

The Commonwealth of Kentucky
kynect State-Based Marketplace



Small Business Health Options Program (SHOP) Training Guide

Kentucky's transition to a State-Based Marketplace (SBM) is pending official authorization from the Centers for Medicare & Medicaid Services (CMS). Final approval is anticipated to occur later this summer. Future updates will be shared as appropriate.

September 24, 2021

Document Control Information

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Introduction

This Training Guide is intended to aid Agents and kynectors in understanding and navigating the Small Business Health Options (SHOP) Program Module in the State-Based Marketplace Certification/Registration Training.

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1 Introduction to the Small Business Health Options Program (SHOP)

The Small Business Health Options Program (SHOP) was created to enable qualified employers to provide health and/or dental coverage to their employees. SHOP offers **affordability**, **flexibility**, and **convenience** for small businesses to obtain coverage from private health insurance companies through Qualified Health Plans (QHPs) or Stand-Alone Dental Plans (SADPs) certified by the State-Based Marketplace (SBM).

Kentucky's kynect SHOP is designed to assist qualified employers in Kentucky with **50 or less full-time equivalent (FTE) employees** in facilitating the enrollment of their employees in QHPs and/or SADPs offered in the small group market. Beginning November 1, 2021, employers may apply on kynect health coverage for SHOP eligibility determination. Qualified Employers may enroll employees in SHOP health plans through an Issuer directly or with the assistance of an Agent for coverage beginning January 1, 2022. From January 1, 2022 onward, employers can apply for SHOP eligibility determination and, if eligible, enroll employees any time of year.

Please note: Stand-Alone Dental Plans (SADPs) may or may not be offered on kynect SHOP each year.

FTE is the calculation of an employee's scheduled hours divided by the employer's hours for a full-time work week (30 hours).

1.1 SHOP Employer Application

Employers must apply for eligibility determinations to participate in kynect SHOP health coverage. The online application form consists of the following four qualifications:

SHOP Employer Application Qualifications

Have 1-50 full-time equivalent (FTE) employees.

Offer coverage to all full-time employees – generally workers averaging 30 or more hours per week.

Enroll at least 50% of the employees who are offered insurance. Employees with other health coverage are not counted as rejecting an employer's offer.

Have an office/employee work site within Kentucky.

Please note: If employers do not meet the 50% minimum participation requirement, employers can enroll for health coverage between November 15 – December 15 of any year. During this time, the minimum participation requirement is waived. If eligible, employers can start offering SHOP coverage to employees any time of year and decide on a waiting period for new employees hired after the initial enrollment period.

1.1.1 Employer Application Process

Employers may work directly with an Agent that has been SHOP-registered by the State-Based Marketplace or with an Issuer offering kynect SHOP QHPs and/or SADPs to select a coverage option to offer to its employees. Employers may choose to access the application directly on kynect SHOP and may work with an Agent, Issuer, kynector, or Contact Center staff for assistance in completing the application.

Additionally, employers may work with Issuers to select QHPs and/or SADPs before applying for eligibility determinations on kynect SHOP. If a kynector or the Contact Center assists in the application process and the employer is determined eligible to enroll in kynect SHOP health coverage, the employer is directed to Agents or Issuers.

Please note: There is no manual paper process for employers. If kynect SHOP is unavailable or employers have trouble accessing kynect SHOP, employers should contact an Agent or Issuer.

1.1.2 Approval or Denial of Employer Application

Once the application is submitted, kynect SHOP automatically notifies the employer of approval or denial. At any point during the year, if an employer is determined eligible to enroll in kynect SHOP health coverage, employers have the option to purchase coverage for the full plan year (12 months) starting on the qualified employer's effective date of coverage.

If the application for eligibility determinations is denied, the employer has the right to submit an appeal for formal review.

1.1.3 Employer Right to Appeal (Formal Desk Review)

If the application for eligibility determinations is denied, the employer has the right to submit an appeal for a formal review.

The following is a walk-through of the appeal process of eligibility determinations.

Step One:

For purposes of kynect SHOP, an appeal is considered a formal desk review by KHBE.

Employers have the right to request a formal desk review for the following reasons:

- They received a denial of eligibility notice.
- kynect SHOP did not provide a timely eligibility determination notice, unless during unforeseen circumstances.

Step Two:

If eligibility is denied, kynect SHOP provides a written notice of the right to request a formal desk review that includes:

- The reason for the denial, including a reference to the appropriate regulation(s).
- The next steps that an employer may take to request a formal desk review.

An employer may request a formal desk review **to KHBE within 90 days from the date of the notice of denial**. Requests are considered valid if submitted within these 90 days. Employers may submit these requests and evidence supporting the request via:

- Telephone at (855)-459-6328.
- Mail at 275 E. Main Street, 4 W-E, Frankfort, KY 40621.
- Email at kynect.SHOP@ky.gov.

Step Three:

KHBE uses the information submitted through the employer's application and any additional documentation to process a formal desk review.

- KHBE will log and track the formal desk reviews with its supporting documents and time stamps.
- KHBE will conduct a phone interview with the employer to review information included in the application.

If the employer cannot be reached by phone, KHBE will contact the employer by mail or email.

Summary:

If KHBE determines that the employer meets the necessary requirements after completing the desk review, a new application must be submitted.

If an employer is found ineligible, the decision is effective as of the date of the formal desk review notice. KHBE's decision is final.

1.2 Changes to Employer Eligibility

An employer's eligibility determination remains valid until the employer makes a change that could end its eligibility. Changes that could end eligibility include:

- Terminating offers of coverage to employees maintaining full-time status.
- Growing to more than 50 FTE employees without maintaining kynect SHOP coverage. Employers who grow to over 50 FTE employees do not lose their eligibility unless they fail to meet the other requirements or choose to no longer purchase coverage.
- Moving the primary office/employee worksite out of Kentucky.

If an employer makes a change that could end its eligibility, an employer must submit a new application on kynect SHOP or withdraw from participating in small group health coverage.

1.2.1 Minimum Participation Rate (MPR)

The minimum participation rate (MPR) in kynect SHOP health coverage is 50% of qualified employees who are offered insurance, not including employees with other health coverage.

Employers should work with Issuers to calculate the number of qualified employees needed to enroll in kynect SHOP health coverage to meet the 50% minimum participation rate. An employer's minimum participation rate is calculated as:

Minimum Participation Calculation
$\frac{\text{Number of qualified employees accepting coverage}}{\text{Number of qualified employees offered coverage}^*}$
<p>*Excluding from the calculation any employee who, at the time the employer submits a kynect SHOP application, is enrolled in coverage through another employer's group health plan or through a governmental plan such as Medicare, Medicaid, or TRICARE. Additionally, qualified employees who are former employees or retirees are not counted.</p>

The [MPR Calculator](#) can also be used to calculate an employer's minimum participation rate.

1.3 Contact Center

Employers have the option to work with the Contact Center to complete the eligibility determination application. kynect SHOP offers a Contact Center that provides information to employers about eligibility and enrollment processes and directs employers to Agents, Issuers, kynectors, and the kynect SHOP website.

