

User Guide

Open Enrollment

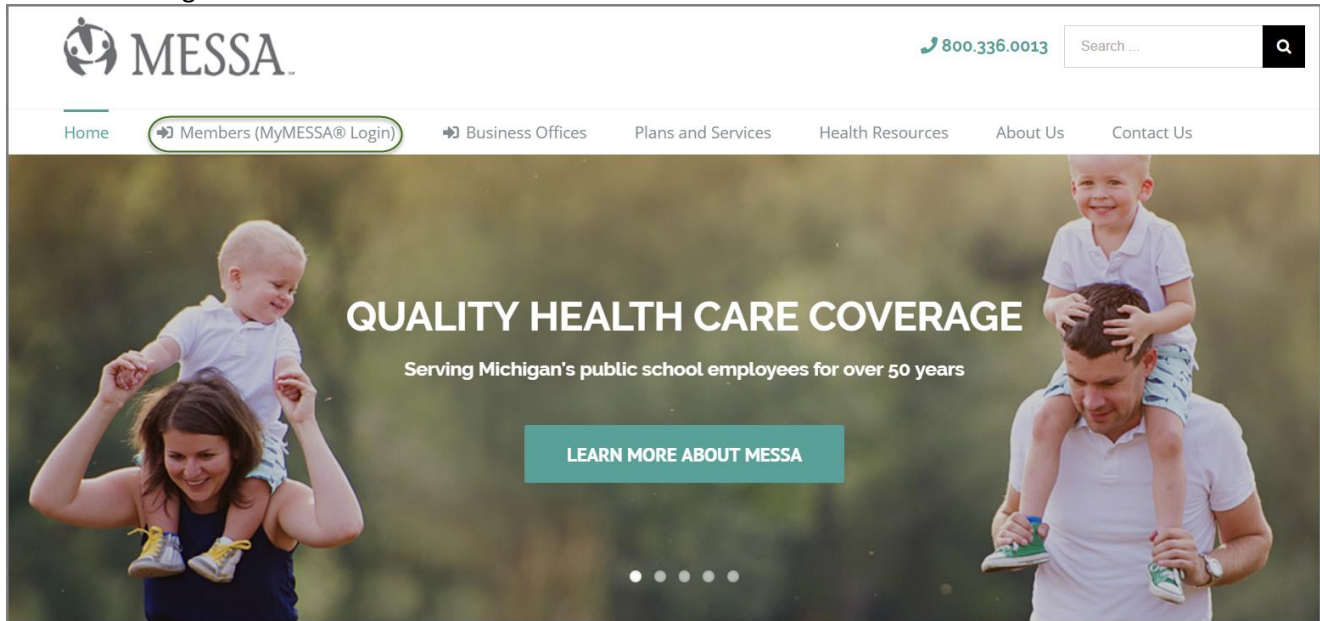


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Creating a MyMESSA Member Account on messa.org

- Go to www.messa.org.
- Click on “Register Now”.



Log in to your account

☐ I'm not a robot 
reCAPTCHA
[Privacy](#) - [Terms](#)

☐ Remember me

[Forgot username or password?](#) | Don't have an account? [Register now](#)

[MESSA home](#)

