



2024-2025

Benefits Guide

Benefits, inc.



BENEFITS, INC.

www.benefits-inc.com

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EMPLOYEE BENEFITS

2024-2025 ENROLLMENT

Welcome to **Montgomery County Government's 2024-2025 Employee Benefits Enrollment!** The following is intended to provide you with a summary of benefits that are available to you and your eligible dependents. If you have specific questions, or if you would like consultation on the features of each of plan, please contact **Human Resources** at **(931) 648-5715**.

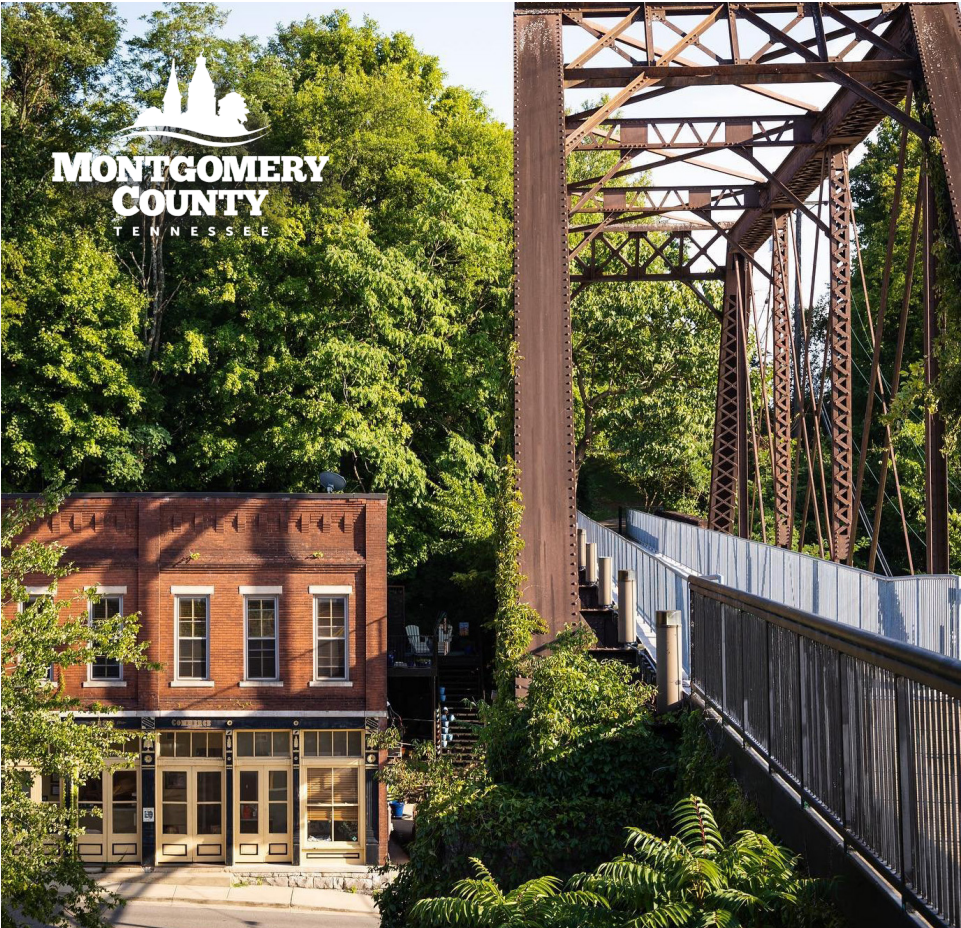


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WHAT YOU NEED TO KNOW

WHO'S ELIGIBLE?

Only full-time employees of **Montgomery County Government** are eligible to enroll in employee benefits for themselves and their dependents. Please get in touch with HR to verify your eligibility.

What to bring for Open Enrollment for each dependent that you are enrolling in eligible benefits:

- Social Security Number
- Address
- Date of Birth

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:

Your coverage cannot be modified 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 limited to:

- Marriage
- Divorce
- Adoption of birth of a 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.

YOUR ENROLLMENT PROCESS

ENROLLMENT PROCESS

- You will receive a registration email from **Employee Navigator** for your enrollment.
- Once you have registered, you can then access the enrollment portal to make your elections for the coming year, as well as update dependents and beneficiary information as needed.
- All employees must complete the open enrollment process, as there are coverages provided by **Montgomery County Government** at no cost to you.
- Your benefits will become effective on the first of the month following **30 days of employment**.

