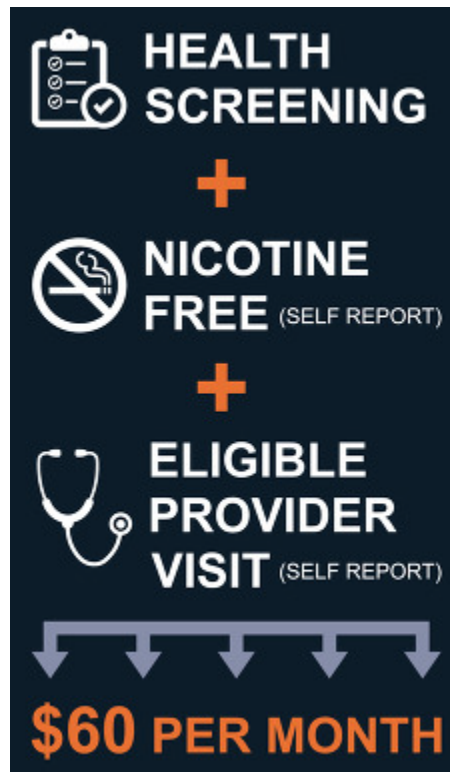




July 14, 2025

**Act Now to
Earn the Live Life Well Incentive
Earn \$60 Per Month off your 2026 Monthly Benefit
Contribution**



You can now earn \$60 per month off your State Plan benefit contributions in 2026. Double your LLW Incentive if a covered spouse or domestic partner also earns the LLW Incentive.

To earn the Live Life Well Incentive for 2026, you must complete all 3 required activities between November 1, 2024 and October 31, 2025.

- Complete a [State-sponsored Health Screening](#)
- Self-report you are [Nicotine Free](#) or have completed and Eligible Alternative.
- Self-report you have completed an [Eligible Provider Visit](#)

Employees, retirees, legislators, COBRA participants, and their enrolled spouses/domestic partners are eligible for the Live Life Well Incentive.

Need more information? [Watch this recorded presentation](#) and visit benefits.mt.gov/incentive to learn more.

Say hello to the new MediKeeper Wellness Portal!

mediKEEPER

MediKeeper replaces Sonic Boom as your destination to self-report completion of Live Life Well Incentive Activities, participate in challenges, and much more.



For details on how to register and use MediKeeper and/or self-report your LLW Incentive Activities, go to benefits.mt.gov/incentive.

Questions on using the MediKeeper Wellness Portal?

- Website: LiveLifeWellMT.medikeeper.com
- Email: SupportServices@medikeeper.com

- Telephone: (888) 721-9231
- TTY: 711

MediKeeper is available for all State Plan members the age of 18 and older; however, only employees, retirees, legislators, COBRA participants, and their enrolled spouses/domestic partners are eligible for the Live Life Well Incentive.

[Click Here for Live Life Well Incentive Details](#)

Instructions for registering, Live Life Well Incentive FAQs, and much more.

LIVE LIFE WELL WELLNESS PROGRAM

HEALTH CARE & BENEFITS DIVISION

(406) 444-7462 | 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



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).