

The Commonwealth of Kentucky
kynect State-Based Marketplace



**Benefits Application within kynect
benefits Quick Reference Guide**

October 18, 2024

Introduction

This Quick Reference Guide is intended to instruct users on how to navigate the Benefits Application within kynect benefits.

Table of Contents

Introduction	2
1 Benefits Application Overview.....	3
2 Benefits Application within kynect benefits.....	3
2.1 Program Selection	9
2.2 Household Members	10
2.3 Contact Information	15
2.4 Reps, kynectors, & Agents.....	17
2.5 Relationship & Tax Filing.....	18
2.6 Household Information	21
2.7 Member Details.....	26
2.8 Healthcare Coverage	29
2.9 Employer’s Health Reimbursement Arrangement.....	30
2.10 Review, Sign & Submit.....	32
2.11 Resident Needs Assessment.....	35
2.12 Eligibility Results.....	36
2.13 Next Steps	37
3 Enrollment Manager	39
3.1 Qualified Health Plans	39
3.2 Medicaid Plans	55
3.3 Search and Select a Physician - Medicaid Plans.....	59
3.4 Search and Select Providers - Qualified Health Plans	61
4 Appendix.....	64
4.1 Add Authorized Representative.....	64
4.2 Add kynector	68
4.3 Add Agent.....	70
4.4 Health Coverage Selection	73
4.4.1 Enrolled in Health Coverage	73
4.4.2 Offer of Health Coverage	76
4.5 Employer’s Health Reimbursement Arrangement (HRA)	79
4.5.1 Enrolled in Employer’s HRA	79
4.5.2 Offer of Employer’s HRA	80

1 Benefits Application Overview

kynect benefits makes it easy for Residents, kynectors, Agents and other users to apply for benefit programs. Residents may apply for the following benefit programs within kynect benefits:

- Medicaid/KCHIP/Qualified Health Plan (QHP) with Payment Assistance (APTC)
- Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
- QHP (Medical and Dental Insurance plans without Payment Assistance)
- Supplemental Nutrition Assistance Program (SNAP)
- Kentucky Transitional Assistance Program (KTAP)
- Child Care Assistance Program (CCAP)

Agents and kynectors may help Residents with the following within kynect benefits:

- Medicaid/KCHIP/Qualified Health Plan (QHP) with Payment Assistance (APTC)
- Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
- QHP (Medical and Dental Insurance plans without Payment Assistance)
- Report changes in information
- Recertify benefits

2 Benefits Application within kynect benefits

Residents access kynect benefits through the Kentucky Online Gateway (KOG) by creating a new account or through logging into an established account. Residents initiate a benefits application by clicking **Apply for Benefits** on the **Resident Dashboard**.

The [kynect health coverage](#) or [kynect benefits](#) Prescreening Tools may be used before a benefits application is submitted to determine a household's potential eligibility for benefits. Reference the **kynect benefits Prescreening Tool** and **kynect health coverage Prescreening Tool** Quick Reference Guides for more details.

Agents and kynectors must also sign into KOG to access kynect benefits. Agents and kynectors initiate a benefits application from different points:

- Agents initiate a benefits application after signing into KOG and clicking **Launch** on the Self-Service Portal (SSP) tile. Agents are navigated to the **Agent Portal** screen within SSP, where they may click **Initiate an Application for Individual**.
- kynectors initiate a benefits application after signing into KOG through the **kynector Dashboard** by clicking **Start Benefits Application**.

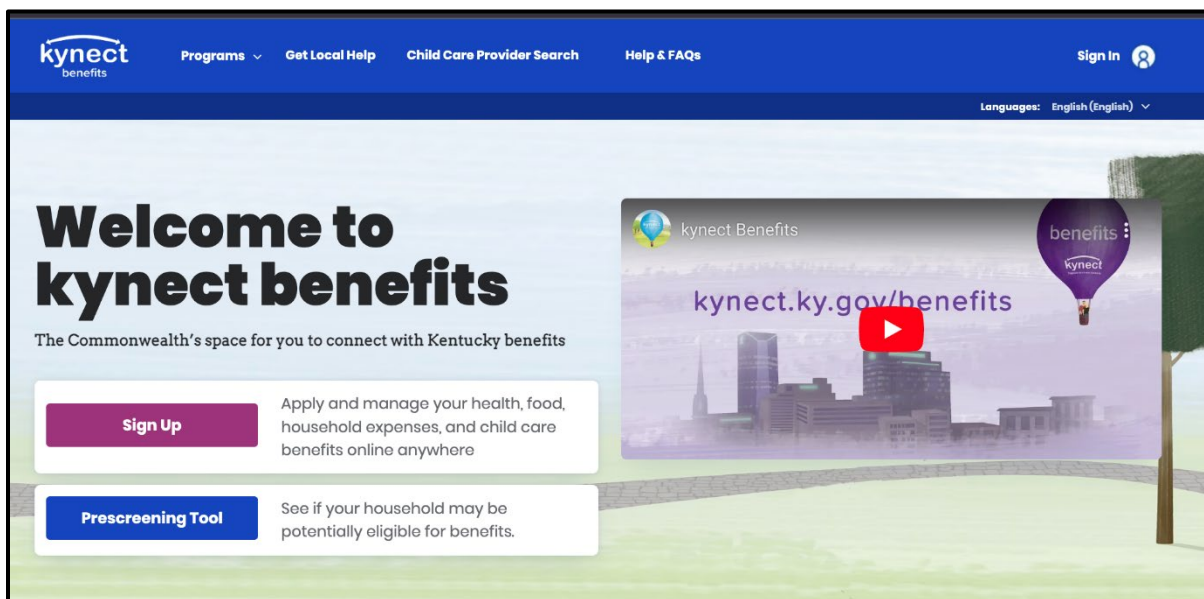
Below are the steps to apply for benefits in kynect benefits.

Quick Reference Guide: Benefits Application within kynect

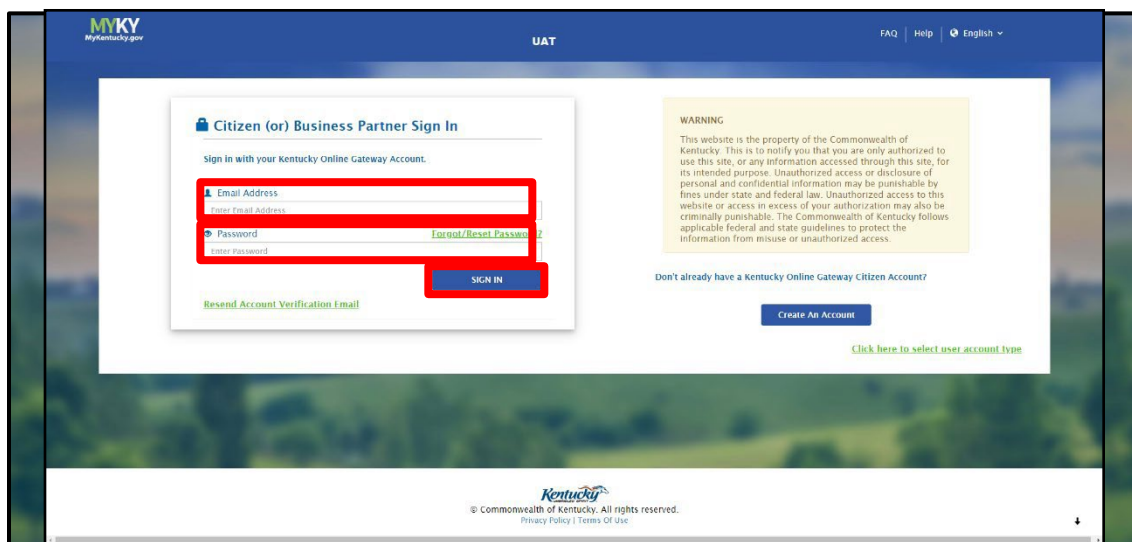
1. Navigate to the kynect benefits website at kynect.ky.gov/benefits.

Please note: Agents initiate a benefits application after signing into KOG and clicking **Launch** on the *Self-Service Portal* tile. Agents are navigated to the **Agent Portal** screen within SSP, where they may click **Initiate an Application for Individual**. kynectors initiate a benefits application after signing into KOG through the **kynector Dashboard** by clicking **Start Benefits Application**.

2. Click **Sign In** to navigate to KOG.



3. Enter the KOG **Email** under *Citizen or Business Partner Sign In*.
4. Enter the KOG **Password** under *Citizen or Business Partner Sign In*.
5. Click **Sign In** to navigate to kynect benefits.



Please note: If the Resident is new to kynect benefits, click the **Sign Up** link or **Apply for Benefits** on the home page to be taken through the steps to create a KOG account.

Please note: If a KOG account does not exist, click **Create an Account** to access kynect benefits. Reference the **Kentucky Online Gateway Account (KOG) One Pager** for steps to create an account.

6. Read the *Use of This Website* and click **Yes, I Accept**.

kynect
benefits

uat_ssp_citizen_01@exteruat.uatcit.uat.kynect Log Out

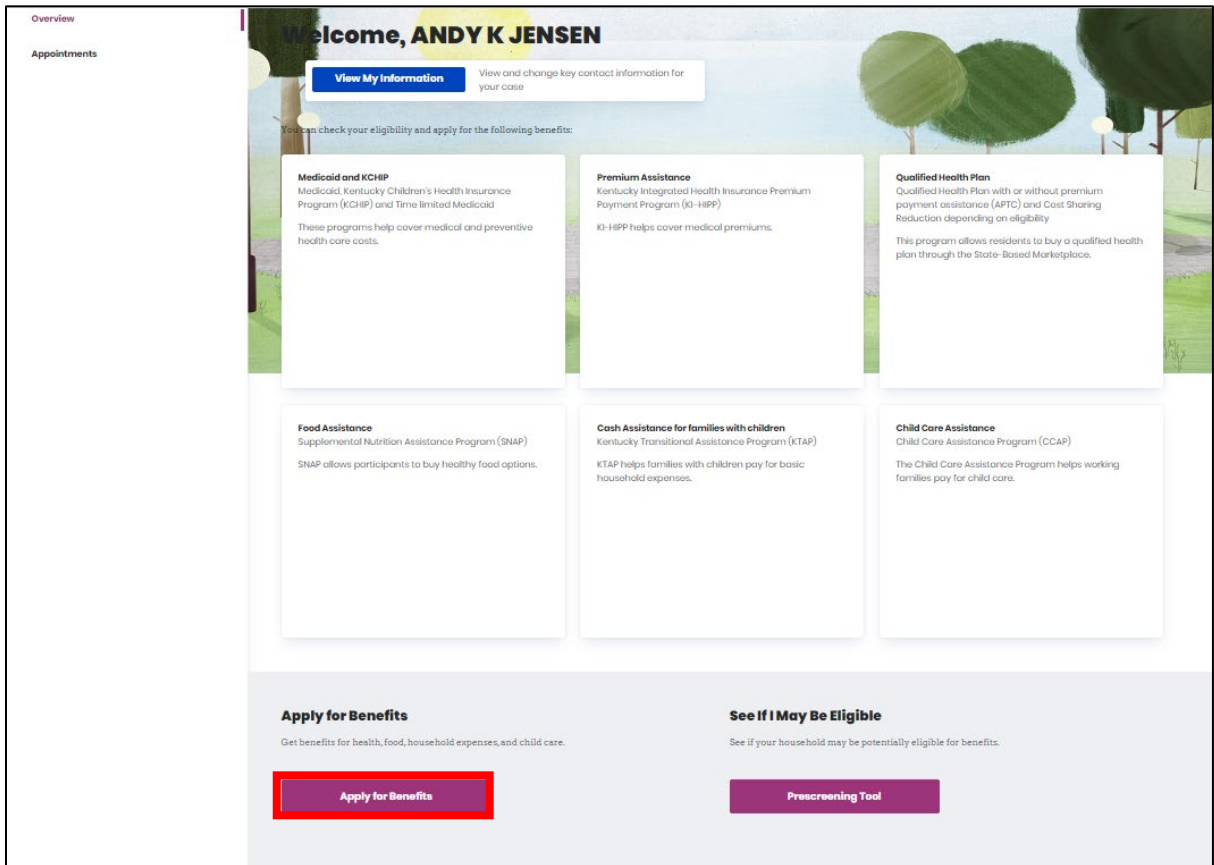
Use of This Website

1. I understand that the purpose and authorized use of this website is to apply for benefits. If applicable, I can also use this website to select and purchase health plans, as well as manage benefits.
2. If applicable, I can assist others in doing the tasks listed above.
3. I understand that unauthorized use, access, or misuse of this website is punishable by fines as well criminally punishable under state and federal law.
4. I understand that disclosing personal or confidential information is punishable by fines. This includes both state and federal law.
5. Federal and state guidelines are followed to protect information from unauthorized access or misuse.
6. I acknowledge that the user name and password used to login is my own and solely my own. I understand that user name and password for this website are not to be shared with other people.

Privacy & Terms of Use

No, I Reject **Yes, I Accept**

7. Click **Apply for Benefits**.






Please note: Add Other Benefits appears near the top of the **Resident Dashboard** if the Resident has already submitted an application. Click **Add Other Benefits** to apply for other programs.

8. Read the **Get Started** screen and click **Start Benefits Application**.

This application may take some time depending on the size of your household and your household details.

You will be able to save your progress and come back to your application at any point. We will also let you know if your application may be better supported by a case worker in-person.

Please note that you may be required to have an interview with a DCBS Case Worker to validate the information you entered after you submit your application.

 Gather Important Documents	 Fill Out the Application	 Get Results & Next Steps
<ol style="list-style-type: none">1. Social Security Number2. Income Information (pay stubs, award letters)3. Expense information (rent, utilities, medical bills)4. Tax Returns	<ol style="list-style-type: none">1. Provide household information (number of members, age, citizenship, education)2. Provide individual member information (income, expense, assets)	<ol style="list-style-type: none">1. Set up interviews2. Send additional documentation

Need help?

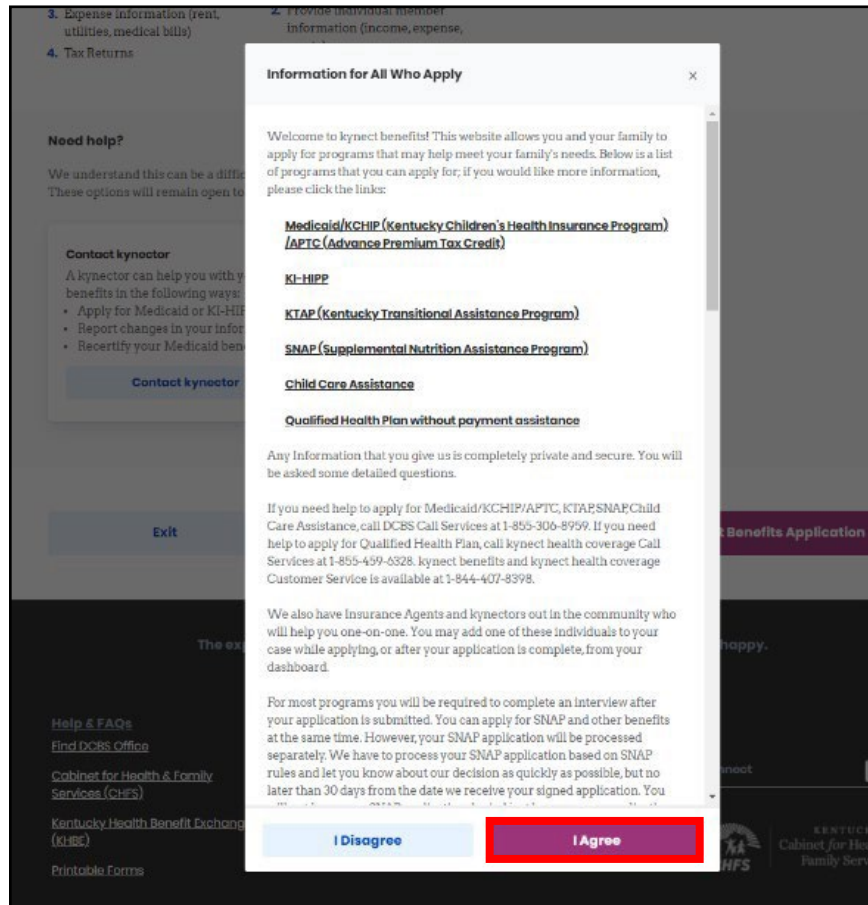
We understand this can be a difficult application to do by yourself. You can get free help with your application. These options will remain open to you throughout your application.

<p>Contact kynector</p> <p>A kynector can help you with your benefits in the following ways:</p> <ul style="list-style-type: none">• Apply for Medicaid or KI-HIPP• Report changes in your information• Recertify your Medicaid benefits <p>Contact kynector</p>	<p>Call Department for Community Based Services (DCBS)</p> <p>Ask a DCBS worker any questions you have about the application process.</p> <p>1-855-306-8959</p>
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[Exit](#) [Start Benefits Application](#)

Please note: After submitting the application, Individuals may be required to have an interview with a DCBS Case Worker to validate the information provided.

9. Read the *Information for All Who Apply* pop-up and click **I Agree**.



2.1 Program Selection

The *Program Selection* section is where Applicants select the program(s) they would like to apply for.

1. Select the **program(s)** the Applicant would like to apply for.
2. Select **Phone** or **In Person** for *How are you meeting this applicant?*
 - a. If **In Person** is selected for the previous question, select **RIDP** or **Upload Documents** for *How would you like to verify this applicant's identity?*.
3. Click **Next** to navigate to the *Household Members* section.

Program Selection

[Learn More](#)

For SNAP, KTAP, and CCAP applications, you will be able to submit your application before completing every section. If your benefits are approved, they will begin from the submission date of your application.

If you choose to do this, it may take longer to process your application. You will still have to provide the rest of the information needed during your interview.

We recommend you fill out the entirety of your application. Your application will likely process faster if you finish all required sections.

Select the programs the household would like to apply for.

- Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)
- QHP (Medical and Dental Insurance plans without payment assistance)
- KI-HIPP (Health Insurance Premium Payments)
- SNAP (Food Assistance)
- Child Care Assistance

You have selected to apply for Medicaid/KCHIP/APTC, QHP, SNAP and/or CCAP. If you would like assistance with your application, help is available to you by clicking [Get Local Help](#). For SNAP/CCAP benefits, please note that kynectors can only provide limited assistance and Insurance Agents cannot provide assistance.

How are you meeting this applicant?

How would you like to verify this applicant's identity? ⓘ

Please note: kynect benefits allows Applicants to select more than one program at a time. Applicants are encouraged to contact a kynector if they need help with the Medicaid/KCHIP or KI-HIPP application. Refer to **section 4.2 Add kynector** for details on how to add a kynector.

Please note: Benefits may be greyed out if the program(s) are not applicable to the Individual. Hovering over the program will display informational text explaining the reason.

2.2 Household Members

The *Household Members* section is where Applicants enter information on household members.

The *Application Side Menu* has taken place of the **Application Summary** screen. As Applicants progress through the application, they are automatically advanced to the next section once they enter all required information. The progress indicators are updated to show completion with a green circle indicating the section is complete, a yellow half-circle indicating the section is partially complete, and a red circle indicating the section needs review.

1. Enter the Applicant's **First Name**.
2. Enter the Applicant's **Middle Initial**, or check the **box** saying they do not have a middle initial.
3. Enter the Applicant's **Last Name**.

The screenshot displays the 'BENEFITS APPLICATION' interface. On the left, a sidebar shows the application progress: 'Application #413000293' with '1 of 10 completed'. The 'Household Members' section is active. The main content area is titled 'Household Member Details' and includes instructions: 'Complete the questions below about the household member. If this household member has a Social Security Card, enter the name as it appears on the card.' The form fields are: 'First Name' (ANDY), 'M.I.' (K), 'Last Name' (WILSON), 'Suffix' (Select), 'Alias First Name', 'Alias Last Name', 'Sex' (Male), and 'Date of Birth' (03/17/1971). Below these is a question 'Does this individual have a Social Security Number?' with 'Yes' and 'No' buttons. A 'Why doesn't this individual have a SSN?' section has a radio button for 'Is not eligible to receive a SSN'.

4. Select the Applicant's **Sex** from the drop-down.
5. Select the Applicant's **Date of Birth** from the calendar.

Please note: For CCAP only applications, a “No Response” option is available to select in the *Sex* and *Select this individual's race(s)* fields.

6. Click **Yes** or **No** for *Does this individual have a Social Security Number?*
 - a. Enter the **Social Security Number** if applicable. If the Applicant does not have a Social Security Number, select a **reason** for *Why doesn't this individual have a SSN?*
 - i. **Please note:** The **reasons** will not populate for QHP-only applications.
7. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*
8. Check the appropriate **box(es)** for *Select this individual's race(s)*.

The screenshot displays a web form with three main sections highlighted by red boxes:

- Section 1:** "Does this individual have a Social Security Number?" with "Yes" and "No" radio buttons. Below it is a dropdown menu titled "Why doesn't this individual have a SSN?" with seven options: "Is not eligible to receive a SSN", "Applied for SSN", "Newborn without SSN", "Does not have an SSN and may only be issued an SSN for a valid non-work reason", "Refuses to obtain an SSN because of a well-established religious objective", and "I do not have an SSN or unable to locate SSN Card".
- Section 2:** "Is this individual a resident of the Commonwealth of Kentucky?" with "Yes" and "No" radio buttons.
- Section 3:** "Select this individual's race(s)" with a list of checkboxes and labels: "American Indian or Alaskan Native", "Asian", "Black or African American", "Native Hawaiian/Other Pacific Islander", "White", and "Unknown".

Below the highlighted sections, there is a small text block: "We have to ask for ethnicity and race to assure that program benefits are distributed without regard to race, color, or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them."

Please note: If the Household Member's full name, date of birth, SSN (if provided) and gender match an existing Household Member or Head of Household's information from an Active, Pending, or Unsubmitted application or case, including the current application, then a full member match occurs. Unless the user removes the repeated Household Member from the current application, they are restricted from continuing.

The following "Existing Case Found" pop-up message is displayed: "We found MEMBER NAME's records in our system on another case/application with similar identifying information. To make sure information on this application does not affect other benefits, you cannot continue with this application."

If you believe this to be an error, please contact the DCBS line at 1-855-306-8959 to review your information and any potential existing cases."

9. Click **Yes** or **No** for *Is this individual Hispanic/Latino?*
 - a. If **Yes**, select the Applicant's **Ethnicity**.
10. Check the appropriate **box** for *What programs would this individual like to apply for?*
11. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S National?*
12. Click **Yes** or **No** for *Is this individual a naturalized or derived citizen?*
 - a. If **Yes**, enter **Immigrant Information**.
13. Click **Save**.

The screenshot shows a web form with several sections highlighted by red boxes:

- Is this individual Hispanic/Latino?** (with Yes and No buttons)
- Program Selection** section containing:
 - What programs would this individual like to apply for?** (with two checked options: Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC) and QHP (Medical and Dental Insurance plans without payment assistance))
- Is this individual a U.S. Citizen or a U.S National?** (with Yes and No buttons)
- Is the individual a naturalized or derived citizen?** (with Yes and No buttons)

At the bottom, there are **Cancel** and **Save** buttons.

Please note: If the Applicant is not a U.S. Citizen, they may be subject to a 5-year ban before they may be eligible for Medicaid benefits.

14. Check the **box** for *I attest I have verified the individual's identity*.
15. Select the Applicant's **Form of Proof** from the drop-down.
16. Click the **Document Logo** to launch the File Folder and select the **PDF** to upload.
17. Click **Next**.

The screenshot shows a web form titled "Identity Verification Upload". The form contains the following elements, each highlighted with a red box:

- A checkbox with the text "I attest I have verified this individual's identity."
- A dropdown menu labeled "Form of proof" with "Select" as the current option.
- A document upload icon (a blue square with a white document icon and a plus sign).
- An "Exit" button (light blue).
- A "Next" button (purple).

Please note: If the Applicant does not have proof of ID, a signed affidavit may be used as verification. Alternative forms of ID may be accepted on a case-by-case basis.

18. Click **Add Member** to add other household members to the application.
19. Click **Next** to proceed to the *Contact Information* section.

The screenshot shows a web interface for a 'BENEFITS APPLICATION'. At the top, there is a navigation breadcrumb: '< Application Summary'. Below this is the main heading 'Household Members' in a large, bold, blue font. Underneath the heading is a descriptive paragraph: 'Add all current household members, any household members who have passed away in the last 3 months, and tax dependents.' followed by a link 'Learn More'. The section is titled 'Head of Household' and contains a card for 'LANCE THOMAS 31 years old' with a green checkmark icon and an 'Edit' button. Below this is the 'Household Members' section, which features a prominent blue 'Add Member' button highlighted with a red border. At the bottom of the page, there are three buttons: 'Back', 'Save & Exit', and 'Next', with the 'Next' button also highlighted with a red border.

Please note: If a CSR eligible Resident selects a plan with CSR savings and adds a Resident to the plan who is not CSR eligible, then the selected plan will no longer be eligible for CSR discounts. A pop-up will display to warn the Resident that there is a change to the CSR savings due to adding members to the current plan selection with the following verbiage: “Your current CSR savings will no longer be applicable if the below member(s) are added to the current plan. To keep your CSR savings, please shop for these members separately.

2.3 Contact Information

The *Contact Information* section is where Applicants enter contact and address information.

1. Select the Applicant's **Preferred Contact Method**
2. Enter the Applicant's **Primary Phone Number**
3. Select the Applicant's **Primary Phone Type**.
4. Enter the Applicant's **Email**.
5. Select the Applicant's **Text Message Alert Preferences**.
6. Select the Applicant's **Preferred Spoken Language**.
7. Select the Applicant's **Preferred Written Language**.
8. Select **Yes** or **No** for *Does applicant need assistance for effective communication?*
9. Click **Next**.

Contact Information ☺

Complete the questions below about contact information.

Select your preferred contact method for items such as messages and tax related forms. We encourage you to select "Electronic - Email and Text Message" for best communication. You must click "Yes" in agreement to being sent text messages above to select these options.

Note: Emails and Text Messages will alert you when there is a new communication that can be viewed in your kynect Benefits account. You must have a KOG account to view kynect electronic communications. You can find information on how to set up a Kentucky Online Gateway (KOG) account in the [Quick Reference Guide](#).

Electronic - Email only
(Go Paperless)

Electronic - Email and Text Message
(Go Paperless)

Mail

Primary Phone Number: ####-###-#### Ext.:

Primary Phone Type: Landline Cell

+ Add Secondary Phone Type

Preferred Spoken Language: English Preferred Written Language: English

Does applicant need assistance for effective communication?

Please note: Preferred contact method and preferred language are the only required fields since some Applicants may not have access to a phone and/or computer. Allowing text message alerts keeps Applicants up to date on their benefits and information.

10. Enter the Applicant's **Address**.
 - a. Select the Applicant's **Address** from the prepopulated results. The results will automatically populate valid addresses that match the criteria entered.
11. Check the **box** if the Applicant does not have a physical address or has a different mailing address than their physical address.
12. Click **Next** to proceed to the *Reps, kynectors, & Agents* section.

Does SAL GOOD have a physical address?

Address Address Line 2

City State

County

Zip Code Zip+4 Code

SAL GOOD does not have a physical address

SAL GOOD's mailing address is different from the provided physical address

Please note: If the physical or mailing address entered is not a Kentucky address but the Applicant intends to return to Kentucky, additional questions display to enter a temporary address within Kentucky. Applicants are then able to shop for plans if all other eligibility requirements are met.

2.4 Reps, kynectors, & Agents

The *Reps, kynectors, & Agents* section is where Applicants may assign an Authorized Representative, kynector, or Agent to the application.

1. Click **Add Authorized Representative** to add an Authorized Representative to the application.
2. Click **Add kynector** to add a kynector to the application.
3. Click **Add Agent** to add an Insurance Agent to the application.
4. Click **Next** to proceed to the *Relationship & Tax Filing* section.

[Application Summary](#)

Authorized Representatives, kynectors & Insurance Agents

Please indicate if you are working with an Authorized Representative, kynector, or Insurance Agent below. This is not required to continue your application, but you can add them to your case at any time.

Note: The same individual cannot be a kynector and Authorized Representative at the same time for SNAP benefits.

Authorized Representative

An Authorized Representative can apply for and manage your benefits on your behalf. You can give them permission to do any of the following activities on your behalf:

- Apply for benefits
- Report Changes in your information
- Recertify your benefits
- Receive a copy of notices (Medicaid)
- Use EBT card (SNAP and KTAP)

An Authorized Representative can be a family member, friend, provider, or attorney.

Is an Authorized Representative assisting you or would you like to add an Authorized Representative?

Add Authorized Representative

kynector

A kynector can help you with your benefits in the following ways:

- Apply for Medicaid or KI-HIPP
- Apply for APTC or QHP
- Apply for SNAP or CCAP
- Report Changes in your information
- Recertify your benefits

Is a kynector assisting you or would you like a kynector to assist you?

Add kynector

Insurance Agent

An Insurance Agent can help you with your benefits in the following ways:

- Apply for APTC or QHP
- Apply for Medicaid
- Report Changes in your information
- Recertify your benefits

Is an Insurance Agent assisting you or would you like an Insurance Agent to assist you?

Add Agent

[Back](#) [Save & Exit](#) **Next**

Please note: Refer to sections **4.1 Add Authorized Representative**, **4.2 Add kynector**, and **4.3 Add Agent** for details on how to add an Authorized Representative, kynector, or Agent.

Please note: The remaining tiles and screens in the *Application Summary* are program specific. For example, the *Healthcare Coverage* section only appears if the Applicant is applying for Medicaid/KCHIP. Additionally, some application questions may vary based on the answers provided.

2.5 Relationship & Tax Filing

The *Relationship & Tax Filing* section is where information on the household's relationships and tax filing status is gathered. The *Relationship* section will not queue if there are no other household members.

1. Select the Applicant's **Current Living Situation** from the drop-down.
 - a. Depending on the Applicant's living situation, select the most appropriate response to the conditional questions.
2. Select the **Type of In-Home Assistance** the Applicant receives from the drop-down if applicable.
3. Click **Next**.

BENEFITS APPLICATION

Application Summary

SAM SMITH

Section 1 of 3

Living Arrangements

Each Household member's living situation (or arrangement) can impact what benefits they may be eligible for. Select the living situation from the dropdown that accurately reflects the Household member's current arrangement.

What is SAM's current living situation?

In a residence owned/rented by you/hou

You've selected In a residence owned/rented by you/household members as this individual's Living Arrangement, which means this individual lives in a house, apartment, room, or mobile home owned or rented by them, their spouse/partner, or their family. Please update their Living Arrangement if this is incorrect.

What type of in-home assistance does SAM receive?

Select

Back Save & Exit Next

Please note: Selecting **In a residence owned/rented by you/household members** from the current living situation and **Waiver** or **Non-institutionalized Hospice** from the type of in-home assistance drop-down triggers the **Estate Recovery** screen in the *Household Information* section.

Quick Reference Guide: Benefits Application within kynect

4. Select the Applicant's **Relationship(s)** to the other household member(s) from the drop-down.
 - a. If unrelated/other, select the **unrelated/other relationship status**.
 - i. If other/unrelated relative is selected, select the **legal relationship status**.
5. Click **Next**.

The screenshot shows a web form titled "BENEFITS APPLICATION" for "LANCE THOMAS". The form is on "Section 2 of 3". The "Relationships" section is active, showing three relationship options for "MARY THOMAS":

- Relationship With MARY THOMAS:** LANCE THOMAS is MARY THOMAS's: Unrelated/Other
- Unrelated/Other relationship with MARY THOMAS:** LANCE THOMAS is MARY THOMAS's: Other/Unrelated relative
- Legal relationship with MARY THOMAS:** LANCE THOMAS is MARY THOMAS's: Start Typing

At the bottom of the form, there are three buttons: "Back", "Save & Exit", and "Next". The "Next" button is highlighted in red.

Quick Reference Guide: Benefits Application within kynect

6. Click the **box** identifying how the Applicant intends to file taxes this year.
7. Click **Next**.

Tax Filing

How does SAL GOOD intend to file taxes in tax year 2024?

- Dependent of individual not in the household
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Not Applicable
- I do not intend to file taxes
- Qualifying Widow(ar)
- Single

Back Save & Exit Next

8. Check the **box** for *Yes, I reconciled premium tax credits in past years* if applicable.
9. Click **Yes** or **No** for *Will [Applicant's Name] tax filing status be the same next year?*
 - a. If **No**, select the Applicant's **Tax Filing** status for next year.
10. Click **Next** to proceed to the *Household Information* section.

Did LANCE THOMAS reconcile premium tax credits on his tax return for any past years? Check the box below if:

- You received payment assistance to help for coverage.
- You filed a federal income tax return for the same year you used payment assistance. For example, in 2020 you got help paying coverage and you also filed tax return for the same year.
- You submitted IRS Form 8962 with the tax return.

Yes, I reconciled premium tax credits in past years.

Will LANCE THOMAS's tax filing status be the same for tax year 2023?

Yes No

Back Save & Exit Next

2.6 Household Information

The *Household Information* section is where information on circumstances that apply to the household's members is gathered.

1. Click **Yes** or **No** for *Is anyone in the household blind?*
 - a. If **Yes**, select the **household member(s)**.
2. Click **Yes** or **No** for *Does anyone in this household have a disability?*
 - a. If **Yes**, select the **household member(s)**.
 - b. If **Yes**, click **Yes** or **No** for *Is anyone in this household expecting a settlement from accident or injury?*
3. Click **Yes** or **No** for *Does anyone in this household want to participate in the career development & job placement program with the Kentucky Career Center?*
4. Click **Yes** or **No** for *Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A?*
 - a. If **Yes**, select the **household member(s)**.
5. Check the **box** for *Select the household member(s) that are or were pregnant in the last three months.*
6. Click **Yes** or **No** for *Has anyone in this household used tobacco at least 4 times in a week in the past 6 months?*
 - a. If **Yes**, select the **household member(s)**.

Household Information
Section 1 of 4

Health ⓘ

Learn More
Complete the questions below about health.
Note: Not all household members may be listed for each item. This is because it either does not apply to them or we do not need more information about them.

Is anyone in this household blind?
 Yes No

Does anyone in this household have a disability? ⓘ
 Yes No

Does anyone in this household want to participate in the career development & job placement program with the Kentucky Career Center?
 Yes No

Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A? ⓘ
 Yes No

Select the applicable household member(s) that are or were pregnant in the last three months
JESSI K SMITH

Has anyone in this household used tobacco at least 4 times a week in the past 6 months?
 Yes No

7. Click **Next**.

8. Click **Yes** or **No** for *Is anyone in this household eligible for entitled benefits, such as annuities, pensions, retirement, Black Lung, unemployment compensation, or VA pension?*
 - a. If **Yes**, select the **household member(s)**.
9. Click **Yes** or **No** for *Would anyone in your household like to take a needs assessment to connect you with local community support resources/services/programs, such as housing, utility, or transportation assistance?.*
10. Click **Next**.

Household Information

Section 2 of 4

Household Circumstances

Learn More
Complete the questions below about other scenarios which may affect your benefits.
Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.

Is anyone in this household eligible for entitled benefits, such as annuities, pensions, retirement, Black Lung, unemployment compensation, or VA pension?

Would anyone in your household like to take a needs assessment to connect you with local community support resources/services/programs, such as housing, utility, or transportation assistance?.

11. Click **Yes** or **No** for *Does anyone in the household have job income from employer?.*
 - a. If **Yes**, select the **household member(s)**.
12. Click **Yes** or **No** for *Does anyone in this household have self-employment income?.*
 - a. If **Yes**, select the **household member(s)**.
13. Click **Yes** or **No** for *Does anyone in this household receive income from Social Security, retirement, or a pension?.*

Quick Reference Guide: Benefits Application within kynect

- a. If **Yes**, select the **household member(s)**.

