

The Commonwealth of Kentucky
kynect State-Based Marketplace



**Benefits Application within kynect
benefits Quick Reference Guide**

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Introduction

This Quick Reference Guide is intended to instruct users on how to navigate the Benefits Application within kynect benefits.

Table of Contents

Introduction	2
1 Benefits Application Overview.....	3
2 Benefits Application within kynect benefits.....	3
2.1 Program Selection	9
2.2 Application Summary Screen	10
2.3 Household Members	11
2.4 Contact Information	17
2.5 Reps, kynectors, & Agents.....	20
2.6 Relationship & Tax Filing.....	21
2.7 Household Information	24
2.8 Member Details.....	29
2.9 Healthcare Coverage	33
2.10 Employer’s Health Reimbursement Arrangement	34
2.11 Review, Sign & Submit.....	36
2.12 Eligibility Results	39
2.13 Next Steps.....	40
3 Enrollment Manager	42
3.1 Qualified Health Plans.....	42
3.2 Medicaid Plans	54
3.3 Search and Select a Physician - Medicaid Plans.....	58
3.4 Search and Select Providers - Qualified Health Plans	60
4 Appendix.....	62
4.1 Add Authorized Representative.....	62
4.2 Add kynector	66
4.3 Add Agent.....	68
4.4 Health Coverage Selection	71
4.4.1 Enrolled in Health Coverage.....	71
4.4.2 Offer of Health Coverage.....	74
4.5 Employer’s Health Reimbursement Arrangement (HRA)	77
4.5.1 Enrolled in Employer’s HRA.....	77
4.5.2 Offer of Employer’s HRA.....	78

1 Benefits Application Overview

kynect benefits makes it easy for Residents, kynectors, Agents and other users to apply for benefit programs. Residents may apply for the following benefit programs within kynect benefits:

- Medicaid/KCHIP/Qualified Health Plan (QHP) with Payment Assistance (APTC)
- Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
- QHP (Medical and Dental Insurance plans without Payment Assistance)
- Supplemental Nutrition Assistance Program (SNAP)
- Kentucky Transitional Assistance Program (KTAP)
- Child Care Assistance Program (CCAP)

Agents and kynectors may help Residents with the following within kynect benefits:

- Medicaid/KCHIP/Qualified Health Plan (QHP) with Payment Assistance (APTC)
- Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
- QHP (Medical and Dental Insurance plans without Payment Assistance)
- Report changes in information
- Recertify benefits

2 Benefits Application within kynect benefits

Residents access kynect benefits through the Kentucky Online Gateway (KOG) by creating a new account or through logging into an established account. Residents initiate a benefits application by clicking **Apply for Benefits** on the **Resident Dashboard**.

The [kynect health coverage](#) or [kynect benefits](#) Prescreening Tools may be used before a benefits application is submitted to determine a household's potential eligibility for benefits. Reference the **kynect benefits Prescreening Tool** and **kynect health coverage Prescreening Tool** Quick Reference Guides for more details.

Agents and kynectors must also sign into KOG to access kynect benefits. Agents and kynectors initiate a benefits application from different points:

- Agents initiate a benefits application after signing into KOG and clicking **Launch** on the Self-Service Portal (SSP) tile. Agents are navigated to the **Agent Portal** screen within SSP, where they may click **Initiate an Application for Individual**.
- kynectors initiate a benefits application after signing into KOG through the **kynector Dashboard** by clicking **Start Benefits Application**.

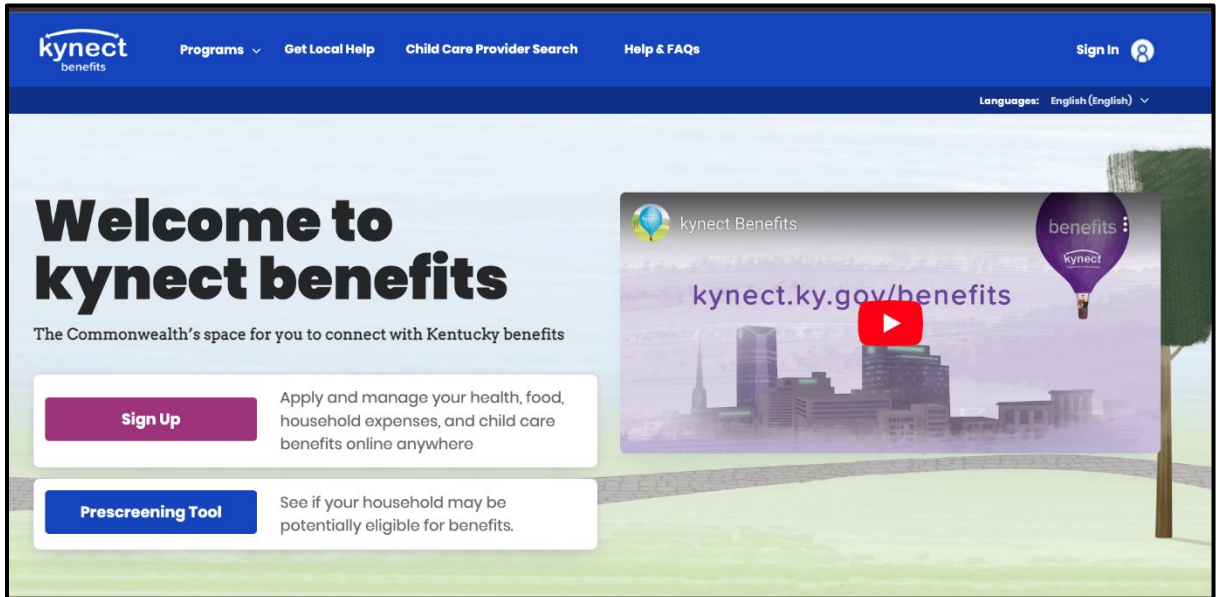
Below are the steps to apply for benefits in kynect benefits.

Quick Reference Guide: Benefits Application within kynect

1. Navigate to the kynect benefits website at kynect.ky.gov/benefits.

Please note: Agents initiate a benefits application after signing into KOG and clicking **Launch** on the *Self-Service Portal* tile. Agents are navigated to the **Agent Portal** screen within SSP, where they may click **Initiate an Application for Individual**. kynectors initiate a benefits application after signing into KOG through the **kynector Dashboard** by clicking **Start Benefits Application**.

2. Click **Sign In** to navigate to KOG.



3. Enter the KOG **Email** under *Citizen or Business Partner Sign In*.
4. Enter the KOG **Password** under *Citizen or Business Partner Sign In*.
5. Click **Sign In** to navigate to kynect benefits.

The screenshot shows the 'Citizen (or) Business Partner Sign In' page on the KY KY MyKentucky.gov website. The page has a blue header with 'UAT' and 'FAQ | Help | English'. The main content area is white with a blue border. It features a 'Sign In with your Kentucky Online Gateway Account.' section. There are two input fields: 'Email Address' (with a red box around it) and 'Password' (with a red box around it). A 'SIGN IN' button is below the password field. To the right, there's a 'WARNING' box with text about unauthorized access. Below the warning, there's a 'Don't already have a Kentucky Online Gateway Citizen Account?' section with a 'Create An Account' button and a link 'Click here to select user account type'. The footer includes the Kentucky logo and copyright information: '© Commonwealth of Kentucky. All rights reserved. Privacy Policy | Terms Of Use'.

Please note: If the Resident is new to kynect benefits, click the **Sign Up** link or **Apply for Benefits** on the home page to be taken through the steps to create a KOG account.

Please note: If a KOG account does not exist, click **Create an Account** to access kynect benefits. Reference the **Kentucky Online Gateway Account (KOG) One Pager** for steps to create an account.

6. Read the *Use of This Website* and click **Yes, I Accept**.

kynect
benefits

uat_ssp_citizen_01@exteruat.uatcit.uat.kynect Log Out

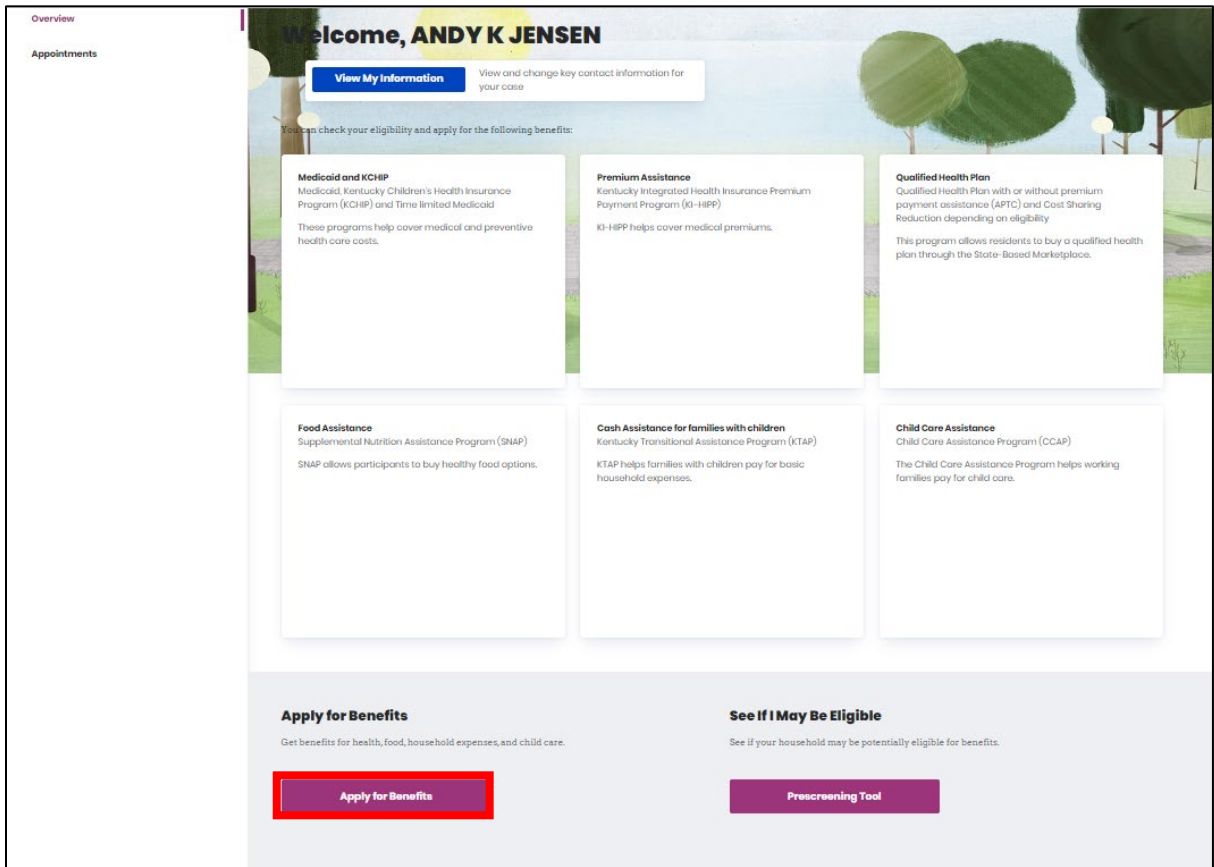
Use of This Website

1. I understand that the purpose and authorized use of this website is to apply for benefits. If applicable, I can also use this website to select and purchase health plans, as well as manage benefits.
2. If applicable, I can assist others in doing the tasks listed above.
3. I understand that unauthorized use, access, or misuse of this website is punishable by fines as well criminally punishable under state and federal law.
4. I understand that disclosing personal or confidential information is punishable by fines. This includes both state and federal law.
5. Federal and state guidelines are followed to protect information from unauthorized access or misuse.
6. I acknowledge that the user name and password used to login is my own and solely my own. I understand that user name and password for this website are not to be shared with other people.

Privacy & Terms of Use

No, I Reject **Yes, I Accept**

7. Click **Apply for Benefits**.






Please note: Add Other Benefits appears near the top of the **Resident Dashboard** if the Resident has already submitted an application. Click **Add Other Benefits** to apply for other programs.

8. Read the **Get Started** screen and click **Start Benefits Application**.

This application may take some time depending on the size of your household and your household details.

You will be able to save your progress and come back to your application at any point. We will also let you know if your application may be better supported by a case worker in-person.

Please note that you may be required to have an interview with a DCBS Case Worker to validate the information you entered after you submit your application.

 Gather Important Documents	 Fill Out the Application	 Get Results & Next Steps
<ol style="list-style-type: none">1. Social Security Number2. Income Information (pay stubs, award letters)3. Expense information (rent, utilities, medical bills)4. Tax Returns	<ol style="list-style-type: none">1. Provide household information (number of members, age, citizenship, education)2. Provide individual member information (income, expense, assets)	<ol style="list-style-type: none">1. Set up interviews2. Send additional documentation

Need help?

We understand this can be a difficult application to do by yourself. You can get free help with your application. These options will remain open to you throughout your application.

<p>Contact kynector</p> <p>A kynector can help you with your benefits in the following ways:</p> <ul style="list-style-type: none">• Apply for Medicaid or KI-HIPP• Report changes in your information• Recertify your Medicaid benefits <p>Contact kynector</p>	<p>Call Department for Community Based Services (DCBS)</p> <p>Ask a DCBS worker any questions you have about the application process.</p> <p>1-855-306-8959</p>
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[Exit](#) [Start Benefits Application](#)

Please note: After submitting the application, Individuals may be required to have an interview with a DCBS Case Worker to validate the information provided.

9. Read the *Information for All Who Apply* pop-up and click **I Agree**.

Information for All Who Apply

Welcome to kynect benefits! This website allows you and your family to apply for programs that may help meet your family's needs. Below is a list of programs that you can apply for; if you would like more information, please click the links:

- [Medicaid/KCHIP \(Kentucky Children's Health Insurance Program\) /APTC \(Advance Premium Tax Credit\)](#)
- [KI-HIPP](#)
- [KTAP \(Kentucky Transitional Assistance Program\)](#)
- [SNAP \(Supplemental Nutrition Assistance Program\)](#)
- [Child Care Assistance](#)
- [Qualified Health Plan without payment assistance](#)

Any information that you give us is completely private and secure. You will be asked some detailed questions.

If you need help to apply for Medicaid/KCHIP/APTC, KTAP, SNAP, Child Care Assistance, call DCBS Call Services at 1-855-306-8959. If you need help to apply for Qualified Health Plan, call kynect health coverage Call Services at 1-855-459-6328. kynect benefits and kynect health coverage Customer Service is available at 1-844-407-8398.

We also have Insurance Agents and kynectors out in the community who will help you one-on-one. You may add one of these individuals to your case while applying, or after your application is complete, from your dashboard.

For most programs you will be required to complete an interview after your application is submitted. You can apply for SNAP and other benefits at the same time. However, your SNAP application will be processed separately. We have to process your SNAP application based on SNAP rules and let you know about our decision as quickly as possible, but no later than 30 days from the date we receive your signed application. You

I Disagree **I Agree**

2.1 Program Selection

The *Program Selection* section is where Applicants select the program(s) they would like to apply for.

1. Select the **program(s)** the Applicant would like to apply for.
2. Select **Phone** or **In Person** for *How are you meeting this applicant?*
 - a. If **In Person** is selected for the previous question, select **RIDP** or **Upload Documents** for *How would you like to verify this applicant's identity?*.
3. Click **Next** to navigate to the **Application Summary** screen.

The screenshot shows the 'Program Selection' screen. At the top, it says 'BENEFITS APPLICATION' and 'Program Selection' with a 'Learn More' link. Below that, a red box highlights a section titled 'Select the programs the household would like to apply for.' containing a list of programs: 'Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)' (checked), 'QHP (Medical and Dental Insurance plans without payment assistance)' (checked), 'KI-HIPP (Health Insurance Premium Payments)', 'SNAP (Food Assistance)', 'KTAP (Cash Assistance)', and 'Child Care Assistance'. Below this, another red box highlights the 'How are you meeting this applicant?' section with 'Phone' and 'In Person' buttons. A third red box highlights the 'How would you like to verify this applicant's identity?' section with 'RIDP' and 'Upload Documents' buttons. At the bottom, there are three buttons: 'Back', 'Save & Exit', and 'Next' (highlighted with a red box).

Please note: kynect benefits allows Applicants to select more than one program at a time. Applicants are encouraged to contact a kynector if they need help with the Medicaid/KCHIP or KI-HIPP application. Refer to **section 4.2 Add kynector** for details on how to add a kynector.

Please note: Benefits may be greyed out if the program(s) are not applicable to the Individual. Hovering over the program will display informational text explaining the reason.

2.2 Application Summary Screen

The benefits application is divided into sections. Applicants should enter information in each section of the benefits application as applicable. If an Applicant does not fill out a field that is mandatory, the system does not let the Applicant move forward to the next page of the application.

kynect benefits returns the Applicant back to the **Application Summary** screen after each section of the benefits application is completed. The **Application Summary** screen includes the Progress Bar that updates automatically after each section is completed.

