



**HEALTH BENEFITS  
ASSOCIATES**

**BROKER COMPENSATION DISCLOSURE**

The following constitutes Health Benefits Associates, Inc.’s (the “Company”) disclosure of direct and indirect compensation the Company will receive or reasonably expects to receive for the period of 1/1/2022 through 12/31/2022 in connection with the below referenced services it provides to you (the “Client” or “you”):

- Continual market analysis to provide the most up to date advice regarding the benefits available to the Client.
- Annual reevaluation of the benefit plans offered.
- Providing education & advice to the Client, group administrators and their employees throughout the year about how the plans work, and how to use them.
- Negotiation of premiums, benefits, and eligibility provisions with insurance carriers on behalf of the Client.
- For employers: Administration of a comprehensive enrollment platform for employers to manage employee enrollments and terminations with all lines of coverage, and with COBRA administrators.

The Company does not provide the above-referenced services to the Client in the capacity of a plan fiduciary.

The company reasonably expects to receive direct compensation for the placement of the below lines of coverage in the form of either a per employee per month (“PEPM”) fee, a per member per month (“PMPM”) or a commission paid by the carrier or vendor, in the amount indicated below. These compensation amounts are already included in what the insurance companies allocate to market and sell their products. Purchasing these small group (2-50) policies directly from the insurance company will not reduce your monthly premium. These premiums are standard, and determined by the insurance company unless indicated otherwise below:

**Group (employer) Benefits:**

Carrier / Vendor / Fee Agreement	Coverage Line	Group Size	PEPM, Standard Commission, Commission Schedule, or Compensation Calculation
<b>Aetna Funding Advantage</b>			
	Medical	10-50	Commission: \$30 - can be adjusted
<b>Aflac (Individual Voluntary Plans)</b>			
	Creative Solutions	3-99 policy holders	Commission: Begins at 12%
<b>Allstate Benefits</b>			
	Medical	2-24	Commission: 7%
	Medical	25-50	Commission: 6%
	Medical	51-200	Commission: 4.5%
<b>Ameritas</b>			
	Dental	3-199	Commission: 10% Level Commission: Simple Add-ons 10%
	Vision	3+	Commission: 10% Level Commission: Simple Add-ons 10%
<b>Anthem Blue Cross Blue Shield</b>			
	Medical	1-50	PEPM: \$28-\$36
	Dental	2-50	Commission: 8%

Carrier / Vendor / Fee Agreement	Coverage Line	Group Size	PEPM, Standard Commission, Commission Schedule, or Compensation Calculation
	Vision	2-50	Commission: 10%
	Life and AD&D	2-50	Commission: 10%
<b>Avesis</b>			
	Vision	2-100	Commission: 10% (for all years)
<b>BEST Life Insurance Company</b>			
	Dental	2-50	Commission: 10%
	Dental	51-99	Commission: 8%
	Dental	Voluntary 5-50	Commission: 10%
	Dental	Voluntary 51-99	Commission: 8%
	Vision	5+	Commission: 10%
	Life and AD&D	2+	Commission: 15%
<b>Camden-Avesis</b>			
	Vision	5-50	Commission: 10%
<b>Cigna</b>			
	Medical	25-250	Commission: 5%
	Dental	25-250	Commission: 10%
	Vision, Life, and Disability	25-250	TBD
<b>Colonial Life</b>			
	Dental, Life, Disability, Accident, Critical Illness, Cancer, and Hospital Confinement Indemnity	3+	Commission varies by product
<b>Companion Life</b>			
	Dental	Group size varies by product	2+ Lives: Commission: First \$10,000 = 10% Commission: Next \$10,000 = 7.5% Commission: next \$10,000 = 5% Commission: Above = 3.5% Voluntary 3+ = 10%
	Vision	Small Group: 2-50	Commission: 10%
	LTD	Small Group: 2-50 Voluntary: 10-50	2-9 Lives: 15% 10+ Lives: Commission: First \$5,000 = 15% Commission: Next \$10,000 = 10% Commission: Next \$10,000 = 8% Commission: Next \$20,000 = 5% Commission: Above = 2.5% Voluntary 10+ = 15%
	STD	Small Group: 2-50 Voluntary: 3-50	2-9 Lives: 15% 10+ Lives: Commission: First \$5,000 = 15% Commission: Next \$10,000 = 10% Commission: Next \$10,000 = 8% Commission: Next \$20,000 = 5% Commission: Above = 2.5% Voluntary 10+ = 15%
	Life and AD&D	Small Group: 2-50 Voluntary: 5-50	2-9 Lives: 15% 10+ Lives: Commission: First \$5,000 = 15% Commission: Next \$10,000 = 10% Commission: Next \$10,000 = 8% Commission: Next \$20,000 = 5% Commission: Above = 2.5% Voluntary 5+ = 15%
<b>Delta Dental</b>			
	Dental	Group size varies by plan	Commission: 10%
<b>Delta Dental (MWG)</b>			
	Dental	1-4	Commission: 10%

