



Online Benefits Website
User Guide
for
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 Users](#)

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

The screenshot displays the MESSA 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. Below the navigation bar is a banner for "Get paperless statements" with a "Read more..." button. To the right is a "Login" section with fields for Username and Password, a "Login" button, a link for "Forgot username or password?", and a "Register now" button circled in green. The "Register now" button is highlighted with a red "NEW" tag. Below the banner are two circular images: one showing a stack of papers and another showing a computer keyboard with a "go paperless" key. The "News" section on the left features a headline about "Diabetes help" and another about "MESSA rolling out aggressive plan to help reduce health costs for school employees". The "Helpful links" section on the right includes links for "MESSA Member Service Center (800) 336-0013", "Find a Doctor - Dentist - Vision", "Request an ID Card", "Plan Comparison Tool", "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

A01-Unknown Or Unassigned

Date of birth

Home zip code

Next

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

My MESSA.

Registration

✓ User Validated

Step 2: Security Questions

Question 1

Select a question...

Answer 1

Question 2

Select a question...

Answer 2

Question 3

Select a question...

Answer 3

Question 4

Select a question...

Answer 4

Question 5

Select a question...

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.”**

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.
- 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 member portal. On the left is a navigation menu with links like 'Online benefits website' (highlighted with a green circle), 'Employee user guide', 'View EOB statements', 'Find a doctor', 'Rx home delivery', 'Secure messaging', 'Request ID card', and 'Virtual ID card'. The main content area displays account information for 'messa ABC Plan 2', including enrollee ID, employer(s), and effective date (5/1/2017). It shows a 'Family deductible progress' gauge with a current value of \$321.48 out of a \$4,000 total, and a remaining balance of \$3,678.52. A 'SUMMARY' table is also present, detailing claim totals, amount billed, provider savings, MESSA payment, deductible, and copayment/coinsurance.

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

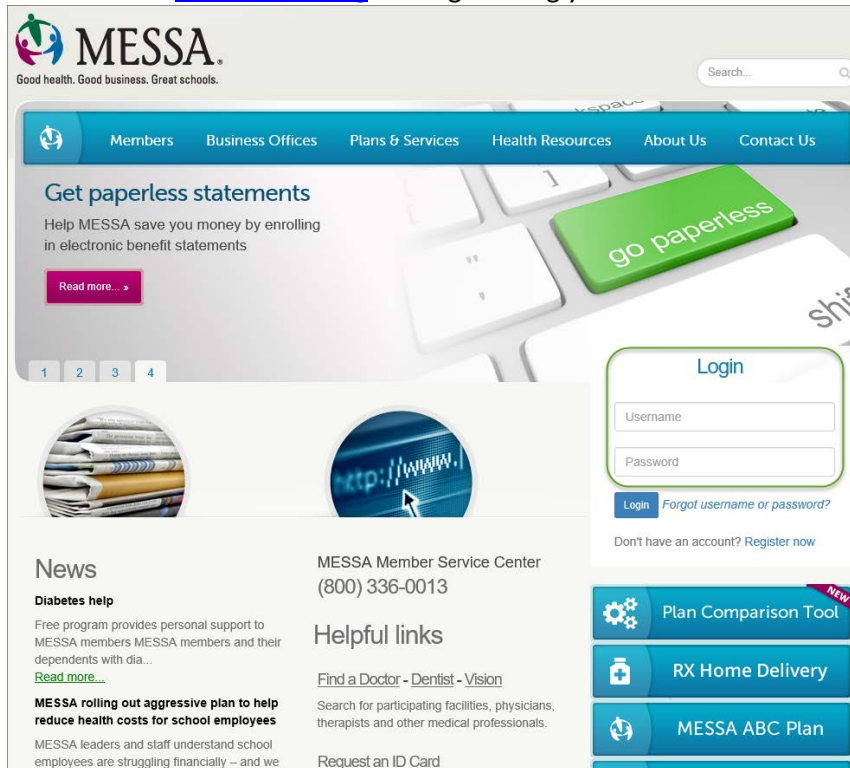
- You will receive a pop-up letting you know that you are going to another web site.
- Click **“Continue.”**
- This will take you directly to MESSA’s Online Benefits Website.

