

The Commonwealth of Kentucky
kynect State-Based Marketplace



kynect health coverage
**Prescreening Tool Quick
Reference Guide**

Last Updated: May 1st, 2023

Introduction

This Quick Reference Guide is intended to instruct users on how to navigate the kynect health coverage Prescreening Tool and Browse Plans feature.

Table of Contents

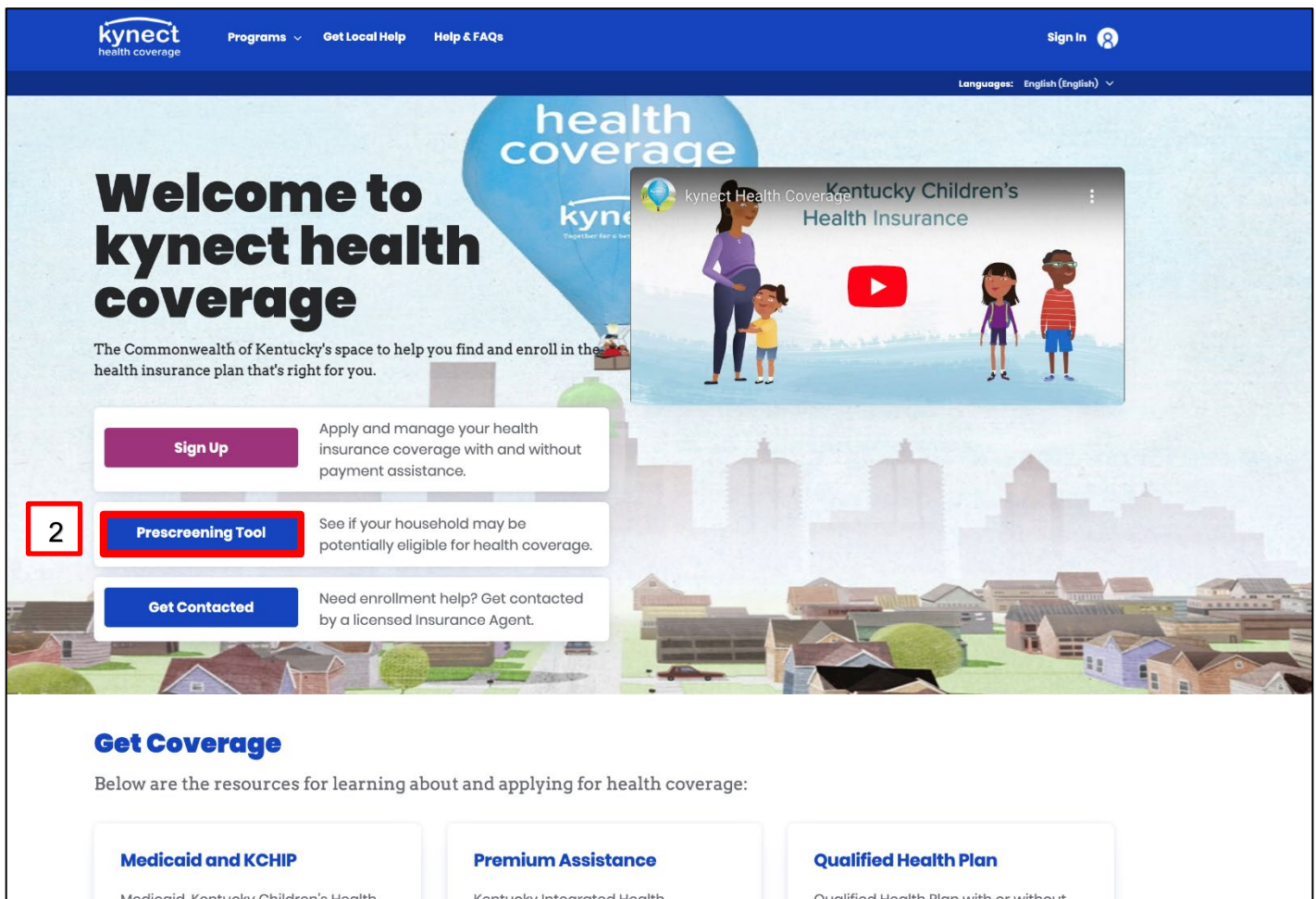
1	kynect health coverage Prescreening Tool Overview	3
2	kynect health coverage Prescreening Tool.....	3
2.1	Section 1: Household Details Screen	5
2.2	Section 2: Tell Us About You Screen	6
2.3	Section 3: Tell Us About Your Household Income	7
2.4	Prescreening Results Screen	8
2.5	Browse and Compare Plans	9

1 kynect health coverage Prescreening Tool Overview

The kynect health coverage Prescreening Tool allows Residents to anonymously enter information to check potential eligibility for Qualified Health Plans (QHPs), Advance Premium Tax Credit (APTC), and Cost-Sharing Reductions (CSRs). The Prescreening Tool is not an application and does not guarantee eligibility. To determine eligibility for any program a full benefits application must be completed.

