

2026 St. Louis Benefits Overview

Visit the [MMA Upper Midwest Benefits Website](#) for more information about each of the benefits offered.



Medical

Carrier: Anthem Blue Cross

Network Options: **Options 1-3:** Blue Access CHOICE (St. Louis), Blue Access PPO (BlueCard PPO) for non-metro or out-of-state; **Options 4-6:** Blue Preferred SELECT

In-Network Benefits:	Option 1 HRA PPO 3000 Full Network	Option 2 HSA 3400 Full Network	Option 3 HSA 4000 Full Network	Option 4 HRA PPO 3000 Select Network	Option 5 HSA 3400 Select Network	Option 6 HSA 4000 Select Network
Overall Deductible (Single / Family)	\$5,000 \$10,000	N/A	N/A	\$5,000 \$10,000	N/A	N/A
Deductible Reimbursement	\$2,000 \$4,000	N/A	N/A	\$2,000 \$4,000	N/A	N/A
EE Deductible embedded (Single / Family)	\$3,000 \$6,000	\$3,400 \$6,800	\$4,000 \$8,000	\$3,000 \$6,000	\$3,400 \$6,800	\$4,000 \$8,000
Overall Max Out-of-Pocket (Single / Family)	\$6,000 \$12,000	\$3,500 \$7,000	\$5,500 \$11,100	\$6,000 \$12,000	\$3,500 \$7,000	\$5,500 \$11,100
EE Max Out-of-Pocket embedded (Single / Family)	\$4,000 \$8,000	\$3,500 \$7,000	\$5,500 \$11,100	\$4,000 \$8,000	\$3,500 \$7,000	\$5,500 \$11,100
Your Coinsurance	20%	0%	0%	20%	0%	0%
Office Copays: Primary Care Specialist Care Urgent Care Emergency Care	\$30 \$60 \$50 \$250	Deductible & Coinsurance apply	Deductible & Coinsurance apply	\$30 \$60 \$50 \$250	Deductible & Coinsurance apply	Deductible & Coinsurance apply
Prescription Copays: Generic Preferred Brand Non-Preferred Brand	\$10 \$35 \$60	After Deductible: \$10 \$30 \$55	After Deductible: \$10 \$35 \$60	\$10 \$35 \$60	After Deductible: \$10 \$30 \$55	After Deductible: \$10 \$35 \$60

Health Savings Account/Flexible Spending Account

Carrier: WEX

Health Saving Account (HSA)		
Maximum Annual Contribution:	MMA will contribute \$1,000 upon initial enrollment in HSA plan	Total Annual Contribution Max \$4,400 Single / \$8,750 Family Additional \$1,000 if age 55 or older
Program Notes	You can adjust your contribution amount at any time.	
Flexible Spending Account (FSA)		
Type of FSA Plan	Health-FSA	Limited Purpose-FSA (Dental & Vision only)
Minimum Contribution	\$120	\$120
Maximum Contribution	\$3,400	\$3,400
Rollover Feature	You may rollover up to \$680 to 2027 plan year, if enrolled in 2027 plan year. The minimum amount that can be rolled over is \$50.	
Dependent Care Spending Account		
Maximum Contribution	\$7,500	
Grace Period Feature	If you have a balance at the end of the plan year, you have until March 15th to spend down that balance.	

Accident / Critical Illness / Hospital Indemnity

Carrier: Unum

Supplemental Health	
• Option to buy coverage for yourself, your spouse, and dependents at group rates • Accident — Cash benefit payable to you for accidental injuries — can be used however you like • Critical Illness — Cash benefit payable to you for covered illnesses — can be used however you like • Hospital Indemnity — Cash benefit payable to you for hospital admissions — can be used however you like	

Dental

Carrier: Delta Dental Plan

Network Options: Delta PPO and Delta Premier

In-Network Benefits:	Low Plan	High Plan
Annual Deductible	\$50 Single / \$150 Family	\$25 Single / \$75 Family
Annual Max. Per Person	\$1,000	\$2,000
Ortho Lifetime Max	\$1,500	\$2,000
Diagnostic/Preventive Services	100%, no deductible	100%, no deductible
Basic Services	80%, after deductible	90%, after deductible
Major Restorative Services	50%, after deductible	50%, after deductible
Orthodontic Treatment (all ages)	50%, no deductible	50%, no deductible

