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

EMPLOYEE BENEFITS
OCT 27 AM 9:29

COUNTY OF HIDALGO

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

Prepared Date: 10/25/26
Invoice Number: J3578819
Triad Number: 1865
Account Number: 96141420
Bill Package: 1001
Coverage Period: 11/01/26-11/30/26
Payment Due Date: 11/01/26

SUMMARY OF ACCOUNT:	
Opening Balance	*$337,490.12*
Paid Date 10/15/26 Payment ID: 149116876756 Total Payments Received Since Last Invoice	$337,490.12 *$337,490.12*
Current Inforce Charges Retroactivity Charges Current Admin/Other Adjustment Charges Current Program & Other charges	$332,921.16 $(2,239.38) $0.00 $6,635.92
Current Net Charges	*$337,317.70*
AMOUNT DUE:	**$337,317.70**

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-situsued 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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Please Pay By	Amount Due
November 01,2026	$337,317.70

☐ Check Box for Change of Address. See Reverse.

04 1865 0000000096141420 1001 J3578819 00033731770 3

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RETROACTIVITY CHARGES/CREDITS CONT.

Empl Name	Empl ID	*Trans	Eff Date	Mths Imp	Medical		Total
					*Type	Amount	
(cont.)							
Prado, Griselda	xxxxx9006	T	09/30/26	1	0008	0.00	$(82.94)
					0106	0.00	
					0415	(27.05)	
					0500	(55.89)	
Gandara, George	xxxxx8328	T	08/21/26	2	0008	0.00	$(165.88)
					0106	0.00	
					0415	(54.10)	
					0500	(111.78)	
Total Due for above Coverages						**$(2,239.38)**	**$(2,239.38)**

**See Plan Key*

Current Admin/Other Adjustments	Date	Amount	Remarks
Total Admin/Other Adjustments		$0.00	

Total Retroactivity/Admin/Other Adjustments	$(2,239.38)

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BENEFIT SNAPSHOT CURRENT MEMBERSHIP

			Recorded Empl / Volume	
Product	*Plan Type	Description	Empl / Volume	Amount
Medical	342	EE	3698	$100,030.90
		Subtotal		**$100,030.90**
Medical	415	EE	316	$8,547.80
		Subtotal		**$8,547.80**
STOP LOSS	500	EE	4014	$224,342.46
		Subtotal		**$224,342.46**
Total				**$332,921.16**

**See Plan Key*

Current Program and Other Charges

Product	Product Code	Lives	Rate	Billed Amount
Core Clinical Service Fee	0631	6088	$1.09	$6,635.92
TOTAL AMOUNT				**$6,635.92**

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