

# 2026 Legislator Open Enrollment Booklet

## State of Montana Benefit Plan

October 22 - November 8, 2025



### Complete Open Enrollment at [benefits.mt.gov](https://benefits.mt.gov).

Open Enrollment is your annual opportunity to review benefit elections and change plans or covered dependents.

#### Action Required: Self-Report Nicotine Use to Avoid Tobacco Surcharge

The 2026 Tobacco Surcharge increases to \$60 per month.



Scan the QR code for more Open Enrollment information, including benefit presentations, booklets, and to complete Open Enrollment.



# Table of Contents

State Plan Overview.....	3
State Plan Enrollment.....	4-5
2026 Open Enrollment.....	6
Monthly Benefit Costs.....	7
How to Complete Open Enrollment.....	8-10
Proof of Dependent Eligibility Documentation.....	11
Tobacco Surcharge.....	12
Live Life Well Incentive .....	13
Non-Discrimination Statement.....	14
HIPAA Notice & Language Assistance.....	15

**Open Enrollment Action Required**  
Must Elect or Re-Elect Vision Hardware Plan  
Must Report Nicotine Use

**If you do not complete your Open Enrollment election, you will automatically be charged the Tobacco Surcharge for 2026.**

Visit [benefits.mt.gov/open-enrollment](https://benefits.mt.gov/open-enrollment) for on-demand Open Enrollment Presentations, Step-By-Step Instructions for How to Enroll, and additional Open Enrollment resources.

## State Plan Overview

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The State of Montana Benefit Plan (State Plan) is self-funded. This is different than traditional insurance.

### Traditional Insurance

With traditional insurance, members pay an insurance company a monthly premium and if a member goes to a doctor or hospital the insurance company pays some of the cost. The insurance company decides what's covered and how much is paid out-of-pocket. They also accept financial risk if a member has a serious health condition like cancer or a heart attack.

### Self-Funded State Plan

State Plan coverage is funded by the State of Montana via the employer contribution, by employees via their bi-weekly State Plan contribution, and by legislators and retirees via their monthly contribution. The State Plan:

- Provides coverage in accordance with state and federal law
- Sets the monthly rates and out-of-pocket costs
- Carries the liability for all 29,000 members

### Third Party Administrators (TPAs) and Vendors

With 29,000 members state-wide, the State Plan partners with outside companies to help it process claims and administer benefits, as well as relies on their expertise and cost saving contracts.

Current TPAs:

- BlueCross BlueShield of Montana (BCBSMT) - Medical Benefits
- VSP Vision Care - Vision Benefits
- Delta Dental - Dental Benefits
- Navitus Health Solutions - Prescription Drug Benefits

Other Vendors:

- Premise Health operates the Montana Health Centers
- BCBSMT provides fully insured life and accidental death and dismemberment insurance options.

### Bottom Line

Because it's your money and taxpayer dollars that fund the State Plan, we all have to work together to be good health care consumers. You can do that by:

- Reading information sent by the Health Care & Benefits Division (HCBd)
- Taking good care of your health by engaging in the Wellness Programs
- Visiting [benefits.mt.gov](https://benefits.mt.gov) on a regular basis

## State Plan Enrollment

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**Legislators/Employees who enroll in the State Plan must enroll in Medical Benefits.**

**Medical Benefits Include:**

- Medical coverage
- Prescription Drug coverage
- Basic Vision coverage (\$10 copay for an annual eye exam per member at an in-network VSP Vision Care provider)
- Basic Life Insurance (\$14,000 of term life coverage)

**Optional Benefits Include:**

- Medical coverage for spouse/domestic partner or child(ren)
- Dental coverage
- Vision Hardware coverage
- Additional life insurance for you and/or your spouse/domestic partner and/or child(ren)
- Accidental Death & Dismemberment (AD&D) coverage

**Employer Contribution**

The State contributes \$1,080 per month per eligible employee to the State of Montana Benefit Plan (State Plan).

**Joint Core**

If you and your spouse both work for the State (as an employee and/or legislator) and have at least one dependent child who needs to be enrolled on the State Plan, you can elect to be Joint Core. Your family shares one family maximum out-of-pocket for medical expenses, one family maximum out-of-pocket for prescription drug expenses, and your bi-weekly contribution is less. To elect Joint Core, contact HCBD.

**Benefit Identification Cards**

If you enroll yourself and/or a dependent in a new benefit election (medical, prescription drug, dental, vision) for 2026, you will receive identification cards around January 1, 2026.

If you elect to continue an existing benefit election, your current ID card(s) will remain valid in 2026 and you will **not** receive new ID cards. If you need a replacement ID card, contact the vendor directly.