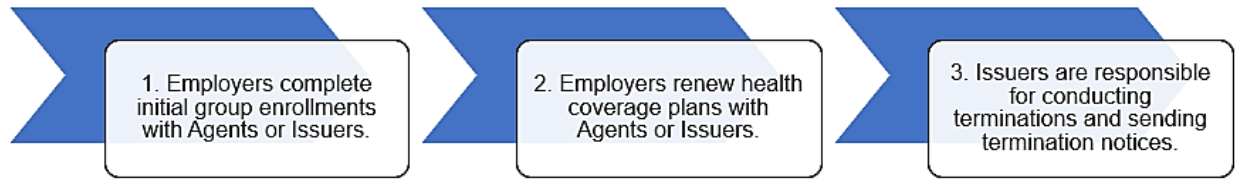


Further assistance regarding kynect SHOP can be obtained by contacting the Contact Center:

- Call (855)-459-6328 to speak with a representative.
- Email a request to KHBE.Program@ky.gov.

1.4 Enrollments, Renewals, and Terminations

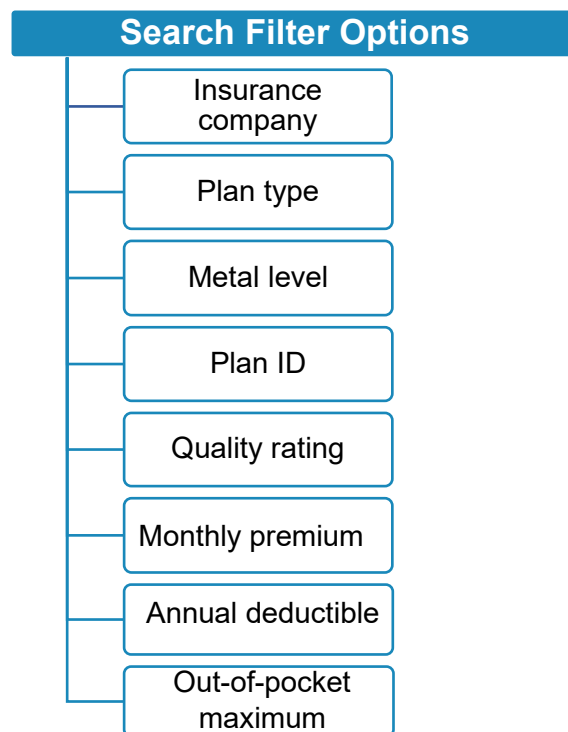
Employers enroll in kynect SHOP coverage by contacting Agents or directly through Issuers who offer QHPs and/or SADPs.



1.4.1 Shopping for Plan Options (Window Shopping)

Window Shopping allows employers to preview plan options and prices in the State-Based Marketplace without logging in, creating an account, or completing an application for an eligibility determination.

Employers may use the following search filters to view different QHPs and/or SADPs:



1.4.2 Enrollment

Issuers offering QHPs and/or SADPs must provide Special Enrollment Periods (SEPs). During this period, qualified employees and their dependents may enroll in QHPs and enrollees may change QHPs.

SEPs are periods outside of the initial group enrollment period or annual Open Enrollment Period.

1.4.3 Renewal Guidelines

A renewal is the annual period when an employer is able to change employee plan offerings and employees are able to change their plans.

Employees will have the opportunity to change plans, add a dependent, or opt out if needed. If no changes are needed, employees can renew their plan from the previous year.

Renewal for kynect SHOP coverage occurs through an Agent or Issuer.

1.4.4 Employer Terminations Process

An employer's eligibility determination remains valid until the employer makes a change that could end its eligibility.

Employers may request terminations of coverage through Agents or Issuers. Issuers conduct terminations of QHP and/or SADP coverage and send termination notices.

1.5 Governing Policies and Regulations for SHOP

Under the Patient Protection and Affordable Care Act (ACA) revised and amended by the Health Care and Education Reconciliation Act enacted in March 2010, SHOP was created to enable qualified employers to provide health and/or dental coverage to their employees.

Patient Protection and Affordable Care Act

- The Patient Protection and Affordable Care Act was the first part of the comprehensive health care reform law enacted on March 23, 2010.
- The name "Affordable Care Act" is usually used to refer to the final, amended version of the law. It is commonly known as the PPACA, the ACA, or Obamacare.
- The law provides numerous rights and protections that make health coverage more fair and easy to understand, along with subsidies (through Advance Premium Tax Credits and Cost-Sharing Reductions) to make it more affordable.
- The law also **expands the Medicaid program** to cover more people with low incomes.

Health Care and Education Reconciliation Act

- On March 30, 2010, The Health Care and Education Reconciliation Act of 2010 was signed **seven (7) days after** the Patient Protection and Affordable Care Act was signed into law.
- The law makes a number of health-related financing and revenue changes to the Patient Protection and Affordable Care Act and modifies higher education assistance provisions.

1.6 QHP Metal Levels of Coverage

Plans in kynect are presented in up to five levels: **expanded bronze, bronze, silver, gold, and platinum.**

QHP Metal levels have nothing to do with the quality of care provided. The levels are used to establish cost-sharing percentages between employers and their employees.

Please note: These percentages are based on estimated averages for a typical population. Individual employer/employee costs may vary.

See the table below for a breakdown of coverage costs:

Plan Category	Average Cost of Care Paid by the Insurance Company	Average Cost of Care Paid by Employees
Expanded Bronze	Fifty-six to sixty-five percent (56-65%)	Thirty-five to forty-four percent (35-44%)
Bronze	Sixty percent (60%)	Forty percent (40%)
Silver	Seventy percent (70%)	Thirty percent (30%)
Gold	Eighty percent (80%)	Twenty percent (20%)
Platinum	Ninety percent (90%)	Ten percent (10%)

1.7 Small Business Health Care Tax Credit

Qualified employers may be eligible for the Small Business Health Care Tax Credit if they offer a SHOP plan and have qualified employees enrolled in SHOP coverage, provided the following criteria are met:

Criteria for Small Business Health Care Tax Credit

Have fewer than 25 FTE employees.

Pay average wages of less than \$56,000 a year in 2020. This amount is indexed annually for inflation.

- For tax year 2021, the amount adjusted for inflation is projected to be \$57,000.
- For tax year 2022, the amount adjusted for inflation is projected to be \$58,000.

Offers a Qualified Health Plan to its employees that has been certified by the State-Based Marketplace.

Pay at least 50% of the cost of employee-only -- not family or dependent -- health coverage for each employee.

1.7.1 Claiming the Tax Credit

Eligible small employers use Form 8941 to determine the credit for small employer health insurance premiums for tax years beginning after 2009.

For tax years beginning after 2013, the credit is only available for two (2) consecutive tax year credit periods.

