

2022 ANTHEM COMPENSATION GUIDE

Overview of 2022 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

Product (where available in states shown below)	Commission Initial Year	Commission Year 1-CMS Renewal	Renewal Commission Years 2+
Amerivantage Care Access (HMO) NM	\$573	\$287	\$287
Amerivantage Comfort Plus (HMO I- SNP) AZ and TX	\$0	\$0	\$0
Amerivantage Comfort (HMO I- SNP) AZ and TX	\$0	\$0	\$0
Amerivantage Comfort (HMO I- SNP) TN	\$573	\$287	\$287
Amerivantage ESRD Care (HMO C-SNP) AZ	\$0	\$0	\$0
Amerivantage ESRD Care (HMO C-SNP) TX, WA and NM	\$573	\$287	\$287
Amerivantage Classic (HMO) WA	\$573	\$287	\$287
Amerivantage Classic (HMO) AZ, TN and TX	\$0	\$0	\$0
Amerivantage Diabetes Care (HMO C- SNP) AZ and TX	\$0	\$0	\$0
Amerivantage Diabetes Care Plus (HMO C- SNP) AZ and TX	\$573	\$287	\$287
Amerivantage Dual Coordination (HMO D- SNP) WA, IA	\$573	\$287	\$287
Amerivantage Dual Coordination (HMO D- SNP) TN and TX	\$0	\$0	\$0
Amerivantage Dual Coordination Plus (HMO D- SNP) TX	\$573	\$287	\$287
Amerivantage Dual Premier (HMO D-SNP) TN	\$573	\$287	\$287
Amerivantage ESRD Care (HMO POS C- SNP) TX	\$573	\$287	\$287
Amerivantage Heart Care (HMO C- SNP) AZ and TX	\$0	\$0	\$0
Amerivantage Plus (HMO) NM	\$573	\$287	\$287



COMMISSION INITIAL YEAR

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



COMMISSION YEAR RENEWAL

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



RENEWAL COMMISSION 2+ YEARS

Commissions paid in subsequent years (**2+ years**) to agents and/or agencies per beneficiary

DEFINITIONS

Items you may encounter in your Anthem statement and their definitions



ADV

Commission advance



CX-MMY

Cancelled policy month and year



ADVCX

Commission advance cancelled



NEW

New policy



ADVINT

Commission advance for CMS initial year



ADVREN

Commission advance for CMS renewal year



NOT RTS - MM

Writing agent is not ready to sell



AOR

AOR change



CHGBCK

Chargeback

GENERAL KNOWLEDGE

General knowledge surrounding agent/broker compensation year, and how an organization may pay in full or proated compensation



Agent/Broker Compensation Year

The agent/broker compensation year is January 1 to December 31. Compensation payments will be calculated on a January 1 to December 31 enrollment year. Total payment for year one commission is dependent on notification from CMS. We pay year one for a member "new" to the plan a lump sum at the monthly renewal rate multiplied by the remaining number of months in the calendar year. CMS later notifies the carrier if the beneficiary is considered "new" to Medicare Advantage. Upon notification of "new" status, the carrier pays the remainder of the year one commission in a lump sum to total 100% of CMS allowance.



How an Organization may Pay in Full or Prorated Compensation

1) For a beneficiary's first year of enrollment in a plan, in which the CMS indicates the prior plan type as "none", organizations may pay full or pro-rated initial compensation.

2) When a beneficiary moves from an employer group to a non-employer group plan, in which CMS indicates the prior plan type as "none", organizations may pay full or pro-rated initial compensation for a beneficiary's first year of enrollment in a plan.

3) A beneficiary makes an "unlike plan change."

4) For unlike plan changes (e.g., MA-PD to PDP or PDP to Cost Plan), occurring after January 1 in which CMS indicates the beneficiary had prior plan history (regardless of plan type), organizations must pay pro-rated initial compensation according to the number of months in the plan. For example, a change from a PDP to an MA-PD effective May 1 is an unlike plan change resulting in a pro-rated initial compensation of 8/12 (May thru December) of the MA-PD initial compensation rate.

5) A beneficiary makes a "plan change". The compensation will be paid monthly not in a lump sum.

