Form **1095-A**

Health Insurance Marketplace Statement

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OMB No. 1545-2232

2023

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

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name	
02.NM*.SBE.001.001	675605NM0390078	BlueCross BlueShield of New Mexico	
4 Recipient's name	•	5 Recipient's SSN	6 Recipient's date of birth
Ugesh Egala		*** - ** - 7624	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apart	ment no.)
February 01, 2023	December 31, 2023	1811 LEAD AVE SE, APT	17
13 City or town	14 State or province	15 Country and ZIP or foreign pos	tal code
ALBUQUERQUE	NM	87106	
Part II Covered Individu	als		

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 Ugesh Egala	*** - ** - 7624		February 01, 2023	December 31, 2023
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Part || 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	\$0.00	\$0.00	\$0.00
22 February	\$324.80	\$335.39	\$324.80
23 March	\$324.80	\$335.39	\$324.80
24 April	\$324.80	\$335.39	\$324.80
25 May	\$324.80	\$335.39	\$324.80
26 June	\$324.80	\$335.39	\$324.80
27 July	\$324.80	\$335.39	\$324.80
28 August	\$324.80	\$335.39	\$324.80
29 September	\$324.80	\$335.39	\$324.80
30 October	\$324.80	\$335.39	\$324.80
31 November	\$324.80	\$335.39	\$324.80
32 December	\$324.80	\$335.39	\$324.80
33 Annual Totals	\$3572.80	\$3689.29	\$3572.80