2 kynect health coverage Prescreening Tool

1. Navigate to the kynect health coverage website at kynect.ky.gov/healthcoverage.
2. Click **Prescreening Tool** to view prescreening information.



Please note: To get in contact with a Local Insurance Agent, Residents can click on either the ‘**Get Local Help**’ tab at the top of the screen or the ‘**Get Contacted**’ button on the **Welcome to kynect health coverage** screen. This navigates Residents to the **kynect On Demand** screen where they can submit a referral to be connected.


3. After reviewing the prescreening information, check the **box** to confirm the Resident is not a robot.
4. Click **Start Prescreening Tool**.

The Prescreening Tool is not an application. The results do not guarantee you will or will not be eligible for benefits. You need to complete a full benefits application in order to determine eligibility for any program.

We will check potential eligibility across the following:


1. Tax Credits to Help Pay Your Premium
2. Qualified Health Plans (QHP)

[Learn More](#)



Basic Eligibility requirements for all programs:

- You must be a resident of Kentucky
- You must be a US citizen or qualified immigrant

[Exit](#) **3** I'm not a robot  **4** [Start Prescreening tool](#)

2.1 Section 1: Household Details Screen

The **Household Details** screen asks about the county the Resident resides in and how many people will be included in health coverage.

5. Enter the **County** the Resident resides in.
6. Enter the **Date** for *When do you want coverage to start in 2023? (Optional)*
7. Enter the **Number** for *How many people, including yourself, do you want to include as you explore healthcare coverage options?*
8. Click **Next** to proceed to **Section 2** of the kynect health coverage Prescreening Tool.

PRESCREENING TOOL

Household details

Section 1 of 3

Complete the questions below about the household's members.

5 Which county do you reside in?

6 When do you want coverage to start in 2023? (Optional)

7 How many people, including yourself, will you claim on your federal tax return? (This includes your spouse and any dependents)

8 Back Exit Next

Please note: During Open Enrollment, the **Household Details** screen displays an additional question *Looking for coverage in [Year] or [Year]?* for the current and following year. Select the appropriate **Year** from the drop-down.

2.2 Section 2: Tell Us About You Screen

The **Tell Us About You** screen asks personal information about the Resident.

9. Enter the Resident's **Age**.
10. Select the Resident's **Sex** from the drop-down.
11. Click **Yes** or **No** for *Do you use tobacco?*
12. Click **Yes** or **No** for *Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?*
13. Click **Yes** or **No** for *Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?*
14. Click **Next** to proceed to **Section 3** of the kynect health coverage Prescreening Tool.

PRESCREENING TOOL

Tell Us About You

Section 2 of 3

Complete the questions below about the household's members.

8 Age

9 Sex

10 Do you use tobacco?

11 Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?

12 Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?

Want to skip these questions?
By answering this question, you'll see prices based on your household. These prices, also based on your age and income, may be much lower than prices without this information. If you skip to see plans now, we'll show you prices based on a person who's 35.
[Browse plans now.](#)

13

Please note: If there is a female member of the household, a conditional question appears. Click **Yes** or **No** for *Are you Pregnant?*. If **Yes**, enter the **Number** for *How many children are expected from the pregnancy?*

2.3 Section 3: Tell Us About Your Household Income

The **Tell Us About Your Household Income** screen asks about the household's projected annual income.

15. Enter the **Number** for *What do you think your annual household income will be in [Year] before taxes?*
16. Click **Submit** to submit the kynect health coverage Prescreening Tool.

Browse plans now.' At the bottom, there are three buttons: 'Back', 'Exit', and 'Submit'. A red box highlights the 'Submit' button, with the number '16' in a red box next to it."/>

PRESCREENING TOOL

Tell Us About Your Household Income

Section 3 of 3

Complete the questions below about the household's members.

