Introduction

This Quick Reference Guide is intended to instruct users on how to navigate the Small Business Health Options Program (SHOP) Eligibility Application and SHOP calculators.

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1 Small Business Health Options Program (SHOP) Overview

The Small Business Health Options Program (SHOP) was created to enable qualified employers to provide health and/or dental coverage to their employees. SHOP offers affordability, flexibility, and convenience for small businesses to obtain coverage from private health insurance companies through Qualified Health Plans (QHPs) or Stand-Alone Dental Plans (SADPs) certified by the State-Based Marketplace (SBM).

SHOP assists qualified employers in Kentucky with 50 or fewer full-time equivalent (FTE) employees in facilitating the enrollment of their employees in QHPs and/or SADPs. Beginning November 1, 2021, employers may apply on kynect health coverage for SHOP eligibility determination. Qualified employers may enroll employees in SHOP health plans (QHPs and/or SADPs) through an Issuer directly or with the assistance of an Agent for coverage effective January 1, 2022. For Plan Year 2022, SADPs are not available through SHOP.

2 Small Business Health Options Program (SHOP) Eligibility Application

1. Navigate to the kynect health coverage website at [kynect.ky.gov/healthcoverage](http://kynect.ky.gov/healthcoverage).
2. Click **Learn More** on the *Small Business Health Options Program (SHOP)* tile.

3. Review the **Overview for Employers** and click **See if You Are Eligible** to initiate a SHOP Eligibility Application.
2.1 SHOP Application Section 1

4. Enter the **Name** for the *Business Name*.

5. Enter the **Number** for the *Employer Identification Number*.

6. Enter the **Address** for *Business Address*.

7. Enter the **Number** for the *Business Phone Number*.

8. Select the appropriate **Year, Month, and Day** from the calendar for the date the SHOP plan year began or will begin.

9. Click **Next** to proceed to **Section 2** of the SHOP Eligibility Application.

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**Please note:** The question in step 8, *Date current SHOP Plan year began or will begin* is an optional field employers may enter if known.
2.2 SHOP Application Section 2

10. Click **Yes** or **No** for *Does this business have from 1-50 Full-time Equivalent (FTE) Employees who participated in SHOP last year?*.
11. Click **Yes** or **No** for *Does the business have a primary office address within Kentucky?*.
12. Click **Yes** or **No** for *Does the business offer coverage to all full-time employees?*.
13. Click **Yes** or **No** for *Does the employer have at least one employee enrolling in coverage who isn’t an owner or business partner, or the spouse of the owner or business partner?*.
14. Click **Submit** to submit the SHOP Eligibility Application.

**Please note:** Since Plan Year 2022 will be the first year small business employers may enroll in SHOP coverage through kynect health coverage, employers should select **Yes** for the question *Does this business have from 1-50 Full-time Equivalent (FTE) Employees who participated in SHOP last year?* to be eligible for SHOP coverage if the statement is otherwise true for them.
2.3 Eligibility Results Screen

Eligibility results display after submitting the SHOP Eligibility Application.

15. Check the box confirming the information provided is correct to the best of the employer’s knowledge.

16. Optional: Enter an Email Address to receive an electronic copy of the eligibility results. If the employer chooses not to provide an email address, they should print their eligibility results for their records.

17. Click Submit to proceed to the Next Steps screen.
2.4 **Next Steps Screen**

The **Next Steps** screen allows employers to window shop for plans and prices or connect with an Agent.

18. Click **Find an Insurance Agent** to search for an Agent in the area.
2.4.1 Find an Insurance Agent Screen

From the Next Steps screen, click **Search for an Insurance Agent** to search for an Agent to assist in enrolling in SHOP coverage.

19. Enter the Agent’s **First Name**.
20. Enter the Agent’s **Last Name**.
21. Enter the Agent’s **Zip Code**.
22. Enter the Agent’s **Organization**.
23. Click **Search** to search for an Agent to help enroll in SHOP coverage.
24. Click **Cancel** to return to the Next Steps screen.

**Please note:** Not all information is required to search for an Agent. Enter any information known to narrow search results or click **Search** without entering any search criteria to display all Agents.
2.4.2 See Plans and Prices

From the Next Steps screen, click **See Plans and Prices** to window shop for plans, compare prices, and view the next steps to enroll in the plan through an Issuer or Agent.

25. Click **See Plans and Prices**.
26. Enter the **County** the business is located in.
27. Enter the **Zip Code** in the **Zip Code** field.
28. Enter the **Number** for **How many employees are you offering coverage?**.
   a. Enter the **age** of the employees being offered coverage in the **Employee Age** field.
29. Select the appropriate **Year, Month, and Day** from the calendar for the date the SHOP plan year began or will begin.
30. Click **Browse Plans** to window shop for plans and prices.
31. Click **Compare** to select a medical plan to compare.
32. Click **Compare Selected Plans** to compare the selected medical plans.

33. Click **Choose Plan** to select the desired plan.
34. Click **Visit Issuer** or **Find an Insurance Agent** to enroll in the SHOP plan.
35. Click **Exit** to return to the **Medical Plan Search** screen.

36. Click **Next** at the bottom of the **Medical Plan Search** screen to navigate to the **Dental Plan Search** screen. Follow steps 31-35 to compare dental plans.
3 SHOP Calculators

The SHOP calculators may be accessed at the bottom of the kynect health coverage SHOP program page. Two calculators are available to assist employers in determining eligibility: the Full-time Equivalent Employee (FTE) calculator, and the Minimum Participation Rate calculator (MPR). The FTE calculator helps employers calculate whether their mix of full-time and part-time employees equals between 1-50 full-time equivalent employees. The MPR calculator helps employers determine their eligibility for SHOP coverage. Fifty percent or more of the employees offered coverage must accept the offer for an employer to qualify for SHOP coverage.

3.1 Full-Time Equivalent (FTE) Employee Calculator

1. Enter the **Number** for *Enter the number of full-time employees you have*.
2. Enter the **Number** for *Enter the number of part-time employees you have*.
   a. Enter the **Number** for *How many hours does a part-time employee work per frequency?*.
   b. Select the **frequency**.
   c. Enter the **Number** for *How many part-time employees work [hours] per [frequency]?*.
3. Click **Show Results** to display the number of full-time equivalent employees the business has.
3.2 Minimum Participation Rate (MPR) Calculator

1. Enter the **Number** for *Enter the number of full-time employees who will be accepting SHOP Coverage.*

2. Enter the **Number** for *Enter the number of full-time employees who are not accepting your SHOP coverage offer and do not have other kinds of health coverage.*

3. Enter the **Number** for *Enter the number of full-time employees who are not accepting your SHOP coverage offer and are covered by other health coverage.*

4. Click **Show Results** to display the business’ participation rate.