Vision

Carrier: EyeMed

Network Options: Insight

In-Network Benefits:	Low Plan	High Plan
Exam – once every 12 months	\$10 copay	\$10 copay
Frames	Once every 24 months; \$0 copay; 20% off balance over \$130 allowance	Once every 12 months; \$0 copay; 20% off balance over \$175 allowance
Lenses – once every 12 months Single, Bifocal, Trifocal & Lenticular	\$25 copay	\$10 copay
Lenses – once every 12 months Progressive (Standard)	\$90 copay	\$75 copay
Conventional Contact Lenses – once every 12 months	\$0 copay; 15% off balance over \$130 allowance	\$0 copay; 15% off balance over \$175 allowance
Disposable Contact Lenses – once every 12 months	\$0 copay Up to \$130 allowance	\$0 copay Up to \$175 allowance
Medically Necessary Contact Lenses	\$0 copay, paid in full	\$0 copay, paid in full

Business Travel Accident

Carrier: AIG

Business Travel Accident

- Provided at no cost to you
- Pays 5x your annual base salary (excluding overtime, bonuses, commissions, and other extra compensation) up to \$2 million if you die as a result of an accident during Company business travel or commuting

Retirement Plan – 401(K)

Plan Administrator: Alight Solutions

401(k)

- Eligible upon date of hire, automatic enrollment at 8% after 30 days
- Contributions can be made on a pre-tax or Roth after-tax basis
- After one year of vesting service, an employer matching contribution is made each pay period up to 50% on the first 8% of your eligible base pay (4% max match).
- 4-year vesting schedule

Short & Long Term Disability

Carrier: Unum

Short Term Disability

- Validated Producers are not eligible for STD
- Provided at no cost to you
- Pays 60% of basic earnings up to \$2,000 per week— earnings may include commissions and bonuses based on role
- Benefits begin on 8th day of disability and are payable up to 12 weeks
- You can choose a taxable or non-taxable benefit

Long Term Disability

- Provided at no cost to you
- Pays 60% of basic earnings up to \$20,000 per month— earnings may include commissions and bonuses based on role
- Benefits begin on 91st day of disability and are generally payable up to Social Security Normal Retirement Age
- You can choose a taxable or non-taxable benefit

Group Term Life/AD&D

Carrier: Unum

Basic Life and AD&D Coverage

- Provided at no cost to you
- Pays 1x basic annual earnings to a max benefit of \$250,000— earnings may include commissions and bonuses based on role

Voluntary Life and AD&D Coverage

- Provided at group rates
- Employee Benefit Options—up to \$1 million in increments of \$10,000 not to exceed 5 times your Basic Annual Earnings— earnings may include commissions and bonuses based on role; \$250,000 guarantee issue
- Spouse Benefit Options—up to \$250,000 in increments of \$5,000 not to exceed 50% of your amount; \$50,000 guarantee issue
- Child Benefit Option—\$10,000 guarantee issue

Prepaid Legal & Identity Theft Protection

Carrier: LegalShield / IDShield

LegalShield
• Provided at group rates • Covers you, your spouse and your children • Talk to a lawyer on any personal legal matter in the following areas of law: Family, Home, Financial, Estate Planning, Auto, General
IDShield
• Provided at group rates • Monitors your identity: SSN, credit cards, bank accounts, addresses, etc. • Counsel available 24 hour a day, 7 days a week • Full restoration services • \$1 million protection policy

Pet Insurance

Carrier: Pet Partners (underwritten by Independence American Insurance Company)

Pet Insurance
• Provided at group rates • Coverage is available for dogs and cats with two different plan options: • Accident Only: pet must be at least eight weeks and less than 11 years old on coverage effective date • Accident & Illness: pet must be at least eight weeks old on coverage effective date

