

Part I Recipient Information

1 Marketplace identifier TX		2 Marketplace-assigned policy number 102771270		3 Policy issuer's name Ambetter from Superior HealthPlan	
4 Recipient's name sathyamani mullapudi			5 Recipient's SSN XXX-XX-7325		6 Recipient's date of birth
7 Recipient's spouse's name SRINIVAS MULLAPUDI			8 Recipient's spouse's SSN XXX-XX-1557		9 Recipient's spouse's date of birth
10 Policy start date 01/01/2022		11 Policy termination date 09/04/2022		12 Street address (including apartment no.) 15011 Brookwood Bridge Ln	
13 City or town Sugar Land		14 State or province TX		15 Country and ZIP or foreign postal code US 77498	

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 Gayathri Mullapudi	xxx-xx-5716		01/01/2022	09/04/2022
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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	322.13	1,866.09	248.33
22 February	322.13	1,866.09	248.33
23 March	322.13	1,866.09	248.33
24 April	322.13	1,866.09	248.33
25 May	322.13	1,866.09	248.33
26 June	322.13	1,866.09	248.33
27 July	322.13	1,866.09	248.33
28 August	322.13	1,866.09	248.33
29 September	42.95	1,866.09	33.11
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	2,619.99	16,794.81	2,019.75

