

The Commonwealth of Kentucky
kynect State-Based Marketplace



**Agent Portal Quoting Tool Scenarios
Quick Reference Guide**

Last Updated: October 24, 2025

Introduction

This document provides information on various scenarios related to the Quoting Tool in Agent Portal.

Table of Contents

1	Agent Portal Quoting Tool Overview	3
2	Scenario 1: Create a Prospect, Submit a Benefits Application, and Create a Quote.....	3
	2.1 Create a Prospect in Agent Portal.....	3
	2.2 Submit the Benefits Application	7
	2.3 Create a Quote in Agent Portal	13
3	Scenario 2: Create a Quote for a Non-Prospect	26
4	Scenario 3: Create a Quote for Two Individuals (QHP) and Two Children (KCHIP).....	38

1 Agent Portal Quoting Tool Overview

Agents may create quotes for Clients and Prospects in Agent Portal. A quote may only be created in Agent Portal if the Individual is entered as a Prospect or Client. The process to create a quote may vary depending on the scenario.

2 Scenario 1: Create a Prospect, Submit a Benefits Application, and Create a Quote

This scenario walks through the process of creating a Prospect in Agent Portal, accessing the benefits application within kynect benefits from Agent Portal, and creating a quote for that Prospect.

Please note: A Prospect does not need to be created if the Individual is ready to apply for benefits. Instead, select **Initiate an Application for Individual** under *Quick Links*. Once the benefits application is complete, the Individual should automatically be included in the Book of Business as a Client.

2.1 Create a Prospect in Agent Portal

Complete the following steps to create a Prospect in Agent Portal:

1. On the **Agent Portal Dashboard**, select **Book of Business** to navigate to the **Book of Business** screen.
2. Select **Current Prospect** from the *Choose Client/Prospect* drop-down.
3. Select **Search**.

The screenshot displays the 'Book of Business' interface in the Kentucky Health Benefit Exchange. The top navigation bar includes 'My Account' and 'Help'. The main navigation tabs are 'Overview', 'Book Of Business' (selected), 'My Quotes', 'My Delegates', 'Messages', 'kynect On Demand', 'Data Dashboard', and 'Settings'. The 'Quick Links' section on the left contains several links: 'Initiate an Application for Individual', 'Initiate an Application for Employer', 'Request Case Access', 'Pre-Screening (Individual)', 'Kentucky DOI', 'Training Materials', and 'SHOP Tax Credit Estimator'. Below this are 'Announcements' (0 Urgent, 0 Unread) and 'Issuer Websites' (Anthem Health Plans of KY, Inc.; BEST Life and Health; CareSource Kentucky Co.; Molina Healthcare of Kentucky, Inc.; WellCare Health Plans of Kentucky, Inc.). The search form includes a 'Market Segment' dropdown (Individual), a 'Choose Client/Prospect' dropdown (Current Prospect), and input fields for 'First Name', 'Last Name', 'Phone Number', and 'Email Address'. There is an 'Advanced Search' link and a 'Search on Primary' section. Below that is a 'Search on Household' section with 'First Name' and 'Last Name' fields. The 'Search on Application' section has an 'Application Number' field, a 'Status' dropdown (Set to -- Select --), and a 'Member Match Status' dropdown (Set to -- Select --). 'Reset' and 'Search' buttons are located at the bottom right of the form.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

4. Select **Create New Prospect**.

The screenshot displays the 'Book Of Business' section of the Kentucky Health Benefit Exchange Agent Portal. The page includes a navigation bar with 'My Account' and 'Help' options, and a secondary navigation bar with tabs for 'Overview', 'Book Of Business', 'My Quotes', 'My Delegates', 'Messages', 'kynect On Demand', 'Data Dashboard', and 'Settings'. The main content area features a 'Quick Links' sidebar on the left with various utility links. The central section contains search filters for 'Market Segment' (set to 'Individual') and 'Choose Client/Prospect' (set to 'Current Prospect'). Below these are input fields for 'First Name' and 'Last Name' (containing 'smith'), along with an 'Advanced Search' link and 'Reset' and 'Search' buttons. A table header is visible with columns for 'Primary Name', 'Phone Number', 'Email Address', 'Application Number', and 'Mailing Address'. The table body shows 'No Records Found'. At the bottom right, there are links for 'Upload Prospects' and 'Create New Prospect', with the latter being highlighted with a red rectangular box.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

5. Enter the Prospect's **First Name**.
6. Enter the Prospect's **Last Name**.
7. Enter or select the Prospect's *Contact Information* including **Address, City, State, Zip Code, County, Primary Email Address, and Email Type**.
8. Enter or select the Prospect's **Primary Phone Number** and **Primary Phone Type**.

Please note: The *Primary Email Address* and *Primary Phone* fields are optional, but at least one of these fields must be completed to create the Prospect.

9. Select the Prospect's **Preferred Spoken Language, Preferred Written Language, and Preferred Communication**.
10. Select **Add Household** to add other household members.

Kentucky Health Benefit Exchange

Welcome Eva Russellt | Sign Out | About | Help

My Account Help

Overview **Book Of Business** My Quotes My Delegates Messages kynect On Demand Data Dashboard Settings

Client Intake *=Required field

Insurance Market: Individual

* First Name MI * Last Name Suffix
--Select--

Contact Information

Address Line 1
Address Line 2

* City * State Zip Code Zip +4 County
--Select--

* Primary Email Address Email Type
--Select--

Add Secondary Email

* Primary Phone Ext. Primary Phone Type
--Select--

Add Secondary Phone

* Either one of Primary Email Address or Primary Phone Number is Mandatory.

Preferred Spoken Language Preferred Written Language Preferred Communication
--Select--

Add Household

Cancel Create Profile

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

11. The Prospect's First Name and Last Name automatically populate. Enter the **Age**, **Gender**, and select whether the Individual is **disabled** and/or a **tobacco user**, if applicable.
12. Select **Add Spouse** to enter spousal information.
13. Enter the Spouse's **First Name**, **Last Name**, **Age**, **Gender**, and select whether the Individual is **disabled** and/or a **tobacco user**, if applicable.
14. Select **Save Profile** to save the household and add the Prospect.

Kentucky Health Benefit Exchange

Welcome Eva Russell | Sign Out | About | Help

My Account Help

Overview Book Of Business My Quotes My Delegates Messages kynect On Demand Data Dashboard Settings

Build Individual Household *-=Required field

* First Name	* Last Name	Age	Gender	* Role	Is Tobacco User?	Is Disabled?	Action
Jane	Smith	36	Female	Self	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
John	Smith	35	Male	Spouse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

of Dependents between 0-20 years old Add

* This selection is a shortcut to bypass entry for dependents under the age of 21. They will be rated equally.

Add Spouse Add Dependent(s)

Save Profile Cancel

2.2 Submit the Benefits Application

Complete the following steps to submit a benefits application from Agent Portal:

15. On the **Current Prospect** screen, select **Pre-Screening**.

The screenshot displays the 'Current Prospect' interface for Jane Smith. The top navigation bar includes 'Kentucky Health Benefit Exchange', 'My Account', and 'Help'. The user is logged in as 'Eva Russell'. The main navigation tabs are 'Overview', 'Book Of Business', 'My Quotes', 'My Delegates', 'Messages', 'kynect On Demand', 'Data Dashboard', and 'Settings'. The 'Book Of Business' tab is active, showing the 'Insurance Market : Individual' section. The prospect details for Jane Smith are listed, including contact information and preferences. Below the details are links for 'Initiate Application', 'Abandon', 'Pre-Screening' (highlighted with a red box), 'Add Note', 'Start New Quote', and 'Manage Document'. A table below shows a single quote with ID 1041, name 'TestQuote', last updated on 01/31/2024, and status 'In Progress'. A 'Back' button is located at the bottom left.

QuoteID	Quote Name	Last Updated	Status	Action
1041	TestQuote	01/31/2024	In Progress	

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

16. Select **Yes, I Accept** to proceed to the benefits application.

kynect
benefits

jonathan.mollykl@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 as 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](#)

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

17. Select **Start Benefits Application**.

Get Started on the Benefits Application

Mark the Progress

If you are already associated with the individual you want to submit an application for, search for them and initiate the application from their dashboard.

You can apply for the following:

- 1 Health Care Assistance
Health Care Assistance Health Plan with Payment Assistance (Medicaid/Medicaid)
- 2 Qualified Health Plan
Qualified Health Plan with Payment Assistance

[Learn More](#)

Know about the application process

Application Summary

Updated Completion Status

The 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 to process.

