Plan Year 2026 Office Hour: Session One

November 13, 2025

Table of Contents

The topics below will be covered during today's Office Hour session.

College and University Students

PLAN YEAR 2026 OFFICE HOUR: SESSION ONE

College and University Students

Below outlines resources available to college and university students.

OVERVIEW

Over a million students are covered through student health plans offered by colleges, universities, or other institutions of higher education. However, **not all student health plans are the same**.

KHBE's website has a page dedicated to College and University Students to help them better understand the insurance and benefits offered to them as students through the Affordable Care Act (ACA).

INDIVIDUALS UNDER 30 RESOURCES

For Individuals under 30, there are several options for health coverage:

1. Getting on/staying on a parent's plan: How to get or stay on a parent's plan
2. Purchase their own insurance plan: How to get health coverage after turning 26
3. If the Individual has low income, they may be eligible for coverage through Medicaid or KCHIP.
4. If the Individual is still in school, they may be able to enroll in a student health plan.

Parents may claim adult children as tax dependents, but they do not have to do so. Students and families should consult tax professionals when making this important decision.

PLEASE NOTE

Students or other young adults who are not tax dependents of their parents may apply for and enroll in health coverage through Qualified Health Plans (QHPs) or Medicaid independently.

College and University Students FAQs

Below outlines frequently asked questions pertaining to young adults and college and university students.

kynect
Together for a better Kentucky

GENERAL INFORMATION

How does the ACA help young adults?

The ACA requires Issuers that offer dependent child coverage to permit coverage **until the young adult reaches 26**.

How can KHBE help young adults?

KHBE can connect young adults to kynectors or Agents in **every Kentucky county** who can help them enroll in coverage, complete applications, and **learn** what financial assistance they may be eligible for.

What if an Individual is 26 and a dependent on someone's taxes?

They can apply for Marketplace coverage on their own or with a parent. Residents aged 26 may remain on a parent's plan until their coverage ends on December 31, **even if they turn 26 during the year**.

RESIDENCY & TAX FILING

What if an Individual is under 26, a dependent, and live in the same state as their parents?

They can enroll in a Marketplace plan with their parent during Open Enrollment.

If they lose student coverage outside of Open Enrollment, they may qualify for a Special Enrollment Period (SEP), so their parent can add them to their plan. If they choose to disenroll from student coverage, they will not qualify for a SEP.

What if an Individual is under 26, a dependent, and live in a different state as their parents?

They have two (2) options: (1) They can apply for coverage with their parent or stay on their parent's plan or (2) they can apply for coverage themselves in the state they attend school. Residency is verified via client attestation.

PLEASE NOTE

To learn more about the ACA and its impacts, reference the following materials: Student Health Plans and the ACA, Young Adults and the ACA Fact Sheet, Young Adults and the ACA FAQs, Health Insurance Protections for Students.

POLL QUESTION 1

?

TRUE OR FALSE?

Residents aged 26 may remain on a parent's plan until their coverage ends on December 31, even if they turn 26 during the year.

Answer anonymously using the Polls box!

Special Enrollments

PLAN YEAR 2026 OFFICE HOUR: SESSION ONE

Special Enrollment Overview

Below outlines qualifying life events that may permit an Individual to be eligible for a Special Enrollment Period (SEP).

kynect
Together for a better Kentucky

01 Getting Married or Losing Coverage from a Divorce

02 Having a Baby or Adopting a Child

03 Moving to Kentucky

04 Becoming Pregnant

05 Turning 26 and Losing Coverage from a Parent's Plan

06 Household Income Changes

07 Changes to Legal Status

08 Loss of Medicaid

09 Loss of Employer-Sponsored Insurance

10 Loss of Private Health Insurance

11 Loss of Consolidated Omnibus Reconciliation Act (COBRA) Plans

12 Loss of Kentucky Children's Health Insurance Program (KCHIP)

PLEASE NOTE

For additional information, review the following resources: Special Enrollment Fact Sheet, Special Enrollment webpage, SEP Verification Status Message, or Special Enrollment Details.

Processing a Special Enrollment: Qualifying Life Event (1 of 6)

Follow the steps below to process a special enrollment through kynect.

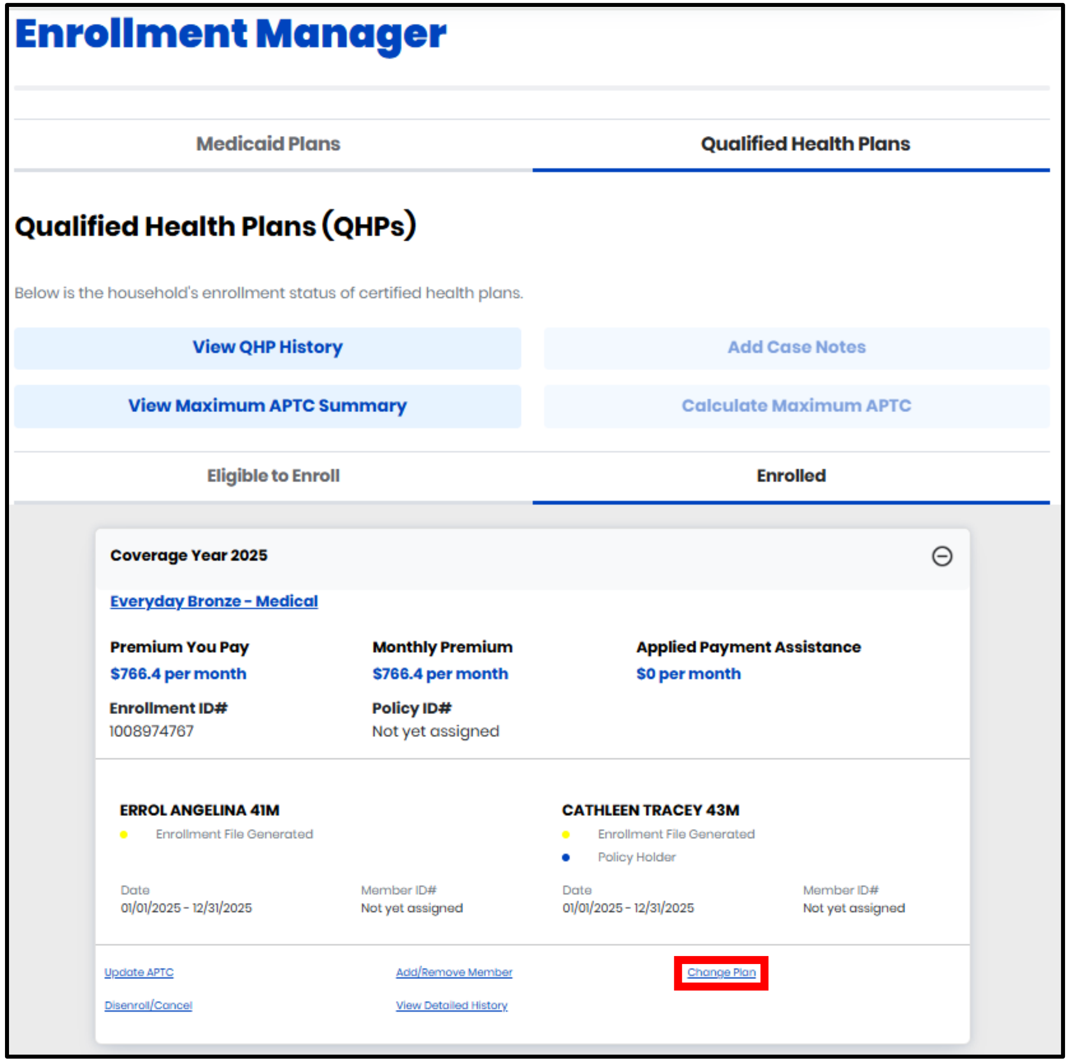
kynect
Together for a better Kentucky

OVERVIEW

Processing a Special Enrollment can be completed through kynect health coverage.

1

Navigate to the **Enrollment Manager** screen and select **Change Plan**.

