

# **MyCCSB Portal: how to add coverage** for a new Employee or a new Employee and their Dependent(s)

# <u>Step 1:</u>

Login to your account at MyCCSB.com and click the Eligibility Maintenance button on the dashboard or select Eligibility in the toolbar, which will direct you to the same location.

	E DA SHBOARD			RESOURCES	C ACCOUNT	
SMALL BUSINESS		+				
	Busines	s 123				
overed California for Small Business					N	otes 🗩
Coverage Details			>	Eligibility M	laintenance	
Reference Plan:	Previous Amount Due:	3,948.	.38			
Blue Shield Silver 70 PPO 2250/50 + Child	Previous Payment:	-3,948.	.38			
Dental	Bill Date:	01/09/20	020	View Ir Current Bal	voices	6
				Current Ban	alice. 795.4	0
Effective Date: 02/01/2020	Monthly Premium:	2,370.	.92			
	Monthly Premium:	2,370.	.92	Resourc	:es/Help	
	Monthly Premium:	2,370.	.92	Resourc	es/Help	



### **Step 2:**

In the next screen, select Add a New Employee and then either New Hire or Qualifying Event. Within each of those options, you will need to select if you want to "Invite the Employee to Enroll via Email" or if you want to "Complete the Application for the Employee."

If you select Invite the **Employee to Enroll via Email**, continue to page 3 to see the outlined steps.

If you select **Complete the Application for the Employee**, move ahead to page 7 to see the outlined steps.

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((iii) SMALL BUSINESS		• ECIDIDICITI	<b>VIEW INVOICES</b>	- RESUGREES	ACCOUNT	CF LOGOUT
· · ·						
Covered California for Small Business						
Eligibility Maintenance						
What would you like to do						
Add a New Employee						
New Hire						
Terminate an Employee / Dependent						
OUpload Change Form to Add a Dependent or to make	Changes to an Existing Employee					
Review Existing Employee / Dependent Information						
						Next >>

#### Did you know?

A Qualifying Life Event allow employees, spouses and/or their dependent(s) to be eligible for health care benefits outside the annual open-enrollment period. For a full list of Qualifying Life Events, please reference your CCSB Employer Guide or visit CoveredCA.com.

The following options are available for selection from the "Qualifying Life Event" dropdown:

- Adopted Child
- Change of Address (Region Change)
- Death
- Divorce
- Foster Child
- Legal Guardianship
- Loss of Medicaid
- Loss of Medi-Cal

- Loss of Minimum Essential Coverage
- Loss of other Govt. Assisted Coverage
- Marriage
- Newborn
- Registered Domestic Partner
- Return from Active Military Duty
- Other Qualifying Event



# **Option 1: If You Select Invite Your Employee to Enroll Via Email**

Enter the Employee's first name, last name, social security number, and birth date.

For New Hire, you must specify the effective date.

For **Qualifying Event**, you must specify the Qualifying Event and the Qualifying Event date and effective date.

Then click the Send Email Invitation to Employee button.

#### **New Hire:**

What would you like	te to do				
Add a New Employ	oyee				
				nployee to create a personalized, secure	
	First Name*	Last Name*	SSN*	Email*	
2	First Name*	Last Name* last name	SSN*	Email* email address	
2		last name		email address es, please rvice at	

#### **Qualifying Event:**

Add a New Employe							
					loyee to c	eate a personalized, secure	
	First Name*	Last Name*		SSN*	Email	e	
2	first name	last name			emai	address	
-	Qualifying Event:			Qualifying Event D	Date:	Effective Date:	
	Select Event		Ψ.	Date of Event		Effective Date	
		ß				Click to choose available effective dates. For alternate effective dates. please contact CCSB Customer Service at (844) 269-3764 for assistance.	
3	Send Email Invitation						

3 Covered California for Small Business Phone: 877-453-9198 Monday - Friday 8:00 a.m. – 5:00 p.m. | E-mail: smallbusiness@covered.ca.gov



# **Invitation Sent:**

You will receive a confirmation message that the invitation was sent to the Employee's email address.

-				Welcome	BUSINESS 123
	E DA SHBOARD	\$ VIEW INVOICES	P RESOURCES	<b>©</b> ACCOUNT	C+ LOGOUT
Email invitation was sent to employee: Employee	Name@gmail				
Covered California for Small Business					
Eligibility Maintenance					
What would you like to do					
Add a New Employee					
OTerminate an Employee / Dependent					
Oupload Change Form to Add a Dependent or to mai	e Changes to an Existing Employee				
OReview Existing Employee / Dependent Information					
					Marchas
					Next >>

The Employee will need to check their email and use the links and temporary password to complete the necessary form in the portal.

Important! Coverage will not become effective until both the Employee completes this form and the Employer reviews and approves it in the portal.

