A SPECIAL MEETING
OF THE WESLACO CITY COMMISSION
WEDNESDAY, JULY 29, 2026

NOTICE IS HEREBY GIVEN THAT the City Commission of the City of Weslaco, Texas will hold a Special Meeting in the Legislative Chamber of City Hall, located at 255 South Kansas Avenue, on Wednesday, July 29, 2026 at 5:30 PM for the purpose of discussing the following items:

NOTE: If during the course of the meeting, any discussion of any item on the agenda should be held in executive or closed session, the Weslaco City Commission will convene in such executive or closed session whether or not such item is posted as an executive session item at any time during the meeting when authorized by the provisions of the Texas Open Meetings Act.

Pursuant to Texas Government Code Section 551.127, on a regular, non-emergency basis, the Weslaco City Commission may attend and participate in the meeting remotely by telephonic conference. Should that occur, a quorum of the members will be physically present at the location noted above on this agenda.

I. CALL TO ORDER

A. Certification of Public Notice.

B. Roll call.

II. PUBLIC COMMENTS

The Public Comments portion of the meeting promotes a fair and open process for the governance of the City. This portion of the meeting is not intended to be an extended discussion or a debate and is limited to three minutes for each presenter. Due to the Texas Open Meetings Act, the Mayor and City Commissioners do not reply; they listen. Matters under litigation are not to be addressed and comments regarding specific City employees and elected officials may be prohibited.

III. NEW BUSINESS

A. Discussion and consideration to award RFP #2025-26-36 for the Employee Group Health Insurance to the best qualified, most advantageous respondent. (Staffed by Human Resources Department.) Attachment.

B. Discussion and consideration to award RFP #2025-26-40 for the Employer Paid Group Term Life & AD&D Insurance to the best qualified, most advantageous respondent. (Staffed by Human Resources Department.) Attachment.

C. Discussion and consideration to award RFP #2025-26-37 for the Workers Compensation Insurance to the best qualified, most advantageous respondent. (Staffed by Human Resources Department.) Attachment.

D. Discussion and consideration to award RFP #2025-26-39 for the Ancillary Products to the best qualified, most advantageous respondent. (Staffed by Human Resources Department.) Attachment.

E. Discussion and consideration of RFP #2025-26-38 for the Commercial Package. (Staffed by Human Resources Department.)

IV. EXECUTIVE SESSION

V. POSSIBLE ACTION ON WHAT IS DISCUSSED IN EXECUTIVE SESSION

VI. ADJOURNMENT

I certify this **Notice of a Special Meeting of the Weslaco City Commission** is true and correct; and that I posted the agenda on the bulletin board, a place convenient and readily accessible to the public on the 23rd day of July 2026 at or before 5:30 pm in accordance with the Texas Open Meetings Act (Tex. Gov't Code 551-041 – 551.050) and Section 418.016 Texas Government Code.

/s/ Norma A. Cantu, City Secretary

NOTE: If any accommodation for a disability is required, please notify the City Secretary Office at (956) 968-3181, Ext. 1001 prior to the meeting date.

Removed from Bulletin Board	Date:	Initials:

PURSUANT TO SECTION 30.06, PENAL CODE (TRESPASS BY LICENSE HOLDER WITH A CONCEALED HANDGUN), A PERSON LICENSED UNDER SUBCHAPTER H, CHAPTER 411, GOVERNMENT CODE (HANDGUN LICENSING LAW), MAY NOT ENTER THIS PROPERTY WITH A CONCEALED HANDGUN".

"DE ACUERDO CON LA SECCION 30.06 DEL CODIGO PENAL (INGRESO SIN AUTORIZACION DE UN TITULAR DE UNA LICENCIA CON UNA PISTOLA OCULTA), UNA PERSONA CON LICENCIA SEGUN EL SUBCAPITULO H, CAPITULO 411, CODIGO DEL GOBIERNO (LEY SOBRE LICENCIAS PARA PORTAR PISTOLAS), NO PUEDE INGRESAR A ESTA PROPIEDAD CON UNA PISTOLA OCULTA".

"PURSUANT TO SECTION 30.07, PENAL CODE (TRESPASS BY LICENSE HOLDER WITH AN OPENLY CARRIEDHANDGUN), A PERSON LICENSED UNDER SUBCHAPTER H, CHAPTER 411, GOVERNMENT CODE (HANDGUN LICENSING LAW), MAY NOT ENTER THIS PROPERTY WITH A HANDGUN THAT IS CARRIED OPENLY".