Income & Subsidies Selection ☺

Learn More

Complete the questions below about the income and subsidies.

Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.

Does anyone in this household have job income from employer?

Examples:

- Wages
- Salary
- Tips

(view an example W-2 tax form)

Does anyone in this household have self-employment income? ⓘ

Examples:

- Owning your own business
- Farming
- Short-term gig work like Uber driving or DoorDash delivery
- Freelancing

(view an example W-4 tax form)
(view an example Schedule C (Form 1040) tax form)
(view an example personal record)

Does anyone in this household receive income from Social Security, retirement, or a pension? ⓘ

Examples:

- Aged or disabled: SSI through Social Security (view an example SSI award letter)
- Retirement: RSDI through Social Security Pensions (view an example RSDI award letter)
- 401K fund

Does anyone in this household receive income from dividends, interest, or royalties? ⓘ

Examples:

- Royalties: patents, music royalties, book royalties, oil & gas (view an example 1099-MISC form for royalty income)
- Dividends: 1099-DIV (view an example 1099-DIV tax form for dividend income)
- Interest: 1099-INT (view an example 1099-INT form for interest income)

14. Click **Yes** or **No** for *Does anyone in this household receive income from dividends, interest, or royalties?*.

- a. If **Yes**, select the **household member(s)**.

15. Click **Yes** or **No** for *Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?*.

- a. If **Yes**, select the **household member(s)**.

Quick Reference Guide: Benefits Application within kynect

16. Click **Yes** or **No** for *Does anyone in this household receive income from an insurance settlement or unemployment benefit?*
 - a. If **Yes**, select the **household member(s)**.
17. Click **Yes** or **No** for *Does anyone in this household receive any other type of goods, services, or payments?*
 - a. If **Yes**, select the **household member(s)**.
18. Click **Yes** or **No** for *Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?*
 - a. If **Yes**, select the **household member(s)**.
19. Click **Yes** or **No** for *Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of [Month] or expect to receive benefits in the month of [Month]?*
 - a. If **Yes**, select the **household member(s)**.
20. Click **Next**.

The screenshot shows a digital form with five questions, each in a red-bordered box. At the bottom are three buttons: 'Back' (light blue), 'Save & Exit' (light blue), and 'Next' (red).

Question 1: Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income? ⓘ
Examples:
• Spousal support
• Alimony
• Child support (view an example statement from child support office)
• Adoption subsidy payments
• Foster care income
• Money from family and/or friends

Question 2: Does anyone in the household receive income from an insurance settlement or unemployment benefit? ⓘ
Examples:
• Life insurance policies

Question 3: Does anyone in this household receive any other types of income that is not cash in exchange for work (including any goods, services, or payments) not listed in above questions? ⓘ
Examples:
• In-kind income
• Room & board and/or utilities in exchange for work

Question 4: Has anyone in the household won money from gambling or the lottery in the past 3 months?

Question 5: Does anyone in this household receive Medicaid benefits in another state in the month of August or expect to receive benefits in the month of September? ⓘ

Quick Reference Guide: Benefits Application within kynect

21. Click **Yes** or **No** for *Does anyone in your household need help paying for medical bills from the last three months?*
 - a. If **Yes**, select the **household member(s)**.
22. Click **Yes** or **No** for *Does anyone in the household have deductible expenses?*
 - a. If **Yes**, select the **household member(s)**.
23. Click **Next** to proceed to the *Member Details* section.

BENEFITS APPLICATION

[Application Summary](#)

Household Information

Section 4 of 4

Expenses [⌵](#)

[Learn More](#)

Complete the questions below about expenses.

Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.

Does anyone in your household need help paying medical bills from the last three months? [ⓘ](#)

Yes No

Does anyone in the household have deductible expenses? [ⓘ](#)

Yes No

[Back](#) [Save & Exit](#) [Next](#)

2.7 Member Details

The *Member Details* section is where additional details about the household are gathered.

1. Click **Start** to begin entering the Applicant's income details.
2. Enter the Applicant's **Employer**.
3. Select the Applicant's **Income Frequency** from the drop-down.

The screenshot shows a web form titled "BENEFITS APPLICATION" with a sub-header "Income Details" for "LANCE THOMAS". The form prompts the user to "Complete the questions below about income." and includes several input fields:

- Type of income:** A dropdown menu currently showing "Job income from employer".
- Employer name:** A text input field, highlighted with a red box.
- Employer Identification Number (EIN):** A text input field.
- Employer address:** A text input field.
- Address Line 2:** A text input field with a placeholder "I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B".
- Primary Phone Number:** A text input field with a placeholder "###-###-####".
- Ext.:** A text input field.
- income frequency:** A dropdown menu currently showing "Select", highlighted with a red box.

Quick Reference Guide: Benefits Application within kynect

4. Enter the Applicant's **Biweekly Gross Income**.
5. Enter the Applicant's **Biweekly Gross Income from Tips** if applicable.
6. Click **Yes** or **No** for *Does [Applicant's Name] still have this source of income?*
 - a. If **No**, select the **End Date** from the calendar.
7. Click **Save**.

The screenshot shows a form with the following elements:

- An "Income frequency" dropdown menu set to "Every 2 weeks".
- A text input field for "Biweekly income before taxes (gross), if the amount varies, provide an average." with a dollar sign icon.
- A text input field for "Biweekly income from tips before taxes (gross), if the amount varies, provide an average" with a dollar sign icon and a help icon.
- A confirmation question: "Does LANCE THOMAS still have this source of income?" with "Yes" and "No" buttons.
- "Cancel" and "Save" buttons at the bottom.

Please note: The *Income & Subsidies Information* and *Expenses Information* subsections only appear under the *Member Details* section if the Applicant indicated they have income and expenses. The Financial Wizard guides Applicants through entering their income and expenses information.

Quick Reference Guide: Benefits Application within kynect

8. Click **Yes** or **No** for *Is the estimated yearly income amount of [Yearly Income] a good estimate for your household income in [Year]?*
 - a. If **No**, enter the correct **Annual Income** and the **Reason** for adjustment.
9. Click **Yes** or **No** for *We will use this amount to examine your eligibility for the upcoming coverage year, [Year]. Is this estimated yearly income amount of [Yearly Income] a good estimate of your income in [Year]?*
 - a. If **No**, enter the correct **Annual Income** and the **Reason** for adjustment.
10. Click **Next** to proceed to the *Healthcare Coverage* section.

The screenshot displays a web form titled "BENEFITS APPLICATION" for "LANCE THOMAS". The form is at "Section 1 of 1" and shows the "Adjusted Annual Income" as \$15,600.00. Below this, a message states: "We calculated the below yearly income based on the income and expenses you reported." A "Learn More" link is provided. The form contains two questions, each with "Yes" and "No" radio button options:

- Question 1: "Is the estimated yearly income amount of \$15600.00 a good estimate of your income in 2021?"
- Question 2: "We will also use this amount to examine your eligibility for the upcoming coverage year, 2022. Is this estimated yearly income amount of \$15600.00 a good estimate of your income in 2022?"

At the bottom of the form, there are three buttons: "Back" (light blue), "Save & Exit" (light blue), and "Next" (purple).

Please note: If the annual income projection needs to be adjusted, click **No** and enter the adjusted income **Amount** and **Reasoning**.

2.8 Healthcare Coverage

The *Healthcare Coverage* section is where information on the household's healthcare coverage is gathered. This section only displays for Medicaid/KCHIP/KI-HIPP applications.

1. Click **Yes** or **No** for *Is anyone applying for benefits in your household enrolled in healthcare coverage?*
2. Click **Yes** or **No** for *Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has not yet enrolled?*
3. Click **Next** to proceed to the *Employer's Health Reimbursement Arrangement* section.

BENEFITS APPLICATION

[Application Summary](#)

Healthcare Coverage Selection

[Learn More](#)

Is anyone applying for benefits in your household enrolled in healthcare coverage?

Yes No

Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has not yet enrolled?

Yes No

[Back](#) [Save & Exit](#) [Next](#)

Please note: Refer to section **4.4 Health Coverage Selection** for details on how to report health coverage information.

2.9 Employer's Health Reimbursement Arrangement

The *Employer's Health Reimbursement Arrangement* section is where information on the household's Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA) is gathered if applicable.

1. Click **Yes** or **No** for *Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?*.
2. Click **Yes** or **No** for *Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled?*.
3. Click **Next** to proceed to the *Review, Sign & Submit* section.

The screenshot shows a web interface for a benefits application. At the top, it says 'BENEFITS APPLICATION' and '< Application Summary'. The main heading is 'Employer's Health Reimbursement Arrangement Selection'. Below this, it says 'Complete the sections below to submit the application.' and 'Learn More'. There are two questions, each with 'Yes' and 'No' radio button options. The first question is 'Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?'. The second question is 'Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled?'. At the bottom, there are three buttons: 'Back', 'Save & Exit', and 'Next'. The 'Next' button is highlighted with a red border.

Please note: Refer to section **4.5 Employer's Health Reimbursement Arrangement** for details on how to report Employer's HRA information.

4. Review the information entered into the application and click **Next**.

BENEFITS APPLICATION

[< Application Summary](#)

Application Review

You can review your application and can make changes before you sign and submit.

[Expand All](#) | [Collapse All](#)

<input checked="" type="checkbox"/> Household Members	<input type="button" value="⊕"/>
<input checked="" type="checkbox"/> Head of Household Contact Information	<input type="button" value="⊕"/>
<input checked="" type="checkbox"/> Reps, kynectors, & Agents	<input type="button" value="⊕"/>
<input checked="" type="checkbox"/> Relationship & Tax Filing	<input type="button" value="⊕"/>
<input checked="" type="checkbox"/> Member Details - Individual Information	<input type="button" value="⊕"/>
<input checked="" type="checkbox"/> Member Details - Resource Summary	<input type="button" value="⊕"/>
<input checked="" type="checkbox"/> Member Details - Income Summary	<input type="button" value="⊕"/>
<input checked="" type="checkbox"/> Member Details - Expense Summary	<input type="button" value="⊕"/>
<input checked="" type="checkbox"/> Health Care Coverage	<input type="button" value="⊕"/>
<input checked="" type="checkbox"/> Employer's Health Reimbursement Arrangement	<input type="button" value="⊕"/>

2.10 Review, Sign & Submit

The *Review, Sign & Submit* section is where the Applicant signs and submits the benefits application.

1. Click **Read and agree to Application Statement of Understanding** and click **I Agree**.
2. Click **Read and agree to Medicaid Penalty Warning** and click **I Agree**.
3. Click **Read and agree to Failure to Reconcile Statement of Understanding** and click **I Agree**.
4. Click **I Agree** to allow the kynect system to use income data, including information from tax returns, for the next 5 years.
 - a. If **I Disagree**, select the **Number** for *How long would you like your eligibility for help paying for coverage to be renewed?*.

Please note: Agreeing to the statement *I agree to allow kynect to use my income date, including information from tax returns, for the next 5 years* allows kynect benefits to use available income data from the IRS for up to 5 years for re-enrollment purposes. If the Applicant disagrees, they may select 0-4 years. If they select 0, that means they do not allow kynect benefits to check tax data which will impact eligibility for coverage renewal.

5. Click **I Agree** to allow the kynect system to disenroll household members if they are found to have other qualifying health coverage.

Please note: Applicants may be eligible for both Medicaid and QHP. If an Individual is enrolled in a QHP, provides appropriate consent to disenroll from their QHP by clicking **I Agree**, and is later found eligible for Medicaid, they will be disenrolled from their QHP only. The Applicant will not be disenrolled from any other benefits they are enrolled in. A Resident may be enrolled in both Medicaid and QHP at the same time, but it is typically not beneficial for the Resident as they will be paying full price for the QHP premium while they have Medicaid.

6. Click **Yes** or **No** for *Is there a DCBS or DMS employee living in the home?*
7. Click **Yes** or **No** for *Would you like assistance from an Insurance Agent if it is determined that you are not eligible for Medicaid benefits but are eligible for APTC/QHP benefits?*
 - a. This will only appear on screen if the Individual is applying for MA/KCHIP or APTC.

Please note: An Insurance Agent can help you apply for Advance Premium Tax Credit (APTC) or Qualified Health Plan (QHP) benefits. Please note that Insurance Agents cannot provide assistance for SNAP, CCAP, or other benefits.”

BENEFITS APPLICATION

[Application Summary](#)

Walk Me Through **Signature Page**

Terms of Agreement Summary

- 1 I have answered all questions truthfully and to the best of my ability.
- 2 If any changes occur to my situation, I am responsible for reporting them.
- 3 Providing false information may result in penalties.
- 4 Please read and agree to each of the terms. If you do not agree, your application may be affected, and you may be ineligible to receive benefits.

Read and agree to Application Statement of Understanding

Read and agree to Medicaid Penalty Warning

Read and agree to Failure to Reconcile Statement of Understanding

I agree to allow the kynect to use my income data, including information from tax returns, for the next 5 years.

I Agree

I Disagree

If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), kynect will automatically end their kynect medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will have to pay full cost. ⓘ

I Agree

I Disagree

Is there a DCBS or DMS employee living in the home? ⓘ

Would you like assistance from an Insurance Agent if it is determined you are not eligible for Medicaid benefits but are eligible for APTC/QHP benefits? ⓘ

Please note: A recording of the authorizations is available to play as needed.

Quick Reference Guide: Benefits Application within kynect

8. Enter the Applicant's **First Name**.
9. Enter the Applicant's **Middle Initial** or check the **box** saying they do not have a middle initial.
10. Enter the Applicant's **Last Name**.

Please note: The signature must match the Applicant's name in kynect benefits, or they will not be able to submit the benefits application.

11. Click **Yes** or **No** for *Would you like to register to vote?*
 - a. If **Yes**, Voter Registration Forms will be sent to the Applicant's mailing address.
12. Click **Submit Benefits Application**.

The screenshot shows a web form for an E-Signature. At the top, it says "John D Doe JR. – E-Signature" and "By entering your name below, you are electronically signing this application". There are two input fields for "First Name" and "MI" (Middle Initial), both highlighted with red boxes. Below them is a checkbox labeled "Household member does not have a middle initial." followed by a "Last Name" input field, also highlighted with a red box. To the right of the last name field is a "Suffix" dropdown menu with "Select" and a downward arrow. Below the last name field is a "Date" field with the value "11/15/2021". A horizontal line separates the signature section from the "Voter Registration" section. In the voter registration section, there is a question "Would you like to register to vote?" with a help icon, and two buttons: "Yes" and "No", both highlighted with red boxes. At the bottom of the form, there are two buttons: "Back" (light blue) and "Submit Benefits Application" (dark red), with the latter highlighted with a red box.

2.11 Resident Needs Assessment

The **Resident Needs Assessment** screen contains an assessment to recommend additional resources to the Individual based on their specific needs. There are 18 optional questions across 5 screens, with additional questions displayed to gather more information, if needed.

1. Answer any or all of the questions on the assessment.
2. Click **Back** to move to the previous page of the assessment.
3. Click **Skip** to skip the assessment. No answers provided will be saved.
4. Click **Next** to move to the next page in the assessment. The **Next** button will be replaced with **Submit Assessment** on the last page of the assessment.

Residents Needs Assessment

Section 2 of 5

During your application, you indicated that someone in your household would like additional information to receive resources based on their needs. Completing this optional Residents Needs Assessment will allow kynect to find programs and services that could help you and your family. Please answer these questions honestly and to the best of your ability. Click "Skip" at the bottom of the screen if you would like to skip this assessment.

Which best describes your income situation?

- No income
- My income is irregular
- My income is not enough to meet my needs
- I can meet my basic needs with help from assistance programs
- I can meet my basic needs without assistance
- My income meets my needs, is well-managed, and I can save

Which best describes your food situation?

- I am unable to get food
- I can get food but do not have the space or time to prepare a meal
- My household receives help for food such as SNAP (food stamps) or other food assistance
- I can meet my basic food needs, but I require occasional assistance such as a food pantry
- I can meet my basic food needs without assistance
- I can choose to purchase any food my household desires

Which best describes your child care situation?

