



2024 New Hampshire Producer Compensation Program

Supporting every moment of your success



Table of contents

Welcome2

The value of Anthem.....4

Tools and resources.....6

ACE Broker Achievement Program8

What you can earn: commissions..... 11

Requirements and guidelines for commissions 18

What you can earn: bonuses..... 21

Requirements and guidelines for bonus programs 24

WELCOME

Rewarding your hard work

**You are an essential sales partner —
and we want to celebrate your efforts.**

At Anthem, we take pride in offering our partners exciting opportunities and rewards: competitive commissions, one-of-a-kind bonus programs, and special recognition.

Review this guide to see our value, including health plans created with your clients' budgets and choices in mind. You will also see the earning potential you can achieve in 2024.

We appreciate all you do.
Here's to a successful new year.

— James Montecalvo
Regional Vice President of Sales



Bringing value to your clients

Connected coverage for quality care — from anywhere

Your clients receive a full range of integrated health benefits through our broad networks and innovative technology.

We're local and we're listening

Our associates live and work in the communities where you do business, and they have a personal understanding of your clients' needs and concerns. They're always learning and working to improve the healthcare and coverage experience.

In New Hampshire, most providers are in the network:¹



More than **98%**
of doctors




100%
of hospitals

Care across the country — and around the world

You're offering your clients a national network of preferred provider organization (PPO) providers through the Blue Cross Blue Shield Association's BlueCard program, an association of independent, locally operated Blue Cross and Blue Shield plans:

› **More than 1.7 million** doctors and hospitals nationwide contract with Blue Cross Blue Shield companies — more than any other insurer.²



We're right here
for you — and
your clients

Proudly serving
New Hampshire
for more than
80 years

400
employees in
New Hampshire

Serving more than
450,000
members in
New Hampshire

Tools and resources to make your job easier

Our innovative suite of tools and resources is designed to help you grow and manage your Anthem book of business.



Producer Toolbox

Anthem's Producer Toolbox is your streamlined and intuitive online hub, with no paperwork to slow you down. It's responsive across all devices, which means you can conduct business wherever you are. With Producer Toolbox, you can:

- › Easily quote Individual and Small Group business.
- › Run reports on your book of business and easily view them sorted by renewal date, segment, and product.
- › View your current and prior-year commissions.
- › Access marketing and training resources, forms, and reporting tools.
- › Track Small Group application status from start to finish.
- › View clients who present opportunities for additional sales through specialty upsells.
- › See options included in renewal packets with the Quick Renewal link.

To access Producer Toolbox, visit anthem.com/producer.



Broker Plus app

Stay connected on the go with the award-winning Broker Plus app. When you're out of the office, your most-used Producer Toolbox features are accessible on the go with the award-winning Broker Plus app. Track applications; receive timely messages; and view new sales, retention, and commissions for all Individual, Small Group, and Medicare markets.



Producer news

You can now receive your Anthem news where it's most convenient to you: through anthem.com, inside Producer Toolbox, on the Anthem Broker Hub, or straight to your inbox. Filter by state and segment, and search by keywords to find what you need quickly. Download the mobile app with the QR code above, or visit anthem.com/producer/news.

To find the marketing resources you need with Anthem Broker Hub, go to anthembrokerhub.com.

If you need help, contact us by calling **800-250-5420** or emailing anthembrokersubmissions@anthem.com.



Reach higher with the ACE Broker Achievement Program



As a key partner, you are an essential part of our success. With the ACE Broker Achievement program, your team can achieve Advantage, Champion, or Elite status to take our partnership to the next level.

With each new tier, your agency will become eligible for more opportunities, including priority service, robust training, and strategic planning, to drive higher growth and greater success. Reach the highest level — and you'll become a strategic partner with tools, services, and opportunities to shape the future of our industry.

Program benefits and services

Benefit	Description	Advantage	Champion	Elite
Baseline commissions	In markets where base commissions are tiered with differing rates, a new calculation may adjust your compensation based on tiering and value.	●	●	●
Bonus program	Agents may be eligible for additional bonus and incentive programs to drive sales, strategies, and ongoing partnership and success.		●	●
Broker education and training	Attend supplemental training programs, including continuing education-approved courses to enhance your knowledge and ramp up new hires through a comprehensive, virtual curriculum.		●	●
Producer concierge priority service	Receive priority-level, front-of-line service through a dedicated point of contact to fast-track all questions and issues.			●
Strategic planning	Attend joint planning sessions to help develop strategic plans on how to align business interests and grow together.			●

Tier	Points you need
Advantage	Less than 4,000
Champion	4,000 to 9,999
Elite	10,000 to 49,999
Super Elite	50,000 or more

There is a minimum of five cases or 50 member contracts required to qualify for Elite and Champion tiers. Agencies are measured by the total number of contracts (and each contract by line of business).

Type of contract	Points you can earn
Fully insured	10
Individual or senior	5
Dental, life, and short-term or long-term disability	2
Vision	1

Administrative services only (ASO) and Anthem Shared Funding points and contracts are worth 30% of fully insured points and contracts.



