



# CATHOLIC DIOCESE OF RALEIGH

## Lay Employee Monthly Health Insurance Premium Rates

**July 1, 2023 - June 30, 2024**

**(20 pay periods / 10-month school employees)**

***Deductions will be taken on payroll dates September 15, 2023 – June 7, 2024***

TYPE OF COVERAGE	CBEBT BILLED Monthly Premium MEDICAL & VISION	COST PER PAYCHECK (20 pays) MEDICAL & VISION	CBEBT BILLED Monthly Premium DENTAL	COST PER PAYCHECK (20 pays) DENTAL
<b>EMPLOYEE</b>	<b>\$790.69</b> \$783.44 Medical \$7.25 Vision	<b>\$68.58</b> Employee only	<b>\$35.51</b>	<b>\$6.89</b> Employee Only
<b>SPOUSE</b>	<b>\$761.12</b> \$753.90 Medical \$7.22 Vision	<b>\$440.01</b> EE + Spouse \$68.58 + \$371.43	<b>\$41.55</b>	<b>\$29.17</b> EE + Spouse \$6.89 + \$22.28
<b>CHILD(REN)</b>	<b>\$447.44</b> \$439.20 Medical \$8.24 Vision	<b>\$227.38</b> EE + Child(ren) \$68.58 + \$158.80	<b>\$22.51</b>	<b>\$26.23</b> EE + Child(ren) \$6.89 + \$19.34
<b>FAMILY</b>	<b>\$1,208.58</b> \$1,193.11 Medical \$15.47 Vision	<b>\$562.81</b> EE + Family \$68.58 + \$494.23	<b>\$62.32</b>	<b>\$48.49</b> EE + Family \$6.89 + \$42.00

The cost of benefits per paycheck is based on 20 pay periods for school employees working a 10-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.