

The Commonwealth of Kentucky
kynect State-Based Marketplace



**Health Benefits Paper Application
Forms Quick Reference Guide**

Last Updated: December 9, 2021

Introduction

This Quick Reference Guide is intended to instruct users on how to access the paper application forms for Medicaid/KCHIP/Qualified Health Plans/Payment Assistance.

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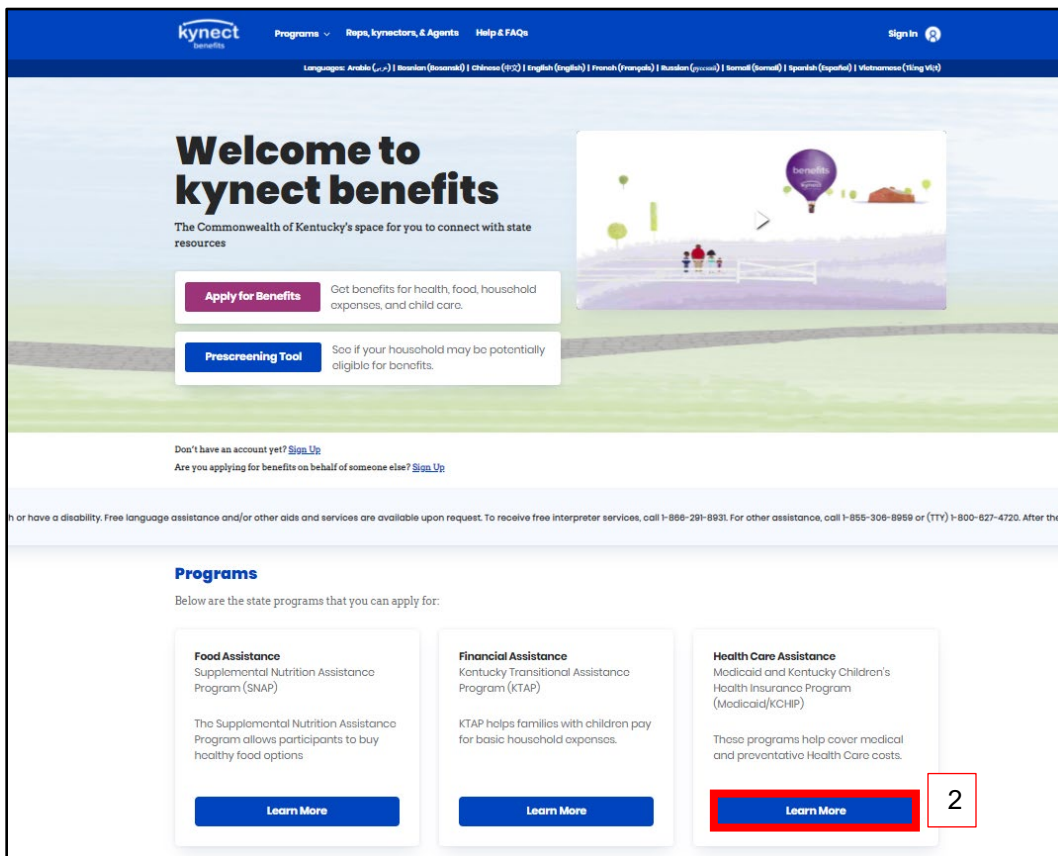
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1 Health Benefits Paper Application Overview

Residents who do not have access to a computer or mobile device, or who wish to complete a Medicaid/KCHIP/Qualified Health Plan (QHP) application through a paper form, may access printable PDF documents through the kynect benefits and kynect health coverage websites. The paper application forms on both websites are exactly the same, and additional appendix forms may be accessed if special circumstances apply which capture information on health coverage from an employer (Appendix A), consent form for Agents and kynectors (Appendix B), and American Indian/Alaskan Native information (Appendix C).

2 Health Benefits Paper Application Via kynect benefits

1. Navigate to the kynect benefits website at kynect.ky.gov/benefits.
2. Click **Learn More** under the *Health Care Assistance* tile.



3. Click **Ways to Apply for Medicaid & KCHIP**.

An Overview of Medicaid & KCHIP

Kentucky Medicaid/KCHIP is a state and federal program. It is authorized by Title XIX of the Social Security Act. Kentucky Medicaid/KCHIP provides health coverage for eligible low-income residents. This includes:

- children
- low income adults
- parent and caretaker relatives
- pregnant women
- the elderly (age 65 or above)
- people with disabilities

Qualifications for Medicaid & KCHIP

These are Kentucky's categories of MAGI Medicaid:

- Children up to age 1 with countable income up to 200% of the Federal Poverty Level (FPL)
- Children ages 1 to 18 with countable income up to 147% of FPL
- Children with countable income too high to qualify for Medicaid MAY be eligible for the [Kentucky Children's Health Insurance Program \(KCHIP\)](#). KCHIP is available to uninsured children with countable income up to 218% of the FPL
- Pregnant women with countable income up to 200% of the FPL
- Adults between the ages of 19-64 with countable income up to 138% of the FPL

Looking for low cost health insurance?