Form 8941 Department of the Treasury Internal Revenue Service	Credit for Small Employer Health Insurance Premiums ▶ Attach to your tax return. ▶ Go to www.irs.gov/Form8941 for instructions and the latest information.	OMB No. 1545-2198 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2020</div> Attachment Sequence No. 65
Name(s) shown on return		Identifying number
<p>A Did you pay premiums during your tax year for employee health insurance coverage you provided through a Small Business Health Options Program (SHOP) Marketplace (or do you qualify for an exception to this requirement)? See instructions.</p> <p><input type="checkbox"/> Yes. Enter Marketplace Identifier (if any) ▶ _____</p> <p><input type="checkbox"/> No. Stop. Do not file Form 8941. See instructions for an exception that may apply to a partnership, S corporation, cooperative, estate, trust, or tax-exempt entity.</p> <p>B Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1 below if different from the identifying number listed above ▶ _____</p> <p>C Does a tax return you (or any predecessor) filed for a tax year beginning in 2014, 2015, 2016, 2017, or 2018 include a Form 8941 with line A checked "Yes" and line 12 showing a positive amount?</p> <p><input type="checkbox"/> Yes. Stop. Do not file Form 8941. See instructions for an exception that may apply to a partnership, S corporation, cooperative, estate, trust, or tax-exempt entity. Also see instructions for information about the credit period limitation.</p> <p><input type="checkbox"/> No. Go to line 1.</p>		
Form 8941		

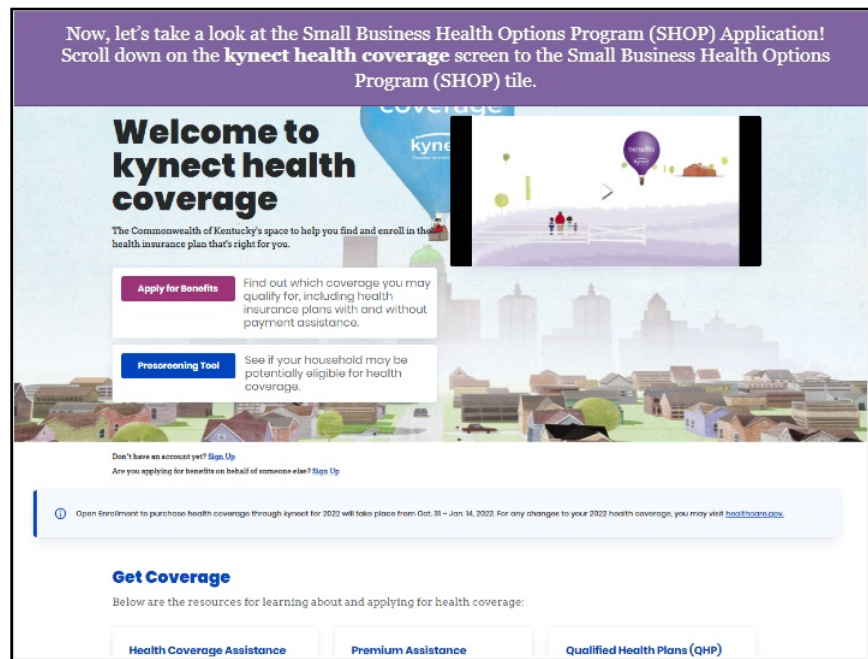
Please note: More information regarding the tax credit can be found on the [IRS Small Business Health Care Tax Credit and the SHOP Marketplace](#) website.

2 kynect SHOP Navigation and Operational Functionality

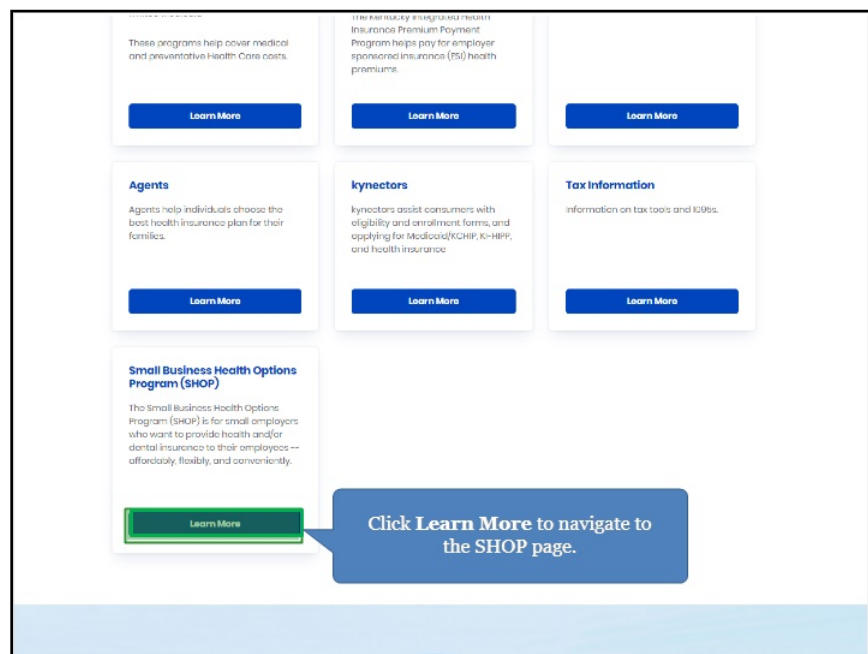
The SHOP application is where small employers may check potential eligibility for health and/or dental coverage for their employees. They may also window shop for plans and prices. Small employers must enroll in coverage through an Agent or Issuer.

2.1 Navigating to the Small Business Health Options Program (SHOP)

1. Navigate to the kynect health coverage [website](#).



2. Click **Learn More** to navigate to the **SHOP** screen.



- Click **See if You Are Eligible** to initiate a SHOP eligibility application.



2.2 SHOP Application Section 1

- Enter the **Name** for the *Business Name*.

5. Enter the **Number** for the *Employer Identification Number*.

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Programs ▾ Rates, KynectCare, & Agents Help & FAQs

Language: English (English) ▾

ELIGIBILITY APPLICATION

Application

Section 1 of 2

Welcome to kynect health coverage! This website allows small businesses and non-profit organizations to check eligibility to enroll in SHOP Coverage.

Business Name
Bob's Tool Shop

Employer Identification Number (EIN)
123456789

Business Address

Business Address (line 2) (Optional)

Business Phone Number
###-###-####

Date current SHOP plan year began or will begin (optional)
mm/dd/yyyy

Back Exit Next

6. Enter the **Address** for *Business Address*.

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Language: English (English) ▾

ELIGIBILITY APPLICATION

Application

Section 1 of 2

Welcome to kynect health coverage! This website allows small businesses and non-profit organizations to check eligibility to enroll in SHOP Coverage.

Business Name
Bob's Tool Shop

Employer Identification Number (EIN)
123456789

Business Address
123 Main St.

Business Address (line 2) (Optional)

Business Phone Number
###-###-####

Date current SHOP plan year began or will begin (optional)
mm/dd/yyyy

Back Exit Next

7. Enter the **Number** for the *Business Phone Number*.

Application

Section 1 of 2

Welcome to kynect health coverage! This website allows small businesses and non-profit organizations to check eligibility to enroll in SHOP Coverage.

Business Name
Bob's Tool Shop

Employer Identification Number (EIN)
123456789

Business Address
123 Main St

Business Address Line 2 (Optional)

Business Phone Number
Enter 555-555-5555 and click Enter to move forward.

Date current SHOP plan year began, or will begin (optional)
mm/dd/yyyy

Back Exit Next

8. Select the appropriate **Year, Month, and Day** from the calendar for the date the SHOP plan year began or will begin.

Application

Section 1 of 2

Welcome to kynect health coverage! This website allows small businesses and non-profit organizations to check eligibility to enroll in SHOP Coverage.

Business Name
Bob's Tool Shop

Employer Identification Number (EIN)
123456789

Business Address
123 Main St

Business Address Line 2 (Optional)

Business Phone Number
555-555-5

Date current SHOP plan year began, or will begin (optional)
Today

mm/dd/yyyy

Back Exit Next

Select the appropriate Year, Month, and Day. For this example, select 01/01/2022.

