Kentucky will transition to a State-Based Marketplace (SBM) called kynect health coverage beginning with Open Enrollment on November 1, 2021. After the transition, kynect health coverage will offer Individuals, families, and small business owners an integrated eligibility and enrollment system to shop and apply for Qualified Health Plans (QHPs), with coverage effective January 1, 2022.

October 15, 2021
Document Control Information

Document Information

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Benefits Application Training Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name</td>
<td>kynect health coverage (SBM)</td>
</tr>
<tr>
<td>Client</td>
<td>Kentucky Cabinet for Health and Family Services</td>
</tr>
<tr>
<td>Document Author</td>
<td>Deloitte Consulting</td>
</tr>
<tr>
<td>Document Version</td>
<td>3.0</td>
</tr>
<tr>
<td>Document Status</td>
<td>Final</td>
</tr>
<tr>
<td>Date Released</td>
<td>October 15, 2021</td>
</tr>
</tbody>
</table>

Document Edit History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Additions/Modifications</th>
<th>Prepared/Revised by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>August 27, 2021</td>
<td>Final Submission</td>
<td>Deloitte Consulting</td>
</tr>
<tr>
<td>2.0</td>
<td>September 17, 2021</td>
<td>Revised Submission</td>
<td>Deloitte Consulting</td>
</tr>
<tr>
<td>3.0</td>
<td>October 15, 2021</td>
<td>Revised Submission</td>
<td>Deloitte Consulting</td>
</tr>
</tbody>
</table>
Introduction

This Training Guide is intended to aid kynectors and Agents in understanding and navigating the benefits application. Reference this guide to understand the steps to follow when completing a benefits application on behalf of a Resident as demonstrated in the MA/QHP Application Walkthrough Web-Based Training.

Table of Contents

1 Benefits Application ........................................................................................................... 4
   1.1 Start Benefits Application ....................................................................................... 4
   1.2 Program Selection ................................................................................................. 6
   1.3 Household Members .............................................................................................. 7
   1.4 Contact Information .............................................................................................. 33
   1.5 Reps, kynectors, & Agents .................................................................................. 41
   1.6 Relationship & Tax Filing ..................................................................................... 61
   1.7 Household Information ......................................................................................... 79
   1.8 Member Details ..................................................................................................... 91
   1.9 Healthcare Coverage ............................................................................................ 114
   1.10 Employer’s Health Reimbursement Arrangement ............................................. 116
   1.11 Sign & Submit ..................................................................................................... 118
   1.12 Plan Shopping ..................................................................................................... 125
2 Assessment ...................................................................................................................... 146
1 Benefits Application

The benefits application is used by Agents and kynectors to apply for benefits on behalf of a Resident. Agents and kynectors may help Residents apply for Medicaid/KCHIP, K-HIP, APTC, QHP, report changes in information, and recertify benefits. The benefits application gathers information about the Resident’s household so that kynect may determine eligibility for benefit programs and help enroll Residents in health coverage.

1.1 Start Benefits Application

Agents and kynectors initiate a benefits application from different points. Agents initiate a benefits application through Agent Portal by clicking **Initiate an Application for Individual**. kynectors initiate a benefits application through the **kynector Dashboard** by clicking **Start Benefits Application**.

1. Click **Start Benefits Application** to initiate a benefits application.
2. Read the benefits application information and click **Start Benefits Application**.

3. Read the **Information for All Who Apply** and click **I Agree**.
1.2 Program Selection

The Program Selection section is where Agents and kynectors select the program(s) the Applicant would like to apply for.

4. Check the **box** for the applicable benefit program(s).

5. Click **Next**.
1.3 Household Members

The *Household Members* section is where Agents and kynectors enter information on the Applicant’s household members.

6. Click **Start** to begin the *Household Members* section.
7. Click **Start** to enter information for the Head of Household. All members who currently reside in the household with the Applicant must be entered in this section regardless of if they are applying for benefits.

8. Enter the Applicant’s **First Name**.
Please note: The family that we are completing the application for is Jim Lane, Kim Sanchez, and Chris Sanchez. Jim is the only family member present that you are assisting. Start by entering Jim’s First Name, Last Name, Sex, and Date of Birth. Since Jim does not have an Alias First or Last Name, do not enter information for these fields.

