

The Commonwealth of Kentucky
kynect State-Based Marketplace



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

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Introduction

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

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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 in to 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**.

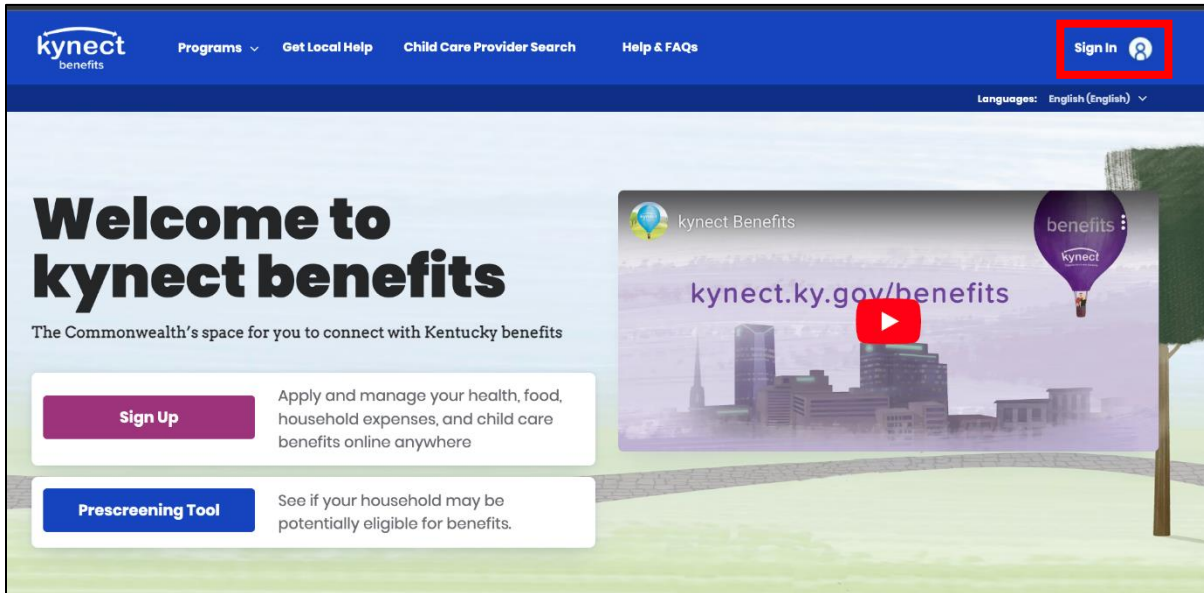
Below are the steps to apply for benefits in kynect benefits.

Quick Reference Guide: Benefits Application within kynect

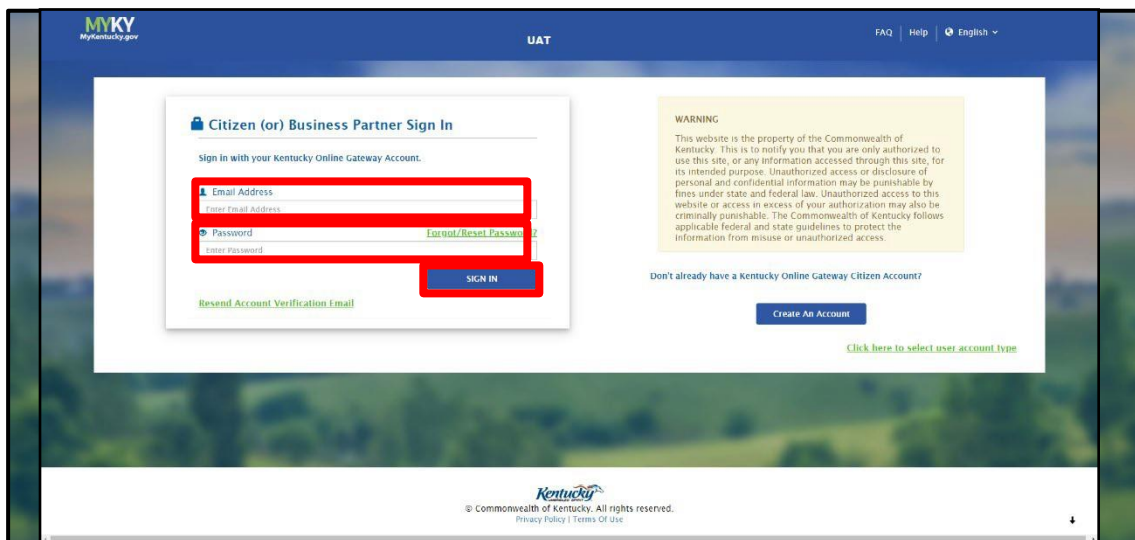
1. Navigate to the kynect benefits website at kynect.ky.gov/benefits.

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

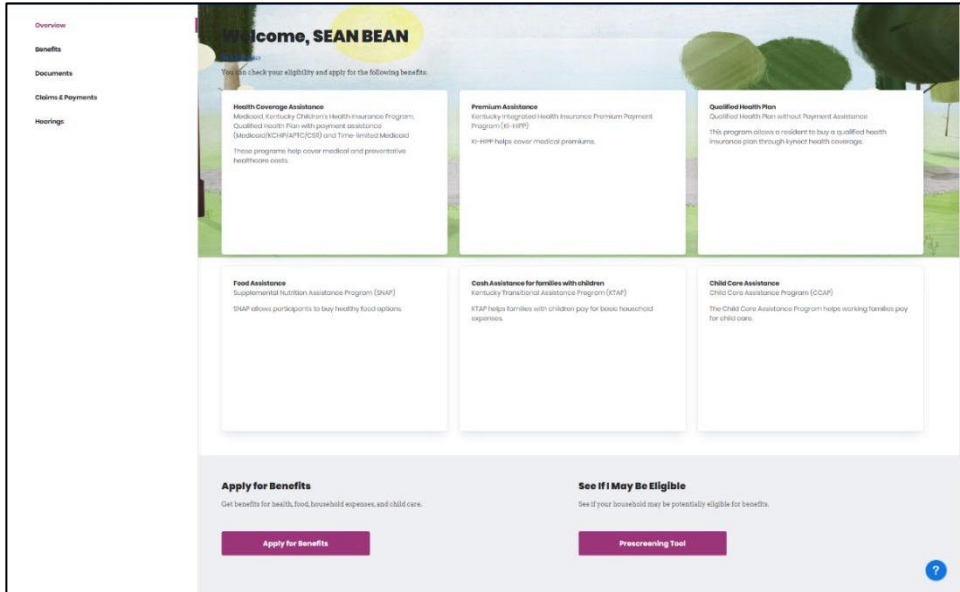
uat_ssp_citizen_01@exteruat.uatcit.uat.kynect Log Out

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 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.

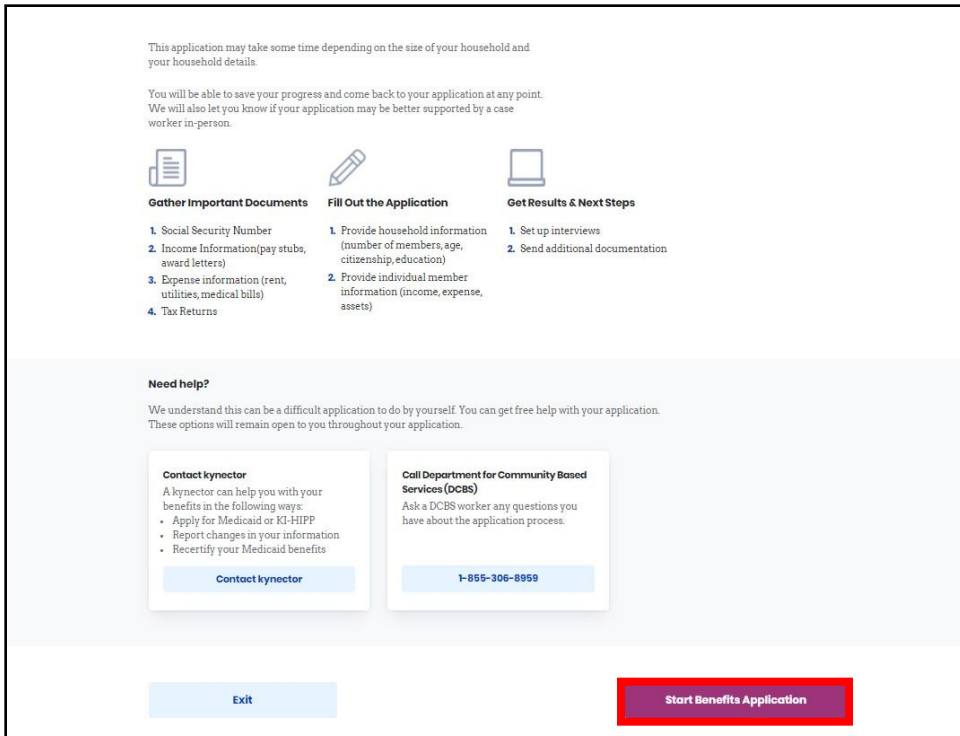
Privacy & Terms of Use

7. Click **Apply for Benefits**.

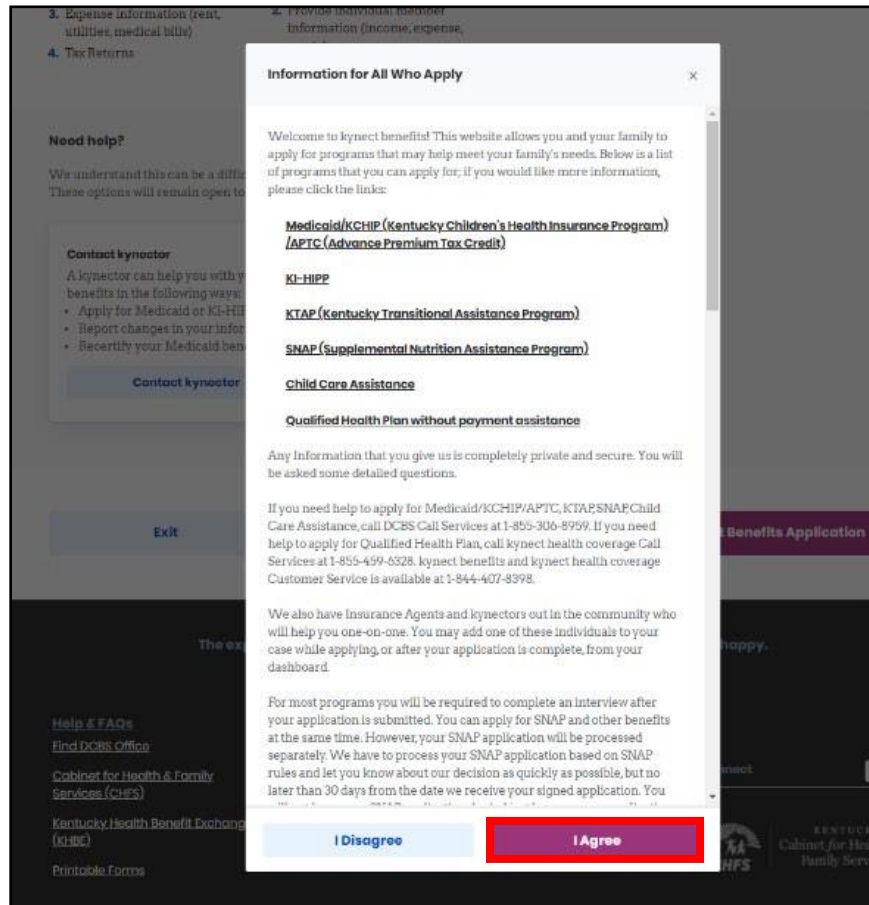


Please note: Add Other Benefits appears near the top of the **Resident Dashboard** if the Resident has already submitted an application. Click **Add Other Benefits** to apply for other programs.

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



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.

10. Select the **program(s)** the Applicant would like to apply for.
11. 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?*.
12. Click **Next** to navigate to the **Application Summary** screen.

