

Investing in You

Culture ▪ Career ▪ Total Rewards ▪ Well-being

Edward Jones

2025 Hawaii Coverage Details – Client Support Team Professionals & Home Office

The following charts provide information about your benefit coverage, including an overview of key plan features. For full details, see the Investing in You benefits website: www.edwardjonesbenefits.com.

Medical Plan Home Office and Client Service Team Professionals Bi-Weekly

Coverage	
Associate Only	\$28.12
Associate + 1	\$183.11
Associate + Family	\$338.10

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	Per Pay Period	
Associate Only	\$20.28	\$11.76
Associate Plus Spouse	\$40.62	\$23.51
Associate Plus Child(ren)	\$43.92	\$24.44
Associate Plus Family	\$70.99	\$39.38

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	\$200 allowance 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	• Polycarbonate lenses for children	\$0	Every calendar year
	• Standard progressive lenses	\$0	
	• Premium progressive lenses	\$95 - \$105	
	• Custom progressive lenses	\$150 - \$175	
	Average 20% - 25% off other lens options		
Contacts (instead of glasses)	• \$200 allowance for contacts	Contact lens exam (fitting and evaluation), covered in full after copay	Every calendar year
Extra Savings and Discounts	Glasses and Sunglasses • Extra \$50 to spend on featured frame brands. Go to VSP.com/framebrands for details. • 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last Well Vision exam Routine Retinal Screening. • No more than a \$39 copay on routine retinal screening as an enhancement. Laser Vision Correction • Average 15% off the regular price or 5% off the promotional discounts only available from contracted facilities. Light Care • Frame allowance may be used for non-prescription sunglasses or blue light glasses (if not already used for prescription materials). Computer Vision • Provides additional materials benefits specific to computer use: \$35 material copay, \$200 retail frame allowance. This is an associate-only benefit; it does not apply to covered dependents.		
Coverage	Per Pay Period		
Associate Only	\$3.54		
Associate Plus Spouse	\$7.48		
Associate Plus Child(ren)	\$7.80		
Associate Plus Family	\$11.73		

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 \$2 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	Per Pay Period Rate
\$10,000	\$0.49
\$25,000	\$1.23
\$50,000	\$2.46
\$100,000	\$4.95

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	Per Pay Period Rate
\$5,000	\$0.29
\$10,000	\$0.57
\$25,000	\$1.46

Supplemental Accidental Death & Dismemberment Options

You may purchase coverage that 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	Per Pay Period Rate
Associate Only	\$.0042 per \$1,000
Family Plan	\$.0069 per \$1,000

Voluntary Benefits

Coverage	Monthly Rate
Hospital Indemnity Insurance - Low Plan	
Associate Only	\$9.01
Associate + Spouse	\$17.94
Associate + Children	\$14.95
Associate + Spouse and Children	\$22.99
Hospital Indemnity Insurance - High Plan	
Associate Only	\$17.71
Associate + Spouse	\$35.88
Associate + Children	\$30.11
Associate + Spouse and Children	\$44.48

Accident Insurance - Low Plan	
Associate Only	\$4.54
Associate + Spouse	\$9.08
Associate + Children	\$11.15
Associate + Spouse and Children	\$13.06
Accident Insurance - High Plan	
Associate Only	\$8.80
Associate + Spouse	\$17.60
Associate + Children	\$21.61
Associate + Spouse and Children	\$25.32

Critical Illness Insurance

Non - Tobacco

Monthly Premium per \$1,000 of Coverage

Attained Age	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Spouse and Child(ren)
<25	\$0.31	\$0.54	\$0.55	\$0.70
25 - 29	\$0.34	\$0.58	\$0.57	\$0.74
30 - 34	\$0.39	\$0.67	\$0.63	\$0.81
35 - 39	\$0.50	\$0.82	\$0.73	\$0.95
40 - 44	\$0.65	\$1.04	\$0.89	\$1.15
45 - 49	\$0.85	\$1.34	\$1.09	\$1.42
50 - 54	\$1.12	\$1.76	\$1.35	\$1.80
55 - 59	\$1.48	\$2.33	\$1.71	\$2.30
60 - 64	\$1.96	\$3.08	\$2.20	\$2.99
65 - 69	\$2.46	\$3.86	\$2.70	\$3.68
70 - 74	\$3.32	\$5.17	\$3.55	\$4.86
75+	\$4.38	\$6.76	\$4.62	\$6.30

Tobacco

Monthly Premium per \$1,000 of Coverage

Attained Age	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Spouse and Child(ren)
<25	\$0.36	\$0.61	\$0.59	\$0.77
25 - 29	\$0.41	\$0.68	\$0.64	\$0.83
30 - 34	\$0.50	\$0.82	\$0.74	\$0.95
35 - 39	\$0.71	\$1.13	\$0.94	\$1.22
40 - 44	\$0.99	\$1.54	\$1.23	\$1.60
45 - 49	\$1.36	\$2.09	\$1.60	\$2.10
50 - 54	\$1.83	\$2.84	\$2.07	\$2.76
55 - 59	\$2.49	\$3.86	\$2.72	\$3.69
60 - 64	\$3.29	\$5.12	\$3.53	\$4.82
65-69	\$4.16	\$6.46	\$4.39	\$6.02
70-74	\$5.51	\$8.53	\$5.74	\$7.88
75+	\$7.21	\$11.10	\$7.45	\$10.20

This document is a summary of your medical benefit coverage, which is more fully explained in the Edward D. Jones & Co. Employee Health and Welfare Program Plan Document. In the event the terms of this summary and the Plan Document conflict, the Plan Document will control. Edward D. Jones & CO., L.P. reserves the right, within its sole discretion, to amend or terminate any of its sponsored group health plan benefits at any time and for any reason, including without limit the cost-sharing provisions described herein as it applies to any current or former participant, employee or other beneficiary. This document also serves as the Summary of Material Modifications (“SMM”) to the benefits offered through the Edward D. Jones & Co. Employee Health and Welfare Program. Please keep a copy of this document along with a copy of each summary plan description for the benefits described herein.

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 2024 EDWARD D. JONES & CO., L.P. ALL RIGHTS RESERVED.

January, you'll receive a packet mailed to your home address from Aptia, an Edward Jones approved partner administering the program for us, with all 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.