter Health Account Executive at **1-855-700-7985, option 3** or email us at ambettersales@centene.com.

Producer must be licensed, appointed and contracted with Centene Corporation, including all of its subsidiaries offering Ambetter, to be eligible for this incentive program. Applicable incentive level or tier for the New Member Bonus is determined by the number of effectuated enrollments in Ambetter plans sold through the Marketplace or directly with Ambetter. Centene Corporation, including all of its subsidiaries offering Ambetter, determines program eligibility and has the sole right to modify or discontinue the program or any component thereof at any time without advance notice. All decisions regarding payment of commissions and awards are made by the underlying company and are final. This flyer provides the highlights of the 2024 New Member Bonus Program. It is not a contract. Complete and prevailing terms and conditions are set forth in the 2024 New Member Bonus Program Agreement, which is required. For any future related incentive programs, bonus thresholds and eligible effective dates will reset post-February effective dates.

*Statistical claims and the #1 Marketplace Insurance statement are based on national Ambetter data in conjunction with state insurance regulatory filings, public financial filings, findings from Issuer Level Enrollment Data from CMS, and other publicly available information regarding on-exchange marketplace membership.





2024 Ambetter Agent New Member Incentive Program

This 2024 Agent Incentive Program (Incentive Program) applies to New Members of Ambetter¹ (the Plan) Qualified Health Plans (QHPs) enrolled directly with the Plan, for Benefit Year 2024.

The Plan reserves the right to change this Incentive Program at any time without advance notice, unless otherwise indicated by an SBM or specific state. The Incentive Program is reviewed periodically and may be adjusted to reflect market conditions.

Section 1: Definitions

The following are defined terms for purposes of the Incentive Program:

- 1.1. All capitalized terms in this Incentive Program shall have the meanings ascribed to them in the Producer Agreement unless defined herein.
- 1.2. Clawback means the recoupment of the Plan's payment to the Agent if the New Member fails to pay in its entirety the first six (6) premium payments for the policy as and when such payments become due.
- 1.3. Incentive Level (or Incentive Tier) means the incentive payment per New Member determined by the number of New Members enrolled through the Marketplace, or Off-Exchange Plans, if permissible under state law.
- 1.4. Marketplace means a governmental agency or non-profit entity established under the Affordable Care Act through which individuals purchase QHPs. Sometimes referred to as "Exchanges," this term includes the Federally-facilitated Marketplace (FFM), Stated-based Marketplace-Federal Platform (SBM-FP), State-Partnership Marketplaces (SPMs), and State-based Marketplaces (SBM).
- 1.5. New Member means each individual newly enrolled in coverage under a single QHP insurance policy with the Plan purchased through the Marketplace or an Off-Exchange Plan purchased from the Plan and who has not been enrolled in an Ambetter plan in the previous 30 calendar days.
- 1.6. Off-Exchange means an individual health insurance policy that is purchased directly from the Plan outside of the Marketplace.
- 1.7. Qualified Health Plan (QHP) means an individual health insurance policy that is certified to be offered for sale through the Marketplace. A QHP is a single policy issued by the Plan which provides self-only, child-only, or family coverage.
- 1.8. Special Enrollment Period (SEP) means the period of time during which an individual who experiences certain qualifying events may enroll in, or change enrollment in, a QHP through the Marketplace outside of the Open Enrollment Period or they may enroll with an Off-Exchange Plan directly with the Plan.
- 1.9. Sub-Producer means any licensed producer appointed by, contracted by or under the Producer/Agency, working under the Producer/Agency subject to the Producer's/Agency's general direction and supervision, whether referred to as a "broker", "producer", or any other like term, and who is appointed by Ambetter to solicit a prospective member to purchase a plan of the Plan.

Section 2: Incentive Schedule

- 2.1. The number of New Members determines agent's applicable Incentive Level, or Tier, for the incentive payment. Incentive Levels and qualifications are as follows:

¹Payout is for cumulative new members per individual State Tier.



Incentive Program Criteria		
State Tier¹	One-Time Incentive Payment¹	Number of New Enrollments
Alabama, Arkansas, Delaware, Illinois, Indiana, Kentucky, Louisiana, Michigan, Nebraska, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Pennsylvania	\$50 per New Member	25 – 49 New Members
	\$100 per New Member	50+ New Members
Arizona, Florida, Georgia, Kansas, Mississippi, Missouri, Nevada, North Carolina, South Carolina, Tennessee, Texas, Washington	\$50 per New Member	50 – 99 New Members
	\$100 per New Member	100+ New Members

Section 3: Eligibility

- 3.1. In order to be eligible to earn an incentive payment on a sale of a New Member, the Agent must:
- Sell a minimum of 25 New Members in the states of AL, AR, DE, IL, IN, KY, LA, MI, NE, NH, NJ, NM, OH, OK and PA.
 - Sell a minimum of 50 New Members in the states of AZ, FL, GA, KS, MS, MO, NV, NC, SC, TN, TX and WA.
 - At the time of each sale, be licensed, contracted, and appointed with the Plan to sell Ambetter Products;
 - At the time of each sale, meet all additional state and federal requirements to sell QHPs, including but not limited to Marketplace and state-based trainings and certifications; and,
 - At the time of each sale and the date on which the incentive payment is due to the Agent, be in compliance with all provisions of the Producer Agreement and Sub-Producer Agreement, if applicable.

Section 4: Payments

- 4.1. Incentive payments will be distributed to qualifying Agencies, in a one-time lump sum within 60 days of the calculation and confirmation of the final number of New Member enrollments. Earned incentives are calculated and paid strictly on:
- New Member enrollments effective January 1, 2024 and February 1, 2024, and
 - Collection of the full policy premium (i.e., the Member's monthly premium contribution amount plus the applicable Advanced Premium Tax Credits (APTC)) for the first 6 months of the policy.
 - Sub-Producers of the qualifying Agency are not eligible for direct incentive payments under this program; Payments are made directly to the qualifying Agency.
 - The Plan will not adjust any incorrect Incentive Payments to Agent, except for adjustments requested within 60-days of the incentive payment date, payments made as a result of fraud or incorrect information provided to the Plan. In this regard, neither Agency nor the Plan may assert a claim against the other relating to an incorrect payment amount under the terms of this Agreement unless such claim is made (and the resulting adjustment is commenced) within 60-days of the date of said incorrect payment.
- 4.2. The incentive payment is subject to a Clawback if the New Sale is retroactively terminated on or before the first six (6) full premium payments are made on the policy. The Plan, in its sole discretion, will recover the incentive payment amounts from Agency by offsetting the overpayment against future compensation in the incentive amount applicable to the number of terminated New Members.