What you can earn: commissions

Anthem Group new business and renewals

Here are the commissions you can earn on all fully insured groups:

Small Group

Commissions on groups of 1 to 50 enrolled contracts will be paid on a per contract, per month (PCPM) basis as follows:

Small Group commission schedule		
Number of contracts	Commission for Advantage tier	Commission for Champion and Elite tiers
1	\$15	\$15
2 to 9	\$24	\$32
10 to 50	\$27	\$36

Large Group

Commissions will be paid on a graded PCPM basis. PCPM commissions are based on the number of enrolled contracts as follows:

Large Group commission schedule		
Number of contracts	Commission for Advantage tier	Commission for Champion and Elite tiers
1 to 99	\$21	\$36
100 to 499	\$13	\$23
500 or more	\$10	\$10

For example: A large group of 250 enrolled contracts is paid on a graded PCPM basis. For an agency in the Champion or Elite tier, Anthem will pay the first 99 contracts at \$34 and the remaining group contracts at \$22.

Medicomp commission schedule		
Medicomp Medicare Supplement Plans	Commission for Advantage tier	Commission for Champion and Elite tiers
	\$10	\$10

Terms

- › Commissions are paid on a per-contract basis for all fully insured group business. Group-specific commissions must be documented in a *Single Case Agreement* by the producer of agency and approved in writing.
- › Commissions for self-insured business are negotiated on a group-specific basis. They will be paid on administrative, stop loss, and network access fees. Commissions will also affect the fee structure and must be documented in a *Single Case Agreement* signed by the group.
- › Producer of record (POR) changes take effect and commissions are paid on the first day of the month after we receive an original, current, and dated POR letter. The letter must be on the group's letterhead and signed by a group officer.



Dental, vision, life, and disability benefits

Dental

Small Group (2 to 50 contracts) — percentage of annual premium

Dental	8%
Dental Affordable Care Act (ACA) plan (pediatric, adult, and family)	10%

Large Group (51 or more contracts) — percentage of annual premium

Annual premium	Commission
First \$5,000	10%
Next \$5,000	7.5%
Next \$20,000	5%
Next \$10,000	3.5%
Next \$10,000	3%
Next \$10,000	2%
Next \$190,000	1.75%
Next \$250,000	1%
Next \$500,000	0.5%
Next \$4 million	0.25%
Next \$5 million and over	1%
Dental Affordable Care Act (ACA) plan (pediatric, adult, and family)	10%

Dental commissions apply to employer-paid and voluntary plans.

Vision

Premium	Commission
Total premium	10%

These commissions are for the sale of Anthem insured and voluntary vision products.

Life, accidental death and dismemberment (AD&D), short-term disability (STD), long-term disability (LTD), and supplemental health plans – new and renewal

Life, AD&D, STD, LTD (2 to 50 lives)	
Plan	Commission
Life, AD&D, STD, LTD	15%

Life, AD&D, STD (51 or more lives) – percentage of annual premium	
Annual premium	Commission
First \$5,000	15%
Next \$5,000	10%
Next \$10,000	8%
Next \$10,000	5%
Next \$20,000	3.5%
Next \$50,000	2%
Excess over \$100,000	1.5%

LTD (51 or more lives) – percentage of annual premium	
Annual premium	Commission
First \$15,000	15%
Next \$10,000	10%
Next \$35,000	5%
Excess over \$60,000	1%

Optional/voluntary products (10 or more lives)	
Plan	Commission
All premiums	15%

Short-term disability is paid at top of scale separately from life and accidental death and dismemberment.

Supplemental health benefits (Large Group)	
Plan	Percentage of annual premium
Accident	15%
Critical illness	15%
Hospital indemnity	15%

Employee Assistance Program (EAP)

Product	New	Renewal
All Anthem EAP	5% commission	2.5% commission

Individual business

Individual medical benefits

Benefit plans	Commission for ACA plans per member per month (PMPM)
New business	\$23 PMPM
ACA renewals year 2 and after	\$20 PMPM

New business commissions will be payable during the special enrollment period.

Individual Specialty

Individual dental and vision	
Plan	Commission
Essential Choice PPO dental plans, dental family plans, Value, Family, Enhanced	10% first year, 10% thereafter
Bundled Blue View Vision Plan	10% first year, 10% thereafter
Stand-alone Blue View Vision Basic, Progressive Select, Premier Progressive, Preferred, Ultra, Enhanced, Plus, Value plans*	15% first year, 15% thereafter

* 15% commission – sold with or without dental.

First commissions, renewal commissions, bonuses, and service fees will be payable on premiums that are due, paid, and reconciled by Anthem. This is intended to be a summary of Anthem Life Insurance Company's Producer Compensation Program. Anthem Life will, at its sole discretion, make all rules and determinations regarding this program and reserves the right to change or discontinue it at any time without advance notice.

