Plan Year 2026 Office Hour: Session Three

January 8, 2026

Agenda

Outlined below are the topics for today's Office Hour session.

01 **Special Enrollments**
10 minutes

02 **Report a Change**
10 minutes

03 **Tax Documents**
5 minutes

04 **Buyer Beware**
10 minutes

05 **Disenroll vs. Cancel Plans**
5 minutes

06 **Maximizing Health Coverage**
10 minutes

07 **Live Q&A**
10 minutes

3

Special Enrollment Reminders

PLAN YEAR 2026 OFFICE HOUR: SESSION THREE

Special Enrollment Overview

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

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

Follow the steps below to process a qualifying life event as a special enrollment through kynect.

OVERVIEW

The steps below outline how to complete a Special Enrollment through kynect health coverage.

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

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

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**.

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

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

7 On the **Sign & Submit** screen, enter the Individual's **First** and **Last Name**, then Select **Sign & Submit**.

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

Common Special Enrollment Scenarios

Below provides common special enrollment scenarios and supporting resources.

SCENARIOS	WHAT TO KNOW	ADDITIONAL RESOURCES
A Resident turned 26 in March and will lose coverage at the end of the calendar year from their parent's health plan.	Turning 26 and losing their parent's coverage **qualifies as a special enrollment reason**. 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.	• College and University Students • Resources for Individuals under 30 • How to get health coverage after turning 26 • Student Health Plans and the ACA • Young Adults and the ACA Fact Sheet
A Resident's Consolidated Omnibus Reconciliation Act (COBRA) premium is terminated for failure to pay premiums.	Failing to pay premiums **does not qualify Residents for an SEP**. If an employer stops contributing to COBRA or costs change because of the employer's contribution, Residents may qualify for an SEP.	• COBRA Coverage Fact Sheet • COBRA Continuation Coverage
A Resident loses their job, thus, losing their employer-sponsored insurance.	Losing your employer-sponsored insurance or experiencing household income changes, including job loss, change in employment status, or an employer no longer offering coverage **qualifies as a special enrollment reason**.	• Special Enrollment Fact Sheet • Special Enrollment webpage • Special Enrollment Details

Pregnancy Special Enrollment

Below outlines the details surrounding pregnancy special enrollment eligibility.

RETROACTIVE COVERAGE

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**.

ELIGIBILITY

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**.
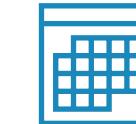
EFFECTIVE DATE

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

If a special enrollment is being used **after the first of the year for a pregnancy that began in the previous year**, Individuals will be enrolled into two separate plans with two different premiums, deductibles, copays, etc.

8

Processing a Pregnancy Special Enrollment

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

✖ OVERVIEW

The steps below outline how to complete a pregnancy special enrollment through kynect health coverage.

For more information, review the Pregnancy Special Enrollment webpage.

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.

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

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

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**. Select **Shop for Plans**.

⚠ If anyone in your household is pregnant, you are eligible to enroll in a qualified health plan using the Special Enrollment reason for exceptional circumstance. Please visit https://khbe.ky.gov/Enrollment/Pages/PregnancySpecialEnrollmentReason.aspx for more information and how to use the Special Enrollment Periods.

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:

✓ You or someone in your household are Pregnant, as confirmed by a health care provider.

When is the pregnancy start date?

10/01/2025 📅

Please choose a coverage start date for the plan.

10/01/2025 🕐

You will be responsible for all back premiums.

✓ I affirm that I or a member of my household, have recently been examined by a medical provider who has confirmed the pregnancy.

Exceptional Special Enrollment

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.

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 1

?

TRUE OR FALSE?

If an Individual gets married, they should apply for an Exceptional Special Enrollment (ESE).

Answer anonymously using the Polls box!

Report a Change

Report a Change Overview

Below outlines which case details Residents may update by utilizing the Report a Change function.

Contact Information

Relationship and Tax Filing Status

Health Coverage

Medicare Coverage

UPDATING CASE DETAILS

Income

Citizenship and Immigration Status

Pregnancy

Emergency Medical Condition and Disability

Report a Change: Updating Income Details

Below outlines four (4) factors that may prevent updates to income details.

CHANGE MODE

DCBS Caseworkers are actively updating the case. Agents and kynectors must wait until updates are complete before attempting further changes.

01

⊘ This case cannot be accessed at this time as it is currently being reviewed by a case worker. Try again in a few hours, and if this continues, contact DCBS at **1-855-306-8959.**

RENEWAL MODE

The case is due for its annual renewal, so the Report a Change function is disabled. To update case details, select **Renew Benefits** from the **Resident Dashboard.**

02

Renew Benefits   Renew your existing program benefits.

QHP-ONLY CASES

Income details are not required for QHP-only cases. To add APTC to the case, they should select **Add Other Benefits** from the **Resident Dashboard** to evaluate eligibility.

03

Add Other Benefits   Apply for other benefits or assistance provided by kynect for which your household may be eligible.

