# The Commonwealth of Kentucky kynect State-Based Marketplace



Agent Portal Dashboard Training Guide

August 4, 2023

# **Document Control Information**

# **Document Information**

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# Introduction

This Training Guide presents Agents with instructional navigation and system demonstration of key functionality for Agent Portal and the kynect health coverage Prescreening Tool.

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**Please note:** Screenshots may not be representative of actual system behavior. All specific information found in this training guide is test data and not representative of any kynect client.

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# 1 Agent Portal Dashboard

During this module, Agents will learn about Agent Portal. Agent Portal gives Agents quick insight into their business. They may view information on clients, prospects, policies, quotes, delegates, messages.

# 1.1 Agent Dashboard

The Overview screen serves as the Agent's dashboard. Agents may gain quick insight into their business on this page including the Total Number of Clients, Prospects or Quotes generated. It also details the status of policies the Agent has submitted. Agents may also access various quick links and perform appropriate actions.



Agent Portal provides health insurance agents with a customer management tool to

help manage and create new business in Kentucky. Agent Portal provides the functionality to quickly manage existing customers as well as initiate common tasks.

#### What will be covered in this section?

Agent Role within kynect health coverage

Primary Tabs within Agent Portal such as the Overview screen, Book of Business, My Quotes, My Delegates, Messages, kynect On Demand and Settings.

Quick Links to the benefits application, Prescreening Tool, Announcements, Issuer Websites, and Reports.

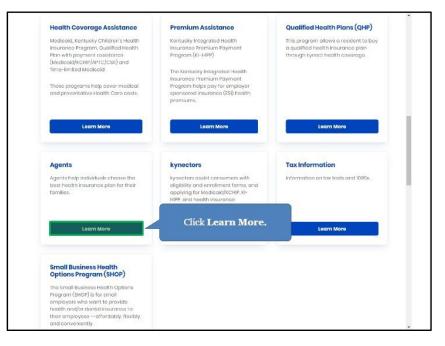
Help Screen within Agent Portal which can be used as a resource to help navigate Agent Portal.

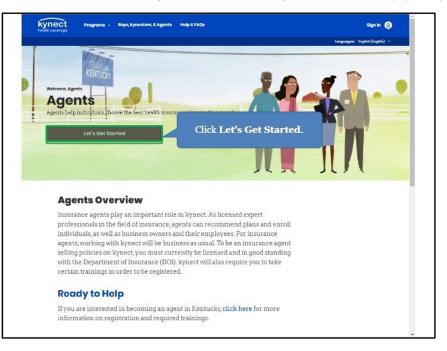
## 1.2 Agent Portal Sign In

1. Navigate to the kynect health coverage <u>website</u>.



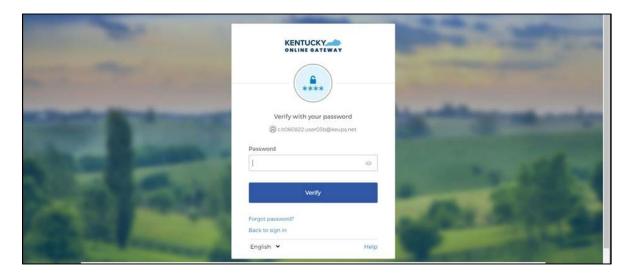
2. Click Learn More on the Agents tile.

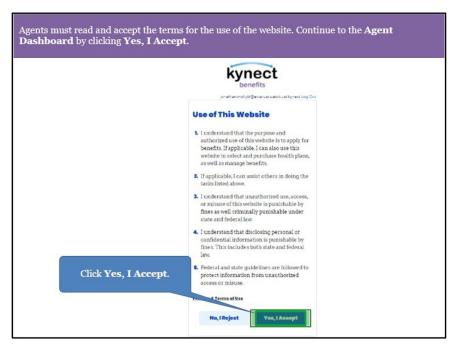




3. Click Let's Get Started to navigate to the Kentucky Online Gateway (KOG).

4. Enter the Agent's Kentucky Online Gateway (KOG) Credentials and click Verify.





5. Review the Terms of Use and click **Yes**, **I Accept**.

# 1.3 My Clients

From the Agent Portal **Overview** screen, Agents may navigate to the **Book of Business** screen. The **Book of Business** screen allows Agents to view information on current clients.

6. Click View More under My Clients to navigate to the Book of Business screen.

Quick Links		My Clier	nts		My Policies	
ndividual nitiate an Application fo			Individual	Active		<u>0</u>
Employer Request Case Access	C	urrent	1	Termed		<u>0</u>
Pre-Screening (Individua	d). Pa	st	0	Pending		Q
<u>Kentucky DOI</u> Fraining <u>Materials</u>		ients Added In The Last onth	1	Expired RFI		Q
SHOP Tax Credit Estima	tor	onth		RFI about to ex	pire in a week	<u>0</u>
Announcements (0) Urgent		ew More the <i>My</i>	View More			View More
Issuer Websites			ects		My Quotes	
Anthem Health Plans			Individual			Individual
Inc. BEST Life and Health	Cu	irrent Prospects	3	In Progress		5
CareSource Kentucky C	o. Al:	andoned Prospects	0	Accepted		0
Molina Healthcare of Kentucky, Inc.		ospects Added In The Last	3	Submitted		1
WellCare Health Plans o Kentucky, Inc	of	onth		Rejected		0
			View More			View More

- 7. From the **Book of Business** screen, Agents may view information on current clients.
- 8. Click the **Primary Name** hyperlink to view client details. Agent may export their client list to an Excel file by clicking **Export**.

	Book Of Business	My Quotes	My Delegates	Messages	kynect On Deman	d Settings
Quick Links						
nitiate an Application fo	<u>r</u>	Market Segment	Choos	se Client/Prospect		
Individual		Individual	✓ Current	ent Client 🗸 🗸		
initiate an Application fo Employer	<u>II</u>	First Name	Last			
Pre-Screening (Individua	D	First Name	Lastin	lame		
Kentucky DOI						
<u>Fraining Materials</u> SHOP Tax Credit Estimat		Advanced Search				
SHOP Tax Credit Estimat	<u>ur</u>				Reset	Search
Announcements	_					
(0) Urgent		Primary Name	▲ ▼ Phone Number	▲ ▼ Email Address		Case Number
(0) Unread	-					
Issuer Websites	102	LOKO	502) 756-4645	loko.lop@dispostable	com	12791769
Anthem Health Plans of	and the second se	LONG	3027730-4043	ioko.iop@cispostable.		12751705
Anthem Health Plans of Inc.	NI.					
BEST Life and Health	RYA			rvan@mailinator.c		12791783
The Dental Concern, Inc				ryan@mailinator.c	om	12791783
WellCare Health Plans of			e <b>Primary</b>	_		•
		Name	to navigate			•
	showi	to th	e Client			
		Detai	ls screen.			Expor
Kentucky, Inc	0					EXPOI
	0	Detai				
	0	Detai				
	U	Detai				

9. The *Household* tab displays the household members and other key case details such as the APTC amount (if applicable), age, gender, program(s) they have applied for, and status. Click the **Enrollments** tab to view health plan details.

entucky He	alth Benefi	ca	se deta	ails such	ab displays the l as the APTC an have applied for	nount (if	applicable			
Overview	Book Of B	usiness	My	Quotes	My Delegates	Messages	kynect (	)n Deman	id (	Settings
nsurance Mark	ket : Individual								Cu	rrent Client
MEYERS, RIC							Case #:		11299	6696
Primary Phone Secondary Ph			rimary En		st@email.com		poken Language /ritten Language			
Zip Code:	40202		County:		FFERSON		ommunication:		ronic - Email	only
Pre-Screening Quotes N	lotes Document	s Hous	ehold	Enrollments	RF1				age Docum	
First Name	Last Name	Age	Gender	Relationshi	p Program	Status	Is Requesting 1 Coverage?	s AlAN? I		Is Tobacco User?
	gible APTC Amou			Self	Oualified Health Plan with		Y	N		N
RICK	MEYERS	36	м	Dell	payment assistance (APTC)	Approved				
JANE	MEYERS	32	1¢	Spouse	Qualified Health Plan with payment assistance (APTC)	Approved	Y	N		N
4 storing 1 - 1 of 1										

10. The *Enrollments* tab displays the household's plan details such as plan name, status, APTC, and coverage start and end dates. Click the **RFI tab**.

	Book Of Business	My Quote	is I	My Delegates	Mes	sages k	ynect On Deman	d Settings
urance Market : I	ndividual							Current Client
MEYERS, RICK								
						Case #:		112996696
Primary Phone:		Primary Email:	test@ema	il.com	Preferred	Spoken Langu	age: English	
Secondary Phone:		Secondary Email:			Preferred	Written Langu	age: English	
Zip Code:	40202	County:	JEFFERSO	N	Preferred	Communicatio	on: Electroni	c - Email only
Quotes Notes	Documents House	ehold Enrollments	RFI					
	Primary Sul Name	oscriber <sub>Status</sub>	Individual Contribution	Plan Premiun Amount	<sup>1</sup> Plan Type	Coverage Start Date	Coverage End Date	Agency-Enrollment Association
	Transition RICK MEYER:	s Enrolled	\$300	\$500	Medical	6/1/2022	12/31/2022	Benefit Ventures Corp
Anthem Gold Pathway X				1. K.		1	7	
Plan Name Inthem Gold Pathway X IMO 2450	-							

11. The *RFI* tab displays any Request for Information (RFI) the household may have outstanding. Agents may upload required documentation on the kynect benefits dashboard through the Document Wizard. Click **Overview** to navigate back to the **Overview** screen.

Overview	alth Benefit	household	may have outsta ation on the kyne	equest for Information nding. Agents may upl ct benefits dashboard	oad required through the
surance Marke	odividual				Current Client
navig	Overvie ate back t rview scr 40202	to the		Case #: Preferred Spoken Language: Preferred Written Language: Preferred Communication:	112996696 English <b>English</b> Electronic - Email only
kynect benefits (	dashboard				Add Note
Disassociate	2021022010				Start New Quote
Pre-Screening					Manage Document
Quotes Not	es Documents	Household Enrol	ments RFI		
		its dashboard for	uploading additional doc	uments that are needed for ver	ification.
showing 1 - 1 of 1					
A Back					

		Μу Αссоι	int Help				
Overview Book O	Of Business My	v Quotes	My Delegates	Messages	kynect On Deman	d Setting	gs
Quick Links		My Clients			My Policies		
dividual itiate an Application for			Individual	Active		Q	
aplover	Current		1	Termed		Q	
-Screening Individual			0	Pending		Q	
ntucky DOI aining Materials		luest Cas	e	Expired RFI		Q	
OP Tax Credit Estimator	Ac	cess.	1	RFI about to ex	pire in a week	0	
nnouncements						_	
)) Urgent 🔺			View More			View More	
) <u>Unread</u>		My Prospect	5		My Quotes		
suer Websites nthem Health Plans of KY.			Individual			Individual	
<u>1C.</u>	Current Prosp	ects	3	In Progress		5	
EST Life and Health areSource Kentucky Co.	Abandoned P	rospects	0	Accepted		0	
Iolina Healthcare of entucky, Inc.	Prospects Add	ded In The Last	3	Submitted		1	
VellCare Health Plans of	Month		3	Rejected		0	
entucky, Inc			15 14			-	
			View More			View More	
eports gent Case Notes							
rospect Template (Individual)	Agonton	0.017 2001100		Posidont's o	ase by clicking	Doguost	

12. Click Request Case Access.

13. Click Request Electronic Consent.

Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings
Quick Links		Request Case Access				
Initiate an Application Individual	for	· First Name	Last Na	me		
Initiate an Application Employer	n for	John	Doe			
Request Case Access		* Sex	* Date O	f Birth		
Pre-Screening (Individ Kentucky DOI	fual)	Male	02/03/	1977		
Training Materials SHOP Tax Credit Estin	nator	Social Security Number	Case Nur	nber	Application Number	
Announcements			100300	113		
(0) Urgent						
(0) Unread					Reset	Search
Issuer Websites					Reset	search
Anthem Health Plans		You do not currently ha DOE has given permissi	ive an Agent associat on for Maria West to	ion with the client J serve as an Agent.	OHN DOE. Please confirm t	hat JOHN
		Clicking "Request Flectr	onic Consent" will se	ad a notification to i	the client based on commu	nication
<b>BEST Life and Health</b>			uest the client to acc	ept the request by I	logging in to kynect benefit	sor
CareSource Kentucky	Co.					
	Co.	preferences. Please req responding to the surve				
CareSource Kentucky Molina Healthcare of Kentucky, Inc. WellCare Health Plan	r <u>Co.</u> I			ctronic Consent		
CareSource Kentucky Molina Healthcare of	r <u>Co.</u> I					
CareSource Kentucky Molina Healthcare of Kentucky, Inc. WellCare Health Plan	r <u>Co.</u> I					
CareSource Kentucky Molina Healthcare of Kentucky, Inc. WellCare Health Plan	r <u>Co.</u> I	responding to the surve				Next
CareSource Kentucky Molina Healthcare of Kentucky, Inc. WellCare Health Plan	r <u>Co.</u> I		Request Ele	ctronic Consent		Next
CareSource.Kentucky Molina Healthcare.of Kentucky.Inc. WellCare.Health Plan Kentucky.Inc	r <u>Co.</u> I	responding to the surve	Request Ele	ctronic Consent	est	Next
CareSource Kentucky Molina Healthcare of Kentucky, Inc. WellCare Health Plan	r <u>Co.</u> I	responding to the surve	Request Ele	ctronic Consent	est c	Next

14. Click Confirm Verbal Consent.

Initiate an Application for	Request Case Access			
Individual Initiate an Application for	* First Name	Last Name		
Employer				
Request Case Access				
Pre-Screening Individual Kentucky DOI	* Gender	* Date Of Birth	_	
Training Materials	~	MM/DD/YYYY	210	
SHOP Tax Credit Estimator	Social Security Number	Case Number		Application Number
Announcements				
(0).Urgent				
(0) Unread				Reset Search
Issuer Websittes				
Anthem Health Plans of KY.	You do not contently have	an Agent association with the	e claret Mirris De	OF. Please confirm that 32498
Inc.	DOL you draw beamingers	fai Haris West to serve as at Conserv <sup>*</sup> will send a rortfice	n Aquertt.	
BEST Life and Health	productionante. Pleasar inspara	it that charact to accord the resp. I the fact to accord the resp.	and by logging	in to appoint benafity or
CareSource Kentucky Co.				
Molina Healthcare of Kentucky, Inc.		Client did not re	enond	Click Confirm
WellCare Health Plans of		chent did not re	spond	Verbal Consen
Kentucky. Inc.	Verhal Conserve	Cantless Verhal Cons		ver bar consen
	Plane agree to the follows	ng to confirm consert from the	Fre cherry, If you	. 6)
	Non-owledgement to the Te			
	The client will receive a con- segment at any time via logic	ferrurison of this agreement a	end and has able t	to remove association to the
	against an anny brook one barre			Next

15. Read through the acknowledgements and click **OK**.

	nefit Exchange	My Account	Help	and the second	
Overview	Book Of Business	My Quotes	My Delegates	Messages	Settings
Quick Links	Request C	ane Accenn			
ntiate an Application for	* First Nat		Last Name		
ndnridual nitrate an Application for	John		Doe		
molover leavent, Case, Access	* Sex		* Date Of Bitth		
			ndividual's case		
may manag from your d		ial's case in	formation by ac	cessing this	s individual
			formation by ac		
from your d	verbat C	CI Consent onsent of the following to		ond	
from your d	Verbal C Please a Please a	CI Consent onsent of the following to	ient did not respo Confirm Verbal Consert o confirm consert from the ci- with the subjection of a cons-	ond	ок
from your d	Verbal C Verbal C Verbal C Verbal C Verbal C	onsent gree to the following to the unable its associate indemest to the Termi	ient did not respe Confirm Verbal Content o confirm consets from the cle with this application or a case i atom of this agreement and wi	Cli	OK ack OK.
from your d	Verbal C Verbal C Verbal C Verbal C Verbal C	CI Ionsent price to the following to be unable for associate inderneet to the Termin any time via kyrined to	ient did not respe Confirm Verbal Content o confirm consets from the cle with this application or a case i atom of this agreement and wi	Cli	OK ack OK.

