

Part I Recipient Information

1 Marketplace identifier GA	2 Marketplace-assigned policy number 104193010	3 Policy issuer's name Blue Cross Blue Shield Healthcare Plan of Georgia Inc		
4 Recipient's name Pranitha Chiluveri		5 Recipient's SSN xxx-xx-1043	6 Recipient's date of birth	
7 Recipient's spouse's name SAKRISHNA VARDHINENI		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth 07/12/1984	
10 Policy start date 01/01/2022	11 Policy termination date 06/30/2022	12 Street address (including apartment no.) 1525 Station Center Blvd APT 102		
13 City or town Suwanee	14 State or province GA	15 Country and ZIP or foreign postal code US 30024		

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 Pranitha Chiluveri	xxx-xx-1043		01/01/2022	06/30/2022
17 SAKRISHNA VARDHINENI		07/12/1984	01/01/2022	06/30/2022
18 ARRYAN KRISHNA VARDHINENI	xxx-xx-2832		01/01/2022	06/30/2022
19 MITHILA RAO VARDHINENI	xxx-xx-7753		01/01/2022	06/30/2022
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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	1,657.28	1,269.72	733.00
22 February	1,657.28	1,269.72	733.00
23 March	1,657.28	1,269.72	733.00
24 April	1,657.28	1,269.72	733.00
25 May	1,657.28	1,269.72	733.00
26 June	1,657.28	1,269.72	733.00
27 July	0.00	0.00	0.00
28 August	0.00	0.00	0.00
29 September	0.00	0.00	0.00
30 October	0.00	0.00	0.00
31 November	0.00	0.00	0.00
32 December	0.00	0.00	0.00
33 Annual Totals	9,943.68	7,618.32	4,398.00