



# COVERED CALIFORNIA FOR SMALL BUSINESS

## MyCCSB Enrollment Online Portal Certified Agent & General Agent User Guide



## TABLE OF CONTENTS

CERTIFIED AGENT & GENERAL AGENT ACCOUNT CREATION: .....	3
CERTIFIED AGENT & GENERAL AGENT DASHBOARD:.....	3
VIEWING FULL BOOK OF BUSINESS FOR CERTIFIED AGENTS AND GENERAL AGENTS: .....	7
EMPLOYER DASHBOARD: .....	9
CREATING A NEW BUSINESS EMPLOYER APPLICATION: .....	10
HOW TO ADD A NEW EMPLOYEE – .....	17
TO ADD A SPOUSE OR DEPENDENT .....	18
TO TERMINATE AN EMPLOYEE, SPOUSE, AND/OR DEPENDENT (OR ALL OF THE ABOVE) .	19
NOTIFICATIONS .....	20
ACCOUNT SETTINGS .....	20



---

## CERTIFIED AGENT & GENERAL AGENT ACCOUNT CREATION:

Certified Agents and General Agents will receive an email providing an invitation to create their online account through our new web portal (shown below).

---

Thank you for creating an account with Covered California for Small Business (CCSB).

Now, you can conduct all of your client's business online. No more completing stacks of paperwork!

Please click the following link to finish setting up **your account**.



Click here on your e-mail to register.

Click on “your account” to create a unique username and password. After successfully creating your account, you will receive the following confirmation notice that your account has been created.



General Agent Account Created.

Your account has been successfully created. Please sign into the Covered California website using the link below.

Log In

---

Click the login button and use your newly created credentials to log in to your account.

---

## CERTIFIED AGENT & GENERAL AGENT DASHBOARD:

**Certified Agent Dashboard View** - Once logged into MyCCSB, you will be directed to your Certified Agent Dashboard which will automatically display (if applicable) any employer groups that are currently delinquent on their premium payments. You will be provided with important information for delinquent groups such as Employer Group Name, Delinquency Notice Date, Delinquency Notice Due Date, Delinquency Notice Type, Current Amount Due, and Paid Through Date.

**Please Note:** The Customer Code is the same as the Group ID Number. Within the system, the term Group, Customer, and Company are interchangeable terms.

The options available under a Certified Agent login are:

**Dashboard:** Default home page after login, displays any current delinquent groups under a Certified Agents book of business.



**Quote:** Generate New Quote or View Quotes. All generated quotes will be saved.



**Enroll:** Within the enroll section you can search, locate, and/or continue processing group requests. The option of **Create Employer** allows you to begin a new group application.

**Documents:** Under the documents tab, there are two options to choose from:

Review – The review option will allow you to view any documents uploaded for any of your assigned groups.

Reports - The reports option has 3 reports currently available: New Business Report, Agent Renewal Report, and Agent Delinquent Customers.

**Agent Delinquent Customers Report:** This report showcases the delinquent customers listed on the Certified Agent's Dashboard. Within this report are the details necessary to avoid group termination.

**Delinquency Notice Date:** The date the delinquency notice was sent.

**Delinquency Notice Due Date:** Date payment is due to avoid termination.

**Delinquency Notice Type: Intent to Term** means the group will be terminated effective on the first of the month following a 30-day grace period from their last paid-through date.

**Delinquency Notice Due:** This is the amount due to avoid termination, however, the current amount due is the amount necessary to continue coverage and to avoid another delinquency notice.