The screenshot shows the 'Program Selection' screen. It has a header 'BENEFITS APPLICATION' and a title 'Program Selection' with a 'Learn More' link. The main content area is divided into three sections, each highlighted with a red box. The first section, 'Select the programs the household would like to apply for.', contains three radio button options: 'Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)', 'QHP (Medical and Dental Insurance plans without payment assistance)', and 'KI-HIPP (Health Insurance Premium Payments)'. The second section, 'How are you meeting this applicant?', has two buttons: 'Phone' and 'In Person'. The third section, 'How would you like to verify this applicant's identity?', has two buttons: 'RIDP' and 'Upload Documents'. At the bottom of the screen are three buttons: 'Back', 'Save & Exit', and 'Next'.

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 Application Summary Screen

The benefits application is divided into sections. Applicants should enter information in each section of the benefits application as applicable. If an Applicant does not fill out a field that is mandatory, the system does not let the Applicant move forward to the next page of the application.

kynect benefits returns the Applicant back to the **Application Summary** screen after each section of the benefits application is completed. The **Application Summary** screen includes the Progress Bar that updates automatically after each section is completed.

13. Click **Start** to begin the *Household Members* section.

The screenshot displays the 'Application Summary' screen for a 'BENEFITS APPLICATION'. At the top, it shows the application number '600290446'. Below this, a progress bar indicates '1 of 10 completed'. The main content area lists ten sections, each with a radio button and a button to either 'Edit' or 'Start' the section. The 'Program Selection' section is marked as completed with a green checkmark and has an 'Edit' button. The 'Household Members' section is the current focus, with a purple 'Start' button. Other sections like 'Contact Information', 'Reps, kynectors, & Agents', 'Relationship & Tax Filing', 'Household Information', 'Member Details', 'Healthcare Coverage', 'Employer's Health Reimbursement Arrangement', and 'Sign & Submit' all have 'Start' buttons. At the bottom left, there is a 'Save & Exit' button.

Please note: The sections that appear in the **Application Summary** screen depend on the programs that were selected. Click **Edit** on a section to edit the information before the application is submitted. Residents must complete the Report a Change process to submit changes after the application is submitted.

2.3 Household Members

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

14. Enter the Applicant's **First Name**.
15. Enter the Applicant's **Middle Initial**, or check the **box** saying they do not have a middle initial.
16. Enter the Applicant's **Last Name**.
17. Select the Applicant's **Sex** from the drop-down.
18. Select the Applicant's **Date of Birth** from the calendar.

The screenshot shows a web form titled "BENEFITS APPLICATION" with a sub-header "Application Summary" and a main section "Household Member Details". Below the title is a instruction: "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 contains several input fields: "First Name" and "M.I." (Middle Initial) text boxes; a checkbox labeled "Household member does not have a middle initial."; "Last Name" text box; "Suffix" dropdown menu with "Select" and a refresh icon; "Alias First Name" and "Alias Last Name" text boxes, each with a refresh icon; "Sex" dropdown menu with "Select" and a refresh icon; and "Date of Birth" text box with a calendar icon and the format "mm/dd/yyyy".

Quick Reference Guide: Benefits Application within kynect

19. 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?*
20. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*
21. Check the appropriate **box(es)** for *Select this individual's race(s)*.

The screenshot shows three sections of the application form highlighted with red boxes:

- Does this individual have a Social Security Number?** This section includes a "Yes" button and a selected "No" button. Below it is the question "Why doesn't this individual have a SSN?" with seven radio button 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 provide an SSN
 - Refuses to obtain an SSN because of a well-established religious objective
 - I do not have an SSN or unable to locate SSN Card
- Is this individual a resident of the Commonwealth of Kentucky?** This section includes a "Yes" button and a selected "No" button.
- Select this individual's race(s)** This section includes seven checkboxes for race selection:
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian/Other Pacific Islander
 - White
 - Unknown

Please note: More than one race may be selected if the Applicant is biracial.

22. Click **Yes** or **No** for *Is this individual Hispanic/Latino?*
 - a. If **Yes**, select the Applicant's **Ethnicity**.
23. Check the appropriate **box** for *What programs would this individual like to apply for?*
24. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S National?*
25. Click **Yes** or **No** for *Is this individual a naturalized or derived citizen?*
 - a. If **Yes**, enter **Immigrant Information**.
26. 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, where Yes is highlighted in blue)
- Is the individual a naturalized or derived citizen?** (with Yes and No buttons)

At the bottom of the form 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.

27. Click **Yes** or **No** for *Is [Applicant Name] an American Indian or Alaskan Native?*.
- a. If **Yes**, click **Yes** or **No** for *Is [Applicant Name] a member of a federally recognized tribe?*.
 - i. If **Yes**, Enter the **Tribe Name** and the **State** the tribe is primarily located in.
 - b. If **Yes**, click **Yes** or **No** for *Has [Applicant Name] ever received services from any of the following: Indian Health Service, A tribal health program, or an urban Indian health program.*.
 - i. If **No**, click **Yes** or **No** for *Is [Applicant Name] eligible to receive services or a referral from any of the following: Indian Health Service, A tribal health program, or an urban Indian health program.*
28. Click **Next**.

The screenshot shows a web application interface titled "BENEFITS APPLICATION". At the top, there is a navigation link for "Application Summary" and the name "LANCE THOMAS" in large blue letters. Below the name, it says "Section 1 of 2". A section header reads "American Indian or Alaskan Native" with a dropdown arrow. The main question is "Is LANCE THOMAS an American Indian or Alaskan Native?". There are two radio button options: "Yes" and "No". At the bottom, there are three buttons: "Back" (light blue), "Save & Exit" (light blue), and "Next" (purple).

Please note: American Indian or Alaskan Native (AI/AN) Applicants have special exceptions that apply to them such as the ability to enroll in a zero Cost-Sharing or limited Cost-Sharing plan at any Qualified Health Plan metal level.

29. Check the **box** for *I attest I have verified the individual's identity*.
30. Select the Applicant's **Form of Proof** from the drop-down.
31. Click the **Document Logo** to launch the File Folder and select the **PDF** to upload.
32. 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 icon with a plus sign, representing the "Document Logo" for file upload.
- An "Exit" button (light blue) and 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.

33. Click **Add Member** to add other household members to the application. Follow steps 13-25 to add the additional household member(s) information.
34. 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'. The main heading is 'Household Members'. Below this, there 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 'Learn More' link. Under the heading 'Head of Household', there is a card for 'LANCE THOMAS 31 years old' with a green checkmark icon and an 'Edit' button. Below this, under the heading 'Household Members', there is a blue 'Add Member' button. At the bottom of the page, there are three buttons: 'Back', 'Save & Exit', and 'Next'. The 'Add Member' and 'Next' buttons are highlighted with red rectangular boxes.

2.4 Contact Information

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

35. Enter the Applicant's **Email**.
36. Enter the Applicant's **Primary Phone Number**.
37. Select the Applicant's **Primary Phone Type**.
38. Select the Applicant's **Preferred Contact Method**.
39. Select the Applicant's **Preferred Spoken Language**.
40. Select the Applicant's **Preferred Written Language**.
41. Click **Next**.

The screenshot shows a web form titled "BENEFITS APPLICATION" for "JEFF E SINCLAIR". The current section is "Section 1 of 2" and is titled "LANCE THOMAS". The form asks to "Complete the questions below about contact information. If this household member has a Social Security Card, enter the name as it appears on the card." The form includes several input fields and radio button options, all of which are highlighted with a red border in the image. At the bottom, there are three buttons: "Back", "Save & Exit", and "Next".

Application Summary
JEFF E SINCLAIR
Section 1 of 2
LANCE THOMAS

Complete the questions below about contact information. If this household member has a Social Security Card, enter the name as it appears on the card.

Email
[Text Input Field]

Primary Phone Number [Text Input Field: ###-###-####] **Ext.** [Text Input Field]

Primary Phone Type
 Landline Cell

Secondary Phone Number [Text Input Field: ###-###-####] **Ext.** [Text Input Field]

Secondary phone type
 Landline Cell

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 this option. You must have a Kentucky Online Gateway (KOG) Account to view kynect electronic communications. [Learn More](#)

Electronic - Email only (Go Paperless)
 Electronic - Email and Text Message (Go Paperless)
 Mail

Preferred spoken language [Text Input Field: Start Typing] **Preferred Written Language** [Text Input Field: Start Typing]

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.

42. Select **Yes** or **No** for *Does [Applicant Name] have a physical Address?*
43. Enter the Applicant's **Address**.
 - a. Select the Applicant's **Address** from the drop-down. The drop-down will automatically populate valid addresses that match the criteria entered.
44. Click **Yes** or **No** for *Does [Applicant Name] have a different mailing address?*.
 - a. If **Yes**, enter the **Mailing Address**.
45. Click **Yes** or **No** for *Does everyone in [Applicant's Name] household have the same address information?*
46. Click **Next**.

BENEFITS APPLICATION

< Application Summary

LANCE THOMAS

Section 2 of 2

Address Information ☺

Does LANCE THOMAS have a physical address?

Address

Address Line 2
I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B

Does LANCE THOMAS have a different mailing address?

Does everyone in LANCE THOMAS's household have the same address information?

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.

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47. Check the **box** if the other household member(s) have the same contact information as the Head of Household. If the other household members have different contact information from the Head of Household, follow steps 32-35 above to enter their contact information.
48. Click **Next** to proceed to the *Reps, kynectors, & Agents* section.

BENEFITS APPLICATION

< Application Summary

MARY THOMAS

Section 1 of 1

Contact Information ☺

MARY THOMAS has the same contact information as LANCE THOMAS

Email

Primary Phone Number
###-###-####

Ext.

Primary Phone Type

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 this option.

Electronic - Email only

Mail

Please note: Some situations where Applicants may have a different mailing address include drug treatment facility and/or homelessness.

2.5 Reps, kynectors, & Agents

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

49. Click **Add an Authorized Representative** to add an Authorized Representative to the application.
50. Click **Find a kynector** to add a kynector to the application.
51. Click **Find an Insurance Agent** to add an Insurance Agent to the application.
52. Click **Next** to proceed to the *Relationship & Tax Filing* section.

< Application Summary

Authorized Representatives, kynectors & Insurance Agents

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 application
- receive a copy of notices

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

Add an 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
- Report Changes in your information
- Recertify your benefits

Find a kynector

Insurance Agent

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

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

Find an Insurance 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.

2.6 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.

53. 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.
54. Select the **Type of In-Home Assistance** the Applicant receives from the drop-down if applicable.
55. Click **Next**.

The screenshot displays the 'Living Arrangements' section of the 'Benefits Application' for 'LANCE THOMAS'. The page is titled 'Section 1 of 3'. Under the heading 'Living Arrangements', there are two questions, each with a drop-down menu. The first question, 'What is LANCE's current living situation?', has 'In Home' selected. The second question, 'What type of in-home assistance does LANCE receive?', has 'Select' selected. At the bottom of the screen, there are three buttons: 'Back', 'Save & Exit', and 'Next'. The 'Next' button is highlighted with a red border.

Please note: Selecting **In-home** 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.

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56. 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**.
57. Click **Next**.

The screenshot shows a web form titled "BENEFITS APPLICATION" for "LANCE THOMAS". The form is at "Section 2 of 3" and is titled "Relationships". It contains three sections for defining relationships with "MARY THOMAS":

- Relationship With MARY THOMAS:** A dropdown menu with "Unrelated/Other" selected.
- Unrelated/Other relationship with MARY THOMAS:** A dropdown menu with "Other/Unrelated relative" selected.
- Legal relationship with MARY THOMAS:** A text input field with "Start Typing" as a placeholder.

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

58. Click the **box** identifying how the Applicant intends to file taxes this year.

Application Summary

LANCE THOMAS

Section 2 of 2

Tax Filing

How does LANCE THOMAS intend to file taxes in tax year 2022?

- 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(er)
- Single

59. Check the **box** for *Yes, I reconciled premium tax credits in past years* if applicable.

60. 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.

