

Nordonia Hills City Schools  
Insurance Rate Schedule  
Effective 7/1/2023 - 6/30/2024

**Administrators - Monthly Premium Amounts**

	<b>Employee Paid</b>	<b>Board Paid</b>		<b>TOTAL</b>
Single- Medical	\$199.06	\$796.21		\$995.27
Single- Dental	\$20.68	\$82.69		\$103.37
Single- Vision	\$4.20	\$16.78		\$20.98
Total	\$223.94	\$895.68		\$1,119.62
Family- Medical	\$483.50	\$1,933.98		\$2,417.48
Family- Dental	\$50.96	\$203.87		\$254.83
Family- Vision	\$10.46	\$41.87		\$52.33
Total	\$544.92	\$2,179.72		\$2,724.64

\*\*Stark County Consortium rates subject to change every July 1st\*\*

revised 6/23