



2021 Personal Producing Agent Commission Schedule Effective January 1, 2021 through December 31, 2021

This schedule is applicable to Medicare Advantage (MA), Medicare Advantage Prescription Drug (MA-PD), and Prescription Drug (Part D) plans that are offered by Anthem Blue Cross and Blue Shield (Anthem) and sold in select counties within Colorado, Nevada, Virginia, Indiana, Kentucky, Ohio, Missouri, Wisconsin, New Hampshire, Maine, Connecticut and Georgia.

Product (where available in states shown below)	Commission Initial Year	Commission Year 1-CMS Renewal	Renewal Commission Years 2 +
Anthem MediBlue Access (PPO) IN, KY, OH, MO, WI, GA, NH and VA	\$539	\$270	\$270
Anthem MediBlue Access Basic (PPO) GA and MO	\$539	\$270	\$270
Anthem MediBlue Access Basic (Regional PPO) IN, KY and OH	\$539	\$270	\$270
Anthem MediBlue Access Core (PPO) WI and KY	\$539	\$270	\$270
Anthem MediBlue Access Core (Regional PPO) OH	\$539	\$270	\$270
Anthem MediBlue Access Preferred (PPO) IN	\$539	\$270	\$270
Anthem MediBlue Access Plus (PPO) IN, KY, OH and WI	\$539	\$270	\$270
Anthem MediBlue Lung Care (HMO C-SNP) NV	\$539	\$270	\$270
Anthem MediBlue Care On Site (HMO I-SNP) VA, NV and CO	\$0	\$0	\$0
Anthem MediBlue Care To You (HMO I-SNP) VA	\$0	\$0	\$0
Anthem MediBlue Connect Plus (HMO) NV	\$539	\$270	\$270
Anthem MediBlue Connect (HMO D-SNP) NV	\$539	\$270	\$270
Anthem MediBlue Coordination Plus (HMO) NV and NH	\$539	\$270	\$270
Anthem MediBlue COPD (HMO C-SNP) VA	\$539	\$270	\$270
Anthem MediBlue Core (HMO) GA	\$539	\$270	\$270
Anthem MediBlue Diabetes (HMO C-SNP) VA	\$539	\$270	\$270
Anthem MediBlue Diabetes Care (HMO C-SNP) CO and NV	\$539	\$270	\$270
Anthem MediBlue Dual Advantage (HMO D- SNP) IN, KY, OH, MO, WI, GA, VA ,CO, and NV	\$539	\$270	\$270
Anthem MediBlue Full Dual Advantage (HMO D- SNP) VA	\$539	\$270	\$270
Anthem MediBlue Dual Access (PPO D- SNP) VA	\$539	\$270	\$270
Anthem MediBlue Essential (HMO) OH, GA, and VA	\$539	\$270	\$270
Anthem MediBlue Extra (HMO) IN, OH, GA, and VA	\$539	\$270	\$270
Anthem MediBlue Heart Care (HMO C-SNP) NV	\$539	\$270	\$270
Anthem MediBlue Local (HMO) VA	\$539	\$270	\$270
Anthem MediBlue Plus (HMO) CO, NV, GA, IN, KY, MO, OH, WI, NH, and VA	\$539	\$270	\$270
Anthem MediBlue Preferred (HMO) OH	\$539	\$270	\$270
Anthem MediBlue Preferred Plus (HMO) OH	\$539	\$270	\$270
Anthem MediBlue Prime Select (HMO) OH	\$539	\$270	\$270

Anthem MediBlue Select (HMO) NH	\$539	\$270	\$270
Anthem MediBlue Smart Fit (HMO) VA	\$539	\$270	\$270
Anthem MediBlue StartSmart Plus (HMO) NV	\$539	\$270	\$270
Anthem MediBlue Value Plus (HMO) NV	\$539	\$270	\$270
Product (where available) Connecticut	Commission Initial Year	Commission Year 1-CMS Renewal	Renewal Commission Years 2 +
Anthem MediBlue Plus (HMO) CT	\$607	\$304	\$304
Anthem MediBlue Dual Advantage (HMO D-SNP) CT	\$607	\$304	\$304
Anthem MediBlue Select (HMO) CT	\$607	\$304	\$304
Anthem MediBlue Extra (HMO) CT	\$607	\$304	\$304
Anthem MediBlue ESRD (HMO-POS C-SNP) CT	\$0	\$0	\$0
Anthem MediBlue Dual Advantage Select (HMO D-SNP) CT	\$607	\$304	\$304
Anthem MediBlue Care To You (HMO I-SNP) CT	\$0	\$0	\$0
Anthem MediBlue Prime (HMO) CT	\$607	\$304	\$304
Anthem MediBlue Access Select (PPO) CT	\$607	\$304	\$304

