



CATHOLIC DIOCESE OF RALEIGH
Lay Employee Monthly Health Insurance
Premium Rates July 1, 2025 - June 30, 2026
(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
EMPLOYEE	\$806.50 \$791.71 Medical \$7.40 Vision	\$52.75 Employee only	\$36.22	\$5.30 Employee Only
SPOUSE	\$776.34 \$761.61 Medical \$7.36 Vision	\$338.47 EE + Spouse \$52.75 + \$285.71	\$42.38	\$22.44 EE + Spouse \$5.30 + \$17.14
CHILD(REN)	\$456.39 \$439.58 Medical \$8.40 Vision	\$174.90 EE + Children \$52.75 + \$122.15	\$22.96	\$20.17 EE + Child(ren) \$5.30 + \$14.87
FAMILY	\$1,232.75 \$1,201.19 Medical \$15.78 Vision	\$432.93 EE + Family \$52.75 + \$380.17	\$63.57	\$37.29 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.