Gather Important Documents

1. Social Security Number
2. Income Information (e.g. mbrs, annual letters)
3. Expense Information (rent, utilities, medical bills)
4. Tax Returns

Fill Out the Application

1. Provide household information (number of members, age, citizenship, education)
2. Provide individual member information (income, expense, assets)

Get Results & Next Steps

1. Set up members
2. Send additional documentation

Need help?

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

Contact Synactor

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

- Apply for Medicaid or KJ-HCFP
- Request changes to your information
- Reenroll your Medicaid benefits

[Contact Synactor](#)

Call Department for Community Based Services (DCBS)

Ask a DCBS worker any questions you have about the application process.

[1-855-306-0955](tel:1-855-306-0955)

[Exit](#) [Start Benefits Application](#)

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

18. Read the *Information for All Who Apply* and select **I Agree**.

The screenshot shows a web application interface with a modal window titled "Information for All Who Apply". The modal contains a list of requirements for applicants, including providing social security numbers, citizenship information, and specific documents for KI-HIPP applicants. At the bottom of the modal, there are two buttons: "I Disagree" and "I Agree". The "I Agree" button is highlighted with a red border. In the background, there is a sidebar with sections like "Gather Important Documents" and "Need help?", and a main content area with text about the application process.

Information for All Who Apply

- Anyone applying for any of these benefits must have to give us his or her social security number or tell us about his or her citizenship and immigration status.
- If you or anyone else in your home does not want to receive benefits, then you do not have to tell us about your social security number, citizenship, or immigration status. Other members of your household can still get benefits, if they qualify.
- Receiving Medicaid, Kentucky Children's Health Insurance Program (KCHIP) or SNAP Benefits will not affect you or your family's ability to change your immigration status. An exception to this is the use of long-term institutional care, such as nursing home.
- Receiving KTAP or Supplemental Security Insurances (SSI) could cause problems for immigrants who are trying to change their immigration status, especially if the benefits are your family's only income. If this applies to you, talk to an agency that helps immigrants with legal problems before you apply.
- Refugees and persons granted asylum may not receive any benefit, including KTAP, without hurting their chances of their immigration status or becoming a US citizen.
- If you would like to apply for KI-HIPP you must give us a copy of your Summary of Benefits and Coverage (SBC) form; AND a copy of your Insurance Card or a document showing proof of coverage; AND Premium Rate Sheet for insurance plan; AND Proof of health insurance premium payment. If you need help regarding KI-HIPP program, call us 855-459-6328.

As you go through this process, we will ask you to verify answers that you have given. Please give us as much detail as possible so that we can get you the benefits you may be eligible to get.

If you are applying for healthcare coverage we need your permission to check your information with state and federal databases. On the signature page, please check the box that gives us access to your information. To learn more about this, you can click on our [Full Privacy Statement](#).

Please note that CHFS will access your personal information stored on the state and federal databases.

Ready to get started? Click the I Agree button. By clicking on the Accept button, you are providing your consent that you have read and agreed to all of the above statements on this page. Remember: just use the buttons on the bottom of each page. Do not use the Forward, Back, or Stop button on your computer's browser.

I Disagree **I Agree**

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

19. Select the **Program(s)** the Prospect would like to apply for.

20. Select **Next**.

The screenshot shows the 'Program Selection' step of a 'BENEFITS APPLICATION'. The page has a blue header with the 'kynect benefits' logo and navigation links for 'Programs', 'Reps, Kynectors, & Agents', 'Child Care Provider Search', and 'Help & FAQs'. The user is logged in as 'ENAOGEIMUSX'. The main content area is titled 'Program Selection' and includes a 'Learn More' link. A red box highlights the instruction 'Select the programs the household would like to apply for.' and two radio button options: 'Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)' and 'QHP (Medical and Dental Insurance plans without payment assistance)'. At the bottom, there are three buttons: 'Back', 'Save & Exit', and 'Next', with the 'Next' button highlighted in red.

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.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

21. Complete the benefits application with the Prospect and submit the application to determine eligibility.

kynect Programs Reps, kynectors, & Agents Help & FAQs ENAOGEIMUSX

Language: English (English)

BENEFITS APPLICATION

Application Summary

Application# 600260627

Complete the sections below to submit the application.

1 of 10 completed

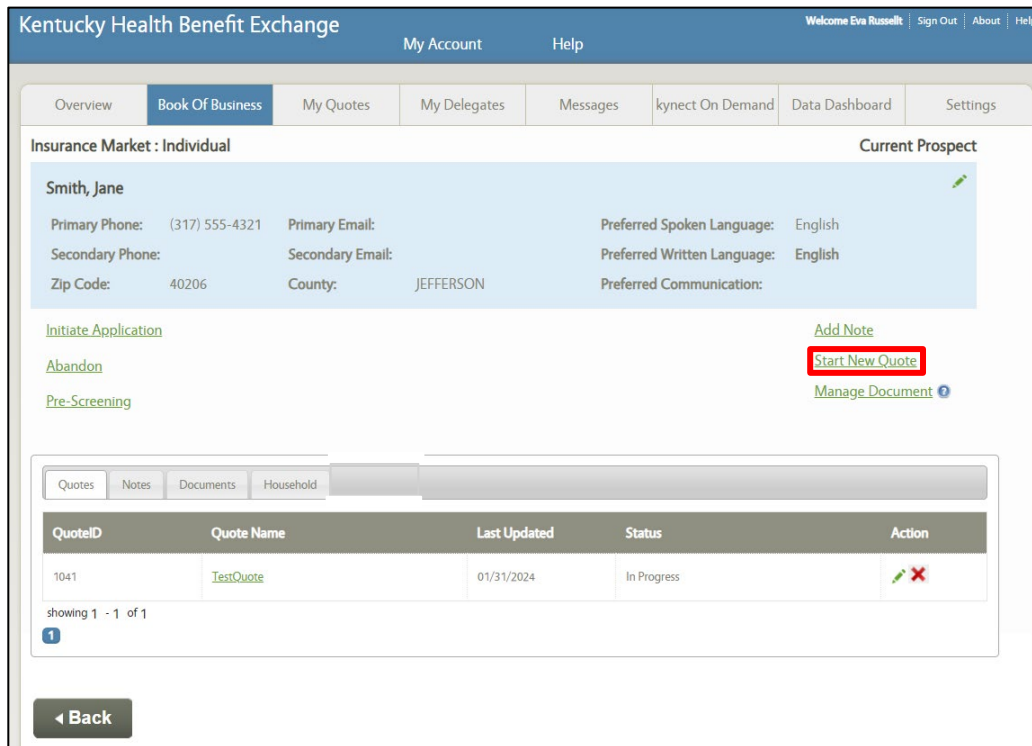
- Program Selection Edit
- Household Members Start
- Contact Information
- Reps, kynectors, & Agents Start
- Relationship & Tax Filing
- Household Information Start
- Member Details
- Healthcare Coverage Start
- Employer's Health Reimbursement Arrangement Start
- Sign & Submit Start

Save & Exit

Please note: Refer to the [Benefits Application Within kynect benefits QRG](#) for steps to complete the benefits application.

2.3 Create a Quote in Agent Portal

Complete the following steps to create a quote in Agent Portal:



22. On the **Current Client** screen, select **Start New Quote**.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

23. Enter the **Quote Name**.
24. Select the **Coverage Effective Date** from the drop-down.
25. Enter the **Annual Household Income**.
26. Select the **County** from the drop-down.
27. Select **Yes** or **No** for *Default Tobacco Use* from the drop-down.
28. Select **Generate Plans**.

Kentucky Health Benefit Exchange

Welcome Eva Russell | Sign Out | About | Help

My Account Help

Overview Book Of Business **My Quotes** My Delegates Messages kynect On Demand Data Dashboard Settings

Household Medical Dental Summary

*=Required field

Individual Market Quote

* Quote Name: TestQuote

* Annual Household Income: \$ 40000

* Coverage Effective Date: 2/1/2024

* County: JEFFERSON

Certain coverage effective dates may require qualification for a special enrollment period. If you have selected a coverage effective date that is outside the annual open enrollment period, please ensure that your client qualifies for a special enrollment period before continuing with this Quote

Member Details for Quote

DISCLAIMER: All members must be in the same tax group

DISCLAIMER: Date of Birth or Age is required

Default Tobacco Use: No

Override to Household

Clear

* First Name	* Last Name	* Date Of Birth	* Age (#)	Gender	* Role	Is Eligible for other Health Coverage? (##)	Is Tobacco User?	Is AIAN?	Action
Jane	Smith	MM/DD/YY	36	Femal	Subscrib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
John	Smith	MM/DD/YY	35	Male	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✖

Add Spouse Add Dependent(s)

of Dependents between 0-20 years old: Add

* This selection is a shortcut to bypass entry for dependents under the age of 21. They will be rated equally.

