

**Part I Recipient Information**

<b>1</b> Marketplace identifier TX	<b>2</b> Marketplace-assigned policy number 102372676	<b>3</b> Policy issuer's name Molina Healthcare		
<b>4</b> Recipient's name Marisleidy Ortiz Hernandez		<b>5</b> Recipient's SSN xxx-xx-0575	<b>6</b> Recipient's date of birth	
<b>7</b> Recipient's spouse's name Pragya Tak		<b>8</b> Recipient's spouse's SSN xxx-xx-0696	<b>9</b> Recipient's spouse's date of birth	
<b>10</b> Policy start date 01/01/2022	<b>11</b> Policy termination date 01/31/2022	<b>12</b> Street address (including apartment no.) 6022 JAX WAY UNIT 101		
<b>13</b> City or town SAN ANTONIO	<b>14</b> State or province TX	<b>15</b> Country and ZIP or foreign postal code US 78244		

**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
<b>16</b> Marisleidy Ortiz Hernandez	xxx-xx-0575		01/01/2022	01/31/2022
<b>17</b> Pragya Tak	xxx-xx-0696		01/01/2022	01/31/2022
<b>18</b> Melinda Valle	xxx-xx-7194		01/01/2022	01/31/2022
<b>19</b> Angelo Valle	xxx-xx-5252		01/01/2022	01/31/2022
<b>20</b>				

**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
<b>21</b> January	1,443.67	1,246.91	570.00
<b>22</b> February	0.00	0.00	0.00
<b>23</b> March	0.00	0.00	0.00
<b>24</b> April	0.00	0.00	0.00
<b>25</b> May	0.00	0.00	0.00
<b>26</b> June	0.00	0.00	0.00
<b>27</b> July	0.00	0.00	0.00
<b>28</b> August	0.00	0.00	0.00
<b>29</b> September	0.00	0.00	0.00
<b>30</b> October	0.00	0.00	0.00
<b>31</b> November	0.00	0.00	0.00
<b>32</b> December	0.00	0.00	0.00
<b>33</b> Annual Totals	1,443.67	1,246.91	570.00