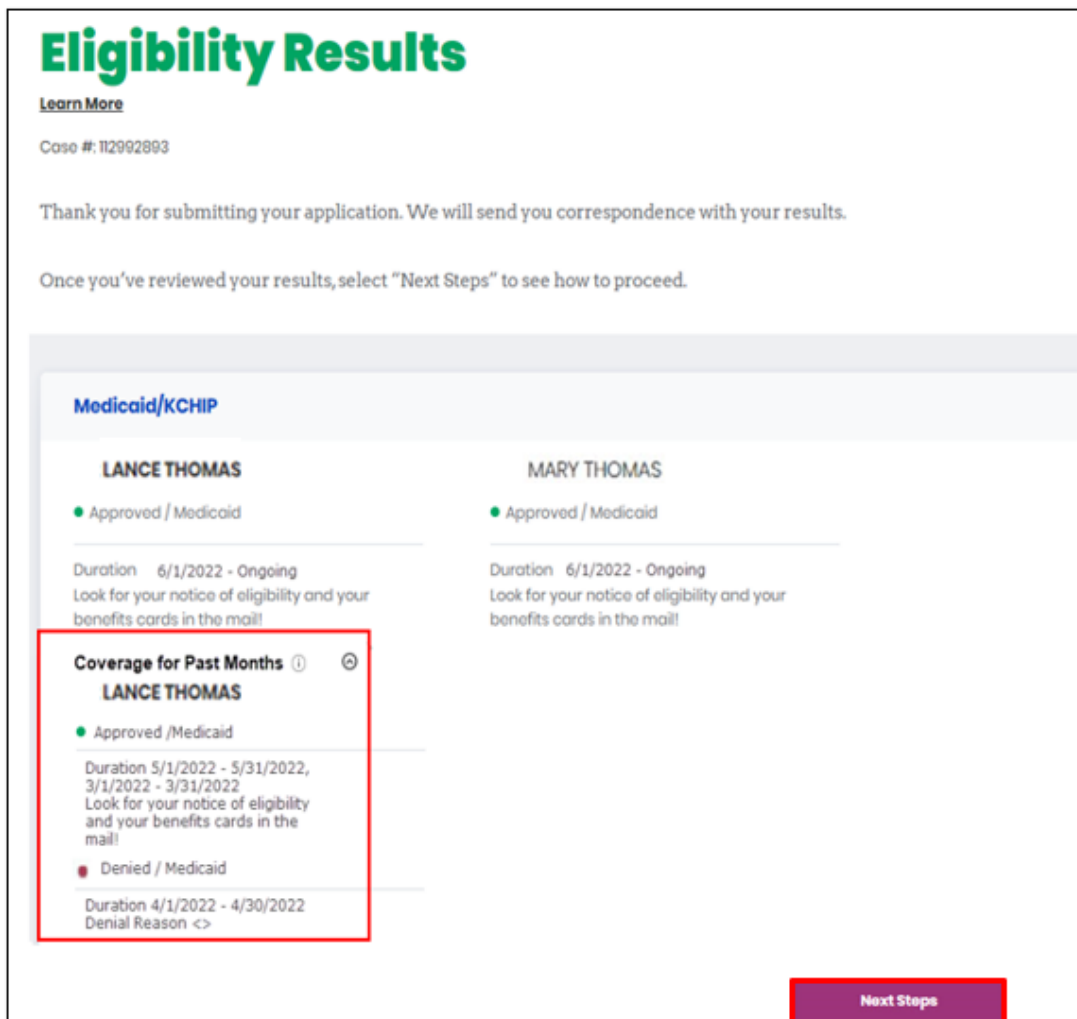
- I need child care, but I am not able to afford child care at this time
- I can afford child care, but the child care options are unreliable or inaccessible
- Child care is provided by a personal friend or family member
- I can select quality child care of my choice
- I do not need child care at this time

Back **Skip** **Next**

2.12 Eligibility Results

The **Eligibility Results** screen details the program(s) the Applicant is approved for and their coverage from past months.

1. Eligibility results display.
2. Click **Next Steps** to navigate to the **Next Steps** screen.



Please note: If the Individual’s information included in their application somewhat matches with existing information for another Individual already added in kynect, a notification is displayed on the **Eligibility Results** screen with the following message: “Unfortunately, we are unable to give you the results of your application due to additional verification needed. We will review this and resolve it in the next 3 business days. Once resolved, you can come back and continue with next steps. Please do not submit multiple applications for the same members while you wait.

If you are an Insurance Agent or kynector, then you will receive a notification in your Message Center and to your preferred electronic contact method once this has been resolved.

If you are a Citizen, then you will receive a notification in your Message Center and/or a paper notification based on your preferred contact method once this has been resolved.”

2.13 Next Steps

The **Next Steps** screen provides links for the Applicant to take further action after submitting the benefits application.

1. Optional: Click **Go to Document Center** to verify information that was provided and to upload other relevant documentation.
2. Optional: Click **View Potential Resources** to view the results of the Resident Needs Assessment, if completed earlier in the application.
3. Optional: Click **Download Application Copy** to download a PDF of the application.
4. Optional: Click **Get Contacted** to use kynect On Demand to provide your contact information to get contacted by an Insurance Agent.

Please note: The **Get Contacted** button will only display if the applicant was approved for APTC/QHP.

5. Optional: Click **Apply for Benefits** to apply for additional benefit programs.
6. Optional: Click **Go to Enrollment Manager** to shop for health and/or dental plans.
7. Optional: Click **Go to Dashboard** to return to the **Dashboard**.

Next Steps

Learn More

Case #: 83250447

Upload Verification Documentation

We need certain documents to verify the information you provided. Visit the document center to view what is required and to upload relevant documents.

Learn More

[Go to Document Center](#)

Expand All | Collapse All

Medicaid (MCO) Plan

- CICELY DANIKA 23F** To shop for a plan or change your existing plan, please visit Enrollment Manager Module. If you are not yet enrolled and do not choose a plan, kynect will automatically enroll you or your household member in the best available MCO plan.

Qualified Health Plan

- CICELY DANIKA 23F** To shop for a plan or change your existing plan, please visit Enrollment Manager Module.

Generally, your coverage will start the 1st of next month, but it may differ based on the special enrollment reason you may choose while enrolling in a plan. Refer to [Special Enrollment rules](#) for more information on the coverage dates.

Individuals can shop for a vision plan at any time. For more information visit [here](#).

Apply for a Medicaid Waiver

If any of your household members are approved for Medicaid, they may be eligible for the Medicaid Waiver Program. Apply for Waiver under your Benefits section.

View Your Residents Needs Assessment Results

If you would like to learn more about the resources that are available to help you and your family based on your answers in the Resident Needs Assessment, click the button below to navigate to kynect resources.

[View Potential Resources](#)

Download a Copy of Your Application

You can download a copy of your application by clicking the button below.

[Download Application Copy](#)

Get Contacted by an Insurance Agent

Use kynect On Demand to get contacted by an Insurance Agent by entering your contact information.

[Get Contacted](#)

You May Be Eligible For Other Programs

KTAP
The Kentucky Transitional Assistance Program helps families with children pay for basic household expenses.

CCAP
The Child Care Assistance Program helps working families pay for child care.

KI-HIPP
The Kentucky Integrated Health Insurance Premium Payment Program helps pay for employer sponsored insurance (ESI) health premiums.

SNAP
The Supplemental Nutrition Assistance Program allows participants to buy healthy Kentucky food options.

[Apply for Benefits](#)

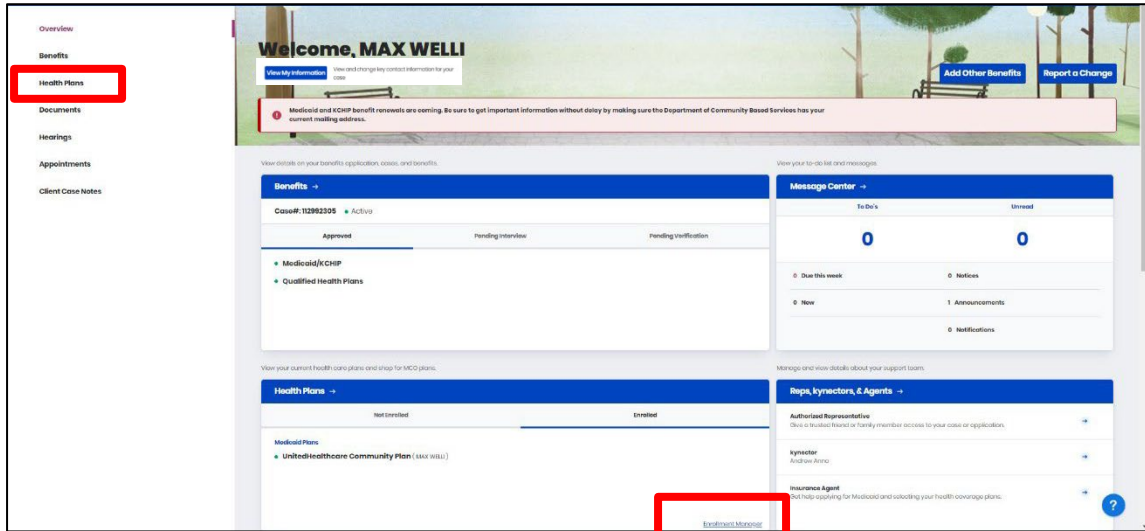
[Go to Dashboard](#) [Go to Enrollment Manager](#)

Please note: Based on the eligibility results and statuses of the programs applied for, members approved for APTC benefits within a Tax Household group will see a pop-up that states, “Your maximum amount of Payment Assistance will be applicable only if all the members in the Tax household choose to enroll in a Medical Plan.”

3 Enrollment Manager

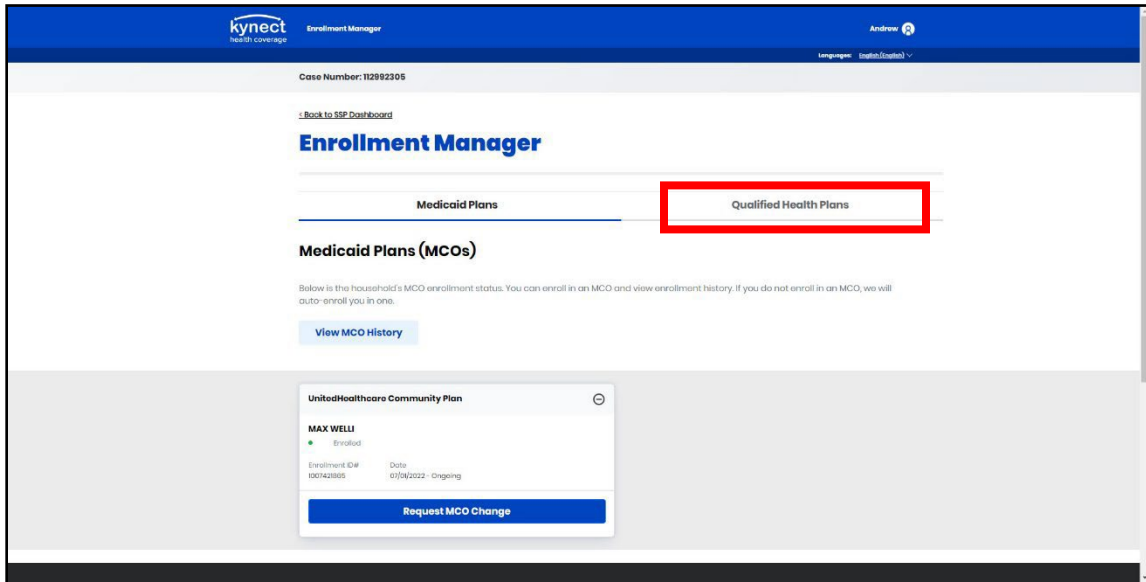
The **Enrollment Manager** is where Applicants may shop for, compare, and enroll in Medicaid and Qualified Health Plans depending on their eligibility. After deciding upon a plan, Applicants may enroll themselves and other household members as applicable in selected plans pending an initial premium payment.

1. Click **Health Plans** or **Enrollment Manager** to navigate to the **Enrollment Manager**.

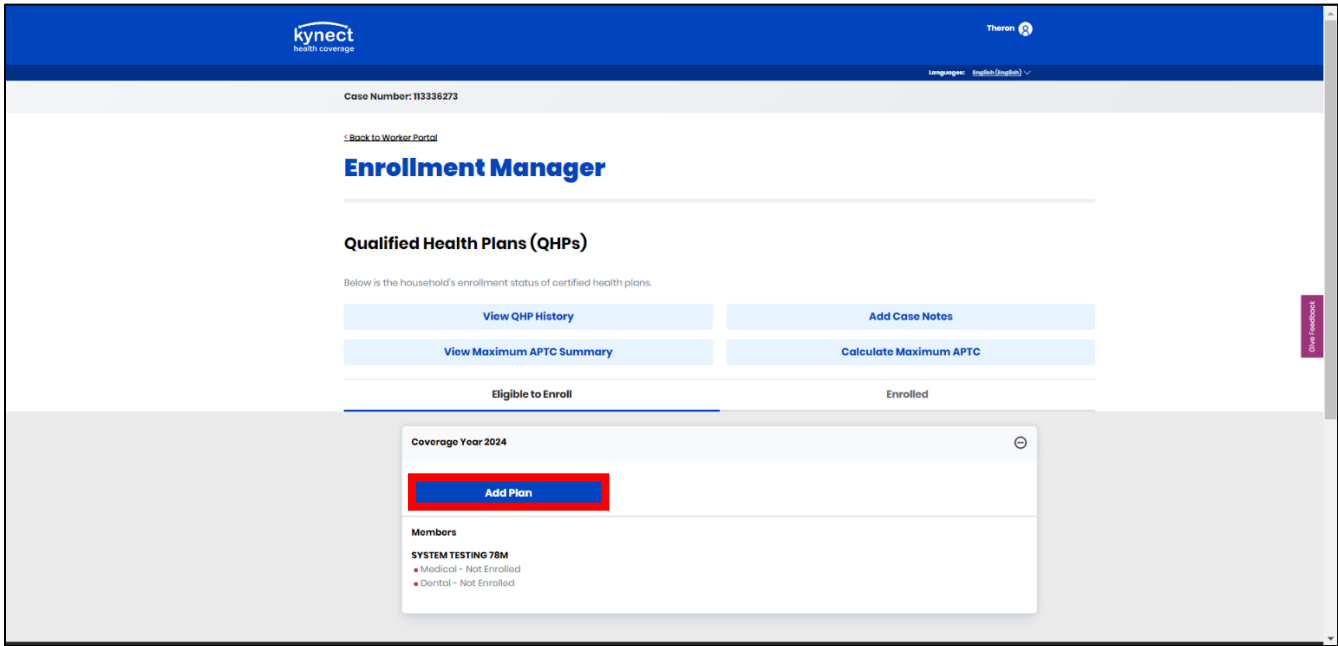


3.1 Qualified Health Plans

2. Click **Qualified Health Plans**.



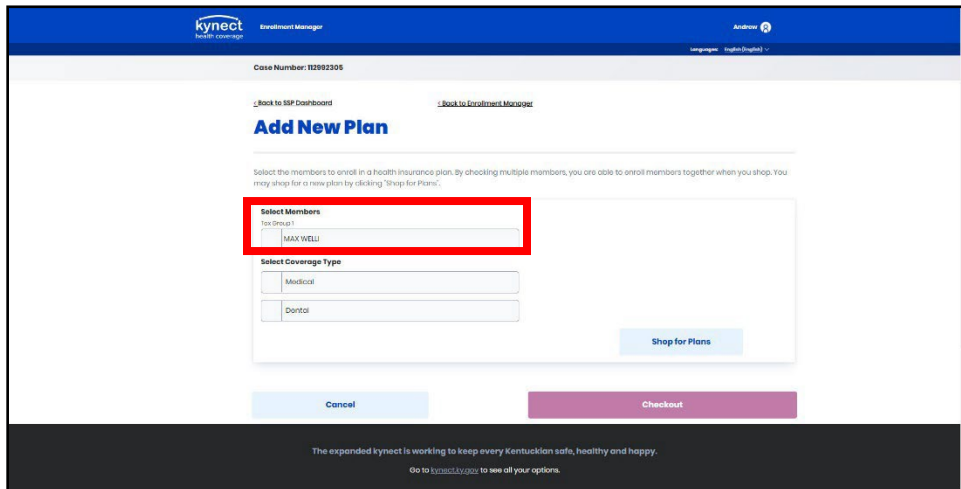
3. Click **Add Plan**.



Please note: If the APTC amount for the enrollment is more than the eligible portion of the enrolled members then the following verbiage will be displayed on the Enrollment Manager Screen: “APTC used amount is greater than the eligible APTC Amount.”

Please note: Enrollments are prorated using calendar days instead of the standard 30-day month to calculate premiums. Applicable scenarios include newborns, death of the Primary Subscriber, death of a dependent, and others. This information is accessible on the **View QHP History** screen.

4. Check the **box(es)** to select the household member(s) to enroll in a QHP.



5. Check the **box** for Medical as applicable.
6. Optional: Click **Waive Dental Plan**.
7. Click **Shop for Plans**.

Please note: On click of **Shop For Plans**, a new pop-up displays if there are APTC eligible members that are not enrolled. If you continue, the available APTC amount for the shopping session will be reduced to \$xx.xx. If you want to apply the full APTC Amount, make sure to select all APTC eligible members.

Add New Plan

Select the members to enroll in a health insurance plan. By checking multiple members, you are able to enroll members together when you shop. You may shop for a new plan by clicking "Shop for Plans".

Select Members

Tax Group 1

[Member Name]

[Member Name]

[Member Name]

[Member Name]

Select Coverage Type

Medical

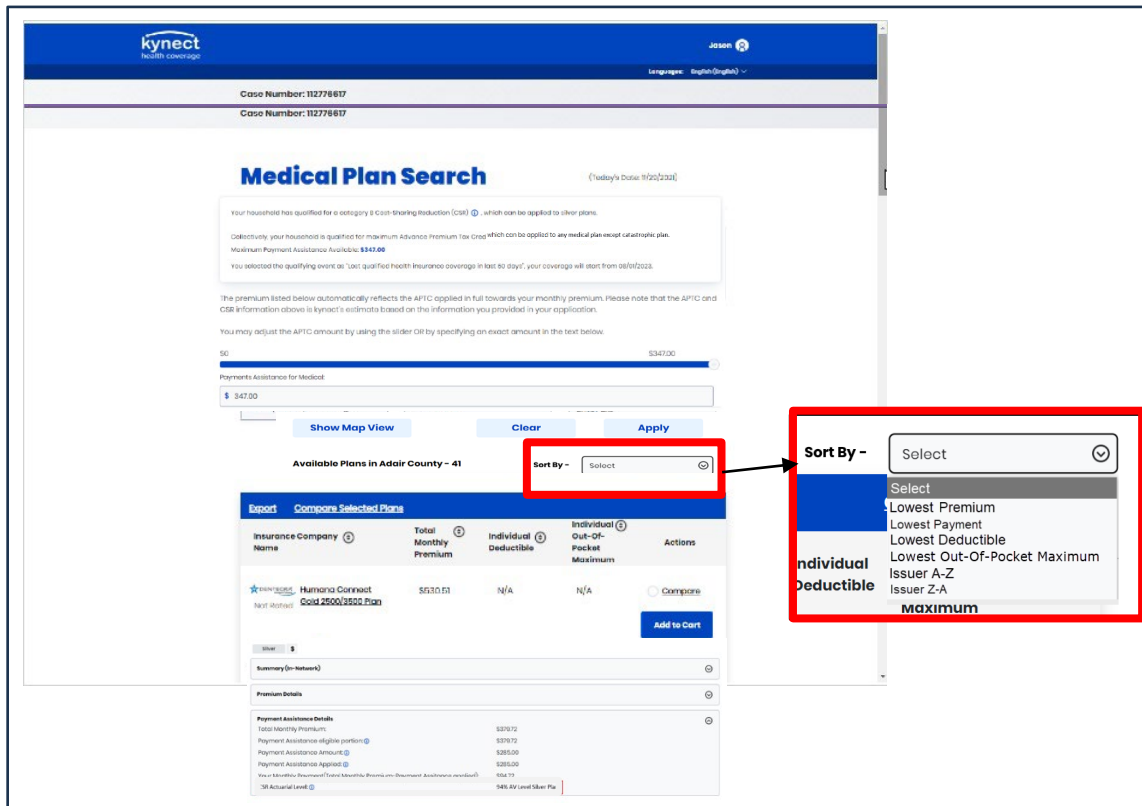
Anyone between the ages of 3 and 21 is recommended to have dental coverage, unless that individual is eligible for Medicaid or KCHIP. Please note that some plans already include dental benefits. If the individual has dental coverage that is not through Kentucky Health Benefit Exchange or has Medicaid or KCHIP, you may select "Waive Dental Plan" to proceed.

