

Part I Recipient Information

1 Marketplace identifier New York	2 Marketplace-assigned policy number 25303NY004000100106684320012 793173202202010000	3 Policy issuer's name New York Quality Healthcare Corporation		
4 Recipient's name Akhilesh Reddy Bathula		5 Recipient's SSN xxx-xx-8648	6 Recipient's date of birth	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date 2022-02-01	11 Policy termination date 2022-12-31	12 Street address (including apartment no.) 4 Summit Hill Way Apt 422		
13 City or town Troy	14 State or province NY	15 Country and ZIP or foreign postal code 12180-6347		

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 Lourdhu Mary Thumma		1998-09-01	2022-02-01	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	0.00	0.00	0.00
22 February	825.11	0.00	0.00
23 March	825.11	0.00	0.00
24 April	825.11	0.00	0.00
25 May	825.11	0.00	0.00
26 June	825.11	0.00	0.00
27 July	825.11	0.00	0.00
28 August	825.11	0.00	0.00
29 September	825.11	0.00	0.00
30 October	825.11	0.00	0.00
31 November	825.11	0.00	0.00
32 December	825.11	0.00	0.00
33 Annual Totals	9076.21	0.00	0.00