Find out which coverage you may qualify for, including health insurance plans and tax credits.

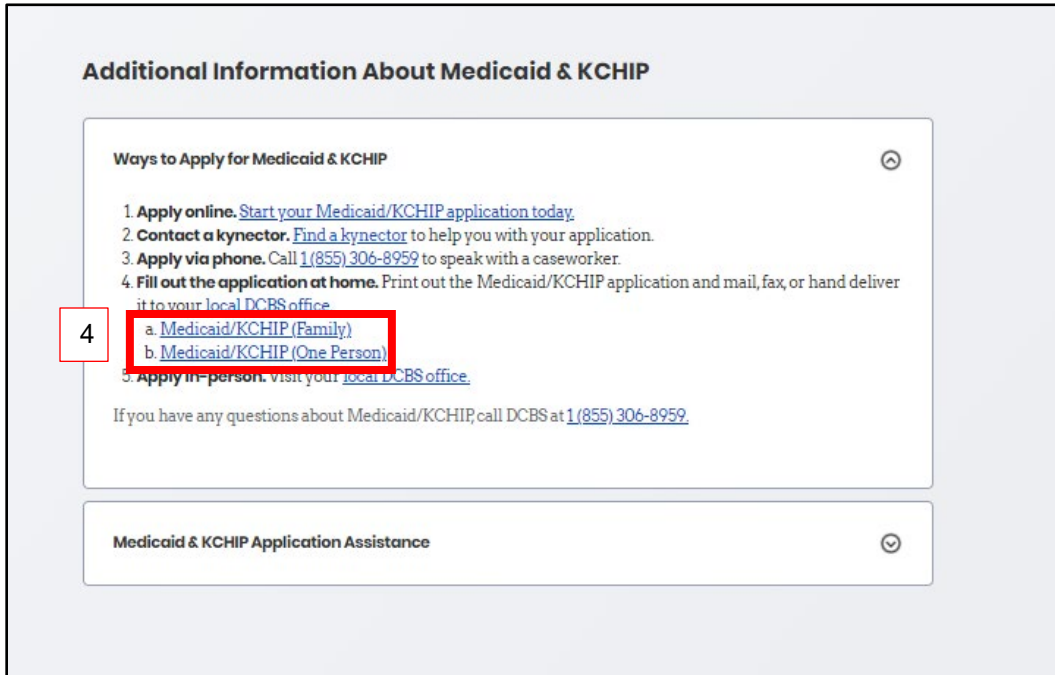
[Go to healthbenefitexchange.ky.gov](https://healthbenefitexchange.ky.gov)

