



# COVERED CALIFORNIA FOR SMALL BUSINESS

## MyCCSB Renewal Functionality User Guide



## TABLE OF CONTENTS

USER GUIDE OBJECTIVE:.....	3
GROUP OPEN ENROLLMENT PERIOD:.....	3
GROUP AUTO-RENEWAL: .....	3
EMPLOYER LEVEL CHANGES:.....	4
EMPLOYEE LEVEL CHANGES: .....	11
ADDING A NEW HIRE PRIOR TO THE GROUPS RENEWAL: .....	13
DEFINITIONS: .....	15



## USER GUIDE OBJECTIVE:

To provide information and step-by-step instructions to assist Agents, General Agents, and Employers in the maintenance and ongoing assistance for groups receiving coverage on the platform.

Small Group coverage on the CCSB Exchange lasts for up to one year. After that year, a group must renew its coverage for its employees, or lose coverage on the Exchange.

## GROUP OPEN ENROLLMENT PERIOD:

The Group's Open Enrollment Period begins approximately 70 days, before the groups renewal month and will end on the 25th day of the month prior to the renewal date.

In this time, an employer group will be able to make changes to their application as they see fit. These changes would include choosing a new medical or dental reference plan, changing the contribution logic of how much they wish to contribute, and offering different metal levels, to name a few things.

If an employer chooses to do so, they would now be considered “actively” renewing, which means that all their employees would be required to resubmit their renewal applications as well. If employers choose to make no changes, then they can passively renew, and take no action.

The difference between the two will be explained in-depth below.

## GROUP AUTO-RENEWAL:

If the group would like to continue with their renewal plan(s), there is nothing they need to do, the policy will automatically renew as is. The group auto-renewal will include the following steps:

1. The reference plan will automatically be mapped to the renewal reference plan. If the group's selected reference plan is no longer available, the reference plan will be mapped to the closest lowest-cost plan in their selected metal tier. This process occurs for both medical and dental coverage. The contribution percentage selected for medical in the previous year will be applied to the renewal year. For example, if the contribution level is 55% in the current policy year, that percentage is carried over for the renewal year. This process will be the same for dental contribution/coverage, for those employers who offered it.
2. The status of the auto-renewal application is automatically set to “submitted”.
3. The open enrollment dates will be the default for renewal applications.
  - a. Open enrollment start date = 70 days, before the group's renewal month.
  - b. Open enrollment end date = 25<sup>th</sup> month before the renewal date.
  - c. The status of the auto-renewal application will change from “Submitted” to “Completed” after the open enrollment end date closes.



Note: Renewals will NOT be subject to the application approval process of the new business.

The second part of auto-renewal is the employee application renewal which occurs before the group's renewal month. These are the steps the system will follow to automatically complete employee renewal applications.

4. The system finds and creates employee applications for employees currently enrolled through the last day of the current policy year. This process specifically excludes employees who are not enrolled.
5. The system creates a coverage span for the upcoming coverage month.
6. The system sums the list of bill rates for all members in the household for the total premium based on rates in effect on the renewal start date.
7. The system marks the employee application as Complete.

### EMPLOYER LEVEL CHANGES:

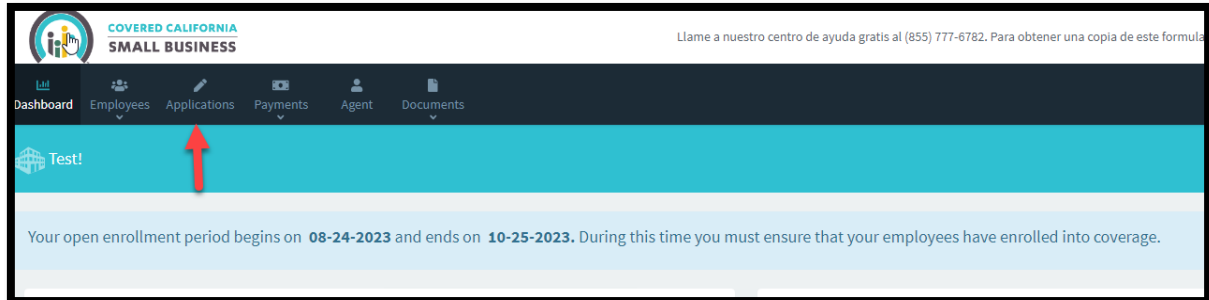
If a group chooses to actively update their renewal coverage they can either submit the necessary change forms to the CCSB Eligibility Department at [CCSBeligibility@covered.ca.gov](mailto:CCSBeligibility@covered.ca.gov) for manual processing or choose to process the changes themselves via the CCSB Portal.