61. 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?

2.7 Household Information

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

62. Click **Yes** or **No** for *Is anyone in the household blind?*
 - a. If **Yes**, select the **household member(s)**.
63. 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?*
64. 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)**.
65. Click **Yes** or **No** for *Is anyone in this household pregnant or was pregnant in the last three months?*
 - a. If **Yes**, select the **household member(s)**.
66. 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)**.
67. Click **Next**.

The screenshot shows a web form titled "Household Information" under the heading "BENEFITS APPLICATION". It is "Section 1 of 4" and includes a "Health" icon. A "Learn More" link is present, along with instructions to complete questions about health and a note that not all household members need to be listed. Five questions are listed, each with "Yes" and "No" radio button options:

- Is anyone in this household blind?
- Does anyone in this household have a disability?
- Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A?
- Is anyone in this household pregnant or was pregnant in the last three months?
- Has anyone in this household used tobacco at least 4 times a week in the past 6 months?

At the bottom, there are three buttons: "Back", "Save & Exit", and "Next". The "Next" button is highlighted with a red border.

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68. Click **Yes** or **No** for *Is anyone in this household eligible for entitled income, such as Social Security Income, unemployment income, Black Lung, or VA pension?*
 - a. If **Yes**, select the **household member(s)**.
69. Click **Next**.

BENEFITS APPLICATION

< Application Summary

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 income, such as Social Security Income, unemployment income, Black Lung, or VA pension?

Yes No

Back Save & Exit Next

70. Click **Yes** or **No** for *Does anyone in the household have job income from employer?*
 - a. If **Yes**, select the **household member(s)**.
71. Click **Yes** or **No** for *Does anyone in this household have self-employment income?*
 - a. If **Yes**, select the **household member(s)**.
72. Click **Yes** or **No** for *Does anyone in this household receive income from Social Security, retirement, or a pension?*
 - a. If **Yes**, select the **household member(s)**.
73. 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)**.
74. 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)**.

BENEFITS APPLICATION

< Application Summary

Household Information

Section 3 of 4

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?

Yes No

Does anyone in this household have self-employment income?

Yes No

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

Yes No

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

Yes No

Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?

Yes No

Quick Reference Guide: Benefits Application within kynect

75. 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)**.
76. 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)**.
77. 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)**.
78. 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)**.
79. Click **Next**.

The screenshot shows a digital form with four questions, each with 'Yes' and 'No' buttons. The questions are highlighted with red boxes. At the bottom, there are three buttons: 'Back' (light blue), 'Save & Exit' (light blue), and 'Next' (purple with a red border).

Does anyone in the household receive income from an insurance settlement or unemployment benefit? ⓘ

Yes No

Does anyone in this household receive any other type of goods, services, or payments? ⓘ

Yes No

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?

Yes No

Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of November or expect to receive benefits in the month of December? ⓘ

Yes No

Back Save & Exit Next

80. 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)**.

81. Click **Yes** or **No** for *Does anyone in the household have deductible expenses?*

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

82. 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

2.8 Member Details

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

83. Select the Applicant's **Preferred MCO Plan**.

84. Click **Next**.

The screenshot shows the 'BENEFITS APPLICATION' page for 'LANCE THOMAS', Section 2 of 2. The main heading is 'Preferred MCO Selection'. Below this, there is a prompt: 'Choose a preferred Managed Care Organization (MCO) plan from the list below. View MCO Plan comparison details [here](#).' A link 'Browse All Plans' is also present. A red box highlights a list of MCO plans for selection:

- No preference
- Humana Healthy Horizons in Kentucky
- Aetna Better Health of Kentucky
- UnitedHealthcare Community Plan
- WellCare of Kentucky
- Passport Health Plan by Molina Healthcare
- Anthem Blue Cross Blue Shield

At the bottom of the page, there are three buttons: 'Back', 'Save & Exit', and 'Next'. The 'Next' button is highlighted with a red box.

85. Enter the Applicant's **Employer**.

86. 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 includes a "Walk Me Through" button and a heading "Complete the questions below about income." The fields are as follows:

- Type of income: Job income from employer
- Employer name: [Red box]
- Employer Identification Number (EIN): []
- Employer address: []
- Address Line 2: [] (I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B)
- Primary Phone Number: [] (###-###-####)
- Ext.: []
- income frequency: Select [Red box]

87. Enter the Applicant's **Biweekly Gross Income**.
88. Enter the Applicant's **Biweekly Gross Income from Tips** if applicable.
89. 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.
90. Click **Save**.

The screenshot shows a form with the following elements:

- Income frequency:** A dropdown menu set to "Every 2 weeks".
- Biweekly income before taxes (gross):** A text input field with a dollar sign (\$) and a red border.
- Biweekly income from tips before taxes (gross):** A text input field with a dollar sign (\$) and a red border.
- Does LANCE THOMAS still have this source of income?:** A question with "Yes" and "No" buttons, both highlighted with red borders.
- Buttons:** A light blue "Cancel" button and a purple "Save" button, both highlighted with red borders.

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

91. 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.
92. 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.
93. Click **Next** to proceed to the *Healthcare Coverage* section.

The screenshot displays a web form titled "BENEFITS APPLICATION" for "LANCE THOMAS". It is "Section 1 of 1" and shows the "Adjusted Annual Income" as \$15600.00. 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" buttons:

- 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, there are three buttons: "Back", "Save & Exit", and "Next".

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

2.9 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.

94. Click **Yes** or **No** for *Is anyone applying for benefits in your household enrolled in healthcare coverage?*
95. 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?*
96. Click **Next** to proceed to the *Employer's Health Reimbursement Arrangement* section.

The screenshot shows a web interface titled "BENEFITS APPLICATION" with a sub-header "Application Summary". The main heading is "Healthcare Coverage Selection" with a "Learn More" link. There are two questions, each with "Yes" and "No" buttons. The first question is "Is anyone applying for benefits in your household enrolled in healthcare coverage?". The second question is "Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has 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 **4.4 Health Coverage Selection** for details on how to report health coverage information.

2.10 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.

97. Click **Yes** or **No** for *Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?*.
98. 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?*.
99. Click **Next** to proceed to the *Sign & Submit* section.

BENEFITS APPLICATION

< Application Summary

Employer's Health Reimbursement Arrangement Selection

Complete the sections below to submit the application.

[Learn More](#)

Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)? ⓘ

Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled? ⓘ

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

100. 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](#)

- ✓ Household Members (+)
- ✓ Head of Household Contact Information (+)
- ✓ Reps, kynectors, & Agents (+)
- ✓ Relationship & Tax Filing (+)
- ✓ Member Details - Individual Information (+)
- ✓ Member Details - Resource Summary (+)
- ✓ Member Details - Income Summary (+)
- ✓ Member Details - Expense Summary (+)
- ✓ Health Care Coverage (+)
- ✓ Employer's Health Reimbursement Arrangement (+)

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

2.11 Review, Sign & Submit

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

101. Click **Read and agree to Application Statement of Understanding** and click **I Agree**.
102. Click **Read and agree to Medicaid Penalty Warning** and click **I Agree**.
103. Click **Read and agree to Failure to Reconcile Statement of Understanding** and click **I Agree**.
104. 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.

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

The screenshot displays the 'Signature Page' of a 'BENEFITS APPLICATION'. It includes a 'Walk Me Through' button and a 'Terms of Agreement Summary' section with four numbered points. Below this, there are three red-bordered boxes, each containing a radio button and the text 'Read and agree to [Statement Name]'. The first box is for the 'Application Statement of Understanding', the second for the 'Medicaid Penalty Warning', and the third for the 'Failure to Reconcile Statement of Understanding'. Below these are two more red-bordered boxes, each containing a radio button and the text 'I agree to allow the kynect to use my income data, including information from tax returns, for the next 5 years.' The first of these boxes has 'I Agree' and 'I Disagree' options. The second box contains a paragraph about disenrollment if other health coverage is found, followed by 'I Agree' and 'I Disagree' options.

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.

- 106. Enter the Applicant's **First Name**.
- 107. Enter the Applicant's **Middle Initial**, or check the **box** saying they do not have a middle initial.
- 108. 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.

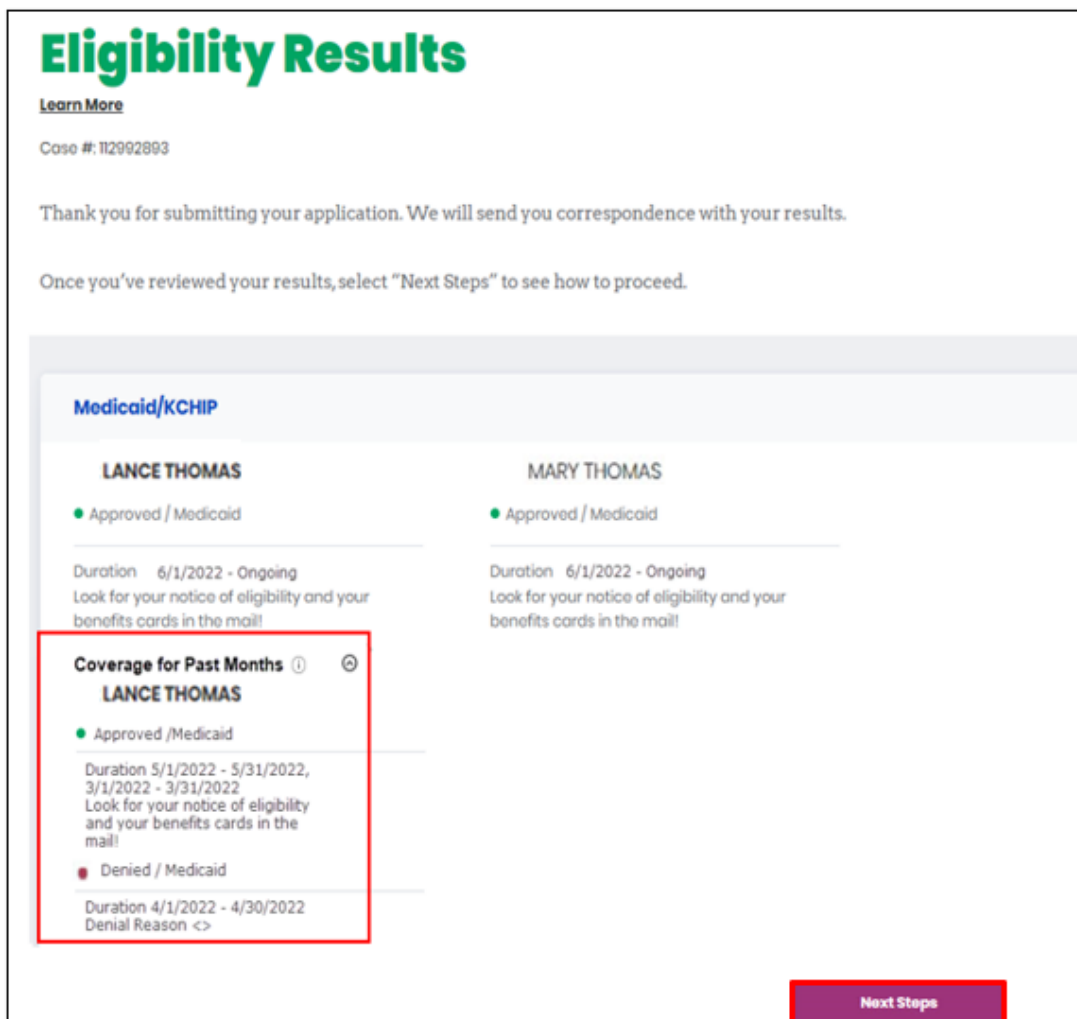
- 109. Click **Yes** or **No** for *Would you like to register to vote?*
 - a. If **Yes**, Voter Registration Forms will be sent to the Applicant's mailing address.
- 110. Click **Submit Benefits Application**.

