

2024 Broker

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# Schedule of Compensation



Effective January 1, 2024 to December 31, 2024



**MASSACHUSETTS**

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

# New for 2024

## Large and small group new sales commission programs

The Blue Cross Blue Shield of Massachusetts sales commission incentive programs reward brokers who are dedicated to our members.

### Large group: (100+ enrolled medical subscribers)

Through this program, we'll pay brokers \$10,000 per account for 100+ enrolled insured new medical subscribers or \$5,000 for self-insured business that adds stop-loss. If an account with 1,000+ subscribers adds pharmacy or stop-loss, we'll pay \$5,000. If they add both, we'll pay \$10,000.\*

#### Large group agency volume bonus

All eligible brokers may earn an additional \$15,000 for every 300 subscribers sold for qualifying 100+ accounts.\*\*

### Small group (25–99 enrolled medical subscribers)

Through this program, we'll pay brokers \$7,500 per account for 25–99 enrolled insured new medical subscribers.\*

#### Small group agency volume bonus

All eligible brokers may earn an additional \$5,000 for every 100 subscribers sold for qualifying 25–99 accounts.

## 2024 broker compensation rates

### Insured medical business with 2–249 enrolled subscribers<sup>1</sup>

Insured medical compensation	New sales <sup>3</sup>		Retention <sup>4</sup>	
	BlueQuote medical <sup>2</sup>	Manual medical <sup>5</sup>	BlueQuote medical <sup>2</sup>	Manual medical <sup>5</sup>
2–4 enrolled subscribers	\$10.00	\$5.00	\$8.00	\$4.00
5–50 enrolled subscribers <sup>2</sup>	\$30.00	\$25.00	\$25.00	\$20.00
5–50 enrolled subscribers <sup>2</sup> (Gold, Platinum, Diamond, Diamond Plus agencies)	\$33.00	\$28.00	\$28.00	\$20.00

Insured medical compensation	New sales <sup>1</sup>		Retention <sup>1</sup>	
	Medical w/dental	Medical only	Medical w/dental	Medical only
51–99 enrolled subscribers	\$40.00	\$35.00	\$32.00	\$30.00
First 99 for accounts with 100+ enrolled	\$40.00	\$35.00	\$32.00	\$30.00
100–149 enrolled subscribers	\$8.00	\$6.00	\$7.00	\$5.00
150–199 enrolled subscribers	\$10.00	\$8.00	\$9.00	\$7.00
200–249 enrolled subscribers	\$15.00	\$13.00	\$14.00	\$12.00

### Payout example

Per-subscriber annualized commission payout: 249 retention, medical subscribers w/dental	Subscribers 1–99 PSPM:	$(99 \times 12 \times \$32) = \$38,016$
	Add: subscribers 100–249 PSPM:	$((249 - 99) \times 12 \times \$14) = \$25,200$
	Total est. annual payment:	$\$38,016 + \$25,200 = \mathbf{\$63,216 \text{ per year}}$
	Est. monthly payment:	$\$63,216 / 12 = \mathbf{\$5,268 \text{ per month}}$

#### \*General rules:

These programs collectively apply to all new medical business sales — including existing dental accounts that add medical for cases with 25–99 and 100+ enrolled subscribers, respectively with an effective date between February 1, 2024 and January 31, 2025. Incentive commission payments can be earned on a per-account basis based on enrollment as of the account's medical effective date, and are awarded as long as the above conditions are met. Incentive commission payments are applicable to large group-rated accounts, are based on that month's enrollment, and will be distributed no later than three months after the month of sale through our normal payroll processes. Payments pursuant to this plan are discretionary and contingent on the broker meeting eligibility requirements, the broker's compliance with the broker agreement between the broker and Blue Cross, Blue Cross profitability, and Blue Cross general satisfaction with broker performance. To qualify, Blue Cross or related affiliate Blue Benefit Administrators must be the compensation administrator on behalf of the account. Blue Cross reserves the right to diverge from or modify the terms of this program as it deems necessary or appropriate. Blue Cross will not, under any circumstances, pay an incentive in excess of the amounts described above. Incentive commission payments can be earned on a per-account basis based on enrollment as of the account's medical effective date, and are awarded as long as the conditions above are met. \*\* Versus fully insured medical; all self-insured business will count on a 2:1 basis if stop-loss or pharmacy is added, and a 1:1 basis if both are added.

