



## HEALTH CARE & BENEFITS DIVISION

April 18, 2024



### It's Your Year to Move Beyond Pain



#### State Plan Members Have No-Cost Access to Hinge Health

[Join Hinge Health](#)

#### Is Hinge Health Right for Me?

Whether a new injury or a nagging ache, Hinge Health is for anyone living with joint or muscle pain. Our personalized program combines gentle exercises to target and relieve pain with 1-on-1 support from a dedicated physical therapist and health coach.

Every plan is tailored to your individual goals and abilities with convenient exercises that can be done anytime, anywhere, in as little as 10 minutes.

Get started by answering a few questions to discover how Hinge Health is right for you.

Enroll today at [hingehealth.com/for/stateofmontana](https://hingehealth.com/for/stateofmontana).



## Questions? Hinge Health is here to help!

Call: (855) 902-2777

Email: [hello@hingehealth.com](mailto:hello@hingehealth.com)

*Participants must be 18+ and enrolled in the State of Montana Benefit Plan. No cost to the eligible State Plan member. There is a cost to participate in a Hinge Health program, but the cost is paid in full by the State Plan. Hinge is reimbursed by the State Plan through the medical claims billing process. Meaning the primary plan member will see an Explanation of Benefits (EOB) generated when Hinge submits the claim to BlueCross BlueShield of Montana and the claim is processed and paid in full by the State Plan.*

## STATE OF MONTANA HEALTH CARE & BENEFITS DIVISION

(406) 4 4-7462 | 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](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](#).