# The Commonwealth of Kentucky kynect State-Based Marketplace



# kynect health coverage Prescreening Tool Quick Reference Guide

Last Updated: September 4th, 2023

## Introduction

This Quick Reference Guide is intended to instruct users on how to navigate the kynect health coverage Prescreening Tool and Browse Plans feature.

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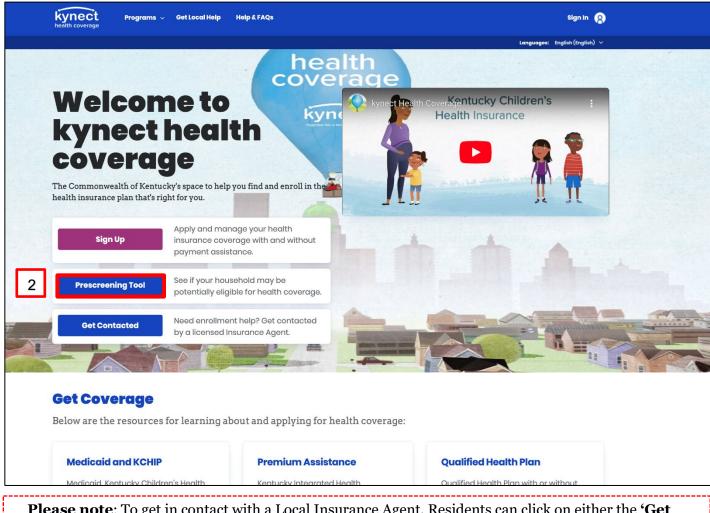
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# 1 kynect health coverage Prescreening Tool Overview

The kynect health coverage Prescreening Tool allows Residents to anonymously enter information to check potential eligibility for Qualified Health Plans (QHPs), Advance Premium Tax Credit (APTC), and Cost-Sharing Reductions (CSRs). The Prescreening Tool is not an application and does not guarantee eligibility. To determine eligibility for any program a full benefits application must be completed.

## 2 kynect health coverage Prescreening Tool

- 1. Navigate to the kynect health coverage website at kynect.ky.gov/healthcoverage.
- 2. Click **Prescreening Tool** to view prescreening information.



**Please note**: To get in contact with a Local Insurance Agent, Residents can click on either the **'Get Local Help'** tab at the top of the screen or the **'Get Contacted'** button on the **Welcome to kynect health coverage** screen. This navigates Residents to the **kynect On Demand** screen where they can submit a referral to be connected.

- 3. After reviewing the prescreening information, check the **box** to confirm the Resident is not a robot.
- 4. Click Start Prescreening Tool.

We will check potential eligibility across the following:         1. Tax Credits to Help Pay Your Premium         2. Qualified Health Plans (QHP)         Lorm More         Dasic Eligibility requirements for all programs:         Vou must be a resident of Kentucky         0 vou must be a US citizen or qualified immigrant         Immer ment sour diffed immigrant	Ū	The Prescreening Tool is not an application. or will not be eligible for benefits. You need t application in order to determine eligibility t	to complete a full benefits	
<ul> <li>2. Qualified Health Plans (QHP)</li> <li>Learn More</li> <li>Basic Eligibility requirements for all programs:</li> <li>You must be a resident of Kentucky</li> <li>You must be a US citizen or qualified immigrant</li> </ul>	We wil	check potential eligibility across the	following:	
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3	• You	nust be a resident of Kentucky		
	• You	nust be a US citizen or qualified immi	grant	
			Start Prescreening tool	4

#### 2.1 Section 1: Household Details Screen

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

- 5. Enter the **County** the Resident resides in.
- 6. Enter the **Date** for *When do you want coverage to start in 2023? (Optional)*
- 7. Enter the **Number** for *How many people*, *including yourself*, *do you want to include as you explore healthcare coverage options*?.
- 8. Click **Next** to proceed to **Section 2** of the kynect health coverage Prescreening Tool.

PRESCREENING TOOL	
	Household details
	Section 1 of 3
	Complete the questions below about the household's members.
5	Which county do you reside in?
6	When do you want coverage to start in 2023? (Optional) () mm/dd/yyyy
7	How many people, including yourself, will you claim on your fer err I tax return? (This includes your spouse and any dependents)
	Back Exit 8 Next

**Please note**: During Open Enrollment, the **Household Details** screen displays an additional question *Looking for coverage in [Year] or [Year]?* for the current and following year. Select the appropriate **Year** from the drop-down.

#### 2.2 Section 2: Tell Us About You Screen

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

- 9. Enter the Resident's Age.
- 10. Select the Resident's **Sex** from the drop-down.
- 11. Click **Yes** or **No** for *Do you use tobacco?*.
- 12. Click **Yes** or **No** for Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?.
- 13. Click **Yes** or **No** for *Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP*?.
- 14. Click **Next** to proceed to **Section 3** of the kynect health coverage Prescreening Tool.