9. Click **Next** to proceed to **Section 2** of the SHOP eligibility application.

kynect health coverage Programs Help, Symptoms, & Agents Help & FAQs Languages: English (English)

ELIGIBILITY APPLICATION

Application

Section 1 of 2

Welcome to kynect health coverage! This website allows small businesses and non-profit organizations to check eligibility to enroll in SHOP Coverage.

Business Name:
Bob's Tool Shop

Employer Identification Number (EIN):
123456789

Business Address:
123 Main St

Business Address line 2 (Optional):

Business Phone Number:
555-555-5555

Date current SHOP plan year began or will begin (optional):
1/1/2022

Back Exit **Next**

Click Next.

2.3 SHOP Application Section 2

10. Click **Yes** or **No** for *Does this business have from 1-50 Full-time Equivalent (FTE) Employees who participated in SHOP last year?*

Complete section 2 of the Small Business Health Options Program (SHOP) application.
Read each question and select **Yes** or **No**.

Application

Section 2 of 2

To be eligible to enroll in SHOP insurance, you must indicate that your small business or non-profit organization meets all the following qualifications. Answer "Yes" or "No" to the following questions:

Does the business have from 1 to 50 Full-time Equivalent (FTE) Employees who participated in SHOP last year?
LEARN MORE ABOUT FTE

Yes No

Back

Click **Yes** for *Does the business have from 1-50 Full-time Equivalent (FTE) Employees who participated in SHOP last year?*

Please note: Since Plan Year 2022 will be the first year small business employers may enroll in SHOP coverage through kynect health coverage, employers should select "**Yes**" for the question *Does the business have from 1 to 50 Full-time Equivalent (FTE) Employees who participated in SHOP last year?* to be eligible for SHOP coverage if the statement is otherwise true for them.

11. Click **Yes** or **No** for *Does the business have a primary office address within Kentucky?*

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Programs ▾ Rates, Ratemakers, & Agents Help & FAQs

Language: English (English) ▾

ELIGIBILITY APPLICATION

Application

Section 2 of 2

To be eligible to enroll in SHOP insurance, you must indicate that your small business or non-profit organization meets all the following qualifications. Answer "Yes" or "No" to the following questions:

Does the business have from 1 to 50 Full-time Equivalent (FTE) Employees who participated in SHOP last year?
[Learn More About FTE](#)

Does the business have a primary office address within Kentucky?

Click **Yes** for *Does the business have a primary office address within Kentucky?*

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to [kynect.ky.gov](#) to see all your options.

Help & FAQs
Find a COBRA Office

Contact Us
kynect benefits
1-855-300-8958

Technical Assistance

Connect

12. Click **Yes** or **No** for *Does the business offer coverage to all full-time employees?*

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Programs ▾ Rates, Ratemakers, & Agents Help & FAQs

Language: English (English) ▾

ELIGIBILITY APPLICATION

Application

Section 2 of 2

To be eligible to enroll in SHOP insurance, you must indicate that your small business or non-profit organization meets all the following qualifications. Answer "Yes" or "No" to the following questions:

Does the business have from 1 to 50 Full-time Equivalent (FTE) Employees who participated in SHOP last year?
[Learn More About FTE](#)

Does the business have a primary office address within Kentucky?

Does the business offer coverage to all full-time employees?

Click **Yes** for *Does the business offer coverage to all full-time employees?*

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to [kynect.ky.gov](#) to see all your options.

13. Click **Yes** or **No** for *Does the employer have at least one employee enrolling in coverage who isn't an owner or business partner, or the spouse of the owner or business partner?*

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Programs ▾ Repts, Kymcare, & Agents Help & FAQs

Language: English (English) ▾

ELIGIBILITY APPLICATION

Application

Section 2 of 2

To be eligible to enroll in SHOP insurance, you must indicate that your small business or non-profit organization meets all the following qualifications. Answer "Yes" or "No" to the following questions:

Does the business have from 1 to 50 Full-time Equivalent (FTE) Employees who participated in SHOP last year?
USE A BUREAU OF ECONOMIC DEVELOPMENT (BED) EMPLOYMENT CERTIFICATE

Yes No

Does the business have a primary office address within Kentucky?

Yes No

Does the business offer coverage to all full-time employees?

Yes No

Does the employer have at least one employee enrolling in coverage who isn't an owner or business partner, or the spouse of the owner or business partner?

Yes No

Back Exit

Click **Yes** for *Does the employer have at least one employee enrolling in coverage who isn't an owner or business partner, or the spouse of the owner or business partner?*

14. Click **Submit** to submit the SHOP eligibility application.

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small business coverage

Programs ▾ Repts, Kymcare, & Agents Help & FAQs

Language: English (English) ▾

ELIGIBILITY APPLICATION

Application

Section 2 of 2

To be eligible to enroll in SHOP insurance, you must indicate that your small business or non-profit organization meets all the following qualifications. Answer "Yes" or "No" to the following questions:

Does the business have from 1 to 50 Full-time Equivalent (FTE) Employees who participated in SHOP last year?
USE A BUREAU OF ECONOMIC DEVELOPMENT (BED) EMPLOYMENT CERTIFICATE

Yes No

Does the business have a primary office address within Kentucky?

Yes No

Does the business offer coverage to all full-time employees?

Yes No

Does the employer have at least one employee enrolling in coverage who isn't an owner or business partner, or the spouse of the owner or business partner?

Yes No

Back Exit **Submit**

Click **Submit** to submit the SHOP Application.

2.4 Eligibility Results Screen

15. Eligibility results display after submitting the SHOP eligibility application.

Eligibility results display. Check the **box** at the bottom of the page to confirm the information entered is correct.

ELIGIBILITY APPLICATION

Eligibility Results

SHOP Eligibility

- The business is eligible for SHOP coverage.

You can enroll in SHOP coverage:

- through an insurance company
- or with the assistance of a SHOP-registered agent or broker

Please review the below application summary and confirm:

Review Summary

Business Name Bob's Tool Shop	Employer Identification Number(EIN) 123456789
Business Address 123 Main St	Phone Number 555-555-5555
Date current SHOP plan year begins, or will begin 01-01-2022	
Does the business have from 1 to 50 Full-time Equivalent (FTE) Employees or participated in SHOP last year? Yes	
Does the business have a primary office address within Kentucky? Yes	
Does the business offer coverage to all full-time employees, generally workers averaging 30 or more hours per week? Yes	
Does the employer have at least one employee enrolling in coverage who isn't an owner or business partner, or the spouse of the owner or business partner? Yes	

I confirm the information provided about this business is correct to the best of my knowledge.

Retain your eligibility results for your records. Your results will be sent to email address if you choose, if you do not provide the email address, please be sure to print or save your responses.

Would you like kynecl health coverage to send an email notification of this application?

[Back](#) [Exit](#) [Submit](#)

16. Check the **box** confirming the information provided is correct to the best of the employer's knowledge.

Review Summary

Business Name Bob's Tool Shop	Employer Identification Number(EIN) 123456789
Business Address 123 Main St	Phone Number 555-555-5555
Date current SHOP plan year begins, or will begin 01-01-2022	
Does the business have from 1 to 50 Full-time Equivalent (FTE) Employees or participated in SHOP last year? Yes	
Does the business have a primary office address within Kentucky? Yes	
Does the business offer coverage to all full-time employees, generally workers averaging 30 or more hours per week? Yes	
Does the employer have at least one employee enrolling in coverage who isn't an owner or business partner, or the spouse of the owner or business partner? Yes	

Check the box confirming the information provided about the business is correct to the best of your knowledge.

