

The Commonwealth of Kentucky  
**kynect State-Based Marketplace**



**kynect health coverage**  
**Prescreening Tool Quick**  
**Reference Guide**

Last Updated: September 4<sup>th</sup>, 2023

## Introduction

This Quick Reference Guide is intended to instruct users on how to navigate the kynect health coverage Prescreening Tool and Browse Plans feature.

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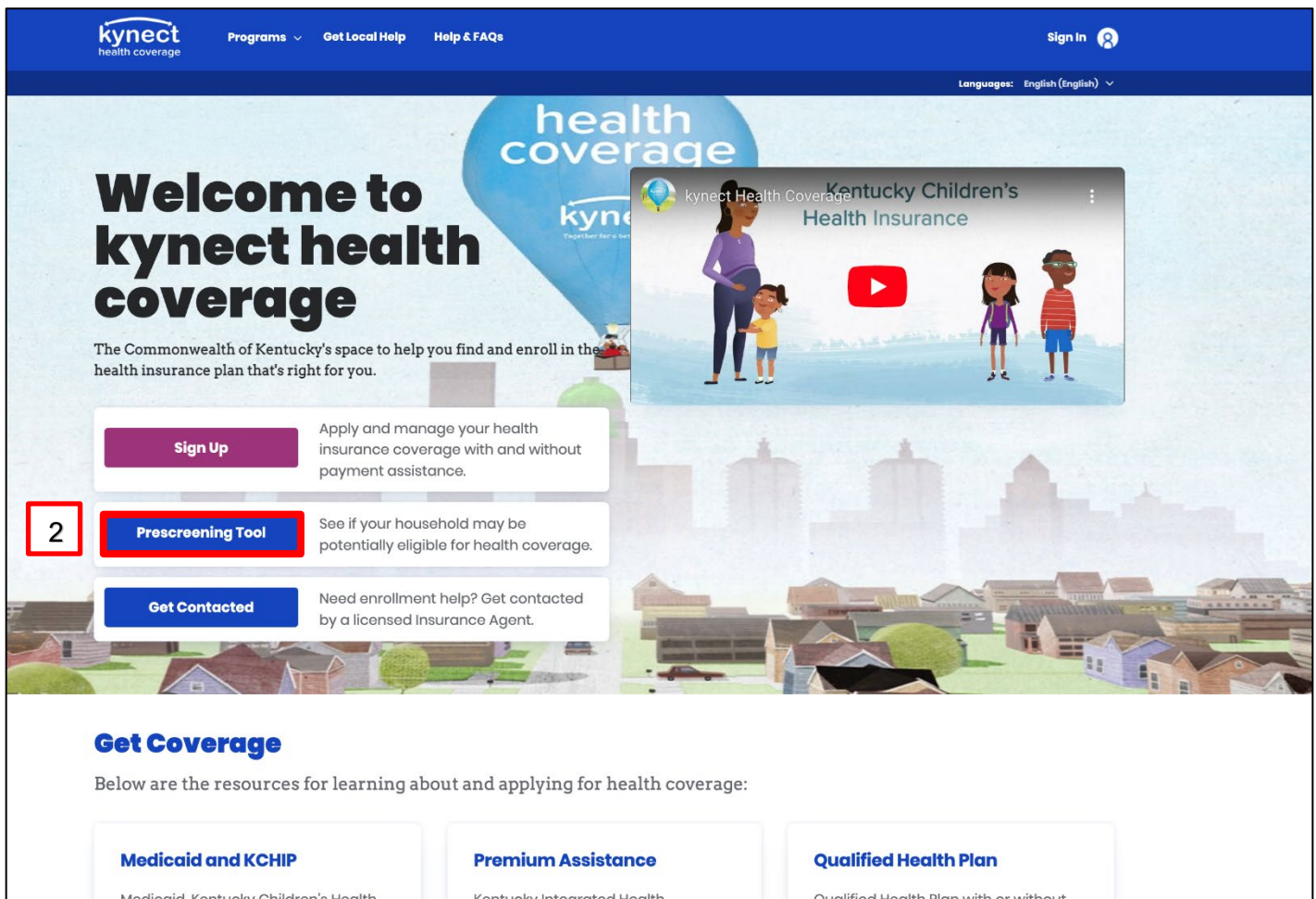
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## 1 kynect health coverage Prescreening Tool Overview

The kynect health coverage Prescreening Tool allows Residents to anonymously enter information to check potential eligibility for Qualified Health Plans (QHPs), Advance Premium Tax Credit (APTC), and Cost-Sharing Reductions (CSRs). The Prescreening Tool is not an application and does not guarantee eligibility. To determine eligibility for any program a full benefits application must be completed.

