Unbrokered
HEALTH

Broker Compensation Benchmark Report

What this company's filings show, measured against peers and broken out by broker and contract, with the questions and documents for the next renewal.

SAMPLE

PREPARED FOR

Meridian Fabrication Co.

EIN 00-0000000
OH · Manufacturing
740 benefits-eligible employees (2024 filing)
Plan years covered: 2022–2024
Prepared October 30, 2026

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Prepared to support fiduciary oversight and recordkeeping. Not legal advice. Prepared by Unbrokered, which is funded by employers through paid reports and research access. No broker, carrier, PBM, or vendor pays us anything: no commissions, no referral fees, no advertising, no lead sales.

Meridian Fabrication Co. · EIN 00-0000000 · Manufacturing · 740 benefits-eligible (2024) · Plan years 2022–2024

BOTTOM LINE

This plan drifted above its peers, and the gap held at $8.80 per participant per month.

$246,000	$27.70	78th	$246,000 (100%)
EMPLOYER-PAID LINES	PER PARTICIPANT PER MONTH · VS PEER MEDIAN	PEER PERCENTILE	PREMIUM-EMBEDDED · 2 BROKERS

All disclosed pay is carrier-paid and funded through premium.

What this report can't see. Form 5500 does not capture fees the employer pays a broker or consultant directly, from corporate funds.

Medical/consulting fee you pay directly: $ _____ Your total broker spend is then: $ _____

Benchmark year: 2024 · the latest plan year with a complete peer group.

SAMPLE

01 FINDING

$88,000 of broker pay is bonuses and other carrier payments

All disclosed pay on employer-paid lines is carrier-paid and funded through premium; **$88,000** of it is paid beyond base commission. One broker receives it on this plan.

→ Question 2 · What drives the bonuses and other payments?

02 FINDING

Dental at 10.9% vs 5.5% peer median

The filing shows **$38,000** of commission on **$348,000** of premium with Delta Dental of Ohio, 2.0× the peer median rate. At the peer-median rate it would carry about **$19,140,** or **$18,860** a year less.

→ Question 1 · What accounts for the dental rate?

03 FINDING

Voluntary commission at 23.0% vs 17.2% peer median, paid from employee premium

Employees pay **$118,000** of voluntary premium through payroll, and the commission on it is **$27,140**. At the peer-median rate it would be about **$20,296**.

→ Question 3 · Can the voluntary commission be restructured or disclosed?

THIS REPORT ENDS IN ONE OF THREE PLACES

Keep and document

The disclosure explains the rate and the services justify it.

→ Complete the memo (05)

Renegotiate specific lines

Dental: **$18,860/yr** above peer-median rates on this one line.

→ Question 1

Test the market

The response is late, vague, or does not explain **the premium-embedded pay**.

→ RFP outline (04)

Which box you're in is decided by the written disclosure response, not by this report.

YOUR NEXT PLAN YEAR BEGINS JUL 1, 2027

By Feb 1, 2027
Send the disclosure letter

By Mar 18, 2027
Committee review; agree the asks

By Apr 17, 2027
Renewal meeting; answers in writing

By May 2, 2027
RFP out (this cycle if time allows, otherwise next)

Jul 1, 2027
Decision on file (memo)

Where the money is

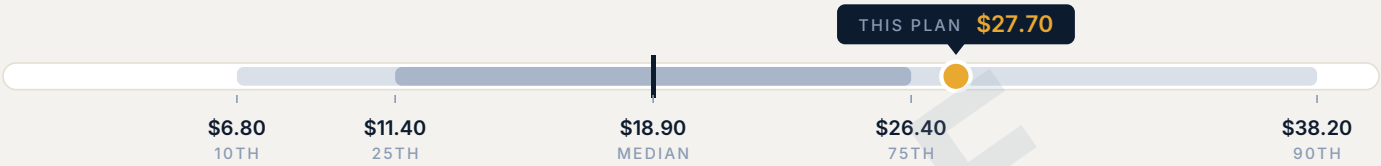
Where this plan's broker pay sits against its peers, then which firms and which contracts carry it. Every figure is from the 2024 Form 5500 filings unless labeled otherwise.

