

Part I Recipient Information

1 Marketplace identifier FL	2 Marketplace-assigned policy number 142888032	3 Policy issuer's name Ambetter from Sunshine Health	
4 Recipient's name JOSE SIERRA		5 Recipient's SSN XXX-XX-3115	6 Recipient's date of birth
7 Recipient's spouse's name ALONDRA MARIN		8 Recipient's spouse's SSN XXX-XX-3274	9 Recipient's spouse's date of birth
10 Policy start date 01/01/2024	11 Policy termination date 11/30/2024	12 Street address (including apartment no.) 593 SUMMIT PT	
13 City or town CANTON	14 State or province GA	15 Country and ZIP or foreign postal code US 30114	

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	JOSE SIERRA	XXX-XX-3115		01/01/2024	11/30/2024
17	ALONDRA MARIN	XXX-XX-3274		01/01/2024	11/30/2024
18	CARLOTA SIERRA MARIN	XXX-XX-2224		01/01/2024	11/30/2024
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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	463.68	454.00	437.00
22 February	463.68	454.00	437.00
23 March	463.68	454.00	437.00
24 April	463.68	454.00	437.00
25 May	442.78	407.31	390.00
26 June	442.78	407.31	390.00
27 July	442.78	407.31	390.00
28 August	442.78	407.31	390.00
29 September	442.78	407.31	390.00
30 October	442.78	407.31	390.00
31 November	442.78	407.31	390.00
32 December	442.78	407.31	390.00
33 Annual Totals	4,954.18	4,667.17	4,478.00