



Image Courtesy of Montana Department of Commerce

October 23, 2025

COBRA Retiree Open Enrollment is Here!

2026 Open Enrollment Happening Now Through Nov. 8, 2025

Open Enrollment is your annual opportunity to review current benefit elections and make changes such as:

- Add/Remove Dependent Coverage
- 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 **\$60 per month Tobacco Surcharge - an increase in 2026 from \$30 per month**. This is separate from the Live Life Well Incentive nicotine attestation.

After Open Enrollment ends, you cannot change your benefit elections for 2026, 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/gain of other healthcare coverage. Changes must be made within 60 days of the date of event (91 days if the event is birth or adoption).

Start Open Enrollment

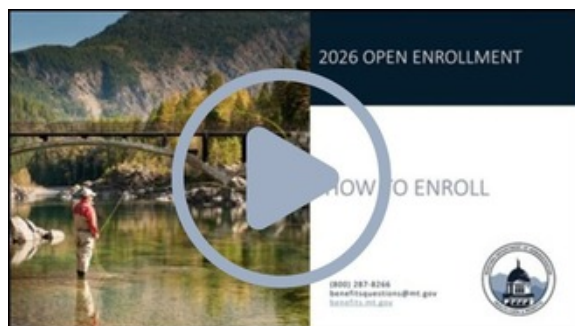
Go to benefits.mt.gov or click the button below, then select the "Start Open Enrollment" button.

You can also enroll using the MyChoice Mobile App on your smartphone or tablet. Download the app through the Google Play Store for Android or the Apple App Store for iOS. Once downloaded, log in to benefits.mt.gov to receive your access code.

Start Open Enrollment

This email is sent to all eligible State Plan members. If you have already completed your Open Enrollment, ignore the prompt to start it again.

Open Enrollment Resources



Click the image above to learn [how to complete Open Enrollment](#).

- [Open Enrollment FAQ](#)
- [2026 Summary of Benefits and Coverage \(SBC\)](#)
- More information at benefits.mt.gov/open-enrollment

2026 Plan Year Changes

COBRA rates will be changing. Go to benefits.mt.gov/COBRA-rates to review the 2026 rates.

Additional changes that go into effect January 1, 2026:

- **Live Life Well Incentive increases to \$60 per month.** Details at benefits.mt.gov/incentive.
- **Tobacco Surcharge increases to \$60 per month.** Details at benefits.mt.gov/tobacco-surcharge.

The State Plan is currently negotiating with Montana facilities (hospitals) to ensure the contributions collected from the State of Montana (employer contribution/state share) and employees, legislators, and retirees are used to maintain equitable and sustainable benefits, as well as cover the cost of health care services for all State Plan members.

If some facilities choose not to negotiate fair rates, the State may need to make adjustments to the medical benefit (deductibles, coinsurance, copayments for office or urgent care visits, or the maximum out-of-pocket amount) to help keep the plan affordable and sustainable without adjusting your monthly contributions.

If your medical benefit will change in 2026 you will receive a 60 day notice from HCBD.

Complete Open Enrollment to Win!

When you complete Open Enrollment by the deadlines listed below, you will automatically be entered to win. If you complete Open Enrollment by the October 29 deadline, you will be entered into both prize drawings and will double your chances of winning!

If you choose to complete Open Enrollment via the paper election form, the paper form must be received by HCBD by the deadlines listed below to be entered for a chance to win. As a reminder, only complete one Open Enrollment Election, either online, via a mobile device, or by returning the form.



Drawing #1: Enroll by 12 pm October 29

If you complete Open Enrollment by 12 pm MST on October 29, 2025, you will be automatically entered for a chance to be 1 of 10 winners.

Winners may choose 1 of the following:

- 40oz Stanley Tumbler with Handle (any color)
- Coleman Portable Camping Chair
- JBL Mini Bluetooth Speaker
- Wireless Earbuds
- Snack Box Variety Pack (50 items)

Drawing #2: Enroll by 12 pm November 5

If you complete Open Enrollment by 12 pm MDT on November 5, 2025, you will be automatically entered for a chance to be 1 of 10 winners. *This includes everyone who completed enrollment in time for the first*

drawing.



Winners may choose 1 of the following:

- Bluetooth Headphones
- Yeti 10oz Wine Tumbler
- Wireless Charger Stand
- Picnic Blanket (water resistant and padded)
- Soft Sided Cooler

Remember, Open Enrollment starts October 22 and you need to complete your enrollment by November 8.

STATE OF MONTANA HEALTH CARE & BENEFITS DIVISION

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

125 N. Roberts St. Room 104 | 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](#).