

User Guide

Open Enrollment

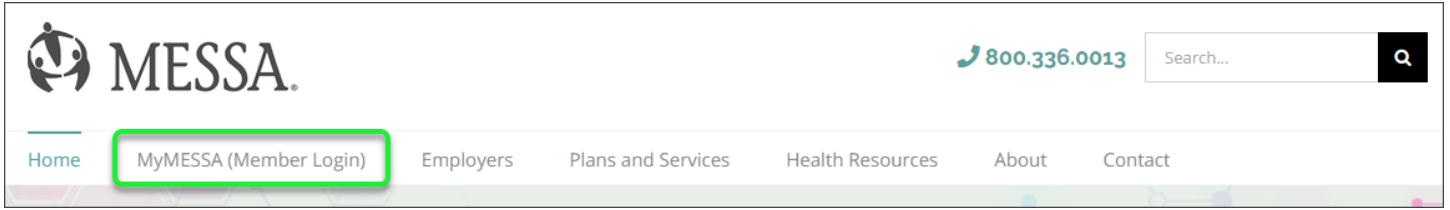


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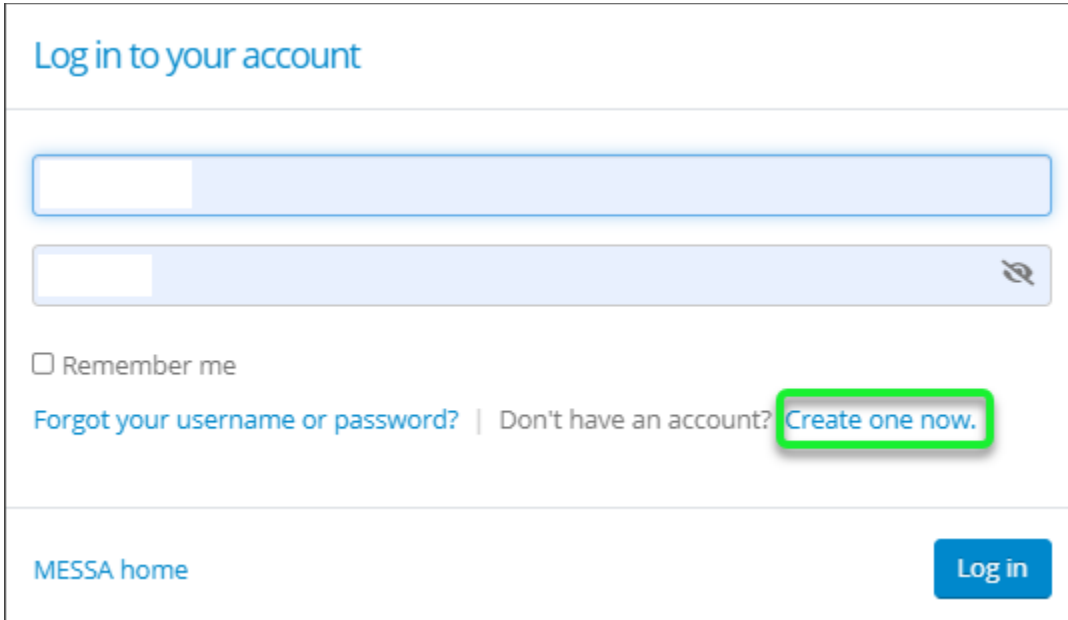
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Creating a MyMESSA Member Account on messa.org

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



The header of the MESSA website. On the left is the MESSA logo, which consists of a stylized human figure with arms raised inside a circle, followed by the word "MESSA." in a serif font. To the right of the logo is a phone icon and the number "800.336.0013". Further right is a search bar with the placeholder text "Search..." and a magnifying glass icon. Below the logo and phone number is a horizontal navigation menu with the following items: "Home", "MyMESSA (Member Login)", "Employers", "Plans and Services", "Health Resources", "About", and "Contact". The "MyMESSA (Member Login)" link is highlighted with a green rectangular box.