APTC DISCONTINUED

If APTC has been discontinued, select **Add Other Benefits** and select **Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)** to reevaluate APTC eligibility.
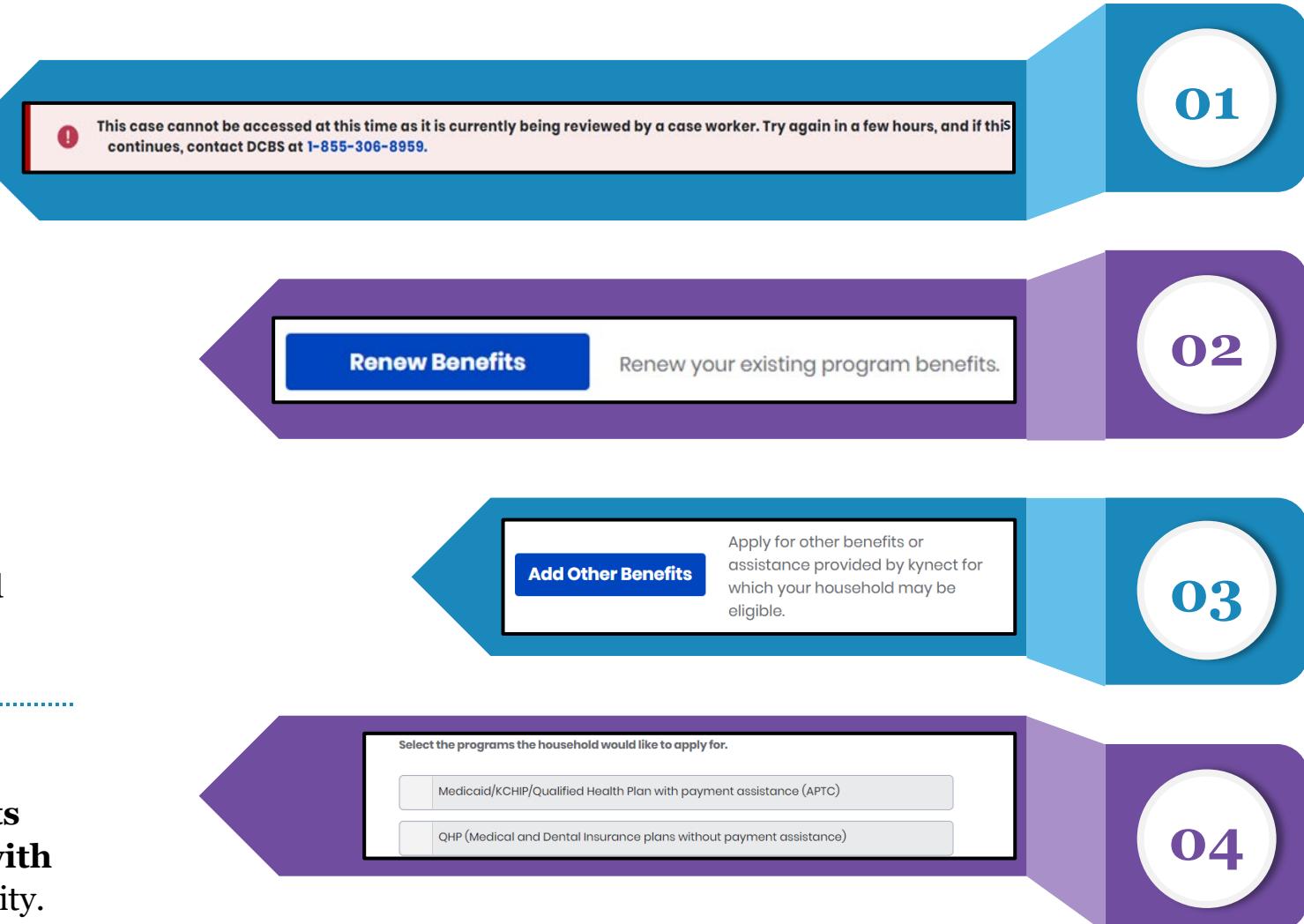
04

Select the programs the household would like to apply for.

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

QHP (Medical and Dental Insurance plans without payment assistance)

Follow these instructions to update income details from the Resident Dashboard on kynect benefits.

1 Navigate to the Resident Dashboard and select **Report a Change**.
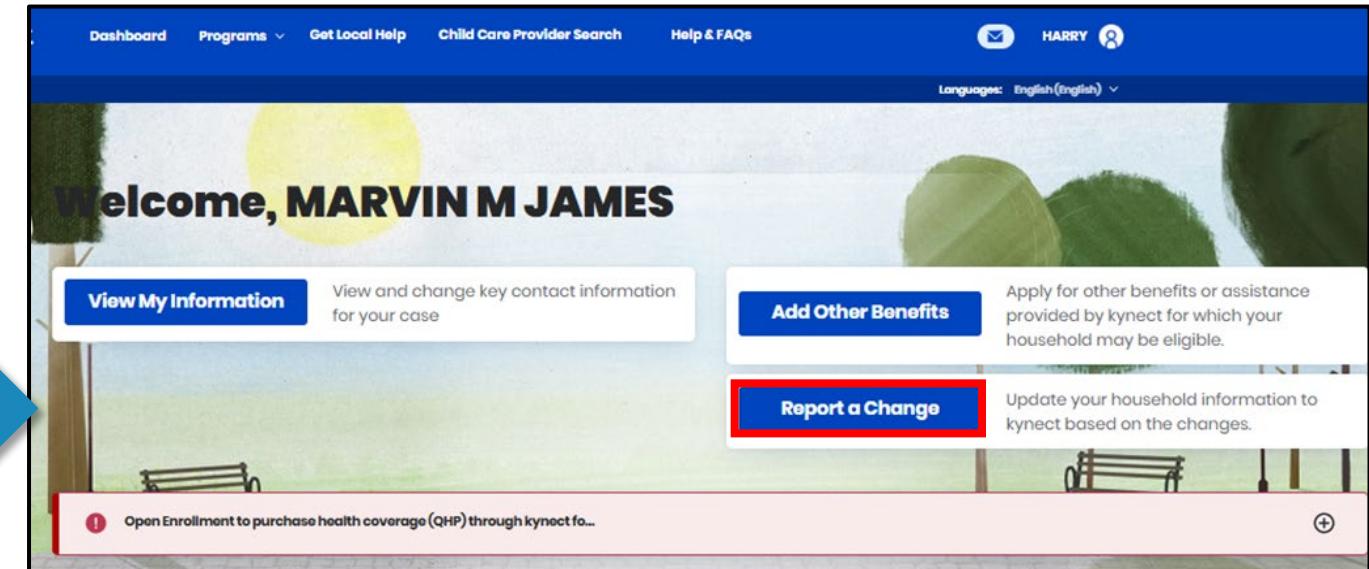
Follow these instructions to update income details from the Resident Dashboard on kynect benefits.

