

# 2022 AETNA COMPENSATION GUIDE

Overview of 2020 CMS compensation guidelines,  
compensation pay and how to read commission statements.

SENIOR MARKET  
ADVISORS 

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# DEFINITIONS

Definitions of terms related to agent compensation pay

Medicare Advantage (MA/MAPD)												
		Agent 4	Agent 3	Agent 2	Agent 1	LOA 7	LOA 6	LOA 5	LOA 4	LOA 3	LOA 2	LOA 1
National	Initial FYC Rate		\$270	\$244	\$218	\$192	\$270	\$244	\$218	\$118	\$86	\$53
	New-to-CMS Rate	Electronic App	\$539	\$501	\$449	\$397	\$539	\$501	\$449	\$397	\$241	\$176
		Paper App*	\$539	\$501	\$449	\$397	\$539	\$501	\$449	\$397	\$241	\$176
	Replacement Rate	Electronic App	\$270	\$244	\$218	\$192	\$270	\$244	\$218	\$192	\$118	\$86
		Paper App*	\$270	\$244	\$218	\$192	\$270	\$244	\$218	\$192	\$118	\$86
	Renewal Rate**		\$270	\$244	\$218	\$192	\$270	\$244	\$218	\$192	\$118	\$86
Connecticut, Pennsylvania, District of Columbia	Initial FYC Rate		\$304	\$266	\$234	\$209	\$304	\$266	\$234	\$209	\$123	\$91
	New-to-CMS Rate	Electronic App	\$607	\$547	\$485	\$435	\$607	\$547	\$485	\$435	\$261	\$197
		Paper App	\$607	\$547	\$485	\$435	\$607	\$547	\$485	\$435	\$261	\$197
	Replacement Rate	Electronic App	\$304	\$266	\$234	\$209	\$304	\$266	\$234	\$209	\$123	\$91
		Paper App	\$304	\$266	\$234	\$209	\$304	\$266	\$234	\$209	\$123	\$91



## INITIAL FYC RATE

Agents/brokers receive an initial payment in the first year of the policy (or when there is an “unlike plan type” enrollment change)



## NEW TO CMS RATE

Can include new to Medicare or beneficiary switching from another carrier



## REPLACEMENT RATE

A sale to the beneficiary when they were enrolled in a “Like Plan” of another carrier. Aetna will advance the “replacement rate” set forth on schedule 1 of your contract



## RENEWAL RATE

Commissions paid in subsequent years to agents and/or agencies per beneficiary

# STATEMENT TERMS

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Items you may encounter in your Aetna statement and their definitions



## NEW BUSINESS

Can include New to Medicare or beneficiary switching from another carrier



## RENEWAL

Business you retained from previous year



## CMS TRUEUP REVERSAL

Aetna may advance you half of full amount until transaction is cleared with Marx. This may look like a chargeback but they will give you back the full amount.



## VOLUNTARY RAPID DISENROLL

Member disenrolls in the plan within 90 days of the effective date. Results in a chargeback of full commission paid.



## EXCEPTION

Aetna isn't following typical rule format for commission payment.



## REPLACEMENT TRUEUP REVERSAL

Carrier paid out full amount but plan was dropped so this results in a chargeback.

# STATEMENT TERMS

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Items you may encounter in your Aetna statement and their definitions



## INVOLUNTARY RAPID DISENROLL

Member no longer qualifies for plan selected. Results in prorated commissions based on number of months beneficiary was active.



## REPLACE

Replacement is a sale to beneficiary when they were enrolled in a “Like Plan” of another carrier. Aetna will advance the “replacement rate” set forth on Schedule 1 of your contract.



## CMS TRUEUP

If you sell New to Medicare plan, you may receive an advance of half the total of New to Medicare as if it was a Renewal. Once a member is confirmed as New to Medicare on Marx report, Aetna will pay the other half as a “Trueup” to get compensation to full New to Medicare amount.



