

A smiling woman with dark curly hair and a young girl with brown hair are looking at a tablet together. The woman is wearing a blue top and the girl is wearing a striped shirt and denim overalls. The background is a blurred indoor setting. A large red diamond shape is overlaid on the left side of the image, containing the word 'ROLLINS' in white capital letters and a registered trademark symbol below it.

ROLLINS

®

Welcome to Rollins!

In this guide, you'll find instructions on how to enroll in your 2022 benefits, what benefits are available to you and useful tools and resources to help you choose the plan that's right for you and your family.

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What's New

CHANGES FOR 2022

The Anthem \$900 Deductible Plan is Closed to New Enrollments

After research and consideration, we've made the decision to close the Anthem \$900 deductible plan to new enrollees. If you are currently enrolled in the Anthem \$900 deductible plan, you may elect it for 2022 or choose another Rollins medical plan. If you are NOT currently enrolled in the Anthem \$900 deductible plan, you will have the options of the other Rollins medical benefit plans. See [page 6](#) for further details.

Wellness Incentive Changes*

Employees enrolled in a Rollins medical benefit plan can now earn up to \$300 for completing wellness activities. All activities will be tracked through Health Advocate. To earn the incentive for 2023, please complete all activities between August 1, 2021 and July 31, 2022.

Employee Activities

- Annual Physical: \$150
- Evive Registration: \$100
- Complete LMS Training Module: \$50

Evive Available Early 2022

Evive is a new benefits communication hub that will help you make the most of your Rollins benefits. You will have all the information you need right at your fingertips. More information to come in early 2022, but for now, plan to register and earn wellness incentives!

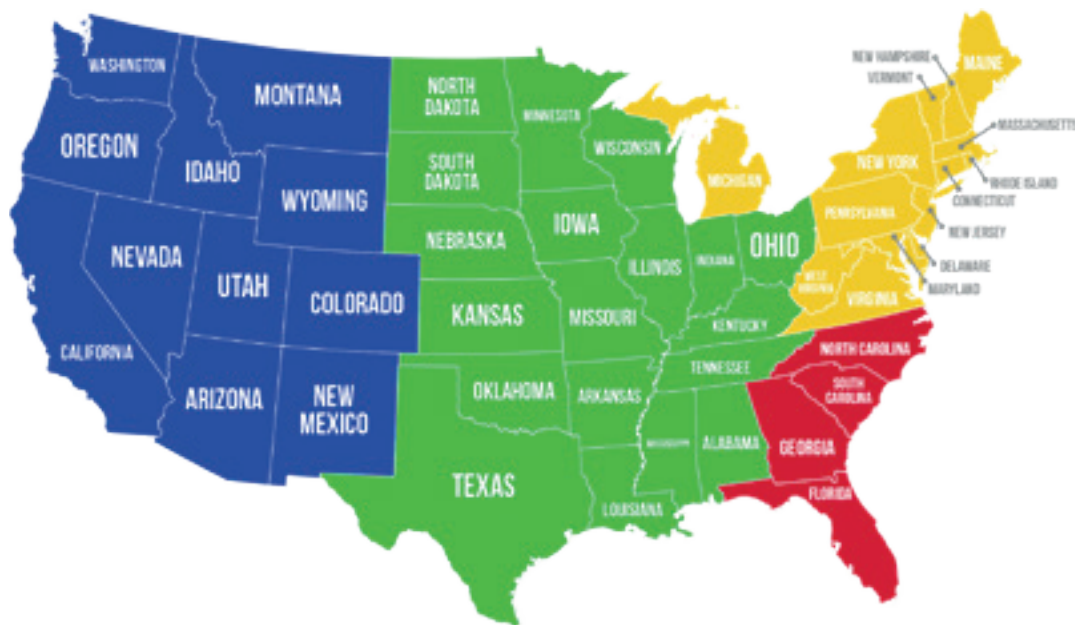
** Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees enrolled in a Rollins medical benefit plan. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at rollinsbenefits@rollins.com and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.*



You Must Call to Enroll

FIND YOUR WORK STATE IN THE MAP

Your state shows the timing of your priority enrollment dates. Call **1-888-659-2586** during your open enrollment week. Reduce your wait time by avoiding the peak hours of 8 a.m., 12 p.m. or 4 p.m.



October 6 to 11	October 12 to 17	October 18 to 23	October 24 to 29
FL, GA, NC, SC	CT, DE, MA, MD, ME, MI, NH, NJ, NY, PA, RI, VA, VT, WV	AL, AR, IA, IL, IN, KS, KY, LA, MN, MO, MS, ND, NE, OH, OK, SD, TN, TX, WI	AZ, CA, CO, ID, MT, NM, NV, OR, UT, WA, WY

Monday – Friday, 8 a.m. – 8 p.m. or Saturday 8 a.m. – 2 p.m.
 Call during your segment's time zone, indicated below.

Eastern Time	Eastern Time	Central Time	Mountain Time
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One more thing...

Upload required dependent documents via your ElectBenefits.com/Rollins account, via email to docs@ElectBenefits.com or by faxing to **1-615-206-3248**. Review your confirmation statement to make sure everything is correct. If you need to make changes, call **1-888-659-2586** to speak to an enrollment counselor. You should also review your first paycheck of 2022 to verify deductions are correct.

ROLLINS BENEFITS ENROLLMENT CENTER: (888) 659-2586
IF YOU DO NOT TAKE ACTION DURING THE ENROLLMENT WINDOW, YOU WILL NOT HAVE COVERAGE.

You Must Call to Enroll

NEED HELP CHOOSING THE RIGHT PLAN? WE HAVE RESOURCES FOR THAT

ALEX is an online interactive tool that helps you select the best benefit plan for you and your family. **ALEX** will ask you — confidentially — a few questions about your healthcare needs, then crunch some numbers and give you ideas about what plan makes the most sense for you.

BEFORE YOU CALL:

- Make sure your mailing address in MyRollins is correct – this is where your new ID cards, WEX debit cards and enrollment confirmation statement will be mailed.
- Go to www.RollinsBenefits.com – this is your YEAR-AROUND benefits site, no login required! It's a great place for you and your spouse to find more information about the benefits Rollins offers, as well as information on leaves of absence and Rollins Benefits "latest news."
- Login to www.ElectBenefits.com/Rollins – be sure to use the same email and password you used last year to login.
 - You're a first timer? Click on 'Create Account,' then enter your Employee ID Number in the "Employer Provided ID" field, enter your Date of Birth (format: mmddyyyy) in the "Employer Provided Key" field and enter your Email Address and Password (these will be used to login).
- Once logged in to your ElectBenefits account, you can watch short, fun videos that explain your benefits, access benefits forms and plan documents, view a statement of your current benefit elections, and get advice from ALEX on which plans are best for you and your family!
- If you're adding dependents, gather required documentation and information, including dependent's name, date of birth, Social Security number, and relation.
- Contemplate who you want to receive your life insurance benefits, i.e., beneficiaries, so you're prepared when you speak to an enrollment counselor.

ROLLINS BENEFITS ENROLLMENT CENTER

(888) 659-2586

Monday — Friday
8 a.m. to 8 p.m.

(your local time zone)

Saturday
8 a.m. TO 2 p.m.
(your local time zone)



You Must Call to Enroll

WHO YOU CAN COVER

- Your legal spouse or domestic partner
- Your natural, adopted or stepchild(ren), up to age 26
- Your disabled child(ren) over the age of 26, with proof of disability

Employees must be enrolled in order to cover their dependents.

If your spouse has medical coverage available through their employer, a **\$150 per month spousal surcharge** will apply to your medical plan premium if you add your spouse to your Rollins medical plan coverage.

What's considered a domestic partnership?

A domestic partner, as defined by the Rollins benefit plan, is a relationship that can affirm **ALL** of the following items:

- You are each other's sole domestic partner with the intent to remain so indefinitely.
- Neither are married to, or legally separated from anyone else nor had any another domestic partner within the prior twelve months.
- Both are at least eighteen (18) years of age and mentally competent to enter into a legal contract.
- You are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which you legally reside.
- You cohabit and reside together in the same residence and have done so for at least six months, with the intent to do so indefinitely.
- You are not in the relationship solely for the purpose of providing benefits coverage.
- You are engaged in a committed relationship of mutual caring and support and jointly responsible for common welfare and living expenses, such as the sharing of property, bank accounts and vehicles.

