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**KANSAS**

**Medicare Supplement**

***Commission Strategies***

***and***

***Agent Writing Numbers***

**October 2025**

**Compiled by Shelli Young-Wiseman**

**Insurance Specialties**

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**We realize the importance of how you are compensated by each Medicare Supplement carrier. Our goal is to provide basic information so you may meet the needs of your Medicare Supplement clients (and get you paid!) This is very important as the carriers tend to keep us in constant flux of Premium and Commission adjustments.**

**This document will provide Commission Structures on the most common Medicare Supplement carriers we currently use. Unfortunately, we no longer see “*Across the Board – Standard Industry”* commission payouts. Each carrier now has their own commission structure. If you are interested in a carrier not listed, please call us.**

**Based on the commission structures, I also have available a quick two-page “Cheat Sheet” to help you easily recognize the carriers that will pay you *“something”* when your client is in Guarantee Issue time periods.**

**Also included in this document:**

* **Definitions and Writing Numbers**
* **Vesting information**
* **Which writing number to use**
* **If you need to be PRE-Appointed with the carrier to write new business**
* **Application exceptions**
* **And any other information that will help to ensure you are paid the most commission possible**

**Companies are known to change commission rates with very little notice, and we strive to keep you updated.**

**The information in this document is based on ARKANSAS. If writing in other states, please advise and we will forward information.**

**We are here to assist you in every way possible! Please do not hesitate to call us.**

***Thank you for choosing us to meet your Senior Needs!***

***Shelli Young-Wiseman***

***Director of Senior Operations***

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**DEFINITIONS & WRITING NUMBERS**

Note: If you are still receiving payments to your Social Security number, I strongly suggest getting an agency license. This will ensure business continuation and prevent you from losing business on the books if something was to happen to you or you ever sell your book of business. Let us know if you need assistance.

**Initial Commissions and Renewals:** Are paid based on Initial Standard premium.

* Example: If policy is rated up due to Tobacco or Underwriting, commission is only paid on what the Standard Base premium would have been for the client. This continues to apply to Renewal policies also.
* Once the base rate is factored, commissions will be paid:

LESS:

* The Medicare Part B Deductible amount
* Any Policy and/or Association fee
* For commission information on Internal Replacements/Conversions/Exchange of existing policies within a company or any of its Affiliates - please call.
* If a client moves to another state, you should continue to receive commissions regardless of whether you are licensed in that state.

**Open Enrollment (OE): Client** Turning 65 or Going onto Part B (for the 1st time)

**Underwritten New: Client** is not on a current Medicare Supplement plan and is completing all medical questions for possible approval

**Underwritten Replacement**: Client is on a current Medicare Supplement plan and completing all medical questions for possible approval and replacement

**Guarantee Issue (GI):** Guarantee Issue Enrollment periods:

* Coming off Employer Group plan within 63 days
* Coming off Terminated MAPD plan

**AGENT Writing Number**: It is important to use the correct writing number on applications to make sure processing goes smoothly and you get paid. The writing number/s you receive varies by carrier.

You will find information about what writing number to use on applications on the following pages and in our *Medicare Supplement Cheat Sheets* document.

* Principal of Agency with Commissions paying to Tax id #:
* You may receive just one Individual writing number, **OR** you could receive an Individual **AND** an Agency writing number.
* Typically, you will use your Individual number (even if you are given an Agency number), but there are some exceptions, example, UHC/AARP and LifeShield.
* Agent or Sole Provider with Commissions paying to their Social Security #:
* You will receive an Individual writing number.
* Licensed Only Agent (LOA) - Agents under Principal of an Agency:
* You will ALWAYS use your Individual writing number

\*\*\* Please note: If you are an Agent still paying to your Social Security number, we ***strongly suggest you consider*** getting an Agency license if you are still paying to your Social Security number. This will ensure business continuation and hopefully allow you to not lose business on the books if something was to happen to you or you decide to see your Book of Business.

|  |  |
| --- | --- |
| **GUARANTEE ISSUE** | **GUARANTEE ISSUE** |
| **Age 65-79** | **Age 80+** |
| **Pays Commission**  **Blue Cross Blue Shield of Kansas**  **United American**  **2% and Under**  AARP (UHC)  Aetna  AFLAC  American Benefit Life  Bankers Fidelity/Atlantic Capital  Cigna National  Humana  INA  LifeShield  Medico / Wellabe  Nassau  Omaha | **Pays Commission**  **Blue Cross Blue Shield of Kansas**  **United American**  **2% and Under**  AARP (UHC)  Aetna  AFLAC  American Benefit Life  Bankers Fidelity/Atlantic Capital  Cigna National  Humana  INA  LifeShield  Medico / Wellabe  Nassau  Omaha |
|  |  |
| **Age Under 65** |  |
| **Pays Commission**  **Blue Cross Blue Shield of Kansas**  **United American**  **2% and Under**  AARP (UHC)  Aetna  AFLAC  American Benefit Life  Bankers Fidelity/Atlantic Capital  Cigna National  Humana  INA  LifeShield  Medico / Wellabe  Omaha |  |