Report a Change   ✕

Select the type of change you would like to report

○ Add or Remove Household Member

○ Modify other information such as income, expenses, re-sources, or health

Looking for financial assistance/APTC benefit or interested in applying for other benefits, click here.

Continue

Cancel

2 Select **Modify other information such as income, expenses, resources, or health.**

3 Select **Continue**.

PLEASE NOTE

To add or remove a household member select the **Add or Remove Household Member** option.

Report a Change: Updating Income Details (3 of 9)

Follow these instructions to update income details from the Resident Dashboard on kynect benefits.

4

Select **Income**.

5

Select the **applicable household member(s)**.
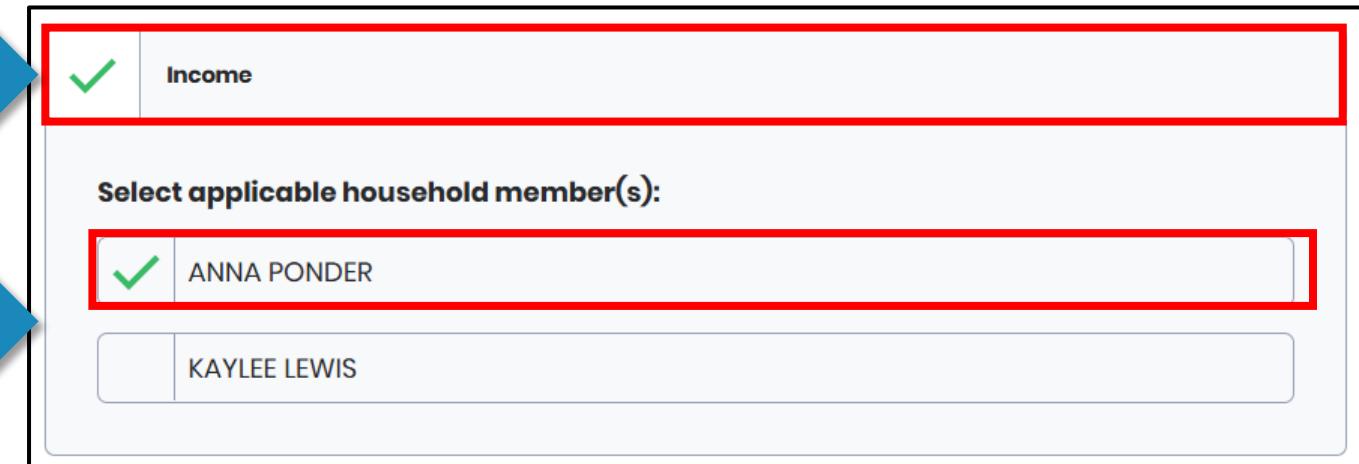
✓ Income

Select applicable household member(s):

✓ ANNA PONDER

KAYLEE LEWIS

Follow these instructions to update income details from the Resident Dashboard on kynect benefits.

Income Summary ⊙

Details are required for ANNA PONDER's income source(s) listed below. If ANNA PONDER has other income sources that don't appear in this list, please add them.

Learn More

6 Optional: Select **Add Income** to add additional income source(s).

Add Income

7 Select **Next**.

Exit

Next

PLEASE NOTE

If there are no additional income details to add, select **Next** to proceed with updating existing income records.

Follow these instructions to update income details from the Resident Dashboard on kynect benefits.

Remove Existing Income ⊙

Has MARVIN M JAMES stopped receiving any of the below income sources?

ABC COMPANY
$35000.00/year

8 Select the second **Income Source** checkbox if the Resident still receives the income source(s) listed to make additional changes.

MARVIN M JAMES still receives the above source(s) of income.

9 Select **Next.**

Back   Exit   **Next**

PLEASE NOTE

If the Resident has stopped receiving the income source listed, select the first **Income Source** checkbox to add an end date.

Follow these instructions to update income details from the Resident Dashboard on kynect benefits.

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Change in Existing Income ⌄

Has MARVIN M JAMES's income details changed for any of the below income sources?

✓ **ABC COMPANY**
$35000.00/year

Income frequency

Monthly ⌄ $ 3,000

MARVIN M JAMES's income details have not changed for the above income sources.

Back   Exit   Next

10 Select the **Income Source** that needs to be modified.

11 Select the *Income Frequency* and enter the **Income Amount**, as applicable.

12 Select **Next**.

P L E A S E   N O T E

Medicaid evaluates income details on a month-to-month basis while APTC evaluates income details on an annual basis to determine eligibility.

21

Follow these instructions to update income details from the Resident Dashboard on kynect benefits.

Adjusted Annual Income ⌄

We calculated the below yearly income based on the income and expenses you reported.

[Learn More]

Estimated Yearly Income ⓘ
$42000.00

Is the estimated yearly income amount of $42000.00 a good estimate of your income in 2024?

| Yes | **No** |

Enter your correct annual income for 2024

$ 35,000

Enter the reason for the adjustment for 2024

testing

We will also use this amount to examine your eligibility for the upcoming coverage year, 2025. Is this estimated yearly income amount of $72000.00 a good estimate of your income in 2025?

| **Yes** | No |

13 Confirm that the *Estimated Yearly Income* is correct by selecting **Yes** or **No**. If **No** is selected, enter the **correct annual income** for the current coverage year.

14 Confirm whether the *Estimated Yearly Income* is a good estimate for the next coverage year by selecting **Yes** or **No**.

