Form 1095-A

Health Insurance Marketplace Statement

VOID

CORRECTED

OMB No. 1545-2232

2023

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.

Part I Recipient Information

1 Marketplace identifier	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	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	1 000000000000000000000000000000000000	07/26/1998	09/01/2023	09/30/2023
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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