Tuition Reimbursement

Tuition Reimbursement
• Full-time employees with at least 6 months of service are eligible for tuition reimbursement for undergraduate and graduate degree programs • This benefit covers eligible costs up to the following limitations based on when you receive the funds, not when you took the class: ○ Undergraduate degrees: up to \$5,250 per calendar year ○ Graduate degrees: up to \$10,000 per calendar year (there may be tax implications associated these payments)

Employee Assistance Program (EAP)

Carrier: ComPsych

Guidance Resources EAP
• Offers short-term confidential counseling on multiple aspects of life • No cost to you or your eligible family members • Available 24/7, 365 days a year

Universal Life with Long Term Care Rider

Carrier: Trustmark

Universal Life with LTC Rider

- Voluntary coverage provided at group rates and is portable
- Employee, Spouse & Child Life Insurance Options—up to \$200,000 in increments of \$25,000
- Spouse may only apply if employee applies. Child coverage may be applied for without employee coverage
- \$150,000 guarantee issue for employees and \$25,000 for spouses
- LTC benefit equals 4% of death benefit per month up to 50 months. LTC benefit supplements the cost of assisted living, home health care, adult daycare, and nursing home care
- Premium rate is based on the insured's age when coverage is purchased or increased

Additional Benefits

Paid Parental Leave

- Available to full-time employees with at least 90 days of service.
- This benefit provides new parents up to six weeks of paid leave following the birth or adoption of a child
- Birth parent can take leave as a continuous period immediately following the birth. Non-birth parent can use immediately following or intermittently in one-week intervals over a 12-month period.

Catastrophic Family Illness Leave

- Colleagues are entitled to up to four workweeks (20 workdays) of paid Catastrophic Family Illness Leave if an immediate family member suffers a catastrophic illness.
- Full-time and part-time regular colleagues are eligible, and leaves are calculated on a rolling calendar year. Leave for part-time colleagues is based on your regular weekly schedule. Eligible colleagues may take a Catastrophic Family Illness Leave either as a continuous time period or intermittently in one-week intervals over a 12-month period.

[Click here](#) or scan the QR code below for information on additional colleague perks available to you!



Dependent Eligibility

Medical (Anthem Blue Cross)

- | | |
|---|---|
| <ul style="list-style-type: none"> Your spouse or domestic partner Your children, by birth, legal adoption, placement for adoption, legal guardianship through the end of the month in which they reach age 26 The children of your spouse, by birth, legal adoption, placement for adoption, legal guardianship through the end of the month in which they reach age 26 | <ul style="list-style-type: none"> Children named in a Qualified Medical Child Support Order (QMCSO) Children age 26 or older diagnosed as permanently disabled due to a physical or mental condition |
|---|---|

Dental (Delta Dental)

- | | |
|---|---|
| <ul style="list-style-type: none"> Your spouse or domestic partner Your children, your spouse's children by birth or legal adoption, through the end of the month in which they reach age 26. Grandchildren who are financially dependent on and reside with the covered grandparent, through the end of the month in which they reach age 26. | <ul style="list-style-type: none"> Children named in a Qualified Medical Child Support Order (QMCSO). Children for whom you or your spouse are the legal guardian. Disabled Children age 26 and older if primarily dependent upon you and are incapable of self-sustaining employment because of developmental delay, mental illness or mental disorder or physical disability. |
|---|---|

Vision (EyeMed)

- | | |
|---|---|
| <ul style="list-style-type: none"> Your spouse or domestic partner Your children and your spouse's children, by birth or legal adoption, through the end of the month in which they reach age 26. | <ul style="list-style-type: none"> Children named in a Qualified Medical Child Support Order (QMCSO). Children age 26 or older diagnosed as permanently disabled due to a physical or mental condition. |
|---|---|

Voluntary Dependent Life and AD&D (Unum)