Section 5: Important Notes Applicable to Incentive Schedule and Broker eligibility

- 5.1. National Producer Number (NPN) must be listed on all enrollments.
- 5.2. Consistent Producer of Record during the period of the first 6 months of the policy. Producer of Record changes are not eligible.
- 5.3. Incentive payments will only be paid for New Sales in accordance with this Incentive Program.
- 5.4. Potential incentive payments earnings by an Agent are uncapped for this Incentive Program.
- 5.5. Decisions regarding eligibility, applicable incentive payment amounts earned, or other issues relative to the program administration are at the sole discretion of the Plan and are final.
- 5.6. This program may be modified or discontinued at any time at the sole discretion of the Plan.
- 5.7. For any future incentive programs, bonus threshold and eligible effective dates will reset post-February effective dates.



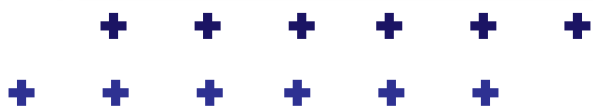
¹ Ambetter is a product of the following companies:

State	Brand/Marketing Name	Risk Bearing Legal Entity Name
AL	Ambetter of Alabama	Underwritten by Celtic Insurance Company
AR	Ambetter from Arkansas Health & Wellness	Underwritten by Celtic Insurance Company (dba Arkansas Health & Wellness Health Plan, Inc.)
AR	Ambetter from Arkansas Health & Wellness	Underwritten by QCA Health Plan, Inc.
AR	Ambetter from Arkansas Health & Wellness	Underwritten by QualChoice Life & Health Insurance Company
AZ	Ambetter from Arizona Complete Health	Underwritten by Arizona Complete Health
DE	Ambetter Health of Delaware	Underwritten by Celtic Insurance Comapny
FL	Ambetter from Sunshine Health	Underwritten by Celtic Insurance Company
FL	Ambetter from Sunshine Health	Underwritten by Sunshine Health Plan, Inc.
GA	Ambetter from Peach State Health Plan	Underwritten by Ambetter of Peach State, Inc.
IL	Ambetter of Illinois	Insured by Celtic Insurance Company
IN	Ambetter from MHS	Underwritten by Celtic Insurance Company
KS	Ambetter from Sunflower Health Plan	Underwritten by Celtic Insurance Company
KY	Ambetter from WellCare of Kentucky	Underwritten by WellCare Health Plans of Kentucky, Inc.
LA	Ambetter from Louisiana Healthcare Connections	Underwritten by Louisiana Healthcare Connections, Inc.
MI	Ambetter from Meridian	Underwritten by Meridian Health Plan of Michigan, Inc.
MS	Ambetter from Magnolia Health	Underwritten by Ambetter of Magnolia, Inc.
MO	Ambetter from Home State Health	Underwritten by Celtic Insurance Company
NC	Ambetter of North Carolina Inc.	Underwritten by Ambetter of North Carolina Inc.
NC	WellCare of North Carolina	Underwritten by Celtic Insurance Company
NE	Ambetter from Nebraska Total Care	Underwritten by Nebraska Total Care, Inc.
NH	Ambetter from NH Healthy Families	Underwritten by Celtic Insurance Company
NJ	Ambetter from WellCare of New Jersey	Underwritten by WellCare Health Insurance Company of New Jersey, Inc.
NM	Ambetter from Western Sky Community Care	Underwritten by Western Sky Community Care, Inc.
NV	Ambetter from SilverSummit Healthplan	Underwritten by SilverSummit Healthplan, Inc.
OH	Ambetter from Buckeye Health Plan	Underwritten by Buckeye Community Health Plan
OK	Ambetter of Oklahoma	Underwritten by Celtic Insurance Company
PA	Ambetter from PA Health & Wellness	Underwritten by Pennsylvania Health & Wellness, Inc.
SC	Ambetter from Absolute Total Care	Underwritten by Absolute Total Care, Inc.
TN	Ambetter of Tennessee	Underwritten by Celtic Insurance Company
TX	Ambetter from Superior HealthPlan	Underwritten by Celtic Insurance Company
TX	Ambetter from Superior HealthPlan	Underwritten by Superior HealthPlan, Inc.
WA	Ambetter from Coordinated Care	Underwritten by Coordinated Care Corporation



oscar

STATE	INITIAL TERM	RENEWAL TERM
<i>AZ</i>	<i>\$20 PMPM</i>	<i>\$20 PMPM</i>
<i>FL</i>	<i>\$25 PMPM</i>	<i>\$25 PMPM</i>
<i>GA</i>	<i>\$25 PMPM</i>	<i>\$25 PMPM</i>
<i>IL</i>	<i>\$25 PMPM</i>	<i>\$25 PMPM</i>
<i>IA</i>	<i>\$20 PMPM</i>	<i>\$20 PMPM</i>
<i>KS</i>	<i>\$20 PMPM</i>	<i>\$20 PMPM</i>
<i>MI</i>	<i>\$20 PMPM</i>	<i>\$20 PMPM</i>
<i>MO</i>	<i>\$20 PMPM</i>	<i>\$20 PMPM</i>
<i>NE</i>	<i>\$20 PMPM</i>	<i>\$20 PMPM</i>
<i>NC</i>	<i>\$25 PMPM</i>	<i>\$25 PMPM</i>
<i>NJ</i>	<i>\$20 PCPM</i>	<i>\$20 PCPM</i>
<i>OH</i>	<i>\$18 PMPM</i>	<i>\$18 PMPM</i>
<i>OK</i>	<i>\$20 PMPM</i>	<i>\$20 PMPM</i>
<i>PA</i>	<i>\$20 PMPM</i>	<i>\$20 PMPM</i>
<i>TN</i>	<i>\$18 PMPM</i>	<i>\$18 PMPM</i>
<i>TX</i>	<i>\$25 PMPM</i>	<i>\$25 PMPM</i>
<i>VA</i>	<i>\$18 PMPM</i>	<i>\$18 PMPM</i>





FLORIDA BLUE				SPECIAL ENROLLMENT	
<i>Comision Base</i>				\$205	
STANDARD COUNTY		PRIORITY COUNTY		SUPER COUNTY	
1-149	\$280	1-149	\$330	1-149	\$355
150+	\$290	150+	\$345	150+	\$405
ALACHUA BAKER BAY BRADFORD BREVARD CALHOUN CHARLOTTE CITRUS CLAY COLLIER COLUMBIA DESOTO DIXIE FLAGER FRANKLIN GADSDEN GILCHRIST GLADES GULF HAMILTON POLK PUTMAN SANTA ROSA SARASOTA SEMINOLE ST. LUCIE ST. JOHNS SUMTER SUWAMNEE TAYLOR UNION WAKULLA WALTON WASHINGTON		HARDEE HENDRY HERNANDO HIGHLANDS HOMES INDIAN RIVER JACKSON JEFFERSON LAFAYETTE LEE LEVY LIBERTY MADISON MANATEE MARION MARTIN MONROE NASSAU OKALOOSA OKEECHOBEE		DUVAL ESCAMBIA HILLSBOROUGH LAKE LEON ORANGE ESCUEOLA PALM BEACH PASCO PINELLAS VOLUSIA MIAMI-DADE BROWARD	





healthfirst

Individual Products Commission Schedule

New and Renewal Business Effective 1/1/2024		
	New Business	Renewal Years
Individual & Family Plans	\$30.00 PM/PM	\$30.00 PM/PM

Per Member/Per Month (PM/PM) is the dollar amount paid to an agent each month for each member for whom they are the Broker of Record (BOR). This includes a spouse and/or eligible dependents.