9. Check the box for Household member does not have a middle initial.

10. Enter the Applicant’s Last Name.
11. Select the Applicant’s **Sex** from the drop-down.

12. Select the appropriate **Year**, **Month**, and **Day** from the calendar for the Applicant’s Date of Birth.
13. Click **Yes** or **No** for *Does this individual have a Social Security Number?*

14. Enter the **Social Security Number** if applicable. If the Applicant does not have a Social Security Number, select a **reason** for *Why doesn’t this individual have a SSN?*
15. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*

For this scenario, Jim is a Resident of Kentucky.

16. Check the appropriate **box** for *Select this individual’s race(s).*

**Please note:** More than one race may be selected if the Applicant is biracial. For this scenario, click *White.*
17. Click **Yes** or **No** for *Is this individual Hispanic/Latino?*

18. Check the appropriate **box** for *What programs would this individual like to apply for?*
19. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S National?*

20. Click **Yes** or **No** for *Is this individual a naturalized or derived citizen?*
21. Click **Save**.

22. Check the **box** for **I attest I have verified the individual's identity**.
23. Select the Applicant’s **Form of Proof** from the drop-down.

Please note: If the Applicant does not have proof of ID, a signed affidavit may be used as verification. Alternative forms of ID may be accepted on a case-by-case basis.

24. Click the **Document Logo** to launch the File Folder and select the **PDF** to upload.
25. Click **Next**.

26. Click **Add Member** to add additional household members as applicable.

**Please note:** The Benefits Application WBT scenario contains three (3) household members. For the purpose of this training guide, information is entered for three household members. During the application intake for Residents, please follow the steps for each household member in the application. If there are no other members in the household, skip to the **Contact Information Section**.
27. Enter the Second Household Member’s **First Name**.

28. Enter the Second Household Member’s **Last Name**.
29. Select the Second Household Member’s **Sex** from the drop-down.

30. Select the appropriate **Year**, **Month**, and **Day** from the calendar for the Second Household Member’s Date of Birth.
31. Click **Yes** or **No** for *Does this individual have a Social Security Number?*

32. Enter the **Social Security Number** if applicable. If the Second Household Member does not have a Social Security Number, select a **reason** for *Why doesn't this individual have a SSN?*
33. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*

34. Check the appropriate **box** for *Select this individual’s race(s).*
35. Click **Yes** or **No** for *Is this individual Hispanic/Latino?*

Both Kim and Chris are Mexican American, so click **Yes** for Hispanic/Latino and select their ethnicity.

36. Select the Second Household Member’s **Ethnicity** from the drop-down.
37. Check the appropriate box for *What programs would this individual like to apply for?*

![Check the box for Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC).](image)

38. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S National?*

![Check Yes for *Is this individual a U.S. Citizen or a U.S National?*](image)
39. Click **Yes** or **No** for *Is this individual a naturalized or derived citizen?*

![Image of the Benefits Application Training Guide showing the options for selecting Yes or No for the citizenship question.]

40. Click **Save**.
41. Click **Add Member** to add a third household member as applicable.

42. Enter the Third Household Member’s **First Name**.
43. Enter the Third Household Member’s **Last Name**.

44. Select the Third Household Member’s **Sex** from the drop-down.
45. Select the appropriate Year, Month, and Day from the calendar for the Third Household Member’s Date of Birth.

46. Click Yes or No for Does this individual have a Social Security Number?
47. Enter the **Social Security Number** if applicable. If the Third Household Member does not have a Social Security Number, select a **reason** for *Why doesn’t this individual have a SSN?*

For this scenario, Chris has a well-established religious objective for obtaining a Social Security Number.

48. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*
49. Check the appropriate box for Select this individual’s race(s).

50. Click Yes or No for Is this individual Hispanic/Latino?
51. Select the Third Household Member’s **Ethnicity** from the drop-down.

52. Check the appropriate **box** for *What programs would this individual like to apply for?*
53. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S National?*

54. Click **Yes** or **No** for *Is this individual a naturalized or derived citizen?*
55. Click **Save**.

![Save button image]

56. Click **Next** to continue the application.

![Next button image]
1.4 Contact Information

The Contact Information section is where Agents and kynectors enter the Applicant’s contact information.

