



The Catholic Diocese of Raleigh

July 1, 2016— June 30, 2017

Lay Employee Monthly Health Insurance Premium Rates

TYPE OF COVERAGE	CBEBT BILLED Monthly Premium MEDICAL & VISION	Cost per paycheck* MEDICAL & VISION	CBEBT BILLED Monthly Premium DENTAL	Cost per paycheck* DENTAL
Employee	\$600.64 \$593.90 Medical \$6.74 Vision	\$20.00 EE Employee only	\$32.87	\$3.00 EE Employee only
Spouse	\$578.23 \$571.51 Medical \$6.72 Vision	\$286.87 EE + Spouse	\$39.44	\$21.20 EE + Spouse
Child/ren	\$340.62 \$332.95 Medical \$7.67 vision	\$177.20 EE + Child(ren)	\$34.52	\$18.93 EE + Child(ren)
Family	\$918.85 \$904.46 Medical \$14.39 Vision	\$444.08 EE + Family	\$73.96	\$37.13 EE + Family

*Cost per paycheck based on 26 pay periods. Cost for employee is a determined flat rate. Costs for Spouse, Child(ren), and Family are calculated by multiplying monthly billed rate x 12, then dividing by 26 (pay periods). Employee (EE) flat rate is added into total amount of cost per paycheck for dependent coverage. **Vision coverage is combined with Medical coverage and cannot be purchased separately.**