

# User Guide

# Open Enrollment

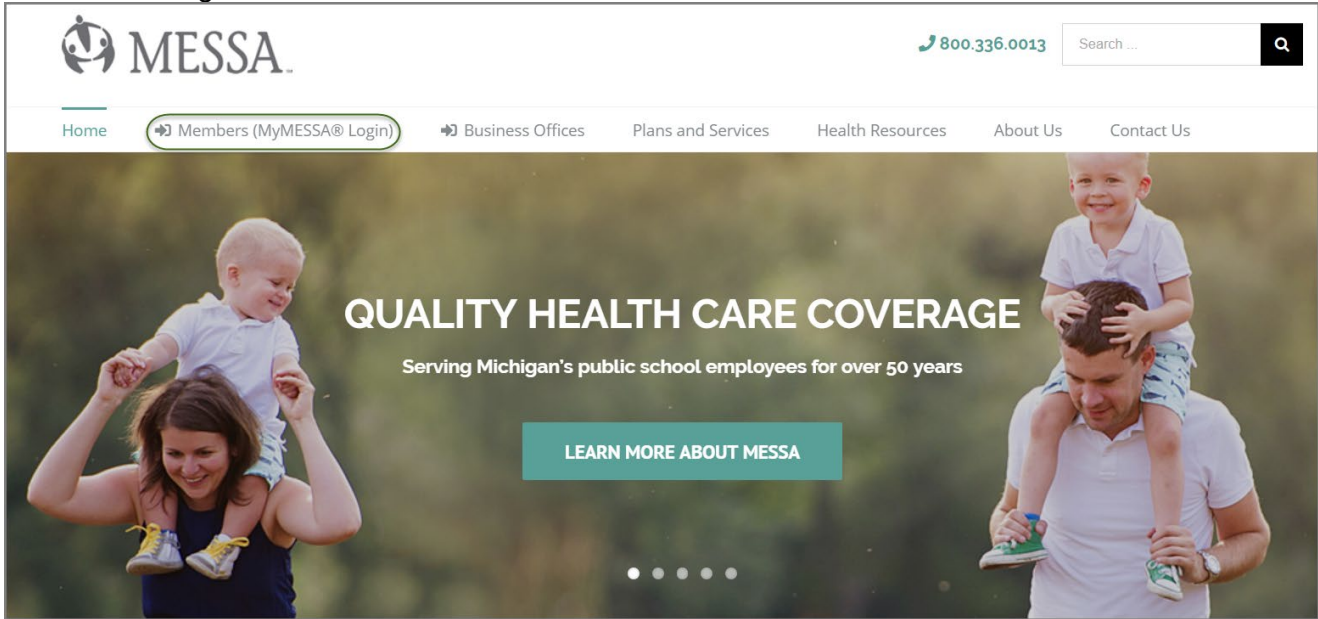


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## Creating a MyMESSA Member Account on messa.org

- Go to [www.messa.org](http://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 six digits of your Social Security Number
  - Date of birth
  - Employer
  - Home zip code
- Click **“Next”**.

MyMESSA.  
Create Your Account

Enter Your Information    Verify Identity    Create Your Login    Complete

Enter your information

Last 6 of SSN    Date of Birth

First Name    Last Name

Cancel    Next

## Step 2 – Security Questions

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

MyMESSA.  
Registration

User Validated    **Step 2: Security Questions**    Why register?

Question 1    Answer 1

Question 2    Answer 2

Question 3    Answer 3

Question 4    Answer 4

Question 5    Answer 5

Next

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”**.

My MESSA.

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”**.

800.336.0013

Username Password Login Search...

My MESSA

Registration

✔ User Validated

✔ Security Questions Accepted

Step 3: Username and Password

1 Username

Suggestion: E.johansson

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., !@#%&\*!\_+)