Select
Health

Utah
\$18 PM/PM





Select Health

2024 INDIVIDUAL PLAN & SMALL EMPLOYER AGENT BONUS PROGRAMS

We're excited to introduce our compensation programs for 2024, including the addition of the Utah Individual Loyalty program. Individual Plan agents may earn a cash bonus for Silver, Gold, and Platinum subscribers. Small Employer agents may earn a cash bonus for every new and renewing group.

Utah Individual Growth | Bonus will be calculated as follows:

QUALIFICATION CRITERIA

Incentive program runs from August 1, 2023, through February 29, 2024. This bonus is paid for net-new membership. A snapshot will be taken on August 1, 2023, then again on February 29, 2024 to determine qualification and paid in April 2024.

NET NEW SUBSCRIBERS	BONUS PER SOLD SUBSCRIBER
NET NEW SILVER OR HIGHER	
0-5	None
6-50	\$50
51+	\$100
NET NEW BRONZE	
	No bonus is paid for new Bronze membership.

Utah Individual Loyalty NEW | Bonus will be calculated as follows:

QUALIFICATION CRITERIA

Incentive applies to effective dates of January 1, 2024, through December 31, 2024, and is paid on all Silver, Gold, and Platinum membership.

METAL LEVEL	BONUS PER SUBSCRIBER
SILVER, GOLD, PLATINUM	\$35 one-time payment

Utah Small Employer | Bonus will be calculated as follows:

QUALIFICATION CRITERIA

Incentive applies to effective dates of August 1, 2023, through February 29, 2024.

GROUP SIZE	BONUS PER NEW AND RENEWING SUBSCRIBER
5-10	\$10
11-20	\$15
21-30	\$20
31-50	\$25

TERMS AND CONDITIONS:

1. Qualification period for Utah Individual Growth program is limited to coverage effective dates August 1, 2023, through February 29, 2024, on Utah business and will be paid in April 2024.
2. Qualification period for Utah Individual Loyalty program is limited to coverage effective dates from January 1, 2024, through December 31, 2024, and will be paid in April 2025. Group size is based on number of employees.
3. Qualification period for Utah Small Employer program is limited to coverage effective dates August 1, 2023, through February 29, 2024, on Utah business and will be paid in April 2024.
4. Groups moving from Large Employer to Small Employer will not be counted.
5. Split cases will be credited 100 percent to the primary agent.
6. Eligibility is limited to agents currently residing in Utah.
7. Payouts will comply with standard reporting requirements on Schedule A (Form 5500) for all applicable group business. Agent is responsible for complying with other compensation disclosure requirements that apply and any tax obligations.
8. Select Health, in its sole discretion, will determine incentive qualification and how to resolve any other issues that may arise for the incentive campaign.
9. No alternative awards can be substituted.
10. An agent must be a in good standing throughout the qualification period and at the time of incentive receipt to be eligible.
11. An agent may opt out of the program by providing written notice.
12. Incentive will be rewarded to qualifying writing agent, not agent owner or representative when the agent is affiliated with an agency.





AmeriHealth[®] *Caritas*

AmeriHealth Caritas Next	New	Renewal
Delaware North Carolina South Carolina	\$25	\$25
Florida	\$27	\$27



2024 Broker Bonus Program: New Membership



Program Eligibility

New Enrolled Members	One Time Bonus per New Enrolled Member
25 - 49	\$25
50 - 74	\$50
75 - 99	\$75
100+	\$100

- Per policy maximum of 6 members for both qualification and payment.
- Policies must be written in-between 11/1/2023 - 1/15/2024 and with an effective date of either 1/1/2024 or 2/1/2024
- New dependents of current members are not part of payment calculation.
- Submit all new business using the same NPN.
- Members must continue coverage for at least 90 days from effective date to be eligible for payment.
- Sell a minimum of 25 members.

Example:

*70 new enrolled members:
70 x \$50 = \$3,500 bonus payment.*



2024 Broker Bonus Program: Member Renewal



Program Eligibility

- Renewal Program applies to membership enrolled in an AmeriHealth Caritas Individual and Family Plan as of December 31, 2023, who remain enrolled and paid through April 1, 2024.
- Membership is under the original/same NPN.
- Members must continue coverage for at least 90 days from effective date to be eligible for payment.
- Retain a minimum of 51% of membership
- Minimum membership must equal or exceed 25 members

2023 Membership Renewed	One Time Bonus per Enrolled Member
Less than 50%	\$0
51 – 75%	\$50
76 – 100%	\$75



2024 Broker Bonus Program: New ACA Exchange Membership & Member Renewal

Producer Eligibility

- At the time of each sale, be licensed, contracted, and appointed with AmeriHealth Caritas / Select Health
- At the time of each sale, meet all State and Federal requirements to sell Qualified Health Plans, including Marketplace training and certification.
- Be actively appointed with AmeriHealth Caritas Next/First Choice Next as at the time of payment.
- General Agents are not eligible.

