

September 26, 2024

## Save The Date!

**2025 Open Enrollment will be October 23 - November 9, 2024**

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

- Add/Remove Dependent Coverage
- 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.

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 day if the event is birth or adoption).

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### Complete Open Enrollment to Win!

When you complete Open Enrollment by 12 pm MST on October 30 you will automatically be entered for a chance to win 1 of 10 prizes (including a Stanley tumbler, camping chair, wireless earbuds and more). Enroll by 12 pm MST on November 6 to be automatically entered for a chance to win a second prize drawing (including Bluetooth headphones, a Yeti wine tumbler, wireless charger and more).

If you complete Open Enrollment by the October 30 deadline, you will be entered into both prize drawings and double your chances of winning!

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**Remember, Open Enrollment starts October 23 and you need to complete your enrollment by November 9.**

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