

2017 Primary Agent Commission Schedule

Plan Name	New Business	Renewing Business
Platinum Personal Choice® PPO and Keystone HMO plans	N/A	0.30%
Gold Personal Choice PPO and Keystone HMO plans	N/A	0.375%
Silver Proactive Value (available off exchange only)	0.45%	0.45%
All other Silver HMO and PPO plans	N/A	0.45%
HMO Bronze	0.30%	0.30%
All other Bronze Plans	N/A	0.30%
Catastrophic Plans	N/A	0.30%

Adult Dental and Vision Plans

Increased commissions for Primary Agents (Effective 1/1/17 – 12/1/17)

Plan Name	2016 plans	2017 plans
Dental	.5%	1.5%
Vision	.5%	1.5%

Commission Details

- HCR applications for those members must contain their NPN to qualify for commissions.
- Please note that “new business” membership is considered a member who did not have an Independence plan in 2016.
- Independence Blue Cross reserves the right to change the commission schedule or discontinue the commissions program at any time.
- Commissions on renewing business will be paid beginning on 1/1 of the year following the effective date.

2017 Producing Agent Commission Schedule

Plan Name	New Business	Renewing Business
Platinum Personal Choice® PPO and Keystone HMO plans	N/A	1.70%
Gold Personal Choice PPO and Keystone HMO plans	N/A	2.125%
Silver Proactive Value (available off exchange only)	2.55%	2.55%
All other Silver HMO and PPO plans	N/A	2.55%
HMO Bronze	1.70%	1.70%
All other Bronze Plans	N/A	1.70%
Catastrophic Plans	N/A	1.70%

Adult Dental and Vision Plans

Increased commissions for Producing Agents (Effective 1/1/17 – 12/1/17)

Plan Name	2016 plans	2017 plans
Dental	5%	8.5%
Vision	5%	8.5%

Commission Details

- HCR applications for those members must contain their NPN to qualify for commissions.
- Please note that “new business” membership is considered a member who did not have an Independence plan in 2016.
- Independence Blue Cross reserves the right to change the commission schedule or discontinue the commissions program at any time.
- Commissions on renewing business will be paid beginning on 1/1 of the year following the effective date.

Example

Individual	Product	Rates	Per Member Commission
45 y/o subscriber	Silver Proactive Value	\$423	\$10.79
	Dental Premier	\$38.02	\$3.23
	Vision Care 180	\$14.17	\$1.20
Total		\$475.19	\$15.22

Family of 3	Product	Rates	Per Member Commission
45 y/o subscriber	Silver Proactive Value	\$423	\$10.79
	Dental Premier	\$38.02	\$3.23
	Vision Care 180	\$14.17	\$1.20
45 y/o spouse	Silver Proactive Value	\$423	\$10.79
	Dental Premier	\$38.02	\$3.23
	Vision Care 180	\$14.17	\$1.20
15 y/o dependent	Silver Proactive Value (pediatric dental/vision included)	\$186	\$4.74
Total		\$1,612	\$35.18