Medicare Supplement commission schedule

Product (where available)	Year 1	Years 2 to 6	Years 7 to 10	Years 11 or more
Plan F	Plan F not available for newly eligible beneficiaries as of January 1, 2020, but renewal commissions will continue. \$300	\$300	\$150.00	\$75.00
Plan G	\$300	\$300	\$150.00	\$75.00
Plan N	\$210	\$210	\$105	\$52.50
Plan A	\$204	\$120	\$60	\$30
Pre 65	\$24	\$24	\$24	\$24

We are here to answer your questions.

Call us at **888-209-7839** for Medicare agent support.



Effective
January 1, 2024,
through
December 31, 2024

2024 personal producing agent commission schedule

This schedule is applicable to Medicare Advantage (MA), Medicare Advantage Prescription Drug (MA-PD), and Prescription Drug (Part D) plans offered by Anthem Blue Cross and Blue Shield (Anthem).

Product (where available)	Commission year one – Centers for Medicare & Medicaid Services (CMS)	Renewal
Anthem MediBlue Select Plus (HMO)	\$601	\$301
Anthem MediBlue Access Select Plus (PPO)	\$601	\$301
Anthem MediBlue Plus (HMO)	\$601	\$301
Anthem MediBlue Coordination Plus (HMO)	\$601	\$301
Anthem MediBlue Access (PPO)	\$601	\$301

Product (where available)	Commission initial year	Renewal commission through year 6
Anthem MediBlue Prescription (Rx) and MediBlue Rx Plus	\$92	\$46

Terms and conditions for Medicare

The agent/broker compensation year is January 1 to December 31. Payments will be calculated on a January to December enrollment year. Total payment for the first-year commission is dependent on notification from CMS. We pay the first-year commission for a member new to Anthem in a lump sum at the monthly renewal rate multiplied by the remaining number of months in the calendar year. CMS later notifies Anthem if the beneficiary is considered new to Medicare Advantage. Once we're notified of that status, Anthem pays the remainder of the first-year commission in a lump sum to total 100% of the CMS allowance.

There are four scenarios that affect how an organization may pay in full or prorated compensation:

1. For 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 prorated initial compensation.
2. When a beneficiary moves from an employer group to a nonemployer group plan in which CMS indicates the prior plan type as none, organizations may pay full or prorated 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 (for example: MA-PD 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 prorated initial compensation according to the number of months in the plan. For example: A change from a PDP to an MA-PD that's effective May 1 is an unlike-plan change, resulting in a prorated initial compensation of 8/12 (May through December) of the MA-PD initial compensation rate.
4. A beneficiary makes a plan change. The compensation will be paid monthly, not in a lump sum.

Details

- › This commission schedule applies to Medicare Advantage (MA), Medicare Advantage Prescription Drug (MA-PD), Medicare Advantage Dual Special Needs Plan (D-SNP), and Medicare Part D (PDP) enrollments beginning with effective dates January 1, 2024, and ending December 31, 2024.

- › Producing agents must remain in good standing with Anthem to receive initial and renewal commissions. Good standing is defined as maintaining an active sales license, being appointed by the company, and completing annual certification and product training for all applicable Anthem MA and Part D plans.
- › Producing agents must be the current agent of record servicing the member.
- › Producing agents agree and understand that all commissions are paid at the renewal rate until CMS notifies Anthem that an enrolled beneficiary is a new member. The remaining compensation will be paid after CMS verification is sent to Anthem.
- › The compensation cycle begins when the beneficiary is initially enrolled in the MA, MA-PD, D-SNP, or PDP plan. Anthem will pay renewal commissions for MA, MA-PD, D-SNP, and PDP plans according to the schedule shown above.
- › Initial compensation is paid at or below the fair market value cutoff amounts published by CMS annually.

As defined by CMS, plans/Part D sponsors may pay renewal compensation for each enrollment in year 2 and beyond. Plans/Part D sponsors may pay up to 50% of the current fair market value published by CMS annually.

A like-plan type enrollment includes:

- › A PDP to another PDP.
- › An MA, MA-PD, or Medicare-Medicaid Plan (MMP) to another MA, MA-PD, or MMP.
- › A Section 1876 cost plan to another Section 1876 cost plan.

An unlike-plan type enrollment includes:

- › An MA or MA-PD plan to a PDP or Section 1876 cost plan.
- › A PDP to a Section 1876 cost plan or an MA (or MA-PD) plan.
- › A Section 1876 cost plan to an MA (or MA-PD) plan or PDP.

For dual enrollments (for example, enrollment in an MA-only plan and a stand-alone PDP), the compensation rules apply independently to each plan. However, when dual enrollments are replaced by an enrollment in a single plan, compensation is paid based on the MA movement. For example, movement from an MA-only plan and PDP to an MA-PD plan would be compensated at the renewal compensation amount for the MA to MA-PD like-plan type move.

How am I paid?

The first-year commission is paid in a lump sum. Anthem is required to charge back all commission payments when a beneficiary voluntarily disenrolls from our plans within the first three months of enrollment.

