



Montgomery County Government  
Employee Benefits Summary

Benefits, inc.

Effective 9/1/2025

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-Preferred \$75 Deductible (Brand Only) \$750 Max Out-of-Pocket
Rates Per Pay Period	
Individual	\$60.22
2-Person	\$118.07
Family	\$141.36

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	\$16.50	Individual	\$9.92
2-Person	\$32.64	2-Person	\$19.65
Family	\$52.48	Family	\$30.48

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*
Activities of Daily Living (ADL) Benefit (2 or more)	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 *100% Employer Paid*	
Death Benefit	\$50,000 Full-Time Employees

Voluntary Term Life - Lincoln Financial Group	
Employee*	\$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 Days 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 & Ameriflex			
Ameriflex		Guardian	
Flexible Spending Account	CriticalCare Elite	Accident Elite	CancerCare Elite