## 1.4 My Policy Screen

From the **Overview** screen, Agents may navigate to the **My Policy** screen. The **My Policy** screen allows Agents to search for and view information on their policies.

Quick Links	My Client	ts	My Poli	ties
nitiate an Apolication for Individual Initiate an Apolication for		Individual	Active	2
ndate an Application for Imployer Request Case Access	Current	1	Termed	۵
re-Screening (Individual)	Past	0	Pending	0
Kentucky DOI Training Materials	Clients Added In The Last		Expired RFI	Q
SHOP Tax Credit Estimator	Month	· · · ·	RFI about to expire in a wee	k 0
Announcements 101 Urgent		View More		Miew More
(0) Unread	My Prospec	cts	My Quo	tes
Issuer Websites		Individual	1	
Anthem Health Plans of KY, Inc.			Click View	More
BEST Life and Health	Current Prospects	3	under the	
CareSource Kentucky Co.	Abandoned Prospects	0	Policies se	
Molina Healthcare of Kentucky, Inc.	Prospects Added In The Last	<u>_</u>	1 Oncles Se	cuon.
WellCare Health Plans of Kentucky, Inc	Month	,	Rejected	0
		Mew.More		View More

16. Click View More under My Policies to navigate to the My Policy screen.

- 17. The **My Policy** screen displays the Agent's policies.
- 18. Click the policy Name hyperlink to view additional details.
- 19. Enter information into the fields and click Search to search for policies.
- 20. Click **Overview** to navigate back to the **Overview** screen.

#### 1.5 My Prospects

From the **Overview** screen, Agents may navigate to the **Book of Business** screen. The **Book of Business** screen allows Agents to view information on their Prospects. Prospects are potential clients that do not have an existing policy with the Agent.

21. Click **View More** under *My Prospects* to navigate to the **Book of Business** screen.

Individual     Individual     Active     0       State an Application for molecer     Current     1     Termed     0       Current     1     Pending     0       entrucky DOI raming Materials     Past     0     Expired RFI     0       POT arc Credit Estimator     Month     1     RFI about to expire in a week     0       Announcements     View More     View More     View More     1       Subwittes     Month     Individual     In Progress     5       Anthem Health Plans of KY, Inc.     Current Prospects     0     Accepted     0       Set Strift and Health Careford, Linc.     Prospects Added In The Last     3     Submitted     1       Wellcare Health Care of Kentucky, Linc.     Prospects Added In The Last     3     Baperind     1	Quick links     My Clients     My Clients       Initiate an Application for malistidual initiate an Application for majorer     Individual initiate an Application for majorer     Individual initiate an Application for majorer     Individual initiate an Application for majorer       Initiate an Application for majorer     Individual initiate an Application for majorer     Individual initiate an Application for majorer       Initiate an Application for majorer     Initiate an Application for majorer     Initiate an Application for majorer       Initiate an Application for majorer     Initiate an Application for majorer     Initiate an Application for majorer       Initiate an Application for majorer     Initiate an Application for majorer     Initiate an Application for majorer       Initiate an Application for majorer     Initiate an Application for majorer     Initiate an Application for majorer       Initiate an Application for majorer     Initiate an Application for majorer     Initiate an Application for majorer       Initiate an Application for majorer     Initiate an Application for majorer     Initiate an Application for majorer       Initiate an Application for majorer     Initiate an Application for majorer     Initiate an Application for majorer       Initiate an Application for majorer     Initiate an Application for majorer     Initiate an Application for majorer       Initiate an Application for majorer     Initiate an Application for majorer     Initiate an Application for majorer       Initiate an App	Quick Links atitate an Application for idividual uitate an Application for mplover teauest Case Access tre-Screening (Individual) entuck DOI faining Materials HOP Tax Credit Estimator	My Clien Current Past Clients Added In The Last	ts Individual	My Pol Active Termed	licies Q Q
My Clients     My Clients     My Policies       Individual     individual     Active     Q       Individual     Current     1     Pending     Q       Intersection [individual]     Past     0     Pending     Q       Individual     Current     1     Pending     Q       Individual     Current     1     Pending     Q       Individual     Clients Added In The Last     1     Pending     Q       Nonth     1     Pending     Q     Pending     Q       Identication for manung Maternals     Month     Pending     Q     Pending     Q       Nonth     1     Pending     Q     Pending     Q     Pending     Q       View More     View More     View More     View More     View More     View More       View More     Standarded In The Last     3     Accepted     0       Stantacky. Inc.     Current Prospects     3     Accepted     0       Kentucky. Inc.     Month     3     Submitted     1       Kentucky. Inc.     Click View More     View More     View More	My Clients     My Clients     My Policies       Individual     individual     Active     0       Itata an Apolication for implover     Current     1     Past     0       Icauust Case Access includedual entrucky DOI ranning Matenals HOP Far Credit Estimator     0     Dending     0       HOP Far Credit Estimator     0     District Added In The Last     1     Prospects       Month     1     View. More     0     District Added In The Last     0       Month     1     View. More     View. More     View. More       Weinzber Health Plans of KY. Inc. Service, Kentucky, Lo.     Current Prospects     3     Abandoned Prospects     0       Weil Care Health Plans of KY. Inc. Service, Jone Service, Jone     Prospects Added In The Last     3     Accepted     0       Weil Care Health Plans of KY. Inc. Service, Jone     Prospects Social of the My Prospects Section.     Weil Care Health Plans of KY.     Individual       Weil Care Health Plans of KY. Inc.     Prospects Social of the My Prospects Section.     Weil Care Health Plans of KY.     Individual	titate an Application for ndividual attate an Application for mplover tequest Case Access re-Screening (Individual) entucky DO) raining Materials HOP Tax Credit Estimator	Current Past Clients Added In The Last	Individual 1	Active Termed	<u>۵</u>
Initiate an Application for mildive an Application for implover Baduest Case Access Pre-Screening (individual) Current 1 Past 0 Current 1 Past 0 Current 1 Past 0 Clients Added In The Last 1 Month 1 Suer Websites Antom Health Plans of KY, Inc. BEST Life and Health Current Prospects 3 Abandoned Prospects 0 Month 1 Current Prospects 3 Abandoned Prospects 0 Month 1 Current 1 Past 0 Current 1 Past 0 Chents Added In The Last 3 Month 1 Current 1 Prospects 3 Abandoned Prospects 0 Month 1 Current Prospects 0 Click View More 1 Current 1 Prospects Added In The Last 3 Well Care Health Plans of KY, Inc. Current Prospects 0 Month 1 Current 1 Cur	Initiate an Apolication for implover Request Case Access Pre-Screening (Individual Current 1 Past 0 Clients Added In The Last 1 Of Lients Added In The Last 1 Of Utread Super Version (I) Utread State Websites Anthem Health Plans of KY, Inc. BEST Life and Health Current Prospects 3 Abandoned Prospects 0 Month Current Prospects 3 Abandoned Prospects 3 Abandoned Prospects 3 Abandoned Prospects 3 Abandoned Prospects 3 Abandoned Prospects 3 Click View More Wellcare Health Proceed Kentucky, Inc. Wellcare Health Proceed Kentucky, Inc. Week More Wellcare Health Proceed Kentucky, Inc.	ndividual nitiate an Application for implover Sequest Case Access Pre-Screening (Individual) Genucky DOI Fraining Materials SHOP Tax Credit Estimator	Current Past Clients Added In The Last	Individual 1	Active Termed	<u>۵</u>
Singlower     Current     1       Request Case Access     Past     0       Past     0     Expired RFI     0       Clients Added In The Last     1     Pending     0       Announcements     0     View.More     0       10.Urgent A     View.More     View.More     0       Stop Face Kentucky Co.     Month     Nover     View.More       Stop Face Kentucky Co.     Month     Nover     View.More       View.More     View.More     View.More     Nover       Stop Face Kentucky Co.     Abandoned Prospects     3     Accepted     0       Month     3     View.More     View.More     View.More       View.More     View.More     View.More     View.More	Employer     Current     1       Request Case Access     Past     0       Pending     0       Chromog Materials     Current     1       SHOP Tax Credit Estimator     Month     1       Announcements     0     RFI about to expire in a week     0       10/ Unread     View More     View More     0       Starburn Health     Current Prospects     3       Anhom Health Part of Kentucky, Inc     Prospects Added in The Last Month     1       Difficient of Kentucky, Inc     Ny Prospects     3       Current Prospects     3     3       Abandoned Prospects     0     1       Month     3     Submitted     1       WellCare Health     1     Rejected     0       Click View More under the My Prospects section.     View More     View More       Were More     View More     View More     View More	Employer Request Case Access Pre-Screening (Individual) Entricky DOI Fraining Materials SHOP Tax Credit Estimator	Past Clients Added In The Last			
Part     O       Chents Added In The Last     1       Month     1       Di Unread     North       SubPertas     View. More       Ol Unread     Ny Prospects       Subwer Webstes     My Prospects       Anbauncements     1       Current Prospects     3       Abandoned Prospects     0       Month     3       Click View. More     View. More       View. More     Ny Quotes       Submitted     1       In Progress     5       Accepted     0       Submitted     1       Rejected     0       WellCare Health     1       Click View. More     View. More       View. More     View. More	Part     0       Centucky DOI     Clients Added In The Last     1       Clients Added In The Last     1       Month     1       Ubread     View.More       View.More     View.More       View.More     View.More       Click View More     North       View.More     0       Click View More     View.More       View.More     View.More	Pre-Screening.(Individual) Kentucky.DOI Training Materials SHOP Tax Credit Estimator	Clients Added In The Last	0	Pending	
The Sateming Introduction Free Sateming Introduction Fre	The Scheming Introduction for the Scheming Internation for the Sc	Kentucky DOI Fraining Materials SHOP Tax Credit Estimator	Clients Added In The Last		rending	
Anouncements (0) Urgent A Biol Unread Sear Websites Anthem Health Plans of KY, Inc. BST Life and Health Caurson Kentucky Co. Molina Health Caurson Kentucky Co. Month	Announcements OU-Urgent Announcements OU-OU-Urgent Announcements OU-OU-Urgent Announcements OU-OU-Urgent Announcements OU-OU-OU-OU-OU-OU-OU-OU-OU-OU-OU-OU-OU-O		Month	1	Expired RFI	_
101 Urgent     View. More     View. More       102 Urgent     My Prospects     My Prospects       Issue Websites     Individual     My Prospects       Anthem Health Plans of KY, Inc.     Current Prospects     3       REST Life and Health CareSource Kentucky. Co. Molina Healthcare of Kentucky. Inc.     Abandoned Prospects     0       WellCare Health Kentucky. Inc.     Prospects Added in The Last Month     3       View. More under the My     View. More     View. More	(0) Lårgent     View. More     View. More       (0) Lårgent     My Prospects     My Prospects       issuer Websites     Individual     Individual       inc.     Current Prospects     3       RefST Life and Health     Current Prospects     0       Current Prospects     0     0       Moltina Healthcare of     Prospects Added in The Last     3       Weilcare Health     0     1       Kentucky. Inc.     Wiew More     0       Weilcare Health     1     Rejected       Click View More     Wiew. More     1       Under the My     Prospects section.     View. More	Anneurante		<i>.</i>	RFI about to expire in a we	ek 0
My Prospects     My Prospects       Issuer Websites     My Prospects       Anthem Health Plans of KY, Inc.     Current Prospects       BST Life and Health     Current Prospects       CareSource Kentucky Co.     Abandoned Prospects       Molina Health Correct     Prospects Added in The Last Month       VeliCare Health Correct     Month       Click View More under the My     View.More	My Prospects       My Prospects       Anthem Health Plans of KY, Inc.       Current Prospects       Source Kentucky Co.       Abandoned Prospects       Month       VellCare Health       Kentucky, Inc.       Click View More under the My Prospects section.			View More		View More
Issuer Websites     Individual       Anthem Health Plans of KY, Inc.     Current Prospects     In Progress       BEST Life and Health     Current Prospects     In Progress       CareSource Kentucky, Co.     Abandoned Prospects     0       Molina Health     Prospects Added In The Last Month     3       VeliCare Health     In Progress     1       Kentucky, Inc.     Month     1       Velicare thealth     0     Submitted       View. More     View. More     View. More	Issue Websites     Individual       Anthem Health Plans of KY, Inc.     Current Prospects       CareSource Kentucky, Co.     Abandoned Prospects       Molina Health     Abandoned Prospects       CareSource Kentucky, Co.     Month       WellCare Health     Submitted       Click View More     View. More       Wiew. More     View. More       Wiew. More     View. More	(0) Unread	M. Deces		11.0	
Anthem Health Plans of KY, Inc. BEST Life and Health Carrent Prospects 3 BEST Life and Health Carrent Prospects 3 Abandoned Prospects 0 Molina Health Research Month WellCare Health Rentacky. Inc. Click View More under the My	Anthem Health Plans of KY, Inc. BEST Life and Health Carrent Prospects 3 BEST Life and Health Carrent Prospects 3 Abandoned Prospects 0 Molina Health Carrent of Kentucky, Inc. WellCare Health Corrent My Prospects section. Reports	Issuer Websites	Му Ртозре	1990	My Qu	otes
EST Life and Health Carrent Prospects 3 Molina Health Carreformer of Kentucky. Inc. Click View More under the My	EST Life and Health Carrent Prospects 3 Molina Health Carrent Prospects Added In The Last Month Kentucky. Inc Click View More under the My Prospects section. Reports	Anthem Health Plans of KY,		Individual		individual
Molina Health Care of Kentucky, Inc. Well Care Lealth Care of Click View More under the My	Molina Health care of Kentucky, Inc. Well-care Health Birth Control Kentucky, Inc. Click View More under the My Prospects section. Reports		Current Prospects	3	In Progress	5
Kentucky. Inc. Prospects Added in The Last Month WellCare Health Click View More under the My	Kentucky. Inc. Prospects Added in The Last Month WellCare Health Click View More under the My Prospects section. Reports		Abandoned Prospects	0	Accepted	0
Kentucky. Inc Click View More under the My	Well Care Health     Click View More       under the My     View More       Prospects section.	Kentucky, Inc.		3	Submitted	1
Click View More under the My	Click View More under the My Prospects section.		Wonth		Rejected	0
		Click Vi under	r the My	View More		View More

Please note: Agents may initiate a benefits application by clicking Initiate an Application for Individual or utilize the kynect health coverage Prescreening Tool by clicking Pre-Screening (Individual).