"DE ACUERDO CON LA SECCION 30.07 DEL CODIGO PENAL (INGRESO SIN AUTORIZACION DE UN TITULAR DE UNA LICENCIA CON UNA PISTOLA A LA VISTA), UNA PERSONA CON LICENCIA SEGUN EL SUBCAPITULO H, CAPITULO 411, CODIGO DEL GOBIERNO (LEY SOBRE LICENCIAS PARA PORTAR PISTOLAS), NO PUEDE INGRESAR A ESTA PROPIEDAD CON UNA PISTOLA A LA VISTA".

Standardized Agenda Request Form

Date of Meeting: July 29, 2026	**Agenda Item No.** (to be assigned by CSO)**:** 2026-1062

From:

Subject:
Discussion and consideration to award RFP #2025-26-36 for the Employee Group Health Insurance to the best qualified, most advantageous respondent. (Staffed by Human Resources Department.)

Background:
We received a total of three proposals - BCBS of Texas, United Healthcare, and Curative. The incumbent BCBS quoted $4,473,354.48, a cost increase of $41.10%, United Healthcare quoted $4,437,949.44, a cost increase of $39.98%, and Curative quoted $5,182,286.04, a cost increase of $63.46%. All quotes include a HMO and PPO plan. In comparing the quote received from BCBS to that of United Healthcare, it shows BCBS quoted at a higher cost of $35,405.04. We have request a best and final offer from incumbent BCBS and are awaiting their response.

Funding Source (budget code, if applicable)**:**

Amount:	Term of Impact:	Identified in Current Budget:

Additional Action Prompted:
Mayor's Signature

If item previously considered, provide date and action by Commission:

If item requires Publication Notice, provide date and periodical of publication; indicate if comments received from letters mailed to property owners:

Advisory Review, if any (name of board/committee, date of action, recommendation)**:**

ADELAIDA VEGA Created
Luz Galindo
Xavier Salinas

City Manager Comments:
Approve as recommended by staff.

Staff Recommendation:

Attachments, if any:
RFP# 2025-26-36 Tabulations Health

Responsibilities upon Approval:

City of Weslaco

RFP# 2025-26-36 Group Health Insurance - Fully Funded
Summary of Comparative Cost
Review Date: July 7, 2026

Plan: PPO 2500

	Blue Cross/Blue Shield				United Healthcare		Curative	
	Expiring		Option 1		Option 2		Option 3	
Plan Name	Blue Choice PPO		Blue Choice PPO		ETOX Mod 1 (PPO Premier) Rx Plan: 2V		EPO Plan Coverage (No Out-of-Network)	
	In	**Out**	**In**	**Out**	**In**	**Out**	**Baseline Visit**	**Without Baseline Visit**
Deductible	$2,500/$5,000	$5,000/$10,000	$2,500/$5,000	$5,000/$10,000	$2,500/$5,000	$5,000/$10,000	$0	$5,000/$10,000
Coinsurance	80%	50%	80%	50%	80%	50%	0%	80%
Out of Pocket	$5,500/$11,000	$10,000/$20,000	$5,500/$11,000	$10,000/$20,000	$5,500/$11,000	$10,000/$20,000	$0	$7,500/$15,000
Benefits								
Office Copay (PCP/SPC)	$25/$50	50% coinsurance	$25/$50	50% coinsurance	$25/$50 & $60	50% coinsurance	$0	$25/$50
Hospital Copays	80% coinsurance	50% coinsurance	80% coinsurance	50% coinsurance	Deductible & Coinsurance	50% coinsurance	$0	20% coinsurance
Urgent Care	80% coinsurance	50% coinsurance	80% coinsurance	50% coinsurance	$75 copay	50% coinsurance	$0	20% coinsurance
Emergency Room	80%/$250	80%/$250	80%/$250	80%/$250	80%/$250	50% coinsurance	$0	20% coinsurance
Major Diagnostics	80% coinsurance	50% coinsurance	80% coinsurance	50% coinsurance	Deductible & Coinsurance	50% coinsurance	$0	20% coinsurance
X-Ray and Lab	100%	70% coinsurance	100%	70% coinsurance	100%	50% coinsurance	$0	20% coinsurance
Pharmacy	$10/$35/$60		$10/$35/$60		$10/$35/$60		$50/$250	$100/25% coinsurance
Enrollment								
Employee	177				177		177	
Employee + Spouse	4				4		4	
Employee + Child(ren)	44				44		44	
Employee + Family	14				14		14	
Total	**239**				**239**		**239**	
Rates								
Employee	$585.35		$825.93		$847.86		$952.09	
Employee + Spouse	$1,128.24		$1,591.95		$1,633.83		$1,835.12	
Employee + Child(ren)	$1,082.56		$1,527.49		$1,567.69		$1,760.81	
Employee + Family	$1,671.39		$2,358.33		$2,420.64		$2,718.55	
Monthly Cost	$179,152.01		$252,783.59		$259,473.86		$291,395.75	
Annual Cost	**$2,149,824.12**		**$3,033,403.08**		**$3,113,686.32**		**$3,496,749.00**	
Premium Increase +/-			$883,578.96		$963,862.20		$1,346,924.88	
Premium Increase % +/-			**41.10%**		**44.83%**		**62.65%**	