57. Click **Start** to begin the Contact Information section.

58. Enter the Applicant’s **Email Address**.
59. Enter the Applicant’s **Primary Phone Number**.

60. Click **Landline** or **Cell** for **Primary Phone Type**.
61. Click **Yes** or **No** to allow kynect and the health insurance carrier or Medicaid Managed Care Organization (MCO) to send message alerts.

62. Select the Applicant’s **Preferred Spoken Language** from the drop-down.

**Please note:** Preferred contact method and preferred language are the only required fields since some Applicants may not have access to a phone and/or computer. Email and text message is the default preferred contact method. Allowing text message alerts keeps Applicants up to date on their benefits and information.
63. Select the Applicant’s **Preferred Written Language** from the drop-down.

64. Click **Next**.
65. Enter the Applicant’s **Address**.

66. Select the Applicant’s **Address** from the drop-down. The drop-down will automatically populate valid addresses that match the criteria entered.

**Please note:** If the physical or mailing address entered is not a Kentucky address but the Applicant intends to return to Kentucky, additional questions display to enter a temporary address within Kentucky. Applicants are then able to shop for plans if all other eligibility requirements are met.
67. Click Yes or No for Does [Applicant Name] have a different mailing address?

68. Click Yes or No for Does everyone in [Applicant’s Name] household have the same address information?
69. Click **Next**.

70. Click **Start** to enter contact information for the Second Household Member. If there are no other members in the household, skip to the **Reps, kynectors, & Agents Section**.
71. Check the box if the Second Household Member has the same contact information as the primary Applicant. If the other household members have different contact information from the Applicant, follow steps 58-64 above to enter their contact information.

72. Click Next.
1.5 Reps, kynectors, & Agents

The Reps, kynectors, & Agents section is where Agents and kynectors may assign an Authorized Representative to the application and confirm association with the Applicant.

73. Click Start to begin the Reps, kynectors, & Agents section.

74. Click Add an Authorized Representative.
75. Enter the Authorized Representative’s **First Name**.

76. Enter the Authorized Representative’s **Last Name**.
77. Enter the Authorized Representative’s **Email Address**.

78. Click **Search Auth Rep** to search for the Authorized Representative in the system.
79. If the Authorized Representative is not found in the system, click **Continue Entering Information**.

80. Select the Authorized Representative’s **Sex** from the drop-down.
81. Select the appropriate **Year, Month, and Day** from the calendar for the Authorized Representative’s Date of Birth.

82. Enter the Authorized Representative’s **Phone Number**.
83. Select the Authorized Representative’s **Preferred Language** from the drop-down.

84. Click **Yes** or **No** for *Does this authorized representative work for an organization that provides you assistance?* If **Yes**, enter the **Organization Information**.
85. Click **Next**.

86. Select the Authorized Representative’s **Relationship** to the primary Applicant from the drop-down.
87. Enter the Authorized Representative’s **Address**.

88. Select the Authorized Representative’s **Address** from the drop-down. The drop-down will automatically populate valid addresses that match the criteria entered.
89. Check the **box** for *Which program(s) do you want this authorized representative to have access to?*

90. Select the **Level of Access** the Authorized Representative should have access to.
91. Click **Next**.

92. Enter the Applicant's **First Name**.
93. Enter the Applicant’s **Last Name**.

94. Click **Submit Authorized Representative**.
95. Click **Start** to add a kynector to the application.

96. Click **Request Electronic Consent**.
Please note: After clicking “Request Electronic Consent” in kynect benefits, the Applicant is sent a consent notification via their preferred contact method and is given **three minutes** to respond. It is highly encouraged that kynectors receive consent via email and/or phone if possible to keep the Applicant involved in the application process and confirm accurate email/phone number information. While the Applicant is providing electronic consent, the kynector may use the three minutes to complete tasks such as talking with the Applicant, compiling verification documents, or using the kynect health coverage Prescreening Tool.

97. If the Applicant does not respond electronically within three minutes, click **Confirm Verbal Consent**.
98. Click **Acknowledgement of Roles and Responsibilities of kynectors**.

