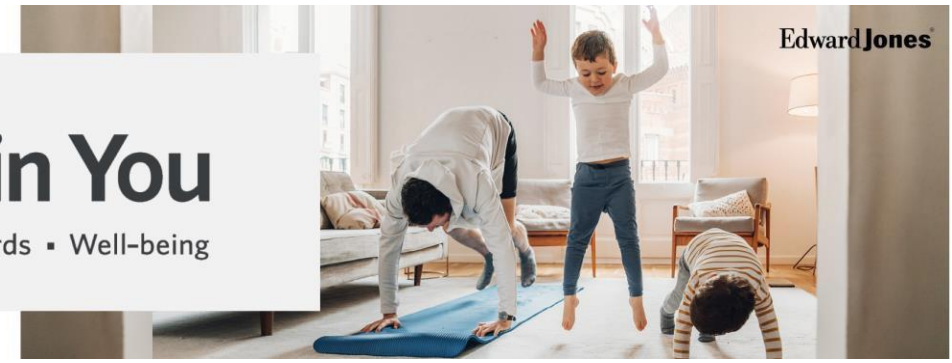
Investing in You

Culture ▪ Career ▪ Total Rewards ▪ Well-being



2026 Coverage Details – Client Support Team & Home Office

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
	Preventive Care for Children (including immunizations)	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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Premium Rates

GOLD Medical Plan Per 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	$4,000 per family	$227.23	$160.56
Associate + Child(ren)		$116.33	$83.00
Associate + Family		$267.24	$200.57
		Additional Cost: a.) If you enroll a spouse/domestic partner who has coverage available through his/her employer's medical plan, add $50 semi-monthly to the rate shown. b.) If you or your enrolled adult dependent is a tobacco user (defined as using any form of tobacco more than 12 times in the last 12 months), add $10.84 semi-monthly surcharge per tobacco user (up to $21.67 semi-monthly maximum).[4]	

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 Semi-Monthly 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	$4,000 per person, $8,000 per family[5]	$188.20	$121.53
Associate + Child(ren)		$86.23	$52.89
Associate + Family		$211.62	$144.95
		Additional Cost: a.) If you enroll a spouse/domestic partner who has coverage available through his/her employer's medical plan, add $50 semi-monthly to the rate shown. b.) If you or your enrolled adult dependent is a tobacco user (defined as using any form of tobacco more than 12 times in the last 12 months), add $10.84 semi-monthly surcharge per tobacco user (up to $21.67 semi-monthly maximum).[4]	

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.

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Semi-Monthly Well-being Rewards - 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 to earn medical premium discounts. If you have Associate + Child(ren) coverage, the discounts for your child are already applied to 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: Discounts 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 discount, you have an opportunity to earn the same discount by different means. You may contact Personify Health at 833-880-4209, and they will work with you to find a well-being program with the same discount that is right for you in light of your health status.

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	**Semi-Monthly Rate**	
Associate Only	$23.50	$13.32
Associate Plus Spouse	$47.07	$26.62
Associate Plus Child(ren)	$50.89	$27.68
Associate Plus Family	$82.26	$44.59

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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	**Semi-Monthly Rate**		
Associate Only	$4.04		
Associate Plus Spouse	$8.51		
Associate Plus Child(ren)	$8.88		
Associate Plus Family	$13.35		

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

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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]	**Semi-Monthly Period Rate**
$10,000	$0.535
$25,000	$1.335
$50,000	$2.67
$100,000	$5.36

[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	**Semi-Monthly Period Rate**
$5,000	$0.31
$10,000	$0.62
$25,000	$1.58

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	**Semi-Monthly Period Rate**
Associate Only	$.0045 per $1,000
Family Plan	$.0075 per $1,000

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.

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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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