



# CATHOLIC DIOCESE OF RALEIGH

## Lay Employee Monthly Health Insurance Premium Rates

July 1, 2024 - June 30, 2025

(20 pay periods / 10-month school employees)

*Deductions will be taken on payroll dates September 13, 2024 - June 6, 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
<b>EMPLOYEE</b>	<b>\$806.50</b> \$791.71 Medical \$7.40 Vision	<b>\$68.58</b> Employee only	<b>\$36.22</b>	<b>\$6.89</b> Employee Only
<b>SPOUSE</b>	<b>\$776.34</b> \$761.61 Medical \$7.36 Vision	<b>\$440.01</b> EE + Spouse \$68.58 + \$371.43	<b>\$42.38</b>	<b>\$29.17</b> EE + Spouse \$6.89 + \$22.28
<b>CHILD(REN)</b>	<b>\$456.39</b> \$439.58 Medical \$8.40 Vision	<b>\$227.38</b> EE + Child(ren) \$68.58 + \$158.80	<b>\$22.96</b>	<b>\$26.23</b> EE + Child(ren) \$6.89 + \$19.34
<b>FAMILY</b>	<b>\$1232.75</b> \$1,201.19 Medical \$15.78 Vision	<b>\$562.81</b> EE + Family \$68.58 + \$494.23	<b>\$63.57</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.