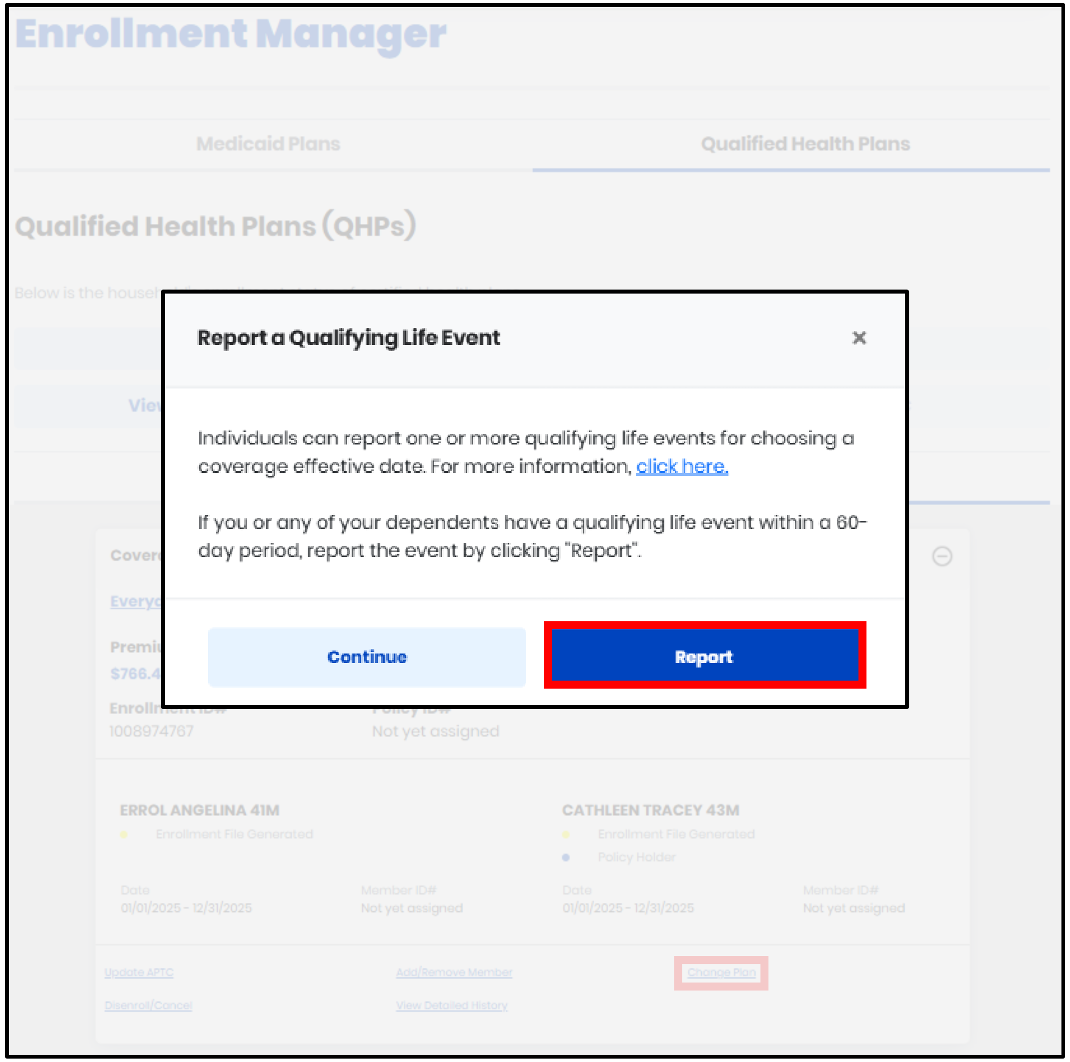


Processing a Special Enrollment: Qualifying Life Event (2 of 6)

Follow the steps below to process a special enrollment through kynect.

2

On the **Report a Qualifying Life Event** pop-up screen, select **Report**.



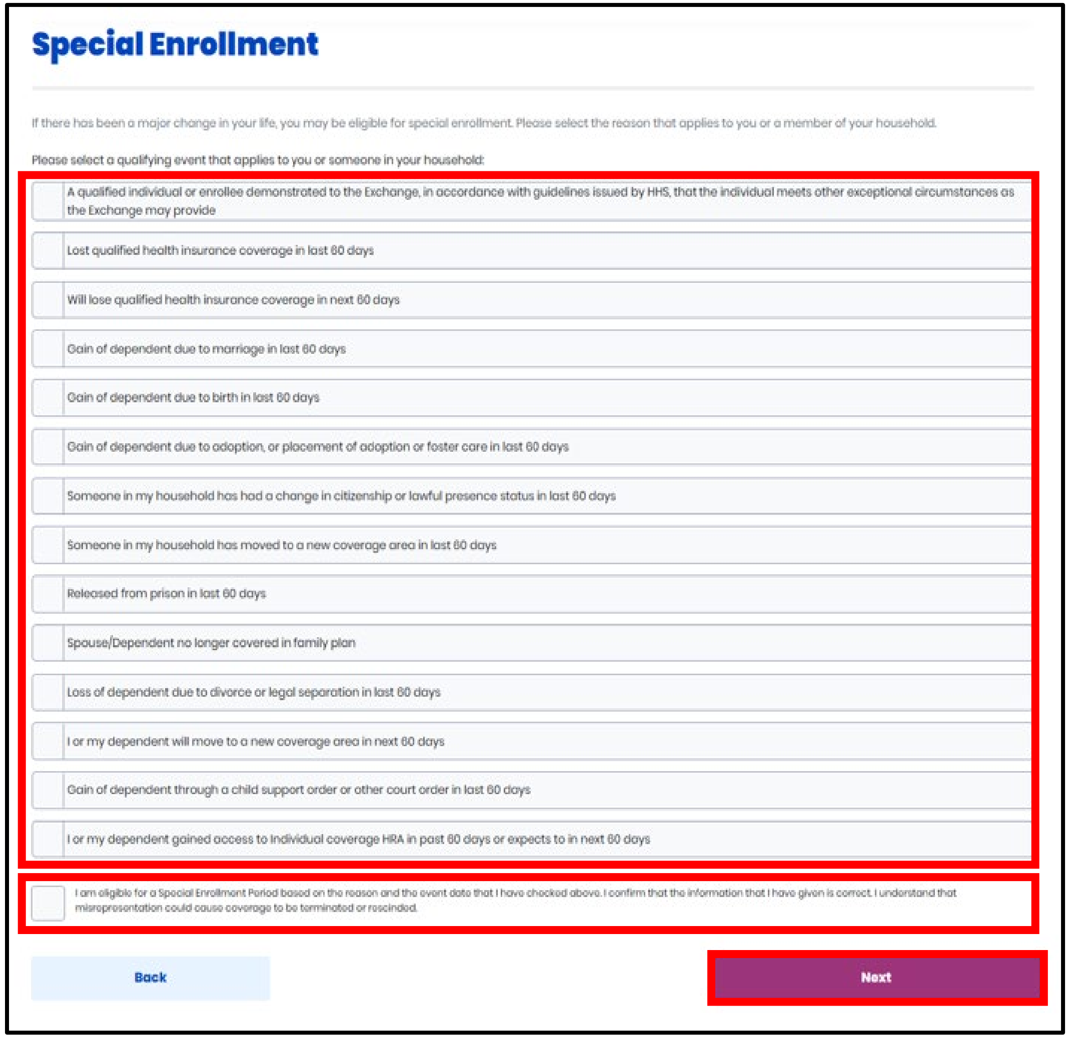
Processing a Special Enrollment: Qualifying Life Event (3 of 6)

Follow the steps below to process a special enrollment through kynect.

kynect
Together for a better Kentucky

3 On the **Special Enrollment** screen, select the applicable **Qualifying Life Event**.

4 Select the **Checkbox** to acknowledge that the information selected is correct, then select **Next**.



Special Enrollment

If there has been a major change in your life, you may be eligible for special enrollment. Please select the reason that applies to you or a member of your household.