Carrier / Vendor / Fee Agreement	Coverage Line	Group Size	PEPM, Standard Commission, Commission Schedule, or Compensation Calculation
<b>E.D.I.S.</b>			
	Freedom Dental	Small Group: 2-50	Commission: 10%
		Large Group: 51-99	Commission: 7.5%
	Group Term Life	2+	Commission: 10%
	EDHP Hybrid, RBP and Buy Up Plans	2+	PEPM: \$6, and the below commission % of both the specific and aggregate premium - 8% if spec deductible is \$10,000 - 9% if spec deductible is \$20,000 - 10% if spec deductible is \$30,000 or higher
	EDHP MVP Plan	2+	PEPM: \$10
	MEC Plans	2+	PEPM: \$5
<b>Evolved Benefits</b>			
	Staff Benefits Management and Administrators (SBMA)	25-100	Commission: - PEPM Basic: \$10 - PEPM Virtual: \$10 - PEPM Ultra: \$15 - PEPM Ultimate: \$15
	Transamerica/TransConnect	2-100	Commission: HP45 = 18%
<b>Friday Health Plans</b>			
	Medical	1-50	PEPM: \$34
<b>Guardian</b>			
	Dental, Vision, Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity, Cancer	1-50	Commission: Standard M-Scale
<b>Health Plan of Nevada (HPN)</b>			
	Medical	1-3	PEPM: \$10
		4-50	PEPM: \$34
<b>Hometown Health</b>			
	Medical & Vision- Small Group	1-50	Commission: Tier 1: <500 Total Members: PMPM: \$28 Tier 2: 501-999 Total Members: PMPM: \$31 Tier 3: 1000+ Total Members: PMPM: \$34
	Medical- Association Health Plans	1-50	Commission: Tier 1: <500 Total Members: PMPM: \$24 Tier 2: 501-999 Total Members: PMPM: \$27 Tier 3: 1000+ Total Members: PMPM: \$30
<b>Humana</b>			
	Dental and Vision	1-50	Commission: First \$10,000 = 10% Commission: Next \$10,000 = 7.5% Commission: Next \$10,000 = 5% Commission: Next \$20,000 = 2.5% Commission: Over \$50,000 = 1.5%
	Employer Sponsored Group Life and AD&D	1-50	Commission: 10%
	Voluntary Group Life and AD&D	1-50	Commission: 15%
<b>International Medical Group Inc. (IMG)</b>			
	Alternative International Medical, Business Travel Insurance, Travel Risk Management, and Travel Assistance Services	2-50	Commission: 10%
<b>Lincoln Financial Group</b>			
	Dental	2-99	Commission: First \$10,000 = 10% Commission: Next \$10,000 = 8% Commission: Next \$10,000 = 4% Commission: Next \$20,000 = 2% Commission: Next \$50,000 = 1.5%

Carrier / Vendor / Fee Agreement	Coverage Line	Group Size	PEPM, Standard Commission, Commission Schedule, or Compensation Calculation
			Commission: Next \$150,000 = 0.25% Commission: Next \$250,000 = 0.15% Commission: Above \$500,000 = 0.15%
	Vision	2-99	Commission: 10%
	LTD	2-99	Commission: First \$15,000 = 15% Commission: Next \$10,000 = 10% Commission: Next \$25,000 = 5% Commission: Next \$50,000 = 1% Commission: Above \$100,000 = 0.5%
	Life AD&D and STD	2-99	Commission: First \$2,000 = 15% Commission: Next \$3,000 = 12% Commission: Next \$5,000 = 11% Commission: Next \$5,000 = 8% Commission: Next \$5,000 = 7% Commission: Next \$5,000 = 6% Commission: Next \$5,000 = 5% Commission: Next \$20,000 = 2% Commission: Next \$50,000 = 1.5% Commission: Next \$50,000 = 1% Commission: Next \$350,000 = 0.75% Commission: Above \$500,000 = 0.5%
<b>Morgan-White, LTD</b>			
	Dental	AmFirst Insurance Company 2-50	First Year: Commission: 10% Renewal: Commission: 7%
		Delta Dental 2-50	First Year: Commission: 10% Renewal: Commission: 7%
		Dental Care Plus, Inc. 2-50	Commission: 10%
		Dentegra 2-50	First Year: Commission: 10% Renewal: Commission: 7%
		Nationwide Dental 2-50	First Year: Commission: 10% Renewal: Commission: 7%
		Renaissance Dental 2-50	First Year: Commission: 10% Renewal: Commission: 7%
		Standard Life & Accident Insurance Company - Dental 2-50	First Year: Commission: 10% Renewal: Commission: 7%
	Identity Theft Protection	Identity Guard - Total Plan 2-50	PEPM: \$5
		Identity Guard - Premier Plan 2-50	PEPM: \$2
	Limited Medical Plans	Standard Life & Accident Insurance Company - Limited Medical Plans 2-50	Commission: 13%
	Vision	Davis Vision 2-50	Commission: 12%
		United Vision Plan 2-50	Commission: 12%
		Vision Service Plan (VSP) 2-50	Commission: 12%
<b>MetLife</b>			
	Dental	2-9	Commission: Graded beginning at 10%
	Vision	2-50	Commission: 10%

