

Part I Recipient Information

1 Marketplace identifier New York	2 Marketplace-assigned policy number 25303NY004000100106684320012 793173202301010000	3 Policy issuer's name New York Quality Healthcare Corporation
4 Recipient's name Akhilesh Reddy Bathula	5 Recipient's SSN xxx-xx-8648	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 2023-01-01	11 Policy termination date 2023-06-30	12 Street address (including apartment no.) 4 Summit Hill Way Apt 422
13 City or town Troy	14 State or province NY	15 Country and ZIP or foreign postal code 12180-6347

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 Lourdhu Mary Thumma		1998-09-01	2023-01-01	2023-06-30
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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	831.51	0.00	0.00
22 February	831.51	0.00	0.00
23 March	831.51	0.00	0.00
24 April	831.51	0.00	0.00
25 May	831.51	0.00	0.00
26 June	831.51	0.00	0.00
27 July	0.00	0.00	0.00
28 August	0.00	0.00	0.00
29 September	0.00	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	4989.06	0.00	0.00