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City of Weslaco

RFP# 2025-26-36 Group Health Insurance - Fully Funded
Summary of Comparative Cost
Review Date: July 7, 2026

Plan: HMO 1500

	Blue Cross/Blue Shield		United Healthcare	Curative	
	Expiring	**Option 1**	**Option 2**	**Option 3**	
Plan Name	Blue Essentials	Blue Essentials	EIVU Mod 1 (HMO Navigate Copay) Rx Plan: 2V	EPO Plan Coverage (No Out-of-Network)	
	In-Network Only	**In-Network Only**	**In-Network Only**	**Baseline Visit**	**Without Baseline Visit**
Deductible	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000	$0	$5,000/$10,000
Coinsurance	80%	80%	80%	0%	80%
Out of Pocket	$4,500/$9,000	$4,500/$9,000	$4,500/$9,000	$0	$7,500/$15,000
Benefits					
Office Copay (PCP/SPC)	$20/$45	$20/$45	$25/$45	$0	$25/$50
Hospital Copays	80% coinsurance	80% coinsurance	Deductible + Coinsurance	$0	20% coinsurance
Urgent Care	$50	$50	$50 copay	$0	20% coinsurance
Emergency Room	80%/$250	80%/$250	Deductible + Coinsurance	$0	20% coinsurance
Major Diagnostics	80% coinsurance	80% coinsurance	Deductible + Coinsurance	$0	20% coinsurance
X-Ray and Lab	100%	100%	Deductible + Coinsurance	$0	20% coinsurance
Pharmacy	$10/$35/$60	$10/$35/$60	$10/$35/$60	$50/$250	$100/25% coinsurance
Enrollment					
Employee	113		113	113	
Employee + Spouse	3		3	3	
Employee + Child(ren)	14		14	14	
Employee + Family	1		1	1	
Total	**131**		**131**	**131**	
Rates					
Employee	$576.45	$813.37	$748.06	$952.09	
Employee + Spouse	$1,111.08	$1,567.73	$1,441.51	$1,835.12	
Employee + Child(ren)	$1,066.09	$1,504.25	$1,383.16	$1,760.81	
Employee + Family	$1,645.96	$2,322.45	$2,135.71	$2,718.55	
Monthly Cost	$85,043.31	$119,995.95	$110,355.26	$140,461.42	
Annual Cost	**$1,020,519.72**	**$1,439,951.40**	**$1,324,263.12**	**$1,685,537.04**	
Premium Increase +/-		$419,431.68	$303,743.40	$665,017.32	
Premium Increase % +/-		**41.10%**	**29.76%**	**65.16%**	

City of Weslaco

RFP# 2025-26-36 Group Health Insurance - Fully Funded
Combined Plan Cost Summary
Review Date: July 7, 2026

	BCBSTX		United Healthcare
Plans	Expiring	Submittal	Submittal
PPO 2500	$2,149,824.12	$3,033,403.08	$3,113,686.32
HMO 1500	$1,020,519.72	$1,439,951.40	$1,324,263.12
Annual Total	**$3,170,343.84**	**$4,473,354.48**	**$4,437,949.44**
Cost Increase +/-		$1,303,010.64	$1,267,605.60
Cost Increase % +/-		**41.10%**	**39.98%**

Source: RFP# 2025-26-36 Group Health Insurance - Fully Funded
Prepared By: Valley Risk Consulting

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City of Weslaco

RFP# 2025-26-36 Group Health Insurance - Fully Funded
Combined Plan Cost Summary
Review Date: July 7, 2026

Curative
Submittal
$3,496,749.00
$1,685,537.04
$5,182,286.04

$2,011,942.20
63.46%

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Standardized Agenda Request Form

Date of Meeting: July 29, 2026	**Agenda Item No.** (to be assigned by CSO)**:** 2026-1063

From:

Subject:
Discussion and consideration to award RFP #2025-26-40 for the Employer Paid Group Term Life & AD&D Insurance to the best qualified, most advantageous respondent. (Staffed by Human Resources Department.)

Background:
The City provides a Basic Term Life and AD&D insurance policy to all active employees, with a benefit amount of $100,000. The current policy was approved in FY 23-24 and included a 3-year guaranteed rate. As the rate guaranteed period is ending, staff received approval to solicit competitive proposals. A total of 8 proposals were received and summarized in a proposal tabulation, which was provided for your review. Based on final evaluations, staff recommends approval of Hartford's option #7, which includes a two-year rate guarantee, as the most competitive bid.

