



New Employee Benefits Enrollment

December 7, 2018

Attention Human Resource and Payroll Contacts:

The Health Care & Benefits Division (HCBD) is in the final phase of its transition to Businessolver, the new eligibility and administration system for the State of Montana Benefit Plan (State Plan). Completion of this transition means State Plan eligibility and enrollment will no longer be housed in the Statewide Accounting, Budgeting and Human Resources System (SABHRS).

As part of this transition, starting December 1, 2018, any employee who becomes eligible for benefits between December 1, 2018 and December 31, 2018 will no longer access SABHRS to complete their State Plan enrollment. Eligible members will need to complete their benefit enrollment by submitting a New Employee Enrollment Form.

HCBD will be contacting any eligible members affected by this change and will provide them with the New Employee Enrollment Form and the 2019 Open Enrollment Form. HCBD will also be sending out weekly reminders to these members during their 31-day initial enrollment period.

As part of the transition, HCBD is asking for your assistance to ensure that any newly eligible employees receive the proper information needed to enroll. If you hire a new employee, or have a newly eligible employee, please refer them to the [HCBD website](#) for enrollment information. They may also reach out directly to our Customer Service Team at 800-287-8266 or email benefitsquestions@mt.gov.

Starting January 1, 2019, all newly eligible employees will begin using the new eligibility system for any new eligibility enrollments or mid-year changes. The link to the new enrollment system is on the home page of the [HCBD website](#).

Additional information regarding the transition to the new enrollment system will be sent as it becomes available. However, please feel free to contact HCBD if you have any questions or concerns.

Thank you for your assistance. Happy Holidays!

State of Montana Health Care & Benefits Division

Call (406) 444-7462 or Toll-Free (800) 287-8266

Hearing Impaired TTY (406) 444-1421 - Fax (406) 444-0080

Email benefitsquestions@mt.gov

PO Box 200130, 100 N. Park Avenue, Suite 320, Helena, MT 59620-0130

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 1-855-999-1062 (TTY: 1-855-999-1063).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).