

The Commonwealth of Kentucky
kynect State-Based Marketplace



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

August 29, 2025

Introduction

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

Table of Contents

Introduction	2
1 Benefits Application Overview.....	3
2 Benefits Application within kynect benefits	3
2.1 Program Selection	9
2.2 Household Members	10
2.3 Contact Information	15
2.4 Reps, kynectors, & Agents.....	17
2.5 Relationship & Tax Filing.....	18
2.6 Household Information	21
2.7 Member Details	27
2.8 Healthcare Coverage	30
2.9 Employer's Health Reimbursement Arrangement.....	31
2.10 Review, Sign & Submit	33
2.11 Resident Needs Assessment	36
2.12 Eligibility Results	37
2.13 Next Steps.....	38
2.14 Document Center	40
3 Enrollment Manager	42
3.1 Qualified Health Plans.....	42
3.2 Medicaid Plans	58
3.3 Search and Select a Physician - Medicaid Plans.....	62
3.4 Search and Select Providers - Qualified Health Plans	64
4 Appendix.....	67
4.1 Add Authorized Representative.....	67
4.2 Add kynector	71
4.3 Add Agent.....	73
4.4 Health Coverage Selection	76
4.4.1 Enrolled in Health Coverage.....	76
4.4.2 Offer of Health Coverage.....	79
4.5 Employer's Health Reimbursement Arrangement (HRA)	82
4.5.1 Enrolled in Employer's HRA.....	82

4.5.2 Offer of Employer's HRA.....83

1 Benefits Application Overview

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

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

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

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

2 Benefits Application within kynect benefits

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

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

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

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

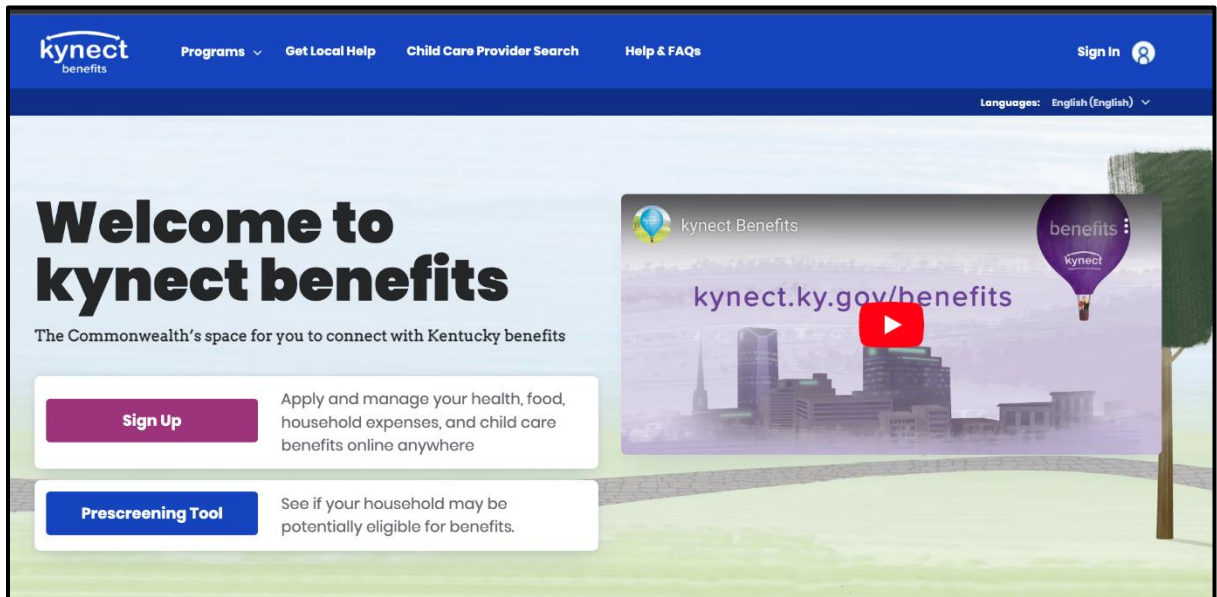
Below are the steps to apply for benefits in kynect benefits.

Quick Reference Guide: Benefits Application within kynect

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

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

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



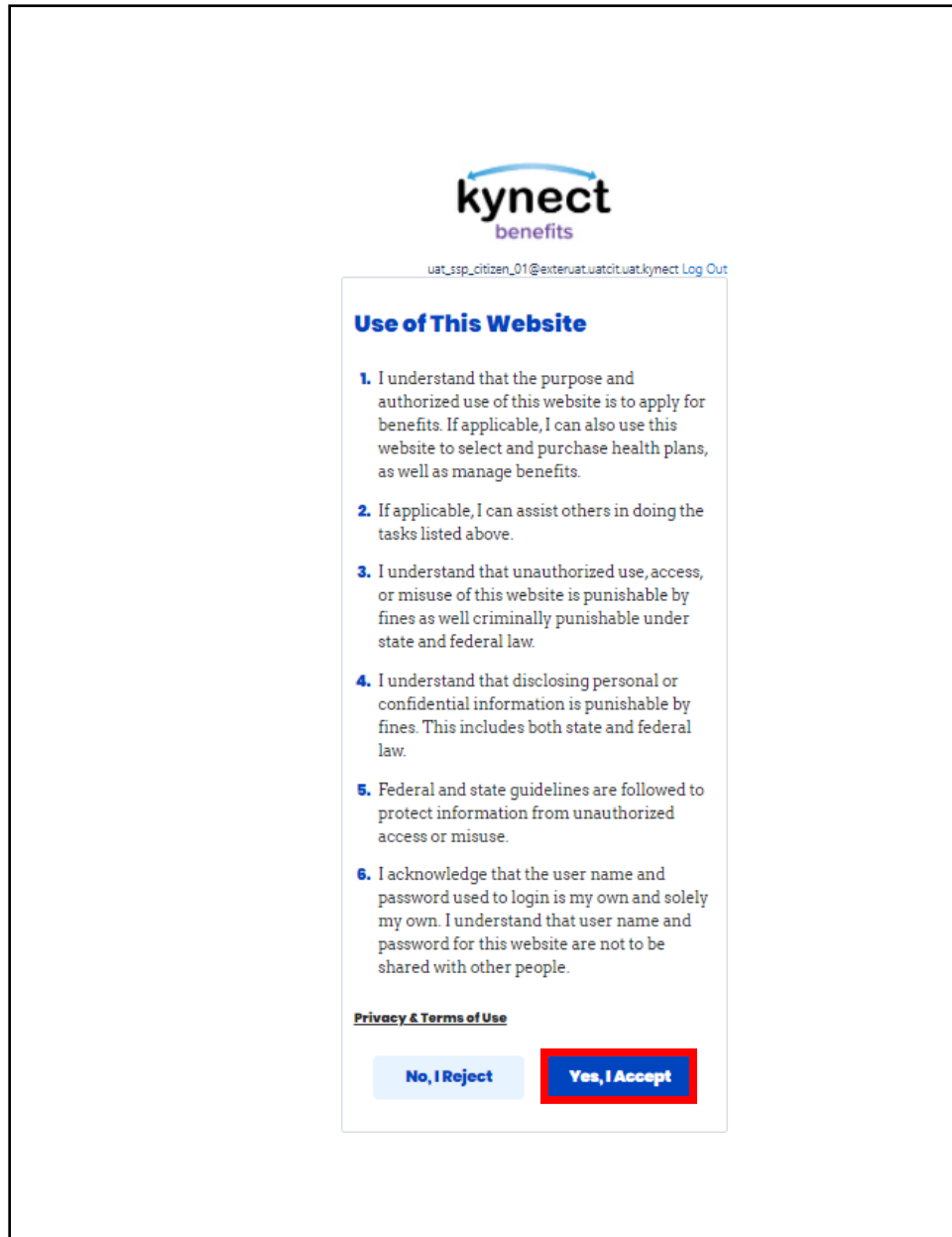
3. Enter the KOG **Email** under *Citizen or Business Partner Sign In*.
4. Enter the KOG **Password** under *Citizen or Business Partner Sign In*.
5. Click **Sign In** to navigate to kynect benefits.

The screenshot shows the KYKY 'Citizen (or) Business Partner Sign In' form. The form is titled 'Sign in with your Kentucky Online Gateway Account.' and has two input fields: 'Email Address' and 'Password'. Both fields are highlighted with a red rectangle. Below the 'Password' field is a 'Forgot/Reset Password' link. A 'SIGN IN' button is at the bottom right of the form. To the right of the form is a 'WARNING' box with text about unauthorized access. Below the warning box is a 'Create An Account' button. At the bottom of the page, there is a footer with the Kentucky logo and copyright information.

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**.



The screenshot shows the 'kynect benefits' logo at the top. Below the logo is a user ID 'uat_ssp_citizen_01@extervat.uatcit.uat.kynect' and a 'Log Out' link. The main heading is 'Use of This Website'. It contains six numbered items: 1. Understanding the purpose and authorized use of the website for applying for benefits, selecting and purchasing health plans, and managing benefits. 2. Assisting others with the tasks listed above. 3. Understanding that unauthorized use, access, or misuse is punishable by fines and criminally punishable under state and federal law. 4. Understanding that disclosing personal or confidential information is punishable by fines, including both state and federal law. 5. Following federal and state guidelines to protect information from unauthorized access or misuse. 6. Acknowledging that the user name and password used to login are the user's own and not to be shared with other people. Below the list is a link for 'Privacy & Terms of Use'. At the bottom are two buttons: 'No, I Reject' and 'Yes, I Accept'. The 'Yes, I Accept' button is highlighted with a red border.