Payments

- Eligible payments will be made through your upline FMO.
- There is no cap on this bonus program.
- All payment amounts listed above are a one-time bonus payment per effectuated member in the program year.
- New member bonus will be paid by July 15, 2024.
- Renewal Program bonus payments will be paid by June 15, 2024

Program Terms

- Applies to both On- and Off-Exchange business
- Bonus will be based on Book of Business (BOB) enrolled and paid through April 1, 2024 (i.e., enrolled for 120 days)
- AmeriHealth Caritas retains sole discretion to determine a producer's eligibility for this program.
- Disagreements or disputes regarding this program or the interpretation of rules and/or payout amounts will be resolved at the sole discretion of AmeriHealth Caritas. The terms of the program may be amended or discontinued at any time without advance notice.
- AmeriHealth Caritas reserves the right to recoup payment if any of these terms and conditions are violated.
- This material is for informational purposes only. It does not constitute a contract, nor does it modify an existing contract. The interpretation, application and administration of the provisions of the programs included in this publication shall be solely determined by AmeriHealth Caritas Next and its decision shall be final. Information is believed to be accurate as of the production date; however, it is



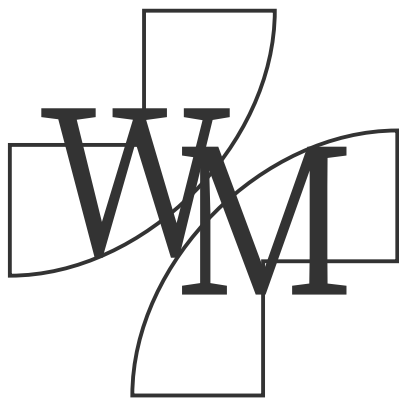


SEGUROS SUPLEMENTARIOS





Cigna®



**WINNERS
MINDSET**



BONOS NUEVOS ALIADOS



Durante las primeras ocho (8) semanas, el agente nuevo aliado puede ganar las siguientes bonificaciones

\$1,500 AP - \$150
\$2,000 AP - \$200
\$2,500 AP - \$250
\$3,000 AP - \$300
\$5,000 AP - \$500

- \$25 Por cada aplicación que califique para Supplemental Health Products, cada mes, mínimo de cinco aplicaciones. **Este incentivo será retroactivo desde la primera aplicación.**

- \$25 Por cada aplicación que califique para Flexible Choice Dental, Visión & Hearing, cada mes, mínimo de cinco aplicaciones. **Este incentivo será retroactivo desde la primera aplicación.**

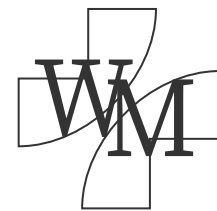


NOTA

Los bonos se pagarán en la segunda o tercera semana después de haber logrado el objetivo de ventas y de que todos los AP hayan sido aprobados



PARA EL AGENTE QUE REFIRIÓ AL NUEVO ALIADO



Si el agente nuevo aliado en su 1era y 2da semana produce \$5,000 AP recibe una bonificación de

\$500

Si el agente nuevo aliado en su 3era y 4ta semana produce \$5,000 AP recibe una bonificación de

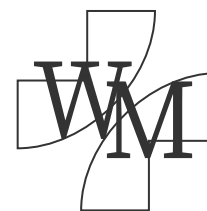
\$500

CONDICIONES

- **LA PRODUCCIÓN QUE VAMOS A TENER EN CUENTA PARA LA BONIFICACIÓN AP SOMETIDO Y APROBADO.**
- **LOS BONOS DE PRIMERA Y SEGUNDA SEMANA VAN A SER PAGADOS EN LA CUARTA O QUINTA SEMANA LUEGO DE QUE TODOS LOS AP HAYAN SIDO APROBADOS.**
- **LOS BONOS DE LA TERCERA Y CUARTA SEMANA VAN A SER PAGADOS EN LA SEXTA O SÉPTIMA SEMANA LUEGO DE QUE TODOS LOS AP HAYAN SIDO APROBADOS**
- **LAS VENTAS COMENZARÁN A CONTAR PARA LA BONIFICACIÓN EL PRIMER LUNES LUEGO DE QUE EL AGENTE HAYA RECIBIDO SU CÓDIGO.**



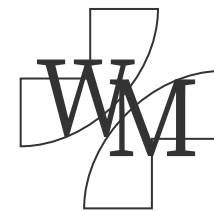
TABLA DE POSICIONES



	% OTROS PRODUCTOS	% DENTAL
AGENTE	40%	37.5%
COORDINADOR: REQUIERE DE 4 AGENTES PRODUCCIÓN MÍNIMA SEMANAL \$7,500 AP.	45%	42.5%
GERENTE: 2 COORDINADORES O 15 AGENTES DIRECTOS, PRODUCCIÓN MÍNIMA SEMANAL \$30,000 AP.	50%	45%
DIRECTOR: 4 COORDINADORES O 2 GERENTES PRODUCCIÓN MÍNIMA SEMANAL \$60,000 AP.	55%	47.5%
DIRECTOR NIVEL II : 4 COORDINADORES O 2 GERENTES, PRODUCCIÓN MÍNIMA SEMANAL \$85,000 AP.	57.5%	50%
DUEÑO DE AGENCIA : 5 COORDINADORES O 3 GERENTES, PRODUCCIÓN MÍNIMA SEMANAL \$100;000 AP	62.5%	55%



DESARROLLO DEL VENDEDOR



	% OTROS PRODUCTOS	% DENTAL
SI EL VENDEDOR EN UN TRIMISTRE VENDE \$32,000 AP SUBE AL:	45%	42.5%
SI EL VENDEDOR EN UN TRIMISTRE VENDE \$45,000 AP SUBE AL:	50%	45%
SI EL VENDEDOR EN UN TRIMESTRE VENDE \$60,000 AP SUBE AL:	55%	47.5%



PROMOCIONES Y PERSISTENCIA



- **Para todas las posiciones**
Todos los trimestres serán estudiados para poder realizar las promociones
- La promociones se harán luego que terminen los trimestres

2 trimestres seguidos completados con éxito — Ganan el ascenso (Upgrade+)

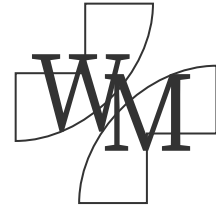
2 trimestres fallidos consecutivamente — Pierden su posición (Downgrade-)

Para coordinadores, gerentes y directores

Toda producción personal debe mantener una persistencia anual mínima del 85% y su grupo en general debe tener una persistencia anual mínima del 70%



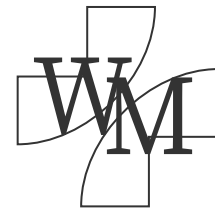
CHARGE BACKS



El agente que tenga un chargebaks y lleve más de 4 semanas continuas sin vender, el chargeback automáticamente va ir directamente a su upline.



¡IMPORTANTE!



BONIFICACIÓN PARA COORDINADORES

(EL COORDINADOR VA A COBRAR ESTE BONO POR AGENTES NUEVOS ALIADOS DIRECTOS)

Si en la primera y segunda semana venden \$5.000 AP el coordinador va a cobrar

\$750

Si en la tercera y cuarta semana venden \$5.000 AP el coordinador va a cobrar

\$750

BONIFICACIÓN PARA COORDINADORES

(SI EL NUEVO ALIADO NO ES DIRECTO DEL COORDINADOR, ES UN NUEVO ALIADO DE UNO DE SUS AGENTES)

Si el Nuevo Aliado no es directo del Coordinador. Por \$5,000 AP de producción en la primera y segunda semana del Nuevo Aliado, el Coordinador va a cobrar

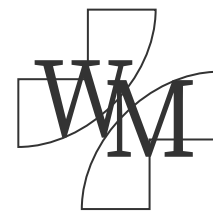
\$250

Si el Nuevo Aliado no es directo del Coordinador. Por \$5,000 AP de producción en la tercera y cuarta semana del Nuevo Aliado, el Coordinador va a cobrar

\$250



PAGO DE BONOS



PARA COBRAR LA BONIFICACIÓN DEBES CUMPLIR LOS OBJETIVOS DE PERSISTENCIA: LA SIGUIENTE TABLA DESCRIBE CUANTO PORCENTAJE % DE PERSISTENCIA, NECESITAS PARA CADA NIVEL.

