



COVERED
CALIFORNIA

For
Small
Business

key benefits of CCSB

MULTI-CARRIER PORTFOLIO

Featuring Kaiser Permanente, Sharp Health Plan, Blue Shield of California

4-METAL TIER OFFERING

Groups can offer their employees choices from 1-tier, 2-tier, 3-tier or 4-metallic tiers

OUT-OF-STATE COVERAGE

Remote employees can access Blue Shield BlueCard

FEDERAL TAX CREDIT

Lower the cost of coverage for qualifying small businesses

ADMINISTRATION

Simple to understand quote, consolidated applications and **ONE SINGLE BILL**.
No Admin Fees, No Billing Fees, No Late Fees. No Recertification!

RELAXED PARTICIPATION

70% of eligible employees enrolled with CCSB or alternate creditable coverage

exclusive employer tax credits



For Small Business

CCSB is the only place where qualified small businesses are able to use federal tax credits to help pay for the cost of providing health coverage to employees.

- Small Businesses could be eligible for up to 50% of premium expenses, 35% for Non-Profits
- Companies with less than 25 full-time equivalent employees (FTEs)
- Average annual wage less than \$67,000 to qualify
- Does not include owner, partner, shareholder, family or in-laws
- The credit is only available for two consecutive years beginning with the first year you claim the credit

COLLATERAL & CALCULATOR AVAILABLE ONLINE:

<https://www.coveredca.com/for-small-business/taxcredit/>



With Covered California for Small Business (CCSB) you decide the level of coverage and provide employees with health insurance that fits your budget. Small businesses that purchase coverage through CCSB may be eligible to receive a federal tax credit to help offset the cost of providing health insurance.

The amount of credit you are eligible to receive works on a sliding scale. The smaller your business and/or the lower your annual average wage, the larger your credit will be.



The maximum tax credit available is 50 percent of premium expenses as a for-profit employer. The maximum credit for tax-exempt employers is 35 percent. This credit applies to two consecutive tax years.* Small businesses must purchase health insurance through CCSB to be eligible for the tax credits offered.

Your tax credit will depend on a number of factors including but not limited to:

- **Number of Employees:** The business must have less than 25 full-time equivalent employees (FTEs). Owners and immediate family members of the owner are not counted as employees when calculating the tax credit.
- **Average Wage of Employees:** The employees must have an average annual wage of less than \$67,000** per year. This limit has been adjusted for inflation since 2014.
- **Employer-Paid Premiums:** The employer must contribute at least 50 percent of the cost of insurance coverage for each employee.

CoveredCA



Important tax information:
how to get a small business credit
ONLY AVAILABLE THROUGH COVERED CALIFORNIA FOR SMALL BUSINESS (CCSB)

Small Businesses that purchase coverage through CCSB may be eligible to receive a federal tax credit to help offset the cost of providing health insurance. To claim this tax credit, fill in and submit form **IRS form 8941**.

Your clients could receive*



Eligible Small Business must have:

- ⓐ Employer-Paid CCSB Premiums cover at least 50 percent of the cost of health coverage
- ⓑ Fewer than 25 full-time equivalent employees (FTEs)
- ⓒ Average annual wage of less than \$67,000** per year per FTE

Easy steps to file:

1. Check "Yes" if health insurance was purchased through CCSB. Enter "California" as the Marketplace Identifier.
2. Enter Employer EIN.
3. Check "No" if the Small Business has not previously received a tax credit. Those businesses that have received a credit, and check "Yes" are ineligible to receive the credit again.

Read and fill in any applicable boxes for items 1 to 20. To complete, gather the following for that calendar year:

- Number of full-time equivalent employees (FTEs)
- Total CCSB premiums paid by the employer
- Total wages paid to the employees

For more details visit the IRS Page: <https://www.irs.gov/foia/about-form-8941>

Access our online tax credit calculator: [CoveredCA.com/for-small-business/taxcredit/](https://www.coveredca.com/for-small-business/taxcredit/)