# AGENT COMPENSATION PAY

National Chart

Medicare Advantage (MA/MAPD)													
			Agent 4	Agent 3	Agent 2	Agent 1	LOA 7	LOA 6	LOA 5	LOA 4	LOA 3	LOA 2	LOA 1
National	Initial FYC Rate		\$270	\$244	\$218	\$192	\$270	\$244	\$218	\$192	\$118	\$86	\$53
	New-to-CMS Rate	Electronic App	\$539	\$501	\$449	\$397	\$539	\$501	\$449	\$397	\$241	\$176	\$112
		Paper App*	\$539	\$501	\$449	\$397	\$539	\$501	\$449	\$397	\$241	\$176	\$112
	Replacement Rate	Electronic App	\$270	\$244	\$218	\$192	\$270	\$244	\$218	\$192	\$118	\$86	\$53
		Paper App*	\$270	\$244	\$218	\$192	\$270	\$244	\$218	\$192	\$118	\$86	\$53
	Renewal Rate**		\$270	\$244	\$218	\$192	\$270	\$244	\$218	\$192	\$118	\$86	\$53
Connecticut, Pennsylvania, District of Columbia	Initial FYC Rate		\$304	\$266	\$234	\$209	\$304	\$266	\$234	\$209	\$123	\$91	\$53
	New-to-CMS Rate	Electronic App	\$607	\$547	\$485	\$435	\$607	\$547	\$485	\$435	\$261	\$197	\$122
		Paper App	\$607	\$547	\$485	\$435	\$607	\$547	\$485	\$435	\$261	\$197	\$122
	Replacement Rate	Electronic App	\$304	\$266	\$234	\$209	\$304	\$266	\$234	\$209	\$123	\$91	\$53
		Paper App	\$304	\$266	\$234	\$209	\$304	\$266	\$234	\$209	\$123	\$91	\$53
	Renewal Rate**		\$304	\$266	\$234	\$209	\$304	\$266	\$234	\$209	\$123	\$91	\$53

# AGENT COMPENSATION PAY

CA, NJ, FL, MD Chart

[illegible]

# AGENT COMPENSATION PAY

PDP Smart RX, PDP Choice, PDP Plus Chart

Medicare Prescription Drug Plan (PDP)												
		Agent 4	Agent 3	Agent 2	Agent 1	LOA 7	LOA 6	LOA 5	LOA 4	LOA 3	LOA 2	LOA 1
PDP - Smart Rx	Initial FYC Rate	\$41	\$37	\$32	\$28	\$41	\$37	\$32	\$28	\$15	\$11	\$8
	New-to-CMS Rate	\$81	\$72	\$63	\$55	\$81	\$72	\$63	\$55	\$30	\$22	\$15
	Replacement Rate	\$41	\$37	\$32	\$28	\$41	\$37	\$32	\$28	\$15	\$11	\$8
	Renewal Rate*	\$41	\$37	\$32	\$28	\$41	\$37	\$32	\$28	\$15	\$11	\$8
PDP - Choice	Initial FYC Rate	\$41	\$37	\$32	\$28	\$41	\$37	\$32	\$28	\$15	\$11	\$8
	New-to-CMS Rate	\$81	\$72	\$63	\$55	\$81	\$72	\$63	\$55	\$30	\$22	\$15
	Replacement Rate	\$41	\$37	\$32	\$28	\$41	\$37	\$32	\$28	\$15	\$11	\$8
	Renewal Rate*	\$41	\$37	\$32	\$28	\$41	\$37	\$32	\$28	\$15	\$11	\$8
PDP - Plus	Initial FYC Rate	\$41	\$37	\$32	\$28	\$41	\$37	\$32	\$28	\$15	\$11	\$8
	New-to-CMS Rate	\$81	\$72	\$63	\$55	\$81	\$72	\$63	\$55	\$30	\$22	\$15
	Replacement Rate	\$41	\$37	\$32	\$28	\$41	\$37	\$32	\$28	\$15	\$11	\$8
	Renewal Rate*	\$41	\$37	\$32	\$28	\$41	\$37	\$32	\$28	\$15	\$11	\$8



