Special City Council Meeting

Council Chambers/City Hall
851 FM 970, Florence, Texas

AGENDA

In accordance with the provisions of the Texas Open Meetings Act, Chapter 551, Texas Government Code, Notice is hereby given that a Special Meeting of the City Council of the City of Florence will be held on Wednesday, November 19, 2025, beginning at 5:00 p.m. in the City Hall Council Chambers located at 851 FM 970, Florence, Texas, for the purpose of considering the following agenda item.

Opening Agenda

Call to Order
Invocation & Pledge
Citizen's Participation

Deliberation Agenda

1. Discussion, consideration, and possible action on accepting audit engagement letter-single audit ending September 30, 2025 completed by Donald L. Allman CPA PC.

2. Discussion, consideration, and possible action on employee health insurance for 2026.

3. Discussion, consideration, and possible action on Williamson County Emergency Services District #7 to do our City fire inspection.

4. Discussion, consideration, and possible action on allowing the City Hall to be used as an early voting location for the primaries (February 17 - February 27, 2026) and for election day, March 3, 2026, or only for election day.

5. Discussion, consideration, and possible action on allowing the City Hall to be used as an early voting location for primary runoffs (May 18 - May 22, 2026) and for election day, May 26, 2026, or only for election day.

6. Discussion, consideration, and possible action on allowing the City Hall to be used as an early voting location for the May local election (April 20 – April 28, 2026) and for election day, May 2, 2026, or only for election day.

7. Discussion, consideration, and possible action on approval to add a part-time police officer to the police department staff with anticipated hours worked to be capped at 30 hours maximum per week.

I, the undersigned authority do hereby certify that the Notice of Meeting was posted on the bulletin board outside the front door of the City Hall of the City of Florence, Texas, a place convenient and readily accessible to the general public at all times and said Notice was posted on the following date and time: November 14, 2025 by 5:00 p.m. and remained so posted continuously for at least three business days preceding the scheduled time of said meeting.

Angelica Lombardi, City Secretary, City of Florence

Agenda items may be considered, deliberated, and/or acted upon in a different order than set forth above. At any time during the meeting and in compliance with the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, the Council reserves the right to meet in executive session on any of the above agenda items for consultation concerning attorney-client matters (§551.071); deliberation regarding real property (§551.072); deliberation regarding prospective gift (§551.073); personnel matters (§551.074); and deliberation regarding security devices (§551.076). Any subject discussed in executive session may be subject to action during open meeting.

CITY OF FLORENCE

Agenda Summary Form

Agenda Item #:	**Title:**
1	Discussion, consideration, and possible action on accepting audit engagement letter-single audit ending September 30, 2025 completed by Donald L. Allman CPA PC.
Summary:	
Option (s):	
☐	I make a motion to accept the audit engagement letter-single audit ending September 30, 2025 completed by Donald L. Allman CPA PC.
☐	I move to make the motion to table discussion regarding this agenda item, for the reason _____ to move the discussion to (insert date).
☐	If you are opposed to not second the motion. If a motion is not made, the item is dead.
Harrell: _____	Swope: _____ Bivens: _____
Hyde: _____	Mayor Pro Tem Condon: _____ Mayor Daniel: _____

"Negative" motions are generally not permitted. *To dispose of a business item the motion should be phrased as a positive action to take and then if the group desires not to take this action, the motion should be voted down. The exception to the rule is when a governing body is asked to take action on a request and wished to create a record as to why the denial is justified.*

ALG-CL-1.3: Audit Engagement Letter—Yellow Book

Donald L Allman, CPA, PC 160 Owen Pass Liberty Hill, TX 78642

November 10, 2025

To the Mayor and City Council and Angelica Lombardi, City Secretary

City of Florence

We are pleased to confirm our understanding of the services we are to provide the City of Florence for the year ended September 30, 2025.

Audit Scope and Objectives

We will audit the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information, and the disclosures, which collectively comprise the basic financial statements of the City of Florence as of and for the year ended September 30, 2025. Accounting standards generally accepted in the United States of America (GAAP) provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement the City of Florence's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the City of Florence's RSI in accordance with auditing standards generally accepted in the United States of America (GAAS). These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient appropriate evidence to express an opinion or provide any assurance. The following RSI is required by GAAP and will be subjected to certain limited procedures, but will not be audited:

1) Management's Discussion and Analysis
2) Budget to Actual
3) Pension Information

The objectives of our audit are to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; issue an auditor's report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with GAAP; and report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements.

The objectives also include reporting on internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.