1. Per-subscriber rates will remain in effect until the next renewal.
2. Includes accounts that are rated outside of small group with 50 or fewer enrolled. These accounts will default to the BlueQuote rate. Each account is determined separately.
3. To qualify for each account, you must create prospects, including census and quotes, and complete the account and subscriber enrollment via the BlueQuote new enrollment module.
4. To qualify for each account, you must create alternative quotes and finalize renewal with changes in BlueQuote.
5. Includes Merged Market-rated accounts that were quoted outside of BlueQuote.

## Insured medical with 250+ enrolled subscribers

Portion of account annual premium	% of earned premium paid on new business	% of premium paid on renewal business
First \$500,000	6.00%	5.00%
Next \$375,000	3.00%	3.00%
Next \$300,000	1.50%	1.50%
Next \$17,000,000	1.00%	1.00%
Remainder	0.50%	0.50%

## Insured dental with 2+ enrolled subscribers<sup>1</sup>

Insured dental compensation	New sales <sup>3</sup>		Retention <sup>4</sup>	
	BlueQuote dental	Manual dental	BlueQuote dental	Manual dental
2–4 enrolled subscribers	\$3.00	\$1.00	\$2.00	\$1.00
5–50 enrolled subscribers <sup>2</sup>	\$6.00	\$4.50	\$4.50	\$2.00
51–99 enrolled subscribers <sup>2</sup>	\$6.00	\$6.00	\$4.50	\$4.50

## Insured dental with 100+ enrolled subscribers

Portion of account annual premium	% of of earned premium paid on new business	% of earned premium paid on renewal business
First \$5,000	20.00%	10.00%
Next \$95,000	4.00%	4.00%
Remainder	2.00%	2.00%

## General guidelines

- Broker/agency shall maintain all credentials including license endorsements required by Blue Cross Blue Shield of Massachusetts (the company), the Commonwealth of Massachusetts, and local laws and regulations, to sell, solicit, and negotiate health insurance coverage. Credentials also include errors & omissions insurance coverage with at least \$1,000,000 in coverage. Non-compliance with these requirements will result in non-payment and possible termination of agreement.
- Payments are made available only via electronic funds transfer.
- Commission statements are made available only via our broker portal, **Broker Central**. If you have any commission-related questions, email [brokercommissions@bcbsma.com](mailto:brokercommissions@bcbsma.com) or call **1-800-531-2563** and follow the prompts.
- Commissions are paid on a monthly basis in accordance with the commission schedule in effect as of the date the business is written, enrolled, or renewed. The compensation schedule (e.g., per subscriber or percentage of premium type payment) will be determined by the later of the two: the account's original effective date or the plan-type level renewal date. The compensation schedule will remain in effect for the entire plan year. Per-subscriber payments may vary depending upon enrollment in a given period.
- Lines of business with one subscriber are non-commissionable.
- Commission eligibility will be evaluated based on actual subscriber enrollment at that time. Plan-type subscriber count will determine the applicable payment schedule. For example, medical plan-type subscriber count determines which payment schedule applies to medical business.
- Upon receipt of a valid and dated broker of record (BOR) letter on the account's letterhead and signed by an officer of the account changing the BOR, the company reserves the right to recognize the BOR as of the first of the month following receipt. If a BOR letter is backdated to a prior month and not received within one week of the letter's effective date, Blue Cross will request a revised BOR letter dated within the current month. Refer to **Broker Central** for our BOR guidelines and templates.
- Insured group Medex<sup>®</sup> and master medical (indemnity business) are paid in accordance with the insured medical schedule. Senior products (Managed Blue for Seniors, Medicare PPO Blue, Medicare HMO Blue, and Blue MedicareRx) are non-commissionable.
- Each month Blue Cross will remit only earned commission payments to a given broker/agency with 20 or more commissionable subscribers. Brokers/agencies with fewer than 20 commissionable subscribers won't be compensated. Account-level subscriber counts are determined by the largest line of business.

