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.”
• Enter the following information to create a messa.org account:
  o Last four digits of your Social Security Number
  o Date of birth
  o Employer
  o Home zip code

• Click “Next.”

• Select your security questions.

• Click “Next.”
• 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”.

Welcome to MESSA!

My MESSA Registration

Username: 
Password: 
Confirm password: 
Email: 
Confirm email: 
Yes, send my EOB statements electronically. Learn more
I agree to the MESSA Web Terms of Use

Why register?
Your gain:
- 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 preference.

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.)

• 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.

• 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.

• 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.

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.
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.

Welcome to your Open Enrollment!

Enrollment Deadline **6/30/2017**

Your Status **Not Started**

[Start Your Enrollment]
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 Form]

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

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**John Test**
Male Employee  
38 years old (11/1/1980)  
ssn: 895-08-0989

**Sally Test**
Female Spouse  
37 years old (11/1/1980)  
ssn: 089-08-0979

**Johnny Test**
Male Son  
2 years old (1/1/2010)  
ssn: 598-08-0808

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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 forms 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.)

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I agree
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.

- Click on “View Plan Options” to the right of each plan name.
• 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
[ ] Paige Test
[ ] Spouse
[ ] Jason Test
[ ] Son

[ ] Add Dependents

[ ] Covered
[ ] Not Covered

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

<table>
<thead>
<tr>
<th>CURRENT PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>MESSA ABC Plan 1 w/10% coinsurance, ABC Rx</td>
</tr>
<tr>
<td>Blue Cross Blue Shield of Michigan</td>
</tr>
<tr>
<td>High Deductible</td>
</tr>
</tbody>
</table>

[ ] 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.
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.”

### Basic Term Life

**Please choose your beneficiaries**

<table>
<thead>
<tr>
<th>Primary Beneficiaries (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>My Estate (Employee)</td>
</tr>
<tr>
<td>Sally Test (Spouse)</td>
</tr>
<tr>
<td>Johnny Test (Son)</td>
</tr>
</tbody>
</table>

Total: 100%

**Add Secondary Beneficiaries** (optional)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.
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.”

If you do not have other medical coverage, keep “Current or Prior Coverages” as “No” and click “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 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 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 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 dependents 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
Confirmation Statements

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

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.