



2026

Commission Schedule Health Producer



PIPAC™

Health & Life Insurance Brokerage

AN INTEGRITY COMPANY

PIPAC Health and Life Brokerage
1304 Technology Pkwy, Ste. 200
Cedar Falls, IA 50613
800.765.1710

*Commissions vary from state to state.
Please inquire for commission schedules
for products or states not listed.*

Medicare Supplement Plans

Carrier	Initial Year	Renewal
Aetna* (Including Accendo)	22% of premium	22% yrs 2-6, 2.5% yrs 7+
Aflac	65-79 22% 80+ 11%	65-79 = 22% yrs 2-6, 2.5% yrs 7+ 80+ = 11% yrs 2-6, 1.25% yrs 7+
Allstate	65-80 22% 81+ 11%	65-80 22% yrs 2-6, 2.5% yrs 7+ 80+ 11% yrs 2-6, 1.25 yrs 7+
Bankers Fidelity	65-80 22% 80+ 11%	65-80 = 22% yrs 2-6, 2% yrs 7-10, 1% yrs 11+ 80+ = 11% yrs, 2-6, 1% yrs 7-10, .5% yrs 11+
BCBS of NE	Plan A,B,C,F,G \$20 LN \$15	Prior to 2019 \$11 yr 0-10, yr 11+ \$5.50 2019 all plans or 2020+ plan A,B,C,F,G \$20. LN \$15 yr 2-6. 7-10 \$4 11+ \$0
Cigna	65-79 20% 81+ 10%	20% yrs 2-6, 2% yrs 7-10, .75% yrs 11+ 10% yrs 2-6, 2% yrs 7-10, .75% yrs 11+
Humana ²	65-80 20% 81+ 10%	20% yrs 2-6, 5% yrs 7-10, 3% yrs 11+ 10% yrs 2-6, 2.5% yrs 7-10, 1% yrs 11+
INA ¹	65-79 22% 80+ 11%	65-79 = 22% yrs 2-6, 3% yrs 7-10, 1.75% yrs 11+ 80+ = 11% yrs 2-6, 1.75% yrs 7-10, 0% yrs 11+
ManhattanLife	65-79 22% 80+ 11%	65-79 = 22% yrs 2-6, 2% yrs 7-10, 0% yrs 11+ 80+ = 11% yrs 2-6, 11% yrs 7-10, 0% yrs 11+
Medica ⁴	\$20 PCPM	\$20 yrs 2-6, \$3 yrs 7+
Mutual of Omaha - IA ⁵	22% of premium	22% yrs 2-6, 7% yrs 7+
Physician's Mutual ⁹	65-79 21% 80+ 1%	65-79 = 21% yrs 2-6, 3% yrs 7+ 80+ = 0.5% yrs 2-6, 0% yrs 7+
United Healthcare ^{6,7} • IA	\$286	\$196
Wellabe	65-79 22% 80+ 11%	65-79 = 22% yrs 2-6, 2.5% yrs 7-10, 1% yrs 11+ 80+ = 11% yrs 2-6, 1.5% yrs 7-10, 0% yrs 11+
Wellmark BCBS of IA	\$25 PCPM \$18.75 replacement	\$18.75 yrs 2-6, \$7.91 yrs 7-10, \$1.92 yrs 11+
Wellmark BCBS of SD	\$23 PCPM \$17.75 replacement	\$17.75 yrs 2-6, \$7.10 yrs 7-10, \$2.98 yrs 11+
WoodmenLife	65-79 22% 80+ 11%	65-79 = 22% yrs 2-6, 4% yrs 7-10, 0.8% yrs 11+ 80+ = 11% yrs 2-6, 2% yrs 7-10, 0% yrs 11+

1 - INA GI pays one-time flat fee \$25

2 - Humana GI 2%

4 - Medica GI pays once per year (yrs 1-6 \$9)

