

# 2026 Retiree 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.



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**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 insurance

### 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 (HCBBD)
- 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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**Retirees 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

**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).

**Survivor Benefits**

Surviving spouses/domestic partners and dependent child(ren) of retirees that pass away may remain covered by the State Plan if they elect to enroll in survivor coverage.

**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.

## Medicare Eligibility and Enrollment

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It is important retirees and their spouse/domestic partner and/or dependents covered by the State Plan enroll in Medicare Parts A and B when they become eligible.

When you become eligible for Medicare Parts A and B, the State Plan will coordinate your State Plan benefits with the benefits you are eligible for with Medicare. If you do not enroll in Medicare Parts A and B, the State Plan will pay claims as if you were enrolled, which will result in larger out-of-pocket costs for you.

### **Medicare Retiree Rate**

Your monthly premium contribution amount (see rates on page 7) will automatically be reduced to the Medicare Retiree Rate the first of the month following the date you or your spouse/domestic partner become Medicare eligible.

### **Medicare Part D Coverage**

As a State Plan retiree, you and your spouse/domestic partner and/or dependent's Medicare Part D prescription drug coverage is provided by the State Plan. When enrolled on State Plan coverage, you may NOT purchase Medicare Part D coverage with any other provider. If you enroll in other Medicare Part D coverage, all of your State Plan coverage (medical, prescription, vision, dental, and life insurance) will be terminated. Contact Navitus MedicareRx for more information at (866) 270-3877 or [MedicareRX.Navitus.com](https://www.MedicareRX.Navitus.com).

### **Not Yet Medicare Eligible But Unable to Work**

Public Consulting Group (PCG) assists State Plan members with applying for Social Security Disability Insurance (SSDI) and early Medicare coverage. This service applies to retirees, their spouses, and dependents, who are experiencing health conditions that would prevent them from working full-time. These services are paid for by the State, with *no cost to you*. If you, or your dependents, are interested in learning more about these services, call PCG at (800) 805-8329 or email [disability@pcgus.com](mailto:disability@pcgus.com).

## 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**

Due to increasing medical trends and increased costs, medical plan rates will be increasing by 4%. Dental and vision rates will remain the same.

Additional changes go into effect January 1, 2026:

- 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

## Non-Medicare Retiree Medical Plan Rates

Plans	Monthly Rate	Potential Live Life Well Incentive
Non-Medicare Retiree Only	\$1,529	up to \$60 off
Non-Medicare Retiree & Non-Medicare Spouse	\$2,451	up to \$120 off
Non-Medicare Retiree & Medicare Spouse	\$1,807	up to \$120 off
Non-Medicare Retiree & Child(ren)	\$1,963	up to \$60 off
Non-Medicare Retiree, Non-Medicare Spouse, & Child(ren)	\$2,717	up to \$120 off
Non-Medicare Retiree, Medicare Spouse, & Child(ren)	\$2,281	up to \$120 off

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

## Medicare Retiree Medical Plan Rates

Plans	Monthly Rate	Potential Live Life Well Incentive
Medicare Retiree Only	\$575	up to \$60 off
Medicare Retiree & Non-Medicare Spouse	\$1,533	up to \$120 off
Medicare Retiree & Medicare Spouse	\$1,031	up to \$120 off
Medicare Retiree & Child(ren)	\$940	up to \$60 off
Medicare Retiree, Non-Medicare Spouse, & Child(ren)	\$1,760	up to \$120 off
Medicare Retiree, Medicare Spouse, & Child(ren)	\$1,198	up to \$120 off

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

## Retiree Dental & Vision Hardware Plan Rates

Plans	Dental	Vision Hardware
Retiree Only	\$42.37	\$7.64
Retiree & Spouse	\$63.77	\$14.42
Retiree & Child(ren)	\$62.27	\$15.18
Retiree & Family	\$71.27	\$22.26

## Basic Life Insurance

Non-Medicare Retirees must also pay \$0.63 per month for Basic Life Insurance coverage.

## 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 Retiree 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.



**CLICK HERE  
TO START  
OPEN ENROLLMENT**

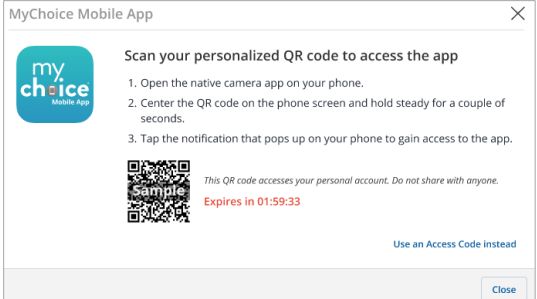
Oct. 22 - Nov. 8, 2025

State of Montana Benefit Plan  
Open Enrollment for 2026

**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.



MyChoice Mobile App

Scan your personalized QR code to access the app

1. Open the native camera app on your phone.
2. Center the QR code on the phone screen and hold steady for a couple of seconds.
3. Tap the notification that pops up on your phone to gain access to the app.

**sample**

This QR code accesses your personal account. Do not share with anyone.

**Expires in 01:59:33**

Use an Access Code instead

Close



## 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**.

### 3 Start Enrollment

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.

Confirmation Number

Thank You.

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 โทร 1-866-270-3877 (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](https://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**