

User Guide

Open Enrollment

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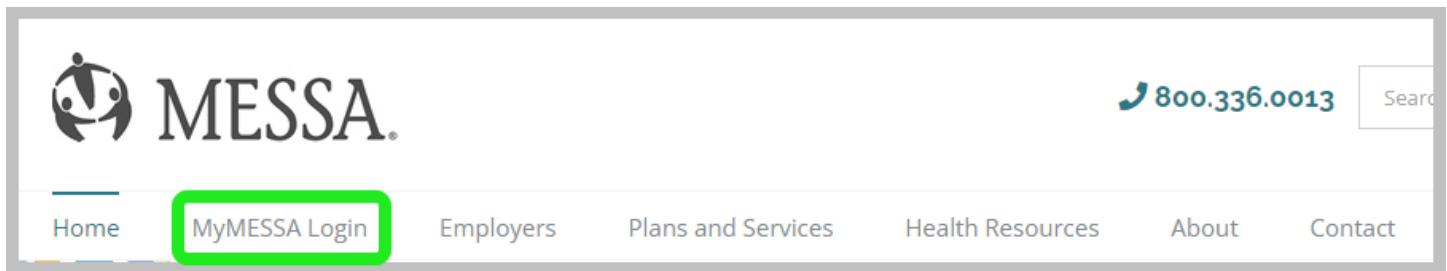
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Creating a MyMESSA Member Account on messa.org

- Go to www.messa.org.
- Click on “Create one now”.

This is a screenshot of the login form on the MESSA website. The title is "Log in to your account". There are two input fields: "Username" and "Password". To the right of the password field is an eye icon for toggling visibility. Below the fields are two links: "Forgot your username and/or password?" and "Don't have an account". The "Create one now." link is highlighted with a green box. At the bottom left is a link to "MESSA home", and at the bottom right is a "Log in" button.

Step 1 - User Information

- Enter the following information to create a messa.org account:
 - Last six digits of your Social Security Number
 - Date of birth
 - Employer
 - Home zip code
- Click “**Next**”.

This screenshot shows the "Create Your Account" form on the MyMESSA website. At the top is the "MyMESSA" logo and the title "Create Your Account". Below the title is a progress bar with four steps: "Enter Your Information" (checked), "Verify Identity" (checked), "Create Your Login" (checked), and "Complete" (checked). The "Enter your information" section contains four input fields: "Last 6 of SSN", "Date of Birth", "First Name", and "Last Name". At the bottom right are "Cancel" and "Next" buttons.

Step 2 – Security Questions

- Select your security questions and enter your answers.
- Click “**Next**”.

The screenshot shows the 'MyMESSA' logo at the top. Below it is the heading 'Registration'. A green checkmark icon with the text 'User Validated' is displayed. A green circle highlights the text 'Step 2: Security Questions'. The page contains five questions, each with a dropdown menu labeled 'Select a question...' and a corresponding text input field for the answer. A green circle highlights the 'Next' button at the bottom right. On the right side, there is a section titled 'Why register?' with a list of benefits, each preceded by a checkmark icon.

MyMESSA.

Registration

✔ User Validated

Step 2: Security Questions

Question 1
Select a question...

Answer 1

Question 2
Select a question...

Answer 2

Question 3
Select a question...

Answer 3

Question 4
Select a question...

Answer 4

Question 5
Select a question...

Answer 5

Next

Why register?

You can:

- ✔ View deductibles, claims and explanation of benefits statements
- ✔ Find doctors, hospitals and other providers
- ✔ Show your virtual ID card
- ✔ Securely contact MESSA's award-winning customer support
- ✔ Access your account anytime and anywhere

- A confirmation code will be sent to the email address you used when creating your account.
- Enter the Confirmation code.
- Click “**Confirm**”.

The screenshot shows the 'MyMESSA' logo at the top. Below it is the heading 'Welcome to MESSA!'. A light blue box contains the text: 'Please enter the confirmation code sent to [redacted] for registration confirmation in the box below and select "Confirm".' Below this, it says 'To resend the code select "Resend".' There is a text input field for the confirmation code. Below the input field are two buttons: 'Resend' and 'Confirm'. A green circle highlights the 'Confirm' button.

MyMESSA.

Welcome to MESSA!

Please enter the confirmation code sent to [redacted] for registration confirmation in the box below and select "Confirm".

To resend the code select "Resend".

