

**Blue Cross and Blue Shield of Illinois,  
A Division of Health Care Service Corporation,  
A Mutual Legal Reserve Company**

**Group Markets Producer Agreement Compensation Schedule**

**Date - January 1, 2003**

The following commission table applies to all groups sold under the Standard Producer Commission Agreement effective January 1, 2003 and replaces any Standard Producer Compensation Schedule in effect prior to the effective date of this schedule.

<u>Annual Premium Volume</u>	<u>Commission (2-3 lives)</u>	<u>Commission (4-150 lives)</u>
\$1 to \$ 50,000	2.00%	8.00%
\$50,001 to \$100,000	Flat	4.25%
\$100,001 to \$150,000	Rate	3.50%
\$150,001 or more		3.00%

*The above commission applies to both the first year and renewal and will be paid monthly on a cumulative basis.*

1. This commission schedule applies to groups placed with HCSC after the effective date.
2. Cases sized 51 lives and above, with specific negotiated and underwriting approved commission rates and/or calculation methodologies, must be documented separately on an Individual Case Producer Commission Agreement in addition to the Standard Producer Commission Agreement.