Please select a qualifying event that applies to you or someone in your household:

- [ ] A qualified individual or enrollee demonstrated to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide
- [ ] Lost qualified health insurance coverage in last 60 days
- [ ] Will lose qualified health insurance coverage in next 60 days
- [ ] Gain of dependent due to marriage in last 60 days
- [ ] Gain of dependent due to birth in last 60 days
- [ ] Gain of dependent due to adoption, or placement of adoption or foster care in last 60 days
- [ ] Someone in my household has had a change in citizenship or lawful presence status in last 60 days
- [ ] Someone in my household has moved to a new coverage area in last 60 days
- [ ] Released from prison in last 60 days
- [ ] Spouse/Dependent no longer covered in family plan
- [ ] Loss of dependent due to divorce or legal separation in last 60 days
- [ ] I or my dependent will move to a new coverage area in next 60 days
- [ ] Gain of dependent through a child support order or other court order in last 60 days
- [ ] I or my dependent gained access to individual coverage HRA in past 60 days or expects to in next 60 days

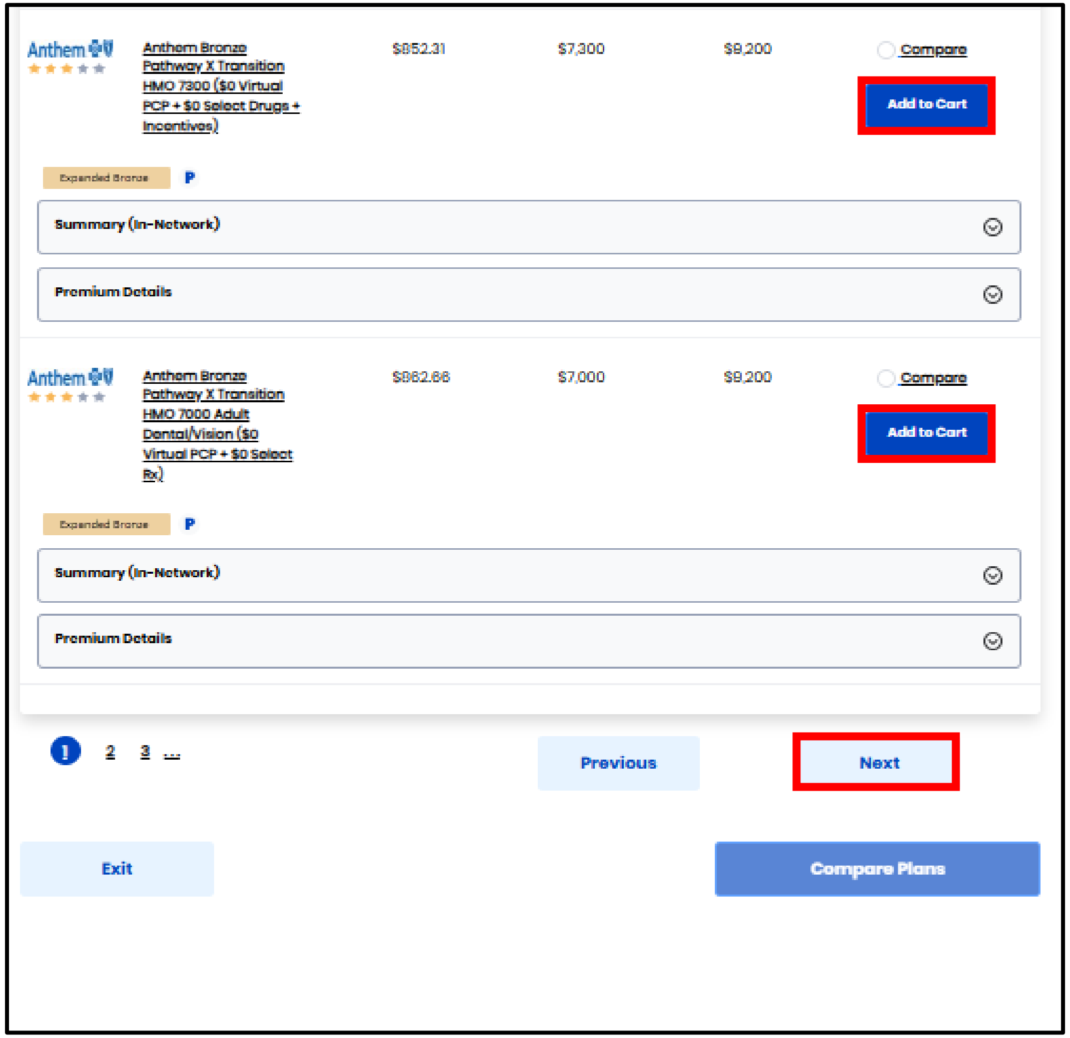
- [ ] I am eligible for a Special Enrollment Period based on the reason and the event date that I have checked above. I confirm that the information that I have given is correct. I understand that misrepresentation could cause coverage to be terminated or rescinded.

Back | Next

Processing a Special Enrollment: Qualifying Life Event (4 of 6)

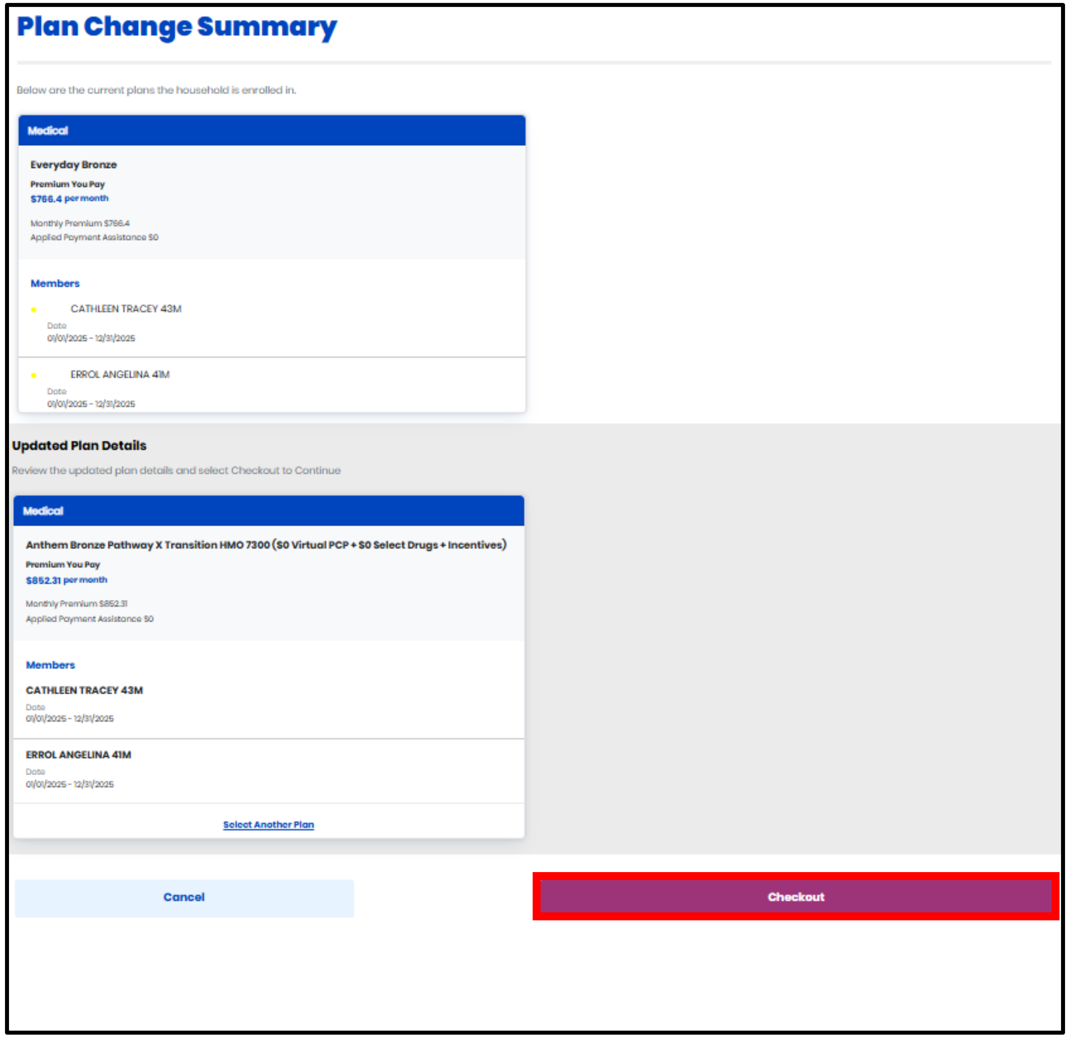
Follow the steps below to process a special enrollment through kynect.

5 After shopping and comparing plans, choose your desired plan by selecting **Add to Cart,** then select **Next**.



Processing a Special Enrollment: Qualifying Life Event (5 of 6)

Follow the steps below to process a special enrollment through kynect.