Special enrollment circumstances

If you and your spouse both work at Rollins: Both of you can have individual medical coverage, but you can't have double coverage (i.e., covering yourself individually and having your spouse cover you as their spouse) on any plan, including voluntary life insurance. You should compare costs to see if it's better for you to be together on a family plan. Only one of you can enroll your dependent(s) in benefits, including child life insurance.

If you want to make changes mid-year: If you experience a qualifying life event (QLE) during the year, you may change your benefit elections as long as the requested coverage change is consistent with the event. The change must be requested within 30 days of the event. Common QLEs include marriage, divorce, birth or adoption of a child, death of a covered dependent, to name a few. Here's how to submit your QLE:

1. Call the Rollins Benefits Enrollment Center at **888-659-2586** or go online at ElectBenefits.com/Rollins.
2. Collect documentation to prove your life event.
3. Submit your documentation by uploading to ElectBenefits.com, emailing to rollinsservices@benefitcommunications.com or faxing to **615-206-3248**.

Tobacco User Surcharge

If you or your spouse are tobacco users and elect Rollins medical coverage in 2022, you will be charged a \$150 per month tobacco-use surcharge. **If both you and your spouse use tobacco — your total monthly additional cost will be \$300.** Tobacco usage includes e-cigarettes, cigarettes, cigars, vaping, chewing tobacco and pipes. You will be asked to certify the tobacco-use status of you and your enrolled spouse during enrollment.

GET FREE HELP QUITTING — AND PAY LESS! — WITH QUIT FOR LIFE

When you quit using tobacco products, including vaping, the benefits start right away. Just one day after you quit, your risk for heart attack begins to drop. One year later, it's cut in half. We want you to enjoy those health benefits, so we offer a free tobacco cessation program, Quit for Life[®], to all employees and their dependents.

The Quit For Life program will give you a trained Quit Coach[®] who will work with you one-on-one by phone, text or chat. Together, you'll map out a personalized quit plan that's right for you. Plus, your coach will give you tried-and-true strategies to fend off cravings, handle social situations, and avoid triggers.

Along with phone coaching, participants will receive the following:

Convenient Tools

- Our proprietary, interactive website and mobile app, which offers online support tools that complement coaching sessions and enable for further exploration
- A course of NRT (patch or gum) mailed in conjunction with each participant's established quit date

Access to Coaches and Expert-led Online Education

- Expert-led online tobacco cessation and stress management content that provide participants with additional education and support between sessions
- One-on-one coaching sessions with a Quit Coach staff to support and guide participants through the quitting process; unlimited inbound phone support is available
- Online Group coaching sessions to create a sense of community and facilitate peer learning
- Unlimited inbound Quit Coach support for up to one year using toll-free phone, live chat and text

Engaging Experience

- Tailored motivational emails throughout the quitting process
- Text messaging service that provides personalized, interactive messages, urge management support as well as planning and motivational support
- Personalized, digital dashboard that track program progress

If you complete the Quit for Life tobacco cessation program, the tobacco use surcharge will be removed — and **if you complete by November 30, the surcharges you paid through the year will be refunded to you!**

Call **1-866-784-8454** or go to quitnow.net to start quitting today.

Our health plan is committed to helping you achieve your best health. Rewards for participating in a well-being program are available to all employees enrolled in a Rollins medical plan. If you think you might be unable to meet a standard for a reward under this well-being program, you might qualify for an opportunity to earn the same reward from your medical plan premiums through a reasonable alternative. Reach out to RollinsBenefits@Rollins.com for more information about alternative methods to earn.

Medical and Prescription Benefits

You have two decisions to make when enrolling in a Rollins medical plan:

• **Decision 1: Choose Your Carrier**

- › The Health Plan, Anthem and Kaiser (Kaiser is only available in certain areas, see [page 9](#)) all have different physician networks. If seeing a certain physician is important to you, be sure to check the plan’s network.

• **Decision 2: Choose Your Deductible**

- › This decision impacts how much you pay out-of-pocket for medical and prescription expenses when you or a family member use the plan. Regardless of the plan you choose, you will need to pay the full deductible before Rollins’ cost share kicks in. This document, the enrollment counselors and [RollinsBenefits.com](#) are great resources for deciding which benefits are right for you and your family. Our best tip? Start at [RollinsBenefits.com](#) to learn what you need to know, then call the Rollins Benefits Enrollment Center for personal concierge service!



DISCONTINUATION OF THE ANTHEM \$900 DEDUCTIBLE PLAN

After research and consideration, we’ve made the decision to end new enrollments in the **Anthem \$900 deductible** plan. While current enrollees may remain in the plan, effective this enrollment, season there will be no new enrollments into that plan. You will continue to have the option of all the other medical benefit plans Rollins offers.

DECISION ONE: CHOOSE YOUR CARRIER

Rollins offers you the option of three different medical plan carriers. Each medical plan includes prescription drug coverage. The three carriers are THP, Anthem, and Kaiser Permanente.



	Anthem	KAISER PERMANENTE	The HealthPlan
Where is this Plan Available?	Available nationwide	Select areas (see page 9)	Available nationwide
How Do I Check if my Doctor is In-Network?	anthem.com Network Outside Georgia: National PPO BlueCard PPO Georgia: Blue Open Access POS	kp.org You must see Kaiser providers for coverage	multiplan.com/phcspracanc
Premiums	\$\$\$	\$\$	\$
PCP and Specialist	Anthem Network	Kaiser Permanente Physicians Only	PHCS Practitioner & Ancillary Network
Imaging like an MRI or CT Scan	Anthem Network	Kaiser Permanente Facilities Only	PHCS Practitioner & Ancillary Network
Hospitalization (inpatient and outpatient)	Anthem Network	Kaiser Permanente Network Only	All facilities are available (see page 7)
Prescription coverage	OptumRx	Kaiser Permanente (pick up at Kaiser Facility or through Kaiser Mail Order)	OptumRx
Prescription Savings Program	Rx Savings Solution	Not available	Rx Savings Solution

About The Health Plan

On The Health Plan, you'll have access to the same services and benefits as our other medical carriers. The deductibles are the same and the premiums are the lowest of all Rollins plans.

Like the Anthem plan, you visit in-network doctors and pay coinsurance costs after you meet the deductible. Check to see if your current doctor is in-network before you enroll by searching www.multiplan.com/phcspracanc.

Unlike our other carriers, with The Health Plan there is no hospital network, so you can go to any hospital. Cost and quality of hospital care varies widely, so The Health Plan sets costs with hospitals with that in mind to keep costs lower than the traditional negotiated rate method of hospital networks. The result is you pay less out of your pocket — and you have access to white glove concierge service through The Health Plan customer service team for any help you may need.

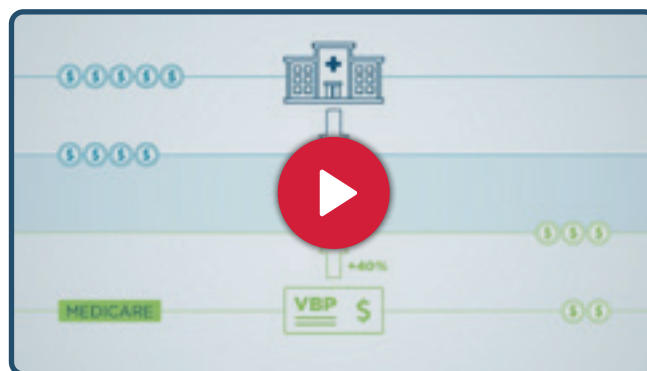
Here are some key features:

- You'll save the most money if you see a provider within the PHCS Practitioner & Ancillary network versus using an out-of-network provider.
- You won't have to get a referral from a primary care physician before you see a specialist.
- You can use any facility for inpatient procedures, outpatient procedures and the emergency room.
- Premiums are the lowest of all Rollins.

