

User Guide

Open Enrollment

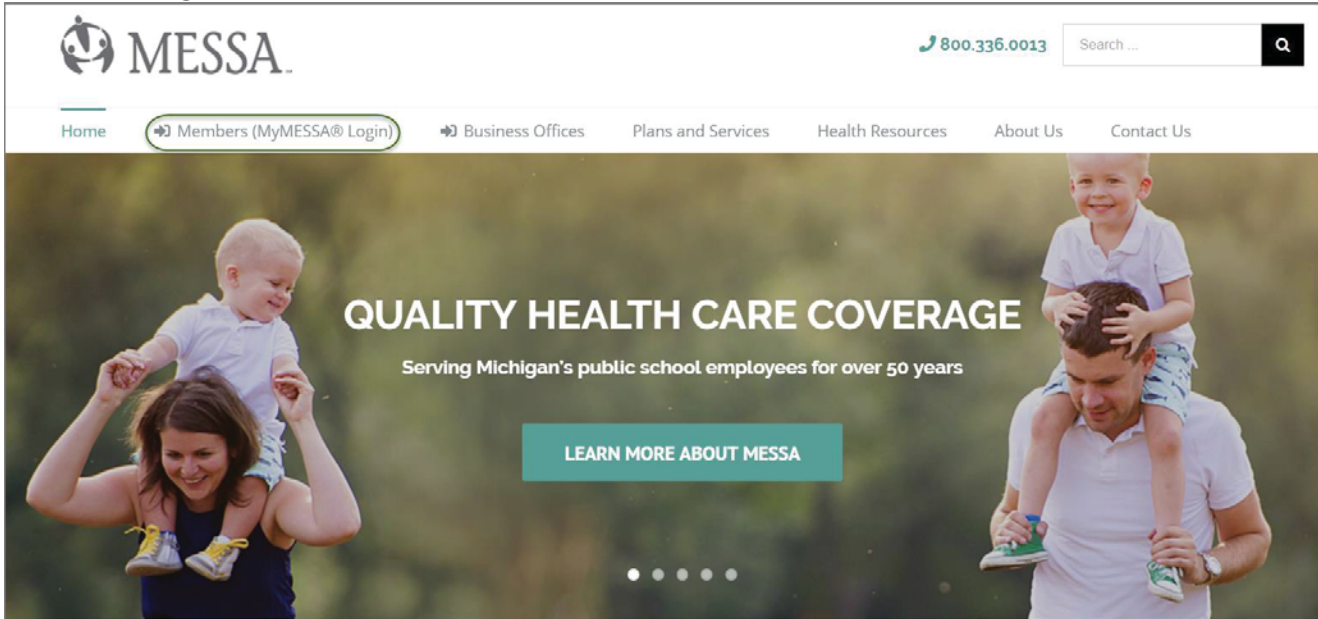


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Creating a MyMESSA Member Account on messa.org

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



Log in to your account

Username

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' and 'Step 1: User information'. The form contains four input fields: 'Enrollee ID/SSN (last 4 digits)' with a help icon, 'Employer' with a dropdown menu showing 'A01-Unknown Or Unassigned', 'Date of birth', and 'Home zip code'. A blue 'Next' button is located at the bottom right.

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' and 'User Validated' with a green checkmark icon. The current step is 'Step 2: Security Questions'. The form contains five question-answer pairs, each with a dropdown menu for the question and a text input field for the answer. A blue 'Next' button is located at the bottom right. On the right side, 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'. The last checkbox is '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 displays the My MESSA website interface. At the top, there is a navigation menu with links for HOME, BENEFITS, CLAIMS, MANAGE ACCOUNT, and CONTACT US. The main content area is divided into several sections:

- Account Information:** Includes fields for Enrollee ID, Employer(s), and Effective date(s) (5/1/2017).
- Deductible Progress:** A gauge shows the family deductible progress for the current year. The total deductible is \$4,000, with \$321.48 met and \$3,678.52 remaining.
- HSA Balance:** Shows an HSA balance of \$3,678.52.
- Summary Table:** A table summarizing claim totals, MESSA coverage, and member responsibility.
- Navigation Links:** Includes links for 'Additional family members', 'Online benefits website' (circled in green), 'Employee user guide' (circled in green), and 'View EOB statements'.

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.

Cancel **Continue**

Electing Your MESSA Benefits

Step 1 - Click "Make Open Enrollment Elections"



MESSA

Home My Benefits My Profile Specials Library User Guide

Welcome to your Open Enrollment!

Enrollment Deadline **3/31/2020**

Your Status **Not Started**

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

I agree

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

Continue

1 Your Info
Employee Information
Family Info
2 Your Benefits
3 Enroll
4 Complete

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
Employee Information
Family Info

2 Your Benefits

3 Enroll

4 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** NO PLAN SELECTED

*Selection Required

[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  PPO View plan details Plan Brochure	Your Cost per month: \$0.00 Tier: Employee + Dependent Select

- Your Info
- Your Benefits**
- Enroll
- 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:

Policyholder Name:

Policy Number:

Policyholder's Employer:

Policyholder's Employer Address:

Policyholder's Employer Phone:

Insurance Carrier's Name:

Insurance Carrier's Phone:

Coverage Start Date:

Coverage End Date:

State/Country of Coverage:

Coverage Level:

Additional Info:

Save

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 Cost Details Per Month
Coverage: **Employee + Dependent** Your Cost: **\$0.00**

Who will be covered on this plan:

Name	Relationship	Coverage
Adam Tests	Employee	Covered
Sally Tests	Spouse	Covered
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.