Funding Source (budget code, if applicable)**:**

Amount:	Term of Impact:	Identified in Current Budget:

Additional Action Prompted:
Mayor's Signature

If item previously considered, provide date and action by Commission:

If item requires Publication Notice, provide date and periodical of publication; indicate if comments received from letters mailed to property owners:

Advisory Review, if any (name of board/committee, date of action, recommendation)**:**

ADELAIDA VEGA Created
Luz Galindo
Xavier Salinas

City Manager Comments:
Approve as recommended by staff.

Staff Recommendation:

Attachments, if any:
RFP #2025-26-40 Tabulation ER Paid Group Term Life AD&D

Responsibilities upon Approval:

City of Weslaco

Summary of Comparative Cost
RFP # 2025-26-40 Ancillary Products
Employer Paid Basic Term Life/ADD
Review Date: July 8, 2026

General	Expiring		Option 1		Option 2		Option 3		Option 4	
Company	Mutual of Omaha		Colonial Life		Metlife		New York Life		Ochs, Inc. (Securian)	
Rate Guarantee			2 year		3 year		3 year		3 year	
Agency										
	Rate	**Annual Total**	**Rate**	**Annual Total**	**Rate**	**Annual Total**	**Rate**	**Annual Total**	**Rate**	**Annual Total**
Life Insurance	$0.147	$5,321.40	$0.135	$5,332.50	$0.141	$5,569.50	$0.217	$8,571.50	$0.134	$5,293.00
AD&D Insurance	$0.030	$1,086.00	$0.040	$1,580.00	$0.021	$829.50	$0.030	$1,185.00	$0.030	$1,185.00
Monthly Premium		**$6,407.40**		**$6,912.50**		**$6,399.00**		**$9,756.50**		**$6,478.00**
Estimated Annual Premium		**$76,888.80**		**$82,950.00**		**$76,788.00**		**$117,078.00**		**$77,736.00**
			Increase +/-	$6,061.20	**Increase +/-**	-$100.80	**Increase +/-**	$40,189.20	**Increase +/-**	$847.20
			Increase +/- %	8%	**Increase +/- %**	0%	**Increase +/- %**	52%	**Increase +/- %**	1%
Benefit Amount	$100,000		$100,000		$100,000		$100,000		$100,000	
Estimated Volume (362 EE)	$36,200,000		$39,500,000		$39,500,000		$39,500,000		$39,500,000	
	Rates per $1,000		**Rates per $1,000**		**Rates per $1,000**		**Rates per $1,000**		**Rates per $1,000**	

RECOMMENDED

General	Expiring		Option 5		Option 6		Option 7		Option 8	
Company	Mutual of Omaha		The Standard		Symetra		The Hartford		United Healthcare	
Rate Guarantee			3 year		3 year		2 year		3 year	
Agency										
	Rate	**Annual Total**	**Rate**	**Annual Total**	**Rate**	**Annual Total**	**Rate**	**Annual Total**	**Rate**	**Annual Total**
Life Insurance	$0.147	$5,321.40	$0.223	$8,808.50	$0.147	$5,806.50	$0.107	$4,226.50	$0.185	$7,307.50
AD&D Insurance	$0.030	$1,086.00	$0.030	$1,185.00	$0.030	$1,185.00	$0.030	$1,185.00	$0.030	$1,185.00
Monthly Premium		**$6,407.40**		**$9,993.50**		**$6,991.50**		**$5,411.50**		**$8,492.50**
Estimated Annual Premium		**$76,888.80**		**$119,922.00**		**$83,898.00**		**$64,938.00**		**$101,910.00**
			Increase +/-	$43,033.20	**Increase +/-**	$7,009.20	**Increase +/-**	-$11,950.80	**Increase +/-**	$25,021.20
			Increase +/- %	56%	**Increase +/- %**	9%	**Increase +/- %**	-16%	**Increase +/- %**	33%
Benefit Amount	$100,000		$100,000		$100,000		$100,000		$100,000	
Estimated Volume (362 EE)	$36,200,000		$39,500,000		$39,500,000		$39,500,000		$39,500,000	
	Rates per $1,000		**Rates per $1,000**		**Rates per $1,000**		**Rates per $1,000**		**Rates per $1,000**	

Source: RFP# 2025-26-40 Ancillary Products
Prepared by: Valley Risk Consulting

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Standardized Agenda Request Form

Date of Meeting: July 29, 2026	**Agenda Item No.** (to be assigned by CSO)**:** 2026-1064

From:

Subject:
Discussion and consideration to award RFP #2025-26-37 for the Workers Compensation Insurance to the best qualified, most advantageous respondent. (Staffed by Human Resources Department.)