kynect
benefits

uat_ssp_citizen_01@extervat.uatcit.uat.kynect Log Out

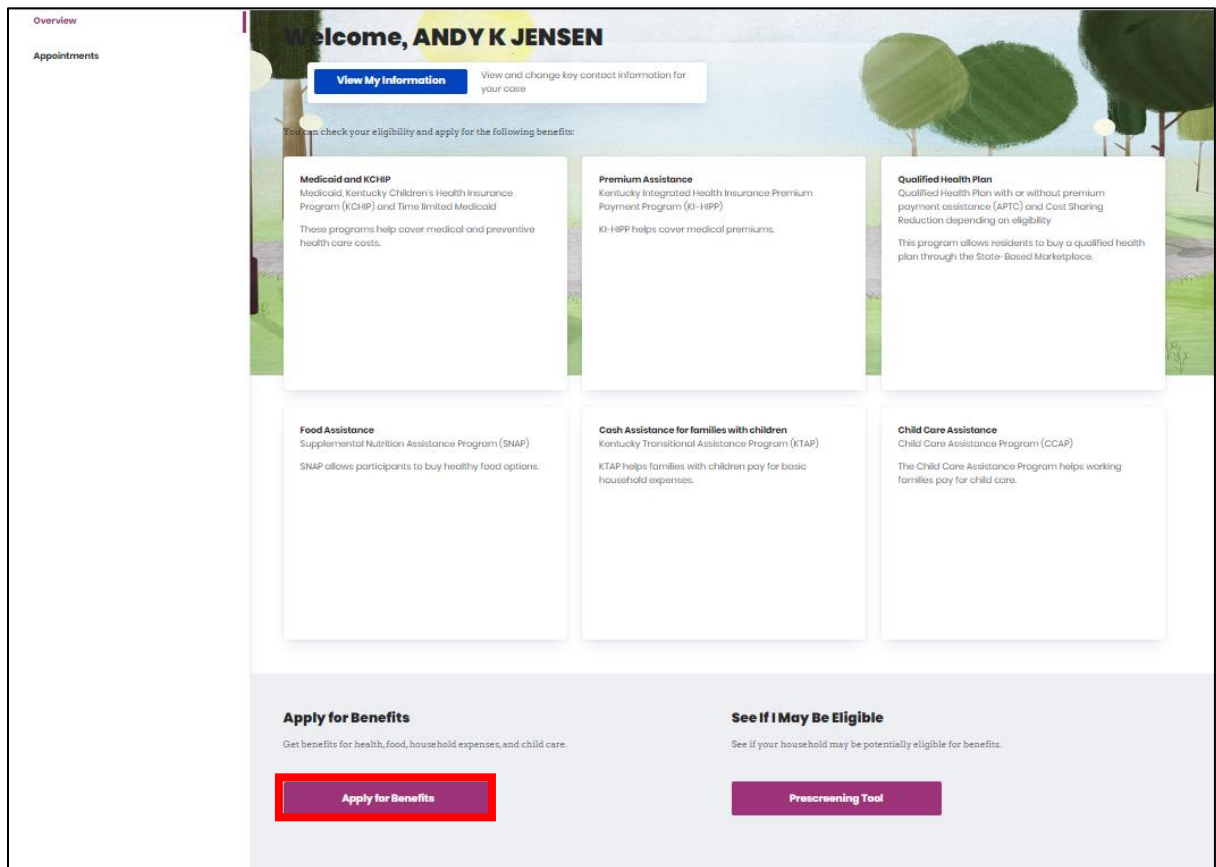
Use of This Website

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

[Privacy & Terms of Use](#)

No, I Reject Yes, I Accept

7. Click **Apply for Benefits**.



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




Please note: The **Case Summary** link appears on the left side for active cases that currently or previously had Medicaid (MA) or Qualified Health Plan (QHP) present, where the individual is the Head of Household. If the case is not active, or the individual is not the Head of Household, the link is not available.

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

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

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

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

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

Need help?

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

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

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

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

Quick Reference Guide: Benefits Application within kynect

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

Information for All Who Apply

Welcome to kynect benefits! This website allows you and your family to apply for programs that may help meet your family's needs. Below is a list of programs that you can apply for; if you would like more information, please click the links:

- [Medicaid/KCHIP \(Kentucky Children's Health Insurance Program\) /APTC \(Advance Premium Tax Credit\)](#)
- [KI-HIPP](#)
- [KTAP \(Kentucky Transitional Assistance Program\)](#)
- [SNAP \(Supplemental Nutrition Assistance Program\)](#)
- [Child Care Assistance](#)
- [Qualified Health Plan without payment assistance](#)

Any Information that you give us is completely private and secure. You will be asked some detailed questions.

If you need help to apply for Medicaid/KCHIP/APTC, KTAP, SNAP, Child Care Assistance, call DCBS Call Services at 1-855-306-8999. If you need help to apply for Qualified Health Plan, call kynect health coverage Call Services at 1-855-459-6328. kynect benefits and kynect health coverage Customer Service is available at 1-844-407-8398.

We also have Insurance Agents and kynectors out in the community who will help you one-on-one. You may add one of these individuals to your case while applying, or after your application is complete, from your dashboard.

For most programs you will be required to complete an interview after your application is submitted. You can apply for SNAP and other benefits at the same time. However, your SNAP application will be processed separately. We have to process your SNAP application based on SNAP rules and let you know about our decision as quickly as possible, but no later than 30 days from the date we receive your signed application. You

I Disagree **I Agree**

2.1 Program Selection

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

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

The screenshot shows the 'Program Selection' page. At the top, there's a title 'Program Selection' and a 'Learn More' link. Below this, there's explanatory text about the application process. The main section is titled 'Select the programs the household would like to apply for.' and contains five selectable options: 'Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)', 'QHP (Medical and Dental insurance plans without payment assistance)', 'KI-HIPP (Health Insurance Premium Payments)', 'SNAP (Food Assistance)', and 'Child Care Assistance'. The first two options are selected, indicated by green checkmarks. Below this, there's a section titled 'How are you meeting this applicant?' with two buttons: 'Phone' and 'In Person'. The 'In Person' button is selected. Below that, there's a section titled 'How would you like to verify this applicant's identity?' with two buttons: 'RIDP' and 'Upload Documents'. The 'Upload Documents' button is selected. At the bottom, there are two buttons: 'Save & Exit' and 'Next'. The 'Next' button is highlighted with a red border.

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

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

2.2 Household Members

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

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

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

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

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

6. Click **Yes** or **No** for *Does this individual have a Social Security Number?*.
 - a. Enter the **Social Security Number** if applicable. If the Applicant does not have a Social Security Number, select a **reason** for *Why doesn't this individual have a SSN?*.

- i. **Please note:** The **reasons** will not populate for QHP-only applications.
7. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*
8. Check the appropriate **box(es)** for *Select this individual's race(s)*.

The screenshot displays a portion of the KYNECT benefits application form. At the top, it asks "Does this individual have a Social Security Number?" with "Yes" and "No" buttons. Below this, a red box highlights the "Why doesn't this individual have a SSN?" section, which contains 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 obtain an SSN because of a well-established religious objective", and "I do not have an SSN or unable to locate SSN Card". Below the red box is the "Is this individual a resident of the Commonwealth of Kentucky?" section with "Yes" and "No" buttons. A small informational text block follows, stating: "We have to ask for ethnicity and race to assure that program benefits are distributed without regard to race, color, or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them." At the bottom, another red box highlights the "Select this individual's race(s)" section, which lists six options with checkboxes: "American Indian or Alaskan Native", "Asian", "Black or African American", "Native Hawaiian/Other Pacific Islander", "White", and "Unknown".

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

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

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

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

The screenshot shows a web form for applying for benefits. Red boxes highlight the following sections:

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

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

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

The screenshot shows the 'Identity Verification Upload' screen. At the top, the title 'Identity Verification Upload' is displayed in blue. Below the title, there is a checkbox labeled 'I attest I have verified this individual's identity.' which is highlighted with a red box. Underneath the checkbox is a 'Form of proof' dropdown menu with 'Select' as the current option, also highlighted with a red box. Below the dropdown is a document icon with a plus sign, representing the file upload area, which is also highlighted with a red box. At the bottom of the screen, there are two buttons: a light blue 'Exit' button on the left and a purple 'Next' button on the right, with the 'Next' button highlighted by a red box.

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

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


BENEFITS APPLICATION

< [Application Summary](#)

Household Members

Add all current household members, any household members who have passed away in the last 3 months, and tax dependents.
[Learn More](#)

Head of Household

 LANCE THOMAS
31 years old

Edit

Household Members

Add Member

Back

Save & Exit

Next

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

2.3 Contact Information

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

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

Contact Information ☺

Complete the questions below about contact information.

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

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

☐ Electronic - Email only
(Go Paperless)

☐ Electronic - Email and Text Message
(Go Paperless)

☐ Mail

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

Ext.

Primary Phone Type

+ Add Secondary Phone Type

Preferred Spoken Language
English

Preferred Written Language
English

Does applicant need assistance for effective communication?

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

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

Does SAL GOOD have a physical address?

Address

Address Line 2

City

State

County

Zip Code

Zip+4 Code

☐ SAL GOOD does not have a physical address

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

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

2.4 Reps, kynectors, & Agents

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

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

The screenshot shows a web form titled "Authorized Representatives, kynectors & Insurance Agents" under an "Application Summary" header. The form includes instructions for adding representatives, a list of activities they can perform, and buttons to "Add Authorized Representative", "Add kynector", and "Add Agent". At the bottom are "Back", "Save & Exit", and "Next" buttons. Red boxes highlight the three "Add" buttons.

Authorized Representatives, kynectors & Insurance Agents

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

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

Authorized Representative

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

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

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

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

Add Authorized Representative

kynector

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

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

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

Add kynector

Insurance Agent

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

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

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

Add Agent

Back **Save & Exit** **Next**

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

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

2.5 Relationship & Tax Filing

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

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

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

Quick Reference Guide: Benefits Application within kynect

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

BENEFITS APPLICATION

< Application Summary

LANCE THOMAS

Section 2 of 3

Relationships ☺

Relationship With MARY THOMAS

LANCE THOMAS is MARY THOMAS's:

Unrelated/Other

Unrelated/Other relationship with MARY THOMAS:

LANCE THOMAS is MARY THOMAS's:

Other/unrelated relative

Legal relationship with MARY THOMAS:

LANCE THOMAS is MARY THOMAS's:

Start Typing

Back Save & Exit Next

Quick Reference Guide: Benefits Application within kynect

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

Tax Filing ⓘ

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

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

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

8. Click **Yes** or **No** for *Will [Applicant's Name] tax filing status be the same for tax year [next year]?*
 - a. If **No**, select the Applicant's **Tax Filing** status for next year.
9. Click **Yes** or **No** for *Did [Applicant's Name] reconcile premium tax credits on his/her tax return for the last two consecutive tax years?*
10. Click **Next** to proceed to the *Household Information* section.

Will LANCE THOMAS's tax filing status be the same for tax year 2026?

[Yes](#) [No](#)

Did LANCE THOMAS reconcile premium tax credits on her tax return for the last two consecutive tax years? Select 'Yes' below if: ⓘ

- You received payment assistance to help for coverage.
- You filed federal income tax returns for the last two consecutive years, and you used payment assistance. For example, in the year 2023 and 2022 you got help paying coverage and you also filed tax returns for both years.
- You submitted IRS Form 8962 with these tax returns.

[Yes](#) [No](#)

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

2.6 Household Information

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

1. Click **Yes** or **No** for *Is anyone in the household blind?*
 - a. If **Yes**, select the **household member(s)**.

Household Information

Section 1 of 6

Health 😊

Learn More
Complete the questions below about health.

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

Is anyone in this household blind?

Yes **No**

Select applicable household member(s):

☐ JOHN L DOE

☐ MARY L DOE

Please note: For any *Household Information* section questions in which **Yes** is selected, the household members' names display with a checkbox to mark who is applicable.

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

Quick Reference Guide: Benefits Application within kynect

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

Household Information

Section 1 of 4

Health ⓘ

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

Is anyone in this household blind?

Does anyone in this household have a disability? ⓘ

Does anyone in this household want to participate in the career development & job placement program with the Kentucky Career Center?

Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A? ⓘ

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

JESSI K SMITH

Has anyone in this household used tobacco at least 4 times a week in the past 6 months?

