

Part I Recipient Information

1 Marketplace identifier FL	2 Marketplace-assigned policy number 151552358	3 Policy issuer's name Ambetter from Sunshine Health	
4 Recipient's name CAROLINA ROJAS FEBRES		5 Recipient's SSN XXX-XX-0334	6 Recipient's date of birth
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date 01/01/2024	11 Policy termination date 12/31/2024	12 Street address (including apartment no.) 2645 14th St	
13 City or town Vero Beach	14 State or province FL	15 Country and ZIP or foreign postal code US 32960	

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 CAROLINA ROJAS FEBRES	XXX-XX-0334		01/01/2024	12/31/2024
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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	722.76	707.69	708.00
22 February	722.76	707.69	708.00
23 March	722.76	707.69	708.00
24 April	722.76	707.69	708.00
25 May	722.76	707.69	708.00
26 June	722.76	707.69	708.00
27 July	722.76	707.69	708.00
28 August	722.76	707.69	708.00
29 September	722.76	707.69	708.00
30 October	722.76	707.69	708.00
31 November	722.76	707.69	708.00
32 December	722.76	707.69	708.00
33 Annual Totals	8,673.12	8,492.28	8,496.00