8941 Credit for Small Employer Health Insurance Premiums		OMB No. 1545-0047	
OMB No. 1545-0047		2019-2020-25	
1	Check "Yes" if health insurance was purchased through CCSB. Enter "California" as the Marketplace Identifier.	21	Number of full-time equivalent employees (FTEs)
2	Enter Employer EIN.	22	Total CCSB premiums paid by the employer
3	Check "No" if the Small Business has not previously received a tax credit. Those businesses that have received a credit, and check "Yes" are ineligible to receive the credit again.	23	Total wages paid to the employees
4	Read and fill in any applicable boxes for items 1 to 20. To complete, gather the following for that calendar year:	24	Number of full-time equivalent employees (FTEs)
5	Number of full-time equivalent employees (FTEs)	25	Total CCSB premiums paid by the employer
6	Total CCSB premiums paid by the employer	26	Total wages paid to the employees
7	Total wages paid to the employees	27	Number of full-time equivalent employees (FTEs)
8	Number of full-time equivalent employees (FTEs)	28	Total CCSB premiums paid by the employer
9	Total CCSB premiums paid by the employer	29	Total wages paid to the employees
10	Total wages paid to the employees	30	Number of full-time equivalent employees (FTEs)
11	Number of full-time equivalent employees (FTEs)	31	Total CCSB premiums paid by the employer
12	Total CCSB premiums paid by the employer	32	Total wages paid to the employees
13	Total wages paid to the employees	33	Number of full-time equivalent employees (FTEs)
14	Number of full-time equivalent employees (FTEs)	34	Total CCSB premiums paid by the employer
15	Total CCSB premiums paid by the employer	35	Total wages paid to the employees
16	Total wages paid to the employees	36	Number of full-time equivalent employees (FTEs)
17	Number of full-time equivalent employees (FTEs)	37	Total CCSB premiums paid by the employer
18	Total CCSB premiums paid by the employer	38	Total wages paid to the employees
19	Total wages paid to the employees	39	Number of full-time equivalent employees (FTEs)
20	Number of full-time equivalent employees (FTEs)	40	Total CCSB premiums paid by the employer
21	Total CCSB premiums paid by the employer	41	Total wages paid to the employees
22	Total wages paid to the employees	42	Number of full-time equivalent employees (FTEs)
23	Number of full-time equivalent employees (FTEs)	43	Total CCSB premiums paid by the employer
24	Total CCSB premiums paid by the employer	44	Total wages paid to the employees
25	Total wages paid to the employees	45	Number of full-time equivalent employees (FTEs)
26	Number of full-time equivalent employees (FTEs)	46	Total CCSB premiums paid by the employer
27	Total CCSB premiums paid by the employer	47	Total wages paid to the employees
28	Total wages paid to the employees	48	Number of full-time equivalent employees (FTEs)
29	Number of full-time equivalent employees (FTEs)	49	Total CCSB premiums paid by the employer
30	Total CCSB premiums paid by the employer	50	Total wages paid to the employees

Have questions? Call your Insurance Broker Or contact CCSB at 1-844-332-8384 or SmallBusiness@coveredca.gov

*This federal tax credit is only offered through CCSB and subject to change. Not all Small Businesses will qualify. More information can be found on the instructions for Form 8941. **The credit only applies for two consecutive tax years based on average premiums. The first year you claim and the second year you claim must be consecutive tax years. **The credit only applies for two consecutive tax years based on average premiums. The first year you claim and the second year you claim must be consecutive tax years. **The credit only applies for two consecutive tax years based on average premiums. The first year you claim and the second year you claim must be consecutive tax years.

plan options available through CCSB

CCSB OFFERS BOTH HMO AND PPO OPTIONS THROUGH BLUE SHIELD OF CALIFORNIA, KAISER PERMANENTE, AND SHARP HEALTH PLAN

CARRIERS	PRODUCTS AVAILABLE
Blue Shield of California	Access+ HMO, Trio HMO, PPO
Kaiser Permanente	HMO
Sharp Health Plan	Premier and Performance HMO