Employer groups should follow the below steps if they wish to re-open the group's renewal application and make changes.

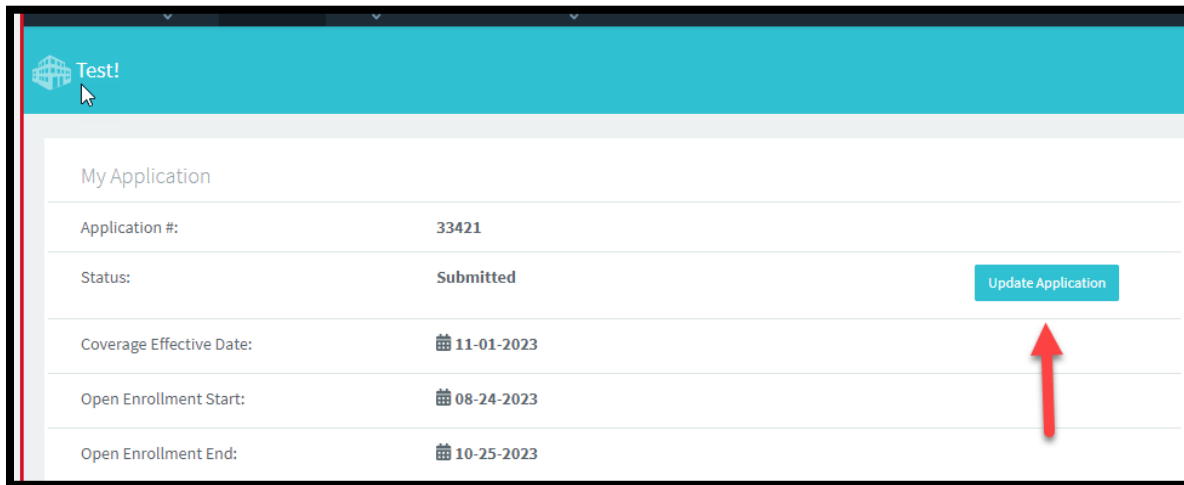
- **Download** the Employer Summary, Current Renewal, and most Current Invoice to use as a reference while processing the online renewal.
- Confirm or update the group's medical reference plan and dental reference plan if offered.
- Confirm or update the group's Metal Tier offering (e.g., Single metal tier, two metal tier, four metal tier, etc.)
- Confirming or updating employer/employee contribution levels.
- Confirm the renewal application of each employee even if the employee is not making any changes.



To open the group's renewal, click on the 'Applications' tab located towards the top of the Employers Dashboard.

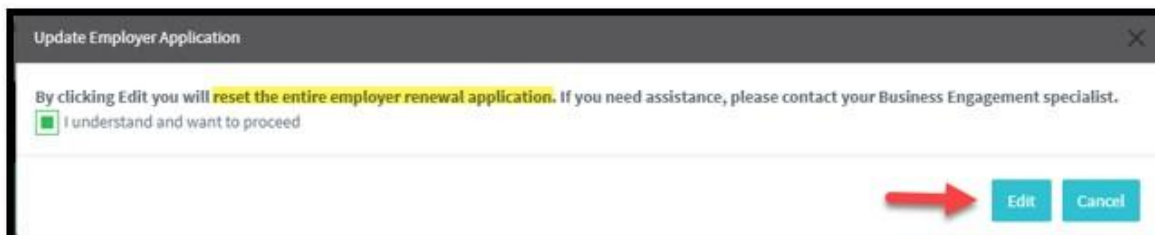


Next click on the 'Update Application' button located across from the group's status.



