

## Vision Benefits - 2023

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# Vision Benefits Summary

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This section of the Summary Plan Description (or "SPD") summarizes the major features of the vision benefits program offered through the Edward D. Jones & Co. Employee Health & Welfare Program (the "Plan"). For more information about the vision benefits, please consult the "Claim, Appeal, and Legal Information" section.

This SPD is effective January 1, 2023. This SPD, and other various other documents (such as relevant Plan documents, insurance policies, certificates of coverage, and other benefit summaries) currently in effect taken together are the "Plan documents". Your rights are governed by the terms of the Plan documents. Any questions concerning the Plan shall be determined in accordance with the terms of the relevant Plan documents.

The Plan Administrator retains the authority to resolve any conflict or inconsistency between the SPD and any other Plan document. No person, other than the Plan Administrator or their authorized delegate, has the authority to make any representation which contradicts the Plan documents.

## Terms to Know

**Annual Maximum.** Once you or your eligible and covered dependents reach this limit, you are responsible for the full cost of any additional services you may receive.

**Medically Necessary.** Refers to a specific procedure that is reasonably required in the judgment of VSP for the treatment or management of a vision symptom or condition. The procedure also must be the most efficient and economical procedure that can safely be provided to you. *The fact that a VSP network eye-care provider prescribes, orders, recommends or approves a procedure does not make the procedure or supply medically necessary.*

**Non-VSP Network Provider.** Any eye-care provider who has not signed a participating agreement with VSP.

**Vision Plan.** The vision benefit program available to you and your family as part of the Edward D. Jones & Co. Employee Health & Welfare Program.

**VSP.** The Vision Plan's administrator, VSP Vision Care.

**VSP Network Provider.** A VSP network eye-care provider who has signed an agreement with VSP is referred to as a participating VSP network eye-care provider. When you use a participating VSP network eye-care provider, you are only responsible for non-covered charges, any deductible, co-payment amounts and any amount over the annual maximum, if and as applicable.

## Vision Benefits

As part of the Edward D. Jones & Co. Employee Health & Welfare Program, Edward Jones offers a Vision Plan to eligible associates and their eligible, covered dependents. The Vision Plan provides comprehensive coverage for various types of vision services. The Vision Plan is administered by VSP Vision Care ([www.vsp.com](http://www.vsp.com)), which operates a national network of independent eye-care providers. Participating eye-care providers file your claims for you, and VSP pays them directly for covered services.

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The entire cost of the Vision Plan is paid by participants, who are responsible for the insurance premiums and applicable co-payments for examinations and eyewear. Premiums are generally paid via pre-tax payroll deductions. (Note that GPs and SP's are not eligible to pay for benefits on a pre-tax basis.) The Vision Plan generally pays for prescription glasses and/or contact lenses up to the applicable allowance and provides discounts on laser eye surgery. Prices are already discounted through VSP network doctors.

Participants in the Vision Plan may go to any licensed eye-care provider whenever you need vision care, but you pay less out-of-pocket costs when care is given by a VSP Choice participating provider (also referred to as a "VSP Choice Network Provider"). VSP has also contracted with "affiliate" providers, including Costco® Optical, Visionworks, and other high-quality retail chains. Whether you choose a VSP Choice Network Provider or affiliate provider, you will receive In Network benefit coverage. If you go to a non-participating eye-care provider (also referred to as "Open Access Provider"), it is your obligation to pay the eye-care provider the full amount and to file your own claim with VSP. VSP will make payment directly to you based on the out-of-network schedule of allowances.

To use the Vision Plan, the covered person first should schedule a well-vision appointment with a VSP Choice Network Provider. To be eligible for benefits, vision services must be provided while you are enrolled in the Vision Plan. Payments are not made until VSP receives a claim form for the services your eye-care provider provides (see *Claims, Appeals and Legal Information* section of SPD).

Please note that associates and their covered dependents enrolled in the Medical Plan also have a routine vision exam covered as part of the wellness benefits within the applicable Medical Plan. If you participate in both the Vision Plan and the Medical Plan, you'll have a choice as to where to obtain your eye exam.

## Vision Plan Highlights

The following chart provides an overview of the benefits available through the Vision Plan.