6

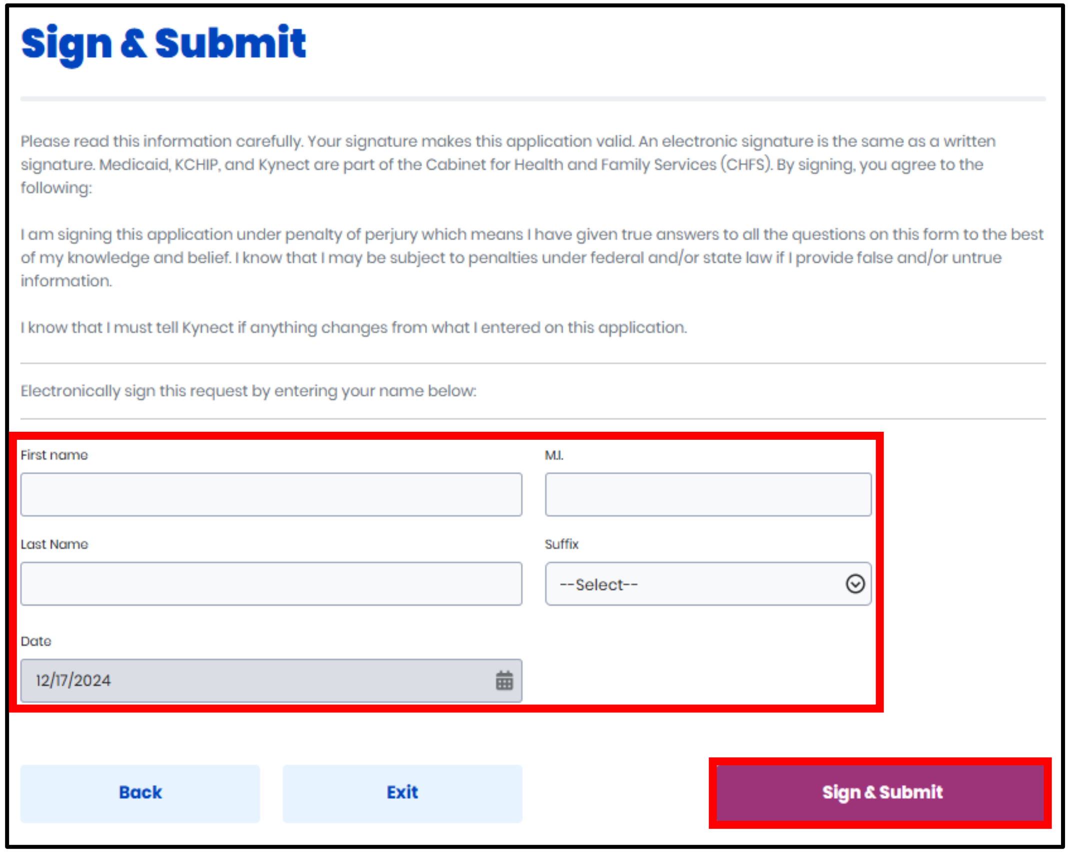
On the **Plan Change Summary** screen, review the details and select **Checkout**.

Processing a Special Enrollment: Qualifying Life Event (6 of 6)

Follow the steps below to process a special enrollment through kynect.

7 On the **Sign & Submit** screen, enter the Individual's **First Name, Last Name, Middle Initial**, and **Suffix.**

8 Select **Sign & Submit**.



PLEASE NOTE

If a special enrollment is pending verification, documentation must be uploaded to effectuate coverage. For more information, reference the [SEP Verification Status Message](#).

Pregnancy Special Enrollment Overview

Below outlines the details surrounding pregnancy special enrollment eligibility.

Eligibility for a pregnant Individual can be **backdated to the date of the pregnancy determination,** also referred to as retroactive coverage.

If the coverage begins in previous months, the enrollee will be responsible for **all previous months' premiums**.

This special enrollment reason permits pregnant Individuals' and Individuals related to a pregnant Individual (spouse and/or dependents) to be eligible for coverage and **enroll in a QHP at any point during the pregnancy**.

The coverage effective date is the **first day of the first calendar month** in which either a medical professional determined that the pregnancy began or a later date if directed by the enrollee.

PLEASE NOTE

For additional information, review the Pregnancy Special Enrollment webpage on KHBE.

Processing a Special Enrollment: Pregnancy (1 of 4)

Follow the steps below to process a pregnancy special enrollment through kynect.

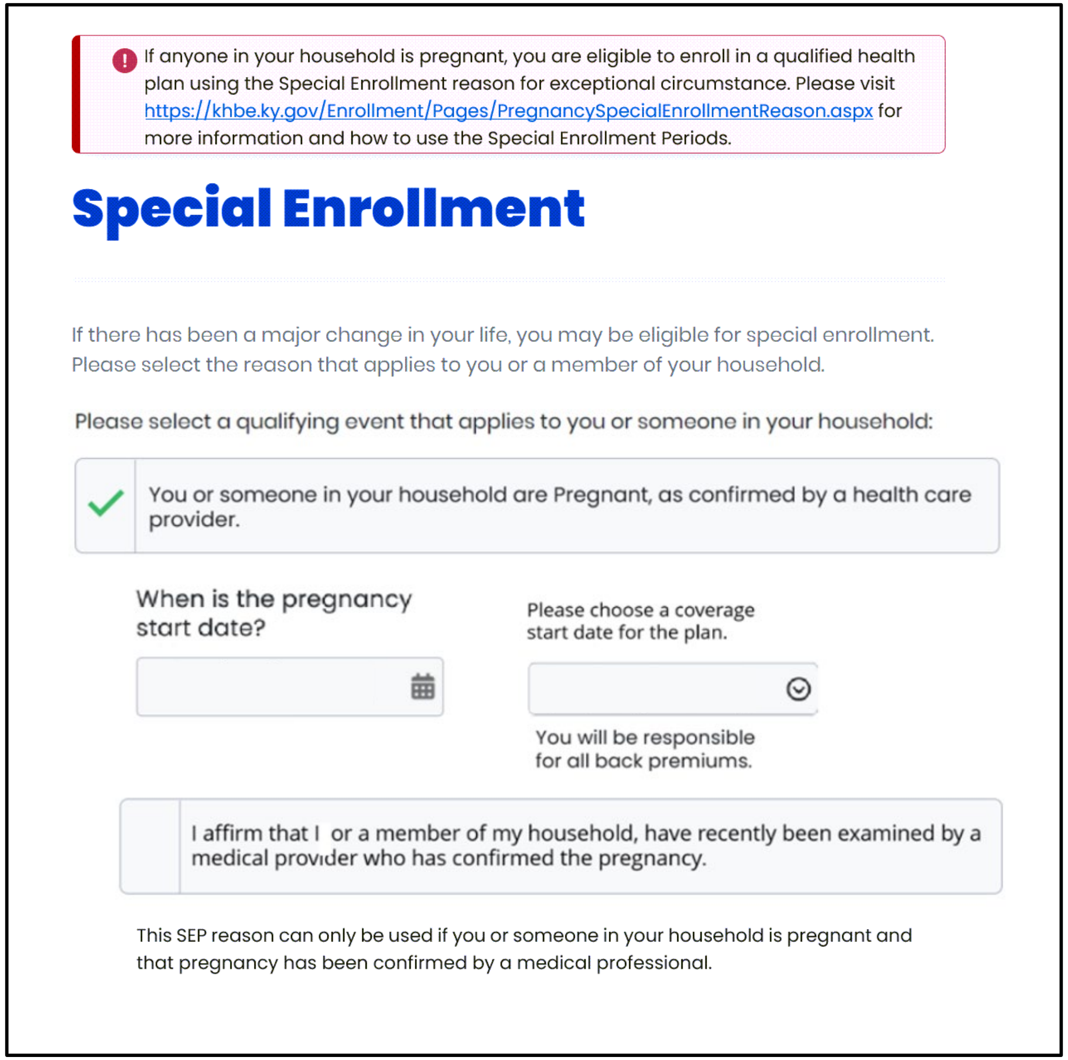
OVERVIEW

Eligibility for a pregnant Individual can be backdated to the date of the pregnancy determination (retroactive coverage).

Processing a pregnancy special enrollment can be completed through kynect health coverage.

1. Navigate to the **Enrollment Manager** screen and select **Add Plan**.

2. On the **Special Enrollment** screen, select the **household member(s)** eligible to enroll in coverage during the SEP.