- 22. The **Book of Business** screen displays the Agent's current Prospects.
- 23. Click Export, Upload Prospects, or Create New Prospects to manage Prospects.
- 24. Enter information into the fields and click **Search** to search for Prospects.
- 25. Click **Overview** to navigate back to the **Overview** screen.

	ok Of Business My Quo	otes My Delegate	s Messages ky	nect On Demand Settings
Quick Links	ket Segment	Choos	e Client/Prospect	
Click Overviev navigate back to		✓ Curre	nt Prospect 🗸 👻	
		Last N	ame	
	Advanced Search	0		
51 IOP Tax Credit Estimator	indiffed Search			Reset Search
Announcements (0) Urgent			Individual Pro	spect
( <u>0) Unread</u>	*	* * Phone Number	*  * Email Address	▲ ▼ Application Number
Issuer Websites	LOKOLOP	502-756-4645	loko.lop@dispostable.com	600259613
Anthem Health Plans of KY, Inc.				
BEST Life and Health	TIM RYAN	(502) 475-0598	timryan@mailinator.com	600259654
The Dental Concern, Inc. WellCare Health Plans of	TIM BYAN	(502) 475-0598	timryan@mailinator.com	600259715
Kentucky. Inc	*			
	showing 1 -3 of 3			
	0			Export
			Upl	load Prospects Create New Prospect
licking View Mo	re under My Pro	ospects naviga	tes Agents to the	Book of Business

## 1.6 My Quotes Screen

From the **Overview** screen, Agents may navigate to the **My Quotes** screen. The **My Quotes** screen allows Agents to view information on quotes they have created.

		- My Aci	count Help			
Overview Boo	ok Of Business	My Quotes	My Delegates	Messages	kynect On Demand	l Settings
Quick Links nitiate an Application for		My Cla	ints		My Policies	
ndividual nitiate an Apolication for			Individual	Active		0
implover tequest Case Access	Curr	ent	1	Termed		Q
re-Screening (Individual)	Past		0	Pending		Q
Kentucky DOI Training Materials		its Added In The Last	1	Expired RFI		o
SHOP Tax Credit Estimator	Mon	th		RFI about to ex	ipire in a week	Q
Announcements (0).Urgent			View More			View More
10] Unread		My Prosp	ects		My Quotes	3
Issuer Websites			Individual			Individual
Anthem Health Plans of KY. Inc. BEST Lafe and Health		ent Prospects	3	In Progress		5
CareSource Kentucky Co.	Aban	doned Prospects	0	Accepted		0
Molma Healthcare of Kentucky, Inc.		ects Added In The Las	t 3	Submitted		1
WellCare Health Plans of Kentucky. Inc	Mon	th		Rejected		0
Reports Agent Case Notes Prospect Termilate /Individ			the $M_{2}$	' <b>iew More</b> y Quotes s <del>e</del>	ction.	Witter More
Privacy Policy   Terms of Use			navigate to Anr Overview scr		ts, Issuer Web	sites, and

26. Click View More under My Quotes to navigate to the My Quotes screen.

- 27. The My Quotes screen displays the Agent's quotes along with the status.
- 28. Click the **Quote Name** hyperlink to view additional quote details, the **Customer Name** hyperlink to view client details, or take action by editing or deleting the quote from the *Action* column.
- 29. Enter **information** into the fields and click **Search** to search for quotes.
- 30. Click **Overview** to navigate back to the **Overview** screen.

Overview	Book Of Rusiness	My Quotes	My Delegates	Messages	kynect On Demand	Caminan
	DOOK OF BUSINESS	wy Quotes	wy Delegates	iviessages	kynect On Demand	Settings
Quick Links						
Initiate an Applie Str. Individual	Market Segm		Choose Cient/Pros			
lautusto se Apolu	Individual	~	Current Client	~		
	ame		Quote Status			
Click Overview			Select	~		
navigate back to			Last Name			
<b>Overview</b> scre	en.		Last plarne			
(0) Urgent					Reset	Search
(0) Unread	-					
Issuer Websites	Action	▲ ▼ Quote Name	+ Tusto	mer Name	▲ ▼ Status	▲ ▼ Last Updated<
Anthem Health Plans of KY,	* ×	Test Ouote	RYAN, TIM		Submitted 👻	11/27/2021
Anthem Health Plans of KY,	• •	Test Quote	RIESS, LUY		Submitted	11/27/2021
BEST Life and Health	showing 1 -1	of 1				
The Dental Concern, Inc.	0					
WellCare Health Plans of Kentucky, Inc						
NEIMALSY, III.						
	ol: 1 :		1	~		1
					avigates Agen for their quot	

# 1.7 Create Quote

31. To create a quote, Agents click **Book of Business** to navigate to the **Book of Business** screen.

Overview	Book Of Business My Quotes	My Delegates	Messages	kynect On Demand	Settings
Quick Links	Mis Climete			My Policies	
nitiate an Application ndividual	Click Book Of Business	Idual	Active	0	
nitiate an Application imployer	to navigate to the <b>Book</b>				
re-Screening (Individ	of Business screen.	4	Termed	Q	
(entudy DOI raining Materials		D	Pending	1	
HOP Tax Credit Estimator	Clients Added in The Last	0	Expired RFI	Q	
Announcements (0) Urgcnt	Month		RFI about to expire	in a week 0	
(0) Unread		View More		View M	ore
Issuer Websites	My Prospects			My Quotes	
Anthem Health Plans of KY,		Individual		Individual	
Inc. BEST Life and Health		Individual		Individual	
WellCare Health Plans of	Current Prospects	3	In Progress	1	
Kentucky, Inc	Abandoned Prospects	0	Accepted	0	
	Prospects Added In The Last Month	0	Submitted	0	
	Month		Rejected	0	
	2	View More		View Me	ore

On the **Book of Business** screen, Agents may search for Clients or Prospects and select a **Name** that displays in the table to create a quote.

32. Click the **Primary Name** hyperlink to view a Client's details.

Overview	Book Of Business	My Quotes	My Dele	egates	Messages	kynect On Demand	d Settings
Quick Links							
Initiate an Application	n for	Market Segment		Choose	Client/Prospect		
Individual Initiate an Applicatio	n for	Individual	~	Current	Client 👻		
Employer Pre-Screening (Indivis		First Name		Last Nar	ne		
Kentucky DOI	quart						
Training Materials		Advanced Search					
SHOP Tax Credit Estin	mator	Putra inconsecution -				Rese	tSearch
Announcements							
(0) Urgent		Primary Name	A T Phone Nun	nber	▲ ▼ Email Address		▲ ▼ Case Number
(0) Unread							
Issuer Websites	6. S.				Optim@Script.com		112754326
Anthem Health Plan	s of KY	Click RY	AN, TIM	1.			
Inc.					5		
BEST Life and Health	LOP	LOKO	(502) 756-464	1	loko.lop@dispostable	com	112791769
WellCare Health Plan	ns of						
Kentucky, Inc	_						
	BYA	N. IIM	(502) 475-0598	3	timryan@mailinator.c	:om	112791783
	EXU	MALARANIA					112791919

33. After selecting the appropriate Client or Prospect, click **Start New Quote** to enter quote **information**.

Overview	Book Of Busine	ss My Quote	es My Delegates	Messages	kynect On Demand	Settings
surance Market	Individual					Current Client
RYAN, TIM						
				Case #:		112791783
Primary Phone:	(502) 475-0598	Primary Email:	timryan@mailinator.com	Preferred Spoken Lar	guage: English	
Secondary Phone	¢	Secondary Email:		Preferred Written Lar		
Zip Code:	40202	County:	JEFFERSON	Preferred Communic	ation: Electronic	- Email only
					Start New O	
Pre-Screening Quotes Notes		ousehold Enrollment		Status		
QuoteID	Quote Nan		Last Updated	Status		Action
Pre-Screening Quotes Notes				Status In Progress		

Enter **information** on the Client or Prospect and the quote.

34. Enter the **Quote Name**. The **Quote Name** will be sent to the Client or Prospect.

	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings
Household	i Medical	Der	tal S	<b>O</b> Immary	9	*-Required field
Individual Market	Quote					
* Quote Name	2			Monthly House	hold Income 5	
* Coverage Ef	fective Date	Select		* County :	FRANKL	N v
	All members must be in Date of Birth or Age is re Last Name Date O			OX. sie is Eligible f		Clear Is AIAN? Action
				Coverage? (M)		
lohn	Doe 12/01/1		Sele 🗸 S	ibscrit 🗸 🔲	Add Spouse	Add Dependent(s)
E of December	This between o zo years o			ey will be rated equally		
	on is a shortcut to bypass current date.	,				

35. Enter the number for Monthly Household Income.

		- My Ao	count Help			
Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings
Household	Medical	Derr	al Sum	mary		*=Required field
Individual Market C	Juote					
* Quote Name		test quote		Enter	2147	22
* Coverage Effi	active Date	Select	~	for		· · ·
	for Quote All members must be in Date of Birth or Age is re		Defauit To	Inco and c Ente mo forwa	lick er to ve	Clear
First Name	Last Name 👘 Date	Of Birth 🔹 Age (#)	Gender Role	Outer Press Coverage? (##)		AIAN7 Action
and the second se	12/01/	1980			0 0	1
	Doe Its between 0-20 years	bid	Sela V Sub	iant 🗸 🗌		Add Dependent(s)
* of Depender * This selection (#) Age as of c	Doe	entry for dependents :	Add		Add Spouse	Add Dependent(s)

Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings
Household	Medical	Dent	) al :	- <b>O</b> Summary		*=Required field
ndividual Market (	Juote					
* Quote Name		test quote		Monthly House	hold Income 5 2147	
* Coverage Effi	ective Date	Select	v	* County :	FRANKL	N Y
	ge effective dates may nrollment period, please		ollment a specia		ted a coverage effective of this Qa	
Member Details	for Quote	1/1/2022		Sele		
	All members must be in Date of Birth or Age is re		Default	1/1/20	)22.	Clear
• First Nome	Last Name 🔹 Date C	Of Birth 🔹 Age (#)	Gender 🕴	Role is Eligible f other Heal Coverage? (##)	th	is AUAN7 Action
John	Doe 12/01/1	1980	Sele 🗸	Subscrit 🗸 D	Add Spouse	Add Dependent(s)
	its between 0-20 years o	bld	Arid	lhey will be rated equally		And Dependent(s)

36. Select the **Date** for *Coverage Effective Date* from the drop-down.

37. Select Yes or No for Default Tobacco Use from the drop-down.

Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On [	Demand	Settings
Household	Medical	Dent	al Si	mmary			*=Required field
ndividual Market Q	Juote						
* Quote Name		test quote		Monthly House	ehold Income	5 2147	
* Coverage Effe	active Date	1/1/2022	~	* County :		FRANKLIN	~
		require qualification for e ensure that your client					nat is outside the
Annual open er Member Details DISCLAIMER: / DISCLAIMER: D	nrollment penod, please <b>for Quote</b> All members must be in Date of Birth or Age is re	e ensure that your client the same tax group quired	qualifies for a special		Select	with this Quote	Clear
Annual open er Member Details	nrollment penod, please for Quote All members must be in Date of Birth or Age is re	eensure that your client	qualifies for a special	enrollment period bel Inbacco Lise	Select V		Clear
annual open er Member Details DISCLAIMER: A DISCLAIMER: D First Name	nrollment penod, please <b>for Quote</b> All members must be in Date of Birth or Age is re	e ensure that your client the came tax group quired Of Birth Age (/	qualifies for a special Default Select 1	enrollment period bel Inbacco Lise	Select Select fr Yes No	User? Is AUA	Clear N7 Action
Annual open of Member Details DISCLAIMER: D OISCLAIMER: D Verst Name	for Quote All members must be in All members must be in Date of Birth or Age to re Lost Name	consume that your client the scame rax group quared 97 Birth Age (#	Qualifies for a special Default Select I Sele V Su	inbacro Lise	Select • Select • fr Yes No Add :	User? Is AUA	Clear

**Please note**: If the Resident has a spouse and/or dependent(s), Agents may add those members to the quote by clicking **Add Spouse** or **Add Dependents**.

Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	I Settings
Hausehold	Medical	Den	tal Sum	mary		*=Required field
ndividual Market Q	luote					
* Quote Name		test quote		Monthly House	hold Income \$ 21	47
* Coverage Effe	ctive Date	1/1/2022	~	* County :	FRAM	NKLIN Y
Member Details			t qualifies for a special er	hanna l ina		
DISCLAIMER-7	All members must be in Date of Birth or Age is re		Default To Gender Role		kh	Clear Is AUAN7 Action
DISCLAIMER: D DISCLAIMER: D Rist Name	All members must be in Date of Birth or Age is re	quired Of Birth 🖤 Age (#)	Default To Gender Role	i Is Eligible i other Heal Coveragei	for Is Tobacco User? Ith	

38. Click Generate Plans to begin shopping for plans for the Client or Prospect.

**Please note**: The Client/Prospect automatically generates in *Member Details* when initiating a quote, however the **Age** and **Gender** must be entered. Additionally, Agents should indicate whether each household member is eligible for other health coverage or if they use tobacco by checking the applicable **box(es)**.

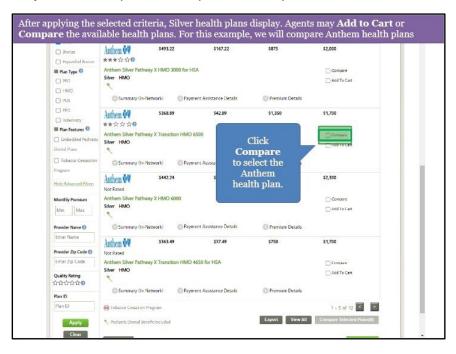
39. A list of Medical plans displays that the Agent may view, or they may narrow the search results by selecting filter criteria such as **Silver Metal Level**. At the top of the screen, the Resident's APTC and CSR category display, if applicable.