1. Per-subscriber rates will remain in effect until the next renewal.

2. Includes accounts that are rated outside of small group with 50 or fewer enrolled. These accounts will default to the BlueQuote rate. Each account is determined separately.

3. To qualify for each account, you must create prospects, including census and quotes, and complete the account and subscriber enrollment via the BlueQuote new enrollment module.

4. To qualify for each account, you must create alternative quotes and finalize renewal with changes in BlueQuote.

10. If an account on which commissions aren't being paid (direct account) names a credentialed broker as a BOR, the broker must have BOR status prior to current-year renewal. If one of the following requirements isn't met, commissions will commence upon the second renewal:

- **Non-credible account eligibility as follows:**

Payments may commence during the current plan year if the direct account with a minimum of 10 medical subscribers grows by 25% and/or by adding Blue Cross dental or two lines of ancillary to the direct medical account. Commission payments will begin as of the next payment cycle.

- **Credible account eligibility as follows:**

Payment may commence if the broker/agency has BOR status prior to current-year renewal, and commissions must be fully funded in the account rate and acknowledged with signed disclosure from the account. Otherwise, commission payments will begin as of the second renewal date.

11. Standard commissions arrangements will be calculated based on the standard scale for insured medical, dental, and indemnity business based on earned and received premiums at the time of processing. Where applicable, standard commissions are based on a plan-year basis and any changes to the commission schedule take place upon renewal. Any deviation from the standard scale must be acknowledged on the final executed rate sheet for the group and approved by the account and Blue Cross. Percentage of premium-type payments accumulate at a plan-type (e.g., medical) level.
12. BlueQuote and manually quoted per-subscriber rates are evaluated on an account-by-account basis and take effect upon renewal. Accounts with fewer than 50 subscribers rated outside of small group rating will default to the BlueQuote rate where applicable. If you have additional qualification questions, contact your Blue Cross account or sales executive.
13. Blue Cross complies with all applicable state and federal regulations with regard to producer compensation. All producer compensation will be reported as required for federal, state, and local income taxes. All producer compensation, including bonuses, overrides, and other compensation, may be subject to reporting to meet other

regulatory requirements. Commissions, bonuses, overrides, and some non-cash compensation associated with some groups will be reported for ERISA-related reporting (Internal Revenue Service Form 5500, Schedules A or C). The company will have sole discretion as to whether, and to what extent, compensation is subject to reporting under these regulations. We encourage our producers to share their compensation arrangements with their customers. Our agent/agency agreement and our compensation policies require disclosure to customers when required by law, and provide discretion for us to disclose compensation directly to our customers as we deem appropriate.

14. Blue Cross has the right to exclude any case from eligibility for compensation, override, or recognition program for any reason. Exclusion of any case can take place if Blue Cross determines, at its sole discretion, that including the case in the program would create an actual or perceived conflict of interest for the broker/agency or our members. Revenue and enrollment generated by professional organizations, affiliations, trusts, and other associations may be excluded from the program.
15. Broker/agency is obliged to review on a regular and timely basis the accuracy and completeness of the monthly broker compensation reports. The company isn't obliged to correct any errors or omissions in the calculation of compensation due if broker/agency fails to notify the company of such error or omission within one hundred eighty (180) days of the date of the report.
16. Accounts with an effective date after the 15th of the month will be compensated as if the effective date is the first of the following month.
17. New business includes accounts established with Blue Cross by employers who have not had a contractual relationship with Blue Cross within the three-month period following the account's most recent cancellation date; excludes new accounts that result from a change in the structure of an existing account (e.g., spin-off). Accounts that add lines of business off-anniversary will be considered new until the next renewal period. In order to be compensated, enrollment must be completed by the 10th of the given month.

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