Auditor's Responsibilities for the Audit of the Financial Statements

We will conduct our audit in accordance with GAAS and the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and will include tests of your accounting records of the City of Florence and other procedures we consider necessary to enable us to express such opinions. As part of an audit in accordance with GAAS and *Government Auditing Standards*, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable

assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government. Because the determination of waste and abuse is subjective, *Government Auditing Standards* do not expect auditors to perform specific procedures to detect waste or abuse in financial audits nor do they expect auditors to provide reasonable assurance of detecting waste or abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the government's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of receivables and certain assets and liabilities by correspondence with selected customers, creditors, and financial institutions. We will also request written representations from your attorneys as part of the engagement.[1]

We have identified the following significant risk(s) of material misstatement as part of our audit planning:

> [According to GAAS, significant risks include management override of controls, and GAAS presumes that revenue recognition is a significant risk. Accordingly, we have considered these as significant risks. Describe significant risk(s) identified, including specific revenue streams identified as significant risks.]

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

Our audit of financial statements does not relieve you of your responsibilities.

Audit Procedures—Internal Control

We will obtain an understanding of the government and its environment, including the system of internal control, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards and *Government Auditing Standards*.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the City of Florence's compliance with the provisions of applicable laws, regulations, contracts, agreements, and grants. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

Responsibilities of Management for the Financial Statements

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for designing, implementing, establishing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; following laws and regulations; and ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles, for the preparation and fair presentation of the financial statements and all accompanying information in conformity with accounting principles generally accepted in the United States of America, and for compliance with applicable laws and regulations and the provisions of contracts and grant agreements.

Management is responsible for making drafts of financial statements, all financial records, and related information available to us; for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers); and for the evaluation of whether there are any conditions or events, considered in the aggregate, that raise substantial doubt about the government's ability to continue as a going concern for the 12 months after the financial statements date or shortly thereafter (for example, within an additional three months if currently known). You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) additional information that we may request for the purpose of the audit; and (3) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence.[dd] At the conclusion of our audit, we will require certain written representations from you about your responsibilities for the financial statements; compliance with laws, regulations, contracts, and grant agreements; and other responsibilities required by GAAS and *Government Auditing Standards*.

Your responsibilities include adjusting the financial statements to correct material misstatements and for confirming to us in the written representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements of each opinion unit taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws, regulations, contracts, agreements, and grants and for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, or contracts or grant agreements that we report.

You are responsible for the preparation of the supplementary information, which we have been engaged to report on, in conformity with accounting principles generally accepted in the United States of America (GAAP). You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to [include the audited financial statements with any presentation of the supplementary information that includes our report thereon OR make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon]. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any

significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits or other studies related to the objectives discussed in the Audit Scope and Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or other studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

Other Services

We will also assist in preparing the financial statements and related notes of the City of Florence in conformity with accounting principles generally accepted in the United States of America based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

You agree to assume all management responsibilities relating to the financial statements and related notes and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements and related notes and that you have reviewed and approved the financial statements and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

We will provide copies of our reports to the City of Florence; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Donald L. Allman, CPA, PC and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the County, Lender or Grantor, or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for the purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Donald L. Allman, CPA, PC personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend or decide to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of five years after the report release date or for any additional period requested by the County, Lender or Grantor. If we are aware that a federal awarding agency or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

Donald L. Allman is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them. We expect to begin our audit on approximately January 15, 2026 and to issue our reports no later than March 31, 2026.

Our fee for services will be at our standard hourly rates plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, confirmation service provider fees, etc.) except that we agree that our gross fee, including expenses, will not exceed $16,000. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 30 days or more overdue and may not be resumed until

your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

Reporting

We will issue a written report upon completion of our audit of the City of Florence's financial statements. Our report will be addressed to the Mayor and City Council of the City of Florence. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditor's report, or if necessary, withdraw from this engagement. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or we may withdraw from this engagement.

We will also provide a report (that does not include an opinion) on internal control related to the financial statements and compliance with the provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a material effect on the financial statements as required by *Government Auditing Standards*. The report on internal control and on compliance and other matters will state (1) that the purpose of the report is solely to describe the scope of testing of internal control and compliance, and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control on compliance, and (2) that the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. The report will also state that the report is not suitable for any other purpose. If during our audit we become aware that the City of Florence is subject to an audit requirement that is not encompassed in the terms of this engagement, we will communicate to management and those charged with governance that an audit in accordance with U.S. generally accepted auditing standards and the standards for financial audits contained in *Government Auditing Standards* may not satisfy the relevant legal, regulatory, or contractual requirements.

We appreciate the opportunity to be of service to the City of Florence and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the attached copy and return it to us.

Very truly yours,

Donald L Allman, CPA, PC

RESPONSE:

This letter correctly sets forth the understanding of the City of Florence

Management signature: _____
Title: _____
Date: _____

Governance signature: _____
Title: _____
Date: _____

Practical Considerations

CITY OF FLORENCE

Agenda Summary Form

Agenda Item #:	**Title:**
2	Discussion, consideration, and possible action on employee health insurance for 2026.