% DE PERSISTENCIA

% DE GANANCIA DEL BONO

59.99%

0%

60%

50%

70%

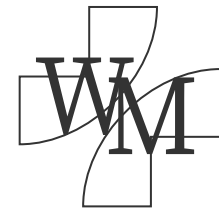
75%

80%

100%

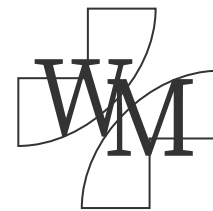


BONO TRIMESTRAL DE PRODUCCIÓN



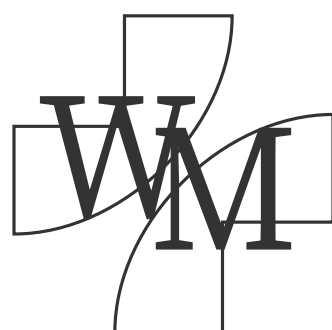
PARA AGENTES	»»	\$40,000 AP	—	\$2,500
		\$70,000 AP	—	\$5,000
PARA COORDINADORES	»»	\$90,000 AP	—	\$2,500
		\$130,000 AP	—	\$5,000
PARA GERENTES	»»	\$400,000 AP	—	\$2,500
		\$500,000 AP	—	\$5,000
PARA DIRECTORES	»»	\$750,000 AP	—	\$2,500
		\$850,000 AP	—	\$5,000
PARA DIRECTORES NIVEL II	»»	\$850,000 AP	—	\$2,500
		\$950,000 AP	—	\$5,000
PARA DUEÑOS DE AGENCIA	»»	\$1,000,000 AP	—	\$2,500
		\$1,150,000 AP	—	\$5,000





DISCLAIMER

Para calificar a los bonos, el 25% de las ventas tienen que ser de otros productos que no sean las pólizas dentales.





PORCENTAJES DE

RENOVACIÓN

2%	AGENTE
3%	COORDINADOR
4%	GERENTE
5%	DIRECTOR
6%	DIRECTOR NIVEL II
7%	DUEÑO DE AGENCIA





VIAJES



***Contamos con una
o dos convenciones
al año***





INCENTIVOS

Bonificaciones adicionales, normalmente contamos con una a dos semana todos los meses de bonos adicionales (cenas, VIP tickets, gifts) a todos los bonos ya estructurados en la presentación de negocios





CONTRATOS

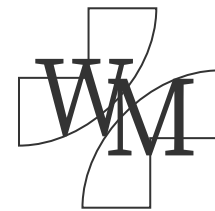
DE NIVELES

¿CÓMO FUNCIONAN?

Siempre van a tener un piso (mínimo) para cobrar el contrato de niveles

LV.1	$\$1,000 - \$1,499 = \$200 + 20\% \text{ DE COMISIÓN}$
LV.2	$\$1,500 - \$1,999 = \$400 + \text{UN } 20\% \text{ DE COMISIÓN}$
LV.3	$\$2,000 - \$2,499 = \$450 + 20\% \text{ DE COMISIÓN}$
LV.4	$\$2,500 += \$500 + 20\% \text{ DE COMISIÓN}$





CONTRATOS

DE NIVELES

DISCLAIMER

- *El vendedor cobrará el contrato de niveles por un quarter (13 semanas) desde que le llegue su código como agente.*
- *El contrato de niveles es solo para agentes que comenzaron desde la última semana de septiembre en adelante.*
- *El agente para cumplir con el contrato de niveles tiene que hacer un mínimo de \$4,000 AP mensuales si quiere seguir disfrutando del contrato de niveles.*
- *El chargeback solo se le hará al agente del 20% de comisión, no del contrato de niveles.*





UnitedHealthcare[®]
The Chesapeake Life Insurance Co.

Estructura

para niveles de crecimiento

Comisiones de seguros suplementarios

	AGENTE	GERENTE	AGENCIA
Número mínimo de agentes	1	5	10
Min. AP de producción para permanecer en este nivel	<u>10.000</u> 6 MESES	<u>50.000</u> 6 MESES	<u>100.000</u> 6 MESES
Nivel de comisión	Tier 12	Tier 7	Tier 5



Agency

Product & Description	Year 1	Year 2	Yrs 3-5	Yrs 6-10	Yrs 11+
HeartWise - CT	35.00%	6.00%	6.00%	6.00%	6.00%
HeartWise - CO, FL, MD, MN, ND, SD, WA	55.00%	6.00%	6.00%	3.00%	3.00%
HeartWise - All Other States	60.00%	6.00%	6.00%	6.00%	6.00%
CancerWise Plus - CT	35.00%	6.00%	6.00%	6.00%	6.00%
CancerWise Plus - CO, FL, MD, MN, ND, SD, WA	55.00%	6.00%	6.00%	3.00%	3.00%
CancerWise Plus - All Other States	60.00%	6.00%	6.00%	6.00%	6.00%
HospitalWise - CO, FL, ND, SD, WA	55.00%	6.00%	6.00%	6.00%	6.00%
HospitalWise - MN	55.00%	6.00%	6.00%	3.00%	3.00%
HospitalWise - All Other States	60.00%	12.00%	12.00%	6.00%	6.00%
Critical Illness Direct - \$10,000 Benefit Level	13.00%	13.00%	13.00%	13.00%	13.00%
Critical Illness Direct - All Other Benefit Levels	60.00%	6.00%	6.00%	6.00%	6.00%
CancerWise	60.00%	6.00%	6.00%	6.00%	6.00%
SecureWise	115.00%	6.00%	6.00%	6.00%	6.00%
Accident Disability Direct	60.00%	6.00%	6.00%	6.00%	6.00%
Income Protection Direct - \$500 Benefit Level	13.00%	13.00%	13.00%	13.00%	13.00%
Income Protection Direct - All Other Benefit Levels	60.00%	6.00%	6.00%	6.00%	6.00%
Hospital Confinement Direct - \$250 Benefit Level	13.00%	13.00%	13.00%	13.00%	13.00%
Hospital Confinement Direct - All Other Benefit Levels	50.00%	6.00%	6.00%	6.00%	6.00%
Dental Vision Hearing (DVH) - NV	35.00%	3.00%	3.00%	3.00%	3.00%
Dental Vision Hearing (DVH) - CO, FL, MN, SD	40.00%	4.00%	4.00%	4.00%	4.00%
Dental Vision Hearing (DVH) - All Other States	45.00%	6.00%	6.00%	6.00%	6.00%
Dental Premiere & Basic - NV	20.00%	3.00%	3.00%	3.00%	3.00%
Dental Premiere & Basic - All Other States	50.00%	6.00%	6.00%	6.00%	6.00%
Premiere Vision	50.00%	6.00%	6.00%	6.00%	6.00%
Accident Companion	50.00%	6.00%	6.00%	6.00%	6.00%
Accident Direct	50.00%	6.00%	6.00%	6.00%	6.00%
Critical Accident	50.00%	6.00%	6.00%	6.00%	6.00%
ProtectFit Plus	50.00%	6.00%	6.00%	6.00%	6.00%
Fixed Indemnity	25.00%	4.50%	4.50%	4.50%	4.50%
Metal Gap	25.00%	4.50%	4.50%	4.50%	4.50%
Wellness Products - Discount Services	30.00%	30.00%	30.00%	30.00%	30.00%
Wellness Products - Medical Assistance	30.00%	30.00%	30.00%	30.00%	30.00%
Wellness Products - ID Theft Protection	30.00%	30.00%	30.00%	30.00%	30.00%