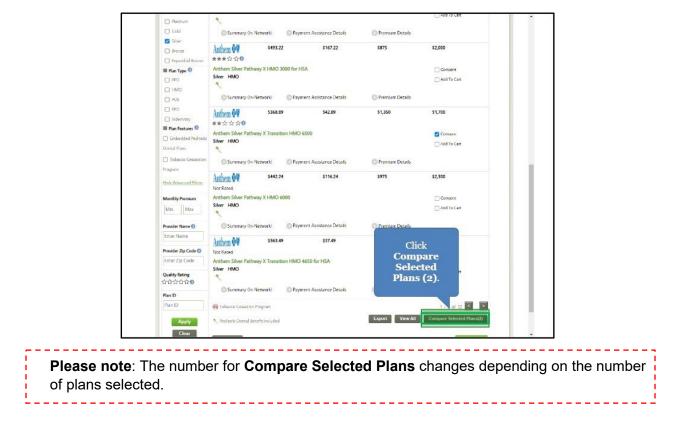
tegory displa		arrow search res		licable, the APTC am elected criteria. For t	
Heusehold	Medical	Dental	Summary		
Medical Plans					
Name	Coverage Effective Da				
RYAN, TIM Payment Assistance	1/1/2022	0			
Please note that the pa information you provid	used to help pay for the Estential Hea ymont assistance (APTC) and special of led in your application. The IRS makes TC amount applied using the silder be Medical. <b>5</b> 326.0 50	discount (CSR) information above is the final decision about the amoun	of payment assistance you are	eligible to receive.	
Filters	0.1		Export View Al	Compare Selected Plans(0)	
Insurance Company	<ul> <li>Fobacco Cessation Program</li> <li>Pechatric Dental Benefit Included</li> </ul>		PREMAE	1 - 5 of 23	
Anthem Health Plans of KY(Anthem	A Insurance A Total ▼ Company ▼ Prem	Monthly & Your Monthl ium Payment	r Individual ↓ Deductible	∡ Individual Out of y Pocket Max	
BCBS)	Anthem 💜 \$385.43 Not Rated	\$59,43	\$6,700	\$6,600	
	Anthem Bronze Pathway X HMO 6	5700		Compare	

	Carron and and the				
-	Summary (In N	letwork) 💿 Pa	ment Assistance Details	Premium Details	
Silver	Anthem 💇	\$479.01	\$153.01	\$1,025	\$2,300
Bronze	Not Rated				
Expanded Bronze	Anthem Silver Pathw	VI BIO STOR			
🔲 Plan Type 💿	Silver HMO	By A FIMO 3500			Company
D PPO	*				Add To Cart
	Summary On-N	etwork) O Pat	ment Assistance Details	Premium Details	
C PO5	Contraction of the second			Contraction Decard	
EPO	Anthem 💇	\$607.72	\$281.72	\$2,450	\$8,650
Indemnity	Not Rated				
Plan Features	Anthem Gold Pathwa	ay X HMO 2450			Compare
Embedded Pedriatic	Gold HMO				Add To Cart
Dental Plans	1				
Tobacco Cessastion	Summary (In N	letwork) 📀 Pag	ment Assistance Details	Premium Details	
Program	Anthem 💇	\$376.07	\$50.07	\$6,700	\$6.900
Hide Advanced Filters	Contraction of the	0310.01		50,700	00,700
	Not Rated Anthem Bronze Path	www.X.HMO.6700.fo	- LICA		Сопрыск
Monthly Premium	Expanded Bronze HIN		1000		Add To Cert
Min Max	*				Add to Cart
Provider Name	🔘 Summary (In-N	letwork) OPa	ment Assistance Details	O Premium Details	
Enter Name	Anthem 💇	\$493.22	\$167.22	\$875	\$2,000
Provider Zip Code	★★★公公日				
Enter Zip Code	Anthem Silver Pathw	ay X HMO 3000 for	HSA		Compare
	Silver HMO	8			Acid To Cart
Quality Rating 会合合合合	1			for Jum Details	
Plan ID	C Summary (		oply to search		
Plan ID	Tobacco Cessal		plans using th	ıe	1 - 5 of 23 <
		sele	cted criteria.	View All	Compare Selected Plans(0)

40. Click Apply to filter search results based on the selected filter criteria.

41. Click **Compare** on multiple Medical plans to compare.





42. Click Compare Selected Plans (2).

43. The **Compare Medical Plans** screen displays information on the selected plans so the Agent may compare.

Overview	Book Of Business	My Quotes	My Delegates	Messages	Sertings
Compare Medical	Plans			d Back I	o Plan List 👔
	ic the Issuer's provider directory page ortable Document Format (PDF) requi				
Plans	Plan 1 Anthem 🕸 🕽 Anthem Silver Pathway X Transition I	×	Anthem 🕸 🕅	ansition HMO 4650 for HSA	×
Quality Rating Total Monthly Premium	★★★★ 5368.89 □ Add To Cart		★★★★ 5363 49 □ Add To Cart		
Provider Directory	N/A English		N/A English		
(Resumen de beneficious y de cobertura)	español		español		
Formulary	N/A		N/A		
Out of Pocket Cost	Out of Pocket Cost		Out of Pocket Cost		
Embedded Pediatric Dental	Yes		Yes		
HSA/FSA	N/A		N/A		
Wellness Program	No		No		
Medical Loss Ratio	82%		82%		
Plan Documents					
lan Documents					

	Add To Cart	C Add To Cart	
Provider Directory	N/A	N/A	
Summary Of Benefits Coverage	English	English	
(Resumen de beneficious y de cobertura)	espariol	español	
Formulary	N/A	N/A	
Out of Pocket Cost	Out of Pocket Cost	Out of Pocket Cost	
Embedded Pediatric Dental	Yes	Yes	
HSA/FSA	N/A	N/A	
Wellness Program	No	No	
Medical Loss Ratio	82%	82%	
Plan Documents			
Plan Documents			
Document Name			
	Click <b>Summary</b> .		
Summary	Click Summary.		
Summary	Benefit		
Summary Prescription Drug	Benefit rric Dental		
Summary Prescription Drug Embedded Pediat	Benefit rric Dental		
Summary Prescription Drug Embedded Pediat Hospital Services	Benefit nic Deneal		

44. Click any of the **tabs** below such as **Summary** to display additional plan information.

45. Review the plan information.

U	10	
Summary Of Benefits Coverage	English	English
(Resumen de beneficious y de cobertura)	español	espatiol
Formulary	N/A	N/A
Out of Pocket Cost	Out of Pocket Cost	Out of Pocket Cost
Embedded Pediatric Dental	Yes	Yes
HSA/FSA	N/A	N/A
Wellness Program	No	No
Medical Loss Ratio	82%	82%
Plan Documents		
Summary		
PCP		
(In Network)		1
Co-Pay	\$30.00	Not Applicable
Co-Insurance	Not Applicable	15.00% Consumme after deductible
(Out of Network)		
Co-Pay	Not Applicable	Not Applicable
Co-Insurance	100.00%	100.00%
Specialist		
O Prescription Drug	Benefit	
Embedded Pedia	tric Dental	
Hospital Services		
Maternity		

Overview	Book Of Business	My Quotes	My Dele	gates	Messages	kynect On Demand	Settings
	Plans is the Issuer's provider dire- ortable Document Format						n List 🕋
Plans Quality Rating Total Monthly	Plan 1 Anthem @ ***** \$368.89		×	Plan 2 Anthe	m 💩 🕅 Iver Pathway X Tran	×	
Provider Directory	🗌 Add To Cert			Add To		Click Add To Cart.	
Summary Of Benefits Coverage	English			English			
(Resumen de beneficious y de cobertura)	español			español			
Formulary	N/A			N/A			
Out of Packet Cast	Out of Pocket Cost			Out of Pocket Cost			
Embedded Pediatric Dental	Yes			Yes			
HSA/FSA	N/A			N/A			
Wellness Program	No			No			
Medical Loss Ratio	82%			82%			
Plan Documents							
Summary							
CP							
n Network)							
o-Pay	\$30.00			Not Applica	h la		

46. Click **Add to Cart** to add a Medical plan to the quote.

47. After adding a Medical plan to their cart, the Agent may click **Back To Plan List** to compare additional plans as applicable.

Overview	Book Of Business	My Quotes	My Dele	gates	Messages	kynect On Demand	Settings
Compare Medical	Plans					d Back To P	un List
Please be sure to chec	it the Issuer's provider direct	ctory page for the most u	p to date inf	ormation bef	ore finalizing selecti	on.	
Note: Documents in P	ortable Document Format	(PDF) require Adabe Acr	obat Reader 5	.0 or higher t	o view, download A	dobe Acrobat Reader.	
	Plan 1		×	Plan 2			
-	Anthem 🚭			Anthe		Click Bacl	<b>x</b> To Plan Lis
Plans					ver Pathway X Tra		
	Anthem Silver Pathway X	Transition HMO 6500		Anthem Si	ver Pathway X Tra		
Quality Rating	****			****	k)		
Total Monthly	\$368.89			5363.49			
Premium	Add To Cart			Add To			
	LI Add to Care			Mag 10	Let		
Provider Directory	N/A			N/A			
Summary Of Benefits Coverage	English			English			
(Resumen de beneficious y de cobertura)	español			español			
Formulary	N/A			N/A			
Out of Pocket Cost	Out of Pocket Cost			Out of Packet Cost			
Embedded Pediatric Dental	Yes			Yes			
HSA/FSA	N/A			N/A			
Wellness Program	No			No			
Medical Loss Ratio	82%			82%			
Plan Documents							
Summary							
ср							-
In Network)							
and a sub-stress start and	\$30.00			Not Applica			

Bronze	Anthem 👯 \$479.0	01	\$153.01	\$1,025	\$2,300
C Expanded Bronze	Not Rated				
Plan Type Q	Anthem Silver Pathway X HMO	3500			Compare
CI PPO	Silver HMO				Add To Cart
T HMO	*				
D P05	Summary Un-Network/	Paymen	t Assistance Details	Premium Details	
C EPO	Anthem 👯 \$607.1	n	\$281.72	\$2,450	\$8,650
Indemnity	Not Rated				20100-11-20
📕 Plan Features 📀	Anthem Gold Pathway X HMO	2450			Compare
Embedded Pednats:	Gold HMO				Add To Cart
Dental Plans	2				Distancial
Tobacco Cessation	Summary (In-Network)	O Paymen	LAssistance Details	O Premium Details	
Program					
Hide Advanced Hiters	Anthem 👯 \$376.0	07	\$50.07	\$6,700	\$6,900
Plot Payerced Plats	Not Rated				
Monthly Premium	Anthem Bronze Pathway X HMC	0 6700 for HS/	N.		Compare
Mm Max	Expanded Bronze HMO				🗋 Adid To Cart
Provider Name ()	Summary (In-Network)	Payment	t Assistance Details	Premium Details	
Enter Name	Anthem 💜 5493.:	22	\$167.22	\$875	52,000
Provider Zip Code 📀	ADUICIL ¥¥ ★★★☆ ☆ ②				
Enter Zip Code	Anthem Silver Pathway X HMO	3000 for HSA			Сопрате
	Silver HMO				Add To C
Quality Rating	*				Click Next
	Summary (In Network)	Paymen	t Assistance Details	Premium Details	Chickervente
Plan ID					
Plan ID	lobacco Cessation Program				1 - 5 of 23 🛋
Apply	3 Pediatric Dental Benefit Included			Export View All	Compare Selected Plans(0)
Clear					
	Cancel				Next >

48. Click **Next** at the bottom of the screen to shop for Dental plans.

49. Agents may add a Stand-Alone Dental Plan (SADP) as applicable to the quote by following the same process outlined above for health plans.

						ocess as health the bottom of		
	Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings	
	Household	<b>O</b> Medual		Dental	Summary			
	Dental Plans							
	Name RYAN, TIM	Coverage Eff 1/1/2022	fective Date:	No. of Dependents				2
	Filters	A Tobacco Cessation Progra			Export V	ew All Compare Selecte	rd Plans(0)	
	Insurance Company	Peclatric Dental Genefit In		E - 1	istimated Rates	1 - 5 of 8		
	Anthem Health     Plans of KO(Anthem	<ul> <li>Insurance</li> <li>Company</li> </ul>	▲ Total Monthly♥ Premium	∡ Deductible f v child	xrome <sub>A</sub> .Ou/ <sub>∀</sub> one	of pocket max for child		
	DCDS) Best Life and Health Insurance	Anthem QV Not Rated Anthem Dental Family	\$13.06	Not Applicabl	e \$375	Compare		
	III Metal Level 🔍	Low PPO				🗌 Add To Cart		
	High	Summary (In-Netwo	irk)	O Premiu	m Detalls			
	Low   Han Type   Family   Pediatric   Hide Advanced Filters	Anthem OV Not Rated Anthem Dental Family En High PPO		Not Applicabl	e \$375 n Details	Compare		
	Monthly Premium Min Max	Anthem QV Not Rated	\$10.45	Not Applicabl	e \$375			
	Provider Name 💿	Anthem Dental Family Va Low PPO				Compare Add To Cert		
5		C. C. margar de Mature	and the second sec	Decrease of	n Dornali	04240		*

High	Summary (In-Network)	Premium Details	Click
- 1 mm	Anthem OV \$20.17	Not Applicable	Compare
Plan Type  Fareily Pediatric Hide Advanced Hiters	Not Rated Anthem Dental Family Enhanced High PPO	Premium Details	to select the Anthem Dental plan.
Monthly Premium	Antham 🖓 \$10.45	Not Applicable	\$375
Min Max	Not Rated	Not Applicable	
Provider Name Q	Anthem Dental Family Value		Compare And To Cont
Enter Name	Summary (In-Network)	O Premium Details	And To Galt
Provider Zip Code 📀			100 million
Enter Zip Code	Anthem 💞 \$9.06	Not Applicable	\$375
Quality Rating	Anthem Dental Family Preventive		Compare
	Low PPO		🗇 Add To Cart
Plan ID	Summary (In-Network)	O Premium Details	
Plan ID	BEST CiLife \$28.43 t	Not Applicable	\$350
Apply	Not Rated		
Clear	BESTOne Advantage Gold		Compare
	High PPO		🔄 Add To Cart
	Summary (In-Network)	Premium Details	
	😝 Tubacco Cessation Program		1 - 5 of 8 < 🔊
	Peeliatric Dental Benefit Included	E - Estimated Rate	
		Export	View All Compare Selected Plans(0)

50. Click **Compare** on multiple Dental plans to compare.

51. Click Compare Selected Plans (2).

III Metal Level 0	Anthem Dental Family Low PPO		Compare Add Its Cart
C High	Summary (In-Network)	O Premium Details	
I now  Plan Type  Family  Ped atric  Hide Advanced Hitters	Anthem @V S20.17 Not Rated Anthem Dental Family Enhanced High PPO	Not Applicable	\$375
LINE CONTRACTORIST	Summary (In-Network)	Premium Details	
Monthly Premium Min Max	Anthem 💜 \$10.45	Not Applicable	\$375
Provider Name O	Anthem Dental Family Value		Compare
Enter Name	Summary (In Network)	O Premium Details	🗌 Add To Cart
Provider Zip Code Q			
Enter Zip Code	Anthem V \$9.05	Not Applicable	\$375
Quality Rating ☆☆☆☆☆@	Anthem Dental Family Preventive Low PPO		Compare
Plan ID	Summary (In-Network)	O Premium Details	
Plan ID Apply Clear	BEST Cilife 528.43 <sup>L</sup> Not Rated BESTOne Advantage Gold High PPO	Not Applicable	Click Compare Selected
	Summary (In-Network)	O Premium Details	Plans (2).
	😝 Tobacco Cevation Program		
	N Peehatric Dental Benefit Included	E - Estimated Rate	
	Cancel		Next >

52. Review the plan information.

Overview	Book Of Business	My Quotes	My Deleg	gates	Messages	kynect On Demand	Settings	
Compare Dental P	Plans					d Back to Pl	an List	
	ck the Issuer's provider dire Portable Document Format							L
	Plan 1		×	Plan 2		×		
Plans	Anthem 🕸 🕅 Anthem Dental Family Va	lue			m. 출행 ental Family Prevent	tive		L
Quality Rating Total Monthly Premium	****			****	e i			
Prennan	Add To Cart			Add To	Cart			
Provider Directory	N/A			N/A				
Statement of Dental Coverage	English			English				
(Declaración de Cobertura Dental)	español			español				
Out of Pocket Cost	Out of Porket Cost			Out of Por	ket Cost			
Medical Loss Ratio	82%			82%				
Plan Documents								
Plan Documents Document Name	No Documents Found			No Docum	ents Found			L

53. Click any of the **tabs** below such as **Summary** to display additional plan information.

Privacy Policy   Terms of		Contact Us   www.healthbenefiteschange.ky.gov   1- (855) 326-4650
Child Dental Covi Additional Details		
Child Dental Cov		
<ul> <li>Adult Dental Cov</li> </ul>		
Summary		
	Click <b>Summary</b> .	
Plan Documents Document Name	No Documents Found	No Documents Found
Plan Documents		
Medical Loss Ratio	82%	82%
Out of Packet Cast	Out of Pocket Cost	Out of Pocket Cost
(Declaración de Cobertura Dental)	espanol	espanol
Statement of Dental Coverage	English	English
Provider Directory	N/A	N/A
	🗋 Add Ta Cart	🗌 Add To Cart
Total Monthly Premium	\$10.45	\$9.06
Quality Rating	****	****
Plans	Anthem 💩 🕅 Anthem Dental Family Value	Anthem 💀 🕅 Anthem Dental Family Preventive
	Plan 1 ×	Plan 2 ×