Like vs. Unlike Plan Type

Like Plan Type

- A PDP to another PDP
- An MA, MA-PD, or MMP to another MA, MA-PD or MMP
- A section 1876 cost plan to another section 1876 cost plan

Unlike Plan Type

- An MA or MA-PD plan to a PDP or section 1876 cost plan
- A PDP to a section 1876 cost plan or an MA (or MA-PD) plan
- A section 1876 cost plan to an MA (or MA-PD) plan or PDP

GENERAL KNOWLEDGE

General knowledge surrounding dual enrollments, plans/part D sponsors, and rapid disenrollments



Dual Enrollments

For dual enrollments (e.g., enrollment in an MA-only plan and a stand-alone PDP), the compensation rules apply independently to each plan. However, when dual enrollments are replaced by an enrollment in a single plan, compensation is paid based on the MA movement (e.g., movement from an MA-only plan and PDP to an MA-PD plan would be compensated at the renewal compensation amount for the MA to MA-PD “like plan type” move).



Plans/Part D Sponsors

Plans/Part D Sponsors must recover compensation payments from agents/brokers under two circumstances, to the extent such circumstances occurred at any time during the current calendar year or the immediately preceding calendar year: 1) when a beneficiary disenrolls from a plan within the first three months of enrollment (rapid disenrollment), and 2) any other time a beneficiary is not enrolled in a plan but the Plan/Part D Sponsor had paid compensation for that time period



Rapid Disenrollment

Rapid disenrollment applies when an enrollee makes any plan changes (regardless of Parent Organization) within the first three (3) months of enrollment. Rapid disenrollment compensation recovery is not limited to when a beneficiary who enrolls effective October 1, November 1, or December 1 and subsequently uses the Annual Election Period to change plans for an effective date of January 1.

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug plans that are offered by Amerigroup

Product (where available in states shown below)	Commission Initial Year	Commission Year 1-CMS Renewal	Renewal Commission Years 2+
Amerivantage Care Access (HMO) NM	\$573	\$287	\$287
Amerivantage Comfort Plus (HMO I- SNP) AZ and TX	\$0	\$0	\$0
Amerivantage Comfort (HMO I- SNP) AZ and TX	\$0	\$0	\$0
Amerivantage Comfort (HMO I- SNP) TN	\$573	\$287	\$287
Amerivantage ESRD Care (HMO C-SNP) AZ	\$0	\$0	\$0
Amerivantage ESRD Care (HMO C-SNP) TX, WA and NM	\$573	\$287	\$287
Amerivantage Classic (HMO) WA	\$573	\$287	\$287
Amerivantage Classic (HMO) AZ, TN and TX	\$0	\$0	\$0
Amerivantage Diabetes Care (HMO C- SNP) AZ and TX	\$0	\$0	\$0
Amerivantage Diabetes Care Plus (HMO C- SNP) AZ and TX	\$573	\$287	\$287
Amerivantage Dual Coordination (HMO D- SNP) WA, IA	\$573	\$287	\$287
Amerivantage Dual Coordination (HMO D- SNP) TN and TX	\$0	\$0	\$0
Amerivantage Dual Coordination Plus (HMO D- SNP) TX	\$573	\$287	\$287
Amerivantage Dual Premier (HMO D-SNP) TN	\$573	\$287	\$287
Amerivantage ESRD Care (HMO POS C- SNP) TX	\$573	\$287	\$287
Amerivantage Heart Care (HMO C- SNP) AZ and TX	\$0	\$0	\$0
Amerivantage Plus (HMO) NM	\$573	\$287	\$287

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug plans that are offered by Amerigroup

