The Commonwealth of Kentucky kynect State-Based Marketplace



Enrolling in Qualified Health Plans with the Enrollment Manager

Introduction

This Quick Reference Guide is designed to help kynect users complete the steps required to enroll in a Qualified Health Plan using the Enrollment Manager.

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Please note: Residents who still need help after referencing this Quick Reference Guide can call (855) 459-6328 for additional assistance.

1 Enrolling in Qualified Health Plans

Residents and additional kynect Users should navigate to the **Enrollment Manager** screen to enroll in a Qualified Health Plan (QHP) after an application has been signed and submitted and eligibility has been established. The **Enrollment Manager** can be used to shop for, compare, and enroll in QHPs based on their eligibility. The **Enrollment Manager** can also be used to enroll Residents and other household members as applicable in selected plans once a plan has been decided and the initial premium payment has been paid.

2 Using the Enrollment Manager to Enroll in a QHP

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

| kynect | Dashboard Programs - | Reps, kynectors, & Agents Help | & FAQs | () 44 | KON (2) |
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| Hearings | View dutor's on your benefits opp | plication, cases, and benefits. | | Vew your to de fuil und messages | |
| | Bonefits → | | | Message Center → | |
| | Case#: 112776617 • Ac | ctive | | To Do's | Unmad |
| | Approved | Ponding Interview | Panding Varification | 0 | 0 |
| | Medicaid/KCHIP Qualified Health Plan | ns | | 0 Due this week | 0 Notices |
| | | | | 0 Now | 0 Announcements |
| | | | | | 0 Notifications |
| | view your current healthcare pla | ans and shop for MCO plans. | | Manage and view details about yo | ur support team. |
| | Health Plans → | | | Reps, kynectors, & Ag | ents → |
| | NotEnrolk | ed | throlled | Authorized Representative | |
| | Qualified Health Plans witho | ud payment assistanco (QHP) | | kynector Get halp opplying for each mo barrafits | naging Madicaid or Ki-H PP |
| | | | | Insurance Agent Get help applying for Mindisce coverage plans | dand whiching your backh 🛛 🔿 |

2. Click the **Qualified Health Plans** tab.

| kynect health coverage | Enrollment Manager | Jason 😭 Lanzause: Bothatarda) -> |
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| | Case Number: 112776617 | |
| | Chart to Davidocard | 2 |
| | Medicaid Plans | Qualified Health Plans |
| | Medicaid Plans (MCOs) | |
| | Balow is the household's MCO enrollment status. You can enr If you do not enroll in an MCO, we will auto-enrol you in one. View MCO History | all in an MOD and view enrolment history. |
| | Not Enrolled | |
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| | JIM LANE hot smoothed | |
| | KIM SANCHEZ • Not strolled | |
| | Select MCO Plan | |

3. Click Add Plan under the correct coverage year.

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| | Medicaid Plans | Qualified Health Plans | | | | |
| q | ualified Health Plans (QHPs |) | | | | |
| Ba | low is the household's enrollment status of certifi | ied health plans. | | | | |
| | View QHP History | Add Case Notes | | | | |
| | View Maximum APTC Summary | Calculate Maximum APTC | | | | |
| | Coverage Year 2022 🕞 | | | | | |
| | CHRIS SANCHEZ Not Brollod | | | | | |
| | JIM LANE Not Brollod | | | | | |
| 3 | KIM SANCHEZ • tet Direbled Add Plan | | | | | |
| The | expanded kynect is working to keep ever | y Kentuckian safe, healthy and happy. | | | | |

- 4. Check the **box(es)** to select the household member(s) to enroll in a QHP.
- 5. Select Coverage Type.
 - a. Check the **box** for Medical as applicable.
 - b. Check the **box** for Dental as applicable.

| kynec | t Enrollment Manager | Jason 😕 |
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| | < Back to Enrollment Manager | |
| | Add New Plan | |
| | Select the members to enroll in a health insurance plan. By checking mu | Itiple members, you are able to enroll |
| | members together when you shop. You may shop for a new plan by clici | king "Shop for Plane". |
| (| Solot Members far croupt | |
| | | |
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| | KIM SANCHEZ | |
| (| 5 Medical | |
| | Dental | |
| | | Shop for Plans |
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| | Concel | Checkout |
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- 6. Optional: Click **Buy a Dental Plan** to add a dental plan.
- 7. Optional: Click Waive Dental Plan to choose not to add a dental plan.
- 8. Click Shop for Plans.

