

2016

DATE FOR QUARTER	TOTAL NO. OF LIVES FOR THE DATE COVERED	NUMBER OF DATES	NUMBER OF DATES IN QUARTER
3/31/2016	6,835		90
6/30/2016	6,873	3	91
9/30/2016	6,772		92
	20,480	3	

6,827

\$ 27.00 APPLICABLE BENEFIT YEAR CONTRIBUTION RATE

\$ 184,329.00

\$21.60 CONTRIBUTION **RATE** FOR PROGRAM PAYMENTS AND PROGRAM ADMINISTRATION FUNDS

\$ 147,463.20 CONTRIBUTION **AMOUNT DUE** FOR PROGRAM PAYMENTS AND PROGRAM ADMINISTRATION FUNDS

\$ 5.40 CONTRIBUTION **RATE** FOR GENERAL FUND OF THE US TREASURY

\$ 36,865.80 CONTRIBUTION **AMOUNT DUE** FOR GENERAL FUND OF THE US TREASURY

\$ 184,329.00 TOTAL CONTRIBUTIONS DUE FOR THE APPLICABLE BENEFIT YEAR

Key Deadlines for the 2016 Benefit Year

Date	Activity	Contribution Amount
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To Make a Full Contribution in One Payment (Combined Collection) for the 2016 BY:

File no later than November 15, 2016	Submit the Form and schedule payment	
Remit no later than January 17, 2017	Pay full contribution amount due (one payment)	\$27.00 per covered life
TOTAL		\$27.00

OR

To Make a Full Contribution in Two Payments (First and Second Collection) for the 2016 BY:

File no later than November 15, 2016	Submit the Form and schedule payment of first collection contribution and duplicate the Form and schedule payment of second collection	
Remit no later than January 17, 2017	Pay first contribution amount due	\$21.60 per covered life
Remit no later than November 15, 2017	Pay second contribution amount due	\$5.40 per covered life
TOTAL		\$27.00



2016 ACA REINSURANCE FEE HIDALGO COUNTY Membership Counts.xlsx - Microsoft Excel

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Clipboard Font Alignment Number Styles Cells Editing

F63 =SUM(F9:F62)

	A	B	C	D	E	F	G
1	HIDALGO COUNTY - Account #021185						
2	Membership Counts						
3	Membership Period 03/01/2016 - 03/31/2016						
4							
5							
6	This report is not designed to fulfill incentive or disincentive requirements.						
7							
8	Billing Category	Contract Type	Health Benefit Agreement	Section	Month/Year	Member Count	Employee Count
62	Retiree	SUBSCRIBER ONLY	PLAN 1 BASIC	0006	201603	29	29
63						6835	3755

COUNT 03.31.2016 06.30.2016 09.30.2016 SUPPORTING DOCUMENTATION SNAPSH

Ready 100%

2016 ACA REINSURANCE FEE HIDALGO COUNTY Membership Counts.xlsx - Microsoft Excel

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Clipboard Font Alignment Number Styles Cells Editing

F69 =SUM(F9:F68)

	A	B	C	D	E	F	G
1	HIDALGO COUNTY - Account #021185						
2	Membership Counts						
3	Membership Period 06/01/2016 - 06/30/2016						
4							
5							
6	This report is not designed to fulfill incentive or disincentive requirements.						
7							
8	Billing Category	Contract Type	Health Benefit Agreement	Section	Month/Year	Member Count	Employee Count
68	Retiree	SUBSCRIBER ONLY	PLAN 1 BASIC	0006	201606	29	29
69						6873	3765

COUNT 03.31.2016 06.30.2016 09.30.2016 SUPPORTING DOCUMENTATION SNAPSHC

Ready 100%

2016 ACA REINSURANCE FEE HIDALGO COUNTY Membership Counts.xlsx - Microsoft Excel

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Clipboard Font Alignment Number Styles Cells Editing

F67 =SUM(F9:F66)

	A	B	C	D	E	F	G
1	HIDALGO COUNTY - Account #021185						
2	Membership Counts						
3	Membership Period 09/01/2016 - 09/30/2016						
4							
5							
6	This report is not designed to fulfill incentive or disincentive requirements.						
7							
8	Billing Category	Contract Type	Health Benefit Agreement	Section	Month/Year	Member Count	Employee Count
66	Retiree	SUBSCRIBER ONLY	PLAN 1 BASIC	0006	201609	29	29
67						6772	3725

06.30.2016 09.30.2016 SUPPORTING DOCUMENTATION SNAPSHOT COUNT METHOD

Ready 100%