standard and alternate benefit designs

COVERED CALIFORNIA SMALL BUSINESS		2026 Plan Summary Covered California for Small Business						Light Shading indicates plan change from prior year.
Plan Type	Blue Shield 50/25 PCIP (PPO) Sharp 50/25 PCIP (Performance HMO)	(OWN) = Out of Network Blue Shield 50/25 PCIP (PPO)	Blue Shield 50/25 PCIP (PPO) (HMO) (Sharp 50/25 PCIP (Performance HMO)) Kaiser 50/25 PCIP (HMO)	Kaiser 50/25 PCIP (HMO)	Kaiser 1500 or Alt PCIP (HMO)	Kaiser 1500 or Alt PCIP (HMO)	Kaiser 50/25 PCIP (HMO)	
Individual Deductible (if any)	Blue Shield: \$50 Sharp: \$50	\$1,000	Kaiser: \$50 Sharp: \$250 Blue Shield: \$250	\$0	\$1,000/\$250 Pharmacy	\$1,900	\$500	
Family Deductible (if any)	Blue Shield: \$700 Sharp: \$700	\$2,000	Kaiser: \$500 Sharp: \$500 Blue Shield: \$500	\$0	\$2,000/\$500 Pharmacy	\$1,800	\$1,000	
Prescribe Co./Screening/Immunization	Blue Shield: No Charge Sharp: No Charge	Not Covered	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	No Charge	No Charge	
Primary Care Visit to treat an injury, illness, or condition	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Kaiser: \$15 Sharp: \$15 Blue Shield: \$15	\$40	\$40	15% Coinsurance after deductible	\$35	
Other Practitioner Office Visit	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Kaiser: \$25 Sharp: \$25 Blue Shield: \$25	\$40	\$40	15% Coinsurance after deductible	\$35	
Specialist Visit	Blue Shield: \$50 Sharp: \$50	50% Coinsurance after deductible	Kaiser: \$50 Sharp: \$50 Blue Shield: \$50	\$40	\$40	15% Coinsurance after deductible	\$60	
Preventive Care and Prevention Visit	Blue Shield: No Charge Sharp: No Charge	50% Coinsurance after deductible	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	No Charge	No Charge	
Urgent Care	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Kaiser: \$25 Sharp: \$25 Blue Shield: \$25	\$40	\$40	15% Coinsurance after deductible	\$35	
Laboratory Tests	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Kaiser: \$25 Sharp: \$25 Blue Shield: \$25	\$40	\$40	15% Coinsurance after deductible	\$35	
X-Ray and Diagnostic Imaging	Blue Shield: \$65 Sharp: \$65	50% Coinsurance after deductible	Kaiser: \$25 Sharp: \$25 Blue Shield: \$25	\$40	\$40	15% Coinsurance after deductible	\$50	
Emergency Room Facility Fee (waived if admitted)	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	20% Coinsurance after deductible	Kaiser: \$250 Sharp: \$250 Blue Shield: \$250	\$150	\$150	15% Coinsurance after deductible	\$150	
Emergency Room Physician Fee (waived if admitted)	Blue Shield: No Charge Sharp: No Charge	No Charge	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	15% Coinsurance after deductible	No Charge	
Emergency Medical Transportation	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	20% Coinsurance after deductible	Kaiser: \$250 Sharp: \$250 Blue Shield: \$250	\$150	\$150	15% Coinsurance after deductible	\$150	
Outpatient Surgery Facility Fee (e.g., ASC)	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Blue Shield: \$300 Sharp: \$300 Blue Shield: \$300	\$400	\$350 \$350 \$350	15% Coinsurance after deductible	\$350 \$350 \$350	
Outpatient Physician/Surgeon Fee	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Blue Shield: \$150 Sharp: \$150 Blue Shield: \$150	No Charge	No Charge	15% Coinsurance after deductible	No Charge	
Outpatient Visit	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Blue Shield: \$15 Sharp: \$15 Blue Shield: \$15	No Charge	No Charge	15% Coinsurance after deductible	20%	
Inpatient Physician/Surgeon Fee	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	15% Coinsurance after deductible	No Charge	
Inpatient Facility Fee (e.g., hospital room)	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: \$600 (Day up to 5 days) after deductible Sharp: \$600 (Day up to 5 days) after deductible Blue Shield: \$600 (Day up to 5 days) after deductible	\$600 / day (up to 5 days)	\$600 / day (up to 5 days) after deductible	15% Coinsurance after deductible	\$600 \$600 \$600	
Durable Medical Equipment	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: 20% Coinsurance Sharp: 20% Coinsurance Blue Shield: 20% Coinsurance	20%	20%	15% Coinsurance after deductible	20%	
Imaging (CVT scans, MRI)	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: \$250 Sharp: \$250 Blue Shield: \$250	\$250	\$350	15% Coinsurance after deductible	\$350	
Tier 1 (Preferred Brand Drugs)	Blue Shield: \$15 Sharp: \$15	Not Covered	Kaiser: \$15 Sharp: \$15 Blue Shield: \$15	\$15	\$15	\$15 \$15 \$15	\$15	
Tier 2 (Nonpreferred Brand Drugs)	Blue Shield: \$30 Sharp: \$30	Not Covered	Kaiser: \$30 Sharp: \$30 Blue Shield: \$30	\$30	\$30	\$30 \$30 \$30	\$30	
Tier 3 (Specialty Drugs)	Blue Shield: 20% (up to \$250 script) Sharp: 20% (up to \$250 script)	Not Covered	Blue Shield: 20% (up to \$250 script) Sharp: 20% (up to \$250 script) Kaiser: 20% (up to \$250 script)	20% (up to \$250 script)	20% (up to \$250 script)	15% Coinsurance after deductible (up to \$250 script)	20% (up to \$250 script)	
Mental/Behavior Health Outpatient Office Visits	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Blue Shield: \$15 Sharp: \$15 Kaiser: \$15	\$40	\$40	15% Coinsurance after deductible	\$35	
Mental/Behavior Health Inpatient Physician Fee	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	15% Coinsurance after deductible	No Charge	
Mental/Behavior Health Inpatient Facility Fee	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: \$600 (Day up to 5 days) after deductible Sharp: \$600 (Day up to 5 days) after deductible Blue Shield: \$600 (Day up to 5 days) after deductible	\$600 / day (up to 5 days)	\$600 / day (up to 5 days) after deductible	15% Coinsurance after deductible	\$600 \$600 \$600	
Substance Use Disorder Outpatient Office Visits	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Blue Shield: \$15 Sharp: \$15 Kaiser: \$15	\$40	\$40	15% Coinsurance after deductible	\$35	
Substance Use Inpatient Physician Fee	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	15% Coinsurance after deductible	No Charge	
Substance Use Inpatient Facility Fee (e.g., hospital room)	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: \$600 (Day up to 5 days) after deductible Sharp: \$600 (Day up to 5 days) after deductible Blue Shield: \$600 (Day up to 5 days) after deductible	\$600 / day (up to 5 days)	\$600 / day (up to 5 days) after deductible	15% Coinsurance after deductible	\$600 \$600 \$600	
Pediatric Dental	Pediatric Dental Embedded	Pediatric Dental Embedded	Blue Shield: Pediatric Dental Embedded Kaiser: Bundled	Bundled	Bundled	Bundled	Bundled	
MAXIMUM OUT-OF-POCKET FOR ONE	Blue Shield: \$7,800 Sharp: \$7,800	Blue Shield: \$12,800	Kaiser: \$7,800 Sharp: \$7,800 Blue Shield: \$7,800	\$8,500	\$8,200	\$4,500	\$8000	
MAXIMUM OUT-OF-POCKET FOR FAMILY	Blue Shield: \$15,600 Sharp: \$15,300	Blue Shield: \$25,700	Kaiser: \$15,600 Sharp: \$15,600 Blue Shield: \$15,600	\$17,000	\$16,400	\$9,000	\$16,000	