PLEASE NOTE

If **No** is selected for the *Estimated Yearly Income*, the manually entered income amount will be used to determine eligibility.

Follow these instructions to update income details from the Resident Dashboard on kynect benefits.

Application Review

You can review your application and make changes before you sign and submit.

Expand All | Collapse All

✓ **Member Details – Income Summary**

MARVIN M JAMES

Job income from employer	$3,000.00/month
Estimated Annual income in 2024	$42,000.00
Estimated Annual income in 2025	$72,000.00

15 On the **Application Review** screen, confirm the updated income details are correct

16 Select **Next**.

Back   Exit   **Next**

Follow these instructions to update income details from the Resident Dashboard on kynect benefits.

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Signature Page

Terms of Agreement Summary

1 I have answered all questions truthfully and to the best of my ability.
2 If any changes occur to my situation, I am responsible for reporting them.
3 Providing false information may result in penalties.
4 Please read and agree to each of the terms. If you do not agree, your application may be affected, and you may be ineligible to receive benefits.

○ **Read and agree to Application Statement of Understanding**

○ **Read and agree to Medicaid Penalty Warning**

○ **Read and agree to Failure to Reconcile Statement of Understanding**

17 On the **Signature Page** screen, complete the required fields.

18 Select **Submit Benefits Application** to process the income update and reevaluate the Individual's eligibility.

Back

Submit Benefits Application

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POLL QUESTION 2

?

TRUE OR FALSE?

Report a Change may be used to update information such as contact information, household members, and health coverage.

Answer anonymously using the Polls box!

Tax Documents

PLAN YEAR 2026 OFFICE HOUR: SESSION THREE

Tax Form 1095-A Overview

Below highlights Tax Form 1095-A which contains information on premiums paid and any premium tax credits used, which is necessary for filing federal taxes.

What is Form 1095-A?

Form 1095-A details **the amount of Advance Premium Tax Credit (APTC) used throughout the coverage year**.

This information is used in IRS Form 8962 to reconcile premium tax credits when an Individual files taxes.

How is Form 1095-A used?

Form 1095-A is used to **reconcile taxes for any household that received APTC to help pay premiums** for Qualified Health Plans (QHPs) through kynect.

If Individuals fail to reconcile premium tax credits, their APTC may be discontinued.

Why do Individuals need to submit Form 1095-A?

Individuals use information from Form 1095-A to fill out IRS Form 8962. IRS Form 8962 is sent with Individuals' tax return to reconcile premium tax credits.

This means **comparing payment assistance received with the premium tax credit qualified for**, based on the final income.

Follow these instructions to access tax information and request Form 1095-A.

1 On the kynect home screen under *Get Coverage*, select **Learn More** on the *Tax Information* tile.

Follow these instructions to access tax information and request Form 1095-A.

Get help from IRS

You can also get answers to your questions from your tax preparer, your accountant or the IRS. To reach the IRS help service, go online to irs.gov/aca or call the IRS toll free at 1-800-829-1040.

Kentuckians have access to free tax preparation sites across the state where trained and IRS-certified volunteers will help you with your taxes. Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) sites are generally located at community and neighborhood centers, libraries, schools, shopping malls, and other convenient locations across the Commonwealth. To locate the nearest VITA or TCE site near you, use the VITA Locator Tool or call (800) 906-9887.

Tax Tools

Find the Benchmark and Exemption Tools to determine your Premium Tax Credits or Exemption Eligibility.

Learn More

1095 Portal

Request Form 1095-A or Form 1095-B in order to complete your Federal Tax Return.

Learn More

2

On the **Tax Information** screen under the *Get help from IRS* section, select **Learn More** on the *1095 Portal* tile.

29

Follow these instructions to access tax information and request Form 1095-A.

Form 1095 Portal
Know Your 1095

Form 1095 is a tax form used to report the type of health coverage you had and what months you had it.

Form 1095-A

Form 1095-A allows individuals to use the premium tax credit, reconcile the credit on their returns with advance payments of the premium tax credit to file an accurate tax return.

The IRS uses Form 1095-A to report certain information about individuals who enroll in a qualified health plan through Kentucky's state-based exchange.

Request Form 1095-A

Form 1095-B

Form 1095-B is used to report certain information to the IRS and to taxpayers about individuals who are covered by minimum essential coverage and therefore are not liable for the individual shared responsibility payment.

Request Form 1095-B

3

On the **Form 1095 Portal** screen, select **Request Form 1095-A** on the *Form 1095-A* tile.

30

Follow these instructions to access tax information and request Form 1095-A.

Request Form 1095-A

The 1095-A tax forms were sent to you based on your communication preference captured in kynect, either mailed to the address we currently have associated with your account or emailed electronically. You can also view this form electronically in your Message Center by signing into your Kentucky Online Gateway (KOG) Account. If you have not yet received a 1095-A and believe you should have, please make sure the address you have on file is correct by calling 1-844-373-2417.

ⓘ Please use this page to request an additional form be mailed to the address associated with your account.

Please enter your information:

Form Type: Form 1095-A

Tax Year

[▼]

Back   Reset   Submit

4

On the **Request Form 1095-A** screen, select the **Tax Year** from the drop-down menu.

31

Follow these instructions to access tax information and request Form 1095-A.

5

Enter the Individual's **Last Name**.

6

Enter the Individual's **Date of Birth**.