Buy a Dental Plan

Waive Dental Plan

Please note: Anyone between the ages of 3 and 21 is recommended to have dental coverage, unless that Individual is eligible for Medicaid or KCHIP. Please note that some plans already include dental benefits. If the Individual has dental coverage that is not through Kentucky Health Benefit Exchange or has Medicaid or KCHIP, users may select **Waive Dental Plan** to proceed.

- Shop for and compare health plans on the **Medical Plan Search** screen. Applicants may use the **Sort By** drop-down to search for medical plans by specific criteria or scroll through the populated medical plans on the screen.



Please note: Applicants click on a **Plan Name** to navigate to the **Medical Plan Details** screen to view additional details. Applicants may print the details of the Medical Plan by clicking the **Print** icon.

Please note: To provide an informed Shopping and Quoting process, eligible Cost Sharing Reduction (CSR) plans are identifiable by a **Dollar sign “\$”** badge. For AI/AN Residents eligible for CSR plans, the “\$” symbol displays for all medical plans except catastrophic plans. For non-AI/AN CSR eligible Residents, the “\$” symbol displays for Silver plans. Plans will be sorted in the following manner:

- Lowest premium CSR plan is at the top and is identified with a Lowest CSR Premium Plan badge.
- Highest premium CSR plan is next and is identified with a Highest Premium CSR plan badge.
- CSR plans are then sorted in descending order based on monthly premium.
- Non-CSR plans are then sorted in descending order based on monthly premium.

The **Payment Assistance Details** of the CSR plan display, including: the **Total Monthly Premium, Payment Assistance eligible portion, Payment Assistance Amount, Payment Assistance Applied, Your Monthly Payment (Total Monthly Premium-Payment Assistance applied), and CSR Actuarial Level.**

11. Click **Compare** on multiple medical plans to select them to be compared.


Help Me Choose

Provider Zip Code: Provider Name [?]: Prescription Drugs [?]:

[Show Map View](#) [Clear](#) [Apply](#)

Available Plans in Robertson County - 20

[Export All Plans](#) [Export Selected Plans](#) [Compare Selected Plans](#)

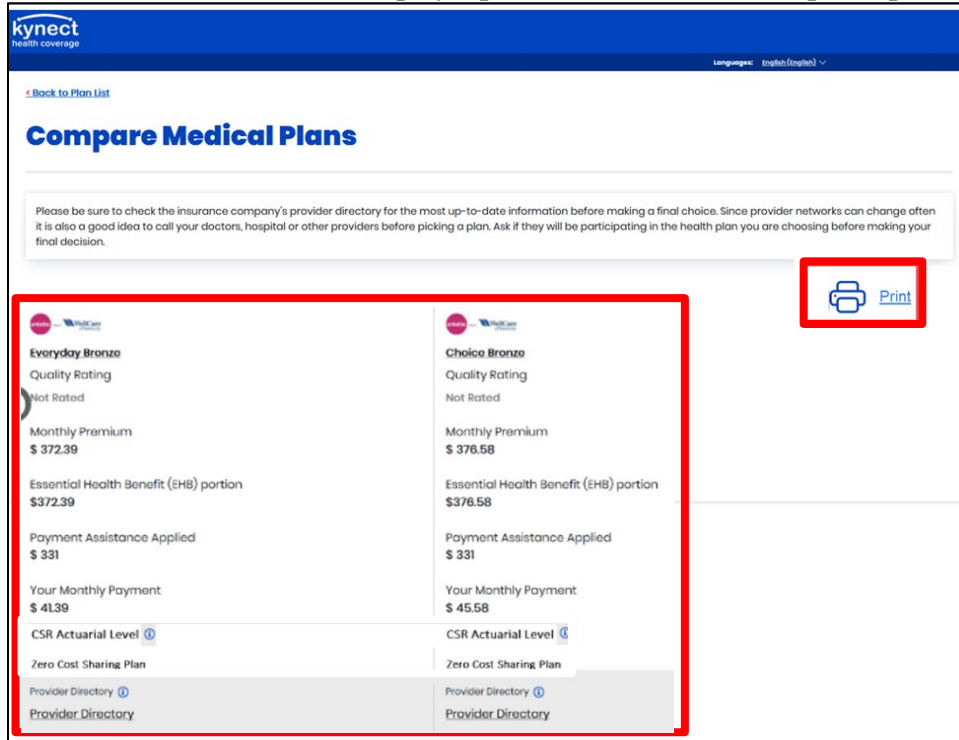
Insurance Company Name [?]	Total Monthly Premium [?]	Individual Deductible [?]	Individual Out-Of-Pocket Maximum [?]	Actions
 CareSource ★★★★★ Marketplace Bronze	\$469.73	\$9,100	\$9,100	<input type="radio"/> Compare Add to Cart

12. Click **Compare Plans** to compare the selected medical plans.

1 2 [Previous](#) [Next](#)

[Exit](#) [Compare Plans](#)

13. Compare the selected plans on the **Compare Medical Plans** screen.
14. If applicable, click the **Print** icon to display a printable view of the compared plan details.



Please note: CSR plans display the **CSR Actuarial Level**.

15. Click any **tab** to view additional plan details.

Quality Rating Details ⊖

In Network	CARESOURCE MARKETPLACE DIABETES SILVER 1 DENTAL, VISION, & FITNESS	CARESOURCE MARKETPLACE BRONZE FIRST DENTAL, VISION, & FITNESS
Overall Quality Rating	★★★★☆	★★★★☆
Getting the right care	★★★★☆	★★★★☆
Member's care experience	★★★★★	★★★★★
Member's plan service experience	★★★★☆	★★★★☆

Deductible and Out of Pocket Details ⊕

Doctor Visits ⊕

Prescription Drug Benefits ⊕

Embedded Pediatric Dental ⊕

Emergency Services and Hospitalization ⊕

Maternity and Newborn Care ⊕

Mental Health and Substance Abuse ⊕

Lab and Imaging ⊕

Pediatric Vision Benefits ⊕

Additional Services ⊕

Additional Details ⊕

Plan Documents ⊕

[Exit](#)

16. The **Quality Rating Details** tab displays a rating system used for medical plans based on national standards that look at customer experience and quality of medical care.

Quality Rating Details		
In Network	CARESOURCE MARKETPLACE DIABETES SILVER 1 DENTAL, VISION, & FITNESS	CARESOURCE MARKETPLACE BRONZE FIRST DENTAL, VISION, & FITNESS
Overall Quality Rating	★★★★☆	★★★★☆
Getting the right care	★★★★☆	★★★★☆
Member's care experience	★★★★★	★★★★★
Member's plan service experience	★★★★☆	★★★★☆

17. The **Deductible and Out of Pocket Details** tab displays different deductible and out of pocket figures for the selected plans. The **Pin/Unpin** feature and **Color Indicator dots** may be used within specific tabs throughout the **Compare Medical Plans** and **Medical Plan Details** screens to pin specific information for the plan(s) to the top of the screen in the *Your pinned plan indicators will be displayed* section.

Deductible and Out of Pocket Details			
In Network	EVERYDAY BRONZE	CHOICE BRONZE HSA	EVERYDAY BRONZE + VISION + ADULT DENTAL
<input checked="" type="checkbox"/> Combined Medical & Drug Individual Deductible	\$8,450	\$7,250	\$8,450
<input type="checkbox"/> Combined Medical & Drug Family Deductible	\$8450 per person \$16900 per group	\$8450 per person \$16900 per group	\$8450 per person \$16900 per group
<input type="checkbox"/> Combined Medical & Drug Individual Out of Pocket Max	\$9,250	\$7,250	\$9,250
<input type="checkbox"/> Combined Medical & Drug Family Out of Pocket Max	\$9250 per person \$18500 per group	\$7250 per person \$14500 per group	\$9250 per person \$18500 per group

Please note: A Color indicator dot is located next to a compared plan. Green symbolizes the same value across plans. Yellow symbolizes different values across plans.

HSA/FSA N/A	HSA/FSA HSA/FSA Document	HSA/FSA N/A
Wellness Program No	Wellness Program No	Wellness Program No
Medical Loss Ratio 80%	Medical Loss Ratio 80%	Medical Loss Ratio 80%
Your pinned plan indicators will be displayed here.		
Combined Medical & Drug Individual Deductible ● \$8,450	Combined Medical & Drug Individual Deductible ● \$8,450	Combined Medical & Drug Individual Deductible ● \$8,450
Benefits displayed for selected plans may have been adjusted based on the special discounts for which you qualify		

18. Click **Add to Cart** to add the desired medical plan to the cart.

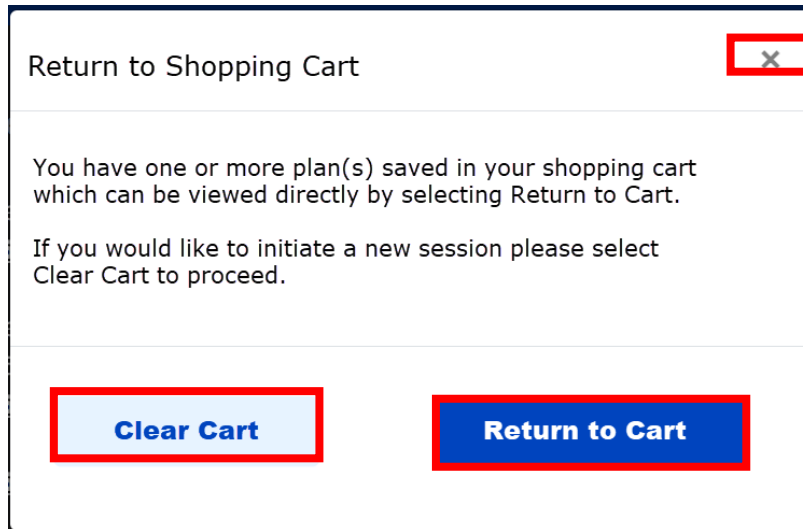
The screenshot displays the 'Compare Medical Plans' interface. At the top, it shows the user's name 'Andrew' and the case number '112602305'. Below this, there is a 'Back to Plan List' link and a 'Compare Medical Plans' heading. A disclaimer states: 'Please be sure to check the insurance company's provider 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 doctor, 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.'

Two plan cards are shown:

- Everyday Bronze:** Quality Rating: A, Next Rated, Monthly Premium: \$172.39, Essential Health Benefit (EHB) portion: \$372.39, Payment Assistance Applied: \$139, Your Monthly Payment: \$439, CSR Actuarial Level: 60%, Zero Cost Sharing Plan. The 'Add to Cart' button is highlighted with a red box.
- Choice Bronze:** Quality Rating: B, Next Rated, Monthly Premium: \$376.56, Essential Health Benefit (EHB) portion: \$376.56, Payment Assistance Applied: \$331, Your Monthly Payment: \$45.56, CSR Actuarial Level: 60%, Zero Cost Sharing Plan.

Below each plan card are links for 'Provider Directory', 'Provider Directory', 'Summary of Benefits Coverage (Resumen de beneficios y de cobertura)', 'English', 'Spanish', 'Formulary', 'Preferred Drug List', and 'Embedded Pediatric Dental View'.

19. Once a plan has been added to the cart, a **Return to Shopping Cart** prompt will display on screen. To view all items in the Shopping Cart, select **Return to Cart**. To clear your cart and start a new session, select **Clear Cart**. To close this prompt and resume shopping, click the “X” icon on the top right corner of the prompt.



Please note: When using the shopping cart to **Add New Plans** or **Change Plans**, the shopping portal will automatically save plans if the user clicks **Add to Cart** for at least one plan before exiting from the shopping flow and will also save the plans added if the user is logged out due to inactivity. On returning to the existing cart, the system will automatically reprice the plans in the cart based on the latest case details. On returning to the Shopping Portal when initiating a new shopping session, the user will see a pop-up to return to the previously saved shopping cart, or to clear the cart to initiate a new session. The pop-up is displayed only when the user shops for the same coverage year as the plans stored in the shopping cart. Plans saved to the cart longer than 60 days are removed from the cart.

Quick Reference Guide: Benefits Application within kynect

20. Optional: Shop for and compare dental plans on the **Dental Plan Search** screen.

Dental Plan Search

[Email](#) [Print](#)

Talk to a Licensed Insurance Agent Live!
[833-597-8778](tel:833-597-8778)
Absolutely Free Assistance Enrolling in a Quality Health Plan
*subject to agent availability

You selected the qualifying event as "Lost qualified health insurance coverage in last 60 days", your coverage will start from 07/01/2024.

Icon Legend:

- S** CSR Silver Plans
- T** Tobacco Cessation Program
- P** Embedded Pediatric Dental Benefits

Filters

Insurance Company Plan Type Metal Level

[Clear](#) [Apply](#)

[Show More](#)

Help Me Choose

Provider Name Provider Zip Code

[Show Map View](#) [Clear](#) [Apply](#)

Available Plans in Robertson County - 5 Sort By -

[Export All Plans](#) [Export Selected Plans](#) [Compare Selected Plans](#)

Insurance Company Name	Total Monthly Premium	Deductible for one child	Out of Pocket Maximum for one child	Actions
Anthem Dental Family Preventive Not Rated	\$6.97	Not Applicable	\$375	<input type="radio"/> Compare Add to Cart

Lowest Premium Plan

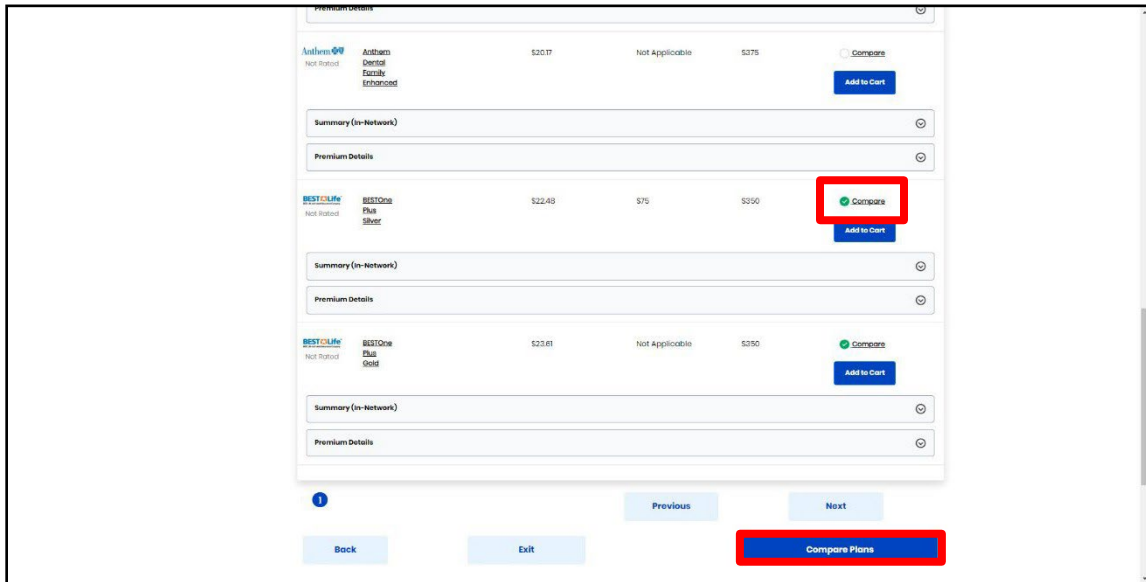
Summary (In-Network)

Premium Details

Please note: Some Medical plans include dental coverage which can be determined by reviewing the plan's details. If the medical plan does not include dental coverage, Applicants may enroll in a stand-alone dental plan.

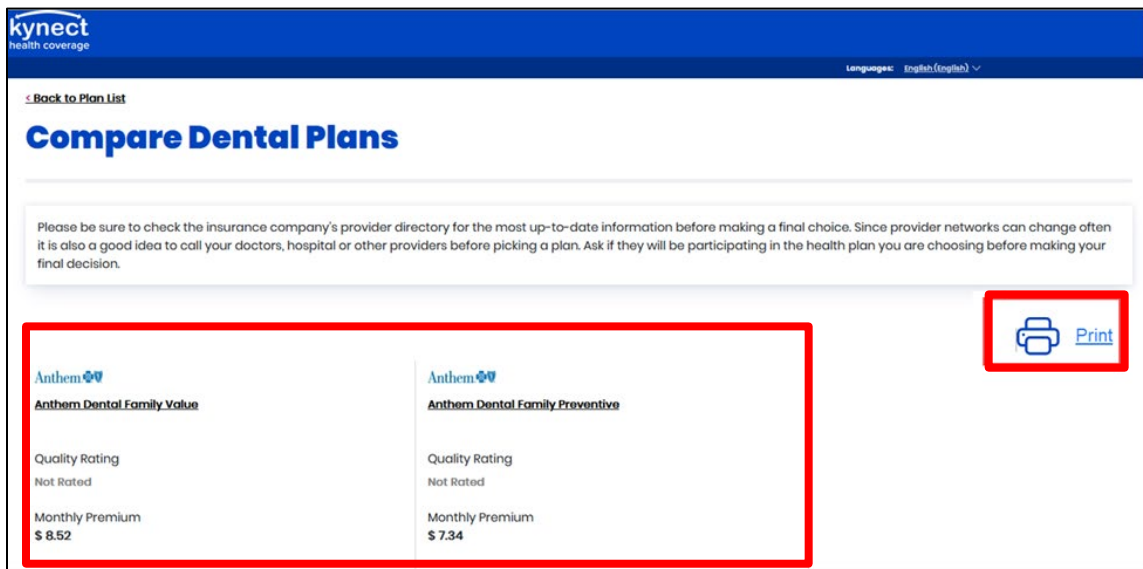
21. Click **Compare** on multiple dental plans to select them to be compared.