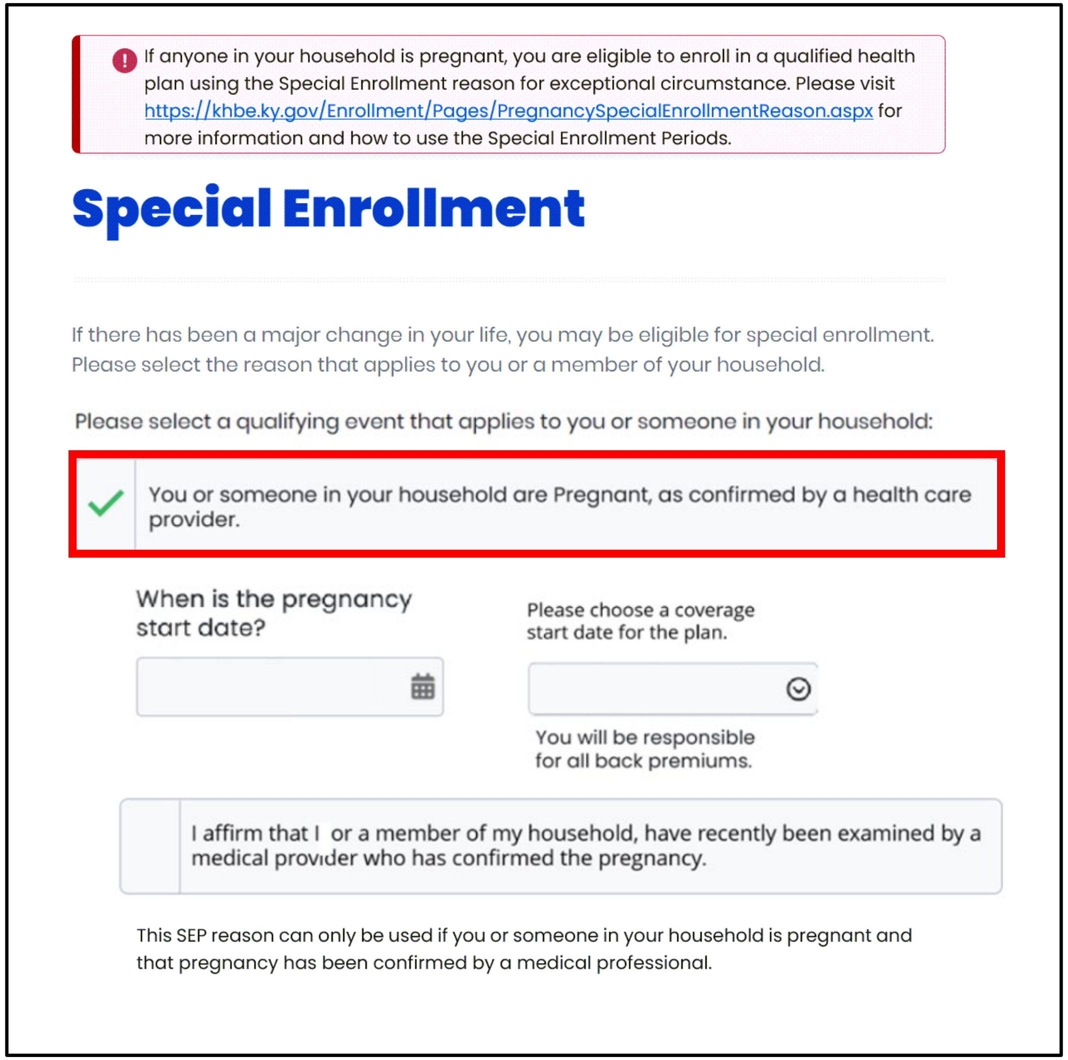


Processing a Special Enrollment: Pregnancy (2 of 4)

Follow the steps below to process a pregnancy special enrollment through kynect.

3

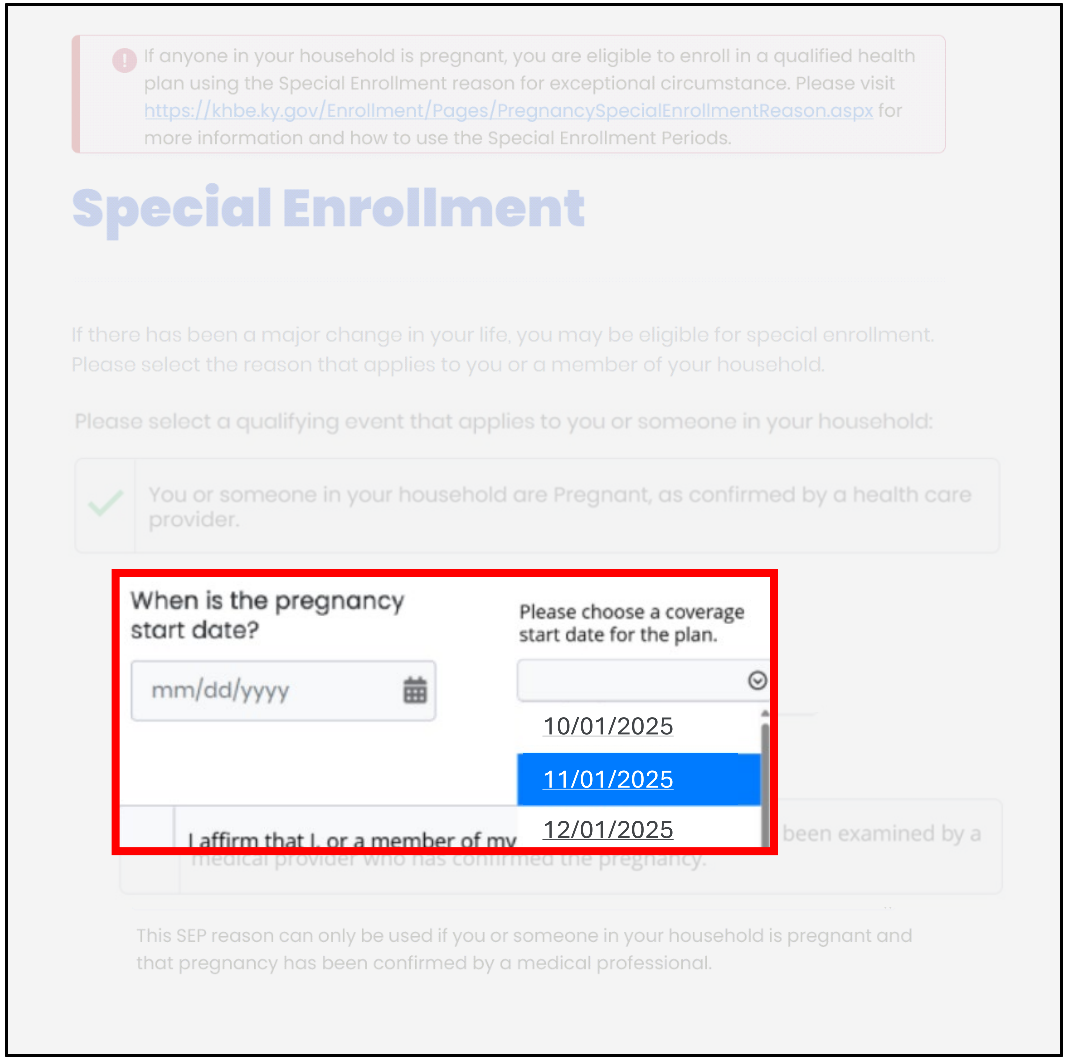
Select the **Checkbox** to acknowledge that you or someone in your household has been confirmed to be pregnant.



Follow the steps below to process a pregnancy special enrollment through kynect.

4

Enter the **pregnancy start date** and the desired **coverage start date** for the plan.