Step 1 - User Information

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

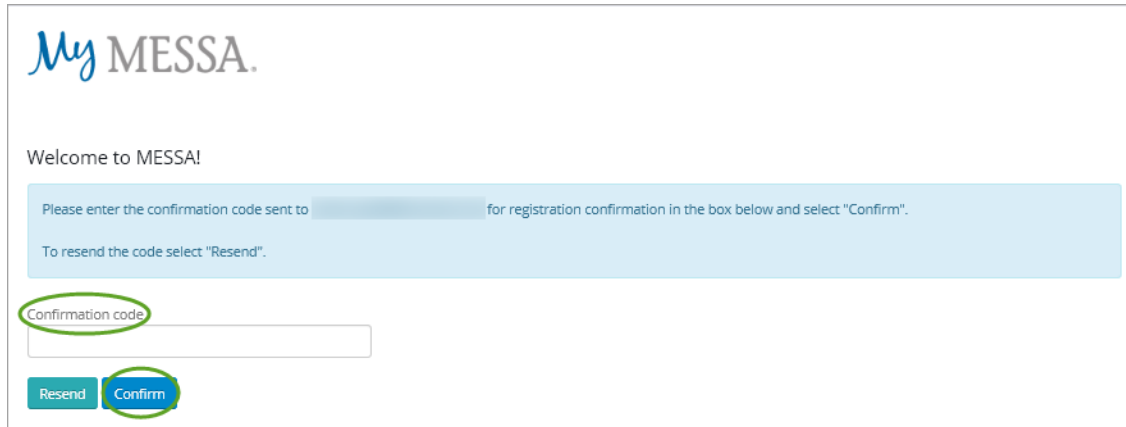
The screenshot shows the 'My MESSA' logo at the top left. Below it is the word 'Registration'. Underneath is the heading 'Step 1: User information'. The form contains four input fields: 'Enrollee ID/SSN (last 4 digits)' with a blue information icon, 'Employer' with a dropdown menu showing 'A01-Unknown Or Unassigned', 'Date of birth', and 'Home zip code'. Each of these four fields is circled in green. A blue 'Next' button is located at the bottom right of the form.

Step 2 – Security Questions

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

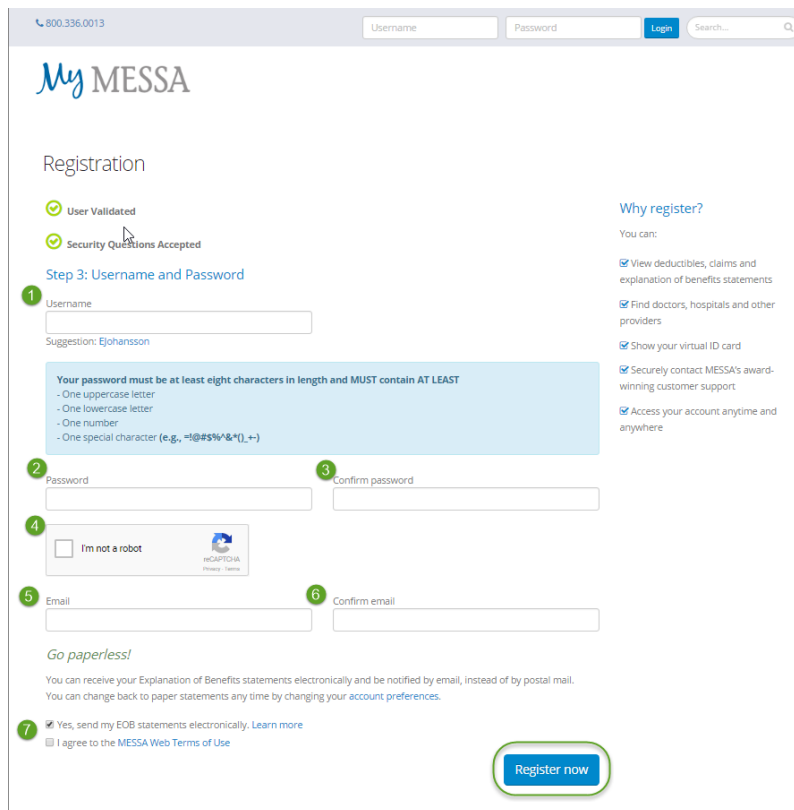
The screenshot shows the 'My MESSA' logo at the top left. Below it is the word 'Registration'. Underneath is a green checkmark icon and the text 'User Validated'. Below that is the heading 'Step 2: Security Questions', which is circled in green. The form contains five questions, each with a dropdown menu labeled 'Select a question...' and a corresponding text input field for the answer. Each question and answer pair is labeled 'Question 1' through 'Question 5' and 'Answer 1' through 'Answer 5'. A blue 'Next' button is located at the bottom right of the form. On the right side of the form, there is a section titled 'Why register?' with the text 'You can:' followed by four checked checkboxes: 'View deductibles, claims and explanation of benefits statements', 'Find doctors, hospitals and other providers', 'Show your virtual ID card', and 'Securely contact MESSA's award-winning customer support'. Below these is another checked checkbox: '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”**.



