

California Dental Network, Inc.
Attachment-A Schedule of Agent Fees
 (Revised 11/16)

| <u>Standard Prepaid Plans:</u> | <u>First Year</u> | <u>Renewals</u> |
|-------------------------------------|-------------------|-----------------|
| Individual Plans | | |
| Plan 460 with | | |
| Annual Payment | 40% | 40% |
| Monthly Payments | 30% | 30% |
| Plan 411 | 10% | 10% |
| Plan 595 | 20% | 20% |
| Group Plans | | |
| Plan 460 | 25% | 25% |
| All Other Prepaid Group Plans | | |
| 2 to 100 Employees | 10% | 10% |
| Over 100 Employees | Negotiable | Negotiable |
| Covered California Plans | | |
| Individual Plans | 12% | 12% |
| Group Plans | 8% | 8% |

Indemnity Plans:

Agent shall also be paid the following commission rates for Indemnity plans sold through CDN:

| | | |
|---------------------------|-------------|-------------|
| Group Plans | | |
| 2 to 100 Employees | 10% Graded* | 10% Graded* |
| Over 100 Employees | Negotiable | Negotiable |

* - Graded Commissions maybe paid at flat rates based upon estimated annualized premiums for each group

Payments of the above Agent Fees are subject to the terms and conditions of the Agent Agreement.

This schedule is subject to change, from time to time, without notice. Any changes to this schedule will apply to new business effective after the date of any change.