(#) Age as of current date.

(##) Eligible for Health Coverage through a job, Medicare, Medicaid, or CHIP.

Cancel Generate Plans

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

29. The APTC amount displayed is the maximum amount the household may apply to the Medical Plan.

The screenshot shows the 'Kentucky Health Benefit Exchange' interface. At the top, there is a navigation bar with 'Welcome Eva Russell', 'Sign Out', 'About', and 'Help'. Below this is a secondary navigation bar with 'My Account' and 'Help'. The main content area has a breadcrumb trail: 'Overview' > 'Book Of Business' > 'My Quotes' > 'My Delegates' > 'Messages' > 'kynect On Demand' > 'Data Dashboard' > 'Settings'. The 'My Quotes' section is active, showing a progress bar with four steps: 'Household' (checked), 'Medical' (selected), 'Dental', and 'Summary'. Below the progress bar, the 'Medical Plans' section is visible, showing a table with columns 'Name', 'Coverage Effective Date', and 'No. of Dependents'. The table contains one entry: 'Smith,Jane', '2/1/2024', and '1'. Below the table is the 'Payment Assistance' section, which is highlighted with a red box. It contains the following text: 'Your household is qualified to receive a maximum monthly Payment Assistance (APTC) amount of: **\$726**. This amount is applicable only if all qualified APTC household members choose to enroll in a Medical Plan.' 'Your household has qualified for a **category C** Cost-Sharing Reduction (CSR) , which can be applied to silver plans. The premiums (insurance plan costs) listed below already show the full amount of your Payment Assistance (APTC) applied to lower your monthly costs. Payment Assistance can only be used to help pay for the Essential Health Benefits (EHB) in a plan.' 'Please note that the payment assistance (APTC) and special discount (CSR) information above is Kentucky Health Benefit Exchange's estimate based on the information you provided in your application. The IRS makes the final decision about the amount of payment assistance you are eligible to receive.' 'You may adjust the APTC amount applied using the slider below OR specifying an exact amount here. Maximum Monthly Payment Assistance Available: **\$726**'. At the bottom of the 'Payment Assistance' section, there is a text input field labeled 'Payment Assistance for Medical: \$' with the value '726.00' entered, and a slider control ranging from '50' to '5726' with a green bar indicating the current value of 726.00.

Please note: Agents may use the slider to update the APTC applied or enter the amount in the field.

Please note: The Quoting Tool determines the eligible Cost-Sharing Reduction (CSR) benefit category for the household based on the following factors: number of individuals, including age, income, county, and if they are AI/AN (American Indian / Alaskan Native).

When Residents are eligible for CSR, additional information will be provided for Medical Plans.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

30. Check **Compare** and select **Compare Selected Plans** to compare plans side-by-side.
31. Check **Add To Quote** for the desired plan.
32. Select **Next**.

The screenshot displays the Agent Portal Quoting Tool interface. On the left, there are various filters including Insurance Company, Metal Level, Plan Type, Plan Features, Monthly Premium, Provider Name, Provider Zip Code, and Quality Rating. The main area shows a table of insurance plans with columns for Insurance Company, Total Monthly Premium, Your Monthly Payment, Individual Deductible, and Individual Out of Pocket Max. The table lists several Anthem plans, including Bronze, Silver, and Gold pathways. Each plan entry includes a 'Compare' button and an 'Add To Quote' button. The 'Add To Quote' button for the first plan is highlighted with a red box. At the bottom of the interface, there are buttons for 'Apply', 'Clear', 'Export', 'View All', 'Compare Selected Plans(0)', and a prominent 'Next >' button, which is also highlighted with a red box.

Insurance Company	Total Monthly Premium	Your Monthly Payment	Individual Deductible	Individual Out of Pocket Max
Anthem	\$504.36	\$482.36	\$6,700	\$9,200
Anthem	\$568.65	\$546.65	\$3,500	\$8,700
Anthem	\$714.82	\$692.82	\$2,300	\$7,250
Anthem	\$519.59	\$497.59	\$6,700	\$7,300
Anthem	\$537.13	\$515.13	\$6,000	\$8,900

Please note: Agents may add a Dental Plan to the quote by completing the same steps.

Please note: Agents may also print previously created Medical Plan quotes for Clients and Prospects by selecting the **Print** icon located on the right-hand side of the **Medical Plan Search**, **Medical Plan Detail**, or **Compare Medical Plan** screens. Agents may print Dental Plan quotes for Clients and Prospects by completing the same steps for Medical Plan quotes.

Please note: Selecting the **Email** icon or **Email** hyperlink on the **Medical Plan Search** or **Medical Plan Detail** screens enables Agents to send a copy of the **Quotes** they have created. Agents may email Dental Plan quotes for Clients and Prospects by completing the same steps for Medical Plan quotes.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Please note: CSR plans are identified by an \$ icon and display the **CSR Actuarial Level** when the **Payment Assistance Details** field is selected.

Please note: Hovering over the **Embedded Pediatric Dental Benefits** reveals the following message: “Pediatric dental coverage is considered an essential health benefit (EHB) and is offered through kynect as either a separate dental plan or embedded within a Qualified Health Plan. Please consult each plan’s brochures or other documents when deciding which is best for your family.”

Sort By:	1 - 5 of 30		
Select	< >		
Insurance Company	Your Monthly Payment	Individual Deductible	Individual Out of Pocket Max
Lowest Premium	\$482.36	\$6,700	\$9,200
Lowest Payment			
Lowest Deductible			
Lowest Out Of Pocket Max			
Issuer A-Z			
Issuer Z-A			
Copay Heavy Plan			
Coinsurance Heavy Plan			

Please note: New options have been added to the **Sort By** list, including Copay Heavy Plan and Coinsurance Heavy Plan. Plans included in the lists are sorted based on the copay or coinsurance premium listed in ascending order.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

33. The *Quote Summary* information displays. Select **Email** to email the quote to the Client.

The screenshot shows the 'My Quotes' section of the Kentucky Health Benefit Exchange. A progress bar indicates the steps: Household (checked), Medical (checked), Dental (checked), and Summary (not checked). The 'Quote Summary' section displays details for Jane Smith, including the quote name 'TestQuote', coverage effective date '2/1/2024', and market segment 'Individual'. Below this, a table lists 'Selected Medical Plans' for Jane Smith and John Smith, showing the plan name 'Anthem Silver Pathway X HMO 3500 S04 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)' and associated costs.

Individual Name	Role	Age	Medical Quotes
Jane Smith	Subscriber	36	Anthem Silver Pathway X HMO 3500 S04 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)
John Smith	Spouse	35	\$487.93
	Total Monthly Premium		\$484.76
	Monthly APTC Applied		\$972.69
	Monthly Individual Contribution		\$726.00

Please note: The quote email the Client receives contains an application link with the following language: “You can continue to receive assistance from the agent or using the link you may [Apply for Benefits](#).”

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

34. Enter your **Email Address**.
35. Enter the Resident's **Email Address**.
36. Enter **Comments** or use the automated text.
37. Select **Send Email**.

Email Quote ✕

Enter the email address where you would like to send this quote

Enter the email address to receive a copy of this email (optional)

By entering your email in the field above, you agree to receive copy of the emails sent from kynect. You can opt-out at anytime.

Please edit comments, if required

I have created a health plan proposal for you. Please review the proposal and contact me with any questions. I look forward to assisting you in making the best selection for you and your household members' health coverage needs.

Limit - 500 characters

Send Email

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

38. The quote displays under the *Quotes* tab.

The screenshot displays the 'Kentucky Health Benefit Exchange' agent portal. At the top, there is a navigation bar with 'My Account' and 'Help' links. Below this is a secondary navigation bar with tabs for 'Overview', 'Book Of Business', 'My Quotes', 'My Delegates', 'Messages', 'kynect On Demand', 'Data Dashboard', and 'Settings'. The 'Book Of Business' tab is active.

The main content area is titled 'Insurance Market : Individual' and 'Current Prospect'. It features a profile card for 'Smith, Jane' with the following details:

- Primary Phone: (317) 555-4321
- Primary Email:
- Preferred Spoken Language: English
- Secondary Phone:
- Secondary Email:
- Preferred Written Language: English
- Zip Code: 40206
- County: JEFFERSON
- Preferred Communication:

Below the profile card are several action links: 'Initiate Application', 'Abandon', 'Pre-Screening', 'Add Note', 'Start New Quote', and 'Manage Document'.