99. Read the information and click **Agree**.
100. Click **Authorizations**.

101. Read the information and click **Agree**.
102. Click **Additional Important Information**.

103. Read the information and click **Agree**.
104. Click **Next** to add the kynector to the application.

105. Click **Find an Insurance Agent** to add an Agent to the application.
106. Enter the Agent’s **First Name**.

107. Enter the Agent’s **Last Name**.
108. Click **Search** to search for the Agent.

109. Click **View Agent Details**.
110. Click **Select Agent** to add the Agent to the case.

111. Click **Next**.
1.6 Relationship & Tax Filing

The *Relationship & Tax Filing* section is where Agents and kynectors enter information on the household’s relationships and tax filing status. The *Relationship* section will not queue if there are no other household members.

112. Click **Start** to begin the *Relationship & Tax Filing* section.

113. Select the Applicant’s **Current Living Situation** from the drop-down.

---

The **In Home** option means the Applicant rents or owns their home. If they live in another type of live-in facility, such as a group home facility or drug treatment facility, please select the most appropriate option.
114. Select the **Type of In-Home Assistance** the Applicant receives from the drop-down if applicable.

115. Click **Next**.
116. Select the Applicant’s **Relationship** to the other household member(s) from the drop-down.

117. Select the Applicant’s **Relationship** to the other household member(s) from the drop-down.
118. Select the Applicant’s **Relationship** to the other household member(s) from the drop-down.

119. Select the Applicant’s **Relationship** to the other household member(s) from the drop-down.
120. Click Yes or No if the Applicant is claiming any household members as dependents.

121. Click Next.
122. Click the box identifying how the Applicant intends to file taxes this year.

123. Click Return to Tax Filing Details Page.
124. Click **Yes** or **No** if the Applicant is claiming any household members as dependents.

125. Check the **box** for **Yes, I reconciled premium tax credits in past years** if applicable.
126. Click **Yes** or **No** for Will [Applicant’s Name] tax filing status be the same next year?

![Image of a screenshot showing the options Yes or No for the tax filing status question]

127. Click **Next**.
128. Click **Start** to begin the *Relationship & Tax Filing* section for the Second Household Member. If there are no other members in the household, skip to the **Household Information Section**.

129. Select the Second Household Member’s **Current Living Situation** from the drop-down.
130. Select the **Type of In-Home Assistance** the Second Household Member receives from the drop-down if applicable.

131. Click **Next**.
132. Select the Second Household Member’s **Relationship** to the other household member(s) from the drop-down.

133. Click **Yes** or **No** to identify **Parent/Caretaker Relative status**.
134. Click Next.

135. Click the box identifying how the Second Household Member intends to file taxes this year.
136. Click **Return to Tax Filing Details Page**.

137. Click **Yes** or **No** if the Second Household Member is claiming any household members as dependents.
138. Check the box(es) for the household member(s) who will be claimed as a dependent.

139. Check the box for Yes, I reconciled premium tax credits in past years.
140. Click Yes or No for 'Will [Second Household Member’s Name] tax filing status be the same next year?'

141. Click Next.
142. Click **Start** to begin the *Relationship & Tax Filing* section for the Third Household Member.

![Image of the Benefits Application Training Guide](image1.png)

143. Select the Third Household Member’s **Current Living Situation** from the drop-down.

![Image of the Benefits Application Training Guide](image2.png)
144. Select the **Type of In-Home Assistance** the Third Household Member receives from the drop-down if applicable.

145. Click **Next**.
146. The Third Household Member’s relationships automatically populates based on information previously entered. Click Next.

147. The Third Household Member’s tax information automatically populates based on information previously entered. Click Next.
1.7 Household Information

The Household Information section is where Agents and kynectors enter information on circumstances that apply to the household’s members.

148. Click Start to begin the Household Information section.

149. Click Yes or No for Is anyone in the household blind?
150. Click **Yes** or **No** for *Does anyone in the household have a disability?*

151. Click **Yes** or **No** for *Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A?*
152. Click **Yes** or **No** for *Is anyone in this household pregnant or was pregnant in the last three months?*

153. Click **Yes** or **No** for *Has anyone in this household used tobacco at least 4 times in a week in the past 6 months?*
154. Click **Next**.

155. Click **Yes** or **No** for *Is anyone in this household eligible for entitled income, such as Social Security Income, unemployment income, Black Lung, or VA pension?*
156. If **Yes** is selected for step 155, check the **box** for the household member.

