

The Commonwealth of Kentucky  
**kynect State-Based Marketplace**



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

December 9, 2021

## Introduction

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

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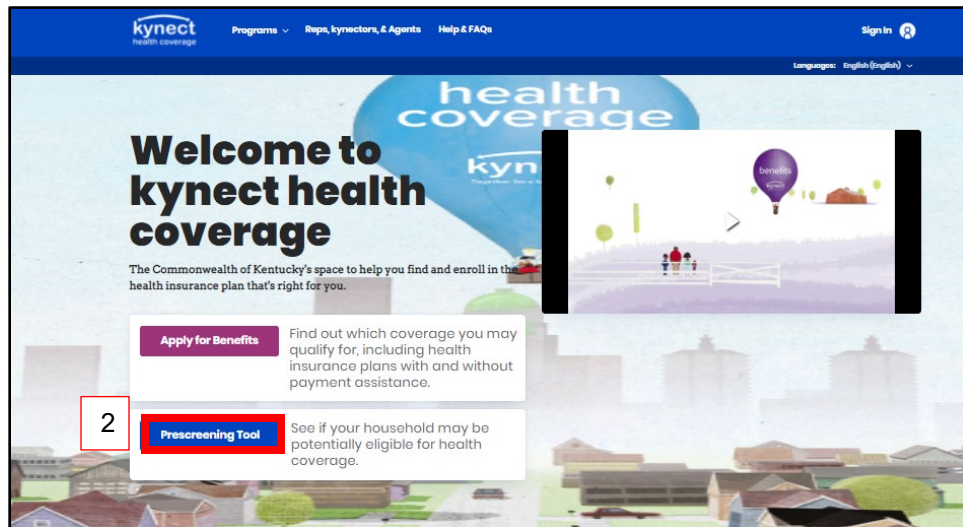
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## 1 kynect health coverage Prescreening Tool Overview

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](https://kynect.ky.gov/healthcoverage).
2. Click **Prescreening Tool** to view prescreening information.




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  [Start Prescreening tool](#) **4**

## 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 **Number** for *How many people, including yourself, do you want to include as you explore healthcare coverage options?*
7. Click **Next** to proceed to **Section 2** of the kynect health coverage Prescreening Tool.

The screenshot shows the 'Household details' screen in the kynect health coverage Prescreening Tool. The page title is 'PRESCREENING TOOL' and the section is 'Section 1 of 3'. The instructions are 'Complete the questions below about the household's members.' There are two input fields: 'Which county do you reside in?' and 'How many people, including yourself, do you want to include as you explore healthcare coverage options?'. Below the input fields are three buttons: 'Back', 'Exit', and 'Next'. The 'Next' button is highlighted in red.

**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.

8. Select the appropriate **Year, Month, and Day** for the Resident's Date of Birth from the calendar.
9. Select the Resident's **Sex** from the drop-down.
10. Click **Yes** or **No** for *Do you use tobacco?*
11. 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?*
12. Click **Next** to proceed to **Section 3** of the kynect health coverage Prescreening Tool.

The screenshot shows the 'Tell Us About You' screen in the kynect health coverage Prescreening Tool. The page title is 'Tell Us About You' and it is 'Section 2 of 3'. The instructions are 'Complete the questions below about the household's members.' There are four questions highlighted with red boxes and numbered 8 through 11. Question 8 is 'Date of Birth' with a calendar icon. Question 9 is 'Sex' with a dropdown menu. Question 10 is 'Do you use tobacco?' with 'Yes' and 'No' buttons. Question 11 is 'Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?' with 'Yes' and 'No' buttons. Below the questions is a blue box with a question mark icon and text: '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.](#)' At the bottom, there are three buttons: 'Back', 'Exit', and 'Next'. The 'Next' button is highlighted in red and has a red box around it with the number 12.