Carrier / Vendor / Fee Agreement	Coverage Line	Group Size	PEPM, Standard Commission, Commission Schedule, or Compensation Calculation	
	LTD	2-50	Commission: First \$15,000 = 15% Commission: Next \$10,000 = 10% Commission: Above - Varies Flat 15% available	
	STD	2-50	Commission: First \$5,000 = 15% Commission: Next \$5,000 = 10% Commission: Above - Varies Flat 15% available	
	Life and AD&D	5-50	Commission: Graded beginning at 15%	
<b>National General</b>				
	Medical - Level Funded plans	2-24	Commission: 7.0%	
		25-50	Commission: 6.0%	
		51+	Commission: 4.5%	
<b>Nippon Life Benefits</b>				
	Dental	2-50	Commission: 10% first year and renewal	
		51-100	Commission: \$0 - \$10,000 = 10% Commission: \$10,001 - \$15,000 = 7.5% Commission: \$15,001 - \$20,000 = 7.5% Commission: \$20,001 - \$25,000 = 5% Commission: \$25,001 - \$50,000 = 5% Commission: \$50,001 - \$100,000 = 2.5% Commission: \$100,001+ = 1%	
	Vision	2-50	Commission: 10% first year and renewal	
		51-100	Commission: \$0 - \$10,000 = 10% Commission: \$10,001 - \$15,000 = 7.5% Commission: \$15,001 - \$20,000 = 7.5% Commission: \$20,001 - \$25,000 = 5% Commission: \$25,001 - \$50,000 = 5% Commission: \$50,001 - \$100,000 = 2.5% Commission: \$100,001+ = 1%	
	Life and AD&D	2-50	Commission: 15% first year and renewal	
		51-100	Commission: \$0 - \$10,000 = 15% Commission: \$10,001 - \$15,000 = 10% Commission: \$15,001 - \$20,000 = 10% Commission: \$20,001 - \$25,000 = 7.55% Commission: \$25,001 - \$50,000 = 7.5% Commission: \$50,001 - \$100,000 = 5% Commission: \$100,001+ = 2.5%	
	STD	2-50	Commission: 15% first year and renewal	
		51-100	Commission: \$0 - \$10,000 = 10% Commission: \$10,001 - \$15,000 = 7.5% Commission: \$15,001 - \$20,000 = 7.5% Commission: \$20,001 - \$25,000 = 5% Commission: \$25,001 - \$50,000 = 5% Commission: \$50,001 - \$100,000 = 2.5% Commission: \$100,001+ = 1%	
	LTD	2-50	Commission: 15% first year and renewal	
		51-100	Commission: \$0 - \$10,000 = 15% Commission: \$10,001 - \$15,000 = 15% Commission: \$15,001 - \$20,000 = 12.5% Commission: \$20,001 - \$25,000 = 12.5% Commission: \$25,001 - \$50,000 = 10% Commission: \$50,001 - \$100,000 = 10% Commission: \$100,001+ = 5%	
	<b>Premier Access</b>			
		Dental	1-100	Commission: Variable as requested in the RFQ - 10% commissions or graded and will continue for the life of the contract and based on the commission instructions in place at the time of the sale. Higher commissions available upon request.

