



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

## Step 1:

Login to your account at [MyCCSB.com](https://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.

Welcome, BUSINESS 123

DASHBOARD ✓ ELIGIBILITY \$ VIEW INVOICES RESOURCES ACCOUNT LOGOUT

**Business 123**

Covered California for Small Business

Notes

**Coverage Details**

<b>Reference Plan:</b> Blue Shield Silver 70 PPO 2250/50 + Child Dental	<b>Previous Amount Due:</b> 3,948.38
	<b>Previous Payment:</b> -3,948.38
	<b>Bill Date:</b> 01/09/2020
<b>Effective Date:</b> 02/01/2020	<b>Monthly Premium:</b> 2,370.92

**Currently Enrolled Counts**

Employees: 3	Dependents: 3
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**Eligibility Maintenance**

**View Invoices**  
Current Balance: 793.46

**Resources/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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WELCOME, BUSINESS 123

DASHBOARD ELIGIBILITY VIEW INVOICES RESOURCES ACCOUNT LOGOUT

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**Eligibility Maintenance**

What would you like to do

☒ Add a New Employee

☐ New Hire

☐ Qualifying Event

☐ Terminate an Employee / Dependent

☐ Upload 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 allows 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](http://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:**

#### **Qualifying Event:**



## Invitation Sent:

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

Welcome, BUSINESS 123

DASHBOARD ELIGIBILITY VIEW INVOICES RESOURCES ACCOUNT LOGOUT

Email invitation was sent to employee: EmployeeName@gmail .

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### Eligibility Maintenance

What would you like to do

- ☐ Add a New Employee
- ☐ Terminate an Employee / Dependent
- ☐ Upload Change Form to Add a Dependent or to make Changes to an Existing Employee
- ☐ Review Existing Employee / Dependent Information

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

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	<b>Bill Date:</b> 01/09/2020
	<b>Monthly Premium:</b> 2,370.92

### Currently Enrolled Counts

Employees: 3 Dependents: 3

### Activities in Last 90 days Awaiting Submission or Approval

View/Confirm	Edit	Delete	Employee Name	SSN	DOB	Action	Effective Date	Email Sent Date	Employee Submission Date
			EMPLOYEE EE			AddNewHire	2020-02-01	2020-01-29 09:10:31	Awaiting Submission

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.

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Notes

**Coverage Details**

Reference Plan: Blue Shield Silver 70 PPO 2250/50 + Child Dental	Previous Amount Due: 3,948.38
Effective Date: 02/01/2020	Previous Payment: -3,948.38
	Bill Date: 01/09/2020
	Monthly Premium: 2,370.92

**Currently Enrolled Counts**

Employees: 3      Dependents: 3

**Activities in Last 90 days Awaiting Submission or Approval**

View/Confirm	Edit	Delete	Employee Name	SSN	DOB	Action	Effective Date	Email Sent Date	Employee Submission Date
			EMPLOYEE EE		1990-01-01	AddNewHire	2020-02-01	2020-01-29 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.

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**Eligibility Maintenance >> New Employee Info**

Please review the employee submitted application below. If everything is OK, please click 'Submit New Employee' button to approve.

**Employee Plan Summary / Confirmation**

Employer Name: Business 123  
Effective Date: 2020-02-01  
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 Address (Street 2) (Apt or Ste #):	
7. City:*	Irvine
8. State:*	CA
9. Zip Code:*	92618



## 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 123

DASHBOARD ELIGIBILITY VIEW INVOICES RESOURCES ACCOUNT LOGOUT

**Business 123**

Covered California for Small Business

Notes

**Coverage Details**

<b>Reference Plan:</b> Blue Shield Silver 70 PPO 2250/50 + Child Dental	<b>Previous Amount Due:</b> 3,948.38
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**Currently Enrolled Counts**

<b>Employees:</b> 3	<b>Dependents:</b> 3
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**Eligibility Maintenance**

**View Invoices**  
Current Balance: 793.46

**Resources/Help**

**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.

Welcome, BUSINESS 123

DASHBOARD ELIGIBILITY VIEW INVOICES RESOURCES ACCOUNT LOGOUT

Covered California for Small Business

### Eligibility Maintenance

What would you like to do

- ☒ Add a New Employee
  - ☐ New Hire
  - ☒ Qualifying Event
    - What would you like to do?
    - ☐ Invite Your Employee to Enroll Via Email

You can send electronic invitation to your employee. The email will invite your employee to create a personalized, secure account where they can compare plans and complete their enrollment online.
    - ☒ Complete the Application for the Employee

If your employee is not able to complete the application online, you may complete it for them.
- ☐ Terminate an Employee / Dependent
- ☐ Upload Change Form to Add a Dependent or to make Changes to an Existing Employee
- ☐ Review Existing Employee / Dependent Information

Next >>



## 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

ACCOUNT LOGOUT

In order to continue working on this new employee's application, please follow the instructions below:

1. Click **Download Employee Change Form** to get an application that your employee must fill out and sign.
2. Upload Employee Change Form that was signed by your employee.