Coverage Details		Eligibility Maintenance
Reference Plan: Blue Shield Silver 70 PPO 2250/50 + Child Dental	Previous Amount Due:     3.948.38       Previous Payment:     -3.948.38       Bill Date:     01/09/2020	View Invoices
Effective Date: 02/01/2020	Monthly Premium: 2,370.92	Current Balance: 793.46
Currently Enrolled Counts		Resources/Help
Employees: 3	Dependents: 3	
Activities in Last 90 days Await	ing Submission or Approval	
View/Confirm ▲ Edit Delete ♦ Employee Name ♦		il Sent Date
C 🖻 EMPLOYEE EE	N	01-29 09:10:31 Awaiting Submission 🗘
	4	

When you return to the dashboard, you will notice that there is now a table at the bottom labeled "Activities in the Last 90 days Awaiting Submission or Approval." This is where you can track the status of your employee's pending application.



# View/Confirm:

Once the Employee has completed their invitation to enroll, log back into your account. On the dashboard, a thumbs up icon will appear under the "View/Confirm" column in the "Activities in Last 90 days Awaiting Submission or Approval" table. Click the **thumbs up icon** to proceed.

Coverage Details			Eligibility Maintenan	ce
Reference Plan:	Previous Amount Due:	3,948.38		
Blue Shield Silver 70 PPO 2250/50 + Child	Previous Payment:	-3,948.38	View Invoices	
Dental	Bill Date:	01/09/2020	Current Balance: 793	.46
Effective Date: 02/01/2020	Monthly Premium:	2,370.92		
			Resources/Help	
Currently Enrolled Counts				
Employees: 3	Dependents: 3			
Activities in Last 90 days Await	ing Submission or Ap	proval		
Edit	SSN ¢ DOB ¢ Action ¢		Sent Date	Date 🗢
	1990-01-01 AddNewHire	2020-02-01 2020-0	1-29 09:10:31 2020-01-29 10:08	:43

### Summary:

You will reach a summary page, which will have all the information the Employee supplied. Review the information. If the application is correct, hit the **Submit New Employee** button at the bottom of the screen. If you need to edit any information in their application, return to the dashboard and select the flag icon under the edit column in the "Activities in Last 90 days Awaiting Submission or Approval" table.

Eligibility Maintenance >	>> New Employee Info	
Please review the employee submi	tted application below. If everything is OK, please click 'Submit New Employee' button to approve.	
Employee Plan Summary / Co	nfirmation	
Employer Name: Business	123	
Effective Date: 2020-02-0	1	
Employer Rating Area: 18		
* = This Field is Required		
1. About the Employee		
1. Employee Name (LAST, SUFFIX, FIRST MIDDLE):*	Ee, Employee E	
2. SSN or Tax ID:*		
3. Birth Date:*	1990-01-01	
4. Sex:*	F	
5. Home Address (Street 1):*	15525 Sand Canyon Ave	
6. Home Addres (Street 2) (Apt or Ste #):		
7. City:*	Irvine	



# **Confirmation:**

After you click the "Submit New Employee" button, you will be redirected to the dashboard where a confirmation message will appear in a green box letting you know that your information was submitted and it will take up to 1 to 2 business days for these changes to be reflected in the portal.

					Welcome,	BUSINESS 1
COVERED CALIFORNIA SMALL BUSINESS	E DA SHBOARD		\$ VIEW INVOICES	RESOURCES	O ACCOUNT	C LOGOU
New employee Employee Ee's information has been	n submitted for processing. It will ta	ake 1 to 2 busine	ss days for your cha	inges to reflect on	the portal. It wil	l take 1 to
2 billing cycles to be reflected on your invoice.	Busines	492				
	Busines	5 123			N	otes 🗩
vered California for Small Business						
Coverage Details				Eligibility N	laintenance	
Reference Plan:	Previous Amount Due:		48.38			
Reference Plan: Blue Shield Silver 70 PPO 2250/50 + Child Dental	Previous Amount Due: Previous Payment: Bill Date:	3,94 -3,94 01/09/2	18.38	View I	nvoices	
Blue Shield Silver 70 PPO 2250/50 + Child	Previous Payment:	-3,94 01/09/7	18.38		nvoices	6
Blue Shield Silver 70 PPO 2250/50 + Child Dental Effective Date:	Previous Payment: Bill Date:	-3,94 01/09/7	18.38	View li Current Bal	nvoices	6
Blue Shield Silver 70 PPO 2250/50 + Child Dental Effective Date:	Previous Payment: Bill Date:	-3,94 01/09/7	18.38	View li Current Bal	nvoices ance: 793.4	6
Blue Shield Silver 70 PPO 2250/50 + Child Dental Effective Date: 02/01/2020	Previous Payment: Bill Date:	-3,94 01/09/7	18.38	View li Current Bal	nvoices ance: 793.4	6

# You successfully added a new Employee by inviting them to enroll via email!



# **Option 2: If You Select Complete the Application for the Employee**

Enrollment cannot be completed on the Employee's behalf without their active participation. In the **step-by-step directions outlined below**, you will be providing your Employee a paper Change Form to fill in and sign. You will enter the information and selections from the Employee's paper Change Form into the MyCCSB portal, as well as upload a scan to complete the Employee's application.

