



Online Benefits Website

User Guide

for

Non-PAK Benefits

Open Enrollment

ACCESSING MESSA'S ONLINE BENEFITS WEBSITE

The online benefits website is available 24 hours a day, seven days a week for you to enter and review your contact information, benefit enrollment information, eligible dependents, beneficiaries and more.

[First Time Logging Into MESSA.org](#)

- Open the MESSA website by going to www.messa.org.
- Click on **“Register Now.”**

The screenshot displays the MESSA.org website interface. At the top left is the MESSA logo with the tagline "Good health. Good business. Great schools." and a search bar. A blue navigation bar contains links for Members, Business Offices, Plans & Services, Health Resources, About Us, and Contact Us. A central banner promotes "Get paperless statements" with a "Read more..." button. Below this is a "Login" section with fields for Username and Password, a "Login" button, and a "Register now" button circled in green. A "News" section on the left features articles on "Diabetes help" and "MESSA rolling out aggressive plan to help reduce health costs for school employees". A "Helpful links" section on the right includes "Find a Doctor - Dentist - Vision" and "Request an ID Card". A sidebar on the right contains buttons for "Plan Comparison Tool" (marked NEW), "RX Home Delivery", and "MESSA ABC Plan".

- 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.”**

My MESSA

Registration

Step 1: User information

Enrollee ID/SSN (last 4 digits)

Employer

Date of birth

Home zip code

Next

- Select your security questions.
- Click **“Next.”**

My MESSA.

Registration

User Validated

Step 2: Security Questions

Question 1

Answer 1

Question 2

Answer 2

Question 3

Answer 3

Question 4

Answer 4

Question 5

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.”**

Welcome to MESSA!

Please enter the confirmation code sent to _____ for registration confirmation in the box below and select "Confirm".
To resend the code select "Resend".

Confirmation code

Resend Confirm

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.

800.336.0013 Username Password Login Search...

My MESSA

Registration

User Validated
 Security Questions Accepted

Step 3: Username and Password

1 Username

 Suggestion: Ejohansson

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

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](#).

7 Yes, send my EOB statements electronically. [Learn more](#)
 I agree to the MESSA Web Terms of Use

Register now

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

- 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 dashboard. On the left is a navigation menu with a red circle around the "Online benefits website" link. The main content area displays account details for "messa ABC Plan 2", including Enrollee ID, Employer(s), and Effective date(s) 5/1/2017. A "Family deductible progress" gauge shows \$321.48 met of a \$4,000 total, with \$3,678.52 remaining. A "SUMMARY" table is also present.

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

The screenshot shows a warning pop-up titled "Go to Another Web Site". The text inside reads: "You are going to a Web site 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 Web sites. If you logged into the secure MESSA Member area, your secure session may time out while you are visiting another Web site." At the bottom, there are two buttons: "Continue" (highlighted with a red circle) and "Cancel".

- Go to the **“Open Enrollment Changes”** section in this guide to make benefit changes.

Active MESSA.org Account

- Go to www.messa.org and log in using your current username and password.

The screenshot shows the MESSA.org website homepage. At the top left is the MESSA logo with the tagline "Good health. Good business. Great schools." and a search bar. A blue navigation bar contains links for "Members", "Business Offices", "Plans & Services", "Health Resources", "About Us", and "Contact Us". The main content area features a "Get paperless statements" banner with a "Read more..." button. Below this is a "Login" section with fields for "Username" and "Password", a "Login" button, and a link for "Forgot username or password?". To the right of the login form are three buttons: "Plan Comparison Tool" (marked with a "NEW" badge), "RX Home Delivery", and "MESSA ABC Plan". On the left side, there is a "News" section with a "Diabetes help" article and a "MESSA rolling out aggressive plan to help reduce health costs for school employees" article. A "Helpful links" section includes "Find a Doctor - Dentist - Vision" and "Request an ID Card". A "MESSA Member Service Center (800) 336-0013" link is also present.

- If you have forgotten your password or are having trouble logging in, please click on **“Forgot Username or Password?”**
- If you are still unable to log in, contact MESSA’s Member Service Center at 800.336.0013.