IMPORTANT THINGS TO KNOW

Mid-Year Changes: If you need to make changes during the plan year, you must have a Qualifying Event. Changes must be made no later than **30 days** from the qualifying event. To coordinate these changes, please contact **Human Resources** at **(931) 648-5715**.

GLOSSARY

OF INSURANCE TERMS

Below is a glossary of **insurance terms** that may be helpful to you.

If you have any further questions about these terms, please call **Benefits, Inc.** at **(615) 446-3303**.

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 out-of-pocket limits.

Benefits - Goods or services included in an insurance plan's coverage.

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 recommends 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, service date, and expenses breakdown.

Coinsurance - 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 before obtaining the service.

Deductible - The policyholder is responsible for a cost 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 that must be satisfied before you are eligible for benefits.

Evidence of Insurability (EOI) - A component of the insurance policy application process in which an applicant submits health information. The policy only takes effect once 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 designed to be used alongside an HSA and can only 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.

YOUR MEDICAL INSURANCE

All full-time employees have the option to enroll in **Montgomery County Government's** Medical Coverage through **BlueCross BlueShield of Tennessee**.

To find an in-network provider, go to BCBST.com

Plan Option	Option 1	Option 2
Network	PREFERRED PLAN	STANDARD PLAN
Deductible	\$350 / \$700 / \$875	\$2,000 / \$4,000 / \$5,000
Coinsurance	90%	70%
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		
Pharmacy	\$0 Generic Copay	Subject to Ded. & Coin.
	10% Preferred Brand Cost Share	Subject to Ded. & Coin.
	20% Non-preferred Brand Cost Share	Subject to Ded. & Coin.
	\$75 Brand Deductible	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.

Semi-Monthly Rates (24)		
Plan Option	Option 1	Option 2
	PREFERRED PLAN	STANDARD PLAN
Employee	\$55.76	\$36.29
Two Person	\$109.32	\$71.15
Family	\$130.89	\$88.77



YOUR DENTAL INSURANCE

All full-time employees have the option to enroll in **Montgomery County Government's** Dental Coverage through [Bluecross Blueshield of Tennessee](#).

To find an in-network provider, go to [BCBST.com](#)

Dental Services	Option 1 HIGH PLAN	Option 2 LOW PLAN
Network	BCBST PPO	BCBST PPO
Preventive Services <i>(No Deductible)</i>	Covered at 100%	Covered at 100%
Basic Services <i>(Deductible Applies)</i>	Covered at 80%	Covered at 80%
Major Services <i>(Deductible Applies)</i>	Covered at 50%	Covered at 10%
Orthodontia <i>(No Age Limitation)</i>	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)		
Plan Option	Option 1 HIGH PLAN	Option 2 LOW PLAN
Employee	\$15.95	\$9.59
Two Person	\$31.55	\$18.99
Family	\$50.73	\$29.46



YOUR VISION INSURANCE

All full-time employees have the option to enroll in **Montgomery County Government's** Vision Coverage through **Bluecross Blueshield of Tennessee**.

To find an in-network provider, go to BCBST.com

Vision Services	In-Network Benefits
Eye Examination <i>(Every 12 months)</i>	\$10 Copay
Lenses Benefit <i>(Every 12 months)</i>	\$25 Copay
Frames Benefit <i>(Every 12 months)</i>	\$150 Allowance
Contacts Benefit <i>(Every 12 months)</i>	\$150 Allowance <i>(in lieu of glasses)</i>
Contact Fitting Benefit <i>(Every 12 months)</i>	\$55 Copay

Frequency - Exams, Lenses, Frames and Contacts are available once every 12 months.

Semi-Monthly Rates (24)	
Employee	\$2.98
Two Person	\$5.56
Family	\$8.42



YOUR

SHORT-TERM DISABILITY COVERAGE (STD)

If you experience an injury or sickness that prevents you from working, disability coverage, through [Lincoln Financial Group](#), provides income replacement to assist you financially.