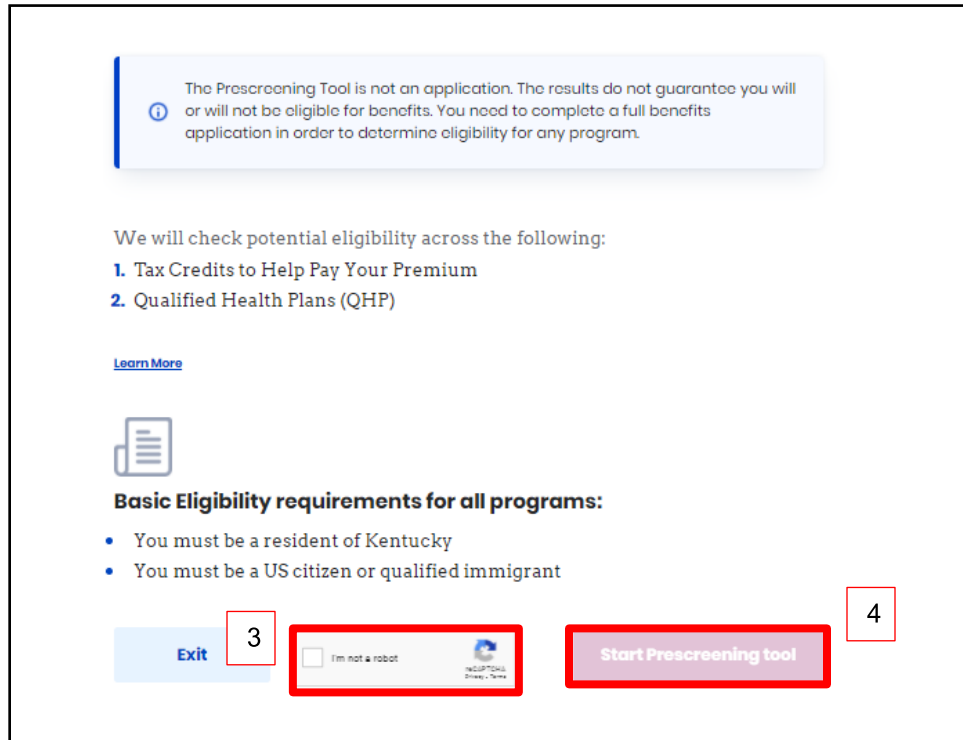
## 2 kynect health coverage Prescreening Tool

1. Navigate to the kynect health coverage website at [kynect.ky.gov/healthcoverage](https://kynect.ky.gov/healthcoverage).
2. Click **Prescreening Tool** to view prescreening information.



**Please note:** To get in contact with a Local Insurance Agent, Residents can click on either the 'Get Local Help' tab at the top of the screen or the 'Get Contacted' button on the **Welcome to kynect health coverage** screen. This navigates Residents to the **kynect On Demand** screen where they can submit a referral to be connected.

3. After reviewing the prescreening information, check the **box** to confirm the Resident is not a robot.
4. Click **Start Prescreening Tool**.



## 2.1 Section 1: Household Details Screen

The **Household Details** screen asks about the county the Resident resides in and how many people will be included in health coverage.

5. Enter the **County** the Resident resides in.
6. Enter the **Date** for *When do you want coverage to start in 2023? (Optional)*
7. Enter the **Number** for *How many people, including yourself, do you want to include as you explore healthcare coverage options?*
8. Click **Next** to proceed to **Section 2** of the kynect health coverage Prescreening Tool.

PRESCREENING TOOL

## Household details

Section 1 of 3

Complete the questions below about the household's members.

5 Which county do you reside in?

6 When do you want coverage to start in 2023? (Optional)

7 How many people, including yourself, will you claim on your federal tax return? (This includes your spouse and any dependents)

8 Back Exit Next

**Please note:** During Open Enrollment, the **Household Details** screen displays an additional question *Looking for coverage in [Year] or [Year]?* for the current and following year. Select the appropriate **Year** from the drop-down.