Please Note: This document is a high-level benefit overview and is not intended as a substitution for the Evidence of Coverage (EOC) which can be viewed online at www.coveredca.com or requested from the Covered California for Small Business Customer Service Center at 855-777-6762.

Notes:

- Any and all cost sharing payments for in-network covered services apply to the in-network out-of-pocket maximum. In the in-network service, cost sharing payments for all in-network services accumulate toward the in-network deductible. In-network services include services provided by an in-network provider that are approved as in-network by the insurer.
- For covered out-of-network services in a PPO plan, these Patient Covered Benefit Plan Designs do not determine cost sharing, deductible, or maximum out-of-pocket amounts. See the applicable PPO's Evidence of Coverage or Policy.
- Cost sharing payments for drugs that are not deemed to be approved as in-network are subject to the individual's out-of-pocket maximum.
- For plans except HMOs, in coverage other than self-only coverage, an individual's payment toward a deductible, if required, is limited to the individual's annual deductible amount. In coverage other than self-only coverage, an individual's out-of-pocket contribution is limited to the individual's annual out-of-pocket maximum. After a health plan's out-of-pocket maximum is reached, the insurer pays all costs for covered services for the remainder of the plan year.
- For HMOs, in other than self-only coverage, an individual's payment toward a deductible, if required, must be the higher of (1) the specified deductible amount for individual coverage or (2) the minimum deductible amount for family coverage specified by the PPO in its revenue procedure for the 2026 calendar year. In addition, advanced amounts for Health Savings Accounts (HSAs), located pursuant to section 223 of the Internal Revenue Code, in coverage other than self-only coverage, an individual's out-of-pocket contribution is limited to the individual's annual out-of-pocket maximum.