Benefit	Option 1	Option 2
Elimination Period	1 day injury 7 days sickness	14 days injury 14 days sickness
Maximum Benefits Payable	Up to 60% of pre-disability income	Up to 60% of pre-disability income
Maximum Duration of Benefits	26 weeks <i>(coordinates with LTD coverage)</i>	26 weeks <i>(coordinates with LTD coverage)</i>

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



YOUR LONG-TERM DISABILITY COVERAGE (LTD)

If you experience an injury or illness that prevents you from working, disability coverage, through [Lincoln Financial Group](#), provides income replacement to assist you financially.

Benefit	
Contributions	Employer pays 100%
Elimination Period	180 days
Monthly Benefit - %	70% of Pre-Disability Income
Activities of Daily Living (ADL) Benefit	10% Increase
Maximum Monthly Benefit	\$7,500
Own Occupation Period	24 months
Maximum Benefit Period	Age 65 or Social Security Normal Retirement Age (SSNRA)



YOUR GROUP TERM LIFE INSURANCE / AD&D

All full-time employees are provided with Group Term Life Insurance/AD&D coverage through [Lincoln Financial Group](#).

Montgomery County Government pays 100% of the cost of this coverage.

Benefit	Full-Time Employees
Coverage Amount	\$50,000 <i>(Doubles in the event of Accidental Death)</i>
Contributions	Employer pays 100%

DON'T FORGET TO UPDATE YOUR BENEFICIARIES!

Please be advised there can be legal implications in naming a minor child as your beneficiary. **Montgomery County Government** cannot provide legal advice concerning this matter.

YOUR
**VOLUNTARY TERM LIFE
 INSURANCE / AD&D**

All full-time employees have the option to add additional life insurance, as well as elect coverage for spouses and eligible children up to Age 26 through [Lincoln Financial Group](#).

Cost is based on Age & Coverage Amount selected.

Benefit	Full-Time Employees
Employee	\$200,000 Guaranteed Issue
Spouse	\$75,000 Guaranteed Issue <i>(not to exceed 50% of employee's amount)</i> <i>Spouse voluntary life rates are based on the employee's age, not the spouse's age</i>
Children	\$20,000 Guaranteed Issue - NO AD&D
<i>Coverages for Employees and Spouses include AD&D coverage</i>	

Please sign in to [BenefitsLinc](#), or meet with a Benefits Counselor to obtain cost information.



VOLUNTARY BENEFITS

Enhance your benefits coverage by electing voluntary benefits through **Guardian**. You are responsible for the full cost of coverage and premiums may be deducted from your paycheck on a post-tax basis.

VOLUNTARY BENEFITS ACCIDENT INSURANCE

Accidents can happen at any time. Accident insurance pays a cash benefit to help cover expenses related to unexpected accidents and injuries. This plan helps you cover deductibles and medical expenses. You can choose from 3 plan options: The Value Plan, the Advantage Plan, or the Premier Plan.

Benefit	Option 1	Option 2	Option 3
	Value Plan	Advantage Plan	Premier Plan
Accidental Death & 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





Benefit	Option 1	Option 2	Option 3
	Value Plan	Advantage Plan	Premier Plan
Features			
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
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: \$150	Up to \$1,500 Hernia: \$200
Surgery - Exploratory or Arthroscopic	\$150	\$250	\$350
X-Ray	\$20	\$30	\$40

Semi-Monthly Rates (24)	Option 1	Option 2	Option 3
Plan Option	Value Plan	Advantage Plan	Premier Plan
Employee Only	\$6.84	\$8.90	\$11.64
Employee + Spouse	\$11.26	\$14.48	\$18.98
Employee + Child(ren)	\$11.80	\$14.90	\$19.32
Employee + Family	\$16.22	\$20.48	\$26.66

VOLUNTARY BENEFITS

CANCER INSURANCE

Cancer can occur unexpectedly, and cancer insurance provides a cash benefit to help manage related expenses. This coverage assists with deductibles and other medical costs. You can select from three plan options: the Value Plan, the Advantage Plan, and the Premier Plan.

Benefit	Option 1	Option 2	Option 3
	Value Plan	Advantage Plan	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 <i>Per Year Limit</i>	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
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

Benefit	Option 1	Option 2	Option 3
	Value Plan	Advantage Plan	Premier Plan
Features			
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



Semi-Monthly Rates (24)	Option 1	Option 2	Option 3
Plan Option	Value Plan	Advantage Plan	Premier Plan
Employee Only	\$5.82	\$10.06	\$15.00
Employee + Spouse	\$11.62	\$20.34	\$29.94
Employee + Child(ren)	\$7.24	\$11.82	\$17.14
Employee + 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 benefit summary for a detailed description of the coverage, including any limitations, exclusions, or waiting periods that may apply.