Background:
We received two proposals, one from Texas Mutual and the other from McGriff. The proposal received from McGriff was quoted for $369,759.00 while Texas Mutual quoted two options. The Out-of-Network option is for $370,339.00 and the In-Network option is for $326,283.00. While the In-Network option seems the most advantageous for the City we have experienced challenges with securing In-Network providers in the Weslaco area and surrounding cities. When comparing the Texas Mutual Out-of-Network option to McGriff it is quoted $580 more, however it is the most advantageous for the city. With Texas Mutual we have the potential and have earned dividend checks for Workplace Safety in the last 5 years totaling a combined $460,798.86 with the most recent one of $107,219.91.

Funding Source (budget code, if applicable)**:**

Amount:	Term of Impact:	Identified in Current Budget:

Additional Action Prompted:
Mayor's Signature

If item previously considered, provide date and action by Commission:

If item requires Publication Notice, provide date and periodical of publication; indicate if comments received from letters mailed to property owners:

Advisory Review, if any (name of board/committee, date of action, recommendation)**:**

ADELAIDA VEGA — Created
Luz Galindo
Xavier Salinas

City Manager Comments:
Approve as recommended by staff.

Staff Recommendation:
Staff recommends approval of the Texas Mutual proposal for the Out-of-Network option in the amount of $370,339.00.

Attachments, if any:
COW RFP# 2025-26-37 Workers Comp Memo (Final), TEXAS MUTUAL QUOTE

Responsibilities upon Approval:

Memorandum

To: Luz Galindo, Business Manager

CC: Homer Rhodes, Purchasing Coordinator

From: Roger Garza, LUTCF, LHIC & RMS
Senior Consultant

Date: July 10, 2026

Re: RFP# 2025-26-37 Fully Funded Workers' Compensation

The City of Weslaco provides Workers' Compensation benefits to its employees on a fully funded basis. Texas Mutual currently administers the Workers' Compensation Program. The Administration recently advertised and solicited proposals for this fully funded plan. A total of two proposals were received, reviewed, and tabulated. (See Exhibit A.)

Company	Location	Representative
Texas Mutual	Austin, TX	Montalvo Insurance
Deep East Texas Self Insurance Fund	Lufkin, TX	McGriff

Recommendation: After reviewing the proposals, the proposal that provides the best value to the City of Weslaco, and with the projected dividends for the upcoming 2026-2027 term is Texas Mutual **as submitted by Montalvo Insurance Agency based on an estimated annual premium of $370,339.** The proposal represents a decrease of approximately -$14,164 or -4.18% from the expiring premium.

City of Weslaco

Summary of Comparative Cost
RFP# 2025-26-37 Workers' Compensation - Fully Funded
Review Date: July 7, 2026

		RECOMMENDED	
	Expiring	**Option 1**	**Option 2**
Company	**Texas Mutual**	**Texas Mutual**	**Deep East Texas Self Insurance Fund**
Office Location	Austin, TX	Austin, TX	Lufkin, TX
Contact Name	Montalvo Insurance Agency	Montalvo Insurance Agency	McGriff

Policy Information	**Expiring**		**Option 1**		**Option 2**	
	Estimated Payroll	**Premium**	**Estimated Payroll**	**Premium**	**Estimated Payroll**	**Premium**
	$19,947,045	**$338,761**	$19,947,045	**$326,283**	$19,947,045	**$369,759**
			Increase +/-	-$58,220	**Increase +/-**	-$14,744
			Increase % +/-	-15.14%	**Increase % +/-**	-3.83%

	Out of Network		**Out of Network**	
	Estimated Payroll	**Premium**	**Estimated Payroll**	**Premium**
	$19,947,045	**$384,503**	$19,947,045	**$370,339**
			Increase +/-	-$14,164
			Increase % +/-	-4.18%

Premium reduction are based on the 25-26 Out of Network

Source: RFP# 2025-26-37 Workers' Compensation - Fully Funded
Prepared by: Valley Risk Consulting

Exhibit A

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MONTALVO INSURANCE AGENCY

TEL. (956) 968-5521 • FAX (956) 969-9198

Date: 07/1/2026

To: City of Weslaco

From: Ramon Montalvo III, CIC

Re: Workers Compensation-Fully Funded Insurance RFP#2025-26-37

Message:

We respectfully submit our proposal for the above-mentioned RFP. As in the past, we approached various carriers. Several carriers declined to offer coverage due to the firefighter/police exposures and other carriers were not as competitive as the offer provided by the Texas Mutual Insurance Company.

Texas Mutual is the largest Workers Compensation provider in Texas with almost 80,000 policyholders. Their service team consists of over 400 people unlike other providers that have a minimal number of staff. They have the largest workplace service team and have many safety resources.

