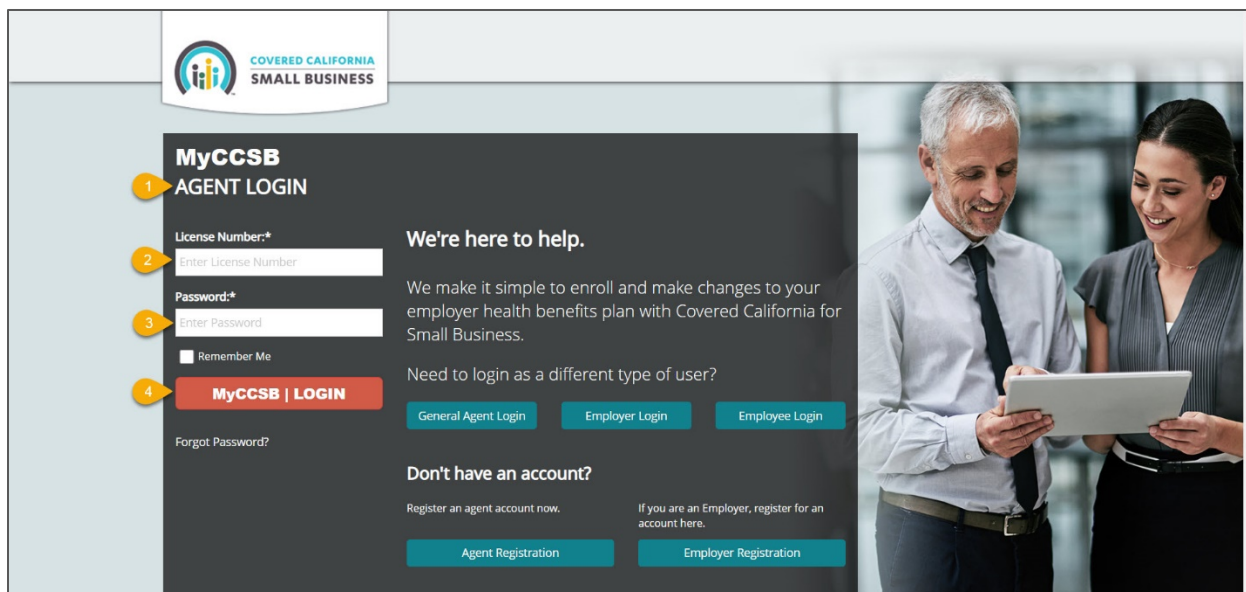


# MyCCSB Portal Agent Guide: how to renew coverage

Visit [MyCCSB.com](https://myccsb.com). Under Agent Login, enter the license number and password for your account and click the **MyCCSB/LOGIN** button.

If you reach another user login type (ex: General Agent, Employer, or Employee) you will need to select the **Agent Login** button under the section titled “need to login as a different type of user.”



*Please note:* If you have not yet registered for a MyCCSB Agent account, select the **Agent Registration** button under the section titled “don’t have an account” before continuing with this how to renew document.



When you reach the dashboard, you will select the Employer Group that needs renewal.

Welcome, AGENT

[DASHBOARD](#) [NEW APPLICATION](#) [ACCOUNT](#) [LOGOUT](#)

### Covered California for Small Business

## AGENT'S DASHBOARD

License# 0000000

Show 10 entries

Action	Created By	Start Date	Received Date	Last Updated	Last UpdateBy	Effective Date	Group #	FEIN	Employer Name	General Agent	Submit Date	Current Status	Status Duration	Lives	notes
	YOUR NAME (Agent)	2020-07-10	2020-07-10	2020-07-10	YOUR NAME (Agent)	2020-08-01	11111	11-1111111	Group 1	No GA	0000-00-00	Application Submission Pending	0	0	
	YOUR NAME (Agent)	2020-07-10	2020-07-10	2020-07-10	YOUR NAME (Agent)	2020-07-01	22222	22-2222222	Group 2	No GA	0000-00-00	Admin Review	6	1	
	Employer	2020-02-04	2020-02-04	2020-07-08	YOUR NAME (Agent)	2020-07-01	33333	33-3333333	Group 3	No GA	0000-00-00	Locked In	6	1	
	YOUR NAME (Agent)	2019-06-19	2019-06-19	2020-06-26	YOUR NAME (Agent)	2020-07-01	44444	44-4444444	Group 4	GA	0000-00-00	Locked In	21	3	
	Employer	2020-06-25	2020-06-25	2020-06-25	YOUR NAME (Agent)	2020-07-01	55555	55-5555555	Group 5	No GA	0000-00-00	Locked In	21	1	
	YOUR NAME (Agent)	2020-06-01	2020-06-01	2020-06-23	YOUR NAME (Agent)	2020-08-01	66666	66-6666666	Group 6	No GA	0000-00-00	Renewal - Application Submission Pending	23	10	

Showing 1 to 10 of 40 entries

Previous 1 2 3 4 Next

[Top](#)

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After that Employer Group is selected, you will see a summary of that group's open enrollment status. Select the **Renew My Plan** button to start the Employer Group renewal.

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Notes

100%

Click on each section of the pie chart to see all employees

Open Enrollment:  
45 Days Remaining.

- Confirmed - 0 employees
- Incomplete/Unconfirmed - 2 employees
- Declined - 0 employees

Total - 2 employees

Renew My Plan

Eligibility Maintenance

View Invoices  
Current Balance: 1,518.00

Resources/Help



## Step 1: About the Employer

You will be redirected to the *Employer Renewal Application*. Fill in your information by typing or using the dropdowns to complete each field. All **required fields are noted with an asterisk (\*)**. In the example below, required fields are also highlighted in yellow.

Once you have completed the required fields for your application, select the **Save & Next** button to continue.

Welcome

DASHBOARD RENEW MY PLAN ELIGIBILITY VIEW INVOICES RESOURCES ACCOUNT LOGOUT

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**Employer Renewal Application**

1 About the Employer 2 Employee Roster 3 Renewal Plan 4 Contribution 5 Lock In / Send to Employees 6 Employee Status 7 Submit / Finalize

Status History Attachments Notes

\* = This Field is Required

**1 ) Tell us about the employer offering coverage.**

Employers must offer coverage to all full-time employees (those working on average 30+ hours per week). Employers may use their physical business address or primary location of the majority of their employees.

