



## CATHOLIC DIOCESE OF RALEIGH

### Lay Employee Monthly Health Insurance Premium Rates

July 1, 2023 - June 30, 2024

(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>\$790.69</b> \$783.44 Medical \$7.25 Vision	<b>\$52.75</b> Employee only	<b>\$35.51</b>	<b>\$5.30</b> Employee Only
<b>SPOUSE</b>	<b>\$761.12</b> \$753.90 Medical \$7.22 Vision	<b>\$338.47</b> EE + Spouse \$52.75 + \$285.71	<b>\$41.55</b>	<b>\$22.44</b> EE + Spouse \$5.30 + \$17.14
<b>CHILD(REN)</b>	<b>\$447.44</b> \$439.20 Medical \$8.24 Vision	<b>\$174.90</b> EE + Children \$52.75 + \$122.15	<b>\$22.51</b>	<b>\$20.17</b> EE + Child(ren) \$5.30 + \$14.87
<b>FAMILY</b>	<b>\$1,208.58</b> \$1,193.11 Medical \$15.47 Vision	<b>\$432.93</b> EE + Family \$52.75 + \$380.17	<b>\$62.32</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.