

2023 Rates and Coverage Details – Financial Advisors & General Partners

The following charts provide detailed information about your benefits coverage, including overviews of key plan features, rates, and plan providers. For full details, see the Investing in You benefits website: www.edwardjonesbenefits.com.

| Medical Benefits (Network Provider: Anthem Blue Cross) | | | | |
|---|--|---|---|---|
| | PREMIUM Medical Plan | | PLATINUM Medical Plan | |
| Plan Features | Network Provider | Out-of-Network Provider ¹ | Network Provider | Out-of-Network Provider ¹ |
| Annual Deductible | \$3,850 per person, \$7,750 maximum per family (Applies to Medical, Rx, and Behavioral Health expenses only. Dental and Vision expenses do not apply to deductible.) | | \$4,850 per person, \$9,750 maximum per family (Applies to Medical, Rx, and Behavioral Health expenses only. Dental and Vision expenses do not apply to | |
| Deductible Procedure | For dependent coverage tiers: One family member may satisfy the per-person deductible; then the plan will begin paying on that member's claims. | | | |
| Maximum you pay in addition to annual deductible | No additional cost after deductible | \$2,000 per person/ \$4,000 per family | No additional cost after deductible | \$2,000 per person/ \$4,000 per family |

| Both medical plans cover these services in the same manner: | | | |
|---|---|-----------------------|--------------------------------------|
| Your Plan Covers: | | In-Network Provider | Out-of-Network Provider ¹ |
| Medical | Preventive Care for Adults (including one annual routine physical and well-woman exam, mammogram, breast pumps, immunizations, colonoscopy, wellness eye exam, flu vaccine, prostate screening, and BRCA testing) | 100%; no deductible | 60% after deductible |
| | Preventive Care for Children (including immunizations) | 100%; no deductible | 60% after deductible |
| | Physician's Office Visit/Virtual Doctor Visit (medical diagnosis and treatment) | 100% after deductible | 60% after deductible |
| | Lab/X-ray | 100% after deductible | 60% after deductible |
| | In-hospital Medical Care ² | 100% after deductible | 60% after deductible |
| | Emergency Room Treatment ³ | 100% after deductible | 60% after deductible |
| | Urgent Care Center/Convenience Care Clinic/ Outpatient Surgery | 100% after deductible | 60% after deductible |
| | Behavioral Health | 100% after deductible | 60% after deductible |
| Prenatal and Maternity Care/Newborn Care ⁴ | 100% after deductible | 60% after deductible | |

| | | | |
|--------------------------|---|---|----------------------|
| | Manipulative Therapy ⁵ (Chiropractic) | 100% after deductible | 60% after deductible |
| | Physical, Speech, Occupational Therapy ⁶ | 100% after deductible | 60% after deductible |
| Prescription Medications | Administered by Express Scripts: Retail Pharmacy – Maximum 30-day supply available for generic and brand drugs Through Mail Service – Up to 90-day supply available for generic and brand drugs | Brand ⁷ and generic covered 100% after deductible (Women's prescription contraceptives and cancer prevention drugs for women at high risk covered 100% before deductible.) | Not applicable |
| | Maintenance Medications at Retail: You'll pay more if you don't switch to mail order after the third refill at a retail pharmacy. | If you don't switch to mail order: Before deductible: You'll pay the full cost of the drug, but only 20% of the cost will be applied toward your deductible and your out-of-pocket maximum. After deductible: The Plan will pay only 80% of the cost of a generic or brand drug instead of 100% (\$15 minimum). | Not applicable |
| | Lifetime Maximum Benefit | Unlimited | Unlimited |

- 1 Charges for out-of-network providers are subject to allowed limits. The patient is responsible for amounts billed by the provider that exceed the allowed amount.
- 2 Precertification is required for all inpatient hospital care.
- 3 In an actual emergency, the network coverage level applies (up to allowed limit) regardless of the provider you use for emergency care. If you use an emergency room for non-emergency care, the expense is not covered.
- 4 Maternity benefit level applies only to OB/GYN services. Lab, ultrasound, etc., are covered under the Lab/X-ray benefit. For labor/delivery, refer to In-hospital Medical Care. Nursery care for well newborns is covered under the mother's in-hospital deductible.
- 5 Maximum 35 visits per year.
- 6 Maximum 20 visits per year per therapy.
- 7 If patient requests brand drugs when their doctor approves a generic, the Plan only covers cost of generic drug.