Plans/Part D sponsors must recover compensation payments from agents/brokers under two circumstances, to the extent such circumstances occurred at any time during the current calendar year or the immediately preceding calendar year:

1. When a beneficiary disenrolls from a plan within the first three months of enrollment (rapid disenrollment).
2. Any other time a beneficiary isn't enrolled in a plan but the plan/Part D sponsor had paid compensation for that time period.

Rapid disenrollment applies when an enrollee makes a plan change (regardless of parent organization) within the first three months of enrollment. Rapid disenrollment compensation recovery isn't limited to when a beneficiary enrolls effective October 1, November 1, or December 1 and subsequently uses the annual election period to change plans for an effective date of January 1. Exceptions to the requirement for a plan/Part D sponsor to recover compensation because of a rapid disenrollment may be granted when CMS determines that recoupment isn't in the best interest of the Medicare program.

CMS has made that determination for changes in enrollment due to the following reasons:

- › Having other creditable coverage (such as an employer plan).
- › Moving into or out of an institution.
- › Gaining or dropping employer-union-sponsored coverage.
- › Plan termination, nonrenewal, or CMS-imposed sanction.
- › Coordinating with Part D enrollment periods or the state pharmaceutical assistance program.
- › Becoming low-income subsidy or dual (Medicare and Medicaid) eligible.
- › Dual-eligible beneficiaries moving from an MA-PD to MMP.

- › Qualifying for another plan based on special needs.
- › Auto, facilitated, or passive enrollment.
- › Death.
- › Moving out of the service area.
- › Nonpayment of premium.
- › Losing entitlement or retroactive notice of entitlement.
- › Moving to a five-star plan or from a low-performing plan into a plan with three or more stars.

Producing agents are responsible for understanding and complying with all CMS requirements regarding sales and marketing, and obtaining approval for all required sales materials. They must also remain informed on all rules and regulations provided to them by Anthem regarding MA, D-SNP, and Part D plans.

Notwithstanding the terms set forth in this commission schedule, the compensation to producing agents will at all times be in compliance with CMS regulations and/or guidance and with other laws relating to the marketing and/or sale of MA, D-SNP, and/or Part D products. This schedule is subject to change based on regulatory requirements.

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

Full commission payments

Getting paid the full commission for a new member's first year depends on when we are notified by CMS that the member is new to Medicare. We pay the first lump sum at the monthly renewal rate multiplied by the remaining number of months in the calendar year. Then when CMS notifies us that the member is considered new to Medicare, we'll pay the remainder of the first-year commission in a lump sum at 100% of what CMS allows.

Example rates	
Renewal rate	\$287
Prorated	\$263.08
CMS notification update	\$309.92

We pay renewal commissions for the second year and beyond, as earned monthly on a prorated basis at the renewal rate of up to 50% of the current-year fair market value. Assuming fair market value remains flat or increases in the next plan year, the renewal rate would remain \$22.50, paid monthly for the remaining nine years of the schedule or until disenrollment, whichever comes first. Commission payment intervals are subject to change at the company's decision and following CMS guidelines.

There are two scenarios that affect how an organization may pay full or prorated initial compensation:

1. For a member's first year of enrollment in a plan that CMS identifies as the member's first time on Medicare, organizations may pay full or prorated initial compensation.
2. For unlike-plan changes (MA-PD to PDP or PDP to cost plan) occurring after January 1 in which CMS indicates the member had prior plan history (regardless of plan type), organizations must pay prorated initial compensation according to the number of months in the plan.

For example, a change from a PDP to an MA-PD effective May 1 is an unlike-plan change, resulting in a prorated initial compensation of 8/12 (May through December) of the MA-PD initial compensation rate.

An unlike-plan type enrollment includes:

- › An MA or MA-PD plan to a PDP or Section 1876 cost plan.
- › A PDP to a Section 1876 cost plan or an MA (or MA-PD) plan.
- › A Section 1876 cost plan to an MA (or MA-PD) plan or PDP.

A like-plan type enrollment includes:

- › A PDP to another PDP.
- › An MA, MA-PD, or D-SNP to another MA, MA-PD, or D-SNP.
- › A Section 1876 cost plan to another Section 1876 cost plan.

For dual enrollment in an MA-only plan and a stand-alone PDP, the compensation rules apply independently to each plan. When dual enrollments are replaced by an enrollment in a single plan, compensation is paid based on the MA movement. For example, moving from an MA-only plan and PDP to an MA-PD plan would be compensated at the renewal compensation amount for the MA to MA-PD like-plan type move.

Requirements and guidelines for commissions

Eligibility

To take part in our health compensation programs, you must have an active appointment with Anthem and hold an active license and Errors and Omissions policy. You must also be in good standing with Anthem Life and hold an active license and Errors and Omissions policy to participate in Anthem Life's compensation programs.

Consulting arrangements, professional employer organizations, associations, purchasing alliances, and other noncommissionable groups and contracts are not eligible for bonus or compensation programs.

