



2024 Commission Schedule

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For IFP and Small Business plans, commissions will be paid on base premium only, which excludes all applicable taxes and fees including, but not limited to, ACA taxes and fees. Commissions will be paid if dues/premiums are earned and paid. For IFP and Small Business, we will not pay commissions on new policies until the policy is in effect and paid. To receive commissions on Blue Shield products, you must be appointed by Blue Shield.

Blue Shield will continue to participate in the exchange for IFP plans and abides by all applicable laws and regulations established for or by the exchange, including the payment of commissions.

Excludes large group business; no schedules herein apply to large group business. **Blue Shield does not pay commissions on Cal-COBRA contracts.**

* Underwritten by Blue Shield of California Life & Health Insurance Company.

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[(Pending Regulatory approval)]

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Individual and Family Plans

This schedule applies to Individual and Family Plan (IFP) plan contracts issued to Blue Shield subscribers with original effective dates on or after January 1, 2024.

Commissions for Medicare Supplement plans are covered by separate schedules.

For all PPO plans on-exchange, mirrored-off, and alternative-off

Contract year	Commission
First year	1.6%
Renewal year(s)	1.6%

For Trio HMO plans

Contract year	Commission
First year	2.5%
Renewal year(s)	2.0%

Commissions for all years of a contract will be calculated as a percentage of the first year's dues/premiums received and allocated by Blue Shield. The first year's dues/premiums are defined as the dues/premiums in the month of initial contract enrollment. Commissions for renewal business will remain tied to the rate tables in use when the contract first became effective and will not increase over time as dues/premiums increase.

For members who change plans, the renewal commissions will be based on the member's current age and calculated as a percentage of the new plan's rate table that was in effect at the time of original enrollment. If the new plan was not available at the time of original enrollment, the first available rate table will be used to calculate commissions.

Medicare Supplement plans

This schedule applies to Medicare Supplement medical plan contracts issued to Blue Shield subscribers with original effective dates on or after January 1, 2024.

Effective October 1, 2019, Medicare Supplement Plans C, D, F, High Deductible F, and K were closed to new enrollment. Existing members were not affected.

Commissions for Individual and Family Plans (IFP) are covered by separate schedules.

For all Medicare Supplement plans (except for High Deductible Plan F)

Effective January 1, 2020, Plan F Extra will only be available to applicants who attain age 65 or first become eligible for Medicare benefits due to disability before January 1, 2020.

Contract year	Commission (payable on accepted applications*)
First year	20%
Renewal year(s)	10%

* Blue Shield will pay **10%** commission the first year, as well as in all renewal years, for new members to Blue Shield from another Medicare Supplement competitor plan.

Medicare Supplement High Deductible Plan F

Contract year	Commission (payable on accepted applications*)
First year	10%
Renewal year(s)	5%

* Blue Shield will pay **5%** commission the first year, as well as in all renewal years, for new business that transfers from another Medicare Supplement competitor plan.

The Household Savings Program pays commissions for the first year at 20% for a member who is new to Blue Shield, a current Blue Shield member enrolling in a Medicare Supplement plan for the first time, or an individual that is added as a new dependent to an existing Medicare Supplement policy. Household Savings Program applies to open Medicare Supplement plans A, F Extra, G, G Extra, G Inspire, and N. The Household Savings applies only if the member and dependent live in the same physical address.

Payable commissions for the first and renewal year of a contract will be calculated as a percentage of the billed dues/premiums. Commissions for renewal business will increase when dues increase at renewal.

All Medicare Supplement plan commission payments will be made only after an application is approved or accepted on the basis of guaranteed-issue eligibility, and the first month's dues have been collected. If the subscriber's dues/premiums payment is not received within 30 days of the current "coverage from" date indicated on the subscriber's billing statement, the termination of the subscriber's coverage will be effective on the last day of the last coverage period for which payment was received by Blue Shield. All approved or accepted Medicare Supplement applications count toward your production totals for performance bonuses, if any.