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 "M.I." (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 section titled "Voter Registration" is separated by a horizontal line. It contains a question "Would you like to register to vote?" with a help icon, followed by "Yes" and "No" buttons, both highlighted with red boxes. At the bottom, there is a light blue "Back" button and a red "Submit Benefits Application" button.

2.12 Eligibility Results

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

111. Eligibility results display.
112. 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.

113. Optional: Click **Download Application Copy** to download a PDF of the application.
114. Optional: Click **Apply for Benefits** to apply for additional benefit programs.
115. Optional: Click **Go to Enrollment Manager** to shop for health and/or dental plans.
116. Optional: Click **Go to Dashboard** to return to the **Dashboard**.

The screenshot shows the 'Next Steps' page within a 'BENEFITS APPLICATION' header. The page features a green 'Next Steps' title and a 'Learn More' link. Below this, the case number '112996291' is displayed. A section titled 'You are eligible for Payment Assistance' states that a tax household with LANCETHOMAS is eligible for \$787 monthly assistance. It also notes that users can decide how much assistance to receive on health insurance plan shopping pages. Another section, 'Apply for a Medicaid Waiver', includes a text box stating that household members approved for Medicaid may be eligible for a waiver. A 'Download a Copy of Your Application' section provides a 'Download Application Copy' button. The 'You May Be Eligible For Other Programs' section lists four programs: KTAP (Kentucky Transitional Assistance Program), KI-HIPP (Kentucky Integrated Health Insurance Premium Payment Program), CCAP (Child Care Assistance Program), and SNAP (Supplemental Nutrition Assistance Program). Each program has a brief description. At the bottom, there are three buttons: 'Apply for Benefits', 'Go to Enrollment Manager', and 'Go to Dashboard'.

BENEFITS APPLICATION

Next Steps

[Learn More](#)

Case #: 112996291

You are eligible for Payment Assistance

Tax household with LANCETHOMAS is eligible for Payment Assistance of \$787 monthly

You can decide how much of the Payment Assistance you want to receive on the Health Insurance Plan shopping pages that are coming up next.

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.

Download a Copy of Your Application

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

Download Application Copy

You May Be Eligible For Other Programs

<p>KTAP</p> <p>The Kentucky Transitional Assistance Program helps families with children pay for basic household expenses</p>	<p>KI-HIPP</p> <p>The Kentucky Integrated Health Insurance Premium Payment Program helps pay for employer sponsored insurance (ESI) health premiums.</p>
<p>CCAP</p> <p>The Child Care Assistance Program helps working families pay for child care.</p>	<p>SNAP</p> <p>The Supplemental Nutrition Assistance Program allows participants to buy healthy Kentucky food options</p>

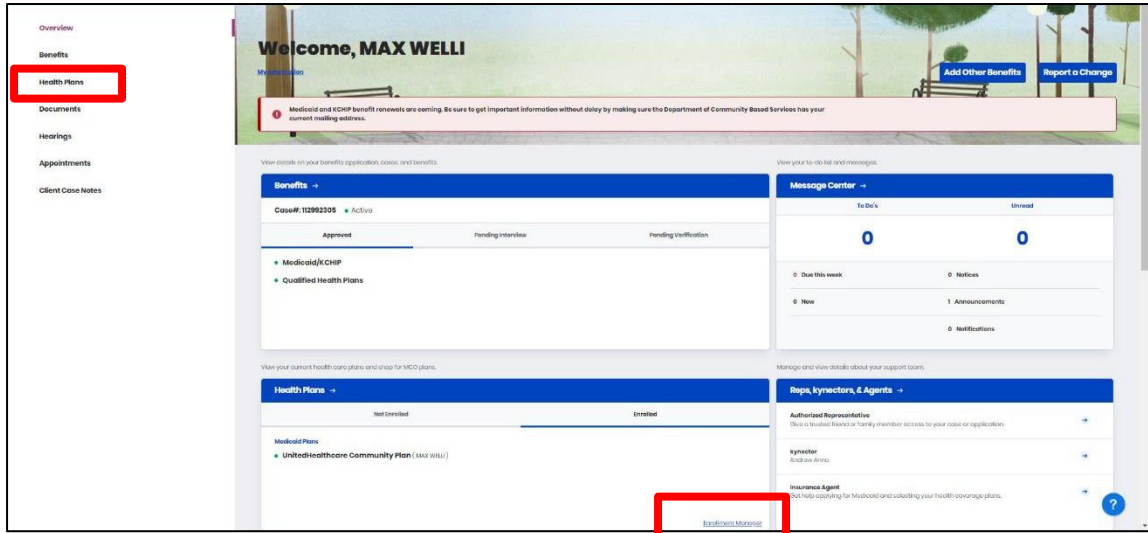
Apply for Benefits

Go to Enrollment Manager **Go to Dashboard**

3 Enrollment Manager

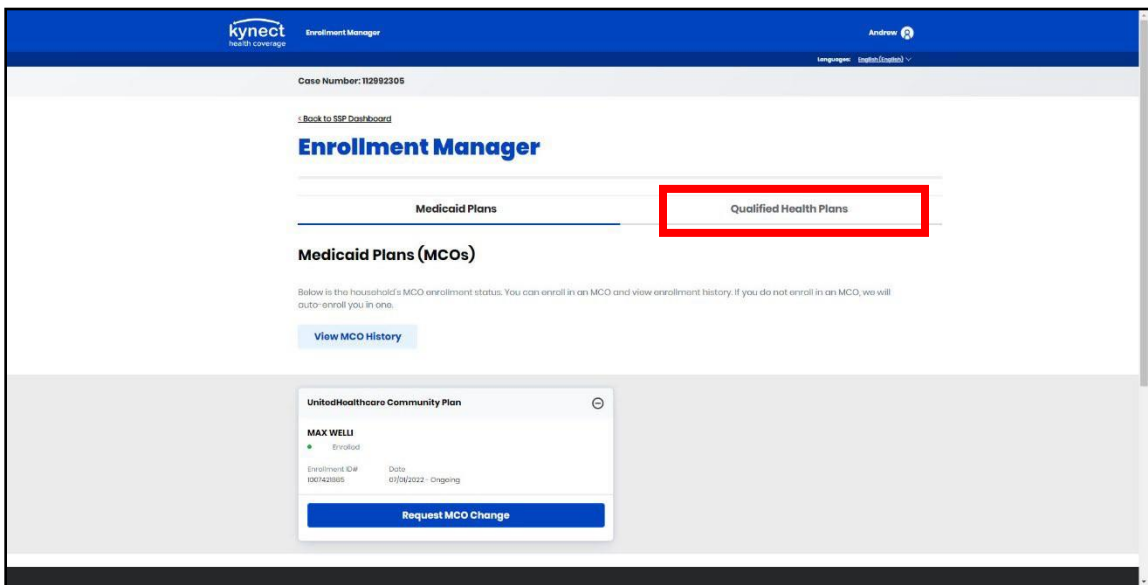
The **Enrollment Manager** is where Applicants may shop for, compare, and enroll in Medicaid and Qualified Health Plans depending on their eligibility. After deciding upon a plan, Applicants may enroll themselves and other household members as applicable in selected plans pending an initial premium payment.

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

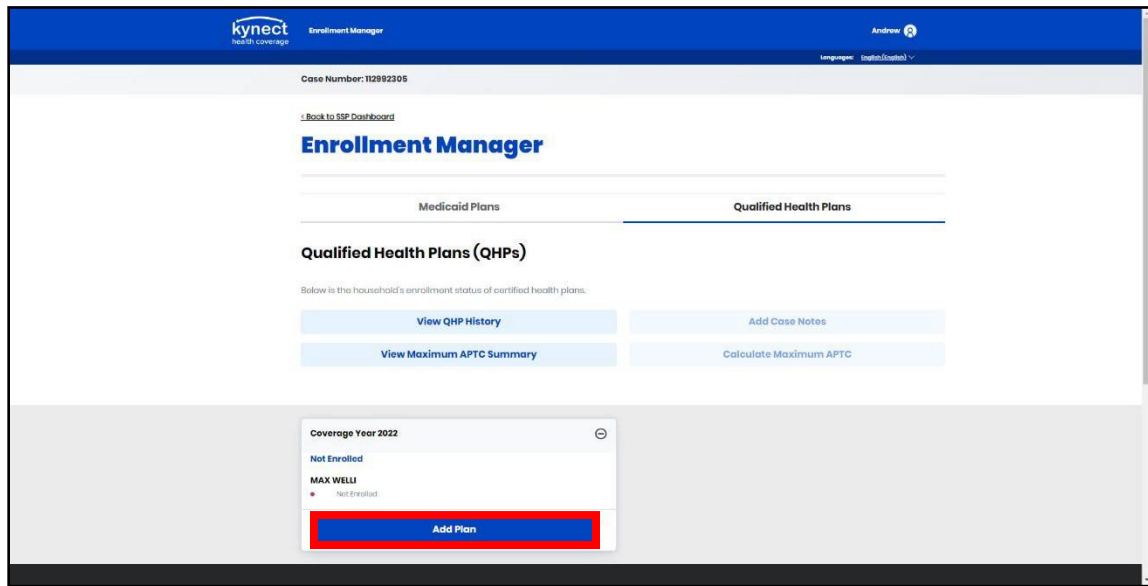


3.1 Qualified Health Plans

2. Click **Qualified Health Plans**.

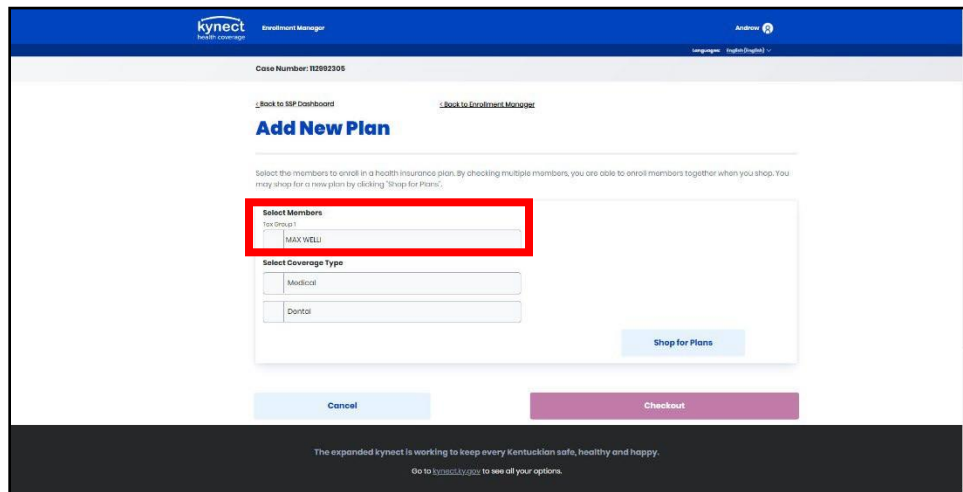


3. Click **Add Plan**.



Please note: 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**.