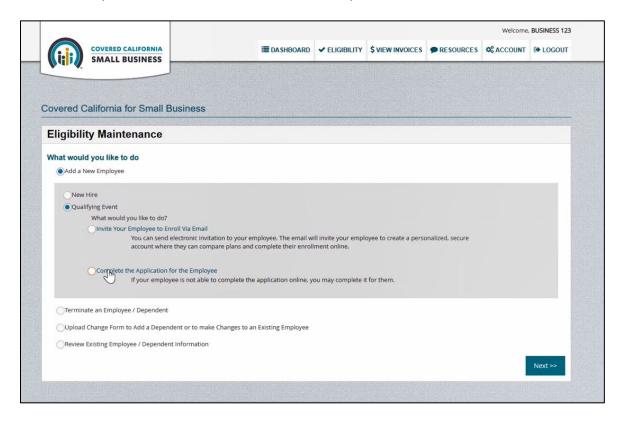
From the Eligibility Maintenance screen, select either **New Hire** or **Qualifying Event**. If you are unsure how to access the Eligibility Maintenance screen, return to the beginning of this document and complete steps 1 and 2 before continuing.

Enter the Employee's first name, last name, social security number, and birth date.

For New Hire, you must specify the effective date.

For **Qualifying Event**, you must specify the Qualifying Event and the Qualifying Event date and effective date.

Fill in the required fields and hit the Next button to proceed.



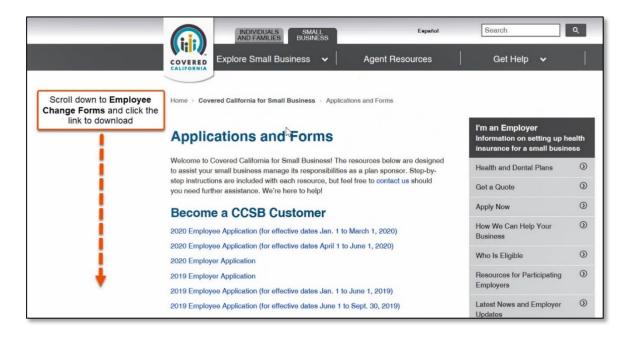


## **Download Change Form:**

A pop up for the "File Upload Message Board" will appear. Click the **Download Employee Change Form** button.

	File Upload Message Board		Welcome, BUSINESS 123
Covered Calife Eligibility M	instructions below:	s new employee's application, please follow th rm to get an application that your employee must f was signed by your employee.	
Who is the E Employer Name	Please choose a file Start upload	Ø C	ancel & Go back
		Employer Address 2	
Employer Address 1			
Employer Address 1 15525 Sand Cany	on Ave		

You will be redirected to the "Applications and Forms" page on the CCSB website where you will need to scroll down to the "Employee Change Forms" section. Select the appropriate effective period and click the link to download the Change Form.

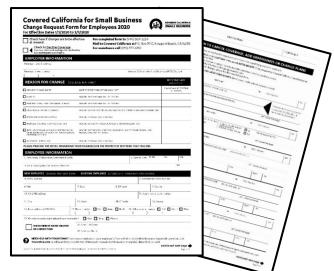




# **Employee Completes Form:**

Provide the Change Form to your Employee to fill in and sign. Once complete, scan and save the Change Form on your computer to upload in the portal.

Important! Coverage will not become effective until the Employer uploads the completed change form scan and approves the Employee's application in the portal.



# **Return to Account:**

If you have exited your account, log in. You can continue or return to any pending application by clicking the pen/paper icon under the edit column of the "Activities in Last 90 days Awaiting Submission or Approval" table.

Coverag	je De	tails								lity Maintenance		
Reference	Plan:			Prev	vious Amount	Due:	3,948.					
Blue Shield			2250/50 + Child	Prev	vious Paymen	t:	-3,948.	38				
Dental						Bill Date: 01/09/20				View Invoices Current Balance: 793.4		
Effective Date: 02/01/2020		Monthly Premium:		n:	2,370.92		Resources/Help					
	-	rolled	Counts									
Employee	s: 3			De	pendents	: 3						
Activitie	s in	Last 9	0 days Awai	ting S	Submis	sion or A	Approval					
View/Confirm	Edit	Delete 🗢	Employee Name	SSN	¢ DOB≎	Action	Effective Date	Email Sent Date	٠	Employee Submission Date	٠	
	1	Û	EMPLOYEE EE			AddNewHire	2020-02-01	2020-01-29 09:10:31		Awaiting Submission		



# **Upload Form Scan:**

Click the "please choose a file" button, which will open a window that will allow you to navigate to and select a file on your computer. After the selection is made, you will be redirected to the "File Upload Message Board" and need to select the "start upload" button.