- | | |
|--|--|
| <ul style="list-style-type: none"> Your spouse Your children and your spouse's children, by birth or legal adoption, to age 26. Foster children placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction, to age 26. Grandchildren, nieces, and nephews living with you in a regular parent-child relationship that are dependent on you for primary financial support, to age 26. | <ul style="list-style-type: none"> Any other Child residing with you through legal mandate that is dependent on you for primary financial support, to age 26. Children age 26 or older if incapable of self-sustaining employment due to permanent intellectual or physical incapacity prior to reaching age 26 and is dependent upon you for support and maintenance. |
|--|--|

Accident, Hospital Indemnity & Critical Illness (Unum)

- | | |
|---|--|
| <ul style="list-style-type: none"> Your spouse. Your children and your spouse's children, by birth or legal adoption, to age 26. Foster children placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction, to age 26. Grandchildren, nieces, and nephews living with you in a regular parent-child relationship that are dependent on you for primary financial support, to age 26. | <ul style="list-style-type: none"> Any other Child residing with you through legal mandate that is dependent on you for primary financial support, to age 26. Children age 26 or older if incapable of self-sustaining employment due to permanent intellectual or physical incapacity prior to reaching age 26 and is dependent upon you for support and maintenance. |
|---|--|

Paid Time Off

PTO for Full-Time Regular Colleagues

YEARS OF SERVICE	1-4	5-9	10-14	15+
MAXIMUM PTO DAYS	19 + 1 floating holiday	24 + 1 floating holiday	27 + 1 floating holiday	30 + 1 floating holiday

You may carryover up to 10 days from year to year, but Floating Holiday does not carryover.

2026 Holidays

COMPANY HOLIDAY	DAY	DATE
New Year's Day	Thursday	January 1
EPIC Bonus Day	Friday	January 2
Martin Luther King, Jr. Day	Monday	January 19
Presidents' Day	Monday	February 16
Memorial Day	Monday	May 25
Juneteenth	Friday	June 19
Independence Day	Friday	July 3
Labor Day	Monday	September 7
Thanksgiving Day	Thursday	November 26
Day after Thanksgiving	Friday	November 27
Christmas Day	Friday	December 25

EARLY CLOSE HOLIDAY <i>(close at noon)</i>	DATE
Friday (before Memorial Day)	May 22
Thursday (before Independence Day)	July 2
Friday (before Labor Day)	September 4
Friday (World Mental Health Day)	October 9
Wednesday (day before Thanksgiving)	November 25
Thursday (day before Christmas)	December 24
Thursday (day before New Year's)	December 31

BenSelect Enrollment Site and Benefits Call Center

The **BenSelect Enrollment Site** and **Benefits Call Center** make it easy for you to enroll as a new MMA colleague and change your benefit elections when you have a Life Event. **New hire enrollment will happen on or after a colleague's hire date.** You have a limited amount of time to enroll in benefits, so be sure to review your benefit material for details. To make enrolling as easy as possible, you can self-enroll online or over the phone through the Benefit Call Center.

Online Self-Enrollment

- 1) Go to: partners.benselect.com
 - 2) Employee Number: MMA Employee ID Number
 - 3) Personal ID Number (PIN): Last four digits of SSN + Last two digits of birth year
-

Phone Enrollment

Enrolling is easy. Be sure to review your benefit material. When ready, phone the Benefits Call Center to enroll. If possible, be in front of a computer when calling. A representative will then enroll you over the phone.

877-282-0808 (Monday-Friday | 7:00 am – 5:00 pm CT)

Life Events

- 1) Notify HR of your Life Event within 30 days of the event and provide the proper documentation. HR will let the Benefits Call Center know they can process your benefit change(s) when you call.

Examples of Life Events include:

- Birth, placement for adoption, or adoption of a child, or being subject to a Qualified Medical Child Support Order
 - Marriage or divorce
 - Death of a dependent
 - A change in employment status if it affects eligibility under the plan
 - A change in your home address if it causes you to lose eligibility for coverage
 - A dependent ceasing to satisfy the eligibility requirements
- 2) Contact the Benefits Call Center to enroll/process your Life Event. If possible, be in front of a computer when calling.
-