Summary: Staff are considering either renewing the Baylor Scott and White health plans for 2026, or joining the Texas Health Benefits Pool. We budgeted $700.00 per month for insurance per employee. Last year the increase also exceeded our budgeted amount. **The BSW quote for medical/dental for 2026 is $940.54 and the TxHB quote for medical/dental for 2026 is $960.36 per employee, per month.** Our BSW is HMO and TxHB is PPO. TxHB is charging less than BSW for dependent coverage, which would result in less payroll deductions for employees. BSW has raised our rates 27% and 33% the last two years. TxHB said they raise rates on average of 2% per year. TxHB also said they would visit with us quarterly to discuss our plan usage, and give us a quote for the following year much earlier to allow us to incorporate it in our budget.

Option (s):

☐	I make a motion to approve the renewal of the Baylor Scott and White health plan for 2026 OR join the Texas Health Benefits Pool and accept their quote for 2026.
☐	I move to make the motion to table discussion regarding this agenda item, for the reason _____ to move the discussion to (insert date).
☐	If you are opposed to not second the motion. If a motion is not made, the item is dead.

Harrell: _____ Swope: _____ Bivens: _____

Hyde: _____ Mayor Pro Tem Condon: _____ Mayor Daniel: _____

"Negative" motions are generally not permitted. *To dispose of a business item the motion should be phrased as a positive action to take and then if the group desires not to take this action, the motion should be voted down. The exception to the rule is when a governing body is asked to take action on a request and wished to create a record as to why the denial is justified.*

Baylor Scott & White Health Plan

Small Group Renewal

CITY OF FLORENCE

Renewal Date: 1/1/2026 Top Account Number: 03027

Current Plan Rates					
Benefit Plan	**Single**	**Couple**	**EE/Child(ren)**	**Family**	**Total**
POS30/20/1500	$669.99	$1,474.00	$1,205.97	$2,143.98	$8,575.87
RX 133 $0 Ded, No Max, Standard Eyewear, CC30 U/SMI POS					
Contracts:	7	1	2	0	10

Renewal Plan Rates					
Benefit Plan	**Single**	**Couple**	**EE/Child(ren)**	**Family**	**Total**
POS30/20/1500	$892.25	$1,962.98	$1,606.03	$2,855.21	$11,420.79
RX 133 $0 Ded, No Max, Standard Eyewear, CC30 U/SMI POS					
Contracts:	7	1	2	0	10

Percentage Rate Change **33.2%**

Signature _____ Date _____

The above adjustments reflect the rate change for medical and Rx benefits only. It does not include dental insurance. Rates includes trend, changes in base rates, benefit differentials, and fees as required by the Affordable Care Act. We reserve the right to change any premium rate, including a retrospective basis, when the terms of the agreement are changed or our liability has been altered because of a high change in state of federal law. Total premium assumes total enrollment for each plan.

Scott and White Rates- effective January 1, 2026
Metlife Dental

Employee Only	$	48.29
Employee and Spouse	$	93.93
Employee and Children	$	96.04
Family	$	158.15

Medical Plan Options

Members have statewide access to in-network coverage through the Blue Cross and Blue Shield of Texas national network, and access to a nationwide network through Blue Card®.

City of Florence

November 12, 2025

Single Plans

	Copay-1500-5K ER
	Rate
EE Only	$919.70
EE + Spouse	$1.867.00
EE + Child(ren)	$1.618.68
EE + Family	$2.713.10
Plan Features	**What You Will Pay**
Coinsurance – In-Network	20%
Coinsurance – Out-of-Network	50%
Deductible – In-Network	$1.500 Individual $3.000 Family
Deductible – Out-of-Network	$3.000 Individual $6.000 Family
Out-of-Pocket – In-Network	$5.000 Individual $10.000 Family
Out-of-Pocket – Out-of-Network	Unlimited
Office Visits Primary Care Specialist	 $30 Copay $60 Copay
Urgent Care Visit	$75 Copay
Emergency Room Facility Charges *(ER Fee waived if admitted)* Physicians Charges	 ER Fee per Visit: $500 **plus** 20% after deductible 20% after deductible
Telehealth	$0 Copay
Prescription Drug Plan	
Disease Mgmt Maintenance *(generic)* Tier 1 Tier 2 Tier 3 Tier 4 Tier 5	$0 copay $10 copay $45 copay $90 copay $150 copay $175 copay

General Assumptions and Requirements

The above rates are projected to be effective for the 12-month period beginning on January 1, 2026, and are contingent upon the provisions shown below:

1. Final rates may vary based on actual enrollment.
2. Rates do not include any future mandated benefit changes and are subject to review and revision should any Federal or State legislation require mandatory benefits during the guaranteed period.
3. Rates include an Agent/Broker commission of $0.00 Per Employee Per Month (PEPM).

Dental Cost Overview

TX Health Benefits Pool offers dental coverage through BlueCare Dental℠, using the nationwide BlueCare Dental PPO℠ National Network. This wide network offers Members access to a broad choice of dentists at a low out-of-pocket cost.

BlueCare Dental Connection℠

We are proud to offer our Members tools and information through the Dental Wellness Center® to take the work out of making the best dental care choices.

