

Part I Recipient Information

1 Marketplace identifier TX	2 Marketplace-assigned policy number 123953031	3 Policy issuer's name Aetna CVS Health		
4 Recipient's name Srujan Kalam Reddy		5 Recipient's SSN XXX-XX-3800	6 Recipient's date of birth	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date 01/01/2023	11 Policy termination date 12/31/2023	12 Street address (including apartment no.) 1514 Frost creek LN		
13 City or town Friendswood	14 State or province TX	15 Country and ZIP or foreign postal code US 77546		

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 Srujan Kalam Reddy	xxx-xx-3800		01/01/2023	12/31/2023
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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	345.70	482.60	345.70
22 February	345.70	482.60	345.70
23 March	345.70	482.60	345.70
24 April	345.70	482.60	345.70
25 May	345.70	482.60	345.70
26 June	345.70	482.60	345.70
27 July	345.70	482.60	345.70
28 August	345.70	482.60	345.70
29 September	345.70	482.60	345.70
30 October	345.70	482.60	345.70
31 November	345.70	482.60	345.70
32 December	345.70	482.60	345.70
33 Annual Totals	4,148.40	5,791.20	4,148.40