Carrier / Vendor / Fee Agreement	Coverage Line	Group Size	PEPM, Standard Commission, Commission Schedule, or Compensation Calculation
<b>Premier Saver (MWG)</b>			
	Creative Solutions	1-50	Zero to 15%. Contact your representative.
<b>Principal</b>			
	Dental	2+ Voluntary: 5+	Commission: Graded beginning at 10%
	Vision	2+ Voluntary: 5+	Commission: Graded beginning at 10%
	LTD	2+ Voluntary: 5+	Commission: Graded beginning at 15%
	STD	2+ Voluntary: 5+	Commission: Graded beginning at 10%
	Life and AD&D	2+ Voluntary: 5+	Commission: Graded beginning at 10%
	Accident	2+ Voluntary: 5+	Commission: 1st year: 65% Commission: Renewal: 5%
	Critical Illness	2+ Voluntary: 5+	Commission: 1st year: 30% Commission: Renewal: 15%
<b>Prominence Health Plan</b>			
	Medical	2-50	PEPM: \$34-\$40
<b>Prominence Health Plan - AHP</b>			
	Medical	2-50	Commission: 6%
<b>Reliance Standard</b>			
	Dental	2-19	Commission: 10%
	LTD	2-19	Commission: 1st year:15% Commission: Renewal: 10%
	STD	2-19	Commission: 10%
	Life and AD&D	2-19	Commission: 1st year:15% Commission: Renewal: 10%
	Accident and Critical Illness	2-19	Commission: 1st year:15% Commission: Renewal: 10%
<b>SelectHealth (IHC)</b>			
	Medical	1-50	PEPM: \$35 Bonus: New Group: One-Time \$25 /employee
	Vision	1-50	Commission: 10%
<b>SecureCare</b>			
	Dental	2-50+	Commission: 10%
	Vision	5-50+	Commission: 10%
<b>Seniors Choice</b>			
	Medical	1-50	Commission: 8%
	Part D (Rx)	1-50	Commission: 5%
	Dental	1-50	Commission: 10%
	Vision	1-50	Commission: 10%
<b>Sierra Health and Life</b>			
	Medical	1-3 4-50	PEPM: \$10 PEPM: \$34
<b>Sun Life Financial</b>			
	Dental & Vision	2-50+	Commission: First \$5,000 = 10% Commission: Next \$15,000 = 7.25% Commission: Next \$30,000 = 4.00% Commission: Next \$50,000 =2% Commission: Next \$150,000 = 1% Commission: Over \$250,000 = 0.5%
	Voluntary Life	2-50+	Commission: 15%
<b>The Holman Group</b>			
	Alternative Solutions (EAP)	10-100	Commission: % varies by client
<b>Total Benefit Solutions</b>			
	Medical (International)	2+	Commission: 5%

Carrier / Vendor / Fee Agreement	Coverage Line	Group Size	PEPM, Standard Commission, Commission Schedule, or Compensation Calculation
United Concordia			
	Dental	2+	Commission: 10%
United Healthcare			
	Medical	1-3	PEPM: \$10
		4-50	PEPM \$34
Unum			
	Dental	10-50	Commission: 10%
	Vision	10+	Commission: 12%
	Group Term Life and AD&D	2-50	Commission: First \$15,000 = 10% Commission: Next \$10,000 = 7% Commission: Next \$25,000 = 5% Commission: Next \$50,000 = 1% Commission: \$100,000+ = 0.5%
	Group Term Life and AD&D Voluntary	10-50	Commission: 15%
	LTD	2-50	Commission: First \$15,000 = 15% Commission: Next \$10,000 = 10% Commission: Next \$25,000 = 5% Commission: \$50,000+ = 1%
	STD	2-50	Commission: First \$15,000 = 10% Commission: Next \$10,000 = 7% Commission: Next \$25,000 = 5% Commission: Next \$50,000 = 1% Commission: \$100,000+ = 0.5%
	LTD Voluntary and STD Voluntary	10+	Commission: 15%
	Accident	2+	Commission: 15%
	Critical Illness	2+	Commission: 15%
	Critical Illness (AACI)	2+	Commission: 15%
	Hospital Indemnity	2+	Commission: 15%
Vision Service Plan (VSP)			
	Vision	2-50	Commission: First \$5,000 = 10% Commission: Next \$5,000 = 5% Commission: Next \$10,000 = 3.56% Commission: Next \$10,000 = 3.00% Commission: Next \$20,000 = 2.31% Commission: Next \$200,000 = 1.44% Commission: Next \$250,000 = 0.73% Commission: Exceeding \$500,000 = 0.35%

**Individual Products:**

Carrier / Vendor / Fee Agreement	Coverage Line	Tier	PCPM, Standard Commission, Commission Schedule, or Compensation Calculation
AmFirst Insurance Company - Morgan White Group			
	DFE - Indemnity & DPO Plans	First Year	Commission: 10%
		Renewal	Commission: 7%
Avesis - Guardian			
	Vision	First Year and Renewal	Commission: 10%
Davis Vision - Morgan			
	Standalone Vision	First Year and Renewal	Commission: 12%
Delta Dental - Morgan White Group			