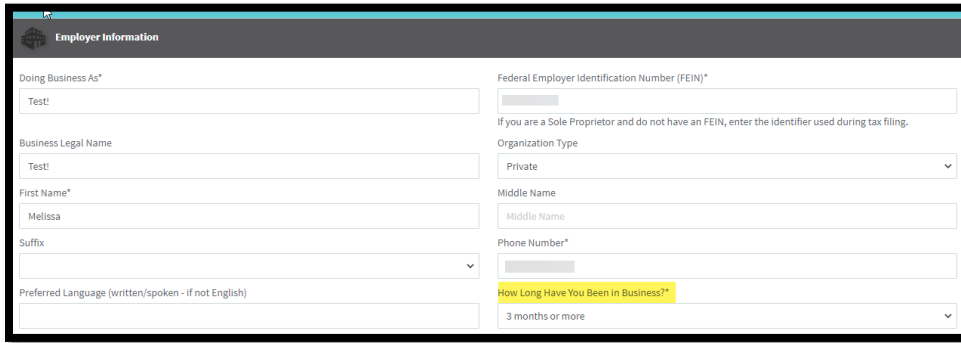
A pop-up message will appear instructing you to click 'Edit' if you wish to proceed with opening the application to make renewal changes.

**IMPORTANT:** Once you click the Edit button the group will no longer automatically renew for this year. You will need to complete employer portion of the online renewal application and complete all the employee's renewal applications, even if they are not making changes.



In step one of the group’s renewal applications, you can make changes to the company information, COBRA status, authorized representative, business address, etc.

You will be required to answer the highlighted question and confirm that the company has been in business for 3 months or more.



**Employer Information**

Doing Business As\*  
Test!

Business Legal Name  
Test!

First Name\*  
Melissa

Suffix

Preferred Language (written/spoken - if not English)

Federal Employer Identification Number (FEIN)\*  
If you are a Sole Proprietor and do not have an FEIN, enter the identifier used during tax filing.

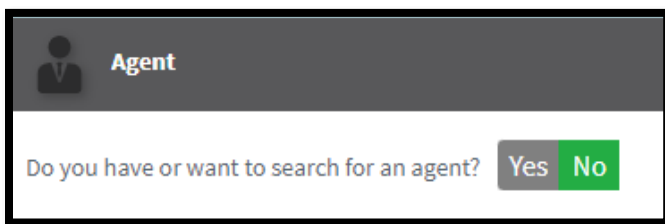
Organization Type  
Private

Middle Name

Phone Number\*

**How Long Have You Been In Business?\***  
3 months or more

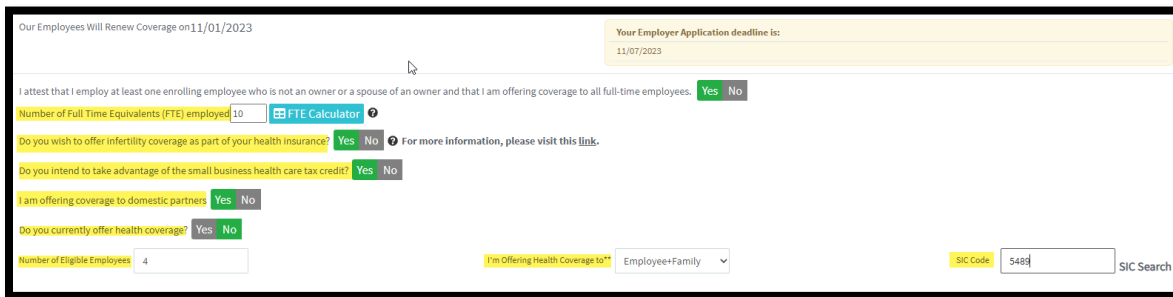
If a group has an agent attached to the policy, they will need to upload a document stating that the agent listed should continue to be attached to the policy renewal.



**Agent**

Do you have or want to search for an agent? **Yes** **No**

In step two you will need to confirm the employer offerings such as the number of full-time equivalent (FTE) employees, Infertility selection, offering coverage to non-registered domestic partners, the company SIC code, and if the employer is covering Employees Only or Employee + Family, etc.