Please enter your information:

Form Type: Form 1095-A

Tax Year

2023

Last Name

Date of Birth

mm/dd/yyyy

SSN

I'm not a robot

reCAPTCHA
Privacy - Terms
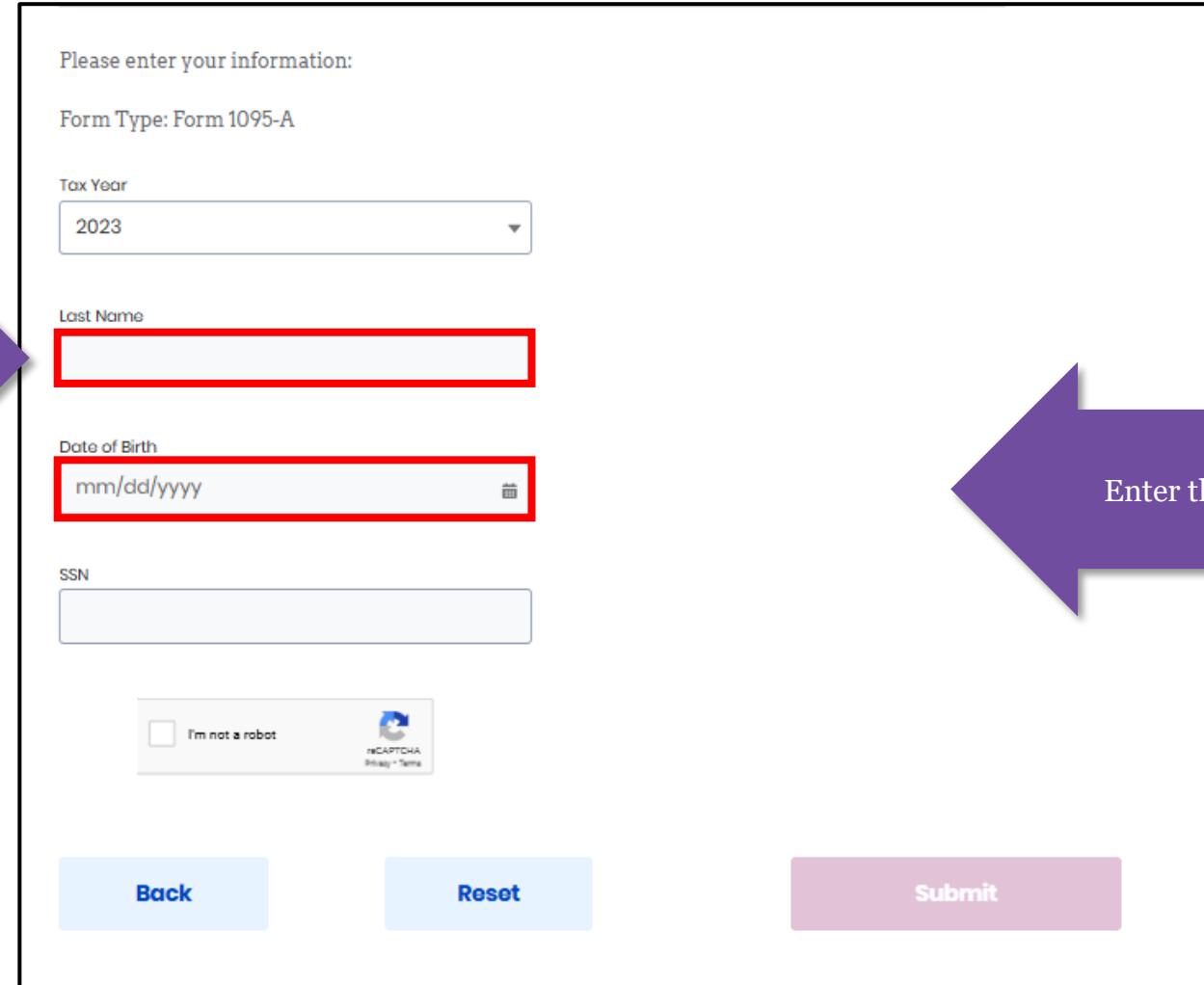
Back

Reset

Submit

32

Follow these instructions to access tax information and request Form 1095-A.

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Please enter your information:

Form Type: Form 1095-A

Tax Year

2023

Last Name

Date of Birth

mm/dd/yyyy

7

Enter the Individual's **Social Security Number (SSN).**

SSN

9

Select **Submit** to have Form 1095-A resent to the Individual's mailing address.

I'm not a robot
reCAPTCHA
Privacy - Terms

8

Select **I'm not a robot.**

Back

Reset

Submit

Tax Information FAQs

Below outlines frequently asked questions pertaining to tax information and Form 1095-A.

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? **Can I Email Form 1095-A?**

No, **Form 1095-A cannot be emailed** to Individuals even if they have email set as their preferred communication method. Once requested, it will be sent to the mailing address on file.

? **What If I Moved?**

As a best practice, always confirm the Individual's address is correct. **Address details can be updated** through the **Report a Change** functionality on the Resident Dashboard on kynect benefits.

? **Can I Access Form 1095-A through kynect?**

Yes, **a copy of Form 1095-A will display in the Message Center** found on the Resident Dashboard.

? **What If Corrections to Form 1095-A are Needed?**

If corrections for Form 1095-A are needed such as updates to name, SSN, or coverage effective dates, **contact the PSL at 1-855-326-4650**.

PLEASE NOTE

If Individuals fail to reconcile premium tax credits, their APTC may be discontinued in the future. There will be no action taken in 2026 by kynect for Failure to Reconcile. For additional information, reference the Tax Form 1095-A Fact Sheet, IRS Form 8962, or Tax Information Micro Video.

POLL QUESTION 3

?

TRUE OR FALSE?

Information on tax tools, including Form 1095-A can be accessed from kynect health coverage.

Answer anonymously using the Polls box!

Buyer Beware

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Buyer Beware Overview

Below provides an overview of what Individuals should know when shopping for and enrolling in health coverage.

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Individuals may encounter **misinformation** when shopping for and enrolling in Affordable Care Act (ACA)-Compliant Health Plans, or Qualified Health Plans (QHPs). As a best practice, **verify details on the provider's official website** which can be found on the KHBE Provider Directories webpage.