Agent Dashboard

Agent Delinquent Customers

Click for More Reports

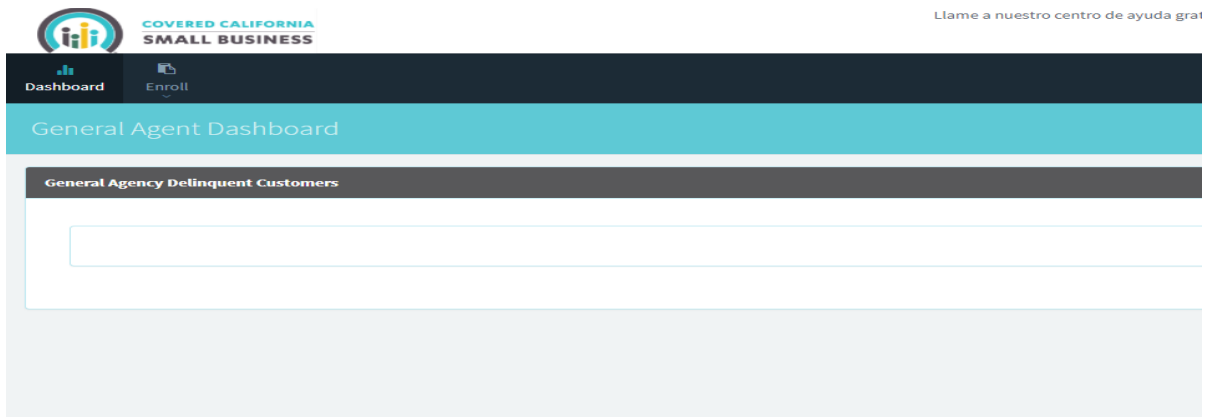
Customer Code	Customer Name	Contact Name	Contact Phone	Current Amount Due	Delinquency Notice Date	Delinquency Notice Due Date	Delinquency Notice Type	Delinquency Notice Due	Delinquency Notice Paid	Delinquency Notice Remaining Due	Paid Through Date
500004	Barry's Boating Supply_KR	Barry Hampton	0000000000	13430.81	06/01/2021	02/28/2021	Intent to Term	67154.05	0	13430.81	01/31/2021
500401	UAT Group 8 (Shannon-COBRA)	Rob Miller	4444444444	89110.43	06/01/2021	06/30/2021	Intent to Term	44567.13	0	44567.13	05/31/2021
500355	Regression Test 7_04.09.21	Regression 7	2342342343	14376.88	06/01/2021	06/30/2021	Intent to Term	7188.44	0	7188.44	05/31/2021
500357	Regression Test 2 4/9/21	jr	5484964616	6564.5	06/01/2021	06/30/2021	Intent to Term	3006.7	0	3006.7	05/31/2021
500146	Harvey Mudd's 55 Brightest	David Wolf	4564654654	96688.68	06/01/2021	06/30/2021	Intent to Term	48344.34	0	48344.34	05/31/2021



**General Agent Dashboard View** – Once logged into MyCCSB, you will be directed to your General Agent Dashboard, which will display (if applicable) any delinquent groups that are delinquent on their premium payment.

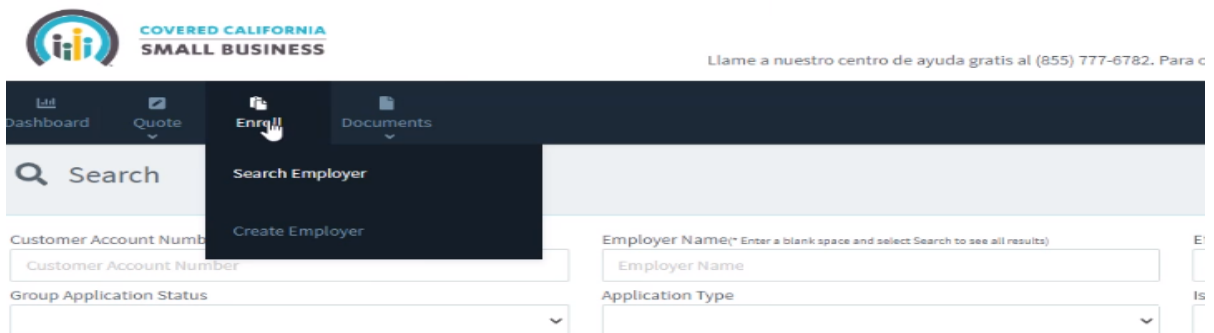
**Dashboard:** Default home page after login, displays any current delinquent groups under a Certified Agents book of business.

**Enroll:** Within the enroll section you can search, locate, and/or continue processing group requests. The option of **Create Employer** will allow you to begin a new group application.



## VIEWING FULL BOOK OF BUSINESS FOR CERTIFIED AGENTS AND GENERAL AGENTS:

To view your full book of business, scroll over the Enroll Option and click Search Employer.





In the Employer Name Window (Enter a blank space and select Search to see all results). This will list your full book of business in descending order from newest customer account number (Group ID Number) to the oldest customer account number.

There are five statuses for a Company’s application:

**In Progress** – The Company application has been started, and you have made it past the employee roster page, however, the application has not been submitted.

**Submitted** – The Company application has been submitted; Employees may be in the initial open enrollment process.

**Completed** – The Company and Employee applications have been approved, and the company has been sent the Initial invoice (24 hours after completed status), and any concurrent invoices.

**Expired** – An In-Progress Company application that was never completed will expire to the company’s effectuation date.

**Blank/No Status** – The company information page has been submitted; no additional information has been submitted. These applications will not expire but will only have a future effectuation date.

This page will also provide a brief overview of the company’s application process. It provides the Customer Account Number, Company Name, along with the Employer Effective Date, Creation Date, Last Updated Date, Current Status, and Prior Status.