Additional Information About Medicaid & KCHIP

3 **Ways to Apply for Medicaid & KCHIP**

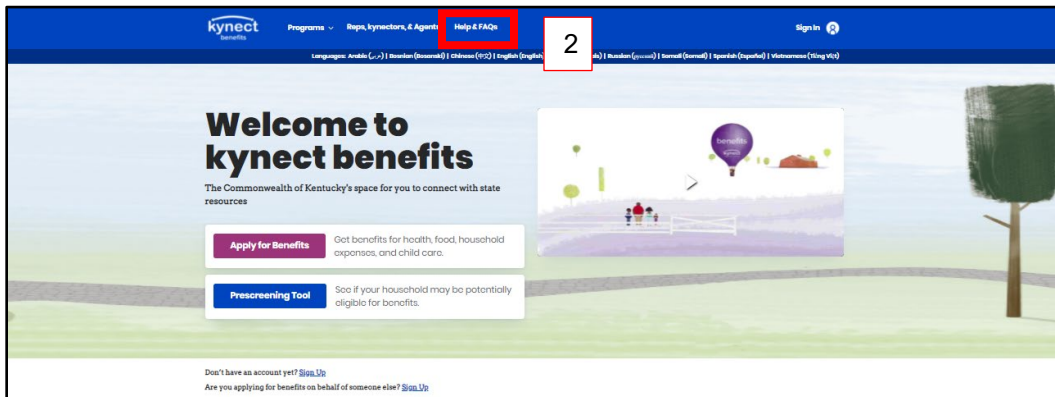
Medicaid & KCHIP Application Assistance

4. Click **Medicaid/KCHIP (Family)** or **Medicaid/KCHIP (One Person)** to open a printable PDF.

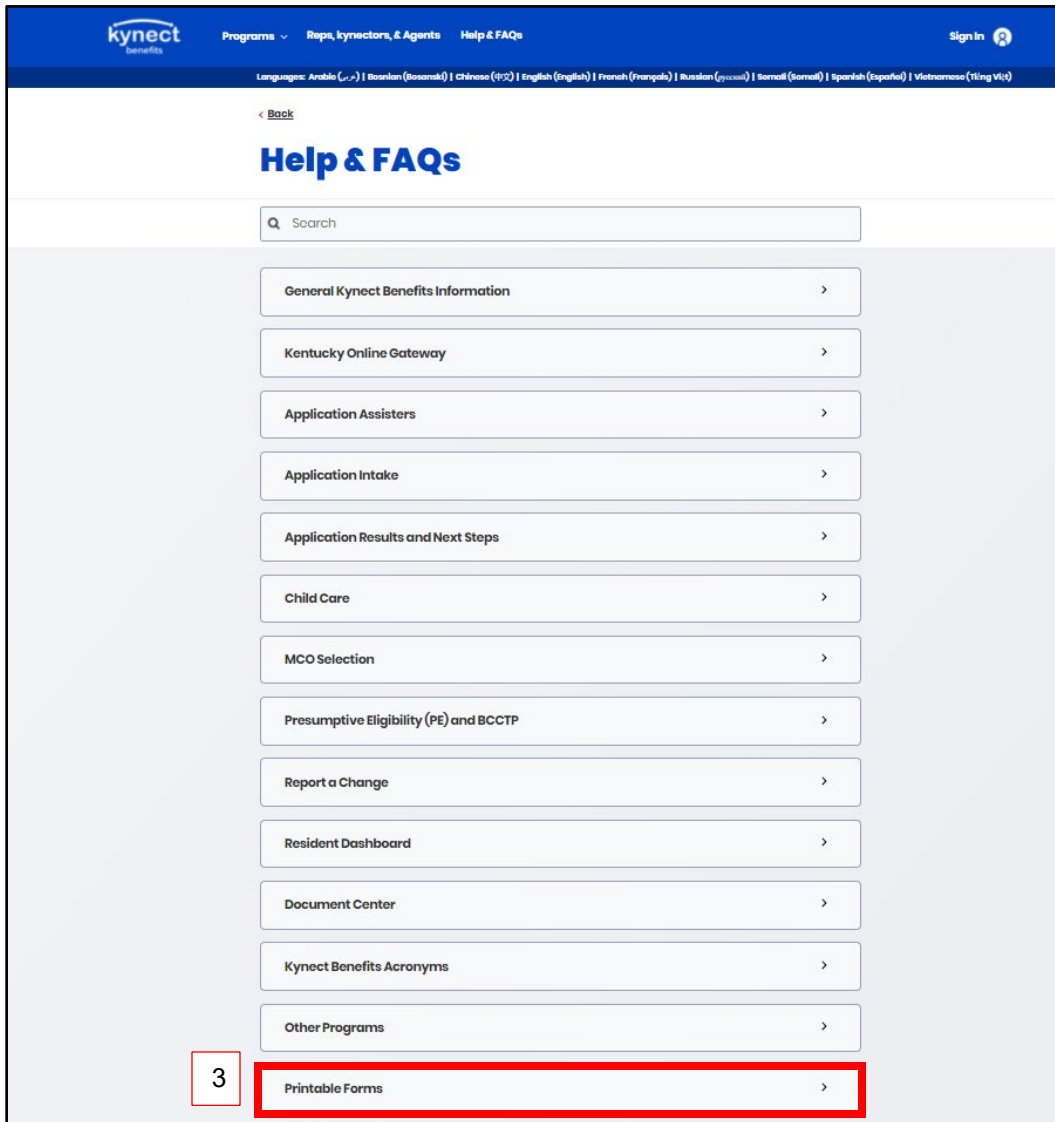


2.1 Medicaid/KCHIP Appendix Forms

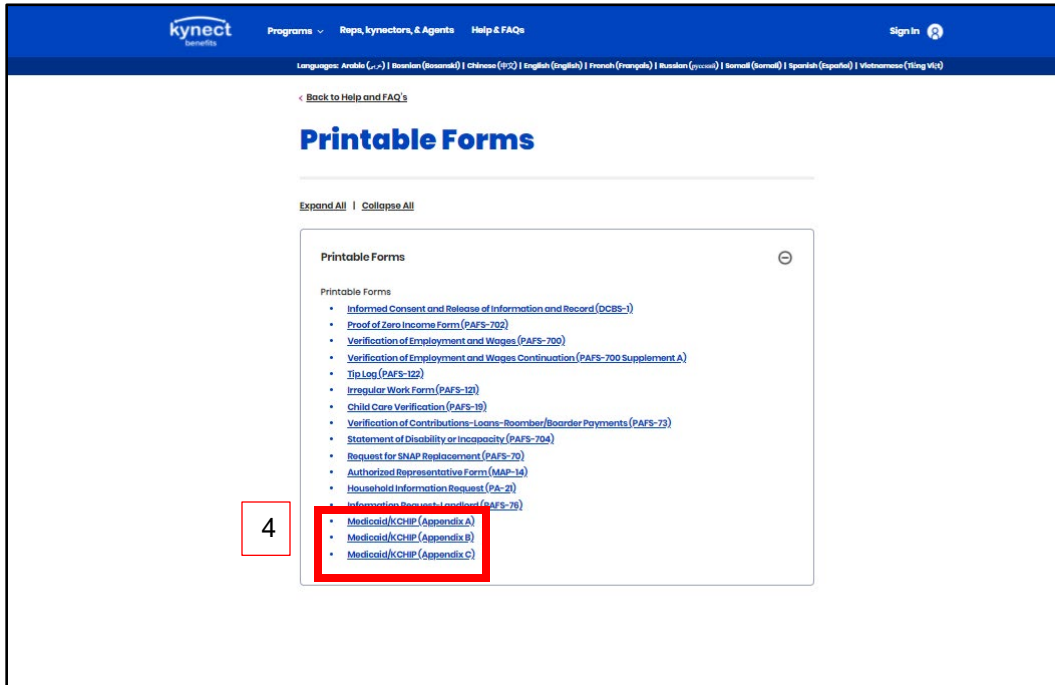