How do I know where to go?

- Telemedicine and virtual visits:
 - LiveHealth Online at www.livehealthonline.com. You'll pay \$59 for your visit then submit a claim to The Health Plan.
- Need a regular doctor — or a specialist, like a dermatologist or cardiologist?
 - Go to www.multiplan.com/phcspracanc. Start typing in the specialty you need — like “primary care physician” for the doctor you see regularly — then select from the drop down to search.
- For other facilities and hospitals:
 - You can use any facility for inpatient and outpatient hospital care. Your doctor must pre-certify all non-emergency hospital treatment with The Health Plan before you receive care by calling [1-877-318-4490](tel:1-877-318-4490) to discuss your treatment plan and provide necessary documentation. That will reduce the likelihood that you receive a surprise bill in the mail.

IF YOU'RE INTERESTED IN UNDERSTANDING THE HEALTH PLAN A LITTLE MORE, CLICK HERE OR VISIT [HTTPS://VIMEO.COM/FLIMPEDIA/REVIEW/458761185/9F184B679F](https://vimeo.com/flimpmedia/review/458761185/9f184b679f).



Monthly Rates	\$900 Deductible Plan	\$1,500 Deductible Plan	\$2,850 Deductible Plan	\$4,500 Deductible Plan	\$6,550 Deductible Plan
Employee Only	\$210.05	\$170.49	\$124.05	\$99.59	\$77.27
Employee + Spouse	\$540.75	\$439.31	\$331.64	\$273.21	\$223.40
Employee + Children	\$412.60	\$335.25	\$252.83	\$208.82	\$170.06
Employee + Family	\$629.32	\$511.40	\$386.14	\$318.75	\$259.69

About Anthem

Our Anthem PPO medical plans provide more flexibility when picking a doctor or hospital because more providers have agreed to partner with Anthem as in-network providers. As with all of our plans, you will pay more if you see an out-of-network provider.

Here are some key features:

- You'll save the most money if you see a provider within the Anthem network versus an out-of-network provider.
- You won't have to get a referral from a primary care physician before you see a specialist.
- Premiums are the highest for this plan, and you may pay more when you receive care since the negotiated rates aren't as discounted as on The Health Plan or Kaiser plans.

How do I know where to go?

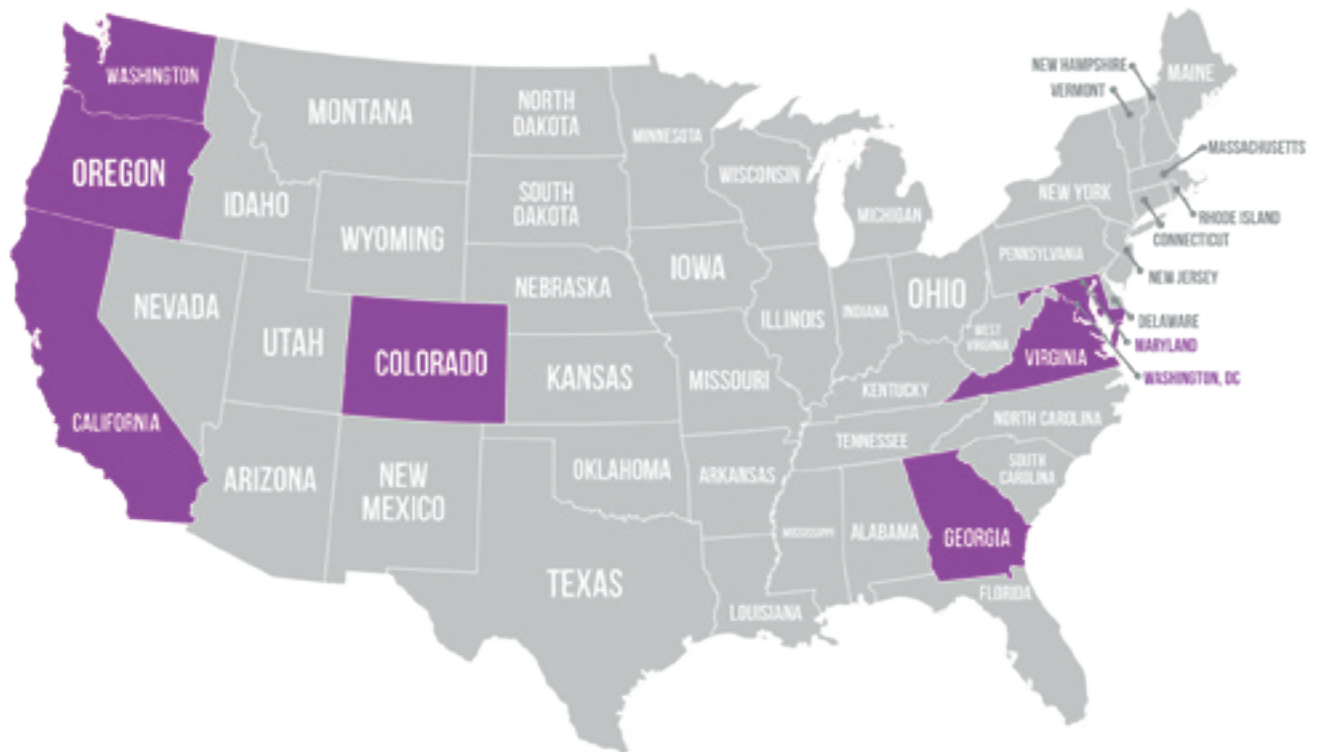
- Telemedicine and virtual visits:
 - › LiveHealth Online at www.livehealthonline.com. You'll pay \$59 for your visit.
 - › Sydney Health mobile app. You'll pay \$19 for your visit.
- For all care, from doctors to lab work to hospitals: www.anthem.com
 - › Inside Georgia: Blue Open Access POS Network.
 - › Outside Georgia: National PPO BlueCard PPO Network.

Monthly Rates	\$900 Deductible Plan <i>(not available to new enrollees)</i>	\$1,500 Deductible Plan	\$2,850 Deductible Plan	\$4,500 Deductible Plan	\$6,550 Deductible Plan
Employee Only	\$311.06	\$241.00	\$175.35	\$138.10	\$107.15
Employee + Spouse	\$800.79	\$620.99	\$468.79	\$378.84	\$309.77
Employee + Children	\$611.01	\$473.90	\$357.40	\$289.55	\$235.81
Employee + Family	\$931.94	\$722.89	\$545.84	\$441.99	\$360.09



About Kaiser

Our Kaiser HMO plans give you access to certain doctors and hospitals within the Kaiser network. Unlike PPO plans, care under a Kaiser plan is covered only if you see a provider within the Kaiser network. Emergency services are the only services covered outside of the Kaiser network.



Here are some key features:

- A primary care physician will need to refer you in order to get specialist care or have tests done.
- Except for emergency care, if you opt to see a doctor outside of the Kaiser network, there is no coverage — you will have to pay the entire cost of services.
- These plans are geographic, so they're only available if you live in certain areas of California, Colorado, Washington, D.C., Georgia, Maryland, Oregon, Washington, or Virginia.

How do I know where to go?

