

**Part I Recipient Information**

1 Marketplace identifier IL	2 Marketplace-assigned policy number 132278894	3 Policy issuer's name Blue Cross and Blue Shield of Illinois		
4 Recipient's name Pradeep Manda		5 Recipient's SSN xxx-xx-8309	6 Recipient's date of birth	
7 Recipient's spouse's name Navya Lakshmi Dwarampudi		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth 07/26/1998	
10 Policy start date 04/01/2023	11 Policy termination date 09/30/2023	12 Street address (including apartment no.) 617 Jetty Dr		
13 City or town Chatham	14 State or province IL	15 Country and ZIP or foreign postal code US 62629		

**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 Pradeep Manda	xxx-xx-8309		04/01/2023	09/30/2023
17 Navya Lakshmi Dwarampudi		07/26/1998	09/01/2023	09/30/2023
18 Navyalakshmi Navya L Dwarampudi		07/26/1998	04/01/2023	08/31/2023
19				
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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	0.00	0.00	0.00
23 March	0.00	0.00	0.00
24 April	826.82	1,040.37	439.00
25 May	826.82	1,040.37	439.00
26 June	826.82	1,040.37	439.00
27 July	826.82	1,040.37	439.00
28 August	826.82	1,040.37	439.00
29 September	828.38	1,050.18	449.00
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	4,962.48	6,252.03	2,644.00