Our Employees Will Renew Coverage on 11/01/2023

Your Employer Application deadline is: 11/07/2023

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: 10 [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: 4

I'm Offering Health Coverage to: Employee+Family

SIC Code: 5489 SIC Search

You will also need to confirm the employee roster. Employees with the green banner are actively enrolled employees and employees with the red banner are terminated employees.



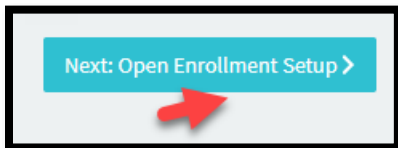
To add a spouse or child to an employee simply click on the '+ Spouse/Domestic Partner' button or '+ Child' button and input the dependents demographic.

To delete an active employee from the renewal roster, click on the red X in the green banner. To add an employee who was previously terminated, simply click on the green + in the red banner. To add a

new employee to the renewal roster, select the "+ Add New Employee" button on the bottom left side of the page.

The screenshot displays two employee management forms. The top form, labeled 'Employee #3-Details', includes fields for SSN, Re-Ent SSN, Phone, Phone Type (Home), Secondary Phone, Address (Add1, Add2, Zip, City), State (California (CA)), Gender (Female), Contribution Group (Group 1), Email, and Is Native American. It also has a 'Yes/No' toggle for 'Is the employee an owner or an owner's spouse?' and dropdowns for 'Preferred Language Written' and 'Preferred Language Spoken'. The bottom form, labeled 'Employee #4-Details', has similar fields but with Gender set to 'Male'. Both forms have buttons for '+ Spouse/DomesticPartner' and '+ Child'. Red arrows point to the '+ Spouse/DomesticPartner' and '+ Child' buttons on Employee #3, and the '+ Child' button on Employee #4.

Once step two has been completed click on the 'Open Enrollment Setup' button located on the bottom right to proceed to the next step.



On step three is where you will mark the Employers Metal Tier Offering.



### 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

**How it works:**

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

On step four you will select the group's medical reference plan. The filters on the left-hand side can

help narrow down the list of plans.

If the group already offers dental coverage, then you will also need to select the dental reference plan after selecting the medical reference plan.

### Shopping Filters

**Price Range**

\$4952.06 \$9966.74

Range: \$5,014.68

**Plan Type**

- HMO
- PPO

**Metal Level**

- Gold
- Platinum

**Insurance Company**

- Kaiser
- BlueShield

**HSA Eligible**

- No
- Yes

Employer

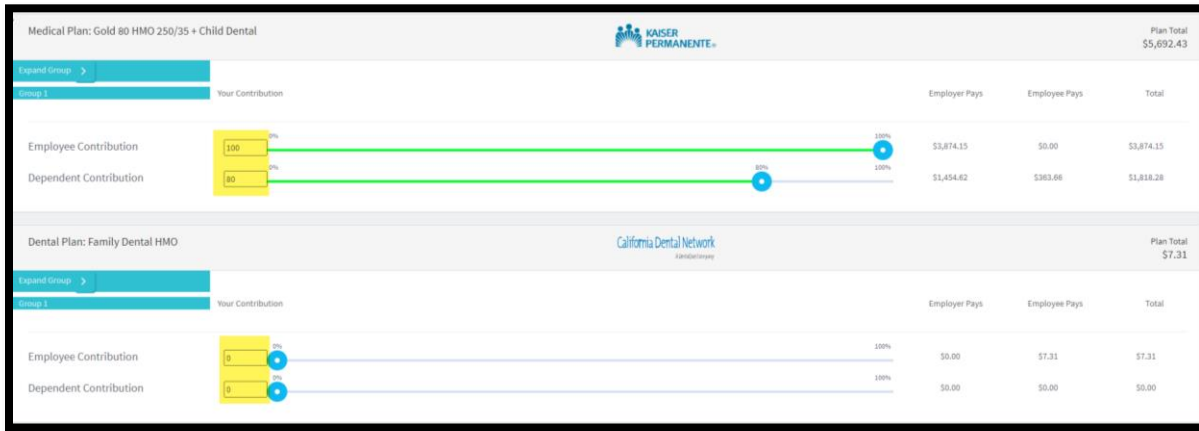
Displaying 28 Medical Plan(s) Sorted by: Price (Low)