Amerivantage Smart Value (HMO) AZ	\$0	\$0	\$0
Amerivantage Balance (HMO) TN	\$0	\$0	\$0
Amerivantage Care ESRD (HMO C- SNP) AZ	\$0	\$0	\$0
Amerivantage Lung Care Plus (HMO C-SNP) AZ and TX	\$573	\$287	\$287
Amerivantage Lung Care (HMO C-SNP) AZ and TX	\$0	\$0	\$0
Amerivantage Heart Care Plus (HMO C- SNP) AZ and TX	\$573	\$287	\$287
Amerivantage Classic Plus (HMO) AZ and TX	\$573	\$287	\$287
Amerivantage Classic Plus (HMO- POS) TN	\$573	\$287	\$287
Amerivantage Smart Value Plus (HMO) AZ	\$573	\$287	\$287
Amerivantage Full Dual Coordination (HMO D- SNP) TN	\$573	\$287	\$287
Amerivantage Select Plus (HMO) TX	\$573	\$287	\$287
Amerivantage Balance Plus (HMO) TN	\$573	\$287	\$287
Amerivantage Choice (PPO) TX	\$573	\$287	\$287
Amerivantage Care To You (HMO I-SNP) WA	\$0	\$0	\$0
Amerivantage Dual Secure Plus (HMO D- SNP) TX	\$573	\$287	\$287
Amerivantage Care To You Plus (HMO I-SNP) TX	\$0	\$0	\$0

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug plans that are offered by Amerigroup

Product (where available) New Jersey	Commission Initial Year	Commission Year 1-CMS Renewal	Renewal Commission Years 2+
Amerivantage Balance (HMO)	\$715	\$358	\$358
Amerivantage Classic (HMO)	\$715	\$358	\$358
Amerivantage Dual Coordination (HMO D- SNP)	\$715	\$358	\$358
Amerivantage Dual Secure (HMO POS D-SNP)	\$0	\$0	\$0
Amerivantage ESRD Care (HMO - POS C- SNP)	\$0	\$0	\$0
Amerivantage Choice (PPO)	\$715	\$358	\$358
Product (where available)	Commission Initial Year		Renewal Commission Year 2 Through Year 6
Amerivantage Rx Basic (PDP) TX and AZ	\$87		\$44
Amerivantage Rx Plus (PDP) TX and AZ	\$87		\$44

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug, and Prescription Drug plans that are offered by Anthem BlueCross and sold in select counties within California

Product (where available)	Commission - Year 1-CMS 1st Year	Commission Year 1-CMS Renewal	Renewal Commission Years 2 +
Anthem MediBlue Access (PPO)	\$715	\$358	\$358
Anthem MediBlue Lung Care (HMO C-SNP)	\$715	\$358	\$358
Anthem MediBlue Lung (HMO C-SNP)	\$715	\$358	\$358
Anthem Care to you (HMO I-SNP)	\$0	\$0	\$0
Anthem Care On Site (HMO I-SNP)	\$0	\$0	\$0
Anthem MediBlue Connect (HMO D-SNP)	\$0	\$0	\$0
Anthem MediBlue Connect Plus (HMO D-SNP)	\$715	\$358	\$358
Anthem MediBlue Coordination Plus (HMO D-SNP)	\$715	\$358	\$358
Anthem MediBlue Diabetes (HMO C-SNP)	\$715	\$358	\$358
Anthem MediBlue Diabetes Care (HMO C-SNP)	\$715	\$358	\$358
Anthem MediBlue Diabetes Care Plus (HMO C-SNP)	\$715	\$358	\$358
Anthem MediBlue Dual Access (PPO D-SNP)	\$715	\$358	\$358
Anthem MediBlue Dual Advantage (HMO D-SNP)	\$715	\$358	\$358
Anthem MediBlue Dual Plus (HMO D-SNP)	\$715	\$358	\$358
Anthem MediBlue ESRD Care (HMO C-SNP)	\$715	\$358	\$358
Anthem MediBlue ESRD Care (PPO C-SNP)	\$715	\$358	\$358
Anthem MediBlue Extra (HMO)	\$715	\$358	\$358
Anthem MediBlue Heart (HMO C-SNP)	\$715	\$358	\$358
Anthem MediBlue Heart Care (HMO C-SNP)	\$715	\$358	\$358
Anthem MediBlue Plus (HMO)	\$715	\$358	\$358
Anthem MediBlue Select (HMO)	\$715	\$358	\$358
Anthem MediBlue StartSmart Plus (HMO)	\$715	\$358	\$358
Anthem MediBlue Value (HMO)	\$715	\$358	\$358
Anthem MediBlue Value Plus (HMO)	\$715	\$358	\$358

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug, and Prescription Drug plans that are offered by Anthem BlueCross and sold in select counties within California