<b></b>	File Upload Message Board	(		Welcome BUSINESS 123	
CUILY SA	In order to continue working on this instructions below:	s new employee's applicatio	n, please follow the		
Covered Califo Eligibility N	1. Click Download Employee Change Fo	orm to get an application that yo	our employee must fill out and	sign.	
	2. Upload Employee Change Form that *Allowed types: pdf. docs, rtf. jpg. jpgg. eng. gif *Max File Size: 104b	was signed by your employee.		ary / Confirmation	
Who is the E Employer Name	Hease choose a nie Start upload		Ø Cancel & Go t	back	
Employer Address 1 1759 CHESTNUT	ST UNIT C		Employer Address 2		
Employer City			Employer State	Employer ZIP Code	

# Update Employee Info:

You will reach the "Update Employee Info" page where you will need to input the information your Employee has provided on paper. Click **Save & Next** to continue.

COVERED CALIFO		E DA SHBOARD		\$ VIEW INVOICES	RESOURCES	CCOUNT	C LOGOU
Covered California for Si	mall Business						
Eligibility Maintenar	nce >> Update	Employee Info					
	2	3		(	5		
Member	Dependents	Decline Coverage	Medical Plan	Dent	al Plan S	Summary / Conf	rmation
Who is the Employer?							
Business 123							
Employer Address 1			Em	ployer Address 2			
15525 Sand Canyon Ave							
Employer City			Em	ployer State	Emp	loyer ZIP Code	

You will need to complete a total of six screens and input the information and selections your employee has provided on their completed paper Change Form, which you scanned and submitted. These screens include dependent coverage, decline coverage, medical plan, dental plan and summary/confirmation.



# Note: If an Employer has chosen not to offer Dependent Coverage and/or Dental Coverage, text will appear on the screen indicating that the employer does not offer that coverage.

(1)_		2		(	3				- 6	)
Member		Depender	nts	Decline	Coverage	Medical Pl	an	Dental Plan	Summary / Cor	nfirmation
Employee me	dical plan	selection w	vas suco	cessfully sa	ved.					
Step 5) Emp	ployee De	ntal Plan Er	nrollmen	nt Workshee	ət			🗐 Generate	e Dental Worksheet in	PDF format
Employer Name	Business 12	23								
Employer Effective Date	2020-02-01									
	2020-02-01									
Date Employer Rating	18					To change	the dental p	lan for each member, p		own list.
Date Employer Rating Area	18 ental Benef		Rate	Adult	Rate	To change	the dental p	Dental Enrollment Info	ormation	own list.
Date Employer Rating Area	18 ental Benef	it Details	Rate \$8.73	Adult Adult's HMO	Rate \$7.36	To change		Dental Enrollment Info	ormation	
Date Employer Rating Area View 2020 De Dental Plan C	18 ental Benef	it Details				To change	Name/Age	Dental Enrollment Info	ormation	own list. Cost
Date Employer Rating Area View 2020 De Dental Plan C California Dental Net	18 ental Benef	<b>it Details</b> Child Child's HMO	\$8.73	Adult's HMO	\$7.36		Name/Age Mm,	Dental Enrollment Info Cost you will pa Dental Plan	, prmation IV	Cost
Date Employer Rating Area View 2020 De Dental Plan O California Dental Net Delta Dental	18 ental Benef Options etwork	it Details Child Child's HMO Child's HMO	\$8.73 \$14.49	Adult's HMO Adult's HMO	\$7.36 \$13.99		Name/Age	Dental Enrollment Info	, prmation IV	

# **Confirmation:**

Once you hit "Submit New Employee" you will be redirected to the dashboard where a confirmation message will appear in a green box letting you know that your information was submitted and it will take up to 1 to 2 business days for these changes to reflect in the portal.

2 billing cycles to be reflected on your invoice.	r submitted for processing, it will te	ake 1 to 2 business days for yo	our changes to reflect on the portal. It will take 1 to
	Business	s 123	
vered California for Small Business			Notes 🗩
Coverage Details			
	Previous Amount Due:	3.948.38	Eligibility Maintenance
Reference Plan: Blue Shield Silver 70 PPO 2250/50 + Child Dental	Previous Payment: Bill Date:	-3,948.38 01/09/2020	View Invoices
Effective Date: 02/01/2020	Monthly Premium:	2,370.92	Current Balance: 793.46
			Resources/Help

# You successfully added a new Employee!