



Aetna  
 Attn: Billing Statement Dist  
 P.O. BOX 818023  
 Cleveland OH 44181-8023

EMPLOYEE BENEFITS  
 FEB 25 AM 8:51

**COUNTY OF HIDALGO**

COUNTY OF HIDALGO  
 ERIKA REYNA  
 505 S. MCCOLL RD, STE A  
 EDINBURG TX 78539-0000

Prepared Date: 02/23/25  
 Invoice Number: J2196190  
 Triad Number: 1860  
 Account Number: 96141420  
 Bill Package: 1001  
 Coverage Period: 03/01/25-03/31/25  
 Payment Due Date: 03/01/25

<b>SUMMARY OF ACCOUNT:</b>	
Opening Balance	\$584,424.30
Paid Date 02/07/25 Payment ID: 000000000079	\$303,002.75
Paid Date 02/18/25 Payment ID: 000000000079	\$304,875.03
Total Payments Received Since Last Invoice	\$607,877.78
Current Inforce Charges	\$296,623.65
Retroactivity Charges	\$(756.50)
Current Admin/Other Adjustment Charges	\$0.00
Current Program & Other charges	\$6,714.40
Current Net Charges	\$302,581.55
<b>AMOUNT DUE:</b>	<b>\$279,128.07</b>

Total amount due includes the premium due to your health plan, as well as any service fee you are paying your broker as outlined in the executed billing and collection agreement. Please refer to your copy of the billing and collection agreement for details. If you have any questions, please contact your Account Manager.

If you are a fully insured plan sponsor with a Texas-sitused contract, you are liable for premiums on certain terminated individuals until the end of the month in which Aetna receives notification of termination. Notification may be electronic, by fax or by other methods in your agreement. Please refer to Texas Ins. Code §§ 843.210 and 1301.0061 for more information

Pay online <http://www.aetna.com/employer-plans/index.html> or call 877-404-7115. Pay by check please include your invoice number and/or account number on your check.

*Want to go paperless? Just call 888-981-2881 for eBusiness options or billing questions. Thank you for your Business.*

**Detach & return with payment in the enclosed envelope.**



**Please make checks payable to:**

AETNA  
 P.O. BOX 804735  
 CHICAGO, IL 60680 - 4158

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<b>Please Pay By</b>	<b>Amount Due</b>
March 01, 2025	\$279,128.07

Check Box for Change of Address. See Reverse.



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COUNTY OF HIDALGO

**RETROACTIVITY CHARGES/CREDITS CONT.**

Empl Name	Empl ID	*T r a n s	Eff Date	Mths Imp	Medical		Total
					*Type	Amount	
(cont.)							
					0342	(27.05)	
					0500	(48.60)	
Dominguez, Jessica	xxxxx5093	N	01/01/25	2	0008	0.00	\$151.30
					0106	0.00	
					0342	54.10	
					0500	97.20	
Losoya, Ricardo	xxxxx0856	T	01/31/25	1	0008	0.00	\$(75.65)
					0106	0.00	
					0342	(27.05)	
					0500	(48.60)	
Rodriguez, Jesus	xxxxx2517	T	01/31/25	1	0008	0.00	\$(75.65)
					0106	0.00	
					0342	(27.05)	
					0500	(48.60)	
<b>Total Due for above Coverages</b>						<b>\$(756.50)</b>	<b>\$(756.50)</b>

\*See Plan Key

Current Admin/Other Adjustments	Date	Amount	Remarks
Total Admin/Other Adjustments		\$0.00	
<b>Total Retroactivity/Admin/Other Adjustments</b>		<b>\$(756.50)</b>	

-03; 350

DATE: 2/26/2025  
 APPROVED: [Signature]



COUNTY OF HIDALGO

Please process this invoice/credit memo from this copy due to vendor not submitting original.  
 Human Resources Department [Signature]

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**BENEFIT SNAPSHOT CURRENT MEMBERSHIP**

Product	*Plan Type	Description	Recorded Empl / Volume	Amount
Medical	342	EE Subtotal	3569	\$96,541.45
Medical	415	EE Subtotal	352	\$9,521.60
STOP LOSS	500	EE Subtotal	3921	\$9,521.60
<b>Total</b>				<b>\$190,560.60</b>
				<b>\$190,560.60</b>
				<b>\$296,623.65</b>

Admin Fees Obj: 350  
 → Stoploss Obj: 520

\*See Plan Key

**Current Program and Other Charges**

Product	Product Code	Lives	Rate	Billed Amount
Core Clinical Service Fee	0631	6160	\$1.09	\$6,714.40
<b>TOTAL AMOUNT</b>				<b>\$6,714.40</b>

- Admin Fees 350

**ACTIVE CONTROL-SUFFIX-ACCOUNTS (CSA) REFLECTED IN THIS INVOICE**

0285608-010-00010, 00011, 00012, 00013, 00014, 00015 AND 00016; 0285608-020-00010, 00011, 00012, 00013, 00014, 00015 AND 00016

INVOICE RECEIVED BY: [Signature] ON 3-5-25 13-5116  
 GOODS/SERVICES RECEIVED BY: [Signature] ON 3-5-25 13-5116

5-2201-415-50-190-019-350 → 88,569.49  
 5-2201-415-50-190-019-520 → 190,560.60  
279,128.09

302,581.55 (amount)  
 (23,453.49) prior months credits  
279,128.07



(\$22,453.46)

Customer/Bill Package	Invoice Month	Effective Month	EE ID	Last Name	First Name	Service Area	Prod	CSA/CCP	Billed	Paid	Due Balance	Root Cause	Aetna Comment	Client Agrees to Pay	Client Response (Date)	PSSC Comment1	PSSC Comment2	PSSC Comment3
096141420-1001	1/1/2025	1/1/2025							\$ 302,406.27	\$ 303,002.75	\$ (596.48)	overpayment du to re-bill						
096141420-1001	7/1/2025	7/1/2025							\$ 22,857.00	\$ 22,857.00	\$ 22,857.00	credit not taken						