

Medical and Dental Plan Monthly Premiums Rates Effective January 1, 2010

CMH MEDICAL PLAN

	Monthly Full Time Employee Contribution	Payroll Deduction	Monthly Part Time Employee Contribution	Payroll Deduction
Employee Only	\$40.00	\$20.00	\$85.00	\$42.50
Employee + 1 Child	\$60.00	\$30.00	\$124.00	\$62.00
Employee + Spouse	\$75.00	\$37.50	\$180.00	\$90.00
Family Coverage Two or More Dependents	\$105.00	\$52.50	\$256.00	\$128.00

CMH DENTAL PLAN

	Monthly Full Time Employee Contribution	Payroll Deduction	Monthly Part Time Employee Contribution	Payroll Deduction
Employee Only	\$5.78	\$2.89	\$8.78	\$4.39
Employee + 1	\$14.00	\$7.00	\$22.32	\$11.16
Family Coverage Two or More Dependents	\$19.00	\$9.50	\$28.90	\$14.45

One-half of the monthly premium is deducted on the first and second pay date of each month on a pre-tax basis (bi-weekly).
Premiums are deducted on 24 pay dates per year.