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|---|--|--|---|----------------------|
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| ect Coverage Type | | | | |
| Modical | | | | |
| yone between the ages of 3 and 21 is recomme | nded to have dental coverage, unless th | at individual is eligible for Medicaid e | or KCHIP. Please note that some plans a | ready include dental |
| efits. If the individual has dental coverage that | is not through Kentucky Health Benefit I | Exchange or has Medicaid or KCHIP, y | rou may select "Waive Dental Plan" to p | Toceed |
| _ | | | | |

Please note: Dental plans are available for purchase through kynect. It is recommended to purchase a dental plan, but it is not required.

9. On the **Medical Plan Search** screen, review the information displayed.

10. If applicable, adjust the APTC (Advance Premium Tax Credit) amount.

| | Medical Plan Search |
|----|--|
| | |
| 9 | Talk to a Licensed Insurance Agent Live!* <u>823-507-6778</u> Absolutely Free Assistance Errolling in a Quality Health Plan *subject to agent availability |
| | Your household has qualified for a category B 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: \$380 Maximum Payment Assistance Available: \$380 You selected the qualifying event as "Lost qualified health insurance coverage in last 60 days", your coverage will start from 11/01/2023. |
| 10 | 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. |
| | S0 S360 Payments Assistance for Medical: \$ 360.00 |
| | Icon Legend: |

- 11. In the *Filters* section, filter provider results by selecting an **Insurance Company**, **Plan Type**, and/or **Metal Level**.
- 12. Click **Apply** to apply any selected filters. If no filters are chosen, **Apply** does not need to be clicked.
- 13. If known, in the *Help Me Choose* section, enter the **Provider Zip Code**, **Provider Name**, and/or **Prescription Drugs**.
- 14. Click **Apply** to display results matching the criteria entered into the **Provider Zip Code**, **Provider Name**, and **Prescription Drugs** fields.
- 15. 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.
 - a. If there are no providers available within the zip code, the map displays the nearest providers within the county.

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| | | Medica | l Plan Search | | | |
| | | | | | 👌 Print | |
| | | Talk to a License 83 Absolutely Free Assistanc *subject t | ed Insurance Agent Livel* 3-597-8778 ie Enrolling in a Quality Hea o agent availability | th Plan | | |
| | You selected the qualifying event as 'Will lose | qualified health insurance | e coverage in next 60 days" | your coverage will start from | 12/01/2023. | |
| | Icon Legend: S CSR Silver Plans P Embedded Pediatric Dental Benefi | T Tobacco Cessa | tion Program | | | |
| (1) | Filters Insurance Company | Pla | пТуре 🔻 | Motal I | .ovol 🔻 | |
| | | | | Clear | Apply | 12 |
| (12) | Help Me Choose | | | | SHOW MORE | |
| | Provider Zip Code | Provider Name () Enter Name | | Prescription Drugs () Enter prescription | drugs | |
| (15) | Show Map View | | | Clear | Apply | 14 |
| · | Available Plans in Robertson County - 20 | | | | | |
| | Export All Plans Export Selected Plans | Total 🗼 Monthly Premium | Individual ③ Deductible | Co Individual () Out-Of- Pocket Maximum | mpare Selected Plans | |
| | CareSource * * * * * Marketplace Bronze | \$469.73 | \$9,100 | \$9,100 | <u>Compare</u> | |
| | Bronze P Lowest Premium Plan | | | | Add to Cart | |

16. To add a provider to the plan from the map, click **Select Provider** and then click **Close**. If you do not want to select a provider, just click **Close**.

| Provider Search Map View | | × |
|--|--|-----|
| ADRIANNE JOHNSON 72 BUCKHORN CLINIC RD, BUCKHORN, KY 41721 Phone: 6063987141 Provider ID: 1154905008 | ford a Madison k sier Forest Corydon Coryd | |
| Select Provider | 16 Shepterdsville Radcliff Bardstown Nicholasville Eizabertitown 60 (50 Danville | Ric |
| | Close 16 | |

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

Please note: Applicants click on a Plan Name to navigate to the Medical Plan Details screen to view additional details.

- 18. Click **Compare** to select a medical plan for comparison with another medical plan.
- 19. Click **Compare Plans** to compare the selected medical plans.