1. Navigate to the kynect benefits website at kynect.ky.gov/benefits or the kynect health coverage website at kynect.ky.gov/healthcoverage.
2. Click **Help & FAQs**.



3. Click **Printable Forms**.



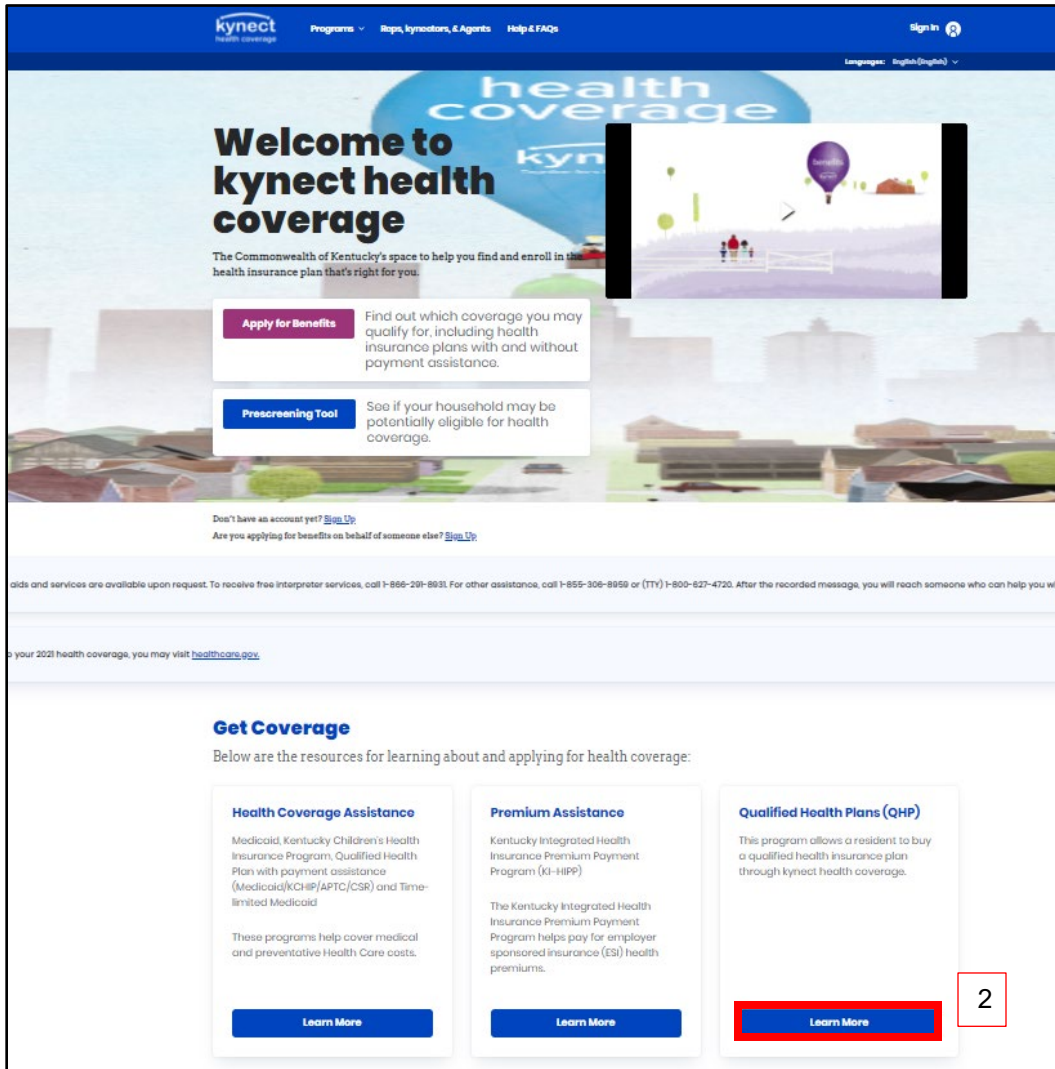
4. Click **Medicaid/KCHIP (Appendix A)**, **Medicaid/KCHIP (Appendix B)**, or **Medicaid/KCHIP (Appendix C)** to open a printable PDF.



