



# HEALTH CARE & BENEFITS DIVISION

May 15, 2024

Understanding Your Benefits

## Termination of Benefits

Learn What Happens to State Plan Coverage When  
Your Employment Terminates



*[Watch the video above](#) to learn what happens to your State Plan coverage when you leave employment.*

## Termination of State Employment

The end date for State Plan coverage depends on how long you have been employed by the State and covered by the State Plan.

- A **non-grandfathered employee** is an employee hired on or after August 1, 1998. Coverage for these employees terminates the end of the month in which employment terminates.
- A **grandfathered employee** is an employee who was hired prior to August 1, 1998, and has maintained State Plan coverage since their date of hire. These employees receive an additional month of coverage for some State Plan benefits when they terminate employment.

Any contribution owed will be collected from the employees' final paycheck. If there is not enough money in the employee's final paycheck, HCBD will bill the employee directly.

## Transferring to Different Agency within State of Montana

When you transfer from one benefits eligible position to another (regardless of agency), your **State Plan Benefits will not be terminated**.

**All benefits continue as currently elected** until the next Open Enrollment Period or until you experience a qualifying life event eligible for a [Mid-Year Benefit Change](#).

In some instances, if you transfer from a benefits eligible position to a non-benefits eligible position (regardless of agency), you may still be eligible for State Plan benefits for a period of time.

**As always, HCBD is here to help! If you have questions, contact HCBD at [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov), call (800) 287-8266 or TTY (406) 444-1421.**

### STATE OF MONTANA HEALTH CARE & BENEFITS DIVISION

(406) 444-7462 | TTY (406) 444-1421 | Toll Free (800) 287-8266

100 N. Park Ave. Suite 320 | PO Box 200130 | Helena, MT 59620-0130 | [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)

**Non-Discrimination Notice:** The State of Montana Benefit Plan complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. 45 C.F.R. § 92.8(b)(1) and (d)(1)

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-270-3877 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-270-3877 (TTY: 711).

This service is provided to you at no charge by [State of Montana Health Care & Benefits Division](#).