Product (where available)	Commission Initial Year	Renewal Commission Through Year 6
Anthem MediBlue Rx Standard (PDP)	\$81	\$41
Anthem MediBlue Rx Plus (PDP)	\$81	\$41
Anthem MediBlue Rx Enhanced (PDP)	\$0	\$0
Blue Medicare RX Value Plus (PDP) CT	\$81	\$41
Blue Medicare RX Premier (PDP) CT	\$81	\$41

The agent/broker compensation year is January 1 to December 31. Compensation payments will be calculated on a January to December enrollment year enrollment year. Total payment for year one commission is dependent on notification from CMS. We pay year one for a member “new” to Anthem BCBS in a lump sum at the monthly renewal rate multiplied by the remaining number of months in the calendar year. CMS later notifies Anthem BCBS if the beneficiary is considered “new” to Medicare Advantage. Upon notification of “new” status, Anthem BCBS pays the remainder of the year one commission in a lump sum to total 100% of CMS allowance.

For example: Broker Smith enrolls a new member for a 2/1/2021 effective date in a policy with a renewal rate of \$270.00 Anthem BCBS pays the renewal rate, prorated for eleven months in a lump sum (\$247.50 and/or 11 months multiplied by \$22.50) CMS later notifies Anthem BCBS that the beneficiary is new to Medicare. Anthem BCBS then pays an additional \$291.50 in a lump sum, resulting in a total of \$539.00. Anthem BCBS will pay renewal commissions for year two and beyond, as earned monthly on a prorated basis at the renewal rate of up to 50% of the current year Fair Market Value (FMV). Assuming FMV remains flat or increases in the next plan year the renewal rate would remain \$22.50 paid monthly for the remaining years of the schedule or until disenrollment, whichever comes first. Commission payment intervals are subject to change at the Company’s discretion and in accordance with CMS guidelines.

There are five scenarios affecting how an organization may pay in full or pro-rated compensation for;

- 1) For a beneficiary’s first year of enrollment in a plan, in which the CMS indicates the prior plan type as “none”, organizations may pay full or pro-rated initial compensation.

- 2) When a beneficiary moves from an employer group to a non-employer group plan, in which CMS indicates the prior plan type as “none”, organizations may pay full or pro-rated initial compensation for a beneficiary’s first year of enrollment in a plan.
- 3) A beneficiary makes an “unlike plan change”. For unlike plan changes (e.g., MA-PD to PDP or PDP to Cost Plan), occurring after January 1 in which CMS indicates the beneficiary had prior plan history (regardless of plan type), organizations must pay pro-rated initial compensation according to the number of months in the plan. For example, a change from a PDP to an MA-PD effective May 1 is an unlike plan change resulting in a pro-rated initial compensation of 8/12 (May thru December) of the MA-PD initial compensation rate.
- 4) For unlike plan changes (e.g., MA-PD to PDP or PDP to Cost Plan), occurring after January 1 in which CMS indicates the beneficiary had prior plan history (regardless of plan type), organizations must pay pro-rated initial compensation according to the number of months in the plan. For example, a change from a PDP to an MA-PD effective May 1 is an unlike plan change resulting in a pro-rated initial compensation of 8/12 (May thru December) of the MA-PD initial compensation rate.
- 5) A beneficiary makes a “plan change”. The compensation will be paid monthly not in a lump sum

General:

- This commission schedule applies to Medicare Advantage (MA), Medicare Advantage-Prescription Drug (MA-PD), Medicare Advantage Special Needs Plan (D-SNP) and Medicare Part D (PDP) enrollments beginning with effective dates of January 01, 2021 and ending December 31, 2021.
- Producing Agents must remain in Good Standing with Anthem BCBS to receive initial and renewal commissions. Good Standing is defined as: maintaining an active sales license, being appointed by the company, and completing annual certification and product training for all applicable Anthem BCBS Medicare Advantage and Part D plans.
- Producing Agents must be current agent of record servicing the member.
- Producing Agents agree and understand that all commissions are paid at the renewal rate until CMS notifies Anthem BCBS that an enrolled beneficiary is verified as an initial “new” member. Remaining compensation will be paid after CMS verification is sent to Anthem BCBS.
- The compensation cycle begins when the beneficiary initially enrolled into the MA, MA-PD, D-SNP or PDP plan. Anthem BCBS will pay renewal commissions for MA, MA-PD, D-SNP, and PDP plans according to the schedule shown above.
- Initial compensation is paid at or below the fair market value (FMV) cut-off amounts published by CMS annually.