- Telemedicine and virtual visits:
 - www.kp.org. Costs vary across regions, but visit kp.org/costestimates for an idea of how much you'll pay.
- For all care, from doctors to lab work to non-emergent hospitals: www.kp.org
 - Kaiser network providers

Monthly Rates	\$900 Deductible Plan	\$1,500 Deductible Plan	\$2,850 Deductible Plan	\$4,500 Deductible Plan	\$6,550 Deductible Plan
Employee Only	\$252.38	\$204.87	\$149.17	\$119.79	\$92.94
Employee + Spouse	\$649.10	\$527.36	\$398.24	\$328.09	\$268.28
Employee + Children	\$495.41	\$402.55	\$303.72	\$250.87	\$204.31
Employee + Family	\$755.33	\$613.82	\$463.61	\$386.63	\$311.80

	\$900 Deductible Plan	\$1,500 Deductible Plan	\$2,850 Deductible Plan	\$4,500 Deductible Plan	\$6,550 Deductible Plan
	In-Network	In-Network	In-Network	In-Network	In-Network
In-network Preventive Care: No Charge	The plan pays 100%, no deductible				
Deductible: You pay this first (individual / family)	\$900 / \$1,800	\$1,500 / \$3,000	\$2,850 / \$5,700	\$4,500 / \$9,000	\$6,550 / \$13,100
Coinsurance: Then you and Rollins share costs (coinsurance) for office visits, hospital stays, physical therapy, lab work, x-rays, etc.*	You pay 20% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay nothing after deductible
Out-of-Pocket Maximum: This is the most you will pay in the plan year for medical and prescription expenses (individual / family)	\$4,800 / \$9,600	\$5,200 / \$10,400	\$6,550 / \$13,100		
If the Out-of-Pocket Max is Met: The plan pays eligible expenses for the remainder of the year	The plan pays 100%				
Company Contribution: Provided through a Healthcare Spending Account	\$250 into your health reimbursement arrangement (HRA)		\$250 into your health savings account (HSA)		
Healthcare Spending Plans: You can contribute pre-tax funds into these accounts to pay your healthcare expenses	2022 FSA contributions cannot exceed \$2,750; be sure to consider the \$250 in HRA funds you receive from Rollins		2022 HSA contributions, in combination with the Rollins wellness credit, cannot exceed \$3,650 single / \$7,300 family		
Prescriptions (30-day supply): The amount you pay depends on your plan	No Rx Deductible Generic: You pay 30%; max you pay is \$30 Preferred brand: You pay 30%; max you pay is \$75 Non-Preferred Brand: You pay 45%; max you pay is \$120	No Rx Deductible You pay 20%	You pay 30%, after deductible		You pay nothing after the deductible has been satisfied
Maintenance Prescriptions: You'll pay less for a 90-day supply at network retail pharmacies or through mail order	You pay 2.5 times the monthly cost for a 90-day supply				

*Inpatient care and certain outpatient procedures must be authorized (before you receive care) to be sure the services are medically necessary and covered by the plan. If you do not get preauthorization when it's needed, your charges may not be covered.

Save on your prescriptions!

If you are enrolled in the Anthem or the Health Plan, use OptumRx's Price and Save Tool to compare the cost of medications at local and home delivery pharmacies. Click <https://www.optumrx.com/public/landing> and log into your OptumRx account to get started.

If you enroll in the Kaiser plans, you can find a pharmacy, see what drugs are covered and refill mail order prescriptions all online through <https://healthy.kaiserpermanente.org/>.

Spending Accounts



Our medical plans come with — or can be supplemented with — pre-tax savings accounts, administered by WEX, that you can use to pay eligible healthcare expenses. Review the chart below to see which accounts fit into your medical plan election. Not sure which spending account is for you? Ask ALEX!

	HSA	HRA	Health Care FSA	Dependent Care FSA
Which plans does it work with?	\$2,850, \$4,500, or \$6,550 deductible plan	\$900 or \$1,500 deductible plan	Available to those on the \$900 or \$1,500 deductible plan, or those not enrolled in Rollins medical	Any plan — or waived coverage
How does it work?	A tax-advantaged personal savings account that helps you save for out-of-pocket healthcare expenses, now or down the road	Rollins funds the account to offset out-of-pocket healthcare expenses when you incur them during the plan year.	A tax-advantaged account that helps you set aside money to pay for healthcare expenses that occur during the plan year	A tax-advantaged account that helps you set aside money to pay for dependent care expenses (like babysitters, summer day camp, or elder care) that occur during the plan year
I want to use my money on my dependents. Who is eligible?	Any tax dependent	Dependents covered on the medical plan	Any tax dependent	Tax dependents who are children under the age of 13 or adults who are physically or mentally unable to care for themselves.
Who owns the account?	You. You can take it with you, even if you retire, change jobs or health plans.	Rollins	You. If you don't use all the funds, you forfeit them each year.	
Who can contribute?	You and Rollins. Rollins will fund for healthy activities: Annual Physical: \$150 Evoke Registration: \$100 Complete LMS training module: \$50	Rollins only; Rollins will fund for healthy activities: Annual Physical: \$150 Evoke Registration: \$100 Complete LMS training module: \$50	You only	
What are my annual maximum contribution limits?	Single: \$3,650; Family: \$7,300 The limit includes the Rollins \$250 contribution	N/A	Up to \$2,750	Up to \$5,000 per household
Do unused funds in my account carry over to the next year?	Yes, unused balances carry over. Funds are yours to keep and you never lose them, even if you change jobs or stop working.	No, use it or lose it. You'll need to spend your funds within the plan year and submit any outstanding receipts no later than March 31, 2023.		
Can I invest funds or earn interest on them?	Yes, once the account balance reaches \$1,000 you can invest through your WEX online account	No		
Can it be combined with another health account?	No	Yes, an HRA and a healthcare FSA can be used together. HRA dollars pay first before FSA funds are used, so consider the \$250 in HRA funding you'll receive from Rollins as you determine your FSA election.		N/A
What are the tax advantages?	Triple tax advantage: 1. Pre-tax contributions 2. Tax-free growth 3. Tax-free withdrawals for qualified healthcare expenses.	Reimbursements for qualified healthcare expenses are tax free.	Pre-tax contributions and tax-free withdrawals for qualified expenses.	



Preventive Care

According to the World Health Organization, 80% of chronic diseases can be prevented. The best time to take care of yourself is before you have health problems, and we have resources to help you easily navigate preventive healthcare — for free.

TAKE CARE OF YOURSELF WITH FREE PREVENTIVE CARE!

Preventive Immunizations, including Flu and COVID

The Rollins OptumRx prescription drug plans cover routine vaccines at 100% when you use OptumRx network pharmacies or at your doctor's office! Just show your OptumRx ID card before getting your flu shot or vaccine.

Kaiser Permanente members can get no-cost flu and COVID shots at all Kaiser locations. Many even have walk-in vaccination clinics.

Find a Primary Care Physician (PCP)

Going to regular physical exams, regardless of how you feel, is more important than you might realize. The questions your primary care physician asks and the tests that are recommended or ordered give baseline and follow-up information about your health. This can help catch problems early and quickly — even if you feel fine. That's why we make annual well visits to your primary care physician free for medical plan members and give you incentive dollars into your HRA or HSA.

Screenings and Tests

Under all the Rollins medical plans, certain preventive tests and screenings are available and covered at no cost to you. Talk with your doctor about what tests are right for you based on your age, family history, and risk factors. Call your medical plan if you have questions about costs.



Dental (Cigna)



Getting the right preventive dental care can help keep your teeth sparkling and clean, but did you know that proper preventive dental care can save you 31% on future dental costs? That's money in your pocket! Getting routine dental exams could also detect signs of serious conditions such as diabetes, leukemia, heart disease and kidney disease.

Rollins offers three dental plans through Cigna, and they cover two cleanings and required x-rays per year — at no cost to you! On all plans, you'll pay less when you use an in-network dentist.

The Dental HMO is only available in certain areas depending on network access to dentists near you. If you elect the Dental HMO, you only get in-network benefits, and you must contact Cigna to assign a primary dental provider.

	Basic Plus Dental Plan	Enhanced Dental Plan	Dental HMO
In-Network Benefits*	Total DPPO Network	Total DPPO Network	Dental Care Access Network
Annual Maximum Benefit	\$1,000 per covered individual	\$2,000 per covered individual	N/A
Deductible (individual / family)	\$50 / \$150	\$50 / \$150	\$0 / \$0
Preventive Services	\$0, no deductible	\$0, no deductible	\$0, no deductible
Basic Services	30% after deductible	20% after deductible	Copays vary by service
Major Services	50% after deductible	50% after deductible	
Orthodontia	Not covered	50%, lifetime maximum of \$2,500 per covered individual	<u>The Dental HMO schedule</u> on rollinsbenefits.com includes a complete list of covered services and their copays

*The amounts paid by Cigna for services obtained through an out-of-network provider will be substantially less than when services are obtained through an in-network provider. Out-of-network benefit amounts will be based on an "allowable charge." Always request a pre-treatment estimate before receiving services.

