



**MONTGOMERY  
COUNTY**  
T E N N E S S E E

2023 - 2024 Employee Benefits Booklet

Benefits, inc.®





## **Brian Shirk**

*Office Phone: (615) 446-3303*

*Office Email: [info@benefits-inc.com](mailto:info@benefits-inc.com)*

*Business Hours: Monday-Friday, 7:00AM-5:00PM*



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WELCOME TO YOUR  
2023-2024

# EMPLOYEE BENEFITS

OPEN ENROLLMENT



# WHAT YOU NEED TO KNOW

**Only Full-Time Employees are permitted to enroll in the applicable Montgomery County Government employee supplemental benefits for themselves and their eligible dependents. See HR to confirm your eligibility.**

**What to bring for open enrollment for each dependent that you are enrolling in eligible benefits:**

- Date of Birth
- Address
- Social Security Number

*Having these items will expedite the completion of all enrollment forms, beneficiary cards, etc.*

**For current employees (excluding new hires), please bear in mind the following information:**

Modifications to your coverage cannot be made until the annual “open enrollment period.” During this time, employees who previously declined to enroll will have the opportunity to enroll in new coverage, subject to certain restrictions and limitations that may apply to those who declined coverage when they were first eligible to enroll.

- There are specific qualifying events that enable current employees to modify their benefits. These events may include, but are not restricted to:
  - *Marriage, divorce, adoption or birth of child, death of a spouse or other eligible dependent.*

*DISCLAIMER: This enrollment guide is intended as a high-level overview only. For complete details, refer to the official Plan Documents, including the certificates of coverage, Insurance Policies, and Summary Plan Descriptions for the Plan. If there are differences between this guide and the official Plan Documents, including the certificates of coverage, insurance policies, or Summary Plan Descriptions, the official Plan Documents will prevail.*



# GLOSSARY

## OF INSURANCE TERMS

**Annual Maximum** - The aggregate sum of money that a plan will cover for medical expenses accrued by an individual enrollee or their family (if enrolled in a family plan) during a designated period of benefits.

**Benefit Year** - A timeframe during which covered expenses accumulate and are applied towards the yearly maximums, deductibles, and/or out-of-pocket limits.

**Benefits** - Goods or services that are included in the coverage of an insurance plan.

**Beneficiary** - An individual or organization eligible to receive the claim amount and other benefits when the policyholder passes away or upon the policy's maturity.

**Broker** - A buyer's representative, called a broker, helps find the best insurance policy and gives recommendations on plans that fit the buyer's needs.

**COBRA** - A law at the federal level that permits individuals to retain their insurance coverage temporarily following the termination of their employment.

**Claim** - An appeal made to an insurance plan for reimbursement. A claim will detail the provided services, date of service, and a breakdown of expenses.

**Coinurance** - A type of insurance that mandates the policyholder to pay a set percentage of expenses after meeting the deductible.

**Copayment (Copay)** - A predetermined sum that the policyholder must pay prior to obtaining the service.

**Deductible** - A cost that the policyholder is responsible for before the insurance plan covers the claim.

**Dependent** - A person, such as a child, for whom a parent, relative, or another individual can claim a tax deduction for a personal exemption.

**Elimination Period** - A period of continuous disability which must be satisfied before you are eligible to receive benefits.



**Evidence of Insurability (EOI)** - A component of the insurance policy application process in which an applicant submits health information. The policy does not take effect until the EOI is approved.

**Flexible Spending Account (FSA)** - An account that offers tax benefits to the account holder for eligible medical and/or dependent care expenses (such as Medical Reimbursement, Dependent Care, or Limited Purpose FSA).

**Guaranteed Issue** - A benefit amount specified by an insurance plan that can be obtained without submitting Evidence of Insurability (EOI). Guaranteed Issue permits enrollment irrespective of health status, age, gender, or other factors that could predict the use of health services. However, this does not exclude the application of pre-existing condition exclusions.

**Limited Purpose FSA** - An account that is designed to be used alongside an HSA and can only be utilized to cover dental and vision-related costs.

**Long-Term Care** - A variety of services and assistance that may be necessary to address personal care needs due to a chronic illness or disability.