15 What do you think your annual household income will be in 2019/2020/2021?

\$

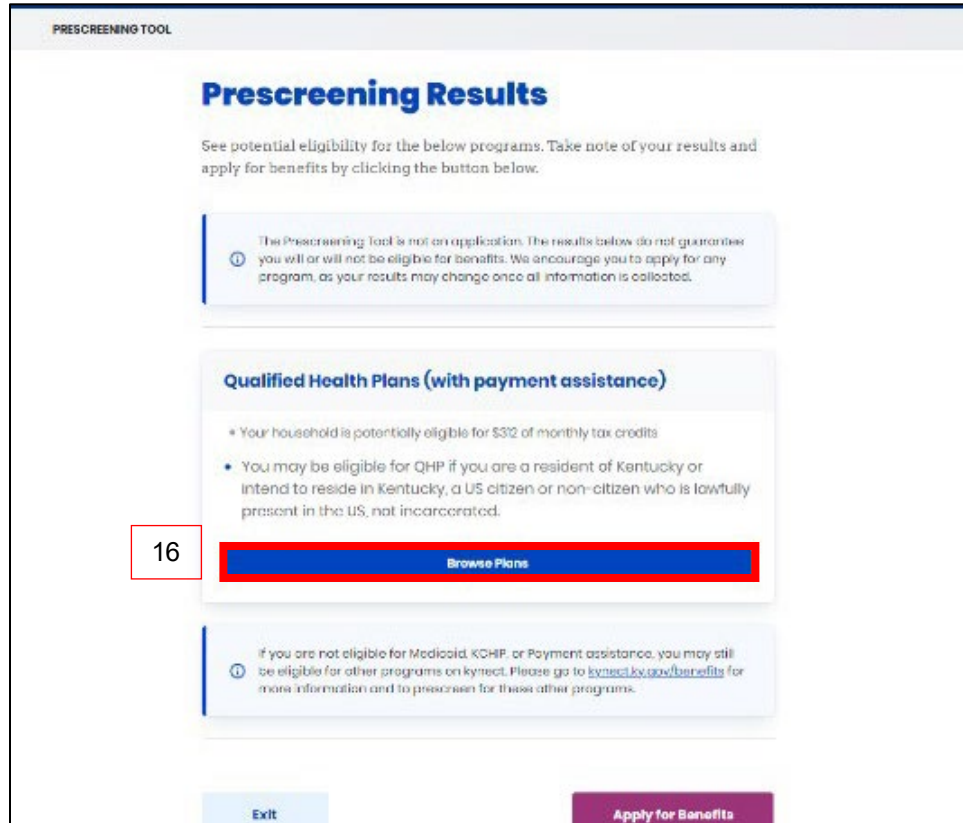
Want to skip these questions?
By answering this question, you'll see prices based on your household. These prices, also based on your age and income, may be much lower than prices without this information. If you skip to see plans now, we'll show you prices based on a person who's 35.
[Browse plans now.](#)

Back Exit 16 Submit

2.4 Prescreening Results Screen

Potential eligibility results display after submitting the kynect health coverage Prescreening Tool. From here, Residents may anonymously browse plans or submit a formal benefits application.

17. Click **Browse Plans** to view plans and prices on the **Medical Plan Search** screen.



2.5 Browse and Compare Plans

The **Browse Plans** feature allows users to search for and compare medical and/or dental plans.

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

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

The screenshot displays the 'Medical Plan Search' interface. At the top, there are tabs for 'Medical Plan Search' and 'Dental Plan Search', and an 'Email' button. Below this is the 'Edit Your Information' section, which includes fields for 'County' and 'Annual Household Income'. The 'Members Details' section lists household members with their age, gender, and other attributes. A 'Show Filters' button is present. Below the filters, there is a 'Help Me Choose' section with fields for 'Prescription Drugs', 'Provider Name', and 'Provider Zip Code'. At the bottom, there is a table of search results. The table has columns for 'Insurance Company Name', 'Total Monthly Premium', 'Your Monthly Payment', 'Individual Deductible', 'Individual Out-Of-Pocket Maximum', and 'Actions'. A red box highlights the 'Compare Selected Plans' button in the top right of the table area, labeled '18'. Another red box highlights the 'Compare' button in the 'Actions' column for the first row, labeled '17'.