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|----------------------|----------|----------|-----|-------------|-----|
| Summary (In-Network) | | | | ⊚ | |
| Premium Details | | | | 0 | |
| | \$520.51 | N/A | N/A | Compore | (18 |
| sronze P | | | | Add to Cart | |
| Summary (In-Network) | | | | ⊚ | |
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| | \$530.51 | N/A | N/A | Compare | |
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| Premium Details | | | | O | |
| 2 | | Previous | | Next | |
| | | | _ | | 10 |
| Exit | | | Cor | mpare Plans | |

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



21. Click any tab to view additional plan details.

| Yes | Yes | | |
|-----------------------------|-----------------------------------|---------------------|----------------------|
| HEA/FSA N/A | HSA/FSA N/A | | |
| Wollnoss Program Yies | Wolliness Fragram Yes | | |
| Nector Los Ratio 80% | Muschicon License Proties 80% | | |
| Benefits disployed for sele | cted plans may have been adjusted | based on the specia | I discounts for whic |
| Plan Documents | | ۲ | 21 |
| Summary | | ۲ | $\mathbf{\bigcirc}$ |
| Prescription Drug Bene | fit | ۲ | |
| Embedded Pediatric De | ntal | ⊕ | |
| Hospital Services | | ۲ | |
| Maternity | | ۲ | |
| Additional Coverage | | ۲ | |
| Additional Details | | • | |

22. Click Add to Cart to add the desired medical plan to the cart.

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| Case Number: 112778617 | | |
| <u>« Back to Plan List</u> | | |
| Compare Mee | | |
| Please be sure to check the insural before making a final choice. Since doctors, hospital or other providen you are choosing before making y | nse sempany's provider directory for the mest up-te provider hetworks son change aften it is also a geo s before picking a pien. Ask if they will be participatin our final decision. | -date information d idea to call year g in the health plan |
| | | |
| Quality Rating NotRated | Quality Rating Not Rated | |
| Monthly Premium \$ 530.5i | Monthly Premium \$ 530.51 | |
| | | |
| N/A | N/A | |
| Summary DI Benchits Coverage (Pasumen de beneficios y de cobertura) English | Summery O'Ecreófis Coverage (facumen de beneficies y de ceberture) English | |
| espanol | español | |
| Formulary N/A | Formulary N/A | |
| Embedded Padlatric Dental Yos | Embedded Peolotric Dentol Yos | |

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

| kynect health coverage | | | | | Jason (8) |
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| | Case Number: 112776617 | | | | Languages: English(English) ~ |
| | Dental Plan | Search | | (Today's Date | a(20(200)) |
| | Icon Legend: S CSP Silver Flons P Embedded Pediotric Dent | T Toba | cco Cessotion Pro | gram | |
| | Show Filters Export Compare Selected F | tions | | | |
| | Insurance Company (3) Name | Total () Monthly Pramium | Deductible (i) for one child | Out of () Pocket Maximum for one child | Actions |
| | Anthem V Anthem Not Robert Patitaty - Dental | \$203.43 | NA | N/A | Compare Add to Cart |
| | Summary (In-Network) | | | | © |
| | Premium Details | | | | © |
| | BESTICLIFE Nati Roted Advantage Gold | \$530.51 | NA | N/A | Compare |

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.

24. Click **Compare** to select a dental plan for comparison with another dental plan.

| Summary (In-Network) | | | | © | |
|----------------------|----------|----------|-----|-------------|----|
| Premium Details | | | | O | |
| | \$530.51 | NA | N/A | Compare | |
| | | | | Add to Cart | |
| Summary (In-Network) | | | | © | |
| Premium Details | | | | Θ | |
| | \$530.51 | N/A | N/A | | (2 |
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| | | | | |

25. Click **Compare Plans** to compare the selected dental plans.

26. Compare the selected dental plans on the **Compare Dental Plans** screen.

| kynect | Enrollment Manager | | Jason 😰 |
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| | | | Longuages: English (English) ~ |
| · · · · · · · · · · · · · · · · · · · | Case Number: 112776617 | | |
| | Compare De | ntal Plans | |
| | Please be sure to check the insur- before making a final choice. Sin doctore, hospital or other provid you are choosing before making | ance company's provider directory for the most up to a provider networks can change often it is also a good ers before packing a plan, itsk if they will be participating your final decision. | tote information depito call your in the health plan |
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| | Ca | Jar Shar Dantai | |
| | Contail | Siver Dersei | |
| | Quality Rating | Quality Rating | |
| | Monthly Premium \$ 530.51 Add to Cont | Monthly Premium \$ 530.51 | |
| | Desider Directory (D) | Desider Cleaning (D | |
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| | español | español | |
| | Modical Loss Ratio 80% | Medical Loss Retio 80% | |

| Quality Rating Not Bated Manthly Promium \$ 530.54 | Quality Rating Not field Monthly Promium \$ 530.51 | | | |
|---|--|---|----|--|
| Proveder Densetory () <u>VIA</u> Summary of Decited Coverages (Destimation of Decited Coverages (Destimation of Decited Coverages Coperation Coperation Book | Proveder Frenchary () <u>N/A</u> Barmary of Dantal Coverage (Insubmasion de Extention English aspaniol Moderati Los Brato BCX | | | |
| Plan Documents | | ۲ | 27 | |
| Summary Adult Dental Coverage | | • | - | |
| Child Dental Coverage | | Ð | | |
| Exit | | Ŭ | | |

