

Account Number: 454594  
No. of Enrollees: 51  
Printed: 12/30/2025

Account Name: Rusty's Weigh Scales & Service, Inc.  
Zip Code of Business: 79403

County: Lubbock  
Effective Date: 01/01/2026  
Producer: DMG SERVICES INC



## Welcome!

### Thank you for choosing Blue Cross and Blue Shield of Texas!

**Rusty's Weigh Scales & Service, Inc.** has been approved and your rates are indicated below. These rates are effective 01/01/2026 and your renewal date is 01/01/2027. Enrollment information is still being processed and Member ID cards will be mailed shortly. Payment of the first premium under the Policy constitutes your acceptance of the terms specified in this letter.



In this document there will be instructions to access Summary of Benefits and Coverage (SBC), Blue Access for Employers<sup>SM</sup>, Blue Access for Members<sup>SM</sup>, and other applications. When you sign up for Blue Access for Employers<sup>SM</sup>, our Online Bill Payment feature will enable you to review, update, and pay your bills online. These sites also allow you to submit membership applications, make membership changes, access certificate booklets, and view regulatory updates. You and your employees **must** register to access these sites.

This document shares [links](#), and other resources to help you get the information you need.

Thank you for your business and we appreciate the trust you've placed in Blue Cross and Blue Shield of Texas.

General Information:					
Waiting Period: 60	COBRA: Y	Public Entity: N	County: Lubbock	In-Vitro: No	Domestic Partner: N

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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## Dental Plans

Group Number: 454594

### PPO Dental - BlueCare Dental PPO

Plan ID	Plan Type	Deductible In Network// Out of Network <sup>*1</sup>	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance In-Network	Coinsurance Out-of-Network	Orthodontia Lifetime Max	EO	ES	EC	EF
<b>Contributory Group</b>											
<b>High Allocation</b>											
DTNHR33	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500				
								\$23.46	\$46.92	\$64.50	\$96.90

## Web Site Resources - [www.bcbstx.com](http://www.bcbstx.com)



### Employer Group Resource : [www.bcbstx.com/employer](http://www.bcbstx.com/employer)

#### Enjoy the best office hours in the industry!

- Enroll, cancel, or reinstate employees and dependents for coverage. Or use our Membership Messaging Center to submit applications securely.
- Check employee eligibility.
- Change names and addresses for employees.
- Request ID cards for employees and dependents.
- Maintain employee's benefit selection.
- Use Online Bill Pay features like:
  - Control when a payment is released.
  - Paperless billing.
  - Payment scheduling.
  - Receive email alerts when your bill is ready for viewing.

#### It's Easy to Get Started!!

1. Go to [www.bcbstx.com/employer](http://www.bcbstx.com/employer)
2. Click on **Register today!**
3. Sign up for Blue Access® for Employers.
4. Create a user ID and password for immediate and secure access.

Upon successful registration, a temporary password will be sent via e-mail (usually the same day). If we do not have your e-mail address on file, someone will contact you within 48 hours.

### Member Resource : [www.bcbstx.com/member](http://www.bcbstx.com/member)

#### Personalized health information at the click of a mouse!

#### Here are ten reasons to join Blue Access for Members:

1. Access secure online tools to help manage you and your family's health care needs.
2. Check the status of a claim and view your claims history.
3. Locate a network doctor or hospital in your area.
4. Take a Health Risk Assessment and get confidential feedback on your health.
5. Compare hospitals based on specific diagnosis and procedures.
6. View and print Explanation of Benefits (EOB) statements for a claim.
7. Request a new or replacement member ID card.
8. Access self-care tools to help you research common health topics and wellness.
9. View personalized information about your healthcare coverage.
10. Information is a powerful tool!

#### It's Easy to Get Started!!

1. Have your group and member identification number ready – you can find these on your Blue Cross and Blue Shield of Texas ID card.
2. Go to [www.bcbstx.com/member](http://www.bcbstx.com/member)
3. Sign up for Blue Access® for Members.
4. Create a user ID and password for immediate and secure access to your health information.