157. Click **Next**.
158. Click Yes or No for Does anyone in the household have job income from employer?

159. If Yes is selected for step 158, check the box for the household member.
160. Click **Yes** or **No** for *Does anyone in this household have self-employment income?*

161. Click **Yes** or **No** for *Does anyone in this household receive income from Social Security, retirement, or a pension?*
162. Click **Yes** or **No** for *Does anyone in this household receive income from dividends, interest, or royalties?*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

163. Click **Yes** or **No** for *Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
164. Click **Yes** or **No** for *Does anyone in this household receive income from an insurance settlement or unemployment benefit?*

![Benefits Application Training Guide](image)

165. If **Yes** is selected for step 164, check the **box** for the household member.

![Benefits Application Training Guide](image)
166. Click **Yes** or **No** for *Does anyone in this household receive any other type of goods, services, or payments?*

167. Click **Yes** or **No** for *Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?*
168. Click **Yes** or **No** for *Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of [Month] or expect to receive benefits in the month of [Month]?* 

169. Click **Next**.
170. Click Yes or No for Does anyone in your household need help paying for medical bills from the last three months?

171. Click Yes or No for Does anyone in the household have deductible expenses?
172. Click **Next**.

![Image of Household Information section](image)

1.8 **Member Details**

The **Member Details** section is where Agents and kynector enter additional details about the household.

173. Click **Start** to begin the **Member Details** section.
174. Click **Yes** or **No** for *Is [Applicant Name] an American Indian or Alaskan Native?*

**Please note:** American Indian or Alaskan Native (AI/AN) Individuals have special exceptions that apply to them such as the ability to enroll in a zero Cost-Sharing or limited Cost-Sharing plan at any Qualified Health Plan metal level.

175. Click **Next**.
176. Select the Applicant’s **Preferred MCO Plan**.

177. Click **Next**.
178. Click **Next** to add income.

179. Click **Start** to add the Applicant’s income.
180. Enter the Applicant’s **Employer**.

181. Select the Applicant’s **Income Frequency** from the drop-down.
182. Enter the Applicant’s **Biweekly Gross Income**.

183. Enter the Applicant’s **Biweekly Gross Income from Tips** if applicable.
184. Click **Yes** or **No** for *Does [Applicant's Name] still have this source of income?*

185. Click **Save**.
186. Click **Next**.

187. Click **Yes** or **No** for *Is the estimated yearly income amount of [Yearly Income] a good estimate for your household income in [Year]??*
188. Click **Yes** or **No** for *We will use this amount to examine your eligibility for the upcoming coverage year, [Year]. Is this estimated yearly income amount of [Yearly Income] a good estimate of your income in [Year]?

189. Click **Next**.
190. Click **Start** to begin the *Member Details* section for the Second Household Member. If there are no other members in the household, skip to the **Healthcare Coverage Section**.

191. Click **Yes** or **No** for *Is [Second Household Member’s Name] an American Indian or Alaskan Native?*
192. Click **Next**.

193. Select the Second Household Member's **Preferred MCO Plan**.
194. Click **Next**.

195. Check the box(es) for *Which of the following benefits has [Second Household Member’s Name] applied for or plans to apply for?*

Since we selected Kim is receiving unemployment earlier in the application, enter the unemployment details.

Check the box for **Unemployment Insurance** since Kim receives unemployment income.
196. Select the **Application Status** from the drop-down.

197. Select the appropriate **Year**, **Month**, and **Day** from the calendar for the Application Date.
198. Click Next.

199. Click Next to add income.
200. Click **Start** to add the Second Household Member’s income.

201. Select the Second Household Member’s **Source of Income** from the drop-down.
202. Select the Second Household Member’s **Income Frequency** from the drop-down.

203. Enter the Second Household Member’s **Biweekly Gross Income**.
204. Click **Yes** or **No** for *Does [Second Household Member] still have this source of income?*

205. Click **Save**.
206. Click **Next**.

207. Click **Yes** or **No** for *Is the estimated yearly income amount of [Yearly Income] a good estimate for your household income in [Year]*?
208. Click **Yes** or **No** for We will use this amount to examine your eligibility for the upcoming coverage year, [Year]. Is this estimated yearly income amount of [Yearly Income] a good estimate of your income in [Year]?