To select the group Employer Group – select View Details

500433 500433	Pumpkin Patches, Inc.	08-01-2021	05-20-2021	05-21-2021	Submitted	InProgress	<a href="#">View Details</a>	<a href="#">Download</a>
------------------	-----------------------	------------	------------	------------	-----------	------------	------------------------------	--------------------------





## EMPLOYER DASHBOARD:

Employer Dashboard – As a Certified Agent and General Agent, you are able to proxy into the Employer’s dashboard and see most of the options available to your employer groups. Employer groups do have an additional billing dashboard, which is unavailable to Certified Agents, and General Agents.

Scroll over Enroll and click Search Company. Enter any of the three search criteria: Customer Account Number, Company Name, or Effective Date.

Once the result is listed, click View Details.

You will then be sent to the Company Customer Details Page, which will provide a summary of the company’s information. On the bottom of the page there are three options:

**Go to Employer Billing Dashboard** – The Employer Billing Dashboard provides a brief overview of the company's billing account summary.

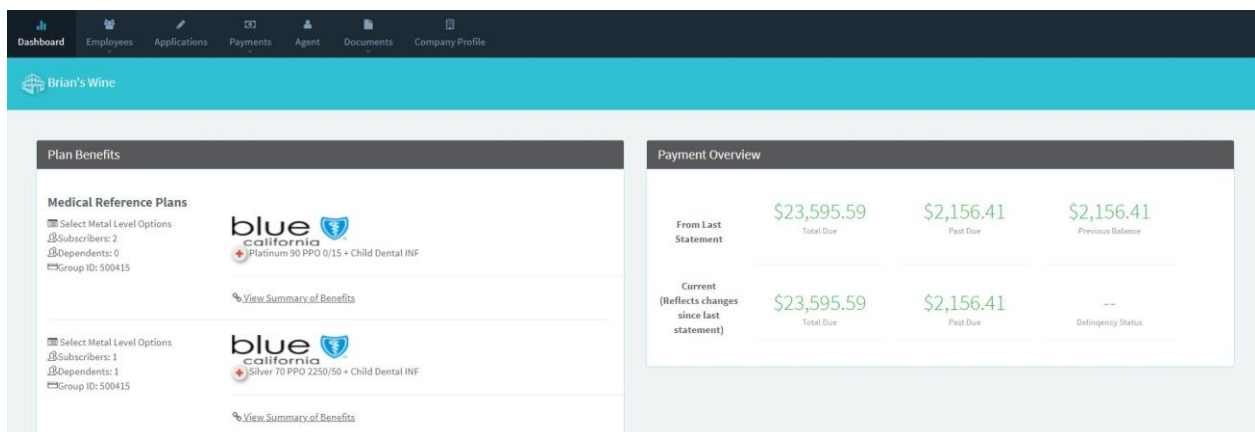
**Go to Employer Dashboard** – The Employer Dashboard is where the employer application is saved, employer selections, employee roster, employer billing, and the documents submitted with the group’s application. It is the same exact look.

**Invite Employer to Manage Account** – Select this to send an e-mail to the employer contact and allow them to help self-manage their account.

To go to the Employer Dashboard click Go to Employer Dashboard (bottom right of screen).



You will now be directed to the Employer Dashboard. The Employer Dashboard provides access to any employer documents or processes, such as submitting an employer application, payment history, invoices, employee roster, submitting employee applications, and viewing and updating employer or employee demographics.





## CREATING A NEW BUSINESS EMPLOYER APPLICATION:

From the General Agent or Certified Agent Dashboard, select Enroll, and then **Create Employer**.

The screenshot shows the 'Enroll' dropdown menu with 'Create Employer' highlighted. The dashboard includes a search bar, a navigation menu with 'Dashboard', 'Quote', 'Enroll', and 'Documents', and a header with the Covered California Small Business logo and a support phone number: 'Llame a nuestro centro de ayuda gratis al (855) 777-6782. Para c'.

From here you will be automatically transferred onto the Employer Application screens. Please input all applicable fields for the Employer.

The 'Company Information' form contains the following fields:

- Doing Business As\*: ACME LLC
- Federal Employer Identification Number (FEIN)\*: 123456789
- Email\*: email@domain.com
- Business Legal Name: [Empty]
- Organization Type: [Dropdown]
- Class of Business\*: [Dropdown]
- First Name\*: First Name
- Middle Name: Middle Name
- Last Name\*: Last Name
- Suffix: [Dropdown]
- Phone Number\*: ( ) - -
- Phone Type\*: [Dropdown]
- Preferred Language (written/spoken - if not English): [Empty]
- How Long Have You Been in Business?\*: [Dropdown]
- Do you want to go paperless?\*: No

Complete all applicable information in the Authorized Representative Contact Details,



**Authorized Representative Contact Details**

First Name <input type="text" value="Ashley"/>	Middle Name <input type="text" value="Small"/>	Last Name <input type="text" value="Hernandez"/>
Suffix <input type="text"/>	Email <input type="text" value="silvia@yopmail.com"/>	Primary Phone Nu <input type="text" value="(111) 111-1111"/>
Primary Phone Type <input type="text" value="Mobile"/>	Secondary Phone Number <input type="text" value="( ) - - - -"/>	Secondary Phone <input type="text"/>

**Principal Business Address**

Business Address Line 1* <input type="text" value="Hill Street"/>	Business Address Line 2 <input type="text" value="APT 2"/>
City* <input type="text"/>	State* <input type="text" value="California(CA)"/>
Zip* <input type="text"/>	

**Mailing Address**  Same as Business Address\*

As the Certified agent of record, please have the Agent of Record Form, which is located towards the bottom of the page, filled out and signed by the employer.