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”**.



- 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 **"Online benefits website"** link in the box on the left side of the screen. (If you do not see this link, logout and log back in and it will appear.)

The screenshot shows the 'My MESSA' website interface. On the left, there's a sidebar with links like 'Online benefits website' and 'Employee user guide', both highlighted with green circles. The main content area displays account information for 'messa ABC Plan 2', including a family deductible progress gauge showing \$321.48 met of a \$4,000 total. Below this is a 'SUMMARY' table with columns for 'MESSA coverage' and 'Member responsibility'.

Claim totals	Amount billed	MESSA coverage		Member responsibility	
		Provider savings	MESSA payment	Deductible	Copayment/ coinsurance
Total Medical	\$630.11	\$339.48	\$0.00	\$290.63	\$0.00
Total Pharmacy	\$74.91	\$44.06	\$0.00	\$30.85	\$0.00
Totals	\$705.02	\$383.54	\$0.00	\$321.48	\$0.00

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.

You Are Going to Another Website

You are going to a website that is not affiliated with MESSA and may offer a different privacy policy and level of security. MESSA is not responsible for and does not endorse, guarantee or monitor content, availability, viewpoints, products or services that are offered or expressed on other websites.

If you are logged in to our secure areas, your secure session may time out while you are visiting another website.

CancelContinue

Electing Your MESSA Benefits

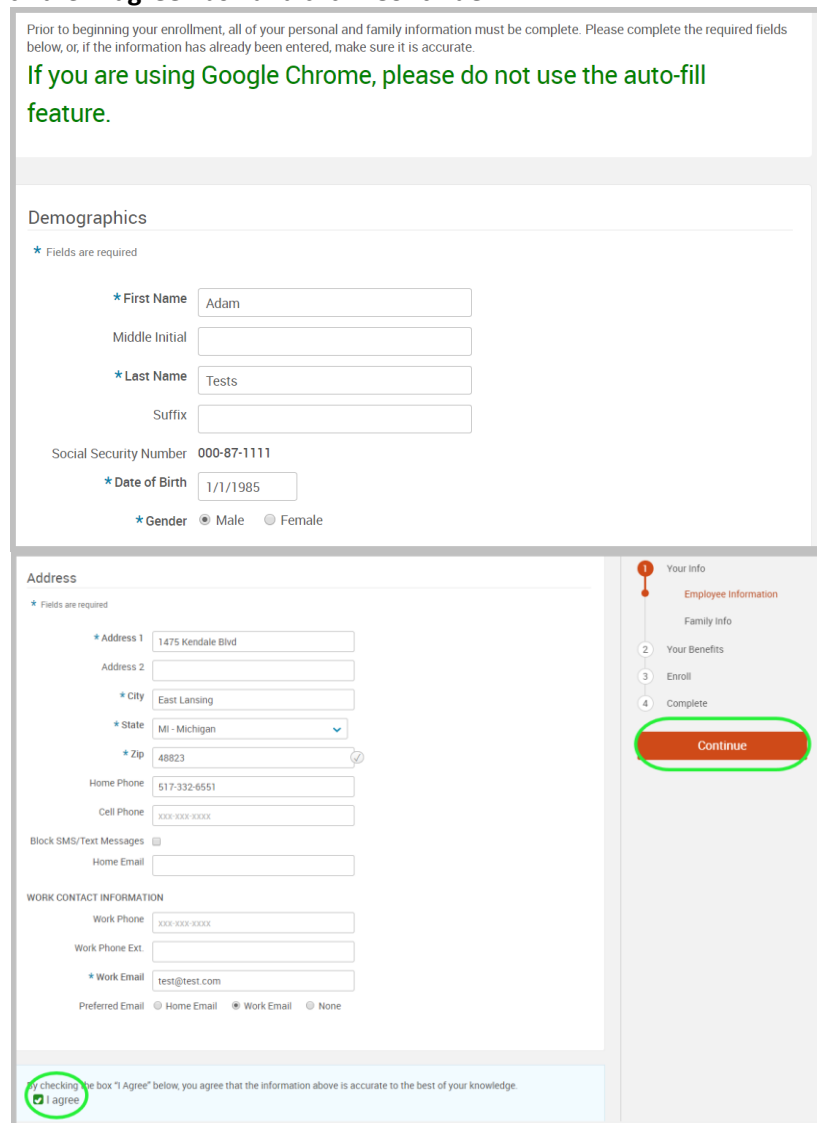
Step 1 - Click “Make Open Enrollment Elections”