Product (where available)	Commission Initial Year	Renewal Commission Year 2 Through Year 6
Anthem Blue Cross MediBlue Rx Standard	\$87	\$44
Anthem Blue Cross MediBlue Rx Plus	\$87	\$44

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug, and Prescription Drug plans that are offered by Anthem BlueCross and BlueShield and sold in select counties within Colorado, Nevada, Virginia, Indiana, Kentucky, Ohio, Missouri, Wisconsin, New Hampshire, Maine, Connecticut, and Georgia

Product (where available in states shown below)	Commission Initial Year	Commission Year 1-CMS Renewal	Renewal Commission Years 2 +
Anthem MediBlue + Kroger (HMO) VA and GA	\$573	\$287	\$287
Anthem MediBlue + Kroger Access (PPO) OH, KY, VA and GA	\$573	\$287	\$287
Anthem MediBlue + Kroger Dual Advantage (HMO D-SNP) OH, GA and KY	\$573	\$287	\$287
Anthem MediBlue Access (PPO) CO, IN, KY, OH, MO, WI, GA, NH and VA	\$573	\$287	\$287
Anthem MediBlue Access Preferred (PPO) IN and KY	\$573	\$287	\$287
Anthem MediBlue Access Basic (PPO) GA and MO	\$573	\$287	\$287
Anthem MediBlue Access Basic (Regional PPO) IN, KY and OH	\$573	\$287	\$287
Anthem MediBlue Access Core (Regional PPO) OH	\$573	\$287	\$287
Anthem MediBlue Access Plus (PPO) IN, KY, OH and WI	\$573	\$287	\$287
Anthem MediBlue Lung Care (HMO C-SNP) NV	\$573	\$287	\$287
Anthem Care On Site (HMO I-SNP) VA, NV and CO	\$0	\$0	\$0
Anthem Care To You (HMO I-SNP) VA	\$0	\$0	\$0
Anthem MediBlue Connect (HMO D-SNP) NV	\$573	\$287	\$287
Anthem MediBlue Coordination Plus (HMO) NH	\$573	\$287	\$287
Anthem MediBlue COPD (HMO C-SNP) VA	\$573	\$287	\$287
Anthem MediBlue Service (HMO) GA	\$573	\$287	\$287
Anthem MediBlue Service (PPO) IN, OH, WI, VA, MO and KY	\$573	\$287	\$287
Anthem MediBlue Diabetes and Heart Care (HMO C-SNP) VA	\$573	\$287	\$287

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug, and Prescription Drug plans that are offered by Anthem BlueCross and BlueShield and sold in select counties within Colorado, Nevada, Virginia, Indiana, Kentucky, Ohio, Missouri, Wisconsin, New Hampshire, Maine, Connecticut, and Georgia

Anthem MediBlue Diabetes Care (HMO C-SNP) NV	\$573	\$287	\$287
Anthem MediBlue Diabetes Care (HMO C-SNP) CO	\$0	\$0	\$0
Anthem MediBlue Dual Advantage (HMO D-SNP) IN, KY, OH, MO, WI, GA, VA , CO and NV	\$573	\$287	\$287
Anthem MediBlue Dual Connect (HMO D-SNP) WI	\$573	\$287	\$287
Anthem MediBlue ESRD Care (HMO C-SNP) KY	\$573	\$287	\$287
Anthem MediBlue ESRD Care (HMO D-SNP) GA, CO and VA	\$0	\$0	\$0
Anthem MediBlue Full Dual Advantage (HMO D- SNP) VA	\$573	\$287	\$287
Anthem MediBlue Dual Access (PPO D- SNP) VA and GA	\$573	\$287	\$287
Anthem MediBlue Essential (HMO) VA and GA	\$573	\$287	\$287
Anthem MediBlue Extra (HMO) IN, OH, GA and VA	\$573	\$287	\$287
Anthem MediBlue Heart Care (HMO C-SNP) NV	\$573	\$287	\$287
Anthem MediBlue Local (HMO) VA	\$573	\$287	\$287

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug, and Prescription Drug plans that are offered by Anthem BlueCross and BlueShield and sold in select counties within Colorado, Nevada, Virginia, Indiana, Kentucky, Ohio, Missouri, Wisconsin, New Hampshire, Maine, Connecticut, and Georgia