| Premium Medical Plan Monthly Rates for <u>New Financial Advisors</u> ^{1,6} (0-48 months post can-serve date) | | | |
|--|---|------------------------|------------------------------------|
| Coverage | Deductible | Full Rate ² | Fully Discounted Rate ³ |
| Associate | \$3,850 | \$197.11 | \$130.44 |
| Associate + Spouse/Domestic Partner ⁴ | \$3,850 per person, \$7,750 maximum per family ⁵ | \$476.86 | \$343.53 |
| Associate + Child(ren) ⁴ | | \$314.95 | \$181.62 |
| Associate + Family ⁴ | | \$558.25 | \$424.92 |

Premium Medical Plan Monthly Rates for Veteran Financial Advisors¹, Service Partners¹, and General Partners¹

| Coverage | Deductible | Full Rate ² | Fully Discounted Rate ³ |
|--|---|------------------------|------------------------------------|
| Associate | \$3,850 | \$359.21 | \$292.54 |
| Associate + Spouse/Domestic Partner ⁴ | \$3,850 per person, \$7,750 maximum per family ⁵ | \$789.66 | \$656.33 |
| Associate + Child(ren) ⁴ | | \$534.93 | \$401.60 |
| Associate + Family ⁴ | | \$960.50 | \$827.17 |

The Platinum medical plan option is for associates who are willing to take on a higher deductible in exchange for a lower premium. Visit the *Investing in You* site to access a plan decision support tool that will help you determine if this is a good fit for you.

**Platinum Medical Plan Monthly Rates for New Financial Advisors^{1,6}
(0-48 months post can-serve date)**

| Coverage | Deductible | Full Rate ² | Fully Discounted Rate ³ |
|--|---|------------------------|------------------------------------|
| Associate | \$4,850 | \$171.77 | \$105.10 |
| Associate + Spouse/Domestic Partner ⁴ | \$4,850 per person, \$9,750 maximum per family ⁵ | \$420.40 | \$287.07 |
| Associate + Child(ren) ⁴ | | \$270.31 | \$136.98 |
| Associate + Family ⁴ | | \$477.49 | \$344.16 |

**Platinum Medical Plan Monthly Rates for Veteran Financial Advisors¹,
Service Partners¹, and General Partners¹**

| Coverage | Deductible | Full Rate ² | Fully Discounted Rate ³ |
|--|---|------------------------|------------------------------------|
| Associate | \$4,850 | \$333.98 | \$267.31 |
| Associate + Spouse/Domestic Partner ⁴ | \$4,850 per person, \$9,750 maximum per family ⁵ | \$733.00 | \$599.67 |
| Associate + Child(ren) ⁴ | | \$490.28 | \$356.95 |
| Associate + Family ⁴ | | \$879.74 | \$746.41 |

- 1 All listed Edward Jones Medical Plan premiums are monthly rates.
- 2 If you or your enrolled adult dependent is a tobacco user (defined as using any form of tobacco more than 12 times in the past 12 months), add \$21.67 per month per tobacco user (up to \$43.33 per month maximum).
- 3 Fully discounted rate is the rate you'll pay if you and your spouse/domestic partner earn the maximum Wellness Program incentives.
- 4 If you enroll a spouse/domestic partner who has coverage available through his/her employer's medical plan, add \$100 per month to the rate shown.
- 5 One family member may satisfy the per-person deductible; then the plan will begin paying on that member's claims.
- 6 The firm subsidizes the cost of the Medical Plan at a higher rate for new financial advisors for up to 48 months after can-sell date or up to 12 months from start date for newly hired, experienced financial advisors.