1. Click **Start** to begin the *Household Members* section.

BENEFITS APPLICATION

Application Summary

Application# 600260446

Complete the sections below to submit the application.

1 of 10 completed

- Program Selection Edit
- Household Members Start
- Contact Information
- Reps, kynectors, & Agents Start
- Relationship & Tax Filing
- Household Information Start
- Member Details
- Healthcare Coverage Start
- Employer's Health Reimbursement Arrangement Start
- Sign & Submit Start

Save & Exit

Please note: The sections that appear in the **Application Summary** screen depend on the programs that were selected. Click **Edit** on a section to edit the information before the application is submitted. Residents must complete the Report a Change process to submit changes after the application is submitted.

2.3 Household Members

The *Household Members* section is where Applicants enter information on household members.

1. Enter the Applicant's **First Name**.
2. Enter the Applicant's **Middle Initial**, or check the **box** saying they do not have a middle initial.
3. Enter the Applicant's **Last Name**.
4. Select the Applicant's **Sex** from the drop-down.
5. Select the Applicant's **Date of Birth** from the calendar.

The screenshot shows a web form titled "BENEFITS APPLICATION" with a sub-header "Application Summary" and a main heading "Household Member Details". Below the heading is a instruction: "Complete the questions below about the household member. If this household member has a Social Security Card, enter the name as it appears on the card." The form contains several input fields: "First Name" and "ML" (Middle Initial) are highlighted with red boxes; a checkbox labeled "Household member does not have a middle initial." is present; "Last Name" is highlighted with a red box, followed by a "Suffix" dropdown menu; "Alias First Name" and "Alias Last Name" are also present; "Sex" and "Date of Birth" are highlighted with red boxes, with "Sex" being a dropdown and "Date of Birth" being a calendar-style input.

Please note: For CCAP only applications, a “No Response” option is available to select in the *Sex* and *Select this individual’s race(s)* fields.

Please note: If the Household Member’s full name, date of birth, SSN (if provided) and gender match an existing Household Member or Head of Household’s information from an Active, Pending, or Unsubmitted application or case, including the current application, then a full member match occurs. Unless the user removes the repeated Household Member from the current application, they are restricted from continuing.

The following “Existing Case Found” pop-up message is displayed: “We found MEMBER NAME’s records in our system on another case/application with similar identifying information. To make sure information on this application does not affect other benefits, you cannot continue with this application.

If you believe this to be an error, please contact the DCBS line at 1-855-306-8959 to review your information and any potential existing cases.”

Quick Reference Guide: Benefits Application within kynect

6. Click **Yes** or **No** for *Does this individual have a Social Security Number?*
 - a. 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?*
7. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*
8. Check the appropriate **box(es)** for *Select this individual's race(s)*.

The screenshot shows a web form titled "Does this individual have a Social Security Number?". At the top, there are two buttons: "Yes" and "No". Below this is a section titled "Why doesn't this individual have a SSN?" with seven radio button options: "Is not eligible to receive a SSN", "Applied for SSN", "Newborn without SSN", "Does not have an SSN and may only be issued an SSN for a valid non-work reason", "Refuses to provide an SSN", "Refuses to obtain an SSN because of a well-established religious objective", and "I do not have an SSN or unable to locate SSN Card". Below this is a section titled "Is this individual a resident of the Commonwealth of Kentucky?" with "Yes" and "No" buttons. At the bottom is a section titled "Select this individual's race(s)" with seven checkboxes: "American Indian or Alaskan Native", "Asian", "Black or African American", "Native Hawaiian/Other Pacific Islander", "White", "Unknown", and "No Response". Red boxes highlight the "Why doesn't this individual have a SSN?" section, the "Is this individual a resident of the Commonwealth of Kentucky?" section, and the "Select this individual's race(s)" section.

Please note: More than one race may be selected if the Applicant is biracial.

9. Click **Yes** or **No** for *Is this individual Hispanic/Latino?*
 - a. If **Yes**, select the Applicant's **Ethnicity**.
10. Check the appropriate **box** for *What programs would this individual like to apply for?*
11. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S National?*
12. Click **Yes** or **No** for *Is this individual a naturalized or derived citizen?*
 - a. If **Yes**, enter **Immigrant Information**.
13. Click **Save**.

The screenshot shows a web form for benefits application. It contains several sections with red boxes highlighting specific areas:

- Is this individual Hispanic/Latino?**: A question with "Yes" and "No" buttons.
- Program Selection**: A section titled "What programs would this individual like to apply for?" with two checked options: "Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)" and "QHP (Medical and Dental Insurance plans without payment assistance)".
- Is this individual a U.S. Citizen or a U.S National?**: A question with "Yes" and "No" buttons.
- Is the individual a naturalized or derived citizen?**: A question with "Yes" and "No" buttons.
- Buttons**: "Cancel" and "Save" buttons at the bottom.

A text box explains: "We have to ask for ethnicity and race to assure that program benefits are distributed without regard to race, color, or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them."

Please note: If the Applicant is not a U.S. Citizen, they may be subject to a 5-year ban before they may be eligible for Medicaid benefits.

Quick Reference Guide: Benefits Application within kynect

14. Click **Yes** or **No** for *Is [Applicant Name] an American Indian or Alaskan Native?*
 - a. If **Yes**, click **Yes** or **No** for *Is [Applicant Name] a member of a federally recognized tribe?*
 - i. If **Yes**, Enter the **Tribe Name** and the **State** the tribe is primarily located in.
 - b. If **Yes**, click **Yes** or **No** for *Has [Applicant Name] ever received services from any of the following: Indian Health Service, A tribal health program, or an urban Indian health program.*
 - i. If **No**, click **Yes** or **No** for *Is [Applicant Name] eligible to receive services or a referral from any of the following: Indian Health Service, A tribal health program, or an urban Indian health program.*
15. Click **Next**.

The screenshot shows a web form titled "BENEFITS APPLICATION" with a breadcrumb "Application Summary" and the name "LANCE THOMAS". It is "Section 1 of 2". The form asks "American Indian or Alaskan Native" with a dropdown arrow. Below this, a question "Is LANCE THOMAS an American Indian or Alaskan Native?" is highlighted with a red box, with "Yes" and "No" buttons. At the bottom, "Back", "Save & Exit", and "Next" buttons are visible, with "Next" highlighted in purple and also boxed in red.

Please note: American Indian or Alaskan Native (AI/AN) Applicants 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.

16. Check the **box** for *I attest I have verified the individual's identity*.
17. Select the Applicant's **Form of Proof** from the drop-down.
18. Click the **Document Logo** to launch the File Folder and select the **PDF** to upload.
19. Click **Next**.

The screenshot shows a web form titled "Identity Verification Upload". The form contains the following elements, each highlighted with a red box:

- A checkbox with the text "I attest I have verified this individual's identity."
- A dropdown menu labeled "Form of proof" with "Select" as the current option.
- A document upload icon (a blue square with a white document icon and a plus sign).
- An "Exit" button (light blue).
- A "Next" button (purple).

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.

20. Click **Add Member** to add other household members to the application. Follow steps 13-25 to add the additional household member(s) information.
21. Click **Next** to proceed to the *Contact Information* section.

The screenshot shows a web interface for a 'BENEFITS APPLICATION'. At the top, there is a navigation breadcrumb: '< Application Summary'. Below this is the main heading 'Household Members' in a large, bold, blue font. Underneath the heading is a descriptive paragraph: 'Add all current household members, any household members who have passed away in the last 3 months, and tax dependents.' followed by a 'Learn More' link. The section is divided into two sub-sections: 'Head of Household' and 'Household Members'. Under 'Head of Household', there is a card for 'LANCE THOMAS 31 years old' with a green checkmark icon and an 'Edit' button. Under 'Household Members', there is a blue 'Add Member' button highlighted with a red border. At the bottom of the page, there are three buttons: 'Back', 'Save & Exit', and 'Next', with the 'Next' button highlighted with a red border.

2.4 Contact Information

The *Contact Information* section is where Applicants enter contact and address information.

1. Enter the Applicant's **Email**.
2. Enter the Applicant's **Primary Phone Number**.
3. Select the Applicant's **Primary Phone Type**.
4. Select the Applicant's **Text Message Alert Preferences**.
5. Select the Applicant's **Preferred Contact Method**.
6. Select the Applicant's **Preferred Spoken Language**.
7. Select the Applicant's **Preferred Written Language**.
8. Click **Next**.

Contact information ☺

Complete the questions below about contact information.

Email
email@email.com

Primary Phone Number 248-333-3333 Ext.

Primary Phone Type
Landline Cell

Click here to allow kynect and your health insurance carriers, or Medicaid Managed Care Organization, to send text message alerts to your phone number (Standard data rates may apply).
Yes No

Secondary Phone Number #####-###-#### Ext.

Secondary phone type
Landline Cell

Select your preferred contact method for items such as messages and tax related forms. We encourage you to select "Electronic - Email and Text Message" for best communication. You must click "Yes" in agreement to being sent text messages above to select these options.

Note: Emails and Text Messages will alert you when there is a new communication that can be viewed in your kynect Benefits account. You must have a KOG account to view kynect electronic communications. You can find information on how to set up a Kentucky Online Gateway (KOG) account in the [Quick Reference Guide](#)

Electronic - Email only
Electronic - Email and Text Message
Mail

Preferred spoken language Start Typing Preferred Written Language Start Typing

Back Save & Exit Next

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. Allowing text message alerts keeps Applicants up to date on their benefits and information.

9. Select **Yes** or **No** for *Does [Applicant Name] have a physical Address?*
10. Enter the Applicant's **Address**.
 - a. Select the Applicant's **Address** from the drop-down. The drop-down will automatically populate valid addresses that match the criteria entered.
11. Click **Yes** or **No** for *Does [Applicant Name] have a different mailing address?*.
 - a. If **Yes**, enter the **Mailing Address**.
12. Click **Yes** or **No** for *Does everyone in [Applicant's Name] household have the same address information?*
13. Click **Next**.

The screenshot shows a web form titled 'BENEFITS APPLICATION' for 'LANCE THOMAS', Section 2 of 2. The 'Address Information' section contains the following elements:

- Question: 'Does LANCE THOMAS have a physical address?' with 'Yes' and 'No' buttons.
- Input fields: 'Address' and 'Address Line 2' (with a note: 'I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B').
- Question: 'Does LANCE THOMAS have a different mailing address?' with 'Yes' and 'No' buttons.
- Question: 'Does everyone in LANCE THOMAS's household have the same address information?' with 'Yes' and 'No' buttons.
- Navigation buttons: 'Back', 'Save & Exit', and 'Next'.

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.

Quick Reference Guide: Benefits Application within kynect

14. Check the **box** if the other household member(s) have the same contact information as the Head of Household. If the other household members have different contact information from the Head of Household, follow steps 32-35 above to enter their contact information.
15. Click **Next** to proceed to the *Reps, kynectors, & Agents* section.

BENEFITS APPLICATION

< Application Summary

MARY THOMAS

Section 1 of 1

Contact Information

MARY THOMAS has the same contact information as undefined undefined

Email

Primary Phone Number Ext.

Primary Phone Type

Select your preferred contact method for items such as messages and tax related forms. We encourage you to select "Electronic- Email and Text Message" for best communication. You must click "Yes" in agreement to being sent text messages above to select these options.

Note: Emails and Text Messages will alert you when there is a new communication that can be viewed in your kynect Benefits account. You must have a KOG account to view kynect electronic communications. You can find information on how to set up a Kentucky Online Gateway (KOG) account in the [Quick Reference Guide](#)

Electronic - Email only

Electronic - Email and Text Message

Mail

Preferred spoken language Preferred Written Language

Please note: Some situations where Applicants may have a different mailing address include drug treatment facility and/or homelessness.

2.5 Reps, kynectors, & Agents

The *Reps, kynectors, & Agents* section is where Applicants may assign an Authorized Representative, kynector, or Agent to the application.

1. Click **Add Authorized Representative** to add an Authorized Representative to the application.
2. Click **Add kynector** to add a kynector to the application.
3. Click **Add Agent** to add an Insurance Agent to the application.
4. Click **Next** to proceed to the *Relationship & Tax Filing* section.

[Application Summary](#)

Authorized Representatives, kynectors & Insurance Agents

Please indicate if you are working with an Authorized Representative, kynector, or Insurance Agent below. This is not required to continue your application, but you can add them to your case at any time.

Note: The same individual cannot be a kynector and Authorized Representative at the same time for SNAP benefits.

Authorized Representative

An Authorized Representative can apply for and manage your benefits on your behalf. You can give them permission to do any of the following activities on your behalf:

- Apply for benefits
- Report Changes in your information
- Recertify your benefits
- Receive a copy of notices (Medicaid)
- Use EBT card (SNAP and KTAP)

An Authorized Representative can be a family member, friend, provider, or attorney.

Is an Authorized Representative assisting you or would you like to add an Authorized Representative?

Add Authorized Representative

kynector

A kynector can help you with your benefits in the following ways:

- Apply for Medicaid or KI-HIPP
- Apply for APTC or QHP
- Apply for SNAP or CCAP
- Report Changes in your information
- Recertify your benefits

Is a kynector assisting you or would you like a kynector to assist you?

Add kynector

Insurance Agent

An Insurance Agent can help you with your benefits in the following ways:

- Apply for APTC or QHP
- Apply for Medicaid
- Report Changes in your information
- Recertify your benefits

Is an Insurance Agent assisting you or would you like an Insurance Agent to assist you?

Add Agent

[Back](#) [Save & Exit](#) **Next**

Please note: Refer to sections **4.1 Add Authorized Representative**, **4.2 Add kynector**, and **4.3 Add Agent** for details on how to add an Authorized Representative, kynector, or Agent.

Please note: The remaining tiles and screens in the *Application Summary* are program specific. For example, the *Healthcare Coverage* section only appears if the Applicant is applying for Medicaid/KCHIP. Additionally, some application questions may vary based on the answers provided.

2.6 Relationship & Tax Filing

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

1. Select the Applicant's **Current Living Situation** from the drop-down.
 - a. Depending on the Applicant's living situation, select the most appropriate response to the conditional questions.
2. Select the **Type of In-Home Assistance** the Applicant receives from the drop-down if applicable.
3. Click **Next**.

BENEFITS APPLICATION

Application Summary

SAM SMITH

Section 1 of 3

Living Arrangements

Each Household member's living situation (or arrangement) can impact what benefits they may be eligible for. Select the living situation from the dropdown that accurately reflects the Household member's current arrangement.

What is SAM's current living situation?

In a residence owned/rented by you/hou

You've selected In a residence owned/rented by you/household members as this individual's Living Arrangement, which means this individual lives in a house, apartment, room, or mobile home owned or rented by them, their spouse/partner, or their family. Please update their Living Arrangement if this is incorrect.

What type of in-home assistance does SAM receive?

Select

Back Save & Exit Next

Please note: Selecting **In a residence owned/rented by you/household members** from the current living situation and **Waiver** or **Non-institutionalized Hospice** from the type of in-home assistance drop-down triggers the **Estate Recovery** screen in the *Household Information* section.

Quick Reference Guide: Benefits Application within kynect

4. Select the Applicant's **Relationship(s)** to the other household member(s) from the drop-down.
 - a. If unrelated/other, select the **unrelated/other relationship status**.
 - i. If other/unrelated relative is selected, select the **legal relationship status**.
5. Click **Next**.

The screenshot shows a web form titled "BENEFITS APPLICATION" for "LANCE THOMAS". The form is on "Section 2 of 3". The "Relationships" section is active, showing three relationship options for "MARY THOMAS":

- Relationship With MARY THOMAS:** LANCE THOMAS is MARY THOMAS's: Unrelated/Other
- Unrelated/Other relationship with MARY THOMAS:** LANCE THOMAS is MARY THOMAS's: Other/Unrelated relative
- Legal relationship with MARY THOMAS:** LANCE THOMAS is MARY THOMAS's: Start Typing

At the bottom of the form, there are three buttons: "Back", "Save & Exit", and "Next". The "Next" button is highlighted in red.

Quick Reference Guide: Benefits Application within kynect

6. Click the **box** identifying how the Applicant intends to file taxes this year.

Application Summary

LANCE THOMAS

Section 2 of 2

Tax Filing

How does LANCE THOMAS intend to file taxes in tax year 2022?

- Dependent of individual not in the household
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Not Applicable
- I do not intend to file taxes
- Qualifying Widow(er)
- Single

7. Check the **box** for *Yes, I reconciled premium tax credits in past years* if applicable.
8. Click **Yes** or **No** for *Will [Applicant's Name] tax filing status be the same next year?*
- a. If **No**, select the Applicant's **Tax Filing** status for next year.
9. Click **Next** to proceed to the *Household Information* section.

Did LANCE THOMAS reconcile premium tax credits on his tax return for any past years? Check the box below if:

- You received payment assistance to help for coverage.
- You filed a federal income tax return for the same year you used payment assistance. For example, in 2020 you got help paying coverage and you also filed tax return for the same year.
- You submitted IRS Form 8962 with the tax return.

Yes, I reconciled premium tax credits in past years.