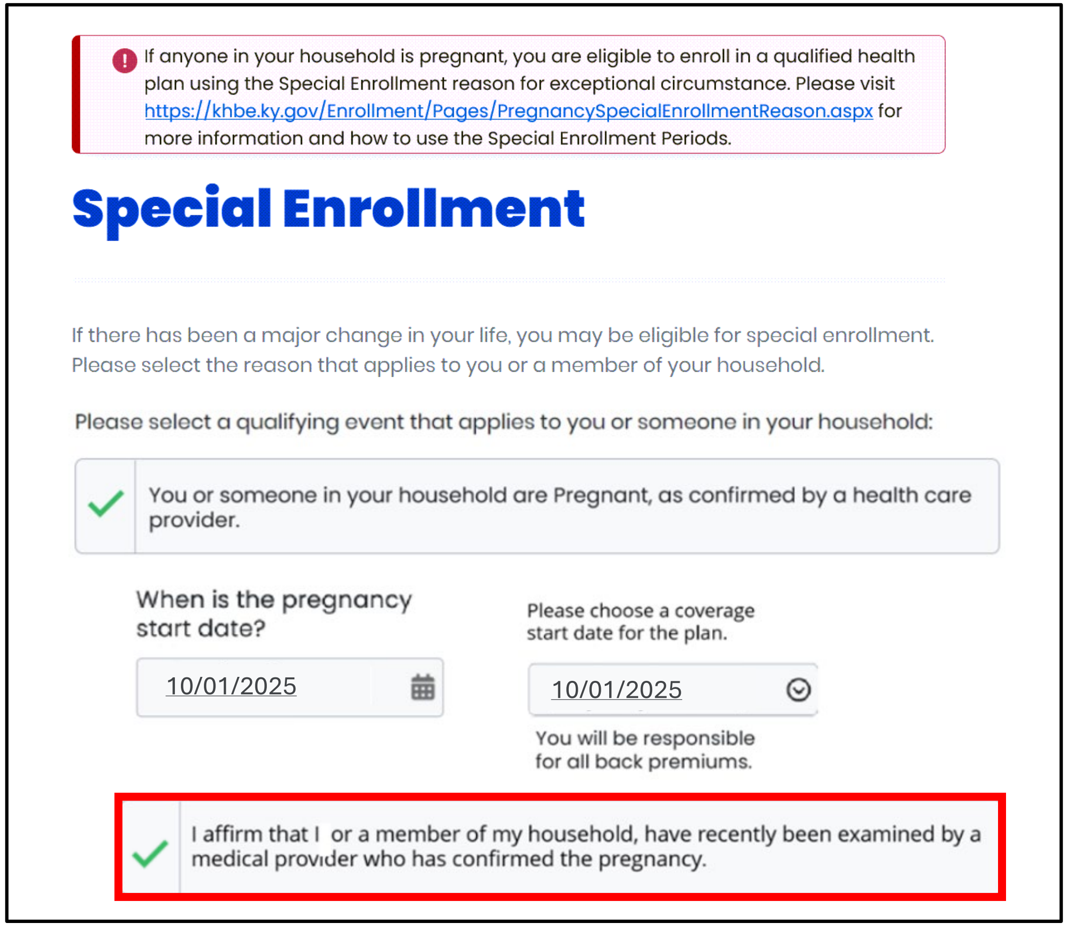
Processing a Special Enrollment: Pregnancy (4 of 4)

Follow the steps below to process a pregnancy special enrollment through kynect.

5 Select the **Attestation Checkbox** at the bottom of the **Special Enrollment** screen and select **Next**.

6 On the **Add New Plan** screen, select the appropriate **Tax Group** and **Coverage Type**.

7 Select **Shop for Plans**.



PLEASE NOTE

For additional information, review the [Pregnancy Special Enrollment](#) webpage.

Exceptional Special Enrollment Overview

Below details qualifying life events that that may allow an Individual to be eligible for an Exceptional Special Enrollment (ESE).

ESE is reserved for Individuals experiencing circumstances **outside of a traditional qualifying life event** that has prevented them from enrolling in coverage during an enrollment period. These include circumstances such as:

- **Incapacitation**
- **Domestic Abuse or Violence**
- **Technical or System Incidents**
- **Natural Disasters**
- **Spousal Abandonment**

Exceptional Special Enrollment

Below details qualifying life events that that may allow an Individual to be eligible for an Exceptional Special Enrollment (ESE).

APPLY

Individuals, or associated Agents and kynectors, may **apply for an Exceptional Special Enrollment** by submitting a request statement **via email or letter**.

REQUEST

To submit your request, **email** kynectESE@ky.gov or **mail** to the address below:

Kentucky Health Benefit Exchange
Attention: ESE
275 East Main Street 4WE
Frankfort, KY 40621

SUBMIT

When submitting your statement, **include applicable details below**:

- Contact information
- Case number and Associated Agent/kynector name (if known)
- Reason(s) for requesting an ESE
- Desired plan and coverage start date

PLEASE NOTE

Becoming sick, injured, or finding out your doctor is not in network are not considered exceptional circumstances and may not be approved. For additional information, review the Exceptional Special Enrollment Fact Sheet.

POLL QUESTION 2

TRUE OR FALSE?

Loss of employer-sponsored insurance, private insurance, or Medicaid are all considered qualifying life events that may qualify an Individual for an SEP.

Answer anonymously using the Polls box!

Health Savings Accounts (HSAs)

PLAN YEAR 2026 OFFICE HOUR: SESSION ONE

What is an HSA?

The information below outlines what an HSA is, how it works, and why it's important.

kynect
Together for a better Kentucky

Definition

A health savings account (HSA) **is a personal savings account** that Residents can set up to **pay for eligible healthcare expenses.** Residents may be eligible to contribute to an HSA if they are enrolled in a qualifying high-deductible health plan (HDHPs).

How HSAs Work

The money deposited into an HSA is available to withdraw **at any time** to pay for medical expenses that aren't paid by your health insurance policy or reimbursed by anyone else. Residents control the plan, **deciding how to spend and invest those dollars**, within the parameters of the rules set by the IRS.

Why HSAs Matter

HSAs matter because they **help Residents save money on healthcare** by offering significant tax advantages. They allow Residents to set aside pre-tax dollars for qualified medical expenses, giving them more control over health spending and saving for future costs.

PLEASE NOTE

For Plan Year 2026, all Bronze, Expanded Bronze, and Catastrophic plans offered through kynect will be HSA-compatible.

HSA Triple Tax Advantage

The information below outlines the tax advantages of an HSA.

kynect
Together for a better Kentucky

Reduced Taxable Income

Contributions to your HSA **lower your taxable income**, whether made pre-tax through payroll or as tax-deductible after-tax deposits. Employer contributions are also tax-free. There are **no income limits** for making HSA contributions.

Tax-Deferred Growth

Money in your HSA **could earn investment interest and grow** on a tax-deferred basis. This means that you do not need to pay taxes on earnings while the money remains in your HSA. Balances roll over year to year, so **annual contributions are not lost**.

Tax-Free Withdrawals

When you use the funds in your HSA to pay for qualified medical expenses, **withdrawals are tax-free** and can be made at any time without penalty. Withdrawals can be used to **pay for a wide range** of qualified medical, dental, and vision expenses.

Contribution Limits

$4,400

Individual contribution maximum for 2026

$8,750

Family contribution maximum for 2026

PLEASE NOTE

Starting at age 55, Individuals may make an additional $1,000 catch-up contribution to their HSA to help save and prepare for future needs.

Key Considerations for HSAs

Outlined below are several items to keep in mind when registering for an HSA.

HSA Considerations

1. **Medicare** — Residents must stop making HSA contributions once they enroll in any part of Medicare.
2. **Qualified Medical Expenses** — HSA funds may still be utilized to pay for qualified medical expenses, including those not covered by Medicare or Medicare Supplement Insurance.
3. **Recordkeeping** — Residents should keep receipts and maintain records to verify that HSA withdrawals were used for qualified medical expenses, in case of an IRS audit.
4. **Contribution Limits** — The IRS sets annual limits for how much you can contribute; exceeding these may result in penalties.
5. **Eligibility Requirements** — You must be enrolled in an HDHP to open and contribute to an HSA.

HSA Scenario

The situation described below reveals the potential benefits of establishing an HSA.

Situation:
Sam is enrolled in an HDHP and contributes $3,000 annually to her HSA with pre-tax dollars. One year, Sam breaks her wrist and needs surgery, physical therapy, prescriptions, and several follow-up visits! The out-of-pocket cost for services comes to $2,500.

Because Sam has an HSA:
Sam pays these expenses **using her HSA funds**, meaning she's using dollars that have never been taxed, saving her money compared to using regular income. The expenses are covered **without tapping into her emergency funds** or going into debt. Any unused HSA balance rolls over, **continuing to build for future needs**. Sam appreciates how her HSA gave her flexibility and reduced her financial stress in a tough situation.

POLL QUESTION 3

?

TRUE OR FALSE?

Residents may contribute as much pre-tax money as they wish to their HSAs.

Answer anonymously using the Polls box!

kynect
Together for a better Kentucky

Value of Health Coverage

PLAN YEAR 2026 OFFICE HOUR: SESSION ONE

Value of Health Coverage

The benefits of health coverage are outlined below.

kynect
Together for a better Kentucky

What is health insurance?

Health insurance is a formal agreement between a Resident and an insurance provider. By enrolling in a plan, you receive coverage whereby the insurer assumes responsibility for a portion of your medical expenses in the event of illness or injury.

What you pay for health insurance

Generally, **individuals are required to pay a monthly premium** to maintain health insurance coverage. Additionally, most plans include an annual deductible—a set amount you are responsible for paying toward covered services before your insurance begins to contribute.

Access to preventative care

Health insurance plans include **comprehensive preventive services**, such as annual physical exams, screenings for conditions like cancer and diabetes, and immunizations for all ages. These services are typically offered at **no additional cost to members**, encouraging proactive management of health, early detection of potential issues, and reducing the likelihood of serious illness later on.