7. Click **Next**.

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

Household Information

Section 2 of 4

Household Circumstances ✓

Learn More
Complete the questions below about other scenarios which may affect your benefits.

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

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

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

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

Quick Reference Guide: Benefits Application within kynect

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

Income & Subsidies Selection ☑

[Learn More](#)

Complete the questions below about the income and subsidies.

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

Does anyone in this household have job income from employer?

Examples:

- Wages
- Salary
- Tips

([view an example W-2 tax form](#))

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

Examples:

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

([view an example W-4 tax form](#))

([view an example Schedule C \(Form 1040\) tax form](#))

([view an example personal record](#))

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

Examples:

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

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

Examples:

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

14. Click **Yes** or **No** for *Does anyone in this household receive income from dividends, interest, or royalties?*.
- a. If **Yes**, select the **household member(s)**.
15. Click **Yes** or **No** for *Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?*.
- a. If **Yes**, select the **household member(s)**.

Quick Reference Guide: Benefits Application within kynect

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

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

Examples:

- Spousal support
- Alimony
- Child support (view an example statement from child support office)
- Adoption subsidy payments
- Foster care income
- Money from family and/or friends

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

Examples:

- Life insurance policies

Does anyone in this household receive any other types of income that is not cash in exchange for work (including any goods, services, or payments) not listed in above questions? ⓘ

Examples:

- In-kind income
- Room & board and/or utilities in exchange for work

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

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

Quick Reference Guide: Benefits Application within kynect

21. Click **Yes** or **No** for *Does anyone in your household need help paying for medical bills from the last three months?*.
 - a. If **Yes**, select the **household member(s)**.
22. Click **Yes** or **No** for *Does anyone in the household have deductible expenses?*.
 - a. If **Yes**, select the **household member(s)**, then you are taken to the **Expense Details** subsection screen.
 - b. The **Type of Expense** defaults to **Medical Expense**. Enter or select information for the following fields:
 - i. Enter **Type of medical expense**.
 - ii. Enter **Medical Expense Description**.
 - iii. Select **Expense Frequency** from the drop-down.
 - iv. Enter the **Amount**.
 - c. Click **Save**.
 - d. If **No** is selected, no additional screens are queued.
23. Click **Next** to proceed to the *Member Details* section.

BENEFITS APPLICATION

< Application Summary

Household Information

Section 4 of 4

Expenses ☺

[Learn More](#)
Complete the questions below about expenses.

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

Does anyone in your household need help paying medical bills from the last three months? ⓘ

Does anyone in the household have deductible expenses? ⓘ

Expense Details

Complete the questions below about the expense.

Type of expense
Medical Expense ⓘ

Type of medical expense
Prescription drugs

Medical Expense Description ⓘ
30 day XYZ prescription

Expense Frequency
Monthly ⓘ

Amount
\$ 35

Please note: The **Medical Expense Description** field entry is mandatory for all Medical Expense Types except Dentures, Hearing aids, Prosthetics, SMI Premium, and Medicare Part D Premiums, otherwise this field entry is optional. The maximum length for the entry is 75 characters including spaces.

2.7 Member Details

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

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

BENEFITS APPLICATION

Walk Me Through **Income Details**
LANCE THOMAS

Complete the questions below about income.

Type of income ⓘ
Job income from employer ⓘ

Employer name

Employer Identification Number (EIN) ⓘ

Employer address

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

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

Ext.

Income frequency ⓘ
Select ⓘ

Quick Reference Guide: Benefits Application within kynect

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

The screenshot shows a form with the following sections:

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

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

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

The screenshot shows a web form titled "BENEFITS APPLICATION" for "LANCE THOMAS". It is "Section 1 of 1". Under "Adjusted Annual Income", it states: "We calculated the below yearly income based on the income and expenses you reported." followed by a link "Learn More". Below this, a box shows "Estimated Yearly Income \$15600.00". Two questions are presented, 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 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**.

2.8 Healthcare Coverage

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

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

The screenshot shows the 'Healthcare Coverage Selection' screen within the 'BENEFITS APPLICATION' system. At the top, there is a link for 'Application Summary' and a 'Learn More' link. The main heading is 'Healthcare Coverage Selection'. Below this, there are two questions, each with 'Yes' and 'No' radio button options. 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 of the screen, 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.

2.9 Employer's Health Reimbursement Arrangement

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

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

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.

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

BENEFITS APPLICATION

[< Application Summary](#)
Application Review
You can review your application and can make changes before you sign and submit.
[Expand All](#) | [Collapse All](#)

✓ 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

2.10 Review, Sign & Submit

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

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

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

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

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

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

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

BENEFITS APPLICATION

[Application Summary](#)

Walk Me Through **Signature Page**

Terms of Agreement Summary

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

☐ Read and agree to Application Statement of Understanding

☐ Read and agree to Medicaid Penalty Warning

☐ Read and agree to Failure to Reconcile Statement of Understanding

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

☐ I Agree

☐ I Disagree

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

☐ I Agree

☐ I Disagree

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

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

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

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

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

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

The screenshot displays the 'John D Doe JR. – E-Signature' section of the Kynect Benefits Application. It includes fields for First Name, Middle Initial (MI), Last Name, and a Date field (11/15/2021). A checkbox labeled 'Household member does not have a middle initial.' is present. A 'Suffix' dropdown menu is set to 'Select'. Below this is the 'Voter Registration' section with the question 'Would you like to register to vote?' and 'Yes' and 'No' buttons. At the bottom are 'Back' and 'Submit Benefits Application' buttons. Red boxes highlight the First Name, MI, Last Name, and the Voter Registration question area.

John D Doe JR. – E-Signature
By entering your name below, you are electronically signing this application

First Name: [Text Field]
MI: [Text Field]
☐ Household member does not have a middle initial.
Last Name: [Text Field]
Suffix: [Select]
Date: 11/15/2021

Voter Registration

Would you like to register to vote? [?](#)

[Back](#) [Submit Benefits Application](#)

2.11 Resident Needs Assessment

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

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

Residents Needs Assessment

Section 2 of 5

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

Which best describes your income situation?

☐ No income

☐ My income is irregular

☐ My income is not enough to meet my needs

☐ I can meet my basic needs with help from assistance programs

☐ I can meet my basic needs without assistance

☐ My income meets my needs, is well-managed, and I can save

Which best describes your food situation?

☐ I am unable to get food

☐ I can get food but do not have the space or time to prepare a meal

☐ My household receives help for food such as SNAP (food stamps) or other food assistance

☐ I can meet my basic food needs, but I require occasional assistance such as a food pantry

☐ I can meet my basic food needs without assistance

☐ I can choose to purchase any food my household desires

Which best describes your child care situation?

☐ I need child care, but I am not able to afford child care at this time

☐ I can afford child care, but the child care options are unreliable or inaccessible

☐ Child care is provided by a personal friend or family member

☐ I can select quality child care of my choice

☐ I do not need child care at this time

Back

Skip

Next

2.12 Eligibility Results

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

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

The screenshot shows the 'Eligibility Results' page in the Kynect Benefits system. The header includes the Kynect logo, navigation links (Dashboard, Programs, Reps, Kynectors, & Agents, Child Care Provider Search, Help & FAQs), and a user profile for Andrew. The main content area is titled 'Eligibility Results' with a 'Learn More' link. Below this, a message states: 'Thank you for submitting your application. We will send you correspondence with your results. Once you've reviewed your results, select "Next Steps" to see how to proceed.' Two eligibility results are listed: 'Qualified Health Plan' and 'Advance Premium Tax Credits', both for 'LANCE THOMAS' and marked as 'Approved'. Each result includes a duration from 08/01/2022 to 12/31/2022 and a note to look for a notice of eligibility. A callout box explains Cost Sharing Reductions (CSR). At the bottom, there is a contact number for DCBS and a 'Next Steps' button.

Eligibility Results
[Learn More](#)
Case #: 112990291

Thank you for submitting your application. We will send you correspondence with your results.

Once you've reviewed your results, select "Next Steps" to see how to proceed.

Qualified Health Plan

LANCE THOMAS
● Approved

Duration 08/01/2022 to 12/31/2022
Look for your notice of eligibility.

Advance Premium Tax Credits

LANCE THOMAS
● Approved / CSR Category B ⓘ

Duration 08/01/2022 to 12/31/2022
Look for your notice of eligibility.

Cost Sharing Reductions (CSR) are discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance. On kynect health coverage, cost-sharing reductions are often called "special savings." If you qualify, you must enroll in a plan in the Silver category to get the extra savings. You can save hundreds or even thousands of dollars per year if you use a lot of care. For more details on CSRs please visit [here](#).

If you have questions about your eligibility for benefits, call DCBS at [1\(855\)306-8959](tel:18553068959)

Next Steps

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

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

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

2.13 Next Steps

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

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

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

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

Quick Reference Guide: Benefits Application within kynect

Next Steps

[Learn More](#)

Case #: 83256447

Upload Verification Documentation

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

[Learn More](#)

[Go to Document Center](#)

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

Medicaid (MCO) Plan

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

Qualified Health Plan

[CICELY DANIKA 23F](#) To shop for a plan or change your existing plan, please visit Enrollment Manager Module.

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

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

Apply for a Medicaid Waiver

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

View Your Residents Needs Assessment Results

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

[View Potential Resources](#)

Download a Copy of Your Application

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

[Download Application Copy](#)

Get Contacted by an Insurance Agent

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

[Get Contacted](#)

You May Be Eligible For Other Programs

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

[Apply for Benefits](#)

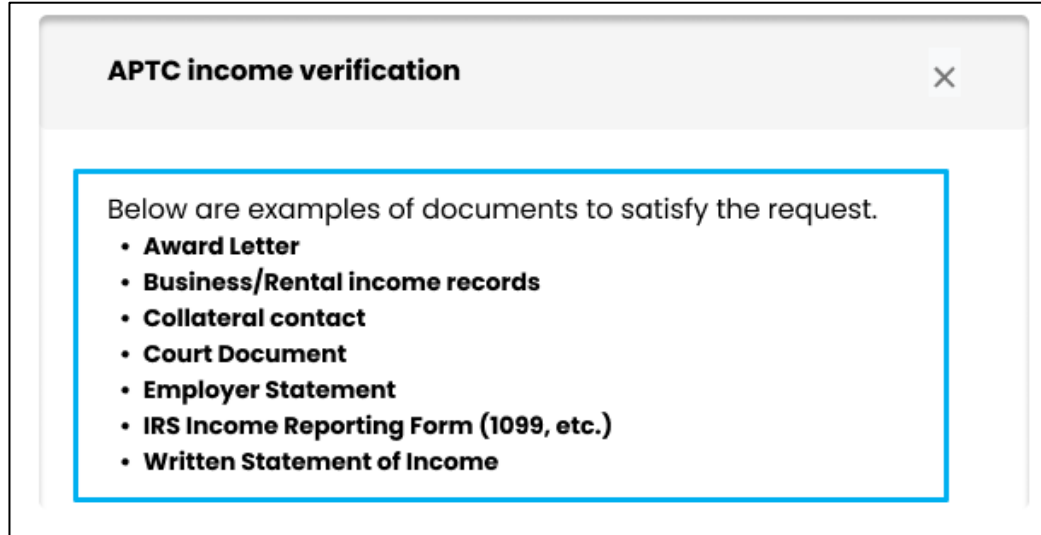
[Go to Dashboard](#) [Go to Enrollment Manager](#)

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

2.14 Document Center

The **Document Center** screen allows Applicants approved for APTC benefits to upload required income verification documents to retain assistance.