- Ask a Dentist – Ask licensed dentist questions about dental care
- Provider Finder® – Find a dentist in your network
- Dental Cost Advisor™ – Find the estimated cost of dental services (using Blue Access for Members℠)
- Information on a wide range of dental topics, like pediatric care, prevention, treatments, and dental diseases

City of Florence

November 12, 2025

Dental Plan III

	100% Participation
	Rate
EE Only	$40.66
EE + Spouse	$83.46
EE + Child(ren)	$87.74
EE + Family	$124.80
Plan Features	**What You Will Pay**
Deductible	
Tier 1	$0
Tier 2 & 3 (Combined)	$50
Tier 4 – Orthodontia	$50 (Lifetime Deductible)
Benefit Percentage	
Tier 1	No Charge
Tier 2	20% after deductible
Tier 3	50% after deductible
Tier 4 – Orthodontia	50% after deductible
Maximum Benefit	
Tier 1, 2 & 3 (Annual)	$2,000
Tier 4 (Lifetime)	$3,000
Dental Network	
BlueCare Dental℠ Network	✓

November 3, 2025

Angelica Lombardi
City Secretary
851 FM 970
Florence, TX 76527

RE: Request for Proposal – City of Florence

Dear Ms. Lombardi:

Thank you for considering joining the **TX Health Benefits Pool (TXHB)**.

The Pool was founded in 1979 to help municipalities from across the state to find comprehensive and affordable coverage for public employees and their families. Over these past 45 years, the Pool has expanded to offer coverage to other political subdivisions and government agencies, not just municipalities. Our mission and ongoing commitment is to serve *all* public employees from around the State of Texas.

We are proud to provide a quote for medical, and dental benefits for the City of Florence and to introduce you to the Pool.

Management Approach Rooted in Values

TX Health Benefits Pool is guided by our core values to serve those who serve our communities.

- **Public Service** – We support our members and their efforts to serve their communities by enhancing the health of their workforce and being good stewards of the Pool's resources.
- **Wellness** – We promote the health of our members by providing quality healthcare coverage and Wellness benefits.
- **Operational Excellence** – We continually improve our business practices to deliver excellent member service in the most cost-effective manner.
- **Integrity** – We are honest and fair in everything we do.
- **Simplicity** – We are easy to work with and understand.

Texas Local

We are a nonprofit risk pool governed by a Board of Trustees who are all locally elected and appointed officials from around Texas. These Board members include mayors, city council members, city managers, HR managers, and chiefs of police who understand the challenges facing municipalities. Together, we are focused on delivering quality healthcare to your employees at an exceptional value.

You will work day in and day out with a dedicated Austin-based team that includes an Account Manager, Account Executive, Wellness Coordinator, Enrollment & Benefit Advocate, and Member Services Representative, all committed to serving you.

Committed to Wellness

As members of TX Health Benefits Pool, your employees can enjoy a broad spectrum of Wellness programs, provided at no additional cost, including:

- A $150 incentive for participating in healthy activities
- The ability to earn Blue Points for healthy activities and education, redeemable for rewards
- Fertility and maternity programs through Ovia
- Personalized health coaching through Well onTarget, to meet the employee's own Wellness goals

With more than 44 years of service to political subdivisions in Texas, we look forward to serving your employees with health benefits designed especially for public servants like them.

If you have any questions or concerns, please do not hesitate to call LaKeisha King-James, TX Health Benefits Pool Sales Executive. She may be reached by calling (512) 719-6525.

Sincerely,

Kristie Castro
Director of Underwriting

KC/hd

cc: Heather VonGonten, Account Executive
Jackie Acevedo, Account Manager

How to Join TX Health Benefits Pool

The New Member Acceptance Information is provided for your ease and convenience. By completing and returning the applicable enclosed documents your Membership in TX Health Benefits Pool ("TXHB") can be efficiently processed.

New Member Instructions:

To accept this proposal, please complete the following:

TXHB New Member Checklist

TXHB Benefit Acceptance Form

- Please check the benefits you adopt
- Sign and date the form.

TXHB New Member Information Form

- Please complete and date the form

Employer Agreement to Distribute Notice of Privacy Practices

- Please complete, sign and date the form

Acknowledgment Form

TXHB New Member Checklist

To: **TX Health Benefits Pool *(Pool Team)***

From: **City of Florence**

Effective Date: **01/01/2026**

Please check all items you have enclosed.

- ☐ TXHB Benefit Acceptance Form
- ☐ TXHB New Member Information
- ☐ Employer Agreement to Distribute Notice of Privacy Practices
- ☐ One (1) Signed Interlocal Agreement
- ☐ Acknowledgment Form

TXHB Benefit Acceptance Form

The **City of Florence** accepts the following benefits as proposed by TX Health Benefits Pool.