Medicare Advantage Prescription Drug (MAPD) Plans for individuals

2024 MAPD HMO commission schedule

	First-year commission	Renewal year(s)
Certified Blue Shield producer for sales in Alameda, Fresno, Kern, Los Angeles, Madera, Merced, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Stanislaus, and Ventura Counties (in 2024 exiting Fresno, Sacramento, Ventura, and Madera)	\$762	\$381

2024 MAPD PPO commission schedule

	First-year commission	Renewal year(s)
Certified Blue Shield producer for sales in Alameda, Orange, and San Diego Counties	\$762	\$381

Commissions are paid as a renewal unless CMS provides data indicating the commission should be an initial first-year commission because the beneficiary is a new enrollee to Medicare or to a Medicare Advantage Prescription Drug (MAPD) Plan for the first time. The balance will be paid once Blue Shield validates that the enrollment qualifies for a first-year commission.

However, if the member disenrolls at any time during the first three months following their effective date (considered rapid disenrollment), the full commission amount will be deducted from your future commissions.* Also, if a member disenrolls within the calendar year following the effective date, your lump sum payment will be prorated and deducted from future commissions. Because payment may be made only for the months a member is enrolled, midyear renewal payments equate to a prorated payment.

Payment of MAPD Plan commissions is subject to CMS guidelines, which are subject to change.

Certification requirement

To qualify for applicable commissions for the sale of Blue Shield's MAPD Plans, you must certify that you have received and understand all the rules and regulations that govern the sale of an MAPD Plan including:

- Applicable Medicare Advantage and/or Part D laws
- Current CMS Medicare Communications and Marketing Guidelines (See [42 CFR Part 423 Subpart V -- Part D Communication Requirements](#))
- Blue Shield of California product portfolio

Producers must complete the annual certification training that is required by CMS and each specific carrier. Please sign the producer information section and clearly print your name and NPN or Tax ID on each Blue Shield MAPD Plan application to be eligible for commissions.

Commission splits

The Blue Shield Medicare MAPD Plans are not eligible for commission splits between producers.

Eligibility for bonus and reward programs

Applications for Blue Shield MAPD Plans do not count toward your production totals for any bonus or reward program. Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal.

* Please note, when a Medicare beneficiary enrolls for an October 1, November 1, or December 1 effective date, and subsequently changes plans effective January 1 of the following year, it is not considered a rapid disenrollment.

Medicare Prescription Drug Plans (PDP) for individuals

2024 PDP commission schedule

	First-year commission	Renewal year(s)
Certified Blue Shield producer	\$100	\$50

Commissions are paid as a renewal unless CMS provides data indicating the commission should be an initial first-year commission because the beneficiary is a new enrollee to Medicare or to a Medicare Prescription Drug Plan (PDP) for the first time. The balance will be paid once Blue Shield validates that the enrollment qualifies for a first-year commission.

However, if the member disenrolls at any time during the first three months following the effective date (considered rapid disenrollment), the full commission amount will be deducted from your future commissions.* Also, if a member disenrolls within the calendar year following the effective date, your lump sum payment will be prorated and deducted from future commissions. Because payment may be made only for the months a member is enrolled, midyear renewal payments equate to a prorated payment.

Payment of PDP commissions is subject to CMS guidelines, which are subject to change.

Certification requirement

To qualify for applicable commissions for the sale of Blue Shield Medicare PDP for individuals, you must certify that you have received and understand all the rules and regulations that govern the sale of a Medicare PDP including:

- Applicable Medicare Advantage and/or Part D laws
- Current CMS Medicare Communications and Marketing Guidelines (See [42 CFR Part 423 Subpart V -- Part D Communication Requirements](#))
- Blue Shield of California PDP Plans

Producers must complete the annual certification training that is required by CMS and each specific carrier. Please sign the producer information section and clearly print your name and NPN or Tax ID on each Blue Shield Medicare PDP application to be eligible for commissions.

Commission splits

The Blue Shield Medicare PDPs are not eligible for commission splits between producers.

Eligibility for bonus and reward programs

Applications for Blue Shield Medicare PDPs do not count toward your production totals for any bonus or reward program.