# COMMISSION SCHEDULE

\*Schedule is based on pay coming directly from carrier

Payout Type	Payment Calculation Date	Payments Begin to Generate
	12/20/21	1/4/22
	1/3/22	1/11/22
Renewal	1/10/22	1/19/22
CMS New	1/18/22	1/25/22
CMS Replacement Only (Run 1 of 2)	1/24/22	2/1/22
CMS Replacement Only (Run 2 of 2)	1/31/22	2/8/22
Renewal	2/7/22	2/15/22
CMS New	2/14/22	2/23/22
CMS New	2/21/22	3/1/22
CMS New	2/28/22	3/8/22

Payout Type	Payment Calculation Date	Payments Begin to Generate
Renewal	3/7/22	3/15/22
CMS New	3/14/22	3/22/22
CMS New	3/21/22	3/29/22
CMS New	3/28/22	4/5/22
CMS New	4/4/22	4/12/22
Renewal	4/11/22	4/19/22
CMS New	4/18/22	4/26/22
CMS New	4/25/22	5/3/22
CMS New	5/2/22	5/10/22
Renewal	5/9/22	5/17/22
CMS New	5/16/22	5/24/22
CMS New	5/23/22	6/7/22
CMS New	5/31/22	6/7/22

# COMMISSION SCHEDULE

\*Schedule is based on pay coming directly from carrier

Payout Type	Payment Calculation Date	Payments Begin to Generate
Renewal	6/6/22	6/14/22
CMS New	6/13/22	6/22/22
CMS New	6/21/22	6/28/22
CMS New	6/27/22	7/6/22
CMS New	7/5/22	7/12/22
Renewal	7/11/22	7/19/22
CMS New	7/18/22	7/26/22
CMS New	7/25/22	8/2/22
CMS New	8/1/22	8/9/22
Renewal	8/8/22	8/16/22
CMS New	8/15/22	8/23/22
CMS New	8/22/22	8/30/22
CMS New	8/29/22	9/7/22

Payout Type	Payment Calculation Date	Payments Begin to Generate
Renewal	9/6/22	9/13/22
CMS New	9/12/22	9/20/22
CMS New	9/19/22	9/27/22
CMS New	9/26/22	10/4/22
CMS New	10/3/22	10/12/22
Renewal	10/10/22	10/18/22
CMS New	10/17/22	10/25/22
CMS New	10/24/22	11/1/22
CMS New	10/31/22	11/8/22
Renewal	11/7/22	11/15/22
CMS New	11/14/22	11/22/22
CMS New	11/21/22	11/29/22
CMS New	11/28/22	12/6/22

Payout Type	Payment Calculation Date	Payments Begin to Generate
Renewal	12/5/22	12/13/22
CMS New	12/12/22	12/20/22
CMS New	12/19/22	1/4/23