Texas Mutual's pricing for coverage has been determined upon the payroll information provided within the bid specs. Their pricing is competitive and allows the maximum credits available with an option for coverage In-Network or Out-of Network.

As you know, they have a particularly good dividend plan that has paid the city a total of $353,578.95. The total includes the dividend of 6/22/2026 for $107,219.91. The 2026-2027 term could exceed that amount if the current claim trend continues. It is important to note that they will only pay this projected dividend if the city renews coverage with Texas Mutual for the 2026-2027 term.

We welcome the opportunity to be of continued service to the city regarding this coverage. Feel free to reach out to us if you have any questions.

BBB ALL FORMS OF INSURANCE Trusted Choice®

208 SOUTH TEXAS BOULEVARD • WESLACO, TEXAS 78596

Home Page www.montalvoinsurance.com • Email: ramon@montalvoinsurance.com

MONTALVO INSURANCE AGENCY

TEL. (956) 968-5521 • FAX (956) 969-9198

City of Weslaco

Texas Mutual Insurance
Workers' Compensation Quote Summary
2026-2027

Payroll Basis	In-Network	Out-of-Network
$19,947,045	$326,283.00	$370,339.00

Note: Refer to the carrier's quote for detailed information

BBB ALL FORMS OF INSURANCE Trusted Choice®

208 SOUTH TEXAS BOULEVARD • WESLACO, TEXAS 78596
Home Page www.montalvoinsurance.com • Email: ramon@montalvoinsurance.com

TexasMutual®

Underwriting Quote Sheet
Summary Page
Applicant copy

Quote no. Q005014427
Quote issue date 6/30/26
Proposed coverage period 10/1/26 to 10/1/27

Applicant
City of Weslaco
255 S KANSAS AVE
WESLACO TX 78596-6158

Underwriter LISA SMITH
Producer 20590
Phone (956) 968-5521
Fax (956) 969-9198

Trucordia Insurance Services LLC
PO BOX 2
WESLACO TX 78599-0002

Entity Government Entity
Group
SIC code 9199 General government, N.E.C.*

Quote generated in Austin,TX

Part one: workers' compensation insurance

Premium quote summary - Texas only

See attached **Premium Calculation**

	Payroll	Premium
Total payroll and estimated manual premium	19,947,045.00	365,606.00

Prorate factor 1.00

	Out-of-Network Factor	Out-of-Network Amount	In-Network Factor	In-Network Amount
Increased Limits Factor 1,000,000/1,000,000/1,000,000	0.014	5,118.00	0.014	5,118.00
Experience Modifier		270,629.00		270,629.00
Schedule Modifier	0.65	(224,474.00)	0.65	(224,474.00)
Healthcare Network Option			0.12	(50,025.00)
Premium Discount	0.112	(46,690.00)	0.111	(40,721.00)
Expense Constant		150.00		150.00
Estimated annual premium		370,339.00		326,283.00

Minimum premium 250.00

Audit frequency Annual

Part two: employers' liability insurance

	Standard
Bodily injury by accident	$1,000,000.00
Bodily injury by disease policy limit	$1,000,000.00
Bodily injury by disease each employee	$1,000,000.00

Endorsements made part of this quotation

See attached **Endorsement Schedule**

Notice of terrorism insurance coverage

Coverage for acts of terrorism is already included in workers' compensation policies. Losses resulting from certified acts of terrorism, as defined under the Terrorism Insurance Act of 2002, as amended ("the Act"), would be partially reimbursed by the U.S. Government. If the aggregate industry Insured Losses occurring in any calendar year exceed $200,000,000, the U.S. Government would pay 80% of our Insured Losses that exceed our Insurer Deductible. The Act provides an annual cap on liability that limits the U.S. Government's payment as well as our liability for any amount of losses from certified acts of terrorism that, in the aggregate for the industry, exceeds $100,000,000,000 in a calendar year. The portion of your quoted premium that is attributable to coverage for acts of terrorism is $0 and does not include any charges for the portion of losses covered by the U.S. Government under the Act.