The "Log in to your account" form. At the top left, the text "Log in to your account" is displayed in blue. Below this are two input fields: the first is for the username and the second is for the password, which has a small eye icon to its right for toggling visibility. Below the password field is a checkbox labeled "Remember me". Underneath the checkbox are two links: "Forgot your username or password?" and "Don't have an account?". The "Create one now." link is highlighted with a green rectangular box. At the bottom left of the form is a link labeled "MESSA home". At the bottom right is a blue button labeled "Log in".

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 an information 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 'Step 2: Security Questions'. A green checkmark icon and the text 'User Validated' are visible. The form contains five question-answer pairs, each with a dropdown menu for the question and a text input field for the answer. To the right, under the heading 'Why register?', there are four checked checkboxes with corresponding benefits: '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'. A fifth checkbox, 'Access your account anytime and anywhere', is also present. A blue 'Next' button is located at the bottom right.

- 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. At the top, there is a navigation bar with links for HOME, BENEFITS, CLAIMS, MANAGE ACCOUNT, and CONTACT US. The main content area is divided into several sections:

- Account Information:** Includes the MESSA logo, plan name (messa ABC Plan 2), and fields for Enrollee ID, Employer(s), and Effective date(s) (5/1/2017).
- Deductible Progress:** A gauge chart shows the family deductible progress for the current year. The total deductible is \$4,000, with \$321.48 met. The remaining amount is \$3,678.52. The chart also shows \$0 met for the previous year.
- HSA Balance:** A section showing the HSA balance as \$1,147.28.
- Summary Table:** A table titled "SUMMARY" showing claim totals and MESSA coverage details.

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

On the left sidebar, the "Online benefits website" and "Employee user guide" links are highlighted with green circles.

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.

The pop-up message is titled "You Are Going to Another Website" and contains the following text:

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.

At the bottom of the pop-up, there are two buttons: "Cancel" and "Continue". The "Continue" button is highlighted with a green circle.

Open Enrollment Elections

- Click on the **“Make Open Enrollment Elections”** button to begin.

The screenshot displays the user interface of the MESSA's Online Benefits Website. At the top, a navigation bar includes links for My Benefits, My Profile, Specials, Library, and User Guide. The main heading reads "Welcome to your Open Enrollment!" with a sub-message: "Enrollment Deadline 5/27/2021" and "Your Status Not Started". A prominent red button with a green border is labeled "Make Open Enrollment Elections".

On the left side, a user profile section identifies the user as "Test User" and provides a menu of options: My Profile (with sub-links for Edit my profile, Edit dependent profiles, and Change my address), My Family (with sub-links for Spouse Test and Child Test), and Life Events (with sub-links for Birth and Marriage).

The right side of the page features a large banner image of a family walking on a grassy hill under a blue sky. The text "Welcome to MESSA's Online Benefits Website" is overlaid on the image. Navigation arrows are visible in the bottom right corner of the banner.

Step 1 – 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 658-98-0808

* Date of Birth

* Gender Male Female

Address

* Fields are required

* Address 1

Address 2

* City

* State

* Zip

Home Phone

Cell Phone

Home Email

WORK CONTACT INFORMATION

Work Phone

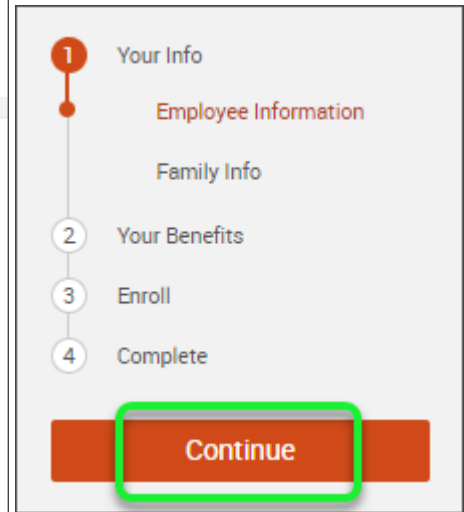
Work Phone Ext.

* Work Email

Preferred Email Home Email Work Email None

Same address for dependent Yes No


I agree



Step 2 – Family Information

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

Family Information

 Tell me about your family.