**Medically Necessary** - A health service or treatment that is covered and essential for maintaining or improving a patient's health status, and that could have negative consequences on the patient's well-being if not provided, as per widely accepted medical guidelines.

**Network** - The group of facilities, providers, and suppliers with whom your insurance policy has established an agreement to offer healthcare services (also known as "in-network").

**Non-Preferred Provider** - A healthcare provider who does not have an agreement with your insurance carrier or plan to provide services to you. You'll have to pay more if you choose to visit a non-preferred provider (commonly referred to as "out-of-network").

**Out-of-Pocket Maximum** - The highest amount of money that you are required to pay for healthcare services during a benefit year.

**Pre-Existing Condition** - A medical condition that was believed to exist prior to obtaining an insurance policy from the company, and is excluded from coverage.

**Premium/Rate** - The monthly fee paid for an insurance policy.

**Qualifying Life Event (QLE)** - A change in your circumstances that qualifies you for a special enrollment period, allowing you to enroll in a health insurance plan outside of the regular open enrollment period. Examples of QLEs include losing coverage, getting married or divorced, having a child through birth or adoption, or experiencing a death in the family.



# HEALTH INSURANCE

## BLUECROSS BLUESHIELD OF TENNESSEE

PLAN OPTION	OPTION 1: PREFERRED PLAN	OPTION 2: STANDARD PLAN
NETWORK	NETWORK S	NETWORK S
Deductible	\$350 / \$700 / \$875	\$2,000 / \$4,000 / \$5,000
COINSURANCE		
Coinsurance	90%	70%
OUT-OF-POCKET LIMIT		
Maximum Out-of-Pocket	\$1,350 / \$2,700	\$5,250 / \$10,500
COVERED SERVICES		
Office Visit	Subject to Ded. & Coin.	Subject to Ded. & Coin.
Wellness Visit	Covered at 100%	Covered at 100%
ER Visit	Subject to Ded. & Coin.	Subject to Ded. & Coin.
Pharmacy	<ul style="list-style-type: none"><li>• \$0 Generic Copay</li><li>• 10% Preferred Brand Cost Share</li><li>• 20% Non-preferred Brand Cost Share</li><li>• \$75 Brand Deductible</li></ul>	Subject to Ded. & Coin.

*\*Onsite Clinic - Onsite provides services to employees and covered dependents for a variety of primary and preventive care needs.  
For more information, please visit [onsite.cmcss.net](https://onsite.cmcss.net).*





# HEALTH INSURANCE RATES

SEMI-MONTHLY RATES (24)	PREFERRED PLAN	STANDARD PLAN
Employee	\$54.14	\$35.23
Two Person	\$106.14	\$69.08
Family	\$127.08	\$86.18





# DENTAL INSURANCE

## BLUECROSS BLUESHIELD OF TENNESSEE

DENTAL SERVICES	Option 1	Option 2
NETWORK	BCBST PPO	BCBST PPO
Preventative Services (No Deductible)	Covered at 100%	Covered at 100%
Basic Services (Deductible Applies)	Covered at 80%	Covered at 80%
Major Services (Deductible Applies)	Covered at 50%	Covered at 10%
Orthodontia (No Age Limitation)	Covered at 50%	Not Covered
Calendar Year Deductible	\$50 (3 per family max)	\$50 (3 per family max)
Benefit Maximum	\$1,500 per Covered Member	\$1,500 per Covered Member
Orthodontic Maximum	\$1,500 Lifetime per Covered Member	N/A

SEMI-MONTHLY RATES (24)	OPTION 1	OPTION 2
Employee	\$15.84	\$9.53
Two Person	\$31.35	\$18.86
Family	\$50.40	\$29.27





# VISION INSURANCE

## BLUECROSS BLUESHIELD OF TENNESSEE

VISION SERVICES	In-Network Benefits
Eye Examination	\$10 Copay
Lenses	\$25 Copay
Frames	\$150 Allowance
Contacts	\$150 Allowance <i>(in lieu of glasses)</i>
Contact Fitting	\$55 Copay
<i>Frequency - Exams, Lenses, Frames and Contacts are available once every 12 months.</i>	