2 Password 3 Confirm password

4 I'm not a robot

5 Email 6 Confirm email

7  Yes, send my EOB statements electronically. [Learn more](#)

I agree to the MESSA Web Terms of Use

Register now

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

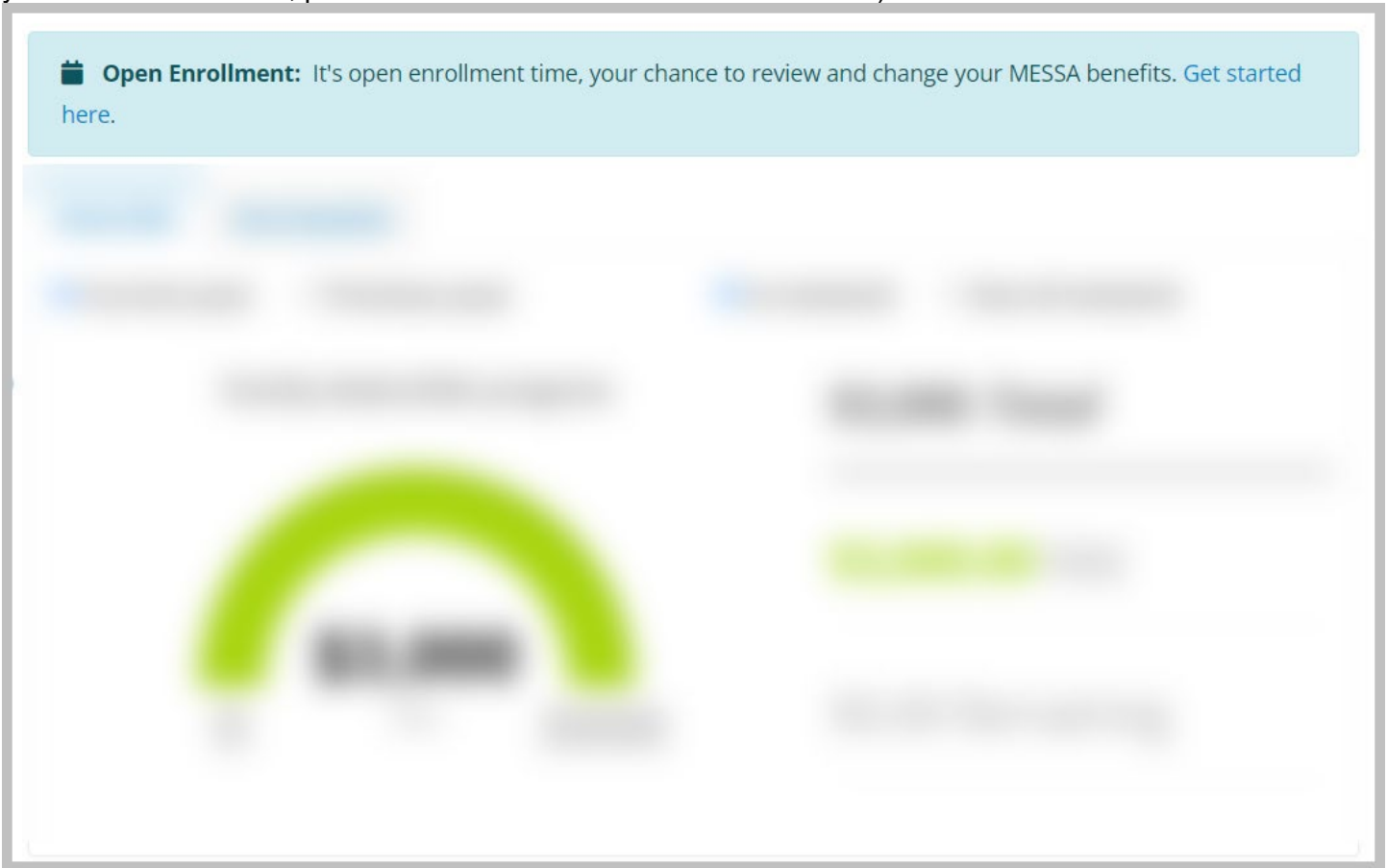
Go paperless!

You can receive your Explanation of Benefits statements electronically and be notified by email, instead of by postal mail. You can change back to paper statements any time by changing your [account preferences](#).

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

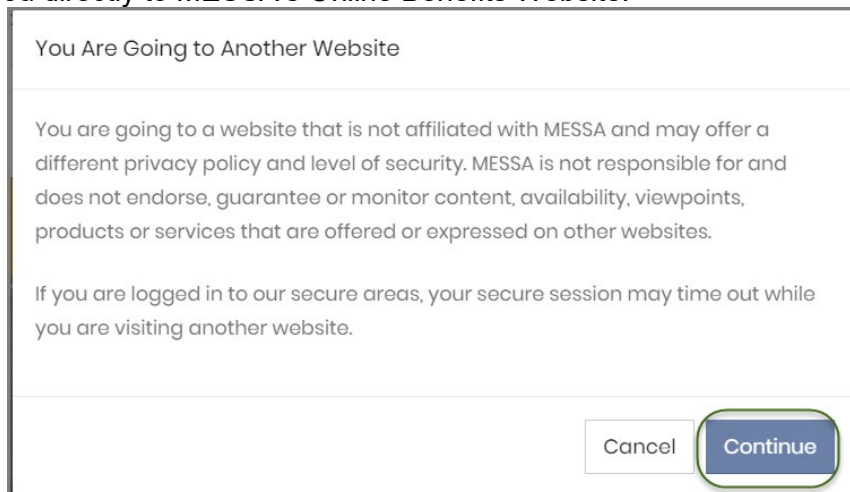
## Accessing MESSA's Online Benefits Website

- Once logged in to your account, click on the “**Open Enrollment: Get started here**” link in the blue box. (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”



 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](#)



### Enrollment Highlights

- Ensure you have dependent's date of birth and social security number
- Ensure you have the name and address for designated beneficiaries
- Ensure you have your other insurance card if you have medical coverage through another source

## 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

**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](#)

<b>MESSA ABC Plan 1</b> Blue Cross Blue Shield of Michigan <a href="#">View plan details</a> <a href="#">Plan Brochure</a>	Your Cost per month: \$0.00 Tier: Employee + Dependent <a href="#">Select</a>
<b>MESSA Choices \$2,000/\$4,000 deductible w/20% coinsurance, Saver Rx</b> Blue Cross Blue Shield of Michigan  <a href="#">View plan details</a> <a href="#">Plan Brochure</a>	Your Cost per month: \$0.00 Tier: Employee + Dependent <a href="#">Select</a>

- 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 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

<input type="checkbox"/>	Name
<input type="checkbox"/>	My Estate (Employee)
<input checked="" type="checkbox"/>	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
Sally Test (Spouse)	100.0	

Total: 100.0000%

+ Add Beneficiary

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

+ 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
Sally Test (Spouse)	100.0	

Total: 100.0000%

+ Add Beneficiary

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

+ Add Beneficiary

Your Info  
Your Benefits  
Enroll  
Beneficiaries  
Other Coverages  
Review and Confirm  
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

Your Cost per month **\$0.00**

**Continue**

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Other Coverages
- Review and Confirm
- Complete

## 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.**