

Part I Recipient Information

1 Marketplace identifier GA	2 Marketplace-assigned policy number 102264392	3 Policy issuer's name Ambetter from Peach State Health Plan		
4 Recipient's name Kishore Reddy Annapureddy		5 Recipient's SSN xxx-xx-5790	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 01/01/2022	11 Policy termination date 12/31/2022	12 Street address (including apartment no.) 12307 Collingwood Ln		
13 City or town Alpharetta	14 State or province GA	15 Country and ZIP or foreign postal code US 30022		

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	Kishore Reddy Annapureddy	xxx-xx-5790		01/01/2022	12/31/2022
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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	398.77	344.91	345.00
22 February	398.77	344.91	345.00
23 March	398.77	344.91	345.00
24 April	398.77	344.91	345.00
25 May	398.77	344.91	345.00
26 June	398.77	344.91	345.00
27 July	398.77	344.91	345.00
28 August	398.77	344.91	345.00
29 September	398.77	344.91	345.00
30 October	398.77	344.91	345.00
31 November	398.77	344.91	345.00
32 December	398.77	344.91	345.00
33 Annual Totals	4,785.24	4,138.92	4,140.00