Manager Level II

Product & Description	Year 1	Year 2	Yrs 3-5	Yrs 6-10	Yrs 11+
HeartWise - CT	32.50%	5.50%	5.50%	5.50%	5.50%
HeartWise - CO, FL, MD, MN, ND, SD, WA	52.50%	5.00%	5.00%	2.50%	2.50%
HeartWise - All Other States	57.50%	5.00%	5.00%	5.00%	5.00%
CancerWise Plus - CT	32.50%	5.50%	5.50%	5.50%	5.50%
CancerWise Plus - CO, FL, MD, MN, ND, SD, WA	52.50%	5.00%	5.00%	2.50%	2.50%
CancerWise Plus - All Other States	57.50%	5.00%	5.00%	5.00%	5.00%
HospitalWise - CO, FL, ND, SD, WA	52.50%	5.00%	5.00%	5.00%	5.00%
HospitalWise - MN	52.50%	5.00%	5.00%	2.50%	2.50%
HospitalWise - All Other States	57.50%	10.00%	10.00%	5.00%	5.00%
Critical Illness Direct - \$10,000 Benefit Level	12.50%	12.50%	12.50%	12.50%	12.50%
Critical Illness Direct - All Other Benefit Levels	57.50%	5.00%	5.00%	5.00%	5.00%
CancerWise	57.50%	5.00%	5.00%	5.00%	5.00%
SecureWise	112.50%	5.00%	5.00%	5.00%	5.00%
Accident Disability Direct	57.50%	5.00%	5.00%	5.00%	5.00%
Income Protection Direct - \$500 Benefit Level	12.50%	12.50%	12.50%	12.50%	12.50%
Income Protection Direct - All Other Benefit Levels	57.50%	5.00%	5.00%	5.00%	5.00%
Hospital Confinement Direct - \$250 Benefit Level	12.50%	12.50%	12.50%	12.50%	12.50%
Hospital Confinement Direct - All Other Benefit Levels	47.50%	5.00%	5.00%	5.00%	5.00%
Dental Vision Hearing (DVH) - NV	32.50%	2.50%	2.50%	2.50%	2.50%
Dental Vision Hearing (DVH) - CO, FL, MN, SD	37.50%	3.00%	3.00%	3.00%	3.00%
Dental Vision Hearing (DVH) - All Other States	42.50%	5.00%	5.00%	5.00%	5.00%
Dental Premiere & Basic - NV	20.00%	3.00%	3.00%	3.00%	3.00%
Dental Premiere & Basic - All Other States	47.50%	5.00%	5.00%	5.00%	5.00%
Premiere Vision	47.50%	5.00%	5.00%	5.00%	5.00%
Accident Companion	47.50%	5.00%	5.00%	5.00%	5.00%
Accident Direct	47.50%	5.00%	5.00%	5.00%	5.00%
Critical Accident	47.50%	5.00%	5.00%	5.00%	5.00%
ProtectFit Plus	47.50%	5.00%	5.00%	5.00%	5.00%
Fixed Indemnity	22.50%	4.00%	4.00%	4.00%	4.00%
Metal Gap	22.50%	4.00%	4.00%	4.00%	4.00%
Wellness Products - Discount Services	27.50%	27.50%	27.50%	27.50%	27.50%
Wellness Products - Medical Assistance	27.50%	27.50%	27.50%	27.50%	27.50%
Wellness Products - ID Theft Protection	27.50%	27.50%	27.50%	27.50%	27.50%



Manager Level I

Product & Description	Year 1	Year 2	Yrs 3-5	Yrs 6-10	Yrs 11+
HeartWise - CT	30.00%	5.00%	5.00%	5.00%	5.00%
HeartWise - CO, FL, MD, MN, ND, SD, WA	50.00%	4.00%	4.00%	2.00%	2.00%
HeartWise - All Other States	55.00%	4.00%	4.00%	4.00%	4.00%
CancerWise Plus - CT	30.00%	5.00%	5.00%	5.00%	5.00%
CancerWise Plus - CO, FL, MD, MN, ND, SD, WA	50.00%	4.00%	4.00%	2.00%	2.00%
CancerWise Plus - All Other States	55.00%	4.00%	4.00%	4.00%	4.00%
HospitalWise - CO, FL, ND, SD, WA	50.00%	4.00%	4.00%	4.00%	4.00%
HospitalWise - MN	50.00%	4.00%	4.00%	2.00%	2.00%
HospitalWise - All Other States	55.00%	8.00%	8.00%	4.00%	4.00%
Critical Illness Direct - \$10,000 Benefit Level	12.00%	12.00%	12.00%	12.00%	12.00%
Critical Illness Direct - All Other Benefit Levels	55.00%	4.00%	4.00%	4.00%	4.00%
CancerWise	55.00%	4.00%	4.00%	4.00%	4.00%
SecureWise	110.00%	4.00%	4.00%	4.00%	4.00%
Accident Disability Direct	55.00%	4.00%	4.00%	4.00%	4.00%
Income Protection Direct - \$500 Benefit Level	12.00%	12.00%	12.00%	12.00%	12.00%
Income Protection Direct - All Other Benefit Levels	55.00%	4.00%	4.00%	4.00%	4.00%
Hospital Confinement Direct - \$250 Benefit Level	12.00%	12.00%	12.00%	12.00%	12.00%
Hospital Confinement Direct - All Other Benefit Levels	45.00%	4.00%	4.00%	4.00%	4.00%
Dental Vision Hearing (DVH) - NV	30.00%	2.00%	2.00%	2.00%	2.00%
Dental Vision Hearing (DVH) - CO, FL, MN, SD	35.00%	2.50%	2.50%	2.50%	2.50%
Dental Vision Hearing (DVH) - All Other States	40.00%	4.00%	4.00%	4.00%	4.00%
Dental Premiere & Basic - NV	20.00%	3.00%	3.00%	3.00%	3.00%
Dental Premiere & Basic - All Other States	45.00%	4.00%	4.00%	4.00%	4.00%
Premiere Vision	45.00%	4.00%	4.00%	4.00%	4.00%
Accident Companion	45.00%	4.00%	4.00%	4.00%	4.00%
Accident Direct	45.00%	4.00%	4.00%	4.00%	4.00%
Critical Accident	45.00%	4.00%	4.00%	4.00%	4.00%
ProtectFit Plus	45.00%	4.00%	4.00%	4.00%	4.00%
Fixed Indemnity	21.00%	3.00%	3.00%	3.00%	3.00%
Metal Gap	21.00%	3.00%	3.00%	3.00%	3.00%
Wellness Products - Discount Services	25.00%	25.00%	25.00%	25.00%	25.00%
Wellness Products - Medical Assistance	25.00%	25.00%	25.00%	25.00%	25.00%
Wellness Products - ID Theft Protection	25.00%	25.00%	25.00%	25.00%	25.00%