Peer group definition

Manufacturing · 501 to 2,500 employees · national · fully insured · n = 214 employers · median plan size 1,140 employees · plan year 2024. Your exact peer group had insufficient data. Benchmarks shown use national peers in your industry. Peers are broadened only when a tighter group has fewer than 10 employers.

Middle 80% of peers (10th to 90th percentile) · Middle 50% (25th to 75th) · Peer median · This plan

Broker pay per participant per month, excluding voluntary — 78th percentile



Peer level	Per participant / month	Annual at this headcount	This plan vs level
Peer 25th percentile	$11.40	$101,232	+$144,768
Peer median	$18.90	$167,832	+$78,168
Peer 75th percentile	$26.40	$234,432	+$11,568

Broker pay on every line except voluntary, for this plan and each peer. Annual figures apply each peer rate to this plan's 740 benefits-eligible employees. Form 5500 captures broker pay that runs through the plan. Pay an employer covers from its own funds is generally not filed, so some peers' totals may be understated.

Broker pay by firm, 2024

Broker	Base commission	Bonuses & other	Total	Bonus share
Harbor Point Benefits Group LLC	$143,200	$88,000	$231,200	38%
Atlas Life & Disability Agency	$41,940	–	$41,940	–
All brokers (as filed)			$273,140	
Less: voluntary benefits (compared by rate below)			($27,140)	
Benchmarked total			**$246,000**	

Harbor Point Benefits Group: Medical, Dental · Anthem Blue Cross Life & Health; Delta Dental of Ohio

Atlas Life & Disability Agency: LTD, Life + STD, Voluntary · Unum Life; Continental American

SAMPLE

Commission by contract, 2024

One row per insured contract. Premium is what was paid to the carrier; commission includes bonuses and other carrier payments; the gap prices the contract's own premium at its line's peer-median rate.

Line	Carrier · Plan	Premium	Commission	Rate	Peer median	$ gap vs median	Paid to	Base / Bonuses & other
Medical	Anthem Blue Cross Life & Health · Plan 501	$6,930,000	$193,200	2.8%	3.9%	($77,070)	HPBG	$105,200 / $88,000
Dental	Delta Dental of Ohio · Plan 501	$348,000	$38,000	10.9%	5.5%	+$18,860	HPBG	$38,000 / unallocated
LTD	Unum Life · Plan 502	$142,000	$5,200	3.7%	13.0%	($13,260)	ALDA	$5,200 / $0
Life + STD	Unum Life · Plan 502	$96,000	$9,600	10.0%	–	–	ALDA	$9,600 / $0
Voluntary	Continental American · Plan 503	$118,000	$27,140	23.0%	17.2%	+$6,844	ALDA	$27,140 / $0
Total		**$7,634,000**	**$273,140**			**($64,626)**		**$185,140 / $88,000**

Paid to: HPBG = Harbor Point Benefits Group · ALDA = Atlas Life & Disability Agency.

Across these lines, disclosed commission runs ($64,626) per year versus peer-median rates on the same premium. Of this, $18,860 is on the 1 employer-paid contract above the peer 75th percentile (gold).

This rate-based total is below peers, while the summary page places this plan above peers per participant. Both are correct: most of this premium is insured at commission rates at or below peer medians, which pulls the premium-weighted total negative, even as the per-participant figure stays high. The exception is dental, where the rate runs above peers.