22. Click **Compare Plans** to compare the selected dental plans.



23. Compare the selected dental plans on the **Compare Dental Plans** screen.

24. If applicable, click the **Print** icon to display a printable view of the plan details.



25. Click any **tab** to view additional plan details.

The screenshot shows two side-by-side plan cards for Anthem Dental. The left card is for 'Anthem Dental Family Preventive' with a monthly premium of \$6.97. The right card is for 'Anthem Dental Family Value' with a monthly premium of \$8.52. Both cards show 'Quality Rating: Not Rated' and 'Medical Loss Ratio: 85%'. Below the main information is a grey section with 'Provider Directory: N/A' and 'Summary of Dental Coverage' in English and Spanish. At the bottom of this section, a red box highlights five expandable tabs: 'Deductible and Out of Pocket Details', 'Adult Dental Coverage', 'Child Dental Coverage', 'Additional Details', and 'Plan Documents'. Each tab has a plus icon on the right. Below the tabs is an 'Exit' button.

26. Click **Add to Cart** to add the desired dental plan to the cart.

This screenshot is identical to the previous one, but with a red box highlighting the 'Add to Cart' button on the left plan card. The right plan card's 'Add to Cart' button is also visible but not highlighted.

27. The selected medical and dental plans display. Click **Checkout**.

Select Coverage Type

Medical

Dental

Shop for Plans

Newly Selected Plan

Below are the plans you have selected. Until you click "Checkout", your plans will not be final. You can make any changes by clicking "Select Another Plan" to the plans you have already picked. If you want to add another plan, you can do that by selecting a new group of members and by clicking "Shop for Plans".

Medical	Edit Members	Dental	Edit Members
CareSource Marketplace Standard Silver Dental, Vision, & Fitness Premium You Pay \$428.61 per month Monthly Premium \$428.61 Applied Payment Assistance \$0		BEST One Plus Silver Premium You Pay \$22.48 per month Monthly Premium \$22.48 Applied Payment Assistance \$0	
Members MAX WELLS Date: 08/08/2022 - 12/31/2022		Members MAX WELLS Date: 08/08/2022 - 12/31/2022	
Select Another Plan Remove Plan		Select Another Plan Remove Plan	

Cancel

Checkout

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to kynect.ky.gov to see all your options.

28. Enter the Applicant's **First Name**.

29. Enter the Applicant's **Last Name**.

30. Click **Sign & Submit** to enroll the household member(s) in the selected health and/or dental plans.

kynect Enrollment Manager

Andrew

Case Number: T2902305

[Back to SSP Dashboard](#) [Back to Enrollment Manager](#)

Sign & Submit

Please read this information carefully. Your signature makes this application valid. An electronic signature is the same as a written signature. Medicaid, KCHIP, and kynect are part of the Cabinet for Health and Family Services (CHFS). By signing, you agree to the following:

I am signing this application under penalty of perjury which means I have given true answers to all the questions on this form to the best of my knowledge and belief. I know that I may be subject to penalties under federal and/or state law if I provide false and/or untrue information.

I know that I must tell kynect if anything changes from what I entered on this application.

Electronically sign this request by entering your name below:

First Name: MAX

Last Name: WELLS

Date: 08/08/2022

Back Exit **Sign & Submit**

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to kynect.ky.gov to see all your options.

Quick Reference Guide: Benefits Application within kynect

31. Click **Pay Now** to submit an initial premium payment for the selected medical plan, or click **I understand the payment due date is [Date], but I will pay later**.
32. Click **Pay Now** to submit an initial premium payment for the selected dental plan, or click **I understand the payment due date is [Date], but I will pay later**.
33. Click **Next** to begin shopping for Medicaid plans if there are Medicaid eligible members in the household.

Please read this information carefully. Your coverage will not begin until your payment is processed by the issuers. A delay in payment could result in missing your Open Enrollment period. You would have to wait until the next Open Enrollment period to get health coverage, unless you have a qualifying special enrollment reason to get health coverage.

To expedite your coverage process, we encourage you to use the "Pay Now" option below for each plan you enrolled. We will link you to your insurance company's payment page. If you would like to pay this amount later, click "I will pay later". Your insurance company will send you a bill with your account number. You will need to use your account number on all payments.

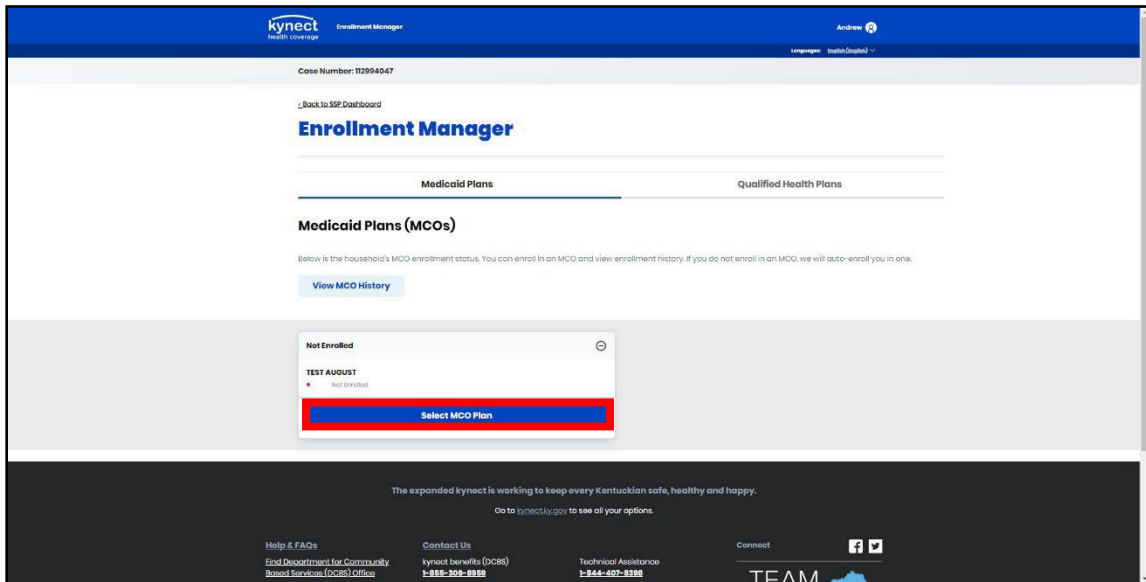
Medical	Dental
Humana Connect Gold 2500/3500 Plan	CareSource Marketplace Standard Dental 1
Premium You Pay \$530.51 per month	Premium You Pay \$530.51 per month
Monthly Premium: \$530.51 Applied Payment Assistance: \$0	Monthly Premium: \$530.51 Applied Payment Assistance: \$0
Enrollment ID# enr1234567	Enrollment ID# enr1234567
Policy ID# Not yet assigned	Policy ID# Not yet assigned
Members	Members
CHRIS SANCHEZ Pending	CHRIS SANCHEZ Pending
JIM LANE Pending Policy Holder	JIM LANE Pending Policy Holder
Pay Now	Pay Now
<input type="radio"/> I understand the payment due date is 01/05/2022, but I will pay later.	<input type="radio"/> I do not understand the payment due date is 01/05/2022, but I will pay later.
Back	Next

Please note: Once enrolled, the APTC can be adjusted by clicking the **Update APTC** button on the **Enrollment Manager** screen. This enables users to view the *Applied APTC*, any remaining *Available APTC*, and *Effective Dates*, if applicable. An information (i) icon is displayed to help users understand how to apply APTC towards the Essential Health Benefit Premium. As a best practice, always double check that the correct amounts are displayed on the **Override** screen or the **QHP History** screen to make sure that the APTC and CSR have been applied to each month.

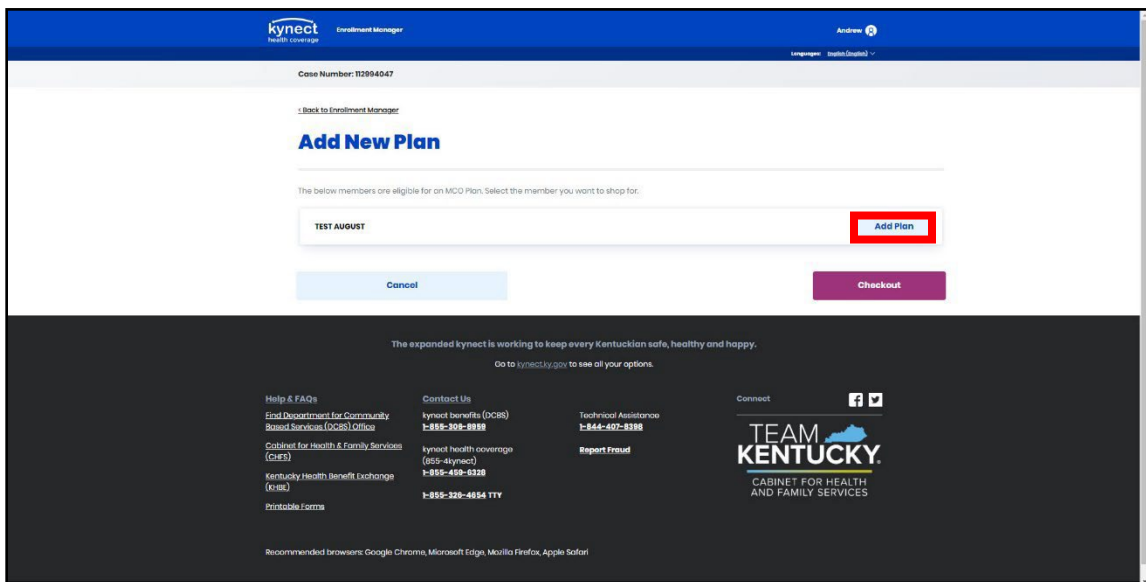
Additionally, EMM Override users on the **Update APTC** screen are able to use a date picker to select the applicable month for the APTC change.