**AARP Medicare Supplement**

**Insured by Unitedhealthcare 2025**

**ANNUAL Commission**

**Open Enrollment** Plans **B, C, F, G, Select G** Pays $275 All Ages\*

**Open Enrollment** Plan **N, Select N** Pays $260 All Ages\*

**Open Enrollment** Plans **A, K ,L** Pays $130 All Ages\*

Underwritten**/New** Plans **B, C, F, G** Pays $275 65+

Underwritten**/New** Plan **N** Pays $260 65+

Underwritten**/New** Plans **A, K, L** Pays $130 65+

Underwritten**/Replace** Plans **B, C, F, G** Pays $275 65+

Underwritten**/Replace** Plan **N** Pays $260 65+

Underwritten**/Replace** Plans **A, K, L** Pays $130 65+

**Guarantee Issue – All Plans** Pays 5% of their standard Underwritten

commission for a 65-year-old

* Above numbers **reflect 1st year commissions.**
* **\*Applicant MUST BE 50 years or older** to apply (**under 65 must be Open enrollment or Guarantee** **Issue.** No one underage of 65 can go through underwriting). **Exception:** **AARP® members’ spouses who are under age 50, and meet the following criteria, will be eligible to apply for an AARP Med Supp Plan in Missouri:**
* The applicant’s living spouse must have an active AARP membership and be age 50 or over.
* The applicant must be enrolling within 6 months of their Part B effective date or meet Guaranteed Issue requirements for the state of Missouri.

**>>ALL MED SUPP REPLACEMENTS WILL RECEIVE YEAR 2 RATES**

Writing Number Use **AGENCY** number (If you have one)

**Pre- Appoint YES** - Must be **Contracted & CERTIFIED\***

**AARP/UHC NO LONGER has annual Production Minimum, but…**

**You DO NEED TO SELL 1 APP (MA, PDP, or Med Supp) EACH YEAR\*, or you will be assessed an administrative fee of $200.00.**

**\*The date your year starts is based on your UHC Contract/Appointment effective date and ends 1 year later. You can find this date by calling our office or viewing in the UHC Portal under your Profile.**

**Aetna Health**

**NOTE: Separate *contract from Aetna MA/PDP***

**Open Enrollment, Underwritten (New & Replacement)**

Plan N Full All Ages

All Plans except N Reduced by 74% All Ages

**Guarantee Issue**

All Plans Reduced by 98.5% All Ages

**\* Numbers above reflect Years 1 through 6.**

Writing Number Use **INDIVIDUAL AGENT** number

**Pre-Appoint Yes**

* **I**f the net Compensation payable in any accounting period is less than twenty-five dollars ($25), then payment will be deferred until accrued Compensation exceeds twenty-five dollars ($25)
* **Vesting** - Compensation due and payable will be fully vested and payable after termination of contract, except if termination is for “cause”. If termination is due to death, unless assigned, will be paid to the surviving spouse. Otherwise, the commission will be paid to the executors, administrators, or assignment already in place.
* **If after termination** of this contract the net Compensation paid in a calendar year is an amount **less than Three Hundred Dollars ($300),** then Company’s obligation to pay Compensation in all subsequent years will terminate.

**AFLAC (Underwritten by Tier One)**

**Open Enrollment, Underwritten (New & Replacement)**

Plans A, F, G Reduced by 16% Ages 65-79

Plans A, F, G Reduced by 58% Ages 80 +

Plans N Full Ages 65-79

Plans N Reduced by 50% Ages 80 +

**Guarantee Issue** Reduced by 98.5% All Ages

Writing Number O**nly One Writing number given**

**Pre-Appoint YES**

**American Benefit Life**

**Open Enrollment, Underwritten (New & Replacement)**

Plans F, G Reduced by 18% Ages 65-79

Plans F, G Reduced by 59% Ages 80 +

Plan N Full Ages 65-79

Plan N Reduced by 50% Ages 80 +

**Guarantee Issue**

All Plans Reduced by 99.5% Age 65 +

\*\***NO Under Age 65 Business accepted**

**Bankers Fidelity/Atlantic Capital**

**Open Enrollment, Underwritten (New & Replacement)**

All Plans Except HDF, HDG, & K Reduced by 19% Ages 65-80

All Plans Except HDF, HDG & K Reduced by 60% Ages 81 +

All Plans Except HDF, HDG & K Reduced by 97% Under Age 65

Plans HDF, HDG & K Full Ages 65-80

Plans HDF, HDG & K Reduced by 50% Ages 81 +

Plans HDF, HDG & K Reduced by 97% Under Age 65

**Guarantee Issue**

All Plans $25 One Time Age 65 +

\*\***NO Under Age 65 Business accepted**

**\*Numbers above reflect Years 1 through 6.**

Writing Number Use **AGENCY** number (If you have one)

