



CATHOLIC DIOCESE OF RALEIGH

Lay Employee Monthly Health Insurance Premium Rates

July 1, 2020 - June 30, 2021

(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. NOTE: The Child(ren) **medical** rate is subsidized by \$1,200 per year (\$46.15 per bi-weekly pay) and the Family **medical** rate is subsidized by \$1,920 per year (\$73.85 per bi-weekly pay). There is no subsidy for Spouse only medical coverage. Dependent dental coverage is not subsidized at any level. The employee (EE) flat rate is added to the total deduction per paycheck for those with dependent coverage.

REMINDER: Vision coverage is bundled with medical coverage and cannot be purchased separately.