



**Producer Compensation Schedule - Group Markets Product Lines  
Effective January 1, 2024**

This compensation schedule is effective January 1, 2024 and replaces any existing Group Markets Producer Compensation Schedules in effect prior to the effective date of this schedule and shall apply to all new and existing groups effective on or after the effective date of this Compensation Schedule.

For purposes of determining commissions, any Affordable Care Act Health Insurer Fee or Reinsurance Fee included within premium will be excluded. In no event will compensation be payable with respect to any such fees.

<b>GROUP HEALTH PRODUCT LINES – NEW BUSINESS</b>		
<b>GROUP SIZE</b>	<b>HEALTH COMPENSATION RATE</b>	<b>DENTAL COMPENSATION RATE</b>
1-50 (Small Group/ACA Metallic Health Plans)	4.25%	10%
51-150 (Mid-Market)	\$30 Per Contract/Per Month (PCPM)*	10%
151+ (Large Group)	PCPM - Negotiated†	Negotiated
<b>GROUP HEALTH PRODUCT LINES – RENEWAL BUSINESS</b>		
<b>GROUP SIZE</b>	<b>HEALTH COMPENSATION RATE</b>	<b>DENTAL COMPENSATION RATE</b>
1-50 (Small Group/ACA Metallic Health Plans)	4.25%††	10%
1-50 (Small Group/Transitional & Grandfathered Plans)	4.5%	10%
51-150 (Mid-Market)	PCPM - Calculated*	7% or 10%, based on original effective date**
151+ (Large Group)	PCPM - Negotiated†	Negotiated

**†† Small Group (1-50 ACA Metallic Health Plans)**

- Any renewal or plan changes occurring on or after January 1, 2018, will result in compensation being paid at the 4.25% rate.

**\*Mid-Market (51-150) Business**

- New business quotes will include the standard \$30 PCPM compensation rate unless otherwise specified.
- The PCPM compensation rate for renewing business is calculated using the premium and census information in effect when the renewal is evaluated (usually four or five months before the renewal effective date).
- If the compensation rate has not already been converted to a PCPM rate when an account makes an anniversary date change, the in-force percent of premium compensation rate will be converted to a PCPM rate using the premium and census information in effect at the time of calculation.

\*\*The currently in-force dental compensation rate will apply to all renewing business and business with plan changes unless otherwise specified.

**† Large Group (151+) Business**

- New business quotes will be subject to negotiation.
- Renewals will use the most recent renewal period information to convert the existing percent of premium compensation rate to an equivalent PCPM renewal rate. Renewal PCPM rates are subject to negotiation.

Requests to adjust the compensation rate for an existing group must be made during the renewal period and before the group's anniversary date.

*NOTE: It is the Producer's responsibility to ensure the accuracy of each monthly commission statement. Blue Cross and Blue Shield of Texas limits commission adjustments for all Group business to eighteen (18) months for non-payment or under-payment of commissions.*