**Pre-Appoint Yes**

**BLUE CROSS BLUE SHIELD of Kansas**

**Open Enrollment, Underwritten (New & Replacement)**

All Plans Except Medi-Pak B Full Ages 65+

Medi-Pak B $0 Under Age 65

**Guarantee Issue**

All Plans Except Medi-Pak B Full Ages 65+

Medi-Pak B $0 Under Age 65

**\*Numbers above reflect Years 1 through 6.**

Writing Number Use **INDIVIDUAL AGENT** number

**Pre-Appoint Yes**

**CIGNA Insurance Company**

**Open Enrollment, Underwritten (New & Replacement)**

Plans F, G Reduced by 20% Ages 65-79

Plans F, G Reduced by 60% Ages 80+

Plans F, G Reduced by 20% Under Age 65

Plans HDG, N Full Ages 65-79

Plans HDG, N Reduced by 50% Ages 80+

Plans HDG, N Full Under Age 65

Plans HDG, N Reduced by 66% Ages 80-84

Plans HDG, N Reduced by 79% Ages 85+

**Guarantee Issue**

All Plans Reduced by 98% Age 65-79

All Plans Reduced by 99% Ages 80+

All Plans Reduced by 98% Under Age 65

**\*Numbers above reflect Years 1 through 6.**

Writing Number Use **INDIVIDUAL AGENT** number

Pre-Appoint No - Best to send in contracting at least 4 to 5 days before

**Vesting:** If this Agreement is terminated by Company for any reason other than for “cause,” as defined in Section 5, Associate shall, except as otherwise provided in this Agreement, receive renewal commissions that accrue under the provisions of this Agreement, if any (“Vested Commissions”). The obligation to pay such Vested Commissions shall terminate when the total Vested Commissions so payable are **less than** **$600 in any twelve (12) month period**. In the event of death of the Associate (if an individual), any Vested Commissions shall be paid directly to the estate of the deceased Associate.

**HUMANA Insurance Company**

**Open Enrollment, Underwritten (New & Replacement)**

All Plans Except N Reduced by 16% Ages 65-80

All Plans Except N Reduced by 58% Ages 81+

Plan N Full Ages 65-80

Plan N Reduced by 50% Ages 81+

**Guarantee Issue**

All Plans $25 One Time Age 65 +

Writing Number **SAN #**

**Pre- Appoint Yes**

NO traditional vesting. Will pay as long as agent is appointed. Will allow to be moved to another appointed agent.

**INA (Insurance Capital of North America)**

**Open Enrollment, Underwritten (New & Replacement)**

All Plans Except HDG & N Reduced by 16% Ages 65-79

All Plans Except HGD & N Reduced by 58% Ages 80 +

All Plans Except HDG & N Reduced by 16% Under Age 65

Plans HDG, N Full Ages 65-79

Plans HDG, N Reduced by 50% Ages 80 +

Plans HDG, N Full Under Age 65

**Guarantee Issue**

All Plans Reduced by 99% All Ages

Writing Number Use **INDIVIDUAL AGENT** number

**Pre-Appoint Yes**

**LIFE SHIELD National Insurance Company**

**Open Enrollment, Underwritten (New & Replacement)**

Plans F, G, N Full Ages 65-75

Plans F, G, N Reduced by 50% Ages 80 +

Plans F, G, N Full Under Age 65

**Guarantee Issue**

All Plans $25 One Time All Ages

**\*Numbers above reflect Years 1 through 6.**

Writing Number If Principal – Use AGENCY number

All others – Use Individual number

**Pre-Appoint Yes**

**MEDICO/WELLABE INSURANCE COMPANY**

**Open Enrollment, Underwritten (New & Replacement)**

Plan N Full Ages 65-79

Plan N Reduced 50% Age 80 +

Plan N Reduced 99% Under Age 65

All Plans except Plan N Reduced by 15% Ages 65-79

All Plans except Plan N Reduced 57% Age 80 +

All Plans except Plan N Reduced 99% Under Age 65

**Guarantee Issue**

All Plans $25 One Time All Ages

**\*Numbers above reflect Years 1 through 6.**

Writing Number Use **AGENT** number

**Pre-Appoint Yes**

* **Vesting:** Commissions provided for in the Agreement shall be vested as provided in the Commissions Schedule, subject to Paragraphs 4, 12, 13, and 14, herein (For Cause, New Commission schedule, Forfeiture/Remedy, Waiver). Subject to any limitations in the Agreement, upon the death of Distributor, any commissions shall be payable, unless assigned to the surviving spouse. If there is no surviving spouse, any commissions shall be payable to the Distributor’s estate.
* **After this Agreement terminates,** Company **will not pay** commissions **after 12-month period** in which the total commission owed or paid to Distributor by Company is **less than $500.00** (the “Minimum Commission Level”).