**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.

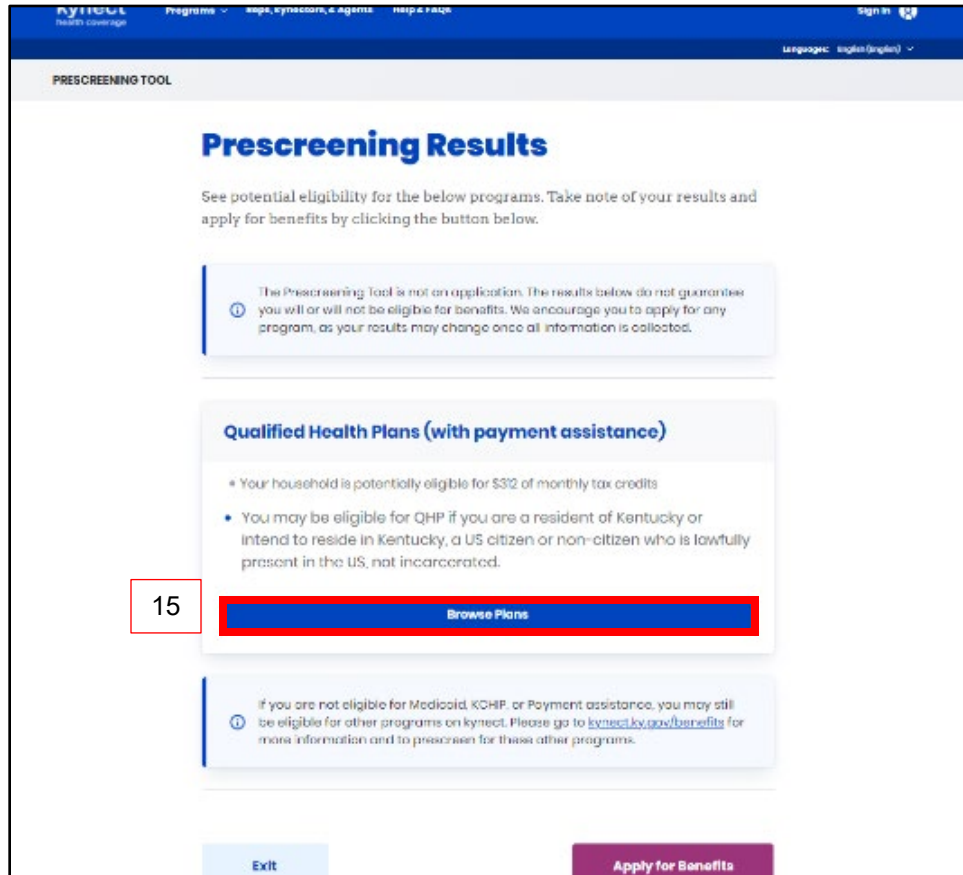
13. Enter the **Number** for *What do you think your annual household income will be in [Year] before taxes?*.
14. Click **Submit** to submit the kynect health coverage Prescreening Tool.

The screenshot shows the 'Tell Us About Your Household Income' screen in the kynect Prescreening Tool. The page title is 'Tell Us About Your Household Income' and it is 'Section 3 of 3'. The instruction says 'Complete the questions below about the household's members.' The main question is 'What do you think your annual household income will be in 2022 (before taxes)?' with a text input field below it. A red box labeled '13' highlights the question and input field. Below the input field is a light blue box with a question mark icon and text: '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.](#)' At the bottom, there are three buttons: 'Back', 'Exit', and 'Submit'. A red box labeled '14' highlights the 'Submit' button.

## 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.

15. 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.

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

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

**Medical Plan Search** Today's Date: 11/06/2021

Your household has qualified for a category KCSH-Marketplace (CSH) which can be applied to these plans.  
 Additionally, your household is qualified for maximum Advanced Premium Tax Credit (APTC) to the amount of \$312.

The premium listed below automatically reflects the APTC applied in full towards your monthly premium. Please note that the APTC and CSH information above is Kynect's estimate based on the information you provided in your application.

You may adjust the APTC amount by using the slider OR by specifying an exact amount in the text below.

\$0 \$312

Payments Assistance for Medical  
 \$ 312

**Icon Legend:**  
 S CSH Silver Plans    T Tobacco Cessation Program  
 P Embedded Pediatric Dental Benefits

**Show Filters**

**Help Me Choose**  
 Prescription Drugs: Enter prescription drugs  
 Provider Name: Enter Name  
 Provider Zip Code: Enter Zip

**Clear**    **Apply**

Insurance Company Name	Total Monthly Premium	Your Monthly Payment	Individual Deductible	Individual Out-of-Pocket Maximum	Actions
CareSource Marketplace Not Network Low Deductible Silver Plan Dental, Vision, & Prescription Silver S P	\$457.45	\$145.45	N/A	N/A	<input type="radio"/> Compare
Summary (In-Network) <input type="button" value="Expand"/>					
Premium Details <input type="button" value="Expand"/>					
Payment Assistance Details <input type="button" value="Expand"/>					
CareSource Marketplace Low Deductible Silver Plan Silver S P	\$407.58	\$05.58	N/A	N/A	<input type="radio"/> Compare
Summary (In-Network) <input type="button" value="Expand"/>					
Premium Details <input type="button" value="Expand"/>					
Payment Assistance Details <input type="button" value="Expand"/>					
CareSource Marketplace Silver S P	\$178.97	\$170.7	N/A	N/A	<input type="radio"/> Compare

