



2023 Broker Dental Commission Schedule

PPO Group Dental -Based on Standard Commission Aggregate Premium/Negotiable*

Annualized Premier/Commission Year	Commission Rate
\$1 - \$10,000	10.00%
\$10,001 - \$15,000	8.00%
\$15,001 - \$25,000	6.00%
\$25,001 - \$50,000	3.5%
\$50,001 - \$100,000	1.75%
\$100,001 - \$250,000	1.25%
\$250,001+	0.75%

*Based on group quote

DHMO Dental

Employer Paid DHMO - All Years	10%
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PPO Vision

Employer Paid Vision – All Years	10%
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General Agent Compensation

Employer Paid PPO Dental-All Years	Groups < 100	5%
	Groups > 100	2%