

2027

EMPLOYEE BENEFITS SUMMARY

KIRKSVILLE/MEXICO FEED MILLS UNION EMPLOYEES

Medical Plan Details & Premiums

2027 KV/Mexico Union Medical Plan (Plan 002)		
	In-Network	Out-of-Network
Calendar Year Deductible	$100 Individual; $300 Family	$100 Individual; $300 Family
Coinsurance (amount you pay after deductible)	10%	20%
Out-of-Pocket Maximum	$300 Individual; $900 Family	$300 Individual; $900 Family
Preventive Care Services	Covered 100%	20% after deductible
Physician Office Visit	10% after deductible	20% after deductible
Specialist Office Visit	10% after deductible	20% after deductible
Virtual Visit (Teladoc)	$20 copay	N/A
Inpatient Hospital Services	10% after deductible	20% after deductible
Outpatient Hospital Services	10% after deductible	20% after deductible
Urgent Care Visit or Walk-In Clinic	10% after deductible	20% after deductible
Emergency Room Visit	10% after deductible (in- and out-of-network)	
Ambulance (ground and air)	10% after deductible (in- and out-of-network)	
Chiropractic Visit (Manipulation)	10% after deductible	20% after deductible
Occupational, Physical, Aquatic, and Speech Therapy (unlimited visits)	10% after deductible	20% after deductible

2027 Weekly Medical Premiums – Plan 002	
Employee Only	$49.11
Employee + Spouse	$149.99
Employee + Child(ren)	$125.18
Family	$221.35

©2026 Piper Jordan Health & Benefits Partners, LLC (“Piper Jordan”). All Rights Reserved.

Medical Plan Details & Premiums (continued)

2027 Core Medical Plan (Plan 001)		
	In-Network	Out-of-Network
Calendar Year Deductible	$1,500 Individual; $4,500 Family	$1,500 Individual; $4,500 Family
Coinsurance (amount you pay after deductible)	20%	50%
Out-of-Pocket Maximum	$6,500 Individual; $15,000 Family	$6,500 Individual; $15,000 Family
Preventive Care Services	Covered 100%	50% after deductible
Physician Office Visit	$30 Copay	50% after deductible
Specialist Office Visit	$50 Copay	50% after deductible
Virtual Visit (Teladoc)	$20 copay	n/a
Inpatient Hospital Services	20% after deductible	50% after deductible
Outpatient Hospital Services	20% after deductible	50% after deductible
Urgent Care Visit or Walk-In Clinic	$75 Copay	50% after deductible
Emergency Room Visit	$150 copay, plus 20% after in-network deductible	
Ambulance (ground and air)	20% after in-network deductible	
Chiropractic Visit (unlimited visits)	20% after deductible	50% after deductible
Occupational, Physical, Aquatic, and Speech Therapy (unlimited visits)	20% after deductible	50% after deductible

2027 Weekly Medical Premiums – Core Plan 001	
Employee Only	$34.45
Employee + Spouse	$112.42
Employee + Child(ren)	$90.45
Family	$151.88

Full plan details and plan information can be found by visiting the **MFA Benefits Hub at mymfabenefits.com**, the **MyMFA Intranet**, or reaching out to **Employee Benefits**.

MFA INCORPORATED

Corporate Office
MFA Incorporated, 201 Ray Young Drive | Columbia, MO 65201
Phone: (573) 874-5111 ask for "Employee Benefits"

©2026 Piper Jordan Health & Benefits Partners, LLC ("Piper Jordan"). All Rights Reserved.