Monthly Dental Premiums

Coverage Level	Basic Plan	Enhanced Plan	Dental HMO
Employee	\$22.04	\$36.81	\$21.23
Employee + Spouse	\$44.09	\$73.61	\$35.35
Employee + Child(ren)	\$48.49	\$80.96	\$41.50
Family	\$72.74	\$121.45	\$62.03

Vision (EyeMed)

Did you know that serious health problems show early signs through your eyes — signs you don't want to miss? In fact, diabetes is the number one cause of blindness in adults. The good news is those signs can be spotted early during an eye exam.

Through EyeMed, both Rollins vision plans include a routine eye exam once every calendar year for \$10.00, *and* save you money on eye care items. With thousands of provider locations, EyeMed makes it easy to choose [an in-network provider](#), with hours and a location that works for you.

In-Network Benefits	Standard		Enhanced	
	“Insight” Network	Out-of-Network Reimbursement	“Insight” Network	Out-of-Network Reimbursement
Exam <i>once every 12 months</i>	\$10 copay	Up to \$35	\$10 copay	Up to \$35
Frames	\$0 copay, \$130 allowance, 20% off balance over \$130; Every 24 months	Up to \$65	\$0 copay, \$175 allowance, 20% off balance over \$175 Every 12 months	Up to \$88
Lenses <i>once every 12 months in lieu of contact lenses</i>	\$25 copay	Single: Up to \$25 Bifocal: Up to \$40 Trifocal: Up to \$55	\$10 copay	Single: Up to \$25 Bifocal: Up to \$40 Trifocal: Up to \$56
Contacts <i>once every 12 months in lieu of lenses</i>	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$104	\$0 copay, \$175 allowance, 15% off balance over \$175	Up to \$140
Contact lens fit and follow up exams	Member pays up to \$40	Not covered	Member pays up to \$40	Not covered

Monthly Vision Premiums

Coverage Level	Standard Plan	Enhanced Plan
Employee	\$4.94	\$11.28
Employee + Spouse	\$9.14	\$20.84
Employee + Child(ren)	\$9.38	\$21.39
Family	\$14.44	\$32.95

Life Insurance (Voya)

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Rollins provides benefit-eligible employees with one times your annual earnings (including commissions), and up to \$150,000 matching amount of AD&D insurance, at no cost to you. The IRS requires that the value of this coverage that is in excess of \$50,000 be included as taxable income, called “imputed income.” This value is determined using a formula set by the IRS, and you’ll see that number on your paycheck.

At age 65, Basic Life and AD&D coverage reduces to 65% of its original amount; at age 70, coverage reduces to 50%. This reduction will become effective the first day of the plan year following the birthday.

VOLUNTARY EMPLOYEE TERM LIFE

You can purchase additional term life insurance from Voya in \$25,000 increments, up to a maximum of \$1,000,000.

EVIDENCE OF INSURABILITY

If you make a new voluntary life election or increase your current amount for yourself after your initial eligibility, you will be required to complete evidence of insurability (EOI), which proves your good health. Note: EOI is only waived for those already enrolled in voluntary life and who are increasing their election amount by no more than \$25,000 during open enrollment.

Voya will email you a website link to complete the EOI application, so make sure your email address is updated in your MyRollins portal. Your coverage will not be effective until Voya has approved your EOI. Reach out to Voya at 1-888-238-4840 if you have questions.



VOLUNTARY SPOUSE LIFE

You can purchase Spouse Life coverage from Voya in \$25,000 increments, up to a \$250,000 maximum. Evidence of insurability is required for amounts over \$50,000.

Voluntary Employee and Spouse Life Monthly Premium*	
Age as of 12/31/2021	Per \$1,000 of Coverage
< 29	\$0.065
30 - 39	\$0.095
40 - 44	\$0.150
45 - 49	\$0.245
50 - 54	\$0.440
55 - 59	\$0.530
60 - 64	\$1.060
65 - 69	\$1.700
70 - 74	\$3.670
75 and over	\$11.330

*At age 65, all life insurance coverage reduces to 65% of its original amount; at age 70, coverage reduces to 50%. This reduction will become effective the first day of the plan year following the birthday.

EVIDENCE OF INSURABILITY

If you make a new voluntary life election or increase your current amount for your spouse after your initial eligibility, your spouse will be required to complete evidence of insurability (EOI). Voya will email you a website link, so make sure your email address is updated in your MyRollins portal. Your coverage will not be effective until Voya has approved your EOI. Reach out to Voya at 1-888-238-4840 if you have questions.

VOLUNTARY AD&D (EMPLOYEE OR FAMILY)

AD&D insurance pays a benefit if you or a covered family member are severely injured or killed in an accident. Employees can purchase Voluntary AD&D employee-only coverage or family coverage. Elections may be requested in \$10,000 increments, up to a maximum of \$500,000.

How it works: If the employee is severely injured or killed in an accident, the benefit pays the full election amount. If an employee's covered spouse and/or child(ren) are injured or killed in an accident, the benefit pays the employee a percentage of the full election amount.

Voluntary AD&D Monthly Premium

Coverage Level	Monthly Rate
Employee	\$0.025 per \$1,000
Family	\$0.035 per \$1,000

VOLUNTARY CHILD LIFE

You can purchase Child Life coverage from Voya in \$5,000 increments, up to a \$20,000 maximum. All children are covered under one premium, and children are eligible from live birth up to 26 years of age. A child may be covered by only one Rollins employee. Evidence of insurability is not required.

Voluntary Child Life Monthly Premium

Coverage Level	Monthly Rate
\$5,000	\$0.50
\$10,000	\$1.00
\$15,000	\$1.50
\$20,000	\$2.00

VOLUNTARY EMPLOYEE WHOLE LIFE INSURANCE (UNUM)

With whole life insurance, you can keep coverage as long as you want, even after and once you purchase coverage, your cost won't increase as you age. Whole life insurance also earns cash value at a guaranteed rate of 4.5%. Cost will be provided when you call to enroll. Evidence of insurability is waived for new elections or an increase in benefit.

Coverage Limits

Covered Individual	Coverage Available
Employee	\$10,000
	\$20,000
	\$30,000
	\$50,000
	\$100,000
Spouse (age 15-80)	\$5,000 - \$30,000 in increments of \$5,000
Children or grandchildren	You can cover your children or grandchildren on individual coverage, even if you don't purchase coverage for yourself. If you leave the Company, your children can keep their coverage—and costs are as little as \$1-\$3 per week

Disability Insurance (Voya)

Rollins offers disability coverage through Voya, which can pay a percentage of your pay if you become injured or ill and are unable to work.

- Short-term Disability:
 - › Benefits up to 90 days after 7-day waiting period
 - › Weekly benefit of 50% of weekly earnings up to a maximum of \$2,500 per week
- Long-term Disability:
 - › Benefits begin 91 days after your disability begins and continue as long as you meet the definition of disabled defined under the policy, subject to the later of the policy schedule or your normal Social Security retirement age
 - › Benefit of 60% of monthly salary up to a maximum of \$15,000 per month

Note: If you enroll in short-term disability and you live in a state that provides state disability insurance (SDI), such as New York, New Jersey, California or Rhode Island, you may only receive a limited benefit from the Rollins short-term disability plan. Voya will offset any SDI benefit up to the maximum benefit provided through the Rollins' plan. If you live in one of these states, research whether or not this benefit would pay you in the event of a short-term disability before you enroll.

Your age as of 12/31/2021	STD cost per \$10 of weekly benefit	LTD cost per \$100 of monthly earnings
24 and under	\$0.238	\$0.213
25 - 29	\$0.255	\$0.213
30 - 34	\$0.247	\$0.213
35 - 39	\$0.230	\$0.213
40 - 44	\$0.281	\$0.506
45 - 49	\$0.281	\$0.506
50 - 54	\$0.349	\$0.706
55 - 59	\$0.468	\$0.706
60 - 64	\$0.578	\$0.706
65 - 69	\$0.612	\$0.706
70 - 74	\$0.612	\$0.706
75 - 79	\$0.612	\$0.706
80 and above	\$0.612	\$0.706

EVIDENCE OF INSURABILITY

If you make a new disability election for yourself during annual enrollment, you will be required to complete evidence of insurability (EOI), which proves your good health. Voya will email you a website link to complete the EOI application, so make sure your email address is updated in your MyRollins portal. Your coverage will not be effective until Voya has approved your EOI. Reach out to Voya at 1-888-238-4840 if you have questions.