An agency's tier is determined annually. On September 30, 2024, agency tiers will be determined for January 1, 2025, through December 31, 2025. This allows enough time to process commission groups and notify brokers.

Administration

- › All PORs will be effective the first day of the month after Anthem receives them.
- › A producer has one year from receiving the producer commission accounting statement to dispute errors, which must be given to Anthem Producer Relations in writing.
- › Anthem won't allow two or more producers' books of business to merge into one for bonus purposes unless there is a bona fide integration of business ownership and/or operating structure. Integration requires proof of a valid merger, consolidation, or sale of assets; or through the consolidation of control among two or more groups considered to be under the same ownership or control.
- › Producers who buy another producer's inventory must notify the acquired accounts in a manner approved by Anthem. Until the right notice is approved, cases will be reassigned to the purchasing producer's beginning inventory (if relevant).
- › Anthem reserves the right to receive and process all required documents for book-of-business changes before implementing an effective date for these changes.

Trip incentives

According to the *Anthem Standards of Business Conduct*, the producer is accompanied by one or more Anthem associates, and business is conducted in the manner required by law. In accordance with IRS regulations, the nonbusiness portion of goods and services associated with this meeting will be reported to the IRS on Form 1099-MISC.

- › This 2024 Producer Compensation Program is a part of the *Agent Agreement*. These programs are specific to producers writing business in New Hampshire.
- › Anthem reserves the right to create special midyear or midterm bonuses that are offered and carried out under the terms of this compensation description. All special bonus programs and opportunities will be communicated to producers who Anthem decides are eligible for participation in the Specialty Bonus program or opportunity when created.
- › Commissions, bonuses, and the value of all trips and prizes will be reported to all groups of 100 or more contracts. This can be used to prepare the *ERISA Form 5500* whether or not they are required to file. Only the amount the group earns will be reported. For insurance, the producers agree to fully disclose to their group clients, subscribers, or applicants all reportable compensation given to them by Anthem. This must follow federal and state laws, regulations, and/or requirements regarding the disclosure of reportable compensation, as required under an agreement with group clients, subscribers, or applicants for insurance.

Medicare

The commission schedule applies to MA, MA-PD, D-SNP, and PDP enrollments beginning with effective dates January 1, 2024, and ending December 31, 2024.

Producers must remain in good standing with Anthem to receive initial and renewal commissions. Good standing is defined as maintaining an active sales license, being appointed by the company, and completing annual certification and product training for all applicable Anthem MA and Part D plans. Producers must be the current agent of record servicing the member.

Producers agree and understand that all commissions are paid at the renewal rate until CMS lets Anthem know that an enrolled member is verified. Remaining compensation will be paid after the CMS verification is sent to Anthem.

The compensation cycle begins when the member first enrolls in the MA, MA-PD, D-SNP, or PDP plan. Anthem will pay renewal commissions through year 10 for MA, MA-PD, and D-SNP plans. PDP will be paid renewal commissions through year 6.

Initial compensation is paid at or below the fair market value (FMV) cutoff amounts, published by CMS each year on its website.

Renewal compensation is defined by CMS and paid for each enrollment in year 2 and beyond up to 50% of the current FMV. This compensation is paid after the end of the calendar year in which a member is initially enrolled in a plan, as mandated by CMS guidance.

The first-year commission is paid in a lump sum. Anthem is required to charge all commission payments back when a beneficiary voluntarily unenrolls from our plans within the first three months of enrollment. In addition, if the beneficiary remains on the plan longer than three calendar months but unenrolls before December 31, we're required to charge unearned commission back.

Plans/Part D sponsors must recover compensation payments from producers under two circumstances:

1. When a beneficiary unenrolls from a plan within the first three months of enrollment, also called rapid disenrollment.
2. Any other time a beneficiary isn't enrolled in a plan.

Rapid disenrollment

Rapid disenrollment applies when an enrollee moves from one parent organization to another parent organization, or when an enrollee moves from one plan to another plan within the same parent organization.

Rapid disenrollment compensation recovery doesn't apply when a beneficiary enrolls in a plan effective October 1, November 1, or December 1 and subsequently changes plans effective January 1 of the following year. If, however, a member enrolls in October and unenrolls in December, the plan/Part D sponsor should recover compensation based on the rapid disenrollment.

Rapid disenrollment compensation recovery does not apply when a member unenrolls within the first three months for any of the following reasons:

- › Having other creditable coverage.
- › Moving into or out of an institution.
- › Gaining or dropping employer-sponsored or nonsponsored coverage.
- › CMS sanction against the plan/contract violation.
- › Plan terminations and nonrenewals.
- › Coordinating with Part D enrollment periods.
- › Coordinating with state pharmaceutical assistance programs.
- › Becoming dually eligible for both Medicare and Medicaid.
- › Qualifying for another plan based on special needs.
- › Becoming low-income eligible.
- › Qualifying for another plan based on a chronic condition.
- › Auto-enrollment or facilitated enrollment.
- › Death.
- › Moving out of the service area.
- › Nonpayment of premium.
- › Losing entitlement.
- › Retroactive notice of Medicare entitlement.
- › Moving to a plan with a five-star rating or out of a low-performing plan.