HEALTH INSURANCE 101

Residents should **understand what health insurance is** before enrolling in coverage.

- Health insurance is a contract between a Resident and an insurance company.

- After enrolling in coverage, the insurance company agrees to pay a portion of the medical bill when a Resident becomes sick or hurt.

- Residents typically pay a **monthly premium** for health coverage, and may also need to meet an **annual deductible** before benefits apply.

READY TO ENROLL?

Residents should **consider these key factors** before enrolling in health coverage.

- All health plans sold on kynect are certified ACA plans.

- "Junk" health plans are forms of coverage are **not required to comply** with ACA standards and financial protections.

- QHPs offer comprehensive health coverage and consumer protections.

- Junk plans may include association health plans, health sharing ministries, and indemnity plans.

WHEN IN DOUBT, CALL KYNECT

☎ **855-4KYNECT**
855-459-6328

ADDITIONAL RESOURCES

Buyer Beware Fact Sheet

Value of Health Coverage Brochure

Pre-Screening Tool

Buyer Beware: Plan Comparison

Below provides key differences between ACA and non-ACA compliant health coverage options.

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← ACA COMPLIANT QHPS & NON-ACA COMPLIANT →

| ACA COMPLIANT QHPS	NON-ACA COMPLIANT
Comprehensive; QHPs must cover 10 Essential Health Benefits (EHBs), including preventative care, mental health, and maternity.	**Limited;** Plans may not cover all EHBs and could have annual or lifetime limits.
Must Cover; QHPs cannot deny coverage or increase premiums for pre-existing health conditions.	**Generally Not Covered;** Insurers may utilize underwriting to deny coverage or adjust premiums based on health history.
Value; Although premiums may be higher, eligible Individuals may receive tax credits and cost-sharing reductions to lower costs.	**Lower Premiums;** Although premiums are often lower, federal subsidies are not available.
Eligible for **enrollment during the annual Open Enrollment Period (OEP)** or SEP for qualifying life events.	Health **plans may be purchased at anytime** directly from an Insurer or broker, with varying coverage terms.
Strong consumer protections, including **no lifetime annual caps** on EHBs.	Fewer protections, meaning plans could have **coverage gaps and leave Individuals vulnerable to high medical bills**.

Understanding Accumulators

Below provides an illustration of how deductibles, coinsurance, and out-of-pocket maximums are calculated throughout the year.

Deductible Met

Coinsurance Met

Residents pay 100% of medical services up to their deductible

Residents pay their % of expenses

Insurance pays their % of expenses

Insurance pays 100% of expenses

DEDUCTIBLE

COINSURANCE

OUT OF POCKET MAXIMUM

The amount Residents must pay out-of-pocket **before their health plan pays** for their benefits.

After meeting the deductible, **Residents pay a portion** of the costs out-of-pocket, and **insurance pays the rest**.

Once a Resident reaches their out-of-pocket maximum, which is **the most they must pay for covered services in a calendar year**, covered services are paid by insurance at 100%.

PLEASE NOTE

Many plans also have Copayments which are typically flat lower fees that are **paid BEFORE the deductible is met**.

Understanding Accumulators

Below outlines the difference between coinsurance and copays.

Coinsurance and Copay refer to a Resident's responsibility for a portion of healthcare costs. A copayment is a set dollar amount that the patient must pay for a specific service whereas Coinsurance is a percentage of the total cost.

Coinsurance

A percentage of costs paid **AFTER** meeting the deductible.

Example

A Resident pays 20% of $1000 services, or $200.

Copay

A fixed fee or dollar amount paid for care **BEFORE** meeting the deductible.

Example

A Resident pays $20 for a Primary Care visit or $50 for a Specialist visit.

POLL QUESTION 4

?

TRUE OR FALSE?

ACA compliant plans must cover pre-existing conditions.

Answer anonymously using the Polls box!

Disenroll vs. Cancel Plans

PLAN YEAR 2026 OFFICE HOUR: SESSION THREE

Disenroll vs. Cancel Plan Overview

Agents and kynectors may disenroll or cancel a plan through the Enrollment Manager Module (EMM).

Disenrolling from a plan can only occur once the plan has been effectuated, and it will **discontinue coverage from the specified end date**.

Agents and kynectors may disenroll an Individual from their current plan **at any time**.
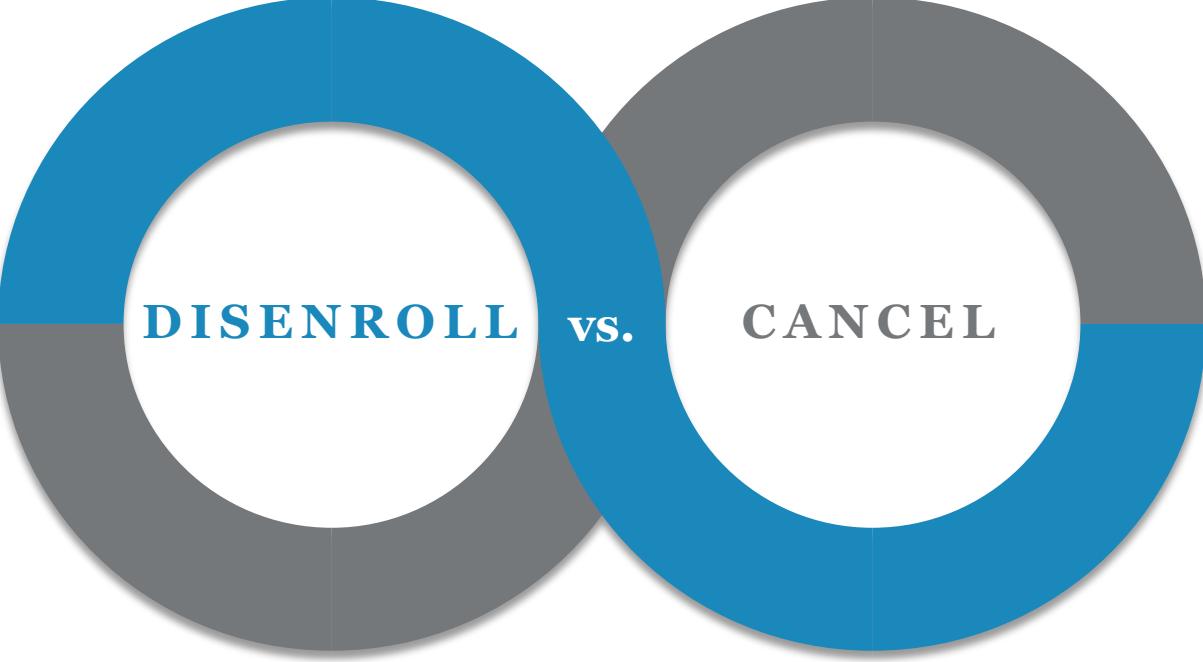
DISENROLL vs. **CANCEL**