1. Click **Go to Document Center** from the **Next Steps** screen.
2. Go to the *Proof* section and review any outstanding requests for information. If applicable, click **APTC Income Verification**.



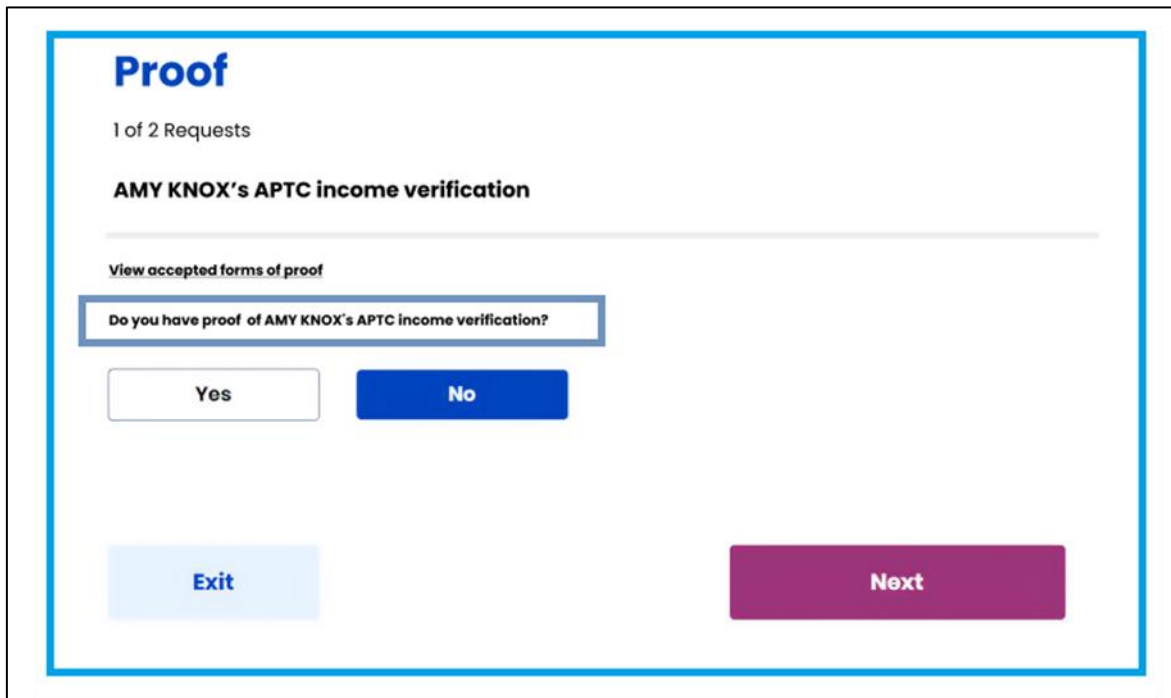
A screenshot of a modal window titled "APTC income verification" with a close button (X) in the top right corner. Inside the modal, there is a blue-bordered box containing the text "Below are examples of documents to satisfy the request." followed by a bulleted list of document types: Award Letter, Business/Rental income records, Collateral contact, Court Document, Employer Statement, IRS Income Reporting Form (1099, etc.), and Written Statement of Income.

APTC income verification

Below are examples of documents to satisfy the request.

- Award Letter
- Business/Rental income records
- Collateral contact
- Court Document
- Employer Statement
- IRS Income Reporting Form (1099, etc.)
- Written Statement of Income

3. Review the options listed under **Accepted Forms of Proof**.



A screenshot of the "Proof" section in the application. It shows "1 of 2 Requests" and the title "AMY KNOX's APTC income verification". Below this is a link "View accepted forms of proof". A question box asks "Do you have proof of AMY KNOX's APTC income verification?". There are two buttons: "Yes" and "No". At the bottom, there are two buttons: "Exit" and "Next".

Proof

1 of 2 Requests

AMY KNOX's APTC income verification

[View accepted forms of proof](#)

Do you have proof of AMY KNOX's APTC income verification?

Yes No

Exit Next

4. Respond **Yes** or **No** to question *Do you have proof of [Applicant's] APTC income verification?*
 - a. If **Yes**, click **Next** to upload an accepted document of proof on the **Document Upload** screen.
 - b. If **No**, click **Next** to review other existing requests for information. The **APTC Income**

Verification request remains open until an acceptable form of proof is uploaded or until 90 days have elapsed.

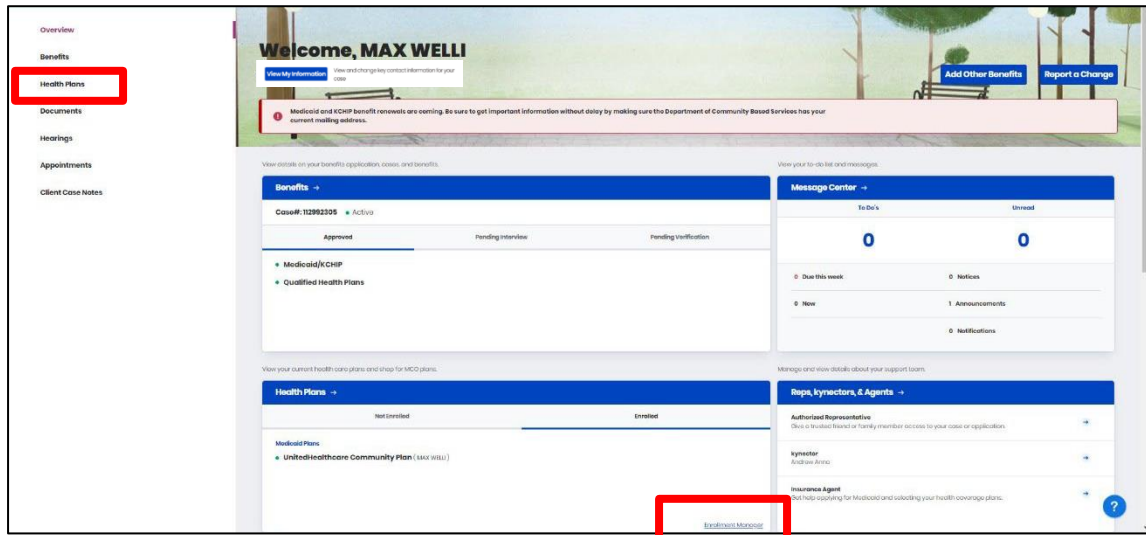
- c. Click **Exit** to return to the Document Center.

Please note: Beginning October 10, 2025, individuals approved for APTC have 90 days to verify their income by uploading an accepted document of proof. Failure to abide by this timeline will result in the loss of APTC benefits.

3 Enrollment Manager

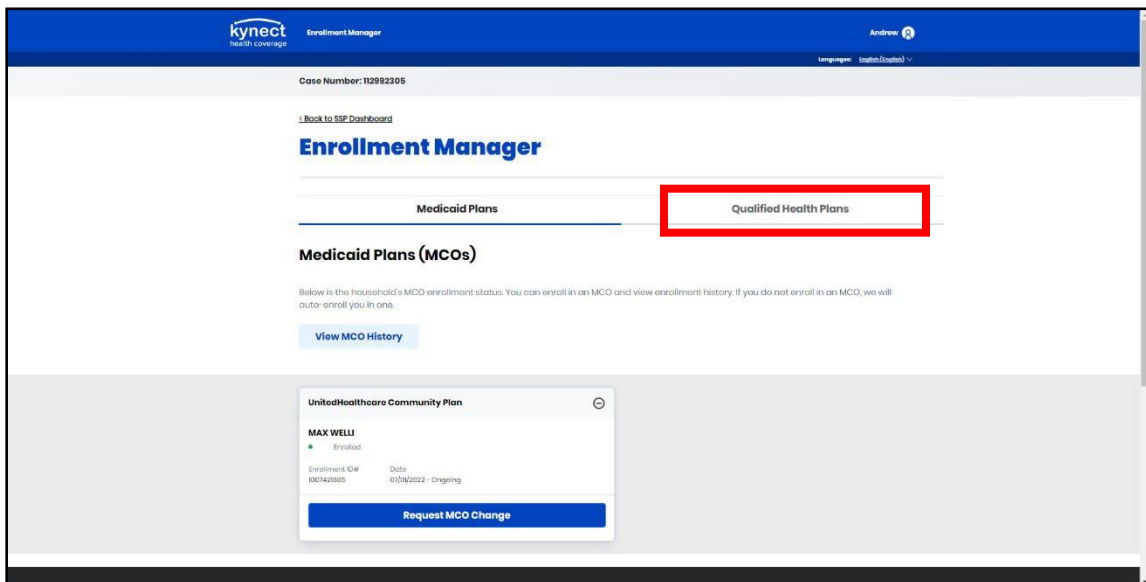
The **Enrollment Manager** is where Applicants may shop for, compare, and enroll in Medicaid and Qualified Health Plans depending on their eligibility. After deciding upon a plan, Applicants may enroll themselves and other household members as applicable in selected plans pending an initial premium payment.

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**.

The screenshot shows the Kynect Enrollment Manager interface. At the top, there's a blue header with the Kynect logo and 'Enrollment Manager'. Below the header, the case number '112992305' is displayed. A link to 'Back to SSP Dashboard' is visible. The main heading is 'Enrollment Manager'. Below this, there are tabs for 'Medicaid Plans' and 'Qualified Health Plans'. The 'Qualified Health Plans (QHPs)' section is active, showing a message: 'Below is the household's enrollment status of certified health plans.' There are four buttons: 'View QHP History', 'Add Case Notes', 'View Maximum APTC Summary', and 'Calculate Maximum APTC'. A modal window titled 'Coverage Year 2022' is open, showing 'Not Enrolled' for 'MAX WELLS'. The 'Add Plan' button at the bottom of the modal is highlighted with a red rectangle.

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

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

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

The screenshot shows the 'Add New Plan' interface. At the top, there's a blue header with the Kynect logo and 'Enrollment Manager'. Below the header, the case number '112992305' is displayed. Links to 'Back to SSP Dashboard' and 'Back to Enrollment Manager' are visible. The main heading is 'Add New Plan'. Below this, there's a message: '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".' There are two dropdown menus: 'Select Members' and 'Select Coverage Type'. The 'Select Members' dropdown is highlighted with a red rectangle. Below the dropdowns, there are buttons for 'Shop for Plans', 'Cancel', and 'Checkout'. At the bottom, there's a footer message: 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynect.ky.gov to see all your options.'