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

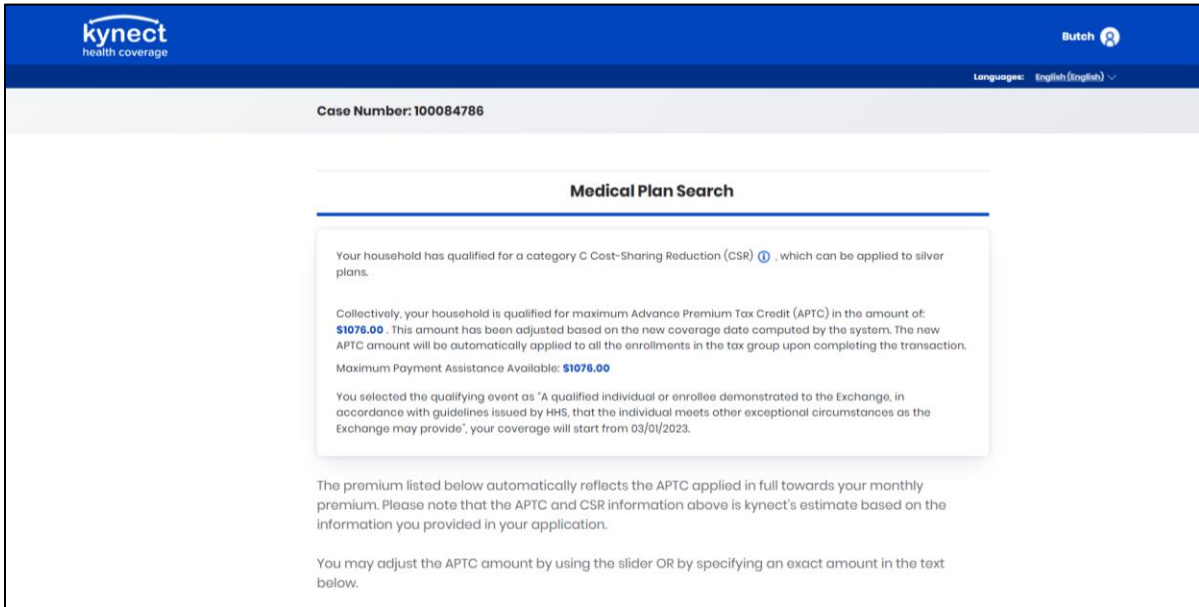
Anyone between the ages of 3 and 21 is recommended to have dental coverage, unless that individual is eligible for Medicaid or KCHIP. Please note that some plans already include dental benefits. If the individual has dental coverage that is not through Kentucky Health Benefit Exchange or has Medicaid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

Buy a Dental Plan

Waive Dental Plan

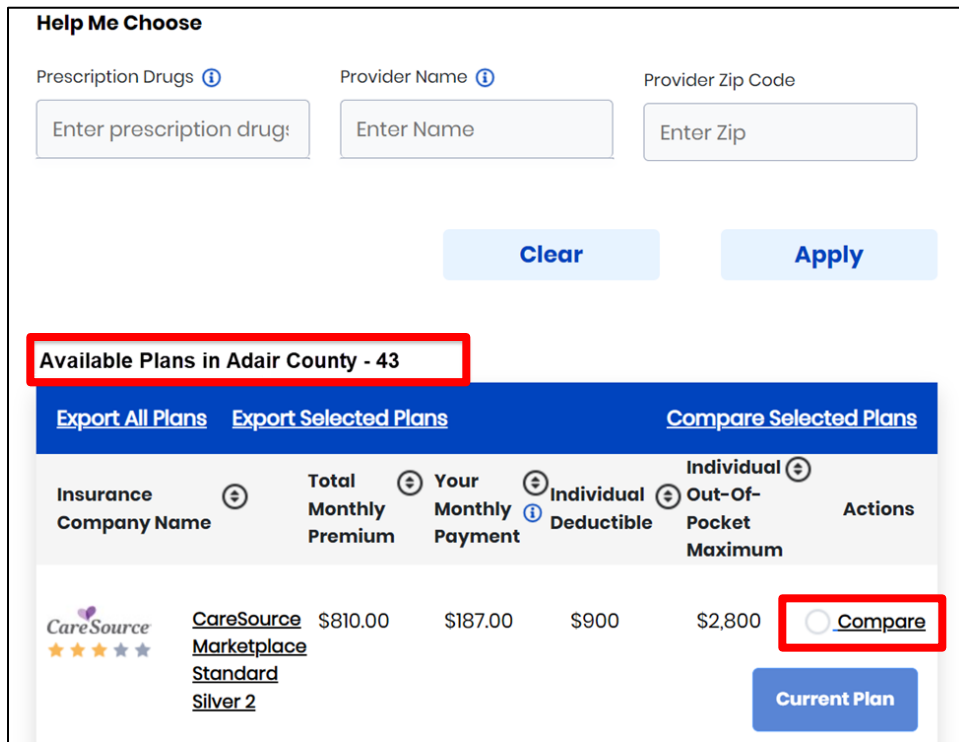
Please note: Anyone between the ages of 3 and 21 is recommended to have dental coverage, unless that Individual is eligible for Medicaid or KCHIP. Please note that some plans already include dental benefits. If the Individual has dental coverage that is not through Kentucky Health Benefit Exchange or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

8. Shop for and compare health plans on the **Medical Plan Search** 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.

9. Click **Compare** to select a medical plan.



Quick Reference Guide: Benefits Application within kynect

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



Quick Reference Guide: Benefits Application within kynect

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

kynect
health coverage

languages: english (english) ▼

[Back to Plan List](#)

Compare Medical Plans

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

 Clear Bronze Quality Rating Not Rated Monthly Premium \$ 320.80	 Anthem Bronze Pathway X Transition HMO 9000 (\$0 Virtual PCP + \$0 Select Drugs + Incentives) Quality Rating ★★★★★ Monthly Premium \$ 305.79
---	--

[Print](#)

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

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

Formulary
Preferred Drug List

Embedded Pediatric Dental
Yes

HSA/IRA
N/A

Wellness Program
Yes

Medical Loss Ratio
80%

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

Formulary
Preferred Drug List

Embedded Pediatric Dental
Yes

HSA/IRA
N/A

Wellness Program
Yes

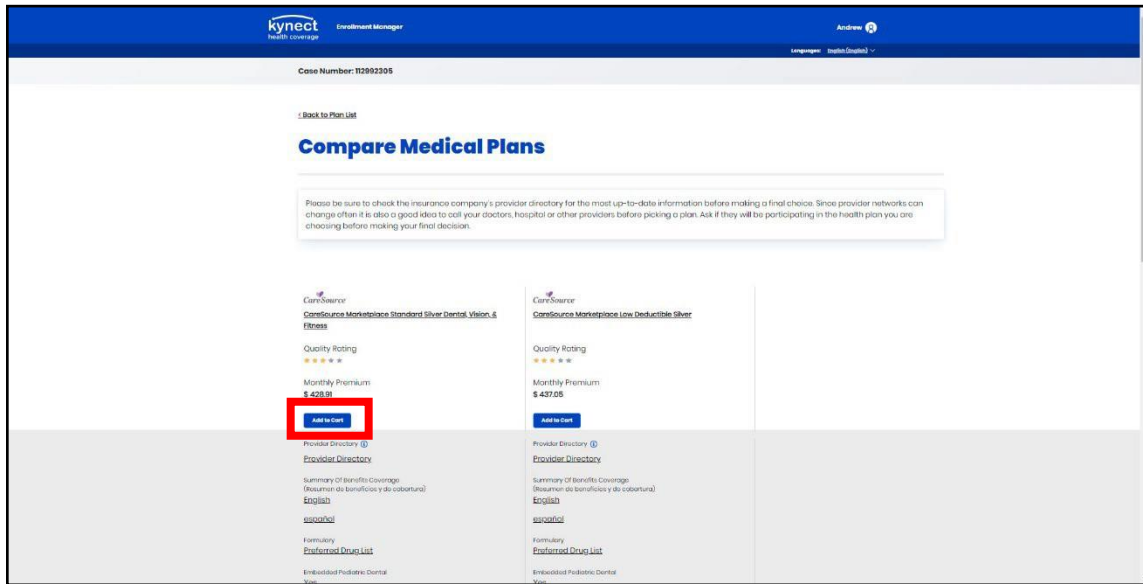
Medical Loss Ratio
80%

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

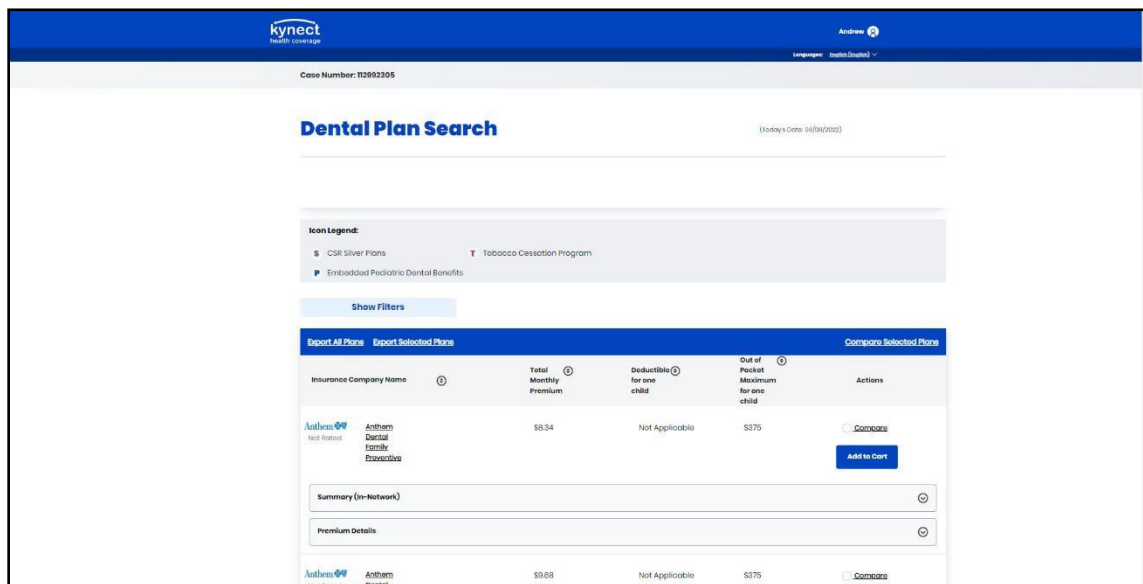
- Plan Documents
- Summary
- Prescription Drug Benefit
- Embedded Pediatric Dental
- Hospital Services
- Maternity
- Additional Coverage
- Additional Details

Exit

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



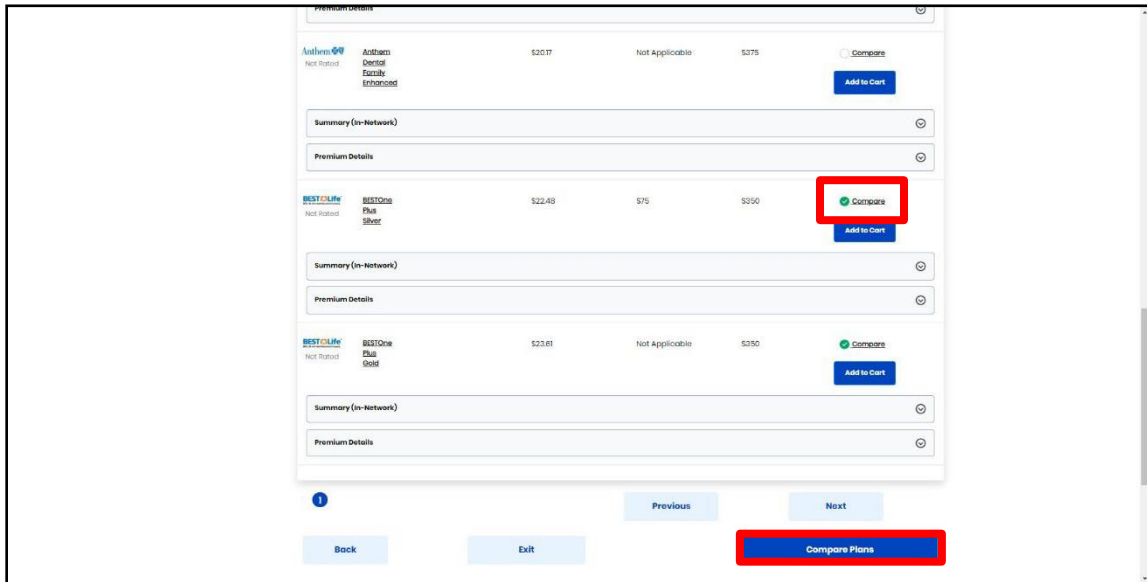
15. Optional: Shop for and compare dental plans on the **Dental Plans Search** screen.



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.

