

## *Where can I get services covered by Plan First?*

**Once you are enrolled in Plan First, you can receive covered services from your Medicaid-enrolled:**

- Doctor;
- Nurse practitioner;
- Physician assistant;
- Family planning clinic; or
- Pharmacy.



## *Plan First covers the following services:*

- Annual visit;
- Follow-up visit;
- Comprehensive history;
- Physical exam;
- Lab services;
- Medical counseling;
- Contraceptive supplies; and
- STD treatment.

**If you have other insurance coverage, Plan First will pay for family planning services not covered under your policy.**

**Co-pays, co-insurance, and deductibles are not covered under Plan First.**

**You will pay for services not covered by Plan First.**

If you need health care not covered by Plan First, such as treatment for an illness, accident, or a mental health issue, see any health care provider.

You may want to visit a community health center. See the list at [www.mtpca.org/health-center](http://www.mtpca.org/health-center)

You can also visit a family planning clinic to enroll and receive services. See the list at [www.familyplanning.hhs.mt.gov](http://www.familyplanning.hhs.mt.gov)

### *Apply online*

[www.dphhs.mt.gov/PlanFirst](http://www.dphhs.mt.gov/PlanFirst)

Bring your Plan First ID card to your appointment or pharmacy.

# Plan First



## *Family Planning Services for Eligible Women*



*Healthy People. Healthy Communities.*  
Department of Public Health & Human Services

*Montana Medicaid Family Planning Waiver Program 4/1/2016*

# What is Plan First?

Plan First is a Montana Medicaid family planning waiver program administered by the Department of Public Health and Human Services.

Plan First provides family planning coverage for eligible Montana women.

Covered services include family planning related services such as office visits, contraceptive supplies, laboratory services, Hep B and HPV shots, and testing and treatment of STDs.



# Who can receive Plan First ?

## *If you are:*

- A Montana resident;
- A female age 19 through 44;
- Able to bear children and not presently pregnant; and
- Have an annual 2016 household income around the income levels listed below.

*Apply even if you think your income is too high. Some income is not counted when determining eligibility.*

Family Size	Yearly Family Income
1	\$25,661
2	\$34,603
3	\$43,546
4	\$52,488
5	\$61,430
6	\$70,373
7	\$79,337

# How do I apply or find out more?

For questions or to request a paper application call

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## Plan First

**In-State Toll Free**

*(855) 854-1399*

**Helena Area/Out-of-State**

*(406) 444-6446*

Fax: (406) 444-3846

MT Relay Service 711

Email: [planfirst@mt.gov](mailto:planfirst@mt.gov)

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