☒ I confirm the information provided about this business is correct to the best of my knowledge.

Retain your eligibility results for your records. Your results will be sent to email address if you choose, if you do not provide the email address, please be sure to print or save your responses.

Would you like kynecl health coverage to send an email notification of this application?

[Back](#) [Exit](#) [Submit](#)

17. Optional: Enter an **Email Address** to receive an electronic copy of the eligibility results. If the employer chooses not to provide an email address, they should print their eligibility results for their records.
18. Click **Submit** to proceed to the **Next Steps** screen.

Employers should print the Eligibility Results for their records if they choose not to enter an email address and have the determination emailed to them.

Business Name Bob's Tool Shop	Employer Identification Number(EIN) 123456789
Business Address 123 Main St	Phone Number 555-555-5555
Date current SHOP plan year begins, or will begin 01-01-2022	
Does the business have from 1 to 50 Full-time Equivalent (FTE) Employees or participated in SHOP last year? Yes	
Does the business have a primary office address within Kentucky? Yes	
Does the business offer coverage to all full-time employees, generally workers averaging 30 or more hours per week? Yes	
Does the employer have at least one employee enrolling in coverage who isn't an owner or business partner, or the spouse of the owner or business partner? Yes	
<input checked="" type="checkbox"/> I confirm the information provided about this business is correct to the best of my knowledge.	

Print your eligibility results for your records. Your results will be sent to email address you choose, if you do not provide the email address, please be sure to print or save responses.

Would you like kyneect health coverage to send an email notification of your results?

Optional: Enter an email address to receive the eligibility results for your records.

Click **Submit** to continue without entering an email address.

Click **Submit**.

Back Exit Submit

2.5 Next Steps Screen

The **Next Steps** screen allows employers to window shop for plans and prices or connect with an Agent.

19. Click **Find an Insurance Agent** to search for an Agent in the area.

The **Next Steps** screen allows employers to window shop for plans and prices or connect with an Agent.

Next Steps

Thank you! You have completed your SHOP eligibility application.

Eligible Business

- If you're already working with an agent or broker or an insurance company, present them with your eligibility confirmation email or printed page.
- To browse SHOP plans and prices visit [See plans and prices](#)
- To find a SHOP agent or broker visit [Find an insurance agent](#)

Not Eligible Business

- If you don't agree with your eligibility results reach out to kyneect health coverage via email kyneectshop@ky.gov.

Click **Find an Insurance Agent**.

Exit Find an Insurance Agent See Plans and Prices

2.5.1 Find an Insurance Agent Screen

20. Enter **Information** such as *First Name, Last Name, Zip Code, or Organization* and click **Search** to search for an Agent to help enroll in SHOP coverage.

Clicking Find an Insurance Agent navigates the user to the Find kynecor or Agent screen.

Enter information as applicable to search for kynecors or Agents.

Continue

Find kynecor or Agent

Type: kynecor Agent

First Name: [input field] Last Name: [input field]

Zip Code: [input field] Organization: [input field]

Cancel Search

2.5.2 See Plans and Prices

21. Click **See Plans and Prices** to window shop for plans and prices.

Next Steps

Thank you! You have completed your SHOP eligibility application.

Eligible Business

- If you're already working with an agent or broker or an insurance company, present them with your eligibility confirmation email or printed page.
- To browse SHOP plans and prices visit [See plans and prices](#)
- To find a SHOP agent or broker visit [Find an insurance agent](#)

Not Eligible Business

- If you don't agree with your eligibility results reach out to kynecor for health coverage via email kynecorshop@ky.gov.

Click See Plans and Prices.

Exit Find an Insurance Agent See Plans and Prices

22. Enter the **County** the business is located in.

The screenshot shows the Kynect SHOP website interface. At the top, there's a blue header with the Kynect logo and navigation links: Programs, Rates, KynectCare, & Agents, and Help & FAQs. Below the header, a grey bar says 'LOOK FOR PLANS AND PRICES'. The main content area has a heading 'Find out how much the insurance will cost'. Underneath, it asks 'Where is this business located?'. There are four input fields: 'County' (highlighted with a green box), 'Zip Code', 'How many employees are you offering coverage?', and 'Date current SHOP plan year begins, or will begin'. A callout bubble points to the 'County' field with the text 'Enter Fayette and click Enter to move forward.' At the bottom, there are two buttons: 'Exit' and 'Browse Plans'. A footer message states: 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynect.ky.gov to see all your options.'

23. Select the **County** from the search results.

This screenshot shows the same Kynect SHOP website form as the previous one, but with the 'County' dropdown menu open. The dropdown list shows 'Fayette' selected and highlighted with a green box. A callout bubble points to the dropdown with the text 'Select Fayette.' The rest of the form and the website header/footer are identical to the previous screenshot.

24. Enter the **Zip Code** in the *Zip Code* field.

The screenshot shows the Kynect website's 'Find out how much the insurance will cost' form. The form is titled 'LOOK FOR PLANS AND PRICES'. It includes fields for 'Where is this business located?' (Country: Fayette), 'Zip Code' (highlighted with a green box), 'How many employees are you offering coverage?' (empty), and 'Data current SHOP plan year begins, or will begin' (mm/dd/yyyy). A blue callout bubble points to the Zip Code field with the text: 'Enter **40509** and click **Enter** to move forward.' Below the form are 'Exit' and 'Browse Plans' buttons. The footer contains the text: 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynect.ky.gov to see all your options.'

25. Enter the **Number** for *How many employees are you offering coverage?*

The screenshot shows the Kynect website's 'Find out how much the insurance will cost' form. The form is titled 'LOOK FOR PLANS AND PRICES'. It includes fields for 'Where is this business located?' (Country: Fayette), 'Zip Code' (40509), 'How many employees are you offering coverage?' (highlighted with a green box), and 'Data current SHOP plan year begins, or will begin' (mm/dd/yyyy). A blue callout bubble points to the 'How many employees are you offering coverage?' field with the text: 'Enter **2** and click **Enter** to move forward.' Below the form are 'Exit' and 'Browse Plans' buttons. The footer contains the text: 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynect.ky.gov to see all your options.'

26. Enter the **Number** for *Employee 1 Age*.

kynect
health coverage

Programs - Rates, Ratemakers, & Agents Help & FAQs

Language: English (English)

LOOK FOR PLANS AND PRICES

Find out how much the insurance will cost

Where is this business located?

Country
Fayette

Zip Code
40509

How many employees are you offering coverage?
2

Employee 1 Age
45

Employee 2 Age

Date current SHOP plan year begins or will begin
mm/dd/yyyy

Exit Browse Plans

Enter 45 and click Enter to move forward.

Please note: The number of employee age boxes is dependent on the number of employees the business is offering coverage to.

27. Enter the **Number** for *Employee 2 Age*.

kynect
health coverage

Programs - Rates, Ratemakers, & Agents Help & FAQs

Language: English (English)

LOOK FOR PLANS AND PRICES

Find out how much the insurance will cost

Where is this business located?

Country
Fayette

Zip Code
40509

How many employees are you offering coverage?
2

Employee 1 Age
45

Employee 2 Age
50

Date current SHOP plan year begins or will begin
mm/dd/yyyy

Exit Browse Plans

Enter 50 and click Enter to move forward.