This screenshot is identical to the one above, but with a red rectangular box highlighting the "Forgot username or password?" link in the login section.

- Once you are logged into MESSA’s secure member portal, click on the “Online benefits website” link in the box on the left side of the screen.

The screenshot shows the My MESSA member portal. On the left sidebar, the "Online benefits website" link is circled in green. The main content area displays the "Family deductible progress" for the current year, showing a total of \$4,000, with \$321.48 met and \$3,678.52 remaining. Below this is a "SUMMARY" table of deductible claims.

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

The screenshot shows a pop-up dialog box titled "Go to Another Web Site". It contains a warning message about privacy and security. At the bottom, there are two buttons: "Continue" and "Cancel". The "Continue" button is circled in green.

You Are Going to Another Web Site

You are going to a Web site 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 Web sites.

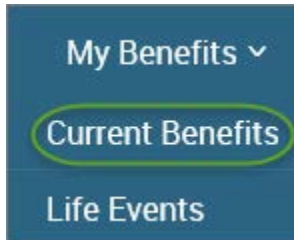
If you logged into the secure MESSA Member area, your secure session may time out while you are visiting another Web site.

Continue **Cancel**

OPEN ENROLLMENT CHANGES

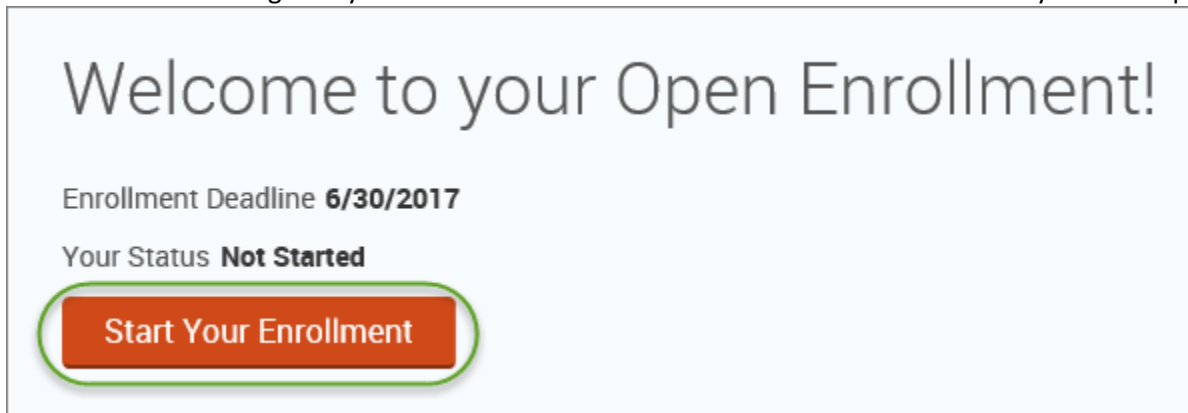
Reviewing Current Benefits

- To review your current benefits, hover over the “**My Benefits**” tab at the top and click “**Current Benefits**”.



Making Changes to Current Benefits

- To make changes to your current benefits click on “**Start Your Enrollment**” on your home page.



Review Your Employee Information

- Review your Employee (personal) Information and make any necessary updates.
- When finished with your Employee Information, click the “**I agree**” box.
- Click “**Continue**”.

Employee Information

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.

Demographics

* First Name
Middle Initial
* Last Name
Suffix
Social Security Number
* Date of Birth
* Gender Male Female

* Fields are required

Address

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

* Fields are required

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
 - Questions
- 2 Your Benefits
- 3 Enroll
- 4 Complete


Continue

Review Your Family Information

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

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.

<p>John Test</p> <p>Male Employee</p> <p>37 years old (1/1/1980)</p> <p>SSN: [REDACTED]</p> <p>Edit ></p>	<p>Sally Test</p> <p>Female Spouse</p> <p>37 years old (1/1/1980)</p> <p>SSN: [REDACTED]</p> <p>Edit ></p>	<p>Johnny Test</p> <p>Male Son</p> <p>2 years old (1/1/2015)</p> <p>SSN: [REDACTED]</p> <p>Edit ></p>	<p></p> <p>Add Dependents</p>
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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

Continue

Progress:

- 1 Your info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Employee Information

Family Info

Questions

Selecting Your Coverage

- To change the plan or to update coverage for you or your dependent(s) click on “**View Plan Options**” to the right of the plan name.

