

The Commonwealth of Kentucky
kynect State-Based Marketplace



**Small Business Health Options
Program (SHOP) Quick Reference
Guide**

Kentucky will transition to a State-Based Marketplace (SBM) called kynect health coverage beginning with Open Enrollment on November 1, 2021. After the transition, kynect health coverage will offer Individuals, families, and small business owners an integrated eligibility and enrollment system to shop and apply for Qualified Health Plans (QHPs), with coverage effective January 1, 2022.

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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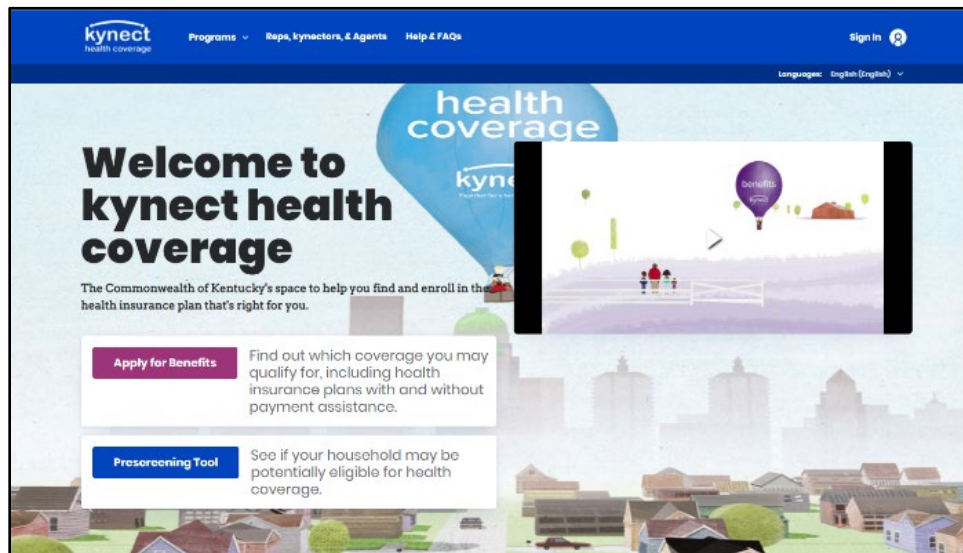
1 Small Business Health Options Program (SHOP) Overview

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.



2. Click **Learn More** on the *Small Business Health Options Program (SHOP)* tile.

Get Coverage

Below are the resources for learning about and applying for health coverage:

- Health Coverage Assistance**
Medicaid, Kentucky Children's Health Insurance Program, Qualified Health Plan with payment assistance (Medicaid/KCHIP/APTC/CSR) and Time-limited Medicaid
These programs help cover medical and preventative Health Care costs.
[Learn More](#)
- Premium Assistance**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
The Kentucky Integrated Health Insurance Premium Payment Program helps pay for employer sponsored insurance (ESI) health premiums.
[Learn More](#)
- Qualified Health Plans (QHP)**
This program allows a resident to buy a qualified health insurance plan through kynect health coverage.
[Learn More](#)
- Agents**
Agents help individuals choose the best health insurance plan for their families.
[Learn More](#)
- kynectors**
kynectors assist consumers with eligibility and enrollment forms, and applying for Medicaid/KCHIP, KI-HIPP, and health insurance.
[Learn More](#)
- Tax Information**
Information on tax tools and 1095s.
[Learn More](#)
- Small Business Health Options Program (SHOP)**
The Small Business Health Options Program (SHOP) is for small employers who want to provide health and/or dental insurance to their employees -- affordably, flexibly, and conveniently.
[Learn More](#)

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

kynect health coverage

Programs -> Reports, kynectors, & Agents Help & FAQs

Language: English (English)

Welcome, Employers

Small Business Health Options Program (SHOP)

Helps businesses to provide health coverage to their employees.