28. Select the appropriate **Year, Month, and Day** from the calendar for the date the SHOP plan year began or will begin.

The screenshot shows the Kynect website's "LOOK FOR PLANS AND PRICES" section. The title "Find out how much the insurance will cost" is prominent. Below it, a form asks "Where is this business located?" with fields for "Country" (Fayette) and "Zip Code" (40509). A calendar for January 2022 is displayed, with the 1st of January highlighted. A blue callout box points to the calendar with the text: "Select the appropriate Year, Month, and Day. For this example, select 01/01/2022." Other form fields include "How many employees?" (2), "Employee 1 Age" (45), "Employee 2 Age" (50), and "Date current SHOP plan year begins or will begin" (mm/dd/yyyy). At the bottom are "Exit" and "Browse Plans" buttons.

29. Click **Browse Plans** to window shop for plans and prices.

This screenshot shows the same Kynect website interface as the previous one, but with the "Date current SHOP plan year begins or will begin" field filled with "1/1/2022". A blue callout box points to the "Browse Plans" button with the text: "Click Browse Plans." The "Browse Plans" button is highlighted with a green border, while the "Exit" button remains unchanged.

30. Click **Show Filters** to display filter criteria.

After clicking **Browse Plans**, the user is navigated to the **Medical Plan Search** screen where they may use filters to search for medical plans.

Medical Plan Search

(Today's Date: 10/27/2020)

The Premiums listed below are estimates based on the information you provided. The final cost of the plan will be determined when your group information is provided to the insurance company.

Employee Premium: 0% 100%

Click Show Filters.

Icon Legend:

- T Tobacco Cessation Program
- P Embedded Pediatric Dental Benefits

Show Filters

Export	Compare Selected Plans					
Insurance Company Name	Estimated Total Monthly Premium	Total Employer Premium	Total Employee Premium	Individual Deductible	Individual Out-of-Pocket Maximum	Actions
Anthem	\$117.06	\$0.00	\$117.06	N/A	N/A	

31. Select the **Metal Level**.

kynect health coverage **Browse Plans**

Language: English (English) ▼

Medical Plan Search

(Today's Date: 10/27/2020)

The Premiums listed below are estimates based on the information you provided. The final cost of the plan will be determined when your group information is provided to the insurance company.

Employee Premium: 0% 100%

Icon Legend:

- T Tobacco Cessation Program
- P Embedded Pediatric Dental Benefits

Select Silver.

Filters

Insurance Company:

Plan Type:

Plan ID:

Quality Rating:

Employer Monthly Premium:

Metal Level Selection:

- All
- Platinum
- Gold
- Silver**
- Bronze
- Expanded Bronze
- All

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

Filters

Insurance Company: All

Plan Type: All

Metal Level: Silver

Plan ID: Enter id

Quality Rating: Select

Employer Monthly Premium: Min Max

Annual Deductible: Min Max

Out-Of-Pocket Maximum: Min Max

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

[Hide Filters](#)

Export Compare Selected Plans

Insurance Company Name	Estimated Total Monthly Premium	Total Employer Premium	Total Employee Premium	Individual Deductible	Individual Out-of-Pocket Maximum	Actions
Anthem Silver Pathway HMO	\$117.06	\$0.00	\$117.06	N/A	N/A	Compare

33. Click **Compare** to select a medical plan.

Export Compare Selected Plans

Insurance Company Name	Estimated Total Monthly Premium	Total Employer Premium	Total Employee Premium	Individual Deductible	Individual Out-of-Pocket Maximum	Actions
Anthem Silver Pathway HMO	\$117.06	\$0.00	\$117.06	N/A	N/A	Compare

Click Compare to select the Anthem medical plan.

Summary (In-Network)

Anthem Silver Pathway HMO

\$117.06 \$0.00 \$117.06 N/A N/A [Compare](#)

Choose Plan

34. Click **Compare** to select a medical plan.

The screenshot shows the 'Compare Selected Plans (1)' section of the SHOP Training Guide. It displays a table with columns: Insurance Company Name, Estimated Total Monthly Premium, Total Employer Premium, Total Employee Premium, Individual Deductible, Individual Out-of-Pocket Maximum, and Actions. The first row shows the Anthem Silver Pathway HMO plan with a 'Compare' button. A blue callout box with the text 'Click Compare to select the Anthem medical plan.' points to this button.

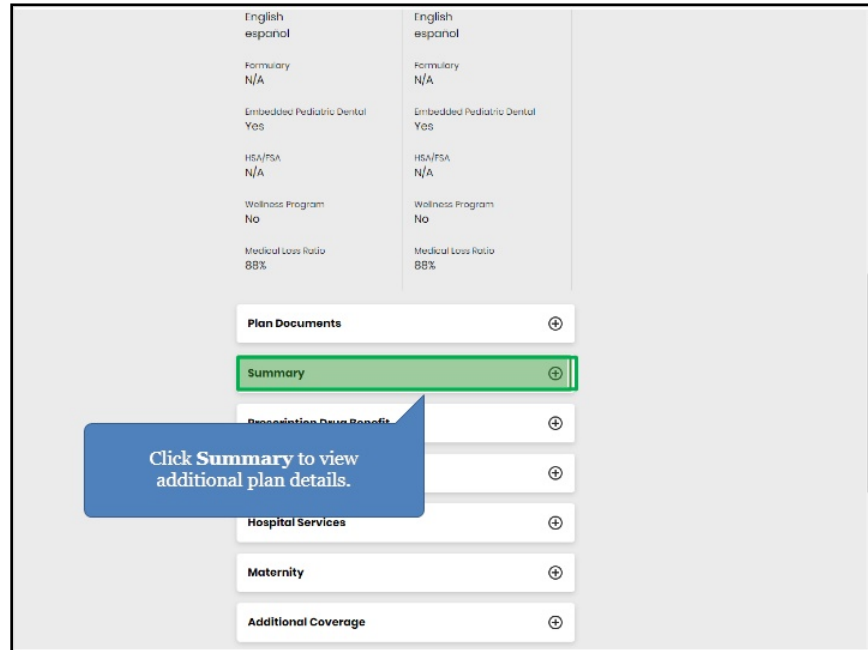
Insurance Company Name	Estimated Total Monthly Premium	Total Employer Premium	Total Employee Premium	Individual Deductible	Individual Out-of-Pocket Maximum	Actions
Anthem Silver Pathway HMO	\$117.08	\$0.00	\$117.08	N/A	N/A	Compare