# 54. Click Back To Plan List.

кепциску неап	h Benefit Exchar	ige My Ai	ccount	Help			est   Sign Out   About   Help	
Overview	Book Of Business	My Quotes	My Deleg	gates	Messages	kynect On Demand	Settings	
Compare Dental P	lans					d Back to P	an List	
	ic the issuer's provider dire Iortable Document Format							
	Plan 1		×	Plan 2				
Plans	Anthem @ Anthem Dental Family Value		Anthem 👳 👽 Click Back To Plan I					
Quality Rating	*****			****	*			
Total Monthly	510.45			59.06				
Premium	🗌 Add To Cart			Add To	Cart			
Provider Directory	N/A		N/A					
Statement of Dental Coverage	English			English				
(Declaración de Cobertura Dental)	español			español				
Out of Pocket Cost	Out of Porket Cost			Out of Porket Cost				
Medical Loss Ratio	82%			82%				
O Plan Documents								
Summary								
(In Network)								
Deductible for one child	Not Applicable			Not Applic	able			
Deductible for two or more children	per person not applicable	per group not applicable	•	per person	not applicable   per g	oup not applicable		
Out of Pocket Max for one child				\$375				
Out of Pocket Max for two or more children	\$375 per person   \$750 per	group		5375 per p	erson   \$750 per group			

55. Click Add To Cart to add the desired Dental plan to the quote.

High	Summary (In-Network)		O Premium Details		🗌 Add To Cart
	Up summary un-Network		W Premium Details		
I Low  III Plan Type  Family	Anthem 💜 Nor Rated	\$20.17	Not Applicable	\$375	
Pediatric Hide Advanced Biters	Anthem Dental Family Enhant High PPO	nced			Compare Add To Cert
	Summary (In-Network)		Premium Details		
Monthly Premium	Aut. All	\$10.45	Not Applicable	\$375	
Min Max	Not Rated		Not Applicable	3373	
Provider Name ()	Anthem Dental Family Value				Compare
Enter Name	Low PPO		O Premium Details		Add To Cart
Provider Zip Code Q	1.1 8.00		Not Applicable		
Enter Zip Code	Anthem 🖤	\$9.06	1	\$375	
Quality Rating 会合会会合	Anthem Dental Family Prever Low PPO	ntive	Click Ad To Cart		Compare
Plan ID	Summary (In-Network)		To Cart		
Apply	BEST CLife	\$28.43 <sup>E</sup>	Not Applicable	\$350	
And a state of the	BESTOne Advantage Gold				Compare
Clear	High PPO				Add To Cert
	Summary (In-Network)		O Premium Details		U Martin Can
	Tobacco Cessat on Program				1 - 5 of 8 < 🗦
	Nedator Dental Benefit Includ	hed	E - Estimated R	ens:	
			Ехр	ort View All	Compare Selected Plans(0)
	Cancel				Next ►
Privacy Policy   Terms o	fuse				althbenefitexchange.ky.gov   1- (855) 326-4650

🗆 High	Summary (In-Network)	O Premium Details		
🗌 Low	Anthem 👯 \$20.17	Not Applicable	\$375	
Family	Not Rated			
Pediatric	Anthem Dental Family Enhanced			Compare
Hide Advanced Filters	High PPO			🗌 Add To Cart
	Summary (In-Network)	Premium Details		
Monthly Premium	Anthem OV \$10.45	Not Applicable	\$375	
Min Max	Not Rated			
	Anthem Dental Family Value			Compare
Provider Name	Low PPO			Add To Cart
cuter readie	Summary (in Network)	Premium Details		
Provider Zip Code 📀	1.1.1.1		10000	
Enter 7 ip Code	Anthem 💱 \$9.06	Not Applicable	\$375	
Quality Rating	Not Rated			
<b>公</b> 位公公公0	Anthem Dental Family Preventive			Compare
Plan ID	Summary (In-Network)	C Premium Details		🛃 Add To Cart
Plan ID		Unemion Details		
	BEST CLife \$28.43 t	Not Applicable	\$350	
Apply	Not Rated			
Clear	BESTOne Advantage Gold			Compare
	High PPO	2222040120001200012010		Add To
	Summary (In-Network)	Premium Details		Click Next.
	STobacco Cessation Program			1 - 5
	N Pechatric Dental Benefit Included	E - Estenated Rac	rs.	
		Expo	t View All	Compare Selected Plans
	Cancel			Next ►

56. Click **Next** to review the Quote Summary.

57. Confirm the Quote Summary information is correct and click Email.

Overview	Book Of Bu	siness	My Q	uotes	My Delegates	Messages	kynect On Demand	Settings
0			0		0		•	
Household			Medical		Dental	50	mmary	
Quote Summar	У						Cancel Downl	oad Ema
RYAN, TIM							Market Seg	ment : l
Quote Name		Emma	Quote 3					
Coverage Effectiv	-	c (a /20					Click Email	
Selected Medica		6/1/20 <u>:k to Plan S</u>					CHER Eman	
		<del>ck to Plan S</del>			Medical Quotes		Medical Quotes	Add Plan
Selected Medica	al Plans Bac	<del>:k to Plan S</del> ole	Age	Anthem	Medical Quotes Bronze Pathway X HMO 670	10 × Anthem Si	Medical Quotes	Add Plan
Selected Medica	al Plans Bac Ro Su	i <mark>k to Plan S</mark> ole	Age 35	Anthem I \$406.38		00 × Anthem Si \$505.05	Medical Quotes	Add Plan
Selected Medica	al Plans Bac Ro Su Total P	ik to Plan S ole ibscriber Monthly P	Age 35 remium				Medical Quotes	Add Plan
Selected Medica Individual Name Ben Emma	al Plans Bac Ro Su Total P	ik to Plan S ole ibscriber Monthly P thly APTC	Age 35 remium Applied	\$406.38		\$505.05	Medical Quotes	Add Plan
Selected Medica Individual Name Ben Emma	al Plans Bac Ro Su Total Mont	ik to Plan S ole ibscriber Monthly P thly APTC	Age 35 remium Applied	\$406.38 \$406.38		\$505.05 \$505.05	Medical Quotes	Add Plan
Selected Medica Individual Name Ben Emma	al Plans Bac Ro Su Total Mont	ik to Plan S ole ibscriber Monthly P thly APTC	Age 35 remium Applied	\$406.38 \$406.38 \$212.00		\$505.05 \$505.05 \$212.00	Medical Quotes	Add Plan
Selected Medica Individual Name Ben Emma	al Plans Bac Ro Su Total Mont	ik to Plan S ole ibscriber Monthly P thly APTC	Age 35 remium Applied	\$406.38 \$406.38 \$212.00 \$194.38		\$505.05 \$505.05 \$212.00	Medical Quotes	Add Plan X

**Please note**: If there is no Email Address associated with the Client or Prospect, Agents may click **Download** to send the quote in which case it will display in the Resident's **Messages**.

58. An automated message to the Client displays with a hyperlink to view the Agent's quote. Click **Send Email** to send the quote to the selected Client or Prospect.

	would like to send this quote
Email	would like to send this quote
Email	
nter the email address to receive a	a copy of this email (optional)
Email	
By entering your email in the field above, yo from kynect. You can opt-out at anytime.	u agree to receive copy of the emails sent
Please edit comments, if required	
I have created a health plan prop proposal and contact me with an assisting you in making the best household members' health cove	y questions. Click Sond Email to
	email the quote to 1 mil

**Please note**: The quote is sent to the Client and now displays in the table where the Agent may take action including editing, downloading, or deleting the quote.

# 1.8 My Delegates Screen

. €

The **My Delegates** screen displays Agent delegates. Agents may view the Agents they are a delegate for and assign delegates to act on their behalf.

59. Click My Delegates to view the My Delegates screen.

	Book Of Busine	s My Quote	s My Delega	es Messages	kynect On Demand	Settings
urance Market :	Individual					Current Client
RYAN, TIM Primary Phone:	(502) 475-0598	Primary Email:	tmryan@r	Click My Dele	gates to	12791783
Secondary Phone: Zip Code:	40202	Secondary Email: County:	JEFFERSON	navigate to tl <b>Delegates</b> s	creen.	Fmail only
kynect benefits das	hboard				Add Note	
Disassociate					Start New Q	
Quotes Notes		ousehold Enrolments	3		_	
Quotes Notes QuoteID	Documents II		Last Updat	ed Status		Action
			3	ed Status Submitted	•	Action
QuoteID	Quote Nan		Last Updat		v	100000000

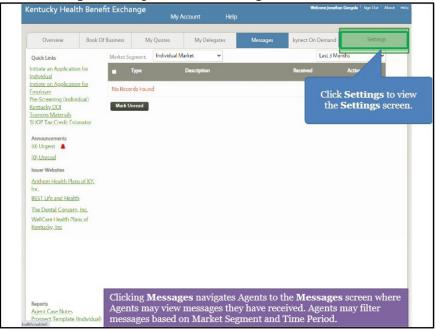
60. Click **Messages** to navigate to the **Messages** screen.

Overview	Book Of Business	My Quotes	My Delegates	Messages cynect On Dem	and Settings	
Quick Links Initiate an Applicati	on for MY DELI	EGATES	- <u>-</u>	Ş	2	
Individual Initiate an Applicati Employer Pre-Screening (Indir		e Name ords Found	Phone Number	Click <b>Messages</b> t the <b>Messages</b> so		
Kentucky DOI Training Materials SHOP Tax Credit Es	10/004	IARY AGENTS				
Announcements (0) Urgent (0) Unread		Agent Name ords Found	Phone Number	Expiration Date	Action	
Issuer Websites Anthem Health Pla		TE REQUESTS agents have reques	ted you to back them up. If y	ou accept, you will be indicated as thei	delegates.	
Inc. BEST Life and Heal The Dental Concer	th No Dea	Agent Name	Request Date		Action	
WellCare Health Pl Kentucky, Inc						

#### 1.9 Messages Screen

The **Messages** screen displays the Agent's recent messages they have received from kynect. Filter messages by clicking **Market Segment** and/or **Time Period**.

61. Click Settings to navigate to the Settings screen.



## 1.10 Settings Screen

62. The **Settings** screen displays the Agent's personal and organization information. This is also where Agents update their KOG password.

Overview	Book Of Business	Of Business My Quotes My Delegates		My Delegates	Messages	kynect On Demand	Settings	
Quick Links	My Informat	on				1.00		
Initiate an Application fr Individual Initiate an Application fr	channel for r	sonal and organization information is managed the for making any necessary updates, including passw				ine Gateway portal. <u>Please</u>	use that	
Employer Pre-Screening (Individua	) Your DOI Inf	our DOI Information			Your Additional Info	rmation Edit	Edit	
<u>Kentucky DOI</u> <u>Training Materials</u> SI IOP Tax Credit Estima	DOI AgentID		620913		Spoken Languages	Not Provided		
Announcements	Email .		ual sop ag	gent_01@mailin	Method of Contact	Not Provided		
(0) Unread			atorcom		Hours Available	Not Provided	Not Provided	
Issuer Websites	Primary Phor	IC.	872356789	0				
Anthem Health Plans of Inc.	KY, Primary Phor	е Туре	Work		ASL, TTY, KyRelay	Not Provided		
BEST Life and Health The Dental Concern. In	Secondary P	none	834356/89	0	Near Poblic Harispo	Not Ployded		
WellCare Health Plans ( Kentucky, Inc	of Secondary P	ione Type	Home					
	Business Ado	ress	11 Mill Cre	ek Park 11 Path				
			way Lexing	ton, KY 40445				
	NPN		7866222					

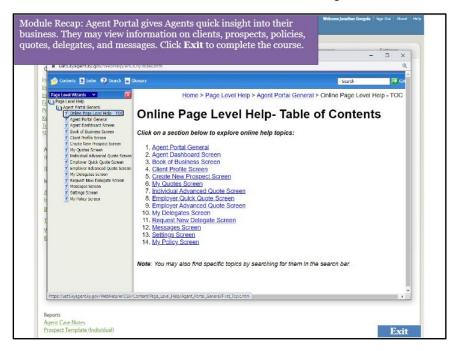
# 1.11 Agent Portal Help Screen

From the **Overview** screen, Agents may access the **Agent Portal Help** screen. The **Agent Portal Help** screen displays information on the different screens within Agent Portal detailing their functionality and steps that may need to be taken by the Agent.

Overview	Book Of Business My C	Quotes My	Delegates Mi	Click Help to view
Quick Links Initiate an Application for	My C	lients	My	the Agent Portal Help screen.
Individual Initiate an Application for		Individual	Active	nerp sereen.
Employer	Current	2	Termed	0
Pre-Screening (Individual) Kentucky DOI	Past	0	Pending	۵
Training Materials SI IOP Tax Credit Estimator	Clients Added In The Last	1	Expired RFI	o
Announcements (0) Urgent	Month		RFI about to expire in a wi	eck Q
(0) Unread		View Mor		View More
Issuer Websites	My Pro	spects	My Qi	uotes
Anthem Health Plans of KY, Inc.		Individual		Individual
BEST Life and Health	Current Prospects	3	In Progress	0
The Dental Concern, Inc. WellCare Health Plans of	Abandoned Prospects	0	Accepted	0
Kentucky. Inc	Prospects Added In The La	ast	Submitted	1
	Month	u	Rejected	0
		View Mor		View More

63. Click Help to navigate to the Agent Portal Help screen.

64. The **Agent Portal Help** screen displays in a new browser window where the Agent may click different **links** to view information on the selected Agent Portal screen.



# 2 kynect On Demand

#### kynect On Demand

kynect On Demand is an optional program that allows Agents to provide real time assistance to Individuals applying for benefits or choosing a plan. Agents will contact customers within the expected timeline of 30 minutes. Agents can easily set their availability and preferences from their Dashboard in Agent Portal.

#### What will be covered in this section?

Walkthrough of the kynect On Demand Registration

Walkthrough of the Quick Updates section

- Referral Manager
- View Metrics
- My Availability
- Preferred Contact
- De-Register

During this module, Agents will learn how navigate kynect On Demand.

kynect On Demand is an optional program that allows Agents to provide assistance to Individuals within a 30-minute period. Agents who choose to register for kynect On Demand will be able to manage referrals, view their metrics, update they availability and preferred contact information, and de-register, if desired.

