



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

EMPLOYEE BENEFITS
AUG 28 AM 8:31

I.S

COUNTY OF HIDALGO

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

Prepared Date: 08/25/25
 Invoice Number: J2614459
 Triad Number: 1865
 Account Number: 96141420
 Bill Package: 1001
 Coverage Period: 09/01/25-09/30/25
 Payment Due Date: 09/01/25

SUMMARY OF ACCOUNT:	
Opening Balance	\$304,102.62
Paid Date 08/20/25 Payment ID: 149116874941	\$304,102.62
Total Payments Received Since Last Invoice	\$304,102.62
Current Inforce Charges	\$294,127.20
Retroactivity Charges	\$(2,345.15)
Current Admin/Other Adjustment Charges	\$0.00
Current Program & Other charges	\$6,595.59
Current Net Charges	\$298,377.64
AMOUNT DUE:	\$298,377.64

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: 08/25/25
 Invoice Number: J2614459
 Triad Number: 1865
 Account Number: 96141420
 Bill Package: 1001
 Coverage Period: 09/01/25-09/30/25

Please Pay By	Amount Due
September 01, 2025	\$298,377.64

Check Box for Change of Address. See Reverse.



EMPLOYEE BENEFITS
AUG 28 AM 8:51
I.C.

Prepared Date: 08/25/25
Invoice Number: J2614459
Triad Number: 1865
Account Number: 96141420
Bill Package: 1001
Coverage Period: 09/01/25-09/30/25

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.)							
					0500	48.60	
Garza, Gabriel	xxxxx0712	T	06/30/25	2	0008	0.00	\$(151.30)
					0106	0.00	
					0342	(54.10)	
					0500	(97.20)	
Smith, Anna	xxxxx6237	T	06/30/25	2	0008	0.00	\$(151.30)
					0106	0.00	
					0342	(54.10)	
					0500	(97.20)	
Total Due for above Coverages						\$(2,345.15)	\$(2,345.15)

*See Plan Key

Current Admin/Other Adjustments	Date	Amount	Remarks
Total Admin/Other Adjustments		\$0.00	
Total Retroactivity/Admin/Other Adjustments			\$(2,345.15)

2025
Adm 350
Tf65

Prepared Date: 08/25/25
 Invoice Number: J2614459
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COUNTY OF HIDALGO



BENEFIT SNAPSHOT CURRENT MEMBERSHIP

Product	*Plan Type	Description	Recorded Empl / Volume	Amount
Medical	342	EE Subtotal	3526	\$95,378.30
Medical	415	EE Subtotal	362	\$9,792.10
STOP LOSS	500	EE Subtotal	3888	\$188,956.80
Total				\$294,127.20

EMPLOYEE BENEFITS AUG 28 AM 8:31
 (A)
 5
 203,350
 Admin Fees
 203,520
 Stop Loss

*See Plan Key

Current Program and Other Charges

Product	Product Code	Lives	Rate	Billed Amount
Core Clinical Service Fee	0631	6051	\$1.09	\$6,595.59
TOTAL AMOUNT				\$6,595.59

203,350
 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

5-2201-415-50-190-019-0-350 109,420.84
 5-2201-415-50-190-019-0-520 188,956.80
298,377.64