



Cypress Group Vision Premium Rates & Participation Guidelines

- Group Vision is available to employer groups of 2 or more full-time employees
- Two plan options available – 12/12/12/12 or 12/12/24/12
- Two copay alternatives are available – \$0/\$10/\$0 or \$10/\$20/\$0
- Employer paid or voluntary rates are available based on participation (see below)
- Rates are guaranteed for 2 years

Premium Rates – California		<i>Subject to underwriting</i>				Rates effective January – June 2012			
		Rate Tier		Plan Option – Copayment Structure					
				I-A	I-B	II-A	II-B		
Employer Paid	Employee			\$7.21	\$6.23	\$6.93	\$6.02		
	Employee + Spouse			\$13.77	\$11.88	\$13.22	\$11.46		
	Employee + Child(ren)			\$15.31	\$13.43	\$14.81	\$13.05		
	Employee + Family			\$23.51	\$20.51	\$22.68	\$19.89		
Voluntary	Employee			\$11.79	\$10.57	\$11.01	\$9.92		
	Employee + Spouse			\$22.78	\$20.39	\$21.31	\$19.17		
	Employee + Child(ren)			\$24.53	\$22.00	\$22.98	\$20.73		
	Employee + Family			\$38.05	\$34.10	\$35.62	\$32.09		

- Groups with 2-4 employees enrolling in group vision must also be enrolled on Cypress group dental plan – Voluntary rates apply.
- Groups with 5-9 employees enrolling in group vision may do so without enrolling in Cypress group dental plan – Voluntary rates apply.
- Groups of 10+ employees enrolling in group vision may do so without enrolling in Cypress group dental plan subject to the following participation guidelines:
 - No coverage is available if less than 20% of eligible employees enroll
 - Employer Paid rates are available with 50%+ of eligible employees enrolled
 - Voluntary rates are available with 20%-49% of eligible employees enrolled