Crane Interiors

BMA / MetLife - LIFE INSURANCE

Account # TM05927039 0001

Rates Effective 01/01/17

Life Insurance Weekly Cost

Age Group	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69
per $10,000 of coverage	$0.3439	$0.4362	$0.6670	$1.0824	$1.8440	$3.0441	$3.9441	$6.7136

Child	Child per $10,000 coverage = $0.67 / week

Check with HR to get exact pricing on all Life Insurance products

Cost of Dental Insurance

Rates Effective 01/01/17

DELTA DENTAL

Account # 7402-002

	Weekly Premium	Monthly Premium	COBRA
Employee Only	$ 6.20	$ 26.86	$ 27.40
Employee Plus One	$ 11.76	$ 50.93	$ 51.95
Family	$ 19.42	$ 84.08	$ 85.76

Cost of Medical Insurance

Rates Effective 01/01/17

Blue Cross / Blue Shield of Tennessee **Group #: 125335**

Medical Insurance

Blue Cross / Blue Shield	Option I High OOP Weekly Premium	Option III Std OOP Weekly Premium	Option I High OOP Monthly Premium	Option III Std OOP Monthly Premium	High OOP COBRA	Std OOP COBRA
Employee Only PPO	$ 25.70	$ 33.28	$ 111.36	$ 144.20	$ 478.64	$ 512.13
Employee & Children PPO	$ 115.59	$ 128.55	$ 500.85	$ 557.01	$ 875.91	$ 933.20
Employee & Spouse PPO	$ 144.83	$ 159.70	$ 627.53	$ 691.97	$ 1,005.13	$ 1,070.86
Family PPO	$ 246.08	$ 267.58	$ 1,066.28	$ 1,159.43	$ 1,452.65	$ 1,547.67

Blue Cross / Blue Shield of Tennessee

Vision Coverage

	Individual	Ee/Sp	Ee/Children	Family
Weekly	$ 1.45	$ 2.89	$ 3.04	$ 4.77
Monthly	$ 6.26	$12.53	$ 13.16	$ 20.67

NOTE: Payroll deductions begin one month in advance of effective date.

Option II Weekly Premium	Option II Monthly Premium
$ 40.08	$ 173.67
$ 141.90	$ 614.87
$ 175.02	$ 758.38
$ 289.73	$ 1,255.39