PRESCREENING TOOL	
	Tell Us About You
	Section 2 of 3
	Complete the questions below about the household's members.
8	Age
9	Sex v
	Below listed questions are optional, if you do not select an option this tool will consider the response as 'No' to evaluate potential benefits.
10	Do you use tobacco? Yes No
11	Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?
12	Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?           Yes         No
	<ul> <li>Want to skip those questions?</li> <li>By answering this question, you'll see prices based on your household. These prices, also based on your age and income, may be much lower than prices without this information. If you skip to see plans now, we'll show you prices based on a person who's 35.</li> <li>Browse plans now.</li> </ul>
	Back Exit 13 Next

**Please note**: If there is a female member of the household, a conditional question appears. Click **Yes** or **No** for *Are you Pregnant?*. If **Yes**, enter the **Number** for *How many children are expected from the pregnancy?*.

#### 2.3 Section 3: Tell Us About Your Household Income

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

- 15. Enter the **Number** for *What do you think your annual household income will be in [Year] before taxes?.*
- 16. Click **Submit** to submit the kynect health coverage Prescreening Tool.

	Tell Us About Your Household
	Income
	Section 3 of 3
	Complete the questions below about the household's members.
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	Want to skip these questions? By answering this questions? If the set on your age and income, may be much lower than prices without this information. If you skip to see plans now, well show you prices based on a person whole 35. Browse plans new.
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#### 2.4 Prescreening Results Screen

Potential eligibility results display after submitting the kynect health coverage Prescreening Tool. From here, Residents may anonymously browse plans or submit a formal benefits application.

17. Click Browse Plans to view plans and prices on the Medical Plan Search screen.

See potential eligibility for the below programs. Take note of your results and apply for benefits by clicking the button below.  The Prescreening Tool is not on application. The results below do not gouranteer you will ar will not be eligible for benefits. We ancourage you to apply for any program, as your results may change once al information is collected.  Qualified Health Plans (with payment assistance)
you will or will not be eligible for benafits. We encourage you to apply for any program, as your results may change once all information is collocited.
Qualified Health Plans (with payment assistance)
<ul> <li>Your household is potentially eligible for \$312 of monthly tax credits</li> <li>You may be eligible for QHP if you are a resident of Kentucky or intend to reside in Kentucky, a US citizen or non-citizen who is lawfully present in the US, not incarcerated.</li> </ul>
16 Browse Plans
If you and not eligible for Medioaid. KOHP, or Payment assistance, you may still to eligible for other programs on kymed. Please go to <u>kymed kypay/benefits</u> for more information and to prescreen for these other programs.

#### 2.5 Browse and Compare Plans

The **Browse Plans** feature allows users to search for and compare medical and/or dental plans.

- 18. Click **Compare** to select a medical plan to compare.
- 19. Click **Compare Selected Plans** to compare the selected medical plans.

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Collectively,	your household is qualifie	ed for maximum Advance	e Premium Tax Credit	(APTC) in the amoun	t of: \$575		
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**Please note**: If the user's household is potentially eligible for APTC then the following verbiage displays on the screen regarding the Max APTC amount: "This amount is applicable only if all eligible APTC members are enrolling in a Medical Plan." If the user updates the values so that the household is not eligible for APTC, this verbiage does not appear.

20. Compare the selected plans. Click **Exit** to return to the **Medical Plan Search** screen.

(Back to Plan List	sangangari mejita (mejita) ∨
Compare Medical Plan	IS
Please be sure to check the insurance company's provider of it is also a good idea to call your doctors, haspital or other p final decision.	directory for the most up to date information before making a final choice. Since provider networks can cho providers before picking a plan. Ask if they will be participating in the health picn you are choosing before mai
intersections.	
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Quality Rating	Quality Rating
NotRated	****
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Essential Health Benefit (EHB) partian \$434.81	Excential Hoolth Bonefit (EHE) portion \$40738
Payment Assistance Applied	Poyment Assistance Applied
\$ 312	\$ 312
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Prescription Drug Benefit	۲
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Maternity	۲
Additional Coverage	۲
Additional Details	۲

21. On the Medical Plan Search Screen, click **Email** to email a link to the Resident.

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- 22. Click **Myself** or **Someone else** for *Who would you like to send this to*?.
- 23. Enter your **Email Address**.
- 24. Enter the **Email Address** of the Resident.
- 25. Enter **Comments** to the Resident or use the automated text.
- 26. Check the **box** to confirm the Resident is not a robot.

27. Click Send Email.

Myself	Someone else	21
From		2
Email		2.
By entering your email i from kynect. You can op	in the field above, you agree to receive copy of th t-out at anytime.	e emails sent
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proposal and co assisting you in r	health plan proposal for you. Please re ntact me with any questions. I look for making the best selection for you and y bers' health coverage needs.	ward to 24
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28. Click **Next** at the bottom of the **Medical Plan Search** screen to navigate to the **Dental Plan Search** screen.

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29. Click **Compare** to select a dental plan to compare.

30. Click **Compare Selected Plans** to compare the selected dental plans.

**Please note**: Users can email Dental Plans to themselves or to someone else.

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31. Compare the selected plans. Click **Exit** to return to the **Dental Plan Search** screen.

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Compare Dental F	Plans	
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Summary	۲	
Adult Dental Coverage	۲	
Child Dental Coverage	۲	
Additional Details	•	
	30	

**Please note**: To receive benefits, users must complete a full benefits application by clicking **Apply for Benefits** at the bottom of the **Prescreening Results** screen.