Following CMS requirements

Producers are responsible for understanding and complying with all CMS requirements regarding sales and marketing to obtain approval of all required sales materials and to remain informed on all rules and regulations provided to them by Anthem on Medicare products.

Notwithstanding the terms set forth in this commission schedule, at all times the compensation to producers will be in compliance with CMS regulations and/or guidance and with other laws relating to the marketing and/or sale of Medicare products. This schedule is subject to change based on regulatory requirements. Rates outlined are subject to change. Advance notice will be sent prior to the effective date of a change.

What you can earn: bonuses

We have exciting changes to our New Hampshire Broker Bonus program. Now you have even more opportunities to be rewarded for your hard work. The 2024 bonus program has five ways to earn: Group Medical New Sales Bonus, Group Medical Retention Bonus, Individual Medical Retention Bonus, Group Specialty New Sales Bonus, and Group Specialty Retention Bonus.



The 2024 New Sales Bonus runs February 1, 2024, to January 31, 2025.



Champion and Elite agencies with at least five groups are eligible to participate.



To qualify for this bonus, you must sell a minimum of 100 new medical contracts with Anthem. There are no Specialty or retention requirements to be eligible.



The more you sell, the higher the level you reach and the more you earn per contract per year (PCPY).

Payout level	Fully insured	Administrative services only (ASO) + stop loss (SL) + Rx % of total premium	ASO + SL % of total premium	ASO + Rx % of total premium	ASO
100 to 249	\$50	2%	1.5%	1.5%	\$1
250 to 349	\$75	2%	1.5%	1.5%	\$1
350 to 449	\$100	2%	1.5%	1.5%	\$1
450 to 649	\$130	2%	1.5%	1.5%	\$1
650 to 849	\$165	2%	1.5%	1.5%	\$1
850 and more	\$200	2%	1.5%	1.5%	\$1

Retention Bonus – medical

The 2024 Retention Bonus runs February 1, 2024, to January 31, 2025.



Champion and Elite agencies with at least five groups are eligible to participate.



To qualify, the agency must meet new sales and Specialty membership requirements outlined in this section.



The more you retain with Anthem, the higher the level you reach and the more you earn PCPY.

Earn more when you bring in new Specialty sales

Specialty membership is tracked within each line of business separately. You can easily double or triple your new Specialty membership with multiple lines of business for each group. For example: If group ABC has 10 employees and each employee enrolls in both life and dental, group ABC is counted as having 20 new Specialty members. New Specialty lines include dental, vision, life, and disability. Embedded vision and pediatric dental essential health benefits are excluded.

New Specialty membership requirements

For February 1, 2024, through January 31, 2025, to be eligible for the Group Retention Bonus:

Tier	New medical sales contracts	New Specialty sales members
Super Elite	500	350
Elite	250	175
Champion	100	75

Earnings per contract					
Retention bonus	Current year ending Small and Large Group fully insured block (in contracts)	PCPY 87.5%	PCPY 90%	PCPY 92.5%	PCPY 95%
Payout level	250	\$15	\$27.50	\$40	\$52.50
Payout level	750	\$17.50	\$30	\$42.50	\$55
Payout level	1,500	\$20	\$32.50	\$45	\$57
Payout level	2,500	\$22.50	\$35	\$47.50	\$60
Payout level	3,500	\$25	\$40	\$52.50	\$65
Payout level	5,000	\$30	\$45	\$57.50	\$70

Once your new and Specialty membership requirements have been met, retaining your medical book of business with Anthem will bring you additional earnings. Your payment is based on the total number of contracts as of January 31, 2025.

Individual Retention Bonus for the Individual ACA market

Join the contest. Retain at least 80% of your Individual ACA membership with Anthem through 2024 and receive a retention bonus of \$15 per member per year (PMPY). Individual market broker bonus contest rules:¹

- › This contest applies to an agency's Individual ACA book of business only.
- › To receive the bonus, you must retain 80% of your Individual ACA business with Anthem.
- › This contest applies to local agencies only. National agencies are excluded.

New Sales Bonus — Specialty

February 1, 2024, through January 31, 2025, effective dates.

To qualify for this New Sales Bonus, you need to bring in a minimum of 10 new lines of coverage (LOC) and \$75,000 in new annualized premium.² If you bring in more than \$250,000 in new annualized premium, we'll waive the LOC requirement. There are five levels of payout you can meet. The more new Specialty lines you sell, the higher your bonus payout will be.

Coming Soon!

Retention Bonus — Specialty

Along with rewarding you for new sales, we want to reward you for renewing your current book of business. To be eligible for the Specialty Retention Bonus, you must:

- › Achieve the New Sales Bonus for Specialty.
- › Have at least 10 lines of coverage and \$100,000 in annualized premium for fully insured dental, life, disability, accident, critical illness, and hospital indemnity at the beginning of the bonus period.
- › Have a minimum of 87% retention.