[See if You Are Eligible](#) [Look for Plans and Prices](#)

Overview for Employers

The kynect Small Business Health Options Program (SHOP) is an affordable, flexible, and convenient way for small employers to provide health and/or dental insurance to their employees.

- Generally speaking, your business or non-profit organization must have 1-50 employees to qualify for kynect SHOP. [See if your business qualifies](#)
- If your business or non-profit qualifies, there is no need to wait for an Open Enrollment Period. You can offer kynect SHOP coverage to your employees any time during the year that works best for you.

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.

The screenshot shows the 'Application' section of the SHOP Eligibility Application. The page title is 'ELIGIBILITY APPLICATION' and the section is 'Application'. A progress indicator shows 'Section 1 of 2'. A welcome message states: 'Welcome to kynect health coverage! This website allows small businesses and non-profit organizations to check eligibility to enroll in SHOP Coverage.' The form contains the following fields, each with a red box and a number indicating the step:

- 4. Business Name
- 5. Employer Identification Number (EIN)
- 6. Business Address (with a sub-field for Business Address line 2 (optional))
- 7. Business Phone Number (with a placeholder ###-###-####)
- 8. Date current SHOP plan year began, or will begin (optional) (with a placeholder mm/dd/yyyy and a calendar icon)

At the bottom of the form, there are three buttons: 'Back', 'Exit', and 'Next'. The 'Next' button is highlighted with a red box and labeled with the number 9.

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.

The screenshot shows the 'Application' page for the SHOP Eligibility Application, Section 2 of 2. The page is titled 'Application' and includes a progress indicator. Below the title, there is a paragraph explaining the eligibility requirements. Four questions are listed, each with a 'Yes' and 'No' button. The questions are numbered 10, 11, 12, and 13. A 'Submit' button is located at the bottom right of the page, along with 'Back' and 'Exit' buttons. Red boxes highlight the questions and the 'Submit' button.

10. Does the business have from 1 to 50 full-time equivalent (FTE) employees who participated in SHOP last year?
Learn more about FTE

11. Does the business have a primary office address within Kentucky?

12. Does the business offer coverage to all full-time employees?

13. 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.

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.

Eligibility Results

SHOP Eligibility

- The business is eligible for SHOP coverage.
- You can enroll in SHOP coverage:
 - through an insurance company
 - or with the assistance of a SHOP registered agent or broker

Please review the below application summary and confirm:

Review Summary

Business Name	Employee Identification Number (EIN)
Rob's Tool Shop	02046789
Business Address	Phone Number
123 Main St	555-555-5555
Date current SHOP plan year begins, or will begin	
01-01-2022	

Does the business have from 1 to 50 Full-time Equivalent (FTE) Employees or an equivalent to SHOP Plan year?
Yes

Does the business have a primary address within Kentucky?
Yes

Does the business offer coverage to all full-time employees, generally workers averaging 30 or more hours per week?
Yes

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?
Yes

I confirm the information provided about this business is correct to the best of my knowledge.

Retain your eligibility results for your records. Your results will be sent to email address if you choose, if you do not provide the email address, please be sure to print or save your responses.

