



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

EMPLOYEE BENEFITS  
 JAN 5 AM 9:13  
 51

**COUNTY OF HIDALGO**

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

Prepared Date: 12/22/25  
 Invoice Number: J2878676  
 Triad Number: 1865  
 Account Number: 96141420  
 Bill Package: 1001  
 Coverage Period: 01/01/26-01/31/26  
 Payment Due Date: 01/01/26

<b>SUMMARY OF ACCOUNT:</b>	
Opening Balance	\$600,194.41
Paid Date 11/26/25 Payment ID: 149116895045	\$302,587.44
Paid Date 12/18/25 Payment ID: 149116832465	\$297,606.97
Total Payments Received Since Last Invoice	\$600,194.41
Current Inforce Charges	\$329,769.44
Retroactivity Charges	\$0.00
Current Admin/Other Adjustment Charges	\$0.00
Current Program & Other charges	\$6,667.53
Current Net Charges	\$336,436.97
<b>AMOUNT DUE:</b>	<b>\$336,436.97</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-situed 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: 12/22/25  
 Invoice Number: J2878676  
 Triad Number: 1865  
 Account Number: 96141420  
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 Coverage Period: 01/01/26-01/31/26

<b>Please Pay By</b>	<b>Amount Due</b>
January 01, 2026	\$336,436.97

Check Box for Change of Address. See Reverse.



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**BENEFIT SNAPSHOT CURRENT MEMBERSHIP**

Product	*Plan Type	Description	Recorded Empl / Volume	
			Empl / Volume	Amount
Medical	342	EE Subtotal	3654	\$98,840.70
Medical	415	EE Subtotal	322	\$8,710.10
STOP LOSS	500	EE Subtotal	3976	\$222,218.64
<b>Total</b>				<b>\$329,769.44</b>

obj. 350  
 → obj. 520

\*See Plan Key

**Current Program and Other Charges**

Product	Product Code	Lives	Rate	Billed Amount
Core Clinical Service Fee	0631		6117	\$6,667.53
<b>TOTAL AMOUNT</b>				<b>\$6,667.53</b>

→ obj. 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

6-2201-415-50-190-019-0-350 114,218.33  
 6-2201-415-50-190-019-0-520 222,218.64  
 Total - 336,436.97