

2023 Sanford Health Plan Commission Schedules

Commission will be paid as indicated on the Confidential Information Sheet. If commissions are assigned to a General Agency or Agency, refer to such General Agency or Agency for your commission schedule as it may differ from below.

Group Health Plans

o i realiti i laire	
Revenue	Level Commissions
\$0 to \$20,000	10%
\$20,001 to \$40,000	6%
\$40,001 to \$100,000	4%
\$100,001 to \$250,000	2%
\$250,001 to \$500,000	1.5%
\$500,001 and over	1%

Small Group ACA Plans (Simplicity & TRUE)

First Year	R	enewal Years
\$26.00 PCPM		\$26.00 PCPM

Individual ACA Plans (Simplicity & TRUE)

First Year	Renewal Years
\$25.00 PCPM	\$20.00 PCPM

Elite1 Individual Plans

First Year	Renewal Years
\$42.00 PCPM	\$12.00 PCPM

Safeguard Short-term Limited Duration Plans

Policy Span	
\$25.00 PCPM	

Medicare Advantage MA-PD (Effective January 1, 2023)

Year	РМРМ
New Policy: Year 1	\$50.08 PMPM
Renewal Policy: Years 2+	\$25.08 PMPM
Replacement Policy: Years 1+	\$25.08 PMPM

Medicare Supplement & Select Plans*

South Dakota

Year	PCPM
New Policy: Year 1	\$25.00 PCPM
Renewal Policy: Years 2-10	\$15.00 PCPM
Replacement Policy: Years 1-10	\$15.00 PCPM

North Dakota

Year	PCPM
New Policy: Year 1-6	\$20.00 PCPM
Renewal Policy: Years 7-10	\$12.00 PCPM
Replacement Policy: Years 1-10	\$12.00 PCPM

Minnesota

Year	PCPM
New & Replacement Policy: Year 1-4	\$25.00 PCPM
Renewal & Replacement Policy: Years 5-10	\$15.00 PCPM

lowa

Year	PCPM
New Policy: Year 1	\$25.00 PCPM
Renewal Policy: Years 2-10	\$15.00 PCPM
Replacement Policy: Years 1-10	\$15.00 PCPM

PCPM: Per Contract Per Month **PMPM**: Per Member Per Month

^{*}Replacement and Year Cap Policy: Please reference the agent guide.