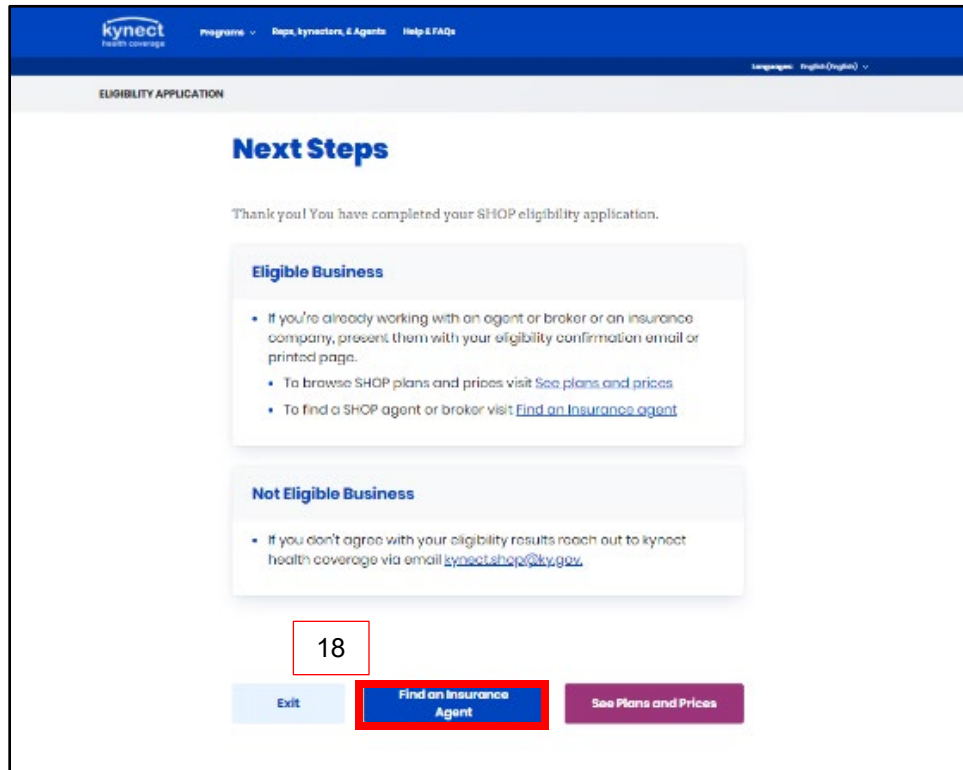
Would you like to opt health coverage to send an email notification of this application?

Back Print **Submit**

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.

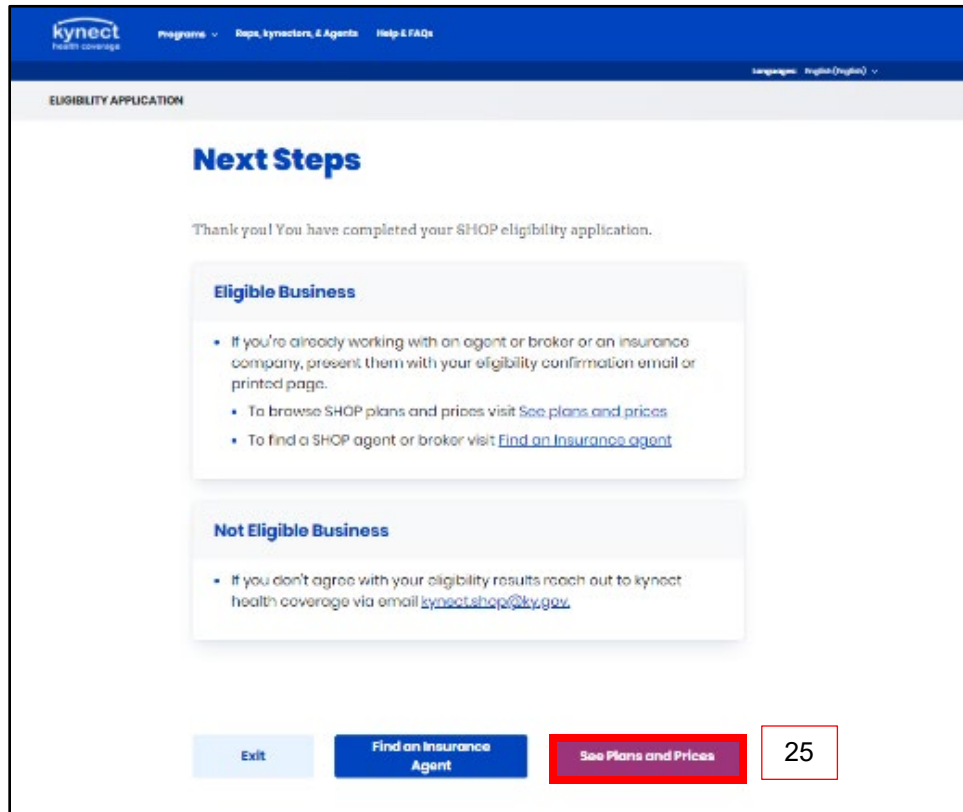
The screenshot shows the 'Find kyneconnector or Agent' search form. The form has a blue header with the 'kyneconnector' logo and navigation links. Below the header, there is a search bar and a 'Type' dropdown menu with 'kyneconnector' and 'Agent' options. The search criteria are: 'First Name', 'Last Name', 'Zip Code', and 'Organization'. At the bottom, there are 'Cancel' and 'Search' buttons. Red boxes and numbers 19 through 24 are overlaid on the form to indicate the steps: 19 points to the First Name field, 20 to the Last Name field, 21 to the Zip Code field, 22 to the Organization field, 23 to the Search button, and 24 to the Cancel button.