PO Box 12058, Austin, TX 78711-2058
texasmutual.com | (800) 859-5995 | Fax (800) 359-0650

TexasMutual®

Quote no.	Quote issue date	Proposed coverage period
Q005014427	6/30/26	10/1/26 to 10/1/27

Underwriting Quote Sheet
Out-of-Network Premium Calculation

Applicant copy

Class codes for primary applicant

State	Location	Code	Classification	Premium basis total estimated annual remuneration	Rate per $100 of remuneration	Estimated annual premium
10/1/26 to 10/1/27						
42	00001	5191	Computer and Data Processing Services: Maintenance and Repair	285,505.00	0.582	1,662.00
42	00001	5506	Street or Road-Roadside Mowing & Maintenance-& Drivers	901,866.00	3.746	33,784.00
42	00001	7423	Aircraft Ground Support Equipment Repair & Drivers	143,860.00	2.393	3,443.00
42	00001	7520	Waterworks Operation & Drivers	469,675.00	1.484	6,970.00
42	00001	7580	Sewage Disposal Plant Operation & Drivers	125,889.00	2.324	2,926.00
42	00001	7704	Fire Fighters & Drivers	4,806,163.00	3.621	174,031.00
42	00001	7720	Police Officers & Drivers	5,131,250.00	1.719	88,206.00
42	00001	8391	Automobile Repair Shop & Parts Department Employees, Drivers	245,429.00	1.067	2,619.00
42	00001	8601	Architect or Engineer-Consulting	94,587.00	0.191	181.00
42	00001	8720	Inspection of Risks For Insurance or Valuation Purposes NOC	476,491.00	0.234	1,115.00
42	00001	8742	Salespersons or Collectors-Outside	8,075.00	0.132	11.00
42	00001	8810	Clerical Office Employees NOC	4,931,178.00	0.051	2,515.00
42	00001	8831	Animal Shelters & Drivers	214,351.00	0.803	1,721.00
42	00001	8838	Museum or Public Library-Professional Employees	479,346.00	0.558	2,675.00
42	00001	9015	Buildings NOC-Operation By Owner or Lessee-& Drivers	259,046.00	1.400	3,627.00
42	00001	9101	Museum or Public Library-All Other Employees-& Drivers	If any	1.799	0.00
42	00001	9102	Park NOC-All Employees-& Drivers	453,087.00	1.470	6,660.00
42	00001	9402	Garbage, Ashes or Refuse Collection & Drivers	921,247.00	3.632	33,460.00
42	00003	7720	Police Officers & Drivers	If any	1.719	0.00
42	00004	7720	Police Officers & Drivers	If any	1.719	0.00
42	00005	7720	Police Officers & Drivers	If any	1.719	0.00
42	00006	7720	Police Officers & Drivers	If any	1.719	0.00
42	00007	7704	Fire Fighters & Drivers	If any	3.621	0.00
42	00008	7704	Fire Fighters & Drivers	If any	3.621	0.00
			Estimated manual premium			365,606.00
		9812	Increased Limits Factor 1,000,000/1,000,000/1,000,000		0.014	5,118.00
		9898	Experience Modifier of 1.73		1.730	270,629.00
		9887	Schedule Modifier		0.650	(224,474.00)
		0063	Premium Discount		0.112	(46,690.00)
		0900	Expense Constant			150.00
			Total payroll and Texas total premium	$19,947,045.00		$370,339.00

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TexasMutual®

Quote no.	Quote issue date	Proposed coverage period	Version
Q005014427	6/30/26	10/1/26 to 10/1/27	1

Quote Invoice
Applicant copy

Applicant
City of Weslaco

Producer
Trucordia Insurance Services LLC

Renewal of
0002101273

The earliest effective date of coverage will be the date a complete submission and the proper payment are received by Texas Mutual Insurance Company, unless a future effective date has been requested. This does not apply to Start policies.

NOTE: Payment received does not guarantee coverage.

Please check one option below to indicate policy choice.

Payment in full:

Out-of-network ☐

Estimated annual premium: $370,339.00
Amount due: $370,339.00

In-network ☐

Estimated annual premium: $326,283.00
Amount due: $326,283.00

Will the policy premium be financed? _____ If "Yes", which finance company? _____

Note: A Copy of a signed premium finance agreement must accompany this form.
Send payments to the PO Box as listed below.

- OR -

Installment payments:

Out-of-network ☐

Estimated annual premium: $370,339.00
Amount due: $30,886.27

In-network ☐

Estimated annual premium: $326,283.00
Amount due: $27,212.00

Installment billing plan:
- 12 monthly installments (Send payments to the PO Box as listed below.)
- Financing is not permitted under this billing plan

Please mail this form along with the amount due for the above selected option to:

Texas Mutual Insurance Company
PO Box 841843
Dallas, TX 75284-1843

Please include your quote number Q005014427 on your check for prompt handling.
Please do not use the above address for other correspondence.

Thank you for your business!

PO Box 12058, Austin, TX 78711-2058
texasmutual.com | (800) 859-5995 | Fax (800) 359-0650

TexasMutual®

Workers' Compensation and Employer's Liability Policy

DNE-1A

Applicant copy

Quote number	Quote issue date	Proposed coverage period
Q005014427	6/30/26	10/1/26 to 10/1/27

Deductible Notice of Election

Texas law permits an employer to obtain workers' compensation insurance with a deductible. The insurance applies only to benefits payable under Texas workers' compensation law. When a deductible is elected, the policyholder is required to reimburse the insurance carrier for benefits payable under the law up to the deductible amount and a credit is applied to the policy. Premium credits are determined based on the deductible selected and the hazard group. The hazard group is determined by the classification that produces the largest amount of estimated Texas standard premium.