As defined by CMS, Plans/Part D Sponsors may pay renewal compensation for each enrollment in Year two and beyond. Plans/Part D Sponsors may pay up to fifty (50) percent of the current FMV, published by CMS annually.

A “like plan type” enrollment includes:

- A PDP to another PDP
- An MA, MA-PD, or MMP to another MA, MA-PD or MMP
- A section 1876 cost plan to another section 1876 cost plan

An “unlike plan type” enrollment includes:

- An MA or MA-PD plan to a PDP or section 1876 cost plan
- A PDP to a section 1876 cost plan or an MA (or MA-PD) plan
- A section 1876 cost plan to an MA (or MA-PD) plan or PDP

- NOTE: For dual enrollments (e.g., enrollment in an MA-only plan and a stand-alone PDP), the compensation rules apply independently to each plan. However, when dual enrollments are replaced by an enrollment in a single plan, compensation is paid based on the MA movement (e.g., movement from an MA-only plan and PDP to an MA-PD plan would be compensated at the renewal compensation amount for the MA to MA-PD “like plan type” move).

First year commission is paid in lump sum. Anthem BCBS is required to chargeback all commission payments when a beneficiary voluntarily disenrolls from our plans within the first three months of enrollment. For example, if a member enrolls for 1/1 the agent is paid a renewal rate of \$270.00 in a lump sum. If the member voluntarily disenrolls 3/1 (within three calendar months of the plan’s effective date), the agent is charged back the entire \$270.00 In addition, if the beneficiary remains on the plan longer than three calendar months but disenrolls prior to December 31, we are required to chargeback any unearned commission. For example, beneficiary enrolls 1/1 and agent is paid a renewal rate of \$270.00 in a lump sum. Then the member voluntarily disenrolls from the plan 7/1. In this instance we would chargeback six months of unearned commission or \$135.00 (6 months X \$22.50 monthly commission) all in accordance with CMS guidelines.

- Plans/Part D Sponsors must recover compensation payments from agents/brokers under two circumstances, to the extent such circumstances occurred at any time during the current calendar year or the immediately preceding calendar year: 1) when a beneficiary disenrolls from a plan within the first three months of enrollment (rapid disenrollment), and 2) any other time a beneficiary is not enrolled in a plan but the Plan/Part D Sponsor had paid compensation for that time period
- Rapid disenrollment applies when an enrollee makes any plan changes (regardless of Parent Organization) within the first three (3) months of enrollment. Rapid disenrollment compensation recovery is not limited to when a beneficiary who enrolls effective October 1, November 1, or December 1 and subsequently uses the Annual Election Period to change plans for an effective date of January 1. Exceptions to the requirement for a Plan/Part D sponsor to recover compensation because of a rapid disenrollment may be granted when CMS determines that recoupment is not in the best interests of the Medicare program.

CMS has made that determination for changes in enrollment made for the following reasons:

- Other creditable coverage (e.g., employer plan);
- Moving into or out of an institution;
- Gains/drops employer/union sponsored coverage;
- Plan termination, non-renewal, or CMS imposed sanction;
- To coordinate with Part D enrollment periods or State Pharmaceutical Assistance Program;
- Becoming LIS or dual (Medicare and Medicaid) eligible;
- Dual eligible beneficiaries moving from an MA-PD to MMP;
- Qualifying for another plan based on special needs;
- Due to an auto, facilitated, or passive enrollment;
- Death;
- Moves out of the service area;
- Non-payment of premium;
- Loss of entitlement or retroactive notice of entitlement; and
- Moving to a 5-star plan or from an LPI plan into a plan with three or more stars.

- Producing Agents are responsible for understanding and complying with all CMS requirements regarding Sales and Marketing, to obtain approval of all required sales materials, and to remain informed on all rules and regulations provided to them by Anthem BCBS regarding Medicare Advantage Plans, Medicare Advantage Special Needs Plans (D-SNP), and Part D Plans.
- Notwithstanding the terms set forth in this Commission Schedule, at all times the compensation to Producing Agents will be in compliance with CMS regulations and/or guidance and with any other laws relating to the marketing and/or sale of Medicare Advantage, Medicare Advantage Special Needs Plans (D-SNP), and/or Part D products. This schedule is subject to change based on regulatory requirements. Rates outlined within this schedule are subject to change. Advance notice will be sent prior to the effective date of any change.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS

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