



Aetna
 Attn: Billing Statement Dist
 PO Box 804735
 Chicago IL 60680-4108

WEBB COUNTY - VISION

WEBB COUNTY
 DR. PEDRO ALFARO - RISK MANAGEMENT ADMINISTRATOR
 1110 WASHINGTON ST. SUITE 204
 LAREDO TX 78040 -0000

Prepared Date: 1/8/2021
Invoice Number: H8901235
Triad Number: x904
Account Number: 96351741
Bill Package: 1003
Coverage Period: 1/1/2021-1/31/2021
Payment Due Date: 1/1/2021

SUMMARY OF ACCOUNT	
Opening Balance	\$0.00
Current Inforce Charges	\$8,357.93
Retroactivity Charges	
Current Admin/Other Adjustment Charges	\$0.00
Net Charges	\$8,357.93
Total Payments Received Since Last Invoice	\$0.00
AMOUNT DUE:	\$8,357.93

Important Please Read: The total premium is due on the first day of the monthly coverage period. If not received by the end of the grace period, the contract may be terminated. You will be liable for the premium for all periods of coverage (including the grace period) unless you provide at least 30 days advance written notice of your intent to terminate.

Billing Questions? Contact Plan Sponsor Services at

Please include your invoice number and/or account number on your check. Detach at perforation and return the below portion with your payment to the address provided below. Thank you for your business.



Please make checks payable to:

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 Chicago, IL 60680-4108

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Please Pay By	Amount Due
January 1, 2021	\$8,357.93