The screenshot shows a pop-up window titled 'Go to Another Web Site'. It contains a warning message: '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 green circle) and 'Cancel'.

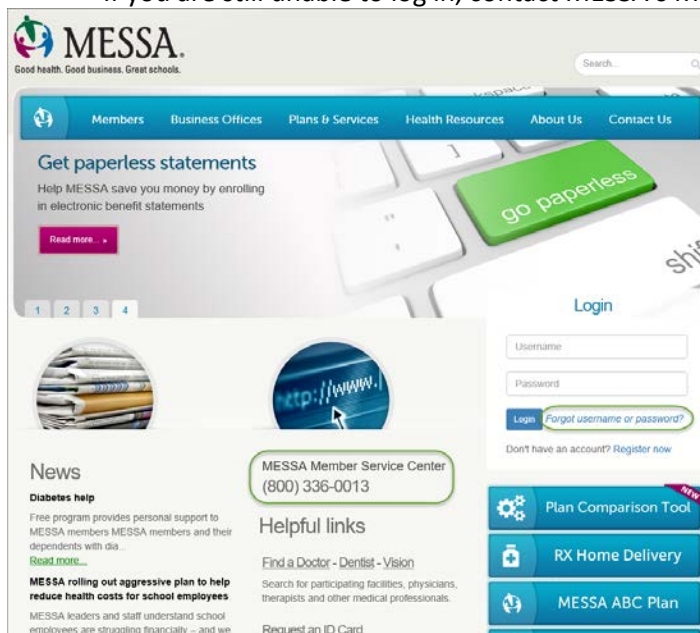
- Go to the **“Open Enrollment Changes”** section of this guide to make benefit changes.

Current Users

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



- 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.



- 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 highlighted with a green circle. The main content area displays the deductible progress for the current year, showing a family deductible of \$4,000 total, with \$321.48 met and \$3,678.52 remaining. Below this is a summary table of claim totals.

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
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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 leaving the MESSA secure session and a "Continue" button, which is highlighted with a green circle.

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.

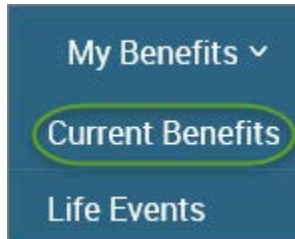
If you logged into the secure MESSA Member area, your secure session may time out while you are visiting another Web site.

Continue **Cancel**

OPEN ENROLLMENT CHANGES

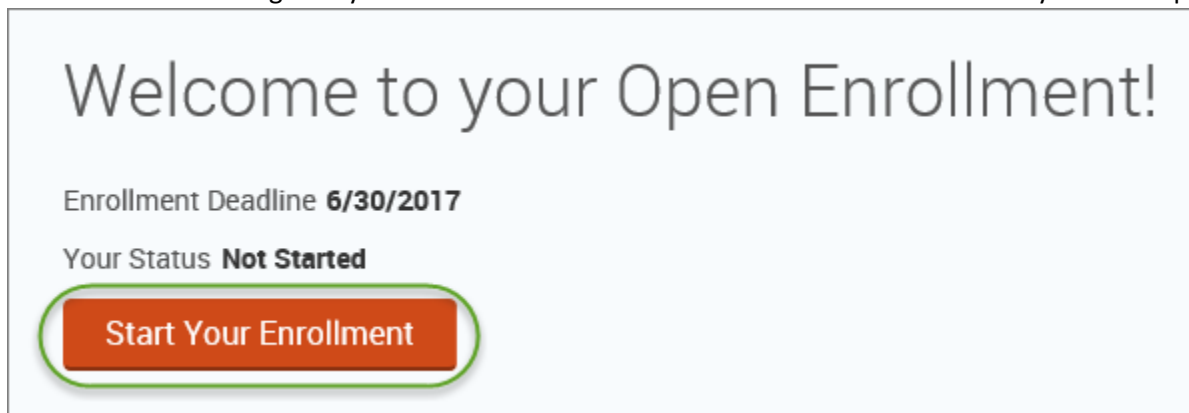
Reviewing Current Benefits

- 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.