Employer Type: \*  
Select Option

1. Legal Business Name (LBN) \* 2. Federal Employer ID Num (FEIN) \*

3. Doing Business as (DBA) 4. State Employer Identification Num

5. Which name do you want to use for reporting purposes? \*  
☒ Legal Business Name (LBN) ☐ DBA

6. Organization Type  
☐ Private ☐ Nonprofit ☐ Government ☐ Church/church affiliated

7. Total # of full-time equivalent employees on payroll? \* 8. Total # of eligible employees? \* 9. Requested Coverage Effective Date \* 10. SIC Code

8 0 08/01/2020

11. I'm offering health coverage to: \*  
☐ Employee Only ☐ Employee + Spouse/Domestic Partner (DP)  
☐ Employee + Child(ren) ☒ Employee + Spouse/DP + Child(ren)

12. Do you offer coverage to non-registered domestic partners? \* ☐ Yes ☐ No

13. Do you want to offer dental coverage? \* ☐ Yes ☐ No

14. My company is subject to: \* ☐ Federal COBRA ☒ Cal-COBRA

15. Have you employed 20 or more employees for 20 or more weeks during the current or preceding calendar year? \* ☐ Yes ☐ No

\*\* If an employer is considered as an Applicable Large Employer (total of 50 or more FTE employees), the employer will need to offer dependent children coverage to their employees in order to avoid the Employer Shared Responsibility (ESR) penalties. Please refer to Section 4980H of the Internal Revenue Code.

### Required fields include:

- Employer Type
- Legal Business Name (LBN)
- Federal Employer ID Number (FEIN)
- Which name do you want to use for reporting purposes?
- Total # of full time equivalent employees on payroll?
- Total # of eligible employees?
- Requested Coverage Effective Date
- I'm offering health coverage to:
- Do you want to offer coverage to non-registered domestic partners?
- My company is subject to:
- Do you want to offer dental coverage?
- Have you employed 20 or more employees for 20 or more weeks during the current or preceding calendar year?
- Group Contact First & Last Name
- What is the preferred method of communication?
- Email Address
- Street address 1, City, State, Zip Code, County
- Is your mailing address the same as your California Primary Physical Location/Headquarters?
- Is your billing address the same as your California Primary Physical Location/Headquarters?
- Please enter the full name of the authorized person who will sign this application

## Step 2: Employee Roster

You will receive confirmation that the employer profile was successfully updated (as highlighted in yellow below). On the *Employee Roster* screen, you can **Edit** or **Delete** any existing employee applications, as well as submit a **New Employee Application** by selecting the indicated buttons or icons. After you have completed any updates, click the **Next** button.

Current Status	Status Change Date	Changed By	Status Duration
Renewal - Application Submission Pending	2020-06-01 10:22:14	PCMI Admin	16 Days

**Employer profile was successfully updated.**

**2 ) Please enter all employees who would like to choose Covered California for Small Business Health Coverage.**

New Employee Application

➔

Show 10 entries

Edit	Delete	Employee Name	Last 4 Of SSN	DOB	Status	# Of Enrolled Dependents
		Employee A	1111	1970-12-01	Enrolled	0
		Employee B	2222	1980-12-01	Enrolled	1

Showing 1 to 2 of 2 entries

Previous
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## Step 3: Renewal Plan

Select your Infertility coverage election (Yes or No) and click the **Next** button to continue.

**COVERED CALIFORNIA**  
**SMALL BUSINESS**

WELCOME,

DASHBOARD
RENEW MY PLAN
✓ ELIGIBILITY
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**Covered California for Small Business**

**Employer Renewal Application**

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Current Status	Status Change Date	Changed By	Status Duration
Renewal - Application Submission Pending	2020-06-01 10:22:14	PCMI Admin	16 Days

**3 ) Compare all available plans and make reference plan selection.**

**1 Please indicate whether you would like to offer or not offer infertility benefits to your employees.**  
By choosing to offer infertility benefits, all plan selections will reflect infertility benefit coverage and corresponding pricing.

Step 1: Infertility

Do you want to offer coverage plans that includes infertility coverage? \*

☐ Yes
☐ No

your current full-time equivalent (FTE) employee count is 2.

See below for rules about infertility coverage offerings:

**Employers with 5 or more FTE's:**

- Employers with 5 or more full-time equivalent (FTE) employees who choose to offer infertility benefits to their employees, all products shall include infertility benefits.
- Employers with 5 or more FTE employees who choose to not offer infertility benefits to their employees, all products shall not include infertility benefits.

**Employers with less than 5 FTE's:**

Employers with less than 5 FTE employees have the option to include infertility benefits only on Non-HMO plans.

**If Employer chooses to offer infertility benefits, the following applies:**

- Employees selecting an HMO product cannot select a plan with infertility benefits.
- Employees selecting either a PPO or EPO product must select a plan with infertility benefits.

**If Employer chooses to not offer infertility benefits, the following applies:**

- Employees selecting an HMO product cannot select a plan with infertility benefits.
- Employees selecting either a PPO or EPO product cannot select a plan with infertility benefits.

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## Step 3: Renewal Plan CONTINUED

### Option 1: Keep reference plan\*

Click the **Keep Reference Plan** button. Then, scroll to the bottom of the screen and click the **Next** button.

\* In the event your original reference plan is no longer being offered in the new plan year, you will need to select a new reference plan (see below).

### Option 2: Select a new reference plan

Under the *Compare Plans and make reference plan selection*, you have the option to change your reference plan. Use the **check boxes** under the **select** column to change your selection. When you are ready to finalize your selections, click the **Select Plan** button and then the **Next** button.

Step 2: Compare Plans and make reference plan selection

A reference plan is needed to determine an employer's contributions. An employer can change their reference plan at their annual renewal to support their costs.

The "current" premium illustrated reflects the rates and enrollment at the time of your last billing statement. Renewal rate increases represent changes in age during the year as well as general increase to the cost of insurance. As you make changes during your open enrollment period to the plan selection or employee roster, the current premium will remain unchanged and will not reflect changes but will provide a budget baseline against which renewal contribution and reference plan changes may be compared.