Will LANCE THOMAS's tax filing status be the same for tax year 2023?

2.7 Household Information

The *Household Information* section is where information on circumstances that apply to the household's members is gathered.

1. Click **Yes** or **No** for *Is anyone in the household blind?*
 - a. If **Yes**, select the **household member(s)**.
2. Click **Yes** or **No** for *Does anyone in this household have a disability?*
 - a. If **Yes**, select the **household member(s)**.
 - b. If **Yes**, click **Yes** or **No** for *Is anyone in this household expecting a settlement from accident or injury?*
3. 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?*
 - a. If **Yes**, select the **household member(s)**.
4. Click **Yes** or **No** for *Is anyone in this household pregnant or was pregnant in the last three months?*
 - a. If **Yes**, select the **household member(s)**.
5. Click **Yes** or **No** for *Has anyone in this household used tobacco at least 4 times in a week in the past 6 months?*
 - a. If **Yes**, select the **household member(s)**.
6. Click **Next**.

BENEFITS APPLICATION

< Application Summary

Household Information

Section 1 of 4

Health

[Learn More](#)
Complete the questions below about health.

Note: Not all household members may be listed for each item. This is because it either does not apply to them or we do not need more information about them.

Is anyone in this household blind?

Yes No

Does anyone in this household have a disability?

Yes No

Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A?

Yes No

Is anyone in this household pregnant or was pregnant in the last three months?

Yes No

Has anyone in this household used tobacco at least 4 times a week in the past 6 months?

Yes No

Back Save & Exit Next

Quick Reference Guide: Benefits Application within kynect

7. 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?*
 - a. If **Yes**, select the **household member(s)**.
8. Click **Next**.

BENEFITS APPLICATION

< Application Summary

Household Information

Section 2 of 4

Household Circumstances ☺

[Learn More](#)
Complete the questions below about other scenarios which may affect your benefits.

Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.

Is anyone in this household eligible for entitled income, such as Social Security Income, unemployment income, Black Lung, or VA pension?

Yes No

[Back](#) [Save & Exit](#) [Next](#)

9. Click **Yes** or **No** for *Does anyone in the household have job income from employer?*
 - a. If **Yes**, select the **household member(s)**.
10. Click **Yes** or **No** for *Does anyone in this household have self-employment income?*
 - a. If **Yes**, select the **household member(s)**.
11. Click **Yes** or **No** for *Does anyone in this household receive income from Social Security, retirement, or a pension?*
 - a. If **Yes**, select the **household member(s)**.
12. Click **Yes** or **No** for *Does anyone in this household receive income from dividends, interest, or royalties?*
 - a. If **Yes**, select the **household member(s)**.
13. 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?*
 - a. If **Yes**, select the **household member(s)**.

BENEFITS APPLICATION

< Application Summary

Household Information

Section 3 of 4

Income & Subsidies Selection

[Learn More](#)

Complete the questions below about the income and subsidies.

Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.

Does anyone in this household have job income from employer?

Yes No

Does anyone in this household have self-employment income? ⓘ

Yes No

Does anyone in this household receive income from Social Security, retirement, or a pension? ⓘ

Yes No

Does anyone in this household receive income from dividends, interest, or royalties? ⓘ

Yes No

Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income? ⓘ

Yes No

Quick Reference Guide: Benefits Application within kynect

14. Click **Yes** or **No** for *Does anyone in this household receive income from an insurance settlement or unemployment benefit?*
 - a. If **Yes**, select the **household member(s)**.
15. Click **Yes** or **No** for *Does anyone in this household receive any other type of goods, services, or payments?*
 - a. If **Yes**, select the **household member(s)**.
16. 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?*
 - a. If **Yes**, select the **household member(s)**.
17. 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]?*
 - a. If **Yes**, select the **household member(s)**.
18. Click **Next**.

The screenshot shows a digital form with four questions, each with 'Yes' and 'No' buttons. The questions are highlighted with red boxes:

- Question 1: "Does anyone in the household receive income from an insurance settlement or unemployment benefit?" with 'Yes' and 'No' buttons.
- Question 2: "Does anyone in this household receive any other type of goods, services, or payments?" with 'Yes' and 'No' buttons.
- Question 3: "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?" with 'Yes' and 'No' buttons.
- Question 4: "Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of November or expect to receive benefits in the month of December?" with 'Yes' and 'No' buttons.

At the bottom of the form, there are three buttons: "Back" (light blue), "Save & Exit" (light blue), and "Next" (purple with a red border).

19. Click **Yes** or **No** for *Does anyone in your household need help paying for medical bills from the last three months?*
 - a. If **Yes**, select the **household member(s)**.
20. Click **Yes** or **No** for *Does anyone in the household have deductible expenses?*
 - a. If **Yes**, select the **household member(s)**.
21. Click **Next** to proceed to the *Member Details* section

BENEFITS APPLICATION

Application Summary

Household Information

Section 4 of 4

Expenses

[Learn More](#)

Complete the questions below about expenses.

Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.

Does anyone in your household need help paying medical bills from the last three months?

Yes No

Does anyone in the household have deductible expenses?

Yes No

Back Save & Exit Next

2.8 Member Details

The *Member Details* section is where additional details about the household are gathered

1. Select the Applicant's Preferred **MCO Plan**.
2. Click **Next**.

The screenshot displays the 'BENEFITS APPLICATION' interface for 'LANCE THOMAS'. The page is titled 'Section 2 of 2' and is focused on 'Preferred MCO Selection'. It instructs the user to 'Choose a preferred Managed Care Organization (MCO) plan from the list below' and provides a link to 'View MCO Plan comparison details here'. A 'Browse All Plans' link is also present. A red box highlights the selection area, which contains the following options:

Select LANCE THOMAS's preferred MCO plan	
<input type="radio"/>	No preference
<input type="radio"/>	Humana Healthy Horizons in Kentucky
<input type="radio"/>	Aetna Better Health of Kentucky
<input type="radio"/>	UnitedHealthcare Community Plan
<input type="radio"/>	WellCare of Kentucky
<input type="radio"/>	Passport Health Plan by Molina Healthcare
<input type="radio"/>	Anthem Blue Cross Blue Shield

At the bottom of the page, there are three buttons: 'Back', 'Save & Exit', and 'Next'. The 'Next' button is highlighted in red, indicating the required action.

3. Enter the Applicant's **Employer**.
4. Select the Applicant's **Income Frequency** from the drop-down.

BENEFITS APPLICATION

Walk Me Through **Income Details**
LANCE THOMAS

Complete the questions below about income.

Type of income

Employer name

Employer Identification Number (EIN)

Employer address Address Line 2

Primary Phone Number Ext.

income frequency

Quick Reference Guide: Benefits Application within kynect

5. Enter the Applicant's **Biweekly Gross Income**.
6. Enter the Applicant's **Biweekly Gross Income from Tips** if applicable.
7. Click **Yes** or **No** for *Does [Applicant's Name] still have this source of income?*
 - a. If **No**, select the **End Date** from the calendar.
8. Click **Save**.

The screenshot shows a form with the following elements:

- Income frequency:** A dropdown menu set to "Every 2 weeks".
- Biweekly income before taxes (gross):** A text input field with a dollar sign icon, highlighted with a red box.
- Biweekly income from tips before taxes (gross):** A text input field with a dollar sign icon and a help icon, highlighted with a red box.
- Does LANCE THOMAS still have this source of income?:** A question with "Yes" and "No" buttons, highlighted with a red box.
- Buttons:** A light blue "Cancel" button and a purple "Save" button, both highlighted with red boxes.

Please note: The *Income & Subsidies Information* and *Expenses Information* subsections only appear under the *Member Details* section if the Applicant indicated they have income and expenses. The Financial Wizard guides Applicants through entering their income and expenses information.

Quick Reference Guide: Benefits Application within kynect

9. Click **Yes** or **No** for *Is the estimated yearly income amount of [Yearly Income] a good estimate for your household income in [Year]?*
 - a. If **No**, enter the correct **Annual Income** and the **Reason** for adjustment.
10. 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]?*
 - a. If **No**, enter the correct **Annual Income** and the **Reason** for adjustment.
11. Click **Next** to proceed to the *Healthcare Coverage* section.

The screenshot displays a web form titled "BENEFITS APPLICATION" for "LANCE THOMAS". The form is at "Section 1 of 1" and shows the "Adjusted Annual Income" as \$15,600.00. Below this, a message states: "We calculated the below yearly income based on the income and expenses you reported." A "Learn More" link is provided. The form contains two questions, each with "Yes" and "No" radio button options:

- Question 1: "Is the estimated yearly income amount of \$15600.00 a good estimate of your income in 2021?"
- Question 2: "We will also use this amount to examine your eligibility for the upcoming coverage year, 2022. Is this estimated yearly income amount of \$15600.00 a good estimate of your income in 2022?"

At the bottom of the form, there are three buttons: "Back" (light blue), "Save & Exit" (light blue), and "Next" (purple).

Please note: If the annual income projection needs to be adjusted, click **No** and enter the adjusted income **Amount** and **Reasoning**.

2.9 Healthcare Coverage

The *Healthcare Coverage* section is where information on the household's healthcare coverage is gathered. This section only displays for Medicaid/KCHIP/KI-HIPP applications.

1. Click **Yes** or **No** for *Is anyone applying for benefits in your household enrolled in healthcare coverage?*
2. 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?*
3. Click **Next** to proceed to the *Employer's Health Reimbursement Arrangement* section.

BENEFITS APPLICATION

[Application Summary](#)

Healthcare Coverage Selection

[Learn More](#)

Is anyone applying for benefits in your household enrolled in healthcare coverage?

Yes No

Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has not yet enrolled?

Yes No

[Back](#) [Save & Exit](#) [Next](#)

Please note: Refer to section **4.4 Health Coverage Selection** for details on how to report health coverage information.

2.10 Employer's Health Reimbursement Arrangement

The *Employer's Health Reimbursement Arrangement* section is where information on the household's Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA) is gathered if applicable.

1. Click **Yes** or **No** for *Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?*.
2. 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?*.
3. Click **Next** to proceed to the *Sign & Submit* section.

BENEFITS APPLICATION

< Application Summary

Employer's Health Reimbursement Arrangement Selection

Complete the sections below to submit the application.

[Learn More](#)

Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)? ⓘ

Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled? ⓘ

Please note: Refer to section **4.5 Employer's Health Reimbursement Arrangement** for details on how to report Employer's HRA information.

4. Review the information entered into the application and click **Next**.

BENEFITS APPLICATION

[< Application Summary](#)

Application Review

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

[Expand All](#) | [Collapse All](#)

- ✓ Household Members (+)
- ✓ Head of Household Contact Information (+)
- ✓ Reps, kynectors, & Agents (+)
- ✓ Relationship & Tax Filing (+)
- ✓ Member Details - Individual Information (+)
- ✓ Member Details - Resource Summary (+)
- ✓ Member Details - Income Summary (+)
- ✓ Member Details - Expense Summary (+)
- ✓ Health Care Coverage (+)
- ✓ Employer's Health Reimbursement Arrangement (+)

[Back](#) [Save & Exit](#) [Next](#)

2.11 Review, Sign & Submit

The *Review, Sign & Submit* section is where the Applicant signs and submits the benefits application.

1. Click **Read and agree to Application Statement of Understanding** and click **I Agree**.
2. Click **Read and agree to Medicaid Penalty Warning** and click **I Agree**.
3. Click **Read and agree to Failure to Reconcile Statement of Understanding** and click **I Agree**.
4. Click **I Agree** to allow the kynect system to use income data, including information from tax returns, for the next 5 years.
 - a. If **I Disagree**, select the **Number** for *How long would you like your eligibility for help paying for coverage to be renewed?*.

Please note: Agreeing to the statement *I agree to allow kynect to use my income date, including information from tax returns, for the next 5 years* 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.

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

Please note: Applicants may be eligible for both Medicaid and QHP. If an Individual is enrolled in a QHP, provides appropriate consent to disenroll from their QHP by clicking **I Agree**, and is later found eligible for Medicaid, they will be disenrolled from their QHP only. The Applicant will not be disenrolled from any other benefits they are enrolled in. A Resident may be enrolled in both Medicaid and QHP at the same time, but it is typically not beneficial for the Resident as they will be paying full price for the QHP premium while they have Medicaid.

6. Click **Yes** or **No** for *Is there a DCBS or DMS employee living in the home?*
7. Click **Yes** or **No** for *Would you like assistance from an Insurance Agent if it is determined that you are not eligible for Medicaid benefits but are eligible for APTC/QHP benefits?*
 - a. This will only appear on screen if the Individual is applying for MA/KCHIP or APTC.

Please note: An Insurance Agent can help you apply for Advance Premium Tax Credit (APTC) or Qualified Health Plan (QHP) benefits. Please note that Insurance Agents cannot provide assistance for SNAP, CCAP, or other benefits.”

BENEFITS APPLICATION

[Application Summary](#)

Walk Me Through **Signature Page**

Terms of Agreement Summary

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

Read and agree to Application Statement of Understanding

Read and agree to Medicaid Penalty Warning

Read and agree to Failure to Reconcile Statement of Understanding

I agree to allow the kynect to use my income data, including information from tax returns, for the next 5 years.

I Agree

I Disagree

If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), kynect will automatically end their kynect medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will have to pay full cost. ⓘ

I Agree

I Disagree

Is there a DCBS or DMS employee living in the home? ⓘ

Would you like assistance from an Insurance Agent if it is determined you are not eligible for Medicaid benefits but are eligible for APTC/QHP benefits? ⓘ

Quick Reference Guide: Benefits Application within kynect

8. Enter the Applicant's **First Name**.
9. Enter the Applicant's **Middle Initial** or check the **box** saying they do not have a middle initial.
10. Enter the Applicant's **Last Name**.

Please note: The signature must match the Applicant's name in kynect benefits, or they will not be able to submit the benefits application.

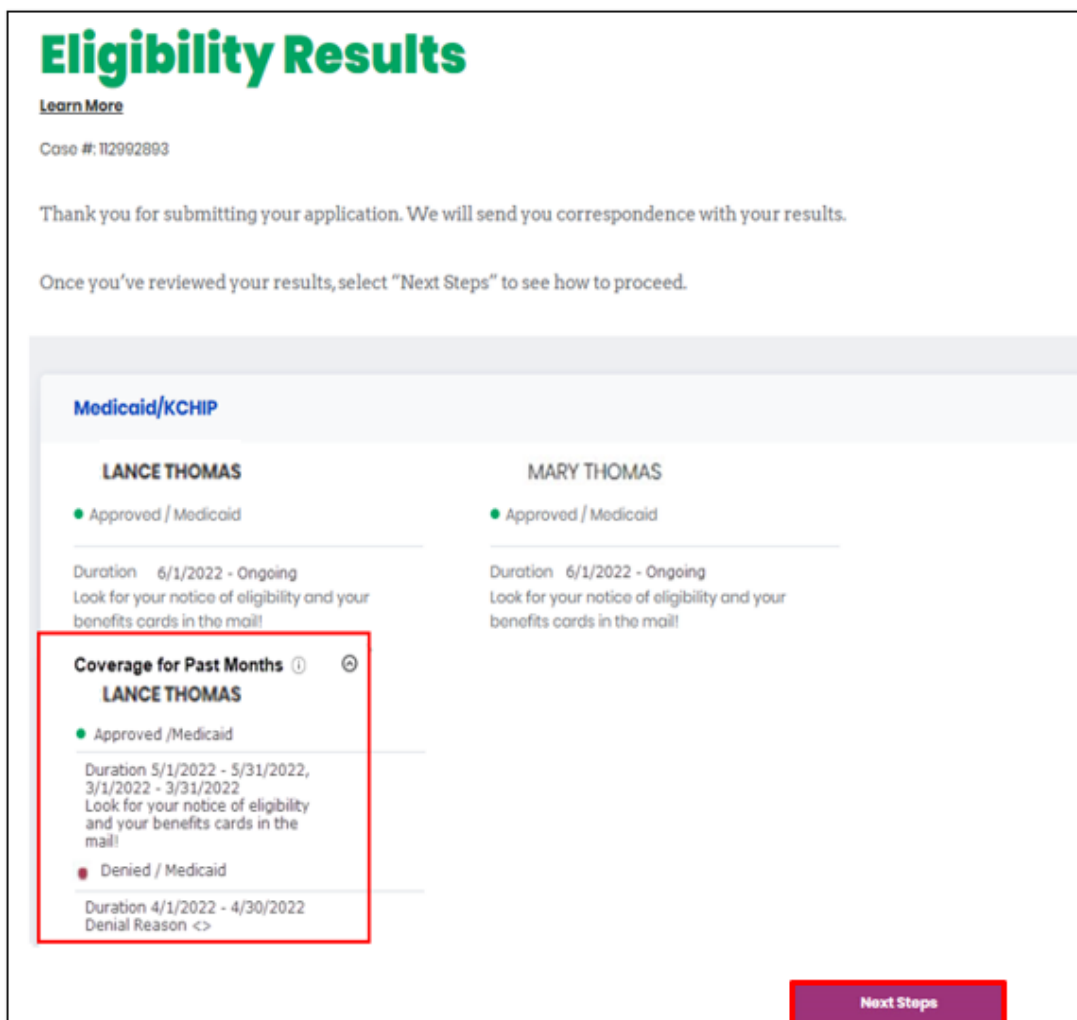
11. Click **Yes** or **No** for *Would you like to register to vote?*
 - a. If **Yes**, Voter Registration Forms will be sent to the Applicant's mailing address.
12. Click **Submit Benefits Application**.