35. Click **Compare Selected Plans (2)** to compare the selected medical plans.

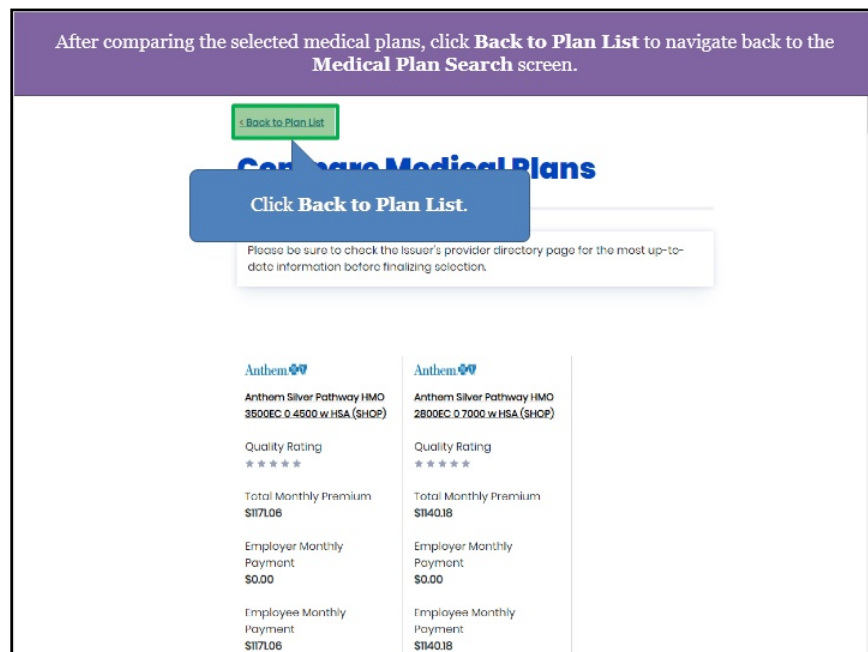
The screenshot shows the 'Compare Selected Plans (2)' section of the SHOP Training Guide. It displays a table with columns: Insurance Company Name, Estimated Total Monthly Premium, Total Employer Premium, Total Employee Premium, Individual Deductible, Individual Out-of-Pocket Maximum, and Actions. The first row shows the Anthem Silver Pathway HMO plan with a 'Compare' button. A blue callout box with the text 'Click Compare Selected Plans (2) to compare the selected medical plans.' points to the 'Compare Selected Plans (2)' button.

Insurance Company Name	Estimated Total Monthly Premium	Total Employer Premium	Total Employee Premium	Individual Deductible	Individual Out-of-Pocket Maximum	Actions
Anthem Silver Pathway HMO	\$117.08	\$0.00	\$117.08	N/A	N/A	Compare

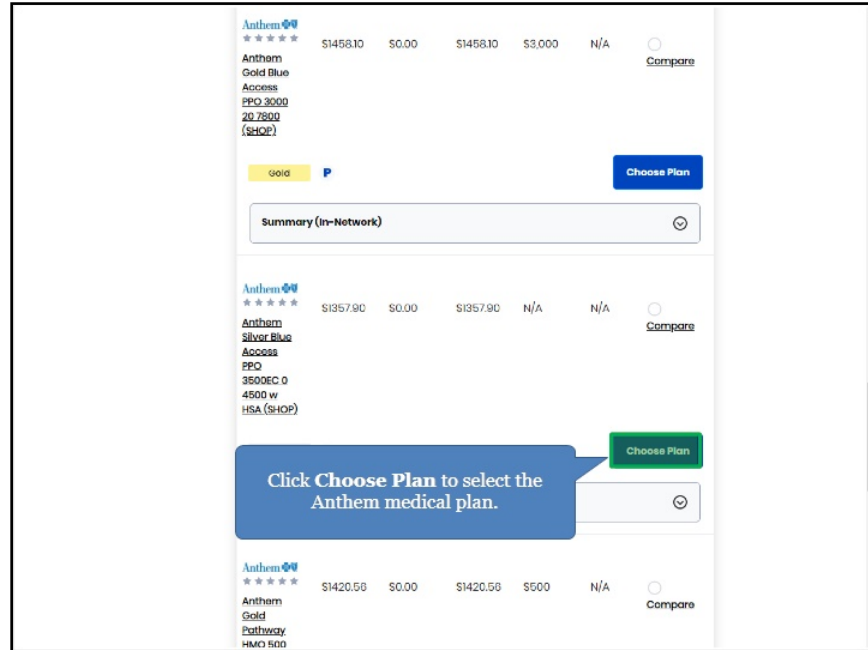
36. Review plan details on the **Compare Medical Plans** screen and click any **tab** for additional information.



37. Click **Back to Plan List** to navigate back to the **Medical Plan Search** screen.

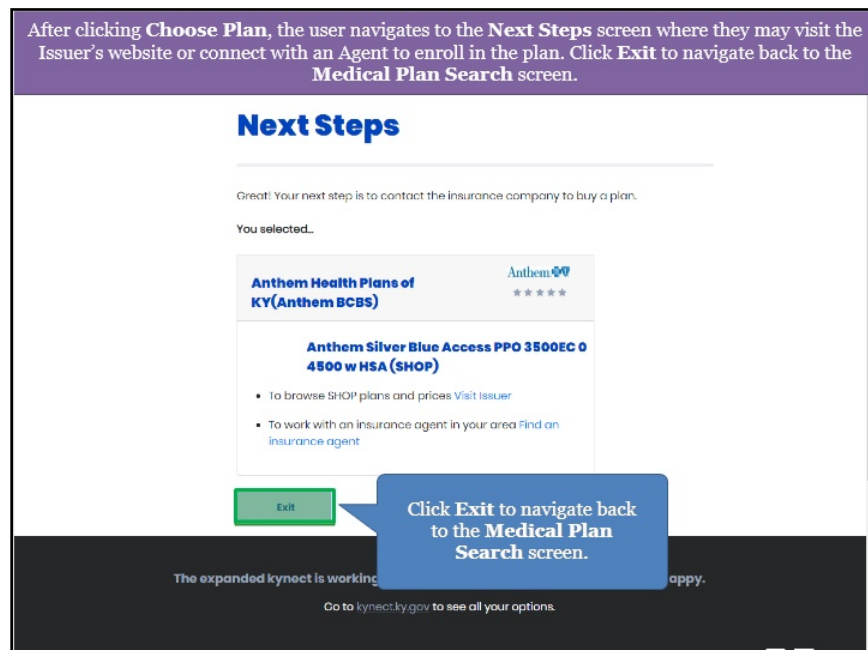


38. Click **Choose Plan** to select the desired plan.

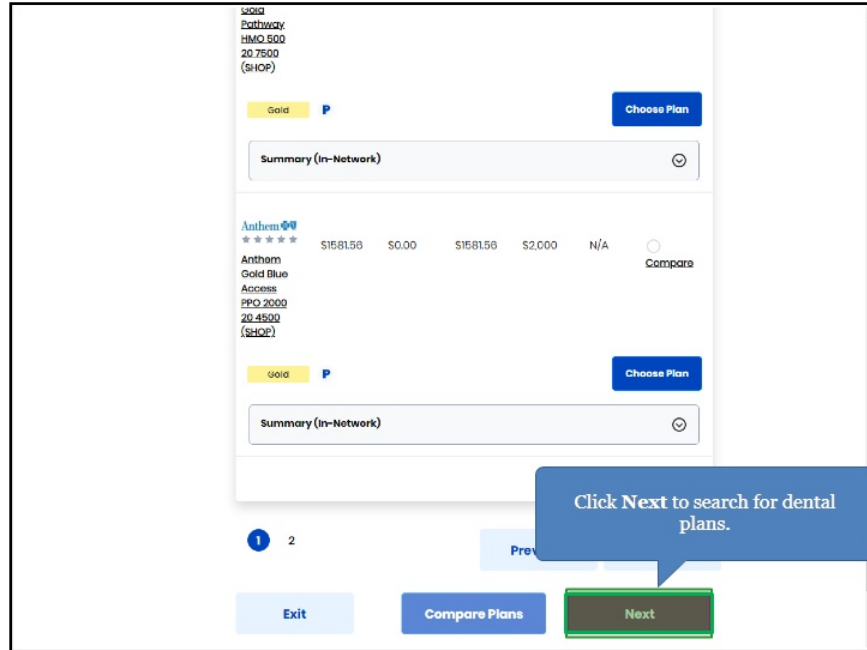


39. After clicking **Choose Plan**, the user navigates to the **Next Steps** screen where they may visit the Issuer's website or connect with an Agent to enroll in the plan.