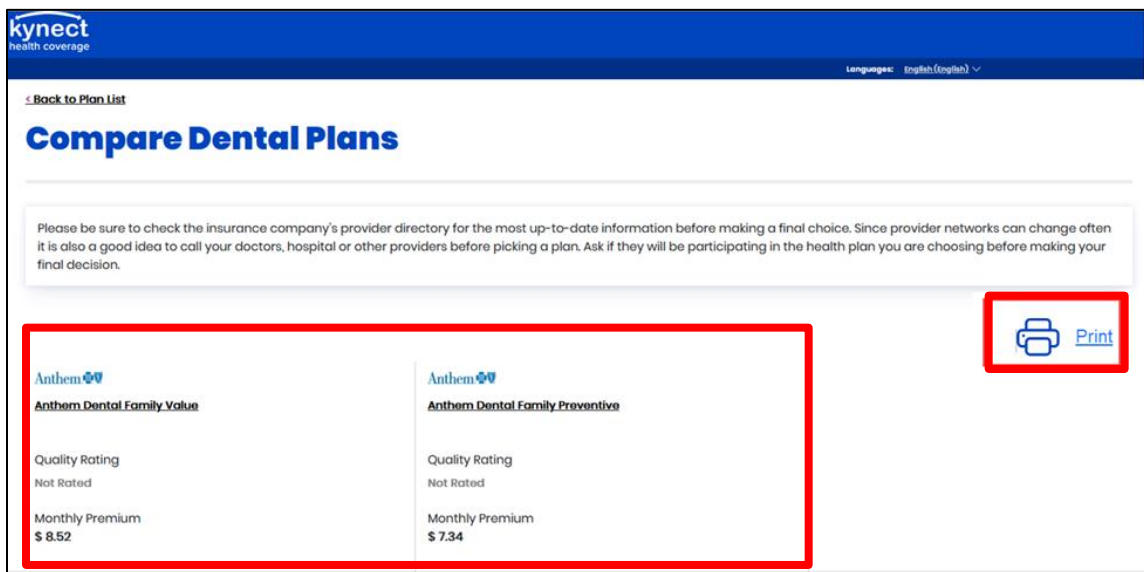
16. Click **Compare** to select a dental plan.

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

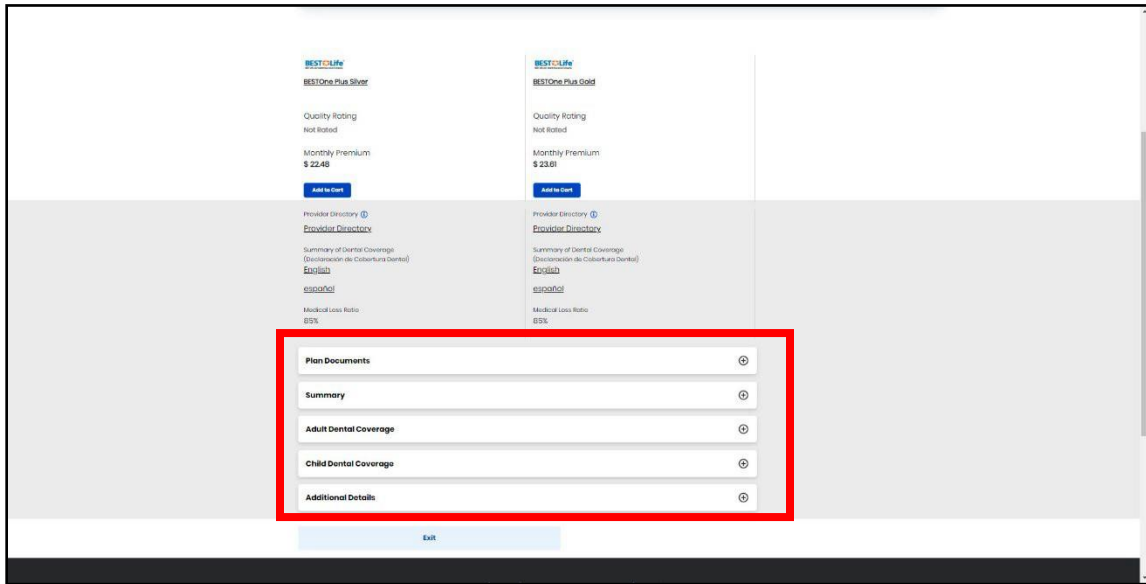


18. Compare the selected dental plans on the **Compare Dental Plans** screen.

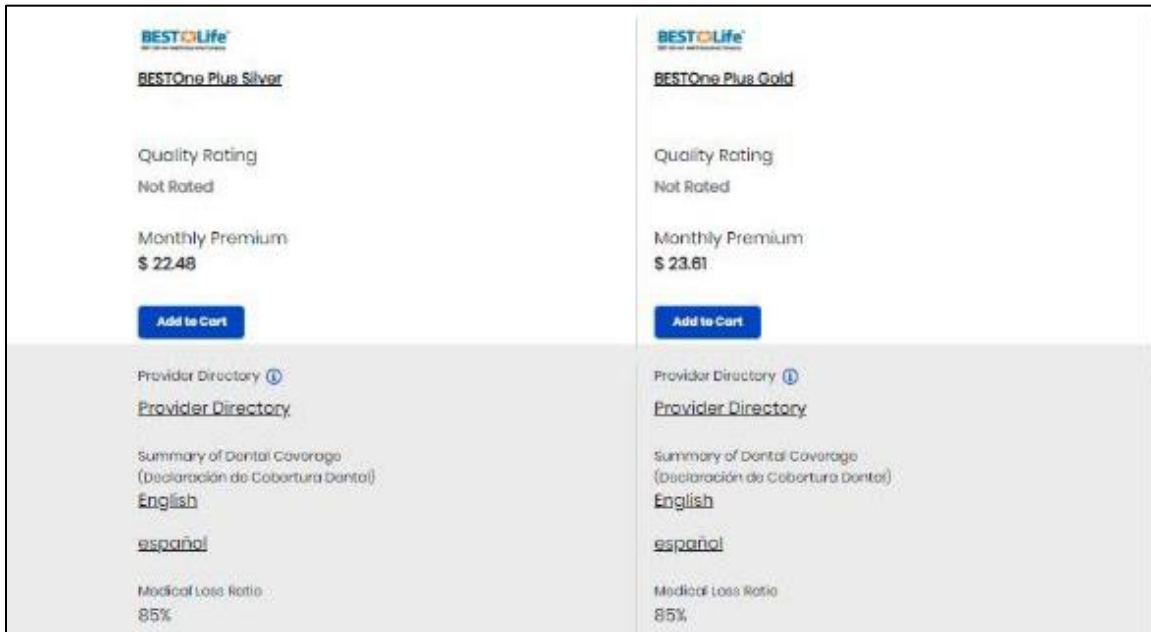
19. If applicable, click the **Print** icon to display a printable view of the plan details.



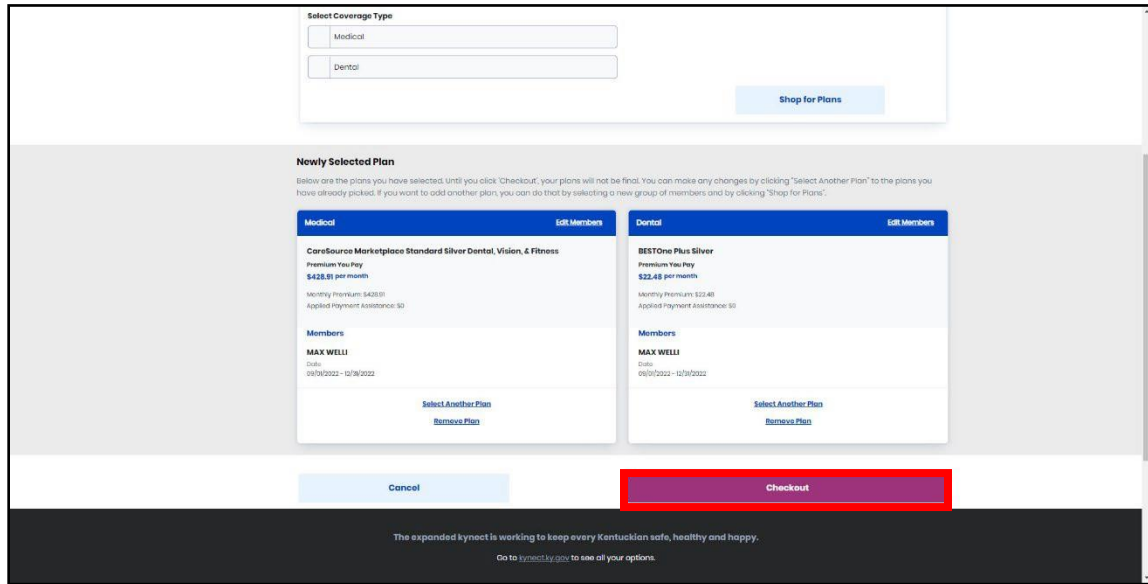
20. Click any **tab** to view additional plan details.



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



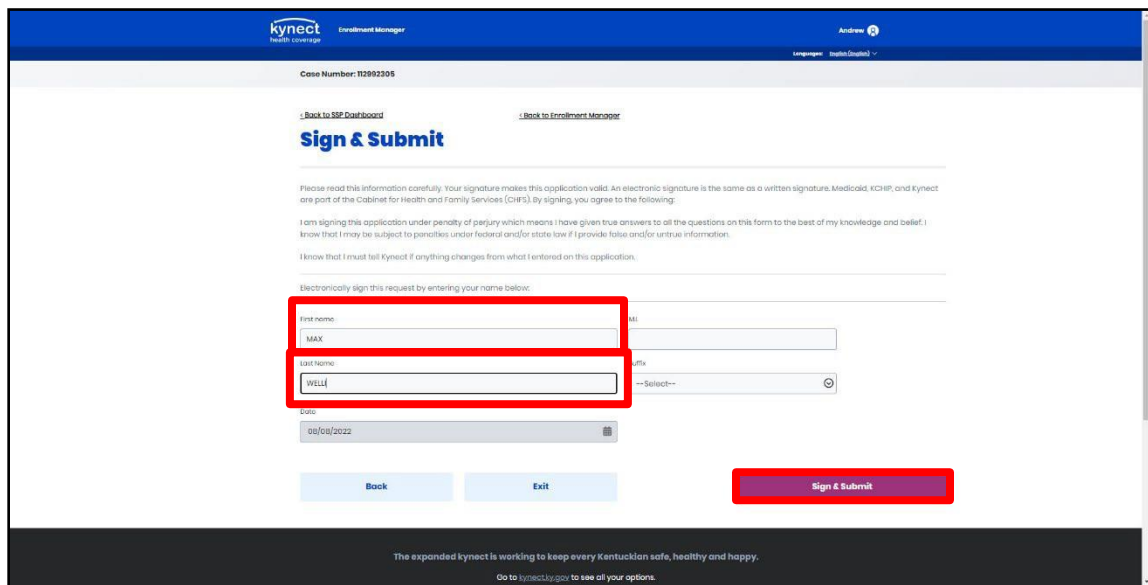
22. The selected medical and dental plans display. Click **Checkout**.



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

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

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



Quick Reference Guide: Benefits Application within kynect

26. 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**.
27. 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**.
28. 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 replicate 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 the 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.