	Delta Dental - DFE	First Year	Commission: 10%
		Renewal	Commission: 7%
Dentegra - Morgan White Group			
	DentaTrust Plans	First Year	Commission: 10%
		Renewal	Commission: 10%
	Dentegra Plans	First Year	Commission: 10%
		Renewal	Commission: 7%
DialCare - Morgan White Group			
	Essential Plan	Single	PCPM: \$2.50
		Family	PCPM: \$5.00
	Enhanced Plan	Single	PCPM: \$5.00
		Family	PCPM: \$7.00
	Premier Plan	Single	PCPM: \$7.00
		Family	PCPM: \$9.00
Friday Health Plans			
	Medical		PMPM: \$26
Health Plan of Nevada (HPN) - United			
	Medical		PMPM: \$8
Hometown Health			
	Medical	Tier 1 (1 - 9 member sales) First Year:	Commission: 9%
		Tier 1 (1 - 9 member sales) Renewal:	Commission: 5%
		Tier 2 (10 - 24 member sales) First Year:	Commission: 10%
		Tier 2 (10 - 24 member sales) Renewal:	Commission: 5%
		Tier 3 (25 - 99 member sales) First Year:	Commission: 12%
		Tier 3 (25 - 99 member sales) Renewal:	Commission: 5%
		Tier 4 (100+ member sales) First Year:	Commission: 14%
		Tier 4 (100+ member sales) Renewal:	Commission: 5%
Identity Guard - Morgan White Group			
	Total Plan	Single	PCPM: \$5.00
		Family	PCPM: \$5.00
	Premier Plan	Single	PCPM: \$8.00
		Family	PCPM: \$8.00
Madison Dental - Morgan White Group			
	Association Dental Plans	First Year	Commission: 10%
		Renewal	Commission: 7%
Morgan White Group			
	Paper Billing Fees		Commission: \$8.02 per Billed Member Per Month
Nationwide - Morgan White Group			
	Dentaflex Plans	First Year	Commission: 10%



		Renewal	Commission: 7%
Renaissance - Morgan White Group			
	Max Choice Plans	First Year	Commission: 10%
		Renewal	Commission: 7%
SelectHealth			
	Medical		PMPM: \$18.00 Bonus: New: One-Time \$25 /policy Bonus: Renewal: One-Time \$15 / policy
Sierra Health and Life (SHL) - United			
	Medical		PMPM: \$8
Standard Life & Accident Insurance Company - Morgan White Group			
	DFE - Indemnity & DPO Plans	First Year	Commission: 10%
		Renewal	Commission: 7%
	Limited Medical Plans	First Year and Renewal	Commission: 13%
United Vision Plan (UVP) - Morgan White Group			
	Enhanced Vision Plan and Deluxe Vision Plan	First Year and Renewal	Commission: 12%
United Healthcare			
	Medical - Fixed Indemnity - Health Protector Guard	0-99 Policies - Age 18-59 First Year	Commission: 32%
		0-99 Policies - Age 18-59 Renewal	Commission: 12%
		0-99 Policies - Age 60-64 First Year	Commission: 12%
		0-99 Policies - Age 60-64 Renewal	Commission: 12%
		100-199 Policies - Age 18-59 First Year	Commission: 34%
		100-199 Policies - Age 18-59 Renewal	Commission: 12%
		100-199 Policies - Age 60-64 First Year	Commission: 12%
		100-199 Policies - Age 60-64 Renewal	Commission: 12%
		200+ Policies - Age 18-59 First Year	Commission: 36%
		200+ Policies - Age 18-59 Renewal	Commission: 12%
		200+ Policies - Age 60-64 First Year	Commission: 12%
		200+ Policies - Age 60-64 Renewal	Commission: 12%
	Medical - Fixed Indemnity - Guard Plan and Guard Plus Plan	0-99 Policies - Age 18-59 First Year	Commission: 21%
		0-99 Policies - Age 60-64 First Year	Commission: 7%
100-199 Policies - Age 18-59 First Year		Commission: 23%	
100-199 Policies - Age 60-64 First Year		Commission: 7%	

	200+ Policies - Age 18-59 First Year	Commission: 25%
	200+ Policies - Age 60-64 First Year	Commission: 7%
	0-99 Policies - Age 18-59 Renewal	Commission: 7%
	0-99 Policies - Age 60-64 Renewal	Commission: 7%
	100-199 Policies - Age 18-59 Renewal	Commission: 7%
	100-199 Policies - Age 60-64 Renewal	Commission: 7%
	200+ Policies - Age 18-59 Renewal	Commission: 7%
	200+ Policies - Age 60-64 Renewal	Commission: 7%
Medical - Fixed Indemnity - Hospital SafeGuard/Premier	Age 18-59 First Year	Commission: 30%
	Age 60-64 First Year	Commission: 10%
	Age 18-59 Renewal	Commission: 10%
	Age 60-64 Renewal	Commission: 10%
Medical - Fixed Indemnity - Hospital SafeGuard GI	Age 18-59 First Year	Commission: 30%
	Age 60-64 First Year	Commission: 12%
	Age 18-59 Renewal	Commission: 12%
	Age 60-64 Renewal	Commission: 12%
Medical - Fixed Indemnity - Hospital Guard GI	Age 18-59 First Year	Commission: 25%
	Age 60-64 First Year	Commission: 7%
	Age 18-59 Renewal	Commission: 7%
	Age 60-64 Renewal	Commission: 7%
Dental	"Dental Gen" including riders - First Year	Commission: 30%
	"Dental Gen" including riders - Renewal	Commission: 5%
	"Dental 50+" - First Year	Commission: 30%
	"Dental 50+" - Renewal	Commission: 5%
	"Dental Primary" including riders - First Year	Commission: 10%
	"Dental Primary" including riders - Renewal	Commission: 10%
	"Dental Premier" including riders - First Year	Commission: 15%
	"Dental Premier" including riders - Renewal	Commission: 15%
Vision Standalone	Vision Standalone - First Year	Commission: 25%
	Vision Standalone - Renewal	Commission: 8%
Critical Illness	Critical Illness - First Year	Commission: 50%
	Critical Illness - Renewal Years 2-10	Commission: 10%
	Critical Illness - Renewal Years 11+	Commission: 5%