The screenshot shows a web form for an E-Signature. At the top, it says "John D Doe JR. – E-Signature" and "By entering your name below, you are electronically signing this application". There are two input fields for "First Name" and "MI" (Middle Initial), both highlighted with red boxes. Below them is a checkbox labeled "Household member does not have a middle initial." followed by a "Last Name" input field, also highlighted with a red box. To the right of the last name field is a "Suffix" dropdown menu with "Select" and a downward arrow. Below the last name field is a "Date" field with the value "11/15/2021". A section titled "Voter Registration" contains a question "Would you like to register to vote?" with a help icon, and two buttons: "Yes" and "No", both highlighted with red boxes. At the bottom, there are two buttons: "Back" (light blue) and "Submit Benefits Application" (dark red), with the latter highlighted with a red box.

2.12 Eligibility Results

The **Eligibility Results** screen details the program(s) the Applicant is approved for and their coverage from past months.

1. Eligibility results display.
2. Click **Next Steps** to navigate to the **Next Steps** screen.



Please note: If the Individual’s information included in their application somewhat matches with existing information for another Individual already added in kynect, a notification is displayed on the **Eligibility Results** screen with the following message: “Unfortunately, we are unable to give you the results of your application due to additional verification needed. We will review this and resolve it in the next 3 business days. Once resolved, you can come back and continue with next steps. Please do not submit multiple applications for the same members while you wait.

If you are an Insurance Agent or kynector, then you will receive a notification in your Message Center and to your preferred electronic contact method once this has been resolved.

If you are a Citizen, then you will receive a notification in your Message Center and/or a paper notification based on your preferred contact method once this has been resolved.”

2.13 Next Steps

The **Next Steps** screen provides links for the Applicant to take further action after submitting the benefits application.

1. Optional: Click **Go to Document Center** to verify information that was provided and to upload other relevant documentation.
2. Optional: Click **Download Application Copy** to download a PDF of the application.
3. Optional: Click **Get Contacted** to use kynect On Demand to provide your contact information to get contacted by an Insurance Agent.

Please note: The **Get Contacted** button will only display if the applicant was approved for APTC/QHP.

4. Optional: Click **Apply for Benefits** to apply for additional benefit programs.
5. Optional: Click **Go to Enrollment Manager** to shop for health and/or dental plans.
6. Optional: Click **Go to Dashboard** to return to the **Dashboard**.

Next Steps

[Learn More](#)

Case #: 118020447

Upload Verification Documentation

We need certain documents to verify the information you provided. Visit the document center to view what is required and to upload relevant documents.

[Learn More](#)

[Go to Document Center](#)

[Expand All](#) | [Collapse All](#)

Medicaid (MCO) Plan

- CICELY DANIKA 23F** To shop for a plan or change your existing plan, please visit Enrollment Manager Module. If you are not yet enrolled and do not choose a plan, kynect will automatically enroll you or your household member in the best available MCO plan.

Qualified Health Plan

- CICELY DANIKA 23F** To shop for a plan or change your existing plan, please visit Enrollment Manager Module.

Generally, your coverage will start the 1st of next month, but it may differ based on the special enrollment reason you may choose while enrolling in a plan. Refer to [Special Enrollment rules](#) for more information on the coverage dates.

Individuals can shop for a vision plan at any time. For more information visit [here](#).

Apply for a Medicaid Waiver

If any of your household members are approved for Medicaid, they may be eligible for the Medicaid Waiver Program. Apply for Waiver under your Benefits section.

Download a Copy of Your Application

You can download a copy of your application by clicking the button below.

[Download Application Copy](#)

Get Contacted by an Insurance Agent

Use kynect On Demand to get contacted by an Insurance Agent by entering your contact information.

[Get Contacted](#)

You May Be Eligible For Other Programs

KTAP The Kentucky Transitional Assistance Program helps families with children pay for basic household expenses	KI-HIPP The Kentucky Integrated Health Insurance Premium Payment Program helps pay for employer sponsored insurance (ESI) health premiums.
CCAP The Child Care Assistance Program helps working families pay for child care.	SNAP The Supplemental Nutrition Assistance Program allows participants to buy healthy Kentucky food options

[Apply for Benefits](#)

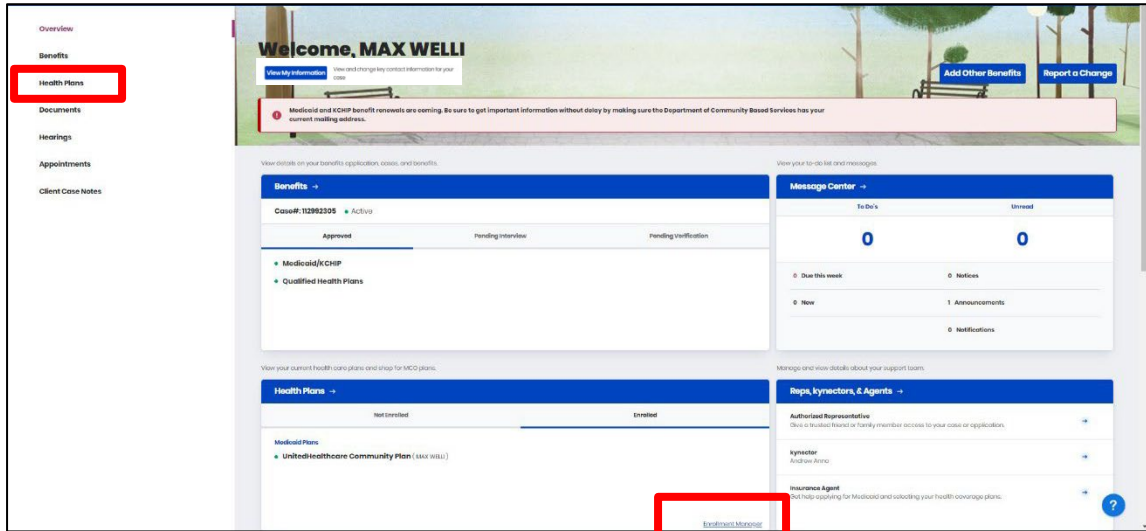
[Go to Dashboard](#) [Go to Enrollment Manager](#)

Please note: Based on the eligibility results and statuses of the programs applied for, members approved for APTC benefits within a Tax Household group will see a pop-up that states, “Your maximum amount of Payment Assistance will be applicable only if all the members in the Tax household choose to enroll in a Medical Plan.”

3 Enrollment Manager

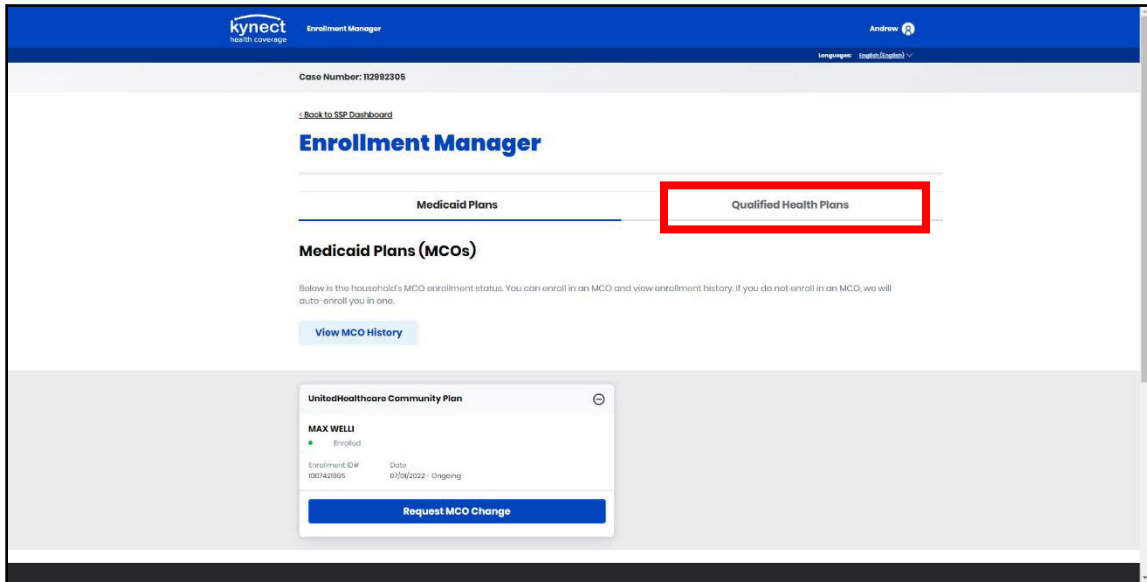
The **Enrollment Manager** is where Applicants may shop for, compare, and enroll in Medicaid and Qualified Health Plans depending on their eligibility. After deciding upon a plan, Applicants may enroll themselves and other household members as applicable in selected plans pending an initial premium payment.

1. Click **Health Plans** or **Enrollment Manager** to navigate to the **Enrollment Manager**.

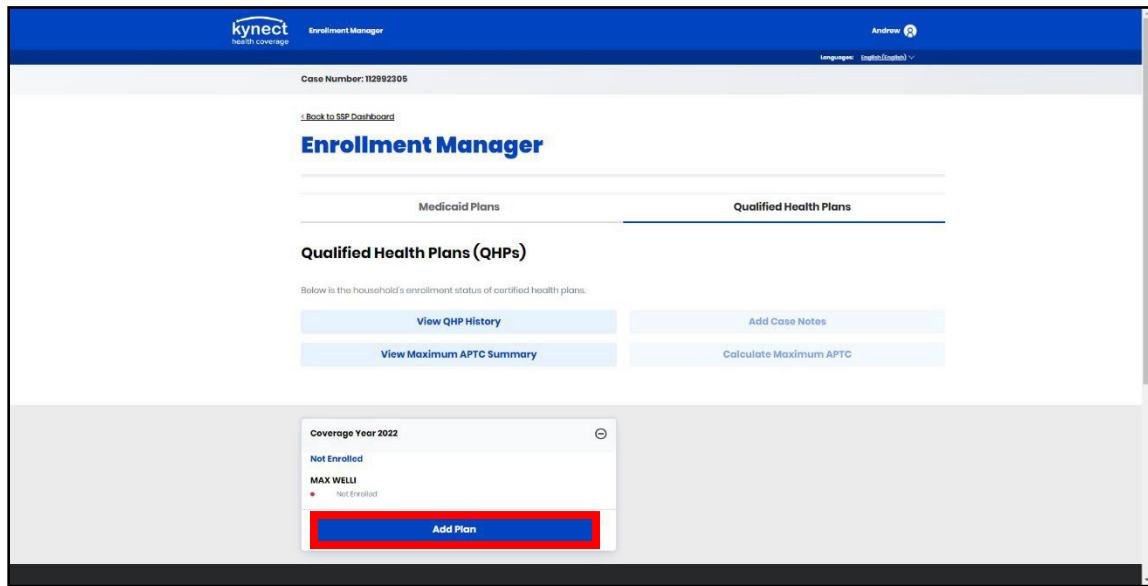


3.1 Qualified Health Plans

2. Click **Qualified Health Plans**.



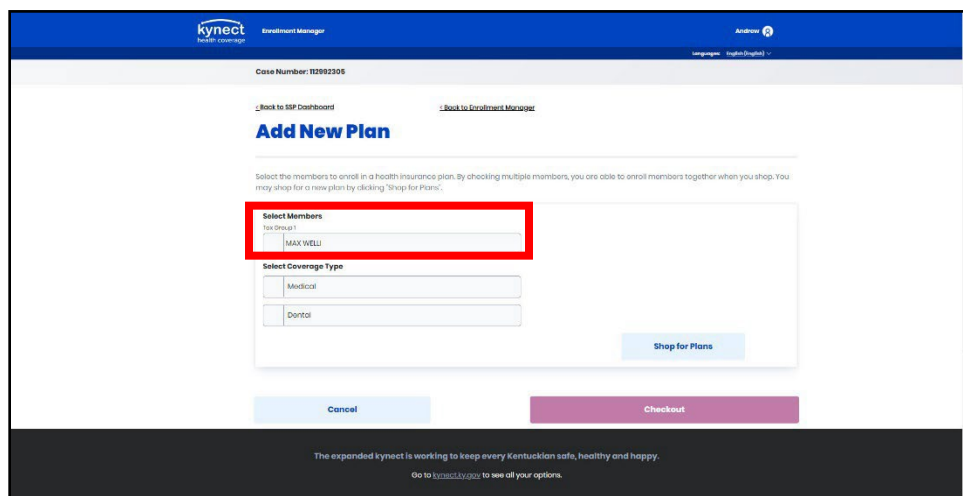
3. Click **Add Plan**.



Please note: If the APTC amount for the enrollment is more than the eligible portion of the enrolled members then the following verbiage will be displayed on the Enrollment Manager Screen: “APTC used amount is greater than the eligible APTC Amount.”

Please note: Enrollments are prorated using calendar days instead of the standard 30-day month to calculate premiums. Applicable scenarios include newborns, death of the Primary Subscriber, death of a dependent, and others. This information is accessible on the **View QHP History** screen.

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. Optional: Click **Waive Dental Plan**.
7. Click **Shop for Plans**.

Please note: On click of **Shop For Plans**, a new pop-up displays if there are APTC eligible members that are not enrolled. If you continue, the available APTC amount for the shopping session will be reduced to \$xx.xx. If you want to apply the full APTC Amount, make sure to select all APTC eligible members.

Add New Plan

Select the members to enroll in a health insurance plan. By checking multiple members, you are able to enroll members together when you shop. You may shop for a new plan by clicking "Shop for Plans".

Select Members

Tax Group 1

[Member Name]

[Member Name]

[Member Name]

[Member Name]

Select Coverage Type

Medical

Anyone between the ages of 3 and 21 is recommended to have dental coverage, unless that individual is eligible for Medicaid or KCHIP. Please note that some plans already include dental benefits. If the individual has dental coverage that is not through Kentucky Health Benefit Exchange or has Medicaid or KCHIP, you may select "Waive Dental Plan" to proceed.

Buy a Dental Plan

Waive Dental Plan

Please note: Anyone between the ages of 3 and 21 is recommended to have dental coverage, unless that Individual is eligible for Medicaid or KCHIP. Please note that some plans already include dental benefits. If the Individual has dental coverage that is not through Kentucky Health Benefit Exchange or has Medicaid or KCHIP, users may select **Waive Dental Plan** to proceed.

8. Shop for and compare health plans on the **Medical Plan Search** screen.

Case Number: 100084786

Medical Plan Search

Your household has qualified for a category C Cost-Sharing Reduction (CSR) ⓘ, which can be applied to silver plans.

Collectively, your household is qualified for maximum Advance Premium Tax Credit (APTC) in the amount of: **\$1076.00**. This amount has been adjusted based on the new coverage date computed by the system. The new APTC amount will be automatically applied to all the enrollments in the tax group upon completing the transaction.

Maximum Payment Assistance Available: **\$1076.00**

You selected the qualifying event as 'A qualified individual or enrollee demonstrated to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide', your coverage will start from 03/01/2023.

The premium listed below automatically reflects the APTC applied in full towards your monthly premium. Please note that the APTC and CSR information above is kynect's estimate based on the information you provided in your application.

You may adjust the APTC amount by using the slider OR by specifying an exact amount in the text below.

Please note: Applicants click on a **Plan Name** to navigate to the **Medical Plan Details** screen to view additional details. Applicants may print the details of the Medical Plan by clicking the **Print** icon.

