CATHOLIC DIOCESE OF RALEIGH

Lay Employee Monthly Health Insurance Premium Rates

July 1, 2025 - June 30, 2026

(20 pay periods / 10-month school employees)

Deductions will be taken beginning with payroll date September 26, 2025

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
EMPLOYEE	**$806.67** $799.42 Medical $7.25 Vision	**$68.58** Employee only	**$37.30**	**$6.89** Employee Only
SPOUSE	**$776.52** $769.30 Medical $7.22 Vision	**$440.01** EE + Spouse $68.58 + $371.43	**$43.66**	**$29.17** EE + Spouse $6.89 + $22.28
CHILD(REN)	**$456.42** $448.18 Medical $8.24 Vision	**$227.38** EE + Child(ren) $68.58 + $158.80	**$23.66**	**$26.23** EE + Child(ren) $6.89 + $19.34
FAMILY	**$1232.93** $1217.46 Medical $15.74 Vision	**$562.81** EE + Family $68.58 + $494.23	**$65.48**	**$48.49** 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.