

MyCCSB Portal: how to renew coverage

Visit <u>MyCCSB.com</u>. Under Employer Login, enter the registered email address and password for your group and click the MyCCSB/LOGIN button.

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



During your renewal period, you will see a summary of your group's open enrollment status on the Employer Dashboard. Select the **Renew My Plan** button.





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.

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Covered California for Small Bus	siness					
Employer Renewal Applica	ation					
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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.

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Step 3: Renewal Plan

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

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Employer Renewal Application					
About the Employee Roster Renewal Plan	Contribution Lo	ck In / Send to Employees			
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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.

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enewal Year		Kaiser Silver 70 HMO 1000/55 Alt	\$959.17	\$516.86		\$1,476.03	
	Silver	Kaiser Silver 70 HMO 1650/55 Alt	\$1,011.27	\$548.94		\$1,560.21	
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elect Cor	verage Level	Plan		EE Gross Premium	Dep Gross Prem	ium Total Premiu	m
Pla	tinum	Blue Shield Platinum 90 PPO 0/15 + Child Dental		\$1,862.00	\$1,010.74	\$2,872.74	
Pla	tinum	Blue Shield Trio Platinum 90 HMO 0/15 + Child Dental		\$1,197.05	\$649.79	\$1,846.84	
Pla	tinum	Health Net EnhancedCare Platinum 90 PPO 250/15 + Child Der	ntal Alt	\$1,847.69	\$1,002.97	\$2,850.66	
Pla	tinum	Health Net Platinum 90 PPO 0/15 + Child Dental		\$2,320.83	\$1,259.81	\$3,580.64	
Pla	tinum	Kaiser Platinum 90 HMO 0/10 Alt		\$1,402.66	\$761.40	\$2,164.06	
Pla	tinum	Kaiser Platinum 90 HMO 0/15		\$1,387.93	\$753.40	\$2,141.33	
Pla	tinum	Oscar Platinum 90 EPO 0/15 + Child Dental		\$1,304.54	\$708.14	\$2,012.68	
Silv	er	Blue Shield Silver 70 PPO 2250/50 + Child Dental		\$1,527.51	\$829.17	\$2,356.68	
Silv	er	Blue Shield Trio Silver 70 HMO 2250/50 + Child Dental		\$958.15	\$520.10	\$1,478.25	
Silv	er	Health Net EnhancedCare Silver 70 HDHP PPO 1400/40% + Chil	d Dental Alt	\$1,131.96	\$614.46	\$1,746.42	
Silv	er	Health Net EnhancedCare Silver 70 PPO 2250/55 + Child Dental	Alt	\$1,154.43	\$626.66	\$1,781.09	
Silv	er	Health Net Silver 70 HDHP PPO 1400/40% + Child Dental Alt		\$1,388.15	\$753.52	\$2,141.67	
Silv	er	Health Net Silver 70 PPO 2250/50 + Child Dental		\$1,543.23	\$837.71	\$2,380.94	
Silv	er	Health Net Silver 70 Value PPO 1700/50 + Child Dental Alt		\$1,363.57	\$740.19	\$2,103.76	
Silv	er	Kaiser Silver 70 HDHP HMO 2500/20%		\$933.56	\$506.76	\$1,440.32	
Silv	er*	Kaiser Silver 70 HMO 1650/55 Alt View Plan Benefit Changes Between Year 2019 And 2020		\$1,011.27	\$548.94	\$1,560.21	
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Bro	nze	Kaiser Bronze 60 HDHP HMO 6900/0%		\$805.26	\$437.12	\$1,242.38	\sim
Bro	onze	Kaiser Bronze 60 HMO 6300/65		\$854.16	\$463.66	\$1,317.82	
Bro	onze	Oscar Bronze 60 HDHP EPO 6900/0% + Child Dental		\$814.88	\$442.34	\$1,257.22	



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.

Employer Renew	wal Application				
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For your reference, below is o Current Reference Plan: Kais Employee Premium: Dependent Premium:	current year reference p ser Silver 70 HMO 1000/ Currer 50% 0%	lan and actual costs: 55 Alt nt Contribution Percentage:	Level of Coverage: Silver Current ER monthly cost \$479.59 \$0.00	Curre \$479	ent EE monthly cost
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Step 5: Lock In/Send to Employees

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



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 the second seco	nis box, l acknowledge my employees will re	Attention!	k ll be made dified.	to my application and the
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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.







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.

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Covered California for Small Business



Step 6: Employee Status CONTINUED

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

	6	▲ Confirm Selected If you would like to Confirm for each of the checked employees, with no Changes to the current information, then click OK. You will still be able to view all of your selections at the last tab before submitting. Since you have some employees that are not selected, or Incomplete, you will need to edit and confirm each of those employees before going to the last tab to Review and Submit.	Action •
		Cancel OK Dental Family Delta Family Dental HMO \$13.99 Complete - Unconfirmed	
Showir	ng 1 to 6	of 6 entries	Confirm Selected Previous 1 Next

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).

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				Confirm Selected							



Step 6: Employee Status

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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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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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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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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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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About the Employee	10						
. About the Employee							
. Employee Name (LAST, SUFFIX, /IIDDLE):	FIRST						
2. SSN :	Employee A						
3. Birth Date:	111-11-1111						
4. Sex:	Gender						
5. Home Address (Street 1):	Home Address						
3. Medical and Dental Plans							Scroll down to
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-mployee: Employee A					DOB	1970-12-10	access
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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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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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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.

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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!