A red box highlights the 'Quotes' tab in the secondary navigation bar. Below it is a table of quotes:

QuoteID	Quote Name	Last Updated	Status	Action
1041	TestQuote	01/31/2024	In Progress	

Below the table, it says 'showing 1 - 1 of 1' and '1'. At the bottom left, there is a 'Back' button.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

The screenshot displays the 'Medical Plan Details' interface. At the top right, there are buttons for 'Download' and 'Back To Plan List'. Below the header, a note states: 'Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection.' A secondary note mentions: 'Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, download Adobe Acrobat Reader.' The main content area features a table with columns for 'Issuer Name', 'Plan Name', and 'Total Monthly Premium'. The first row shows 'Anthem' as the issuer, 'Anthem Bronze Pathway X HMO' as the plan name, and '\$504.36' as the premium. Below the table, there are several sections: 'Provider Directory' (with a green 'Provider Directory' link), 'Embedded Pediatric Dental' (Yes), 'Summary Of Benefits Coverage' (English and español), 'HSA/FSA' (N/A), 'Formulary', 'Out of Pocket Cost', and 'Your pinned plan indicators'. A red box highlights the 'Provider Directory' link and the 'Important Reminder about the Provider Directory' pop-up window. The pop-up window contains the same note as the top of the page and has an 'OK' button at the bottom right.

Please note: On the Medical Plan Details, Compare Medical Plans, Dental Plan Details, and Compare Dental Plans screens selecting Provider Directory displays a pop-up window with the following message: “Please be sure to check the Issuer’s provider directory page for the most up-to-date information before finalizing selection.” Selecting **OK** closes, the pop-up and displays provider directory in a new tab. Selecting **X** closes the window and returns to the same screen.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Medical Plan Details
Download ◀ Back To Plan List

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection. 🖨️

Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Issuer Name	Plan Name	Total Monthly Premium
	Anthem Bronze Pathway X HMO 6700 (\$0 Virtual PCP + \$0 Select Drugs + Incentives) ★★☆☆☆	\$504.36

Provider Directory

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

Provider Directory

English español

Embedded Pediatric Dental ? Yes

HSA/FSA N/A

Wellness Program No

Formulary

Out of Pocket Cost

Your pinned plan indicators

Quality Ratings ?

Overall Quality Rating

Getting the right care ★★☆☆☆

Member's care experience ★★★★★

Member's plan service experience ★★☆☆☆

Important Reminder about the Summary of Benefits and Coverage
✕

Please be sure to check the Summary of Benefits and Coverage before making a final choice. This document will help you choose a health plan. It will show you how you and the plan would share the cost for covered health care services. 3 plans for comparison.

OK

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Compare Medical Plans ◀ Back To Plan List

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection.
 Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Plans

Quality Rating

Total Monthly Premium

CSR Actuarial Level

Provider Directory

Plan 1	Plan 2	Plan 3
Everday Gold	Everday Gold + Vision + Adult Dental	Anthem Silver Pathway XHMO 500 (\$0
★ ★	★ ★	★ ★
\$95		
Lim		
English	English	English
español	español	español
Preferred Drug List	Preferred Drug List	Preferred Drug List
Out of Pocket Cost	Out of Pocket Cost	Out of Pocket Cost
No	No	Yes
N/A	N/A	N/A
No	No	No
80%	80%	85%

Important Reminder about the Summary of Benefits and Coverage ✕

Please be sure to check the Summary of Benefits and Coverage before making a final choice. This document will help you choose a health plan. It will show you how you and the plan would share the cost for covered health care services. 3 plans for comparison.

OK


Your pinned plan indicators will be displayed here:

Please note: Selecting **Summary of Benefits Coverage** hyperlink English or español displays a pop-up with the following message: “Please be sure to check the Summary of Benefits and Coverage before making a final choice. This document will help you choose a health plan. It will show you how you and the plan would share the cost for covered health care services.” Selecting the **OK** button, closes the pop-up and opens a new tab to download the document. Selecting **X** closes the window and returns to current screen.


Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Dental Plan Details

[Download](#) [Back To Plan List](#)

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection. 

Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Issuer Name	Plan Name	Total Monthly Premium
	Anthem Dental Family Not Rated	\$24.58

Provider Directory [Provider Directory](#) Out of Pocket Cost [Out of Pocket Cost](#)

Summary of Dental Coverage [English](#) [español](#) Medical Loss Ratio 85%

(Declaración de Cobertura Dental)

Your pinned plan indicators will

Deductible and Out of Pocket

<input type="checkbox"/>	Deductible for one child	
<input type="checkbox"/>	Deductible for two or more children	
<input type="checkbox"/>	Out of Pocket Max for one child	
<input type="checkbox"/>	Out of Pocket Max for two or more children	\$375 per person \$750 per group

Adult Dental Coverage

Child Dental Coverage

Additional Details


Plan Documents

Important Reminder about the Summary of Dental Coverage




Please be sure to check the Summary of Dental Coverage before making a final choice. This document will help you choose a dental plan. It will show you how you and the plan would share the cost for covered dental care services.

[OK](#)

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Compare Dental Plans ◀ Back To Plan List 

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection.
 Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Plans	Plan 1	Plan 2	Plan 3
	 Anthem Dental Family	 Anthem Dental Family Enhanced	 Anthem Dental Family Value
Quality Rating	Not Rated	Not Rated	Not Rated
Total Monthly Premium	\$24.58	\$39.12	\$14.92
	<input type="checkbox"/> Add to Quote	<input type="checkbox"/> Add to Quote	<input type="checkbox"/> Add to Quote

Provider Directory	Provider Directory	Provider Directory	Provider Directory
Statement of Dental Coverage (Declaración de Cobertura Dental)	English español	English español	English español
Out of Pocket Cost	Out of Pocket Cost	Out of Pocket Cost	Out of Pocket Cost
Medical Loss Ratio			
Your pinned plan indicator			

Important Reminder about the Statement of Dental Coverage ✕

Please be sure to check the Statement of Dental Coverage before making a final choice. This document will help you choose a dental plan. It will show you how you and the plan would share the cost for covered dental care services.

Deductible and Out of P			
In Network			
<input type="checkbox"/> Deductible for one child			
<input type="checkbox"/> Deductible for two or more children	per person not applicable per group not applicable	per person not applicable per group not applicable	per person not applicable per group not applicable
<input type="checkbox"/> Out of Pocket Max for one child	\$375	\$375	\$375
<input type="checkbox"/> Out of Pocket Max for two or more children	\$375 per person \$750 per group	\$375 per person \$750 per group	\$375 per person \$750 per group

Please note: Selecting **Summary of Dental Coverage** or **Statement of Dental Coverage** **hyperlink** English or español displays a pop-up with the following message: “Please be sure to check the Summary of Dental Coverage before making a final choice. This document will help you choose a dental plan. It will show you how you and the plan would share the cost for covered dental care services.” Selecting the **OK** button, closes the pop-up and opens a new tab to download the document. Selecting **X** closes the window and returns to current screen.

3 Scenario 2: Create a Quote for a Non-Prospect

This scenario walks through the process of creating a quote in Agent Portal for an Individual not listed as the Prospect but included in the Household.

Complete the following steps to create a quote for a Non-Prospect in Agent Portal:

1. On the **Current Prospect** screen, select **Start New Quote**.

The screenshot displays the 'Current Prospect' screen for Jane Smith. The page header includes 'Kentucky Health Benefit Exchange', 'My Account', and 'Help'. The user is identified as 'Welcome Eva Russell'. The navigation menu includes 'Overview', 'Book Of Business', 'My Quotes', 'My Delegates', 'Messages', 'kynect On Demand', 'Data Dashboard', and 'Settings'. The 'Insurance Market' is set to 'Individual'. The prospect details for Jane Smith are shown, including her primary and secondary phone numbers, email addresses, zip code (40206), and county (JEFFERSON). Her preferred spoken and written languages are both listed as 'English', with the 'Preferred Written Language' field highlighted by a red box. Below the prospect details are links for 'Initiate Application', 'Abandon', 'Pre-Screening', 'Add Note', 'Start New Quote', and 'Manage Document'. A table below shows household members, including Jane Smith and her spouse John Smith.

First Name	Last Name	Age	Gender	Relationship	Is Disabled?	Is Tobacco User?
Jane	Smith	36	F	Self	Y	N
John	Smith	35	M	Spouse	N	Y

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

2. Enter the **Quote Name**.
3. Select the **Coverage Effective Date** from the drop-down.
4. Enter the **Annual Household Income**.
5. Select the **County** from the drop-down.
6. Select **Yes** or **No** for *Default Tobacco Use* from the drop-down.
7. Since the Individual is enrolled in Medicare and should not be included in the quote, check the **box** for *Is Eligible for other Health Coverage? (##)*.
8. Select **Generate Plans**.

