Form 1095-A

Health Insurance Marketplace Statement

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	VOID

OMB No. 1545-2232

Department of the Treasury Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records. ► Go to www.irs.gov/Form1095A for instructions and the latest information.

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004003-044118-001-04-003-0023188

Part I	Recipient	Information
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Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name	91 9	
PA	83695399	Highmark	9	
4 Recipient's name	a, as a quae e a de acumenta de escribir en	5 Recipient's SSN	6 Recipient's date of birth	
Venkatarao Nelluri		xxx-xx-2058		
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date 11 Policy termination date		12 Street address (including apartment no.)		
01/01/2020	12/31/2020	6115 Galleon Dr		
13 City or town	14 State or province	15 Country and ZIP or foreign postal code		
Mechanicsburg	PA	US 17050-2917		

Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 Venkatarao Nelluri	xxx-xx-2058		01/01/2020	12/31/2020
17 Praveena Madala	xxx-xx-8628		01/01/2020	12/31/2020
18 Neha Chowdary Nelluri	xxx-xx-3896		01/01/2020	12/31/2020
19 MEGHANA NELLURI	xxx-xx-9475		01/01/2020	12/31/2020
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Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	1,152.10	0.00	0.00
22 February	1,152.10	0.00	0.00
23 March	1,152.10	0.00	0.00
24 April	1,152.10	0.00	0.00
25 May	1,152.10	0.00	0.00
26 June	1,152.10	0.00	0.00
27 July	1,152.10	0.00	0.00
28 August	1,152.10	0.00	0.00
29 September	1,152.10	0.00	0.00
30 October	1,152.10	0.00	0.00
31 November	1,152.10	0.00	0.00
32 December	864.07	0.00	0.00
33 Annual Totals	13,537.17	0.00	0.00