Effective Date: **01/01/2026**

Please place a check by all benefits/coverages to be accepted:

Medical Plan Options

_____ Single Plans – Small Groups ***(Please choose only one plan)***

_____ Plan Copay-1500-5K ER

Dental Plan Options

_____ Dental – 100% Participation

_____ Plan III

_____ Plan IV

Additional Administrative Options

_____ Interlocal Agreement

Signed: _____ Federal Tax ID Number: _____

Title: _____ Benefit Waiting Period: _____

Date: _____

TXHB New Member Information

Official Group Name _____

County _____ Federal Tax ID: _____

Date _____ Elected Officials Covered: _____ Yes _____ No

Basic Waiting Period

_____ 1st of month after date of hire
_____ 1st of month after 30 days
_____ 1st of month after 60 days
_____ 30 days after date of hire
_____ 60 days after date of hire
_____ 90 days after date of hire
_____ None

Are all current employees covered as of the effective date? _____ No _____ Yes
If not, do they have the same waiting period as future hires? _____ No _____ Yes
If not all employees are being covered, does prior service apply? _____ No _____ Yes

Main Contact (Fund Contact)

____ Mr. ____ Ms. First Name _____ Last Name _____
Title _____ Email _____
Street _____ City _____ State _____ Zip _____
PO Box _____ PO City _____ PO State _____ PO Zip _____
Phone _____ Ext _____ Fax _____ Cell _____
Website _____ City Manager _____

Billing Contact (Fund Contact)

❑ *Same as above*

____ Mr. ____ Ms. First Name _____ Last Name _____
Title _____ Email _____
Street _____ City _____ State _____ Zip _____
PO Box _____ PO City _____ PO State _____ PO Zip _____
Phone _____ Ext _____ Fax _____ Cell _____

Additional Authorized Contact (optional)

____ Mr. ____ Ms. First Name _____ Last Name _____
Title _____ Email _____
Street _____ City _____ State _____ Zip _____
PO Box _____ PO City _____ PO State _____ PO Zip _____
Phone _____ Ext _____ Fax _____ Cell _____

Additional Authorized Contact (optional)

____ Mr. ____ Ms. First Name _____ Last Name _____
Title _____ Email _____
Street _____ City _____ State _____ Zip _____
PO Box _____ PO City _____ PO State _____ PO Zip _____
Phone _____ Ext _____ Fax _____ Cell _____

Employer Agreement to Distribute Notice of Privacy Practices

Federal privacy rules (45 CFR 164.520(c)) require that each of your employees who is eligible to enroll in health plan benefits receive a copy of the health plan's Notice of Privacy Practices. Health plans include medical plans, dental plans, vision plans, medical reimbursement Flexible Spending Arrangements (FSAs) and Health Reimbursement Accounts (HRAs).

By signing below, you agree to download (from www.txhb.gov), print and distribute a paper copy of TX Health Benefits Pool's Notice of Privacy Practices per the below guidelines:

1. If you are a new or returning Member to TX Health Benefits Pool, a copy of the Notice of Privacy Practices must be distributed to every employee;
2. If you are current Member of TX Health Benefits Pool, a copy of the Notice of Privacy Practices must be distributed to:
   - A. All new employees; and
   - B. Any existing employees who become newly eligible to enroll in a TX Health Benefits Pool-administered health plan. (For example, a part-time employee who becomes full-time.)

In all cases, you agree to provide your employee with TX Health Benefits Pool's Notice of Privacy Practices before the deadline for the employee to complete enrollment in a TX Health Benefits Pool-administered health plan. **Further, you agree to indemnify TX Health Benefits Pool for any penalties or fines it may incur due to your failure to distribute the Notice of Privacy Practices as stated herein**.

Group Name	Fund Contact Printed Name
Fund Contact Signature	Date

Please return this form by fax or mail to:

TX Health Benefits Pool
PO Box 140167
Austin, Texas 78714-0167
ATTN: Marketing
Fax: (512) 719-6509

Producer Access Form

In order to facilitate its healthcare operations and payment functions, **TX Health Benefits Pool (TXHB)** must receive information from the Group, including information related to eligibility, enrollment, and billing information. If the Group elects to have a Producer assist it with this providing this information, please select the check boxes below to establish the access that should be granted to the Group's authorized Producer(s).

In addition, please indicate below if the Group would like the authorized Producer(s) to have access to **TXHB Reporting (only available for Groups with 50 or more covered employees) and/or Renewal Information related to the Group's benefit selections. Standard Reporting and Renewal Information are deidentified and do not contain any individual Protected Health Information (PHI).**

By its signature below, Group acknowledges and accepts that TXHB may only disclose the PHI of any individual covered under the Group's plan as permitted by HIPAA (i.e. as necessary to facilitate TXHB healthcare operations or payment functions, or pursuant to an authorization signed by the individual). Further, Group acknowledges and accepts that TXHB bears no responsibility and is not involved with the Group's decision to share information with a Producer(s).