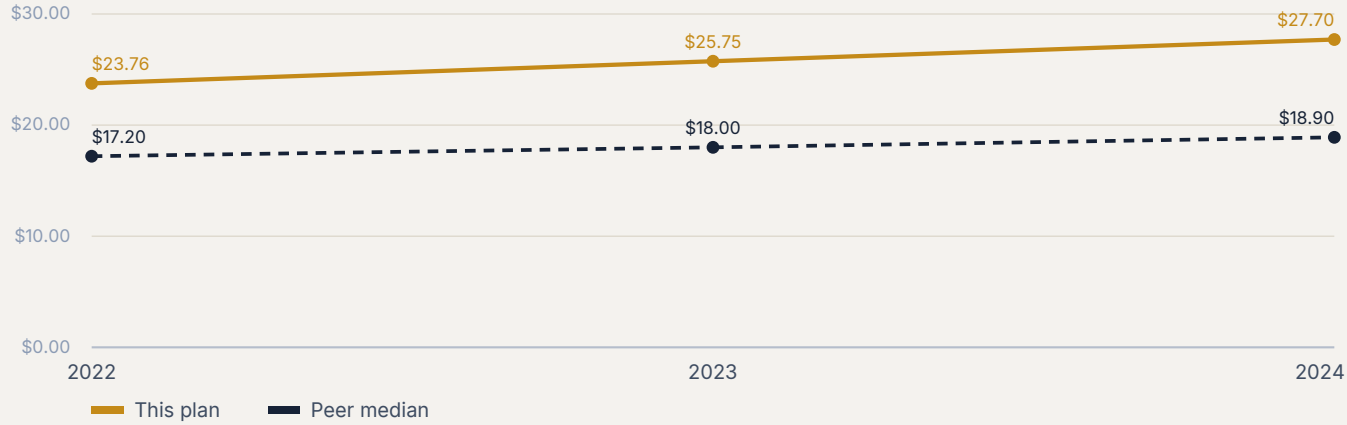
Voluntary lines: employees pay this premium through payroll, so the commission of 23.0% against a peer median of 17.2% comes out of employee money. These lines sit outside the benchmarked total and are compared by rate only.

Gold rate: above the peer 75th percentile for that line. Gold dot: more than one broker is paid on the contract. Bundled contracts show an effective rate and no peer median. Peer medians are rates on comparable single-line contracts (similar covered lives); the geography and size band for each peer group are set from that group's scope. Base / Bonuses & other: Schedule A base commission, and bonuses, overrides and other carrier payments, as filed; both are paid by the carrier out of premium. "unallocated" means bonuses and other carrier payments were filed on the plan but not assigned to this contract.

SAMPLE

Trajectory (2022–2024)

Broker pay per participant per month by plan year against the peer median for the same year. A break in a line means that year's filing or peer benchmark is not available; missing points are never interpolated.

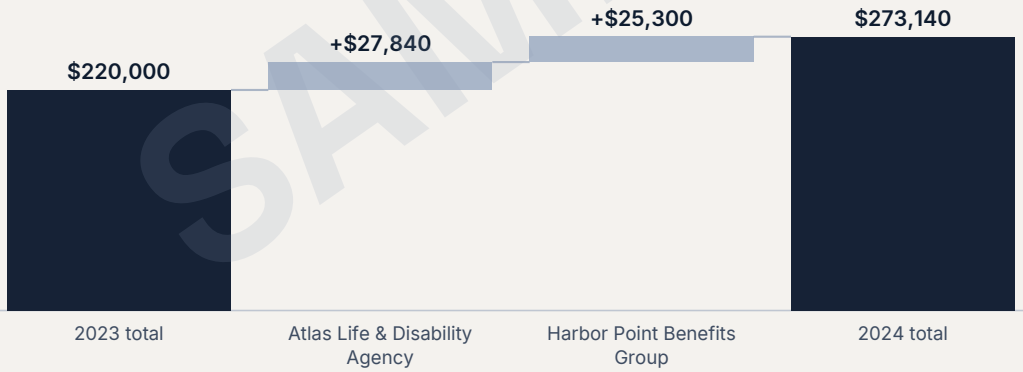


Change over the period

This plan's broker compensation per participant per month rose 17% from 2022 to 2024; the peer median rose 10%.

Peer medians by year: 2022: n=189 · 2023: n=203 · 2024: n=214 · Source: Form 5500 Schedule A/C.

What changed, 2023 to 2024



From 2023 to 2024, total broker compensation rose $53,140 (24%). Atlas Life & Disability Agency accounts for $27,840 of the change. Brokers under one corporate family are combined. The $53,140 change is the as-filed broker total, including voluntary coverage. Headcount was 712 in 2023 and 740 in 2024, and this total is not divided by either count. The chart above is per participant and leaves voluntary coverage out.

SAMPLE

Action kit

Pre-filled from this report: the questions its findings raise, the standard renewal set, a disclosure-request letter, and a broker RFP outline. Questions about these numbers? Ask Unbrokered at unbrokered.health/dashboard/chat.

QUESTIONS FROM THIS REPORT'S FINDINGS

1. **What accounts for the dental rate?**
   Commission on our dental line (Delta Dental of Ohio) runs 10.9% of premium against a peer median of 5.5%. What services on this line account for the position? We would like a proposal at or below 7%.