The screenshot shows the MESSA website's Open Enrollment welcome page. At the top is the MESSA logo. Below it is a navigation bar with links: Home, My Benefits, My Profile, Specials, Library, and User Guide. The main heading reads "Welcome to your Open Enrollment!". Below this, it states "Enrollment Deadline 3/31/2020" and "Your Status: Not Started". A prominent red button with the text "Make Open Enrollment Elections" is highlighted with a green oval.

Step 2 – Demographics

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



The screenshot displays the MESSA enrollment form, divided into two main sections: Demographics and Address. A green text warning at the top states: "If you are using Google Chrome, please do not use the auto-fill feature." The Demographics section includes fields for First Name (Adam), Middle Initial, Last Name (Tests), Suffix, Social Security Number (000-87-1111), Date of Birth (1/1/1985), and Gender (Male selected). The Address section includes fields for Address 1 (1475 Kendale Blvd), Address 2, City (East Lansing), State (MI - Michigan), Zip (48823), Home Phone (517-332-6551), Cell Phone, Block SMS/Text Messages (unchecked), Home Email, Work Phone, Work Phone Ext., Work Email (test@test.com), and Preferred Email (Work Email selected). On the right side, a vertical progress bar shows four steps: 1. Your Info (selected), 2. Your Benefits, 3. Enroll, and 4. Complete. A red "Continue" button is highlighted with a green oval at the bottom of the progress bar. At the bottom left, a checkbox labeled "I agree" is checked and highlighted with a green oval, with the text "By checking the box 'I Agree' below, you agree that the information above is accurate to the best of your knowledge."

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](#)

[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 PPO

[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 you designate at least one primary beneficiary.
 - Dependents will automatically appear, however, you may **"Add New Beneficiary"** if you'd like to designate someone other than a dependent.
 - Percentage total must equal 100%.
 - When finished click **"Continue"**.

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
My Estate (Employee)	<input type="text"/> %
Sally Tests (Spouse)	100 %
Chloe Tests (Daughter)	<input type="text"/> %
Total: 100.0000%	

[Add New Beneficiary](#)

Add Secondary Beneficiaries (optional)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Tests (Spouse)	<input type="text"/> %
Chloe Tests (Daughter)	100 %
Total: 100.0000%	

Your Cost per month \$0.00

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"**.

Medical

Adam Tests (Employee)

Other Medical Insurance Coverage:

Current or Prior Coverages ☒ Yes ☐ No

Other Insurance New

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone 555-555-5555

Insurance Carrier's Name

Insurance Carrier's Phone 555-555-5555

Coverage Start Date mm/dd/yyyy

Coverage End Date mm/dd/yyyy

State/Country of Coverage

Coverage Level

Additional Info

Save

Enroll

Beneficiaries

Other Coverages

Review and Confirm

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.