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

Help Me Choose

Provider Zip Code:

Provider Name ⓘ:

Prescription Drugs ⓘ:

[Show Map View](#) [Clear](#) [Apply](#)

Available Plans in Robertson County - 20

[Export All Plans](#) [Export Selected Plans](#) [Compare Selected Plans](#)

Insurance Company Name ⓘ	Total Monthly Premium ⓘ	Individual Deductible ⓘ	Individual Out-Of-Pocket Maximum ⓘ	Actions
 CareSource Marketplace Bronze	\$469.73	\$9,100	\$9,100	<input type="radio"/> Compare <input type="button" value="Add to Cart"/>

10. Click **Compare Plans** to compare the selected medical plans.



Quick Reference Guide: Benefits Application within kynect

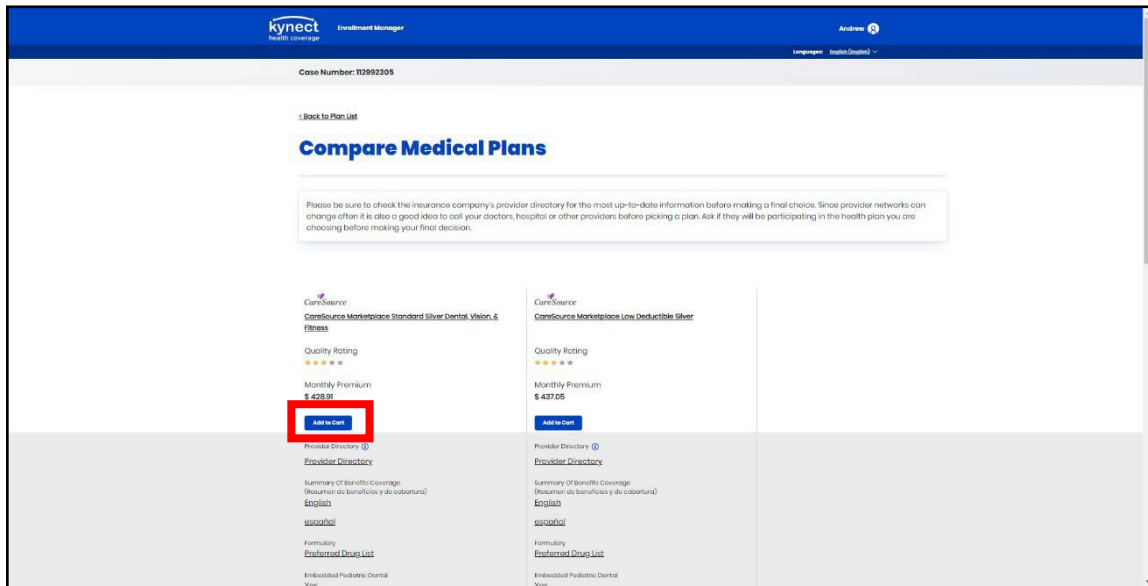
11. Compare the selected plans on the **Compare Medical Plans** screen.
12. If applicable, click the **Print** icon to display a printable view of the plan details.

The screenshot shows the 'Compare Medical Plans' interface. At the top, there is a blue header with the 'kynect health coverage' logo and a language dropdown set to 'English (English)'. Below the header, a navigation link '< Back to Plan List' is visible. The main heading is 'Compare Medical Plans'. A disclaimer states: 'Please be sure to check the insurance company's provider directory for the most up-to-date information before making a final choice. Since provider networks can change often it is also a good idea to call your doctors, hospital or other providers before picking a plan. Ask if they will be participating in the health plan you are choosing before making your final decision.' Below this, two plan cards are displayed. The first card is for 'Clear Bronze' with a quality rating of 'Not Rated' and a monthly premium of '\$ 320.80'. The second card is for 'Anthem Bronze Pathway X Transition HMO 9100 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)' with a quality rating of four stars and a monthly premium of '\$ 305.79'. A red box highlights a 'Print' icon in the top right corner of the plan comparison area.

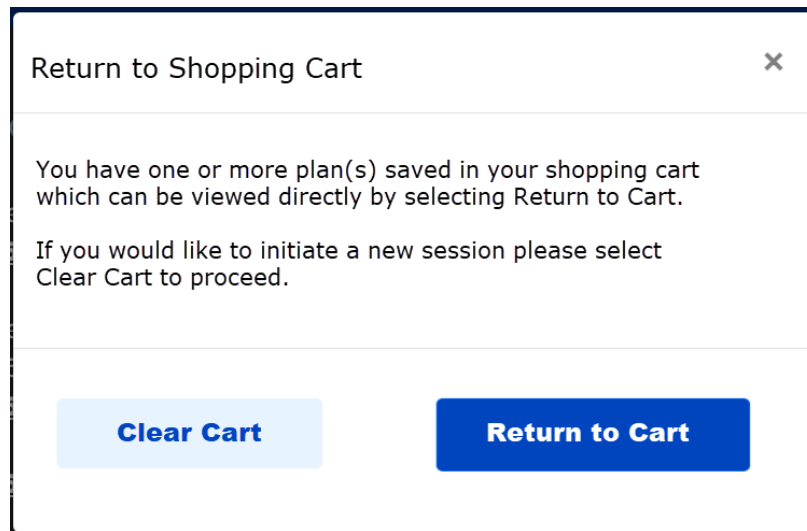
13. Click any **tab** to view additional plan details.

The screenshot shows the 'Additional Details' screen for a plan. At the top, there are two columns of 'Summary Of Benefits Coverage' information in English and Spanish. Below this, there are two columns of 'Formulary Preferred Drug List' information, also in English and Spanish. A red box highlights a list of tabs for additional details: 'Plan Documents', 'Summary', 'Prescription Drug Benefit', 'Embedded Pediatric Dental', 'Hospital Services', 'Maternity', 'Additional Coverage', and 'Additional Details'. Each tab has a circular icon to its right. At the bottom of the screen, there is an 'Exit' button.

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

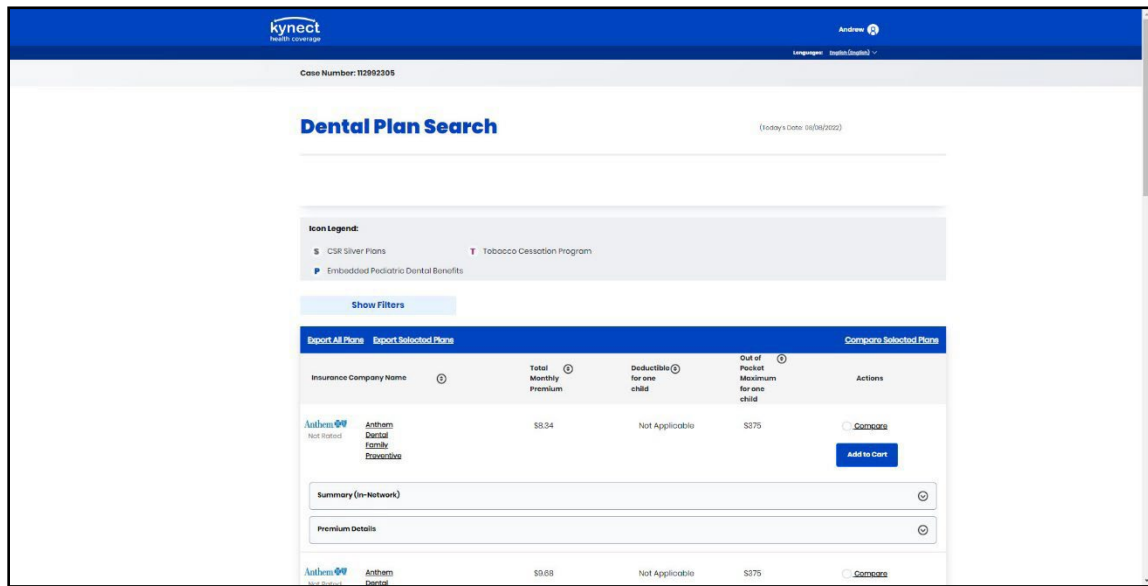


15. Once a plan has been added to the cart, a **Return to Shopping Cart** prompt will display on screen. To view all items in the Shopping Cart, select **Return to Cart**. To clear your cart and start a new session, select **Clear Cart**. To close this prompt and resume shopping, click the “X” icon on the top right corner of the prompt.



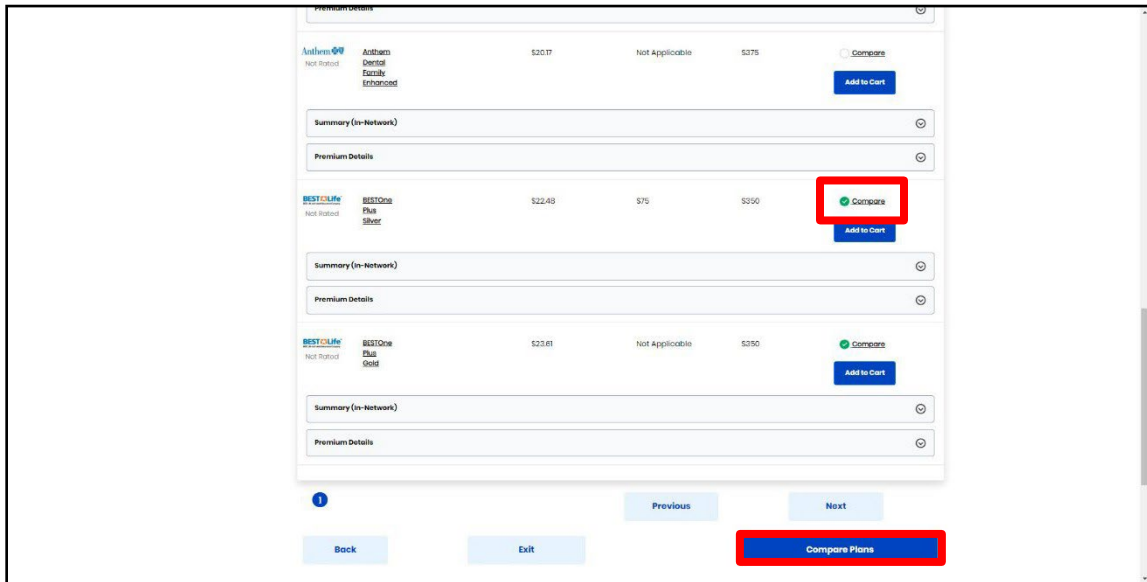
Please note: When using the shopping cart to Add New Plans or Change Plans, the shopping portal will automatically save plans if the user clicks ‘Add to Cart’ for at least one plan before exiting from the shopping flow and will also save the plans added if the user is logged out due to inactivity. On returning to the existing cart, the system will automatically reprice the plans in the cart based on the latest case details. On returning to the Shopping portal when initiating a new shopping session, the user will see a pop-up to return to the previously saved shopping cart, or to clear the cart to initiate a new session. The pop-up is displayed only when the user shops for the same coverage year as the plans stored in the shopping cart. Plans saved to the cart longer than 60 days are removed from the cart.

16. Optional: Shop for and compare dental plans on the **Dental Plans Search** screen.

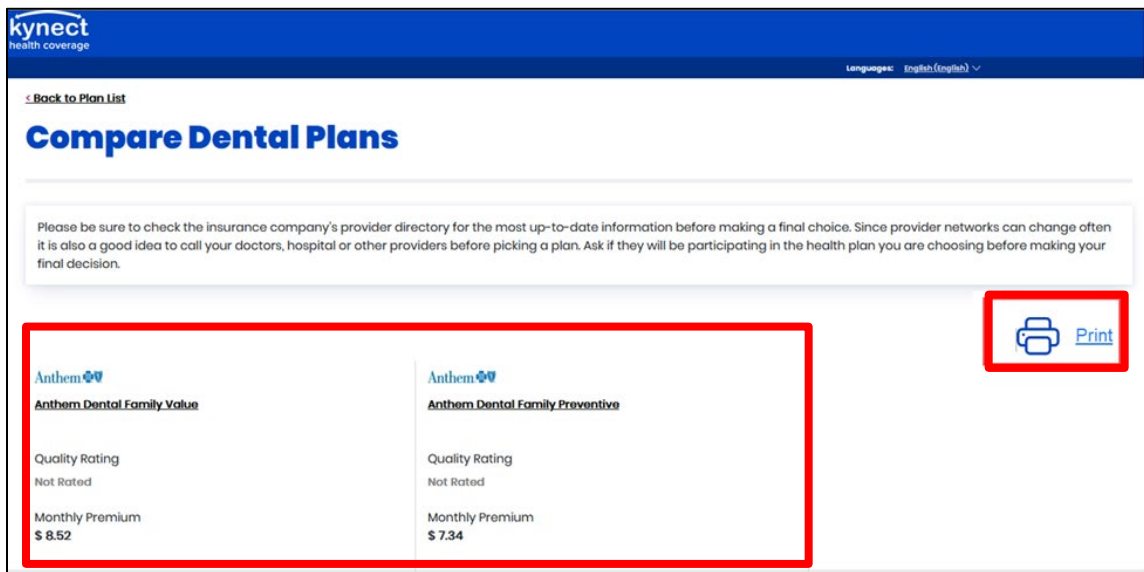


Please note: Some Medical plans include dental coverage which can be determined by reviewing the plan's details. If the medical plan does not include dental coverage, Applicants may enroll in a stand-alone dental plan.

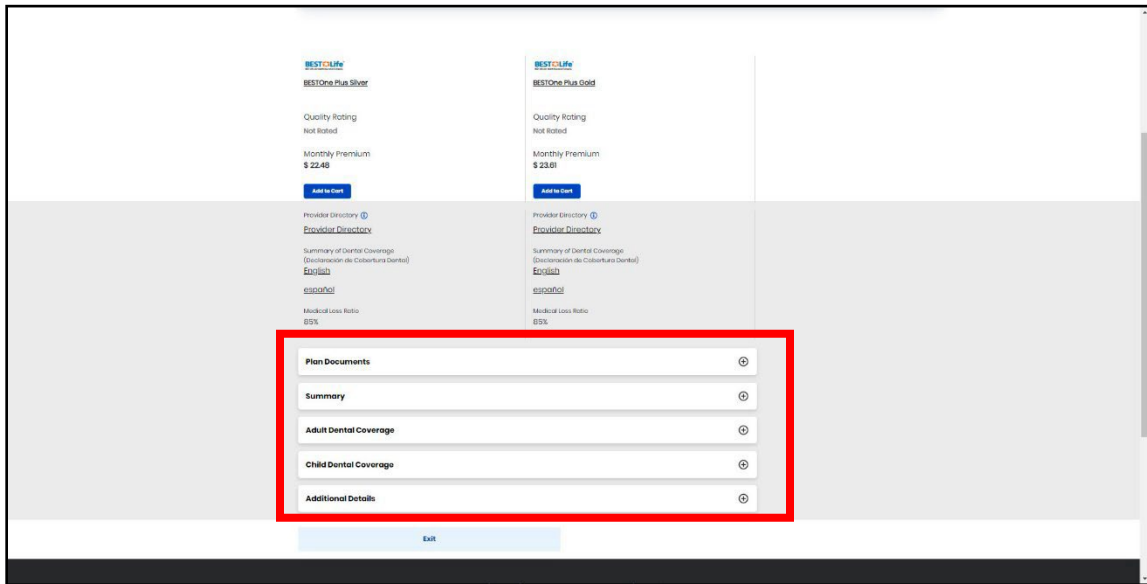
17. Click **Compare** to select a dental plan.
18. Click **Compare Plans** to compare the selected dental plans.



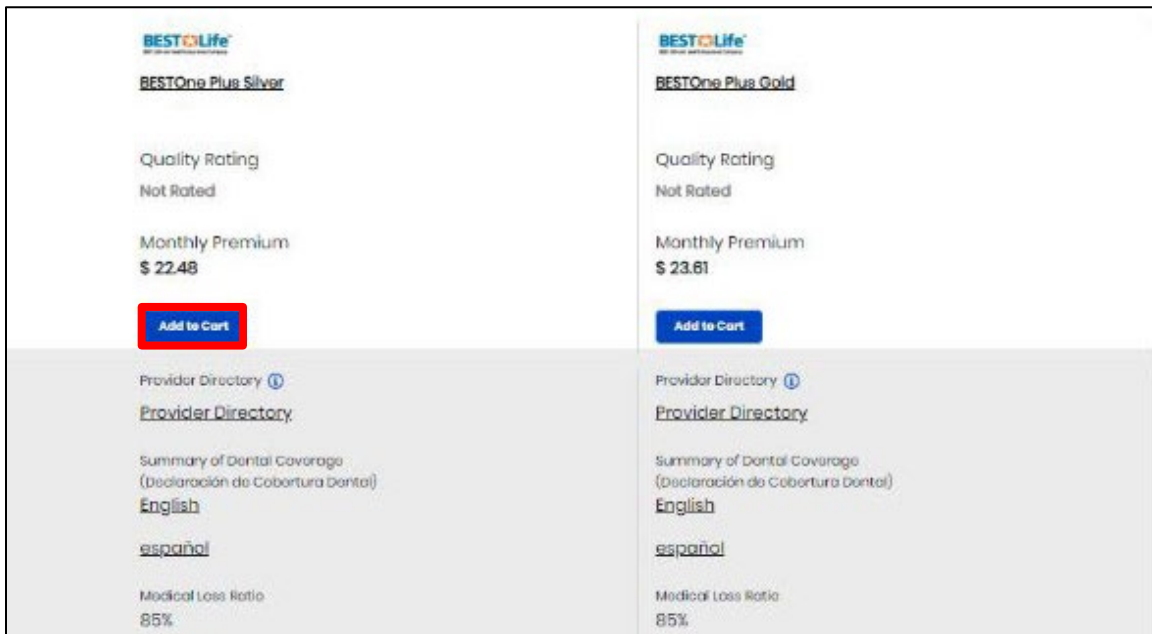
19. Compare the selected dental plans on the **Compare Dental Plans** screen.
20. If applicable, click the **Print** icon to display a printable view of the plan details.



