

Part I Recipient Information

1 Marketplace identifier OH	2 Marketplace-assigned policy number 94433186	3 Policy issuer's name CareSource		
4 Recipient's name Srujana Kodali		5 Recipient's SSN xxx-xx-8774	6 Recipient's date of birth	
7 Recipient's spouse's name Prabhu Kodali		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth 08/16/1983	
10 Policy start date 01/01/2021	11 Policy termination date 06/30/2021	12 Street address (including apartment no.) 29133 Fox Creek Dr Apt 1B		
13 City or town Perrysburg	14 State or province OH	15 Country and ZIP or foreign postal code US 43551		

Part II 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 Srujana Kodali	xxx-xx-8774		01/01/2021	06/30/2021
17 Prabhu Kodali		08/16/1983	01/01/2021	06/30/2021
18 Bhuvan Kodali		04/29/2016	01/01/2021	06/30/2021
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Part III 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	736.54	930.00	736.54
22 February	736.54	930.00	736.54
23 March	736.54	930.00	736.54
24 April	736.54	930.00	736.54
25 May	736.54	930.00	736.54
26 June	736.54	930.00	736.54
27 July	0.00	0.00	0.00
28 August	0.00	0.00	0.00
29 September	0.00	0.00	0.00
30 October	0.00	0.00	0.00
31 November	0.00	0.00	0.00
32 December	0.00	0.00	0.00
33 Annual Totals	4,419.24	5,580.00	4,419.24