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.

Test User
Male Employee
41 years old (1/1/1980)
SSN: 658-98-0808
[Edit >](#)

Child User
Female Daughter
0 years old (1/1/2021)
[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

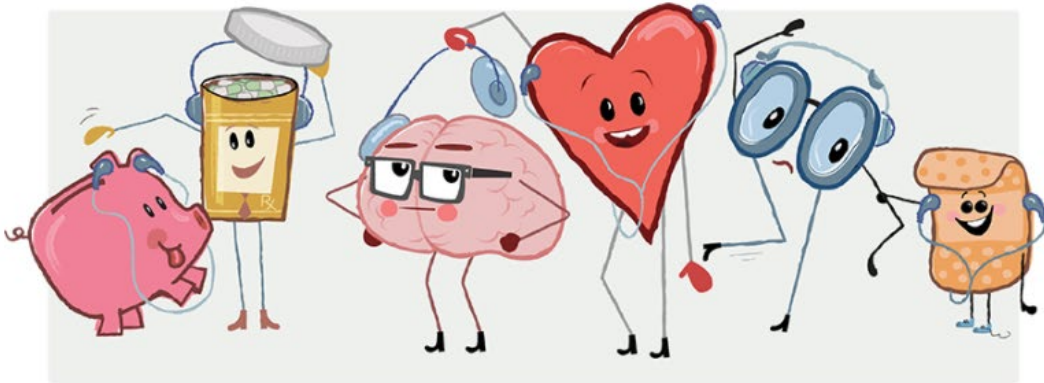
Step 3 – Electing Benefits

- MESSA’s online decision support tool, called “Ask Emma” can assist you in choosing your benefits.
- Choose to enroll with audio or without audio.
- You will have an option to enroll with or without Ask Emma in the following steps.



askEMMA

Get started with your benefits enrollment.



 **Start with audio**

[Enroll without Audio](#)

Before we get started...

While enrolling, you will have access to tools that provide cost estimates and make suggestions. But only you can elect benefits that best suit your needs. By using these tools, you agree to the [Terms and Conditions](#).

Continue



- Click on “View Plan Options.”
- You can turn the audio on or off at any time by clicking the coordinating speaker icon.

Em Português Auf Deutsch In Italiano En Français En Español Exit Enrollment

MESSA

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ
Select a question about benefits

VOICEOVER AUDIO

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 Starts Ask Emma

Health Savings Account NO PLAN SELECTED
*Selection Required

Basic Term Life NO PLAN SELECTED
*Selection Required

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.

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

[Privacy Policy](#) | [SMS Terms of Service](#) | [Nondiscrimination Notice](#) | [Browser Requirements](#) | Technology powered by bswift

- To cover a dependent, check the box next to their name. If the box is not checked, the dependent will not be covered under this benefit plan.
- Click “Continue”.

Who will be covered by this plan?

Test User Spouse User Child User

Employer Spouse Daughter

- Ask Emma will appear.



- Choose whether or not you'd like to get a plan recommendation from Ask Emma.
- Click "Continue."

Do you need help choosing a plan?

With my virtual, guided experience, I can:

- Explain how each of your plan options work
- Estimate what you could pay under each plan
- Recommend which plan could save you the most

Want a personalized plan recommendation?

Yes, recommend a plan for me

No, not right now

A circular avatar of a woman with brown hair, glasses, and a blue blazer. She has a name tag that says "HELLO Emma".

- If you chose not to use Emma’s assistance at the start of electing benefits, you can click on the **“Which Plan Is Best for Me?”** button and Emma will start to guide you through selecting a plan.
- At the top of the page click on the **“Select a question about health insurance”** dropdown for answers to FAQs anytime during enrollment.
- See a cost breakdown of the plans by clicking on **“Want to see a cost breakdown of this plan?”** button on the bottom of each plan.
- The plan you are currently enrolled in will be marked with **“Current Plan”** above the plan name.
- If you want to keep your current plan, click on **“Keep Selection.”** If you want to change your benefit selection, click on **“Select”** to the right of the plan name.

