



HEALTH CARE &  
BENEFITS DIVISION

# STATE PLAN OPEN ENROLLMENT



Ready, Set, Enroll

November 3, 2022

**Last Chance to Complete Legislator Open Enrollment!**

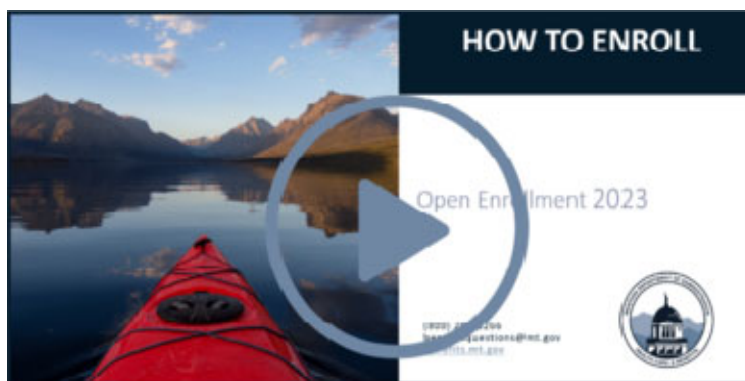
Closing November 5, 2022

**START OPEN ENROLLMENT**

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

*This email is being sent to all eligible State Plan members. If you have already completed your Open Enrollment, disregard the prompt to start Open Enrollment.*

## How to Complete Open Enrollment



*Watch video above for step-by-step instruction on how to complete Open Enrollment.*

## Open Enrollment Resources

- [Open Enrollment Booklet](#)
- [Open Enrollment Overview Presentation](#)
- More Information at [benefits.mt.gov/open-enrollment](https://benefits.mt.gov/open-enrollment)

## Start Open Enrollment

- Go to [benefits.mt.gov/open-enrollment](https://benefits.mt.gov/open-enrollment), click "Start Open Enrollment" and sign into the system.
- OR
- Enroll using the MyChoice Mobile App
    - First time app users will need to setup secure account access by scanning their unique QR code which is available on the home page of the enrollment system.



After Open Enrollment ends, you cannot change your benefit elections for 2023, 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 of other healthcare coverage.

**You need to complete Open Enrollment by November 5.**

## STATE OF MONTANA HEALTH CARE AND 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](#).