#### 2.1 Registering for kynect On Demand

Overview Book Of B	usiness My Quotes	My Delegates	Messages	wheet On Demand Settings
CALLARS AND BURGE CH IN	interess my quarts	way is encigance	we sought	yrks i carrierianu - artings
Quick Links	My Clients			LAL Dali
Initiate an Application for				
Individual Initiate an Application for		Individual	Active	Click kynect On
Employer	Current	0	Termed	Demand.
Request Case Access				
Pre-Screening (Individual) Kentucky DOI	Past	D	Pending	*
Training Materials	Clients Added In The Last	0	Expired RFI	0
SHOP Tax Credit Estimator	Month	0	and the second	
Announcements			RFI about to expire in month	na Q
(0) Urgent		View More		View More
(0) Unread				
Issuer Websites	My Prospect	;	N	Ay Quotes
Anthem Health Plans of KY.		Individual		Individual
Inc. BLST Life and Health	Current Prospects	D	In Progress	1
CareSource Kentucky Co.	Abandoned Prospects	0	Accepted	0
Molina Healthcare of			- adapted	0
Kentucky, Inc.	Prospects Added In The Last	D	Submitted	0
WellCare Health Plans of Kentucky, Inc	Month		Rejected	0
		Vine March		Vina Mer-
		View More		View More

#### 1. Click kynect On Demand.

2. Agents must read and accept the terms of use for kynect On Demand. Click I am interested to participate in kynect On Demand.

ntucky Heal	lth Benefit Exchar	nge My∧o	ccount Help		Welcome Richard Bas	wer <sup>i</sup> Sign Dun <sup>i</sup> Aboun
Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings
egistration						
	kynect On Demand. The p I get contacted by an agen			who need help to a	apply for benefits and enroll	in a plan. The
					ng "I am interested to partici q, you may do so after <b>30 bu</b> :	
					will not receive any referral re	
was lives			-	a you register, you	will not receive any referral re	equests.
Review the To	erms of Use and Privacy Po	licy in Agent Portal at				
			Chek an	i interest	ed to particip	ate
O lam interes	sted to participate in kynect	On Demand,				
	sted to participate in kynect kynect. Terms of Use and Pi				n Demand.	
						Save
🗇 Lagree to						Save
D Lagree to						Save
I agree to						Save
D Lagree to						Save
Cancel	kynes. Tenns of Use and P					Save
🗇 Lagree to	kynest. Tenns of Use and P				n Demand.	Save
Cancel	kynest. Tenns of Use and P				n Demand.	Save
Cancel	kynest. Tenns of Use and P				n Demand.	Save
Cancel	kynest. Tenns of Use and P				n Demand.	Save
Cancel	kynest. Tenns of Use and P				n Demand.	Save

3. Click I agree to kynect Terms of Use and Privacy Policy.

Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings
Registration						
	kynect On Demand. The p Il get contacted by an agen			who need help to a	apply for benefits and enroll	in a plan. The
					ng <mark>"I</mark> am interested to partici g, you may do so after <b>30 bu</b>	
Your registra	ation will be cancelled if yo.	u do not respond to 3 (	consecutive referrals. Un	til you register, you	will not receive any referral re	equests.
Beview the T	ferms of Use and Privacy Po	licy in Agent Portal an	d select Lagree.			
	ested to participate in kynect	Dr. Dumund	0			
			Click I	agree to l	ynect Terms	of
🗇 l agree to	kynect. Terms of Use and P	nvacy Policy.			vacy Policy.	
Casaal						
Cancel						- Cure
acy Policy   Terms	ef Use   👔 💽				Contact Us   www.khbo.k	y.gov   1 (855) 3.
acy Policy   Terms	of Use   👔				Contact Us   www.khoc.kt	3:.gov   1 (855) 3:
acy Policy   Terms	of Use				Contact Us   www.khpe.k	y:gov 1 (855)3;
bcy Policy   Terms	of Use   👔 🔣	-	_		Contact Us   www.linbe.it	3).gov   1 (855) 3

4. Click Save.

ntucky Heal	lth Benefit Exchar	nge My∧v	ccount Help		Welcome Richard Ba	wer 'Sign Dun 'Aboun 'I
Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings
Registration						
	kynect On Demand. The p I get contacted by an agen			who need help to a	apply for benefits and enroll	in a plan. The
					ng <sup>1</sup> I am interested to partici 1g, you may do so after <b>30 bu</b>	
Your registra	tion will be cancelled if you	a do not respond to 3	consecutive referrals. Un	til you register, you	will not receive any referral re	equests.
Review the Te	erms of Use and Privacy Po	licy in Agent Portal a	nd select Lagree.			
I am interes	sted to participate in kynect	On Demand.				
Cancel	kynect Terms of Use and P	invacy Policy.		Cli	ck Save.	Save
Ivacy Policy   Terms o	of Use				Contact Us   www.khbe.k	y.gov   1 (855) 32 <u>6 465</u>

5. On the **Preferred Contact** screen, Agents should enter their **Preferred Contact Method**. Click the **Preferred Contact Method** drop-down.

Preferred Cor			My Delegates	Messages	kynect On Demand	Settings
	contact details and prefer e your email and/or phone				uages, please go to <u>Setting</u>	⊾ and if
	Preferred C	ontact Method	Select	× 1		
	Phone Nur	nber				
	Email					
	Preferred I	anguages	Tealth	lick the <b>Pre</b>		
			0	ntact Metl down		
				down		
					9	
_						
Cancel						Save
Privacy Policy   Terms	ofliw) 🛛 📑 🔟				Cuntact Us   www.khbe	ky gov   <b>1- (155) 326-4650</b>
		1				
Please note: I			ed Contact	Method se	lected, Phone N	<i>lumber</i> and
<i>Email</i> may beco	ome mandator	y neids.				

entucky Healt	h Benefit Exchan	ge My/	Account Help		Welcome Richard Bau	er   Sign Dut   About   H
Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings
Preferred Conta	ict					
			isplayed below. To update tact the Department of Ins		juages, please go to <u>Settings</u>	and if
	Preferred Co	ntact Method	Select	~		
	Phone Numb	er.	Select Text only			
	Email		Email and Text			1000
			Leman only		Select Email a	and
	Preferred La	nguages	English		Text.	
Cancel						Save
	ller) 📑 📴					rgav   1- (#55) #26-4650

6. For this example, select **Email and Text**.

7. Click Save.

	ok Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings
referred Contact						
			splayed below. To update tact the Department of In		guages, please go to <u>Setting</u>	s, and if
	Preferred Co	intact Method	Email and Text	~		
	Phone Numb	ser .	(555) 767-1555			
	Email		Richard Bauer@dispostab	e.com		
Cancel						Click Save.
vacy Policy   Terms of Use	f 関				Contact Us   www.khtae	ky gov   1- (155) 326-0

**Please note**: Agents should contact the Department of Insurance (DOI) to update their email and/or phone number, if applicable.

8. On the **My Availability** screen, adjust availability as needed. Agents can make edits at any time.

Overview	Book Of Business	My Quotes	My De	legates	Messages	kynect On Demand	Settings
My Availability	1						
You can update an	ytime your available h	iours or out of offic	e hours accordi	ng to your need	ds.		
Available H	ours						
Time Zone	Eastern Time (E1	ŋ	*				
Sunday	hh v mr	To	hh v	mm v	Add Break	Not Available	
Monday		AM 👻 To	05 🗸	00 PM ~	Add Break	Not Available	
Tuesday	09 - 00	AM 🗸 To	05 👻	00 PM 🗸	Add Break	Not Available	
Wednesday	09 👻 00	AM 👻 To	05 👻	00 PM ~	Add Break	Not Available	
Thursday	09 👻 00	AM 👻 🛛 To	05 ¥	00 PM ¥	Add Break	Not Available	
Enday	09 👻 00	AM 👻 👘 To	05 👻	00 PM 🛩	Add Break	Not Available	
Saturday	hh v mr	n v To	hh v	mm v	Add Break	Not Available	
Out of Offic	ce Hours						
Start Date	MM/DD/YYYY	Start	ime	v mm	×		
End Date	MM/DD/YYYY	End Ti	me hh	× mm	- m	lo End Time	

9. Click Save.

Overview	Book Of Busines	is My	Quotes	My	Delegates	Messages	kynect On Demand	Settings
My Availability								
'ou can update any	time your availal	ble hours or a	ut of office	e hours acco	rding to your nee	ds.		
Available Ho	urs							
Time Zone	Eastern Time	e (ET)		*	]			
Sunday	hh v	mm v	То	hh v	mm v	Add Break	Not Available	
Monday	09 🗸	00 AM ~	To	05 👻	00 PM ~	Add Break	Not Available	
Tuesday	09 🗸	00 AM 🗸	To	05 👻	00 PM 🗸	Add Break	🗆 Not Available	
Wednesday	09 ¥	00 AM ~	Ιu	05 🗸	00 PM 🛩	Add Break	Nut Available	
Thursday	09 <b>v</b>	60 AM 🛩	То	05 👻	00 PM +	Add Break	🔘 Not Available	
Enday	09 🗸	00 AM 🗸	lo	05 👻	00 PM ~	Add Break	🗆 Not Available	
Saturday	hh v	mm v	Το	hh v	mm v	Add Break	Not Available	
Out of Offic	e Hours							
Start Date	MM/DD/YYY	Y 📰	Start T	lime	hh 👻 nu	1 ¥		Click Save.
End Date	MM/DD/YYY	Y	End Ti	me	hh 👻 mn		No End Time	

### 2.2 Quick Updates

10. After completing the registration process, Agents are navigated to the **Quick Updates dashboard**. The **Quick Updates dashboard** displays referrals that Agents are currently assigned to. There are two types of referrals: General and Mass Referrals. General referrals should be accepted or rejected by an agent within 15 minutes of being assigned to the referral. Mass referrals are meant to be completed on a first come first serve basis once a mass referral is accepted. Agents can view their referral notifications by clicking the Mail icon. Agents can uncheck **Today's Availability** if they briefly leave their desk or do not want to participate for the day.

Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings
Quick Updates					🕐 Today's Availab	Refresh 🚱
Your assigned refer	rals that are pending or m Today's Notification		yed below. You can view	and manage the ref	erral request in Referral Man	ager.
General	You have 1 referral	assigned and pending	)			
General	You have 0 missed r	eferrals				
Mass	You have 0 referrals	assigned and pendin	g			
Referral Manag	er					
View Metrics						
My Availability						
Preferred Conta	sct					
O De-Register						
	(Use) 🛛 🚹 💽					y.gov   1- (855) 326-4

**Please note**: While Residents are asked before using kynect On Demand to only submit a request for assistance for health coverage, Agents may receive a referral for another program (e.g., SNAP, Child Care). Agents should refer any of these requests to a kynector or the Department for Community Based Services (DCBS) 1-855-306-8959. Agents cannot receive general referrals outside of their selected available hours, but they can receive mass referrals outside their selected available hours.

11. Click **Referral Manager**.

entucky Heal	lth Benefit Exchar	ige My Accour	nt Help		Welcome Richard Ba	uer   Sign Out   About   F
Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings
					🔞 Today's Availab	ility ON 🗹 Refresh 💽
Quick Updates Your assigned refe	rrals that are pending or m	issed today are displa	yed below. You can view	and manage the ref	ferral request in Referral Man	ager.
Referral Type	Today's Notification	5				
General	You have D referrals	assigned and pendin	9			
General	You have 0 missed	eferrals				
Mass	You have Queferrals	assigned and pendin	a			
Referral Manac		Click	Referral Ma	mager.		
View Metrics						
My Availability						
Preferred Cont	tact					
O De-Register						
Privacy Policy   Terms c	nt Use   📑 📴				Contact Us   www.khibe.k	y gov   <b>1- (855) 326-465</b>
			Ŷ			
					the <b>kynect On</b>	
k Undate	s dashboard. 7	he Onick II	ndates socia	a dieplaye r	oferrale that Am	onto aro

12. By selected the **Referral Manager** section, Agents can search, view, and manage assigned referrals. To search for a specific referral, enter **identifying information** such as *Name*, *Referral Status*, *From Date*, and *To Date*. Click **Search**.

Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand	Settings
iick Updates					🔮 Today's Availabil	ity ON 🗹 Refresh 💽
our assigned refer Referral Type	rals that are pending or m Today's Notification		ayed below. You can view	and manage the rel	erral request in Referral Mana	ger.
кететтаі туре	Today's Notification	5				
General	You have 1 referral	assigned and pendin	g			
General	You have 0 missed r	eferrals				
Mass	You have 0 referrals	assigned and pendi	ng			
Referral Manag	or					
P Neterial Mailey	e					
	Name		Referral Status			
			All		Click Search.	
	From Date		To Date		Chex Sear ch.	
	MM/DD/YYYY	10.04	MM/DD/YYYY			

13. If Agents wish to accept a new referral, click the Green Check Mark icon within 15 minutes of being assigned. If Agents wish to decline a referral, click the Red X icon. If Agents decline a referral, the Action column automatically updates from Pending to Rejected and the referral is then reassigned as a general referral to another Agent or sent as a mass referral depending on when the referral is rejected. If Agents accept a referral, the referral status automatically updates from Pending to In Progress. After the Resident completes enrollment, Agents should manually update the Referral Status column to Complete. For this example, click the Green Check Mark icon.

General	You have 1 referral ass	igned and pending							
General	You have 0 missed refe	arrals							
Mass	You have 0 referrals as	signed and pending	g						
Referral Manage	e								
g manana ga									
	Name		Referral Status						
			All	<u> </u>	1				
	From Date		To Date	Clic	k the <b>Cr</b> e	een Check			
	MM/DD/YYYY	1.000	MM/DD/YYYY	Cite	Mark	and the second se			
▲ ▼ Customer Zi	p Code 🔺 1	Contact Details	▲ ▼ Refen	al Assigned	on	Referral Status			
40475			06/27/2023 03:19 PM						
4									
showing 1 - 1 of 1									
0									
lote:	l a 'Guesaral' informal thurs se	us are excepted to t	taka an action within 15 i	wenter If man	inn is taken their	your referral will expire and			
	next available agent in kyne		SAL OF ALCOST WITH 121	THE REAL PROPERTY OF THE PARTY	NATES CONCEPTION	ryour referrie win expire and			
	d a 'Mass' referral and acce	pt it, then an 'First	Come First Servel basis,	System will share	e the customer co	ontact information with you			
will be sent to the	st agent to accept.								

Please note: The Contact Details remain blank until Agents accept the referral.

\_\_\_\_\_

14. Click View Metrics.

	Name		Referral Status		
			All	~	
	From Date		To Date		
	MM/DD/YYYY	111	MM/DD/YYYY	and a	
				н	lesat Search
▲ ▼ Customer Zip		<ul> <li>Contact Details</li> <li>Ison@mailinator.com</li> </ul>	▲ ▼ Referral Assigned 06/27/2023 03:19 PM	Action	Referral Status
showing 1 - 1 of 1					1.5
۵					
Note:					
	General referral then	you are expected to ta	ke an action within <mark>15 minutes.</mark> If no	action is taken, then	your referral will expire and
	ext available agent in ky	nect On Demand.			

15. The *View Metrics* section displays how many referrals were completed, failed to reach the Resident, have a follow up in progress, or canceled. To filter the displayed metrics more, Agents may search by *Frequency, Start Date*, and *End Date*. Click **Search**.

