October 30, 2025

Don’t Miss Out On Open Enrollment

2026 Retiree 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 it again.

Start Open Enrollment

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

You can also enroll using the MyChoice Mobile App. Once downloaded, log in to benefits.mt.gov to receive your access code.

You should have received a Retiree Open Enrollment Election Form in the mail as an alternative to completing your election(s) online. If completing the printed election form, it must be returned to HCBD by November 8, 2025. Only complete one Open Enrollment Election, either online, via a mobile device, or by returning the form.

Open Enrollment Resources

Click the image above to learn how to complete Open Enrollment.

- Open Enrollment Booklet

- Open Enrollment Overview Presentation
- Open Enrollment FAQ
- 2026 Summary of Benefits and Coverage (SBC)
- More information at benefits.mt.gov/open-enrollment

2026 Plan Year Changes

Due to increasing medical trends and increased costs, medical plan rates will be increasing by 4%. Retiree dental and vision rates will remain the same. Details at benefits.mt.gov/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.

Congrats to the First Round of Prize Winners!

Everyone who completed Open Enrollment by 12 pm MST on October 29, 2025 was automatically entered to win the drawing. Winners will receive a separate email from HCBD to coordinate delivery of their prizes.

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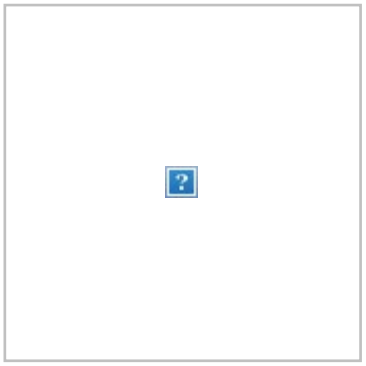
AK	CB

Winners identified by initials for privacy purposes.

One More Chance to Win

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, if you choose to complete Open Enrollment via the paper election form, the paper form must be received by HCBD by the deadline listed above to be entered for a chance to win. Only complete one Open Enrollment Election, either online, via a mobile device, or by returning the form.

Open Enrollment Reminder

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).

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

STATE OF MONTANA HEALTH CARE & BENEFITS DIVISION

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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.