

Health coverage selection/changes

take effect

Employer Information At-A-Glance

This worksheet is intended to provide you with the important dates and timeline information you need to manage your sponsored health plan. We encourage you to work with your Certified Insurance Agent to complete this worksheet and to keep it posted in a convenient place for quick and easy reference.

My Employer Sponsored coverage began on the 1st of

MONTH	YEAR				
My Covered California Agent's name					
My Agent car	n be reached at:				
PHONE					
EMAIL					
STREET 1					
STREET 2					
CITY					
STATE	ZIP CODE				

My Plan Information						
Employer name						
My Group #						
My metal tier selection						
My reference plan						
My contribution level						
My plan renews						
My open enrollment date						
Enrollment Timeline						
It is important to make note of the start and end dates of enrollment periods. This will help ensure you have coverage when you need it. If you have questions regarding the timeline or any other part of the enrollment process, you can direct them to your insurance agent.						

Open enrollment

	MONTH-DAY-YEAR		MONTH-DAY-YEAR	M	ONTH-DAY-YEAR			
Covered California for Small Business								
Contact Information								
Online <u>www.coveredca.com/ForSmallBusiness</u>								
Customer Service (877) 453-9198								
Health Plan Contact Information								
ı	Blue Shield of Califo	rnia	(800)	325-5166	www.blueshieldca.com			
ı	Kaiser Permanente		(800)	464-4000	www.kp.org			
Sharp Health Plan Coverage information (800) 827-4277				www.sharphealthplan.co	m			

Locate provider (800) 359-2002

Open enrollment

begins