SEMI-MONTHLY RATES (24)	
Employee	\$2.98
Two Person	\$5.56
Family	\$8.42



# SHORT-TERM DISABILITY INSURANCE

## LINCOLN FINANCIAL GROUP

BENEFIT	OPTION 1	OPTION 2
<b>Elimination Period:</b> <ul style="list-style-type: none"><li>• Injury</li><li>• Sickness</li></ul>	1 day injury 7 days sickness	14 days injury 14 days sickness
<b>Maximum Duration of Benefits</b>	26 weeks (coordinates with LTD coverage)	26 weeks (coordinates with LTD coverage)

*Cost is determined on income, age, and plan selected.  
Please sign in to **BenefitsLinc** or meet with a Benefits Counselor  
to obtain cost information.*







# LONG-TERM DISABILITY INSURANCE

## LINCOLN FINANCIAL GROUP

BENEFIT	
Contributions	Employer pays 100%
Elimination Period	180 days
Monthly Benefit - %	70% of Pre-Disability Income
ADL Benefit	10% Increase
Maximum Monthly Benefit	\$7,500
Own Occupation Period	24 months
Maximum Benefit Period	Age 65 or SSNRA





# GROUP TERM LIFE INSURANCE / AD&D

## LINCOLN FINANCIAL GROUP

BENEFIT	
Coverage Amount	\$40,000 ( <i>Doubles in the event of Accidental Death</i> )
Contributions	Employer pays 100%



# VOLUNTARY TERM LIFE INSURANCE / AD&D

## LINCOLN FINANCIAL GROUP

BENEFIT	
Employee	\$200,000 Guaranteed Issue ( <i>not to exceed 5x's annual salary</i> )
Spouse	\$75,000 Guaranteed Issue (not to exceed 50% of employee's amount)
Children	\$20,000 Guaranteed Issue - <i>NO AD&amp;D</i>
<i>Coverages for Employees and Spouses include AD&amp;D coverage</i>	

*Cost is determined by age and coverage amount selected.  
Please sign in to **BenefitsLinc** or meet with a Benefits Counselor  
to obtain cost information.*





# ACCIDENT ELITE INSURANCE

## GUARDIAN

BENEFIT	OPTION 1: VALUE PLAN	OPTION 2: ADVANTAGE PLAN	OPTION 3: PREMIER PLAN
ACCIDENTAL DEATH AND DISMEMBERMENT			
Benefit Amount(s)	Employee: \$10,000 Spouse: \$5,000 Child: \$5,000	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000	Employee: \$50,000 Spouse: \$25,000 Child: \$5,000
WELLNESS BENEFIT - Per Year Limit	\$50	\$50	\$75
FEATURES			
Emergency Room Treatment	\$150	\$175	\$200
Follow-Up Visit (Doctor)	\$25 up to 6 treatments	\$50 up to 6 treatments	\$75 up to 6 treatments
Air Ambulance	\$500	\$1,000	\$1,500
Ambulance	\$100	\$150	\$200
Burn - Skin Graft	50% of burn benefit	50% of burn benefit	50% of burn benefit
Coma	\$7,500	\$10,000	\$12,500
Concussion	\$50	\$75	\$100
Dislocations	Up to \$3,600	Up to \$4,400	Up to \$4,800
Epidural Pain Management	\$100, 2x per accident	\$100, 2x per accident	\$100, 2x per accident
Emergency Dental Work - Crown - Extractions	\$200 \$50	\$300 \$75	\$400 \$100
Eye Injury	\$200	\$300	\$300
Fracture	Up to \$4,500	Up to \$5,500	Up to \$6,000
Hospital Admission	\$750	\$1,000	\$1,250





BENEFIT	OPTION 1 VALUE PLAN	OPTION 2: ADVANTAGE PLAN	OPTION 3: PREMIER PLAN
FEATURES			
Occupational or Physical Therapy	\$25/day up to 10 days	\$25/day up to 10 days	\$35/day up to 10 days
Ruptured Disc With Surgical Repair	\$500	\$500	\$750
Surgery	Up to \$1,000 Hernia: \$125	Up to \$1,250 Hernia: \$155	Up to \$1,500 Hernia: \$200
Surgery - Exploratory or Arthroscopic	\$150	\$250	\$350
X- Ray	\$20	\$30	\$40