 **Medical** \$35.00
Your Cost per month

PLAN MESSA ABC Plan 1 w/10% coinsurance, ABC Rx / Blue Cross Blue Shield of Michigan / [View plan details](#)

COVERAGE Employee + Family

Gabriel Test	Employee	<input checked="" type="checkbox"/> Cover
Paige Test	Spouse	<input checked="" type="checkbox"/> Cover
Jason Test	Son	<input checked="" type="checkbox"/> Cover

Completed [View Plan Options](#)

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

Who will be covered by this plan?

Gabriel Test Employee Paige Test Spouse Jason Test Son [+ Add Dependents](#)

Covered *Not Covered*

[Back to Benefits](#) [Continue](#)

- Select the benefit plan you wish to enroll in by clicking **“Select”** or click **“Keep Selection”** if you wish to remain in the same benefit plan.

CURRENT PLAN	
<p>MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan</p> <p>Selected</p> <p>View plan details Plan Brochure</p>	<p>Your Cost per month: \$20.00</p> <p>Tier: Employee</p> <p>Keep Selection</p>
<p>MESSA Choices \$2,000/\$4,000 deductible w/20% coinsurance, Saver Rx</p> <p>Blue Cross Blue Shield of Michigan PPO</p> <p>View plan details Plan Brochure</p>	<p>Your Cost per month: \$45.00</p> <p>Tier: Employee</p> <p>Select</p>
<p>Waive Medical Coverage WAIVE MEDICAL</p>	<p>Your Cost per month: \$0.00</p> <p>Select</p>

- When finished going through every benefit plan, click **“Continue”** on the right-hand side.

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

Your Cost per month **\$50.00**

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](#)

Beneficiary Information

- You will be required to designate at least one primary beneficiary information when you have life insurance.
- Dependents will automatically appear for you to designate, however you may also **“Add New Beneficiary”** if you’d like to designate someone else.
- Primary beneficiaries are required, secondary (contingent) beneficiaries are not required.
- 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 (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Test (Spouse)	<input type="text" value="100"/> %
Johnny Test (Son)	<input type="text"/> %

Total: 100%

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries \(optional\)](#)
Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

Continue

Other Coverages

- 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.”**

Medical

John Test (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

- If you do not have other medical coverage, keep **“Current or Prior Coverages”** as **“No”** and click **“Continue”**.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month **\$50.00**

Continue

Review and Confirm

- Now that you have elected all your benefits, please review your elections and scroll to the bottom of the page.

Review and Confirm

!

Please Review All of Your Selections

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

CHANGED BENEFITS: Medical Dental Vision Basic Term Life Negotiated Life Negotiated AD&D
Optional Supplemental Term Life Optional Survivor Income Insurance Optional Dependent Life Optional Short Term Disability
Optional Long Term Disability

*Indicates changed benefits

Your Total Cost
\$50.00

Per Month

♥

Medical*

Your cost per month **\$35.00**

⚠ 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
\$35.00

Who will be covered on this plan:

Name	Relationship	Coverage i
John Test	Employee	✔ Cover
Sally Test	Spouse	✔ Cover
Johnny Test	Son	✘ No Coverage

Edit Selection

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

Complete Enrollment

- Review the "Participation" statement and check the "I agree, and I'm finished with my enrollment" box.
- In the upper right side of the screen click "Complete Enrollment."

Once You've Reviewed All Your Selections:

Participation

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

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


Complete Enrollment

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Revised 01/11/2018

Confirmation Statements

- A Confirmation Statement is presented and you may view, email or print the statement for your records.



Your enrollment is complete!

 You may make changes to your elections until: **September 1, 2017**

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.

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.

Questions

If you have any questions or are having trouble logging into the website or you cannot reset your messa.org password, please contact MESSA Member Services at 800.336.0013.