2. **What drives the bonuses and other payments?**
   All of the broker pay disclosed on our filing for employer-paid lines ($246,000) is paid by carriers and funded through premium; $88,000 of it is bonuses and other payments beyond base commission. What drives those payments, and would you work on a disclosed, billed fee instead?

3. **Can the voluntary commission be restructured or disclosed?**
   Our employees pay $118,000 in voluntary premium through payroll, carrying 23.0% commission against a peer median of 17.2%. Can this be restructured or disclosed to employees?

The standard renewal question set

A. **What is your total compensation on our account, combining direct fees, commissions, and premium-embedded amounts paid to you by carriers?**
One combined number is the starting point for any comparison.

B. **Can you provide your 408(b)(2) compensation disclosure in writing before we renew?**
Written disclosure is required, and it protects the plan fiduciary.

C. **How much of your compensation is paid by carriers rather than by us directly?**
Carrier-paid amounts are funded through premium and never appear on an invoice.

D. **Do you receive contingent or volume-based bonuses from any carrier we use?**
Contingent pay ties earnings to carrier placement, not plan outcomes.

E. **How does your compensation change if our premium goes up at renewal?**
Percentage commissions rise automatically with premium; a flat fee does not.

F. **Would you quote this account on a flat-fee basis? What would that fee be?**
A flat-fee quote is a concrete alternative to compare against commission.

G. **How many markets did you approach at our last renewal, and can we see the full quote responses?**
The quote responses show whether the marketing effort happened.

H. **What services are included in your compensation, and which would be billed separately?**
A service inventory lets firms be compared on substance.

I. **Who on your team works on our account, and how much time did they log for us last year?**
Compensation should bear a reasonable relationship to the work performed.

J. **How does our total broker cost compare to employers of our size in our industry?**
The answer can be checked against this benchmark.

K. **Do you or your firm have any ownership interest in, or revenue from, the carriers or vendors you recommend to us?**
Related-party arrangements are legal but must be disclosed.

L. **If we moved to net-of-commission rates with a disclosed, billed fee, how would you structure it and what would the fee be?**
It turns a conflict-of-interest concern into a pricing conversation.

SAMPLE

ERISA §408(b)(2)(B) disclosure request letter

Pre-filled with Harbor Point Benefits Group, the plan year beginning July 1, 2027, and a response date of March 3, 2027. Review, add a signature block, and send on company letterhead.

Send a copy to each firm paid on the plan: Harbor Point Benefits Group, Atlas Life & Disability Agency.

Re: Request for compensation disclosure under ERISA Section 408(b)(2)(B), Meridian Fabrication Co. group health plan

Dear Harbor Point Benefits Group,

Meridian Fabrication Co. is a plan fiduciary of its group health plan. Under Section 202 of the Consolidated Appropriations Act, 2021, which added Section 408(b)(2)(B) to ERISA, brokers and consultants who reasonably expect to receive $1,000 or more in direct or indirect compensation in connection with services to a group health plan are required to disclose that compensation to the responsible plan fiduciary in writing.

To support our fiduciary review of plan service arrangements for the current plan year and the plan year beginning July 1, 2027, we request that you provide the following in writing by March 3, 2027:

- A description of the services you provide to the plan.
- A statement of whether you (or an affiliate) will provide any services as a fiduciary to the plan.
- All direct compensation you expect to receive from the plan or from us in connection with your services, in dollars or a reasonable estimate.
- All indirect compensation you expect to receive from any source other than the plan or us (including carrier commissions, overrides, bonuses, contingent or volume-based payments, and non-monetary compensation), along with the payer of each amount and the arrangement under which it is paid.
- Any compensation you expect to receive in connection with the termination of the arrangement.
- A description of any transaction-based compensation (e.g., commissions) including the services to which it relates.

This request is made to support our review of whether plan service arrangements are reasonable, as ERISA requires of us. It is a standard fiduciary practice and not a reflection on our relationship.

Please direct the disclosure and any questions to the undersigned. We appreciate your prompt attention.

Sincerely,

[Name, title]

Meridian Fabrication Co.