Coming Soon!

¹ Bonus payout occurs 90 days after contest ends. Members must be active at the time of payout to be eligible for payment. Includes members enrolled during a special enrollment period. Individuals without a commissioned producer are excluded.

² You must first sell a minimum of 10 new LOCs and \$75,000 in new annualized premium. Only fully insured dental, life, disability, accident, critical illness, and hospital indemnity count toward the LOC/premium requirement.

³ For fully insured dental groups, we'll apply the full premium amount toward qualification. However, payment on any eligible fully insured dental and/or fully insured vision premium will be at 75% of face value, subject to all applicable payment caps.

⁴ There is no payout for ASD dental or vision if you don't meet the minimum qualifications. There is no payout for dental or vision products embedded in the medical product.

Requirements and guidelines for bonus programs

Medical rules and regulations

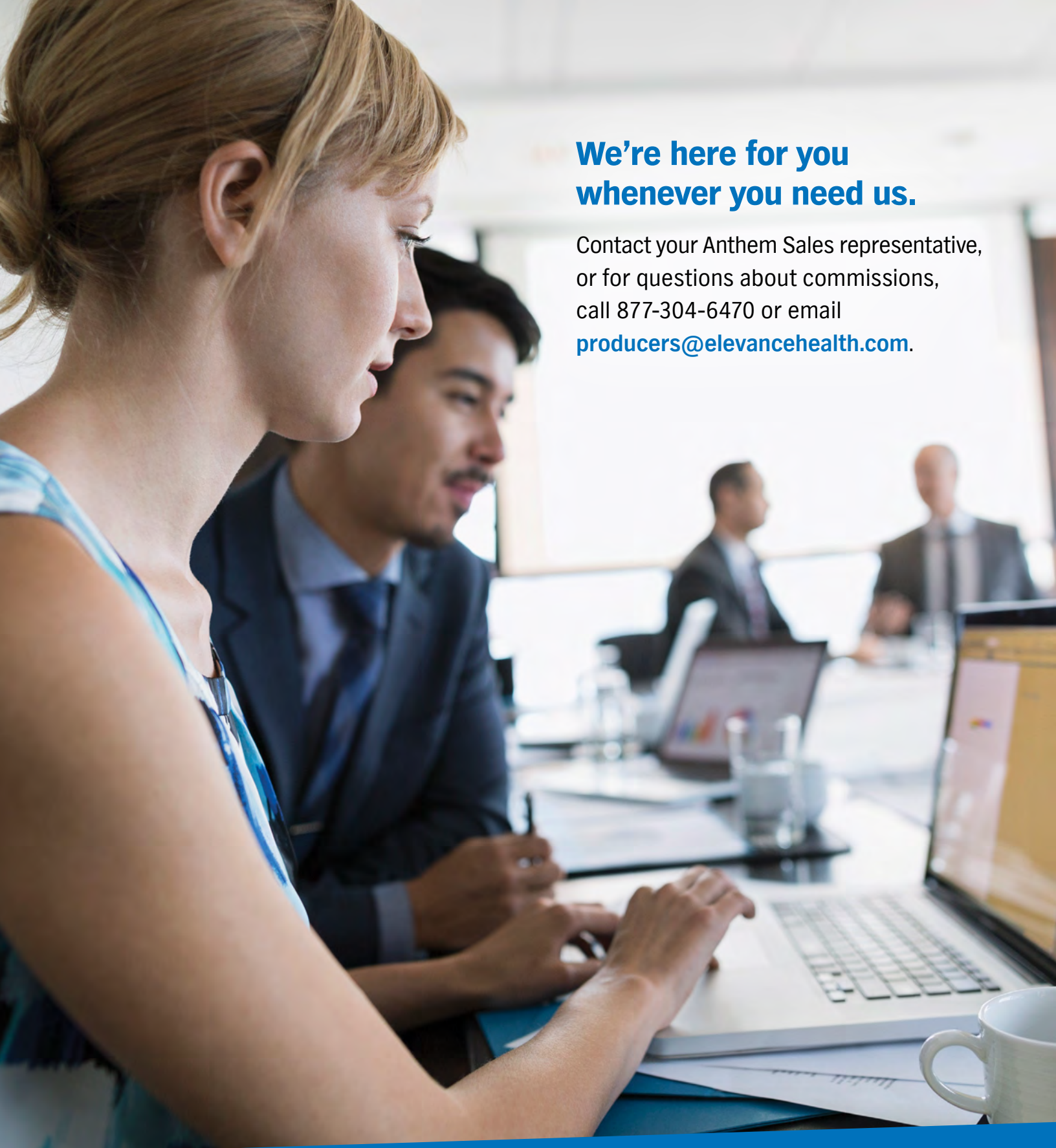
- › All incentive measurements and calculations are based on enrolled, not eligible, contracts.
- › A minimum of five groups, or 50 consumer contracts for agencies that only conduct business in the Individual market, is required to qualify for Elite or Champion status.
- › New sales, retention, and individual bonus programs are calculated separately based on the rules outlined for each program.
- › Individual market bonus will be paid on prior-year ending membership versus program-year ending membership, less program-year new sales. Individual market bonus program payment is limited to no more than four members per contract.
- › Annual payouts are made 90 days after the end of the period.
- › Producer of record (POR) changes will be reported according to the effective date of the commission change. POR changes are not considered eligible for new sales. Groups gained due to a POR change are not eligible for the New Sales Bonus payout but may be included in the retention bonus payout if the group is still active at the time of calculation.
- › In-group change (both positive and negative) will be included in the retention payout tier calculation. Positive in-group change after open enrollment period is not considered as a new sale/contracts in the New Sales Bonus program.
- › Groups must be based in New Hampshire.
- › General agents, associations, and chambers of commerce are excluded from the bonus program.
- › For ASOs and other alternative funding arrangements, enrolled contracts will count as 30% of the value of fully insured contracts for the purposes of calculating agency tiers and new business contracts toward the new business goal.
- › Anthem Balanced Funding (ABF) enrolled contracts will count as 100% of the value of fully insured contracts for purposes of calculating agency tiers and new business contracts toward new business goal.
- › Adjustments for cancellations will be charged in the same period in which the cancellation is processed.
- › A change, exception, or missing case that would affect the status and payment under the current bonus program must be submitted in writing to Anthem Producer Relations.
- › Requests for retroactive adjustments of bonus payments for 2023 won't be accepted after the close of business on June 30, 2024.
- › The rules and determinations of the bonus program are made by Anthem. We may change or eliminate the program at any time with no notice. We may also take back a bonus paid if the group cancels before its first renewal. We report all compensation according to federal or state law or regulation. We may adjust the baseline at any time to make sure we accurately capture the number of contracts.
- › Incentive payments will be disclosed through Employee Retirement Income Security Act (ERISA) reports to all groups of 75 or more.
- › ASO business is not considered in the medical retention calculation.
- › To receive credit toward the new medical sales goal, the group must remain in force with Anthem for 90 days.
- › If there are disputes regarding the interpretation of the details of this Broker Compensation Plan, we reserve the right to final interpretations.
- › Brokers who sell plans on the Small Business Health Options Program (SHOP) exchange must register annually on healthcare.gov to receive commission on those plans. For additional SHOP resources, including registration requirements, visit SHOP Resources | CMS, cms.gov, or healthcare.gov.