3.2 Medicaid Plans

1. Click **Select MCO Plan**.

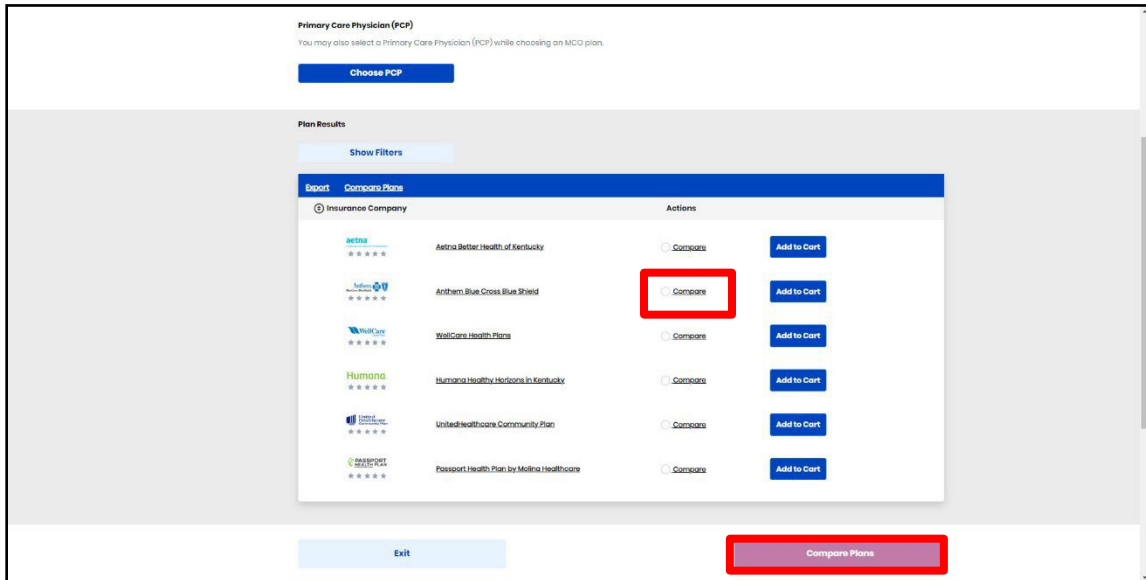


2. Click **Add Plan**.

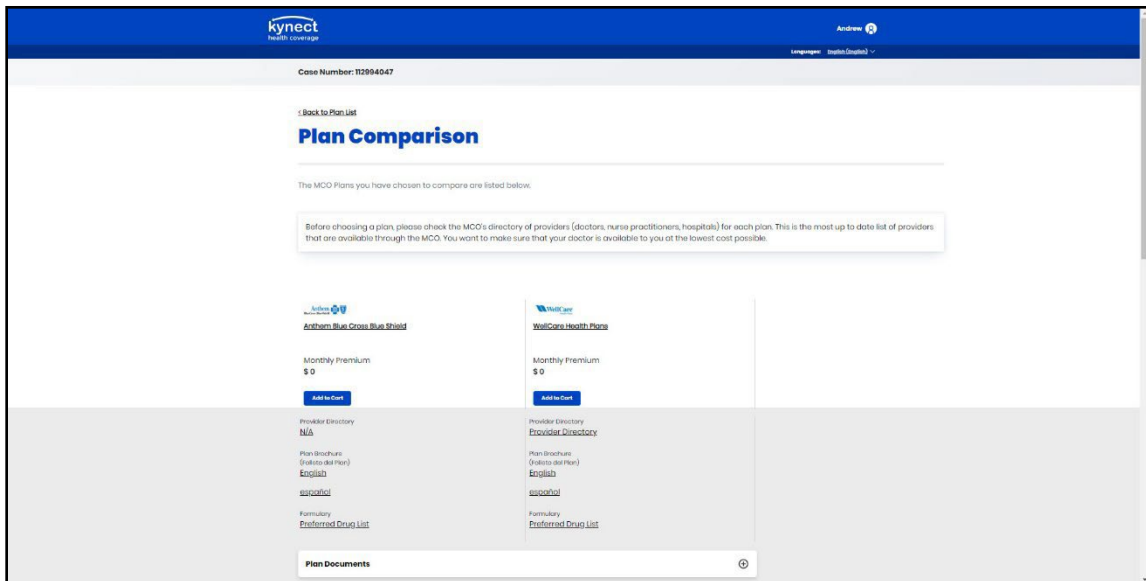


Quick Reference Guide: Benefits Application within kynect

3. Click **Compare** to select a Medicaid plan.
4. Click **Compare** to compare the selected Medicaid plans.

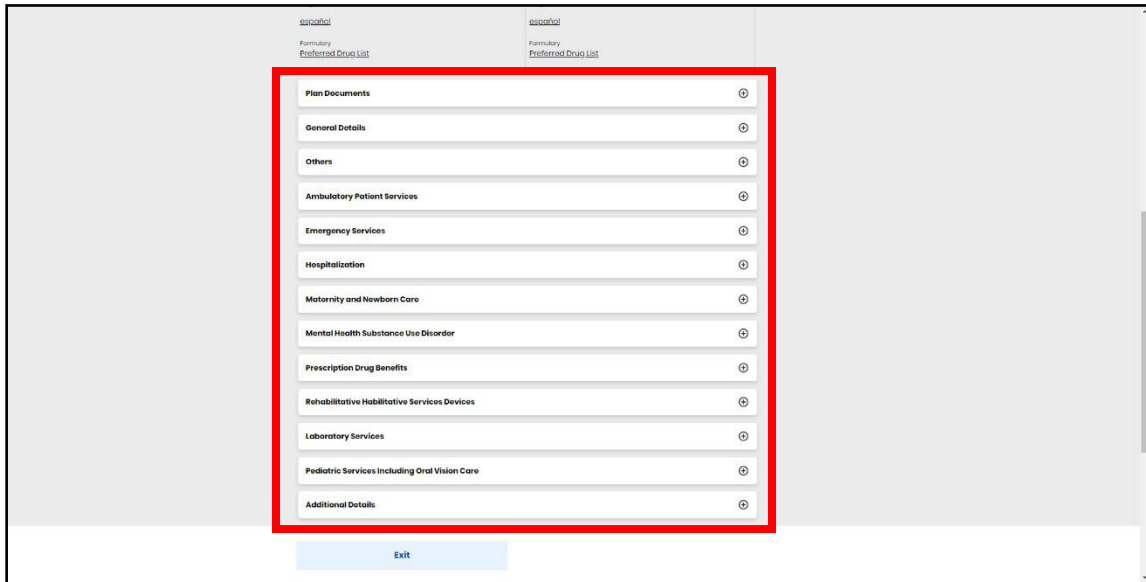


5. Compare the selected Medicaid plans on the **Plan Comparison** screen.

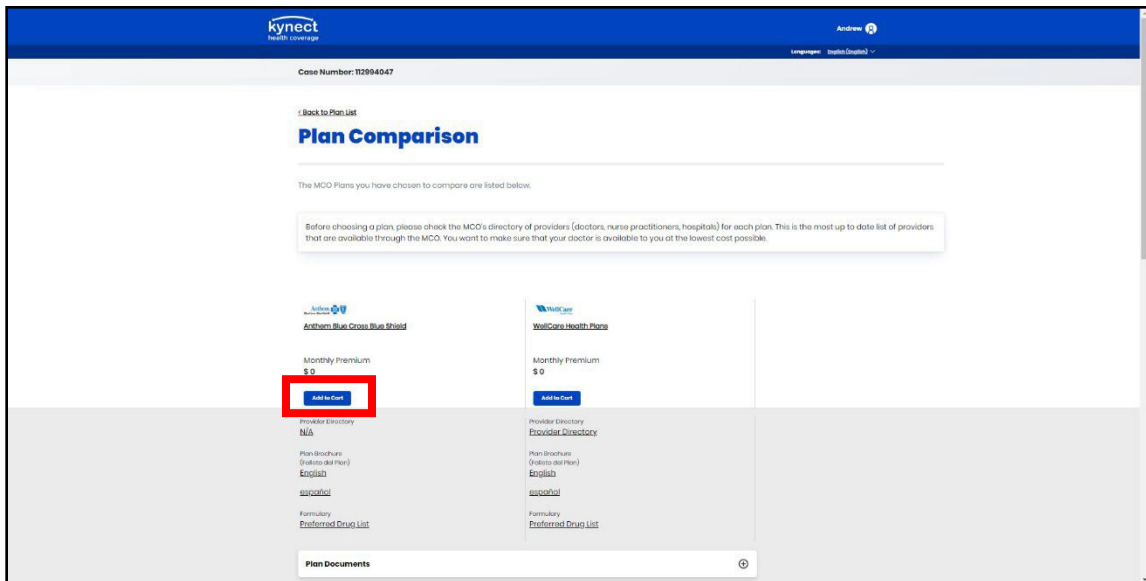


Quick Reference Guide: Benefits Application within kynect

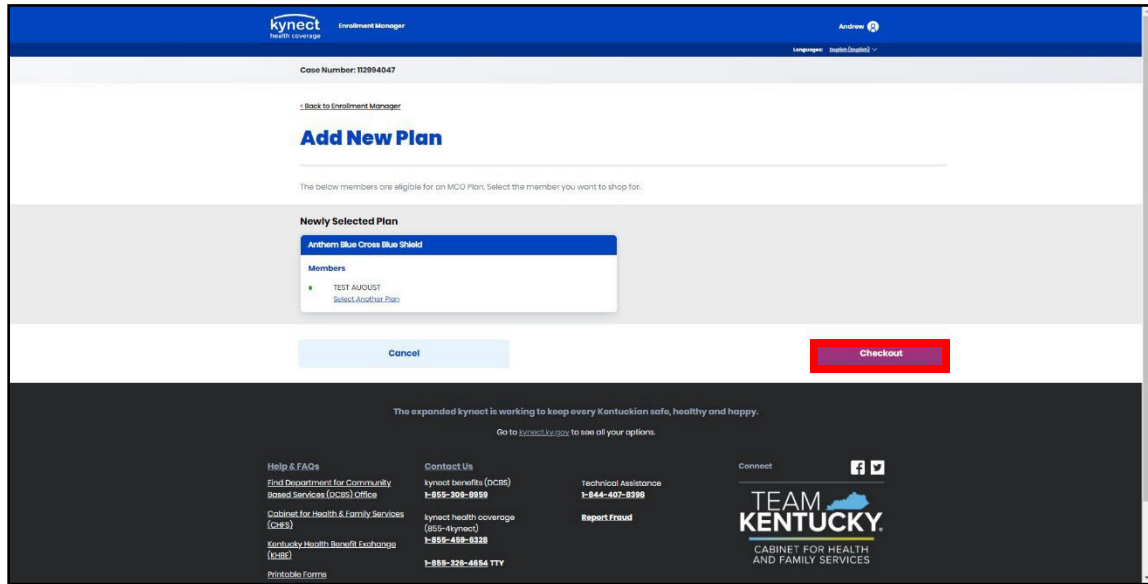
6. Click any **tab** to view additional plan details.



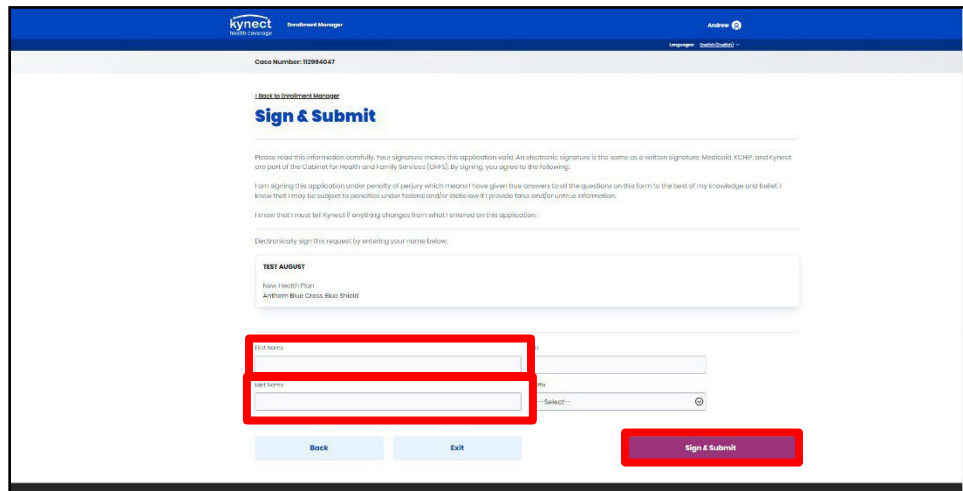
7. Click **Add to Cart** to add the desired Medicaid plan to the cart.



8. Click **Checkout**.



- 9. Enter the Applicant's **First Name**.
- 10. Enter the Applicant's **Last Name**.
- 11. Click **Sign & Submit** to enroll in the selected plan.

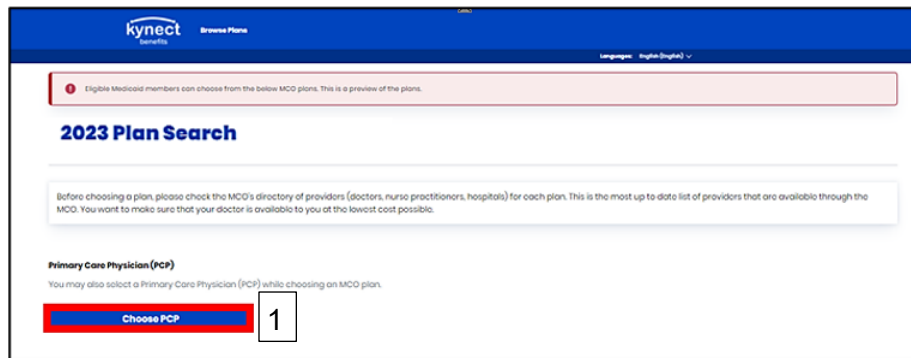


Please note: Applicants with questions regarding Qualified Health Plans (QHPs) and related eligibility for payment assistance may call kynect health coverage at 1-855-4kynect. Applicants with questions regarding food assistance (SNAP), Medicaid, child care assistance (CCAP), and financial aid for children and caregivers (KTAP) may call kynect benefits at 855-306-8959.

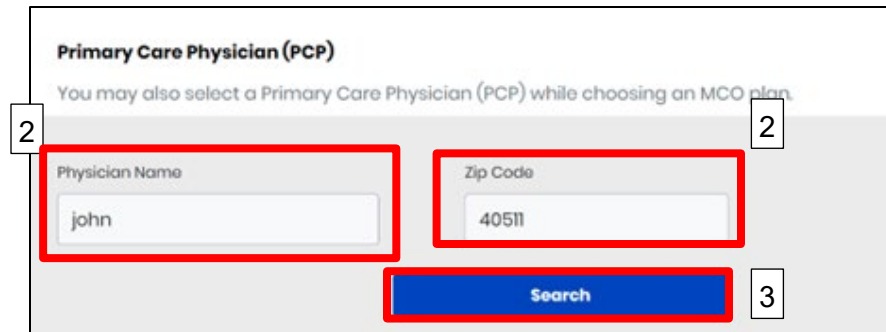
3.3 Search and Select a Physician - Medicaid Plans

The Choose PCP feature allows users to search for and select a primary care provider (PCP) that accepts the selected Managed Care Organization (MCO) plans.

1. Click **Choose PCP** to navigate to the **Plan Search** screen.



2. On the **Plan Search** screen, below *Help Me Choose*, enter the **Physician Name** and the **Zip Code**.
3. Click **Search**.



Quick Reference Guide: Benefits Application within kynect

4. In the *Search Results* section, all physicians meeting the search criteria provided displays. Each record displays the following information:
 - a. **Physician's Name**
 - b. **Address**
 - c. **Distance**
 - d. **Actions**
5. If applicable, click the **Show Map View** button to displays the physician's results with each physician's **Phone** and **Provider ID** information.
6. To select a PCP, click **Choose Physician**.

Primary Care Physician (PCP)
You may also select a Primary Care Physician (PCP) while choosing an MCO plan.

Physician Name Zip Code

Search

4 Search Results
There is more than one result for the physician you entered. Select one from the below.

Physician Name	Address	Distance	Actions
Richard, John, W	191 LEESTOWN CTR WAY LEXINGTON KY 40511	3.1 miles	Choose Physician
Johnson, Martha	1498 BOARDWALK LEXINGTON KY 40511	3.5 miles	Choose Physician
JOHNSON, SHEILA	1051 NEWTOWN PIKE LEXINGTON KY 40511	6.8 miles	Choose Physician
JOHNSON, SHEILA ANNE	1498 Boardwalk Lexington, KY 40511	9.6 miles	Choose Physician

Show Map View **Clear Search Results**

Plan Results
Show Filters

Provider Name ⓘ

john

Adam Johnson
1950 Tamarack Rd, Newark,
OH 43055
1.2 miles

Phone: 8552055506
Provider ID: 1932691490

ADRIANNE JOHNSON
72 BUCKHORN CLINIC RD,
BUCKHORN, KY 41721
3.8 miles
Phone: 6063987141
Provider ID: 1154905008

3.4 Search and Select Providers - Qualified Health Plans

The Add Plan feature allows users to both add a new Plan and to search for and select a provider that accepts their Qualified Health Plan.

1. If known, in the *Help Me Choose* section, enter the **Provider Zip Code**, **Provider Name**, and/or **Prescription Drugs** the Individual wants covered under their plan.
2. Click **Apply** to display results matching the criteria entered into the *Provider Zip Code*, *Provider Name*, and *Prescription Name* fields.
3. If a **Provider Zip Code** is entered, click **Show Map View** to show all provider results on a map view in that zip code's area.


Help Me Choose 1

Provider Zip Code Provider Name Prescription Drugs

Show Map View 3 **Clear** **Apply** 2

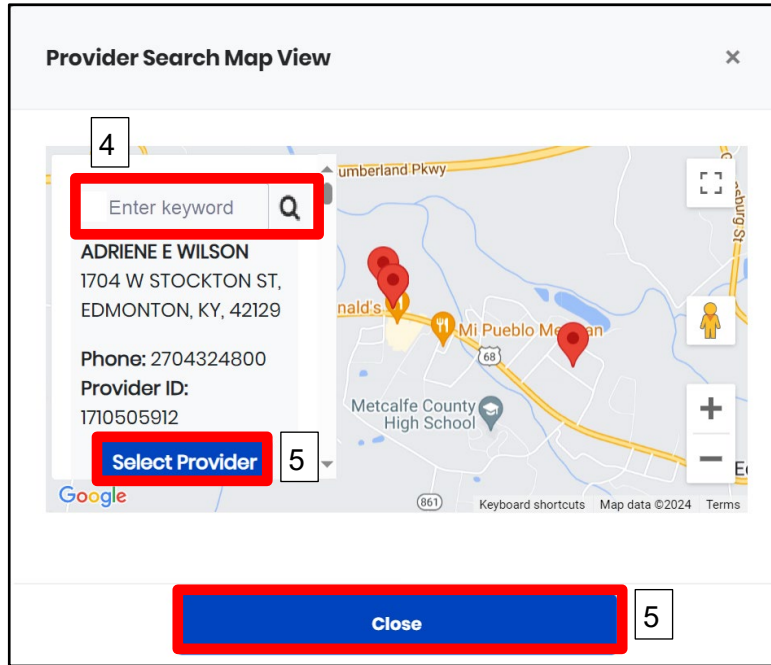
Available Plans in Robertson County - 20

[Export All Plans](#) [Export Selected Plans](#) [Compare Selected Plans](#)

Insurance Company Name	Total Monthly Premium	Individual Deductible	Individual Out-Of-Pocket Maximum	Actions
 CareSource Marketplace Bronze	\$469.73	\$9,100	\$9,100	<input type="radio"/> Compare <input type="button" value="Add to Cart"/>

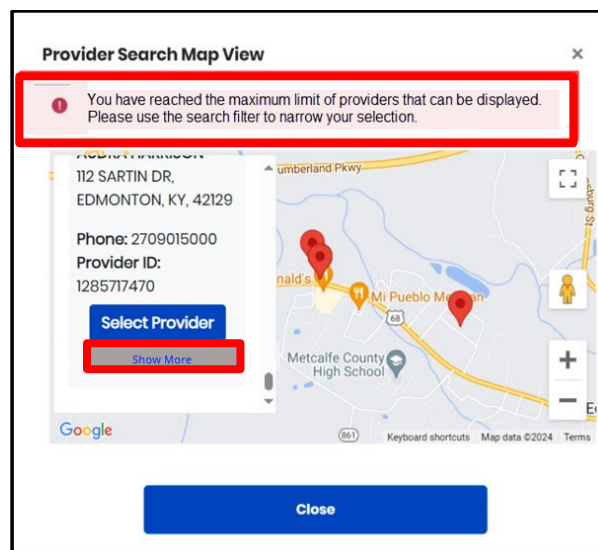
Quick Reference Guide: Benefits Application within kynect

4. In the Map View, pins display on the map indication providers that are in the zip code entered on the previous screen. Individuals may enter keywords of at least three characters and then click the **Magnifying Glass** icon to search for specific providers in that area.
5. One the desired provider is found, click **Select Provider** and then click **Close** to select that specific provider for the plan.



Please note: When there are multiple Providers listed from the **Provider Search Map View**, click the **Show More** button to view the other Providers.

A red banner message appears if the maximum limit of Providers is reached. Applicants are directed to use the search filter to narrow the selection of providers.



Please note: The **Provider Search Map View** feature may only display results from the following neighboring states:

- Tennessee
- Kentucky
- Virginia
- West Virginia
- Illinois
- Indiana
- Ohio
- Missouri

If an Individual enters a zip code outside these states, no results are displayed.

4 Appendix

The Appendix includes steps on how to add an Authorized Representative, kynector, and Agent. It also includes steps on how to report information related to health coverage and an employer's HRA.

4.1 Add Authorized Representative

Authorized Representatives may be added to an application to take action on behalf of the Primary Applicant whenever needed depending on the level of access they are granted such as reporting changes or applying for benefits.

1. Enter the Authorized Representative's **First Name**.
2. Enter the Authorized Representatives **Last Name**.
3. Enter the Authorized Representative's **Email Address**.
4. Click **Search Auth Rep**.

Add Authorized Representative

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

Enter the following details about your authorized representative.

First Name	MI (optional)
Last Name	Suffix (Optional)
Email	Select

Search Auth Rep

Cancel Next

Quick Reference Guide: Benefits Application within kynect

5. If the Authorized Representative is not found in the system, select their **Sex** from the drop-down.
6. Select the appropriate **Year**, **Month**, and **Day** from the calendar for the Authorized Representative's Date of Birth.
7. Enter the Authorized Representative's **Phone Number**.
8. Select the Authorized Representative's **Preferred Language** from the drop-down.
9. Click **Yes** or **No** for *Does this authorized representative work for an organization that provides you assistance?*
 - a. If **Yes**, enter the **Organization Name**.
10. Click **Next**.

The screenshot shows a form titled "Search Auth Rep" with the following fields and options:

- Social Security Number:** A text input field.
- Sex:** A dropdown menu with "Select" and a checkmark icon, highlighted with a red box.
- Date of Birth:** A date picker field with the format "mm/dd/yyyy" and a calendar icon, highlighted with a red box.
- Phone number:** A text input field with a mask "###-###-####", highlighted with a red box.
- Ext. (optional):** A text input field.
- Preferred language:** A dropdown menu with "Start Typing", highlighted with a red box.
- Does this authorized representative work for an organization that provides you assistance?:** A question with two radio button options: "Yes" and "No", highlighted with a red box.
- Cancel:** A light blue button at the bottom left.
- Next:** A purple button at the bottom right, highlighted with a red box.

11. Select the Authorized Representative's **Relationship** to the primary Applicant from the drop-down.
12. Enter the Authorized Representative's **Address**.
 - a. Select the Authorized Representative's **Address** from the drop-down. The drop-down will automatically populate valid addresses that match the criteria entered.
13. Check the **box** for *Which program(s) do you want this authorized representative to have access to?*.
14. Select the **Level of Access** the Authorized Representative should have access to.
15. Click **Next**.

The screenshot shows the 'Add Authorized Representative' form. The title is 'Add Authorized Representative' in blue. Below the title is a grey bar. The main heading is 'Add Authorized Representative' in blue. Below this is a grey bar. The text reads: 'Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.'

There are three red boxes highlighting specific fields:

- The first red box highlights the 'How is this person related to you?' dropdown menu, which is currently set to 'Other'.
- The second red box highlights the 'Address' field, which contains the text '123, WEST MAIN STREET, DOWNTOWN, LOUISVI'.
- The third red box highlights the 'Which program(s) do you want this authorized representative to have access to?' section. This section has a title and a list of options. The first option is 'Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)' and is selected with a green checkmark. Below it are two radio button options: 'Apply, Report Changes, Recertify' and 'Apply, Report Changes, Recertify and receive copy of Notices'. The second option is highlighted by a red box.

At the bottom of the form are three buttons: 'Back', 'Cancel', and 'Next'. The 'Next' button is highlighted with a red box.

16. Enter the Applicant's **First Name**.
17. Enter the Applicant's **Last Name**.
18. Click **Submit Authorized Representative**.