**Agent**

*If you are an agent, or adding an agent on behalf of this employer group, you must upload either an Agent of Record (AOR) Form, or other documentation where the employer attests that you are allowed to work on their behalf.* **AOR Form**

**Agent**

Agent of Record Form:

Name	Status	Actions
AOR Form (1).pdf	✓	<input type="button" value="Remove"/>

**Selected Agent**

Agency Name:

After all Employer demographics have been entered, you can select **Next** to move to the Employee Roster input page. This page also covers the application questions regarding Coverage Start Date, Infertility Selections, number of Full Time Employees, and if the Employer is covering Employee only or Employee+Family, etc.



**Employee Detail**

Our Employees Will Start Coverage on: 08/01/2021

Your Employer Application deadline is: 07/09/2021  
Your Open Enrollment deadline is: 07/18/2021  
Your Binder Payment is due on: 07/23/2021

I attest that I employ at least one enrolling employee who is not an owner or a spouse of an owner and that I am offering coverage to all full-time employees.  Yes  No

Number of Full Time Equivalents (FTE) employed:  [FTE Calculator](#)

Do you wish to offer infertility coverage as part of your health insurance?  Yes  No [For more information, please visit this link.](#)

Do you intend to take advantage of the small business health care tax credit?  Yes  No

I am offering coverage to domestic partners:  Yes  No

Do you currently offer health coverage?  Yes  No

Number of Eligible Employees:  I'm Offering Health Coverage to:  SIC Code:  [SIC Search](#)

The next step is the completion of the Employee Roster. For each Full Time Employee, please input their demographics under the Employee Roster screen. To delete an employee, you can use the red **X** in the green banner. To add a spouse or child, please use the blue **+Spouse/Domestic Partner** or **+Child** button. To add a new employee, select the **+Add New Employee** Button on the bottom left side of the Employee page.

**Employee Roster**

Emp. #	Type	First Name	Middle Name	Last Name	Suffix	Birth Date	Actions
1	Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MM/DD/YYYY	<input type="button" value="+ Spouse/Domestic Partner"/> <input type="button" value="+ Child"/> <input checked="" type="button" value="X"/>

**Employee #1 Details**

SSN:  Re-Ent SSN:  Phone:  Phone Type:  Secondary Phone:  Phone Type:

Addr:  1 Hill Street Addr:  Zip:  City:  State:  California (CA)

Gender:  Contribution Group:  Group 1 Email:   Is Native American Is the employee an owner or an owner's spouse?  Yes  No

Preferred Language Written:  Preferred Language Spoken:  Tell Us About Your Race:

Once the employee roster is filled out in its entirety, then the Employers Metal Tier selection must be completed. Employers have the option to choose up to four contiguous metal tiers.

**Select Metal Level Options**

**Why Choose This?**  
One choice. This plan allows you to offer coverage as you do now. You choose one plan and your employees have one choice.

Platinum  
 Gold  
 Silver  
 Bronze

**Metal Levels must be contiguous in order to proceed.**

**How it works:**

- Select one or more neighboring metal levels.
- Select your financial contribution.



Once metal tiers are selected, the Medical Reference plan selection screen is next. To select the plan, press the “Select Plan.” Button

The screenshot displays a grid of four plan options. On the left is a 'Shopping Filters' sidebar with sections for Price Range (sliders at \$172.31 to \$1300.84), Plan Type (HMO, PPO), Metal Level (Expanded Bronze, Silver, Gold, Platinum), Insurance Company (Kaiser, BlueShield), and HSA Eligible (No, Yes). Each plan card includes a 'Select Plan >' button at the top and bottom. The plans shown are:

- Bronze 60 HMO 6300/60 + Child Dental:** Kaiser Permanente, Expanded Bronze, HMO. Deductible: \$6,300.00 / \$12,600. Out-Of-Pocket Max: \$9,100.00 / \$18,200.00. Premium / Month: \$587.05.
- Trio Bronze 60 HMO 7000/70 + Child Dental Alt:** Blue California, Expanded Bronze, HMO. Deductible: \$7,000.00 / \$14,000.00. Out-Of-Pocket Max: \$9,100.00 / \$18,200.00. Premium / Month: \$587.72.
- Silver 70 HDHP HMO 2850/25% + Child Dental:** Kaiser Permanente, Silver, HDHP. Deductible: \$2,850.00 / \$5,700.00. Out-Of-Pocket Max: \$7,500.00 / \$15,000.00. Premium / Month: \$629.62.
- Silver 70 HMO 2950/65 + Child Dental Alt:** Kaiser Permanente, Silver, HMO. Deductible: \$2,950.00 / \$5,900.00. Out-Of-Pocket Max: \$9,100.00 / \$18,200.00. Premium / Month: \$651.03.