Year	Coverage Level	Plan	EE Gross Premium	Dep Gross Premium	Total Premium
Current Year	Silver	Kaiser Silver 70 HMO 1000/55 Alt	\$959.17	\$516.86	\$1,476.03
Renewal Year	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$1,011.27	\$548.94	\$1,560.21

Keep Reference Plan >>

\* = This is the selected reference plan.

You may select up to two additional plans for side by side view.

Select	Coverage Level	Plan	EE Gross Premium	Dep Gross Premium	Total Premium
<input type="checkbox"/>	Platinum	Blue Shield Platinum 90 PPO 0/15 + Child Dental	\$1,862.00	\$1,010.74	\$2,872.74
<input type="checkbox"/>	Platinum	Blue Shield Trio Platinum 90 HMO 0/15 + Child Dental	\$1,197.05	\$649.79	\$1,846.84
<input type="checkbox"/>	Platinum	Health Net EnhancedCare Platinum 90 PPO 250/15 + Child Dental Alt	\$1,847.69	\$1,002.97	\$2,850.66
<input type="checkbox"/>	Platinum	Health Net Platinum 90 PPO 0/15 + Child Dental	\$2,320.83	\$1,259.81	\$3,580.64
<input type="checkbox"/>	Platinum	Kaiser Platinum 90 HMO 0/10 Alt	\$1,402.66	\$761.40	\$2,164.06
<input type="checkbox"/>	Platinum	Kaiser Platinum 90 HMO 0/15	\$1,387.93	\$753.40	\$2,141.33
<input type="checkbox"/>	Platinum	Oscar Platinum 90 EPO 0/15 + Child Dental	\$1,304.54	\$708.14	\$2,012.68
<input type="checkbox"/>	Silver	Blue Shield Silver 70 PPO 2250/50 + Child Dental	\$1,527.51	\$829.17	\$2,356.68
<input type="checkbox"/>	Silver	Blue Shield Trio Silver 70 HMO 2250/50 + Child Dental	\$958.15	\$520.10	\$1,478.25
<input type="checkbox"/>	Silver	Health Net EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt	\$1,131.96	\$614.46	\$1,746.42
<input type="checkbox"/>	Silver	Health Net EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt	\$1,154.43	\$626.66	\$1,781.09
<input type="checkbox"/>	Silver	Health Net Silver 70 HDHP PPO 1400/40% + Child Dental Alt	\$1,388.15	\$753.52	\$2,141.67
<input type="checkbox"/>	Silver	Health Net Silver 70 PPO 2250/50 + Child Dental	\$1,543.23	\$837.71	\$2,380.94
<input type="checkbox"/>	Silver	Health Net Silver 70 Value PPO 1700/50 + Child Dental Alt	\$1,363.57	\$740.19	\$2,103.76
<input type="checkbox"/>	Silver	Kaiser Silver 70 HDHP HMO 2500/20%	\$933.56	\$506.76	\$1,440.32
<input checked="" type="checkbox"/>	Silver*	Kaiser Silver 70 HMO 1650/55 Alt View Plan Benefit Changes Between Year 2019 And 2020	\$1,011.27	\$548.94	\$1,560.21
<input type="checkbox"/>	Silver	Oscar Silver 70 EPO 2250/50 + Child Dental	\$1,058.69	\$574.69	\$1,633.38
<input type="checkbox"/>	Bronze	Blue Shield Bronze 60 PPO 6300/65 + Child Dental	\$1,282.85	\$696.36	\$1,979.21
<input type="checkbox"/>	Bronze	Health Net Bronze 60 HDHP PPO 5600/20% + Child Dental Alt	\$1,259.70	\$683.80	\$1,943.50
<input type="checkbox"/>	Bronze	Health Net Bronze 60 PPO 6300/65 + Child Dental	\$1,215.19	\$659.63	\$1,874.82
<input type="checkbox"/>	Bronze	Health Net EnhancedCare Bronze 60 HDHP PPO 5600/20% + Child Dental Alt	\$1,027.22	\$557.60	\$1,584.82
<input type="checkbox"/>	Bronze	Kaiser Bronze 60 HDHP HMO 6900/0%	\$805.26	\$437.12	\$1,242.38
<input type="checkbox"/>	Bronze	Kaiser Bronze 60 HMO 6300/65	\$854.16	\$463.66	\$1,317.82
<input type="checkbox"/>	Bronze	Oscar Bronze 60 HDHP EPO 6900/0% + Child Dental	\$814.88	\$442.34	\$1,257.22

Select Plan

Compare Selected Plans

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Next >>





## Step 4: Contribution

On the *Contribution* screen, you can select one or two levels of coverage (metal tiers). Your reference plan needs to be within the metal tier selected. Your selected percentage will determine the amount the Employer will contribute towards employee and dependent premium. Enter a percentage and select **Accept**. Click the **Save & Next** button to continue.

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Employer Renewal Application

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Current Status	Status Change Date	Changed By	Status Duration
Renewal - Application Submission Pending	2020-06-01 10:22:14	PCMI Admin	16 Days

4 ) Select reference plan within your selected plan level.

\* = This Field is Required

For your reference, below is current year reference plan and actual costs:

Current Reference Plan: Kaiser Silver 70 HMO 1000/55 Alt		Level of Coverage: Silver	
Employee Premium:	50%	Current ER monthly cost	Current EE monthly cost
Dependent Premium:	0%	\$479.59	\$479.58
		\$0.00	\$516.86
	Total	\$479.59	\$996.44

Please make any necessary changes for the renewal year:

Original Effective Date

08/01/2018

Renewal Date

08/01/2020

Return Completed Materials By

07/15/2020

1

Select Level of Coverage: \*

☐Bronze☐Silver☐Gold☐Platinum☐Bronze & Silver☒Silver & Gold☐Gold & Platinum

(The reference plan is the plan you choose to determine the amount you will contribute toward your employee premiums)

Health Insurance Carrier: \*

Kaiser

Reference Plan Name: \*

Kaiser Silver 70 HMO 1650/55 Alt

Specify premium contribution.