18. 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 doctor, 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 CareSource Marketplace Low Deductible Silver Dental, Vision, & Prescription	Not Rated	\$ 457.45	\$434.81	\$ 312	\$ 146.45
CareSource CareSource Marketplace Low Premium Silver	★★★★	\$ 407.38	\$407.38	\$ 312	\$ 95.98

Provider Directory: N/A

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

Embedded Pediatric Dental: Yes

USA/TA: N/A

Wildfire Program: Yes

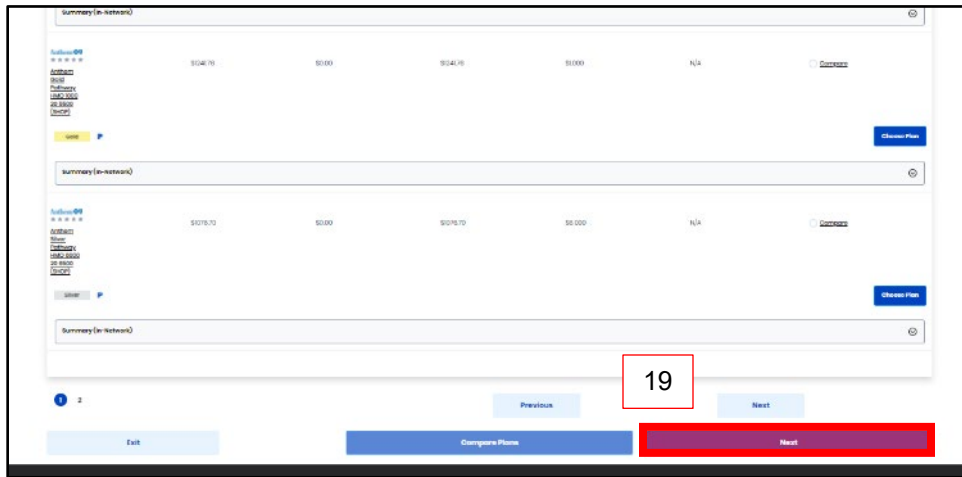
Medical Loss Ratio: 80%

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

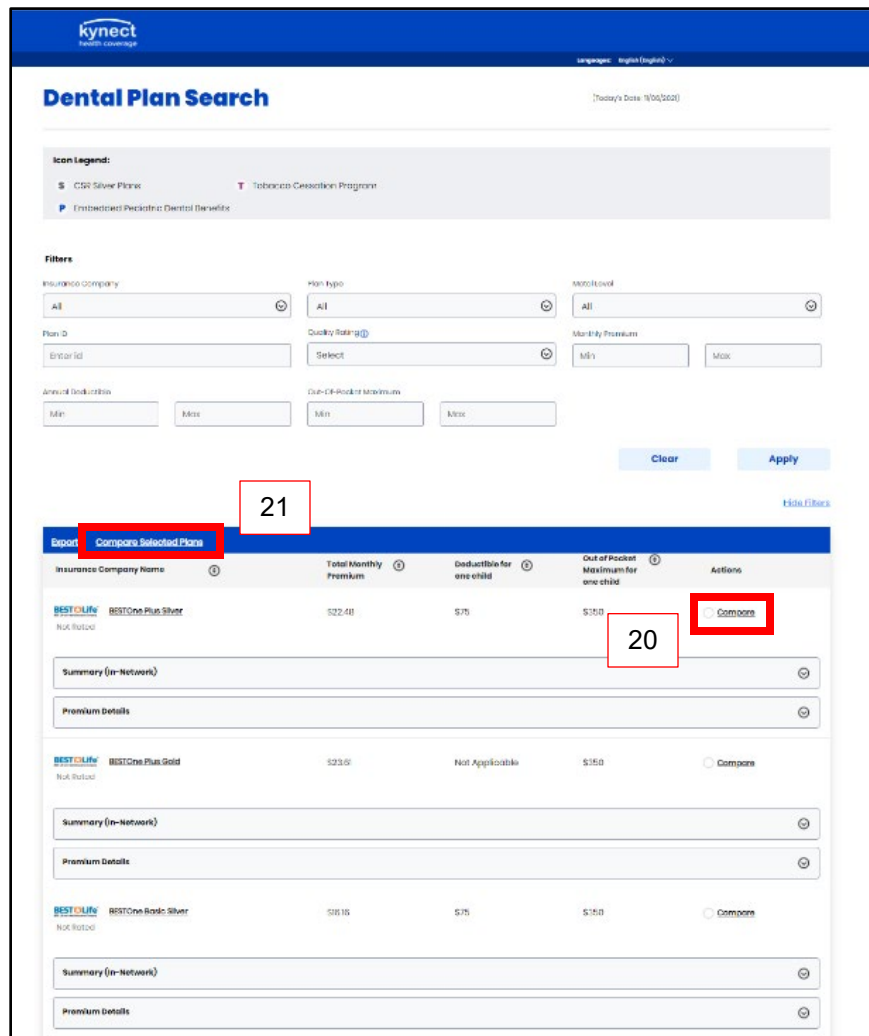
- Plan Documents
- Summary
- Prescription Drug Benefit
- Embedded Pediatric Dental
- Hospital Services
- Maternity
- Additional Coverage
- Additional Details