Additional Coverage

CRITICAL ILLNESS

Unum's group critical illness insurance can help protect your finances from the expense of a serious health problem if you or your covered dependent is diagnosed with a covered critical illness. The benefit pays a lump sum that you can use to make up for those expected and unexpected expenses, such as lost wages, travel costs or additional child care. You receive this cash benefit at the time of a diagnosis for a covered illness diagnosed after the effective date, such as heart attack, stroke, major organ failure, coronary artery disease, cancer or coma. Please note, the plan only covers conditions diagnosed after the effective date. It does not cover conditions existing prior to your effective date.

Choosing the Benefit	The Details
<ul style="list-style-type: none"> During enrollment, choose a lump-sum benefit (\$10,000, \$20,000 or \$30,000) Spouse coverage is available (50% of your benefit amount) if you elect employee coverage Children are automatically covered under your coverage (50% of your benefit amount) 	<ul style="list-style-type: none"> The diagnosis of a new covered illness must occur at least 180 days after the most recent diagnosis or be medically unrelated to the first covered condition; coverage does not apply for conditions which existed prior to your effective date Each condition is payable once per lifetime You can use this coverage more than once if you are diagnosed with more than one of the covered illnesses

Monthly Premium

Age*	\$10,000 Benefit				\$20,000 Benefit				\$30,000 Benefit			
	Employee + Children		Spouse		Employee + Children		Spouse		Employee + Children		Spouse	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<30	\$5.60	\$7.50	\$3.60	\$4.55	\$9.60	\$13.40	\$5.60	\$7.50	\$13.60	\$19.30	\$7.60	\$10.45
30-39	\$8.50	\$12.80	\$5.05	\$7.20	\$15.40	\$24.00	\$8.50	\$12.80	\$22.30	\$35.20	\$11.95	\$18.40
40-49	\$15.70	\$24.30	\$8.65	\$12.95	\$29.80	\$47.00	\$15.70	\$24.30	\$43.90	\$69.70	\$22.75	\$35.65
50-59	\$29.60	\$46.50	\$15.60	\$24.55	\$57.60	\$91.40	\$29.60	\$47.50	\$85.60	\$136.30	\$43.60	\$70.45
60+	\$55.90	\$87.10	\$28.75	\$44.35	\$110.20	\$172.60	\$55.90	\$87.10	\$164.50	\$258.10	\$83.05	\$129.85

ACCIDENT INSURANCE

Unum's accident insurance can pay benefits based on your injury and treatment, including emergency room care and surgery related to the accident. Covered accidents include things like your child's sports injuries or falls from the ladder while doing home projects. The benefit helps offset the out-of-pocket expenses that medical insurance does not pay, like deductibles or childcare costs, but can be used for anything.

Accident Insurance	Monthly Premium
Employee	\$9.90
Employee + Spouse	\$16.90
Employee + Child(ren)	\$18.14
Family	\$25.14

HOSPITAL INDEMNITY INSURANCE

Unum's group hospital indemnity insurance — which has no pre-existing condition exclusion — pays you a cash benefit in the event that you experience a hospital stay. You can choose from a plan that provides a \$500 hospital admission benefit or \$1,000 benefit (payable once per year, per covered family member). You may also purchase coverage for your spouse and dependent children.

Hospital Insurance	\$500 Option Monthly Premium	\$1,000 Option Monthly Premium
Employee	\$12.79	\$16.65
Employee + Spouse	\$25.21	\$45.91
Employee + Child(ren)	\$17.48	\$23.82
Family	\$29.90	\$53.08

Note: For additional details on plan provisions and benefit amounts, please refer to policy documents on rollinsbenefits.com.

COMMUTER BENEFITS

Available in San Francisco Bay Area, New York City, Washington, D.C., New Jersey and Seattle

Commuter benefits allow you to use pre-tax dollars for your work-related, out-of-pocket eligible transit expenses (does not include gas or parking expenses). Like a spending account, you choose the amount you want to fund with pre-tax payroll deductions on a monthly basis, up to \$270/month. The transit plan allows you to pay for qualified transit expenses for commuting between your home and work.

Visit www.wexinc.com to set up your commuter account. A WEX debit card will be mailed to you to use when purchasing transit passes.

AVAILABLE ON DAY 1 PAY LESS WITH PERKSPOT

PerkSpot is an online discount mall that gives you access to exclusive prices, discounts and offers from hundreds of local and national merchants. You'll pay nothing to use this service! Save up to 40% through offers that interest you, including home office equipment, home gym equipment, online entertainment like Disney+ and food delivery options like GrubHub, PostMates and HomeChef. Visit rollins.perkspot.com to shop!

PET INSURANCE THROUGH NATIONWIDE

Protect against the financial impact of veterinary care while using any veterinarian worldwide. All plans have a \$250 annual deductible and an annual maximum benefit of \$7,500. You will have access to a 24-hour vet helpline for care anytime, anywhere. See the chart below for details on what is covered:

Protection/Service	My Pet Protection
Accidents, including poisonings and allergic reactions	✓
Injuries, including cuts, sprains and broken bones	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓
Serious or chronic illnesses, including cancer and diabetes	✓
Hereditary and congenital conditions	✓
Surgeries and hospitalization	✓
X-rays, MRIs and CT scans	✓
Prescription medications and therapeutic diets	✓

Enroll at petinsurance.com/rollinsinc. From there, you'll see your monthly rate based on your state and pet. You may enroll in or change your coverage at any time. To make life a little easier, pet insurance coverage will be directly deducted from your payroll!

Please note: Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of the policy will be considered a pre-existing condition.

LEGAL ASSISTANCE THROUGH METLIFE

The legal assistance plan can ease the biggest stresses of finding and paying for the right lawyer. MetLife provides support and protection from unexpected personal legal issues, including divorce and ID theft. Benefits cover all family members, including dependent children under age 26.

With the legal assistance plan, you can get coverage and support on the following, and more:

- Estate planning documents, like wills
- Document preparation and review, like elder-law matters and mortgages
- Court appearances, including civil litigation defense, juvenile court defense, personal property protection and traffic ticket defense (excluding DUI)
- Family matters, including adoption, divorce (up to 20 hours consultation), name changes and prenuptial agreements
- Immigration assistance
- Financial matters, like debt collection defense and tax audits
- Real estate matters, like boundary disputes, eviction problems (for tenant only) and property tax assessment

Legal Assistance Plan Monthly Premium	
Employee	\$17.50

IDENTITY THEFT PROTECTION THROUGH ALLSTATE

The crisis of the last year has fundamentally transformed how we live and work. Many know they need to do something to protect their online security and privacy, but don't know where to start. Allstate Identity Protection Pro delivers comprehensive financial and identity monitoring to help you protect yourself against the impact of identity theft. See your personal data, monitor it with rapid alerts, and help protect your identity. Plus, rely on our \$1 million identity theft expense coverage if identity theft should occur.

- Comprehensive identity and credit monitoring
- Dark web monitoring
- Financial transaction monitoring
- Social media monitoring
- Data breach notifications
- Remediation of pre-existing identity theft covered at no additional cost
- Coverage available for family
- Full service, U.S.-based remediation support
- 401(k) and HSA reimbursement
- Up to \$1 million identity theft expense reimbursement

Allstate Identity Protection Monthly Premium	
Employee	\$7.95
Employee + Family	\$13.95

Taking Care of YOU!

Free Extra Perks to Take Advantage of

AVAILABLE ON DAY 1 FREE THE EMPLOYEE ASSISTANCE PROGRAM

Mental health is a crucial part of personal well-being, but those who are struggling with depression and other mental health distress frequently go without treatment. Therapy can be expensive, and many are unsure about whether a health plan covers it, or how to go about finding out.