Anthem MediBlue Plus (HMO) CO, NV, GA, IN, KY, MO, OH, WI, NH and VA	\$573	\$287	\$287
Anthem MediBlue Preferred (HMO) OH	\$573	\$287	\$287
Anthem MediBlue Preferred Plus (HMO) OH	\$573	\$287	\$287
Anthem MediBlue Prime Select (HMO) OH	\$573	\$287	\$287
Anthem MediBlue Select (HMO) NH	\$573	\$287	\$287
Anthem MediBlue Select Plus (HMO) NH	\$573	\$287	\$287
Anthem MediBlue Access Select Plus (PPO) NH	\$573	\$287	\$287
Anthem MediBlue Smart Fit (HMO) VA	\$573	\$287	\$287
Anthem MediBlue StartSmart Plus (HMO) NV	\$573	\$287	\$287
Anthem MediBlue Value Plus (HMO) NV	\$573	\$287	\$287

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug, and Prescription Drug plans that are offered by Anthem BlueCross and BlueShield and sold in select counties within Colorado, Nevada, Virginia, Indiana, Kentucky, Ohio, Missouri, Wisconsin, New Hampshire, Maine, Connecticut, and Georgia

Product (where available) <i>Connecticut</i>	Commission Initial Year	Commission Year 1-CMS Renewal	Renewal Commission Years 2 +
Anthem MediBlue Dual Access (PPO D- SNP)	\$646	\$323	\$323
Anthem MediBlue Plus (HMO)	\$646	\$323	\$323
Anthem MediBlue Dual Advantage (HMO D-SNP)	\$646	\$323	\$323
Anthem MediBlue Select (HMO)	\$646	\$323	\$323
Anthem MediBlue Extra (HMO)	\$646	\$323	\$323
Anthem MediBlue ESRD Care (HMO-POS C-SNP)	\$0	\$0	\$0
Anthem MediBlue Dual Advantage Select (HMOD-SNP)	\$646	\$323	\$323
Anthem Care On Site (HMO I-SNP)	\$0	\$0	\$0
Anthem MediBlue Prime (HMO)	\$646	\$323	\$323
Anthem MediBlue Access Select (PPO)	\$646	\$323	\$323

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug, and Prescription Drug plans that are offered by Anthem BlueCross and BlueShield and sold in select counties within Colorado, Nevada, Virginia, Indiana, Kentucky, Ohio, Missouri, Wisconsin, New Hampshire, Maine, Connecticut, and Georgia

Product (where available)	Commission Initial Year	Renewal Commission Through Year 6
Anthem MediBlue Rx Standard (PDP)	\$87	\$44
Anthem MediBlue Rx Plus (PDP)	\$87	\$44

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug, and Prescription Drug plans that are offered by Community Care Health Plan of Louisiana, Inc and sold in Louisiana

Product (where available)	Commission Year 1-CMS 1 ST Year	Commission Year 1-CMS Renewal	Renewal Commission Years 2 +
Healthy Blue Dual Advantage (HMO D-SNP)	\$573	\$287	\$287

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug, and Prescription Drug plans that are offered by Anthem MaineHealth LLC and sold in Maine

Product (where available)	Commission Year 1-CMS 1 ST Year	Commission Year 1-CMS Renewal	Renewal Commission Years 2 +
Anthem MaineHealth Advantage Dual Plus (HMO D-SNP)	\$573	\$287	\$287
Anthem MaineHealth Advantage Plus (HMO)	\$573	\$287	\$287
Anthem MaineHealth Advantage Extra (HMO)	\$573	\$287	\$287
Anthem MaineHealth Advantage Access (PPO)	\$573	\$287	\$287
Anthem MaineHealth Advantage Choice (HMO-POS)	\$573	\$287	\$287

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug, and Prescription Drug plans that are offered by Healthy Blue and sold in Missouri

Product (where available)	Commission Year 1-CMS 1 ST Year	Commission Year 1-CMS Renewal	Renewal Commission Years 2 +
Healthy Blue Essential (HMO)	\$573	\$287	\$287
Healthy Blue Dual (HMO D-SNP)	\$573	\$287	\$287

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug plans that are offered by Empire BlueCross and sold in select counties within New York

