



# Dickerson Insurance Services Products and Carriers

For more information call: (800) 457-6116 • fax (323) 805-2905 or email us at: sales@dickerson-group.com  
 Authorized General Agent • www.TheBrokersGA.com

## Group Medical Carriers | Off-Exchange

CARRIER	REGIONS	MEDICAL PLANS	SIZE	1ST YR COMMISSION
Aetna	All	HMO/PPO	1-100	5% (up to 1M)
Anthem Blue Cross	All	HMO/PPO/EPO	1-100	5% (up to 1M)
Blue Shield of California	All	HMO/PPO/EPO	1-100	5% Flat
CalCPA Health/Anthem*	All	HMO/PPO	2-50 / 51+	7% / 5%
Health Net	All	HMO/PPO	1-100	5% Flat
Health Net	All	HMO/PPO	101-500	5% Flat
Kaiser Permanente	All	HMO/PPO	1-100	5% Flat

\* CalCPA Health plan participation limited to CPAs, accountants, and financial service industries (banking, securities, investment, mortgage, advisors under SIC 7379-NEC).

## CaliforniaChoice® Carriers

rate eff. 1/1/18

CARRIER	REGIONS	MEDICAL PLANS	SIZE	1ST YR COMMISSION
Aetna	All	HMO/PPO	1-100	5% Flat
Anthem Blue Cross	All	HMO/PPO	1-100	5% Flat
Health Net	1-5, 7-11, 14-19	PPO	1-100	5% Flat
Kaiser Permanente	All	HMO only	1-100	5% Flat
Sharp HealthCare	19	HMO	1-100	5% Flat
Sutter Health Plus	2, 3, 5, 6, 8, 10	HMO	1-100	5% Flat
United Healthcare	All	HMO	1-100	5% Flat
Western Health Advantage	2, 3	HMO	1-100	5% Flat

## Covered California for Small Business | On-Exchange

rate eff. 1/1/18

CARRIER	REGIONS	MEDICAL PLANS	SIZE	1ST YR COMMISSION
Blue Shield of California	All	HMO/PPO	1-100	5% Flat
Chinese Community Health Plan	4, 8	HMO	1-100	5% Flat
Health Net	All	EPO/HMO	1-100	5% Flat
Kaiser Permanente	All	HMO only	1-100	5% Flat
Sharp HealthCare	19	HMO	1-100	5% Flat
Western Health Advantage	1, 2, 3	HMO	1-100	5% Flat

## Individual/Family Plans

IFP CARRIERS	REGIONS	PLANS	FULL COMMISSION
L.A. Care Health Plan	15, 16	Individual/Family Medical	7% 1st Yr., 5.5% Years 2-6
Molina Healthcare	13, 15, 16, 17, 18, 19	Individual/Family Medical	\$13.50 pmpm 1st Yr., \$12 thereafter
Oscar Health Plan of California	4, 16, 18 and Off-Exchange	Individual/Family Medical	\$20/pmpm 1st Yr., \$15 thereafter
Dickerson Individual Market	All	STD/Dental/ACC/CI/Limited Medical	Varies, please call

## Group Ancillary/Integrated Benefits (Life, Dental, Vision and more)

CC = with Covered California

CARRIER	DENTAL PLANS	SIZE	1ST YR COMMISSION	VISION PLANS / OTHER	SIZE	1ST YR COMM.
Aetna	DHMO/PPO/Vol	2-100	9% Flat Standalone + 1% w/Medical	Vision/Life/DI	2-100	10%
Aflac	Voluntary Dental	3+	30% 1st yr, 2.75% thereafter	Vision /Life/STD/ACC/CI/HOSP	3+	30% 1st yr, 2.75% after
Allstate	DHMO/PPO	2+	Varies	Life/DI/ACC/CI/HOSP	2+	Varies
Anthem Blue Cross	DHMO/PPO/Vol	2-100	10% Flat	Vision/Life/STD/LTD	2-100	10% Flat
Blue Shield of California	DHMO/PPO/Vol	2-100	10% Flat	Vision/Life	2-100	10% Flat
CalCPA Health/Delta Premier*	DHMO	2-50 / 51+	7% / 5%	CalCPA Health/VSP*	2-50 / 51+	7% / 5%
California Dental Network	DHMO	2-50	10% Flat	N/A	N/A	N/A
Choice Builder®	HMO/PPO/Vol	2-199	10% Flat	Vision/Life/Chiro (Acupuncture)	2-199	10% Flat
Delta Dental	DHMO/PPO/Vol	2-100	10% Flat / 8.25% Flat CC	N/A	N/A	N/A
Guardian	DHMO/PPO/Vol	2-49	Varies	Vision/Life/STD/LTD/ACC/CI/HOSP	5+	DI 15% /HOSP 20% Flat
Health Net Dental	DHMO/PPO/Vol	2+	10% Flat	Vision	51-100	10% up to \$10,000
Kaiser Permanente/Delta Dental	DHMO/PPO	2-100	10% Flat	N/A	N/A	N/A
Liberty Dental/Liberty	DHMO/PPO/Vol	2+/1-50	10% Flat / 8.25% Flat CC	N/A	N/A	N/A
MetLife	HMO/PPO	2+ HMO	10% Flat	Vision 10+ PPO	51-100	10% Downgraded
Mutual of Omaha	PPO/Indemnity/Vol	2+	10% Flat	Life/STD/LTD	2+	10% Flat
Premier Access/Premier	DHMO/PPO	3+	10% Flat / 8.25% Flat CC	Vision	3+	10% Flat
Sun Life	DHMO/PPO	2+	Varies	Life/STD/ACC/CI/HOSP	2+	Optional - Varies
Transamerica	Indemnity	5+	15% Downgraded	Life/STD/ACC/CI/HOSP	Varies	Varies
Unum	HMO, PPO	2+ HMO	10% Flat 2+ HMO, 5+ PPO	Vision/Life/STD/LTD/ACC/CI/HOSP	Varies	Optional - Varies
Vision Plan of America	HMO, PPO	2+ HMO	15% Flat HMO	Vision 5+ PPO/Voluntary	5+ PPO	10% Flat PPO
VSP - Morgan White	N/A	N/A	N/A	Vision PPO	2+	10% Flat
Western Dental	DHMO, PPO	2+	10% Flat	N/A	N/A	N/A

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