Enter the percentage amount you will contribute toward:

Employee premium: *	<div>2</div> 50	<div>Accept</div>	Estimated Employer monthly cost	Estimated Employee monthly cost
		%(50% minimum)	\$505.64	\$505.64
Dependent premium:	<div>3</div> 0	<div>Accept</div>	\$0.00	\$548.94
		%(only available if you selected dependent coverage on #11 in Tab 1)		
Total			\$505.64	\$1,054.58

4

<< Save & Prev

Save & Next >>



## Step 5: Lock In/Send to Employees

In order to “Lock” the application you must click the **check box** and click the **lock** button.

Current Status	Status Change Date	Changed By	Status Duration
Renewal - Application Submission Pending	2020-06-01 10:22:14	PCMI Admin	16 Days

**You must Lock first before you can move to the next screen. To Lock, click the checkbox below and then click the red Lock button.**

Now that you have selected your defined contribution amount and corresponding reference plan, the next step is to verify the employee roster and invite your employees to enroll during this open enrollment period. You have the option to send your employees their invitation to enroll via email or you may enter the employee's enrollment selections from their completed and signed paper application.

**Verifying Your Employee Roster**

The names below represent all employees that are eligible to participate in the program and should receive enrollment instructions. If you notice that an employee's name is missing, you may easily add them on this screen. Simply click "Add Employees Manually" to include them in the enrollment process.

**Inviting Employees to Enroll Via Email**

Now, you may send an electronic invitation to all employees with a valid email address. The email will invite your employees to create a personalized, secure account where they can compare plans and complete their enrollment online. These emails may be edited and resent as needed.

**Completing an Application Offline**

A customized enrollment worksheet can be downloaded. To download the employee application, please click [here](#).

**5 ) Click the checkbox below to acknowledge your contribution amount and reference plan selection.**

At this point, you have gone through and determined your reference plan, metal tier, and contribution to your employees and/or dependents. The next step is to send this information to your employees.

☐ By clicking this box, I acknowledge that no additional changes will be made to my application and the information my employees will receive is final and cannot be modified.

**Lock**

A confirmation pop up will appear. If you need to make changes, hit the **Cancel** button to return to the previous screen. If you are ready to lock and continue with your selections, click **Lock**.

☒ By clicking this box, I acknowledge that no additional changes will be made to my application and the information my employees will receive is final and cannot be modified.

**Attention!**

Are you sure you want to lock? Once locked, some employer changes would need to be made through Customer Service.

Are you sure you would like to continue?

**Lock** **Cancel**

Show: All entries

Email Invite Print Hardcopy Email Birth Email Edit Email

Action	Action				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Employee B	1970-12-01		Edit
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee A	1980-12-01		Edit



## Step 5: Lock In/Send to Employees CONTINUED

In this step, you can invite employees to enroll via email by selecting the check box under the *Email Invite* column and clicking the **Email Invite** button. To edit or add an employee's email, click on the **pencil icon** under the *Edit Email* column. You can also view/print a hardcopy of an employee's enrollment worksheet by selecting the checkbox under the *Print Hardcopy* column and clicking the **Print Worksheets** button.

If you need to add a new employee, select the **Add a New Employee** button to start a new employee enrollment.

Once you have made your selections, click the **Next** button to continue.

**5 ) The application is now ready for you to invite your employees to enroll.**  
Note: If you need to make changes to a finalized application, any information shared with your employees will need to be recalled and the process would need to be reinstated from the beginning. To request changes to a finalized application, please contact our CCSB Customer Service team at (844) 269-3764.

Show ☐ All ☒ entries

Email Invite	Print Hardcopy	Employee Name	Date of Birth	Email	Edit Email
<input type="checkbox"/>	<input type="checkbox"/>	Employee, B	1970-12-01		Edit
<input type="checkbox"/>	<input type="checkbox"/>	Employee, A	1980-12-01		Edit

Showing 1 to 2 of 2 entries

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**Employer Renewal Application**

1 About the Employer 2 Employee Roster 3 Renewal Plan 4 Contribution 5 Lock-In/Send to Employees 6 Employee Notice 7 Submit to Filing

Current Status: Renewal - Locked In Status Change Date: 2020-06-17 16:51:10 Changed By: Employer Status Duration: 6 Days

**You must complete Steps 6 through 7 to finalize this application.**

Now that you have selected your employee contribution amount and corresponding reference plan, the next step is to verify the employee roster and invite your employees to enroll during this open enrollment period. You have the option to send your employees their invitation to enroll via email or you may enter the employee's enrollment information when they complete and sign your application.

**Verifying Your Employee Roster**  
The names below represent all employees that are eligible to participate in the program and should include enrollment information. If you notice that an employee's name is missing, you may easily add them on this screen. Simply click "Add Employees Manually" to include them in the enrollment process.

**Inviting Employees to Enroll Via Email**  
Now, you may send an electronic invitation to all employees with a valid email address. The email will include your employees to create a personalized, secure account where they can compare plans and complete their enrollment online. These emails may be edited and re-sent as needed.

**Completing an Application Offline**  
A customized enrollment worksheet can be downloaded. To download the employee application, please click here.

**5 ) The application is now ready for you to invite your employees to enroll.**  
Note: If you need to make changes to a finalized application, any information shared with your employees will need to be recalled and the process would need to be reinstated from the beginning. To request changes to a finalized application, please contact our CCSB Customer Service team at (844) 269-3764.

Show ☐ All ☒ entries

Email Invite	Print Hardcopy	Employee Name	Date of Birth	Email	Edit Email
<input type="checkbox"/>	<input type="checkbox"/>	Employee, B	1970-12-01		Edit
<input type="checkbox"/>	<input type="checkbox"/>	Employee, A	1980-12-01		Edit

Showing 1 to 2 of 2 entries

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## Step 6: Employee Status

Entering enrollment information into the MyCCSB portal on behalf of the employee requires you to scan and upload the completed and signed employee paper application. To upload a signed employee application, click the red **Attachment** button located at the top of this page. If you choose to email a link and the employee completes the application in the portal and e-signs, then you do not need to upload the application.