Specialty

Definitions and miscellaneous information

- › **Qualifying business:** New lines of coverage with effective dates from February 1, 2024, through January 31, 2025, are eligible for inclusion. All lines of coverage/groups for new business and persistency-level bonuses must be in force on January 31, 2025, to be counted.
- › **New coverages:** New life, disability, accident, critical illness, hospital indemnity, and fully insured dental lines of coverage added to existing groups in the qualifying period will be considered as a new line of coverage under the Specialty New Business Bonus program. Organic growth, an increase in coverage/face amount, or a change from embedded to nonembedded coverage is not considered a new line of coverage. Acquisitions or adding new divisions to an account will be reviewed on an exception basis.
- › **Contract:** Each subscriber constitutes a contract.
- › **New business annualized premium:** Annualized premium means 12 times the first month's paid premium (or estimated first month's premium where necessary) for qualifying new business.
- › **Persistency calculation:** Persistency is measured by taking the annualized paid premium in force on January 31, 2025, excluding new sales from February 1, 2024, through January 31, 2025, and dividing it by the annualized paid premium in force on January 31, 2024.
- › **Eligible lines of coverage:** Short-term disability, long-term disability, voluntary short-term disability, voluntary long-term disability, life, voluntary group term life (stand-alone), fully insured dental, voluntary dental, vision, voluntary vision, accident, critical illness, and hospital indemnity. (AD&D, dependent life, and supplemental life coverage aren't included in the line of coverage requirement count. ASO dental and vision aren't included in the line of coverage requirement count. However, the contracts/premium will be included in all compensation calculations. No compensation will be paid for dental or vision products embedded in the medical product.)
- › **Lines of coverage/group maximum:** There is a \$25,000 per line of coverage cap per group.
- › **Exclusions:** Bonus includes only groups on which Anthem is paying commissions. Groups sold by a consultant (for example, acting on behalf of the group) are not eligible for bonus. General agents also are not eligible for the bonus.
- › **Payment:** The Specialty bonus is scheduled to be paid by June 30, 2025.
- › If there are disputes regarding the interpretation of the details of this Broker Compensation Plan, we reserve the right to final interpretations.

This serves as a summary of the key components of the Anthem Specialty Broker Bonus program. For a full description, including changes to the program or other limitations, exclusions, and specific qualification details, contact your Anthem Specialty representative.



**We're here for you
whenever you need us.**

Contact your Anthem Sales representative,
or for questions about commissions,
call 877-304-6470 or email
producers@elevancehealth.com.