Frequency Monthly	*	Start Date MM/DD/YYYY	
		End D	
		Click Search	n Search
General Refe	errals	Mass Re	
Total Accepted Referrals	0	Total Accepted Referrals	0
Total Rejected Referrals	0		
Total Missed Referrals	0		
Breakdown of Accepted	Concerd Bufferrule	Breakdown of Accep	teri bitere Ballereria
Completed Referrals	General Kererrals	Completed Referrals	
Unable to reach customer	0	Unable to reach customer	0
Follow-up in progress	0	Follow-up in progress	0
Follow-up completed	0	Follow up completed	0
In Progress Referrals	0	In Progress Referrals	0

### 16. Click My Availability.

Your current monthly metrics is displayed	by default. To view y	our metrics for differ	ent period, choose an option fro	m Frequency.	
Frequency Monthly	~	Start Date	MM/DD/YYYY		
		End Date	MM/DD/YYYY		
				Reset	h
General Referr	als		Mass Refer	als	
Total Accepted Referrals	0	Tota	al Accepted Referrals	0	
Total Rejected Referrals	0				
Total Missed Referrals	0				
Breakdown of Accepted G	eneral Referrals		Breakdown of Accepted	Mass Referrals	
Completed Referrals	0	Con	upleted Referrals	0	
Unable to reach customer	0	Una	ble to reach customer	0	
Follow-up in progress	0	Folk	ow-up in progress	0	
Follow-up comple	1.35 4	-1-1-11	pleted	0	
In Progress Referra	ck <b>My Ava</b>	nadinty.	errals	0	

17. The **My Availability** section allows Agents to view and update their *Available Hours* and *Out of Office Hours*. Agents should update their availability often to ensure their availability is always up to date.

ou can update any	rtime your ava	ilable hours or a	out of office	e hours ad	cordi	ng to your nee	eds.		
Available Ho	urs								
Time Zone	Eastorn Ti	me (ET)			~				
Sunday	09 👻	00 AM ~	To	05	~	00 PM ~	Add Break	Not Available	
Monday	09 🗸	00 AM ❤	To	05	×	00 PM 🗸	Add Break	🗇 Not Available	
Tuesday	09 👻	00 AM 🛩	To	05	~	00 PM 🗸	Add Break	Not Available	
Wednesday	09 👻	00 AM 🗸	То	05	~	00 PM 🗸	Add Break	Not Available	
Thursday	09 👻	00 AM 🗸	0	05	~	00 PM 🗸	Add Break	Not Available	
Friday	09 ¥	00 AM ~	То	05	~	00 PM v	Add Break	Not Available	
Saturday	hh 🛩	mm v	То	hh	~	mm v	Add Break	🗹 Not Available	
Out of Offic	e Hours								
Start Date	06/27/2023	-	Start T	ime	01	✓ 00	PM 🗸		Click S
End Date	06/27/2023		End Ti	me	02	~ 00	PM 🗸 🗆	No End Time	CIICK S

18. Click **Preferred Contact**.

Time Zone	Eastern Tin	ne (ET)			~				
Sunday	09 🗸	00 AM 🗸	Το	05	*	00 PM 🗸	Add Break	Not Available	
Monday	09 👻	00 AM 🗸	Το	05	•	00 PM 🗸	Add Break	Nor Available	
Tuesday	09 🗸	00 AM ~	То	05	•	00 PM ~	Add Break	Not Available	
Wednesday	09 👻	00 AM 🗸	То	05	~	00 PM 🗸	Add Break	Not Available	
Thursday	09 👻	00 AM 🗸	То	05	~	00 PM 🗸	Add Break	Not Available	
Friday	09 🗸	00 AM ~	lo	05	~	00 PM ¥	Add Break	Not Available	
Saturday	hh 🗸	mm 👻	То	hh	×.	mm v	Add Break	Not Available	
Out of Office	e Hours								
Start Date	06/27/2023		Start T	Ime	0	1 - 001	РМ ♥		
End Date	06/27/2023	10	End Tir	пе	0	2 🗸 00 1	PM 👻 🗋 I	No End Time	
ancel									Save
							0.130		
Preferred Contact De-Register			Click I	Prefe	IT	ed Con	tact.		
De-Register									
y Policy   Terms of Use									be.ky.gov   1- (855) 3

General	You have 0 referrals assigned and pe	nding	
General	You have 0 missed referrals		
Mass	You have 0 referrals assigned and pe	nding	
Referral Manag	er		
View Metrics			
My Availability			
O Preferred Conta	act		
	Phone Number Email Preferred Languages	1555) 767-1555 Richard Bauer Bidispostable.com English	Click Save
Cancel De-Register			Save

19. The **Preferred Contact** section allows Agents to update their preferred contact method.

**Please note**: Agents should contact the Department of Insurance (DOI) to update their email and/or phone number, if applicable.

20. Click **De-Register**.

General You have 0 referrals assigned and pending   General You have 0 referrals assigned and pending   Preferral Manager   Vew Metrics   My Availability   Preferred Contact   Torefored Contact   Preferred Contact Method   Inal and Tex   My have Durber Contact Method   Preferred Contact Method   Enal   Rectard Baser (Edubre)   Preferred Languages   Figils   Click De-Register.   Derector	Referral Type	I oday's Notifications	
Mass       You have 0 referrals assigned and pending         Referral Manager	General	You have 0 referrals assigned and pe	nding
Referral Manager         View Metrics         My Availability         Preferred Contact         our current DOI contact details and preferred languages are displayed below. To update your preferred languages, please go to Settings, and if ou with to update your email and/or phone number, please contact the Department of Insurance (DOI).         Preferred Contact Method       Imail and Iee         Hourse Number       Imail Act and Bauer @dispostable.com         Preferred Languages       English         Click De-Register.       Save	General	You have 0 missed referrals	
View Metrics My Availability Preferred Contact UV contact details and preferred languages are displayed below. To update your preferred languages, please go to Settings, and if ou with to update your email and/or phone number, please contact the Department of Insurance (DOU.  Preferred Contact Method Protere Number BSSD / Ar 1555 Email Richard Baver gedspustable com Preferred Linguages English Click De-Register. Save	Mass	You have 0 referrals assigned and pe	nding
My Availability Preferred Contact UV contact details and preferred languages are displayed below. To update your preferred languages, please go to Settings, and if ou with to update your remail and/or phone number, please contact the Department of Insurance (DOI).  Preferred Contact Method Imail and Ierr Phone Number BisSi /A/-1535 Email Richard.Baver grdppostable.com Preferred Languages Finglish Click De-Register. Save	Referral Manage	r	
Preferred Contact  Uncurrent DOI contact details and preferred languages are displayed below. To update your preferred languages, please go to Settings, and if so with to update your email and/or phone number, please contact the Department of Insurance (DOI).  Preferred Contact Method Imail and Iex Preferred Languages Finglish  Click De-Register.  Save  De-Register	View Metrics		
aur current DOI contact details and preferred languages are displayed below. To update your preferred languages, please go to Settings, and if us with to update your email and/or phone number, please contact the Department of Insurance (DOI). Preferred Contact Method Insul and Text Information (Statement of Insurance (DOI). Preferred Languages English Click De-Register. Vertuine Languages English	My Availability		
su with to update your email and/or phone number, please contact the Department of Insurance (DOU).          Preferred Contact Method       Imail and Tere         Phore Number       ISSN 767-1SSS         Email       Richard Baver (2dippostable.com)         Preferred Languages       English	Preferred Contac	ct	
Save De-Register		Email	Richard.Bauer@dispostable.com
		Tlick <b>De-Register</b> .	Save
acy Policy   Terms of Use   👔 🔂 Contact. Us   www.khbc.ky.gov   1- (855) 326	De-Register		
		Use   👔 📴	Cantact Us   www.khbe.ky.gov   1- (855) 326

21. If an Agent no longer wishes to participate in kynect On Demand, Agents can de-register from kynect on Demand 45 days after registration. Click **I am not interested to participate in kynect On Demand**.

Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand,	Settings
Quick Update Your assigned in Referral Man	referrals that are pending o	r missed today an	e displayed below.			esh 🔿
Referral Type	Today's Notifications					
General	You have 1 referral assig	ned and pending				
General	You have 0 missed refer	rals				
Mass	You have 0 referrals ass	igned and pending				
Referral Man	ager					
View Metrics						
My Availabili	ty					
Preferred con	itact					
De-Register						
Until you reg	want to participate in kyn ister you will not be able to rerested to participate in ky	participate in this	program.		cipate in kynect on De n not interest	

#### 22. Click Save.

Overview	Book Of Business	My Quotes	My Delegates	Messages	kynect On Demand,	Settings
Quick Update Your assigned n Referral Man	referrals that are pending o	r missed today an	e displayed below. Y			resh 💍
Referral Type	Today's Notifications					
General	You have 1 referral assig	ned and pending				
General	You have 0 missed refer	rals				
Mass	You have 0 referrals assi	gned and pending				
Referral Man	ager					
View Metrics						
My Availabili	ty					
Preferred con	itact					
) De-Register						
	t want to participate in kyne ister you will not be able to			rested 1	Click Save.	

# 3 kynect health coverage Prescreening Tool

kynect health coverage Prescreening Tool

The kynect health coverage Prescreening Tool allows users to anonymously enter minimal information to receive a potential eligibility determination for Qualified Health Plans (QHPs), Advance Premium Tax Credit (APTC), and Cost-Sharing Reductions (CSR).

#### What will be covered in this section?

How to enter information on the household's members.



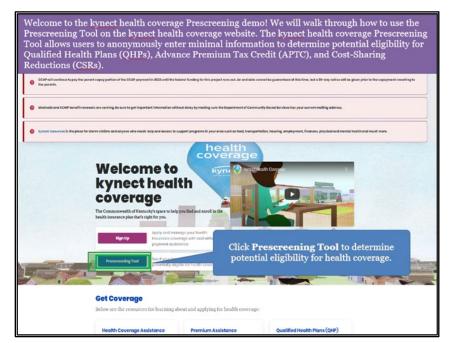
Prescreening results and how to view potential eligibility for Qualified Health Plans (QHPs), Advance Premium Tax Credit (APTC), and Cost-Sharing Reductions (CSR).

During this module, Agents will learn how to use the kynect health coverage Prescreening Tool.

The kynect health coverage Prescreening Tool allows Residents to anonymously enter minimal information to check potential eligibility for Qualified Health Plans (QHPs), Advance Premium Tax Credit (APTC), and Cost-Sharing Reductions (CSR). 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.

## 3.1 Navigating to the kynect health coverage Prescreening Tool

- 1. Navigate to the kynect health coverage website.
- 2. Click **Prescreening Tool** to view prescreening information.



- 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 progr · You must be a resident of Kentucky Check the **box** for *I'm not a robot*. You must be a US citizen or qualified immigrant C Exit Go to kynectiky.gov to see all your options. Contact Us Help & FAQs f¥ Find DCBS Offic kynect benefits 1-855-306-8959 Cabinet for Health & Family Services (CHFS) 1-844-407-83 kynect health co 1-855-459-6328 Printable Fe ded browsers: Google Chrome, Microsoft Edge, Mozilla Firefax, Apple Safari Privacy Policy 6. Terms of Use e Copyright 2021
- 3. After reviewing the prescreening information, check the **box** to confirm the Resident is not an automated program.

4. Click Start Prescreening tool.

We will check potential eligibility across the following:  1. Tax Credits to Help Pay Your Premium  2. Qualified Health Plans (QHP)  ExamMere  Exit  Exit  Find The state  Start Prescreening tool  Start Prescreening tool
<ul> <li>2. Qualified Health Plans (QHP)</li> <li>LearnMore</li> <li>Basic Eligibility requirements for all program</li> <li>You must be a resident of Kentucky</li> <li>You must be a US citizen or qualified immigrant</li> </ul>
Leam More Basic Eligibility requirements for all program You must be a resident of Kentucky You must be a US citizen or qualified immigrant Exit Trace and Construction Start Prescreening tool
Click Start Prescreening tool  Exit
You must be a resident of Kentucky     You must be a US citizen or qualified immigrant      Exit     Trace under     Start Prescreening tool
You must be a resident of Kentucky     You must be a US citizen or qualified immigrant      Exit     Trace under     Start Prescreening tool
You must be a resident of Kentucky     You must be a US citizen or qualified immigrant      Exit     Trace under     Start Prescreening tool
You must be a US citizen or qualified immigrant  Exit  Find under C  Start Prescreening tool
Exit Tradition
The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Ge to hynectly gov to see all your options.
Help & FAQs Contact Us
Find DCBS Office kynoct benefits Connect 2
1-855-308-8959         Technical Assistance           Cabinet for Health & Family         1-844-407-8388
Services (CHFS) kynect health coverage
Printoble Forme.
CHFs Family Services
Recommended browsers: Ocogle Chrome, Microsoft Edge, Mozillo Firefox, Apple Safari
Ascuration Cector Drowsers. Coogle Chronie, increaser Lage, incluic therac, Apple Suitait

### 3.2 Section 1: Household Details Screen

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

5. Enter the **County** the Resident resides in.

Kynect Programs - Reps, kynectors, & Agents Help & FAQs	sign in 🛞
	Languagust English(English) ~
PRESCREENING TOOL	
Household details	
Section 1 of 4 🗨	
Complete the questions below about the household's members.	
Which county do you rasido in?	
when do ye to work to zozar (optored ()) mm/od How many dependent to move forward.	
Back Exit Noxt	
	-
The expanded kynect is working to keep every Kentuckian safe, healthy and h Go to <u>kynentkygov</u> to see all your options.	арру.
Help&FAQs	

6. Select the **County** the Resident resides in from the search results.

PRESCREENING TOOL						
н	ousehold a	letails				
Sec	tion 1 of 4 🖷					
Соп	uplete the questions bel	ow about the household	s members.			
which	county do you racico ine					
	entre) veloci a solic casolo					
The second se	ETTE					
When	do you want coverings to start in S	adsso awrai) ()				
m	nidalyyyy					
How D	nany poopla, including you	Select Faye	ette.	uso and any		
0.000	idonti)					
	Back	Exit	Nex	t		
			11 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	100		
The e	xpanded kynect is v	vorking to keep ever	y Kentuckian s	afe, healthy and	happy.	

7. Select When do you want coverage to start in 2023 (Optional) box.

PRESCREENING TOOL		
	Household details	
	Section 1 of 4 🗨	
	Complete the questions below about the household's members.	
	Which country do you rocide in? RAVETTE	
	when do you want coverage to start in 2022? (cptional)	
	mm/dd/yyyy 8	
	Select When do you want coverage to start in 2023? (Optional) box.	
	Bock	
	want coverage to start in 2023? (Optional) box.	

Please Note: The year in this question will change based on the current plan year.

8. Select June 28, 2023.

PRESCREENING	rool						
	Househo	ld deta	ils				
	Section 1 of 4						
	Complete the question	ons below about	the hou	seholo	fs mei	mbers.	
	Which ocurity do you rosido in? FAYETTE						
	When do you want coverage to	stort in 2023? (Options	0.0				
	mm/dd/yyyy		ē				
	How many people. Including ye dependents)	urself, will you claim ar	your fector	al tax ret June		includes y	our spouse and any
						Fri Sot	
			28 29	30	5 1 7 8	2 3	
			1 1	13	4 15		
	Back	Exit		20	22	5	Select June 28, 2023.
			25 23	IJ		٦.	
			3 3	-		7 8	
				To	lay		

9. Enter the **number** for *How many people, including yourself, will you claim on your federal tax return (this includes your spouse and any dependents)?.* 

health coverage	Programs 🗸 Reps, kynectors, & Agents Help & FAQs	Sign in (8)
		Longungust English(English) ~
PRESCREENING TOO	L	
	Household details	
	Housenvia details	
	Section 1 of 4 👄	
	Complete the questions below about the household's members.	
	Which county do you resido in?	
	PAYETTE	
	When do you want coverage to start in 2029? (Optional) 🕕	
	08/28/2023	
	Hear many poopts, including you nell, will you claim an your federat fax return <sup>2</sup> (This leak clus your opa depandents)	use and any
	Enter 2 and click Enter to move forward.	
	The expanded kynect is working to keep every Kentuckian safe, he	aithy and happy.
	Go to <u>kynectiky.gov</u> to see all your options.	

10. Click **Next** to proceed to **Section 2** of the kynect health coverage Prescreening Tool. The number of sections in the kynect health coverage Prescreening Tool is dynamic based upon the number of people entered in the previous step.

kynect Programs - Reps, kynectors, & Agents Help & FAQs helih coverage	Sign in 🙆
	Languaguag finglish (Inglish) 🗸
PRESCREENING TOOL	
Household details	5
Section 1 of 4	
Complete the questions below about the	household's members.
Which county do you reaids in?	
FAYETTE	
When do you want coverage to start in 2023P (Optional)	
06/28/2023 #	
How many people, including yourself, will you claim an your dependents)	fectoral tax network (This includes your spawn and any
2	Click Next.
	Click Next.
Back Exit	Next
d on the number of persons the user wants onal information will need to be entered fo	mect health coverage Prescreening Tool is dyna to include as they explore health coverage opt or all household members. After clicking <b>Next</b> ,
ion numbers may increase.	

