



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

EMPLOYEE BENEFITS
 MAY 23 AM 9:12
 H.S

COUNTY OF HIDALGO

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

Prepared Date: 05/21/25
 Invoice Number: J2408371
 Triad Number: 1865
 Account Number: 96141420
 Bill Package: 1001
 Coverage Period: 06/01/25-06/30/25
 Payment Due Date: 06/01/25

SUMMARY OF ACCOUNT:	
Opening Balance	\$305,556.97
Total Payments Received Since Last Invoice	\$0.00
Current Inforce Charges	\$297,228.85
Retroactivity Charges	\$(1,513.00)
Current Admin/Other Adjustment Charges	\$0.00
Current Program & Other charges	\$6,680.61
Current Net Charges	\$302,396.46
AMOUNT DUE:	\$607,953.43

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

Prepared Date: 05/21/25
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Please Pay By	Amount Due
June 01, 2025	\$607,953.43

Check Box for Change of Address. See Reverse.



Prepared Date: 05/21/25
 Invoice Number: J2408371
 Triad Number: 1865
 Account Number: 96141420
 Bill Package: 1001
 Coverage Period: 06/01/25-06/30/25

EMPLOYEE BENEFITS
 MAY 28 AM 9:12
 T.S

COUNTY OF HIDALGO

RETROACTIVITY CHARGES/CREDITS CONT.

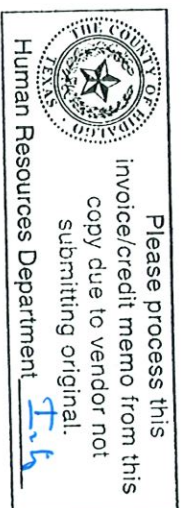
Empl Name	Empl ID	*T r a n s	Eff Date	Mths Imp	Medical		Total
					*Type	Amount	
(cont.)							
					0106	0.00	
					0342	27.05	
					0500	48.60	
Guerrero martinez, Alma	xxxxx6938	T	04/30/25	1	0008	0.00	\$(75.65)
					0106	0.00	
					0342	(27.05)	
					0500	(48.60)	
Molina Jr, Eleazar	xxxxx3676	T	04/30/25	1	0008	0.00	\$(75.65)
					0106	0.00	
					0342	(27.05)	
					0500	(48.60)	
Regino, Destany	xxxxx4534	T	04/30/25	1	0008	0.00	\$(75.65)
					0106	0.00	
					0342	(27.05)	
					0500	(48.60)	
Total Due for above Coverages						\$(1,513.00)	\$(1,513.00)

*See Plan Key

Current Admin/Other Adjustments	Date	Amount	Remarks
Total Admin/Other Adjustments		\$0.00	
Total Retroactivity/Admin/Other Adjustments		\$(1,513.00)	

→ obj. 350
 Adm. Fee

COUNTY OF HIDALGO



Prepared Date: 05/21/25
Invoice Number: 12408371
Triad Number: 1865
Account Number: 96141420
Bill Package: 1001
Coverage Period: 06/01/25-06/30/25

BENEFIT SNAPSHOT CURRENT MEMBERSHIP

Product	*Plan Type	Description	Recorded Empl / Volume	
			Empl / Volume	Amount
Medical	342	EE Subtotal	3574	\$96,676.70
Medical	415	EE Subtotal	355	\$9,602.75
STOP LOSS	500	EE Subtotal	3929	\$190,949.40
Total				\$297,228.85

*See Plan Key

Current Program and Other Charges

Product	Product Code	Lives	Rate	Billed Amount
Core Clinical Service Fee	0631	6129	\$1.09	\$6,680.61
TOTAL AMOUNT				\$6,680.61

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: I. Cantu ON 6/11/25 - 6/30/25
GOODS/SERVICES RECEIVED BY: T. Castillo ON 6/11/25 - 6/30/25

DATE: [Signature]
APPROVED: 5/23/25

5-2201-415-50-19d - 019 - 0-350 111, 449, 06
5-2201-415-50-19d - 019 - 0-520 190, 949, 40

→ Adm. Fee 05/350

→ Stop Loss 05/520

→ Adm. Fee 05/350