## 2.2 Section 2: Tell Us About You Screen

The **Tell Us About You** screen asks personal information about the Resident.

9. Enter the Resident's **Age**.
10. Select the Resident's **Sex** from the drop-down.
11. Click **Yes** or **No** for *Do you use tobacco?*
12. Click **Yes** or **No** for *Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?*
13. Click **Yes** or **No** for *Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?*
14. Click **Next** to proceed to **Section 3** of the kynect health coverage Prescreening Tool.

PRESCREENING TOOL

### Tell Us About You

Section 2 of 3

Complete the questions below about the household's members.

8 Age

9 Sex

10 Do you use tobacco?

11 Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?

12 Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?

Want to skip these questions?  
By answering this question, you'll see prices based on your household. These prices, also based on your age and income, may be much lower than prices without this information. If you skip to see plans now, we'll show you prices based on a person who's 35.  
[Browse plans now.](#)

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**Please note:** If there is a female member of the household, a conditional question appears. Click **Yes** or **No** for *Are you Pregnant?*. If **Yes**, enter the **Number** for *How many children are expected from the pregnancy?*

### 2.3 Section 3: Tell Us About Your Household Income

The **Tell Us About Your Household Income** screen asks about the household's projected annual income.

15. Enter the **Number** for *What do you think your annual household income will be in [Year] before taxes?*
16. Click **Submit** to submit the kynect health coverage Prescreening Tool.

PRESCREENING TOOL

## Tell Us About Your Household Income

Section 3 of 3

Complete the questions below about the household's members.

15 What do you think your annual household income will be in 2019/2020/2021?

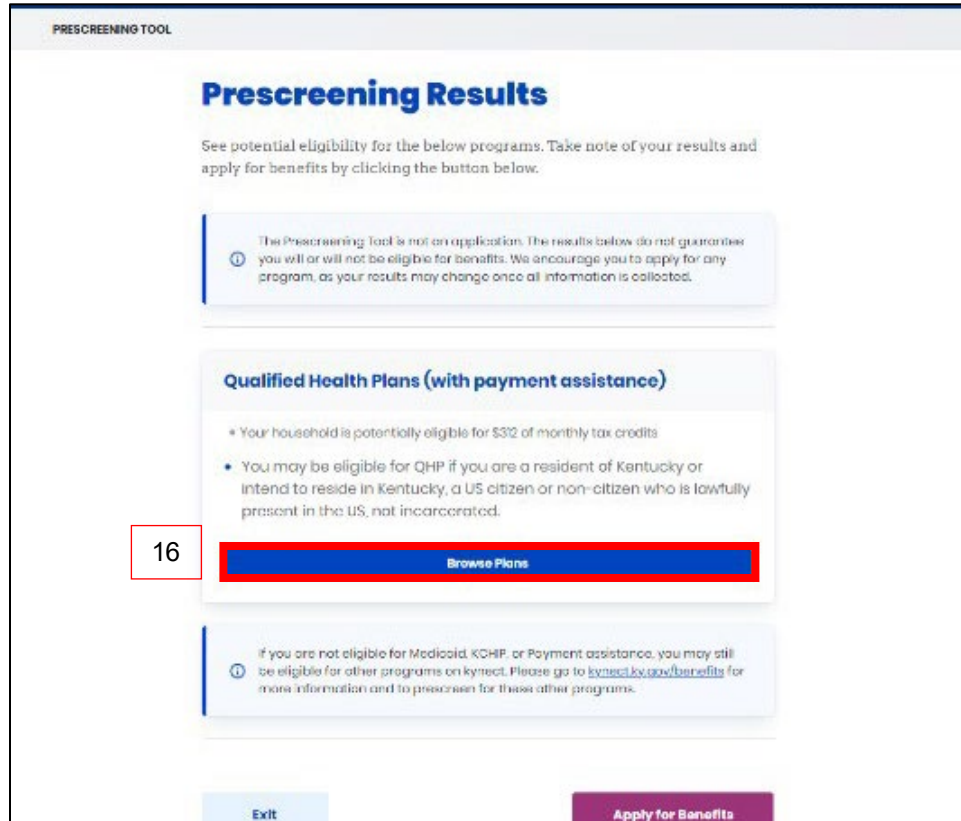
Want to skip these questions?  
By answering this question, you'll see prices based on your household. These prices, also based on your age and income, may be much lower than prices without this information. If you skip to see plans now, we'll show you prices based on a person who's 35.  
[Browse plans now.](#)

Back Exit 16 Submit

## 2.4 Prescreening Results Screen

Potential eligibility results display after submitting the kynect health coverage Prescreening Tool. From here, Residents may anonymously browse plans or submit a formal benefits application.