SEMI-MONTHLY RATES (24)			
Employee	\$6.84	\$8.90	\$11.64
Employee + Spouse	\$11.26	\$14.48	\$18.98
Employee + Child(ren)	\$11.80	\$14.90	\$19.32
Family	\$16.22	\$20.48	\$26.66





# CANCERCARE ELITE

## GUARDIAN

BENEFIT	OPTION 1: VALUE PLAN	OPTION 2: ADVANTAGE PLAN	OPTION 3: PREMIER PLAN
INITIAL DIAGNOSIS BENEFIT			
Benefit Amount(s)	Not Applicable	Employee: \$2,500 Spouse: \$2,500 Child: \$2,500	Employee: \$5,000 Spouse: \$5,000 Child: \$5,000
Benefit Waiting Period	Not Applicable	30 Days	30 Days
CANCER SCREENING			
Benefit Amount	\$75; \$75 for Follow-Up screening	\$75; \$75 for Follow-Up screening	\$75; \$75 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY			
Benefit	Up to a \$5,000 benefit year maximum	Up to a \$10,000 benefit year maximum	Up to a \$15,000 benefit year maximum
FEATURES			
Air Ambulance	\$250/trip, limit 2 trips per hospital confinement	\$1,500/trip, limit 2 trips per hospital confinement	\$2,000/trip, limit 2 trips per hospital confinement
Alternative Care	No Benefit	No Benefit	\$50/visit up to 20 visits
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$200/trip, limit 2 trips per hospital confinement	\$250/trip, limit 2 trips per hospital confinement
Blood/Plasma/Platelets	\$50/day up to \$5,000 per year	\$100/day up to \$5,000 per year	\$200/day up to \$10,000 per year
Experimental Treatment	No Benefit	\$100/day up to \$1,000/month	\$200/day up to \$2,400/month





BENEFIT	OPTION 1: VALUE PLAN	OPTION 2: ADVANTAGE PLAN	OPTION 3: PREMIER PLAN
FEATURES			
Home Health Care	No Benefit	\$50/visit up to 30 visits per year	\$100/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$25/treatment up to 12 treatments per year	\$50/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$50/day up to 100 days/lifetime	\$100/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day	\$300/day for first 30 days; \$600/day for 31st day	\$400/day for first 30 days; \$800/day for 31st day
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day	\$400/day for first 30 days; \$600/day for 31st day	\$600/day for first 30 days; \$800/day for 31st day
Physical or Speech Therapy	No Benefit	\$25/visit up to 4 visits per month, \$400 lifetime max	\$50/visit up to 4 visits per month, \$1,000 lifetime max
Surgical Benefit	Schedule amount up to \$2,750	Schedule amount up to \$4,125	Schedule amount up to \$5,500

	OPTION 1: VALUE PLAN	OPTION 2: ADVANTAGE PLAN	OPTION 3: PREMIER PLAN
Employee	\$5.82	\$10.06	\$15.00
Employee + Spouse	\$11.62	\$20.34	\$29.94
Employee + Child(ren)	\$7.24	\$11.82	\$17.14
Family	\$13.04	\$22.10	\$32.08

*Disclaimer: The information provided on this page is intended for general informational purposes only and should not be construed as medical advice. The coverage and benefits offered under the cancer insurance policy are subject to the terms and conditions set forth in the policy document. Please refer to the benefits summary for a detailed description of the coverage, including any limitations, exclusions, or waiting periods that may apply.*





# CRITICAL ILLNESS INSURANCE

## GUARDIAN

CONDITIONS	1ST OCCURRENCE	2ND OCCURRENCE
CANCER		
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
VASCULAR		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Organ Failure	100%	50%
Kidney Failure	100%	50%

BENEFIT PROVISIONS			
FULL-TIME EMPLOYEES	Employee	Spouse	Child
Annual Wellness Benefit	\$75	\$75	\$75
Portability	Included	Included	Included
Guarantee Issue	\$25,000	\$12,500	All child amounts are guaranteed
Conditional Issue	Health questions are required for amounts above the Guarantee Issue.	Health questions are required on amounts over the Guarantee Issue.	All child amounts are guaranteed