Please note: Once the form(s) are completed, Residents may mail, fax, or hand deliver them to their local [DCBS office](#).

3 Health Benefits Paper Application Via kynect health coverage

1. Navigate to the kynect health coverage website at kynect.ky.gov/healthcoverage.
2. Click **Learn More** under the *Qualified Health Plans* tile.



3. Click **Ways to Enroll in a Qualified Health Plan.**

kynect health coverage Programs Reps, Brokers, & Agents Help & FAQs Sign In

State Program
Qualified Health Plans (QHP)
This program helps you enroll in health insurance.

[Apply for Benefits](#) [Prescreening Tool](#)

An Overview of Qualified Health Plans

A Qualified Health Plan (QHP) is an insurance plan that's certified by the Kentucky Exchange, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements under the Affordable Care Act. All qualified health plans meet the Affordable Care Act requirement for having health coverage, known as "minimum essential coverage."

- You may be eligible to enroll in QHP during Open Enrollment period or with a qualifying event.
- Open Enrollment is a period of time each year when an individual can enroll in health insurance. During the open enrollment period, an individual can enroll in medical and dental plans offered by Kentucky's state-based exchange.
- During the 60 day special enrollment time period, an individual can only enroll in medical and dental plans offered by the state-based exchange with a qualifying event. Examples of qualifying events include loss of coverage due to: job loss, out of state move, divorce, or marriage.

Basic Qualifications required to enroll in a Qualified Health Plan

An individual will be eligible to enroll in a QHP if they meet the following requirements:

- Resident of Kentucky or intends to reside in Kentucky
- Citizen or national of the US, or individual is a non-citizen who is lawfully present in the US
- Not incarcerated

Additional Information about Qualified Health Plans

- 3** [Ways to Enroll in a Qualified Health Plan](#)
- [Special Enrollment Period](#)
- [Looking for Vision Care](#)

4. Click **Health Coverage & Help paying Costs (Family)** or **Health Coverage & Help paying Costs (One Person)** to open a printable PDF.

Additional Information about Qualified Health Plans

Ways to Enroll in a Qualified Health Plan

1. **Apply online.** [Start your application today.](#)
2. **Contact an Agent/kynector.** [Find an Agent/kynector](#) to help you with your application.
3. **Apply via phone.** Call [1-855-459-6328](tel:1-855-459-6328) to speak with a call center representative.
4. **Fill out the application at home.** Print out the application and mail, fax, or hand deliver it to your [local DCBS office](#).
 - a. [Health Coverage & Help paying Costs \(Family\)](#)
 - b. [Health Coverage & Help paying Costs \(One Person\)](#)
5. **Apply in-person.** Visit your [local DCBS office](#).

If you have any questions, call us at [1855-459-6328](tel:1855-459-6328).

Special Enrollment Period

Looking for Vision Care

Please note: Once the form(s) are completed, Residents may mail, fax, or hand deliver them to their local [DCBS office](#).