## RENEWAL

Commissions paid in subsequent years to agents and/or agencies per beneficiary

## CMS NEW

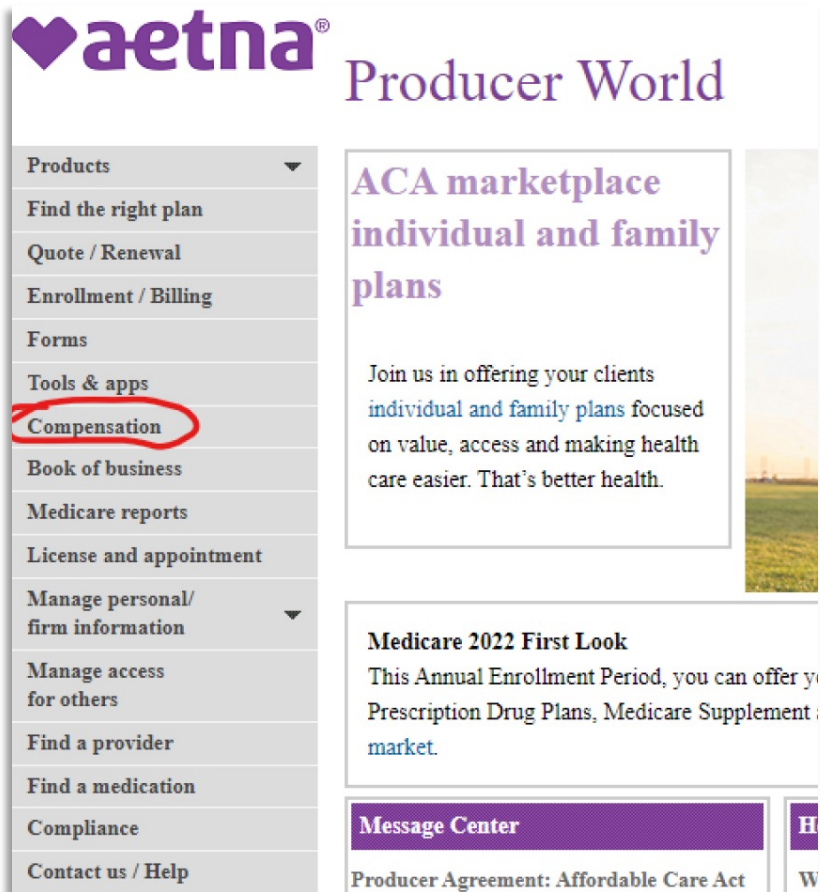
New to Medicare

## CMS REPLACEMENT

Plan Change

# VIEW STATEMENTS

Example of Statement From Aetna



## Producer World

In order to view your statements login to **Producer World** and select, **"Compensation"** You will then be taken to a new page where you must select, **"Compensation Statements"** under the Statements tab.



## Deposit Name

When viewing your bank statement, the commissions deposit will be named, **"AETNA LIFE INS"**



# HOW TO READ AETNA STATEMENT

Example of Statement From Aetna

Payee Detail Report (Period - December 2021)													
Check Date	MedicareNumber	Aetna ID	ATN	Member Name	MbrSt	Sales Event	Product	Reg	Ind Med Mrkt	Plan ID	Coverage Period	Effective Date	Term Date
12/21/21	*****VV22	123456789		DOE, JANE	KS	New Business	MAPD		IMM607	H1608-052	1/1/22	1/1/22	1/0/00
12/14/21	*****VV23	123456790		DOE, JOHN	PA	Renewal	MAPD		IMM507	H3931-070	12/1/21	11/1/20	1/0/00
12/14/21	*****VV24	123456791		SMITH, JOE	PA	Renewal	MAPD		IMM507	H5521-263	12/1/21	1/1/20	12/31/21
12/14/21	*****VV25	123456792		DOE, JANE	PA	Renewal	MAPD		IMM507	H5522-013	12/1/21	3/1/20	1/0/00
12/7/21	*****VV26	123456793		DOE, JOHN	CO	Involuntarily Rapid Disenroll	MAPD		IMM610	H4711-010	1/1/22	1/1/22	1/1/22
12/21/21	*****VV27	123456794		SMITH, JOE	TX	Voluntarily Rapid Disenroll	MAPD		IMM618	H8332-002	1/1/22	1/1/22	1/1/22
12/14/21	*****VV28	123456795		DOE, JANE	PA	Renewal	MAPD		IMM507	H3959-037	12/1/21	1/1/20	1/0/00
12/21/21	*****VV29	123456796		DOE, JOHN	WI	Voluntarily Rapid Disenroll	MAPD		IMM606	H5521-195	1/1/22	1/1/22	1/1/22
12/14/21	*****VV30	123456797		SMITH, JOE	PA	Renewal	MAPD		IMM507	H3931-070	12/1/21	1/1/20	12/31/21
12/21/21	*****VV31	123456798		DOE, JANE	TN	New Business	PDP			S5601-025	1/1/22	1/1/22	1/0/00
12/14/21	*****VV32	123456799		DOE, JOHN	PA	Renewal	MAPD		IMM401	H3931-070	12/1/21	11/1/19	1/0/00
12/14/21	*****VV33	123456800		SMITH, JOE	PA	Renewal	MAPD		IMM507	H5521-263	12/1/21	1/1/20	1/0/00
12/7/21	*****VV34	123456801		DOE, JANE	NC	New Business	MAPD		IMM609	H5521-348	1/1/22	1/1/22	1/0/00
12/7/21	*****VV35	123456802		DOE, JOHN	FL	Involuntarily Rapid Disenroll	PDP			S5601-023	1/1/22	1/1/22	1/1/22
12/14/21	*****VV36	123456803		SMITH, JOE	PA	Renewal	MAPD		IMM507	H5521-263	12/1/21	1/1/20	1/0/00
Total		\$123,123.00	\$456,456.00										