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

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

Add New Plan

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

Select Members

Tax Group 1

☒ [Member Name]

☐ [Member Name]

☐ [Member Name]

☐ [Member Name]

Select Coverage Type

☒ Medical

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

Buy a Dental Plan ☐

Waive Dental Plan

Shop for Plans

Cancel **Submit**

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

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

The screenshot displays the 'Medical Plan Search' interface. At the top, there's a header with the 'kynect' logo and user information. Below this, a 'Case Number' is displayed. The main section is titled 'Medical Plan Search' and includes a message about the user's household being qualified for a Cost-Sharing Reduction (CSR) plan. A slider allows users to adjust the premium, with a current value of \$347.00. Below the slider, there are buttons for 'Show Map View', 'Clear', and 'Apply'. A table titled 'Available Plans in Adair County - 41' is shown, with a 'Sort By' dropdown menu highlighted by a red box. The dropdown menu is open, showing options: 'Select', 'Lowest Premium', 'Lowest Payment', 'Lowest Deductible', 'Lowest Out-Of-Pocket Maximum', 'Issuer A-Z', and 'Maximum'. The table has columns for 'Insurance Company', 'Total Monthly Premium', 'Individual Deductible', 'Individual Out-Of-Pocket Maximum', and 'Actions'. A plan from 'Humana Connect' is listed with a total monthly premium of \$530.51. Below the table, there are sections for 'Summary (In-Network)' and 'Premium Details'.

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

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

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

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

Quick Reference Guide: Benefits Application within kynect

- When navigated to the **Medical Plan Details** screen, Individuals may click **Add to Cart** to go ahead and add the plan to their cart. Individuals may click the **Download** button to save the medical plan details to personal files.

Medical Plan Details

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.

[Add to Cart](#) [Download](#) [Print](#)

Wellcare **Everyday Bronze**

Not Rated
Wellcare Health Plans of Kentucky, Inc.

Total Monthly Premium	\$372.39
Essential Health Benefit (EHB) portion	\$372.39
Your Monthly Payment	\$41.39
CSR Actuarial Level ⁽¹⁾	Zero Cost Sharing Plan

Embroidered Leadership Hospital CSR 4.0/5.0 Wellness Bronzeplan

- Click **Back to Plan List** to return back to the **Medical Plan Search** screen.

[Back to Plan List](#)

Medical Plan Details

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.

[Add to Cart](#) [Download](#) [Print](#)

Anthem **Anthem Silver Pathway X HMO 6000 S04 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)**

Anthem Health Plans of

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

Help Me Choose

Provider Zip Code

Enter Zip

Provider Name ⓘ

Enter Name

Prescription Drugs ⓘ


Enter prescription drugs

Show Map View

Clear

Apply

Available Plans in Robertson County – 20

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

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

1

2

Previous

Next

Exit

Compare Plans

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

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.

Everyday Bronze	Choice Bronze
Quality Rating Not Rated	Quality Rating Not Rated
Monthly Premium \$ 372.39	Monthly Premium \$ 376.58
Essential Health Benefit (EHB) portion \$372.39	Essential Health Benefit (EHB) portion \$376.58
Payment Assistance Applied \$ 331	Payment Assistance Applied \$ 331
Your Monthly Payment \$ 41.39	Your Monthly Payment \$ 45.58
CSR Actuarial Level ⓘ	CSR Actuarial Level ⓘ
Zero Cost Sharing Plan	Zero Cost Sharing Plan
Provider Directory ⓘ	Provider Directory ⓘ

[Print](#)

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

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

Quality Rating Details

In Network

CARESOURCE
MARKETPLACE
DIABETES SILVER 1
DENTAL, VISION, &
FITNESS

CARESOURCE
MARKETPLACE BRONZE
FIRST DENTAL, VISION,
& FITNESS

Overall Quality Rating	★★★★★	★★★★★
Getting the right care	★★★★★	★★★★★
Member's care experience	★★★★★	★★★★★
Member's plan service experience	★★★★★	★★★★★

Deductible and Out of Pocket Details

+

Doctor Visits

+

Prescription Drug Benefits

+

Embedded Pediatric Dental

+

Emergency Services and Hospitalization

+

Maternity and Newborn Care

+

Mental Health and Substance Abuse

+

Lab and Imaging

+

Pediatric Vision Benefits

+

Additional Services

+

Additional Details

+

Plan Documents





+

Exit



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

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

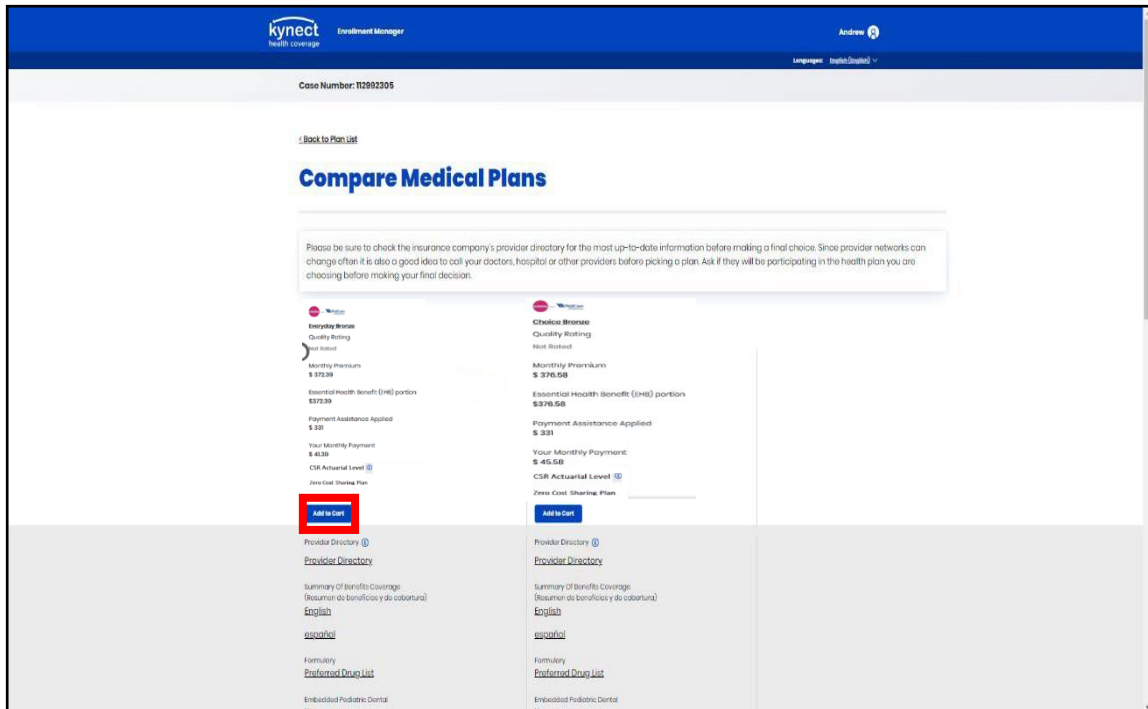
17. The **Deductible and Out of Pocket Details** tab displays different deductible and out of pocket figures for the selected plans. The **Pin/Unpin** feature and **Color Indicator dots** may be used within specific tabs throughout the **Compare Medical Plans** and **Medical Plan Details** screens to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

Quality Rating Details			
Deductible and Out of Pocket Details			
In Network	EVERYDAY BRONZE	CHOICE BRONZE HSA	EVERYDAY BRONZE + VISION + ADULT DENTAL
 Combined Medical & Drug Individual Deductible	\$8,450	\$7,250	\$8,450
 Combined Medical & Drug Family Deductible	\$8450 per person \$16900 per group	\$8450 per person \$16900 per group	\$8450 per person \$16900 per group
 Combined Medical & Drug Individual Out of Pocket Max	\$9,250	\$7,250	\$9,250
 Combined Medical & Drug Family Out of Pocket Max	\$9250 per person \$18500 per group	\$7250 per person \$14500 per group	\$9250 per person \$18500 per group
Doctor Visits			

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

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

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

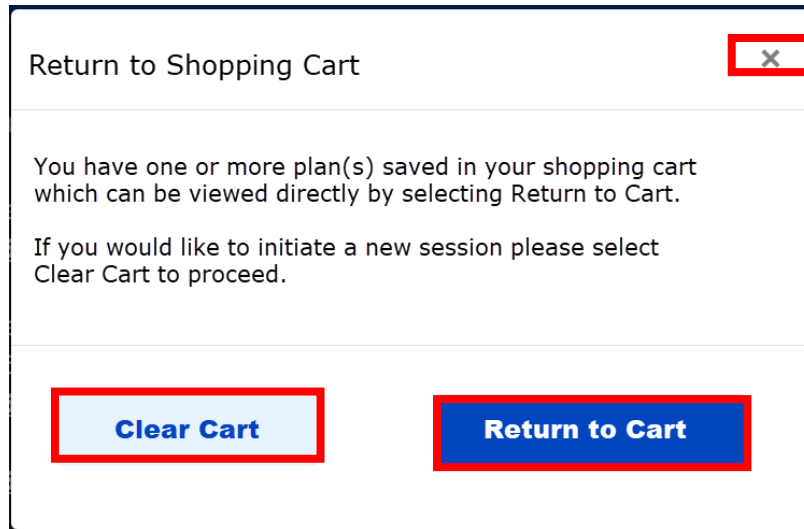


Compare Medical Plans

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.

Everyday Bronze	Choice Bronze
Quality Rating	Quality Rating
Star Rating	Star Rating
Monthly Premium \$375.39	Monthly Premium \$376.56
Essential Health Benefits (EHB) portion \$375.39	Essential Health Benefits (EHB) portion \$376.56
Payment Assistance Applied \$39	Payment Assistance Applied \$39
Your Monthly Payment \$413.9	Your Monthly Payment \$415.56
CSR Actuarial Level	CSR Actuarial Level
Zero Cost Sharing Plan	Zero Cost Sharing Plan
Add to Cart	Add to Cart
Provider Directory	Provider Directory
Summary of Benefits Coverage (Resumen de beneficios y de cobertura)	Summary of Benefits Coverage (Resumen de beneficios y de cobertura)
English	English
Spanish	Spanish
Formulary	Formulary
Preferred Drug List	Preferred Drug List
Embedded Pediatric Dental	Embedded Pediatric Dental

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



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

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

Dental Plan Search

Email
Print

Talk to a Licensed Insurance Agent Live!

833-597-8778

Absolutely Free Assistance Enrolling in a Quality Health Plan

*subject to agent availability

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

Icon Legend:

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

Filters

Insurance Company

Plan Type

Metal Level

Clear

Apply

Show More

Help Me Choose

Provider Name ?