Compare Selected Plans

Plan Name	Deductible	Out-Of-Pocket Max	Premium / Month
<b>Bronze 60 HDHP HMO 7050/0% + Child Dental</b>	\$7,050.00 / \$14,100.00	\$7,050.00 / \$14,100.00	\$2,454.95
<b>Bronze 60 HMO 5400/60 + Child Dental Alt</b>	\$5,400.00 / \$10,800.00	\$8,600.00 / \$17,200.00	\$2,461.67
<b>Bronze 60 HMO 6300/60 + Child Dental</b>	\$6,300.00 / \$12,600	\$9,100.00 / \$18,200.00	\$2,518.18
<b>Silver 70 HDHP HMO 2850/25% + Child Dental</b>	\$2,850.00 / \$5,700.00	\$7,500.00 / \$15,000.00	\$2,700.80

In step five, you will need to select the employer contribution towards employees, and if applicable, towards dependents as well.





In step six you will need to upload a 'DE9C' and mark the required boxes confirming the arbitration, attestation, and E-signature of the application.

It is important to note that a DE9C is not required for renewals. To bypass this step please upload any document and select 'DE9C' from the 'type' menu.

The portal should auto-fill the user's signature, It is highly recommended that you don't make alterations to the auto-populated signature since it is case-sensitive. Simply click on the next button after loading the document and marking the required boxes.

**6. Upload Required Forms**

The following forms are required:

Based on your business type and how long you have been in business, please select the DE9C in order to view the corresponding required documentation for upload.

**A. Choose Files** | **B. Upload Files**

Name	Size	Progress	Status	Actions	Type*
DE9C Placeholder Documentation.pdf	516	100%	✓	Upload   Cancel   Remove	DE9C

**C. Employer Open Enrollment Status**

I have read and agree to the Binding Arbitration Agreement. \*

**E-Signature to Complete Application:**

I certify (or declare) under penalty of perjury under the laws of the State of California for that the foregoing is true and correct.

This means that I have understood all the questions on this application and provided true and correct answers to such questions to the best of my knowledge. Where I do not have personal knowledge of an answer, I have made every reasonable attempt to verify (or confirm) the information with someone who has personal knowledge of the answer.

I acknowledge that if I am not truthful, I know that there may be a civil and/or criminal penalty for perjury (under California Penal Code 126, perjury is punishable by imprisonment for up to four years).

I know that all information disclosed on this application will be used to determine eligibility of every person applying for health insurance on this application. The information will be kept private as required by federal and California law.

I know that I must tell Covered California about any changes from what I have provided on this application.

I certify that I have the permission of the Applicant to complete this application on their behalf, have explained to them their Rights and Responsibilities in entering the Covered California for Small Business, and obtained their signature or been previously granted the right to sign on their behalf. \*

By entering my full name below, I agree that this electronic signature (whether digital or encrypted) will have the same force and effect as my manual signature. To enter your eSignature, please enter your full name.

By checking this box and typing my name below I am electronically signing this application. \*

First Name\* | Middle Name | Last Name\*

Title | Signature Date (01/23/2024)

Back | Next



After you click on 'Next' the system will show you a summary of the online employer renewal application for you to review. Once you are done reviewing the information click on the 'Submit' button found towards the bottom right of the page.

Once you have completed the employer portion of the online renewal you will see the below page. Click on the 'Proceed to Employer Dashboard' button so that you can click to view the group roster and proceed with confirming the employee's renewal applications.