209. Click **Next**.
210. Click **Start** to begin the *Member Details* section for the Third Household Member.

211. Click **Yes** or **No** for Is [Third Household Member’s Name] an American Indian or Alaskan Native?
212. Click **Next**.

213. Select the Third Household Member's **Preferred MCO Plan**.
214. Click **Next**.

215. Click **Yes** or **No** for *Is the estimated yearly income amount of [Yearly Income] a good estimate for your household income in [Year]*?
216. Click **Yes** or **No** for *We will use this amount to examine your eligibility for the upcoming coverage year, [Year]. Is this estimated yearly income amount of [Yearly Income] a good estimate of your income in [Year]?*

217. Click **Next**.
1.9 Healthcare Coverage

The Healthcare Coverage section is where Agents and kynectors enter information on the household’s healthcare coverage.

218. Click **Start** to begin the Healthcare Coverage section.

219. Click **Yes** or **No** for *Is anyone applying for benefits in your household enrolled in healthcare coverage?*
220. Click **Yes** or **No** for *Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has not yet enrolled?*

221. Click **Next**.
1.10 Employer’s Health Reimbursement Arrangement

The *Employer’s Health Reimbursement Arrangement* section is where Agents and kynectors enter information on the household’s Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), if applicable.

222. Click **Start** to begin the *Employer’s Health Reimbursement Arrangement* section.

223. Click **Yes** or **No** for *Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?*
224. Click **Yes** or **No** for *Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled?*

225. Click **Next**.
1.11 **Sign & Submit**

The *Sign & Submit* section is where Agents and kynectors sign the Applicant’s name and submit the benefits application.

226. Click **Start** to begin the *Sign & Submit* section.

227. Click **Read and agree to Application Statement of Understanding**.
228. Read the information and click I agree.

229. Click Read and agree to Medicaid Penalty Warning.
230. Read the information and click I agree.

231. Click Read and agree to Failure to Reconcile Statement of Understanding.
232. Read the information and click I agree.

233. Click I Agree to allow the kynect system to use income data, including information from tax returns, for the next 5 years.

Please note: Agreeing to this statement allows kynect benefits to use available income data from the IRS for up to 5 years for re-enrollment purposes. If the Applicant disagrees, they can select 0-3 years. If they select 0, that means they are not allowing kynect benefits to check tax data which will impact eligibility for coverage renewal.
Please note: Agreeing to this statement allows kynect benefits to use available income data from the IRS for up to 5 years for re-enrollment purposes. If the Applicant disagrees, they may select 0-4 years. If they select 0, that means they do not allow kynect benefits to check tax data which will impact eligibility for coverage renewal.

234. Click I Agree to allow the kynect system to disenroll household members if they are found to have other qualifying health coverage.

235. Enter the Applicant’s First Name.
236. Check the box for Household member does not have a middle initial.

237. Enter the Applicant’s Last Name.

Enter Last Name and click Enter to move forward.
238. Click **Yes** or **No** for *Would you like to register to vote?*

![Image of Benefits Application with Yes or No options]

239. Click **Submit Benefits Application.**

![Image of Benefits Application with Submit button]
240. Click **Go to Dashboard** to shop for plans.

1.12 **Plan Shopping**

The **Plan Shopping** section in the **Enrollment Management Module** is where Agents and kynectors may search for, compare, and enroll Individuals and families in health coverage.

1. Click **Health Plans** to navigate to the **Enrollment Manager**.
2. Click **Qualified Health Plans**.

3. Click **Add Plan**.
4. Check the box(es) to select the household member(s) to enroll in a QHP.

5. Check the box for Medical as applicable.
6. Check the **box** for Dental as applicable.

7. Click **Buy a Dental Plan**.
8. Click **Shop for Plans**.

9. Shop for and compare health plans on the **Medical Plan Search** screen.
10. Click **Compare** to select a medical plan.

11. Click **Compare** to select a medical plan.
12. Click **Compare Plans** to compare the selected medical plans.

13. Compare the selected plans on the **Compare Medical Plans** screen.

After clicking **Compare Plans**, the user navigates to the **Compare Medical Plans** screen where they may view additional details on the selected plans and compare them.
14. Click any **tab** to view additional plan details.

