Form 1095-A

Health Insurance Marketplace Statement

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CORRECTED

OMB No. 1545-2232

2023

004003-166118-001-01-003-0062508-17

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

Marketplace identifier TN	2 Marketplace-assigned policy number 128163835	3 Policy issuer's name Oscar Insurance Company		
4 Recipient's name Nikhitha Bodige		5 Recipient's SSN	6 Recipient's date of birth 12/15/1995	
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 09/21/2023	12 Street address (including apartment no.) 210 Brentwood Oaks Dr		
13 City or town Nashville	14 State or province TN	15 Country and ZIP or foreign postal code US 37211		

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 Nikhitha Bodige		12/15/1995	01/01/2023	09/21/2023
17 Shriyansh Goud Kotha	xxx-xx-5945		05/11/2023	09/21/2023
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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	551.72	0.00	0.00
22 February	551.72	0.00	0.00
23 March	551.72	0.00	0.00
24 April	551.72	0.00	0.00
25 May	824.53	0.00	0.00
26 June	954.45	0.00	0.00
27 July	954.45	0.00	0.00
28 August	954.45	0.00	0.00
29 September	668.12	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	6,562.88	0.00	0.00
	I. D. Justice Act Notice see senar	ate instructions. Cat. No. 6	0703Q Form 1095-A (2023)