

The Commonwealth of Kentucky
kynect State-Based Marketplace



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

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Quick Reference Guide: kynect health coverage Prescreening Tool

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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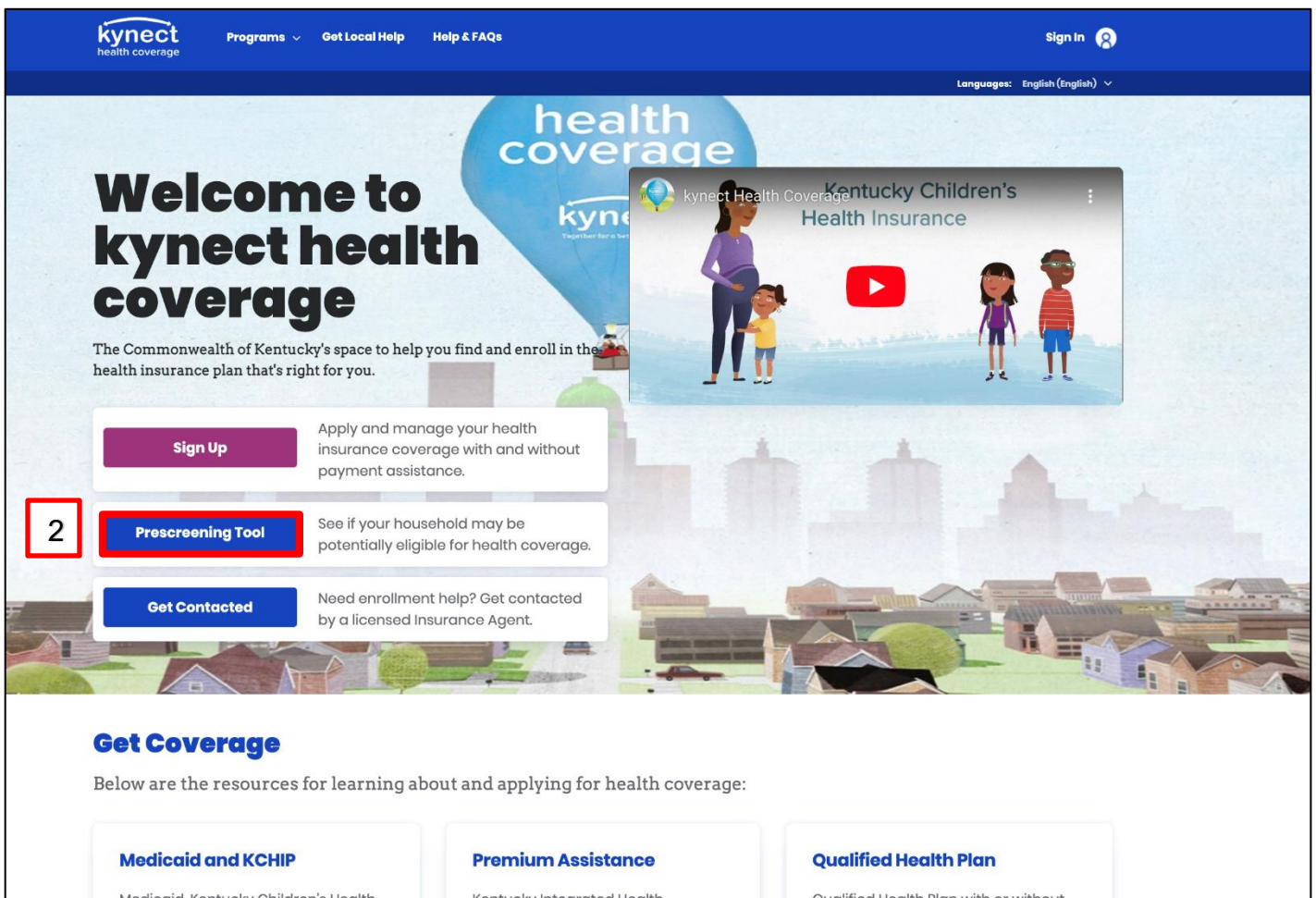
Quick Reference Guide: kynect health coverage Prescreening Tool

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. Select **Prescreening Tool** to view prescreening information.