### Option 1: Renew Employee(s) without Changes (See Below)

On the *Employee Status* screen, you can renew all employees *as is* by using the **Action** button to click **select all** from the dropdown menu. You can also simply click or unclick the checked boxes to change your selections. Once you've made your selections, click the **Confirm Selected** button. On Step 7, you will review and submit your application.

**Note: If you have an employee with changes, skip ahead to Option 2 on Page 10 for those steps.**

WELCOME,

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Current Status

Renewal - Locked In

Status Change Date

2020-06-17 18:51:19

Changed By

Employer

Status Duration

0 Days

#### 6 ) Please make all employees / dependents plan selection.

[Generate PDF worksheets for all employees](#)

PLEASE NOTE: Entering enrollment information into this portal on behalf of the employee requires you to upload the paper application completed and signed by the employee. If you chose the email link and the employee completed the application in the portal and e-signed, then you do not need to upload the application. Please click the red "Attachments" link located at the top of this page to upload a signed employee application. For help, please contact 844-332-8384.

Employee applications must be in "confirmed" status in order to submit the group application.

All employees listed as "incomplete" or "unconfirmed" will either need to be sent an email invitation to confirm their plan selection via Step 5 or you can confirm on their behalf on Step 6.

\* Signed enrollment applications will need to be attached for any employee confirmed by you.

Total # of eligible employees: 2

Show  entries

				Renewal Year		Gross Premium			
Details	View	Name	Type	DOB	Plan Type	Tier	Plan	Premium	Confirmed
		Employee A	Employee	1970-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$294.72	Complete - Unconfirmed
		Employee A	Employee	1970-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Unconfirmed
		Employee B	Employee	1980-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$716.55	Complete - Unconfirmed
		Employee B	Employee	1980-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Unconfirmed
		Dependent A	Dependent	1990-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$548.94	Complete - Unconfirmed
		Dependent A	Dependent	1990-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Unconfirmed

1

2

3

Reset

Select All

Clear All

Invert Selection

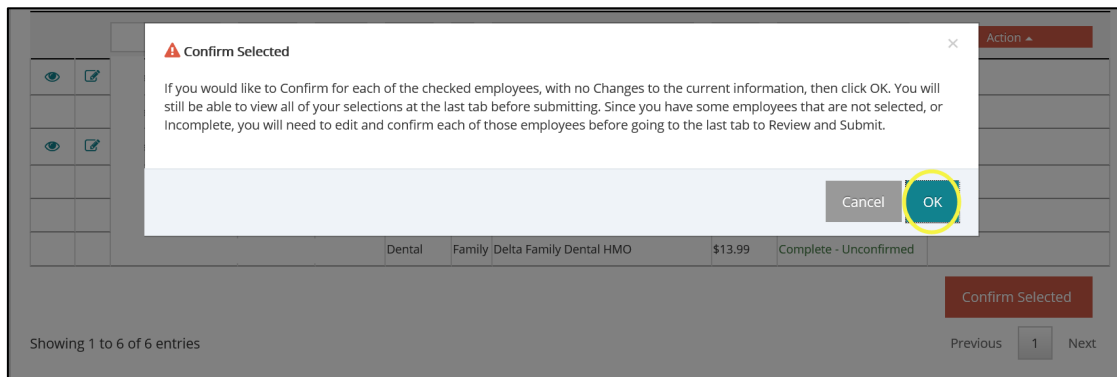
Action

Confirm Selected



## Step 6: Employee Status CONTINUED

A confirmation pop up will appear; click the **OK** button to continue.



The selected Employee(s) will now have a *confirmed* status as pictured below in the yellow highlighted area. *After all employees are confirmed*, you will be able to select the **Next** button to continue to Step 7 (detailed on page 16 of this document).

Total # of eligible employees: 2

Show ☐ All ☐ entries

		Renewal Year Gross Premium							
Details View	Name	Type	DOB	Plan Type	Tier	Plan	Premium	Confirmed	Bulk Renew
									Action
<input checked="" type="checkbox"/>	Employee A	Employee	1970-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$294.72	Complete - Employer confirmed	
<input checked="" type="checkbox"/>	Employee A	Employee	1970-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Employer confirmed	
<input checked="" type="checkbox"/>	Employee B	Employee	1980-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$716.55	Complete - Unconfirmed	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Employee B	Employee	1980-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Unconfirmed	
<input checked="" type="checkbox"/>	Dependent A	Dependent	1990-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$548.94	Complete - Unconfirmed	
<input checked="" type="checkbox"/>	Dependent A	Dependent	1990-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Unconfirmed	

Confirm Selected

Covered California for Small Business

Employer Renewal Application

1 About the Employer 2 Employee Roster 3 Renewal Plan 4 Contribution 5 Lock in / Send to Employees 6 Employee Status 7 Submit / Finalize

6 ) Please make all employees / dependents plan selection.

Generate PDF worksheets for all employers

PLEASE NOTE: Entering enrollment information into this portal on behalf of the employee requires you to upload the paper application completed and signed by the employee. If you cross the email link and this employee completed the application in the portal and e-signed, then you do not need to upload the application. Please click the red "Attachment" link located at the top of this page to upload a signed employee application. For help, please contact 844-332-6384.

Employee applications must be in "confirmed" status in order to submit the group application.

All employees listed as "incomplete" or "unconfirmed" will either need to be sent an email invitation to confirm their plan selection via Step 5 or you can confirm on their behalf on Step 6.

\* Signed enrollment applications will need to be attached for any employee confirmed by you.

Total # of eligible employees: 2

Show ☐ All ☐ entries


		Renewal Year Gross Premium							
Details View	Name	Type	DOB	Plan Type	Tier	Plan	Premium	Confirmed	Bulk Renew
									Action
<input checked="" type="checkbox"/>	Employee A	Employee	1970-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$294.72	Complete - Employer confirmed	
<input checked="" type="checkbox"/>	Employee A	Employee	1970-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Employer confirmed	
<input checked="" type="checkbox"/>	Employee B	Employee	1980-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$716.55	Complete - Unconfirmed	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Employee B	Employee	1980-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Unconfirmed	
<input checked="" type="checkbox"/>	Dependent A	Dependent	1990-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$548.94	Complete - Unconfirmed	
<input checked="" type="checkbox"/>	Dependent A	Dependent	1990-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Unconfirmed	

Confirm Selected



## Option 2: Renew Employee(s) with Changes

In this example, an unconfirmed employee needs to make a new plan selection. Click the **pencil icon** next to that employee's name. This will redirect you to that employee's existing application.



