

HEALTH CARE & BENEFITS DIVISION

State of Montana Benefit Plan (State Plan) 2027 Open Enrollment

Frequently Asked Questions (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 or domestic partner's nicotine use. If you do not complete your Open Enrollment elections, you and your covered spouse or domestic partner will each automatically be charged the $60 per month Tobacco Surcharge in 2027.

In addition, the Vision Hardware Plan and Flexible Spending Accounts (for employees only) must be elected or 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, 2027.

How do I waive State Plan coverage?

To waive State Plan coverage in 2027, you will need to complete Open Enrollment. As you navigate through your Open Enrollment elections in the benefit enrollment system, instead of enrolling in each State Plan benefit you will be given the option to waive each State Plan benefit.

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

You can make changes to your 2027 Open Enrollment elections any time during the Open Enrollment Period, October 21 – November 7, 2026.

If you need to change your 2027 elections after November 7, you must contact the Health Care & Benefits Division (HCBD) at (800) 287-8266, TTY (406) 444-1421, or BenefitsQuestions@mt.gov. Changes will not be accepted after December 18, 2026, without a qualifying event.

To update your elections during the Open Enrollment Period:

1. Log in to the benefit enrollment system at doa.mt.gov/HCBD.
    - Instructions for how to log into the benefit enrollment system are on included in the Benefit Enrollment System Access section of this document.
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 the Statewide Accounting, Budgeting and Human Resources System (SABHRS). The contact information in SABHRS automatically uploads into the benefit enrollment system daily. Allow at least 24 hours for updated information to show in the benefit 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 benefit enrollment system.

Benefit Enrollment System Access

How do I log into the benefit enrollment system?

To access the benefit enrollment system, go to doa.mt.gov/HCBD.

- If accessing on the State of Montana network, navigate to the "On State Network Benefit Enrollment System Access" button to automatically enter the system. You may be prompted to enter your C# and computer login information.
- Department of Justice and Legislative Services employees will need to login using their C# and computer login information.
    - Department of Military Affairs employees will need to access the benefit enrollment system off the state network, meaning they will need to create their own username and password
- If accessing outside of the State of Montana network, navigate to the "Off State Network Benefit Enrollment System Access" button then login using the prompts provided.
    - First time users will need to register with a username and password then answer a few security questions. The case-sensitive company key is stateofmontana.

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 at (800) 287-8266, TTY (406) 444-1421, or BenefitsQuestions@mt.gov 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 username and password and provides additional security to your account.

When you login to the benefit enrollment system off the state network you will be prompted to set up multi-factor authentication using a phone number or email address. Once set up, you will receive a code via email or text message. You will be required to enter the code before gaining access to the benefit 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 at (800) 287-8266, TTY (406) 444-1421, or BenefitsQuestions@mt.gov 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 Dependents

How do I provide proof of dependent eligibility?

If you add a spouse or 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 doa.mt.gov/HCBD/Enrollment-Claims, then by navigating to the “Verification of Eligibility” section.

After you review and approve your 2027 elections in the benefit enrollment system, there will be a link to upload your documentation directly into the benefit 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 18, 2026, for newly enrolled dependents to receive coverage effective January 1, 2027.

I’m having and/or adopting a child in 2027. 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 that 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 doa.mt.gov/HCBD/Enrollment-Claims/Mid-Year-Changes directions on how to add your new dependent child to your State Plan benefits.

Why can’t I 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 a 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 doa.mt.gov/HCBD/Resources/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 doa.mt.gov/HCBD, then by navigating to the “Complete Evidence of Insurability (EOI)” section.

I’m trying to enroll in the Vision Hardware Plan, where does that show up in the benefit 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 be displayed 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 2027 benefits?

If you complete the LLW Incentive Activities before October 1, the LLW Incentive will appear in the benefit 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 benefit enrollment system when you complete your Open Enrollment elections. However, it will be reflected on your 2027 Open Enrollment Benefit Summary which is available in December 2026.

Note: If you are an employee, the credit shown in the benefit 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. To qualify for an HSA, you must be covered by a High-Deductible Health Plan. The State Plan is not considered a High-Deductible Health Plan as 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. Additionally, the Montana Health Centers are offered at no-cost for all services.