Confirmation code

Resend Confirm

Step 3 – Username and Password

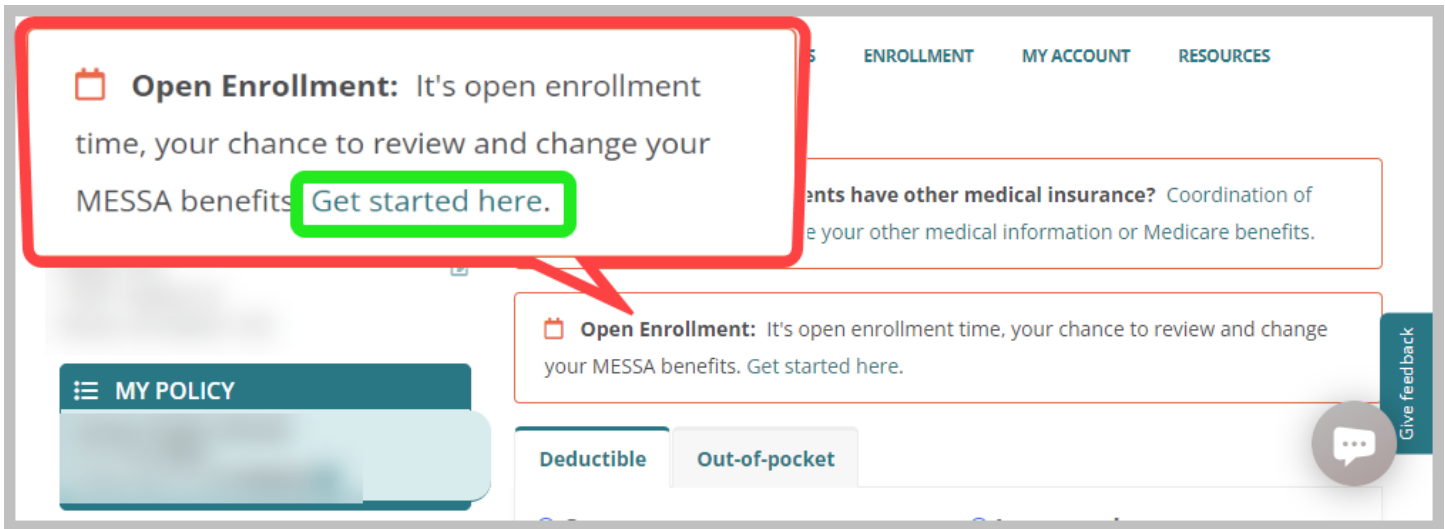
1. Create a username.
 2. Create a password.
 3. Confirm your password.
 4. Click the “I’m not a robot” box.
 5. Enter your email address.
 6. Confirm your email address
 7. Check the “I agree to the MESSA Web Terms of Use” box and check the “Yes, send my EOB statements electronically” box if you’d like your Explanation of Benefits emailed to you.
- Click **“Register now”**.

The screenshot shows the MyMESSA Registration page. At the top, there's a header with the phone number 800.336.0013, a Username field, a Password field, a Login button, and a Search field. Below the header is the MyMESSA logo. The main heading is "Registration". There are two green checkmarks indicating "User Validated" and "Security Questions Accepted". The current step is "Step 3: Username and Password". The form includes: 1. Username field with a suggestion "Ejohansson". 2. Password field with a blue box containing password requirements: "Your password must be at least eight characters in length and MUST contain AT LEAST: - One uppercase letter, - One lowercase letter, - One number, - One special character (e.g., !@#\$%^&*!_+)" 3. Confirm password field. 4. "I'm not a robot" checkbox with a CAPTCHA image. 5. Email field. 6. Confirm email field. 7. A "Go paperless!" section with a checkbox for "Yes, send my EOB statements electronically" and a checkbox for "I agree to the MESSA Web Terms of Use". A "Register now" button is at the bottom right. On the right side, there's a "Why register?" section with a list of benefits: "View deductibles, claims and explanation of benefits statements", "Find doctors, hospitals and other providers", "Show your virtual ID card", "Securely contact MESSA's award-winning customer support", and "Access your account anytime and anywhere".

- You are now registered and can log in to your account.

Accessing MESSA's Online Benefits Website

- Once logged in to your account, click on the “**Open Enrollment: Get started here**” link in the open enrollment nag bar. (If you do not see this link, please call Member Services at 800.336.0013).