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.

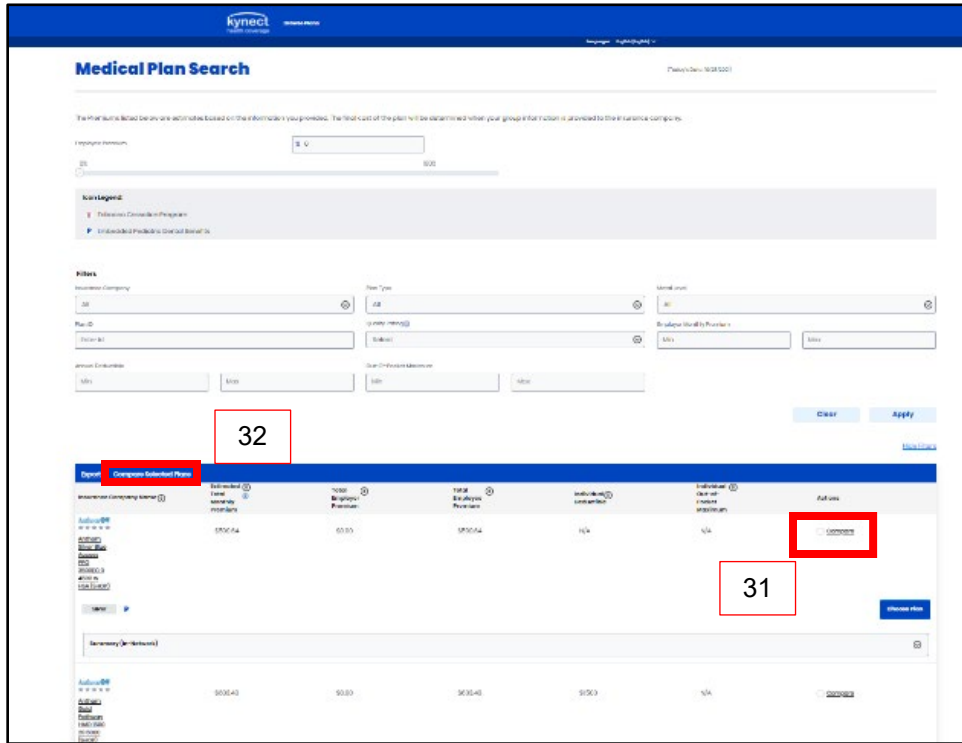
The screenshot shows the Kynect health coverage website interface. At the top, there is a blue header with the Kynect logo and navigation links. Below the header, the main content area is titled "LOOK FOR PLANS AND PRICES" and "Find out how much the insurance will cost". The form consists of several input fields, each highlighted with a red box and a corresponding number in a red box to its left:

- Field 26: "Where is this business located?" with a "County" input field.
- Field 27: "Zip Code" input field.
- Field 28: "How many employees are you offering coverage?" input field.
- Field 29: "Date current SHOP plan year begins or will begin" input field with a calendar icon.

