

**NOTICE OF AMENDMENT TO THE
STANDARD PRODUCER ACKNOWLEDGMENT FORM**

This Notice of Amendment (“Amendment”) is hereby issued by Capital Blue Cross and its subsidiaries, Capital Advantage Insurance Company, Capital Advantage Assurance Company, and Keystone Health Plan Central (individually and collectively “Capital”) to the individual producer or legal entity identified on the signature page (“Standard Producer”) of the Standard Producer Acknowledgment Form between Capital and Standard Producer (as amended, the “Form”).

WHEREAS, Capital and Standard Producer have previously entered into the Form whereby Capital appointed Standard Producer to conduct producer-related activities on Capital’s behalf regarding Capital policyholders and perspective policyholders; and

WHEREAS, beginning on January 1, 2024, Capital will change its commission schedule for all individual Catastrophic, Bronze, Silver, and Gold plans sold on and off the SBE; and

WHEREAS, Capital desires to amend the Form to reflect the change set forth above.

NOW, THEREFORE, the Form is hereby modified as follows:

**ARTICLE I
AMENDMENTS**

1.1 Amendment. The Form is hereby amended as follows:

1.1.1 Commission. Effective January 1, 2024, **Schedule A-1**, Commission Schedule 2023, is hereby deleted in its entirety and replaced with the document attached hereto, identified as “**Schedule A-1**, Commission Schedule 2024”.

**ARTICLE II
MISCELLANEOUS**

2.1 Confidentiality. Standard Producer agrees to (i) to keep confidential this Amendment, which includes confidential and proprietary information, and (ii) not to disclose any of the information contained in this Amendment to any person without the prior written consent of Capital.

2.2 Full Force and Effect. Except as modified by this Amendment, the Form remains in full force and effect.

2.3 Defined Terms. Capitalized terms used herein without definition shall have the meanings assigned to such terms in the Form.

[Signature Page Follows]

IN WITNESS WHEREOF, this Amendment has been duly executed by an authorized representative of Capital as of 10/2/2023, 2023.

**CAPITAL BLUE CROSS
CAPITAL ADVANTAGE INSURANCE COMPANY
CAPITAL ADVANTAGE ASSURANCE COMPANY
KEYSTONE HEALTH PLAN CENTRAL**

DocuSigned by:
Frank Fernandez
By: _____
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Name: Frank Fernandez

Title: Senior Vice President, Government Programs

Exhibit 1

COMMISSION SCHEDULE 2024

In consideration of and as full compensation for services performed as a Capital-appointed producer under this Agreement, Capital will remit payment of monthly commissions and administrative fees, as applicable, according to its then-current standard commission schedule as follows:

1.0 PersonalBlue PPO. Commissions for Capital’s PersonalBlue PPO Health Benefit Program will be paid on a tiered basis or on a Percent of Premium basis dependent upon the product type sold.

For contracts that Preferred Producer does not serve as the Producer of Record, Preferred Producer’s override involving a particular Standard Producer will be paid at the applicable tier for which the that Standard Producer qualifies (the “Preferred Override”). A Standard Producer will be paid commissions at the applicable tier as well as the number of years the contract has been in forced beginning with the effective date of the Standard Producer’s Standard Producer Acknowledgement Form.

Personal Blue PPO \$0, Personal Blue PPO \$250, Personal Blue PPO \$500, Personal Blue PPO \$1100, Personal Blue PPO \$1500 and Personal Blue PPO \$2500

Tiers	Year 1			Year 2			Years 3-15		
	Total	POR	Preferred Override	Total	POR	Preferred Override	Total	POR	Preferred Override
Single	\$60.00	\$48.00	\$12.00	\$20.00	\$16.00	\$4.00	\$6.67	\$5.34	\$1.33
Parent & Child(ren)	\$135.00	\$108.00	\$27.00	\$45.00	\$36.00	\$9.00	\$15.00	\$12.00	\$3.00
Husband & Wife	\$128.00	\$96.00	\$24.00	\$40.00	\$32.00	\$8.00	\$13.33	\$10.66	\$2.67
Family	\$195.00	\$156.00	\$39.00	\$65.00	\$52.00	\$13.00	\$21.67	\$17.34	\$4.33

Personal Blue PPO \$5000, Personal Blue PPO Saver \$750, Personal Blue PPO Saver \$1500, Personal Blue PPO Saver \$2500, Personal Blue PPO Saver \$5000, Personal Blue PPO HSA \$1500/\$3000, Personal Blue PPO HSA \$2500/\$5000 80/50, Personal Blue PPO HSA \$2500/\$5000, Personal Blue PPO HSA \$3500/\$7000 and Personal Blue PPO HSA \$5000/\$10000