**Exit** 18

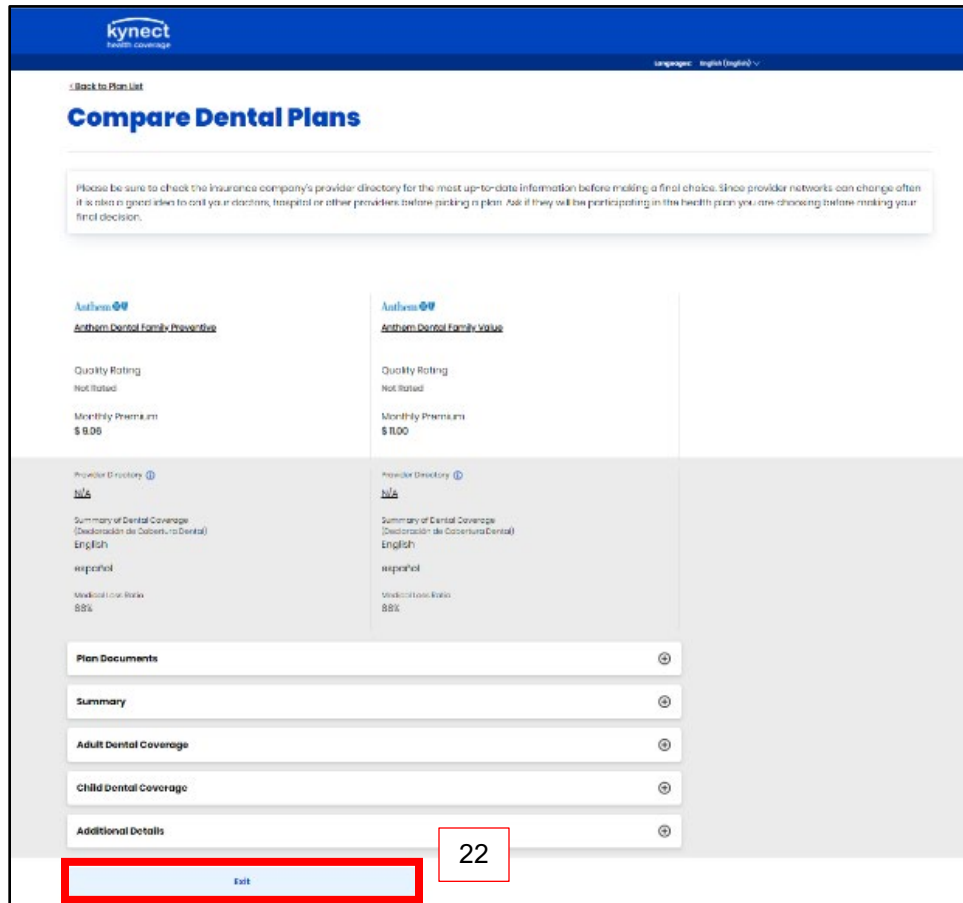
- Click **Next** at the bottom of the **Medical Plan Search** screen to navigate to the **Dental Plan Search** screen.



- Click **Compare** to select a dental plan to compare.
- Click **Compare Selected Plans** to compare the selected dental plans.



22. 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.