

October 31, 2024

2025 Open Enrollment Happening Now through November 9, 2024

**Action is required: Self-report nicotine use to avoid the
\$30 per month Tobacco Surcharge.**

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

[Start Open Enrollment](#)

Start Open Enrollment

Click the button above or go to benefits.mt.gov/open-enrollment, click "Start 2025 Open Enrollment" and sign into the system

OR

Enroll using the MyChoice Mobile App. Once downloaded, log in to benefits.mt.gov to receive your access code.

Contribution and Benefit Updates for 2025

There are no changes to your benefits for Plan Year 2025! Meaning your deductibles, coinsurance, office visit and urgent care co-payments, and maximum out-of-pocket will stay the same. Click here for 2025 COBRA rates.

Resources

[2025 Summary of Benefits and Coverage \(SBC\)](#)

More Information at benefits.mt.gov/open-enrollment

Congratulations to the First Round of Prize Winners!

Everyone who completed Open Enrollment by 12 pm MST on October 30, 2024 was automatically entered to win the drawing. Winners will receive a separate email from HCBD to coordinate delivery of their prizes.

D.B.

S.S.

O.W.

A.M.

D.S.

A.C.

E.K

L.P.

K.B.

K.S.

Winners identified by initials for privacy purposes.

One More Chance to Win

If you complete Open Enrollment by 12 pm MST on November 6, 2024, you will be automatically entered into the second prize drawing. *This includes everyone who completed enrollment in time for the first drawing.*

10 winners will get to choose one of the following prizes:

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



After Open Enrollment ends, you cannot change your benefit elections for 2025, 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).

You need to complete Open Enrollment by November 9 to enroll in 2025 benefits.

STATE OF MONTANA HEALTH CARE & BENEFITS DIVISION

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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.