After the Medical Reference selection, employers have the option to offer their employees dental coverage. If they do not wish to offer dental coverage, there is an attestation at the top of the screen which state “I do not wish to offer dental, I offer this benefit to my employees outside of Covered California.”

Dental coverage is required

I do not wish to offer dental, I offer this benefit to my employees outside of Covered California

**Please note:** If the group is selecting to offer dental coverage, then they will have to select a dental reference plan. However, contribution to the employee’s dental coverage is optional.

The screenshot shows the 'Benefit Plan Selection - Dental' interface. At the top, there is a 'Dental coverage is required' section with an attestation checkbox. Below this, it says 'Displaying 5 Dental Plan(s)' and 'Sorted by Price (Low)'. Two plan cards are visible:

- Family Dental HMO (California Dental Network):** High, HMO. Annual Benefit Maximum. Premium / Month: \$7.59.
- Family Dental HMO (Dental Health Services):** High, HMO. Annual Benefit Maximum. Premium / Month: \$10.39.

The left sidebar includes 'Company' information, 'Employees', 'Dependents', 'Total', 'Average Age', and 'Shopping Filters'.

After reference plans have been selected, then the contribution amount can be selected. For the Certified Agent and General Agent User Guide



contribution amount, the percentage contribution can be set by entering the percentage amount numerically (highlighted box shown below) or by using the percentage sliding scale.

There is an option to create two contribution groups if the employer wants to create different contribution amounts for their employees. The employer can identify the different Groups (Group 1 or Group 2) to indicate the different contribution amounts. The employer will need to ensure that each of their employees is appropriately assigned to the correct Group during the enrollment application process.

**Example**, the employer has decided they want to contribute 50% of their employees' medical premiums. This means that you must pay at least 50% of the employee-only premium of the reference plan that you choose. You may select a reference plan on any metal tier, but you will be required to pay, at a minimum, at least half of the cost of this plan. Your employees' premium contribution and out-of-pocket costs will depend on your reference plan and total contribution, your selected metal tier(s), and the plan(s) your employee selects. There is no minimum dependent contribution requirement.

Medical Plan: Trio Bronze 60 HMO 7000/70 + Child Dental Alt
Plan Total \$587.72

Expand Group >

Group 1	Your Contribution	Employer Pays	Employee Pays	Total
Employee Contribution	<input style="width: 40px; text-align: center;" type="text" value="50"/> 0% <span style="display: inline-block; width: 100px; border-bottom: 2px solid #00a651; position: relative; top: -10px;"> <span style="position: absolute; left: 0; top: -10px;">0%</span> <span style="position: absolute; right: 0; top: -10px;">100%</span> <span style="position: absolute; left: 40%; top: -10px;">50%</span> </span>	\$293.86	\$293.86	\$587.72
Dependent Contribution	<input style="width: 40px; text-align: center;" type="text" value="0"/> 0% <span style="display: inline-block; width: 100px; border-bottom: 2px solid #00a651; position: relative; top: -10px;"> <span style="position: absolute; left: 0; top: -10px;">0%</span> <span style="position: absolute; right: 0; top: -10px;">100%</span> </span>	\$0.00	\$0.00	\$0.00

---

Dental Plan: Family Dental PPO
Plan Total \$46.99

Expand Group >

Group 1	Your Contribution	Employer Pays	Employee Pays	Total
Employee Contribution	<input style="width: 40px; text-align: center;" type="text" value="50"/> 0% <span style="display: inline-block; width: 100px; border-bottom: 2px solid #00a651; position: relative; top: -10px;"> <span style="position: absolute; left: 0; top: -10px;">0%</span> <span style="position: absolute; right: 0; top: -10px;">100%</span> <span style="position: absolute; left: 40%; top: -10px;">50%</span> </span>	\$23.50	\$23.50	\$46.99
Dependent Contribution	<input style="width: 40px; text-align: center;" type="text" value="0"/> 0% <span style="display: inline-block; width: 100px; border-bottom: 2px solid #00a651; position: relative; top: -10px;"> <span style="position: absolute; left: 0; top: -10px;">0%</span> <span style="position: absolute; right: 0; top: -10px;">100%</span> </span>	\$0.00	\$0.00	\$0.00

< Back
Next >

Summary of Decisions

**Note: This is Not a Bill**

- Your total monthly bill will not be available until your employees' open enrollment period is completed. The amount of your monthly bill will vary based on your employees' enrollment decisions.
- Additionally, if a minimum number of your employees fails to enroll in your Covered California coverage during your open enrollment period, you may not meet minimum Covered California participation rates and will be unable to obtain coverage.