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Notes

Current Status	Status Change Date	Changed By	Status Duration
Renewal - Locked In	2020-06-17 18:51:19	Employer	0 Days

#### 6 ) Please make all employees / dependents plan selection.

Generate PDF worksheets for all employees

PLEASE NOTE: Entering enrollment information into this portal on behalf of the employee requires you to upload the paper application completed and signed by the employee. If you chose the email link and the employee completed the application in the portal and e-signed, then you do not need to upload the application. Please click the red "Attachments" link located at the top of this page to upload a signed employee application. For help, please contact 844-332-8384.

**Employee applications must be in "confirmed" status in order to submit the group application.**

**All employees listed as "incomplete" or "unconfirmed" will either need to be sent an email invitation to confirm their plan selection via Step 5 or you can confirm on their behalf on Step 6.**

Total # of eligible employees: 2

Show 

All

 entries

						Renewal Year Gross Premium			
Details View	Name	Type	DOB	Plan Type	Tier	Plan	Premium	Confirmed	Bulk Renew
									Action
	Employee A	Employee	1970-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$294.72	Complete - Employer confirmed	
	Employee A	Employee	1970-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Employer confirmed	
	Employee B	Employee	1980-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$716.55	Complete - Unconfirmed	<input checked="" type="checkbox"/>
	Employee B	Employee	1980-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Unconfirmed	
	Dependent A	Dependent	1990-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$548.94	Complete - Unconfirmed	
	Dependent A	Dependent	1990-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Unconfirmed	

Confirm Selected



## Employee Application - Online Renewal:

### Screen 1 Declining Coverage

If an employee and/or dependent(s) are declining coverage, you will need to indicate that by marking those check boxes under the *Decline* column. If they are selecting new coverage, leave these check boxes blank. Then, click the **Save & Next** button to continue.

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Declining Coverage Medical Plan Dental Plan Plan Summary / Confirmation

**1) Complete this section if you are declining coverage for your employee or their dependents.**  
If they would like to sign up for dental only, please contact your Agent or our Covered California for Small Business Customer Service at (844) 269-3764

\* = This Field is Required

Coverage Status	Decline	Relation	Name	Date Of Birth
Accept Coverage	<input type="checkbox"/>	Employee	Employee, A	1980-12-01
Accept Coverage	<input type="checkbox"/>	Spouse/Domestic Partner	Spouse / Domestic Partner A	1982-12-01

Save & Next >>

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## Employee Application - Online Renewal:

### Screen 2 Medical Plan

Under *Renewal Plan Options*, click the check box for the new plan your employee is selecting. Click the **Select Plan** button to confirm that selection and then the **Next** button at the bottom of the screen.

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### Employee Application - Online Renewal

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Declining Coverage Medical Plan Dental Plan Plan Summary / Confirmation

**2) Employee Medical Plan Enrollment Worksheet** [Generate Medical Worksheet in PDF format](#)

**Employee and/or dependents' declined coverage information was successfully updated.**

Employer Name	
Effective Date	2020-08-01
Employer Rating Area	16

Employee	Employee	Enrolling
Dependent 1	Dependent	Enrolling

Current Enrollment Information

Current Employer Contribution			
Employee %	50%		
Dependent %	0%		
Reference Tier	Silver		
Reference Plan	Kaiser Silver 70 HMO 1000/55 Alt		
Number of Covered Dependents	Med: 1	Dent: 1	
Employee Tier	Silver		
Employee Plan Selection	Kaiser Silver 70 HMO 1000/55 Alt		
	Employee	Dependent	Total
Total Current Premium Cost	\$675.38	\$516.86	\$1,192.24
Amount your Employer Pays	\$337.69	\$0.00	\$337.69
<b>Amount you are paying now</b>	<b>\$337.69</b>	<b>\$516.86</b>	<b>\$854.55</b>

Renewal Enrollment Information

New Employer Contribution			
Employee %	50%		
Dependent %	0%		
Reference Tier	Silver		
Reference Plan	Kaiser Silver 70 HMO 1650/55 Alt		
Number of Covered Dependents	Med: 1	Dent: 1	

**You may change the employee medical plan selection after reviewing the plan comparison.**

1

Renewal Plan Options				
	Silver			
	Employee	Dependent	Total	Difference
<input type="checkbox"/> Blue Shield Silver 70 PPO 2250/50 + Child Dental	\$724.07	\$829.17	\$1,553.24	\$698.69
<input type="checkbox"/> Blue Shield Trio Silver 70 HMO 2250/50 + Child Dental	\$320.64	\$520.10	\$840.74	-\$13.81
<input type="checkbox"/> Health Net EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt	\$443.80	\$614.46	\$1,058.26	\$203.71
<input type="checkbox"/> Health Net EnhancedCare Silver 70 PPO 2250/55 + Child Dental Alt	\$459.72	\$626.66	\$1,086.38	\$231.83
<input checked="" type="checkbox"/> Health Net Silver 70 HDHP PPO 1400/40% + Child Dental Alt	\$625.32	\$753.52	\$1,378.84	\$524.29
<input type="checkbox"/> Health Net Silver 70 PPO 2250/50 + Child Dental	\$735.21	\$837.71	\$1,572.92	\$718.37
<input type="checkbox"/> Health Net Silver 70 Value PPO 1700/50 + Child Dental Alt	\$607.91	\$740.19	\$1,348.10	\$493.55
<input type="checkbox"/> Kaiser Silver 70 HDHP HMO 2500/20%	\$303.22	\$506.76	\$809.98	-\$44.57
<input checked="" type="checkbox"/> <b>Kaiser Silver 70 HMO 1650/55 Alt</b>	<b>\$358.28</b>	<b>\$548.94</b>	<b>\$907.22</b>	<b>\$52.67</b>
<input type="checkbox"/> Kaiser Silver 70 HMO 1800/55 Alt	\$345.82	\$539.39	\$885.21	\$30.66
<input type="checkbox"/> Kaiser Silver 70 HMO 2250/50	\$382.16	\$567.24	\$949.40	\$94.85
<input type="checkbox"/> Oscar Silver 70 EPO 1500/50 + Child Dental Alt	\$304.33	\$507.61	\$811.94	-\$42.62

2

Select Plan

Compare Selected Plans

3

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Scroll down to review all fields and access buttons

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## Employee Application - Online Renewal:

### Screen 3 Dental Plan (if applicable)

Under *Renewal Enrollment Information*, use the dropdown list to make a new selection. Then click the **Next** button to continue.