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## Summary of Benefits & Coverage Notice to Policyholder

The Affordable Care Act requires group health plans and/or insurance issuers to create and distribute a Summary of Benefits and Coverage (or alternate format permitted by the Affordable Care Act) (the "SBC"), to participants and beneficiaries in certain specified situations as required by Section 2715 of the Public Health Service Act (42 USC 300gg-15) and SBC regulations (45 CFR 147.200), as supplemented and amended from time to time (the "SBC Requirements"). This Notice is to inform you that effective for Policy Years for which you, as Policyholder, hold an open enrollment period on or after September 23, 2012, Blue Cross and Blue Shield of Texas (BCBSTX) will provide certain SBC services as follows. For participants and beneficiaries who join other than through an open enrollment period BCBSTX will provide the following SBC services as of the first day of your first plan year that is on or after September 23, 2012. Policyholder will promptly provide BCBSTX with such policy year date.

### SBC Creation

Policyholder can use the SBC Tool to access the SBC. The SBC Tool resides on **Blue Access® for Employers** (BAE). See below for how to locate the SBC Tool in BAE:

- Go to [www.bcbstx.com/employer](http://www.bcbstx.com/employer)
- Click on Register today! and sign up for BAE.
- Create a user ID and password. Then, login to BAE (Account Summary page displayed).
- Click on View Plan Documents. Select desired product, then click on Display.
- Click on Summary of Benefits and Coverage. Then, click on SBC Tool.

### SBC Review and Distribution

The Policyholder shall carefully review the SBC and if it is satisfactory, the Policyholder will distribute it to participants and beneficiaries at the time and in a manner consistent with the SBC Requirements. If not satisfactory, Policyholder will promptly notify BCBSTX. Accordingly, your policy is being issued or renewed, as the case may be, subject to the above responsibilities and to additional SBC terms and conditions, including but not limited to:

- Policyholder is responsible for synthesizing information from its various insurers and administrative service providers it uses for its group health plan (or providing multiple partial SBCs if permitted by law).
- Nothing in the Policy relieves the Policyholder or its group health plan of their respective legal and regulatory obligations with respect to the SBC.
- BCBSTX has no responsibility for or obligations with respect to the SBCs except as specified in this Policy.
- Policyholder is responsible for furnishing to BCBSTX in a timely manner all information necessary for the timely creation and distribution of SBCs, including but not limited to names and addresses for: (i) any person currently enrolled in any plan administered or insured by BCBSTX, and (ii) any person the employer tells us is eligible or may become eligible. Policyholder's failure to furnish such information, to agree to an implementation plan or to promptly review/approve SBCs may substantially delay and/or jeopardize BCBSTX's preparation of the SBC and the Plan is relieved of its SBC obligations.
- BCBSTX's SBC operations will not be considered to be in breach of the Policy to the extent BCBSTX has worked diligently and in good faith to provide the SBC services, based on a reasonable interpretation of then-current SBC-related ACA provisions and Guidance, in a manner consistent with the SBC Requirements.
- BCBSTX may, but is not required to, monitor Policyholder's performance of its SBC obligations, audit the Policyholder with respect to the SBC, request and receive information, documents and assurances from Policyholder with respect to the SBC, provide its own SBC (or SBC corrections) to participants and beneficiaries, communicate with participants and beneficiaries regarding the SBC, respond to SBC-related inquiries from participants and beneficiaries, and/or take steps to avoid or correct potential violations of applicable laws or regulations. Policyholder will notify the Plan of any actual or potential non-compliance with the SBC Requirements.
- Policyholder will indemnify and hold BCBSTX harmless with respect to the SBC.

These changes are binding on your Policy and/or you will receive a formal Policy amendment for your files once it has been approved by the Texas Department of Insurance.

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## Notices and Important Information

### IRS Announces Inflation Adjustments for 2026 HDHPs and HSAs

The IRS has announced the inflation adjustments for 2026 High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA). These adjustments include maximum HSA contributions, minimum deductible amounts and maximum out-of-pocket limits. The following adjustments apply to the calendar year 2026.

#### Contributions to an HSA

For the calendar year 2026, the annual limitation on contributions to an HSA under §223(b)(2)(A) for an individual with self-only coverage under a HDHP is **\$4,400**. The annual limitation on contributions to an HSA under §223(b)(2)(B) for an individual with family coverage under an HDHP is **\$8,750**.

#### Additional Contribution Amount (Individuals Age 55 and Older)

The catch-up contribution limit to an HSA under §223(b)(3)(B), is \$1,000. There is no change from 2025.