You have access to free mental health benefits within our comprehensive employee assistance program (EAP) through EAP Works. The EAP is a confidential program that can connect you and your family members with a variety of helpful resources, including experienced clinicians, to give you support for a range of personal concerns like anxiety, depression, parenting issues, decision making, and substance abuse. This service can also provide work/life resources for childcare, eldercare, and financial and legal issues.

An experienced professional can evaluate your needs, initiate treatment, and provide referrals for four free face-to-face visits or online counseling, such as individual, couples and family counseling. You have unlimited, 24/7 telephonic support. You and your family members are eligible for four free visits per issue.

Call EAP Works at **1-888-882-1985** to get started or visit www.eapworklife.com with the *username pest* and the *password control*.

FREE RX SAVINGS SOLUTIONS

Anthem and The Health Plan members who use the Rx Savings Solutions service save an average of \$517 a year! Activate your online account at myrxss.com.

- Your account shows which lower-cost prescriptions may be available under your insurance plan and lets you compare prices.
- Switch to a lower-cost option with ease. Rx Savings Solutions will handle everything with your doctor and pharmacy.
- Rx Savings Solutions will contact you anytime you can be spending less.

FREE SUPPORT FOR MANAGING YOUR DIABETES — LIVONGO

(Anthem and The Health Plan members only)

Living with diabetes can feel challenging, but Livongo's digital health platform is a proven way for people to better manage their diabetes as they move throughout their daily lives. Members receive:

- Connected blood glucose meter for easier, more consistent monitoring
- Unlimited free test strips and lancets, including shipping, sent right to the member
- Personalized feedback through digital channels, based on real-time health metrics
- Around-the-clock access to expert health coaches
- Health reports that can be easily shared with healthcare providers by email or fax connectivity with the care team, including provider notes and electronic health record integration

FREE HEALTH ADVOCATE

All employees who are eligible for Rollins benefits, as well as their spouses, children, parents and in-laws, have free and unlimited access to Health Advocate.

Through Health Advocate, you have confidential, unlimited access to Personal Health Advocates, who are benefits specialists, claim experts and nurses to help you with a variety of healthcare and insurance-related issues. For example, your Health Advocate could help you:

- Find the right doctors and hospitals, schedule tests and appointments, and secure second opinions
- Explain benefits coverage and health conditions
- Resolve billing and claims issues
- Locate eldercare services
- Make decisions about Medicare coverage

You and your family members don't have to be covered by a Rollins medical plan to use Health Advocate.

Financial Benefits

401(K) RETIREMENT PLAN

Your financial health is just as important as your physical health. In fact, saving for retirement may be the most important financial decision you can make today to be prepared for tomorrow. Rollins wants to help you prepare for your financial future.

With the Rollins 401(k) Plan, employees are automatically enrolled on the first day of the quarter (Jan. 1, April 1, July 1 or Oct. 1) after having worked for three (3) months. When you are automatically enrolled in the Plan, you will be set up to contribute three percent (3%) of your pay into a 401(k) account.

Plus, if you contribute to the 401(k), Rollins makes a matching contribution to your account, matching dollar for dollar up to three percent (3%) of your pay and 50 cents for every dollar on the next three percent (3%)!

With automatic enrollment and the Rollins match, you'll be saving six percent (6%) of your salary each year without any extra effort on your part — but don't miss out on free money. Contribute at least six percent (6%) into your 401(k) to get the full match!

Visit prudential.com/online/retirement or call **1-877-778-2100** for help with managing your account and answering questions, Monday through Friday, 8 a.m. to 9 p.m. ET.

**Western administrative employees are not eligible for the Rollins 401(k) plan, but should instead refer to the Western 401(k) plan SPD.*

EMPLOYEE STOCK PURCHASE PLAN (ESPP)

The Employee Stock Purchase Plan (ESPP) allows you to purchase Company stock using payroll deductions, starting with your very first paycheck. You determine how much you want to set aside each paycheck, with a minimum of \$5, and you will begin to accumulate partial and whole shares of stock. To enroll, email rollinsbenefits@rollins.com.



Vendor Contacts

Service	Phone and Hours	Website	Group Numbers
Enrollment	<p>1-888-659-2586 Submit Documents: Fax: 1-615-206-3248 Email: Docs@ElectBenefits.com</p>	rollinsbenefits.com	
Medical			
Anthem	<p>1-877-331-4331 24 hour nurse line: 866-670-6654 Future Moms: 1-866-664-5404</p>	<p>anthem.com</p>  Sydney Health mobile app	174581
Kaiser Permanente	<p>Colorado (Mon. to Fri., 8 a.m. to 6 p.m.) • Denver: 1-303-338-3800 • Mountain: 1-844-837-6884 • Northern: 1-844-201-5824 • Southern: 1-888-681-7878</p> <p>Georgia (Mon. to Fri., 7 a.m. to 7 p.m.) 1-888-865-5813</p> <p>Mid-Atlantic: Washington D.C., Maryland, and Virginia (Mon. to Fri., 7:30 a.m. to 9 p.m.) 1-301-468-6000</p> <p>Northwest: Oregon and South Washington (Mon. to Fri., 8 a.m. to 6 p.m.) 1-800-813-2000</p> <p>California: (24/7, closed on holidays) 1-800-464-4000</p> <p>Washington: Seattle / Spokane / Tacoma area (Mon. to Fri., 8 a.m. to 5 p.m.) 1-888-901-4636</p>	kp.org	<p>Colorado: 47043</p> <p>Georgia: 10483</p> <p>Mid-Atlantic: 26866</p> <p>Northwest: 22902</p> <p>Northern California: 606461</p> <p>Southern California: 234607</p> <p>Washington: 25635</p>
The Health Plan	<p>1-877-318-4490 (Mon. to Fri., 8 a.m. to 8 p.m. EST)</p>	healthplan.org	0180959

Service	Phone and Hours	Website	Group Numbers
Anthem and The Health Plan Pharmacy Benefits			
OptumRx	1-844-583-9540	optumrx.com	
OptumRx Specialty medications	1-877-838-2907	specialty.optumrx.com	XTERMIN8
Rx Savings Solutions Discount Program	1-800-268-4476 (Mon. – Fri., 7 a.m. to 8 p.m. CST)	myrxss.com	
Wellness			
Health Advocate	1-866-695-8622 (Mon. – Fri., 7 a.m. to 9 p.m. CST)	healthadvocate.com/ members Health Advocate mobile app	
Livongo	1-800-945-4355 Support available 24/7 Schedule coaching (7 a.m. – 7 p.m. local time)	join.livongo.com/ ROLLINS/hi	
Quit for Life Tobacco Cessation	1- 866-784-8454	quitnow.net	
Online Doctor Visits (24/7)			
Anthem & The Health Plan		livehealthonline.com	
Kaiser		kp.org	
Dental			
Cigna	1-800-244-6224 24/7 availability	mycigna.com	3325696
Vision			
EyeMed	1-866-723-0514	eyemedvisioncare.com	Standard: 1024468 Enhanced: 1024469
Spending / Savings Accounts			
Commuter Benefits	1-866-451-3399 (Mon. – Fri., 6 a.m. to 9 p.m. CST)		
Wex HSA / FSA / HRA	Email: customerservice@ wexhealth.com	www.wexinc.com	

Service	Phone and Hours	Website	Group Numbers
Life/Disability			
Voya	Customer Service (Mon. – Fri., 8 a.m. to 7 p.m. CST) 1-888-238-4840 Disability Claims (Mon. – Fri., 7 a.m. to 5 p.m. CST) 1-866-228-8742	voya.com/claims	00707392
Unum Whole Life	1-800-635-5597	unum.com	R0794669
Employee Assistance Program (EAP)			
EAP Works	1-888-882-1985	eapworklife.com Username: Pest Password: Control	
Voluntary Benefits			
Allstate Identity Protection	1-800-789-2720	myaip.com	974
Funeral Planning Services	1-800-913-8318 Available 24/7	everestfuneral.com/voya	
MetLife Legal Plan Legal Benefits	1-800-821-6400 (Mon. – Fri., 7 a.m. to 7 p.m. CST)	info.legalplans.com (enter access code 9901813)	
Nationwide Pet Insurance	1-877-738-7874	petinsurance.com/rollinsinc	4518
PerkSpot Discount Mall	1-866-606-6057	rollins.perkspot.com	
Unum Accident Hospital Indemnity Critical Illness Whole Life	1-800-635-5597	unum.com	Accident, Hospital and Whole Life: R0794669 Critical Illness: 912828
401(k) Savings Plan			
Prudential	1-877-778-2100 (Mon. – Fri., 8 a.m. to 9 p.m. EST)	prudential.com/online/retirement	

Annual Notices

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan. For further details on WHCRA benefits, please refer to the Plan's Summary Plan Description.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in your employer's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in your employer's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in your employer's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

HIPAA: Notice of Privacy Practices

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. This notice is available to you by contacting Human Resources.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility.