Associates enrolled in the Edward Jones Medical Plan after January 1, 2022, can earn up to \$800* toward their 2023 medical plan premium. Covered spouses/domestic partners also can earn up to \$800* toward the medical plan premium.

| Monthly Wellness Program Incentives | |
|-------------------------------------|--|
| Activity | Maximum Monthly Reward of: |
| MyPulse Health Assessment | \$8.33 per person; \$16.66 per family |
| Biometric Screening Measures | \$33.33 per person; \$66.66 per family |
| Lifestyle Activities | \$25.01 per person \$50.02 per family |

Note: Associates enrolled in Associate + Child(ren) coverage without a spouse/domestic partner enrolled in the medical plan will automatically earn an additional \$800* for their eldest, enrolled child.

Alternative Means for Discounts: Incentives are available to all associates enrolled in the Edward Jones Medical plan. If you think you and/or your spouse/domestic partner might be unable to meet the standard for a reward, you have an opportunity to earn the same reward by different means. Contact Virgin Pulse at 833-880-4209 to speak to a health coach. This health coach will work with you (and, if you wish, your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

For Newly Enrolled Dependents Only

If you enroll a dependent (spouse/domestic partner or child) in the Edward Jones Medical Plan for the first time during Open Enrollment, you will be required to submit documents that verify that your dependent is eligible for medical coverage, as directed by the Plan. In January, you'll receive in the mail a packet from Mercer, the company administering the program for us, with all of the information you'll need to complete the verification process. Failure to prove your dependent meets the eligibility criteria will result in the dependent being terminated from the Medical Plan.

| Dental Plan (Network Provider: Delta Dental) | | |
|---|---|-----------------------------------|
| Benefit | Premium Dental Plan | Basic Dental Plan |
| Preventive care (twice a year cleaning, checkup, X-rays) | 100%, no deductible | 100%, no deductible |
| Annual deductible for treatment | \$75 per person/ \$150 per family | \$50 per person (no family limit) |
| Basic services (fillings, periodontics, root canals, simple and surgical extractions) | 80% after deductible | 50% after deductible |
| Major services (bridges and dentures, crowns, oral surgery) | 50% after deductible | 50% after deductible |
| Maximum annual benefit payable for all services, other than preventive care | \$2,000 per person | \$1,000 per person |
| Orthodontia for children under age 19. Note: The orthodontia benefit is paid quarterly as the treatment plan progresses. If you drop Premium coverage during the course of orthodontia treatment, you won't receive the full \$2,000 benefit. | 50% after deductible, lifetime maximum of \$2,000 per child | Not covered |
| Coverage | Monthly Rate | |
| Associate Only | \$49.42 | \$28.65 |
| Associate Plus One Child | \$84.98 | \$48.29 |
| Associate Plus Two Children | \$122.15 | \$67.95 |
| Associate Plus Three Children | \$159.33 | \$87.60 |
| Associate Plus Four or More Children | \$196.51 | \$107.31 |
| Associate Plus Spouse Only | \$98.96 | \$57.27 |
| Associate Plus Spouse and One Child | \$133.18 | \$76.93 |
| Associate Plus Spouse and Two Children | \$169.95 | \$96.57 |
| Associate Plus Spouse and Three Children | \$207.13 | \$116.24 |
| Associate Plus Spouse and Four or More Children | \$244.32 | \$135.88 |

Vision Plan
(Network Provider: VSP)

