



CATHOLIC DIOCESE OF RALEIGH

Lay Employee Monthly Health Insurance Premium Rates

July 1, 2021 - June 30, 2022

(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	\$698.11 \$690.86 Medical \$7.25 Vision	\$40.00 Employee only	\$32.83	\$5.00 Employee Only
SPOUSE	\$672.04 \$664.82 Medical \$7.22 Vision	\$313.44 EE + Spouse	\$38.42	\$21.78 EE + Spouse
CHILD(REN)	\$395.55 \$387.31 Medical \$8.24 Vision	\$155.00 EE + Child(ren)	\$20.81	\$19.68 EE + Child(ren)
FAMILY	\$1,067.60 \$1,052.13 Medical \$15.47 Vision	\$400.75 EE + Family	\$57.62	\$36.46 EE + Family

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