

Addendum to Group Products Agency Agreement

Commission Schedule Effective 11/1/06

BlueCross BlueShield of Tennessee products

I. Medical - Insured

| | | |
|-----------------------|--------------------------------|---|
| Groups 2-150 | First \$50,000 monthly premium | 6.0% with medical only 6.5% with medical and a product from section IV & V** |
| | Next \$20,000 monthly premium | 1.5% with medical only 2.0% with medical and a product from section IV & V** |
| | Next \$20,000 monthly premium | 1.0% with medical only 1.5% with medical and a product from section IV & V** |
| | Remaining monthly premium | 0.5% with medical only 1.0% with medical and a product from section IV & V** |
| Groups 151-299 | Total monthly premium | 3.0% with medical only 3.5% with medical and a product from section IV & V** |
| Groups 300+ | Total monthly premium | 1.0% Negotiable* 1.5% with medical and a product from section IV & V** |

For groups of 100 or more participating employees, commissions are negotiable.

**A minimum commission level of 1% is assumed in the rates.*

***The minimum sales production required for the additional medical commission is \$25,000 life/AD&D and/or any GIS brokered group disability products, or the equivalent premium level of any combination of GIS group and voluntary products.*

II. Dental Products - Insured

| | | |
|-----------------------|------------------------------|------------------|
| Groups 2-150 | First \$800 monthly premium | 10.0% |
| | Next \$1,500 monthly premium | 8.0% |
| | Next \$1,500 monthly premium | 6.0% |
| | Next \$4,000 monthly premium | 5.0% |
| | Remaining monthly premium | 4.0% |
| Groups 151-299 | Total monthly premium | 6.5% |
| Groups 300+ | Total monthly premium | 1.0% Negotiable* |

For groups of 100 or more participating employees, commissions are negotiable.

**A minimum commission level of 1% is assumed in the rates.*

III. Medical / Dental - Self-Funded

Commissions for self-funded accounts are negotiable.

Products available through Group Insurance Services

IV. A. Life, Dependent Life, AD&D, STD, LTD, Supplemental Life, Supplemental AD&D Products

| Employees Enrolled | % Commission |
|--------------------|--------------------|
| 2 – 150 | 15% |
| 150 and up | 5%, but negotiable |

Products available through Group Insurance Services *(continued)*

| | | | | | | |
|--|----------|-----------|--|------------------------------|----------|-----------|
| B. Section 125 – \$100 of set-up fee | | | | E. Critical Care | 1st year | 2nd year+ |
| C. Employee Assistance Program – 10% of fees | | | | Broker/GIS Enrolled | 45% | 6% |
| | | | | AdminAble/Carrier Enrolled | 18% | 6% |
| V. Voluntary Products | | | | G. Hospital Indemnity | 1st year | 2nd year+ |
| A. Voluntary Life, STD, LTD - 15% of premium | | | | Broker/GIS Enrolled | 45% | 7% |
| | | | | AdminAble/Carrier Enrolled | 10% | 5% |
| B. Voluntary Dental – 10% of premium | | | | H. Coronary/Intensive Care | 1st year | 2nd year+ |
| C. Voluntary Vision – 10% of premium | | | | Broker/GIS Enrolled | 35%* | 5%* |
| | | | | AdminAble/Carrier Enrolled | 10%* | 5%* |
| D. Cancer | 1st year | 2nd year+ | | I. Mini/Med – 10% of premium | | |
| Broker/GIS Enrolled | 45% | 8% | | | | |
| AdminAble/Carrier Enrolled | 18% | 7% | | | | |
| E. Accident | 1st year | 2nd year+ | | | | |
| Broker/GIS Enrolled | 40% | 7% | | | | |
| AdminAble/Carrier Enrolled | 15% | 7% | | | | |

** percentage of premium*

Commissions on sales of these products that have effective dates of November 1, 2006 or later shall be paid under the terms and conditions listed below.

1. This Commission Schedule supplements any previous Commission Schedule you may have received; commissions for products previously sold are governed by the Commission Schedule in place at the time the sale was made.
2. If this Commission Schedule conflicts with any term of the Agency Agreement, then the terms of the Agency Agreement will control.
3. Commissions for products B through C in section IV and all products in section V are paid based on carrier's commission schedule and may be changed based on that carrier's policies and procedures.
4. Effective upon your death, we will redirect your BlueCross BlueShield of Tennessee product commissions to another BCBST-appointed agent assigned by either you or your executor. This assignment will be subject to the contractual requirements of the new agent's agreement with us.

We reserve the right to modify or change the commission and payment schedules with appropriate notification. Failure to receive this notice will not change its effective date.



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