Cancelling a plan removes the current selection and **allows Individuals to choose a new plan**.

Agents and kynectors may cancel a plan **up to the day before the coverage effective date**.

PLEASE NOTE

If an Individual would like to terminate their plan after it has been effectuated, please contact the Professional Services Line (PSL) at 1-855-326-4650. A plan's coverage effective date should never display a mid-month end date such as January 15.

How to Disenroll or Cancel Plans (1 of 3)

Follow these instructions to disenroll or cancel a plan through the EMM.

1 Navigate to the Resident Dashboard and select **Health Plans**.

Follow these instructions to disenroll or cancel a plan through the EMM.

Enrollment Manager

| Medicaid Plans | Qualified Health Plans |

Qualified Health Plans (QHPs)

Below is the household's enrollment status of certified health plans.

| View QHP History | Add Case Notes |
| View Maximum APTC Summary | Calculate Maximum APTC |

| Eligible to Enroll | Enrolled |

Coverage Year 2025 ⊖

Everyday Bronze – Medical

| Premium You Pay | Monthly Premium | Applied Payment Assistance |
| $766.4 per month | $766.4 per month | $0 per month |

| Enrollment ID# | Policy ID# |
| 1008974767 | Not yet assigned |

ERROL ANGELINA 41M
- Enrollment File Generated

CATHLEEN TRACEY 43M
- Enrollment File Generated
- Policy Holder

| Date | Member ID# | Date | Member ID# |
| 01/01/2025 – 12/31/2025 | Not yet assigned | 01/01/2025 – 12/31/2025 | Not yet assigned |

Update APTC   Add/Remove Member   Change Plan

Disenroll/Cancel   View Detailed History

2

On the **Enrollment Manager** screen, select **Disenroll/Cancel**.

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Follow these instructions to disenroll or cancel a plan through the EMM.

Disenroll / Cancel From Plan ✕

ⓘ Changing the default date on this page could create a gap in coverage

Please choose from the below available options:

	Disenroll	Cancel
Everyday Bronze	⦿	○

Coverage End Date

12/31/2024 📅

3 On the **Disenroll/Cancel From Plan** pop-up screen, select either the **Disenroll** or **Cancel** radio buttons.

4 Enter the **Coverage End Date**, prior to when new coverage becomes effective.

Submit

5 Select **Submit**.

Cancel

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POLL QUESTION 5

TRUE OR FALSE?

Cancelling a plan may be done up to the day before the coverage effective date.

Answer anonymously using the Polls box!

Maximizing Health Coverage

PLAN YEAR 2026 OFFICE HOUR: SESSION THREE

Know Before You Go!

Below highlights important resources Residents may need to reference throughout the year.

Summary of Benefits and Coverage (SBC)

A concise document summarizing a health plan's benefits and coverage.

The SBC helps Residents make informed decisions about **what different plans cover** and **what they may pay** for certain services.

Evidence of Coverage (EOC)

A detailed listing of costs covered for healthcare services included.

The EOC helps Residents **understand which services are covered** by outlining terms, limits, conditions, and exclusions of the plan.

Provider Directory and Formulary

A searchable directory of in-network providers, facilities, and prescription drugs.

This helps Residents to **make informed choices about treatment options** and covered prescriptions.

PLEASE NOTE

Agents and kynectors should proactively provide Residents with the SBC, EOC, provider directory, and formulary for their plan so these documents are easily accessible when needed.

Preventative Services

Below provides an overview of preventative services Residents may leverage throughout the year at little to no cost.