Kentucky Health Benefit Exchange

Welcome Eva Russell | Sign Out | About | Help

My Account Help

Overview Book Of Business **My Quotes** My Delegates Messages kconnect On Demand Data Dashboard Settings

Household Medical Dental Summary

*=Required field

Individual Market Quote

* Quote Name TestQuote2

* Annual Household Income \$ 40000

* Coverage Effective Date 2/1/2024

* County : JEFFERSON

Certain coverage effective dates may require qualification for a special enrollment period. If you have selected a coverage effective date that is outside the annual open enrollment period, please ensure that your client qualifies for a special enrollment period before continuing with this Quote

Member Details for Quote

DISCLAIMER: All members must be in the same tax group

DISCLAIMER: Date of Birth or Age is required

Default Tobacco Use No Override to Household

Clear

* First Name	* Last Name	* Date Of Birth	* Age (#)	Gender	* Role	Is Eligible for other Health Coverage? (##)	Is Tobacco User?	Is AIAN?	Action
Jane	Smith	MM/DD/YY	36	Femal	Subscrib	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
John	Smith	MM/DD/YY	35	Male	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

of Dependents between 0-20 years old Add

* This selection is a shortcut to bypass entry for dependents under the age of 21. They will be rated equally.

(#) Age as of current date.

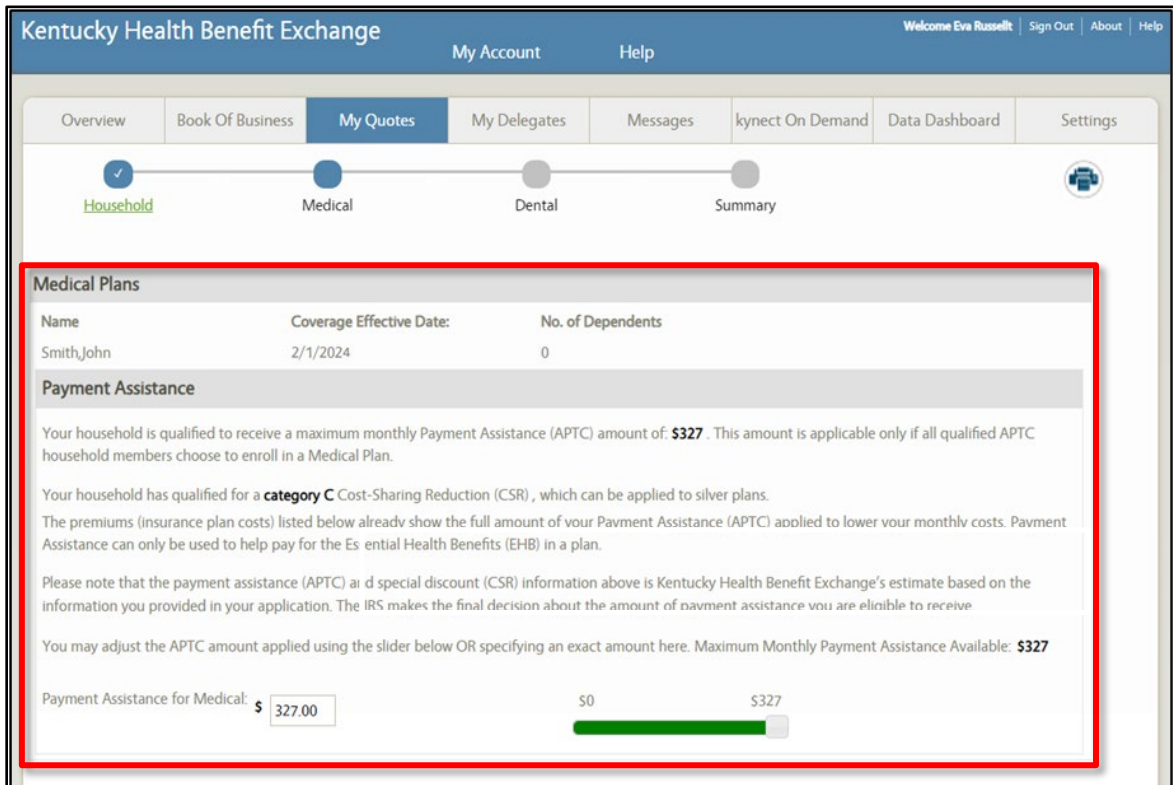
(##) Eligible for Health Coverage through a job, Medicare, Medicaid, or CHIP. ?

Cancel Generate Plans

Privacy Policy | Terms of Use | Contact Us | www.khbe.ky.gov | 1- (855) 326-4650

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

9. The APTC amount displayed is the maximum amount the household may apply to the Medical Plan.



The screenshot shows the 'Kentucky Health Benefit Exchange' interface. The user is logged in as 'Eva Russell'. The navigation menu includes 'Overview', 'Book Of Business', 'My Quotes', 'My Delegates', 'Messages', 'kynect On Demand', 'Data Dashboard', and 'Settings'. The 'My Quotes' section is active, with a progress bar showing 'Household' (checked), 'Medical', 'Dental', and 'Summary'. The 'Medical Plans' table lists 'Smith, John' with a coverage effective date of '2/1/2024' and '0' dependents. The 'Payment Assistance' section states: 'Your household is qualified to receive a maximum monthly Payment Assistance (APTC) amount of: \$327. This amount is applicable only if all qualified APTC household members choose to enroll in a Medical Plan.' It also mentions a 'category C Cost-Sharing Reduction (CSR)' for silver plans. A note states that the APTC and CSR information is an estimate based on the user's application. At the bottom, there is a text input field for 'Payment Assistance for Medical' set to '\$ 327.00' and a slider ranging from '50' to '\$327'.

Please note: Agents may use the slider to update the APTC applied or enter the amount in the field.

Please note: The Quoting Tool determines the eligible Cost-Sharing Reduction (CSR) benefit category for the household based on the following factors: number of individuals, including age, income, county, and if they are AI / AN.

When Residents are eligible for CSR, additional information will be provided for Medical Plans.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

10. Check **Compare** and select **Compare Selected Plans** to compare plans side-by-side.
11. Check **Add To Quote** for the desired plan.
12. Select **Next**.

The screenshot displays the Agent Portal Quoting Tool interface. On the left, there are various filters including Insurance Company, Metal Level, Plan Type, and Plan Features. The main area shows a table of insurance plans with columns for Insurance Company, Total Monthly Premium, Your Monthly Payment, Individual Deductible, and Individual Out of Pocket Max. The first plan listed is 'Anthem Bronze Pathway X HMO 6700 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)'. Red boxes highlight the search bar at the top, the 'Compare' and 'Add To Quote' buttons for the first plan, and the 'Next' button at the bottom right.

Insurance Company	Total Monthly Premium	Your Monthly Payment	Individual Deductible	Individual Out of Pocket Max
Anthem	\$504.36	\$482.36	\$6,700	\$9,200
Anthem Bronze Pathway X HMO 6700 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)				
Anthem	\$568.65	\$546.65	\$3,500	\$8,700
Anthem Silver Pathway X HMO 3500 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)				
Anthem	\$714.82	\$692.82	\$2,300	\$7,250
Anthem Gold Pathway X HMO 2300 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)				
Anthem	\$519.59	\$497.59	\$6,700	\$7,300
Anthem Bronze Pathway X HMO 6700 for HSA (+ Incentives)				
Anthem	\$537.13	\$515.13	\$6,000	\$8,900
Anthem Silver Pathway X HMO 6000 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)				

Please note: Agents may add a Dental Plan to the quote by completing the same steps.

Please note: Agents may also print previously created Medical Plan quotes for Clients and Prospects by selecting the **Print** Icon located on the right-hand side of the **Medical Plan Search**, **Medical Plan Detail**, or **Compare Medical Plan** screens. Agents may print Dental Plan quotes for Clients and Prospects by completing the same steps for Medical Plan quotes.

Please note: Selecting the **Email** icon or **Email** hyperlink on the **Medical Plan Search** or **Medical Plan Detail** screens enables Agents to send a copy of the **Quotes** they have created. Agents may email Dental Plan quotes for Clients and Prospects by completing the same steps for Medical Plan quotes.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Please note: Hovering over the **Embedded Pediatric Dental Benefits** reveals the following message: Pediatric dental coverage is considered an essential health benefit (EHB) and is offered through kynect as either a separate dental plan or embedded within a Qualified Health Plan. Please consult each plan's brochures or other documents when deciding which is best for your family."