**Mid-year Benefit Change**

Also known as a Special Enrollment Period. A period of time allowed by the State Plan, other than the Initial Enrollment Period or an Open Enrollment Period, during which an eligible employee, legislator, or retiree may request or terminate coverage under the State Plan as a result of certain events that create special enrollment rights.

If you wish to make a change to your State Plan benefits due to a Special Enrollment Event (i.e. marriage, birth, divorce, gain/loss of coverage, etc.) you must do so within 60 days of the date of the event (91 days if the event is birth or adoption).

**Waiving Coverage**

If a you opt out/waive State Plan coverage you may be eligible to receive reimbursement, up to \$1,080 per month, for premiums paid in conjunction with an Employer Group Health Plan or premiums paid for certain types of disability and life insurance. The State Plan is restricted by federal regulation from providing reimbursement for Medicare, Medicare Supplement, Medicare Advantage, individual coverage through an insurance carrier, or Health Insurance Marketplace premiums. Additionally, reimbursement of any kind is not available if you enroll on the State Plan. To opt out/waive State Plan coverage and receive the Option 2 reimbursement, complete the Legislator Opt Out/Waiver Form found at [benefits.mt.gov/forms](https://benefits.mt.gov/forms).

## 2026 Open Enrollment

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Open Enrollment is your opportunity to make changes to your State Plan coverage for 2026. During the Open Enrollment Period, you can add/remove a spouse or domestic partner and/or add/remove a dependent child(ren) under age 26.

If you add a dependent(s) during Open Enrollment, you are required to submit dependent verification documentation to HCBD in order for the dependent(s) to be enrolled on State Plan benefits effective January 1, 2026.

### **2026 Contributions and Benefit Changes**

The passage of HB13 during Montana's 69th legislative session, along with the outcome of the 2024 union negotiations, secured important financial changes to the State Plan that support its long-term financial stability.

These changes go into effect January 1, 2026:

- Employer Contribution increases to \$1,080 for first time since 2017
- Legislator/Employee medical benefit contributions increase for first time since 2016
- Live Life Well Incentive increases to \$60 per month
- Tobacco Surcharge increases to \$60 per month

The State Plan is currently negotiating with Montana facilities (hospitals) to ensure the contributions collected from the State of Montana (employer contribution/state share) and employees, legislators, and retirees are used to maintain equitable and sustainable benefits, as well as cover the cost of health care services for all State Plan members.

If some facilities choose not to negotiate fair rates, the State may need to make adjustments to the medical benefit (deductibles, coinsurance, copayments for office or urgent care visits, or the maximum out-of-pocket amount) to help keep the plan affordable and sustainable without adjusting contributions (the bi-weekly amount you pay for benefits from your paycheck).

**If your medical benefit will change in 2026 you will receive a 60 day notice from HCBD.**

## Monthly Benefit Costs

Legislator Medical Plan rates are increasing for the first time since 2016. The passage of HB13 during Montana’s 69th legislative session, along with the outcome of the 2024 union negotiations, secured important financial changes to the State Plan to support its long-term financial stability. The charts below show what you will pay monthly.

### Medical/Dental/Vision Hardware

Your out-of-pocket costs after the Employer Contribution is applied.

Plans	Medical*	Dental	Vision Hardware	Potential Live Life Well Incentive
Legislator Only	\$60.00	+\$0.00	+\$7.64	up to \$60 off
Legislator & Spouse	\$318.00	+\$21.40	+\$14.42	up to \$120 off
Legislator & Child(ren)	\$134.00	+\$19.90	+\$15.18	up to \$60 off
Legislator & Family	\$397.00	+\$28.90	+\$22.26	up to \$120 off
Joint Core	\$60.00 per Employee/ Legislator	+\$0.00	+\$22.26 (Primary Member Only)	up to \$60 off

\*Medical includes: Medical, Prescription, Basic Vision (\$10 copay for an annual eye exam/member at an in-network VSP Vision Care provider) and Basic Life Insurance.

### Life Insurance

Premiums withheld after tax

Plans	Monthly Contributions
Legislator Supplemental Life	(every \$1,000 of coverage) x (Age Rate*)
AD&D Legislator Only	\$0.020 / \$1,000 of coverage
AD&D Legislator Plus Dependent(s)	\$0.030 / \$1,000 of coverage
Dependent Life Option A	\$0.44 per month
Dependent Life Option B	\$0.88 per month
Spouse Supplemental Life	(every \$1,000 of coverage) x (Age Rate*)

\*Age Rates at [benefits.mt.gov/life-rates](https://benefits.mt.gov/life-rates)

### Paying for Coverage

When you are in session your contributions will be taken out of your bi-weekly paycheck. Benefit contributions for medical, dental, and vision hardware will be deducted pre-tax. If you cover a domestic partner and/or domestic partner child(ren) contributions for these individuals will be withheld post-tax. When you are not in session contributions will be electronically withheld monthly from your checking or savings account.