You are not required to choose a deductible. If you do choose one, your insurance company will pay the deductible amount for you, but you must reimburse the insurance company within 30 days after they send you notice that payment is due. If you fail to reimburse the insurance company, they may cancel the policy upon ten days written notice, and any resulting premium may be applied to the deductible amount owed.

If a deductible amount is desired, please indicate below.

☐ Yes, I want a deductible of (select only one):

1. _____ per accident
2. _____ per claim
3. _____ medical only

applied to benefits payable under the Texas Workers' Compensation Law. I understand that the company will pay the deductible amount and seek reimbursement **Monthly** (monthly, quarterly or other)

☐ No, I do not want a deductible applied to benefits payable under the Texas Workers' Compensation Law.

☐ Yes, I do want a deductible policy, but am unable to obtain one for the following reason: _____

The deductible plans have been explained to me.

Signature and Title	Date
Adrian Gonzalez, Mayor	255 S. Kansas Ave.
Employer Name (print or type)	Address

Texas Mutual Insurance Company	Q005014427	10/1/26
Insurance Company	Policy No.	Effective Date

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Standardized Agenda Request Form

Date of Meeting: July 29, 2026	**Agenda Item No.** (to be assigned by CSO)**:** 2026-935
From:	
Subject: Discussion and consideration to award RFP #2025-26-39 for the Ancillary Products to the best qualified, most advantageous respondent. (Staffed by Human Resources Department.)	
Background: All Ancillary Products were last awarded in FY 23-24 and included a 3-year guaranteed rate expiring September 30, 2026.	
Funding Source (budget code, if applicable)**:**	
Amount:	Term of Impact: | Identified in Current Budget:
Additional Action Prompted: Mayor's Signature	
If item previously considered, provide date and action by Commission:	
If item requires Publication Notice, provide date and periodical of publication; indicate if comments received from letters mailed to property owners:	
Advisory Review, if any (name of board/committee, date of action, recommendation)**:**	
Luz Galindo Luz Galindo Xavier Salinas	Created/Initiated New
City Manager Comments: Approve as recommended by staff.	
Staff Recommendation:	
Attachments, if any: City of Weslaco Inventory List for RFP # 2025-26-39 Ancillary Products	
Responsibilities upon Approval:	

City of Weslaco

RFP# 2025-26-39 (Ancillary Products)
Inventory List
Review Date: July 7, 2026

Carrier	Agent/Agency	Vision	Dental	Critical Illness	Accident	Cancer	Short/Long Term Disability	Group Life/AD&D	Hospital Idemnity
Aflac		X	X	X	X			X	X
American Fidelity		X	X	X	X	X			X
Ameritas		X							
Avesis		X							
CEC Vision		X							
Colonial Life				X	X			X	X
Delta Dental			X						
Eyetopia		X							
Blue Cross/Blue Shield		X		X	X				X
Manhattan Life				X	X				X
Metlife		X	X	X	X	X	X	X	X
New York Life				X	X			X	X
Ochs, Inc.								X	
Standard Insurance		X	X				X	X	
Surency		X							
Symetra				X	X		X	X	X
The Hartford				X	X		X	X	X
Trustmark				X	X				X
United Healthcare		X	X	X	X	X	X	X	X
Benefit Source	Statement of Qualifications								
Total		**11**	**6**	**11**	**11**	**3**	**5**	**9**	**11**

Source: RFP# 2025-26-39 Ancillary Products
Prepared by: Valley Risk Consulting

Standardized Agenda Request Form

Date of Meeting: July 29, 2026	**Agenda Item No.** (to be assigned by CSO)**:** 2026-977
From:	
Subject: Discussion and consideration of RFP #2025-26-38 for the Commercial Package. (Staffed by Human Resources Department.)	
Background:	
Funding Source (budget code, if applicable)**:**	

Amount:	Term of Impact:	Identified in Current Budget:

Additional Action Prompted: Mayor's Signature	
If item previously considered, provide date and action by Commission:	
If item requires Publication Notice, provide date and periodical of publication; indicate if comments received from letters mailed to property owners:	
Advisory Review, if any (name of board/committee, date of action, recommendation)**:**	
Luz Galindo Luz Galindo Xavier Salinas	Created/Initiated New
City Manager Comments: Approve as recommended by staff.	
Staff Recommendation:	
Attachments, if any:	
Responsibilities upon Approval:	