Insurance Company	Your Monthly Payment	Individual Deductible	Individual Out of Pocket Max
Anthem	\$482.36	\$6,700	\$9,200

Please note: New options have been added to the **Sort By** list, including Copay Heavy Plan and Coinsurance Heavy Plan. Plans included in the lists are sorted based on the copay or coinsurance premium listed in ascending order.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

13. The *Quote Summary* information displays. Select **Email** to email the quote to the Client.

The screenshot shows the 'My Quotes' section of the Kentucky Health Benefit Exchange. A progress bar at the top indicates the steps: Household (checked), Medical (checked), Dental (checked), and Summary (current step). Below the progress bar, there are buttons for 'Cancel', 'Download', and 'Email' (highlighted with a red border). The 'Quote Summary' section displays the following information:

Jane Smith		Market Segment : Individual	
Quote Name	TestQuote2	QuoteId	1042
Coverage Effective Date	2/1/2024		

Below the quote summary, there is a section for 'Selected Medical Plans' with a link to 'Back to Plan Selection' and an 'Add Plan' button. A table lists the medical quotes for John Smith:

Individual Name	Role	Age	Medical Quotes
John Smith	Spouse	35	Anthem Bronze Pathway X HMO 6700 (\$0 Virtual PCP + \$0 Select Drugs + Incentives) ✕
		Total Monthly Premium	\$414.33
		Monthly APTC Applied	\$414.33
		Monthly Individual Contribution	\$327.00
			\$87.33

Please note: The quote created is only for the Subscriber, but the Spouse remains in the tax household. The Client's name will still appear in the *Quote Summary* section.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Please note: The quote email the Client receives contains an application link with the following language: “You can continue to receive assistance from the agent or using the link you may [Apply for Benefits](#).”

14. The quote displays under the *Quotes* tab.

The screenshot displays the 'Kentucky Health Benefit Exchange' agent portal. The user is logged in as 'Eva Russellt'. The 'Book Of Business' tab is active, showing details for 'Insurance Market : Individual' and 'Current Prospect' 'Smith, Jane'. Personal information includes phone numbers, email addresses, zip code (40206), and county (JEFFERSON). Language preferences are set to English. Action links include 'Initiate Application', 'Abandon', 'Pre-Screening', 'Add Note', 'Start New Quote', and 'Manage Document'. A 'Quotes' sub-tab is selected, showing a table with one quote:

QuoteID	Quote Name	Last Updated	Status	Action
1041	TestQuote	01/31/2024	In Progress	

The 'Quotes' tab and the quote row are highlighted with red boxes. A 'Back' button is visible at the bottom left.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Medical Plan Details Download Back To Plan List

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection.

Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Issuer Name	Plan Name	Total Monthly Premium
	Anthem Bronze Pathway X HMO 6700 (\$0 Virtual PCP + \$0 Select Drugs + Incentives) ★★★★☆	\$504.36

Provider Directory [Provider Directory](#) Embedded Pediatric Dental Yes

Summary Of Benefits Coverage [English](#) [español](#) HSA/FSA N/A

(Resumen de beneficios y de
Formulario

Out of Pocket Cost

Your pinned plan indicators

[Quality Ratings](#)

Important Reminder about the Provider Directory

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection.


[OK](#)

Please note: On the Medical Plan Details, Compare Medical Plans, Dental Plan Details, and Compare Dental Plans screens selecting Provider Directory displays a pop-up window with the following message: “Please be sure to check the Issuer’s provider directory page for the most up-to-date information before finalizing selection.” Selecting **OK** closes, the pop-up and displays provider directory in a new tab. Selecting **X** closes the window and returns to the same screen.


Quick Reference Guide: Agent Portal Quoting Tool Scenarios


Medical Plan Details

[Download](#) [Back To Plan List](#)

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection. 

Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Issuer Name	Plan Name	Total Monthly Premium
	Anthem Bronze Pathway X HMO 6700 (\$0 Virtual PCP + \$0 Select Drugs + Incentives) ★★★★☆	\$504.36

Provider Directory [Provider Directory](#) Embedded Pediatric Dental  Yes



Summary Of Benefits Coverage [English](#) [español](#) HSA/FSA N/A

(Resumen de beneficios y de cobertura) Wellness Program No

Formulary

Out of Pocket Cost

Your pinned plan indicators

 **Quality Ratings** 

Overall Quality Rating

Getting the right care ★★★★★

Member's care experience ★★★★★

Member's plan service experience ★★★★★

Important Reminder about the Summary of Benefits and Coverage

Please be sure to check the Summary of Benefits and Coverage before making a final choice. This document will help you choose a health plan. It will show you how you and the plan would share the cost for covered health care services. 3 plans for comparison.

[OK](#)

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Compare Medical Plans ◀ Back To Plan List

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection.
 Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Plans

Quality Rating

Total Monthly Premium

CSR Actuarial Level

Provider Directory

Plan 1	Plan 2	Plan 3
Everday Gold	Everday Gold + Vision + Adult Dental	Anthem Silver Pathway XHMO 500 (\$0)
★ ★	★ ★	★ ★
\$95	\$95	\$95
Lim	Lim	Lim
☐	☐	☐
English	English	English
español	español	español
Preferred Drug List	Preferred Drug List	Preferred Drug List
Out of Pocket Cost	Out of Pocket Cost	Out of Pocket Cost
No	No	Yes
N/A	N/A	N/A
No	No	No
80%	80%	85%

Important Reminder about the Summary of Benefits and Coverage ✕

Please be sure to check the Summary of Benefits and Coverage before making a final choice. This document will help you choose a health plan. It will show you how you and the plan would share the cost for covered health care services. 3 plans for comparison.

OK


Your pinned plan indicators will be displayed here:

Please note: Selecting **Summary of Benefits Coverage** hyperlink English or español displays a pop-up with the following message: “Please be sure to check the Summary of Benefits and Coverage before making a final choice. This document will help you choose a health plan. It will show you how you and the plan would share the cost for covered health care services.” Selecting the **OK** button, closes the pop-up and opens a new tab to download the document. Selecting **X** closes the window and returns to current screen.


Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Dental Plan Details

[Download](#) [Back To Plan List](#)

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection. 

Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Issuer Name	Plan Name	Total Monthly Premium
	Anthem Dental Family Not Rated	\$24.58

Provider Directory [Provider Directory](#) Out of Pocket Cost [Out of Pocket Cost](#)

Summary of Dental Coverage [English](#) [español](#) Medical Loss Ratio 85%

(Declaración de Cobertura Dental)

Your pinned plan indicators will

Important Reminder about the Summary of Dental Coverage ✕

Please be sure to check the Summary of Dental Coverage before making a final choice. This document will help you choose a dental plan. It will show you how you and the plan would share the cost for covered dental care services. [OK](#)

Deductible and Out of Pocket

- Deductible for one child
- Deductible for two or more children
- Out of Pocket Max for one child
- Out of Pocket Max for two or more children \$375 per person | \$750 per group


[Adult Dental Coverage](#)

[Child Dental Coverage](#)

[Additional Details](#)

[Plan Documents](#)

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Compare Dental Plans ◀ Back To Plan List 

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection.
 Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Plans	Plan 1	Plan 2	Plan 3
	Anthem Anthem Dental Family	Anthem Anthem Dental Family Enhanced	Anthem Anthem Dental Family Value
Quality Rating	Not Rated	Not Rated	Not Rated
Total Monthly Premium	\$24.58	\$39.12	\$14.92
	<input type="checkbox"/> Add to Quote	<input type="checkbox"/> Add to Quote	<input type="checkbox"/> Add to Quote

Provider Directory	Provider Directory	Provider Directory	Provider Directory
Statement of Dental Coverage (Declaración de Cobertura Dental)	English español	English español	English español
Out of Pocket Cost	Out of Pocket Cost	Out of Pocket Cost	Out of Pocket Cost
Medical Loss Ratio			
Your pinned plan indicator			

Important Reminder about the Statement of Dental Coverage ✕

Please be sure to check the Statement of Dental Coverage before making a final choice. This document will help you choose a dental plan. It will show you how you and the plan would share the cost for covered dental care services.

OK

Deductible and Out of P			
In Network			
<input type="checkbox"/> Deductible for one child			
<input type="checkbox"/> Deductible for two or more children	per person not applicable per group not applicable	per person not applicable per group not applicable	per person not applicable per group not applicable
<input type="checkbox"/> Out of Pocket Max for one child	\$375	\$375	\$375
<input type="checkbox"/> Out of Pocket Max for two or more children	\$375 per person \$750 per group	\$375 per person \$750 per group	\$375 per person \$750 per group

Please note: Selecting **Summary of Dental Coverage** or **Statement of Dental Coverage** hyperlink English or español displays a pop-up with the following message: “Please be sure to check the Summary of Dental Coverage before making a final choice. This document will help you choose a dental plan. It will show you how you and the plan would share the cost for covered dental care services.” Selecting the **OK** button, closes the pop-up and opens a new tab to download the document. Selecting **X** closes the window and returns to current screen.