AGENT

Product & Description	Year 1	Year 2	Yrs 3-5	Yrs 6-10	Yrs 11+
HeartWise - CT	25.00%	4.00%	4.00%	4.00%	4.00%
HeartWise - CO, FL, MD, MN, ND, SD, WA	45.00%	2.00%	2.00%	1.50%	1.50%
HeartWise - All Other States	50.00%	2.00%	2.00%	2.00%	2.00%
CancerWise Plus - CT	25.00%	4.00%	4.00%	4.00%	4.00%
CancerWise Plus - CO, FL, MD, MN, ND, SD, WA	45.00%	2.00%	2.00%	1.50%	1.50%
CancerWise Plus - All Other States	50.00%	2.00%	2.00%	2.00%	2.00%
HospitalWise - CO, FL, ND, SD, WA	45.00%	2.00%	2.00%	2.00%	2.00%
HospitalWise - MN	45.00%	2.00%	2.00%	1.50%	1.50%
HospitalWise - All Other States	50.00%	6.00%	6.00%	3.00%	3.00%
Critical Illness Direct - \$10,000 Benefit Level	10.00%	10.00%	10.00%	10.00%	10.00%
Critical Illness Direct - All Other Benefit Levels	50.00%	2.00%	2.00%	2.00%	2.00%
CancerWise	50.00%	2.00%	2.00%	2.00%	2.00%
SecureWise	105.00%	3.00%	3.00%	3.00%	3.00%
Accident Disability Direct	50.00%	2.00%	2.00%	2.00%	2.00%
Income Protection Direct - \$500 Benefit Level	10.00%	10.00%	10.00%	10.00%	10.00%
Income Protection Direct - All Other Benefit Levels	50.00%	2.00%	2.00%	2.00%	2.00%
Hospital Confinement Direct - \$250 Benefit Level	10.00%	10.00%	10.00%	10.00%	10.00%
Hospital Confinement Direct - All Other Benefit Levels	27.50%	1.50%	1.50%	1.50%	1.50%
Dental Vision Hearing (DVH) - NV	27.50%	1.50%	1.50%	1.50%	1.50%
Dental Vision Hearing (DVH) - CO, FL, MN, SD	32.50%	2.00%	2.00%	2.00%	2.00%
Dental Vision Hearing (DVH) - All Other States	37.50%	2.00%	2.00%	2.00%	2.00%
Dental Premiere & Basic - NV	20.00%	3.00%	3.00%	3.00%	3.00%
Dental Premiere & Basic - All Other States	40.00%	2.00%	2.00%	2.00%	2.00%
Premiere Vision	40.00%	2.00%	2.00%	2.00%	2.00%
Accident Companion	40.00%	2.00%	2.00%	2.00%	2.00%
Accident Direct	40.00%	2.00%	2.00%	2.00%	2.00%
Critical Accident	40.00%	2.00%	2.00%	2.00%	2.00%
ProtectFit Plus	40.00%	2.00%	2.00%	2.00%	2.00%
Fixed Indemnity	20.00%	2.00%	2.00%	2.00%	2.00%
Metal Gap	20.00%	2.00%	2.00%	2.00%	2.00%
Wellness Products - Discount Services	20.00%	20.00%	20.00%	20.00%	20.00%
Wellness Products - Medical Assistance	20.00%	20.00%	20.00%	20.00%	20.00%
Wellness Products - ID Theft Protection	20.00%	20.00%	20.00%	20.00%	20.00%





SEGUROS DE VIDA



SEGUROS DE VIDA



En tu primer y segundo mes de contratado, al menos en una de las compañías participantes, por cada \$10,000 AP, gana un bono de \$500!

Las compañías Participantes son:



Mutual of Omaha



Las pólizas deberán tener un mínimo de vigencia de 6 meses de manera consecutiva. De no cumplirse este punto, serán aplicables Chargebacks en los bonos ganados. Para las bonificaciones mensuales se toma en cuenta el mes calendario.

BONO NUEVAS ALIANZAS

El agente que haya referido a un nuevo colega y este nuevo aliado haya alcanzado el Súper Bono de Seguros Suplementarios o que haya alcanzado el bono de Seguros de Vida en su primer y segundo mes de contratado, el agente que refirió al nuevo aliado también ganará la misma bonificación

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FAMILY FIRST LIFE COMP GUIDE

