

November 6, 2025

## Last Chance to Enroll in 2026 State Plan Benefits

**COBRA Open Enrollment Closes November 8, 2025**

**Start 2026 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 again.

### Start Open Enrollment

Go to [benefits.mt.gov](https://benefits.mt.gov), then select the "Start Open Enrollment" button.

You can also enroll using the MyChoice Mobile App. Once downloaded, log in to [benefits.mt.gov](https://benefits.mt.gov) to receive your access code.

### Live Life Well Incentive Reminders

- If you completed the Live Life Incentive before October 1, 2025, the Incentive credit will appear in the enrollment system when you complete Open Enrollment.
- If you completed your Incentive between October 1 - October 31, 2025, you will still receive the Incentive credit, however, it may not show in the enrollment system when you complete Open Enrollment. You can check your Incentive status by logging into your MediKeeper account at [benefits.mt.gov/incentive](https://benefits.mt.gov/incentive).
- If you did not complete your Incentive Activities by October 31, 2025, you are not eligible to earn the Live Life Well Incentive in 2026.

### Congrats to the Second Round of Prize Winners!

Everyone who completed Open Enrollment by 12 pm MDT on November 5, 2025 was automatically entered to win the drawing. Winners will receive a separate email from HCBD to coordinate delivery of their prizes.

M.R.

P.S.

J.M

I.N.

N.G.

G.W.

M.Y.

P.W.

E.M.

R.G.

*Winners identified by initials for privacy purposes.*

**You need to complete Open Enrollment by November 8 to enroll in  
2026 State Plan benefits.**

## **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](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](#).