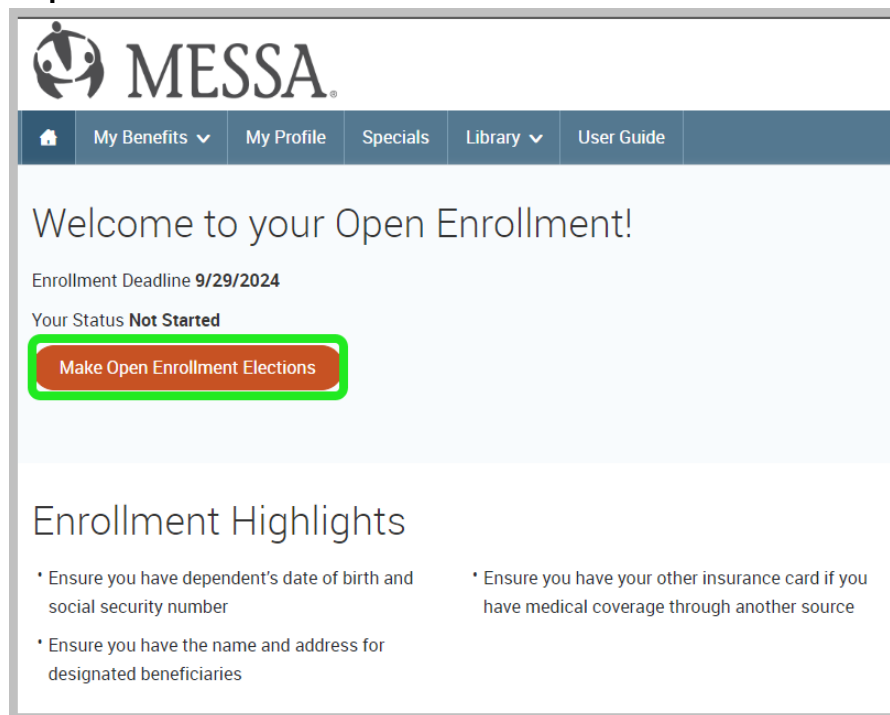


You will receive a pop-up letting you know that you are going to another website.

- Click “**Continue**”.
- This will take you directly to MESSA’s Online Benefits Website.

Electing Your MESSA Benefits

Step 1 - Click “Make Open Enrollment Elections”



Step 2 – Demographics

- Review your Demographic Information and make any necessary updates.
- When finished, click the “**I agree**” box and click “**Continue**”.

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

If you are using Google Chrome, please do not use the auto-fill feature.

Demographics

* Fields are required

* First Name

Middle Initial

* Last Name

Suffix

Social Security Number

* Date of Birth

* Gender ☒ Male ☐ Female

Address

* Fields are required

* Address 1

Address 2

* City

* State

* Zip

Home Phone

Cell Phone

Block SMS/Text Messages ☐

Home Email

WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

* Work Email

Preferred Email ☐ Home Email ☒ Work Email ☐ None

By checking the box “I Agree” below, you agree that the information above is accurate to the best of your knowledge.

☒ I agree

1 Your Info

Employee Information

Family Info

2 Your Benefits

3 Enroll

4 Complete

Continue

Step 3 – Family Information

- Review/add/edit your Family Information.
- When finished, click the “I agree” box and click “Continue”.

Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person's name.

Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.

If you are using Google Chrome, please do not use the auto-fill feature.

Adam Tests

Male Employee
35 years old (1/1/1985)
SSN: 000-87-1111

[Edit >](#)

Sally Tests

Female Spouse
35 years old (1/1/1985)
SSN: 888-77-6765

[Edit >](#)

Chloe Tests

Female Daughter
4 years old (1/1/2016)
SSN: 444-65-3333

[Edit >](#)



Add Dependents

1

Your Info

2

Employee Information

3

Family Info

4

Your Benefits

5

Enroll

6

Complete

Continue

Dependent Information Notice

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child's spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)

☒ I agree

Step 4 – Electing Benefits

- To elect benefits, click on “**View Plan Options**” to the right of each plan name.

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

MESSA is not responsible for the costs shown.



Medical

***Selection Required**

NO PLAN SELECTED

I don't want this benefit (waive)

View Plan Options

- To cover a dependent, check the box next to their name and click continue.
- To remove a dependent, uncheck the box next to their name.
- Click “**Continue**”.

Who will be covered by this plan?

☒ Adam Tests
Employee

☒ Sally Tests
Spouse

☐ Chloe Tests
Daughter

[+ Add Dependents](#)

Not Covered

[Back to Benefits](#)

Continue

- Select the benefit plan by clicking “**Select**”. When finished electing all benefits, click “**Continue**” on the right-hand side.

Who will be covered by this plan?

☒ Adam Tests (Employee)

☒ Sally Tests (Spouse)

☐ Chloe Tests (Daughter)

[+ Add Dependents](#)

Not Covered

[View All Plans Side-by-Side](#)

MESSA ABC Plan 1
Blue Cross Blue Shield of Michigan

[View plan details](#)
[Plan Brochure](#)

Your Cost per month:
\$0.00

Tier: Employee + Dependent

Select

MESSA Choices \$2,000/\$4,000 deductible w/20% coinsurance, Saver Rx
Blue Cross Blue Shield of Michigan

[View plan details](#)
[Plan Brochure](#)

Your Cost per month:
\$0.00

Tier: Employee + Dependent

Select

1 Your Info

2 **Your Benefits**

3 Enroll

4 Complete

Your Cost per month: **\$0.00**

Finished selecting benefits? Click the button below to continue.

Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

Step 5 – Beneficiaries

- It's recommended that a primary beneficiary be designated.
 - To add a dependent as a beneficiary, click 'Add Beneficiary'.

Basic Term Life
Please choose your beneficiaries

Primary Beneficiaries
If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

! There are no beneficiaries added to this plan. If this was made in error, click on "Add Beneficiary" button below.

+ Add Beneficiary

Negotiated Life
Please choose your beneficiaries

Primary Beneficiaries
If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

! There are no beneficiaries added to this plan. If this was made in error, click on "Add Beneficiary" button below.

+ Add Beneficiary

- Add a beneficiary to this plan from your dependents or add a new beneficiary.
- Click 'Add Selected'.
- Percentage total must equal 100%.
- When finished click 'Continue'.

Basic Term Life

Add Beneficiary for Basic Term Life

Add a beneficiary to this plan from your dependents or other beneficiaries on file, or add a new beneficiary.

+ Add New Beneficiary

☐	Name
☐	My Estate (Employee)
☒	Sally Test (Spouse)

Add Selected Cancel

Basic Term Life
Please choose your beneficiaries

Primary Beneficiaries
If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

Name	Percentage	Remove
My Estate (Employee)	100.0	

Total: 100.0000%

+ Add Beneficiary

Negotiated Life
Please choose your beneficiaries

Primary Beneficiaries
If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

Name	Percentage	Remove
My Estate (Employee)	100.0	

Total: 100.0000%

+ Add Beneficiary

Secondary Beneficiaries (optional)
Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

+ Add Beneficiary

1 Your Info
2 Your Benefits
3 Enroll
4 Beneficiaries
5 Other Coverages
6 Review and Confirm
7 Complete

Your Cost per month

Continue

Step 6 – Other Medical Insurance

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **“Yes”** next to “Current or Prior Coverages” and enter the following information.
- Once you have entered the information, click **“Save”**.
- If you do not have other medical coverage, keep “Current or Prior Coverages” as **“No”** and click **“Continue”**.

If you have coverage from another health insurance company, please fill out the information below.

Medical

Kevin Test (Employee)

Other Medical Insurance Coverage:

Current or Prior Coverages ☒ Yes ☐ No

Other Insurance

*Policyholder Name

*Policy Number

Policyholder's Employer

*Insurance Carrier's Name

*Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage

Coverage Level

Additional Info

Medicare:

Current or Prior Coverages ☒ Yes ☐ No

*Medicare Number

*Medicare Part A ☒ Yes ☐ No

*Medicare Part A Effective Date

*Medicare Part B ☒ Yes ☐ No

*Medicare Part B Effective Date

*Reason for Entitlement

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$0.00**

Continue

Step 7 – Review and Confirm

- Now that you have elected all of your benefits, review your selections and scroll to the bottom of the page to view the “Participation” statement. Check the “I agree, and I’m finished with my enrollment” box.

Review and Confirm

Please Review All of Your Selections

Once you have completed your review, click the “Complete Enrollment” button at the right side of the page.

CHANGED BENEFITS: [Medical](#) [Dental](#) [Vision](#) [Basic Term Life](#) [Optional Supplemental Term Life](#) [Optional Basic Term Life](#)
[Optional Survivor Income Insurance](#) [Optional Dependent Life](#)

*INDICATES CHANGED BENEFITS

Your Total Cost **\$0.00**
Per Month

Medical* Your cost per month: **\$0.00**

⚠ This benefit election is pending until approved by your Benefits Administrator

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan
Coverage: **Employee + Dependent**

Cost Details Per Month
Your Cost **\$0.00**

Who will be covered on this plan:

Name	Relationship	Coverage
Adam Tests	Employee	✓ Cover
Sally Tests	Spouse	✓ Cover
Chloe Tests	Daughter	✗ No Coverage

[Edit Selection](#)

Once You've Reviewed All Your Selections:

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

☒ I agree, and I'm finished with my enrollment

- On the right side of the screen click “Complete Enrollment”.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Complete Enrollment

Step 8 – Confirmation Statement

- You may view, email, or print your confirmation statement.

✓ Your enrollment is complete!

You may make changes to your elections until: **March 21, 2020**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the “Print” button to print a copy of your enrollment confirmation statement for your records, click “Email” to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the “Edit Selection” button located under each plan.

MESSA is not responsible for the costs shown.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

[VIEW](#) [EMAIL](#) [PRINT](#)

REMINDER: All benefit elections must be accepted by your Benefits Administrator.