

Investing in You

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Edward Jones®

2027 Hawaii Coverage Details –Principals

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.

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 a packet mailed to your home address from Aptia, an Edward Jones approved partner 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 all the Edward Jones benefit plans elected.

Medical Plan Financial Principals Monthly

Coverage	Principals
Associate	\$110.83
Associate + Spouse	\$635.17
Associate + Child(ren)	\$476.65
Associate + Family	\$1,001.00

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
Applies to all eligible members including associates, spouses and dependent children to age 19 or 23 full-time student (\$2000 lifetime maximum) NOTE: Orthodontia benefit paid quarterly statement and verbiage afterwards remains the same.	50% after deductible, lifetime maximum of \$2,000 per eligible member	Not covered
Coverage	Monthly Rate	
Associate Only	\$52.03	\$29.48
Associate Plus Spouse	\$104.21	\$58.94
Associate Plus Child(ren)	\$112.67	\$61.28
Associate Plus Family	\$182.13	\$98.73

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	Monthly Rate		
Associate Only	\$8.70		
Associate Plus Spouse	\$18.34		
Associate Plus Child(ren)	\$19.13		
Associate Plus Family	\$28.77		

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 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 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	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	Semi-Monthly Rate
\$65,000	\$7.23
\$97,000	\$10.79

Voluntary Benefits

Coverage	Monthly Rate
Identity Theft Protection	
Associate Only	\$6.15
Associate + Family	\$10.40
Identity Theft Protection - Plus	
Associate Only	\$8.05
Associate + Family	\$13.25
Legal Plan	
MetLife Law	\$15.95

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.