5 - Guaranteed Issue 2.5%, ages 81+ reduced amounts

6 - N01 pays \$170

7 - GI pays 5%

9 - Physician's Mutual GI/Underage commission the

same as Issue Age 80+

Medicare Advantage and PDP Products

Carrier	First Year*	Renewal/ Replacement*
Aetna MAPD	\$694	\$347
**Aetna/Silverscript PDP	\$0	\$55 (SmartSaver \$0) 2024 - \$52 2023 - \$48 2020-2022 - \$46 Pre 2022 - \$44
BCBS of NE MAPD	TBD	TBD
BCBS of NE PDP	TBD	TBD
Devoted	\$694	\$347
HealthSpring (Cigna) PDP	\$114	\$57
*Humana MAPD	Choice PPO H5215-340-000 and the Full Access PPO H5216-411-000 will not pay new commissions	\$347
**Humana PDP	\$114	\$57
Medica Cost/MAPD	TBD	TBD
MercyOne	\$694	\$347
*UHC Medicare MAPD	HMO/SNP \$694 Other PPO \$406	HMO/SNP \$347 Other PPO \$313
UHC Medicare PDP	\$0	\$0
Wellcare MAPD	\$694	\$347
Wellcare PDP	\$0	\$0
Wellmark Medicare MA IA, SD	\$0	\$347
Wellmark BCBS PDP • IA & SD	\$9.50 PCPM	\$4.75 PCPM

***Please consult the respective company commission schedules for complete details, as certain commission rates may vary by plan.**

* First year/Renewal status as determined by CMS

** Aenta Smart Saver PDP & Humana Basic PDP are non-commissionable

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Group Health Products

Carrier	Group Size	Initial Year	Renewal
Aetna AFA • IA	2-100	\$35 PCPM	
Health Partners	Small Group	1-2 Contracts \$13 PCPM, 3+ Contracts \$38 PCPM	
Medical Associates	1-50 lives	\$33 PCPM	\$33 PCPM
Allstate Level Funded	2-100	7%	
UnitedHealthcare • All Savers	2-100	Broker Directed	
UnitedHealthcare • IA	1-3 lives	\$5 PEPM	\$5 PEPM
	4-5 lives	\$10 PEPM	\$10 PEPM
	6-50 lives	\$35 PEPM	\$30 PEPM
UnitedHealthcare • SD	1-3 lives	\$3 PEPM	\$3 PEPM
	4+ lives	\$27 PEPM	\$25 PEPM
Wellmark BCBS of IA* ¹	1-2 lives	\$5.20 PCPM	\$10.40 PCPM
	3-50 lives	\$38.49 PCPM	\$36.41 PCPM
Wellmark BCBS of SD* ¹	1-2 lives	\$10.40 PCPM	\$15.61 PCPM
	3-50 lives	\$31.21 PCPM	\$28.09 PCPM

*Paper submission results in 50% reduction in commission

¹ - Bonus opportunity available. Inquire for details.

Group Ancillary Products

Carrier	Product	Commission Amount	
Aveis	Vision	6.5% of Premium	
Dearborn National*	GrpLife and AD&D	First \$5k, 10%	Next \$5k, 6%
Dearborn National*	STD and LTD	First \$15k, 10%	Next \$5k, 6%
Dearborn National*	Dental	First \$5k, 6%	Next \$5k, 5%
Delta Dental	Dental (Small Group)*	6% of Premium	
Delta Dental	Vision	6% of Premium	
Kansas City Life	Life and STD	First \$5k, 12%	Next \$5k 8%
Kansas City Life	LTD	First \$5k 15%	Next \$10k 10%
Principal*	LTD	First \$15k, 11.25%	Next \$10k, 7.5%
Principal	Dental, STD, GrpLife, Vision	First \$5k, 7.5%	Next \$5k, 6%
Principal*	Dental, STD, GrpLife, Vision	First \$15k, 4.5%	Next \$25k, 3%
Reliance Standard*	Dental\Vision	First \$8k, 9%	Next \$12k, 5.25%
Reliance Standard*	LTD	First \$15k, 10%	Next \$10k, 6.5%
Reliance Standard*	GrpLife	First \$10k, 7.5%	Next \$10k, 4%
UnitedHealthcare	GrpLife, AD&D, Dental, Vision	10% of premium	
VSP	Vision	7.5% of premium yr 2 - 5.25% & yr 3+ - 3.75%	
Wellmark BCBS of IA	Dental	6.2% of premium	

*For further info contact commission department at PIPAC

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Commissions vary from state to state. Please inquire for commission schedules for products or states not listed. Rates as of 11/14/2025

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Individual Under 65 Products