## How to Complete Open Enrollment

You will need to complete your Open Enrollment election to provide the State Plan with information about you and your covered spouse/domestic partner's nicotine use, go to page 12 for details. **If you do not complete your Open Enrollment election, you will automatically be charged the Tobacco Surcharge of \$60 per month - an increase from \$30 in 2025.**

In addition, the Vision Hardware Plan must be elected/re-elected each year. If you fail to re-elect the Vision Hardware Plan that coverage will terminate effective January 1, 2026.

You will also be receiving a Legislator 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 8, 2025.

**Only complete one Open Enrollment Election, either online, via a mobile device, or by returning this form.**

### 1 Access

To access the enrollment system, go to [benefits.mt.gov](https://benefits.mt.gov).

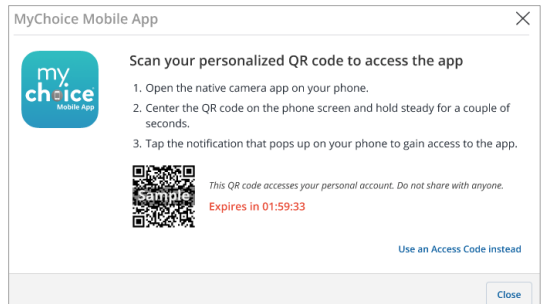
Click on the "Start Open Enrollment" button.



or

You can also enroll using the MyChoice® Mobile App on your smartphone or tablet.

Download the app through the Google Play Store for Android or the Apple App Store for iOS. Once downloaded, log in to [benefits.mt.gov](https://benefits.mt.gov) to receive your access code.





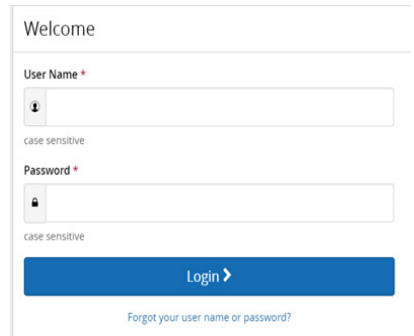
## How to Complete Open Enrollment

### 2 Login

Login using the prompts provided.

First time users: Register your User Name and Password and answer a few security questions.

The case-sensitive company key is **stateofmontana**.



Welcome

User Name \*

case sensitive

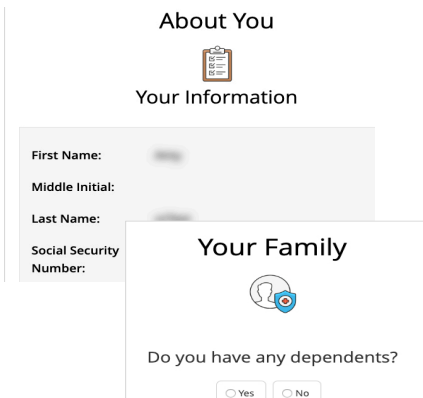
Password \*

case sensitive

Login >

[Forgot your user name or password?](#)

### 3 Start Enrollment



About You

Your Information

First Name:

Middle Initial:

Last Name:

Social Security Number:

Your Family

Do you have any dependents?

☐ Yes ☐ No

To begin Open Enrollment, click the “Start Here” button to review your personal information and add or edit any dependents you wish to enroll on State Plan coverage.

If you are adding Spouse Life Insurance for the first time, you will need to add your spouse/domestic partner on the dependent page.\*

You will need to provide each dependent’s legal name, Social Security Number, and date of birth to add them to your coverage.\*\*

\*Adding only Spouse Life Insurance does not require dependent verification documentation.

\*\*You will be required to provide documentation to prove your relationship to each dependent.

# How to Complete Open Enrollment


## 4 Complete Enrollment

Choose to re-enroll in your current plans, or use the “Next” and “Back” buttons to review and elect options available to you.

You will be able to compare your current elections to prior year elections throughout the enrollment process.

Choose or decline coverage for each available option, and select which family members you want to cover.

Medical Election Summary



Review Your Election

Enrolled in Medical?	Edit
Yes	
Covered Dependents	Edit
Members	Covered
Jane Doe	Yes
Effective Date: 04/01/2020	
Plan Selected	Edit
Plan Selected	Medical Plan
Employee Cost	\$188.91 Monthly
Your employer will be paying \$252.91 for this benefit.	