**Omaha (Mutual of Omaha)**

**!!! IMPORTANT !!!**

Below please find, **Commission Rules for Replacing a Mutual of Omaha Med Supp product with another Mutual of Omaha Med Supp product: *ex: Mutual of Omaha to Omaha***

* **You Will NOT receive Commissions if you are contracted as agent paying to a Social Security number** andYOU WERE NOT THE ORIGINAL WRITING AGENT on the Mutual Med Supp product that is being Replaced, you will **NOT** receive commissions.
* **You WILL receive Commissions If you are Contracted as Agent paying to SOCIAL SECURITY #** andYOU WERE THE ORIGINAL WRITING AGENT on the Mutual Med Supp product that is being Replaced, you may rewrite to a Different Mutual Med Supp and **WILL** receive commissions.
* **OR If you are Contracted as Agent / Agency paying to TAX ID NUMBER # \*** andYOU or SOMEONE in the AGENCY WAS THE ORIGINAL WRITING AGENT on the Mutual Med Supp product that is being Replaced, you may rewrite to a Different Mutual Med Supp and **WILL** receive commissions.

**\**EXCEPTION:*** If your Agency has CHANGED their Tax ID number, since the original policy was placed, and you re-write under new Tax Id number -- NO COMMISSIONS will be paid.

**Open Enrollment**

All Plans Except HDF, HDG, N Reduced by 17% Ages 65-79

All Plans Except HDF, HDG, N Reduced by 59% Age 81+

All Plans Except HDF, HDG, N Reduced by 17% Under Age 65

Plans HDF, HDG, N Full Age 65-79

Plans HDF, HDG, N Reduced by 50% Age 80+

Plans HDF, HDG, N Full Under Age 65

**Underwritten (New & Replacement)**

All Plans Except HDF, HDG, N Reduced by 25% Ages 65-79

All Plans Except HDF, HDG, N Reduced by 63% Age 81+

Plans HDF, HDG, N Reduced by 8% Age 65-79

Plans HDF, HDG, N Reduced by 55% Age 81+

**Guarantee Issue**

All Plans Reduced by 98% All Ages

Writing Number Use **INDIVIDUAL AGENT** number

**Pre-Appoint No - but best to send contracting in 2 to 3 days before application**

* **VESTING --** Commission for the Product is vested and may be credited to you after the termination date if (a) the policy remains in force, (b) the premiums for the policy are credited to Company, and (c) you are the writing agent and you remain the producer of record.
* Unearned commission within any policy year will be charged back on any premium refunded to the policyowner.
* Commission **will NOT** be charged back for a policy **terminated due to death of the insured.**
* Commissions must **accumulate to $25 before paid.**

**Nassau**

**Open Enrollment, Underwritten (New & Replacement)**

Plans F & G Reduced by 16% Ages 65-79

Plans F & G Reduced by 58% Ages 80 +

Plans F & G Reduced by 16% Under Age 65

Plan N Full Ages 65-79

Plan N Reduced by 50% Ages 80 +

Plan N Full Under Age 65

**Guarantee Issue**

All Plans Reduced by 99% All Ages

Writing Number Use **INDIVIDUAL AGENT** number

**Pre-Appoint Yes**

**United American**

**Open Enrollment**

All Plans Pays Full Ages 65+

All Plans Reduced by 26% Ages Under 65

**Underwritten New or Underwritten Replacement**

All Plans Pays Full Ages 65+

\*\* Will not accept Under Age 65 through Underwriting

**Guarantee Issue**

All Plans Pays Full Ages 65+

All Plans Reduced by 26% Ages Under 65

**\*Numbers above reflect Years 1 through 6.**

Writing Number Use **INDIVIDUAL AGENT** number

**Pre-Appoint Yes**

**Credit/Debit Card Payment:** Commissions will be 3% less when initial premium payment is made by credit/debit card. In addition, all subsequent commissions will be contingent on the method of initial premium payment.

**Vested Commissions:** The right to receive vested renewal commissions, if any, shall immediately terminate without notice if:

1. This Contract is terminated for cause or for any violations of any of the provisions or agreements of this Contract.
2. In any **calendar year** following termination the amount of vested renewal commissions paid under this Contract **is less than $500.00**.
3. Any debit balance is not repaid within 120 days after termination of this Contract.

This Contract shall be terminated by the death of Independent Contractor, if an individual and all eligible renewal commissions shall be then vested and payable to the surviving spouse. If there is no surviving spouse, then such renewal commissions shall be paid to the Executors or Administrators of Independent Contractor’s Estate.