

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

FOR THE PERIOD OF February 13, 2025-February 26, 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 \$2,451,313.65.

- 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 2-13-2025 thru 2-26-2025 is \$2,451,313.65.

Department of Human Resources Health Benefits Division is requesting approval of this payment on the Commissioners' Court Agenda of March 4, 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

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

2/28/25  
\_\_\_\_\_  
Date

2/28/25  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



Group # 285608

HIDALGO COUNTY

Processed Date

2-13-2025 TO 2-19-2025

SECTION		
10-001, 10-010, 20-010, 10-997	HIDALGO COUNTY	\$ 900,583.68
10-002, 10-011, 20-011	DRAINAGE DISTRICT NO.1	\$ 33,052.93
10-003, 10-012, 20-012	COMMUNITY SERVICE AGENCY	\$ 49,846.83
10-004 & 10-013, 20-013	HEAD START	\$ 261,815.38
10-005 & 10-014, 20-014	APPRAISAL DISTRICT	\$ 20,121.36
10-101, 10-015, 20-015	COBRA	\$ 25.61
10-201, 10-016, 20-016	RETIREES	\$ 10,703.21
2201-360-00-000-002-0-000	MISC REV-RX REBATE	\$ -
2201-360-00-000-001-0-000	STOP LOSS	\$ -
2201-360-00-000-000-0-000	MISCELLANEOUS REVENUE	\$ -
	TOTAL	\$ 1,276,149.00



**Re: Funds Transfer Request**

**Prepared Date:** Thursday, February 20, 2025

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

**Reference#:** 54-25050-0530

**Activity of:** Wednesday, February 19, 2025 2-13-2025 thru 2.19.2025

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

~~Account Number: 00310070~~  
~~ACHABA Number: 01100745~~  
~~Fed Wire ABA Number: 026009503~~

**Transfer Amount:** \$1,276,149.00

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](mailto: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



**Group # 285608**

**Processed Date**

**HIDALGO COUNTY**

**2-20-2025 TO 2-26-2025**

SECTION		
10-001, 10-010, 20-010, 10-997	HIDALGO COUNTY	\$ 955,707.85
10-002, 10-011, 20-011	DRAINAGE DISTRICT NO.1	\$ 36,156.51
10-003, 10-012, 20-012	COMMUNITY SERVICE AGENCY	\$ 7,595.69
10-004 & 10-013, 20-013	HEAD START	\$ 117,430.53
10-005 & 10-014, 20-014	APPRAISAL DISTRICT	\$ 17,113.11
10-101, 10-015, 20-015	COBRA	\$ 6,041.13
10-201, 10-016, 20-016	RETIREES	\$ 35,119.83
2201-360-00-000-002-0-000	MISC REV-RX REBATE	\$ -
2201-360-00-000-001-0-000	STOP LOSS	\$ -
2201-360-00-000-000-0-000	MISCELLANEOUS REVENUE	\$ -
	<b>TOTAL</b>	<b>\$ 1,175,164.65</b>



**Re: Funds Transfer Request**

Prepared Date: Thursday, February 27, 2025

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

Reference#: 54-25057-0477

Activity of: Wednesday, February 26, 2025 2-20-25 thru 2-26-25

Account Name: SFGP/ASC Contractholders Account

Credit Bank: Bank Of America Connecticut

Bank Address: 2601 West Broad Street  
Richmond VA 23220

~~Account Number: 00010002~~

~~ACH ABA Number: 011000116~~

~~Fed Wire ABA Number: 076000503~~

Transfer Amount: \$1,175,164.65

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.

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For any questions, please send emails to [Banking-SAMP@aetna.com](mailto:Banking-SAMP@aetna.com) or call a contact listed below.

*Kimberly Settle*

Kimberly Settle  
Banking Consultant Phone 330-659-8333

*Daphne Fentress*

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Banking Consultant Phone 904-351-5504