Please note: To get in contact with a Local Insurance Agent, Residents can select 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.

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3. After reviewing the prescreening information, check the **box** to confirm the Resident is not a robot.
4. Select **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](#)

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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. Select **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 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.

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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. Select **Yes** or **No** for *Do you use tobacco?*
12. Select **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. Select **Yes** or **No** for *Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?*
14. Select **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.

9 Age

10 Sex

11 Do you use tobacco?
Yes No

12 Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?
Yes No

13 Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?
Yes No

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 14 Next

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

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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. Select **Submit** to submit the kynect health coverage Prescreening Tool.

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 2017 before taxes? ⓘ

\$

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.
[Review plans now.](#)

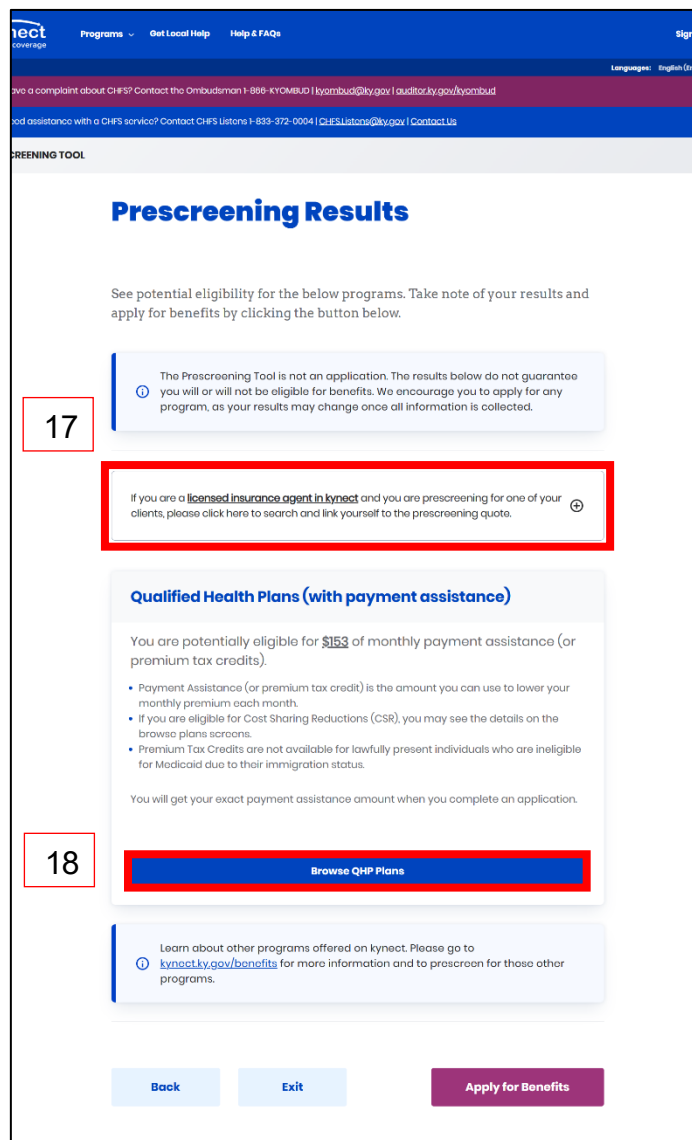
Back Exit 16 Submit

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. Licensed insurance agents in kynect that are prescreening for a Resident can search for and link themselves to a Prescreening quote for a Qualified Health Plan (with or without payment assistance).

17. Select **If you are a licensed insurance agent in kynect and you are prescreening for one of your clients, please select here to search and link yourself to the prescreening quote.** to search for and link an agent to the Prescreening quote.