17. Click **Browse Plans** to view plans and prices on the **Medical Plan Search** screen.





## 2.5 Browse and Compare Plans

The **Browse Plans** feature allows users to search for and compare medical and/or dental plans.

18. Click **Compare** to select a medical plan to compare.
19. Click **Compare Selected Plans** to compare the selected medical plans.

The screenshot displays the 'Medical Plan Search' interface. At the top, there are tabs for 'Medical Plan Search' and 'Dental Plan Search', and an 'Email' button. Below this is the 'Edit Your Information' section, which includes fields for 'County' and 'Annual Household Income'. The 'Members Details' section lists 'Household Member 1' (Age 23, Male) and 'Household Member 2' (Age 32, Female), with checkboxes for 'Tobacco User?', 'Eligible for Other Coverage?', 'Is Pregnant?', and 'Is AIAN?'. An 'Update Results' button is located at the bottom right of this section.

Below the members details, there is a notification: 'Your household has qualified for a category B Cost-Sharing Reduction (CSR) which can be applied to silver plans. Collectively, your household is qualified for maximum Advance Premium Tax Credit (APTC) in the amount of: \$575'. A note explains that the premium reflects the APTC applied, and a slider allows adjusting the APTC amount from \$0 to \$575. A text input field shows 'Payments Assistance for Medical: \$ 575'.

An 'Icon Legend' section defines symbols: 'S' for CSR Silver Plans, 'T' for Tobacco Cessation Program, and 'P' for Embedded Pediatric Dental Benefits. A 'Show Filters' button is present.

The 'Help Me Choose' section includes input fields for 'Prescription Drugs', 'Provider Name', and 'Provider Zip Code', with 'Clear' and 'Apply' buttons.

At the bottom, there is a table with columns: 'Insurance Company Name', 'Total Monthly Premium', 'Your Monthly Payment', 'Individual Deductible', 'Individual Out-Of-Pocket Maximum', and 'Actions'. The first row shows 'Anthem Catastrophic Pathway Transition X HMO-B/00' with a total premium of \$396.88 and a deductible of \$8,700. The 'Compare' button in the 'Actions' column is highlighted with a red box and labeled '17'. Above the table, the 'Compare Selected Plans' button is also highlighted with a red box and labeled '18'.

**Please note:** If the user’s household is potentially eligible for APTC then the following verbiage displays on the screen regarding the Max APTC amount: “This amount is applicable only if all eligible APTC members are enrolling in a Medical Plan.” If the user updates the values so that the household is not eligible for APTC, this verbiage does not appear.

20. Compare the selected plans. Click **Exit** to return to the **Medical Plan Search** screen.

**Compare Medical Plans**

Please be sure to check the insurance company's provider directory for the most up-to-date information before making a final choice. Since provider networks can change often, it is also a good idea to call your doctors, hospital or other providers before picking a plan. Ask if they will be participating in the health plan you are choosing before making your final decision.

Plan Name	Quality Rating	Monthly Premium	Essential Health Benefit (EHB) portion	Payment Assistance Applied	Your Monthly Payment
CareSource Marketplace Low Deductible Silver Dental, Vision, & HSA	Not Rated	\$ 457.45	\$434.81	\$ 312	\$145.45
CareSource Marketplace Low Premium Silver	★★★★★	\$ 407.30	\$407.30	\$ 312	\$ 95.38

