Form **1095-A**

Health Insurance Marketplace Statement

VOID

CORRECTED

OMB No. 1545-2232

Department of the Treasury Internal Revenue Service

► Do not attach to your tax return. Keep for your records.

▶ Go to www.irs.gov/Form1095A for instructions and the latest information.

2022

Part I **Recipient Information**

 Marketplace identifier 	2 Marketplace-assigned policy number	3 Policy issuer's name	
GA	102264392	Ambetter from Peach State Health Plan	
4 Recipient's name		5 Recipient's SSN	6 Recipient's date of birth
Kishore Reddy Annapureddy		xxx-xx-5790	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)	
01/01/2022	12/31/2022	12307 Collingwood Ln	
13 City or town	14 State or province	15 Country and ZIP or foreign postal code	
Alpharetta	GA	US 30022	

Covered Individuals Part II

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
17				
18				
19				
20				

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 Form 1095-A (2022)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60703Q

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