Carrier	Initial Year	Renewal
Ambetter	\$20 PMPM ⁴	\$20 PMPM ⁴
Avera (ACA)	\$18.40 PCPM ³	\$18.40 PCPM ³
IHC	18% of premium	18% of premium
Medica • IA, IL ⁵ , OK, AZ ¹ (ACA)	\$18 PMPM ⁴	\$18 PMPM ⁴
Medica • NE (ACA)	\$20 PCPM ³	\$20 PCPM ³
Medica • MO ⁵ (ACA)	\$21 PCPM ⁶	\$21 PCPM ⁶
Medica • KS (ACA)	\$21 PCPM ³	\$21 PCPM ³
Medica • MN, ND, WI ¹ (ACA)	\$21 PMPM ⁴	\$21 PMPM ⁴
Allstate Short Term	18% of premium	N/A
Oscar	\$20 PPPM	\$20 PPPM
UnitedHealthcare (ACA)	\$20 PMPM ⁴	\$20 PMPM ⁴
UnitedHealthcare Short Term	20% of premium	N/A
UnitedHealthcare Tri-Term	N/A	10% of premium
Wellmark BCBS of IA ² (ACA)	\$23.10 PCPM ³	\$23.10 PCPM ³
Wellmark BCBS of SD ² (ACA)	\$23.10 PCPM ³	\$23.10 PCPM ³

1 - Bonus opportunity available. Inquire for details.

2 - Paper app is \$0 commission

3 - PCPM - All amounts paid per Benefit Contract per month

4 - PMPM - All amounts paid per member per month up to 5 members per Benefit Contract

5 - No Commission on Medica WellFirst plan in all states except IL and MO (Varies by county in MO)

6 - Varies by county

Individual Ancillary Products

Carrier	Initial Year	Renewal
Delta Dental of Iowa	8% of premium	8% of premium
GeoBlue	15% of premium	N/A
HealthiestYou	33% of premium	16% of premium
UnitedHealthcare Vision	21% of premium	6% of premium
VSP (Vision)	7.5% of premium	yr 2 - 5.25% & yr 3+ - 3.75%
Wellmark BCBS of IA Dental	15.4% of premium	3.7% of premium

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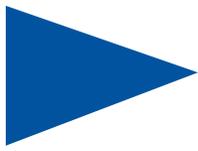


United National Life (UNL)

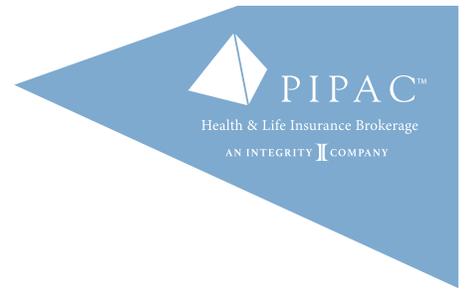
	1st Year Comp		Renewals	Renewals		1st Year Comp	Renewals	Renewals
	Percentage	Issue Age	Yrs 2-10	Yrs 11+	Issue Age	Percentage	Yrs 2-10	Yrs 11+
Cancer Shield 2.0	50%	18-75	10%	7%	76-84	45%	7.5%	4.5%
Dental Shield 2.0	45%	18-80	8%	8%	81-89	40%	3%	3%
Short Term Home Healthcare Shield	60%	61-85	9%	9%				
Hospital Indemnity Shield and Optional \$5K Life Cert (LR 50%)	60%	64-79	8%	4%	80-85	50%	8%	4%
Caregiver Shield (LR 50%)	60%	40-85	9%	9%				
G.I. Hospital Indemnity Shield	40%	64-79	5%	4%	80-85	30%	5%	4%

American Home Life (AHL)

	1st Year Comp	Renewals				
	Percentage	Yrs 2	Yrs 3-4	Yrs 5-7	Yrs 8-10	Yrs 11+
Hospital Indemnity	72.5%	7.25%	5.75%	4.25%	2.25%	0%



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Guarantee Trust Life (GTL)

	1st Year Comp	Renewals	Renewals
	Percentage	Yrs 2-10	Yrs 11+
Short Term Home Health Care	55% (CO, RI, SD 45%)	8% (CO, RI, SD 4%)	
Advantage Plus & Advantage Plus Elite*	IA - 60% SD - 50%	IA- 8% SD - 2%	IA- 4% SD - 1%
Replacement of Skilled Nursing Facility Rider *	IA - 40% SD - 30%	IA - 40% SD - 30%	IA - 40% SD - 30%

*Commissions vary by state

ManhattanLife

		1st Year Comp	Renewals
	Issue Age	Percentage	Percentage
Hospital Indemnity	18-64.5	20%	3% yrs 2-10
	64.5-79	50%	8% yrs 2-10
	80+	40%	8% yrs 2-10
Short Term Care	45-79	45%	9% yrs 2-5
	80+	42.4%	9% yrs 2-5
Home Health Care		55%	7%
Cancer, Heart Attack, Stroke (CHAS)		40%	5%

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