- **CCSB offers Standard Benefit Designs and alternate benefit designs in all four metallic tiers**
- **Alternate Benefit Designs include high-deductible health plans compatible with HSAs.**

- CCSB offers DHMO and DPPO dental coverage options through Delta Dental.
- Dental insurance plans can be offered as an elective benefit that employers can choose to offer as part of their health insurance program.
- If an employer chooses to offer dental insurance to their employees, they must select a Dental Reference Plan and choose how much they want to contribute to their employee's dental premiums.



small group eligibility and underwriting guidelines

group eligibility requirements

- Groups must have at least one but no more than 100 full-time-equivalent employees and meet certain contribution and participation requirements.
- They must have at least one employee who receives a W-2.
- The majority of eligible employees live in California.
- Employers must offer CCSB coverage to all eligible employees.
- 70% of eligible employees need to be covered by credible coverage including either CCSB or alternate valid coverage with submission of waivers.
- Employer must contribute a minimum of 50% towards the lowest cost employee only plan.

defining and calculating full-time equivalent employees

- An FTE employee is not an actual employee, but a calculation involving all part-time and full-time employees who worked during the preceding calendar year.
- If the final figure exceeds 100, then the employer is a large employer under California law and not eligible for CCSB.
- Employees who are not eligible for coverage include those employees who work less than 20 hours per week, receive a Form 1099 or are seasonal or temporary employees.
- You can find an FTE calculator within the CCSB website that helps in determining FTE count.

employer reference plan and metal tier selection

- The reference plan the employer chooses determines the amount they will contribute towards employee premiums.
- This plan is selected when the employer enrolls with CCSB and can be changed only during their annual renewal period.
- Employers can elect to offer plans in one metal tier all the way up to four adjoining tiers.
- Employees then have the option to select any plan within those coverage levels

4 METAL TIERS

Employees choose from health plans in **all four metal tiers:**



3 METAL TIERS

Employees choose from health plans in the **three touching metal tiers:**



2 METAL TIERS

Employees choose from health plans in the **two touching metal tiers:**



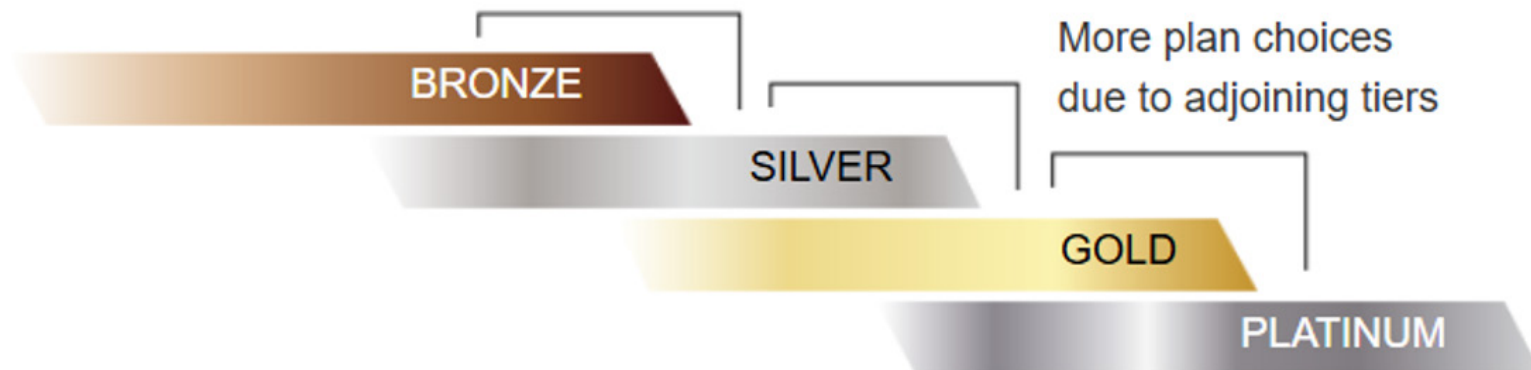
1 METAL TIER

Employees choose from health plans in the **one metal tier:**



overview of employer required premium contribution

- Employers must contribute at least 50% of the lowest cost employee-only plan in their selected metal tier (Bronze, Silver, Gold, Platinum) for eligible employees' premiums.
- They also can opt to contribute towards dependents premiums as well with no minimum contribution requirement.
- Employees' premium contribution and out-of-pocket costs will depend on the reference plan, selected metal tiers and the plan(s) the employee selects.