Tiers	Year 1			Year 2			Years 3-15		
	Total	POR	Preferred Override	Total	POR	Preferred Override	Total	POR	Preferred Override
Single	27%	20%	7%	7%	5%	2%	4%	3%	1%
Parent & Child(ren)	27%	20%	7%	7%	5%	2%	4%	3%	1%
Husband & Wife	27%	20%	7%	7%	5%	2%	4%	3%	1%
Family	27%	20%	7%	7%	5%	2%	4%	3%	1%

2.0 RESERVED.

3.0 Dental Plans.

- 3.1 The Producer of Record will earn 10% of the monthly premium on Dental PPO products. If not the Producer of Record, Preferred Producer will receive a 2% override of the monthly premium on Healthy Dental PPO products.
 - 3.2 The Producer of Record will earn 10% of the monthly premium on Select Dental HMO products. If not the Producer of Record, Preferred Producer will receive a 2.0% override of the monthly premium on Select Dental HMO products.
- 4.0 Catastrophic, Bronze, Silver and Gold Plans on and off the State Based Exchange (“SBE”).
- 4.1 Standard Producer or the Preferred Producer if the Preferred Producer is the Producer of Record shall earn \$18 per month in commission for renewals of individual Catastrophic, Bronze, Silver, and Gold plans sold on and off the SBE. To qualify for the renewal commission, the Contract Holder must be enrolled in the plan on December 31 of the current year and remain a Contract Holder on January 1 of the subsequent year. regardless of the plan. Commissions are capped at five members per family and they remain the same as long as the policy is renewed.
 - 4.2 Standard Producer or the Preferred Producer if the Preferred Producer is the Producer of Record shall earn \$22 per month in commission for new Catastrophic, Bronze, Silver, and Gold plans sold on and off the SBE with an effective date of January 1. Commissions are capped at five members per family and they remain the same as long as the policy is renewed.
 - 4.3 Preferred Producer shall earn \$3 per month in administrative fees for renewals of individual Catastrophic, Bronze, Silver, and Gold plans sold on and off the SBE. To qualify for the renewal administrative fee, the Contract Holder must be enrolled in the plan on December 31 of the current year and remain a Contract Holder on January 1 of the subsequent year regardless of the plan. Administrative fees are capped at five members per family and they remain the same as long as the policy is renewed.
 - 4.4 Preferred Producer shall earn \$4 per month in administrative fees for new individual Catastrophic, Bronze, Silver, and Gold plans sold on and off the SBE with an effective date of January 1. Administrative fees are capped at five members per family and they remain the same as long as the policy is renewed.
 - 4.5 Preferred Producer and Standard Producer shall earn no commission or administrative fees on individual Bronze, Silver, Gold or Catastrophic plans sold on and off SBE during a Special Enrollment Period.
- 5.0 Vision Plan 1.
- 5.1 If Preferred Producer is the Producer of Record, Preferred Producer will earn 6% of the monthly premium on Vision Plan 1. If not the Producer of Record, Preferred Producer will receive a 2% override of the monthly premium on Vision Plan 1.
- 6.0 Medicare Supplement.
- 6.1 If Preferred Producer is the Producer of Record, Preferred Producer will earn at the Total Level for Medicare Supplement. If a Standard Producer is the Producer of Record, the Standard Producer will earn at the Planned Std Level and Preferred Producer will earn at the Preferred Level. The Levels are set forth in the following Medicare Supplement Commission Chart:

Schedule A-1

Commission Chart for Blue Reliance Medicare Supplement Plans
Policies with an effective date of January 1, 2023, or later

Plan: A, B,C, D, F, G & N (65+)	
Level	Annual Amount
Total	\$465.00
Preferred	\$93.00
Planned Std	\$372.00

Year 1 - 6		Year 7 - 10		Year 11+	
Annual	Monthly Accrued	Annual	Monthly Accrued	Annual	Monthly Accrued
\$465.00	\$38.75	\$135.00	\$11.25	\$75.00	\$6.25
\$ 93.00	\$7.75	\$27.00	\$2.25	\$ 15.00	\$ 1.25
\$ 372.00	\$31.00	\$108.00	\$9.00	\$60.00	\$5.00

Plan: A, B,C, D, F, G & N (Under 65)	
Level	Annual Amount
Total	\$50.00
Preferred	\$10.00
Planned Std	\$40.00

Year 1 - 6		Year 7 - 10		Year 11+	
Annual	Monthly Accrued	Annual	Monthly Accrued	Annual	Monthly Accrued
\$50.00	\$4.16	\$25.00	\$ 2.08	\$10.50	\$0.88
\$10.00	\$0.83	\$5.00	\$0.42	\$2.10	\$0.18
\$40.00	\$3.32	\$20.00	\$1.66	\$8.40	\$ 0.70

Commission Chart for Reliance Plus
Policies with an effective date of January 1, 2024, or later

Year 1 and later		
Level	Annual Amount	Monthly Accrued
Total	\$48.00	\$4.00
Preferred	\$12.00	\$1.00
Planned Std	\$36.00	\$3.00