



**Compensation Schedule - Medicare Supplement Product Lines  
Effective January 1, 2020**

<b>MEDICARE SUPPLEMENT PRODUCT LINES*</b>		
<b>Age</b>	<b>Compensation Rate 1st through 7th Year of the Contract</b>	<b>Compensation Rate 8th Year through Life of the Contract **</b>
Persons Aged 65-69	16%	5%
Persons Aged 70- 79	10%	5%
Persons Aged 80 and older	5%	2.5%

\* Rates are based on member’s age at the time of enrollment

\*\* Applicable to all in force policies as of the effective date of this compensation schedule

**Medicare Supplement Replacements/Renewals**

Renewal compensation will be paid on all other carrier Medicare Supplement replacement policies.

Medicare Supplement and Medicare Select (PPO) Plans are not connected with or endorsed by the U.S. Government or the Federal Medicare program.

All compensation and service fees for Medicare Supplement product lines are based on the initial premium on the policy. Initial premium is defined as the initial preferred premium and will only be increased for dependent additions. If a policy change results in a coverage premium that is lesser than the initial premium, then compensation is paid on the lesser value.

*Note: It is the Producer’s responsibility to ensure the accuracy of each monthly compensation statement. Blue Cross and Blue Shield of Texas limits compensation adjustments for all Medicare Supplement business to twelve (12) months for non-payment or under-payment of compensation.*

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