



CATHOLIC DIOCESE OF RALEIGH

Lay Employee Monthly Health Insurance Premium Rates

September 1, 2025 - August 31, 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.