Preventative services include **routine health care** such as screenings, check-ups, and counseling to prevent illnesses, disease, or other health problems.
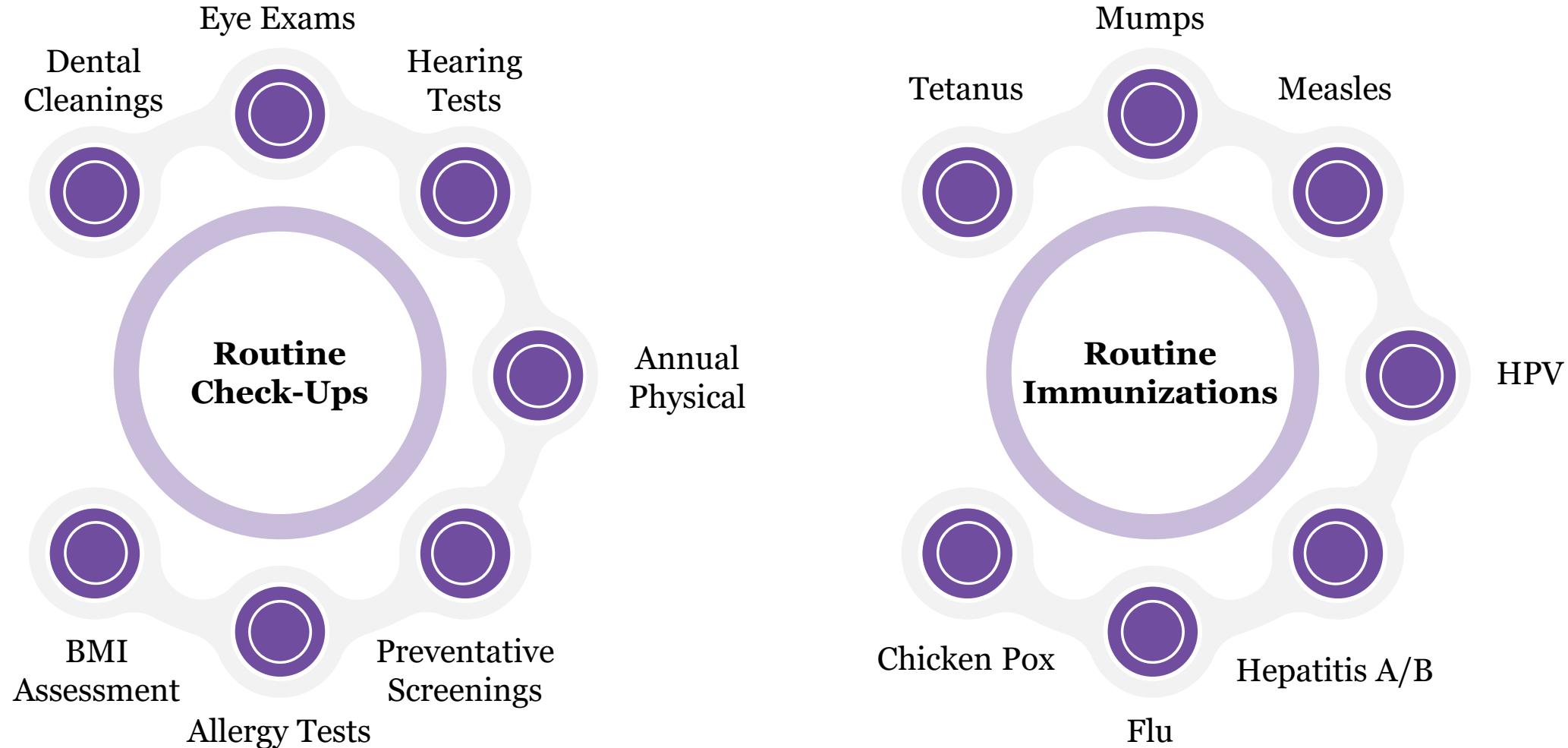
Routine Check-Ups

- Dental Cleanings
- Eye Exams
- Hearing Tests
- Annual Physical
- Preventative Screenings
- Allergy Tests
- BMI Assessment

Routine Immunizations

- Tetanus
- Mumps
- Measles
- HPV
- Hepatitis A/B
- Flu
- Chicken Pox

Preventative Services

Below provides an overview of preventative services Residents may leverage throughout the year at little to no cost.

START

1. *Alcohol misuse screening and counseling*

2. *Aspirin use to prevent cardiovascular disease*

3. *Blood pressure screening*

4. *Cholesterol screening for higher risk Individuals*

5. *Colorectal cancer screening for Individuals aged 45 to 75*

10. *Tobacco-use screening and cessation interventions*

9. *Fall prevention including exercise, physical therapy, and vitamin D for Individuals aged 65+*

8. *Diet counseling for adults at higher risk for chronic disease*

7. *Diabetes screening for overweight Individuals aged 40 to 70*

6. *Depression screening*

11. *Tuberculosis screening for higher risk Individuals*

12. *HIV screening for higher risk Individuals aged 15 to 65*

13. *Lung cancer screening for higher risk Individuals*

14. *Obesity screening and counseling*

...and More!

PLEASE NOTE

As a best practice, utilize the Provider Directories webpage for more details.

Managed Care Organization Value-Added Coverage

Below provides examples of [value-added coverage](#) available through many Managed Care Organizations (MCOs).

24/7 Behavioral Health Hotline	Eyeglasses	Life Skills Training	Smoking Cessation
Breastfeeding Support	Financial Education	Postpartum Support	Substance Abuse Support
Cell Phone	GED Assistance	Prenatal Support	Telehealth
Computer	Hearing Aid Batteries	Re-Entry Support	Transportation
Diabetes Assistance	Homelessness Support	Scholarships	Vaccines
Diapers	Job Training	Shopping Rewards	Weight Management

Health Coverage vs. Out-of-Pocket

The two (2) Residents below highlight how staying insured may lead to significant cost savings compared to being uninsured.

Coverage:

Expanded Bronze QHP

Services:

- Blood Work – $50 copay
- Prescription drugs – $3 copay for tier 1a generic
- Breast cancer screening – $0
- 2 primary care visits – $80 copay
- 1 flu vaccination – $0
- 1 urgent care visit – $50 copay

Total Cost:

$183.00

Coverage:

Uninsured

Services:

- Emergency room visit – $2,000
- Prescription drugs – $250
- 2 follow-up visits – $300

Total Cost:

$2,550.00

POLL QUESTION 6

TRUE OR FALSE?

Residents can maintain their health by scheduling routine check-ups, vaccinations, and screenings, often at little or no cost.

Answer anonymously using the Polls box!

Live Q&A

PLAN YEAR 2026 OFFICE HOUR: SESSION TWO

THANK YOU!

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