ALABAMA: Medicaid myalhipp.com 855-692-5447	Healthy Indiana Plan for low-income adults 19-64: in.gov/fssa/hip 877-438-4479 All other Medicaid: www.in.gov/medicaid 800-457-4584	MASSACHUSETTS: Medicaid and CHIP https://www.mass.gov/info-details/masshealth-premium-assistance-pa 800-862-4840	800-541-2831 NORTH CAROLINA: Medicaid https://medicaid.ncdhhs.gov 919-855-4100 NORTH DAKOTA: Medicaid nd.gov/dhs/services/medicalserv/medicaid 844-854-4825	https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid: 800-432-5924 CHIP: 800-432-5924 WASHINGTON: Medicaid https://www.hca.wa.gov 800-562-3022 WEST VIRGINIA: Medicaid mywvhipp.com 855-MyWVHIPP (855-699-8447) WISCONSIN: Medicaid and CHIP https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800-362-3002 WYOMING: Medicaid https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility 800-251-1269			
ALASKA: Medicaid The AK Health Insurance Premium Payment Program: myakhipp.com 866-251-4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	IOWA: Medicaid and CHIP (Hawki) Medicaid: https://dhs.iowa.gov/ime/members 800-338-8366 Hawki: dhs.iowa.gov/Hawki 800-257-8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888-346-9562	MINNESOTA: Medicaid https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800-657-3739	OKLAHOMA: Medicaid and CHIP insureoklahoma.org 888-365-3742 OREGON: Medicaid healthcare.oregon.gov/Pages/index.aspx?oregonhealthcare.gov/index-es.html 800-699-9075	ARIZONA: Medicaid and CHIP myazhipp.com 855-MyAZHIPP (855-692-7447) CALIFORNIA: Medicaid Health Insurance Premium Payment (HIPP) Program: dhcs.ca.gov/hipp 916-445-8322 hipp@dhcs.ca.gov	KANSAS: Medicaid https://www.kancare.ks.gov 800-792-4884 KENTUCKY: Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855-459-6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877-524-4718 Kentucky Medicaid: https://chfs.ky.gov	MISSOURI: Medicaid dss.mo.gov/mhd/participants/pages/hipp.htm 573-751-2005 MONTANA: Medicaid dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800-694-3084 NEBRASKA: Medicaid ACCESSNebraska.ne.gov 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178 NEVADA: Medicaid dhcnp.nv.gov 800-992-0900 NEW HAMPSHIRE: Medicaid https://www.dhhs.nh.gov/oii/hipp.htm 603-271-5218 Toll free number for the HIPP program: 800-852-3345, ext 5218 NEW JERSEY: Medicaid and CHIP Medicaid: state.nj.us/humanservices/dmahs/clients/medicaid 609-631-2392 CHIP: njfamilycare.org/index.html 800-701-0710 NEW YORK: Medicaid https://www.health.ny.gov/health_care/medicaid	PENNSYLVANIA: Medicaid https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx 800-692-7462 RHODE ISLAND: Medicaid and CHIP eohhs.ri.gov 855-697-4347, or 401-462-0311 (Direct Rlte Share Line) SOUTH CAROLINA: Medicaid scdhhs.gov 888-549-0820 SOUTH DAKOTA: Medicaid dss.sd.gov 888-828-0059 TEXAS: Medicaid gethipptexas.com 800-440-0493 UTAH: Medicaid and CHIP Medicaid: https://medicaid.utah.gov CHIP: health.utah.gov/chip 877-543-7669 VERMONT: Medicaid greenmountaincare.org 800-250-8427 VIRGINIA: Medicaid and CHIP
COLORADO: Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado: https://www.healthfirstcolorado.com 800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus 800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program 855-692-6442 FLORIDA: Medicaid https://www.flmedicaidtprrecovery.com/flmedicaidtprrecovery.com/hipp/index.html 877-357-3268 GEORGIA: Medicaid https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678-564-1162 ext 2131 INDIANA: Medicaid	LOUISIANA: Medicaid Medicaid: medicaid.la.gov 888-342-6207 LaHIPP: ldh.la.gov/lahipp 855-618-5488 MAINE: Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofia/applications-forms 800-442-6003 (TTY: Maine relay 711) Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofia/applications-forms 800-977-6740 (TTY: Maine relay 711)	MISSOURI: Medicaid dss.mo.gov/mhd/participants/pages/hipp.htm 573-751-2005 MONTANA: Medicaid dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800-694-3084 NEBRASKA: Medicaid ACCESSNebraska.ne.gov 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178 NEVADA: Medicaid dhcnp.nv.gov 800-992-0900 NEW HAMPSHIRE: Medicaid https://www.dhhs.nh.gov/oii/hipp.htm 603-271-5218 Toll free number for the HIPP program: 800-852-3345, ext 5218 NEW JERSEY: Medicaid and CHIP Medicaid: state.nj.us/humanservices/dmahs/clients/medicaid 609-631-2392 CHIP: njfamilycare.org/index.html 800-701-0710 NEW YORK: Medicaid https://www.health.ny.gov/health_care/medicaid	OKLAHOMA: Medicaid and CHIP insureoklahoma.org 888-365-3742 OREGON: Medicaid healthcare.oregon.gov/Pages/index.aspx?oregonhealthcare.gov/index-es.html 800-699-9075 PENNSYLVANIA: Medicaid https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx 800-692-7462 RHODE ISLAND: Medicaid and CHIP eohhs.ri.gov 855-697-4347, or 401-462-0311 (Direct Rlte Share Line) SOUTH CAROLINA: Medicaid scdhhs.gov 888-549-0820 SOUTH DAKOTA: Medicaid dss.sd.gov 888-828-0059 TEXAS: Medicaid gethipptexas.com 800-440-0493 UTAH: Medicaid and CHIP Medicaid: https://medicaid.utah.gov CHIP: health.utah.gov/chip 877-543-7669 VERMONT: Medicaid greenmountaincare.org 800-250-8427 VIRGINIA: Medicaid and CHIP	To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either: U.S. Department of Labor Employee Benefits Security Administration dol.gov/agencies/ebsa 866-444-EBSA (3272) U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services cms.hhs.gov 877-267-2323, Menu Option 4, Ext. 61565 OMB Control Number 1210-0137 (expires 1/31/2023)			

Important Notice About Your Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Rollins, Inc. medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2022. This is known as “creditable coverage.”

Why this is important

If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2022 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Rollins, Inc. and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium. Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Rollins, Inc. prescription drug plans listed below, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2022. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- \$900 deductible
- \$1,500 Deductible Plan
- \$2,850 Deductible Plan with HSA
- \$4,500 Deductible Plan with HSA
- \$6,550 Deductible Plan with HSA

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Rollins, Inc. plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Rollins, Inc. coverage, Medicare will be your only payer. You can re-enroll in the employer plan at open enrollment or if you have a special enrollment event for the Rollins, Inc. plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Rollins, Inc. and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Rollins, Inc. coverage changes, or upon your request.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit the Social Security Administration (SSA) on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

For more information about this notice or your prescription drug coverage, contact:

Rebecca Wilkerson
Director of Benefits
2170 Piedmont Rd NE
Atlanta, GA 30324
404-888-2093
www.rollins.com

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



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This guide is for informational purposes. In the event of unintentional conflict between the guide and plan documents, the plan documents will govern.