Review/Submit

1. Upload Required Forms

**The following forms are required:**

- Tax & Wage Form

If a [Late Submission Acknowledgement Form](#) is required based on your coverage start date, please make sure you upload it here. Based on your business type and how long you have been in business for, please view this [PDE](#) in order to view the corresponding required documentation for upload.

A. Choose Files

DROP\_FILES

-OR-

No file chosen

B. Upload Files Queue length: 0

Name	Size	Progress	Status	Actions	Type*



2. Employee Open Enrollment Dates

These dates will define your open enrollment dates for your employees. Please note the following:

- You must complete the application process by signing this form before your employees are notified to enroll.
- Please contact Customer Service as soon as possible if you feel that you will not be able to make these deadlines or if you need these dates changed.

We elect to begin employee open enrollment on:

We elect to end employee open enrollment by:

After selections are complete, the final page is the arbitration page. Once the steps have been completed there will be an opportunity to review the information provided for accuracy.

Covered California for Small Business  
Agent - Employer Direct Portal  
Arbitration, Signature, and Attestation

To participate in Covered California for Small Business, you must attest to the following:

- A. I understand that the information I provided on this form will only be used to determine eligibility for and to facilitate enrollment in health coverage and will be kept private as required by federal and state law.
- B. My waiting period is in compliance with 42 U.S.C. § 300gg-7, Section 10138.7(c) of the California Insurance Code, as amended by Statutes 2013-2014, 1st Ex. Sess., ch. 1, § 7 and Section 1387.51(c) of the California Health and Safety Code, as amended by Statutes 2013-2014, 1st Ex. Sess., ch. 2, § 2, and all of my qualified employees have complied with the waiting period;
- C. If my employee roster is included, I have consent from everyone I have listed on this application to include their personally identifiable information, including but not limited to dates of birth, Social Security or tax identification numbers, addresses, and phone numbers.
- D. I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, disability, religion, marital status or veteran status.
- E. I know that SHOP will not consider my group coverage approved until the initial invoice has been paid in full and delivered to the SHOP or postmarked by the due date indicated on the invoice.
- F. I know that I must continue to make the required payments of the total balance due by the due date on the invoice, to continue to be an eligible employer in SHOP.
- G. I know that I must inform all eligible employees of the availability of coverage and that those not electing coverage must wait one year or experience a qualifying event to obtain coverage through my group plan if they later decide they would like to have coverage.
- H. I understand that once coverage is approved by SHOP, changes to the coverage cannot be implemented after my effective date until my next annual selection of coverage period, except to the extent the qualified employer exercises the right to change coverage with the same issuer within the first 30 days of the effective date of coverage pursuant to Health and Safety Code 1387.504 (c) and the Insurance Code Section 10133.06.5 (c).
- I. I understand that health insurance coverage through the SHOP is subject to the applicable terms and conditions of the QIP issuer contract or policy and applicable state law, which will determine the procedures, exclusions and limitations relating to the coverage and will govern in the event of any conflict with SHOP or QIP issuer benefits comparison, summary or other description of coverage.
- J. I understand that once membership information is transmitted to the selected health plan issuer, group coverage effective dates cannot be changed nor can coverage be terminated until after the first month of coverage.
- K. I understand that the attestations in this section are subject to audit by SHOP at any time.
- L. I understand that the attestations in this section must be maintained in order for my group to continue coverage through SHOP.
- M. I certify that the total number of Full-Time Equivalent (FTE) employees that I have provided for this application is true and correct to the best of my knowledge.

I have read and attest to the foregoing requirements for participation in CCSB. \*

Binding Arbitration Agreement:

I understand that if I select a Health Plan that uses non-admitted brokers, I am unable to arbitrate claims that relate to my or a dependent's membership in the Health Plan I select for Small Business. I understand that I cannot be eligible to

Submit ✓

Application Submitted

Thank You! Your application has been submitted and your application number is (#1118). Once Open Enrollment ends, the CCSB Eligibility and Enrollment Team will review your completed Application. You'll hear back from us within 7 - 10 business days and be provided an eligibility determination.

Next Steps:

- Your Open Enrollment period will begin on 12/05/2023 and end on 12/25/2023. During this time your employee(s) must select their plans if they wish to have benefit coverage starting on 01/01/2024
- As an authorized employer representative, you may send invitations to each employee so that they can create an account and continue their application OR you may continue the application on their behalf.
- To proceed to your account, please click the Proceed to Dashboard button below. From now on, when you log in, you will be directed to the dashboard page.

