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DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



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Case #:  
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Print Date:  
Contact Phone: 1-888-706-1535  
Contact Fax: 1-877-418-4533  
Contact Website: apply.mt.gov

## About Your Case

Dear [NAME],

The first part of this letter is a summary of your benefits.  
Please read this entire letter.

### Health Coverage

Your Medicaid/Healthy Montana Kids health coverage information is listed below.

Effective Date	Action	Person(s)	Explanation
[DATE]	Closed		Your coverage will end because you are over the income limit.  For more information, please see the <b>Health Coverage Closure</b> Section.

## Your Health Coverage Benefits

### Health Coverage Closure

You might still be able to get health coverage – and help paying for it – through the Health Insurance Marketplace (Marketplace). We sent your information to them. The Marketplace will send you a letter with information about what you qualify for and how to apply. To contact the Marketplace, call 1-800-318-2596 (TTY: 1-855-889-4325). If you are interested in accessing healthcare coverage through the Marketplace, you should complete your application as soon as possible.

If you need help understanding your coverage options, local assistance is available. Cover Montana can help explain your coverage options if your Medicaid coverage is ending, help you apply for health insurance through the Health Insurance Marketplace, and answer any health insurance questions. Their help is free and confidential. Visit [www.covermt.org](http://www.covermt.org) or call 1 (844) 682-6837.