Product (where available)	Commission Initial Year	Commission Year 1-CMS Renewal	Renewal Commission Year 2 +
Empire MediBlue Access (LPPO)	\$573	\$287	\$287
Empire MediBlue Service (HMO)	\$573	\$287	\$287
Empire MediBlue Dual Advantage (HMO D- SNP)	\$573	\$287	\$287
Empire MediBlue Plus (HMO)	\$573	\$287	\$287

AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage, Medicare Advantage Prescription Drug, and Prescription Drug plans that are offered by Empire BlueCross BlueShield and sold in select counties within New York

Product (where available)	Commission Initial Year	Commission Year 1-CMS Renewal	Renewal Commission Year 2 +
Empire MediBlue Access (PPO)	\$573	\$287	\$287
Empire MediBlue Choice (HMO-POS)	\$573	\$287	\$287
Empire MediBlue Dual Advantage (HMO D-SNP)	\$573	\$287	\$287
Empire MediBlue Dual Advantage Select (HMO D-SNP)	\$573	\$287	\$287
Empire MediBlue Extra Select (HMO)	\$573	\$287	\$287
Empire MediBlue HealthPlus (HMO)	\$573	\$287	\$287
Empire MediBlue HealthPlus Dual Connect (HMO D-SNP)	\$573	\$287	\$287
Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)	\$0	\$0	\$0
Empire MediBlue HealthPlus Select (HMO)	\$573	\$287	\$287
Empire MediBlue Plus (HMO)	\$573	\$287	\$287
Empire MediBlue Select (HMO)	\$573	\$287	\$287
Empire MediBlue Service (HMO)	\$573	\$287	\$287
Empire MediBlue Service Select (HMO)	\$573	\$287	\$287

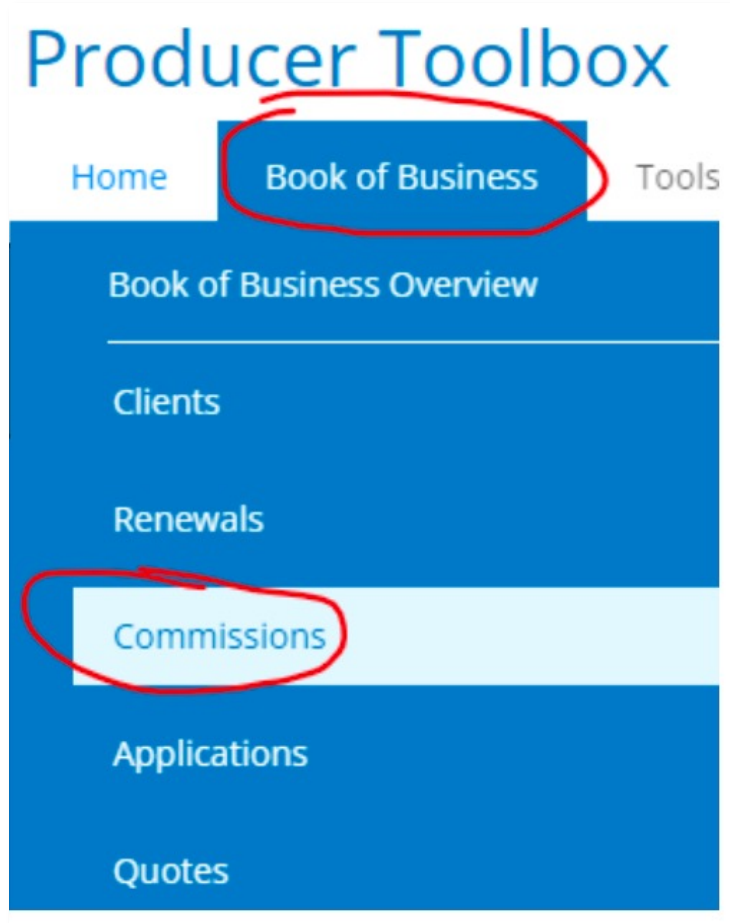
AGENT COMPENSATION PAY

This schedule is applicable to Medicare Advantage Prescription Drug Plans that are offered by Blue Rx