VOLUNTARY BENEFITS

CRITICAL ILLNESS INSURANCE

Are you protected if you experience a critical illness? Critical Illness insurance helps pay for expenses related to the diagnosis of a critical illness such as a heart attack, coma, kidney failure, or cancer. This coverage pays in addition to your medical plan and benefits are payable regardless of other insurance plans.

The benefit amount is determined by the type of illness and is paid in a lump sum amount. No health questions are required, but a pre-existing condition clause may apply. Coverage is available for you and your eligible dependents.

Benefit	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	Full-Time Employees		
	Employee	Spouse	Child
Benefit Provisions			
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

Benefit	1st Occurrence
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

Semi-Monthly Rates (24)		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

Semi-Monthly Rates (24)		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

YOUR FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts, administered by **AmeriFlex**, allow you to set aside pre-tax dollars to pay for eligible healthcare expenses. Each year, you must elect the annual amount you want to contribute. Your contributions will be deducted pre-tax from your paycheck which reduces your taxable income.

WHY YOU WILL LOVE IT:

1. It can be used to cover thousands of eligible medical expenses.
2. You can access your full annual contribution from the first day.
3. A grace period will be available. Check with your employer for more details.

Use your FSA to pay for expenses such as:

deductibles	teeth cleaning	band-aids and sunscreen
copays	LASIK	over-the-counter medicine
prescriptions	glasses and contact lenses	feminine menstrual care

Benefit

2025 Contribution Limit	\$3,300
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RULES TO KEEP IN MIND

All Health Care FSA expenses must be incurred within the plan year, which runs from **January 1** to **December 31**. For a list of eligible expenses, please visit myameriflex.com/eligibleexpenses.

The IRS enforces a strict **"Use-It or Lose-It"** rule for FSAs. After enrolling in the FSA, you can only adjust your contribution amount during the plan year if you experience a qualifying life event.

GAIN A HELPING HAND WITH THE **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

When you need a helping hand, the Employee Assistance Program, through **Magellan Healthcare**, offers value-added programs and services for **FREE** beginning on **October 1st, 2024**. This confidential service is available to you and all covered family members to help with many life challenges including grief, stress, marital or family challenges, and more.

The EAP gives you access to unlimited phone counseling sessions and up to 8 face-to-face sessions per issue per year. You also gain access to financial and legal resources, and discounts on travel, clothing, restaurants, and more.

Contact the EAP anytime, day or night, by calling **(800) 424-4039** or by visiting member.magellanhealthcare.com



ONSITE + MEDICAL COUNSELING SERVICES

WHAT IS COUNSELING?

Counseling is a process that involves a trained counselor working with a client to address various emotional, psychological, and behavioral issues. It is a collaborative relationship where the counselor and client work together to explore and understand the client's thoughts, feelings, and behaviors.

Counselors 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.
- The first session is 45 minutes, and follow-up sessions are 30 minutes.
- We offer in-person and telehealth appointments.

Employees who do not carry the County's medical plan will incur a \$60 office visit fee to use Onsite's counseling services. The fee will be deducted from the employee's paycheck.

HOW TO SCHEDULE YOUR APPOINTMENT TODAY!

Address: 350 Pageant Lane, Suite 307 Clarksville, TN 37040

Visit www.onsite.cmcss.net or call (931) 906-2001

CLINIC LOCATIONS

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

MAIN CLINIC LOCATION (VETERANS PLAZA - NEXT TO CIVIC HALL)

Onsite Employee Health and Wellness Clinic

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

Onsite Fax: **(931) 648-5618**

Monday - Saturday

7:30 a.m. to 5:30 p.m.

All locations are CLOSED for lunch from noon - 1:00 p.m.

350 Pageant Lane, Suite 307

Clarksville, TN 37040

Please note the operating hours of satellite clinics may vary from Main Clinic operating hours.

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

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)



Benefits, inc.®

Specializing in group insurance and employee benefits

Contact Us:

BENEFITS, INC.

www.benefits-inc.com
110 Mathis Drive Suite 106 Dickson, TN

P : (615) 446-3303
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