Health insurance helps you pay when you need care

While unexpected illness or injury can occur to anyone, most Individuals will require medical care at some point. **Health insurance provides financial support** for these medical expenses and safeguards you against incurring significant costs.

What are the benefits of health insurance?

Health insurance provides access to a broad network of **healthcare professionals, specialists, and medical facilities**, that may be otherwise unaffordable.

With health coverage, Residents are more likely to **seek preventive care**, address health concerns early, and avoid delaying necessary treatment due to cost barriers.

Peace of mind

While monthly premiums and deductibles may seem costly, the overall expense of maintaining health insurance is **often far less than the price of a single unexpected emergency room visit** or major medical procedure. Health insurance protects you from large, unpredictable medical bills, offering significant financial peace of mind when serious health issues arise.

Essential Health Benefits (EHBs)

The ACA requires QHPs to include the following ten EHBs in all plans available on the Marketplace.

- Ambulatory Patient Services
- Maternity and Newborn Care
- Prescription Drugs
- Laboratory Services
- Pediatric Services
- Emergency Services
- Mental & Behavioral Health
- Rehabilitative Services
- Preventative Care
- Hospitalization

Value of Health Coverage Scenario: Emergency Care

The situation below discusses the benefits of health coverage in the event of a medical emergency.

Situation:
Jane, a healthy professional in her 30s, decides to forego health insurance to save money, believing her risk of serious illness is low. One evening, she suffers severe abdominal pain and is rushed to the emergency room. Diagnosed with appendicitis, she needs immediate surgery.

Without health coverage:
Jane faces charges for the ER visit, surgery, anesthesia, hospital stay, and follow-up care. The **total bill easily exceeds $50,000.** She now must navigate unexpected debt, and financial stress, all while recovering.

With health coverage:
Thanks to her expanded bronze health plan, Jane knows her maximum out-of-pocket cost for the year is $10,600. Once she reaches this limit, her insurance fully covers **all additional eligible medical expenses** for the rest of the year. She receives timely care without hesitation, recovers peacefully, and maintains her financial stability.

Value of Health Coverage Scenario: Preventative Care

The situation below discusses the value of preventative care offered through health coverage.

kynect
Together for a better Kentucky

Situation:
Alex, a 45-year-old office manager with a busy lifestyle, has health coverage that includes annual preventive screenings at no extra cost. During a routine check-up, Alex's doctor discovers early signs of high blood pressure and elevated cholesterol, conditions that have serious, long-term health consequences if left untreated.

Without health coverage:
If Alex lacked coverage, he might skip preventive visits due to high out-of-pocket costs. The undiagnosed conditions could silently progress, eventually resulting in a medical emergency. He would then face expensive treatments, potentially disrupting his life and finances.

With health coverage:
Alex's insurance covers the screening, follow-up tests, and consultations with specialists. By catching these issues early, Alex avoids costly complications such as a heart attack or stroke, which could lead to extended hospitalization, loss of income, or even permanent disability.

POLL QUESTION 4

TRUE OR FALSE?

Having health coverage can save you thousands of dollars by providing financial protection against unexpected medical emergencies.

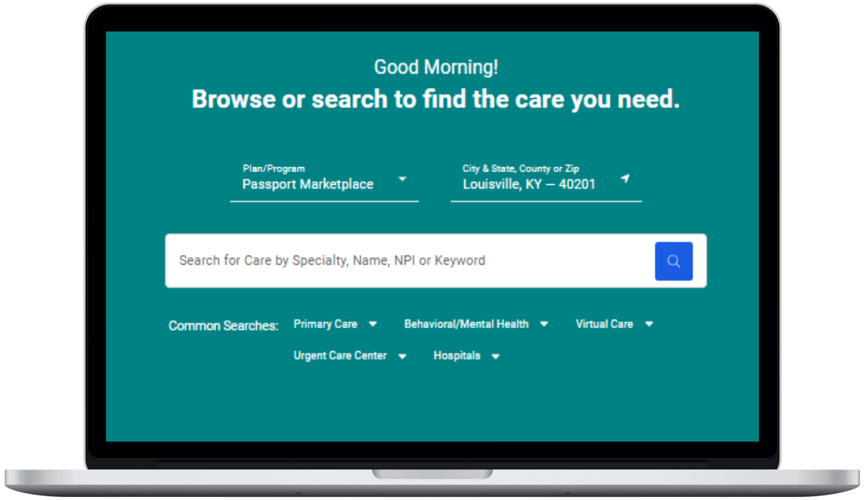
Answer anonymously using the Polls box!

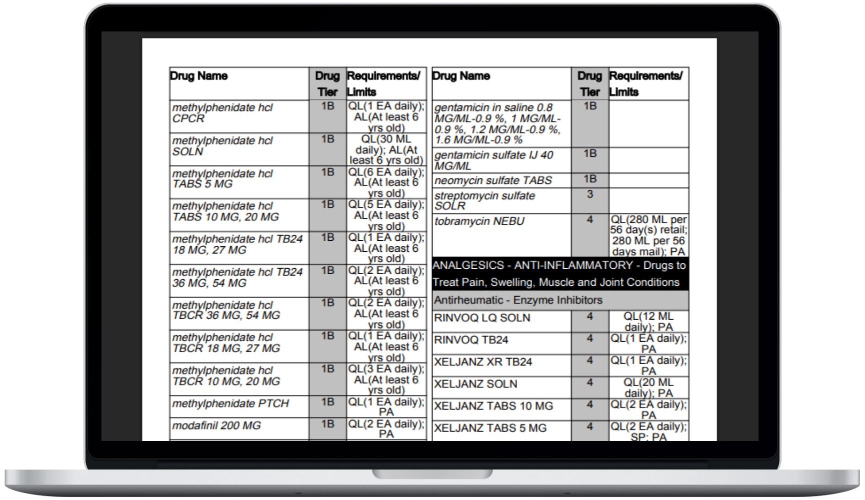
Provider Directories and Formularies

PLAN YEAR 2026 OFFICE HOUR: SESSION ONE

What are Provider Directories and Formularies?

Provider Directories and Formularies are outlined below.





Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl CPCR	1B	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl SOLN	1B	QL(30 ML daily); AL(At least 6 yrs old)
methylphenidate hcl TABS 5 MG	1B	QL(6 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TABS 10 MG, 20 MG	1B	QL(5 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TB24 18 MG, 27 MG	1B	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TB24 36 MG, 54 MG	1B	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 36 MG, 54 MG	1B	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 18 MG, 27 MG	1B	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 10 MG, 20 MG	1B	QL(3 EA daily); AL(At least 6 yrs old)
methylphenidate PTCH	1B	QL(1 EA daily); PA
modafinil 200 MG	1B	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %	1B	
gentamicin sulfate IJ 40 MG/ML	1B	
neomycin sulfate TABS	1B	
streptomycin sulfate SOLR	3	
tobramycin NEBU	4	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	4	QL(12 ML daily); PA
RINVOQ TB24	4	QL(1 EA daily); PA
XELJANZ XR TB24	4	QL(1 EA daily); PA
XELJANZ SOLN	4	QL(20 ML daily); PA
XELJANZ TABS 10 MG	4	QL(2 EA daily); PA
XELJANZ TABS 5 MG	4	QL(2 EA daily); SP; PA

PROVIDER DIRECTORIES

A provider directory is a **searchable list of doctors, specialists, hospitals,** and other healthcare professionals who are part of an insurance plan's network. It helps members find and choose providers that are covered by their health insurance.

FORMULARIES

A formulary is a **list of prescription drugs** that an insurance plan covers, often organized by tiers that reflect out-of-pocket costs. It guides members and healthcare providers in selecting medications that are both effective and affordable under the plan.

PLEASE NOTE

If Individuals have questions about finding a specialist, the first person they should call is their insurer who is **required by law** to help them.

Provider Directories and Formularies on the KHBE Website (1 of 3)

Follow the steps below to access Provider Directories and Formularies on the KHBE website.

OVERVIEW

Provider Directories and Formularies of participating Issuers can be found on the KHBE website.

