



Montgomery County Government
Employee Benefits Summary

Benefits, inc.

September 1, 2024

Group Medical - BlueCross BlueShield of TN

Preferred Plan

Network	Blue S
Deductible	\$350 / \$700 / \$875
Coinsurance	90%
Maximum Out of Pocket	\$1350 / \$2700
Office Visits	Subject to Deductible-Coinsurance
Wellcare Visits	Paid @ 100%
ER Visits	Subject to Deductible-Coinsurance
Pharmacy	\$0 Generic / 10% Preferred / 20% Non-Pref \$75 Deductible (Brand Only) \$750 Max Out of Pocket
Rates Per Pay Period	
Individual	\$55.76
2-Person	\$109.32
Family	\$130.89

Voluntary Dental - BlueCross BlueShield of TN

Option 1		Option 2	
Network	BCBST PPO	Network	BCBST PPO
Preventive Services	Covered @ 100%	Preventive Services	Covered @ 100%
Basic Services	Covered @ 80%	Basic Services	Covered @ 80%
Major Services	Covered @ 50%	Major Services	Covered @ 10%
Orthodontic Services	Covered @ 50%	Orthodontic Services	Not Covered
Calendar Year Deductible	\$50 (3 per family max)	Calendar Year Deductible	\$50 (3 per family max)
Benefit Maximum	\$1500 per Covered Member	Benefit Maximum	\$1500 per Covered Member
Orthodontic Maximum	\$1500 Lifetime per Covered Member	Orthodontic Maximum	N/A
Rates Per Pay Period			
Individual	\$15.95	Individual	\$9.59
2-Person	\$31.55	2-Person	\$18.99
Family	\$50.73	Family	\$29.46

Voluntary Vision - BlueCross BlueShield of TN

Network	Vision Blue	Contacts	\$150 Allowance (in lieu of glasses)
Eye Examination	\$10 Copay	Contact Fitting	\$55 Copay
Lenses	\$25 Copay	Frequency	12 Months: Exam, Lenses, Frames, Contacts
Frames	\$150 Allowance		
Rates Per Pay Period			
Individual	\$2.98		
2-Person	\$5.56		
Family	\$8.42		

Group Long-Term Disability - Lincoln Financial Group ***100% Employer Paid**

Elimination Period	180 Days
Benefit Percentage	70% of Pre-Disability Income *Conditions Apply*
ADL Benefit	10% Increase
Maximum Monthly Benefit	\$7,500
Own Occupation Period	2 Years
Maximum Benefit Period	Age 65 or SSNRA

Group Life / AD&D - Lincoln Financial Group

Death Benefit	\$50,000 Full-Time Employees - 100% Employer Paid
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Voluntary Term Life - Lincoln Financial Group

Employees*	\$200,000 Guaranteed Issue (not to exceed 5x's annual salary)
Spouse*	\$75,000 Guaranteed Issue (not to exceed 50% of employee's amount)
Children	\$20,000 Guaranteed Issue - NO AD&D
*Voluntary Life Coverages include Accidental Death & Dismemberment	

Voluntary Short-Term Disability - Lincoln Financial Group	Option 1	Option 2
Elimination Period - # of days you must be unable to work before policy pays	0 Day Accident / 7 Days Sickness	14 Days Accident / 14 Days Sickness
Benefit Duration - # of weeks that benefits are payable to you	26 Weeks (coordinates with LTD coverage)	26 Weeks (coordinates with LTD coverage)

Voluntary Worksite Benefits - Guardian & TASC

Ameriflex	Guardian		
Flexible Spending Account	CriticalCare Elite	Accident Elite	CancerCare Elite