



# CATHOLIC DIOCESE OF RALEIGH

## Lay Employee Monthly Health Insurance Premium Rates

July 1, 2024 - June 30, 2025

(26 pay periods)

TYPE OF COVERAGE	CBEBT BILLED Monthly Premium MEDICAL & VISION	COST PER BI-WEEKLY PAYCHECK MEDICAL & VISION	CBEBT BILLED Monthly Premium DENTAL	COST PER BI-WEEKLY PAYCHECK DENTAL
<b>EMPLOYEE</b>	<b>\$806.50</b> \$791.71 Medical \$7.40 Vision	<b>\$52.75</b> Employee only	<b>\$36.22</b>	<b>\$5.30</b> Employee Only
<b>SPOUSE</b>	<b>\$776.34</b> \$761.61 Medical \$7.36 Vision	<b>\$338.47</b> EE + Spouse \$52.75 + \$285.71	<b>\$42.38</b>	<b>\$22.44</b> EE + Spouse \$5.30 + \$17.14
<b>CHILD(REN)</b>	<b>\$456.39</b> \$439.58 Medical \$8.40 Vision	<b>\$174.90</b> EE + Children \$52.75 + \$122.15	<b>\$22.96</b>	<b>\$20.17</b> EE + Child(ren) \$5.30 + \$14.87
<b>FAMILY</b>	<b>\$1,232.75</b> \$1,201.19 Medical \$15.78 Vision	<b>\$432.93</b> EE + Family \$52.75 + \$380.17	<b>\$63.57</b>	<b>\$37.29</b> EE + Family \$5.30 + \$31.99

The cost of benefits per paycheck is based on 26 pay periods for employees who work a 12-month schedule.

The Employee rates for Medical/Vision and Dental are included in the per paycheck deduction amounts for Employee + Spouse, Employee + Child(ren), and Employee + Family.

REMINDER: Vision coverage is bundled with medical coverage and cannot be purchased separately.