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



22. Click **Add to Cart** to add the desired dental plan to the cart.



23. The selected medical and dental plans display. Click **Checkout**.

Select Coverage Type

Medical

Dental

Shop for Plans

Newly Selected Plan

Below are the plans you have selected. Until you click "Checkout," your plans will not be final. You can make any changes by clicking "Select Another Plan" to the plans you have already picked. If you want to add another plan, you can do that by selecting a new group of members and by clicking "Shop for Plans."

Medical	Dental
CareSource Marketplace Standard Silver Dental, Vision, & Fitness Premium You Pay \$428.81 per month Monthly Premium \$428.81 Applied Payment Assistance \$0	BEST One Plus Silver Premium You Pay \$22.48 per month Monthly Premium \$22.48 Applied Payment Assistance \$0
Members MAX WELLS DOB: 08/08/2022 - 12/31/2022	Members MAX WELLS DOB: 08/08/2022 - 12/31/2022
Select Another Plan Remove Plan	Select Another Plan Remove Plan

Cancel

Checkout

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

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.

kynect Enrollment Manager Andrew

Case Number: T2902305

[Back to SSP Dashboard](#) [Back to Enrollment Manager](#)

Sign & Submit

Please read this information carefully. Your signature makes this application valid. An electronic signature is the same as a written signature. Medicaid, KCHIP, and kynect are part of the Cabinet for Health and Family Services (CHFS). By signing, you agree to the following:

I am signing this application under penalty of perjury which means I have given true answers to all the questions on this form to the best of my knowledge and belief. I know that I may be subject to penalties under federal and/or state law if I provide false and/or untrue information.

I know that I must tell kynect if anything changes from what I entered on this application.

Electronically sign this request by entering your name below:

First Name: MAX

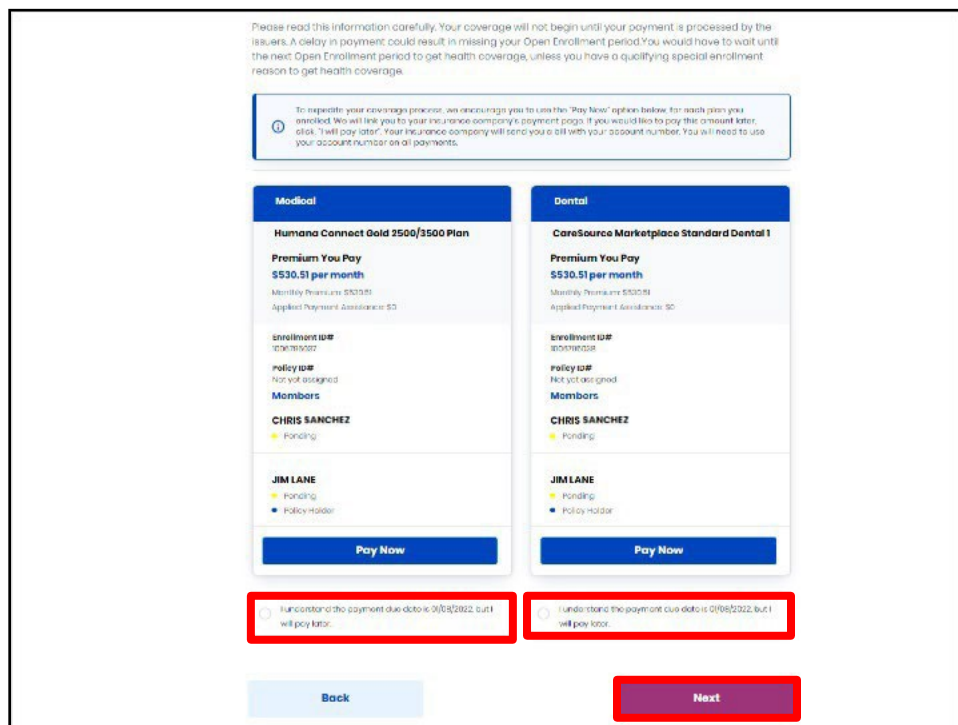
Last Name: WELLS

Date: 08/08/2022

Back Exit **Sign & Submit**

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

27. Click **Pay Now** to submit an initial premium payment for the selected medical 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.

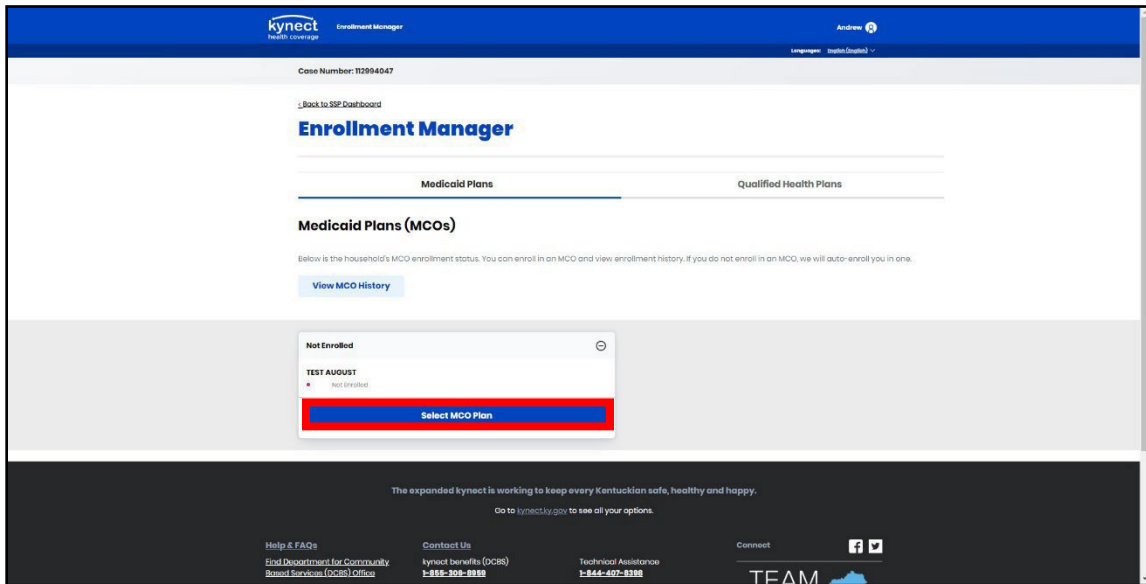


Please note: Once enrolled, the APTC can be adjusted by clicking the **Update APTC** button on the **Enrollment Manager** screen. This enables users to view the *Applied APTC*, any remaining *Available APTC*, and *Effective Dates*, if applicable. An information (i) icon is displayed to help users understand how to apply APTC towards the Essential Health Benefit Premium. As a best practice, always double check that the correct amounts are displayed on the **Override** screen or the **QHP History** screen to make sure that the APTC and CSR have been applied to each month.

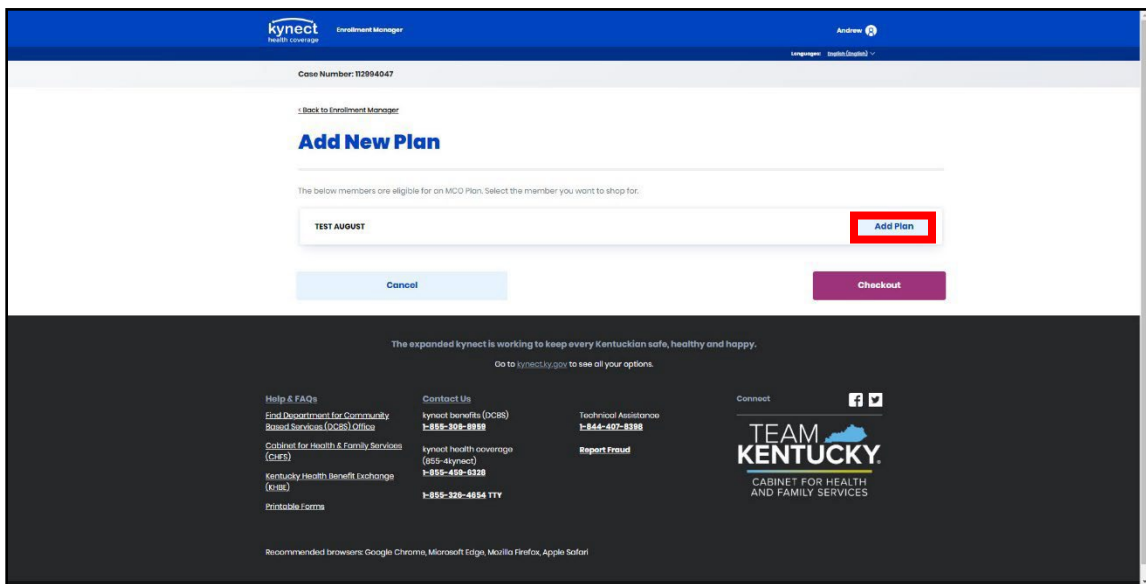
Additionally, EMM Override user's on the **Update APTC** screen are able to use a date picker to select the applicable month for the APTC change.