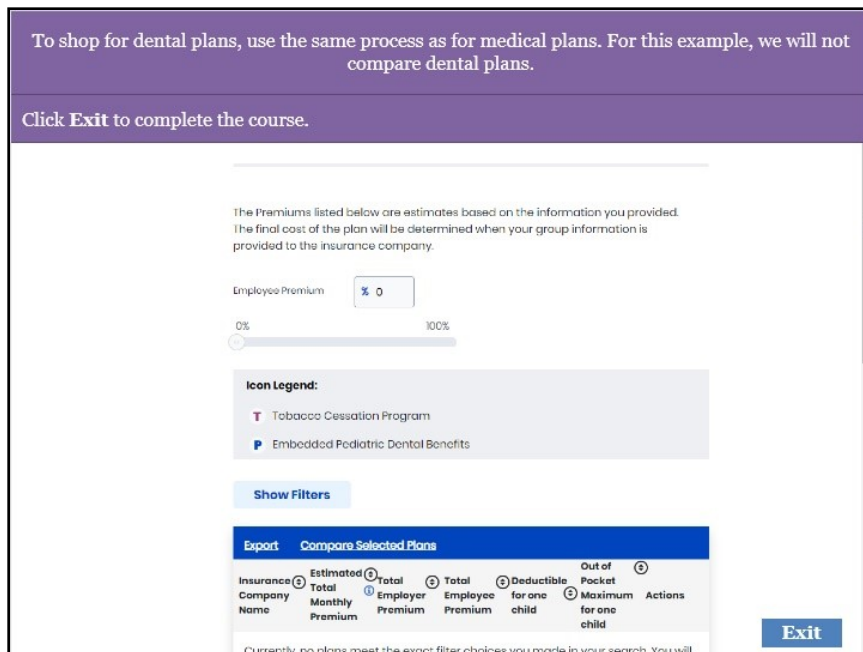
40. Click **Exit** to navigate back to the **Medical Plan Search** screen.



41. Click **Next** to search for dental plans.



42. To shop for dental plans, follow the steps used for medical plans in steps 30-40.



3 Glossary of Common Terms to Know in kynect SHOP

Below is a listing of common terms and applicable acronyms often utilized in SHOP.

Term	Definition
Agent	An Insurance Agent licensed by Kentucky Department of Insurance (DOI) who can sell many types of insurance. For purposes of kynect SHOP, an Agent must be licensed by DOI and SHOP-registered to sell, solicit, or negotiate health insurance.
Annual Open Enrollment Period	The period each year during which a qualified employer may select the plans they wish to offer to their qualified employees or renew current plans to continue offering to their qualified employees. It is also the period each year during which a qualified employee may enroll in or change coverage offered by their employer.
Dependent	Anyone who is or may become eligible for coverage under the terms of a group health plan because of a relationship to an eligible employee.
Eligibility Application	Online form collecting kynect SHOP-specific eligibility requirements to determine eligibility to enroll in kynect SHOP coverage.
Enrollee	Qualified employee enrolled in a Qualified Health Plan (QHP) and/or Stand-Alone Dental Plan (SADP).
Plan Year	Consecutive 12-month period during which a health plan provides coverage for health benefits. This is determined by the employer.
Premium	The amount the Issuer charges to provide coverage for the enrollees for a health plan. For a small employer to receive tax credits, they must pay a minimum of 50% of the premium for the employee.
Qualified Employee	Individual employed by a qualified employer who has been offered health insurance coverage by such qualified employer through kynect SHOP.
Qualified Employer	Small employer that elects to make, at a minimum, all full-time employees of such employer eligible for one or more QHPs or SADPs in the small group market.
Qualified Health Plan (QHP)	An insurance plan certified by the State-Based Marketplace (SBM) that provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements under the Affordable Care Act (ACA).
Special Enrollment for QHPs	Period during which a qualified Individual or Enrollee who experiences certain qualifying events may enroll in, or change enrollment in, a QHP outside of the initial and annual Open Enrollment Periods. Issuers are required to grant SEPs.
Stand-Alone Dental Plan (SADP)	Dental plan certified by the State-Based Marketplace (SBM) that provides a limited scope of dental benefits, including a pediatric dental essential health benefit.

State-Based Marketplace	A marketplace where states are responsible for performing all marketplace functions for the individual market. Residents in these states apply for and enroll in coverage through marketplace websites established and maintained by the states.
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4 Assessment

1. What does the acronym SHOP stand for?
 - a. State Health Operations Program
 - b. Small Business Health Options Program
 - c. Smart Habits to Obtain Perfection
 - d. Shop Hospital Options and Parameters
2. What are the minimum average number of work hours an employee must work in order to be considered a full-time employee?
 - a. A minimum of 30 hours or more per week
 - b. A minimum of 40 hours or more per week
 - c. A minimum of 80 hours or more per week
 - d. A maximum of 20 hours per week
3. Within how many days may an employer request a formal desk review from KHBE after the date of the notice of denial?
 - a. Within 120 days
 - b. Within 90 days
 - c. Within 60 days
 - d. Within 30 days
4. Who is responsible for conducting terminations of QHP and/or SADP coverage and sending termination notices?
 - a. An employer's HR department
 - b. Contact Center staff
 - c. Issuers
 - d. Qualified employees
5. Which of the following QHP metal levels has the highest percentage of costs paid by the Insurance Company?
 - a. Gold
 - b. Silver
 - c. Platinum
 - d. Bronze
6. What is the intended purpose of the Small Business Health Options Program?

- a. To share information with employers about their competition
 - b. An affordable, flexible, and convenient way for small businesses to provide health and/or dental insurance to their employees
 - c. Provide subsidies that help employees pay for fitness programs
 - d. Assist businesses in educating their employees about health and wellness
7. Employers enroll in Small Business Health Options Program coverage through...
- a. HealthCare.gov
 - b. Issuers and Agents
 - c. The local health department
 - d. Primary care provider's office
8. Employers use the Small Business Health Options Program to window shop for which type of health plans?
- a. Medical and Dental
 - b. Long-term and Short-term
 - c. Vision and Prescription
 - d. Property and Casualty
9. After completing the SHOP eligibility application, employers have what two options on the Next Steps screen?
- a. Find an Insurance Agent and see plans and prices
 - b. Call the Issuer and begin the application
 - c. Find a kynector and enroll
 - d. Review available Issuers and contact the Department of Insurance
10. Which of the following best describes a Qualified Employee?
- a. An Individual previously employed by a qualified employer with remaining eligibility for health coverage through kynect SHOP.
 - b. An Individual employed by a qualified employer who has been offered health coverage through kynect SHOP.
 - c. All Individuals, regardless of employment status, who have been offered health coverage through kynect SHOP.
 - d. Any Individual eligible for employment by any employer.