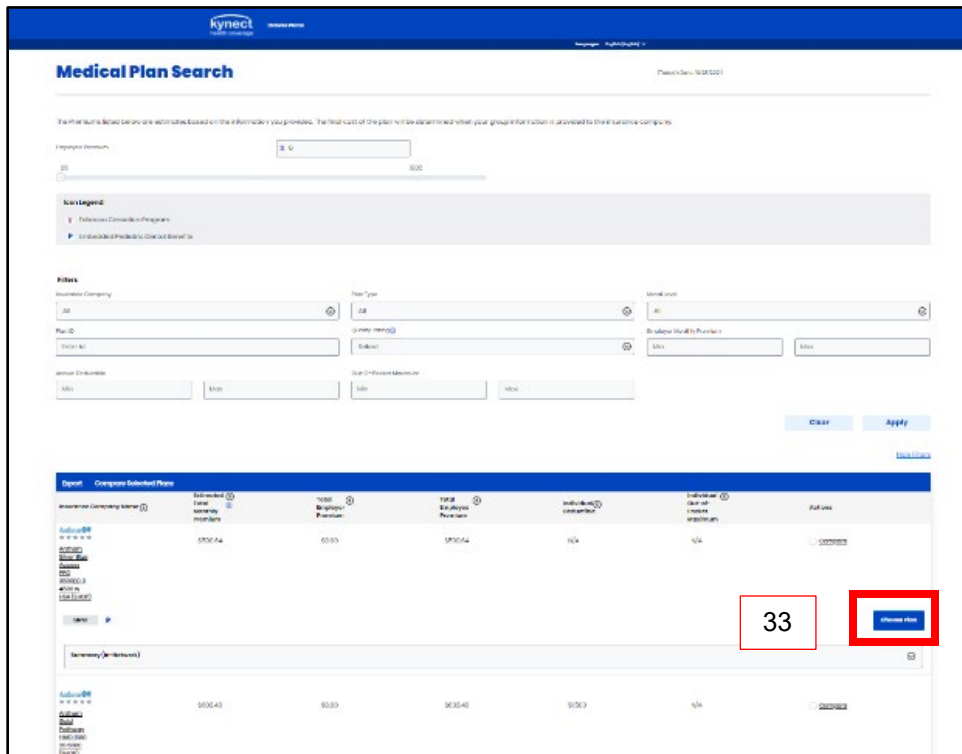
At the bottom of the form, there is a light blue "Exit" button and a purple "Browse Plans" button, both highlighted with red boxes. A red box with the number "30" is positioned above the "Browse Plans" button.

