

# Group Commission Schedule – Attachment B

## Effective January 1, 2025

## **Producer Compensation Plan for Small and Large Groups**

Providence Health Plan's producer compensation program rewards group health insurance producers who support both new business and retention of existing business with Providence.

Our producer compensation plan for commercial business includes:

- Per-member per-month commissions for small groups
- Commissions for small group Connect plans paid at an enhanced level (\$25.00 PMPM)
- 3 percent standard commissions for fully-insured large groups (Medical and Dental)
- New group bonus for medical and dental for new fully-insured and ASO groups

## **Schedule of Commissions**

#### **Small Group**

Medical		
All plans except Connect	\$17.00 PMPM	
Connect plans	\$25.00 PMPM	
Dental		
All Plans	\$3.00 PMPM	
<ul> <li>Small group commissions are paid monthly based on actual membership for</li> </ul>		

- Small group commissions are paid monthly based on actual membership for each billing month
- Commissions for the contract year will be paid at the PMPM rate in effect at the beginning of the contract year



#### Large Group

Medical	Dental
3% standard commission	3% standard commission
• For large groups only, non-standard commissions may be negotiated	

• Commissions are paid monthly based on received premium

### **New Group Bonus**

2024 Enrolled members per new group	Medical	Dental
1 – 9	\$100	\$50
10 – 25	\$500	\$200
26-100	\$1,500	\$500
101 – 200	\$2,000	\$650
201 - 500	\$3,000	\$750
501+	\$10,000	\$2,500

## New Group Bonus Rules:

- A New Group Bonus is paid only for fully insured or ASO groups that are new to Providence Health Plan
- Producers may earn a New Group Bonus for new dental coverage at time of sale or if dental is added at renewal
- The dental bonus is paid in addition to the medical bonus on new group
- The New Group Bonus a one-time payment, based on enrolled members at the effective date of coverage
- The New Group Bonus is paid one month after the effective date of coverage

The Company may modify the above commission schedule with advance written notice. The Agent shall be deemed to have accepted the modified commission schedule unless the Agent provides written notice of termination as required under the Agency and Commission Agreement.

Visit **ProvidenceHealthPlan.com** or call **503-574-6300** (Portland Metro Area) or **877-245-4077** (all other areas) for more information.