

HIDALGO COUNTY DEPARTMENT OF HUMAN RESOURCES  
CERTIFICATION OF MEDICAL INSURANCE CLAIMS  
PAID BY AETNA

FOR THE PERIOD OF **December 12, 2024 thru December 31, 2024**

Hidalgo County's Self-Funded Employee Insurance, Third Party Administrator (TPA) Aetna, has submitted to my office a request to reimburse the County's CLAIMS PAYING ACCOUNT in the amount of **\$(341,083.48)**.

- 1). Hidalgo County
- 2). Hidalgo County Head Start Program
- 3). Hidalgo County Appraisal District
- 4). Hidalgo County Community Service Agency
- 5). Hidalgo County Drainage District No.1
- 6). Hidalgo County Retirees
- 7). Hidalgo County COBRA

Total Reimbursement Requested by Aetna for dates **12/12/2024 – 12/31/2024** is **\$(341,083.48)**.

Department of Human Resources Health Benefits Division is requesting approval of this payment on the Commissioners' Court Agenda of **January 7, 2025**.

I hereby approve this reimbursement and I and/or my staff have reviewed each claim included on the attached check register and to the best of my knowledge ensure:

- All the claimants are in fact employees/participants of Hidalgo County, Hidalgo County Head Start Program, Hidalgo County Appraisal District, Hidalgo County Community Service Agency, Hidalgo County Drainage District No.1, Hidalgo County Retirees and Hidalgo County COBRA.
- All fees to vendors are appropriate for the type of service provided.
- All insurance premiums paid to Hidalgo County for Health Insurance Self-Funded Account were deposited to the Hidalgo County Treasurer's Office and credited to the corresponding revenue account.
- All types of expenditures reflected on this claim report are appropriate for the Hidalgo County Health Insurance Self Funded Account.

  
\_\_\_\_\_  
Health Benefits Manager

1/31/25  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Director of Human Resources

1/3/25  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Commissioner's Court Approval

\_\_\_\_\_  
Date