31. Click **Compare** to select a medical plan to compare.

32. Click **Compare Selected Plans** to compare the selected medical plans.

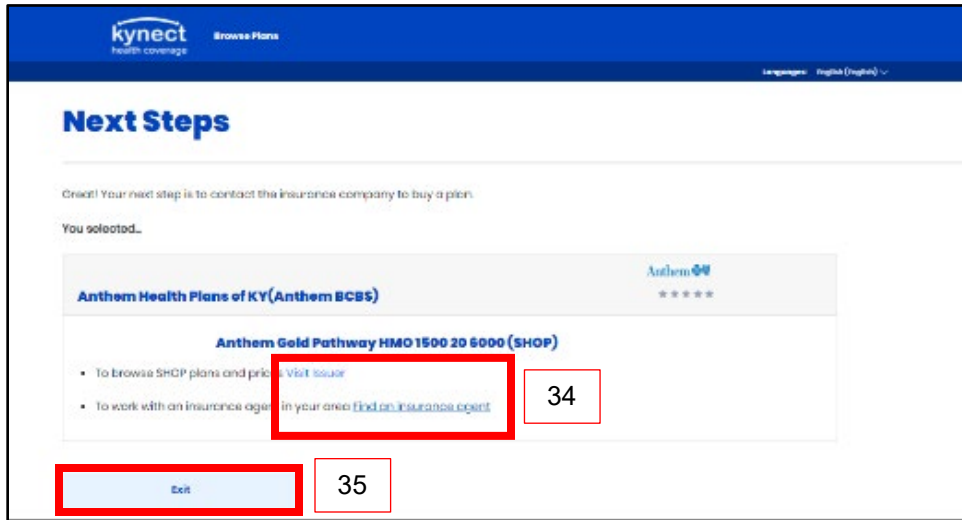


33. Click **Choose Plan** to select the desired plan.

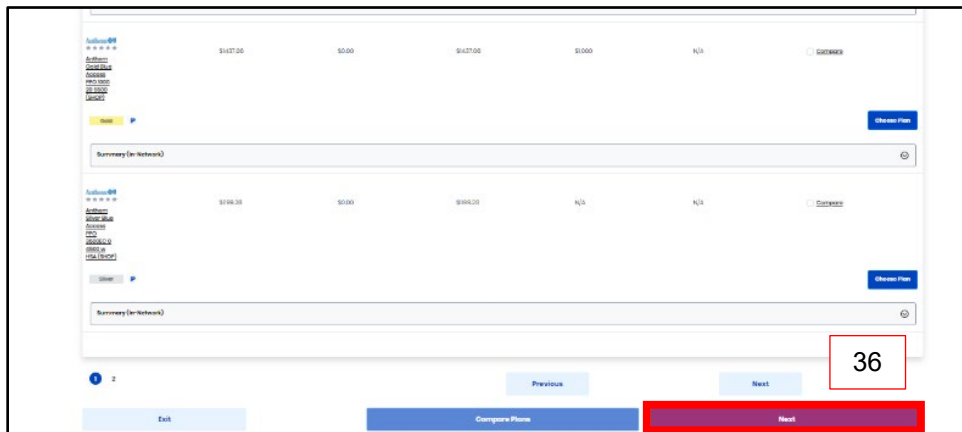


34. Click **Visit Issuer** or **Find an Insurance Agent** to enroll in the SHOP plan.

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.

The screenshot shows the 'Full-time Equivalent (FTE) Employee Calculator' interface. At the top, there is a navigation bar with 'kynect health coverage', 'Programs', 'Reps, Kynectors, & Agents', and 'Help & FAQs'. Below this is a breadcrumb trail: '< Small Business Health Options Program (SHOP)'. The main heading is 'Full-time Equivalent (FTE) Employee Calculator'. Below the heading, it says 'To calculate your FTE Employees, please give us the following information:' and includes a 'Learn More' link. The form has three main input areas: 1. A text box labeled 'Enter the number of full-time employees you have' with a red box around it and a '1' in a red box to its left. 2. A text box labeled 'Enter the number of part-time employees you have' with a red box around it and a '2' in a red box to its left. 3. A section for 'Add part-time employee(s) with different hours' with a plus icon. At the bottom, there are three buttons: 'Back', 'Reset', and 'Show Results'. The 'Show Results' button is highlighted with a red box and has a '3' in a red box next to it.

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.

The screenshot shows the 'Minimum Participation Rate (MPR) Calculator' interface. At the top, there is a navigation bar with the 'kynect health coverage' logo and links for 'Programs', 'Reps, Kyrectors, & Agents', and 'Help & FAQs'. Below this is a 'CALCULATORS' section with a breadcrumb for '< Small Business Health Options Program (SHOP)'. The main heading is 'Minimum Participation Rate (MPR) Calculator'. A sub-heading reads: 'To estimate your Minimum Participation Rate (MPR) necessary for SHOP Coverage, please give us the following information:'. There is a 'Learn More' link. The form consists of three input fields, each with a red box and a number (1, 2, 3) to its left. The first field is labeled 'Enter the number of full-time employees who will be accepting SHOP Coverage'. The second field is labeled 'Enter the number of full-time employees who are not accepting your SHOP coverage offer and do not have other kinds of health coverage'. The third field is labeled 'Enter the number of full-time employees who are not accepting your SHOP coverage offer and are covered by other health coverage'. Below the fields are four buttons: 'Back', 'Reset', '4', and 'Show Results'. The 'Show Results' button is highlighted with a red box and a number 4.