



CATHOLIC DIOCESE OF RALEIGH

Lay Employee Monthly Health Insurance Premium Rates

July 1, 2022 - June 30, 2023

(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	\$753.38 \$746.13 Medical \$7.25 Vision	\$52.75 Employee only	\$34.14	\$5.30 Employee Only
SPOUSE	\$725.22 \$718.00 Medical \$7.22 Vision	\$338.47 EE + Spouse \$52.75 + \$285.71	\$39.96	\$22.44 EE + Spouse \$5.30 + \$17.14
CHILD(REN)	\$426.53 \$418.29 Medical \$8.24 Vision	\$174.90 EE + Children \$52.75 + \$122.15 Subsidized	\$21.65	\$20.17 EE + Child(ren) \$5.30 + \$14.87
FAMILY	\$1,151.77 \$1,136.30 Medical \$15.47 Vision	\$432.93 EE + Family \$52.75 + \$380.17 Subsidized	\$59.93	\$37.29 EE + Family \$5.30 + \$31.99

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

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) **plus** the rate increase for the 2021-2022 fiscal year which was absorbed in full by the locations for the spouse, child(ren), and family medical rates. For the 2022-2023 fiscal year, the difference in the increase of the premiums has been split equally between employees and locations.

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.