	Critical Life Safeguard	Critical Life SafeGuard (10 year term) aka Term Life SafegGuard including riders - First Year	Commission: 80%
		Critical Life SafeGuard (10 year term) aka Term Life SafeGuard including riders - Renewal Years 2-10	Commission: 5%
		Critical Life SafeGuard (10 year term) aka Term Life SafegGuard including riders - Renewal Years 11+	Commission: 0%
		Critical Life SafeGuard (20 year term) aka Term Life SafegGuard including riders - First Year	Commission: 80%
		Critical Life SafeGuard (20 year term) aka Term Life SafegGuard including riders - Renewal Years 2-20	Commission: 5%
		Critical Life SafeGuard (20 year term) aka Term Life SafegGuard including riders - Renewal Years 21+	Commission: 0%
		Short Term Medical	TriTerm Medical including riders - First Year
		TriTerm Medical including riders - Renewal	Commission: 10%
		Short Term Medical including riders - 1-99 Policies	Commission: 15%
		Short Term Medical including riders - 100-199 Policies	Commission: 20%
		Short Term Medical including riders - 200+ Policies	Commission: 24%
	Medical Products	Oxford Health Insurance - First Year	PCPM: \$6
		Oxford Health Insurance - Renewal	PCPM: \$6
	Vision Service Plan (VSP) - Morgan White Group		
	Packaged Vision Plans and Standalone Vision Plans	First Year and Renewal	Commission: 12%

**Senior Products:**

Carrier / Vendor / Fee Agreement	Coverage Line	Tier	PCPM, Standard Commission, Commission Schedule, or Compensation Calculation
Anthem Blue Cross and Blue Shield			
	Medigap (Supplement) Plan F,G,N	Year 1	Commission: 26%
		Year 2-6	Commission: 13%
		Year 7+	Commission: 2%
	Medigap (Supplement) Plan A,N,F	1-3 Policies	Commission: 11%
		4-8 Policies	Commission: 12%
		9+ Policies	Commission: 14%
	Medigap (Supplement) Specialty Plan - Anthem Extras	Year 1-6	Commission: 10%
		Year 7+	Commission: 10%
	Medicare Advantage	First Year	Annual Commission: \$573.00
		Renewal	Annual Commission: \$287.00
United HealthCare / AARP			
	Medigap (Supplement) B	Year 1	Commission: 25%
		Year 2-6	Commission: 16%
		Year 7-10	Commission: 8%
		Year 11+	Commission: 3.2%
	Medigap (Supplement) C	Year 1	Commission: 25%
		Year 2-6	Commission: 16%
		Year 7-10	Commission: 8%
		Year 11+	Commission: 3.2%
	Medigap (Supplement) F	Year 1	Commission: 25%
		Year 2-6	Commission: 16%
		Year 7-10	Commission: 8%
		Year 11+	Commission: 3.2%
	Medigap (Supplement) G	Year 1	Commission: 25%
		Year 2-6	Commission: 16%
		Year 7-10	Commission: 8%
		Year 11+	Commission: 3.2%
	Medigap (Supplement) Select G	Year 1	Commission: 25%
		Year 2-6	Commission: 16%
		Year 7-10	Commission: 8%
		Year 11+	Commission: 3.2%
	Medigap (Supplement) N	Year 1	Commission: 13%
		Year 2-6	Commission: 13%
		Year 7-10	Commission: 6.5%
		Year 11+	Commission: 2.6%
Medigap (Supplement) Select N	Year 1	Commission: 13%	