18. Select **Browse Plans** to view plans and prices on the **Medical Plan Search** screen.



Please note: The agent search only displays for Prescreening Results for Qualified Health Plans (with or without payment assistance) cards with a **Browse QHP Plans** button.

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2.5 Browse and Compare Plans

The **Browse Plans** feature allows users to search for and compare medical and/or dental plans. The system will display a zip code from the county provided in the **Household Details** section.

19. Select **Compare** to select a medical plan to compare.
20. Select **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'. Below the tabs is a 'Print' button and a message: 'Talk to a Licensed Insurance Agent Live! Absolutely Free Assistance Enrolling in a Quality Health Plan *subject to agent availability'. A notification states: 'You selected the qualifying event as "Will lose qualified health insurance coverage in next 60 days", your coverage will start from 12/01/2023.' An 'Icon Legend' section includes 'CSR Silver Plans', 'Tobacco Cessation Program', and 'Embedded Pediatric Dental Benefits'. A 'Filters' section has dropdowns for 'Insurance Company', 'Plan Type', and 'Metal Level', with 'Clear' and 'Apply' buttons. Below this is a 'Help Me Choose' section with input fields for 'Provider Zip Code', 'Provider Name', and 'Prescription Drugs', along with 'Show Map View', 'Clear', and 'Apply' buttons. The main section is titled 'Available Plans in Calloway County - 25'. It features a table with columns: 'Insurance Company Name', 'Total Monthly Premium', 'Your Monthly Payment', 'Individual Deductible', 'Individual Out-of-Pocket Maximum', and 'Actions'. The first row shows 'Wellcare Clear Silver' with a total monthly premium of \$379.72, a monthly payment of \$94.72, and a deductible of \$4,000. A red box highlights the 'Compare Selected Plans' button in the top right of the table, and another red box highlights the 'Compare' button in the 'Actions' column for the first row. Below the table are sections for 'Summary (In-Network)', 'Premium Details', and 'Payment Assistance Details'.

Insurance Company Name	Total Monthly Premium	Your Monthly Payment	Individual Deductible	Individual Out-of-Pocket Maximum	Actions
Wellcare Clear Silver	\$379.72	\$94.72	\$4,000	\$4,000	Compare

20

19

Please note: If the household is potentially eligible for APTC, then the following verbiage displays on the screen regarding the Max APTC amount: “This amount is applicable only if all eligible APTC members are enrolling in a Medical Plan.” If the household is not eligible for APTC, this verbiage does not appear.

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Please note: For Cost Sharing Reduction (CSR) plans, **Payment Assistance** details including **Payment Assistance Amount**, **Payment Assistance Applied**, **Your Monthly Payment (Total Monthly Premium – Payment Assistance applied)**, and **CSR Actuarial Level** display.

Please note: When browsing medical plans on the **Medical Plan Search** screen, evaluate the distance from providers that are covered under each MCO by looking at a map view of where the provider is located. Do this by selecting **Show Map View** under the *Help Me Choose* section.

Please note: Hovering over the informational icon next to **Embedded Pediatric Dental Benefits** displays a pop-up showing the following message: Pediatric dental coverage is considered an essential health benefit (EHB) and is offered through kynect as either a separate dental plan or embedded within a Qualified Health Plan. Please consult each plan's brochures or other documents when deciding which is best for your family.