new group quoting and enrollment

- **CCSB new group enrollment is year-round**
- **There is also a Special Enrollment period each year between November 15th and December 15th where groups can apply with modified eligibility requirements**
- **During this period groups can apply without the requirement for 70% participation as well as the 50% minimum employer contribution requirement**

resources for new group quoting

CCSB's dedicated sales team is available to support you with new group quote proposals. You can contact them directly over the phone or complete our Quote Template form available on [CCSB's agent webpage](#). To prepare a quote we will need group census information.

GROUP INFORMATION	EMPLOYEE INFORMATION						
	Enrollment Category <i>Note: Dependents must be added in sequential order</i>	First Name	Last Name	Date of Birth	Age	Home Zip Code <i>(P.O. Box not allowed)</i>	Gender <i>(M,F)</i>
Business Name:							
Physical Business Address:							
Business Zip Code:							
Contact Name:							
Title:							
Phone:							
Email:							
Coverage Start Date (1st of month):							
Number of Eligible Employees:							
CURRENT CARRIER INFORMATION (if applicable)							
Current Carrier Name:							
Current Renewal Date:							
Current Premium Contribution (%):							
AGENT INFORMATION (optional)							
Agent Contact Name:							
Agency Name:							
Email:							
Phone:							
License No.:							

Training and Certification	
Agreements and Compensation	
Code of Conduct	
Contact Us	
CCSB Website	
MyCCSB Login	
Resources	
Quote Template	
CCSB Toolkit	

general agency partner support

CCSB partners with seven General Agencies throughout the state who are available to assist you with new group quoting, application submission, and ongoing support for your enrolled groups.

 AMWINS®

 Beere & Purves

 CRC BENEFITS

 CLAREMONT INSURANCE SERVICES

 DICKERSON INSURANCE SERVICES
AN ALERA GROUP COMPANY

 ER EMERSON ROGERS

 WARNER Pacific

enrollment process

2026 new business submission deadlines

	DATE	WITH SUBMISSION ACKNOWLEDGMENT FORM
JANUARY	12/27/2025	01/07/2026
FEBRUARY	01/27/2026	02/07/2026
MARCH	02/24/2026	03/07/2026
APRIL	03/27/2026	04/07/2026
MAY	04/26/2026	05/07/2026
JUNE	05/27/2026	06/07/2026
JULY	06/26/2026	07/07/2026
AUGUST	07/27/2026	08/07/2026
SEPTEMBER	08/27/2026	09/07/2026
OCTOBER	09/26/2026	10/07/2026
NOVEMBER	10/27/2026	11/07/2026
DECEMBER	11/26/2026	12/07/2026

required new group documentation

- Their employer name, as reported to the California Employment Development Department.
- Their federal Employer Identification Number (FEIN) and state Employer Identification Number (SEIN).
- A copy of their local business license.
- A DE-9C reconciled by the employer or payroll records .
- The total number of full-time employees.
- The total number of part-time employees working 20 to 29 hours per week (if offering part-time employees coverage).
- Their employee roster, including addresses, hire dates, dates of birth and Social Security numbers or tax identification numbers.
- Dependent information (if offering dependents coverage), including the dependents' dates of birth to determine their age.

application submission via the MyCCSB portal or via paper application

Covered California for Small Business (CCSB)

Enrollment Application for Employers

Covered California for Small Business offers a new way for small employers to offer health insurance to employees.

- Who can use this application?**
 - To be eligible to participate in CCSB, you must indicate that your business or organization meets all of these qualifications:
 - Have a primary business address in California, or offer coverage to each eligible employee through CCSB servicing that employee's primary worksite,
 - Have 1 to 100 Full-Time Equivalent (FTE) employees*, and
 - Offer coverage through CCSB to all full-time employees, that average 30+ hours per week
- What you will need to apply**
 - A copy of your reconciled DE-9C
 - Additional business documentation (see Step 1)
 - Eligible employee information
 - Full name
 - Social Security Number or Tax Identification Number
 - Date of birth
 - Home address
 - Phone number
 - COBRA/Cal-COBRA status
 - Dependent information (if offering dependent coverage)