Enter Name

Provider Zip Code

Enter Zip

Show Map View

Clear

Apply

Available Plans in Robertson County - 5

Sort By -

Select

Export All Plans

Export Selected Plans

Compare Selected Plans

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

Lowest Premium Plan

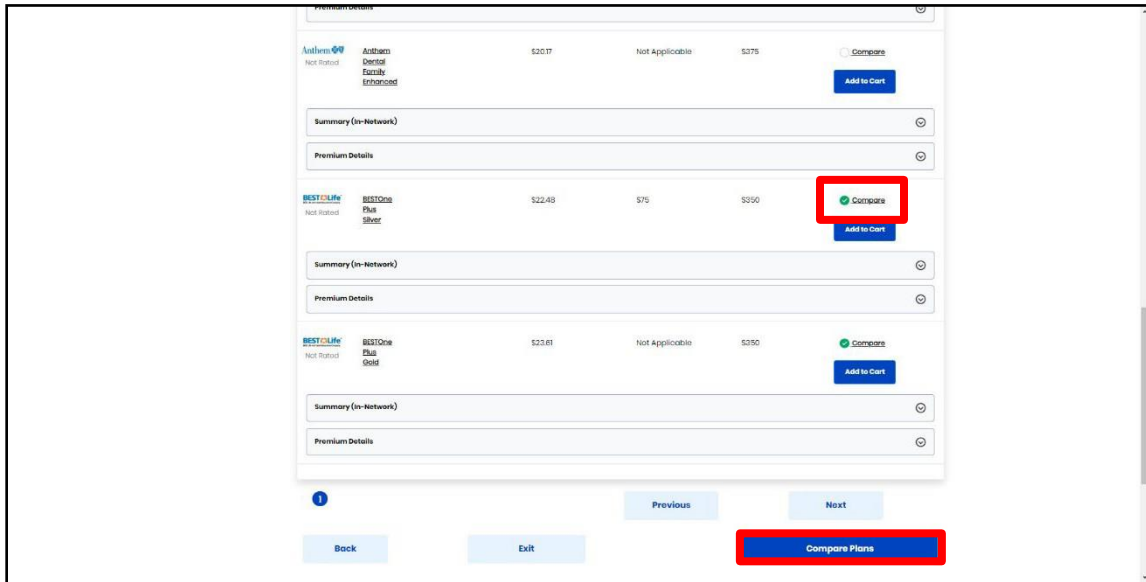
Summary (in-Network)

Premium Details

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

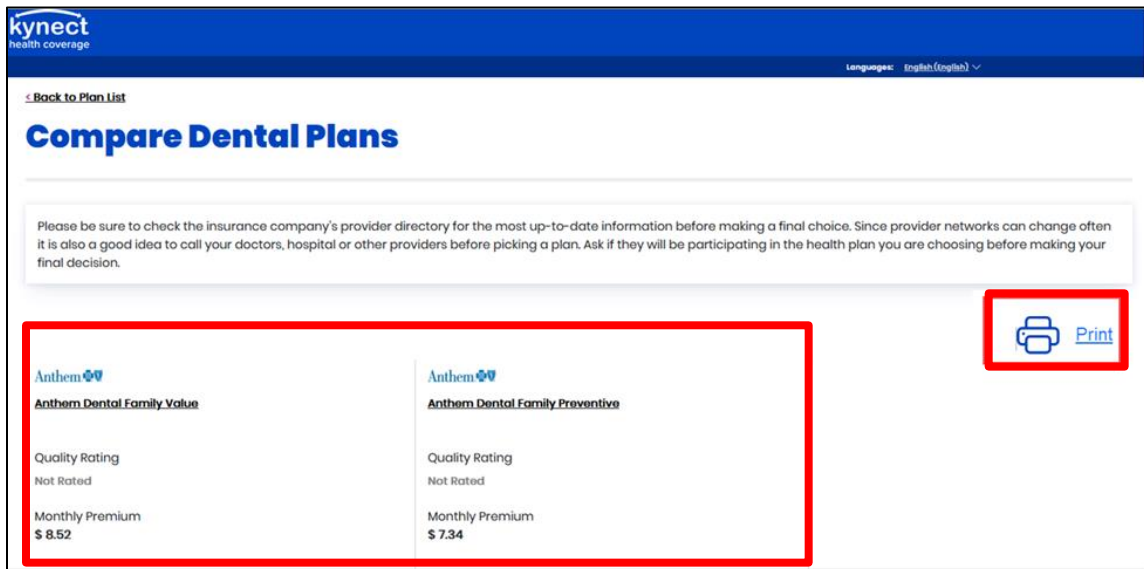
21. Click **Compare** on multiple dental plans to select them to be compared.

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



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

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



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

Anthem
Anthem Dental Family Preventive

Quality Rating
Not Rated

Monthly Premium
\$ 6.97

Add to Cart

Provider Directory ⓘ
N/A

Summary of Dental Coverage
(Declaración de Cobertura Dental)
English
español

Medical Loss Ratio
85%

Anthem
Anthem Dental Family Value

Quality Rating
Not Rated

Monthly Premium
\$ 8.52

Add to Cart

Provider Directory ⓘ
N/A

Summary of Dental Coverage
(Declaración de Cobertura Dental)
English
español

Medical Loss Ratio
85%

Your pinned plan indicators will be displayed here:

- Deductible and Out of Pocket Details (+)
- Adult Dental Coverage (+)
- Child Dental Coverage (+)
- Additional Details (+)
- Plan Documents (+)

Exit

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

Anthem
Anthem Dental Family Preventive

Quality Rating
Not Rated

Monthly Premium
\$ 6.97

Add to Cart

Provider Directory ⓘ
N/A

Summary of Dental Coverage
(Declaración de Cobertura Dental)
English
español

Medical Loss Ratio
85%

Anthem
Anthem Dental Family Value

Quality Rating
Not Rated

Monthly Premium
\$ 8.52

Add to Cart

Provider Directory ⓘ
N/A

Summary of Dental Coverage
(Declaración de Cobertura Dental)
English
español

Medical Loss Ratio
85%

Quick Reference Guide: Benefits Application within kynect

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

Select Coverage Type

Medical

Dental

Shop for Plans

Newly Selected Plan

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

Medical	Dental
CoreSource Marketplace Standard Silver Dental, Vision, & Fitness Premium You Pay \$428.81 per month Monthly Premium: \$428.81 Applied Payment Assistance: \$0	BEST One Plus Silver Premium You Pay \$22.48 per month Monthly Premium: \$22.48 Applied Payment Assistance: \$0
Members MAX WELLS Date: 08/08/2022 - 12/31/2022 Select Another Plan Remove Plan	Members MAX WELLS Date: 08/08/2022 - 12/31/2022 Select Another Plan Remove Plan

Cancel Checkout

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

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

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

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

kynect Enrollment Manager

Andrew

Case Number: 112992305

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

Sign & Submit

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

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

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

Electronically sign this request by entering your name below:

First name: MAX

Last name: WELLS

Date: 08/08/2022

Back Exit Sign & Submit

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

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

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

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

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

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

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

3.2 Medicaid Plans

1. Click **Select MCO Plan**.

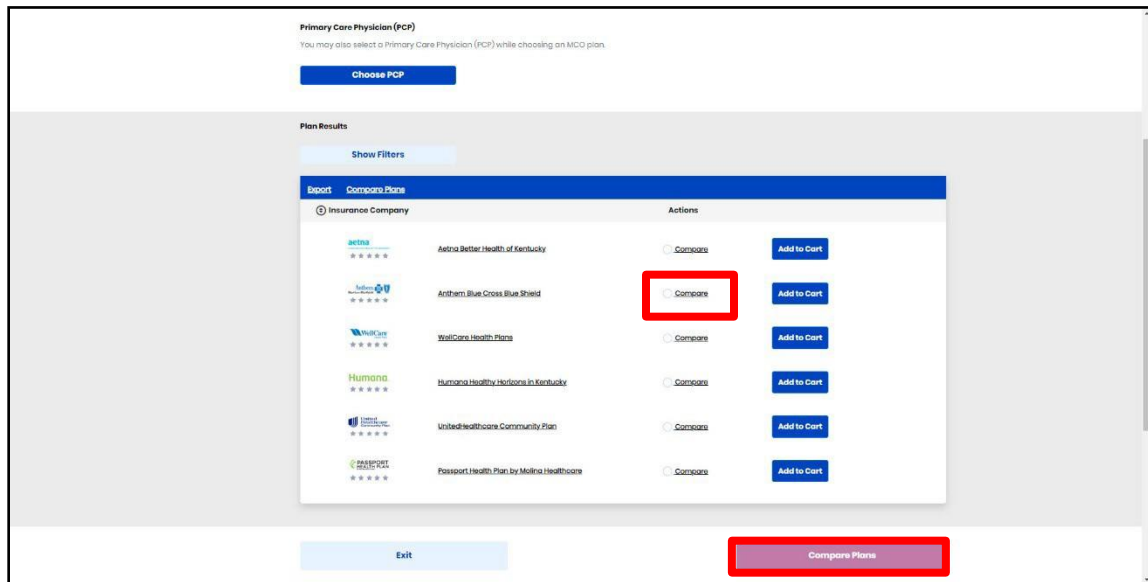
The screenshot shows the 'Enrollment Manager' interface for Case Number: 112904047. The user is logged in as Andrew. The page has tabs for 'Medicaid Plans' and 'Qualified Health Plans'. Under 'Medicaid Plans (MCOs)', a message states: 'Below is the household's MCO enrollment status. You can enroll in an MCO and view enrollment history. If you do not enroll in an MCO, we will auto-enroll you in one.' A 'View MCO History' button is present. A modal window titled 'Not Enrolled' for 'TEST AUGUST' shows a status of 'Not Enrolled' and a red box around the 'Select MCO Plan' button. The footer includes links for Help & FAQs, Contact Us, and Technical Assistance, along with the 'TEAM KENTUCKY' logo.

2. Click **Add Plan**.

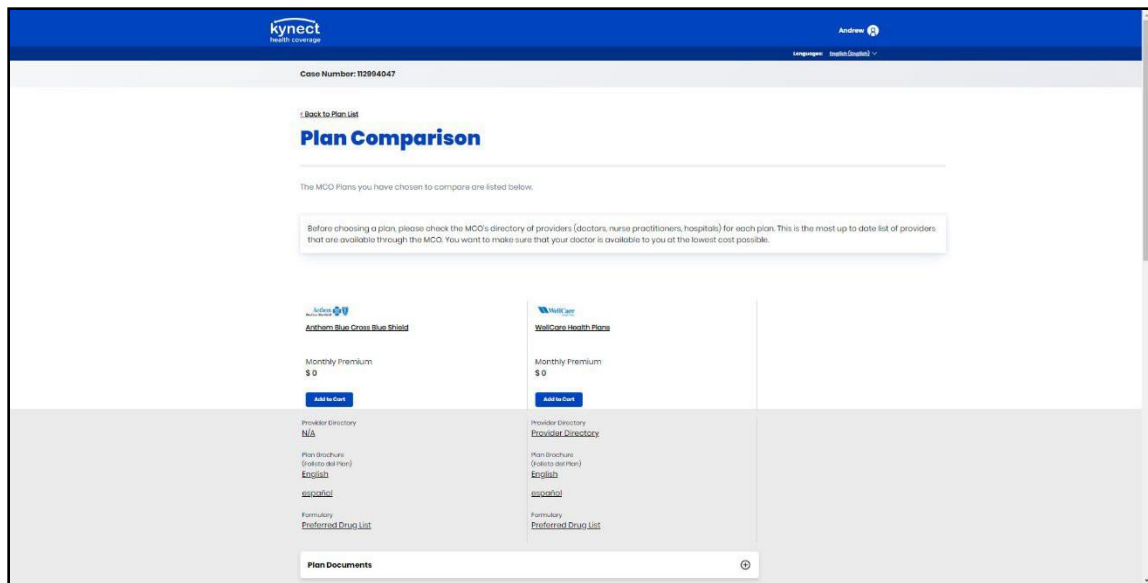
The screenshot shows the 'Add New Plan' interface for Case Number: 112904047. The user is logged in as Andrew. The page has a link to 'Back to Enrollment Manager'. A message states: 'The below members are eligible for an MCO Plan. Select the member you want to shop for.' A dropdown menu shows 'TEST AUGUST' with a red box around the 'Add Plan' button. Below the dropdown are 'Cancel' and 'Checkout' buttons. The footer includes links for Help & FAQs, Contact Us, and Technical Assistance, along with the 'TEAM KENTUCKY' logo and recommended browsers.