![Image of plan comparison section with summary tab highlighted]

- **Click Summary.**

15. Click **Add to Cart** to add the desired medical plan to the cart.

![Image of comparison section with Humana health plan highlighted]

- **Click Add to Cart to add the Humana health plan to the cart.**

17. Click Compare to select a dental plan.
18. Click **Compare** to select a dental plan.

19. Click **Compare Plans** to compare the selected dental plans.
20. Compare the selected dental plans on the **Compare Dental Plans** screen.

![Compare Dental Plans screen]

21. Click any **tab** to view additional plan details.

![Additional plan details]

The expanded screen is working to keep every individual safe, healthy, and happy.
22. Click **Add to Cart** to add the desired dental plan to the cart.

23. Click **Checkout**.
24. Enter the Applicant’s **First Name**.

25. Enter the Applicant’s **Last Name**.
26. Click **Sign & Submit** to enroll the household member(s) in the selected health and/or dental plans.

27. Click **Pay Now** to submit an initial premium payment for the selected health plan, or click **I understand the payment due date is [Date], but I will pay later.**
28. Click **Pay Now** to submit an initial premium payment for the selected dental plan, or click **I understand the payment due date is [Date], but I will pay later**.

29. Click **Next** to begin shopping for Medicaid plans if there are Medicaid eligible members in the household. If there are no Medicaid eligible members in the household, skip to the **Assessment Section** of this document.
30. Click Select MCO Plan.

31. Click Add Plan.
32. Click **Compare** to select a Medicaid plan.

33. Click **Compare** to select a Medicaid plan.
34. Click **Compare** to compare the selected Medicaid plans.

35. Compare the selected Medicaid plans on the **Plan Comparison** screen.
36. Click any **tab** to view additional plan details.

37. Click **Add to Cart** to add the desired plan to the cart.
38. Click **Checkout**.

39. Enter the Applicant’s **First Name**.

Enter Jim and click Enter to move forward.
40. Enter the Applicant’s **Last Name**.

41. Click **Sign & Submit** to enroll in the selected plan.
2 Assessment

1. The benefits application may be edited at any time by clicking which button on the Application Summary screen?
   a) Messages
   b) Help & FAQs
   c) Edit
   d) Dashboard

2. In the Relationship & Tax Filing section of the benefits application, users must identify whether they reconciled _______ in past years.
   a) Medical Plans
   b) Unemployment Income
   c) Premium Tax Credits
   d) Dental Plans

3. After the benefits application is signed and submitted, if an Applicant is found to be ineligible for Medicaid, kynect health coverage will automatically check eligibility for _______ (with or without payment assistance/APTC).
   a) Qualified Data Plans
   b) Rebates
   c) Discounts
   d) Qualified Health Plans

4. During the Identity Verification Upload portion of the benefits application, acceptable forms of ID include all of the following EXCEPT:
   a) Driver’s License
   b) Birth Certificate
   c) Social Security Card
   d) Store Credit Card

5. The Enrollment Manager screen allows users to do all of the following EXCEPT:
   a) Shop for Qualified Health Plans
   b) Shop for Medicaid plans
   c) Compare plans
   d) Shop for SNAP benefits

6. After selecting plans through the Enrollment Manager screen, users may elect to pay now or pay________.
   a) Later
   b) Never
c) Yesterday

d) Bills

7. The Member Details section of the benefits application asks whether the Applicant is American Indian or an Alaskan Native. This is because these Individuals have special ________ that apply to them, such as the ability to enroll in a zero Cost-Sharing or limited Cost-Sharing plan at any Qualified Health Plan metal level.

   a) Exceptions
   b) Situations
   c) Powers
   d) Allowances

8. The Sign and Submit section of the benefits application asks Applicants to agree to allow kynect to access IRS income data for up to how many years for reenrollment purposes?

   a) 25
   b) 18
   c) 5
   d) 11

9. Applicants may stay up to date on their benefits and information by selecting their ________ contact method.

   a) Social
   b) New
   c) Preferred
   d) Favorite

10. The Enrollment Manager screen allows Applicants to ________ plans to see additional plan details.

    a) Compare
    b) Delete
    c) Schedule
    d) Buy