		Year 2-6	Commission: 13%
		Year 7-10	Commission: 6.5%
		Year 11+	Commission: 2.6%
	Medigap (Supplement) A	Year 1	Commission: 6.5%
		Year 2-6	Commission: 6.5%
		Year 7-10	Commission: 2.6%
		Year 11+	Commission: 2.6%
	Medigap (Supplement) K	Year 1	Commission: 6.5%
		Year 2-6	Commission: 6.5%
		Year 7-10	Commission: 2.6%
		Year 11+	Commission: 2.6%
	Medigap (Supplement) L	Year 1	Commission: 6.5%
		Year 2-6	Commission: 6.5%
		Year 7-10	Commission: 2.6%
		Year 11+	Commission: 2.6%
	Medicare Advantage	First Year	Annual Commission: \$573.00
		Renewal	Annual Commission: \$287.00
<b>Aetna</b>			
	Medigap (Supplement) Ages 65 and Above	Years 1-6	Commission: 21%
		Years 7-10	Commission: 4%
		Year 11+	Commission: 4%
	Medigap (Supplement) Ages 65-80	Years 1-6	Commission: 10.5%
		Years 7-10	Commission: 2%
		Year 11+	Commission: 0%
	Medigap (Supplement) Ages 81+	Years 1-6	Commission: 5.25%
		Years 7-10	Commission: 1%
		Year 11+	Commission: 0%
	Medigap (Supplement) All under age 65	Years 1-6	Commission: 10.5%
		Years 7-10	Commission: 2%
		Year 11+	Commission: 0%
	Medicare Advantage	First Year	Annual Commission: \$573.00
		Renewal	Annual Commission: \$287.00
<b>Alignment</b>			
	Medicare Advantage	First Year	Annual Commission: \$573.00
		Renewal	Annual Commission: \$287.00
<b>Atrio</b>			
	Medicare Advantage	First Year	Annual Commission: \$573.00
		Renewal	Annual Commission: \$287.00
<b>Humana</b>			
	Medigap (Supplement) Open Enrollment Ages 65-80	First Year	Commission: 20%
		Year 2	Commission: 20%
		Year 3	Commission: 20%
		Year 4	Commission: 20%

		Year 5	Commission: 20%
		Year 6	Commission: 20%
		Year 7	Commission: 5%
		Years 8-10	Commission: 5%
		Years 11+	Commission: 3%
	Medigap (Supplement) Guaranteed Issue Ages 65-80	First Year	Commission: 2%
		Year 2	Commission: 2%
		Year 3	Commission: 2%
		Year 4	Commission: 2%
		Year 5	Commission: 2%
		Year 6	Commission: 2%
		Year 7	Commission: 0%
		Years 8-10	Commission: 0%
		Years 11+	Commission: 0%
	Medigap (Supplement) Open Enrollment Ages 81+	First Year	Commission: 10%
		Year 2	Commission: 10%
		Year 3	Commission: 10%
		Year 4	Commission: 10%
		Year 5	Commission: 10%
		Year 6	Commission: 10%
		Year 7	Commission: 2.5%
		Years 8-10	Commission: 2.5%
		Years 11+	Commission: 1%
	Medigap (Supplement) Guaranteed Issue Ages 81+	First Year	Commission: 2%
		Year 2	Commission: 2%
		Year 3	Commission: 2%
		Year 4	Commission: 2%
		Year 5	Commission: 2%
		Year 6	Commission: 2%
		Year 7	Commission: 0%
		Years 8-10	Commission: 0%
		Years 11+	Commission: 0%
	Medicare Advantage	First Year	Annual Commission: \$573.00
		Renewal	Annual Commission: \$287.00
Lasso Healthcare			
	Medicare Advantage	First Year	Annual Commission: \$573.00
		Renewal	Annual Commission: \$287.00
Prominence			
	Medicare Advantage	First Year	Annual Commission: \$573.00
		Renewal	Annual Commission: \$287.00
Senior Care Plus			
	Medicare Advantage	First Year	Annual Commission: \$573.00

		Renewal	Annual Commission: \$287.00
Wellcare			
	Medicare Advantage	First Year	Annual Commission: \$573.00
		Renewal	Annual Commission: \$287.00
Mutual of Omaha			
	Medigap (Supplement) Ages 65-80: New business, Internal & External Replacements	Year 1	Commission: 22%
		Year 2-6	Commission: 22%
		Year 7-10	Commission: 5%
		Year 11+	Commission: 0%
	Medigap (Supplement) Ages 65-80: Affiliate Company Replacements	Year 1	Commission: 19.8%
		Year 2-6	Commission: 19.8%
		Year 7-10	Commission: 4.5%
		Year 11+	Commission: 0%
	Medigap (Supplement) Ages 81+: New business, Internal & Affiliate Company Replacements	Year 1	Commission: 11%
		Year 2-6	Commission: 11%
		Year 7-10	Commission: 2.5%
		Year 11+	Commission: 0%
	Medigap (Supplement) Ages 81+: New business, Internal & External Replacements	Year 1	Commission: 11%
		Year 2-6	Commission: 11%
		Year 7-10	Commission: 2.5%
		Year 11+	Commission: 0%
	Medigap (Supplement) Ages 81+: Affiliate Company Replacements	Year 1	Commission: 9.9%
		Year 2-6	Commission: 9.9%
		Year 7-10	Commission: 2.25%
		Year 11+	Commission: 0%
	Medigap (Supplement) Ages 81+: New business, Internal & Affiliate Company Replacements	Year 1	Commission: 5.5%
		Year 2-6	Commission: 5.5%
		Year 7-10	Commission: 1.25%
		Year 11+	Commission: 0%
Trans America			
	Medigap (Supplement) Open Enrollment/Underwritten /External Replacement Issue Age <65	Year 1-6	Commission: 0%
		Year 7-10	Commission: 0%
		Year 11+	Commission: 0%
	Medigap (Supplement) Open Enrollment/Underwritten /External Replacement Issue Age 65-79	Year 1-6	Commission: 22%
		Year 7-10	Commission: 6%
		Year 11+	Commission: 0%
	Medigap (Supplement) Open Enrollment/Underwritten /External Replacement Issue Age 80+	Year 1-6	Commission: 11%
		Year 7-10	Commission: 3%
		Year 11+	Commission: 0%
	Medigap (Supplement) Guaranteed Issue <65	Year 1-6	Commission: 0%
		Year 7-10	Commission: 0%
		Year 11+	Commission: 0%

