

## **November 20, 2025**

## **Unlock Savings with My Health Navigator**

Whether faced with asthma, diabetes, or another situation entirely, My Health Navigator will help you track down the best medication option for both your health and your wallet. My Health Navigator staff is here to help you lower your prescription costs and identify the safest and most effective medications for your needs.

Eligible State Plan Members have access to My Health Navigator at no additional cost.

My Health Navigator is not available if you have Medicare as your primary insurer.



Assumes 4 - 90 day supply fills per year.

Both inhalers have a coupon available that we offer to members enrolled in the program. 
TWhen enrolled in State Plan Medical Benefits & participating in the My Health Navigator



For all sensors: quantity limit of 3 sensors/30 days (Dexcom), 2 sensors/28 days (Freestyle), prior authorization (exception) required if member is not currently using insulin.

'Prices & co-pay amounts represent approximate patient costs. Your costs will vary based on your specific situation.

\*When enrolled in State Plan Medical Benefits & participating in the My Health Navigator program.

## **Enroll Today!**

My Health Navigator offers personalized guidance that helps you save money on medications, proactively manage your health, and navigate a complicated healthcare system. Whether you use prescription or over-the-counter medications, supplements, or just have questions about your health, they can help.

Take charge of your health by enrolling at <u>MyHealthNavigator.net</u> or call (406) 780-8018 or TTY 711.

## 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

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.