SAMPLE

Broker RFP outline (pre-filled)

Facts from the filings are filled in. Complete the deadline and contact, and delete anything that does not apply.

INTRODUCTION AND PURPOSE

Meridian Fabrication Co. invites qualified benefits consulting and brokerage firms to submit proposals for employee benefits brokerage and advisory services. Our goals are transparent compensation, a documented marketing process, and advice that is independent of carrier incentives.

COMPANY PROFILE

The basics bidders need to price the work:

- Meridian Fabrication Co., OH · Manufacturing
- Benefits-eligible employees: 740 (2024 Form 5500)
- Funding: fully insured
- Plan year begins July 1, 2027
- New arrangement would take effect July 1, 2027.

LINES IN SCOPE

- Medical: Anthem Blue Cross Life & Health, $6,930,000 annual premium
- Dental: Delta Dental of Ohio, $348,000 annual premium
- LTD: Unum Life, $142,000 annual premium
- Life + STD: Unum Life, $96,000 annual premium
- Voluntary: Continental American, $118,000 annual premium

SCOPE OF SERVICES REQUESTED

Ask each bidder to confirm, line by line, what is included:

- Annual marketing of all lines of coverage with documented carrier responses
- Renewal negotiation and underwriting review
- Compliance support (CAA, ERISA, ACA reporting)
- Employee communications and open enrollment support
- Claims advocacy and escalation
- Benchmarking of plan design and cost against peers

COMPENSATION DISCLOSURE REQUIREMENTS

Require every bidder to disclose, in writing:

- Proposed compensation structure (flat fee, PEPM, or commission) with the dollar amount or rate
- All expected direct compensation from Meridian Fabrication Co.
- All expected indirect compensation: carrier commissions, overrides, bonuses, and contingent payments
- Any ownership interests in or revenue-sharing with carriers, PBMs, or vendors they may recommend
- A sample 408(b)(2) disclosure they would provide upon engagement

EVALUATION CRITERIA

State how proposals will be scored so bidders compete on the dimensions you care about, for example total cost of the engagement, transparency of compensation, depth of the service team, marketing process rigor, and references from clients of similar size. Current disclosed compensation is $273,140 on insured lines; bidders should quote total compensation on the same basis.

SUBMISSION INSTRUCTIONS

[Deadline date], submitted to [contact name and email]. Indicate that finalists may be asked to present, and that Meridian Fabrication Co. reserves the right to reject any proposal.

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TEMPLATE · COMPLETED BY THE PLAN FIDUCIARY

Reasonable-compensation determination memo

For the plan fiduciary

This is a template for the plan fiduciary to complete. Unbrokered has filled in the facts from this employer's public filings. The services reviewed, the determination, and the reasons for it are the fiduciary's own, and nothing on this page is a recommendation. Whether compensation is reasonable depends on the services the plan receives, which the filings do not show, so Unbrokered does not make that determination.

FACTS FROM THE FILINGS (PRE-FILLED)

Plan	**Meridian Fabrication Co. group health plan**
Review period	**Plan year 2024**
Compensation reviewed	**$246,000 total ($27.70 per participant per month), approximately the 78th percentile of disclosed peer compensation**
Premium-embedded	**$246,000 (100%) on employer-paid lines, $88,000 of it bonuses and other carrier payments; billed to the plan: $0**
Peer benchmark	**Manufacturing · 501 to 2,500 employees · national · fully insured (n = 214 employers; minimum displayable sample n = 10)**
Source	**Public Form 5500 Schedule A/C filings (U.S. Department of Labor), benchmark generated October 30, 2026**

Form 5500 captures broker pay that runs through the plan. Pay an employer covers from its own funds is generally not filed, so some peers' totals may be understated.

COMPENSATION BY LINE (PRE-FILLED)

Line	Carrier	Commission	Rate	Peer median
Medical	Anthem Blue Cross Life & Health	$193,200	2.8%	3.9%
Dental	Delta Dental of Ohio	$38,000	10.9%	5.5%
LTD	Unum Life	$5,200	3.7%	13.0%
Life + STD	Unum Life	$9,600	10.0%	–
Voluntary	Continental American	$27,140	23.0%	17.2%
All lines (as filed)		$273,140		
Less: voluntary		($27,140)		
Benchmarked total		**$246,000**		

SAMPLE

BROKERS OF RECORD (AS FILED)

Broker of record	Base commission	Bonuses & other	Total
Harbor Point Benefits Group LLC	$143,200	$88,000	$231,200
Atlas Life & Disability Agency	$41,940	–	$41,940

> **What this report can't see.** Form 5500 does not capture fees the employer pays a broker or consultant directly, from corporate funds.