Group acknowledges and agrees that it is responsible for ensuring TXHB receives accurate and timely information, whether the information is provided by the Group, or by a Producer retained by the Group. Further, Group acknowledges and agrees that it is responsible for ensuring TXHB is immediately informed in writing of any changes to the identity of the Group's authorized Producers, by contacting your **TXHB Marketing Representative** or by email to **marketing@txhb.gov**. Group acknowledges and accepts responsibility and liability for any consequences that result from Group's failure to inform TXHB of any changes to the identity of the Group's authorized Producers, or for any consequences resulting from the provision of incorrect or delayed information provided to TXHB. In addition, if such a failure by Group leads to a Security Breach in TXHB network, or a Privacy Breach, Group will be responsible for repairing the Breach, for any damages associated with the Breach and will indemnify and reimburse TXHB for any expenses incurred by TXHB in addressing the Breach.

Primary Producer (main contact for TX Health Benefits Pool)

Name of Firm _____ Firm Tax Identification Number (TIN) _____

First and Last Name (Primary) _____ Title _____

Mailing Address, City, State Zip _____

( ) _____ _____

Primary Phone E-mail – a unique email is required for access below

Effective Date of Authorized Access for all Producers Listed _____

Primary Producer May Have Authorization Access to: *complete section for access*

☐ TXHB Reports for Groups above 50 Employees | ☐ Renewal Information | ☐ TXHB Online Enrollment & Billing Information

Access for additional Producers will be granted, if necessary, based on Group size. Please complete fields for additional Producers on the following page.

Additional Producers (TXHB provides access for four (4) additional authorized producers)

1 ADDITIONAL PRODUCER First/Last Name _____ Title _____

☐ Same as Primary Producer

Mailing Address, City, State Zip _____

( ) _____ Primary Phone _____ E-mail – a unique email is required for access below

ADDITIONAL PRODUCER 1 MAY HAVE ACCESS TO: *complete section for access*

☐ TXHB Reports for Groups above 50 Employees | ☐ Renewal Information | ☐ TXHB Online Enrollment & Billing Information

2 ADDITIONAL PRODUCER First/Last Name _____ Title _____

☐ Same as Primary Producer

Mailing Address, City, State Zip _____

( ) _____ Primary Phone _____ E-mail – a unique email is required for access below

ADDITIONAL PRODUCER 2 MAY HAVE ACCESS TO: *complete section for access*

☐ TXHB Reports for Groups above 50 Employees | ☐ Renewal Information | ☐ TXHB Online Enrollment & Billing Information

3 ADDITIONAL PRODUCER First/Last Name _____ Title _____

☐ Same as Primary Producer

Mailing Address, City, State Zip _____

( ) _____ Primary Phone _____ E-mail – a unique email is required for access below

ADDITIONAL PRODUCER 3 MAY HAVE ACCESS TO: *complete section for access*

☐ TXHB Reports for Groups above 50 Employees | ☐ Renewal Information | ☐ TXHB Online Enrollment & Billing Information

4 ADDITIONAL PRODUCER First/Last Name _____ Title _____

☐ Same as Primary Producer

Mailing Address, City, State Zip _____

( ) _____ Primary Phone _____ E-mail – a unique email is required for access below

ADDITIONAL PRODUCER 4 MAY HAVE ACCESS TO: *complete section for access*

☐ TXHB Reports for Groups above 50 Employees | ☐ Renewal Information | ☐ TXHB Online Enrollment & Billing Information

Producers to be Termed – A "new" Producer will not be granted access to TXHB Online or Reporting until after the "Date of Term" is processed for any Producer which is listed below to be termed.

Firm Name	Producer Name	Producer Title	Producer Email	Date of Term

Producer Payment Form

Group Name _____ Group Number _____ Effective Date _____

How will the Producer be Paid? Authorized Producer PEPM Fees – selection required

Group will pay the Producer directly. ☐ Yes ☐ No

OR

_____
Effective Date of Commission
Requires processing time of: First of month after 45 days

Commissions process through renewal with TXHB. ☐ Yes* ☐ No
If yes, please note commissions below as a Per Employee Per Month (PEPM) for the applicable products elected.

TX Health Benefits Pool (TXHB) to collect and distribute service fees.

Per Employee Per Month (PEPM) flat fee (Medical):[1,2]	$ _____ / ($XXX.XX per month)
Per Employee Per Month (PEPM) flat fee (Dental):[1,2]	$ _____ / ($XXX.XX per month)
Per Employee Per Month (PEPM) flat fee (Vision):[3]	$ _____ / ($XXX.XX per month)
Per Employee Per Month (PEPM) flat fee (Total):	$ _____ / ($XXX.XX per month)

[1] *TXHB requires a W-9 on any new Producer Firm prior to the first payment.*

[2] *Commission processed by BCBSTX during the 15th-20th of the month following the month of service.*

[3] *Commission processed by TXHB during the month of service.*

By signing below, Group acknowledges that TXHB does not incorporate a Producer's fee into the Group's rate, and any Producer fee will be invoiced as an independent line item.

Group Authorization and Signature

Printed Name _____ Title _____

Authorized Signature _____ Date _____

Acknowledgment Form

THIS ACKNOWLEDGMENT FORM (this "**Form**") is acknowledged by _____ ("**Employer/Applicant**") as of the date indicated below (the "**Effective Date**").

