

## 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:

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



## Plan First covers the following:

- 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: [Montana Community Health Centers](#).

You can also visit a family planning clinic to enroll and receive services. See the list at: [Montana Family Planning](#).



**You can apply online at [apply.mt.gov](https://apply.mt.gov)**

# Plan First



## Family Planning Services for Eligible Women



## 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 STIs.



## Who can receive Plan First?

If you are:

- A Montana resident;
- A female age 19 through 44;
- Able to bear children and are not presently pregnant; and
- Have an annual 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.

(Income levels listed are current through 3/31/2025)

| Family Size | Yearly Family Income 2024 |
|-------------|---------------------------|
| 1           | \$ 31,777                 |
| 2           | \$ 43,128                 |
| 3           | \$ 54,480                 |
| 4           | \$ 65,832                 |
| 5           | \$ 77,184                 |
| 6           | \$ 88,536                 |
| 7           | \$ 99,887                 |

## How do I apply or find out more?



## Questions?

### Contact:

Office of Public Assistance (OPA) Helpline

1-888-706-1535

or

Email your local OPA office, addresses

found here:

[Office of Public Assistance](#)

or

## Apply Online

Paper applications are available at your nearest Office of Public Assistance (OPA)

physical address found here:

[Office of Public Assistance.](#)