Form 1095-A

Health Insurance Marketplace Statement

OMB No. 1545-2232

20**22**

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.

CORRECTED

Part I Recipient Information	n
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1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name	
VA	103554773	CareFirst BlueChoice	
4 Recipient's name		5 Recipient's SSN	6 Recipient's date of birth
RAMAKRISHNA MAKKALA		xxx-xx-9731	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
SNBK VEMULA		xxx-xx-7829	
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)	
01/01/2022	12/31/2022	4801 Kenmore Ave Apt 813	
13 City or town	14 State or province	15 Country and ZIP or foreign postal code	
Alexandria	VA	US 22304	

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 RAMAKRISHNA MAKKALA	xxx-xx-9731		01/01/2022	12/31/2022
17 SNBK VEMULA	xxx-xx-7829		01/01/2022	12/31/2022
18 SONAKSHI MAKKALA		09/19/2013	01/01/2022	12/31/2022
19 KARTHIKA SIRI MAKKALA	xxx-xx-4766		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	1,858.03	1,517.08	968.00
22 February	1,858.03	1,517.08	968.00
23 March	1,858.03	1,517.08	968.00
24 April	1,858.03	1,517.08	968.00
25 May	1,858.03	1,517.08	968.00
26 June	1,858.03	1,517.08	968.00
27 July	1,858.03	1,517.08	968.00
28 August	1,858.03	1,517.08	968.00
29 September	1,858.03	1,517.08	968.00
30 October	1,858.03	1,517.08	968.00
31 November	1,858.03	1,517.08	968.00
32 December	1,858.03	1,517.08	968.00
33 Annual Totals	22,296.36	18,204.96	11,616.00