

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

FOR THE PERIOD OF December 12, 2024 thru January 22, 2025

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 \$2,566,195.29.

- 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 – 01/22/2025 is \$2,566,195.29.

Department of Human Resources Health Benefits Division is requesting approval of this payment on the Commissioners' Court Agenda of January 28, 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

11/23/25

Date



Director of Human Resources

11/23/25

Date

Commissioner's Court Approval

Date



Re: Funds Transfer Request

Prepared Date: Thursday, January 23, 2025

Contractholder Name: COUNTY OF HIDALGO
Attention: I CASTILLO/I CANTU
RE: CLAIMS

Reference#: 54-25022-0514

Activity of: Wednesday, January 22, 2025 1-2-2025 thru 1-22-2025

Account Name: SFGP/ASC Contractholders Account
Credit Bank: Bank Of America Connecticut
Bank Address: 2601 West Broad Street
Richmond VA 23220

~~Account Number: 00243370~~

~~ACH ABA Number: 011000115~~

~~Red Wire ABA Number: 02600593~~

Transfer Amount: \$944,490.60

Please transfer the requested funds immediately to avoid late funding interest charges, suspension of services, or termination for nonpayment pursuant to the terms of your contract.

ver.1.0.0.0

For any questions, please send emails to Banking-SAMP@aetna.com or call a contact listed below.

Kimberly Settle

Kimberly Settle
Banking Consultant Phone 330-659-8333

Daphne Fentress

Daphne Fentress
Banking Consultant Phone 904-351-5504