CONDITIONS		1ST OCCURRENCE ONLY
ADDITIONAL CONDITIONS		
Addison's Disease		30%
ALS (Lou Gehrig's Disease)		100%
Alzheimer's Disease		50%
Coma		100%
Huntington's Disease		30%
Loss of Hearing		100%
Loss of Sight		100%
Loss of Speech		100%
Multiple Sclerosis		30%
Parkinson's Disease		100%
Permanent Paralysis		50% for 1 limb, 100% for 2 limbs
Severe Burns		100%
Guarantee Issue/Conditional Issue		You are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment Period.
Pre-Existing Condition Limitation		12 months prior, 12 months after
Benefit Reductions		50% at age 70

*\*See next page for Critical Illness Semi-Monthly Rates (page 22).*





## CRITICAL ILLNESS SEMI-MONTHLY RATES

EMPLOYEE						
BENEFIT AMOUNTS	< 30	30 - 39	40 - 49	50 - 59	60 - 69	70 +
\$5,000	\$1.60	\$2.30	\$4.20	\$7.70	\$12.20	\$25.30
\$10,000	\$3.20	\$4.60	\$8.40	\$15.40	\$24.40	\$50.60
\$15,000	\$4.80	\$6.90	\$12.60	\$23.10	\$36.60	\$75.90
\$20,000	\$6.40	\$9.20	\$16.80	\$30.80	\$48.80	\$101.20
\$25,000	\$8.00	\$11.50	\$21.00	\$38.50	\$61.00	\$126.50

SPOUSE						
BENEFIT AMOUNTS	< 30	30 - 39	40 - 49	50 - 59	60 - 69	70 +
\$2,500	\$0.80	\$1.15	\$2.10	\$3.85	\$6.10	\$12.65
\$5,000	\$1.60	\$2.30	\$4.20	\$7.70	\$12.20	\$25.30
\$7,500	\$2.40	\$3.45	\$6.30	\$11.55	\$18.30	\$38.95
\$10,000	\$3.20	\$4.60	\$8.40	\$15.40	\$24.40	\$50.60
\$12,500	\$4.00	\$5.75	\$10.50	\$19.25	\$18.30	\$63.25





# **FLEXIBLE SPENDING ACCOUNT**

## **Why You'll Love It**

**#1**

*Can be used  
to pay for  
thousands of  
eligible medical  
expenses.*

**#2**

*You can use your  
entire yearly  
contribution  
starting day one.*

**#3**

*A Grace Period  
or Rollover may  
be available to  
you. Check with  
your employer  
for more  
information.*

**AMERIFLEX**

***[myameriflex.com/participants](https://myameriflex.com/participants)***

**An FSA can help you prepare for everyday  
healthcare needs**

**Use your FSA to pay for expenses such as:**

- Deductibles
- Copays
- Prescriptions
- Teeth cleaning
- LASIK
- Glasses and contact lenses
- Band-aids
- Sunscreen
- Over-the-counter medicine
- Feminine menstrual care

**2023 Contribution Limit: \$3,050**

For a full list of eligible expenses, go to  
***[myameriflex.com/eligibleexpenses](https://myameriflex.com/eligibleexpenses)***





# DEPENDENT CARE ACCOUNT

## Why You'll Love It

**#1**

*Makes daycare, nursery school, and elder care more affordable.*

**#2**

*Reduces your taxable income, saving you hundreds of dollars in tax savings each year.*

**#3**

*Submit one claim for a recurring-expense (such as daycare) at the beginning of the year and get reimbursed every pay period.*

***A DCA allows you to set aside pre-tax money to help pay costs associated with the care of dependents.***

### **You can use it to pay for services like:**

- Daycare or elder care
- Before-school and after-school care
- Preschool and nursery school
- Private sitter
- Summer day camp
- Nanny service

**\$2,500 - Married couples filing separately**

**\$5,000 - Single taxpayer OR married couples filing jointly**

***[myameriflex.com/participants](https://myameriflex.com/participants)***





## *Introducing Your* **MEMBER PORTAL AND APP**

**Your Assistance Program offers a wide range of benefits to help improve mental health, reduce stress and make life easier-all easily accessible through your member portal and app.**

**LYTLEEAP** PARTNERS™  
An AllOne Health Company

**CONTACT LIFESERVICES EAP**

*Call: 800-822-4847*  
*Visit: [LifeServicesEAP.com](https://LifeServicesEAP.com)*  
*Code: LS0151*



# LIFE COACH SERVICES

## ONSITE MEDICAL

### What is Life Coaching?

Onsite provides Life Coaches to meet the social and emotional needs of employees and their families. The Onsite Life Coaches help people identify and achieve life goals, assist with lifestyle changes, and provide encouragement along the way. The Life Coaches provide ongoing and professional coaching, guidance, and support.

