

Nordonia Hills City Schools
Insurance Rate Schedule
Effective 7/1/2024 - 6/30/2025

Administrators - Monthly Premium Amounts

	Employee Paid	Board Paid		TOTAL
Single- Medical	\$211.70	\$846.82		\$1,058.52
Single- Dental	\$21.46	\$85.82		\$107.28
Single- Vision	\$4.18	\$16.74		\$20.92
Total	\$237.34	\$949.38		\$1,186.72
Family- Medical	\$514.22	\$2,056.88		\$2,571.10
Family- Dental	\$52.90	\$211.60		\$264.50
Family- Vision	\$10.44	\$41.76		\$52.20
Total	\$577.56	\$2,310.24		\$2,887.80

Stark County Consortium rates subject to change every July 1st

revised 6/24