Provider Directory: N/A

Summary Of Benefits Coverage (Resumen de beneficios y de cobertura): English

Language: Spanish

Maternity: N/A

Embedded Pediatric Dental: Yes

IGA/TSA: N/A

Wellness Program: Yes

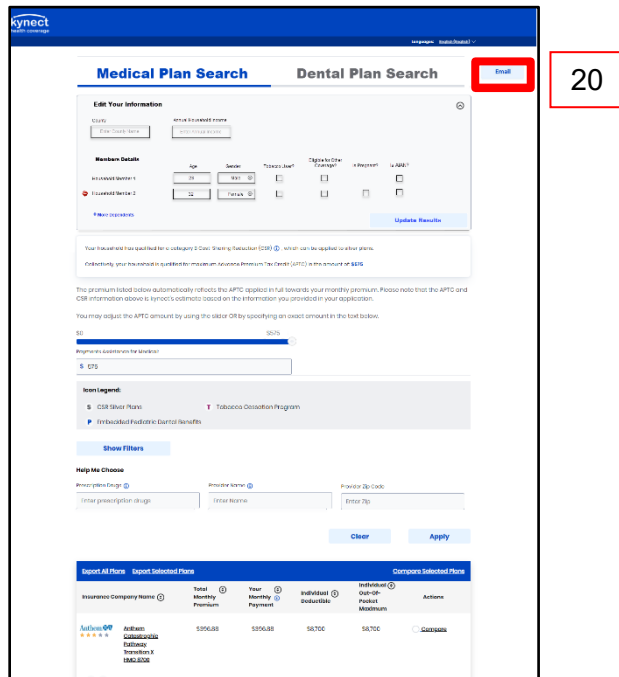
Medical Loss Ratio: 80%

Benefits displayed for selected plans may have been adjusted based on the special discounts for which you qualify.

- Plan Documents
- Summary
- Prescription Drug Benefit
- Embedded Pediatric Dental
- Hospital Services
- Maternity
- Additional Coverage
- Additional Details

**Exit**      19

21. On the Medical Plan Search Screen, click **Email** to email a link to the Resident.



22. Click **Myself** or **Someone else** for *Who would you like to send this to?*

23. Enter your **Email Address**.

24. Enter the **Email Address** of the Resident.

25. Enter **Comments** to the Resident or use the automated text.

26. Check the **box** to confirm the Resident is not a robot.

27. Click **Send Email**.

The screenshot shows a form titled "Email a link to this page" with a close button (X) in the top right corner. The form contains the following elements:

- A question "Who would you like to send this to?" with two radio button options: "Myself" (selected) and "Someone else". A red box highlights these options, labeled with the number 21.
- A "From" field with a placeholder "Email". A red box highlights this field, labeled with the number 22.
- A "To" field with a placeholder "Email". A red box highlights this field, labeled with the number 23.
- A "Comments" field containing the text: "I have created a health plan proposal for you. Please review the proposal and contact me with any questions. I look forward to assisting you in making the best selection for you and your household members' health coverage needs." A red box highlights this field, labeled with the number 24.
- A "Link" field containing the URL: "https://kysshopping.ky.gov/PrescreeningHome/AnonymousShopping". Below the link is a "Copy link to clipboard" button.
- A checkbox labeled "I'm not a robot" next to a reCAPTCHA logo. A red box highlights this area, labeled with the number 25.
- A large blue "Send Email" button at the bottom. A red box highlights this button, labeled with the number 26.

28. Click **Next** at the bottom of the **Medical Plan Search** screen to navigate to the **Dental Plan Search** screen.

The screenshot shows a "Summary (In-network)" screen with a table of plan options. At the bottom of the screen, there are navigation buttons: "Exit", "Compare Plans", and "Next". A red box highlights the "Next" button, labeled with the number 27.