The screenshot displays a user interface for selecting a health insurance plan. At the top, there is a navigation bar with a 'Need Some Help?' section containing a 'Which Plan Is Best for Me?' button, and a 'Medical Coverage FAQ' section with a dropdown menu and a 'Go' button. A 'VOICEOVER AUDIO' control is also present.

Below the navigation bar, a section titled 'Who will be covered by this plan?' shows three checked options: 'Test User (Employee)', 'Spouse User (Spouse)', and 'Child User (Daughter)', along with an 'Add Dependents' button. A 'View All Plans Side-by-Side' button is located below this section.

The main content area lists three plans:

- MESSA ABC Plan 1**: Blue Cross Blue Shield of Michigan, HSA, High Deductible. It is marked as 'Selected'. The cost is \$202.16 per month. A 'Keep Selection' button is highlighted with a green box.
- MESSA Choices \$1000/\$2000**: Blue Cross Blue Shield of Michigan, PPO. The cost is \$298.69 per month. A 'Select' button is highlighted with a green box.
- MESSA Choices \$300/\$600**: Blue Cross Blue Shield of Michigan, PPO. The cost is \$597.54 per month. A 'Select' button is highlighted with a green box.

Each plan card includes a 'View plan details' link, a 'Plan Brochure' link, and a 'Want to see a cost breakdown of this plan?' button. The button for the third plan is highlighted with a green box.

At the bottom left, there is a 'Back to Benefits' button.

- Continue enrollment with each benefit plan that is displayed by clicking **“I don’t want this benefit (waive)”** or **“View Plan Options.”**
- All plans must be marked **“Completed”** and the icon next to the plan type must turn green before you **“Continue”** enrollment.
- When all benefit plans have been completed, click **“Continue.”**

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.

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete

Your Cost per month **\$202.16**

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

Medical \$202.16 Your Cost per month

PLAN MESSA ABC Plan 1 / Blue Cross Blue Shield of Michigan / [View plan details](#)

COVERAGE Employee + Family

Test User	Employee	<input checked="" type="checkbox"/> Cover
Spouse User	Spouse	<input checked="" type="checkbox"/> Cover
Child User	Daughter	<input checked="" type="checkbox"/> Cover

Completed [View Plan Options](#)

Health Savings Account NO PLAN SELECTED

Selection Required [I don't want this benefit \(waive\)](#) [View Plan Options](#)

Basic Term Life \$0.00 Your Cost per month

PLAN Basic Term Life with Medical / CIGNA/LINA

Completed [View Plan Options](#)

Step 4 - 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"**.

Please verify your beneficiary information is complete and accurate before proceeding.
"Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any due benefits after the death of an employee/retiree. "Secondary beneficiary" represents the person or persons named to receive benefits if the primary beneficiary is deceased.

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"/> %
Spouse User (Spouse)	<input type="text" value="100"/> %
Child User (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"/> %
Spouse User (Spouse)	<input type="text"/> %
Child User (Daughter)	<input type="text" value="100"/> %

Total: 100.0000%

[+ Add New Beneficiary](#)

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

Your Cost per month **\$202.16**

Continue

Step 5 – 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

Test User (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

Medicare:

Current or Prior Coverages Yes No

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

Your Cost per month **\$202.16**

Step 6 – 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.

! 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](#) [Health Savings Account](#) [Basic Term Life](#)

*INDICATES CHANGED BENEFITS

Your Total Cost **\$202.16**
Per Month

Medical* Your cost per month **\$202.16**

! 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 + Family** Your Cost **\$202.16**

Who will be covered on this plan:

Name	Relationship	Coverage i
Test User	Employee	<input checked="" type="checkbox"/> Cover
Spouse User	Spouse	<input checked="" type="checkbox"/> Cover
Child User	Daughter	<input checked="" type="checkbox"/> Cover

[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 7 – Confirmation Statement

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



Your enrollment is complete!

 You may make changes to your elections until: **June 1, 2021**




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: Your Benefits Administrator must accept all benefit elections