# User Guide

# Open Enrollment
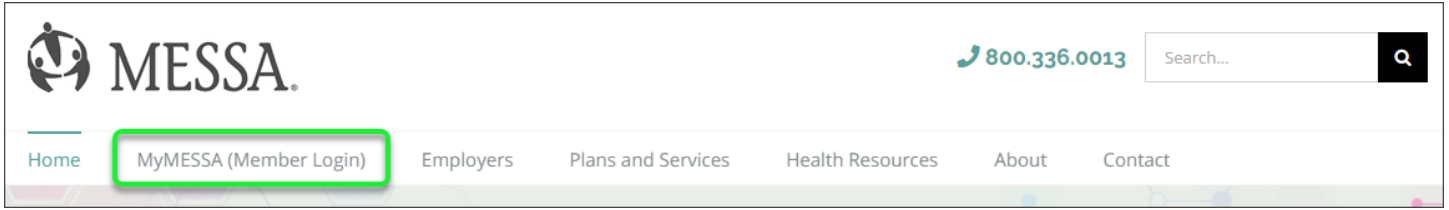
MESSA℠

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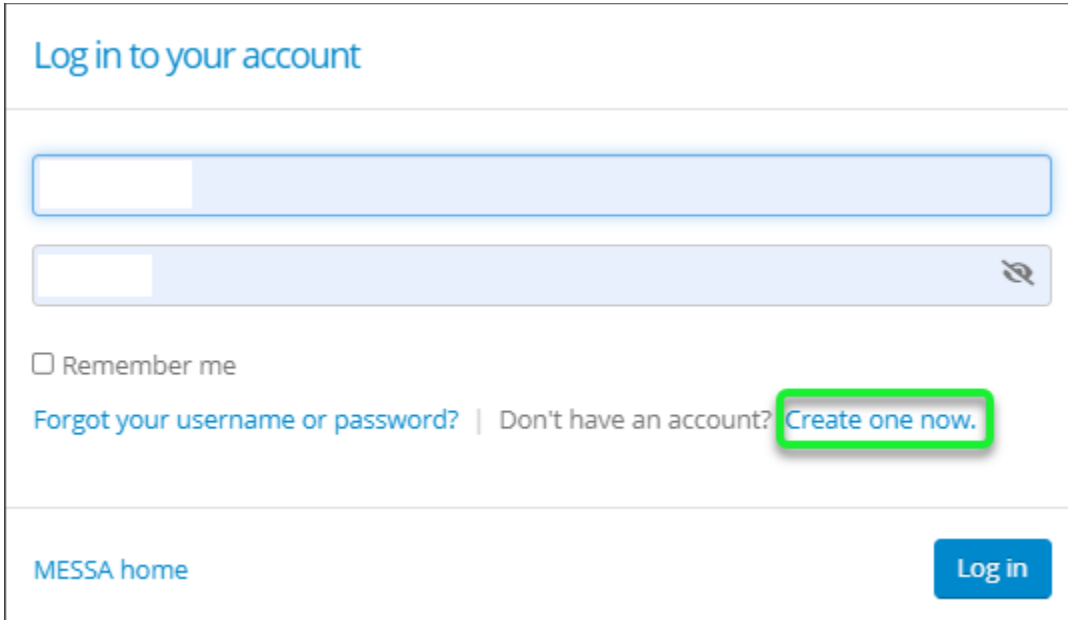
# Creating a MyMESSA Member Account on messa.org

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

## 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"**.



## Step 2 – Security Questions

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

- 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.)



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.

## Open Enrollment Elections

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

## 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 | Test |
| Middle Initial | |
| \* Last Name | User |
| Suffix | |
| Social Security Number | 658-98-0808 |
| \* Date of Birth | 1/1/1980 |
| \* Gender | ● Male   ○ Female |

### Address

\* Fields are required

| | |
|---|---|
| \* Address 1 | 1475 Kendale Blvd |
| Address 2 | |
| \* City | East Lansing |
| \* State | MI - Michigan |
| \* Zip | 48823 |
| Home Phone | xxx-xxx-xxxx |
| Cell Phone | xxx-xxx-xxxx |
| Home Email | |

**WORK CONTACT INFORMATION**

| | |
|---|---|
| Work Phone | xxx-xxx-xxxx |
| Work Phone Ext. | |
| \* Work Email | testuser@workmail.com |
| Preferred Email | ● Home Email   ○ Work Email   ○ None |
| Same address for dependent | ○ Yes   ● No |

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

☑ I agree

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1. Your Info
   - Employee Information
   - Family Info
2. Your Benefits
3. Enroll
4. Complete
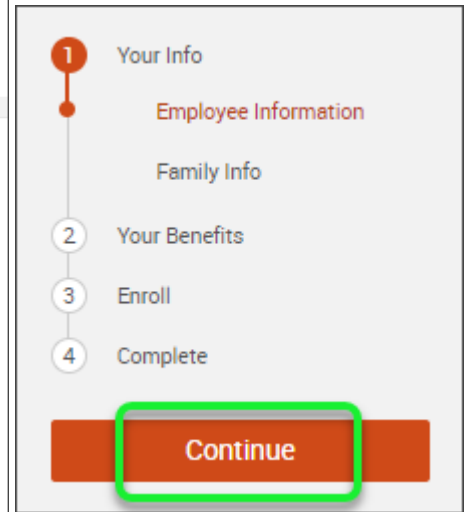
**Continue**

## Step 2 – Family Information

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

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### 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.)
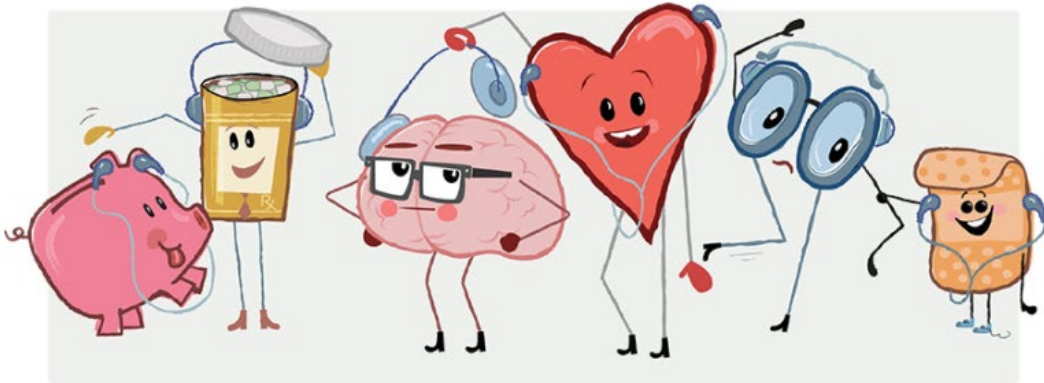
☑ I agree

## 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.





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



- 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".**



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- Ask Emma will appear.



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



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- 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." I**f you want to change your benefit selection, click on **"Select"** to the right of the plan name.

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- 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."**



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## 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**".

## 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".**



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## 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.



- On the right side of the screen click "**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***