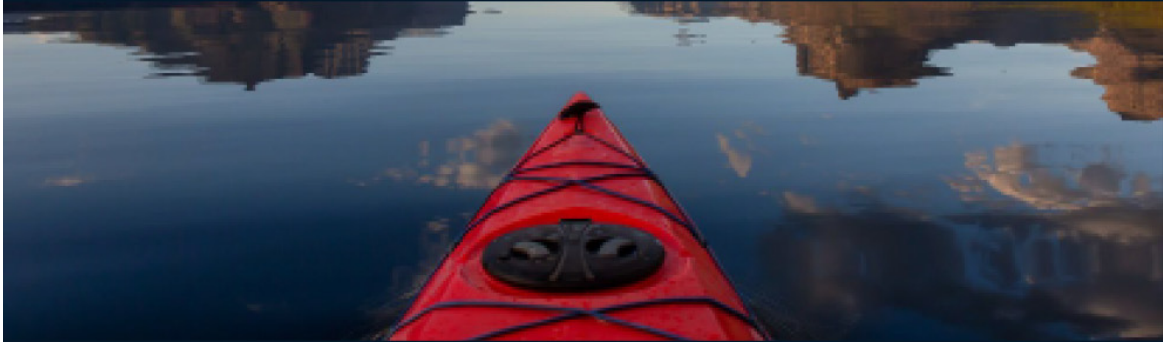




HEALTH CARE &  
BENEFITS DIVISION

# STATE PLAN OPEN ENROLLMENT



Ready, Set, Enroll

**October 14, 2022**

## Save The Date!

**2023 Open Enrollment will be October 23 - November 5, 2022**

Open Enrollment is coming soon. It's your annual opportunity to review current benefit elections and make changes such as:

- Update Coverage Elections for Medical and Dental Benefits
- Add/Change Life Insurance
- Add/Waive Long Term Disability
- Add/Remove Dependent Coverage
- Elect or Re-Elect Vision Hardware Plan
- Elect or Re-Elect Flexible Spending Accounts (FSAs)
- Self Report Tobacco Use (You need to annually self-attest your, and if applicable your covered spouse domestic partner's, nicotine use to avoid the \$30 per month Tobacco Surcharge.)

After Open Enrollment ends, you cannot change your benefit elections for 2023, unless you experience an eligible life event, like a change in your marital status, a new baby or child in the family, or the loss of other healthcare coverage.

**Remember, you need to complete Open Enrollment by November 5 to enroll in benefits for 2023.**

## STATE OF MONTANA HEALTH CARE AND 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](#).