3.2 Medicaid Plans

1. Click **Select MCO Plan**.

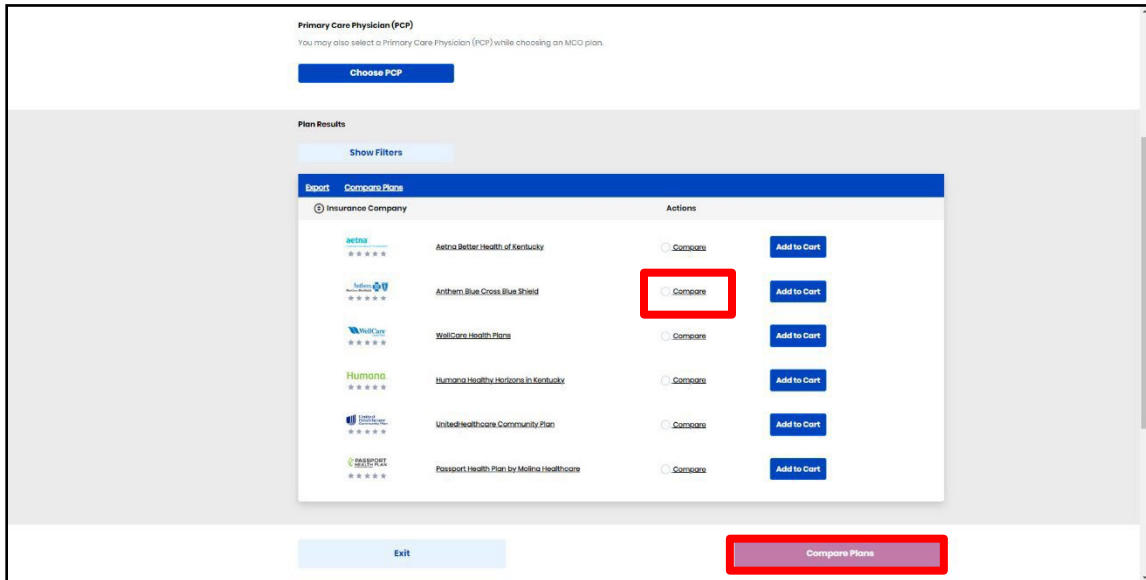


2. Click **Add Plan**.

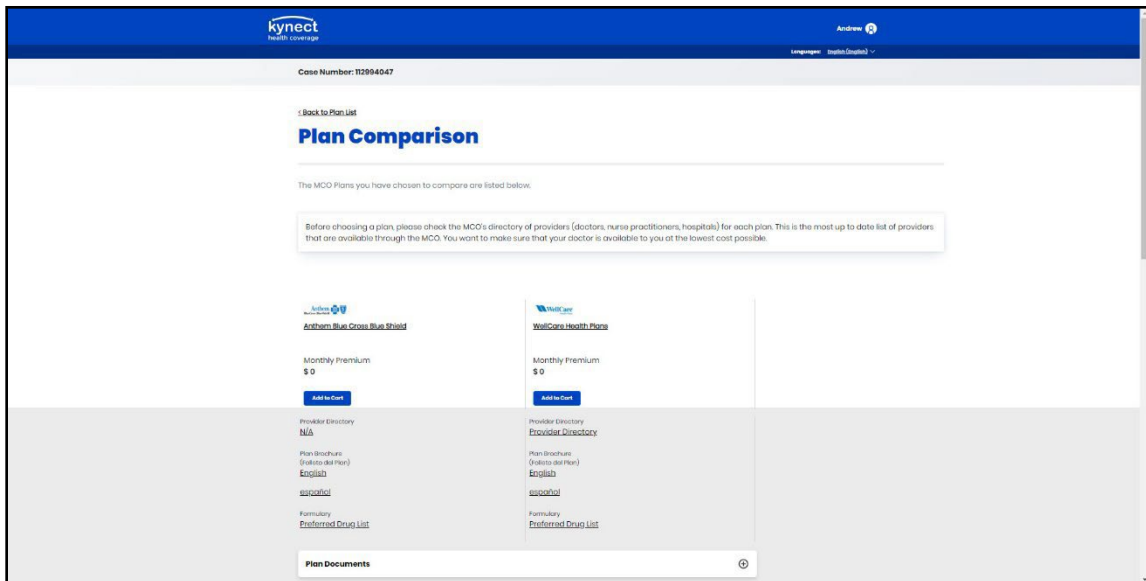


Quick Reference Guide: Benefits Application within kynect

3. Click **Compare** to select a Medicaid plan.
4. Click **Compare** to compare the selected Medicaid plans.

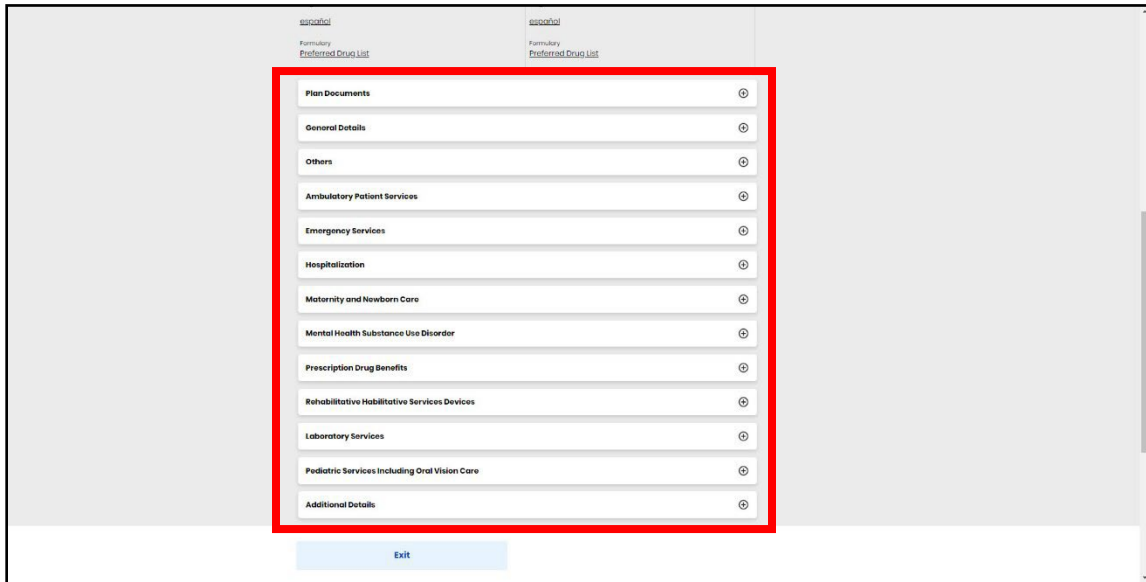


5. Compare the selected Medicaid plans on the **Plan Comparison** screen.

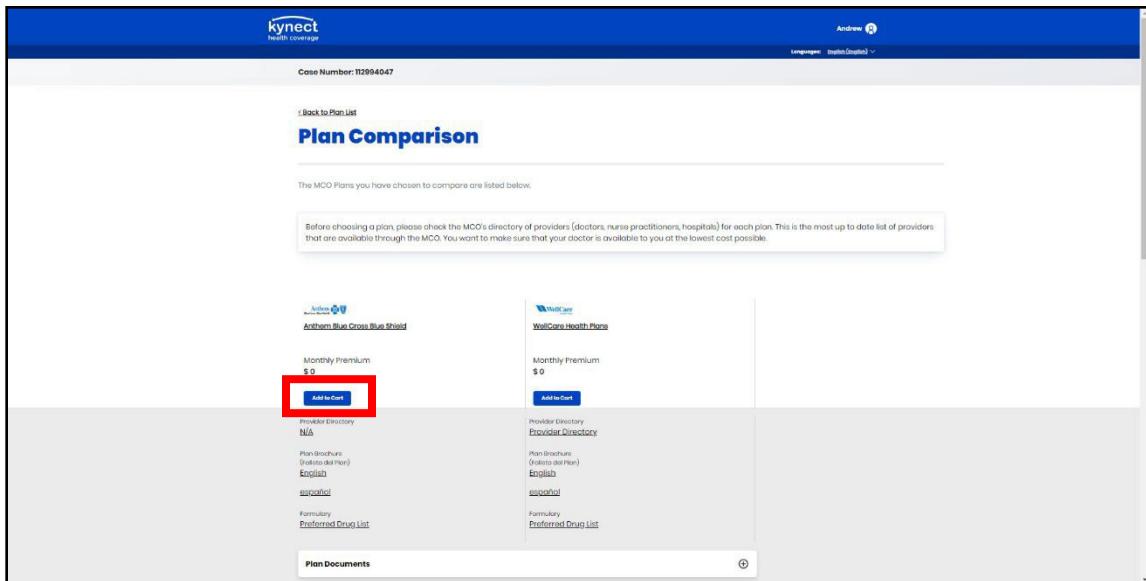


Quick Reference Guide: Benefits Application within kynect

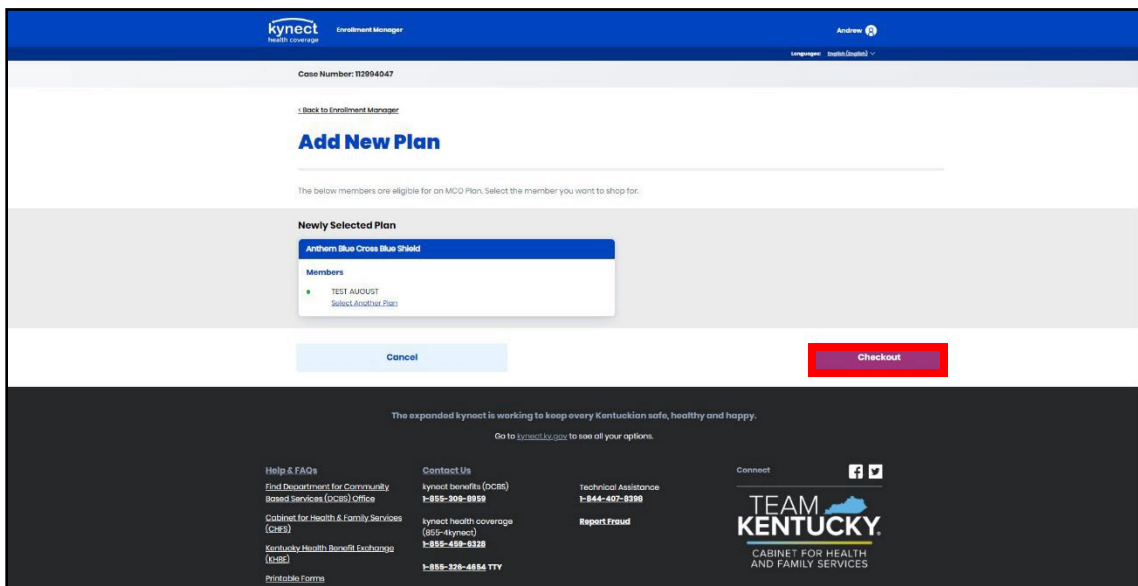
6. Click any **tab** to view additional plan details.



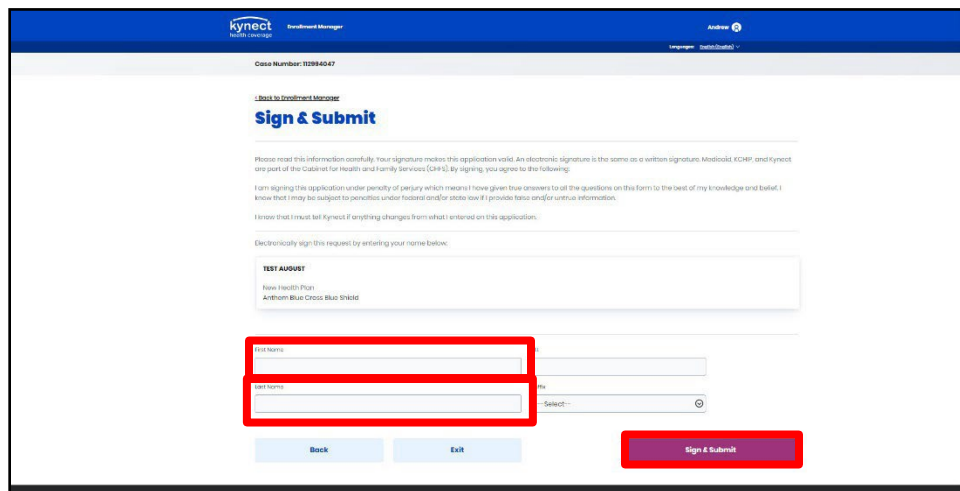
7. Click **Add to Cart** to add the desired Medicaid plan to the cart.



8. Click **Checkout**.



- 9. Enter the Applicant's **First Name**.
- 10. Enter the Applicant's **Last Name**.
- 11. Click **Sign & Submit** to enroll in the selected plan.

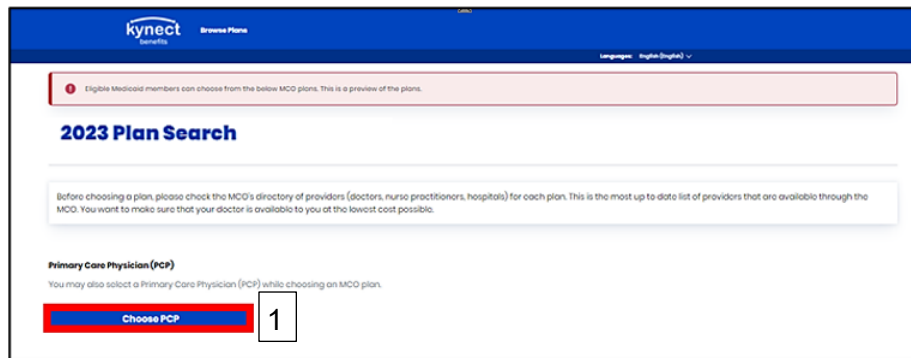


Please note: Applicants with questions regarding Qualified Health Plans (QHPs) and related eligibility for payment assistance may call kynect health coverage at 1-855-4kynect. Applicants with questions regarding food assistance (SNAP), Medicaid, child care assistance (CCAP), and financial aid for children and caregivers (KTAP) may call kynect benefits at 855-306-8959.

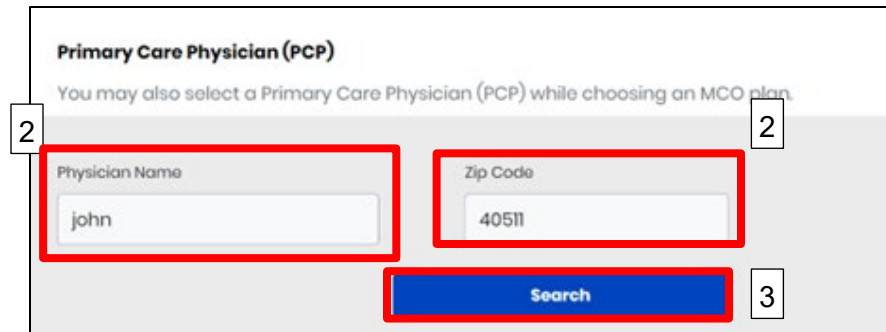
3.3 Search and Select a Physician - Medicaid Plans

The Choose PCP feature allows users to search for and select a primary care provider (PCP) that accepts the selected Managed Care Organization (MCO) plans.

1. Click **Choose PCP** to navigate to the **Plan Search** screen.



2. On the **Plan Search** screen, below *Help Me Choose*, enter the **Physician Name** and the **Zip Code**.
3. Click **Search**.



Quick Reference Guide: Benefits Application within kynect

4. In the *Search Results* section, all physicians meeting the search criteria provided displays. Each record displays the following information:
 - a. **Physician's Name**
 - b. **Address**
 - c. **Distance**
 - d. **Actions**
5. If applicable, click the **Show Map View** button to displays the physician's results with each physician's **Phone** and **Provider ID** information.
6. To select a PCP, click **Choose Physician**.

Primary Care Physician (PCP)
You may also select a Primary Care Physician (PCP) while choosing an MCO plan.

Physician Name Zip Code

Search

4 Search Results
There is more than one result for the physician you entered. Select one from the below.

Physician Name	Address	Distance	Actions
Richard, John, W	191 LEESTOWN CTR WAY LEXINGTON KY 40511	3.1 miles	Choose Physician
Johnson, Martha	1498 BOARDWALK LEXINGTON KY 40511	3.5 miles	Choose Physician
JOHNSON, SHEILA	1051 NEWTOWN PIKE LEXINGTON KY 40511	6.8 miles	Choose Physician
JOHNSON, SHEILA ANNE	1498 Boardwalk Lexington, KY 40511	9.6 miles	Choose Physician

Show Map View **Clear Search Results**

Plan Results
Show Filters

Provider Name ⓘ

john

Adam Johnson
1950 Tamarack Rd, Newark,
OH 43055
1.2 miles

Phone: 8552055506
Provider ID: 1932691490

ADRIANNE JOHNSON
72 BUCKHORN CLINIC RD,
BUCKHORN, KY 41721
3.8 miles
Phone: 6063987141
Provider ID: 1154905008

3.4 Search and Select Providers - Qualified Health Plans

The Add Plan feature allows users to both add a new Plan and to search for and select a provider that accepts their Qualified Health Plan.

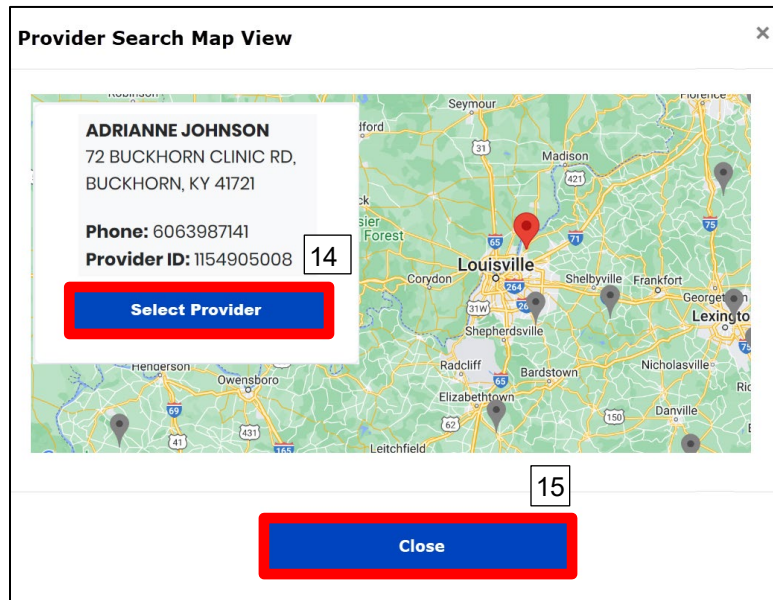
1. If known, in the *Help Me Choose* section, enter the **Provider Zip Code**, **Provider Name**, and/or **Prescription Drugs** the Individual wants covered under their plan.
2. Click **Apply** to display results matching the criteria entered into the *Provider Zip Code*, *Provider Name*, and *Prescription Name* fields.
3. If a **Provider Zip Code** is entered, click **Show Map View** to show all provider results on a map view in that zip code's area.

The screenshot shows the 'Help Me Choose' search interface. A red box labeled '1' highlights the search input fields: 'Provider Zip Code' (with 'Enter Zip' placeholder), 'Provider Name' (with 'Enter Name' placeholder), and 'Prescription Drugs' (with 'Enter prescription drugs' placeholder). Below these fields, a 'Show Map View' button is highlighted with a red box and labeled '3', and an 'Apply' button is highlighted with a red box and labeled '2'. Below the search area, the section 'Available Plans in Robertson County - 20' is shown. It includes buttons for 'Export All Plans', 'Export Selected Plans', and 'Compare Selected Plans'. A table lists available plans with columns for Insurance Company Name, Total Monthly Premium, Individual Deductible, Individual Out-Of-Pocket Maximum, and Actions. One plan from CareSource is listed with a premium of \$469.73 and a deductible of \$9,100. An 'Add to Cart' button is visible at the bottom right of the table.

Insurance Company Name	Total Monthly Premium	Individual Deductible	Individual Out-Of-Pocket Maximum	Actions
CareSource ★★★★★ Marketplace Bronze	\$469.73	\$9,100	\$9,100	<input type="radio"/> Compare Add to Cart

Quick Reference Guide: Benefits Application within kynect

4. To add a specific provider to the plan, click **Select Provider** and click **Close**.



4 Appendix

The Appendix includes steps on how to add an Authorized Representative, kynector, and Agent. It also includes steps on how to report information related to health coverage and an employer's HRA.

4.1 Add Authorized Representative

Authorized Representatives may be added to an application to take action on behalf of the Primary Applicant whenever needed depending on the level of access they are granted such as reporting changes or applying for benefits.

1. Enter the Authorized Representative's **First Name**.
2. Enter the Authorized Representatives **Last Name**.
3. Enter the Authorized Representative's **Email Address**.
4. Click **Search Auth Rep**.

The screenshot shows a web form titled "Add Authorized Representative". At the top, there is a blue header with the title. Below the title is a light blue box with a warning icon and the text: "Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select." Below this is a prompt: "Enter the following details about your authorized representative." The form contains several input fields: "First Name", "Last Name", and "Email" are grouped together and highlighted with a red border. To the right of these are "MI (optional)" and "Suffix (optional)" fields. Below the "Email" field is a "Search Auth Rep" button, also highlighted with a red border. At the bottom of the form are "Cancel" and "Next" buttons.

Quick Reference Guide: Benefits Application within kynect

5. If the Authorized Representative is not found in the system, select their **Sex** from the drop-down.
6. Select the appropriate **Year**, **Month**, and **Day** from the calendar for the Authorized Representative's Date of Birth.
7. Enter the Authorized Representative's **Phone Number**.
8. Select the Authorized Representative's **Preferred Language** from the drop-down.
9. Click **Yes** or **No** for *Does this authorized representative work for an organization that provides you assistance?*
 - a. If **Yes**, enter the **Organization Name**.
10. Click **Next**.

The screenshot shows a web form titled "Search Auth Rep". At the top is a purple button labeled "Search Auth Rep". Below it is a text input field for "Social Security Number". The "Sex" dropdown menu is highlighted with a red box, showing "Select" and a dropdown arrow. The "Date of Birth" field is also highlighted with a red box, showing a date format "mm/dd/yyyy" and a calendar icon. The "Phone number" field is highlighted with a red box, showing a masked format "###-###-####". The "Preferred language" dropdown menu is highlighted with a red box, showing "Start Typing". The question "Does this authorized representative work for an organization that provides you assistance?" is highlighted with a red box, with "Yes" and "No" buttons below it. At the bottom left is a light blue "Cancel" button, and at the bottom right is a purple "Next" button.

11. Select the Authorized Representative's **Relationship** to the primary Applicant from the drop-down.
12. Enter the Authorized Representative's **Address**.
 - a. Select the Authorized Representative's **Address** from the drop-down. The drop-down will automatically populate valid addresses that match the criteria entered.
13. Check the **box** for *Which program(s) do you want this authorized representative to have access to?*.
14. Select the **Level of Access** the Authorized Representative should have access to.
15. Click **Next**.

Add Authorized Representative

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

How is this person related to you?
Other

Address
123, WEST MAIN STREET, DOWNTOWN, LOUISVI

Address Line 2
I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B

Please indicate the programs and level of access you would like to grant your Authorized Representative.

Which program(s) do you want this authorized representative to have access to?

- Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)
 - Apply, Report Changes, Recertify
 - Apply, Report Changes, Recertify and receive copy of Notices
- QHP (Medical and Dental Insurance plans without payment assistance)

Back Cancel Next

16. Enter the Applicant's **First Name**.
17. Enter the Applicant's **Last Name**.
18. Click **Submit Authorized Representative**.

Authorized Representative Consent

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

Terms of Agreement

1. I give permission to this authorized representative to perform the chosen actions. I will give them information that is true to the best of my knowledge.
2. I will not give false information and will report changes in a timely manner. I understand if I fail to do so, I may face consequences. I understand this includes prosecution for fraud, losing benefits, and paying back benefits.

By entering your name below, you are electronically signing this form.