Medical/consulting fee paid directly: $

COMPLETED BY THE PLAN FIDUCIARY

Services received From the 408(b)(2) disclosure: what the broker and consultants did for the plan in this period.

Other information considered For example, answers to the questions in this report, quotes from other firms, or the plan's complexity.

Determination (check one)

- ☐ Reasonable for the services received.
- ☐ Reasonable, provided the follow-up actions below are completed by the next review.
- ☐ Not yet determined; follow-up is needed first.
- ☐ Not reasonable; the arrangement will be renegotiated, restructured, or put out to bid.

Basis for the determination In the fiduciary's own words, why this conclusion was reached.

Follow-up actions, owner, and due date Or write 'none'.

Fiduciary name and title | Signature | Date

Retain this memo with the attached benchmark and any service-provider disclosures reviewed in the plan's fiduciary records (for example, alongside committee minutes). Review again within 12 months or at the next renewal, whichever is earlier.

SAMPLE

Methodology

Who pays for this benchmark

A benchmark is only as neutral as the party who pays for it. Unbrokered's benchmarks are computed identically for every plan from public filings anyone can verify at efast.dol.gov, and no measured party funds this platform. Prepared by Unbrokered, which is funded by employers through paid reports and research access. No broker, carrier, PBM, or vendor pays us anything: no commissions, no referral fees, no advertising, no lead sales.

Why peer figures vary so much

Every figure is exactly what the company filed with the Department of Labor. Figures vary widely because companies run different amounts of their benefits through insured contracts, and some pay their broker mostly in ways Form 5500 doesn't capture (a fee from company funds, or the medical advisor fee on a self-funded plan). That's why we compare on the median rather than the highs and lows, show which lines each company discloses, and compare commission as a share of premium, which isn't affected by how many lines a company insures. Union and multi-employer benefit funds are excluded from employer peer groups.

How funding type is assigned

Form 5500 reports a funding arrangement, not a plain self-funded/insured flag. Plans filed as insurance are grouped as fully insured. Plans filed as mixed or general assets/trust are grouped as self-funded, because in both the employer bears claim risk on at least part of the plan. Most self-funded plans in this dataset are filed as mixed, so a self-funded peer group includes plans that insure some benefit lines and self-fund others. The commission-rate comparisons in each report are line-by-line, so they are unaffected by this grouping; the per-participant comparison is affected, which is why both are shown.

Voluntary and worksite lines

Employees pay these premiums through payroll, so the commission on them comes out of employee money rather than company money. They are excluded from the benchmarked broker-pay total and from peer comparisons, and are shown separately with their commission rate only.

How peer groups are built

Peer groups are built from Form 5500 Schedule A and Schedule C broker rows, summed per employer and grouped by industry, size band, funding type and geography; percentiles are computed within each group per plan year. Each peer's pay covers every line except voluntary and is divided by the participant count of its largest medical plan, the same way this plan's figure is built. This report's peer group: Manufacturing · 501 to 2,500 employees · national · fully insured · n = 214 employers · plan year 2024 · Source: Form 5500 Schedule A/C. Per-line commission peers are single-line contracts covering a similar number of lives; bundled contracts are never compared with them.

What the filings capture

Form 5500 Schedules A and C capture broker and consultant pay that runs through the plan: carrier commissions, carrier-paid bonuses, and fees paid from plan assets. Pay an employer covers directly from its own corporate funds is generally not reported. Some peers' totals may therefore be understated, and a plan whose advisors are paid through its premium can rank higher than its total advisor cost alone would place it. Percentiles in this report compare what was disclosed, not every dollar each employer spends on advice.

SAMPLE

Minimum sample and broadening

No benchmark is displayed from a group of fewer than 10 employers. Below that, the scope broadens one step at a time (state, region, national, then all industries at the company's size), and every step is disclosed with the figure it affects.