Authorized Representative Consent

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

Terms of Agreement

1. I give permission to this authorized representative to perform the chosen actions. I will give them information that is true to the best of my knowledge.
2. I will not give false information and will report changes in a timely manner. I understand if I fail to do so, I may face consequences. I understand this includes prosecution for fraud, losing benefits, and paying back benefits.

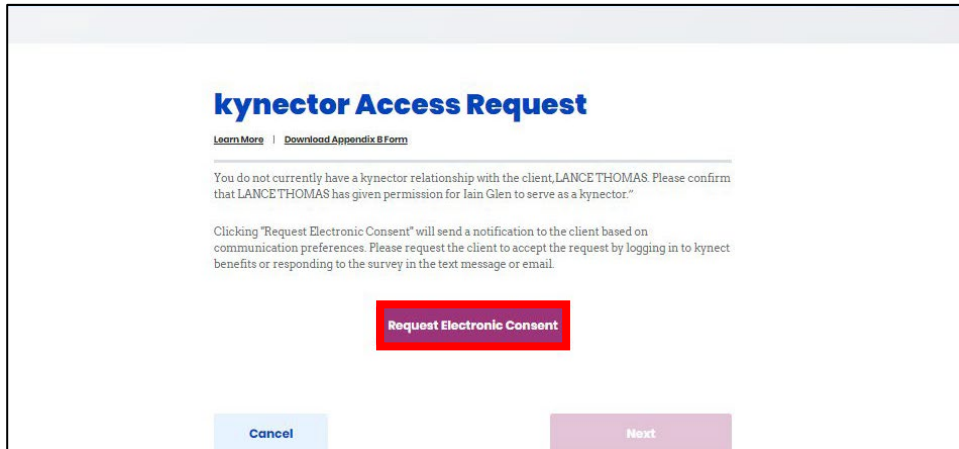
By entering your name below, you are electronically signing this form.

<input type="text" value="First Name"/>	<input type="text" value="MI."/>	<input type="text"/>
<input type="text" value="Last Name"/>	<input type="text" value="Suffix"/>	<input type="text" value="Date"/>

4.2 Add kynector

If a kynector is assisting an Applicant with a benefits application, they need to receive electronic or verbal consent from the Applicant as detailed below. kynectors may be added to an application to assist with enrolling the Applicant in health coverage by submitting a benefits application.

1. Click **Request Electronic Consent**.



The screenshot shows a web interface titled "kynector Access Request". At the top, there are links for "Learn More" and "Download Appendix B Form". The main text reads: "You do not currently have a kynector relationship with the client, LANCE THOMAS. Please confirm that LANCE THOMAS has given permission for Iain Glen to serve as a kynector." Below this, a smaller line of text states: "Clicking 'Request Electronic Consent' will send a notification to the client based on communication preferences. Please request the client to accept the request by logging in to kynect benefits or responding to the survey in the text message or email." There are three buttons at the bottom: a blue "Cancel" button on the left, a red "Request Electronic Consent" button in the center, and a purple "Next" button on the right.

Please note: After clicking **Request Electronic Consent** in kynect benefits, the Applicant is sent a consent notification via their preferred contact method and is given 90 seconds to respond. It is highly encouraged that kynectors receive consent via email and/or phone, if possible, to keep the Applicant involved in the application process and confirm accurate email/phone number information. While the Applicant is providing electronic consent, the kynector may use the time to complete tasks such as talking with the Applicant, compiling verification documents, or using the kynect health coverage Prescreening Tool.

2. If the Applicant does not respond electronically within three minutes, click **Confirm Verbal Consent**.
3. Click **Acknowledgement of Roles and Responsibilities of kynectors** and click **Agree**.
4. Click **Authorizations** and click **Agree**.
5. Click **Additional Important Information** and click **Agree**.
6. Click **Next** to add the kynector to the application.

kynector Access Request

[Learn More](#) | [Download Appendix B Form](#)

You do not currently have a kynector relationship with the client, LANCE THOMAS. Please confirm that LANCE THOMAS has given permission for Iain Glen to serve as a kynector.

Clicking "Request Electronic Consent" will send a notification to the client based on communication preferences. Please request the client to accept the request by logging in to kynect benefits or responding to the survey in the text message or email.

Request Electronic Consent

Client did not respond.

Confirm Verbal Consent

Verbal Consent

Please agree to each of the following to confirm consent from the client. If you do not agree to all of the below, you will be unable to continue this application.

- Acknowledgement of Roles and Responsibilities of kynectors**
- Authorizations**
- Additional Important Information**

The client will receive a confirmation of this agreement and will be able to remove association to the kynector at any time via kynect benefits.

Cancel **Next**

4.3 Add Agent

Agents may be added to an application to assist with enrolling the Applicant in health coverage by submitting a benefits application. If an Agent is submitting a benefits application on behalf of an Applicant, their name will automatically appear under the *Insurance Agent* section.

1. Enter the Agent's **First Name**.
2. Enter the Agent's **Last Name**.
3. Enter the Agent's **Zip Code**.
4. Enter the Agent's **Organization**.
5. Click **Search**.

The screenshot shows a search interface titled "Find kynector or Agent". At the top, there is a "Type" dropdown menu with two options: "kynector" and "Agent". Below this, there are four input fields arranged in a 2x2 grid: "First Name", "Last Name", "Zip Code", and "Organization". A red rectangular box highlights these four input fields. At the bottom of the form, there are two buttons: a light blue "Cancel" button on the left and a purple "Search" button on the right.

Please note: Not all Agent information must be entered to perform a search. Enter the information known and click **Search** to display matching criteria. If an Agent has any Delegate(s), their name and contact information will display upon search.

6. Click **View Agent Details**.

The screenshot displays a search interface titled "Find kynector or Agent". It features a "Type" dropdown menu with "kynector" and "Agent" options, where "Agent" is selected. Below this are input fields for "First Name" (containing "GEORGE"), "Last Name", "Zip Code", and "Organization". There are "Cancel" and "Search" buttons. The results section shows "1 Results" and a "Filter (1)" button. A single result card for "George Wethington" is shown, with "View Agent Details" link highlighted in a red box.

Please note: If a user, other than an agent, clicks the **View Agent Details** hyperlink when trying to add an agent to a case with approved Medicaid or Qualified Health Plan programs, a question displays that states "Is this case linked to a kynect On Demand Referral?" This question only appears if no kynect On Demand response has been previously captured for the case. The question defaults to **No**. Select **Yes** if you have requested help from an insurance agent through kynect On Demand previously. When **Select Agent** is clicked, the response to the question is saved.

Quick Reference Guide: Benefits Application within kynect

7. Click **Select Agent** to add the Agent to the application.

Enaogeimusx Rwkrcrv
Application #: 600900344

Organization
JCI AQZSZBZFZ VXX

Insurance Company

Language(s)
English;Spanish

Contact Information

Phone
[604-777-1555](tel:604-777-1555)

Email
uat_pr_uat_168@dispostable.com

Address
[UNITED RIGHTWRITERS, INC., 3 POLLAND BAY, EXETER, NH, 03833](#)

Availability

Weekday - Daytime

Delegate Agent(s) Name	Phone Number	Email Address
John Doe	343-343-2425	Optim2@script.com
Chris Jones	234-234-3242	Optim3@script.com

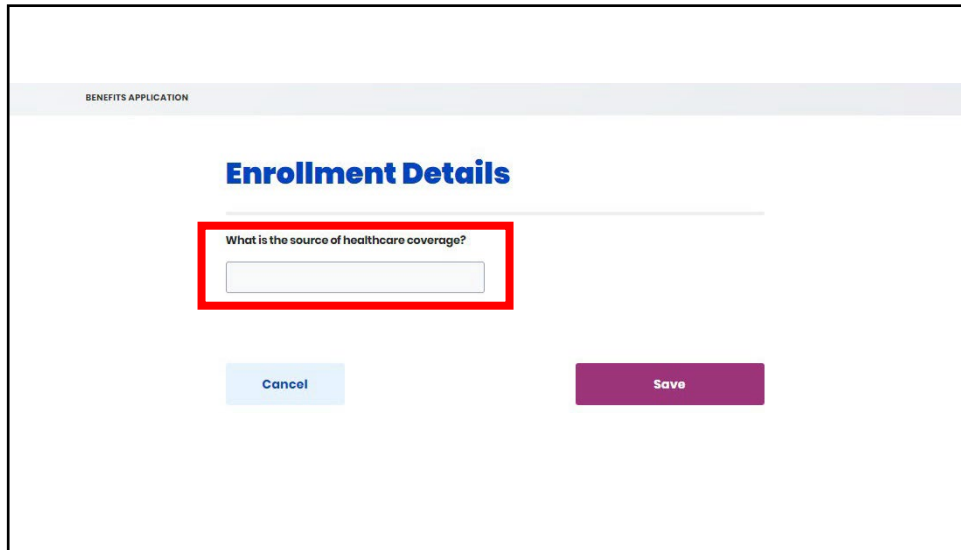
Select Agent

4.4 Health Coverage Selection

4.4.1 Enrolled in Health Coverage

If the Applicant clicks **Yes** for *Is anyone applying for benefits in your household enrolled in healthcare coverage?* they will need to report their source of health coverage.

1. Select the **Source** of health coverage the Applicant is enrolled in.



The screenshot displays a web form titled "BENEFITS APPLICATION" with a sub-header "Enrollment Details". A red rectangular box highlights a text input field with the label "What is the source of healthcare coverage?". Below the input field are two buttons: a light blue "Cancel" button and a purple "Save" button.

Quick Reference Guide: Benefits Application within kynect

2. Enter the **Healthcare Coverage Company Name**.
3. Enter the **Address**.
4. Enter the **Insurance Plan Name**.
5. Enter the **Policy ID**.
6. Enter the **Group ID**.
7. Select the **Household Member** for *Who is the policy holder?*
8. Select the **Household Member(s)** for *Who is enrolled in this plan?*
9. Click **Save**.

Insurance Details

I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B.

Plan Details

Policy Member Details

Who is the policy holder?
 PATRICK MAHOMEY
 Someone outside my household

Who is enrolled in this plan?

10. Select the **Employer Name**.
11. Click **Yes** or **No** for *Does [Applicant Name] use tobacco?*
12. Select the **Type of healthcare coverage**.
 - a. Select the **Coverage Start Date** from the calendar.
13. Click **Save**.

BENEFITS APPLICATION

Enrollment Details

PATRICK MAHOMEY

Employer name

YMCA

Other

Does PATRICK MAHOMEY use tobacco?

Policy Coverage Details

Type of healthcare coverage

Medical

Hospital

Dental

Vision

Cancer only

Medical Supp (Plan 65)

Nursing Home

VA (Veterans health benefit)

Other

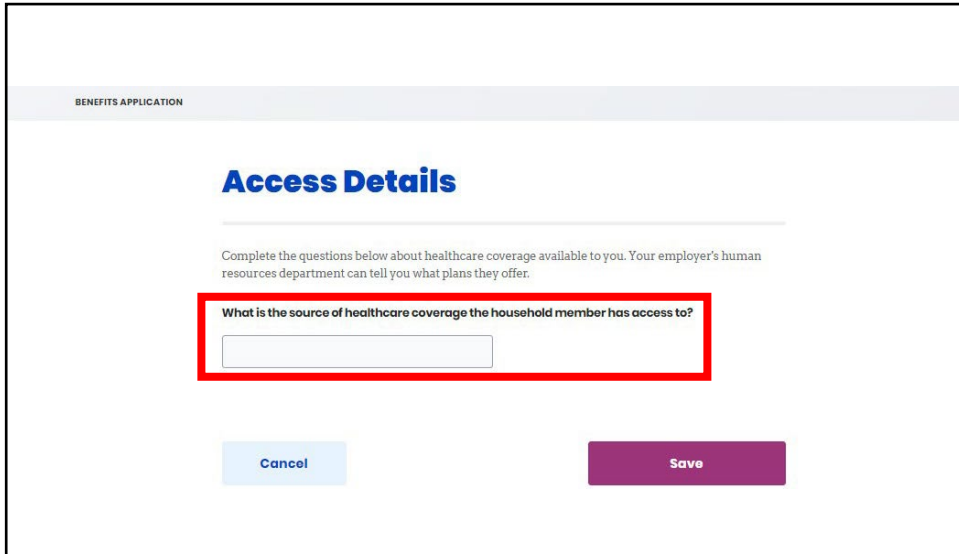
Drugs

Unknown

4.4.2 Offer of Health Coverage

If the Applicant clicks **Yes** for *Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has not yet enrolled?* they will need to report the source of the health coverage offer.

1. Select the **Source** of health coverage the Applicant has been offered.



The screenshot shows a web form titled "BENEFITS APPLICATION" with a sub-section "Access Details". Below the title, there is a horizontal line and a paragraph of instructions: "Complete the questions below about healthcare coverage available to you. Your employer's human resources department can tell you what plans they offer." A red rectangular box highlights a question: "What is the source of healthcare coverage the household member has access to?". Below this question is a text input field. At the bottom of the form, there are two buttons: a light blue "Cancel" button on the left and a purple "Save" button on the right.

2. Enter the **Healthcare Coverage Company Name**.
3. Enter the **Address**.
4. Enter the **Insurance Plan Name**.
5. Select the **Household Member** for *Who is the policy holder?*
6. Select the **Household Member(s)** for *Who has access to this plan?*
7. Click **Save**.

The screenshot shows a web form titled "Insurance Details" with several sections. Red boxes highlight the following fields:

- Insurance Details**
 - Healthcare coverage company name
 - Address
 - Address Line 2 (with example text: I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B)
- Plan Details**
 - Insurance Plan Name
- Policy Member Details**
 - Who is the policy holder?**
 - PATRICK MAHOMEY
 - Someone outside my household
 - Who has access to this plan?**
 - PATRICK MAHOMEY
 - Someone outside my household

At the bottom of the form, there are two buttons: "Cancel" and "Save". The "Save" button is highlighted with a red box.

8. Select the **Employer Name**.
9. Click **Yes** or **No** for *Does [Applicant Name] use tobacco?*
10. Select the **Type of healthcare coverage**.
11. Click **Save**.

BENEFITS APPLICATION

Access Details

PATRICK MAHOMEY

Employer name

YMCA

Other

Does PATRICK MAHOMEY use tobacco?

Policy Coverage Details

Type of healthcare coverage

Medical

Hospital

Dental

Vision

Cancer only

Medical Supp (Plan 05)

Nursing Home

VA (Veterans health benefit)

Other

Drugs

Unknown

4.5 Employer's Health Reimbursement Arrangement (HRA)

4.5.1 Enrolled in Employer's HRA

If the Applicant clicks **Yes** for *Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?* they will need to report the HRA details.

1. Select the **Type** of HRA for *Which type of HRA is available?*
2. Select the **Household Member** for *Whose employer offers HRA?*
 - a. Select the **Employer** for *Which employer offers this HRA?*
3. Select the **Household Member** for *Select the household members who are covered by this HRA.*
4. Select the **HRA Start Date** from the calendar.
 - a. The **HRA End Date** defaults to 12 months after the HRA Start Date.
5. Click **Save**.

BENEFITS APPLICATION

Enrolled in Employer's HRA Details

Complete the questions below about the HRA available to you.

Which type of HRA is available? ⓘ

Individual Coverage HRA (ICHRA)

Qualified Small Employer HRA (QSEHRA)

Whose employer offers HRA?

SAM LAMB

Select household members who are covered by this HRA

SAM LAMB

HRA Details

HRA Start Date
mm/dd/yyyy

HRA End Date
mm/dd/yyyy

Cancel Save

4.5.2 Offer of Employer's HRA

If the Applicant click **Yes** for *Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled?* they will need to report the HRA offer details.

1. Select the **Type** of HRA for *Which type of HRA is available?*
 - a. If **ICHRA**, click **Yes** or **No** for *Do you plan to opt-out of this HRA if found eligible for payment assistance?*
2. Select the **Household Member** for *Whose employer offers HRA?*
 - a. Select the **Employer** for *Which employer offers this HRA?*
3. Select the **Household Member** for *Select the household members who are covered by this HRA.*
4. Click **Yes** or **No** for *On [Date] will you be able to use the HRA?*
5. Select the **HRA Start Date** from the calendar.
 - a. The **HRA End Date** defaults to 12 months after the HRA Start Date.
6. Enter the **Number** for *What's the maximum self-only amount of reimbursement offered by this employer?.*
7. Select the **Frequency** for *How often will this amount be made available?.*

BENEFITS APPLICATION

Offer to Employer's HRA Details

Complete the questions below about the HRA available to you.

Which type of HRA is available? ⓘ

Individual Coverage HRA (ICHRA)

Qualified Small Employer HRA (QSEHRA)

Whose employer offers HRA?

PATRICK MAHOMEY

Select household members who are covered by this HRA

PATRICK MAHOMEY

On 11/22/2021 will you be able to use the HRA? ⓘ

HRA Details

HRA Start Date

mm/dd/yyyy

HRA End Date

mm/dd/yyyy

What's the maximum self-only amount of reimbursement offered by this employer? ⓘ

\$

How often will this amount be available? ⓘ

Select

8. Enter the employer's **Primary Phone Number**.
9. Enter the employer's **Email Address**.
10. Enter the **Employer Identification Number (EIN)**.
11. Enter the employer contact **First Name**.
12. Enter the employer contact **Last Name**.
13. Enter the employer's **Address**.
14. Click **Save**.

The screenshot shows a web form titled "Employer Details" with several sections. The "Employer Details" section includes fields for "Primary Phone Number" (with a mask ###-###-####), "Email", and "Employer Identification Number (EIN)". The "Employer Contact Person" section includes fields for "First Name", "Last Name", and a "Suffix" dropdown menu. The "Address Information" section includes fields for "Address" and "Address Line 2" (with a hint: "IE, APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O."). At the bottom, there are "Cancel" and "Save" buttons. Red boxes highlight the "Primary Phone Number", "Email", "Employer Identification Number (EIN)", "First Name", "Last Name", "Address", and "Save" fields.