



CATHOLIC DIOCESE OF RALEIGH

Lay Employee Monthly Health Insurance Premium Rates

July 1, 2019 - June 30, 2020

(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	\$615.40 \$608.15 Medical \$7.25 Vision	\$20.00 Employee only	\$30.30	\$3.00 Employee Only
SPOUSE	\$592.45 \$585.23 Medical \$7.22 Vision	\$293.44 EE + Spouse \$20.00 + \$273.44	\$36.35	\$19.78 EE + Spouse \$3.00 + \$16.78
CHILD(REN)	\$349.18 \$340.94 Medical \$8.24 Vision	\$135.00 EE + Children \$20.00 + \$115.00 Subsidized	\$31.81	\$17.68 EE + Child(ren) \$3.00 + \$14.68
FAMILY	\$941.64 \$926.17 Medical \$15.47 Vision	\$380.75 EE + Family \$20.00 + \$360.75 Subsidized	\$68.16	\$34.46 EE + Family \$3.00 + \$31.46

The cost of benefits per paycheck is based on 26 pay periods for employees who work a 12-month schedule.

The per paycheck deduction for Employee is a pre-determined flat rate and does not correlate to the monthly billing amount. The bi-weekly deductions for Spouse, Child(ren), and Family are calculated by multiplying the monthly billed rate x 12; then dividing by 26 (pay periods) to collect the full amount of the billed monthly premiums.

As of July 1, 2019, the Child(ren) **medical** rate will be subsidized by \$1,200 per year (\$46.15 per bi-weekly pay) and the Family **medical** rate will be subsidized by \$1,920 per year (\$73.85 per bi-weekly pay). There is no subsidy for Spouse only coverage. The employee (EE) flat rate is added to the total deduction per paycheck for those with dependent coverage.

NOTE: Vision coverage is combined with medical coverage as a benefit and cannot be purchased separately.