

October 17, 2024

Coming Soon

## Open Enrollment is Oct. 23 - Nov. 9, 2024

**Due to increasing medical trends and increased costs, medical plan rates will be increasing by 4% for Plan Year 2025. Dental and vision rates will remain the same. There will be no changes to your deductibles, coinsurance, office visit and urgent care co-payments, or the maximum out-of-pocket.**

Open Enrollment is your annual opportunity to review your current State Plan benefit elections and make changes such as:

Update Coverage Elections for Medical and Dental Benefits

Add/Remove Dependent Coverage

Elect or Re-Elect Vision Hardware Plan

Self Report Tobacco Use - You need to annually self-attest your, and if applicable your covered spouse/domestic partner's, nicotine use to avoid the \$30 per month Tobacco Surcharge. This is separate from the Live Life Well nicotine attestation.

You also should have received a Retiree/Survivor 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 9, 2024. Only complete one Open Enrollment Election, either online, via a mobile device, or by returning the form.

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).

### Learn About Open Enrollment & 2025 State Plan Benefits

- [Open Enrollment Booklet](#) - *includes benefit details*
- [Open Enrollment Overview](#) - *on-demand presentation*
- [Open Enrollment FAQ](#)
- [2025 Summary of Benefits and Coverage \(SBC\)](#)
- More Information at [benefits.mt.gov/open-enrollment](https://benefits.mt.gov/open-enrollment)

## Complete Open Enrollment to Win!

When you complete Open Enrollment by the deadlines listed below, you will automatically be entered to win. If you complete Open Enrollment by the October 30 deadline, you will be entered into both prize drawings and will double your chances of winning!



### Drawing #1: Enroll by 12 pm October 30

If you complete Open Enrollment by 12 pm MST on October 30, 2024, you will be automatically entered for a chance to be 1 of 10 winners.

Winners may choose 1 of the following:

- 40oz Stanley Tumbler with Handle (any color)
- Coleman Portable Camping Chair
- JBL Mini Bluetooth Speaker
- Wireless Earbuds
- Snack Box Variety Pack (50 items)

### Drawing #2: Enroll by 12 pm November 6

If you complete Open Enrollment by 12 pm MST on November 6, 2024, 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, Open Enrollment starts October 23 and you need to complete your enrollment by November 9.**

## STATE OF MONTANA HEALTH CARE & BENEFITS DIVISION

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](#).