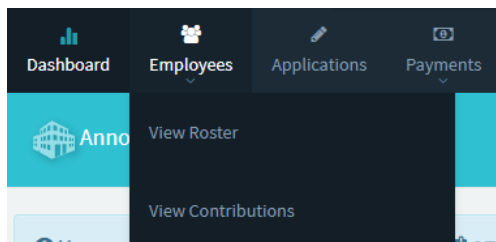
Proceed to Employer Dashboard



Once the application is completed, it will be submitted to Covered California for Small Business for review.

You can then proceed to the Employer Dashboard to view the employee roster. Employee enrollments can be managed from this location.

Employer Information			
Employer Name: Sal and Son		FEIN: 111111111	
Principal Business Address		Mailing Address	
Address Line 1: 14412 Hydra Way	Address Line 2: N/A	Address Line 1: 14412 Hydra Way	Address Line 2: N/A
City: Elk Grove	State: CA	City: Sacramento	State: CA
Zip Code: 95758		Zip Code: 95758	



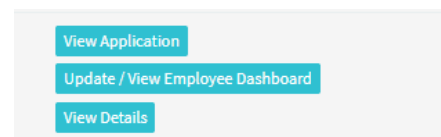
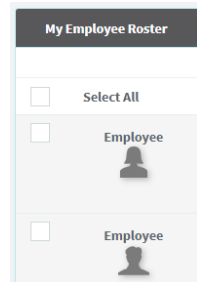
My Employee Roster						
Member	Details	Enrolling Medical	Enrolling Dental	Account Details	Application Status	Action
 Employee	Status: Eligible Name: Justing Turner Person ID: 613365 Legacy ID: 613365	Birth Date: 01/01/1973 SSN: ***-**-1111 Phone: (222) 222-2222 Zip Code: 95758	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Email: silvia.y@gmail.com Account: Not Setup Account Invitation: Not Sent	In Progress <a href="#">View Application</a> <a href="#">Update / View Employee Dashboard</a> <a href="#">View Details</a>

Once in the employee roster, you can:

**Invite Employees** – Select the Invite Employees, to select a box on the left-hand side of the Employee image, and then select Send Invitation Email. By doing so, you will trigger a notice to the employee that they can self-service within the portal. Self-serving within the portal allows the employee to update their demographics and complete the employee application. They will have the option to research plan options, see contribution amounts, and learn about the benefits of each of our carrier plans.

**View Application** – By selecting this option, you can go into the Employee application, and select the plan options that they want to select.

**Update / View Employee Dashboard** – By selecting. Update/View Employee Dashboard, you can update the Employee demographics.







**View Details** – By selecting View Details, you will be moved onto the employee dashboard. From here you can update the employee demographics in full, including their name, Social Security Number, and date of birth.

## HOW TO ADD A NEW EMPLOYEE:

Under Employees – Select View Roster

There is an Add Employee Button at the bottom right-hand corner of the screen to start the add process. Select the Add Employee Button and enter in the employee’s demographics. Once demographics are submitted click Add Employee with New Plan.

**Please Note:** If you are adding a spouse or dependent child, select the light blue buttons on the top right of the employee demographic screen.

The screenshot shows the 'Employee #3-Details' form. At the top, there are input fields for First Name (John), Middle Name, Last Name (Doe), Suffix, Birth Date (10/01/1990), and Actions (+ Spouse/DomesticPartner, + Child). Below this, the form is divided into sections for SSN (111-11-1112), Re-Ent SSN (111-11-1112), Phone, and Address. The Address section includes Add1 (1601 Exposition Blvd), Add2, State (California (CA)), Zip (95815), and City (Sacramento). There are also fields for Secondary Add1 (1 Hill Street), Secondary Add2, Secondary State (California (CA)), Secondary Zip, and Secondary City. At the bottom, there are checkboxes for Enrolling in Medical Insurance, Enrolling in Dental Insurance, and Is Native American, along with a dropdown for Gender (Male) and a dropdown for Group (Group 1). The Email field is john.doe@yopmail.com.

Once the employee is added, you will be taken to the Update Enrollment screen, asking for the Qualifying Life Event. Enter the date of the qualifying life event, which will provide you will a coverage start date.

**Please note:** If the coverage start date that the employer is requesting is not available, please submit the completed employee application to [CCSBeligibility@covered.ca.gov](mailto:CCSBeligibility@covered.ca.gov). The CCSB team will review the application and reach out to the point of contact if there are any inconsistencies.

From this screen, you can select “Create New Enrollment”. From here, select the Open Dashboard button to Complete Enrollment which will take you to the employee dashboard to process the application and for the employee plan selections. You can also invite the employees to access their accounts and self-serve.