< Back

Looks Good >

## 5 Review and Finalize Your Elections

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections.

To finish, click “I Agree.” When your enrollment is complete, you will receive a confirmation number and can print your Benefit Summary for your records.

Confirmation

**Thank you** for enrolling in your new hire benefits. To view your benefit elections at anytime throughout the year you can access your **Benefits Summary** under your name in the upper right hand corner.

If you have any questions, please chat with your personal benefits assistant, Sofia via the **Live Chat** feature in the navigation bar at the top of your browser.

\*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

☒ I Disagree

Total Employee Cost: \$587.34 Monthly

☒ I Agree

Thank You!

☒ Transaction Complete

[Print Benefit Summary](#)

Your information has been submitted.  
Select Home to return to your benefits home page or Log Out to end this session.

Thank You.

Confirmation Number

Visit [benefits.mt.gov](https://benefits.mt.gov) anytime you want to learn more about your benefits or to change your coverage due to a qualifying life event.

## **Proof of Dependent Eligibility Documentation**

If you add a spouse/domestic partner or child(ren) to the State Plan, you will be required to provide the following:

### **Dependent Child(ren)**

- A copy of your child(rens) birth certificate(s), adoption order, pre-adoption order; OR
- A copy of a court-ordered parenting plan, custody agreement or guardianship order.

### **Spouse**

- A copy of your certified marriage certificate; or
- A copy of the front page of your tax return showing your tax filing status as “married” (you may black out any financial information); OR
- A copy of your recorded and notarized Affidavit of Common Law Marriage (available at [benefits.mt.gov/forms](https://benefits.mt.gov/forms)).

### **Domestic Partner**

- Declaration of Domestic Partner Relationship and Affidavit of Shared Residence form which includes two forms of proof of address from each partner matching the address on the Affidavit of Shared Residence form (available at [benefits.mt.gov/forms](https://benefits.mt.gov/forms));
- A copy of mutually-granted powers of attorney or health care powers of attorney; OR
- A copy of mutual designations of primary beneficiary in wills, life insurance policies or retirement plans.

### **Grandchild(ren)**

- A copy of a grandchild’s adoption order or pre-adoption papers, a court-ordered custody agreement or legal guardianship order.

### **Stepchild(ren)**

- Required documentation listed above for Domestic Partner or Spouse, if individual is not enrolled; AND
- A copy of your stepchild(rens) birth certificate(s), adoption order, pre-adoption order, or guardianship order; OR
- A copy of a court ordered parenting plan, custody agreement, or guardianship.

## Tobacco Surcharge

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The State Plan charges a Tobacco Surcharge for plan members who use nicotine. The surcharge adds \$60 per month to the contribution amount for members who use nicotine and/or \$60 per month if the member's covered spouse/domestic partner uses nicotine.

*Please note:* The Tobacco Surcharge is separate from the Live Life Well (LLW) Incentive nicotine attestation. Indicating you are not a nicotine user to earn the LLW Incentive does not remove the Tobacco Surcharge, you must complete Open Enrollment to attest your nicotine use for the Tobacco Surcharge.

### Definitions

#### Nicotine

- Nicotine is an addictive stimulant proven to have negative health effects that is found in cigarettes, cigars, chewing tobacco, and most vaping products.

#### Nicotine Free

- You are nicotine free if you have never used nicotine, have quit using nicotine, use only FDA-approved Nicotine Replacement Therapy (NRT), or infrequently use nicotine (less than 4x per month).
- You are nicotine free if you are currently using nicotine but have completed an eligible alternative (nicotine cessation program or a nicotine counseling session with a medical provider) during the past 12 months.

#### Nicotine User

- You are a nicotine user if you are currently using nicotine and HAVE NOT completed an eligible alternative (nicotine cessation program or a nicotine counseling session with a medical provider) during the past 12 months.

**To avoid the \$60 per month Tobacco Surcharge you need to annually self-attest your, and if applicable your covered spouse or domestic partner's, nicotine use.**

Visit [benefits.mt.gov/tobaccosurcharge](https://benefits.mt.gov/tobaccosurcharge) for more information.

## Live Life Well Incentive

One of the Live Life Well Program's offerings is an opportunity to earn \$60 off your monthly benefit contribution by completing three activities which show a State Plan member is engaged with maintaining a healthy lifestyle. This incentive is available to plan members and their enrolled spouse or domestic partner.