Blue Shield of California is a PDP plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal.

* Please note, when a Medicare beneficiary enrolls for an October 1, November 1, or December 1 effective date, and subsequently changes plans effective January 1 of the following year, it is not considered a rapid disenrollment.

Dental PPO plans for Medicare Supplement plan subscribers

This schedule applies to Dental PPO plan contracts issued to Blue Shield subscribers with original effective dates on or after January 1, 2024.

Contract year	Commission (payable on accepted applications*)
First year	20%
Renewal year(s)	10%

* Blue Shield will pay 10% commission the first year, as well as in all renewal years, for new business that transfers from another Medicare Supplement competitor plan or when dental coverage is purchased after the first year of medical coverage.

Payable commissions for the first and renewal year of a contract will be calculated as a percentage of the billed dues/premiums. Commissions for renewal business will increase when dues increase at renewal.

All dental plan commission payments will be made only after an application is approved or accepted on the basis of guaranteed-issue eligibility, and the first month's dues have been collected. If the subscriber's dues/premiums payment is not received within 30 days of the current coverage from date indicated on the subscriber's billing statement, the termination of the member's coverage will be effective on the last day of the last coverage period for which payment was received by Blue Shield. All approved or accepted Medicare Supplement dental plan applications count toward your production totals for performance bonuses, if any.

Optional supplemental Dental PPO plan for MAPD Plan members

This schedule applies to optional supplemental Dental PPO plan contracts issued to Blue Shield MAPD Plan members with original effective dates on or after January 1, 2024.

Contract year	Commission (payable on approved applications)
First year	20%
Renewal year(s)	10%

Payable commissions for the first and renewal year of a contract will be calculated as a percentage of the premiums received and allocated by Blue Shield. Commissions for renewal business will increase when premiums increase at renewal.

All MAPD optional supplemental Dental PPO plan commission payments will be made only after an application is approved and the first month's premium has been collected. The commission payment is payable only for the months the member is actively enrolled in the plan.

Individual term life insurance and individual and family dental and vision plans

This schedule applies to Individual and Family (IFP) dental, vision, and life insurance* plan contracts issued to Blue Shield subscribers with original effective dates on or after January 1, 2024.

For IFP dental, vision, and individual term life insurance plans

Contract year	Commission (payable on approved applications)
First year	10%
Renewal year(s)	10%

Commissions for all years of a contract will be calculated as a percentage of the first year's dues/premiums received and allocated by Blue Shield. The first year's dues/premiums are defined as the dues/premiums in the month of initial contract enrollment. Commissions for renewal business will remain tied to the rate tables in use when the contract first became effective and will not increase over time as dues/premiums increase.

* Individual term life insurance is underwritten by Blue Shield of California Life & Health Insurance Company.

Commission schedule for Small Business products

This schedule applies to Small Business (groups with 1 to 100 eligible employees) plan contracts outside of the exchange issued to Blue Shield subscribers with original effective dates on or after January 1, 2024.

Medical plans only

Blue Shield Off Exchange Package for Small Business 1-100 Eligible Employees

Contract year	Commission
First year	5%
Renewal year(s)	5%

Blue Shield Mirror Package for Small Business 1-100 Eligible Employees

Year	Commission
First year	5%
Renewal year(s)	5%

Specialty products

Product	Commission
Vision plans*	10%
Dental plans	10%
Life insurance plans*	10%

* Underwritten by Blue Shield of California Life & Health Insurance Company.

Commission schedules are assigned based on the number of eligible employees employed at the time of the group's enrollment with Blue Shield. Life insurance plans are based on 2 to 100 eligible employees. Please see the definition of eligible employee in Blue Shield's Small Group underwriting guidelines.

Commissions for the Mirror plans reflect Covered California for Small Business (CCSB) rules. In the event there is an inconsistency between a Blue Shield schedule and the CCSB rules, the CCSB rules will be followed.

Renewals on contracts for groups with 2 to 50 eligible employees sold before January 1, 2014, will be paid on the applicable commission schedule in effect at the time of the original sale.