Quick Reference Guide: Benefits Application within kynect

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

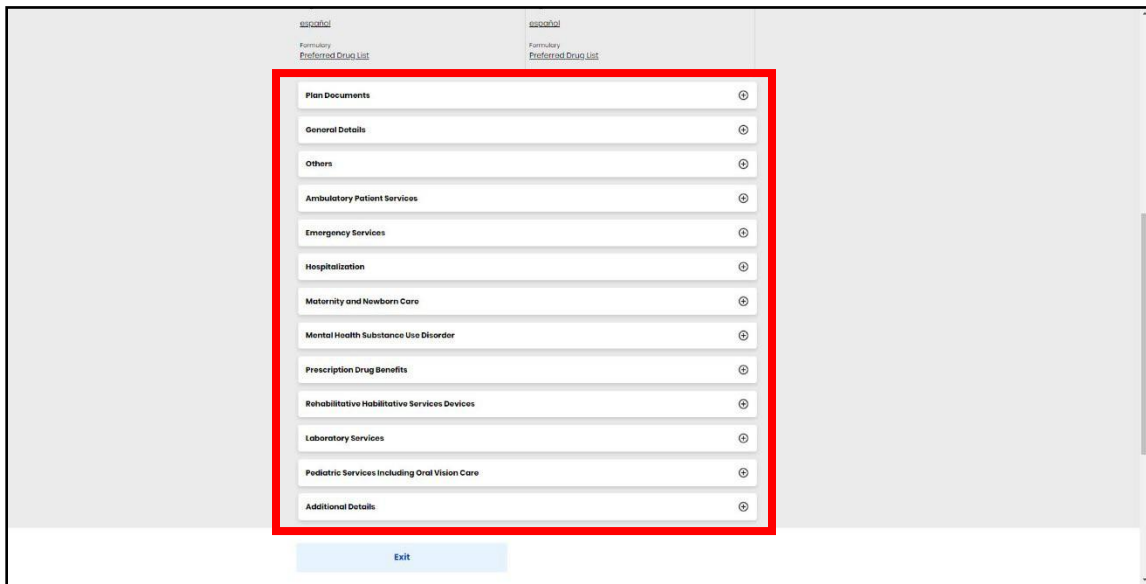


5. Compare the selected Medicaid plans on the **Plan Comparison** screen.

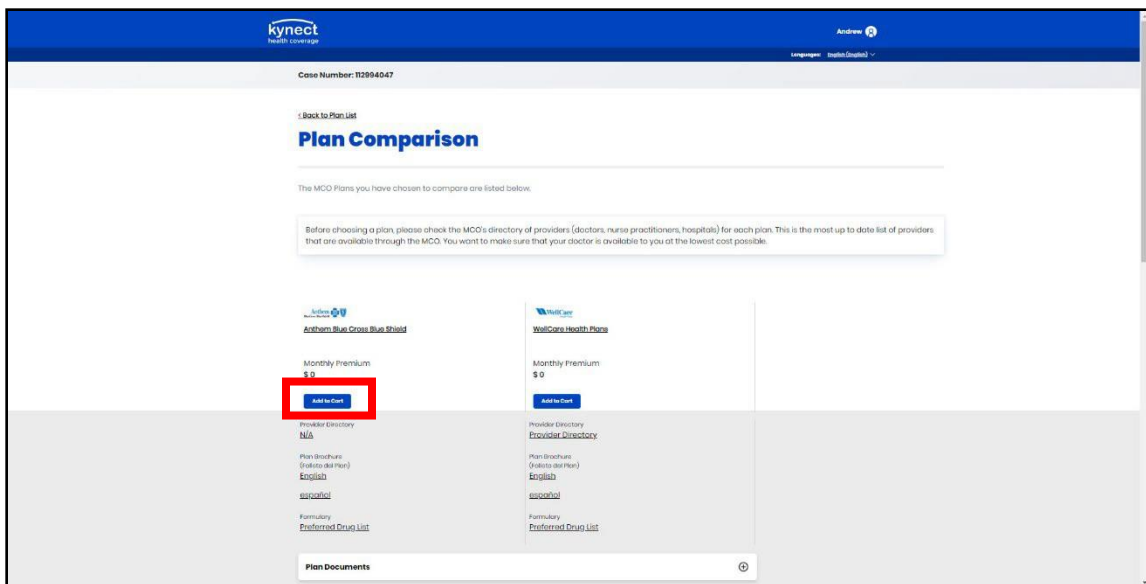


Quick Reference Guide: Benefits Application within kynect

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



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



Quick Reference Guide: Benefits Application within kynect

8. Click **Checkout**.

Case Number: T12094047

[Back to Enrollment Manager](#)

Add New Plan

The below members are eligible for an MCO Plan. Select the member you want to shop for.

Newly Selected Plan

Arthem Blue Cross Blue Shield

Members

- TEST AUGUST
[Select Another Plan](#)

[Cancel](#) [Checkout](#)

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

Help & FAQs
[Find Department for Community Based Services \(DCBS\) Office](#)
[Cabinet for Health & Family Services \(CHFS\)](#)
[Kentucky Health Benefit Exchange \(KHBE\)](#)
[Printable Forms](#)

Contact Us
kynect benefits (DCBS) 1-855-306-8959
kynect health coverage (KHBE-Kynect) 1-855-458-8388
1-855-326-6864 TTY

Technical Assistance
1-844-407-8398
[Report Fraud](#)

Connect
[Facebook](#) [Twitter](#)
TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

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

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

11. Click **Sign & Submit** to enroll in the selected plan.

Case Number: T12094047

[Back to Enrollment Manager](#)

Sign & Submit

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

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

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

Electronically sign this request by entering your name below:

TEST AUGUST
New Health Plan
Arthem Blue Cross Blue Shield

First Name
Last Name

[Back](#) [Exit](#) [Sign & Submit](#)

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

3.3 Search and Select a Physician - Medicaid Plans

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

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

The screenshot shows the '2023 Plan Search' screen. At the top, there is a blue header with the 'kynect' logo and 'Browse Plans' text. Below the header, a red box highlights the 'Choose PCP' button, which is labeled with a circled '1'. The page title '2023 Plan Search' is prominently displayed. Below the title, there is a section titled 'Primary Care Physician (PCP)' with a subtext: 'You may also select a Primary Care Physician (PCP) while choosing an MCO plan.'

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

The screenshot shows the 'Primary Care Physician (PCP)' search form. It includes two input fields: 'Physician Name' (containing the text 'john') and 'Zip Code' (containing the text '40511'). Both input fields are highlighted with red boxes and labeled with a circled '2'. Below these fields is a blue 'Search' button, which is also highlighted with a red box and labeled with a circled '3'. The form is titled 'Primary Care Physician (PCP)' and has a subtext: 'You may also select a Primary Care Physician (PCP) while choosing an MCO plan.'

Quick Reference Guide: Benefits Application within kynect

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

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

Physician Name Zip Code

Search

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

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

Show Map View **Clear Search Results**

Plan Results
Show Filters

Provider Name ⓘ

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

Phone: 8552055506
Provider ID: 1932691490

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

3.4 Search and Select Providers - Qualified Health Plans

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

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

1

Provider Zip Code

Provider Name ⓘ

Prescription Drugs ⓘ

Enter Zip

Enter Name

Enter prescription drugs

2

Show Map View

3

Clear

2

Apply

Available Plans in Robertson County - 20

Export All Plans

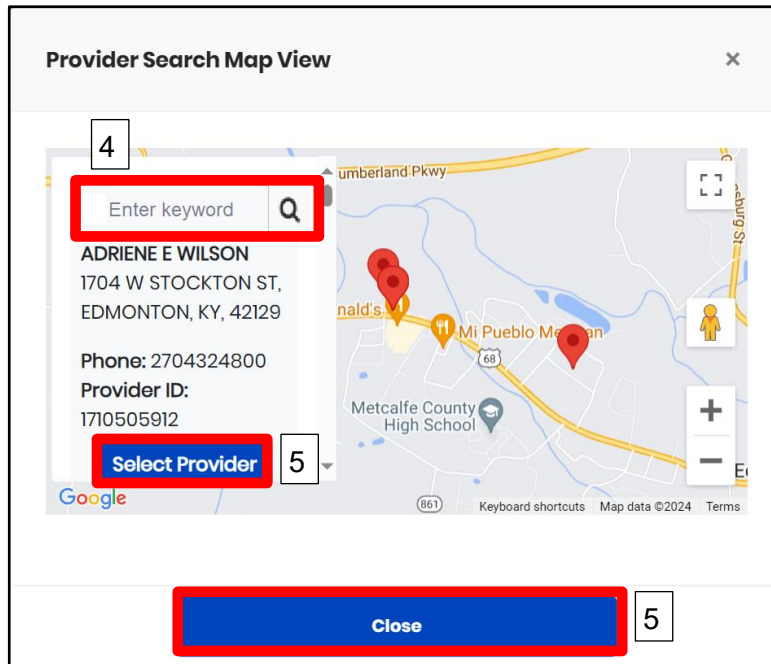
Export Selected Plans

Compare Selected Plans

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

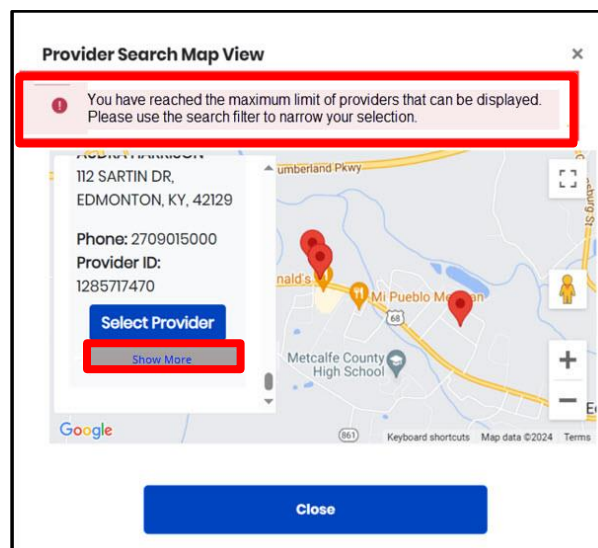
Quick Reference Guide: Benefits Application within kynect

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



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

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



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

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

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

4 Appendix

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

4.1 Add Authorized Representative

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

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

Add Authorized Representative

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

Enter the following details about your authorized representative.