## 3.3 Section 2: Tell Us About You Screen

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

11. Enter the Resident's **Age**.

with coverage	grams 🗸 Rops, kynootors, S	Agents Help & FAQs	Sign in
			Longuogos: English (English)
RESCREENING TOOL			
	<b>Tell Us Ak</b>	out You	
	Section 2 of 4		
	Complete the question	ons below about the h	nousehold's members.
	Age		
	Sex		
	Scx		Enter 45 and click Enter to
			move forward.
	Below listed questions ar response as 'No' to evalua	e optional, if you do not sel	lec
		ne potential benefits.	
	Do you use tobacco?		
	Yos	No	
	Are you a member of a federa other group?	illy recognized American India	an or Alaskan Native tribe, band, nation, community, or
	Yes	No	
	Are you eligible for health cov	erage through Job, Medicare,	Medicaid, or CHIP?
	Yos	No	

12. Select the Resident's **Sex** from the drop-down.

health coverage			Sign in 🔗
			Langungen: English(English) 🗸
RESCREENING	TOOL		
		bout You	
	TUIUSA	boutrou	
	Section 2 of 4		
	Complete the quest	ions below about the household's m	embers
	Age		
	45		
	Scx	S	elect Male.
		×	
	Moka		
	- Constant	elect an option th	is tool will consider the
	Other		
	Yes	No	
	the year a member of a lade	ally recognized American Indian or Alaskan Nativ	a title a band mattern assumption or
	other group?	any recognised American Indian or Aldiadan Nativ	a new, owne, no don, community, or
	Yes	No	
	Are you eligible for health o	verage through Job, Medicare, Medicaid, or CHIP?	
	Yes	No	

13. Click Yes or No for Do you use tobacco?.

health coverage	Programs 🐱 Ropa, kynoeters, & Agenta	Holp & FAQa	Sign in 🛞
			languagasi English (English) ~
PRESCREENING	TOOL		
	Tell Us Abour	t You	
	Section 2 of 4		
	Complete the questions belo	w about the household's n	nembers.
	Age 45		
	Sex Male	*	
	Below listed questions are optional	l, if you do not select an option th	interference finder the
	response as 'No' to evaluate potent Do you use tobacco?	ial benefits.	Click <b>No</b> for <i>Do you use</i> tobacco?
	Yes	No	iooucco:
	Are you a member of a federally recognize other group?	zed American Indian or Alaskan Nath	re tribe, band, nation, community, or
	Yes	No	
	Are you eligible for health coverage through	ugh Job, Medicare, Medicaid, or CHIP?	13
	Yes	No	

14. 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?.* 

kynect health coverage	Programs 🗸 Ropa, kynostors, & Agonts Holp & FAQa	Sign In 🔞
		Languagoss Birglish (Birglish) 🗸
PRESCREENING	TOOL	
	<b>Tell Us About You</b>	
	Section 2 of 4	
	Complete the questions below about the household's member	rs.
	Age	
	45	
	Sca	
	Malo *	
	Below listed questions are optional, if you do not select an option this tool w	ill consider the
	response as 'No' to evaluate potential benefits.	
	Do you use tobacco?	
	Yos No	
	Are you a member of a federally recognized American Indian or Alaskan Native tribe, ba	ind notion community or
	other group?	
		No for Are you a member of a
		lly recognized American Indiar kan Native tribe, band, nation
		mmunity, or other group?

15. Click **Yes** or **No** for *Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?.* 

health coverage	Programs 🗸 Rops, kynoetors, & Agonts Holp & FAQs	Sign in (A)
		tenguegos: English(English) ~
PRESCREENING TO	OL .	
	Tell Us About You	
	Section 2 of 4	
	Complete the questions below about the household's member	rs.
	45	
	Sex Malo v	
	Below listed questions are optional, If you do not select an option this tool v response as 'No' to evaluate potential benefits.	vill consider the
	Do you use tobacco? Yes No	
		to for Are you eligible for health rage through Job, Medicare, Medicaid, or CHIP?
	Yes No	Medicala, or <del>Chip</del> :
	Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP? Vos No	

16. Click **Next** to proceed to **Section 3** of the kynect health coverage Prescreening Tool.

	a de la constante de la consta
	Mala
	Below listed questions are optional, if you do not select an option this tool will consider the response as No 'to evaluate potential benefits.
	Do you use tobacoo?
	Vos No
	Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?
	Yes No
	Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?
	Yes No
10	
	Want to skip those questions? By answering this question you's negative based on your household. These prices, else 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 parenor who is a 3. <u>Browse plans now.</u> Click Next.
	Back Exit Next
	v
	is a female member of the household, a conditional question appears. <i>re you Pregnant?</i> . If <b>Yes</b> , enter the <b>Number</b> for <i>How many children are</i> <i>egnancy?</i> .

## 3.4 Section 3: Tell Us About Household Member 2 Screen

Enter information on the Tell Us About Household Member 2 screen. The Tell Us About Household Member 2 screen asks personal information about the other household members.

17. Enter the **Age** of the Second Household Member.

nealth coverage			
			Languagons English (English) ~
PRESCREENIN	0 TOOL		
	Tell Us Ak	out Hous	sehold Member2
	TUTUU		
	Section 3 of 4		
	Complete the question	ons below about the h	nousehold's members.
	Age	1	
	-		
	Sex		
		Ŧ	Enter 46 and click Enter to
			move forward.
	Below listed questions are response as 'No' to evalua		lec
		te potentari benerita.	
	Do you use tobacco?		
	Yos	No	
	Are you a member of a federal	lly recognized American India	in or Alaskan Native tribe, band, nation, community, or
	other group?		
	Yes	No	
	Are you eligible for health cov	arms through Job Marlingra	Martinoid or CUID?
	rate you signate for field in con	and a subscription of the out of	

18. Select the **Sex** of the Second Household Member from the drop-down.

health coverage	Programs 🗸 Ropa, kynostora	, & Agonts ΗοΙρ & FAQs		Sign in 🚷
				Languagos: English(English) ~
PRESCREENING	OOL			
	Tell Us A	bout Ho	usehold Member	2
	Section 3 of 4	-		
		tions below about t	he household's members.	
	Age 46			
	Sca		Select Female.	
	Mola		elect an option this tool will consider the	
	Other			
	Yes	No	]	
	Are you a member of a fede other group?	rally recognized American	indian or Alaskan Native tribe, band, nation, commun	ty, or
	Yes	No	]	
	Are you eligible for health o	overage through Job, Medi	care, Medicaid, or CHIP?	
	Yes	No		

19. Click Yes or No for Do you use tobacco?.

health coverage	grams v Rops, kynootors, & Agonta Holp & FAQs	Sign in 🔗
		Langungos: English(English) ~
PRESCREENING TOOL		
	<b>Tell Us About Household Men</b>	nber2
	Section 3 of 4	
	Complete the questions below about the household's members.	
	Age	
	46	
	Sex	
	Female	
	Below listed questions are optional, if you do not select an article this sedenility response as 'No' to evaluate potential benefits.	-deader
		o for Do you use
	Yos No	tobacco?
	Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nat other group?	don, community, or
	Yes No	
	Are you pregnant?	
	Yes No	

20. 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?.* 

kynect health coverage	Programs 🗸 Rops, kynoetors, & Agenta 🛛 Holp & FAQa	Sign in 🔗
		tanguagas: English(English) ~
PRESCREENING	DOL	
	Tell Us About Household	Member2
	Section 3 of 4	
	Complete the questions below about the household's mer	nbers.
	Age	
	Sox	
	Below listed questions are optional, if you do not select an option this: response as 'No' to evaluate potential benefits. De you use tobacco?	tool will consider the
	Yos No	
	Are you a member of a federally recognized American Indian or Alaskan Mathematican Indian or	
	fed	lick <b>No</b> for Are you a member of a erally recognized American Indian Alaskan Native tribe, band, nation
	Yos No	community, or other group?

. .

21. Click Yes or No for Are you pregnant?.

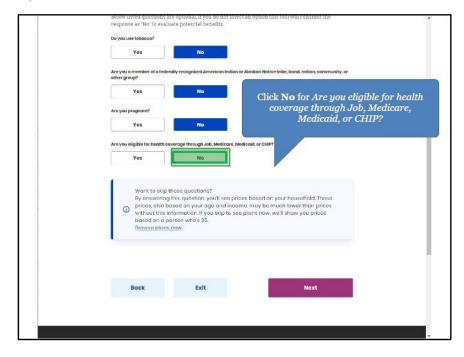
í

т

PRESCREENING	DTOOL	
	Tell Us About Household Member2	
	Section 3 of 4	
	Complete the questions below about the household's members.	
	Age	
	46	
	Sex	
8	Femalo *	
	Below listed questions are optional, if you do not select an option this tool will consider the response as 'No' to evaluate potential benefits.	
	Do you use tobacco?	
	Yos	
	Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?	
	Yes No	
	Are you pregnant? Click No for Are you Pregnant?	
	Yos	

Please note: Are you Pregnant? populates if the Resident is female.

22. Click **Yes** or **No** for Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?.



Do you us tobacco? Yos No
Are you a member of a federatly recognized American Indian or Alaskan Native tribe; band, nation, community, or other group?
Yes No
Are you pregnant?
Yes No
Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?
Yes No
Want to skip these quosilons? By answaring 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. Browsee plans now. Click Next.
Back Exit Next

23. Click **Next** to proceed to **Section 4** of the kynect health coverage Prescreening Tool.

3.5 Section 4: Tell Us About Your Household Income Screen

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

24. Enter the **Number** for *What do you think your annual household income will be in [Year] before taxes?.* 

PRESCREENING	TOOL			Languagos: English(English) ~
	Tell Us Al Income	bout Your I	Household	
	Section 4 of 4	ions below about the hor	usehold's members.	
	What do you think your anno	ci househeld income will be in	Enter <b>40000</b> a Enter to move	
	By answering prices, also be without this in	asod on your ago and incor nformation. If you skip to see erson who's 35.	ies based on your household. These ne, may be much lower than prices plans new, we'll shew you prices	

kynect		
		tanyonyos: English(English) 🗸
PRESCREENING TO	oL	
	Tell Us About Your Household Income	
	Section 4 of 4	
	Complete the questions below about the household's members.	
	What so you think your annual household income will be in 2022 before takes? $\textcircled{O}$	
	\$ 40000	
	<ul> <li>Want to skip these questions?</li> <li>By answering this question, you'll see prices based on your household. These</li> <li>prices, sice based on your age and income, may be much lower than prices without this information. If you skip to sat plans now, wa'll show you prices based on a person who's 3s.</li> <li>Browse plans now.</li> </ul>	Click <b>Submit</b> .
	Back Exit Submit	

25. Click **Submit** to submit the kynect health coverage Prescreening Tool.

# 3.6 Prescreening Results Screen

26. Prescreening results display. Click **Browse Plan** to shop for QHPs.

Eligibility results display detailing if the Individual(s) may be eligible and the amount of payment assistance and CSR category, if applicabl application must be submitted to determine actual eligibility. Individ benefits application at the bottom of the <b>Prescreening Results</b> scr	e. A formal benefits uals may submit a formal
See potential eligibility for the below programs. Take note of your results and apply for benefits by clicking the button below.	
The Prescreaning Tool is not an application. The rotuits below do not guarantee you will or will not be aligible for bondfits. We ansour aga you to apply for any program, as your results may change once all information is cellected.	
Qualified Health Plans (with payment assistance) You and Household member2 are potentially eligible for <u>\$822</u> of	
monthly payment assistance (or promium tax credits). • Payment Australiance (or primium tax credit) is the amount you can use to lo pay and an application of the pay and th	Click Browse Plans.
You will get your exact payment evalutance amount when you complete an application.	
Learn about other programs offered on lynect. Proces go to Minimizing and American and the procession for those other programs.	
Exit Apply for Bonofits	

# 27. Click Email.

Medical P	lan Sea	rch	1	Dental	Plan	Search 🖂 🖻
Edit Your Information Davely Enter County Harme	Annual Household Inco	_			(	Click Email.
Members Details Household Member 1 Household Member 2 + More Dependents	Ago 21 12	Crister Vole © Female ©	Tobacco Usor?	Eighe In Oher Contrage?	is Prognant?	Is ANY?
Your household has qualified for Collectively, your household is qu		01100.000000000000	and state and states			
The premium listed below auto CSR information above is kyned						lease note that the APTC and
You may adjust the APTC amou	unt by using the slic	ler OR by spe	cifying an exac	t amount in the	text below.	
50			\$575			
Payments Assistance for Medical						

26. Click Send Email to send the results to the Client.

	Email a link to this page	×
	Who would you like to send this to?	
	Myself Someone else	
	From	
	Email	
	By entering your email in the field above, you agree to receive copy of the emails sent from kynest. You can opt-out at anytime.	
	To	
	Email	
	Please edit comments, if required	
	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.	
	Limit - 500 characte	ers .
	Link	
	https://kyshopping.ky.gov/PrescreeningHome/AnonymousShoppin	8
	Copy link to clipboard	Click <b>Send Email</b> to send the result to the client.
	I'm not a robot	
	Send Email	
Enter the client's email add	ress and a description prior to sending	to the client.

### 4 Assessment

- 1. Agents initiate a benefits application or begin anonymous Prescreening on the Agent Dashboard via...
  - a. Internet Explorer
  - b. Quick Links
  - c. Help
  - d. KOG
- 2. Where may Agents search for Clients and Prospects?
  - a. Special Requests and Inquiries
  - b. My Quotes
  - c. Account Management
  - d. Book of Business
- 3. My Quotes are searchable by all of the following, EXCEPT:
  - a. Quote Status
  - b. Quote Name
  - c. Market Segment
  - d. Family Members
- 4. \_\_\_\_\_ is the anonymous tool used to determine potential eligibility without completing a formal benefits application.
  - a. Tax Estimator
  - b. Full Time Equivalent Employee Calculator
  - c. 1095 Portal
  - d. Prescreening
- 5. The kynect health coverage Prescreening Tool determines potential eligibility for:
  - a. Qualified Health Plans (QHPs), Advance Premium Tax Credit (APTC), and Cost-Sharing Reductions (CSRs)
  - b. SNAP and KTAP
  - c. Employer Insurance
  - d. Unemployment
- 6. If an Individual completes the kynect health coverage Prescreening Tool, what must they do if they wish to receive benefits?
  - a. Nothing, the Prescreening Tool applies for benefits
  - b. Contact their employer
  - c. Submit a formal benefits application
  - d. Send KHBE an email
- 7. Agents may view the following sections on the Overview screen EXCEPT:
  - a. My Clients
  - b. My Policies

- c. My Tasks
- d. My Quotes
- 8. On the My Delegates screen, Agents may NOT:
  - a. View Agents they are a delegate for
  - b. Assign delegates to act on their behalf
  - c. View delegate requests
  - d. Assign tasks to other Agents
- 9. On which screen may Agents search for their policies
  - a. My Quotes screen
  - b. My Policy screen
  - c. My Clients screen
  - d. Messages screen
- 10. What action may Agents take on the My Prospects screen?
  - a. Assign tasks
  - b. Upload applications
  - c. Create new prospects
  - d. View delegates