Product (where available)	Commission - Year 1-CMS 1st Year	Commission - Year 1-CMS Renewal	Renewal Commission Year 2 +
Blue Rx Standard (PDP)	\$87	\$44	\$44
Blue Rx Plus (PDP)	\$87	\$44	\$44

VIEW STATEMENTS

Example of Statement From Anthem



Producer Toolbox

In order to view your statements login to [Producer Toolbox](#). You can also access Producer Toolbox through Anthem's mobile app, "Broker Plus"



Deposit Name

When viewing your bank statement, the commissions deposit will be named, **"ANTHEM"**

HOW TO READ ANTHEM STATEMENT

Example of Statement From Anthem

				AGENT / BROKER NO :ABCDEFGHIJ				TOTAL PREMIUM RECEIVED		0					
				STATEMENT OF ACCOUNT				TOTAL PAID TO DATE		22011.48					
				PERIOD :12/10/2021 TO 12/16/2021				GRAND TOTAL COMMISSION AMOUNT		44.82					
								LEVY/GARNISHMENT		0.0					
								IRS WITHHELD		0.0					
								STATE WITHHELD		0.0					
								PAID AMOUNT		44.82					
TRACKING CODE	PRODUCER NUMBER	PRODUCER NAME	STATE	TYPE	POLICY NUMBER	PRODUCT TYPE	CO	NAME / GROUP NAME	MEDICARE ID	RATE EFFECTIVE DATE	TIER LEVEL	AOR CHANGE	RATE	RATE TYPE	SPLIT % AMT
	11111111	SMITH, JOHN	LA	MEDICARE	123A12345	MED	123A	SMITH, JOHN	12345678910A	11/01/2021		NO	22.5	Base	100.0
	11111111	SMITH, JOHN	LA	MEDICARE	123A12345	MED	123A	SMITH, JOHN	12345678910A	11/01/2021		NO	44.91	Base	100.0
	11111111	SMITH, JOHN	LA	MEDICARE	123A12345	MED	123A	SMITH, JOHN	12345678910A	11/01/2021		NO	44.91	Base	100.0
	11111111	SMITH, JOHN	LA	MEDICARE	123A12345	MED	123A	SMITH, JOHN	12345678910A	11/01/2021		NO	22.5	Base	100.0

Producer Number: Agent number

Producer Name: Agent's name

State: State's name abbreviated

Type: Type of product

Policy Number: Policy number

CO: Internal code for the Anthem system, disregard

Name/Group Name: Beneficiary's name

Medicare ID: ID number of beneficiary

Rate Effective Date: Date coverage begins

Tier Level: You can disregard this level

AOR Change: Identifies if this was a plan change

Rate: Commission rate

Rate Type: Type of commission rate

HOW TO READ ANTHEM STATEMENT

Example of Statement From Anthem

RATE	RATE TYPE	SPLIT % AMT	DUE DATE	MO	DAYS	ADV BAL	PREMIUM	PREMIUM TYPE	STL-TO-DT PREMIUM	STL-TO-DT-COMMISSION	PAYMENT	COMMENTS	TOTAL COMMISSION BY TYPE	TOTAL COMMISSION BY PRODUCER
22.5	Base	100.0	11/01/2021	-1	0	0.0	0.0		0	0	-22.5		44.82000000000000	44.82000000000000
44.91	Base	100.0	11/01/2021	1	0	0.0	0.0		0	0	44.91	ADVINT NEW		
44.91	Base	100.0	12/01/2021	1	0	0.0	0.0		0	0	44.91	ADVINT		
22.5	Base	100.0	12/01/2021	-1	0	0.0	0.0		0	0	-22.5			

Split % Amt: Percentage of commission paid to agent

Due Date: Paid-to date of the policy for the month/year

MO: Number of months paid

Days: You can disregard this column

ADV BAL: You can disregard this column

Premium: Premium

Premium Type: You can disregard this column

STL-TO-DT Premium: You can disregard this column

STL-TO-DT-Commission: You can disregard this column

Comments: Comments from carrier describing transaction

Total Commission By Type: Breaks down commission paid based on product sold

Total Commission by Producer: Total amount of commission paid to agent

Questions? We're here to help.

Email commissions@medicarehealthbenefits.com

SENIOR MARKET
ADVISORS ✓