Insurance Company Name	Total Monthly Premium	Your Monthly Payment	Individual Deductible	Individual Out-Of-Pocket Maximum	Actions
Anthem Catastrophic Pathway Transition X HMO 8700	\$396.88	\$396.88	\$8,700	\$8,700	Compare

20. Compare the selected plans. Click **Exit** to return to the **Medical Plan Search** screen.

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.

Plan Name	Quality Rating	Monthly Premium	Essential Health Benefit (EHB) portion	Payment Assistance Applied	Your Monthly Payment
CareSource Marketplace Low Deductible Silver Dental, Vision, & HSA	Not Rated	\$ 457.45	\$434.81	\$ 312	\$ 145.45
CareSource Marketplace Low Premium Silver	★★★★★	\$ 407.30	\$407.30	\$ 312	\$ 95.38

Provider Directory: N/A

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

Embedded Pediatric Dental: Yes

HSA/ISA: N/A

Wellness Program: Yes

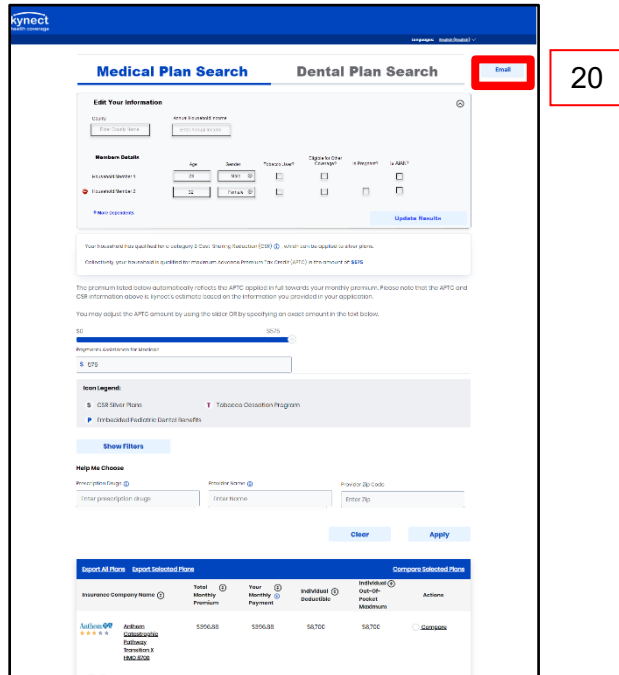
Medical Loss Ratio: 80%

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

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

Exit 19

21. On the Medical Plan Search Screen, click **Email** to email a link to the Resident.



22. Click **Myself** or **Someone else** for *Who would you like to send this to?*

23. Enter your **Email Address**.

24. Enter the **Email Address** of the Resident.

25. Enter **Comments** to the Resident or use the automated text.

26. Check the **box** to confirm the Resident is not a robot.

27. Click **Send Email**.

The screenshot shows a form titled "Email a link to this page" with a close button (X) in the top right corner. The form contains the following elements:

- A question: "Who would you like to send this to?" with two radio button options: "Myself" (selected) and "Someone else". Callout 21 points to the "Someone else" option.
- A "From" field with a placeholder "Email". Callout 22 points to this field.
- A "To" field with a placeholder "Email". Callout 23 points to this field.
- A "Comments" section with a text area containing the message: "I have created a health plan proposal for you. Please review the proposal and contact me with any questions. I look forward to assisting you in making the best selection for you and your household members' health coverage needs." Callout 24 points to this text.
- A "Link" section with a text field containing the URL: "https://kysshopping.ky.gov/PrescreeningHome/AnonymousShopping". Below the link is a "Copy link to clipboard" button. Callout 25 points to the "I'm not a robot" checkbox area.
- A "Send Email" button at the bottom. Callout 26 points to this button.

28. Click **Next** at the bottom of the **Medical Plan Search** screen to navigate to the **Dental Plan Search** screen.

The screenshot shows the "Medical Plan Search" screen. It displays a table of search results with columns for plan details. At the bottom of the screen, there are navigation buttons: "Exit", "Compare Plans", and "Next". The "Next" button is highlighted with a red box and labeled with callout 27.