John Test

Male Employee

37 years old (1/1/1980)

SSN: 895-08-0989

Edit >

Sally Test

Female Spouse

37 years old (1/1/1980)

SSN: 089-08-9079

Edit >


Johnny Test

Male Son

2 years old (1/1/2015)

SSN: 598-08-0808

Edit >



Add Dependents

1 Your Info

Employee Information

Family Info

Questions

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

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08/25/2017

Selecting Your Coverage

- You will be presented with the question “What PAK of Coverage do you want?”
- Review the benefits in each PAK and scroll to the bottom and select the PAK of coverage you wish to enroll in and click “Continue” on the right-hand side of the screen.

*What PAK of Coverage do you want?

PAK A
Medical – MESSA ABC Plan 1 w/10% coinsurance, ABC Rx
Dental - Dent 80/80/80/80:1300(1500)
Vision - VSP 2S
Negotiated LTD
PAK Life - \$50,000 PAK Life
PAK AD&D - \$50,000 PAK AD&D
Basic Term Life - \$5,000

PAK B
Dental - Dent 80/80/80/80:1300(1500)
Vision - VSP 2S
Negotiated LTD
PAK Life - \$50,000 PAK Life
PAK AD&D - \$50,000 PAK AD&D

PAK C
Medical – MESSA ABC Plan 2
Dental - Dent 80/80/80/80:1300(1500)
Vision - VSP 2S
Negotiated LTD
PAK Life - \$50,000 PAK Life
PAK AD&D - \$50,000 PAK AD&D
Basic Term Life - \$5,000

PAK D
Medical – MESSA Choices \$1000/\$2000 deductible w/20% coinsurance, Saver Rx
Dental - Dent 80/80/80/80:1300(1500)
Vision – VSP 2S
Negotiated LTD
PAK Life - \$50,000 PAK Life
PAK AD&D - \$50,000 PAK AD&D
Basic Term Life - \$5,000



☒ I want PAK A
☐ I want PAK B
☐ I want PAK C
☐ I want PAK D

* Fields are required

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




Continue


- Click on “View Plan Options” to the right of each 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	 Cover
Paige Test	Spouse	 Cover
Jason Test	Son	 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 (arrow pointing to Gabriel and Paige)
Not Covered (arrow pointing to Jason)

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

- Select the benefit plan by clicking **“Select”** or **“Keep Selection”**.

CURRENT PLAN

MESSA ABC Plan 1 w/10% coinsurance, ABC Rx

Blue Cross Blue Shield of Michigan High Deductible

Selected

[View plan details](#)
[Plan Brochure](#)

Your Cost per month: **\$25.00**
 Tier: Employee + Dependent

[Keep Selection](#)

- 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
- 4 Complete

Beneficiaries

Other Coverages

Review and Confirm

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 New ▾

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 Employee ▾

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

*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

Who will be covered on this plan:

Name	Relationship	Coverage
Test User	Employee	✓ Cover
Spouse User	Spouse	✓ Cover

Your Cost **\$0.00**

Complete Enrollment

Progress bar: 1 Your Info, 2 Your Benefits, 3 Enroll (Beneficiaries, Other Coverages), 4 Complete. **Review and Confirm** is highlighted.

- 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**

Complete Enrollment


Progress bar: 1 Your Info, 2 Your Benefits, 3 Enroll (Beneficiaries, Other Coverages), 4 Complete. **Review and Confirm** is highlighted.

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.