	Medigap (Supplement) Guaranteed Issue 65-79	Year 1-6	Commission: 5.5%
		Year 7-10	Commission: 1.5%
		Year 11+	Commission: 0%
	Medigap (Supplement) Guaranteed Issue 80+	Year 1-6	Commission: 2.75%
		Year 7-10	Commission: 0.75%
		Year 11+	Commission: 0%

**Indirect Compensation**

In addition to the above, the Company reasonably expects to receive the following indirect compensation:

Description of Indirect Compensation	Amount of, or Description of Calculation for, Indirect Compensation	Services for Which Indirect Compensation Will be Received	Payer of Indirect Compensation
(None)	\$0	N/A	N/A

**Attach detailed explanation of formula for indirect compensation here if applicable:**

*(Not Applicable)*

**Other Compensation**

The Company may earn additional compensation from any of the above referenced insurers, vendors, or other third-parties that cannot be calculated as of the time this disclosure is made to you, or prior to the date the Company’s executed, extended, or renewed contract with you is effective, For example, the Company may receive additional compensation contingent upon certain conditions being met, including, but not limited to, profitability, growth, churn/retention, or the volume of services provided. Compensation may be in the form of additional commissions, bonuses or benefits (“compensation”). Furthermore, we may receive corporate sponsorships for webinars, training or other programming we provide to you and other clients, of for our own internal trainings. Whether we receive any of the above referenced compensation, or how much that compensation may be, cannot be discerned at this time.



## **Medicare Disclaimer**

Third Party Marketing Organizations (TMPOs) are defined as "organizations and individuals, including independent agents and brokers, that are compensated to perform lead generation, marketing sales and any enrollment-related functions as part of the chain enrollment."

Depending on the location of your home address the following statement may apply: "We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options."

The Centers for Medicare and Medicaid Services ("CMS") requires agents to document the scope of an appointment prior to face-to-face appointments, verbal presentations of plan information, or any electronic distribution of plan information. The scope of appointment agreement is to ensure an understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided during the conversation or meeting with Health Benefits Associates is confidential. By reading this disclaimer you agree to a meeting, conversation, or sales presentation with a sales agent of Health Benefits Associates to discuss Medicare Supplement Plans and/or Medicare Advantage Prescription Drug Plans. Please note, Health Benefits Associates' licensed brokers are contracted by the Medicare plan they are discussing and/or presenting. They do not work directly for the Federal government. The licensed broker of Health Benefits Associates may also be paid based on your enrollment in a plan. Agreeing to this Medicare Disclaimer does not obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

The costs associated with Medicare plans are highly regulated by the federal and state government. Regardless of where you purchase your Medicare plan, you will receive the same coverage and benefits. Health Benefits Associates does not charge any fees to advise on Medicare.

### **Medicare Advantage Plans (Part C) and Cost Plan Definitions:**

Medicare Health Maintenance Organization (HMO) - A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan - A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan - A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you - not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Point of Service (POS) Plan - A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Medicare Special Needs Plan (SNP) - A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan - MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan - In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

### **Medicare Supplement (Medigap) Products Definitions:**

Medigap Plans - Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

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For accommodation of persons with special needs at meetings call Phone:775-828-1216 and TTY:800-326-6868.

Should you have any questions about any of the above information or require additional information, please don't hesitate to contact John (JT) Sampson at [jt@healthbenefits.net](mailto:jt@healthbenefits.net) or 775-828-1216.

The above information is accurate to the best of my knowledge as of the date this disclosure is executed above.

  
\_\_\_\_\_  
John (JT) Sampson

Date: 01/01/2022

I acknowledge that I received the above referenced Broker Disclosure form from Health Benefits Associates, Inc., and that I have read and understand the disclosures made. I understand that I can ask questions regarding the information included in this disclosure form at any time. Further, I understand that if I do not sign this acknowledgement within 15 business days from receipt, it will be deemed to be acknowledged and accepted by me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Client Business Name: \_\_\_\_\_