

2026 Coverage Details – Client Support Team & Home Office (Part-Time)

The following charts provide information about your benefit coverages, 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 Benefits (Network Provider: Anthem Blue Cross)				
	GOLD Medical Plan		**SILVER** Medical Plan	
Plan Features	**Network Provider**	**Out-of-Network Provider[1]**	**Network Provider**	**Out-of-Network Provider[1]**
Annual Deductible	**$2,000 per person, $4,000 per family**	**$4,000 per person, $8,000 per family**	**$4,000 per person, $8,000 per family**	**$6,000 per person, $12,000 per family**
	Applies to Medical, Rx and Behavioral Health expenses only. Dental and Vision expenses do not apply to deductible.			
Deductible Procedure	For dependent coverage tiers: **Gold:** One person or a combination of family members must meet the full family deductible before the plan starts paying 80% on family's claims. **Silver:** One person may satisfy the per-person deductible; then the plan will begin paying 80% on that member's claims.			
Maximum you pay including annual deductible	20% coinsurance after deductible $4,000 per person/ $8,000 per family Out-of-Pocket (OOP)	40% coinsurance after deductible $7,000 per person/ $14,000 per family Out-of-Pocket (OOP)	20% coinsurance after deductible $6,000 per person/ $12,000 per family Out-of-Pocket (OOP)	40% coinsurance after deductible $8,000 per person/ $16,000 per family Out-of-Pocket (OOP)

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	40% coinsurance after deductible

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Both medical plans cover these services in the same manner:			
Your Plan Covers:		**In-Network Provider**	**Out-of-Network Provider[1]**
	Physician's Office Visit/Virtual Doctor Visit (medical diagnosis and treatment)	20% coinsurance after deductible	40% coinsurance after deductible
	Lab/X-ray	20% coinsurance after deductible	40% coinsurance after deductible
	In-hospital Medical Care[2]	20% coinsurance after deductible	40% coinsurance after deductible
	Emergency Room Treatment[3]	20% coinsurance after deductible	40% coinsurance after deductible
	Urgent Care Center/Convenience Care Clinic/ Outpatient	20% coinsurance after deductible	40% coinsurance after deductible
	Behavioral Health	20% coinsurance after deductible	40% coinsurance after deductible
	Prenatal and Maternity Care/Newborn Care[4]	20% coinsurance after deductible	40% coinsurance after deductible
	Manipulative Therapy[5] (Chiropractic)	20% coinsurance after deductible	40% coinsurance after deductible
	Physical, Speech, Occupational Therapy[6]	20% coinsurance after deductible	40% coinsurance after deductible
Prescription Medications	Administered by CarelonRx: 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 at 80% after deductible (Women's prescription contraceptives and cancer prevention drugs for women at high risk covered 100% before deductible.)	Not applicable
	Maintenance Medications: You'll pay more if you don't switch to RxMaintenance 90 after the second refill at a retail pharmacy.	If you are taking a maintenance medication you may receive the first 30-day supply and up to one additional 30-day refill of the same medication at a participating retail pharmacy. On your third refill, you must fill a 90-day supply of your maintenance medication at a participating maintenance network retail pharmacy or use the CarelonRx home delivery pharmacy. If you don't switch to the RxMaintenance 90 program: You will pay the full cost of the drug at 100% before and after your deductible is met. None of the penalty costs will be applied toward your deductible or out-of-pocket	Not applicable
	Lifetime Maximum Benefit	Unlimited	Unlimited

1 Charges for out-of-network providers are subject to maximum allowed amounts. The patient is responsible for amounts billed by provider that exceed the maximum allowed amount.

2 Precertification is required for all inpatient hospital care.

3 See the Anthem Benefit Booklet for details on emergency care.

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 in the Anthem Benefit Booklet. Nursery care for well newborns is covered under the mother's in-hospital deductible. You must add your newborn to medical plan coverage for their medical claims to be covered by the Plan.

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 the cost of generic drug.

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GOLD Medical Plan Semi-Monthly Rates for Client Support Teams and Home Office Associates			
Coverage	**In-Network Deductible[2]**	**Full Rate**	**Fully Discounted Rate[1]**
Associate	$2,000	$75.92	$42.59
Associate + Spouse/ Domestic Partner[3]	$4,000 per family[4]	$227.23	$160.56
Associate + Child(ren)		$116.33	$83.00
Associate + Family[3]		$267.24	$200.57

The **Silver** 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.

SILVER Medical Plan Per Pay Period Rates for Client Support Teams and Home Office Associates			
Coverage	**In-Network Deductible[3]**	**Full Rate**	**Fully Discounted Rate[1]**
Associate	$4,000	$58.83	$25.49
Associate + Spouse/ Domestic Partner[3]	$4,000 per person, $8,000 per family[5]	$188.20	$121.53
Associate + Child(ren)		$86.23	$52.89
Associate + Family[3]		$211.62	$144.95

1 Fully discounted rate is the rate you'll pay if you and your spouse/domestic partner earn the maximum Well-being program incentives.
2 Gold Plan: One person or a combination of covered family members must satisfy the full family deductible; then the plan will begin paying 80% on the family's covered claims for in-network coverage.
3 Silver Plan: One family member must satisfy the per-person deductible; then the plan will begin paying 80% on that member's covered claims for in-network coverage.
4 A tobacco cessation program is available through Personify Health to earn back the surcharge. If you think you and/or your spouse/domestic partner might be unable, due to health status, to participate in the tobacco cessation program and you need a reasonable alternative standard or an accommodation, you will qualify for an opportunity to earn back the tobacco surcharge by different means. You may contact Personify Health at 833-880-4209, and they will work with you (and, if you wish, with your doctor) to find a well-being program that is right for you in light of your health status in order to earn back the tobacco surcharge.
5 One family member may satisfy the per-person deductible; then the plan will begin paying on that member's claims.

Medical Premium Discounts	
Activity	**Maximum Per Pay Period Reward of:**
Medical Premium Discounts	$33.33 per person; $66.66 per family

Associates enrolled in the Edward Jones Medical Plan after January 1, 2025, can earn discounts up to $800* toward their 2026 medical plan premium. Covered spouses/domestic partners also can earn up to $800* discounts toward the medical plan premium. Please see the details in the Well-being programs information on Investing in You

Note: Associate + Spouse/DP, and Associate + Family Coverage: If you have Associate + Spouse/DP, or Associate + Family coverage, then your spouse or domestic partner can participate in the medical premium discounts. If you have Associate + Child(ren) coverage the discounts for your child are already included in the monthly premiums so no additional discounts need to occur. A maximum of one dependent discount per family applies. Savings assume participation in the medical plan for all of 2026.

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. You may contact Personify Health Pulse at 833-880-4209, and they will work with you to find a wellness program with the same reward that is right for you in light of your health status.

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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.

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