



Plan Rates

Nomic Bio US, INC | 1434222

Medical

Rates Effective 06/01/2024

CHOICE PLUS CWWZ MA P CHC + NG 15/40/100 POS 24 CWWZ PO100004	
Employee Age	Premium/Month
0-14	\$500.72
15	\$500.72
16	\$500.72
17	\$500.72
18	\$500.72
19	\$500.72
20	\$500.72
21	\$788.76
22	\$788.76
23	\$788.76
24	\$788.76
25	\$788.76
26	\$788.76
27	\$813.42
28	\$833.43
29	\$850.09
30	\$858.1
31	\$870.1
32	\$882.1
33	\$889.43
34	\$897.44
35	\$901.43
36	\$905.43
37	\$908.77
38	\$912.76
39	\$920.77

Employee Age	Premium/Month
40	\$928.77
41	\$940.1
42	\$951.44
43	\$966.78
44	\$985.45
45	\$1,007.44
46	\$1,033.44
47	\$1,062.12
48	\$1,094.12
49	\$1,125.46
50	\$1,160.79
51	\$1,194.8
52	\$1,231.47
53	\$1,268.14
54	\$1,307.48
55	\$1,346.14
56	\$1,386.82
57	\$1,428.16
58	\$1,470.83
59	\$1,520.17
60	\$1,576.84
61	\$1,576.84
62	\$1,576.84
63	\$1,576.84
64-999	\$1,576.84

Rates Effective 06/01/2023

CHOICE PLUS CV6U MA G CHC + NG 30/55/100 POS 23 CV6U PO100002	
Employee Age	Premium/Month
0-14	\$440.17
15	\$440.17
16	\$440.17
17	\$440.17

Employee Age	Premium/Month
18	\$440.17
19	\$440.17
20	\$440.17
21	\$693.37
22	\$693.37
23	\$693.37
24	\$693.37
25	\$693.37
26	\$693.37
27	\$715.06
28	\$732.64
29	\$747.29
30	\$754.32
31	\$764.87
32	\$775.42
33	\$781.87
34	\$788.9
35	\$792.42
36	\$795.93
37	\$798.86
38	\$802.38
39	\$809.42
40	\$816.46
41	\$826.42
42	\$836.38
43	\$849.86
44	\$866.27
45	\$885.61
46	\$908.47
47	\$933.68
48	\$961.81
49	\$989.35
50	\$1,020.41
51	\$1,050.31

Employee Age	Premium/Month
52	\$1,082.54
53	\$1,114.78
54	\$1,149.36
55	\$1,183.36
56	\$1,219.11
57	\$1,255.45
58	\$1,292.96
59	\$1,336.33
60	\$1,386.15
61	\$1,386.15
62	\$1,386.15
63	\$1,386.15
64-999	\$1,386.15