### Live Life Well Incentive

[benefits.mt.gov/incentive](https://benefits.mt.gov/incentive)

**Earn \$60 per month off your benefit contribution!**

### Live Life Well Incentive

To earn \$60 per month off your 2026 monthly benefit contribution, you must complete the following activities by October 31, 2025.

1. Complete a State-sponsored Health Screening through a Montana Health Center or Montana Health Center off-site event.
2. Self-report Nicotine Free status or completion of an alternative.
3. Self-report an Eligible Provider Visit, which is an annual checkup with a medical provider. Any kind of medical provider is acceptable, from a nurse practitioner to a specialist, depending on who is most appropriate for your health needs.

More information and instructions for how to self-report incentive activities are available at [benefits.mt.gov/incentive](https://benefits.mt.gov/incentive).

### Live Life Well Incentive & Open Enrollment

If you complete the Live Life Well Incentive before October 1, 2025, the Incentive credit will appear in the enrollment system when you complete Open Enrollment.

If you complete your Incentive between October 1 through 31, 2025, you will still receive the Incentive credit, however, it may not show when you complete your Open Enrollment. It will show on your 2026 Open Enrollment Benefit Summary.

## Non-Discrimination Statement

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State of Montana 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.

State of Montana does not exclude people or treat them differently because 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.

State of Montana provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). State of Montana provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact customer service at 855-999-1062. If you believe that State of Montana has failed to provide these services or discriminated in another way 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 you can file a grievance. If you need help filing a grievance the State Diversity Coordinator is available to help you. You can file a grievance in person or by mail, or email:

State Diversity Program Coordinator  
Department of Administration, State Human Resources Division  
125 N. Roberts  
P.O. Box 200127  
Helena, MT 59620  
Phone: (406) 444-3871 or Email: [SABHRSHR@mt.gov](mailto:SABHRSHR@mt.gov)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

# HIPAA Notice & Language Assistance

## State of Montana HIPAA Notice of Privacy Practices.

The State of Montana HIPAA Notice is available at [benefits.mt.gov](https://benefits.mt.gov).

If you have any questions about your privacy rights, contact the State Plan at the following address:

- Contact Office or Person: Privacy Official
- Plan Name: State of Montana Benefit Plan
- Telephone: (406) 444-7462 , (800) 287-8266; TTY 406) 444-1421
- Email: [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)
- Address: Health Care & Benefits Division, PO Box 200130, Helena, MT 59620-0130

Copies of the HIPAA Notice are also available at 125 N. Roberts St. Room 104, Helena, MT 59601. You may request the Notice by calling the Health Care & Benefits Division or sending a request by email to the above address.

## Disclaimer

The Patient Protection and Affordable Care Act (PPACA) was enacted on March 23, 2010. The United States Departments of Health and Human Services, Labor, and Treasury have issued regulations to help entities comply with PPACA. However, additional clarifications to address issues that may arise under these regulations could also be published by the Departments on an on-going manner through administrative guidance possibly in another form than a regulation. Where the statutes or regulations were not clear regarding benefits, the State of Montana made a reasonable interpretation of the act and made a good faith effort to comply with the statutes and regulations. The State of Montana reserves the right to alter provisions of this document and its plan in order to comply with applicable law.

## Language Assistance – General Taglines

*State of Montana is required by federal law to provide the following information.*

**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).

**注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-270-3877 (TTY : 711)。

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-270-3877 (TTY:711) まで、お電話にてご連絡ください。

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-270-3877 (TTY: 711).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-270-3877 (ATS: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-270-3877 (телетайп: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-270-3877 (TTY: 711)번<sup>○</sup>로 전화해 주십시오.

الضمم ١١٧: ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 7783-072-668-1 (رقم هاتف

เรียน:U: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร1-866-270-3877 (TTY: 711).

**MERK:** Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-866-270-3877 (TTY: 711).

**CHỦ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-270-3877 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-270-3877 (телетайп: 711).

**Wann du** [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-270-3877 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-270-3877 (TTY: 711).



HEALTH CARE &  
BENEFITS DIVISION

PO Box 200130, Helena, MT 59620  
(800) 287-8266  
TTY (406) 444-1421  
BenefitsQuestions@mt.gov  
benefits.mt.gov

## Learn more at

**benefits.mt.gov/open-enrollment**

- » 2026 Plan Year Changes
- » On-Demand Open Enrollment Presentation
- » Step-By-Step Instructions for How to Enroll
- » Open Enrollment Resources

**Enroll early for a chance to win!**

Scan for details



**Mitchell Building, Room 104**  
**125 N. Roberts St.**  
**Helena, MT 59620**