The screenshot shows the 'Application Submitted' confirmation page. At the top left is the Covered California Small Business logo. To the right, there is a 'Customer Service' link and a phone icon. Below the logo, there is a text prompt: 'Llame a nuestro centro de ayuda gratis al (855) 777-6782. Para obtener una copia...'. On the right side, there are two green notification boxes: 'Submitted Application Successfully Submitted.' and 'Saved Signature Saved Successfully.'. The main content area has a teal header 'Application Submitted' and a thank you message: 'Thank You! Your application has been submitted and your application number is (#39451). 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.' Below this is a 'Next Steps:' section with a bulleted list: 'Your Open Enrollment period will begin on 01/23/2024 and end on 03/27/2024. During this time your employee(s) must select their plans if they wish to have benefit coverage starting on 04/01/2024', '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.', and 'The group application update has moved the employee applications to a status of In Progress. To use the Express Enrollment feature, please select the "Employee Express Enrollment" button below. By selecting "Proceed to Employer Dashboard", you will be required to enroll the employees manually.' At the bottom right, there is a blue button labeled 'Proceed to Employer Dashboard'.

**It is important to remember that the online group renewal is not officially completed until you confirm the employee's renewal applications. Proceed to Employee Level Changes on the guide to update Application Status from In Progress to Completed for each employee.**



Dashboard Employees Applications Payments Agent Documents Employer Profile

My Employee Roster Download Template Invite Employees  Sort: Eligibility

Member	Details	Enrolling Medical	Enrolling Dental	Account Details	Application Status	Action
Employee	Status: Eligible Name: Person ID: Legacy ID:	Birth Date: SSN: ***-**-**** Phone: Zip Code:	✓	✗	Email: NOREPLY-CCSB@COVERED.CA.GOV 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>
Employee	Status: Ineligible Name: Person ID: Legacy ID:	Birth Date: SSN: ***-**-**** Phone: Zip Code:	✗	✗	Email: NOREPLY-CCSB@COVERED.CA.GOV Account: Not SetUp Account Invitation: Not Sent	Not Setup <a href="#">+Add Coverage For Renewal Policy</a> <a href="#">Update / View Employee Dashboard</a> <a href="#">View Details</a>

[Add Employee](#)

### EMPLOYEE LEVEL CHANGES:

Even if the employer is not making any employer level changes, employees have an open enrollment period where they can update their renewal benefits. These changes are at an employee level they can be done independently of the group. This means that one employee can choose to actively renew and change their plan during open enrollment while the others may choose to take no action and simply auto-renew.

All renewal open enrollment windows will be set from the date of auto-renewal to the 25th of the month before the renewal coverage start date.

To use the previous June 1st example, the Open enrollment windows would be set for April 21st to May 25th.

If an employee (and an employer/agent on behalf of an employee) does choose to make changes, they need to understand that by opening their employee renewal application they are **voiding their current renewal selection. They will be required to complete all three steps of the employee application to renew their policy.**

To proceed with opening the employee’s renewal application go to the employee’s dashboard and click on the ‘Edit Application’ button.



My Application

Status: Completed **Edit Application**

Do you want to go paperless? Yes No

Coverage Effective Date: 06-01-2024

Open Enrollment End Date: 05-25-2024

If you are certain you would like to proceed with opening the employee's renewal application mark the I understand box and click 'Edit'.

Update Employee Application

Are you sure you want to update your application? This action will void any of your employee application in progress!

I understand and want to proceed

Edit Cancel

At a high level completing the employee's renewal application will require the following.:

1. Confirming their demographic and household information
2. Confirming their Medical plan
3. Confirming their dental plan, if being offered by the employer
4. Electronically signing their application

Once the employee's renewal application has been completed their status on the roster will be listed as 'Completed'.



Member	Details	Enrolling Medical	Enrolling Dental	Account Details	Application Status	Action
Employee + (2) Dependents	Status: Eligible Name: [Redacted] Person ID: [Redacted] Legacy ID: [Redacted]	Birth Date: [Redacted] ✓ Medical Plan: Bronze 60 HDHP HMO 7050/0% + Child Dental KAISER PERMANENTE	[Redacted] ✗	Email: [Redacted] Account: Not SetUp Account Invitation: Not Sent	Completed ✓	Update / View Employee Dashboard View Details
Employee	Status: Eligible Name: [Redacted] Person ID: [Redacted] Legacy ID: [Redacted]	Birth Date: [Redacted] ✓ Medical Plan: Bronze 60 HDHP HMO 7050/0% + Child Dental KAISER PERMANENTE	[Redacted] ✗	Email: [Redacted] Account: Not SetUp Account Invitation: Not Sent	Completed ✓	Update / View Employee Dashboard View Details
Employee	Status: Ineligible Name: [Redacted] Person ID: [Redacted] Legacy ID: [Redacted]	Birth Date: [Redacted] ✗	[Redacted] ✗	Email: [Redacted] Account: Not SetUp Account Invitation: Not Sent	Not Setup	+ Add Coverage For Current Policy Update / View Employee Dashboard View Details

Note: Employees whose coverage has been waived (meaning they chose not to enroll on the policy) will show on the group roster as Plan waived.