| Benefit | Description | Co-Pay | Frequency |
|-------------------------------|--|---|---------------------------|
| Well Vision Exam | Focuses on your eyes and overall wellness | \$0 | Every calendar year |
| Contact Fitting | Contact lens exam (fitting and evaluation) | \$60 | Every calendar year |
| Prescription Glasses Frame | \$175 allowance (\$195 allowance on certain brands) 20% off any amount over allowance | \$35 Included in Prescription Glasses co-pay | Every other calendar year |
| Lenses | Single vision, lined bifocal, lined trifocal | Included in Prescription Glasses co-pay | Every calendar year |
| Lens Options | <ul style="list-style-type: none"> Polycarbonate lenses for children | \$0 | Every calendar year |
| | <ul style="list-style-type: none"> Standard progressive lenses | \$55 | |
| | <ul style="list-style-type: none"> Premium progressive lenses | \$95 - \$105 | |
| | <ul style="list-style-type: none"> Custom progressive lenses | \$150 - \$175 | |
| | Average 20% - 25% off other lens options | | |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> \$175 allowance for contacts | Contact lens exam (fitting and evaluation), covered in full after copay | Every calendar year |
| Extra Savings and Discounts | <p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> 30% off additional glasses and sunglasses from the same VSP doctor on the same day as your exam 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional | | |
| Coverage | Monthly Rate | | |
| Single | \$8.56 | | |
| Dual | \$17.28 | | |
| Family | \$27.84 | | |

Note: Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit www.vsp.com for details.

Supplemental Life Insurance Options

Rates are based on age and tobacco status. Find the correct rate (tobacco user/non-tobacco user, age) and multiply it by the number of thousands of coverage. Your purchase limit is up to \$2.0 million.

Example: Non-tobacco user, age 42, requests \$200,000 in coverage. Rate is \$.041 X 200 = \$8.20/month.

| Supplemental Life Insurance Associate | | |
|---------------------------------------|------------------|--------------|
| Age | Non-Tobacco User | Tobacco User |
| Monthly Rate per \$1,000 | | |
| Under 30 | \$.015 | \$.019 |
| 30 - 34 | \$.018 | \$.025 |
| 35 - 39 | \$.026 | \$.034 |
| 40 - 44 | \$.041 | \$.052 |
| 45 - 49 | \$.066 | \$.083 |
| 50 - 54 | \$.108 | \$.137 |
| 55 - 59 | \$.171 | \$.216 |
| 60 - 64 | \$.228 | \$.286 |
| 65 - 69 | \$.361 | \$.457 |
| 70 and over | \$.716 | \$.800 |

| Supplemental Life Insurance Spouse/ Domestic Partner | |
|--|--------------|
| Coverage Amount ¹ | Monthly Rate |
| \$10,000 | \$1.07 |
| \$25,000 | \$2.67 |
| \$50,000 | \$5.34 |
| \$100,000 | \$10.72 |

¹ May require evidence of insurability

If you purchase coverage for children, you'll pay the rate shown on the table below no matter how many children you have. Coverage does not require evidence of insurability.

| Supplemental Life Insurance Child(ren) | |
|--|--------------|
| Coverage Amount | Monthly Rate |
| \$5,000 | \$0.62 |
| \$10,000 | \$1.24 |
| \$25,000 | \$3.16 |

Supplemental Accidental Death & Dismemberment Options

You may purchase coverage which insures your own life in multiples of \$25,000 to \$100,000, then multiples of \$100,000 to \$1 million. Coverage does not require evidence of insurability. Your family members' lives are insured for a portion of the associate benefit.

| Supplemental Accidental Death & Dismemberment (AD&D) | |
|--|---------------------|
| Plan | Monthly Rate |
| Associate Only | \$.0090 per \$1,000 |
| Family Plan | \$.015 per \$1,000 |

Long Term Disability Options

New financial advisors will be automatically enrolled in Long Term Disability (LTD), and the firm will pay the premium until the financial advisor's one-year employment date. Principals and financial advisors can purchase LTD coverage at the special group rate. The monthly rate is \$.267 per \$100 of monthly earnings, based on your prior year's average monthly earnings. Your monthly LTD payroll rate will be displayed in the Online Enrollment system when you make your benefit elections.

| Long Term Disability Examples | |
|-------------------------------|--------------|
| Annual Compensation | Monthly Rate |
| \$65,000 | \$14.46 |
| \$97,000 | \$21.58 |
| \$300,000 or more | \$66.75 |

This is intended to be a summary. For details on your coverage, please refer to the Summary Plan Description and other benefit information provided on www.edwardjonesbenefits.com.