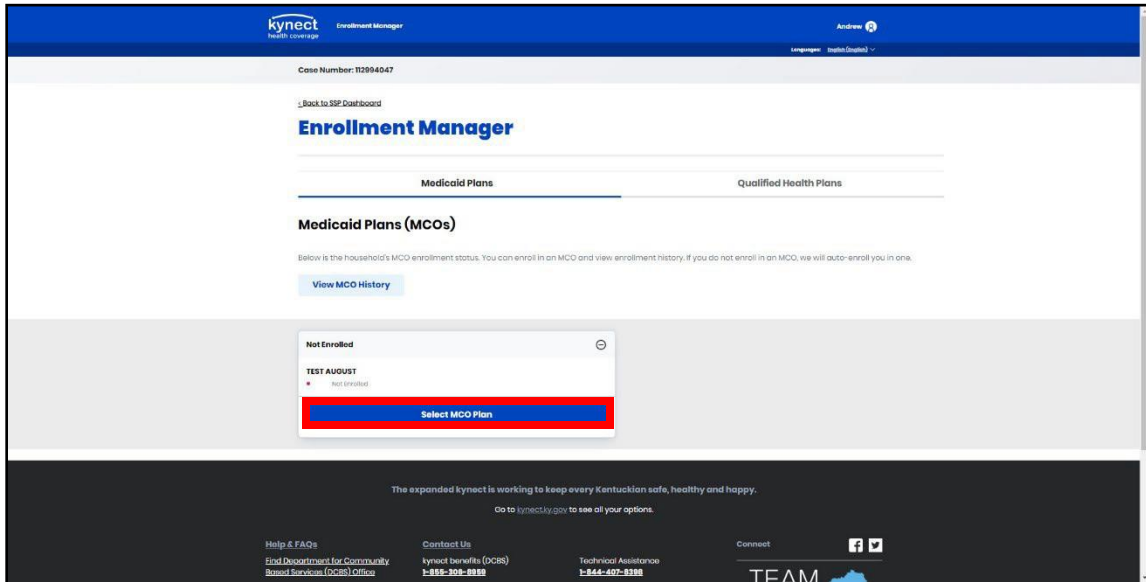
Medical	Dental
Humana Connect Gold 2500/3500 Plan	CareSource Marketplace Standard Dental 1
Premium You Pay \$530.51 per month Monthly Premium: \$530.51 Applied Payment Assistance: \$0	Premium You Pay \$530.51 per month Monthly Premium: \$530.51 Applied Payment Assistance: \$0
enrollment id# 12161110202	enrollment id# 801914028
policy id# Not yet assigned	policy id# Not yet assigned
Members	Members
CHRIS SANCHEZ Pending	CHRIS SANCHEZ Pending
JIM LAHE Pending Policy Holder	JIM LAHE Pending Policy Holder
Pay Now	Pay Now
I understand the payment due date is 01/05/2022, but I will pay later	I 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.

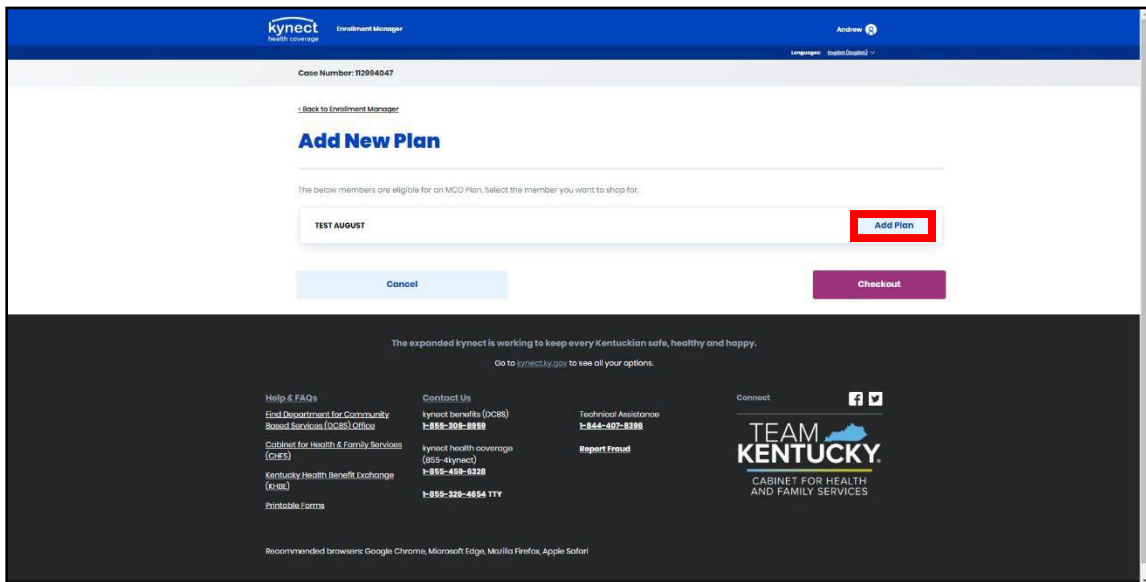
Additionally, EMM Override user's on the **Update APTC** screen are able to use a date picker to select the applicable month for the APTC change.