Employee	Status: Eligible Name: Lou Russell Person ID: 813832 Legacy ID: 813832	Birth Date: 11/13/1952 SSN: ***-**-3541 Phone: 760 753-1382 Zip Code: 92007	[Redacted] ✗	[Redacted] ✗	Email: noreply-ccsb@covered.ca.gov Account: Not SetUp Account Invitation: Not Sent	Completed ✓ <b>Plan waived</b>
----------	---	--	--------------	--------------	--	-----------------------------------

### ADDING A NEW HIRE PRIOR TO THE GROUPS RENEWAL:

If an employee is added while the group is their open enrollment period and the employee's desired effective date is before the group's renewal, they need to complete both the current plan year employee application and the upcoming renewal application. This ensures that the employee's coverage is continuous and properly aligned with the group's renewal schedule.

See the below example for an employee added 10/1/23 to a group who renews 11/1/23. On the new employee's dashboard, click on the 'Edit Application' button.



My Application

Status: Completed **Edit Application**

Do you want to go paperless? Yes No

Coverage Effective Date: 06-01-2024

Open Enrollment End Date: 05-25-2024

To ensure the employee has continuous coverage you will need to select the 'Apply for coverage' button for the current policy year and complete the application. Then return to the employee's dashboard, click on the 'Edit Application' button again, and select the 'Apply for coverage' button next to the renewal policy year to complete the renewal application.

Policy Year	Status	Open App
10/01/2023 - 10/31/2023	In Progress	<b>Apply for Coverage</b>
11/01/2023 - 10/31/2024	In Progress	<b>Apply for Coverage</b>

Cancel

For any additional information, you can reach the Customer Service/Agent Support Team at 1-(855)-777-6782. We're open Monday through Friday, 8:00 am - 5:00 pm, and at <https://www.coveredca.com/for-small-business/>.



## DEFINITIONS:

### Group

- **In-Progress:**
  - A group shows in progress when they are actively in the process of completing their application/need to complete their application due to:
    - Active renewal
    - The employer application was opened and not completed.
- **Submitted**
  - A group is in a submitted status when they have finished their group application.
  - **Completed**
  - A group is in a completed status when they have finished their application, and it has been approved by eligibility.
  - after the open enrollment end date closes.
- **Expired**
  - A group goes to the expired status when they have opened their application either as a new business or active renewal and did not submit the application 30 days after the coverage start date
  - A group does not complete their renewal in a timely manner.
- **Terminated**
  - A group shows as terminated when there was at least one month of active coverage, for one of the following reasons:
    - Out of business
    - Non-Payment
    - Found other coverage.
    - Voluntary
    - Non-Enrollment
    - Other
- **Canceled**
  - A group is in canceled status when they failed to submit full payment of the invoice balance due.

### Employee

- **In-Progress:**
  - An employee is in progress when they are actively in the process of completing their application/needs to complete their application due to:
    - The employer application (renewal) was opened, and the employee has not resubmitted their application.
    - New employee add has not finished their application (for example, new hire)
- **Completed**



- An employee is in a completed status when they have completed their application.
- **Terminated**
  - 
  - An employee/dependent is terminated and made ineligible in the portal with no coverage for the following reasons:
    - Termination of employment (voluntary or involuntary)
    - Divorce or legal separation
    - Death of a member
    - Reduction in hours
    - COBRA/Cal Cobra exhaustion
    - Term to reset coverage starts.
    - Termination for gross misconduct
    - Employee becomes entitled to Medicare.
    - Loss of dependent status
- **Not Set Up**

An employee that is not active