



Base Program

Vermont

Catamount		4%
Vermont Individual Indemnity Plan (ViiP)		9%
EPO/PPO Preferred*	<ul style="list-style-type: none"> \$1 - \$750,000 in premium \$750,001 and above 	<p>5%</p> <p>2.5%</p>
<i>*Any group with annualized premium over \$15M pays at .5% from the first dollar.</i>		
HMO/POS	<ul style="list-style-type: none"> \$1 - \$750,000 in premium \$750,001 and above 	<p>4%</p> <p>2.5%</p>
HDHP Preferred*		8%

Preferred Gold (IF APPLICABLE)

Medicare Advantage

\$12.50 per contract per month

Dental

(Fully Insured)	All years
Small group 2 - 50	10%
Large group 51+	Negotiated

Notes:

1. Contract must be in force for 3 months before payment is made, i.e. commission for contracts written in January will be paid in April.
2. Pursuant to the CMS Medicare Guidelines, in the event that a Medicare enrollee disenrolls within less than ninety (90) days after enrollment, any payment paid or accrued to broker will be returned to or withheld by MVP.