3.2 Medicaid Plans

1. Click **Select MCO Plan**.

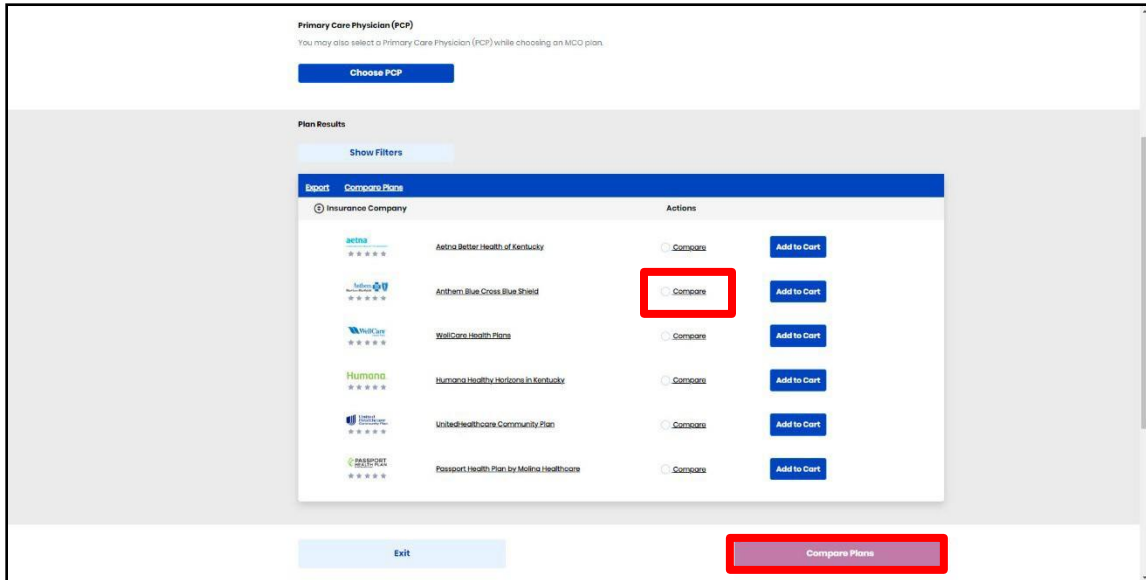


2. Click **Add Plan**.

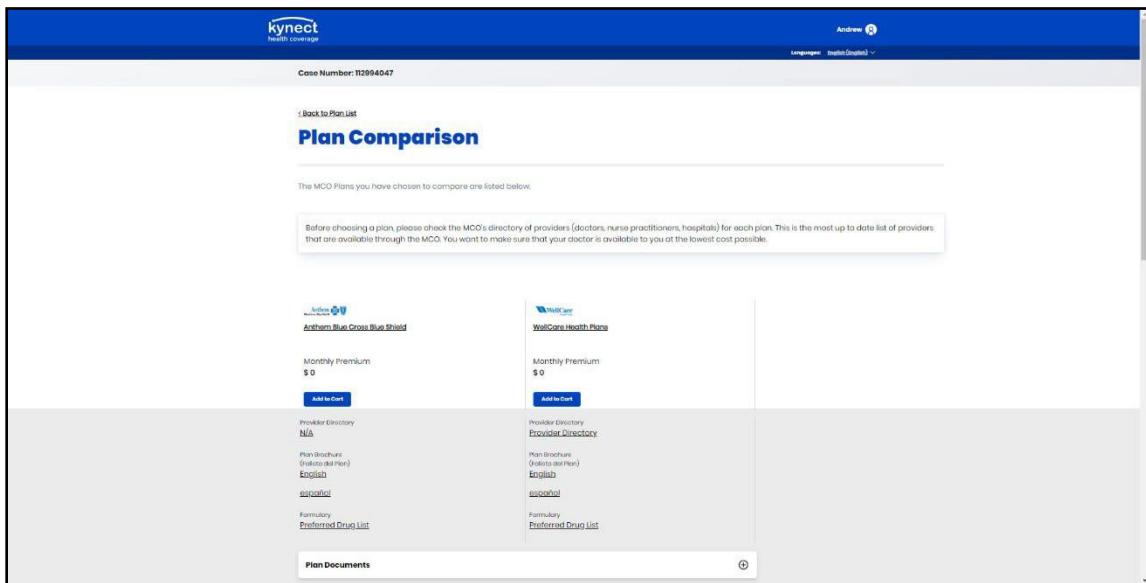


Quick Reference Guide: Benefits Application within kynect

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

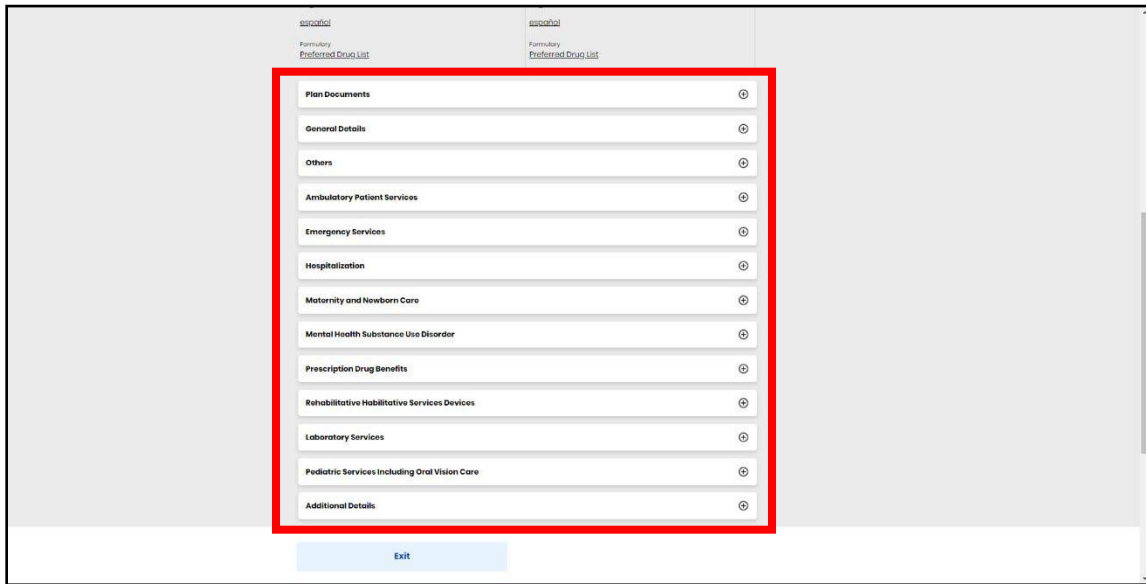


5. Compare the selected Medicaid plans on the **Plan Comparison** screen.

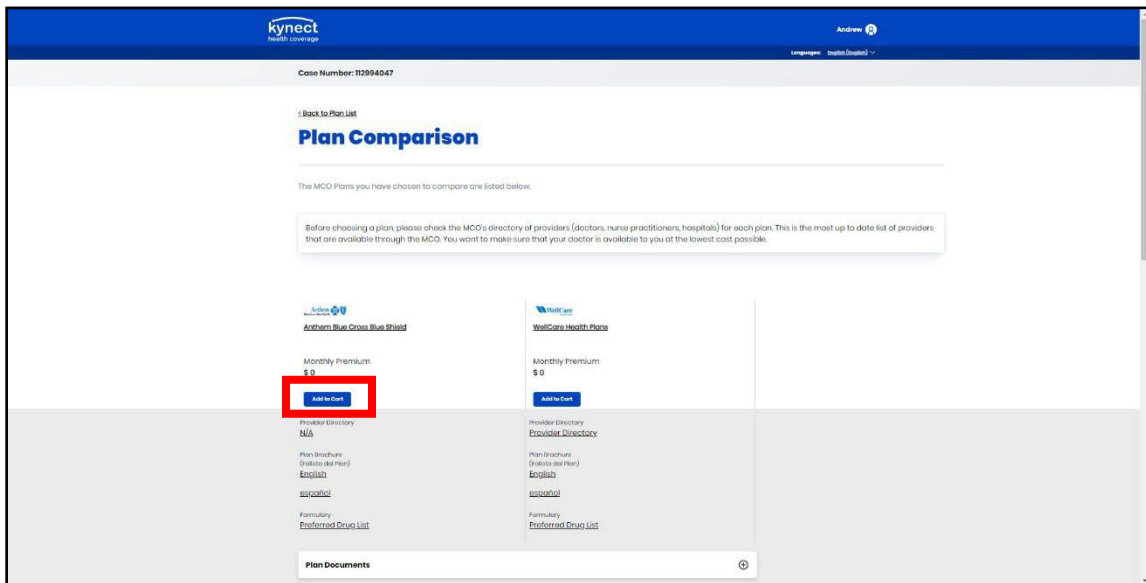


Quick Reference Guide: Benefits Application within kynect

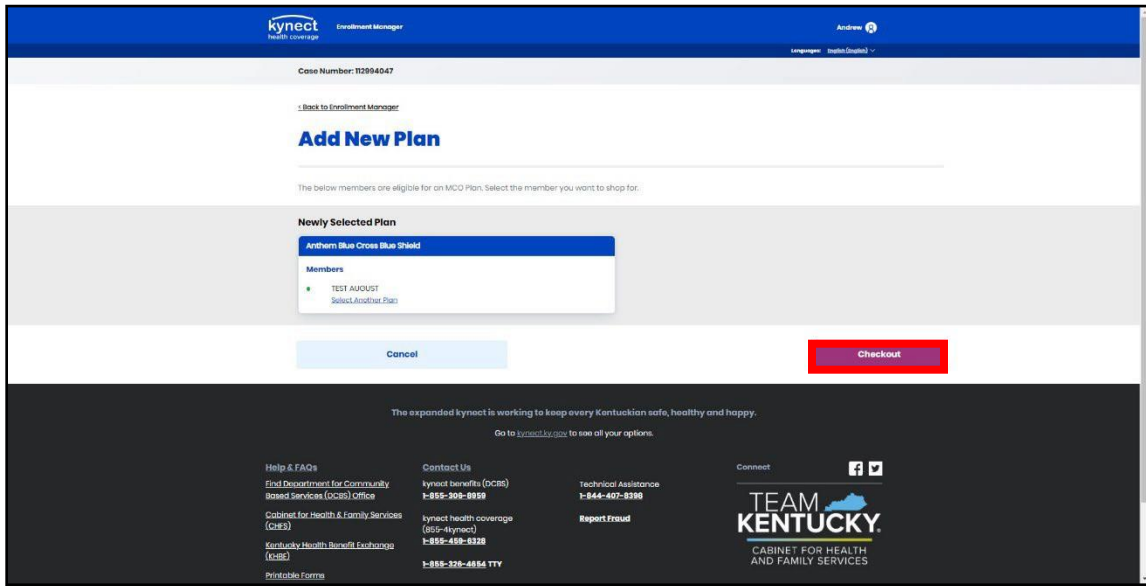
6. Click any **tab** to view additional plan details.



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



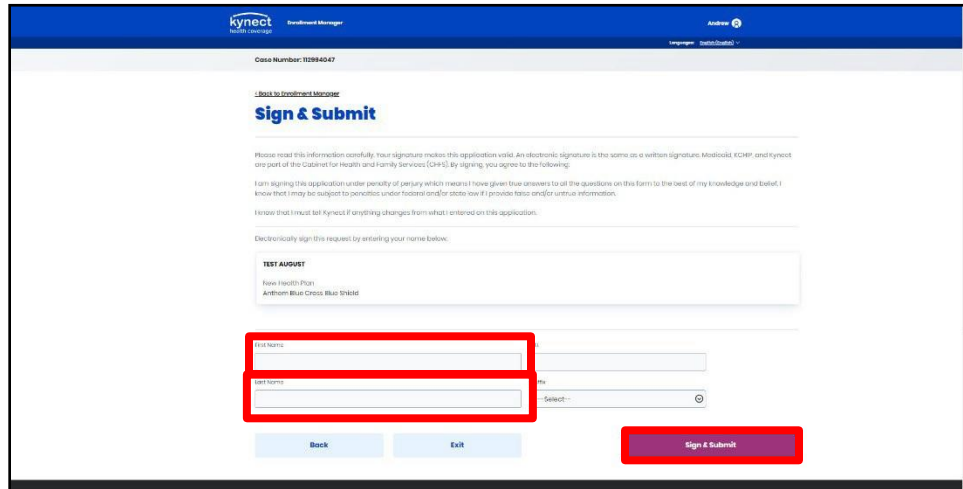
8. Click **Checkout**.



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.

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 the mask "###-###-####", highlighted with a red box.
- Ext. (optional):** A text input field.
- Preferred language:** A dropdown menu with "Start Typing" as the placeholder, 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 'Add Authorized Representative' is in blue. Below the title is a sub-header: 'Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.' The form contains several fields: 'How is this person related to you?' with a dropdown menu showing 'Other'; 'Address' with the text '123, WEST MAIN STREET, DOWNTOWN, LOUISVI'; 'Address Line 2' with the text 'I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B'; and a section titled 'Which program(s) do you want this authorized representative to have access to?' with three radio button options. The first option is selected and has a green checkmark. The second and third options are highlighted with a red box. At the bottom, there are three buttons: 'Back', 'Cancel', and 'Next'. The 'Next' button is highlighted with a red box.

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.

How is this person related to you?
Other

Address
123, WEST MAIN STREET, DOWNTOWN, LOUISVI

Address Line 2
I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B

Please indicate the programs and level of access you would like to grant your Authorized Representative.

Which program(s) do you want this authorized representative to have access to?

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

Apply, Report Changes, Recertify

Apply, Report Changes, Recertify and receive copy of Notices

QHP (Medical and Dental Insurance plans without payment assistance)

Back Cancel Next

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.

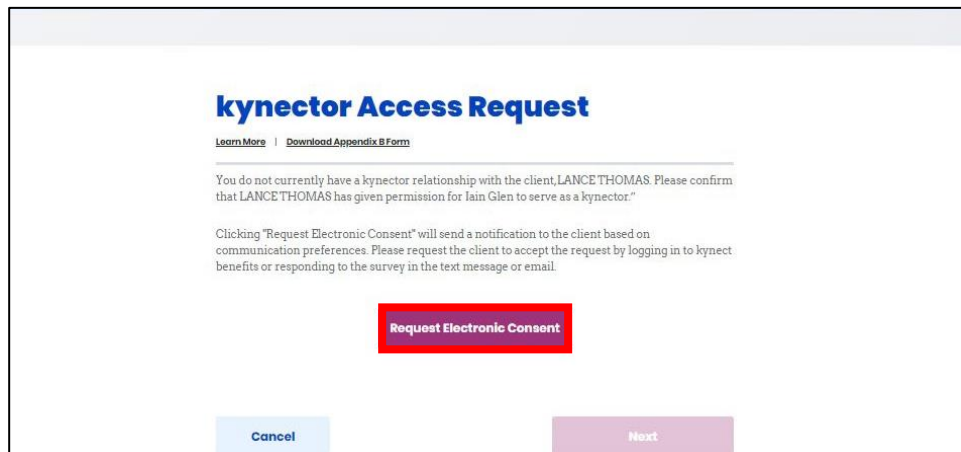
First Name	MI.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	Suffix	Date		
<input type="text"/>	Select	11/15/2021		

CancelBackSubmit Authorized Representative

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**.



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, LANCETHOMAS. Please confirm that LANCETHOMAS 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 web form titled "Find kynector or Agent". At the top, there is a "Type" label with two buttons: "kynector" and "Agent". Below this 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: "Cancel" on the left and "Search" 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**.

Find kynector or Agent

Type:

First Name: Last Name:

Zip Code: Organization:

1 Results

REGISTERED AGENT
George Wethington 941.77 miles

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

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 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. 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**.

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 ID
 - Group ID
- Policy Member Details**
 - Who is the policy holder?**
 - PATRICK MAHOMEY
 - Someone outside my household
 - Who is enrolled in this plan?**
 - PATRICK MAHOMEY

At the bottom of the form are two buttons: "Cancel" and "Save".

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

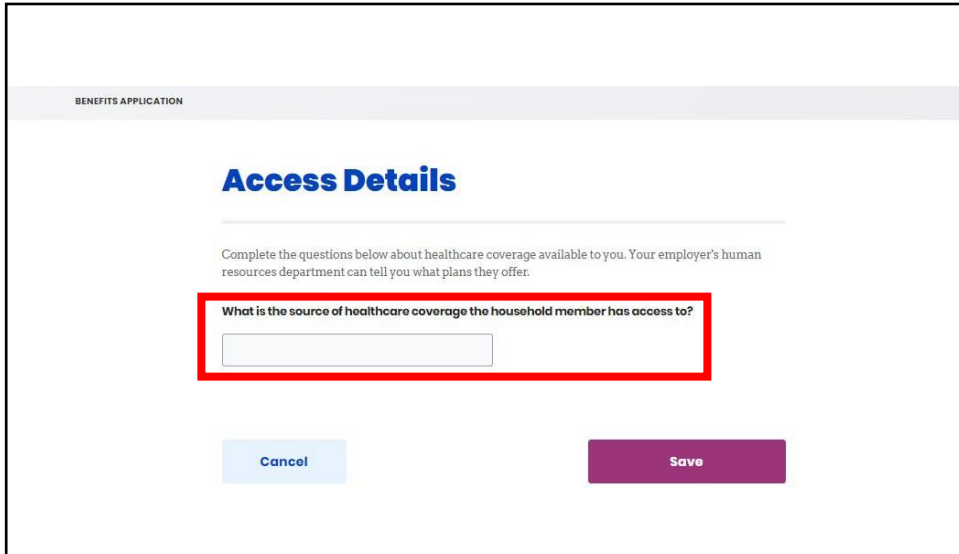
Drugs

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 interface for a 'BENEFITS APPLICATION'. The main heading is 'Access Details'. Below the heading, there is a sub-heading 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 and a purple 'Save' button.

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 (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**.

The screenshot displays a web form titled "Access Details" for "PATRICK MAHOMEY". The form is divided into three main sections, each highlighted with a red border:

- Employer name:** A section with two radio button options: "YMCA" and "Other".
- Does PATRICK MAHOMEY use tobacco?:** A section with two buttons: "Yes" (highlighted in blue) and "No".
- Policy Coverage Details:** A section titled "Type of healthcare coverage" with a list of radio button options: "Medical", "Hospital", "Dental", "Vision", "Cancer only", "Medical Supp (Plan 85)", "Nursing Home", "VA (Veterans health benefit)", "Other", "Drugs", and "Unknown".

At the bottom of the form, there are two buttons: "Cancel" (light blue) and "Save" (purple, highlighted with a red border).

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?*

The screenshot shows a web form titled "Offer to Employer's HRA Details" under the heading "BENEFITS APPLICATION". The form contains several sections, each with a red box around it:

- Which type of HRA is available?** (Radio buttons for Individual Coverage HRA (ICHRA) and Qualified Small Employer HRA (QSEHRA))
- Whose employer offers HRA?** (Dropdown menu showing PATRICK MAHONEY)
- Select household members who are covered by this HRA** (Dropdown menu showing PATRICK MAHONEY)
- On 11/22/2021 will you be able to use the HRA?** (Yes/No buttons)
- HRA Details** (HRA Start Date and HRA End Date date pickers)
- What's the maximum self-only amount of reimbursement offered by this employer?** (Text input field with a dollar sign)
- How often will this amount be made available?** (Dropdown menu with "Select" option)

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 displays 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 placeholder "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", "EIN", "First Name", "Last Name", "Address", and "Save" fields.