

Form **1095-A****Health Insurance Marketplace Statement** VOID

OMB No. 1545-2232

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**2023****Part I Recipient Information**

1 Marketplace identifier 02.MA*.SBE.002.002	2 Marketplace-assigned policy number 70000440522759763MA0040014	3 Policy issuer's name Tufts Health Public Plans Inc
4 Recipient's name Shyam Maddinni	5 Recipient's SSN XXX-XX-9789	6 Recipient's date of birth 11/13/1992
7 Recipient's spouse's name Divya Vasireddy	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth 07/10/1998
10 Policy start date 01/01/2023	11 Policy termination date 12/31/2023	12 Street address (including apartment no.) 10 HIGHPOINT CIR APT 809
13 City or town QUINCY	14 State or province MA	15 Country and ZIP or foreign postal code 02169

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	Shyam Maddinni	XXX-XX-9789	11/13/1992	01/01/2023	12/31/2023
17	Divya Vasireddy		07/10/1998	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	606.25	721.18	191.00
22 February	606.25	721.18	191.00
23 March	606.25	721.18	191.00
24 April	606.25	721.18	191.00
25 May	606.25	721.18	191.00
26 June	606.25	721.18	191.00
27 July	606.25	721.18	191.00
28 August	606.25	721.18	191.00
29 September	606.25	721.18	191.00
30 October	606.25	721.18	191.00
31 November	606.25	721.18	191.00
32 December	606.25	721.18	191.00
33 Annual Totals	7275.00	8654.16	2292.00

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60703Q

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