

2024-25 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 Period	Employer Paid Per Pay Period
Option 1-Preferred				
Individual	\$350	\$1,350	\$55.76	\$315.95
2-Party	\$350/\$700	\$1,350/\$2700	\$109.32	\$619.71
Family	\$350/\$700/\$875	\$1,350/\$2700	\$130.89	\$741.78
Option 2-Standard				
Individual	\$2,000	\$5,250	\$36.29	\$205.63
2-Party	\$2000/\$4000	\$5,250/\$10,500	\$71.15	\$403.16
Family	\$2000/\$4000/\$5000	\$5,250/\$10,500	\$88.77	\$482.73

Dental Insurance- Blue Cross Blue Shield of Tennessee 800-565-9140; www.bcbst.com			
Coverage Type	Deductibles	Procedure Coverages Preventative/Basic/Major	Employee Cost Per Pay Period*
Option 1 Orthodontia Included			
Individual	\$50	100%/80%/50%	\$15.95
2-Party	\$50/\$100	100%/80%/50%	\$31.55
Family	\$50/\$100/\$150	100%/80%/50%	\$50.73
Option 2 Orthodontia Not Included			
Individual	\$50	100%/80%/10%	\$9.59
2-Party	\$50/\$100	100%/80%/10%	\$18.99
Family	\$50/\$100/\$150	100%/80%/10%	\$29.46

*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

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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 – EpiphanyRX - 844-820-3260 (24 hours, 7 days a week)

Member Services: www.epiphanyrx.com

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; 6-month elimination period)

Ameriflex Flexible Spending Account (FSA) - 888-868-3539

Benefit Year: January through December

Medical, Parking, Transit – **Note:** Dependent Care FSA will end 12/31/2024

Must apply first 31 days of employment or during Fall (November) enrollment

Magellan Employee Assistance Program (EAP) - 800.424.4039

Guardian - 888-482-7342

Accident, Cancer, Critical Illness (rates vary)