Plausibility filter

Rows implying more than $200 per participant per month, $50,000,000 on one Schedule A/C line, or a Schedule A commission above 100% of the premium reported on that contract, are treated as filing errors and kept out of peer benchmarks, the headline, the per-participant figure, and the year-by-year trend. A missing or zero premium is not that commission test. On this company's own filing they are still shown, flagged, and checked against the EFAST publication as filed. Rates above 40% of premium on core lines, or 100% on voluntary / worksite lines, are excluded from peer distributions. On a company's own filing those same contracts are marked Not comparable: the filed dollars stay visible, and they carry no peer position.

How brokers are paid: three models

Commission-based. The broker is paid by carriers as a percentage of premium. The cost is inside your premium; pay rises when premium rises.

Fee-only / flat fee. The employer pays the advisor directly, in writing. Carrier commissions are removed from premium or credited back, so the advisor's pay does not grow with your premium.

Overrides. Additional bonuses paid to the broker by carriers, funded through your premium and tied to volume or retention across the broker's whole book. Most employers never see these amounts.

Terms used in this report

Per participant per month	Disclosed broker pay divided by participants on the largest medical plan, divided by 12, on every line except voluntary coverage. It puts plans of different sizes on equal footing. Size alone can't make the number look high or low.
Percentile	If you're at the 70th percentile, you pay more than 70% of comparable plans.
Base commission	The carrier's standard commission to the broker, a percentage of premium. Paid by the carrier, funded by your premium.
Bonuses & other	Overrides, bonuses, and other carrier payments, often tied to the broker's whole book. Paid by the carrier, funded by your premium.
Premium-embedded	Any broker pay funded through premium rather than billed to you.
Billed fee	A fee you pay the advisor directly (Schedule C, or outside the plan).

SAMPLE

Data vintages

This report draws on plan years 2022–2024 and was generated October 30, 2026. Form 5500 filings lag the plan year by 12–18 months; the benchmark year is 2024. Plan years are labeled by the year they begin, and histories start at plan year 2021.

Citations and verification

- Primary source: U.S. Department of Labor Form 5500 series, EFAST2. Verify any figure at https://www.efast.dol.gov/5500Search/ (search EIN 00-0000000).
- ERISA §408(b)(2)(B): covered service providers must disclose direct and indirect compensation to plan fiduciaries.
- Found a discrepancy? Report it and the filing will be re-checked: https://unbrokered.health/companies/00-0000000.

Appendix: prior years and plans on file

Broker pay by firm for each earlier analysis year, in the same layout as Section 02.

Plan year 2023

Broker	Base commission	Bonuses & other	Total	Bonus share
Harbor Point Benefits Group LLC	$128,400	$77,500	$205,900	38%
Atlas Life & Disability Agency	$14,100	–	$14,100	–
All brokers			**$220,000**	

Plan year 2022

Broker	Base commission	Bonuses & other	Total	Bonus share
Harbor Point Benefits Group LLC	$112,900	$68,200	$181,100	38%
Atlas Life & Disability Agency	$13,600	–	$13,600	–
All brokers			**$194,700**	

What the 2024 premium bought

Line	Carrier	Premium	Claims	Loss ratio	Peer median	Retention
Medical	Anthem Blue Cross Life & Health	$6,930,000	$5,890,000	85%	86%	9%
Dental	Delta Dental of Ohio	$348,000	$216,000	62%	79%	18%

Loss ratio = incurred claims ÷ earned premium (Schedule A Part III, experience-rated contracts). Retention = commissions + administration + premium taxes as a share of premium, as filed by the carrier.

SAMPLE

Plans on file

Form 5500 filings under this EIN. Figures in this report roll up across plans, as on the public profile.

Plan year	Plan	Participants	Funding
2024	Meridian Fabrication Co. Group Health Plan	740	Fully insured
2024	Meridian Fabrication Co. Life & Disability Plan	731	Fully insured
2023	Meridian Fabrication Co. Group Health Plan	712	Fully insured
2022	Meridian Fabrication Co. Group Health Plan	683	Fully insured

Name normalization: Harbor Point Benefits Group LLC, filed as Harbor Point Benefits Group LLC / HARBOR POINT BENEFITS GROUP

SAMPLE