Benefit	Description	Copay	Frequency
Well Vision Exam	Focuses on your eyes and overall wellness	\$0	Every calendar year
Prescription Glasses		\$35	See frame and lenses
Frame	\$175 allowance, 20% off amount over allowance	Included in \$35 copay above	Every other calendar year
Lenses	Single vision, lined bifocal, lined trifocal	Included in \$35 copay	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	
	In addition, the member can receive an average 20-25% off other lens options		
Contacts (instead of glasses)	\$175 allowance for contacts	Contact lens exam (fitting and evaluation); Covered in full after copay not to exceed \$60	Every calendar year
Extra Savings and Discounts	Glasses and Sunglasses <ul style="list-style-type: none"> <li>• 30% off additional glasses and sunglasses from the same VSP doctor on the same day as your exam</li> <li>• 20% off additional glasses and sunglasses, including lens options, from any network provider within 12 months of your last Well Vision exam.</li> </ul>		

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	<p>Laser Vision Correction</p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>
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When you receive care from a VSP Choice Network Provider, covered benefits are reimbursed based on the eye-care provider's usual, customary and reasonable (UCR) charge for services. You are not responsible for paying the provider any amount that exceeds the UCR charge. You are only responsible for non-covered charges and any deductible and coinsurance amounts, if applicable.

If you go to a non-participating eye-care provider, VSP reimburses you directly based on the out-of-network schedule of allowances. It is your obligation to pay the full amount to the eye-care provider and to file your own claim for reimbursement to VSP. The Vision Plan will cover up to the following amounts: Exam \$58; Single vision lenses - \$47; Bifocal lenses - \$72; Trifocal lenses - \$97; Lenticular lenses - \$136; Elective Contacts - \$135; Medically Necessary Contacts - \$154.50 (per eye) or \$309 for both eyes; eyeglasses frame - \$88

To find a contracted VSP Choice Network Provider near you, visit the online VSP provider directory via [www.edwardjonesbenefits.com](http://www.edwardjonesbenefits.com).

### Identification Cards are not issued

After you enroll for vision coverage, you will receive a confirmation statement from Edward Jones. When you make your appointment at a VSP Choice Network Provider, you should identify yourself as a VSP member. The VSP Network Provider will contact VSP to verify your eligibility, plan coverage and to obtain authorization for services. Upon completion of the appointment, the VSP network provider submits the claim for you to VSP for processing and VSP then pays the VSP network provider directly.

If you use a Non-VSP Network Provider, you are to pay for all services in full yourself and then file a claim for reimbursement (see *Claims, Appeals, and Legal Information* section of SPD).

## What's Covered

Your Vision Plan provides coverage for the following types of services as follows:

- vision examination, including the test necessary to ensure visual wellness and to detect potential eye-related medical problems,
- prescribing and ordering corrective lenses,
- fitting and adjustments of frames,
- assisting in frame selection, subsequent adjustments to frames to maintain comfort and efficiency, and
- discounts and allowances on lenses and frames, contact lens exam and laser eye surgery.

**Note:** If you receive benefits for a treatment through your Medical Plan, you may not receive benefits for the same treatment from your Vision Plan.

## Plan Limits

### Care from More Than One VSP Network Provider

If you receive care from more than one VSP Network Provider for the same procedure, benefits will not exceed what would have been paid to one VSP Network Provider for that procedure.

### Vision Emergency

Urgent or medical needs are not covered by the Vision Plan.

### Coordination of Benefits

If you are eligible for benefits under another group vision plan, such as your spouse's plan, the two plans coordinate their benefit payments so the combined payments do not exceed 100% of covered expenses. For example, if your spouse has vision coverage and he/she is also covered as a dependent under your Vision Plan, their vision plan pays first, and the Edward Jones Vision Plan pays second, up to 100% of covered expenses, or the maximum allowed under the Vision Plan

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(whichever is less). For additional information on Coordination of Benefits, see the *Claim, Appeal and Legal Information* section of this SPD.

## What's Not Covered

No benefits will be provided under the Vision Plan if you select any of the following cosmetic options listed below, the Plan will pay the basic cost of the allowed lenses, and you will pay the additional costs for the options:

- blended lenses,
- oversize lenses,
- UV (ultraviolet protection) lenses,
- progressive multifocal lenses,
- coating of a lens or lenses (including mirror, color, anti-reflective and scratch),
- laminating of a lens or lenses,
- cosmetic lenses,
- photochromic lenses, tinted lenses except Pink #1 and Pink #2,
- optional cosmetic processes, and
- certain limitations on low vision care.

In addition, services and eyewear that are not covered include:

- orthoptics or vision training and any associated supplemental testing,
- plano lenses (non-prescription lenses),
- two pair of glasses in lieu of bifocals,
- replacement of lenses and frames under the Vision Plan which are lost or broken except at the normal intervals when services are otherwise available,
- medical or surgical treatment of the eyes,
- corrective vision treatment of an experimental nature,
- costs for services and/or eyewear above benefit allowances, and
- services/eyewear not indicated as covered Vision Plan benefits.

## For More Information

For more information regarding COBRA continuation of coverage, administrative information about the Vision Plan and your rights as a participant in the Edward Jones D. Jones & Co. Employee Health & Welfare Program, please see the *Eligibility and Electing Benefits, Leaving the Plan*, and the *Claim, Appeal and Legal Information* sections respectively.