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21. Compare the selected plans. Select **Exit** to return to the **Medical Plan Search** screen.

kynect
health coverage

language: english (English) v

Back to Plan List

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 HSA
Quality Rating ★★★★★	Quality Rating ★★★★★
Monthly Premium \$ 332.20	Monthly Premium \$ 338.40
Essential Health Benefit (EHB) portion \$332.20	Essential Health Benefit (EHB) portion \$338.40
Payment Assistance Applied \$ 174	Payment Assistance Applied \$ 174
Your Monthly Payment \$ 158.2	Your Monthly Payment \$ 164.4

Provider Directory
Provider Directory
Summary Of Benefits Coverage (Resumen de beneficios y de cobertura)
English
español
Evidence of Coverage
See Evidence of Coverage
Embedded Pediatric Dental
VISA
GSA
N/A
Wetness Program
Yes
Medical Assistance
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

21

Please note: For Cost Sharing Reduction (CSR) plans, **Payment Assistance** details including **Essential Health Benefit (EHB)**, **Payment Assistance Applied**, and **CSR Actuarial Level** display.

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Plan Documents ⊖

EVERYDAY BRONZE	CHOICE BRONZE HSA
Document Name	Document Name
SBC-7200IKY0020003-01-2025.pdf	SBC-7200IKY0020002-01-2025.pdf
SBC-7200IKY0020003-01-2025-Spanish.pdf	SBC-7200IKY0020002-01-2025-Spanish.pdf
KY Plan Brochure 2025_Sample 1.pdf	KY Plan Brochure 2025_Sample 2.pdf

Please note: Plan Brochures can be access under Plan Documents. By selecting the Document Name hyperlink, the document will download to the user’s device.

22. On the Medical Plan Search Screen, select **Email** to email a link to the Resident.

The screenshot shows the 'Medical Plan Search' interface. At the top right, there is a blue button labeled 'Email' which is highlighted with a red box. On the right side of the page, the number '22' is displayed inside a red-bordered box. The main content area includes a form titled 'Edit Your Information' with fields for 'City', 'Annual Household Income', 'Member Details' (including age and gender for two members), and 'Update Results' button. Below the form, there is a section for 'AptC' (Advanced Premium Tax Credit) with a slider and a text input field for the amount. At the bottom, there is an 'Icon Legend' section with symbols for 'S CSR Silver Plans', 'P Embedded Pediatric Dental Benefits', and 'T Tobacco Cessation Program'. A 'Show Filters' button is located at the bottom left.

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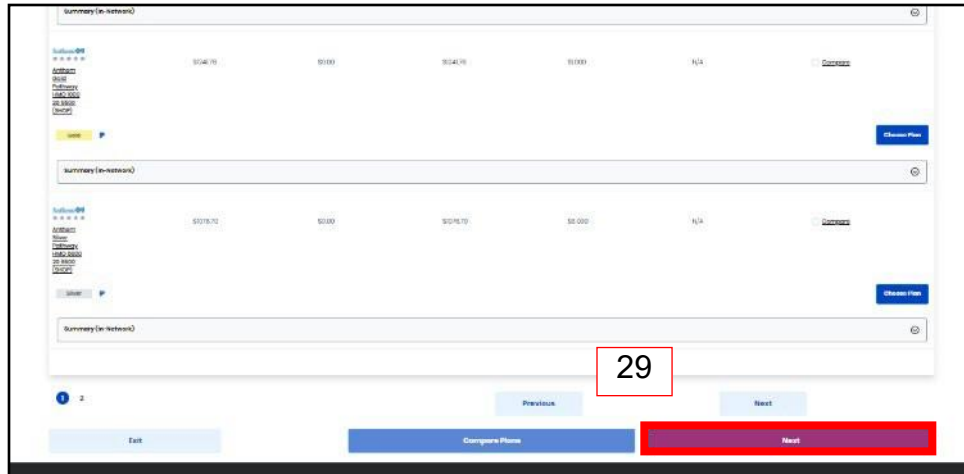
23. Select **Myself** or **Someone else** for *Who would you like to send this to?*
24. Enter your **Email Address**.
25. Enter the **Email Address** of the Resident.
26. Enter **Comments** to the Resident or use the automated text.
27. Check the **box** to confirm the Resident is not a robot.
28. Select **Send Email**.

