

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

Illinois Sales Group Producer Commission Agreement Schedule

Date – January 1, 2010

The following commission table applies to all groups under the Standard Producer Commission Agreement effective January 1, 2010 and replaces the Standard Producer Commission Schedule in effect prior to the effective date of this schedule.

**Small Group Commission Schedule
All Health & Dental Products**

Annual Premium Volume	Commission (2-3 lives)	Commission (4-150 lives)
\$1 - \$50,000		8.00%
\$50,001 - \$100,000	2.00%	4.25%
\$100,001 - \$150,000	Flat Rate	4.00%
\$150,001 or more		3.75%

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 and existing groups upon renewal.
2. Large Group, Non-Premium and HMOI only cases with negotiated and underwriting approved commission rates or formulas, must be submitted on an Individual Case Commission Agreement.
3. This table is effective for all DHMO products effective 01/01/2009 regardless of renewal date.

**Unicare Guaranteed Replacement
Small Group Commission Schedule**

Annual Premium Volume	Commission (2-3 lives)	Commission (4-99 lives)
\$1 - \$50,000		8.00%
\$50,001 - \$100,000	5.00%	4.25%
\$100,001 - \$150,000	Flat Rate	4.00%
\$150,001 or more		3.75%

1. This one time special commission schedule applies to accounts that have transferred from Unicare to BCBSIL effective January 1, 2010 as a result of the "Guaranteed Replacement" special enrollment opportunity.
2. This special commission schedule expires on the account's initial renewal date with BCBSIL.
3. The standard BCBSIL Small Group commission schedule will be implemented effective on the account's initial renewal date with BCBSIL.