



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

EMPLOYEE BENEFITS  
 JUN 24 AM 10:09  
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**COUNTY OF HIDALGO**

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

**Prepared Date:** 06/23/25  
**Invoice Number:** J2478667  
**Triad Number:** 1865  
**Account Number:** 96141420  
**Bill Package:** 1001  
**Coverage Period:** 07/01/25-07/31/25  
**Payment Due Date:** 07/01/25

<b>SUMMARY OF ACCOUNT:</b>	
Opening Balance	\$607,953.43
Paid Date 05/30/25 Payment ID: 149116803723	\$305,556.97
Paid Date 06/11/25 Payment ID: 149116863205	\$302,396.46
Total Payments Received Since Last Invoice	\$607,953.43
Current Inforce Charges	\$298,212.30
Retroactivity Charges	\$453.90
Current Admin/Other Adjustment Charges	\$0.00
Current Program & Other charges	\$6,681.70
<b>Current Net Charges</b>	<b>\$305,347.90</b>
<b>AMOUNT DUE:</b>	<b>\$305,347.90</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>
July 01,2025	\$305,347.90

Check Box for Change of Address. See Reverse.



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**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	
Moya, Luis	xxxxx8944	T	05/31/25	1	0008	0.00	\$(75.65)
					0106	0.00	
					0342	(27.05)	
					0500	(48.60)	
<b>Total Due for above Coverages</b>						<b>\$453.90</b>	<b>\$453.90</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>\$453.90</b>	

⇒ obj. 350  
Admin. Fee

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**BENEFIT SNAPSHOT CURRENT MEMBERSHIP**

Product	*Plan Type	Description	Recorded Empl / Volume	
			Empl / Volume	Amount
Medical	342	EE	3587	\$97,028.35
		<b>Subtotal</b>		<b>\$97,028.35</b>
Medical	415	EE	355	\$9,602.75
		<b>Subtotal</b>		<b>\$9,602.75</b>
STOP LOSS	500	EE	3942	\$191,581.20
		<b>Subtotal</b>		<b>\$191,581.20</b>
<b>Total</b>				<b>\$298,212.30</b>

obj. 350  
Admin Fees

obj. 520  
Stop Loss

\*See Plan Key

**Current Program and Other Charges**

Product	Product Code	Lives	Rate	Billed Amount
Core Clinical Service Fee	0631	6130	\$1.09	\$6,681.70
<b>TOTAL AMOUNT</b>				<b>\$6,681.70</b>

obj. 350  
Admin Fees

**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

5-2201-415-50-190-019-0-350 \$ 113,768.70  
 5-2201-415-50-190-019-0-520 \$ 191,581.20