The screenshot shows a web 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" and "Someone else". A red box highlights these options, with a callout "23" to the right.
- A "From" field with a placeholder "Email". A red box highlights this field, with a callout "24" to the right.
- A "To" field with a placeholder "Email". A red box highlights this field, with a callout "25" to the right.
- A "Comments" section with a text area containing the text: "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." A red box highlights this section, with a callout "26" to the right.
- A "Link" section with a text box containing the URL: "https://kyshopping.ky.gov/PrescreeningHome/AnonymousShopping". Below the text box is a "Copy link to clipboard" button.
- A checkbox labeled "I'm not a robot" next to a reCAPTCHA logo. A red box highlights this checkbox, with a callout "27" to the right.
- A large blue "Send Email" button at the bottom. A red box highlights this button, with a callout "28" to the right.

29. Select **Next** at the bottom of the **Medical Plan Search** screen to navigate to the **Dental Plan Search** screen.

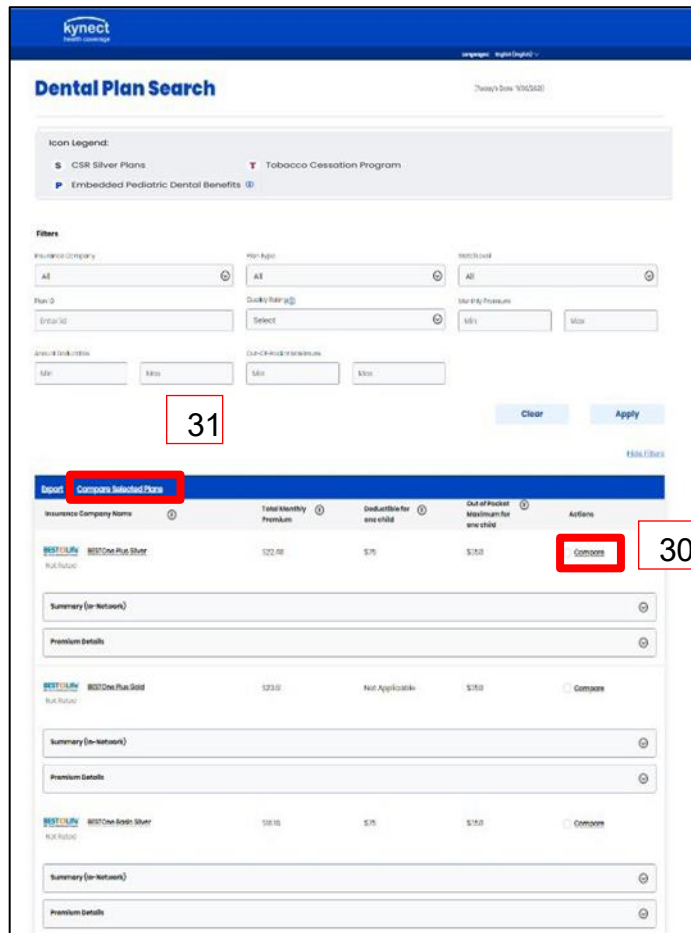
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30. Select **Compare** to select a dental plan to compare.