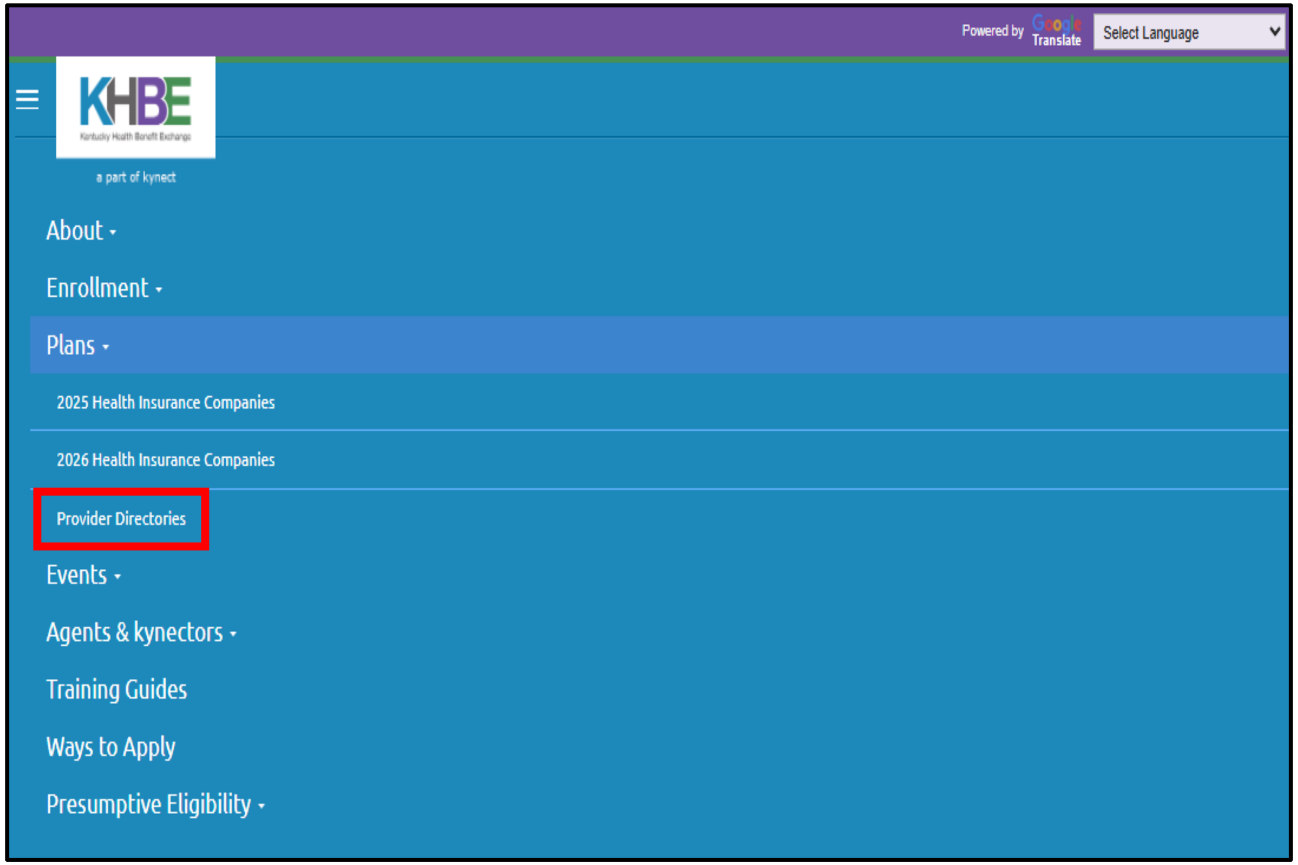
1 Navigate to the KHBE homescreen and select the **Menu** icon.

Provider Directories and Formularies on the KHBE Website (2 of 3)

Follow the steps below to access Provider Directories and Formularies on the KHBE website.

2

Select **Provider Directories** from the *Plans* dropdown menu.

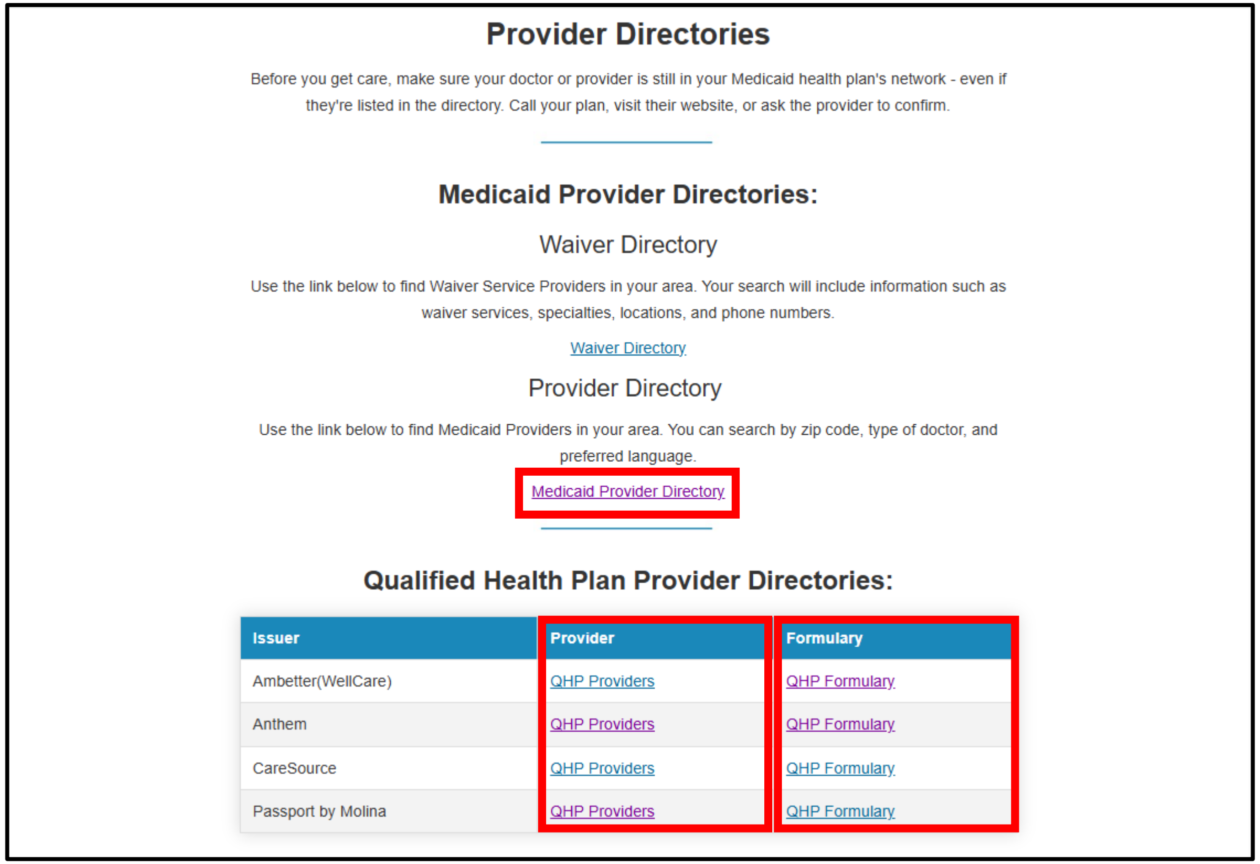


Provider Directories and Formularies on the KHBE Website (3 of 3)

Follow the steps below to access Provider Directories and Formularies on the KHBE website.

3 Select the **Medicaid Provider Directory** to view Medicaid-eligible providers.

4 Select the **QHP Providers** or **QHP Formulary** to view directories or formularies for each QHP Issuer.



Provider Directories

Before you get care, make sure your doctor or provider is still in your Medicaid health plan's network - even if they're listed in the directory. Call your plan, visit their website, or ask the provider to confirm.

Medicaid Provider Directories:

Waiver Directory

Use the link below to find Waiver Service Providers in your area. Your search will include information such as waiver services, specialties, locations, and phone numbers.

Waiver Directory

Provider Directory

Use the link below to find Medicaid Providers in your area. You can search by zip code, type of doctor, and preferred language.

Medicaid Provider Directory

Qualified Health Plan Provider Directories:

Issuer	Provider	Formulary
Ambetter(WellCare)	QHP Providers	QHP Formulary
Anthem	QHP Providers	QHP Formulary
CareSource	QHP Providers	QHP Formulary
Passport by Molina	QHP Providers	QHP Formulary

PLEASE NOTE

Individuals are also encouraged to contact their provider if they have questions about a specific doctor, facility, prescription, or related medical questions.

Q&A

PLAN YEAR 2026 OFFICE HOUR: SESSION ONE

POLL QUESTION 5

MULTIPLE SELECT

Which topics would you like to see included in upcoming Office Hours?

Answer anonymously using the Polls box!

Please ask any questions related to the topics covered today using the **Q&A Icon** (not the Chat Icon) located at the bottom of your Zoom screen.