## TO ADD A SPOUSE OR DEPENDENT

From the employer dashboard, locate the Employee roster and find the applicable member. Select Update/View Employee Dashboard and then select Update Policy in the Dark Blue Banner.

Click Edit Application and then click Edit Household Info

The screenshot displays the user interface for an agent managing an employee's application. The top navigation bar includes 'Employee Dashboard', 'Document', 'Employee Profile', and 'Employer Dashboard'. Below this, a teal banner identifies the user as 'robby andy (Agent)'. The main content area is titled 'My Application' and contains the message: 'This employee is currently in the process of filling out an enrollment application. Please click on the "Edit Application" button below.' A teal 'Edit Application' button is positioned to the right of this message. Below the message, a question 'Do you want to go paperless?' is followed by 'Yes' and 'No' radio button options. The bottom of the page features a dark teal bar with three buttons: 'Waive Coverage', 'Next >', and 'Edit Household Info'.

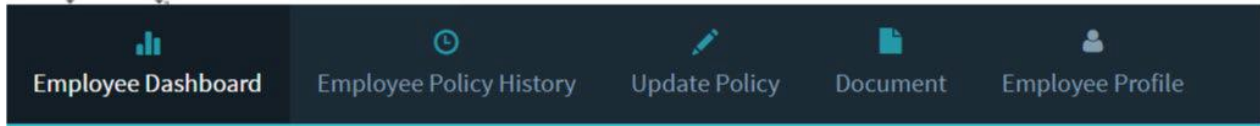
**Please note:** The ability to add a dependent or spouse is 30 days from the Qualifying Life Event (QLE) Date for most QLEs. Within the Portal, as an agent, you are only able to add within the past 30 days from today's date. To correctly add a dependent or spouse, the QLE date should be within the past 30-day period. If the Qualifying Life Event date is greater than 30 days from today's date, please submit the completed employee application to [CCSBEligibility@covered.ca.gov](mailto:CCSBEligibility@covered.ca.gov)

Follow the prompts to input all the necessary information. Once completed select **Confirm** for this change to become active within the system.

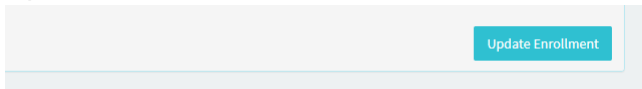


## TO TERMINATE AN EMPLOYEE, SPOUSE, AND/OR DEPENDENT (OR ALL OF THE ABOVE):

From the employer dashboard, locate the employee roster under the Employee section. Identify the employee who wants to terminate a spouse and/or dependent and select Update/View Employee Dashboard.



To process the termination of an employee, spouse, and/or dependent, select **Ending Coverage for one or more members** and scroll down to the bottom of the page, and select Update Enrollment.



### Update Enrollment

What update are you making?

Ending coverage for one or more members

Changing or adding coverage

Cancel

Next >

From here you will have a drop down to select the termination reason or the qualifying life event and then you will select the effective date of the termination.

What is the reason for the termination ?

Termination of Employment (Voluntary or Involuntary) ▾

<< Redo < Back

Next >



What is the date of the event?  
Termination of Coverage

07/14/2021

July 2021						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	01	02	03
04	05	06	07	08	09	10
11	12	13	14	15	16	17

Next >

Once the termination date of event is selected, the health plan will be terminated first of the following month from the event date.

When will the coverage termination **take effect** ?  
Termination of Coverage on 07/14/2021

For an event of *Termination of Coverage* on 07/14/2021, the last day of coverage would occur on:  
**07/31/2021**

Any coverage under an altered policy would begin on:  
**08/01/2021**

< Redo   < Back   Okay, Next >

Next, you select the individuals who will no longer be eligible for coverage. If you terminate the subscriber, then all dependents will also be removed from coverage.

### NOTIFICATIONS:

When you log into the system, there will be a small bell on the top right-hand corner of the screen, which may have a red circle with a numeric within. This is the notifications section, which will showcase any updates that may have occurred to any accounts under your purview. For every notification that you receive, you will also receive an e-mail detailing what occurred.

### ACCOUNT SETTINGS:


To update profile Username or password, select the username then Account Settings.



When you select Account Settings, you will be taken to the Profile and Account Settings page. From here you can update your Username or Password. Click the change or update button, and from here you will be prompted to update your username or password.



---

Profile	Account Settings
 <p><b>Lily Farms</b></p> <p>Account ID: 10501</p> <p>User Name: LFarms <input type="button" value="Change"/></p> <p>Email: lfarms@yahoo.com</p>	<p>Change Password: <input type="text"/> Last Updated: 07-12-2021 <input type="button" value="Update"/></p>

**Please note:** Usernames must be unique; you are not allowed the same username as another user on the system.