29. Click **Compare** to select a dental plan to compare.

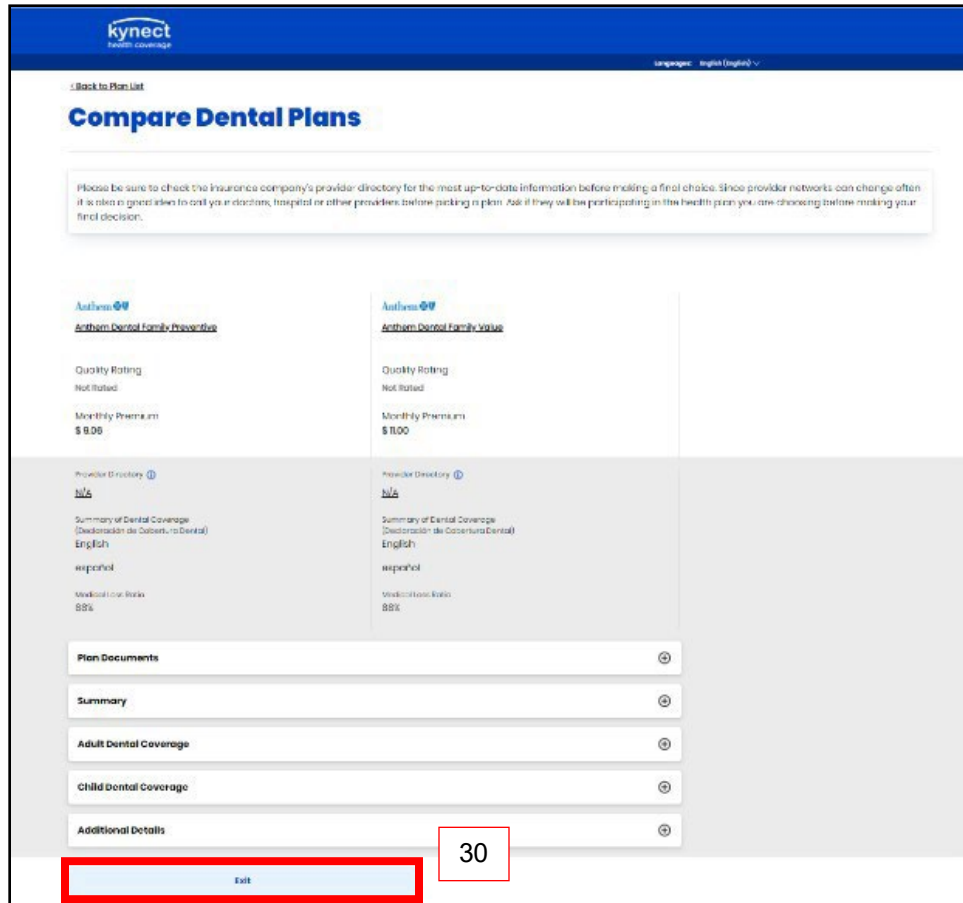
30. Click **Compare Selected Plans** to compare the selected dental plans.

**Please note:** Users can email Dental Plans to themselves or to someone else.

The screenshot displays the 'Dental Plan Search' interface. At the top, there is a header with the 'kynect' logo and a date 'Today's Date: 1/16/2020'. Below the header is an 'Icon Legend' section with two items: 'CSO Silver Plans' and 'Tobacco Cessation Programs'. A 'Filters' section follows, containing dropdown menus for 'Insurance Company', 'Plan ID', 'Plan Type', 'Quality Rating', 'Monthly Premium', and 'Annual Deductible'. Below the filters are 'Clear' and 'Apply' buttons. The main content area is a table with the following columns: 'Insurance Company Name', 'Total Monthly Premium', 'Deductible for one child', 'Out of Pocket Maximum for one child', and 'Actions'. The table lists three plans from 'BEST LIFE'. The first plan, 'BEST One Plus Silver', has a monthly premium of \$22.68, a deductible of \$75, and an out-of-pocket maximum of \$150. A red box labeled '29' highlights the 'Compare Selected Plans' button at the top of the table. A second red box labeled '28' highlights the 'Compare' button in the 'Actions' column for this plan. Below each plan entry are expandable sections for 'Summary (In-Network)' and 'Premium Details'. The second plan, 'BEST One Plus Gold', has a monthly premium of \$33.00 and 'Not Applicable' for the deductible. The third plan, 'BEST One Basic Silver', has a monthly premium of \$18.00 and a deductible of \$75.

Insurance Company Name	Total Monthly Premium	Deductible for one child	Out of Pocket Maximum for one child	Actions
BEST LIFE BEST One Plus Silver	\$22.68	\$75	\$150	Compare
Summary (In-Network)				
Premium Details				
BEST LIFE BEST One Plus Gold	\$33.00	Not Applicable	\$150	Compare
Summary (In-Network)				
Premium Details				
BEST LIFE BEST One Basic Silver	\$18.00	\$75	\$150	Compare
Summary (In-Network)				
Premium Details				

31. Compare the selected plans. Click **Exit** to return to the **Dental Plan Search** screen.



**Please note:** To receive benefits, users must complete a full benefits application by clicking **Apply for Benefits** at the bottom of the **Prescreening Results** screen.