\*Allowed types: pdf, docx, rtf, jpg, jpeg, png, gif

\*Max File Size: 10Mb

[Please choose a file](#) [Start upload](#)

[Cancel & Go back](#)

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.

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INDIVIDUALS AND FAMILIES SMALL BUSINESS

Explore Small Business Agent Resources Get Help

Home > Covered California for Small Business > Applications and Forms

**Applications and Forms**

Welcome to Covered California for Small Business! The resources below are designed to assist your small business manage its responsibilities as a plan sponsor. Step-by-step instructions are included with each resource, but feel free to [contact us](#) should you need further assistance. We're here to help!

**Become a CCSB Customer**

- 2020 Employee Application (for effective dates Jan. 1 to March 1, 2020)
- 2020 Employee Application (for effective dates April 1 to June 1, 2020)
- 2020 Employer Application
- 2019 Employer Application
- 2019 Employee Application (for effective dates Jan. 1 to June 1, 2019)
- 2019 Employee Application (for effective dates June 1 to Sept. 30, 2019)

**I'm an Employer**  
Information on setting up health insurance for a small business

- Health and Dental Plans
- Get a Quote
- Apply Now
- How We Can Help Your Business
- Who Is Eligible
- Resources for Participating Employers
- Latest News and Employer Updates





## 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.

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**Coverage Details**

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**Activities in Last 90 days Awaiting Submission or Approval**

View/Confirm	Edit	Delete	Employee Name	SSN	DOB	Action	Effective Date	Email Sent Date	Employee Submission Date
			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.

**File Upload Message Board**

Welcome, BUSINESS 123  
ACCOUNT LOGOUT

In order to continue working on this new employee's application, please follow the instructions below:

1. Click Download Employee Change Form to get an application that your employee must fill out and sign.  
[Download Employee Change Form](#)
2. Upload Employee Change Form that was signed by your employee.  
\*Allowed types: pdf, docx, rtf, jpg, jpeg, png, gif  
\*Max File Size: 10Mb

[+ Please choose a file](#) [Start upload](#) [Cancel & Go back](#)

1 2

Covered California  
Eligibility Maintenance  
1 Member  
Who is the Employer?  
Employer Name: Business 123  
Employer Address 1: 1759 CHESTNUT ST UNIT C  
Employer City:   
Employer State:   
Employer ZIP Code:   
Employer Address 2:   
Employer State:   
Employer ZIP Code:   
6 Summary / Confirmation

## 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.

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DASHBOARD ELIGIBILITY VIEW INVOICES RESOURCES ACCOUNT LOGOUT

Covered California for Small Business

**Eligibility Maintenance >> Update Employee Info**

1 Member 2 Dependents 3 Decline Coverage 4 Medical Plan 5 Dental Plan 6 Summary / Confirmation

**Who is the Employer?**

Employer Name: Business 123  
Employer Address 1: 15525 Sand Canyon Ave  
Employer City: Irvine  
Employer Address 2:   
Employer State: CALIFORNIA  
Employer ZIP Code: 92618

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.**

**Eligibility Maintenance >> Update Employee Info**

1 Member 2 Dependents 3 Decline Coverage 4 Medical Plan 5 Dental Plan 6 Summary / Confirmation

**Employee medical plan selection was successfully saved.**

**Step 5) Employee Dental Plan Enrollment Worksheet**

[Generate Dental Worksheet in PDF format](#)

Employer Name	Business 123
Employer Effective Date	2020-02-01
Employer Rating Area	18

**View 2020 Dental Benefit Details**

Dental Plan Options	Child	Rate	Adult	Rate
California Dental Network	Child's HMO	\$8.73	Adult's HMO	\$7.36
Delta Dental	Child's HMO	\$14.49	Adult's HMO	\$13.99
Delta Dental	Child's PPO	\$35.99	Adult's PPO	\$49.99
Dental Health Services	Child's HMO	\$11.70	Adult's HMO	\$9.95
Liberty Dental	Child's HMO	\$11.65	Adult's HMO	\$7.39

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

Dental Enrollment Information			
Cost you will pay			
Name/Age	Dental Plan	Cost	
Employee Mm, Employee Age: 30	--- Decline Dental ---		
Total cost you will pay			\$0.00

Covered California for Small Business now offers stand-alone dental coverage. Family dental plans offer both adult and adult plus child dental coverage. However, before electing a separate stand-alone plan for child dependent coverage, make sure to

## 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.

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[DASHBOARD](#) [ELIGIBILITY](#) [VIEW INVOICES](#) [RESOURCES](#) [ACCOUNT](#) [LOGOUT](#)

**Business 123**

Covered California for Small Business

**Coverage Details**

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**Currently Enrolled Counts**

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**Eligibility Maintenance**

**View Invoices**  
Current Balance: 793.46

**Resources/Help**

**Notes**

New employee Employee Ee's information has been submitted for processing. It will take 1 to 2 business days for your changes to reflect on the portal. It will take 1 to 2 billing cycles to be reflected on your invoice.

**You successfully added a new Employee!**