Employees who decline coverage must still complete an employee application and sign the appropriate section of the application.
- Acceptable verification options for 3+ enrolling employees**
 - Submit most recent DE-9C,
 - Submit payroll records for the past 30 days (if in business for less than 3 months), or
 - (New)** If previously insured, provide prior coverage documentation from the previous insurance carrier as an alternative to the DE-9C. If qualified employees are not listed on the prior coverage documentation, a DE-9C or payroll records for 30 days are required.
- Get help**
 - Online: www.CoveredCA.com/ForSmallBusiness

Covered California for Small Business (CCSB)

Enrollment and Change Request for Employees

- Go online** Visit CoveredCA.com/ForSmallBusiness. You'll be able to see details about Covered California's small business health insurance marketplace.
- Get help**
 - Ask your employer who to call with questions
 - Online: CoveredCA.com/ForSmallBusiness
 - Phone: Call our Service Center at (855) 777-6782
 - En Español: Llame a nuestro centro de ayuda gratis al (855) 777-6782
- What happens next?** You'll return your completed, signed application to your employer. Your employer will send us your completed, signed application.
- Alternatives** If your share of the cost of employee-only coverage is more than 9.96% of your household income, you may be able to get help paying for coverage through Covered California's individual marketplace. Visit CoveredCA.com to learn more.

Your information is private.

- We'll keep your information private as required by law.
- Your answers on this application will only be used to see if you are eligible to enroll in a Covered California for Small Business plan.

NEED HELP WITH YOUR APPLICATION? Contact your employer or your employer's Covered California Insurance Agent with questions, visit CoveredCA.com/ForSmallBusiness or call us at (855) 777-6782. Para obtener una copia de este formulario en Español, llame (855) 777-6782.

1 My Company
2 Confirm Employees
3 Enrollment Setup
4 Plan Setup

My Company

Employer Information

<p>Doing Business As*</p> <input type="text" value="ACME LLC"/>	<p>Federal Employer Identification Number (FEIN)*</p> <input type="text" value="123456789"/> <p><small>If you are a Sole Proprietor and do not have an FEIN, enter the identifier used during tax filing.</small></p>
<p>Business Legal Name</p> <input type="text"/>	<p>Organization Type</p> <input type="text"/>
<p>First Name*</p> <input type="text" value="First Name"/>	<p>Middle Name</p> <input type="text" value="Middle Name"/>
<p>Suffix</p> <input type="text"/>	<p>Phone Number*</p> <input type="text" value="() - -"/>
<p>Preferred Language (written/spoken - if not English)</p> <input type="text"/>	<p>How Long Have You Been in Business?*</p> <input type="text"/>
<p>Federal COBRA* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

initial payment and monthly premium payments

INITIAL PAYMENT

Upon submission and approval of the employer and employee applications CCSB will generate a single initial invoice with aggregated premium for all health and dental premiums. CCSB must receive the full payment by the due date indicated on the initial invoice before coverage can be effectuated.

RECURRING PAYMENTS

Recurring monthly ACH payments can be setup via the MyCCSB portal and will pull funds on the 18th of the month.

Payment Details

Note! Employers who set up recurring payment will have their payments pulled on the 18th of each month. The next recurring payment sweep will be on the 18th of current month. If your due date occurs before the next sweep, please make sure you make a one-time payment to avoid loss of coverage.

Customer Name **Lilys Farm**

Routing Number*

Account Number*

Bank Name*

Verify Account Number*

understanding

group renewal, COBRA, and

agent certification/contracting

- CCSB sends groups written notice of their plan renewal and annual election period 60 days prior to the end of their plan year.
- During this time employers can explore renewal options and make changes to their reference plan and contribution.
- Employees then have a least 20 days to review plan options and make changes for the upcoming plan year.
- CCSB also sends employers monthly email communications beginning six months out from their renewal date to provide useful information for utilization of benefits and specific renewal guidance as they near closer to their annual renewal month.



Open Enrollment Begins in 30 Days!

Your group's Open Enrollment is quickly approaching. This is the perfect time for employees to review and adjust their health plans for the next year, without needing a qualifying event. Whether you're currently going through the process or about to start, Covered California for Small Business is here to support you!

How to Prepare for Open Enrollment

Discuss the plan options with your employees using the information in your Covered California for Small Business renewal packet. Employers should use multiple communication methods to meet the varied preferences of your employees. For example, while some may prefer information via email or in print, others might benefit more from face-to-face meetings.