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

28. Click Add to Cart to add the desired dental plan to the cart.

| kynect health coverage | Enrollment Manager | | Jason (8) |
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| | Case Number: 112776617 | | languagen: Englinh(Englinh) ~ |
| | Compare De | ntal Plans | |
| | Please be sure to check the insur before making a final choice. Sin doctore, hospital or other provide you are choosing before making | ance company's provider directory for the most ce provider networks can change often it is also rs before picking a pian, Ask if they will be partic your final decision. | up to date information a good idea to call your poting in the health plan |
| | | | |
| | Quality Rating Not Rated | Quality Rating Not Rated | |
| 28 | Monthly Premium \$ 530.51 Add to Cart | Monthly Premium \$ 530.51 Add to Cent | |
| | Provider Directory () N/A | trovidar Directory () N/A | |
| | Summary of Dector Coverage (Declaración de Coberturo Dental) English | Summery of Danital Coverage (Deckrasión de Doberture Dental) English | |
| | español Medical Less Ratio | español Medical Loss Retio | |

| CHRIS SIMS | Buy a Dental Plan | Dental Attestation | | |
|--|--|--|---|----|
| | | Shop for Pl | ans | |
| Newly Selected Plan Below are the plans you have selec any changes by clicking "Select An another plan, you can do that by se | cted Until you click "Checkor Icther Plan" to the plans you electing a new group of me | r", your plans will not be final, have already plaked. If you w mbers and by alaking "Shop " | You can make ant to acid for Plans" | |
| Modical | Edit Members Do | ntol | Edit Members | |
| Premium You Pay \$330.51 per month Monthly Promain SMIDH Applied Payment Assistance: 50 | Pre 55 Mo Agi | mium You Pay 30,51 per menth athy Prenunx \$530.51 sled Payment Assistance: 50 | | |
| Members CHRIS SANCHEZ Date 0(10)2022 - 12/31/2022 | CH Det o/k | IRIS SANCHEZ Iri Iri Iri Iri Iri Iri Iri Iri Iri Iri | | |
| JIM LANE בכנס תולוסו 2007 - 12/20/2007 | JIA oo ayk | א LANE 10 איז אראלאל אראר אראר אראר אראר אראר אראר א | | |
| Solect Another Pla Remove Plan | | Select Another Plan Remove Plan | | |
| Cancel | | Checkout | | 29 |

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

- 30. Enter the Applicant's **First Name**.
- 31. Enter the Applicant's Last Name.
- 32. Click **Sign & Submit** to enroll the household member(s) in the selected health and/or dental plans.

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|---------------------------|---|--|
| | Case Number: 112776617 | na literatura and mana and and an |
| | -Back to Eveniment Manager Sign & Submit | |
| | Pease read this information carefully. Your signature makes this a the same as a written signature. Medicaid, KC+IP, and Kynect are p Services (C+IFS). Dy signing, you agree to the following: | ppioation valid. An electronic signature is and of the Cabinet for Health and Tamily |
| | I am signing this application under penalty of perjury which mean questions on this form to the best of my knowledge and belief. I kn federal and/or state law if I provide false and/or untrue information I know that I must tell Kyneat If anything changes from what I enter | el hove given true answers to all the ow that I may be subject to penalfies under n. |
| | Dectronically sign this request by entering your name below. | |
| | Histoarro M. | |
| (31) | Sefec | |
| | 11/29/2021 | |
| | Back Exit | Sign & Submit |
| | | |

- 33. 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. Clicking Pay Now redirects Residents to the QHP's website to make the payment.
- 34. 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**. Clicking **Pay Now** redirects Residents to the QHP's website to make the payment.

Please note: Paying now is the most efficient way to get access to your benefits. However, Residents may choose to receive to pay later by waiting for the QHP invoice or by returning to the **Enrollment Manager** to complete payment. QHP invoices are generated within 5 business days. Residents have at least 30 days from the date of the first invoice to submit a premium payment before coverage can be cancelled or terminated.

35. Click **Next** to begin shopping for Medicaid plans if there are Medicaid eligible members in the household.

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|----|---|---|--|
| | Modical | Dental | |
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| | \$530.51 per month | \$530.51 per month | |
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| | Applied Payment Assistance \$3 | Applied Payment Amendments \$0 | |
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| | Funderstand the payment due date is 0(/08/2022) will pay later. | but I (understand the payment cuo date is 0(/08/2022, but) will pay later. | |
| | | | |