Form	1	0	95	-A
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Health Insurance Marketplace Statement

Keep for your records

Name(s) Shown on Return AKHILESH REDDY BATHULA & LOURDHU MARY THUMMA				Your Social Security No. 443-85-8648		
Owned by: (See tax help if recipient is a dependent) X Taxpayer Spouse Part I Recipient Information						
1	Marketplace identifier 2 Marketplace-assigned pol. no. NEW YORK 25303NY00400010			3 Policy issuer's name NEWYORK OUALITY HEALTHCARE CORPORATION		
4	Recipient's name AKHILESH REDDY	BA	THULA	5 Recipient's SSN 443-85-864		6 Recipient's DOB 04/18/93
7	Recipient's spouse's name			8 Spouse's SSN		9 Spouse's DOB
10	Policy start date 02/01/22	11	Policy termination date 12/31/22	12 Street address (including apartment no.) 4 SUMMIT HILL WAY, Apt. #422		
13	City or town TROY	14	State or province	-		foreign postal code

Part II Covered Individuals

Check this box to populate the Name, SSN, and DOB for everyone listed on the return in Part II. **Note:** Checking this box again will repopulate the information below and overwrite existing entries.

A. Covered individual name First Last 16 LOURDHU MARY	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
THUMMA 17	984-96-6984	09/01/98	02/01/22	12/31/22
18				
19				
20				

Part III Coverage Information

	Month	Copy Feature See help for more info.	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21	JANUARY				
22	FEBRUAR	Y	825.11	0.00	
23	MARCH		825.11	0.00	
24	APRIL		825.11	0.00	
25	MAY		825.11	0.00	
26	JUNE		825.11	0.00	
27	JULY		825.11	0.00	
28	AUGUST		825.11	0.00	
29	SEPTEMB	ER	825.11	0.00	
30	OCTOBER		825.11	0.00	
31	NOVEMBE	R	825.11	0.00	
32	DECEMBE	R	825.11	0.00	
33	Annual To	tals	9,076.	0.	

2022