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### Employee Application - Online Renewal

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Dental Plan

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Plan Summary / Confirmation

### 3) Employee Dental Plan Enrollment Worksheet

Employee medical plan selection was successfully saved.

Employer Name	
Effective Date	2020-08-01
Employer Rating Area	16

Current Enrollment Information			
Amount you are paying now			
	Name	Dental Plan	Cost
Employee	Employee A	Delta Dental Family Dental HMO	\$13.99
Spouse	Spouse A	Delta Dental Family Dental HMO	\$13.99
Amount you are paying now			\$27.98

**View 2020 Dental Benefit Details**

Dental Plan Options	Child	Rate	Adult	Rate
California Dental Network	Child's HMO	\$8.73	Adult's HMO	\$7.36
Delta Dental	Child's HMO	\$14.49	Adult's HMO	\$13.99
Delta Dental	Child's PPO	\$34.99	Adult's PPO	\$48.99
Dental Health Services	Child's HMO	\$11.70	Adult's HMO	\$9.95
Liberty Dental	Child's HMO	\$11.65	Adult's HMO	\$7.39

Covered California for Small Business now offers stand-alone dental coverage. Family dental plans offer both adult and adult plus child dental coverage. However, before electing a separate stand-alone plan for child dependent coverage, make sure to review your medical selections carefully as several of Covered California for Small Business' health plans now include children's dental coverage. This will prevent you from purchasing duplicative coverage.

\* Family dental plans offer both adult and child dental options. If one child is enrolled in the Family Dental coverage, all children must enroll. Children enrolled in family plans must select the same plan as the employee.

To change the dental plan for each member, please select the dropdown list.

Renewal Enrollment Information			
New cost you will pay			
	Name/Age	Dental Plan	Cost
Employee	Employee A, Age	Delta Family Dental HMO	\$13.99
Spouse	Spouse A, Age	Delta Family Dental HMO	\$13.99
New cost you will pay			\$27.98

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## Employee Application - Online Renewal:

### Screen 4 Plan Summary / Confirmation

Review all information on this page to confirm the employee's information is correct. Scroll to the bottom of the page. If you need to make an amendment click the **Prev** Button. If the information is correct, click the **Confirm** button to continue.

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Declining Coverage Medical Plan Dental Plan Plan Summary / Confirmation

#### 4) Employee Plan Summary / Confirmation

**Employee Application has not been confirmed. Please click 'Confirm' button below.**

Employer Name: Employer name  
Effective Date: 2020-08-01  
Employer Rating Area: 16

**1. About the Employee**

1. Employee Name (LAST, SUFFIX, FIRST MIDDLE):  
Employee A  
2. SSN :  
111-11-1111  
3. Birth Date:  
Gender  
4. Sex:  
Home Address (Street 1): Home Address

**3. Medical and Dental Plans**

Employee:	Current Year	Renewal Year
Employee A	CA016	CA016
Group Rate Area	CA016	CA016
Medical Reference Plan	Kaiser Silver 70 HMO 1000/55 Alt	Kaiser Silver 70 HMO 1650/55 Alt
Medical Reference Tier	Silver	Silver
Medical Reference Plan Rate	\$675.38	\$716.55
Member Rate Area	CA016	CA016
Medical Plan	Kaiser Silver 70 HMO 1000/55 Alt	Blue Shield Gold 80 PPO 250/25 + Child Dental
Medical Tier	Silver	Gold
Medical Gross Premium	\$675.38	\$1,195.50
Medical Employer Contribution	50%	50%
Medical Employer Premium	\$337.69	\$358.28
Medical Employee Premium	\$337.69	\$837.23
Dental Plan	Delta Dental Family Dental HMO	Delta Family Dental HMO
Dental Tier	Family	Family
Dental Gross Premium	\$13.99	\$13.99

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Scroll down to review all fields and access buttons



## Step 6: Employee Status

You will be redirected back to the Employer Renewal Application (step 6). Now that you completed the edits to the individual employee application, it will show up as *confirmed* on the summary page. Select **Next** to continue.

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Current Status	Status Change Date	Changed By	Status Duration
Renewal - Locked In	2020-06-17 18:51:19	Employer	0 Days

#### 6 ) Please make all employees / dependents plan selection.

Generate PDF worksheets for all employees

PLEASE NOTE: Entering enrollment information into this portal on behalf of the employee requires you to upload the paper application completed and signed by the employee. If you chose the email link and the employee completed the application in the portal and e-signed, then you do not need to upload the application. Please click the red "Attachments" link located at the top of this page to upload a signed employee application. For help, please contact 844-332-8384.

Employee applications must be in "confirmed" status in order to submit the group application.

All employees listed as "incomplete" or "unconfirmed" will either need to be sent an email invitation to confirm their plan selection via Step 5 or you can confirm on their behalf on Step 6.

\* Signed enrollment applications will need to be attached for any employee confirmed by you.

Renewal Year Gross Premium									
Details View	Name	Type	DOB	Plan Type	Tier	Plan	Premium	Confirmed	Bulk Renew
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Action
<input checked="" type="checkbox"/>	Employee A	Employee	1970-12-01	Medical	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$294.72	Complete - Employer confirmed	
<input type="checkbox"/>	Employee A	Employee	1970-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Employer confirmed	
<input checked="" type="checkbox"/>	Employee B	Employee	1980-12-01	Medical	Gold	Blue Shield Gold 80 PPO 250/25 + Child Dental	\$1,195.50	Complete - Employer confirmed	
<input type="checkbox"/>	Employee B	Employee	1980-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Employer confirmed	
<input type="checkbox"/>	Dependent A	Dependent	1990-12-01	Medical	Gold	Blue Shield Gold 80 PPO 250/25 + Child Dental	\$915.86	Complete - Employer confirmed	
<input type="checkbox"/>	Dependent A	Dependent	1990-12-01	Dental	Family	Delta Family Dental HMO	\$13.99	Complete - Employer confirmed	

Confirm Selected


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## Step 7: Submit / Finalize

Review all information on this page to confirm the information is correct.