4 Scenario 3: Create a Quote for Two Individuals (QHP) and Two Children (KCHIP)

This scenario walks through the process of creating a quote in Agent Portal for two Individuals eligible for QHP and removing the two Dependents receiving KCHIP.

Complete the following steps to create a quote for two Individuals (QHP) and two Children (KCHIP) in Agent Portal:

1. On the **Current Prospect** screen, select **Start New Quote**.

The screenshot shows the 'Current Prospect' screen for Jane Smith. The page includes a navigation bar with 'My Account' and 'Help', and a secondary navigation bar with 'Overview', 'Book Of Business', 'My Quotes', 'My Delegates', 'Messages', 'kynect On Demand', 'Data Dashboard', and 'Settings'. The main content area displays the prospect's information, including contact details and preferences. A red box highlights the 'Start New Quote' button. Below this, there is a 'Pre-Screening' section and a 'Member Match Task' table with columns for First Name, Last Name, Age, Gender, Relationship, Is Disabled?, and Is Tobacco User?. The table lists four individuals: Jane Smith (36, F, Self), John Smith (35, M, Spouse), Mary Smith (12, F, Dependent), and Andy Smith (9, M, Dependent). A 'Back' button is located at the bottom left.

First Name	Last Name	Age	Gender	Relationship	Is Disabled?	Is Tobacco User?
Jane	Smith	36	F	Self	Y	N
John	Smith	35	M	Spouse	N	Y
Mary	Smith	12	F	Dependent	N	N
Andy	Smith	9	M	Dependent	N	N

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

2. Enter the **Quote Name**.
3. Select the **Coverage Effective Date** from the drop-down.
4. Enter the **Annual Household Income**.
5. Select the **County** from the drop-down.
6. Select **Yes** or **No** for *Default Tobacco Use* from the drop-down.
7. Since the dependents are enrolled in KCHIP and should not be included in the quote, check the **box** for *Is Eligible for other Health Coverage? (##)*.
8. Select **Generate Plans**.

Kentucky Health Benefit Exchange

Welcome Eva Russell | Sign Out | About | Help

My Account Help

Overview Book Of Business **My Quotes** My Delegates Messages kynect On Demand Data Dashboard Settings

Household Medical Dental Summary *Required field

Individual Market Quote

* Quote Name

* Annual Household Income \$

* Coverage Effective Date --Select--

* County : JEFFERSON

Certain coverage effective dates may require qualification for a special enrollment period. If you have selected a coverage effective date that is outside the annual open enrollment period, please ensure that your client qualifies for a special enrollment period before continuing with this Quote

Member Details for Quote

DISCLAIMER: All members must be in the same tax group

DISCLAIMER: Date of Birth or Age is required

Default Tobacco Use No Override to Household

Clear

* First Name	* Last Name	* Date Of Birth	* Age (#)	Gender	* Role	Is Eligible for other Health Coverage? (##)	Is Tobacco User?	Is AIAN?	Action
Jane	Smith	MM/DD/YY	36	Femal	Subscrib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
John	Smith	MM/DD/YY	35	Male	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✗
Mary	Smith	MM/DD/YY	12	Femal	Dependi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✗
Andy	Smith	MM/DD/YY	9	Male	Dependi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✗

of Dependents between 0-20 years old Add

* This selection is a shortcut to bypass entry for dependents under the age of 21. They will be rated equally.
(#) Age as of current date.
(##) Eligible for Health Coverage through a job, Medicare, Medicaid, or CHIP. ?

Cancel Generate Plans

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

9. The APTC amount displayed is the maximum amount the household may apply to the Medical Plan.

The screenshot shows the 'My Quotes' section of the Kentucky Health Benefit Exchange. A red box highlights the 'Medical Plans' and 'Payment Assistance' information. The 'Medical Plans' table lists a plan for 'Smith, Jane' with a coverage effective date of 2/1/2024 and 1 dependent. The 'Payment Assistance' section states that the household is qualified for a maximum monthly APTC amount of \$726. It also mentions a category C Cost-Sharing Reduction (CSR) for silver plans. A slider below allows adjusting the APTC amount, currently set at \$726.00.

Name	Coverage Effective Date:	No. of Dependents
Smith, Jane	2/1/2024	1

Payment Assistance

Your household is qualified to receive a maximum monthly Payment Assistance (APTC) amount of: **\$726**. This amount is applicable only if all qualified APTC household members choose to enroll in a Medical Plan.

Your household has qualified for a **category C** Cost-Sharing Reduction (CSR), which can be applied to silver plans. The premiums (insurance plan costs) listed below already show the full amount of your Payment Assistance (APTC) applied to lower your monthly costs. Payment Assistance can only be used to help pay for the Essential Health Benefits (EHB) in a plan.

Please note that the payment assistance (APTC) and special discount (CSR) information above is Kentucky Health Benefit Exchange's estimate based on the information you provided in your application. The IRS makes the final decision about the amount of payment assistance you are eligible to receive.

You may adjust the APTC amount applied using the slider below OR specifying an exact amount here. Maximum Monthly Payment Assistance Available: **\$726**

Payment Assistance for Medical: \$ \$0 \$726

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

10. Check **Compare** and select **Compare Selected Plans** to compare plans side-by-side.
11. Check **Add To Quote** for the desired plan.
12. Select **Next**.

The screenshot displays the Agent Portal Quoting Tool interface. On the left, there are various filters including Insurance Company, Metal Level, Plan Type, and Plan Features. The main area shows a table of dental plans with columns for Insurance Company, Total Monthly Premium, Your Monthly Payment, Individual Deductible, and Individual Out of Pocket Max. The first plan listed is 'Anthem Bronze Pathway X HMO 6700 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)'. The 'Compare' and 'Add To Quote' buttons for this plan are highlighted with a red box. At the bottom of the interface, the 'Next' button is also highlighted with a red box. The 'Embedded Pediatric Dental Benefits' filter is also highlighted with a red box.

Insurance Company	Total Monthly Premium	Your Monthly Payment	Individual Deductible	Individual Out of Pocket Max
Anthem	\$504.36	\$482.36	\$6,700	\$9,200
Anthem	\$568.65	\$546.65	\$3,500	\$8,700
Anthem	\$714.82	\$692.82	\$2,300	\$7,250
Anthem	\$519.59	\$497.59	\$6,700	\$7,300
Anthem	\$537.13	\$515.13	\$6,000	\$8,900

Please note: Agents may add a Dental Plan to the quote by completing the same steps.

Please note: Agents may also print previously created Medical Plan quotes for Clients and Prospects by selecting the **Print** icon located on the right-hand side of the **Medical Plan Search**, **Medical Plan Detail**, or **Compare Medical Plan** screens. Agents may print Dental Plan quotes for Clients and Prospects by

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Please note: Selecting the **Email** icon or **Email** hyperlink on the **Medical Plan Search** or **Medical Plan Detail** screens enables Agents to send a copy of the **Quotes** they have created. Agents may email Dental Plan quotes for Clients and Prospects by completing the same steps for Medical Plan quotes.

Please note: Hovering over the **Embedded Pediatric Dental Benefits** reveals the following message: Pediatric dental coverage is considered an essential health benefit (EHB) and is offered through kynect as either a separate dental plan or embedded within a Qualified Health Plan. Please consult each plan's brochures or other documents when deciding which is best for your family."

Insurance Company	Your Monthly Payment	Individual Deductible	Individual Out of Pocket Max
Anthem	\$482.36	\$6,700	\$9,200

Sort By: Select

- Select
- Lowest Premium
- Lowest Payment
- Lowest Deductible
- Lowest Out Of Pocket Max
- Issuer A-Z
- Issuer Z-A
- Copay Heavy Plan
- Coinsurance Heavy Plan

1 - 5 of 30

Summary (In-Network) Payment Assistance Details Premium Details

Compare Add To Quote

Please note: New options have been added to the **Sort By** list, including Copay Heavy Plan and Coinsurance Heavy Plan. Plans included in the lists are sorted based on the copay or coinsurance premium listed in ascending order.