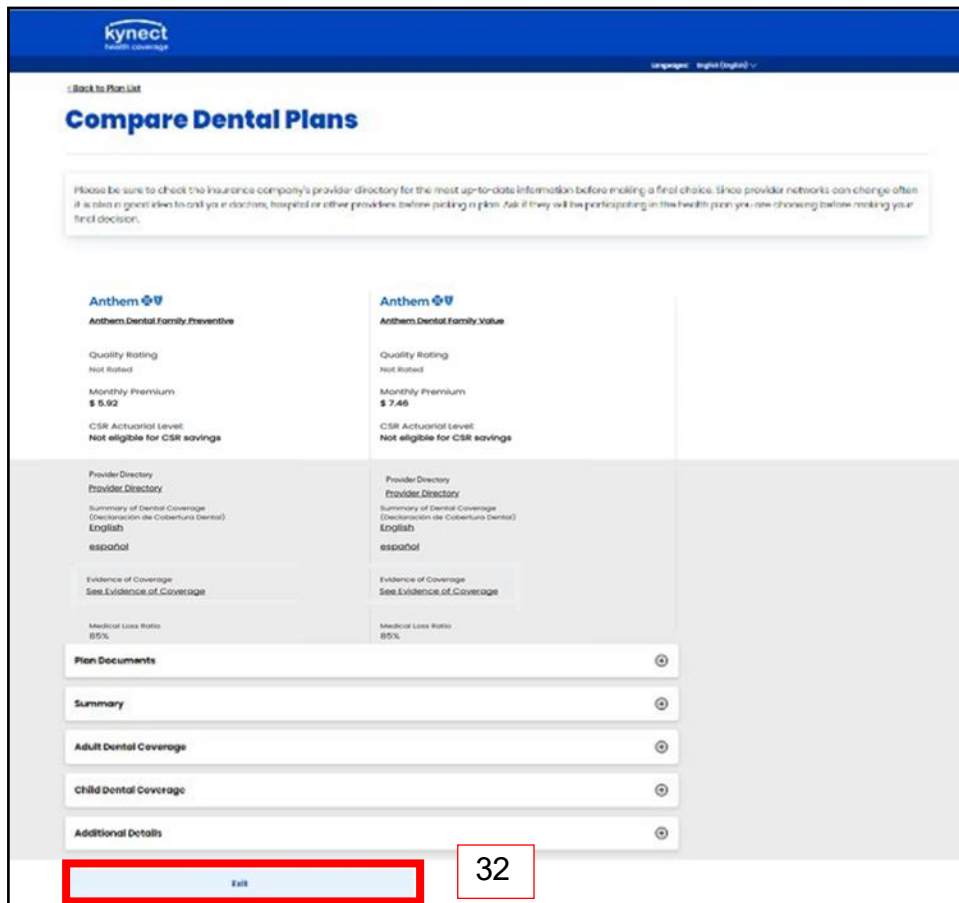
31. Select **Compare Selected Plans** to compare the selected dental plans.

Please note: Dental Plans can be emailed to Residents or to someone else.

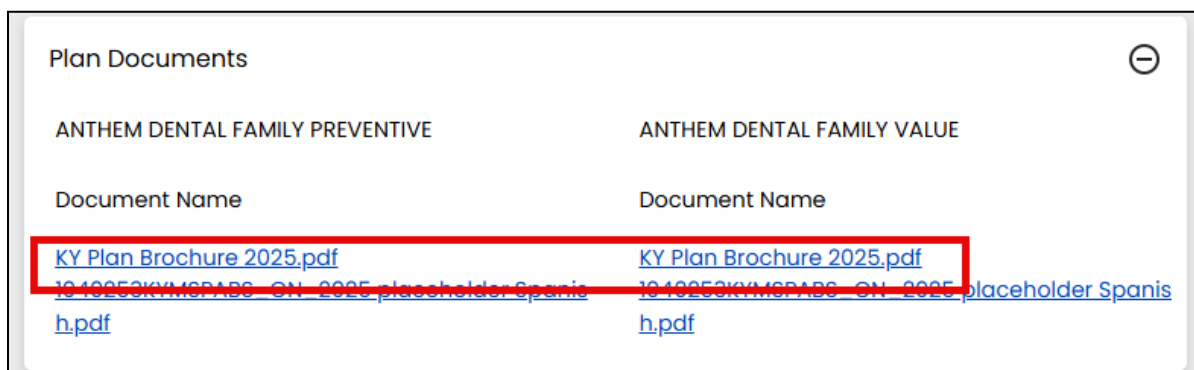


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32. Compare the selected plans. Select **Exit** to return to the **Dental Plan Search** screen.



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



Please note: Plan Brochures can be access under Plan Documents. By selecting the Document Name hyperlink, the document will download to the user's device.