First Name
Last Name
Email
MI (optional)
Suffix (optional)
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 web form titled "Search Auth Rep". It contains the following fields and controls:

- A "Social Security Number" text input field.
- A "Sex" dropdown menu with a "Select" button and a checkmark icon.
- A "Date of Birth" field with a text input showing "mm/dd/yyyy" and a calendar icon.
- A "Phone number" field with a text input showing "###-###-####".
- An "Ext. (optional)" text input field.
- A "Preferred language" dropdown menu with a "Start Typing" placeholder.
- A question: "Does this authorized representative work for an organization that provides you assistance?" with "Yes" and "No" radio buttons.
- A "Cancel" button at the bottom left.
- A "Next" button at the bottom right.

Red boxes are drawn around the "Sex" dropdown, the "Date of Birth" field, the "Phone number" field, the "Preferred language" dropdown, the question and its radio buttons, and the "Next" button.

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**.

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.

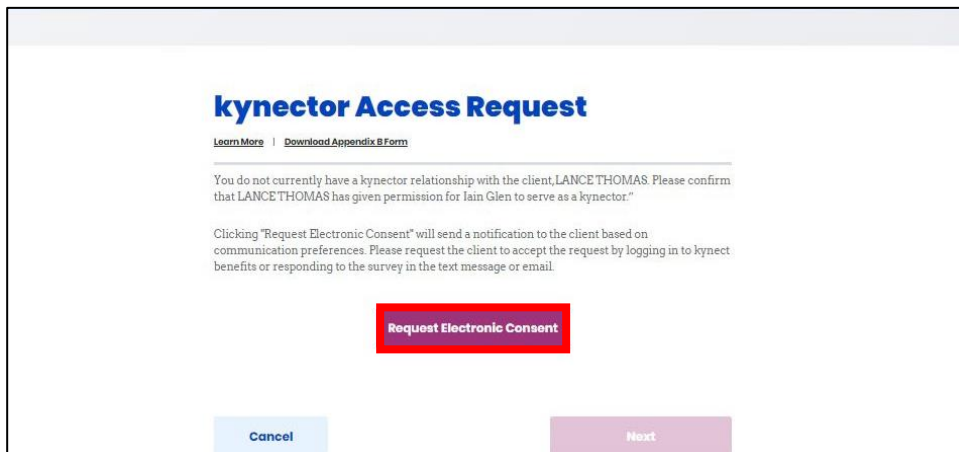
First Name	MI
<input type="text"/>	<input type="text"/>
Last Name	Suffix
<input type="text"/>	Select 
	Date
	11/15/2021 

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**.



The screenshot shows a web form titled "kynector Access Request" in blue text. Below the title are two links: "Learn More" and "Download Appendix B Form". The main text of the form states: "You do not currently have a kynector relationship with the client, LANCE THOMAS. Please confirm that LANCE THOMAS has given permission for Iain Glen to serve as a kynector." Below this, a smaller line of text explains: "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." At the bottom of the form, there are three buttons: a blue "Cancel" button on the left, a red "Request Electronic Consent" button in the center, and a purple "Next" button on the right. The "Request Electronic Consent" button is highlighted with a red border.

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.

The screenshot displays the 'kynector Access Request' form. At the top, there is a title 'kynector Access Request' in blue, followed by links for 'Learn More' and 'Download Appendix B Form'. A message states: '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.' Below this, a note explains that clicking 'Request Electronic Consent' will send a notification to the client. A pink button labeled 'Request Electronic Consent' is shown. Below it, a message says 'Client did not respond.' A red-bordered button labeled 'Confirm Verbal Consent' is highlighted. The 'Verbal Consent' section follows, with a prompt to agree to the following to confirm consent. Three radio button options are listed, each in a red-bordered box: 'Acknowledgement of Roles and Responsibilities of kynectors', 'Authorizations', and 'Additional Important Information'. At the bottom, a note states: '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.' Two buttons are at the bottom: a light blue 'Cancel' button and a pink 'Next' button, which is highlighted with a red border.

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**.

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

kynector Agent

First Name Last Name

GEORGE

Zip Code Organization

Cancel Search

1 Results Filter (1)

REGISTERED AGENT
George Wethington 941.77 miles
View Agent Details

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

Quick Reference Guide: Benefits Application within kynect

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

Enaogeimusx Rwkrcrv
Application #: 600900344

Organization

JCI AQZSZBZFZ VXX

Insurance Company

Language(s)

English;Spanish

Contact Information

Phone

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

Email

uat_pr_uat_168@dispostable.com

Address

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

Availability

Weekday - Daytime

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

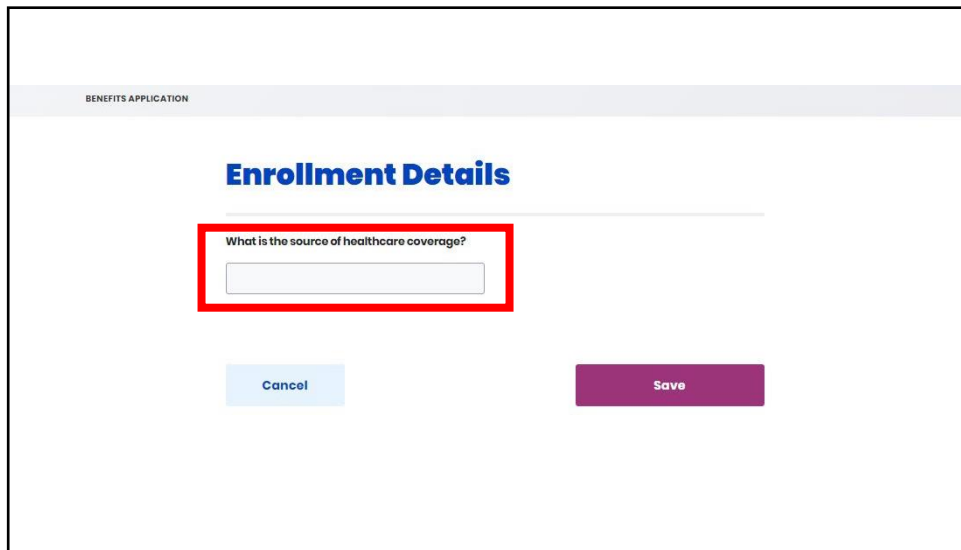
Select Agent

4.4 Health Coverage Selection

4.4.1 Enrolled in Health Coverage

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

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



The screenshot shows a web form titled "BENEFITS APPLICATION" with a sub-header "Enrollment Details". Below the sub-header, there is a question "What is the source of healthcare coverage?" followed by a text input field. The input field is highlighted with a red rectangular border. At the bottom of the form, there are two buttons: a light blue "Cancel" button on the left and a purple "Save" button on the right.

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

Insurance Details

Healthcare coverage company name

Address

Address Line 2

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

Cancel

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?

Yes

No

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

Cancel

Save

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.

BENEFITS APPLICATION

Access Details

Complete the questions below about healthcare coverage available to you. Your employer's human resources department can tell you what plans they offer.

What is the source of healthcare coverage the household member has access to?

Cancel Save

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" and "Plan Details". The form is divided into sections by horizontal lines. The "Insurance Details" section contains a text box for "Healthcare coverage company name", a text box for "Address", and a text box for "Address Line 2" with a placeholder "I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B". The "Plan Details" section contains a text box for "Insurance Plan Name". The "Policy Member Details" section contains two sections: "Who is the policy holder?" and "Who has access to this plan?". Each of these sections has two radio button options: "PATRICK MAHOMEY" and "Someone outside my household". At the bottom of the form, there are two buttons: "Cancel" and "Save". Red boxes highlight the following fields: "Healthcare coverage company name", "Address", "Insurance Plan Name", the "Who is the policy holder?" section, the "Who has access to this plan?" section, and the "Save" button.

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

Cancel

Save

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

BENEFITS APPLICATION

Access Details

PATRICK MAHOMY

Employer name

☐ YMCA

☐ Other

Does PATRICK MAHOMY use tobacco?

Yes

No

Policy Coverage Details

Type of healthcare coverage

☐ Medical

☐ Hospital

☐ Dental

☐ Vision

☐ Cancer only

☐ Medical Supp (Plan 05)

☐ Nursing Home

☐ VA (Veterans health benefit)

☐ Other

☐ Drugs

☐ Unknown

Cancel

Save

4.5 Employer's Health Reimbursement Arrangement (HRA)

4.5.1 Enrolled in Employer's HRA

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

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

BENEFITS APPLICATION

Enrolled in Employer's HRA Details

Complete the questions below about the HRA available to you.

Which type of HRA is available? ⓘ

☐ Individual Coverage HRA (ICHRA)

☐ Qualified Small Employer HRA (QSEHRA)

Whose employer offers HRA?

☐ SAM LAMB

Select household members who are covered by this HRA

☐ SAM LAMB

HRA Details

HRA Start Date
mm/dd/yyyy

HRA End Date
mm/dd/yyyy

Cancel Save

4.5.2 Offer of Employer's HRA

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

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

BENEFITS APPLICATION

Offer to Employer's HRA Details

Complete the questions below about the HRA available to you.

Which type of HRA is available? ⓘ

☐ Individual Coverage HRA (ICHRA)

☐ Qualified Small Employer HRA (QSEHRA)

Whose employer offers HRA?

☐

PATRICK MAHONEY

Select household members who are covered by this HRA

☐

PATRICK MAHONEY

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

Yes

No

HRA Details

HRA Start Date

mm/dd/yyyy

HRA End Date

mm/dd/yyyy

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

\$

How often will this amount be available?

Select

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

The screenshot shows a web form titled "Employer Details" with the following sections and fields:

- Employer Details** (Section Header)
 - Primary Phone Number: A text input field with a placeholder "###-###-####".
 - Email: A text input field.
 - Employer Identification Number (EIN): A text input field.
- Employer Contact Person** (Section Header)
 - First Name: A text input field.
 - Last Name: A text input field.
 - Suffix: A dropdown menu with "Select" and a checkmark icon.
- Address Information** (Section Header)
 - Address: A text input field.
 - Address Line 2: A text input field with a placeholder "IE, APT, #, SUITE, UNIT, BUILDING, FLOOR, P.O".
- Buttons**: A light blue "Cancel" button and a purple "Save" button.

Red boxes are drawn around the Primary Phone Number, Email, EIN, First Name, Last Name, Address, and Save buttons.