FFL CONTRACT	AMERICO				MUTUAL OF OMAHA								AIG	TRANSAMERICA
	HM\$125	ULTRA PROTECTOR	EAGLE PREMIER	LIFECREST SI	TERM LIFE EXPRESS	FINAL EXPENSE	CUARANTED UL	CHILDRENS WHOLE LIFE	UNIVERSAL LIFE	TERM LIFE ANSWERS	ACCIDENTAL DEATH	GWL	FE	
140	140%	125%	130%	135%	140%	125%	105%	100%	105%	110%	130%	80%	120%	
135	135%	120%	125%	130%	135%	120%	100%	97%	100%	105%	125%	70%	115%	
130	130%	115%	120%	125%	130%	115%	95%	95%	95%	100%	120%	70%	110%	
125	125%	110%	115%	120%	125%	110%	90%	92%	90%	95%	115%	60%	105%	
120	120%	105%	110%	118%	120%	105%	85%	90%	85%	90%	110%	60%	100%	
115	115%	100%	105%	116%	115%	100%	80%	85%	80%	85%	105%	55%	95%	
110	110%	95%	100%	115%	110%	95%	75%	80%	75%	80%	100%	55%	90%	
105	105%	90%	95%	110%	105%	90%	70%	75%	70%	75%	95%	50%	85%	
100	100%	85%	90%	105%	100%	86%	65%	70%	65%	70%	90%	50%	80%	
95	95%	80%	85%	100%	95%	82%	60%	65%	60%	65%	85%	50%	75%	
90	90%	75%	80%	95%	90%	78%	55%	60%	55%	60%	80%	50%	70%	
85	85%	70%	75%	90%	85%	74%	50%	55%	50%	55%	75%	45%	65%	
80	80%	65%	70%	85%	80%	70%	45%	50%	45%	50%	70%	45%	60%	
75	75%	60%	65%	80%	75%	65%	40%	45%	40%	45%	65%	45%	55%	
70	70%	55%	60%	75%	70%	61%	35%	40%	35%	40%	60%	45%	50%	
65	65%	50%	55%	70%	65%	57%	30%	35%	30%	35%	55%	45%	50%	

FAMILY FIRST LIFE COMP GUIDE

FFL CONTRACT	CFG		Royal Neighbors of America® LIFE INSURANCE and ANNUITIES				AccordiaLife		PROSPERITY LIFE GROUP		Foresters		National Life Group® Equitable LIF
	SAFESHIELD TERM	FE	TERM	ROYAL LEGACY	SECURE LIFE UL	WHOLE LIFE	IUL	TERM	WHOLE LIFE	PRIME TERM	STRONG FOUNDATION	PLANRIGHT	UNIVERSAL LIFE
140	120%	120%	120%	16%	125%	125%	110%	110%	125%	105%	120%	120%	110%
135	115%	115%	115%	15%	120%	120%	105%	105%	120%	100%	115%	115%	105%
130	110%	110%	110%	14%	112%	110%	100%	100%	115%	95%	110%	110%	100%
125	105%	105%	100%	13%	105%	100%	95%	95%	110%	90%	105%	105%	95%
120	100%	102.5%	100%	13%	105%	100%	90%	90%	105%	80%	100%	100%	90%
115	95%	100%	100%	13%	105%	100%	85%	85%	100%	80%	95%	95%	85%
110	90%	97.5%	95%	13%	100%	95%	80%	80%	95%	70%	90%	90%	80%
105	85%	95%	90%	12%	95%	90%	75%	75%	90%	70%	85%	85%	75%
100	80%	90%	85%	11%	90%	85%	70%	70%	85%	70%	80%	80%	70%
95	75%	85%	80%	10%	85%	80%	65%	65%	80%	60%	75%	75%	65%
90	70%	80%	75%	9%	80%	75%	60%	60%	75%	60%	70%	70%	60%
85	65%	75%	50%	7%	50%	45%	55%	55%	70%	60%	65%	65%	55%
80	60%	70%	50%	7%	50%	45%	50%	50%	65%	40%	60%	60%	50%
75	55%	65%	50%	7%	50%	45%	45%	45%	60%	40%	55%	60%	45%
70	50%	60%	50%	7%	50%	45%	40%	40%	50%	40%	50%	60%	40%
65	50%	60%	50%	7%	50%	45%	40%	40%	50%	40%	45%	60%	40%

FAMILY FIRST LIFE COMP GUIDE

FFL CONTRACT	AMERICAN-AMICABLE GROUP OF COMPANIES					GREAT WESTERN	John Hancock	Liberty Mutual INSURANCE	aetna
	FE	EZ TERM	SECURE LIFE	HOME PROTECTOR	OBA	FX	SI	FX	WHOLE LIFE
140	125%	100%	140%	140%	100%	100%	140%	120%	144%
135	120%	95%	135%	135%	95%	95%	135%	115%	137%
130	115%	90%	130%	130%	90%	90%	130%	110%	130%
125	110%	85%	125%	125%	85%	85%	125%	105%	125%
120	105%	80%	120%	120%	80%	85%	120%	100%	120%
115	100%	75%	115%	115%	75%	85%	115%	95%	115%
110	95%	70%	110%	110%	70%	80%	110%	90%	107.5%
105	90%	65%	105%	105%	65%	80%	105%	85%	100%
100	85%	60%	100%	100%	60%	80%	100%	80%	92.5%
95	80%	55%	95%	95%	55%	80%	95%	75%	85%
90	75%	50%	90%	90%	50%	75%	90%	70%	77.5%
85	70%	45%	85%	85%	45%	75%	85%	65%	70%
80	65%	40%	80%	80%	40%	75%	80%	60%	70%
75	60%	35%	75%	75%	35%	75%	75%	55%	70%
70	55%	30%	70%	70%	30%	75%	70%	50%	70%
65	50%	25%	65%	65%	30%	75%	65%	50%	70%

GUIDELINES

BULDER CONTRACTS



PRODUCER CONTRACTS

BULDER CONTRACTS





COMPENSATION ATRUCTURE FOR AGENTS AND AGENCIES

COMMISSION LEVEL	PRODUCTION NEEDEN INDIVIDUAL	PRODUCTION NEEDEN GROUP	AGENTS NEEDEN	POSITIONS
65%	—————	STARTING CONTRACT	0	FIELD ASSOCIATE
70%	\$7,500	\$15,000	1	GENERAL MANAGER
75%	\$10,000	\$25,000	2	SENIOR REGIONAL MANAGER
80%	\$10,000	\$37,500	2	MARKET DIRECTOR
85%	\$12,500	\$50,000	6	SENIOR MARKET DIRECTOR
90%	\$15,000	\$75,000	10	VICE PRESIDENT
100%	\$17,500	\$100,000	13	SENIOR VICE PRESIDENT
105%	\$20,000	\$137,000	18	EXEC VICE PRESIDENT
110%	\$22,500	\$200,000	22	SENIOR EXEC VICE PRESIDENT
115%	\$25,000	\$250,000	25	NATIONAL VICE PRESIDENT
120%	\$27,500	\$375,000	30	SENIOR NATIONAL VICE PRESIDENT
125%	\$30,000	\$600,000	35	PRESIDENT
130%	—————	\$1,000,000	40	SENIOR PRESIDENT
135%	—————	\$1,625,000	45	SENIOR EXECUTIVE PRESIDENT
140%	—————	\$2,500,000	50	CHAIRMAN



COMMISSION PROMOTIONAL GUIDELINE