### Life Coaches help you establish and meet goals

- Work/Life Balance
- Self-Care
- Stress Management
- Life Changes
- Wellness/Healthy Living
- Grief
- Time Management
- Organization Skills
- Communication Skills

*Life Coaches DO NOT diagnose or prescribe medication, but Onsite providers can help in those areas.*

### Additional Information

- Free for CMCSS and County employees and their dependents if enrolled in our work health insurance plan
- First session is 45 minutes and follow-up sessions are 30 minutes
- We offer in-person and telehealth appointments

*If you qualify through Human Resources to be seen at Onsite by a Life Coach, utilizing payroll deduction for your clinic services, there will be a \$60 office visit fee deducted from your next paycheck (using a Payroll Deduction form.)*





## Coaching vs. Counseling

BENEFIT	COACHING	COUNSELING
Present - Future focus	✓	
Coaches can gain a certification	✓	
Focused on one goal and immediate results	✓	
Quality of life enhancement	✓	
Does not diagnose	✓	
Forward moving	✓	✓
Supports growth	✓	✓
Goal focused	✓	✓
Problem solving catalyst	✓	✓
Client centered	✓	✓
Empower clients	✓	✓
Past, Present and Future		✓
Uses titles such as therapist, counselor, psychologist		✓
Licensed		✓
Trained to work with professionals and community resources to support the client		✓
Trained to handle psychological emergencies and issues		✓
Can diagnose and develop treatment plans		✓

**SCHEDULE YOUR  
APPOINTMENT TODAY!**

*350 Pageant Lane, Suite 307  
Clarksville, TN 37040  
[www.onsite.cmcss.net](http://www.onsite.cmcss.net)*

**(931) 906-2001**



# CLINIC LOCATIONS

*To contact any clinic location by phone,  
please call (931) 906-2001.*

## MAIN CLINIC LOCATION

*Onsite Employee Health and Wellness Clinic*

*Onsite Scheduling & Information: (931) 906-2001*

*Onsite Fax: (931) 648-5618*

350 Pageant Lane, Suite 307  
Clarksville, TN 37040

## NORTHWEST LOCATION

*Clinic Location Northwest*

*Contact us at (931) 906-2001  
for open / closed dates and times.*

800 Lafayette Road #101  
(To the right of the tennis courts)  
Clarksville, TN 37042

## NORTHEAST LOCATION

*Clinic Location Northeast*

*Contact us at (931) 906-2001 for open/close  
dates & times. Please stay tuned for exciting  
information regarding Northeast!*

3703 Trenton Rd.  
Clarksville, TN 37043



## **KENWOOD LOCATION**

### *Clinic Location Kenwood*

**Contact us at (931) 906-2001**  
*for open / closed dates and times.*

1101 Peachers Mill Rd  
Clarksville, TN 37042  
(Portable behind Kenwood Elementary School)

## **MONTGOMERY CENTRAL LOCATION**

### *Clinic Location Montgomery Central*

**Contact us at (931) 906-2001**  
*for open / closed dates and times.*

3955 Highway 48  
(Old Mont. Central Fire Station Bldg)  
Cunningham, TN 37052

## **OPERATIONS/SANGO LOCATION**

### *Clinic Location Operations*

**Contact us at (931) 906-2001**  
*for open / closed dates and times.*

2620 Madison Street, Suite 101  
Clarksville, TN 37040  
(Bus Complex location / LEFT side of the  
building- blue front doors- look for the Onsite sign)

## **LIFE COACH APPOINTMENTS**

*Please call (931) 906-2001 for location information.*



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# NOTES

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