**Check Date:** Date check was written

**Medicare Number:** Client's Medicare ID

**Aetna ID:** Aetna beneficiary number

**ATN:** This column can be ignored

**Member Name:** Client's Name

**MbrSt:** Client's State

**Sales Event:** Type of sale

**Product:** Type of health plan

**Reg:** N/A

**Ind Med Mrkt:**

**Plan ID:** ID number of health plan

**Coverage Period:** Identifies when the coverage began for the year

**Effective Date:** Date coverage begins

**Term Date:** Date coverage ends

# HOW TO READ AETNA STATEMENT

Example of Statement From Aetna

Writing Agent ID	Writing Agent Level	Writing Agent Name	Receiving Agent ID	Receiving Agent Level	Receiving Agent Name	Payee Amount	Downline Amount
123456798	LOA	SMITHJOHN	*****0522	PMO	Continental Insurance Service, LLC	10.00	0.00
123456799	LOA	DOEJANE	*****0522	NMO	Continental Insurance Service, LLC	1.00	0.00
123456800	LOA	BUCKETCHARLIE	*****0522	NMO	Continental Insurance Service, LLC	2.00	0.00
123456801	LOA	SMITHJOHN	*****0522	NMO	Continental Insurance Service, LLC	3.00	0.00
123456802	LOA	DOEJANE	*****0522	PMO	Continental Insurance Service, LLC	-4.00	0.00
123456803	LOA	BUCKETCHARLIE	*****0522	PMO	Continental Insurance Service, LLC	-5.00	0.00
123456804	LOA	SMITHJOHN	*****0522	NMO	Continental Insurance Service, LLC	6.00	0.00
123456805	LOA	DOEJANE	*****0522	PMO	Continental Insurance Service, LLC	7.00	0.00
123456806	LOA	BUCKETCHARLIE	*****0522	NMO	Continental Insurance Service, LLC	8.00	0.00
123456807	LOA	SMITHJOHN	*****0522	PMO	Continental Insurance Service, LLC	9.00	0.00
123456808	LOA	DOEJANE	*****0522	NMO	Continental Insurance Service, LLC	10.00	0.00
123456809	LOA	BUCKETCHARLIE	*****0522	NMO	Continental Insurance Service, LLC	11.00	0.00
123456810	LOA	SMITHJOHN	*****0522	PMO	Continental Insurance Service, LLC	12.00	0.00
123456811	LOA	DOEJANE	*****0522	PMO	Continental Insurance Service, LLC	13.00	0.00
123456812	LOA	BUCKETCHARLIE	*****0522	NMO	Continental Insurance Service, LLC	14.00	0.00

**Writing Agent ID:** How Aetna identifies you in their system

**Writing Agent Level:** Your name

**Writing Agent Name:** Agent who wrote policy

**Receiving Agent ID:** Your agent number

**Receiving Agent Level:** Identifies the compensation rate based on hierarchy

**Receiving Agent Name:** Your name or your agency name

**Payee Amount:** Amount of commission paid to agent

**Downline Amount:** If you have a downline, you would see amount paid to each agent here



# Questions? We're here to help.

Email [commissions@medicarehealthbenefits.com](mailto:commissions@medicarehealthbenefits.com)

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