RECITALS

WHEREAS, pursuant to Chapter 172 of the Texas Local Government Code, a political subdivision may enter into an interlocal agreement under Chapter 791 of the Texas Government Code with other political subdivisions to provide health coverage for officials, employees, retirees, and dependents;

WHEREAS, the establishment, management and operation of TML MultiState Intergovernmental Employee Benefits Pool d/b/a TX Health Benefits Pool is governed by a Board of Trustees pursuant to a First Amended Trust Agreement dated May 28, 2014 (the "**Trust**"); and

WHEREAS, Employer/Applicant is a political subdivision which desires to sign an Interlocal Participation Agreement ("**Interlocal**") with TX Health Benefits Pool and participate in the TX Health Benefits Pool Plan (the "**Plan**").

NOW, THEREFORE, Employer/Applicant acknowledges, accepts, and agrees as follows:

1. Plan benefits are provided in accordance with Chapter 172 of the Texas Local Government Code, are not insurance, and that TX Health Benefits Pool is not an insurer under the Texas Insurance Code or other laws of the State of Texas.

2. The Plan is subject to plan design changes, policies, and procedures approved and adopted by the Board of Trustees pursuant to its authority under the Trust and Employer/Applicant agrees to be bound through the Interlocal by said Trust, as amended from time to time.

3. Electing Plan benefits and coverages authorizes TX Health Benefits Pool to act as its agent for functions relevant to the administration of group coverage.

4. TX Health Benefits Pool may contract with third party vendors for additional administrative services related to the Plan.

5. TX Health Benefits Pool is not the insurer of the Plan and is not responsible for the payment of any benefits thereunder. Employer/Applicant assumes the responsibility of complying with any Internal Revenue Service (IRS) or other federal regulations relating to employer responsibilities and/or requirements regarding notices to beneficiaries of benefit payments.

6. Should Employer/Applicant choose to offer a Health Savings Account (HSA) option to its employees, Employer/Applicant acknowledges that TX Health Benefits Pool is not a Bank and cannot operate as a Bank Custodian. Because an HSA is a tax-exempt trust or custodial account set up with a qualified HSA trustee/ custodian to pay or reimburse certain medical expenses incurred by a participating employee, TX Health Benefits Pool has no responsibility or liability for HSA trustee/custodian services. Employer/Applicant further acknowledges that TX Health Benefits Pool will assist with enrollment, billing, and import of HSA contributions for deposit with the HSA trustee/custodian, and only when associated with Employer/ Applicant's qualifying High Deductible Health Plans (HDHP Plans). Employer/Applicant assumes the liability and responsibility of complying with any IRS or other federal regulations related to HSAs.

7. TX Health Benefits Pool may adopt underwriting guidelines to ensure the financial viability of the Plan and that Employer/Applicant shall be enrolled in accordance with these underwriting guidelines.

8. As consideration for coverage and services under the Plan, Employer/Applicant must agree to make monthly payments (a "Contribution"). Contribution amounts are set forth in the proposal document outlining the Plan benefits and contribution levels, as well as the Benefit Acceptance Form contained herein, as determined by TX Health Benefits Pool.

9. Employer/Applicant acknowledges that TX Health Benefits Pool's Plan coverage provides numerous optional provisions, which are available in order to provide each participating group with the ability to select provisions to meet its own needs. It is understood and agreed that only those provisions which appear in the Plan provided to this participating Employer/Applicant apply to its coverage.

10. TX Health Benefits Pool may terminate the Plan benefits and coverages if Employer/Applicant fails to cooperate with TX Health Benefits Pool, including its agents and representatives, such that TX Health Benefits Pool determines that it is unable to perform or exercise its rights under Plan agreements including agreements with subcontractors, network providers, direct primary care providers, and stop loss/reinsurance contractors. In the event of a disagreement between Employer/Applicant and TX Health Benefits Pool regarding the Plan, including agreements relating to same, Employer/Applicant may appeal to the TX Health Benefits Pool Board. The decision of the TX Health Benefits Pool Board on appeal is final.

11. Employer/Applicant acknowledges that it must complete and return to TX Health Benefits Pool the forms in the Benefit Packet in order to participate in the Plan.

IN WITNESS WHEREOF, this Form is acknowledged, accepted, and agreed to by Employer/Applicant's authorized representative on the date indicated below.

