

Part I Recipient Information

1 Marketplace identifier GA	2 Marketplace-assigned policy number 98515001	3 Policy issuer's name Cigna Healthcare		
4 Recipient's name Raul D Sanchez		5 Recipient's SSN xxx-xx-4705	6 Recipient's date of birth	
7 Recipient's spouse's name Monica S Solano		8 Recipient's spouse's SSN xxx-xx-4776	9 Recipient's spouse's date of birth	
10 Policy start date 01/01/2023	11 Policy termination date 12/31/2023	12 Street address (including apartment no.) 3109 Greenbrier Street		
13 City or town Augusta	14 State or province GA	15 Country and ZIP or foreign postal code US 30906		

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 Raul D Sanchez	xxx-xx-4705	09/01/1972	01/01/2023	12/31/2023
17 Monica S Solano	xxx-xx-4776	03/12/1973	01/01/2023	12/31/2023
18 Andrea B. Sanchez	xxx-xx-3287	05/03/2007	01/01/2023	12/31/2023
19 Maria A. Sanchez	xxx-xx-2344	01/18/2010	01/01/2023	12/31/2023
20				

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	729.16	731.05	688.00
22 February	729.16	731.05	688.00
23 March	729.16	731.05	688.00
24 April	729.16	731.05	688.00
25 May	729.16	731.05	729.16
26 June	729.16	731.05	729.16
27 July	729.16	731.05	729.16
28 August	729.16	731.05	729.16
29 September	729.16	731.05	729.16
30 October	729.16	731.05	729.16
31 November	729.16	731.05	729.16
32 December	729.16	731.05	729.16
33 Annual Totals	8,749.92	8,772.60	8,585.28