

Part I Recipient Information

1 Marketplace identifier New York	2 Marketplace-assigned policy number 25303NY001000100089176200011 209076202201010000	3 Policy issuer's name New York Quality Healthcare Corporation		
4 Recipient's name Govardhana Potturu		5 Recipient's SSN xxx-xx-9610	6 Recipient's date of birth	
7 Recipient's spouse's name Anusha Potturu		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth 1990-08-20	
10 Policy start date 2022-01-01	11 Policy termination date 2022-12-31	12 Street address (including apartment no.) 104 Ten Eyck Pl Apt 11		
13 City or town Guilderland	14 State or province NY	15 Country and ZIP or foreign postal code 12084-9652		

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 Govardhana Potturu	xxx-xx-9610		2022-01-01	2022-12-31
17 Anusha Potturu		1990-08-20	2022-01-01	2022-12-31
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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	818.08	1129.71	465.00
22 February	818.08	1129.71	465.00
23 March	818.08	1129.71	465.00
24 April	818.08	1129.71	465.00
25 May	818.08	1129.71	465.00
26 June	818.08	1129.71	465.00
27 July	818.08	1129.71	465.00
28 August	818.08	1129.71	465.00
29 September	818.08	1129.71	465.00
30 October	818.08	1129.71	465.00
31 November	818.08	1129.71	465.00
32 December	801.62	1129.71	465.00
33 Annual Totals	9800.50	13556.52	5580.00