By: _____

Name: _____

Title:

Date: _____

CITY OF FLORENCE

Agenda Summary Form

Agenda Item #:	**Title:**
3	Discussion, consideration, and possible action on Williamson County Emergency Services District #7 to do our City fire inspection.
Summary:	
Option (s):	
☐	I make a motion to allow Williamson County Emergency Services District #7 to do our City fire inspection.
☐	I move to make the motion to table discussion regarding this agenda item, for the reason _____ to move the discussion to (insert date).
☐	If you are opposed to not second the motion. If a motion is not made, the item is dead.
Harrell: _____	Swope: _____ Bivens: _____
Hyde: _____	Mayor Pro Tem Condon: _____ Mayor Daniel: _____

"Negative" motions are generally not permitted. *To dispose of a business item the motion should be phrased as a positive action to take and then if the group desires not to take this action, the motion should be voted down. The exception to the rule is when a governing body is asked to take action on a request and wished to create a record as to why the denial is justified.*

CITY OF FLORENCE

Agenda Summary Form

Agenda Item #:	**Title:**
4	Discussion, consideration, and possible action on allowing the City Hall to be used as an early voting location for the primaries (February 17 - February 27, 2026) and for election day, March 3, 2026, or only for election day.
Summary: City Council may allow the City Hall to be used as a location for early voting and election day, or just election day. Please be aware that if we have early voting, we will have to move our scheduled court date. If we have elections in March 3, 2026, we will have to move our council meeting.	
Option (s):	
☐	I make a motion to allow the City Hall to be used as an early voting location for the primaries (February 17 - February 27, 2026) and for election day, March 3, 2026, or only for election day.
☐	I move to make the motion to table discussion regarding this agenda item, for the reason _____ to move the discussion to (insert date).
☐	If you are opposed to not second the motion. If a motion is not made, the item is dead.
Harrell: _____	Swope: _____ Bivens: _____
Hyde: _____	Mayor Pro Tem Condon: _____ Mayor Daniel: _____

"Negative" motions are generally not permitted. *To dispose of a business item the motion should be phrased as a positive action to take and then if the group desires not to take this action, the motion should be voted down. The exception to the rule is when a governing body is asked to take action on a request and wished to create a record as to why the denial is justified.*

CITY OF FLORENCE

Agenda Summary Form

Agenda Item #:	**Title:**
5	Discussion, consideration, and possible action on allowing the City Hall to be used as an early voting location for primary runoffs (May 18 - May 22, 2026) and for election day, May 26, 2026, or only for election day.
Summary: City Council may allow the City Hall to be used as a location for early voting and election day, or just election day. Please be aware that if we have early voting, we will have to move our scheduled court date.	
Option (s):	
☐	I make a motion to allow the City Hall to be used as an early voting location for primary runoffs (May 18 - May 22, 2026) and for election day, May 26, 2026, or only for election day.
☐	I move to make the motion to table discussion regarding this agenda item, for the reason _____ to move the discussion to (insert date).
☐	If you are opposed to not second the motion. If a motion is not made, the item is dead.
Harrell: _____	Swope: _____ Bivens: _____
Hyde: _____	Mayor Pro Tem Condon: _____ Mayor Daniel: _____

"Negative" motions are generally not permitted. *To dispose of a business item the motion should be phrased as a positive action to take and then if the group desires not to take this action, the motion should be voted down. The exception to the rule is when a governing body is asked to take action on a request and wished to create a record as to why the denial is justified.*

CITY OF FLORENCE

Agenda Summary Form

Agenda Item #:	**Title:**
6	Discussion, consideration, and possible action on allowing the City Hall to be used as an early voting location for the May local election (April 20 – April 28, 2026) and for election day, May 2, 2026, or only for election day.
Summary: The City will have a mayoral and several council vacancies in this election. Please decide whether you would like to have early voting and election day or just election day. Early voting does not affect our court date, however election day affects our Council meeting, which was have moved in the past to accomodate.	
Option (s):	
☐	I make a motion to allow the City Hall to be used as an early voting location for the May local election (April 20 – April 28, 2026) and for election day, May 2, 2026, or only for election day.
☐	I move to make the motion to table discussion regarding this agenda item, for the reason _____ to move the discussion to (insert date).
☐	If you are opposed to not second the motion. If a motion is not made, the item is dead.
Harrell: _____	Swope: _____ Bivens: _____
Hyde: _____	Mayor Pro Tem Condon: _____ Mayor Daniel: _____

"Negative" motions are generally not permitted. *To dispose of a business item the motion should be phrased as a positive action to take and then if the group desires not to take this action, the motion should be voted down. The exception to the rule is when a governing body is asked to take action on a request and wished to create a record as to why the denial is justified.*

CITY OF FLORENCE

Agenda Summary Form

Agenda Item #:	**Title:**
7	Discussion, consideration, and possible action on approval to add a part-time police officer to the police department staff with anticipated hours worked to be capped at 30 hours maximum per week.
Summary:	
Option (s):	
☐	
☐	I move to make the motion to table discussion regarding this agenda item, for the reason _____ to move the discussion to (insert date).
☐	If you are opposed to not second the motion. If a motion is not made, the item is dead.
Harrell: _____	Swope: _____ Bivens: _____
Hyde: _____	Mayor Pro Tem Condon: _____ Mayor Daniel: _____

"Negative" motions are generally not permitted. *To dispose of a business item the motion should be phrased as a positive action to take and then if the group desires not to take this action, the motion should be voted down. The exception to the rule is when a governing body is asked to take action on a request and wished to create a record as to why the denial is justified.*