Under Arbitration Agreement, you will need to read and select the required check boxes as well digitally sign the agreement. *Please note:* the signature must match the Business Owner or Authorized Representative, if it does not match the Portal will alert you.

If you need to make an amendment click the **Prev** Button. If you are ready to submit your renewal application, click the **Yes** check box at the bottom of the page and then the **Submit Renewal Application** button to continue.


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Current Status	Status Change Date	Changed By	Status Duration
Renewal - Locked In	2020-06-17 18:51:19	Employer	0 Days

\* = This Field is Required

### 7 ) Review and Submit

#### 1. About the Employer

Employer Type:\*
Sole Proprietor

Legal Business Name (LBN):\*
Federal Employer ID Num (FEIN):\*

Doing Business as (DBA):
State Employer Identification Num:

Which name do you want to use for reporting purposes? \*
Legal Business Name (LBN)
Organization type:

#### 7. Submit Application

**REMINDER** - Entering enrollment information into this portal on behalf of the employee requires you to upload a paper application completed and signed by the employee. If you chose the email link and the employee completed the application in the portal and e-signed, then you do not need to upload the application. Please click the red "Attachments" link located at the top of this page to upload a signed employee application. For help, please contact 844-332-8384.

Is the application complete and ready for submission?

☒ Yes
☐ No

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SUBMIT RENEWAL APPLICATION

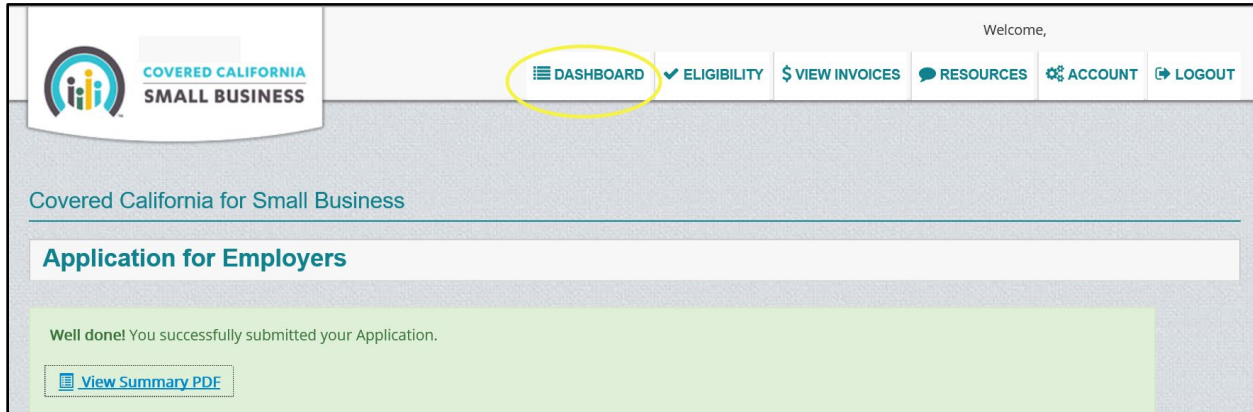
Scroll down to review all fields and access buttons



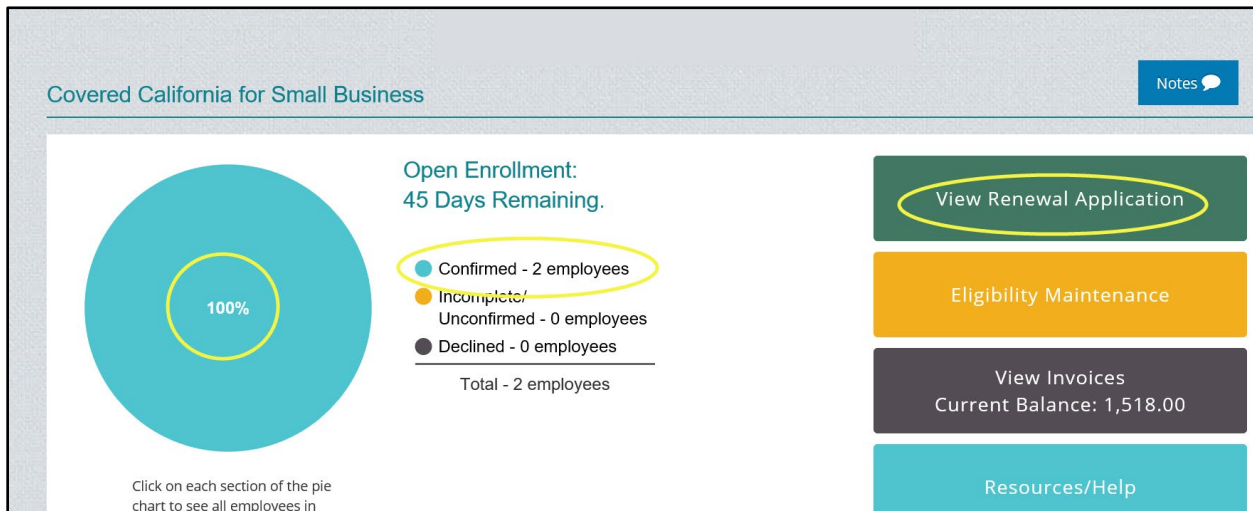
## Confirmation

A confirmation pop up will appear, select **OK** to continue.

If you click on the “View Summary PDF” a print/save version of the employer and employee application will appear. You can click Employer Dashboard to return to the home screen.



The dashboard will show your employee applications as confirmed. If you select the view renewal application it will not allow you to make anymore changes. Your renewal is complete and you can logout.



**You have successfully completed your renewal online!**