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

13. The *Quote Summary* information displays. Select **Email** to email the quote to the Client.

The screenshot shows the 'Quote Summary' page in the Kentucky Health Benefit Exchange Agent Portal. The page header includes 'Kentucky Health Benefit Exchange', 'My Account', and 'Help'. The navigation bar shows 'My Quotes' as the active tab. A progress indicator shows four steps: Household, Medical, Dental, and Summary, with the first three marked as complete. The quote summary for Jane Smith includes the following details:

Quote Summary		Cancel	Download	Email
Jane Smith		Market Segment : Individual		
Quote Name	TestQuote2	Quoteld	1042	
Coverage Effective Date	2/1/2024			

Selected Medical Plans [Back to Plan Selection](#)

Individual Name	Role	Age	Medical Quotes	Add Plan
John Smith	Spouse	35	Anthem Bronze Pathway X HMO 6700 (\$0 Virtual PCP + \$0 Select Drugs + Incentives) ✕	
	Total Monthly Premium	\$414.33		
	Monthly APTC Applied	\$414.33		
	Monthly Individual Contribution	\$327.00		
		\$87.33		

Please note: The quote created is only for the Subscriber and Spouse, but the Dependents remain in the tax household.

Please note: The quote email the Client receives contains an application link with the following language: “You can continue to receive assistance from the agent or using the link you may [Apply for Benefits](#).”

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

14. The quote displays under the *Quotes* tab.

The screenshot shows the 'Kentucky Health Benefit Exchange' interface. At the top, there are navigation links for 'My Account' and 'Help'. Below this is a menu with tabs: 'Overview', 'Book Of Business', 'My Quotes', 'My Delegates', 'Messages', 'kynect On Demand', 'Data Dashboard', and 'Settings'. The 'Book Of Business' tab is active, showing 'Insurance Market : Individual' and 'Current Prospect' for 'Smith, Jane'. Prospect details include phone, email, language preferences, and zip code. Below the prospect info are links for 'Initiate Application', 'Abandon', 'Pre-Screening', 'Add Note', 'Start New Quote', and 'Manage Document'. A 'Quotes' tab is highlighted with a red box, and below it is a table of quotes:

QuoteID	Quote Name	Last Updated	Status	Action
1041	TestQuote	01/31/2024	In Progress	

The table row is also highlighted with a red box. Below the table, it says 'showing 1 - 1 of 1' and '1'. A 'Back' button is at the bottom left.

The screenshot shows the 'Medical Plan Details' page for 'Anthem Bronze Pathway X HMO'. The total monthly premium is \$504.36. The page includes a table with columns for 'Issuer Name', 'Plan Name', and 'Total Monthly Premium'. Below the table, there are links for 'Provider Directory', 'Summary Of Benefits Coverage', 'Formulary', and 'Out of Pocket Cost'. The 'Provider Directory' link is highlighted with a red box. An 'Important Reminder about the Provider Directory' modal is open, also highlighted with a red box, containing the text: 'Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection.' and an 'OK' button.

Issuer Name	Plan Name	Total Monthly Premium
	Anthem Bronze Pathway X HMO 6700 (\$0 Virtual PCP + \$0 Select Drugs + Incentives) ★★★★☆	\$504.36

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Please note: On the Medical Plan Details, Compare Medical Plans, Dental Plan Details, and Compare Dental Plans screens selecting Provider Directory displays a pop-up window with the following message: “Please be sure to check the Issuer’s provider directory page for the most up-to-date information before finalizing selection.” Selecting **OK** closes the pop-up and displays provider directory in a new tab. Selecting **X** closes the window and returns to the same screen.

The screenshot displays the 'Medical Plan Details' interface. At the top, there are 'Download' and 'Back To Plan List' buttons. Below the header, a message states: 'Please be sure to check the Issuer’s provider directory page for the most up-to-date information before finalizing selection.' A note mentions that PDF documents require Adobe Acrobat Reader 5.0 or higher.

Issuer Name	Plan Name	Total Monthly Premium
	Anthem Bronze Pathway X HMO 6700 (\$0 Virtual PCP + \$0 Select Drugs + Incentives) ★★★★☆	\$504.36

Provider Directory: [Provider Directory](#) Embedded Pediatric Dental: Yes
Summary Of Benefits Coverage: [English](#) [español](#) HSA/FSA: N/A
(Resumen de beneficios y de cobertura) Wellness Program: No

Formulary
Out of Pocket Cost
Your pinned plan indicators
Quality Ratings
Overall Quality Rating
Getting the right care: ★★★★★
Member’s care experience: ★★★★★
Member’s plan service experience: ★★★★★

Important Reminder about the Summary of Benefits and Coverage

Please be sure to check the Summary of Benefits and Coverage before making a final choice. This document will help you choose a health plan. It will show you how you and the plan would share the cost for covered health care services. 3 plans for comparison.

OK

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Compare Medical Plans ◀ Back To Plan List

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection.
 Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Plans

Quality Rating

Total Monthly Premium

CSR Actuarial Level

Provider Directory

Plan 1	Plan 2	Plan 3
Everday Gold	Everday Gold + Vision + Adult Dental	Anthem Silver Pathway XHMO 500 (\$0
★	★	★
\$95		
Lim		
Summary Of Benefits Coverage	English	English
(Resumen de beneficiarios y de cobertura)	español	español
Formulary	Preferred Drug List	Preferred Drug List
Out of Pocket Cost	Out of Pocket Cost	Out of Pocket Cost
Embedded Pediatric Dental	No	No
HSA/FSA	N/A	N/A
Wellness Program	No	No
Medical Loss Ratio	80%	85%

Important Reminder about the Summary of Benefits and Coverage ✕

Please be sure to check the Summary of Benefits and Coverage before making a final choice. This document will help you choose a health plan. It will show you how you and the plan would share the cost for covered health care services. 3 plans for comparison.

OK


Your pinned plan indicators will be displayed here:

Please note: Selecting **Summary of Benefits Coverage** hyperlink English or español displays a pop-up with the following message: “Please be sure to check the Summary of Benefits and Coverage before making a final choice. This document will help you choose a health plan. It will show you how you and the plan would share the cost for covered health care services.” Selecting the **OK** button, closes the pop-up and opens a new tab to download the document. Selecting **X** closes the window and returns to current screen.


Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Dental Plan Details

[Download](#) [Back To Plan List](#)

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection. 

Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Issuer Name	Plan Name	Total Monthly Premium
	Anthem Dental Family Not Rated	\$24.58

Provider Directory [Provider Directory](#) Out of Pocket Cost [Out of Pocket Cost](#)

Summary of Dental Coverage [English](#) [español](#) Medical Loss Ratio 85%

(Declaración de Cobertura Dental)

Your pinned plan indicators will

Deductible and Out of Pocket

Deductible for one child

Deductible for two or more children

Out of Pocket Max for one child

Out of Pocket Max for two or more children \$375 per person | \$750 per group

Adult Dental Coverage

Child Dental Coverage

Additional Details

Plan Documents

Important Reminder about the Summary of Dental Coverage

Please be sure to check the Summary of Dental Coverage before making a final choice. This document will help you choose a dental plan. It will show you how you and the plan would share the cost for covered dental care services.

[OK](#)

Quick Reference Guide: Agent Portal Quoting Tool Scenarios

Compare Dental Plans

Please be sure to check the Issuer's provider directory page for the most up-to-date information before finalizing selection.
Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Plans

	Plan 1	Plan 2	Plan 3
Quality Rating	Not Rated	Not Rated	Not Rated
Total Monthly Premium	\$24.58	\$39.12	\$14.92
	<input type="checkbox"/> Add to Quote	<input type="checkbox"/> Add to Quote	<input type="checkbox"/> Add to Quote

Provider Directory

	Provider Directory	Provider Directory	Provider Directory
Statement of Dental Coverage (Declaración de Cobertura Dental)	English español	English español	English español
Out of Pocket Cost	Out of Pocket Cost	Out of Pocket Cost	Out of Pocket Cost
Medical Loss Ratio			
Your pinned plan indicator			

Deductible and Out of P

In Network			
<input type="checkbox"/> Deductible for one child			
<input type="checkbox"/> Deductible for two or more children	per person not applicable per group not applicable	per person not applicable per group not applicable	per person not applicable per group not applicable
<input type="checkbox"/> Out of Pocket Max for one child	\$375	\$375	\$375
<input type="checkbox"/> Out of Pocket Max for two or more children	\$375 per person \$750 per group	\$375 per person \$750 per group	\$375 per person \$750 per group

Important Reminder about the Statement of Dental Coverage

Please be sure to check the Statement of Dental Coverage before making a final choice. This document will help you choose a dental plan. It will show you how you and the plan would share the cost for covered dental care services.

Please note: Selecting **Summary of Dental Coverage** or **Statement of Dental Coverage** **hyperlink** English or español displays a pop-up with the following message: “Please be sure to check the Summary of Dental Coverage before making a final choice. This document will help you choose a dental plan. It will show you how you and the plan would share the cost for covered dental care services.” Selecting the **OK** button, closes the pop-up and opens a new tab to download the document. Selecting **X** closes the window and returns to current screen.