



HEALTH CARE & BENEFITS DIVISION

January 6, 2025

2025 Wrap Plan Document & Legal Notices Now Available



The Wrap Plan Document contains eligibility and coverage information for the State Plan's medical, prescription, dental, vision, health center, wellness, and flexible spending account programs. The 2025 Wrap Plan Document replaces any previously issued Wrap Plan Documents.

[View Wrap Plan Document](#)

Provided to State Plan eligible members in accordance with State and Federal law.

[View Legal Notices](#)

View all State Plan documents online at benefits.mt.gov/publications.

To have a hard copy mailed directly to you email BenefitsQuestions@mt.gov.

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

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](#).

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