## 2025-26 Montgomery County Benefits Summary

Health Insurance – Blue Cross Blue Shield of Tennessee (BCBST) 800-565-9140; www.bcbst.com						
Coverage Type	Deductible	Maximum Out-of-Pocket	Employee Cost Per Pay	Employer Paid Per Pay		
Option 1-Preferred			Period	Period		
Individual	\$350	\$1,350	\$60.22	\$341.23		
2-Party	\$350/\$700	\$1,350/\$2700	\$118.07	\$669.29		
Family	\$350/\$700/\$875	\$1,350/\$2700	\$141.36	\$801.12		
Option 2-Standard						
Individual	\$2,000	\$5,250	\$39.19	\$222.08		
2-Party	\$2000/\$4000	\$5,250/\$10,500	\$76.84	\$435.41		
Family	\$2000/\$4000/\$5000	\$5,250/\$10,500	\$95.87	\$521.35		
Dental Insurance – Blue Cross Blue Shield of Tennessee 800-565-9140; www.bcbst.com						
Coverage Type	Deductibles	Procedure Coverages	Empl	oyee Cost		
<b>Option 1</b> Orthodontia Included	Deddctibles	Preventative/Basic/Majo	or Per Pa	ay Period*		
Individual	\$50	100%/80%/50%	/80%/50% \$16.50			
2-Party	\$50/\$100	100%/80%/50% \$32.64		32.64		
Family	\$50/\$100/\$150	100%/80%/50%	\$	\$52.48		
<b>Option 2</b> Orthodontia <b>Not</b> Included						
Individual	\$50	100%/80%/10%		\$9.92		
2-Party	\$50/\$100	100%/80%/10% \$19.65		19.65		
Family	\$50/\$100/\$150	100%/80%/10%	\$	30.48		

\*Dental is a 100% employee paid benefit.

Vision Insurance – Blue Cross Blue Shield of Tennessee					
Coverage Type	Exam Copay/ Lens Copay Per Member	Frame Allowance per member	Employee Cost Per Pay Period		
Individual	\$10/\$25	\$150	\$2.98		
2-Party	\$10/\$25	\$150	\$5.56		
Family	\$10/\$25	\$150	\$8.42		

\*Vision is a 100% employee paid benefit.



## 2025-26 Montgomery County

## **Benefits Summary**

Tennessee Consolidated Retirement System (TCRS) 800-922-7772					
Contributions					
	Employer	Member	Total		
County	4%	5% (Hybrid)	9%		
Sheriff's Office	4.9%	5% (Hybrid)	9.9%		
E911	14.69%	0% (Legacy)	14.69%		
Library	12.84%	0% (Legacy)	12.84%		
Bi-County	2.88%	5% (Hybrid)	7.88%		

RetireReady TN – Hybrid Plan – 401k & 457 800-922-7772					
Contributions					
	Employer	Member	Total		
County	5%	Employee Choice	5% + Employee Contribution		
Sheriff's Office	5%	Employee Choice	5% + Employee Contribution		
E911	0%	Employee Choice	Employee Choice		
Library	0%	Employee Choice	Employee Choice		
Bi-County	Up to 7% match	Employee Choice	Employee Choice		

Prescription – Navitus/EpiphanyRX – 844-820-3260 (24 hours, 7 days a week) Member Services: <u>www.epiphanyrx.com</u> Pharmacy Help Desk: 844-820-3260

Lincoln Financial Life (Employer Paid) – 800-423-2765 Full-time \$50,000 – Group Basic Life Long Term Disability (70% of salary while on LTD-conditions apply; 180 day elimination period)

Ameriflex Flexible Spending Account (FSA) – 888-868-3539 Benefit Year: January through December; Medical, Parking & Transit Must apply first 31 days of employment or during Fall (Nov) Open Enrollment

Magellan Employee Assistance Program (EAP) – 800-424-4039 Member.Magellanhealthcare.com

Guardian – 888-482-7342 Accident, Cancer, Critical Illness (rates vary)

