

Part I Recipient Information

1 Marketplace identifier New Jersey		2 Marketplace-assigned policy number 1687963		3 Policy issuer's name Horizon Healthcare Services, Inc.	
4 Recipient's name Praveenkumar Kogila			5 Recipient's SSN ***-**-7168		6 Recipient's date of birth
7 Recipient's spouse's name Srilatha Akunuri			8 Recipient's spouse's SSN		9 Recipient's spouse's date of birth 06/14/1992
10 Policy start date 10/01/2023		11 Policy termination date 12/31/2023		12 Street address (including apartment no.) 216 Hopkins Ave Apt 2	
13 City or town Jersey City		14 State or province NJ		15 Country and ZIP or foreign postal code 07306	

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 Srilatha Akunuri		06/14/1992	10/01/2023	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			
22 February			
23 March			
24 April			
25 May			
26 June			
27 July			
28 August			
29 September			
30 October	517.35	397.80	69.14
31 November	517.35	397.80	69.14
32 December	517.35	397.80	86.07
33 Annual Totals	1552.05	1193.40	224.35

