HEALTH CARE &
BENEFITS DIVISION

STATE OF MONTANA BENEFIT PLAN
STATE PLAN
2026 OPEN ENROLLMENT FAQ

Am I required to complete Open Enrollment?

You will need to complete your Open Enrollment elections to provide the State Plan with information about you and your covered spouse/domestic partner’s nicotine use. If you do not complete your Open Enrollment elections, you and your covered spouse/domestic partner will each automatically be charged the $60 per month Tobacco Surcharge in 2026.

In addition, the Vision Hardware Plan and Flexible Spending Accounts (for employees only) must be elected/re-elected each year. If you fail to re-elect the Vision Hardware Plan or Flexible Spending Accounts (for employees only), that coverage will terminate effective January 1, 2026.

How do I make a change to my benefit elections after completing Open Enrollment?

You can make changes to your 2026 Open Enrollment elections any time during the Open Enrollment Period, October 22 – November 8, 2025.

If you need to change your 2026 elections after November 8, you must contact HCBD directly. No changes will be accepted after December 19, 2025, without a qualifying event.

To update your elections during the Open Enrollment Period:

1. Login to the enrollment system at benefits.mt.gov.
2. Click on the review icon next to the Open Enrollment count down calendar.
3. Click “Edit” in the upper left corner of the summary screen. This will allow you to restart and update your Open Enrollment elections.

How do I update my contact information?

Employees update their contact information in SABHRS. The contact information in SABHRS automatically uploads into the enrollment system daily. Please allow at least 24 hours for updated information to show in the enrollment system.

Legislators must contact the Legislative Services Human Resource Specialist at 406-444-3201 to update their contact information.

Retiree, Survivor, or COBRA members update contact information in the ‘personal information’ section within the enrollment system.

LOGGING INTO THE ENROLLMENT SYSTEM

I can’t log into my account, what should I do?

If accessing the HCBD website (benefits.mt.gov) on the State of Montana network, you will automatically enter the enrollment system and will not be required to register. However, the following exceptions apply:

- Department of Justice employees will need to login using their C# and computer password.
- Department of Military Affairs employees will need to access the enrollment system off the state network, meaning they will need to create a User Name and Password.

If accessing the enrollment system outside of the State of Montana network, login using the prompts provided. First time users will need to create a User Name and Password and answer a few security questions.

What is the company key?

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

I forgot my password. How do I reset it?

You may reset your password online by clicking "Trouble Logging In?" and following the prompts. Or you can contact HCBD for assistance with a password reset.

What is the purpose of multi-factor authentication?

Multi-factor authentication (MFA) is a multi-step account login process that requires you to enter more information than just a User Name and Password and provides additional security to your account.

When you login to your benefits enrollment account off the state network you will be prompted to set up multi-factor authentication using a phone number or email address. Once setup, you will receive a code via email or text message. You will be required to enter the code before gaining access to the enrollment system.

What should I do if I no longer have access to the phone number or email address I used for multi-factor authentication?

If you no longer have access to the email or phone number you used for your multi-factor authentication code, contact HCBD for assistance.

What should I do if I need to update where I receive my multi-factor authentication code

If you need to update where you receive your multi-factor authentication code and you are already logged into your benefits account, click on your name in the upper righthand corner and then click the "Profile" icon. The "Personal Preferences" section will allow you to change where the multi-factor authentication code sent.

ADDING OR REMOVING A DEPENDENT

How do I provide proof of dependent eligibility?

If you add a spouse/domestic partner and or children to your State Plan, you will be required to provide dependent verification documentation. Details on what documentation is needed can be found at benefits.mt.gov/eligibility.

After you review and approve your 2026 elections in the benefit enrollment system, there will be a link to upload your documentation directly into the enrollment system.

Dependent verification documentation may also be returned to HCBD by emailing BenefitsQuestions@mt.gov, sending a fax to 406-444-0080, or mailing to PO Box 200130 Helena, MT 59620.

Dependent verification documentation must be provided no later than December 19, 2025, in order for newly enrolled dependents to receive coverage effective January 1, 2026.

I'm having and/or adopting a child in 2026. When should I add them to the State Plan?

An eligible dependent may only be added to your State Plan benefits after the qualifying event has taken place, meaning the birth or adoption has occurred. Once you experience your qualifying event, you have 91-days to add the new child to your State Plan benefits. (Note: any other qualifying event must be done within 60 days of the event date.)

Visit benefits.mt.gov/MidYearChange or contact HCBD for step-by-step directions on how to add your new dependent child to your State Plan benefits.

Why can I not enroll in Dependent Life Insurance during Open Enrollment?

Coverage for Dependent Life Insurance is only available during the 31-day Initial Enrollment Period or within the first 60 days of a marriage or 91 days of having your first child.

During Open Enrollment, you can select between Dependent Life Insurance Option A or Dependent Life Insurance Option B.

I am the fulltime caregiver for my parent, can I add my parent to my State Plan benefits?

Dependents eligible for State Plan benefits include an employee's legal spouse or domestic partner and their children less than 26 years of age. An employee's parent is not an eligible dependent. For more information on eligible dependents, please review the Wrap Plan Document at benefits.mt.gov/publications.

GENERAL QUESTIONS

How do I complete Evidence of Insurability (EOI)?

EOI is also known as "evidence of good health." It is the process that determines if a person is healthy enough to be considered eligible for the amount of insurance coverage they are requesting. Depending upon when you enroll for coverage, or the amount of coverage you are requesting, you may be required to complete EOI prior to coverage becoming effective.

Instructions on how to complete EOI can be found at benefits.mt.gov/life-and-accident.

I'm trying to enroll in the Vision Hardware Plan, where does that show up in the enrollment system?

The Vision Hardware Plan is elected when you complete your medical benefit election. However, the rate for the Vision Hardware Plan will not display until you get to the vision section of your elections.

What are the options for electing Dental benefits?

Dental coverage is an optional benefit. Employee only and Legislator only dental coverage is covered in full by the State's contribution to benefits. Employees, legislators, and retirees who elect dental coverage have the option to add eligible dependents to their dental coverage.

How can I see if my Live Life Well (LLW) Incentive has been applied to my 2026 benefits?

If you complete the LLW Incentive Activities before October 1, the LLW Incentive will appear in the enrollment system when you complete Open Enrollment. The LLW Incentive will appear as a credit on your Medical Election Summary after you complete your Open Enrollment elections.

If you complete your LLW Incentive Activities between October 1 and October 31, you will still receive the LLW Incentive, but it may not show in the enrollment system when you complete your Open Enrollment elections. However, it will be reflected on your 2026 Open Enrollment Benefit Summary (available December 2025).

Note: If you are an employee, the credit shown in the enrollment system represents what you receive on a bi-weekly basis.

Why doesn't the State Plan offer a Health Saving Account (HSA)?

The State Plan is not a High Deductible Health Plan. In order to qualify for a HSA, you must be covered by a High Deductible Health Plan. The State Plan is not considered a High Deductible Health Plan as the deductible is not $1,650 or greater and the State Plan pays for some services prior to the member meeting the full deductible. For example, the State Plan has copays in place for office visits and prescriptions drugs that apply before a member meets their deductible.