Below are suggestions and reminders to increase employee engagement during open enrollment:

- **Explore and Empower:** Encourage your team to fully explore their health plan options. It's a great time to remind them that they're not bound to the same plan year after year. This is the perfect opportunity for discovery and change.

Under **federal COBRA**, the employer must provide qualified beneficiaries with certain notices explaining their COBRA rights, how to elect COBRA, and when it can be terminated in a timely manner when they experience a loss of health coverage.

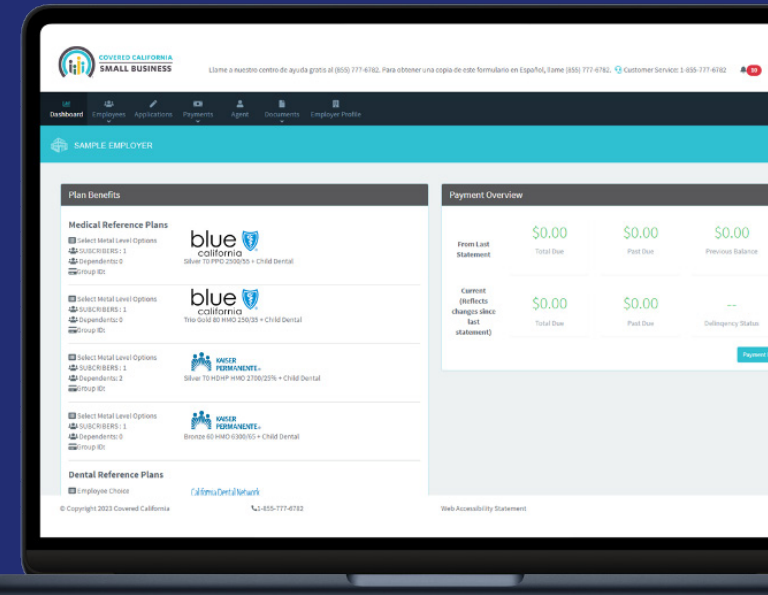
COVERAGE TYPE	WHO QUALIFIES?	WHO ADMINISTERS?
Federal COBRA	Employers with 20 or more eligible employees	Employer or an employer hired Third Party Administrator (TPA)
Cal-COBRA	Employers with 2-19 eligible employees	CCSB

For **Cal-COBRA** (2 to 19 employees), the employer must notify CCSB of any employees or dependents who experience a qualifying event. **CCSB will send eligibility notifications to terminated employees on the employer's behalf.** Former Employees or eligible dependents must notify CCSB of their CAL-COBRA elections.

Premiums for Cal-COBRA coverage will be billed by CCSB directly to the Cal-Cobra participant.

MANAGE YOUR POLICY AND EMPLOYEES ONLINE

- Easy self-serve employee Adds, Terms and Changes
 - Up to 30 days retroactively!
- Invite new hires to enroll online and compare options
- One-time and Auto-Pay Feature for Employers
- Real-time Account Balances
- View previous invoices, payments, letters and notices
- View all employer details such as reference plan, contribution, COBRA status, addresses and contact information
- Ability to have a secondary account login for employers
- Cal-COBRA packets available electronically and mailed
- Employee Census export tool
- Enhanced Renewal process online



becoming certified to sell CCSB

- Covered California has agency contracts for the sale of both Individual and Family Plan coverage, CCSB, or both.
- It is vital for agencies that wish to sell both lines of business to confirm that they are contracted appropriately.
- To begin your transition to a dual IFP/CCSB Agency, Agency Managers can contact **agentcontracts@covered.ca.gov** to submit your request for a new dual agency contract.
- You can find and review all contact terms and certification details on the CCSB website.

Training and Certification	
Agreements and Compensation	
Code of Conduct	
Contact Us	
CCSB Website	↗
MyCCSB Login	👤
Resources	
Quote Template	↓
CCSB Toolkit	↓

contact us – we're here to help!



CCSB SALES

(844) 332-8384

www.CoveredCA.com/ForSmallBusiness

CCSB AGENT SERVICE CENTER

(844) 777-6782

(Option 1 for English or 2 for Spanish > then 1 for Agents > then 2 for the Call Center)

Agents@Covered.CA.gov

CASE SUBMISSION & ELIGIBILITY

CCSBeligibility@Covered.CA.gov

QUOTES

SmallBusiness@Covered.CA.gov