#### High Deductible Health Plans

An HDHP is defined under §223(c)(2)(A) as a health plan with an annual deductible that is not less than **\$1,700** for self-only coverage or **\$3,400** for family coverage. The annual out-of-pocket expenses (deductibles, copayments, and other amounts, but not premiums) do not exceed **\$8,500** for self-only coverage or **\$17,000** for family coverage.

	2026	2025
Minimum Individual Deductible	\$1,700	\$1,650
Minimum Family Deductible	\$3,400	\$3,300
Maximum Individual Out of Pocket (OOP)	\$8,500	\$8,300
Maximum Family OOP	\$17,000	\$16,600
Maximum Individual Contribution	\$4,400	\$4,300
Maximum Family Contribution	\$8,750	\$8,550
Minimum Individual Embedded Deductible	\$3,400*	\$3,300
Minimum Family Embedded Deductible	\$3,400	\$3,300

*\*According to IRS guidance, an individual deductible (an embedded deductible) provided under a family HDHP must be at least the family minimum for the year (\$3,400 in 2026). Due to system limitations, groups with an embedded deductible family HDHP may not offer an employee-only HDHP with a deductible less than the family minimum (\$3,400) unless separate benefit agreements are established for employee-only and family HDHP coverage. The IRS individual minimum is \$1,700 for 2026.*

*Please note that the HDHP limits on out-of-pocket expenses and the maximum out of pocket limits under the Affordable Care Act ("ACA") are NOT the same. The maximum out of pocket limits for 2026 are \$10,150 for self-only coverage, \$20,300 for other than self-only coverage.*

#### Extended Renewals & Calendar Year Updates

High-deductible health plans with Health Savings Accounts that have renewals for periods exceeding 12 months must comply with annual IRS limit changes. BCBSTX will adjust your plan's limits to align with IRS changes at the 12-month mark to stay compliant with IRS rules. Applicable account rates and member premium changes will also update after 12 months.

# Summary of Benefits and Coverage Tool Steps

## No Login Requirements

Use the link on the right or continue to use [Blue Access for Employers<sup>SM</sup>](#) or [Blue Access for Producers<sup>SM</sup>](#).



Steps to use the SBC Tool	
<b>STEP 1:</b>	Click <b>Customize</b> to begin. <b>TIP</b> — Use the <b>Standard Plan SBC Tool</b> to order SBCs for metallic plans with effective dates before 2021, and for all grandfathered and transitional plans.
<b>STEP 2:</b>	<ul style="list-style-type: none"> <li>For Small Group SBCs, enter the Plan ID in the Plan ID field.</li> <li>For Mid-Market SBCs, enter the Plan ID in the MPI field.</li> <li>For Blue Balance Funded<sup>SM</sup>, enter the Plan ID in the MPI field.</li> <li>Identify the plan year and state. Other search fields are optional.</li> <li>Select English or Spanish.</li> <li>Click <b>Search</b>.</li> </ul> <div style="border: 1px solid #0070C0; background-color: #0070C0; color: white; padding: 5px; margin-top: 10px;"> <p><b>TIPS</b></p> <ul style="list-style-type: none"> <li>Blue Balance Funded is a separate Market Segment drop-down option.</li> <li>DD/MM/YY is the date format for <b>Spanish SBCs</b>.</li> </ul> </div>
<b>STEP 3:</b>	<ul style="list-style-type: none"> <li>Available SBCs will appear in the <b>Results</b> section.</li> <li>If the Plan ID or MPI were not included in the search, a full list of benefit plans will appear in the <b>Results</b> drop-down tab.</li> <li>Select your requested SBC and click <b>Next</b>.</li> </ul>
<b>STEP 4:</b>	<b>Choose</b> the required plan effective dates. "Coverage for" will default to Individual/Family. Click <b>Next</b> .
<b>STEP 5:</b>	<b>Review the proof carefully.</b> Check to make sure the correct period and coverage is populated on page 1 of the PDF in the upper right corner. Click <b>View PDF Proof</b> to download, save or print the SBC.
<b>STEP 6:</b>	Close the PDF pop-up window to complete your order.



### Technical Help

If an SBC is missing or additional assistance is needed, please reach out to [StandardSBCRequests@bcbstx.com](mailto:StandardSBCRequests@bcbstx.com).