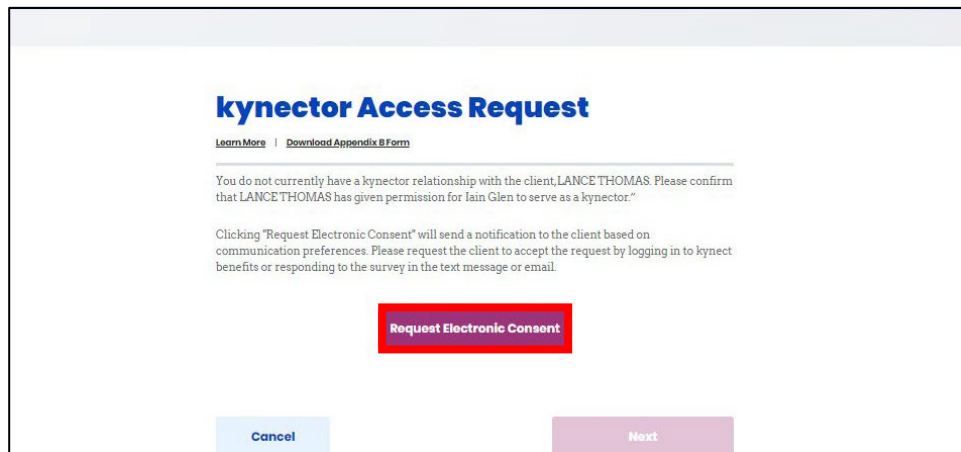
<input type="text" value="First Name"/>	<input type="text" value="MI."/>	<input type="text"/>
<input type="text" value="Last Name"/>	<input type="text" value="Suffix"/> Select	<input type="text" value="Date"/> 11/15/2021

CancelBackSubmit Authorized Representative

4.2 Add kynector

If a kynector is assisting an Applicant with a benefits application, they need to receive electronic or verbal consent from the Applicant as detailed below. kynectors may be added to an application to assist with enrolling the Applicant in health coverage by submitting a benefits application.

1. 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 90 seconds 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 time to complete tasks such as talking with the Applicant, compiling verification documents, or using the kynect health coverage Prescreening Tool.

2. If the Applicant does not respond electronically within three minutes, click **Confirm Verbal Consent**.
3. Click **Acknowledgement of Roles and Responsibilities of kynectors** and click **Agree**.
4. Click **Authorizations** and click **Agree**.
5. Click **Additional Important Information** and click **Agree**.
6. Click **Next** to add the kynector to the application.

kynector Access Request

[Learn More](#) | [Download Appendix B Form](#)

You do not currently have a kynector relationship with the client, LANCE THOMAS. Please confirm that LANCE THOMAS has given permission for Iain Glen to serve as a kynector.

Clicking "Request Electronic Consent" will send a notification to the client based on communication preferences. Please request the client to accept the request by logging in to kynect benefits or responding to the survey in the text message or email.

[Request Electronic Consent](#)

Client did not respond.

[Confirm Verbal Consent](#)

Verbal Consent

Please agree to each of the following to confirm consent from the client. If you do not agree to all of the below, you will be unable to continue this application.

- [Acknowledgement of Roles and Responsibilities of kynectors](#)
- [Authorizations](#)
- [Additional Important Information](#)

The client will receive a confirmation of this agreement and will be able to remove association to the kynector at any time via kynect benefits.

[Cancel](#) [Next](#)

4.3 Add Agent

Agents may be added to an application to assist with enrolling the Applicant in health coverage by submitting a benefits application. If an Agent is submitting a benefits application on behalf of an Applicant, their name will automatically appear under the *Insurance Agent* section.

1. Enter the Agent's **First Name**.
2. Enter the Agent's **Last Name**.
3. Enter the Agent's **Zip Code**.
4. Enter the Agent's **Organization**.
5. Click **Search**.

The screenshot shows a search interface titled "Find kynector or Agent". Under the heading, there is a "Type" label with two buttons: "kynector" and "Agent". Below this are four input fields arranged in a 2x2 grid: "First Name", "Last Name", "Zip Code", and "Organization". A red rectangular box highlights these four input fields. At the bottom left is a light blue "Cancel" button, and at the bottom right is a purple "Search" button.

Please note: Not all Agent information must be entered to perform a search. Enter the information known and click **Search** to display matching criteria. If an Agent has any Delegate(s), their name and contact information will display upon search.

6. Click **View Agent Details**.

The screenshot displays a search interface titled "Find kynector or Agent". It features a "Type" dropdown menu with "kynector" and "Agent" options, where "Agent" is selected. Below this are input fields for "First Name" (containing "GEORGE"), "Last Name", "Zip Code", and "Organization". There are "Cancel" and "Search" buttons. The results section shows "1 Results" and a "Filter (1)" button. A single result card is shown for "George Wethington", a "REGISTERED AGENT" located "941.77 miles" away. A red box highlights the "View Agent Details" link within the result card.

Please note: If a user, other than an agent, clicks the **View Agent Details** hyperlink when trying to add an agent to a case with approved Medicaid or Qualified Health Plan programs, a question displays that states "Is this case linked to a kynect On Demand Referral?" This question only appears if no kynect On Demand response has been previously captured for the case. The question defaults to **No**. Select **Yes** if you have requested help from an insurance agent through kynect On Demand previously. When **Select Agent** is clicked, the response to the question is saved.

Quick Reference Guide: Benefits Application within kynect

7. Click **Select Agent** to add the Agent to the application.

Enaogeimusx Rwkrcrv
Application #: 600900344

Organization
JCI AQZSZBZFZ VXX

Insurance Company

Language(s)
English;Spanish

Contact Information

Phone
[604-777-1555](tel:604-777-1555)

Email
uat_pr_uat_168@dispostable.com

Address
[UNITED RIGHTWRITERS, INC., 3 POLLAND BAY, EXETER, NH, 03833](#)

Availability

Weekday - Daytime

Delegate Agent(s) Name	Phone Number	Email Address
John Doe	343-343-2425	Optim2@script.com
Chris Jones	234-234-3242	Optim3@script.com

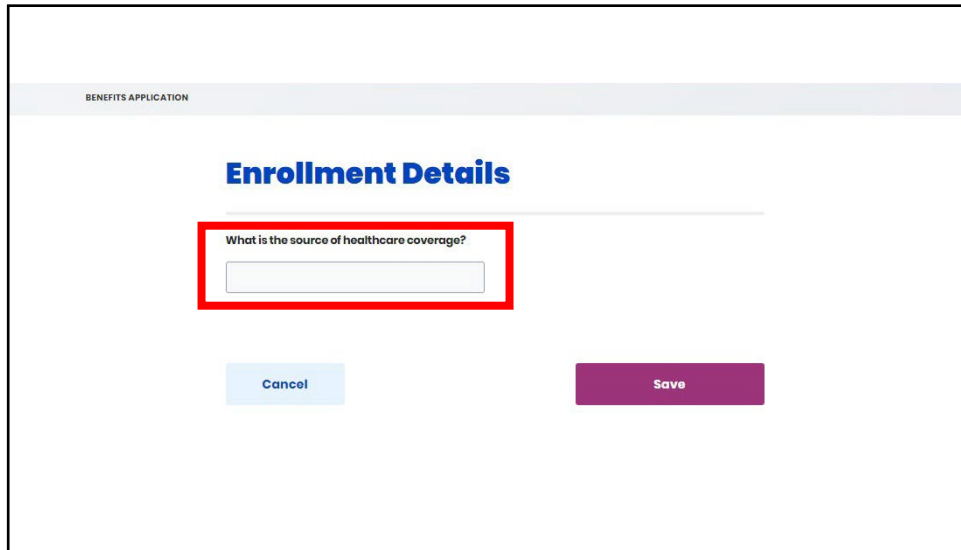
Select Agent

4.4 Health Coverage Selection

4.4.1 Enrolled in Health Coverage

If the Applicant clicks **Yes** for *Is anyone applying for benefits in your household enrolled in healthcare coverage?* they will need to report their source of health coverage.

1. Select the **Source** of health coverage the Applicant is enrolled in.



The screenshot displays a web form titled "BENEFITS APPLICATION" with a sub-header "Enrollment Details". A red rectangular box highlights a text input field with the label "What is the source of healthcare coverage?". Below the input field are two buttons: a light blue "Cancel" button and a purple "Save" button.

2. Enter the **Healthcare Coverage Company Name**.
3. Enter the **Address**.
4. Enter the **Insurance Plan Name**.
5. Enter the **Policy ID**.
6. Enter the **Group ID**.
7. Select the **Household Member** for *Who is the policy holder?*
8. Select the **Household Member(s)** for *Who is enrolled in this plan?*
9. Click **Save**.

The screenshot shows a web form titled "Insurance Details" with several sections. Red boxes highlight the following fields:

- Insurance Details**
 - Healthcare coverage company name
 - Address
 - Address Line 2 (with example text: I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B)
- Plan Details**
 - Insurance Plan Name
 - Policy ID
 - Group ID
- Policy Member Details**
 - Who is the policy holder?**
 - PATRICK MAHOMEY
 - Someone outside my household
 - Who is enrolled in this plan?**
 - PATRICK MAHOMEY

At the bottom of the form are two buttons: "Cancel" and "Save".

10. Select the **Employer Name**.
11. Click **Yes** or **No** for *Does [Applicant Name] use tobacco?*
12. Select the **Type of healthcare coverage**.
 - a. Select the **Coverage Start Date** from the calendar.
13. Click **Save**.

BENEFITS APPLICATION

Enrollment Details

PATRICK MAHOMEY

Employer name

YMCA

Other

Does PATRICK MAHOMEY use tobacco?

Policy Coverage Details

Type of healthcare coverage

Medical

Hospital

Dental

Vision

Cancer only

Medical Supp (Plan 65)

Nursing Home

VA (Veterans health benefit)

Other

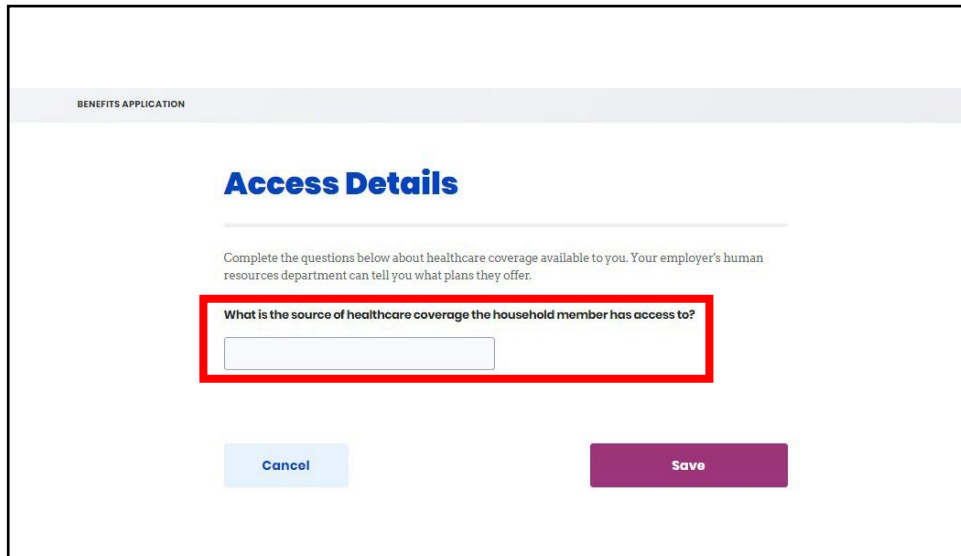
Drugs

Unknown

4.4.2 Offer of Health Coverage

If the Applicant clicks **Yes** for *Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has not yet enrolled?* they will need to report the source of the health coverage offer.

1. Select the **Source** of health coverage the Applicant has been offered.



The screenshot shows a web form titled "BENEFITS APPLICATION" with a sub-header "Access Details". Below the header, there is a horizontal line and a paragraph of instructions: "Complete the questions below about healthcare coverage available to you. Your employer's human resources department can tell you what plans they offer." A red rectangular box highlights a question: "What is the source of healthcare coverage the household member has access to?". Below this question is a text input field. At the bottom of the form, there are two buttons: a light blue "Cancel" button on the left and a purple "Save" button on the right.

2. Enter the **Healthcare Coverage Company Name**.
3. Enter the **Address**.
4. Enter the **Insurance Plan Name**.
5. Select the **Household Member** for *Who is the policy holder?*
6. Select the **Household Member(s)** for *Who has access to this plan?*
7. Click **Save**.

The screenshot shows a web form titled "Insurance Details" with several sections. Red boxes highlight the following fields:

- Insurance Details**
 - Healthcare coverage company name
 - Address
 - Address Line 2 (with example text: I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B)
- Plan Details**
 - Insurance Plan Name
- Policy Member Details**
 - Who is the policy holder?**
 - PATRICK MAHOMEY
 - Someone outside my household
 - Who has access to this plan?**
 - PATRICK MAHOMEY
 - Someone outside my household

At the bottom of the form, there are two buttons: "Cancel" (light blue) and "Save" (purple with a red border).

8. Select the **Employer Name**.
9. Click **Yes** or **No** for *Does [Applicant Name] use tobacco?*
10. Select the **Type of healthcare coverage**.
11. Click **Save**.

The screenshot displays a web form titled "BENEFITS APPLICATION" with a sub-header "Access Details" for "PATRICK MAHOMEY". The form is divided into three main sections, each highlighted with a red border:

- Employer name:** Contains two radio button options: "YMCA" and "Other".
- Does PATRICK MAHOMEY use tobacco?:** Contains two buttons: "Yes" (highlighted in blue) and "No".
- Policy Coverage Details:** Contains a list of radio button options for "Type of healthcare coverage": "Medical", "Hospital", "Dental", "Vision", "Cancer only", "Medical Supp (Plan 05)", "Nursing Home", "VA (Veterans health benefit)", "Other", "Drugs", and "Unknown".

At the bottom of the form, there are two buttons: "Cancel" (light blue) and "Save" (purple, highlighted with a red border).

4.5 Employer's Health Reimbursement Arrangement (HRA)

4.5.1 Enrolled in Employer's HRA

If the Applicant clicks **Yes** for *Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?* they will need to report the HRA details.

1. Select the **Type** of HRA for *Which type of HRA is available?*
2. Select the **Household Member** for *Whose employer offers HRA?*
 - a. Select the **Employer** for *Which employer offers this HRA?*
3. Select the **Household Member** for *Select the household members who are covered by this HRA.*
4. Select the **HRA Start Date** from the calendar.
 - a. The **HRA End Date** defaults to 12 months after the HRA Start Date.
5. Click **Save**.

BENEFITS APPLICATION

Enrolled in Employer's HRA Details

Complete the questions below about the HRA available to you.

Which type of HRA is available? ⓘ

Individual Coverage HRA (ICHRA)

Qualified Small Employer HRA (QSEHRA)

Whose employer offers HRA?

SAM LAMB

Select household members who are covered by this HRA

SAM LAMB

HRA Details

HRA Start Date
mm/dd/yyyy

HRA End Date
mm/dd/yyyy

Cancel Save

4.5.2 Offer of Employer's HRA

If the Applicant click **Yes** 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?* they will need to report the HRA offer details.

1. Select the **Type** of HRA for *Which type of HRA is available?*
 - a. If **ICHRA**, click **Yes** or **No** for *Do you plan to opt-out of this HRA if found eligible for payment assistance?*
2. Select the **Household Member** for *Whose employer offers HRA?*
 - a. Select the **Employer** for *Which employer offers this HRA?*
3. Select the **Household Member** for *Select the household members who are covered by this HRA.*
4. Click **Yes** or **No** for *On [Date] will you be able to use the HRA?*
5. Select the **HRA Start Date** from the calendar.
 - a. The **HRA End Date** defaults to 12 months after the HRA Start Date.
6. Enter the **Number** for *What's the maximum self-only amount of reimbursement offered by this employer?*
7. Select the **Frequency** for *How often will this amount be made available?*

The screenshot shows a web form titled "Offer to Employer's HRA Details" under the heading "BENEFITS APPLICATION". The form contains several sections, each with a red box around it:

- Which type of HRA is available?**: A radio button selection for "Individual Coverage HRA (ICHRA)" and "Qualified Small Employer HRA (QSEHRA)".
- Whose employer offers HRA?**: A dropdown menu with "PATRICK MAHOMEY" selected.
- Select household members who are covered by this HRA**: A dropdown menu with "PATRICK MAHOMEY" selected.
- On 11/22/2021 will you be able to use the HRA?**: Radio buttons for "Yes" and "No".
- HRA Details**: Two date pickers for "HRA Start Date" and "HRA End Date", both showing "mm/dd/yyyy".
- What's the maximum self-only amount of reimbursement offered by this employer?**: A text input field with a dollar sign icon.
- How often will this amount be available?**: A dropdown menu with "Select" chosen.

8. Enter the employer's **Primary Phone Number**.
9. Enter the employer's **Email Address**.
10. Enter the **Employer Identification Number (EIN)**.
11. Enter the employer contact **First Name**.
12. Enter the employer contact **Last Name**.
13. Enter the employer's **Address**.
14. Click **Save**.

The screenshot shows a web form titled "Employer Details" with several sections. The "Employer Details" section includes fields for "Primary Phone Number" (with a mask ###-###-####), "Email", and "Employer Identification Number (EIN)". The "Employer Contact Person" section includes fields for "First Name", "Last Name", and a "Suffix" dropdown menu. The "Address Information" section includes fields for "Address" and "Address Line 2" (with a placeholder "IE, APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O."). At the bottom, there are "Cancel" and "Save" buttons. Red boxes highlight the "Primary Phone Number", "Email", "Employer Identification Number (EIN)", "First Name", "Last Name", "Address", and "Save" fields.