29. Click **Compare** to select a dental plan to compare.

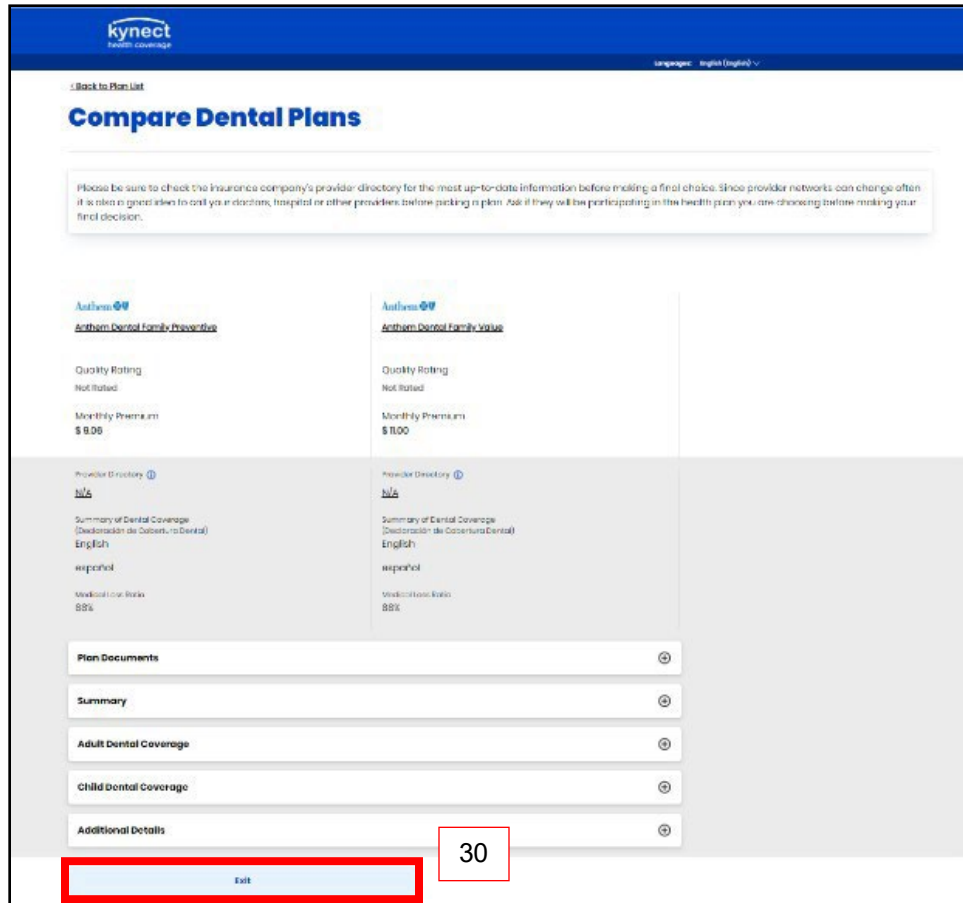
30. Click **Compare Selected Plans** to compare the selected dental plans.

Please note: Users can email Dental Plans to themselves or to someone else.

The screenshot displays the 'Dental Plan Search' interface. At the top, there is a header with the 'kynect' logo and a date 'Today's Date: 1/16/2020'. Below the header is a search bar and an 'Icon Legend' section. The main area contains a 'Filters' section with various dropdown menus and input fields for refining the search. Below the filters is a table of search results. The table has columns for 'Insurance Company Name', 'Total Monthly Premium', 'Deductible for one child', 'Out of Pocket Maximum for one child', and 'Actions'. The first row shows 'BEST LIFE' with 'BEST One Plus Silver' plan, a premium of \$22.08, a deductible of \$75, and an out-of-pocket maximum of \$150. A red box labeled '29' highlights the 'Compare Selected Plans' button above the table. Another red box labeled '28' highlights the 'Compare' button in the 'Actions' column for the first plan. Below each plan entry are expandable sections for 'Summary (In-Network)' and 'Premium Details'.

Insurance Company Name	Total Monthly Premium	Deductible for one child	Out of Pocket Maximum for one child	Actions
BEST LIFE N/A (Not Set)	\$22.08	\$75	\$150	<input checked="" type="checkbox"/> Compare
Summary (In-Network)				
Premium Details				
BEST LIFE N/A (Not Set)	\$33.00	Not Applicable	\$150	<input type="checkbox"/> Compare
Summary (In-Network)				
Premium Details				
BEST LIFE N/A (Not Set)	\$18.00	\$75	\$150	<input type="checkbox"/> Compare
Summary (In-Network)				
Premium Details				

31. Compare the selected plans. Click **Exit** to return to the **Dental Plan Search** screen.



Please note: To receive benefits, users must complete a full benefits application by clicking **Apply for Benefits** at the bottom of the **Prescreening Results** screen.