

Open Enrollment is
November 2-18, 2022



2023 Benefits Enrollment Summary

It's time to enroll in your 2023 Republic Services benefits. We're committed to providing you with quality benefit choices and the flexibility you need to make informed enrollment decisions. This summary will help you:

- Determine your needs
- Understand your options
- Put it all together...

...so you can build a benefits package that meets the needs of you and your family.



Para español, escanea este Código QR para ver el español digital 2023 Inscripción de Beneficios Resumen.

Please note: Additional plan materials (i.e., a comprehensive Employee Benefits Guide, Summary of Benefits and Coverage, Health Plan Comparisons and more) are available online at your new benefits portal.

The benefit plan year runs from January 1, 2023 through December 31, 2023. The benefits you elect will remain in effect through December 31, 2023. You can't make changes to your elections until the next Open Enrollment period, unless you have a Qualified Life Event.



QUESTIONS?

Starting **November 2**, log in to your new benefits portal and chat with SofiaSM, your personal benefits assistant, available 24/7 to answer your 2023 benefits questions. Or call **888.850.1767** Monday through Friday, 7 a.m. to 7 p.m. CT.

How to Enroll



Choosing your benefits is one of the most important decisions you'll make all year. We offer several resources to help you choose the right plans. The tools are free — and you may even save some money by learning about your benefits and what's right for you and your family based on your needs.

STEP 1

Evaluate the health care needs of you and your family.

Visit your new benefits portal on or after November 2 directly from Workday or MyApps (Republic Services employees) or visit **mybenefits.RepublicServices.com** (Republic Services and US Ecology employees) and:

- Learn more about and enroll in your benefits anywhere, anytime from any internet-capable device
- Get answers to your benefits questions 24/7 from Sofia
- Make benefit changes during Open Enrollment or due to a Qualified Life Event
- Instantly view your current elections or print important documents
- Update your personal and beneficiary information

STEP 2

Review this Benefits Enrollment Summary and visit your new benefits portal on or after November 2 for help in choosing the right benefits.

Pro tip: Use the MyChoice® Recommendation Engine, which will provide you with a recommended benefits plan that most closely matches your preferences. You can either accept the recommended plan or choose your own plan.

STEP 3

Enroll once you determine your needs and understand your options.

When you're ready to enroll in your benefits for 2023 on or after November 2, access the new benefits portal directly from Workday or MyApps (Republic Services employees) or by following these steps (Republic Services and US Ecology employees):

- Visit **mybenefits.RepublicServices.com** to register your account.
- Set-up your username and password (the Company key is republic) and answer your security questions.
- Log in using your new credentials.

Choose your preferred communication method for benefits notifications including reminders of actions that you need to take or important dates to remember.

You can also enroll in and manage your benefits from the MyChoice Mobile app. Go to your new benefits portal, click on "Access the App" and scan the QR code to download the app. Or, if you'd prefer to enroll over the phone, call 888.850.1767 Monday through Friday, 7 a.m. to 7 p.m. CT during Open Enrollment.

Tobacco Surcharge

*If you elect that you are a tobacco user and enroll in Republic Services medical coverage, you will be charged the Tobacco Surcharge of \$40/month. **You will not be able to change your tobacco usage status outside of the Open Enrollment window.***

Comparing Your Medical Plans

The medical plan you choose gives you control and flexibility over your health care decisions. We offer several medical plans with different coverage options to allow you to choose a plan to meet your needs.

Most employees will select from five medical plans, two of which are High-Deductible Health Plans (HDHPs).

The HDHPs:

- Have lower premiums.
- Include employer-funded contributions to a Health Savings Account (HSA).
 - Republic Services contributes \$400 per year for single coverage and \$800 per year for family coverage.
- Allow you to make additional tax-deferred contributions to the HSA (up to IRS limits).
- Can be combined with a Limited Purpose Flexible Spending Account (LPFSA), which you can use to pay for eligible dental and vision care expenses.

The three traditional plans, or non-HDHPs:

- Have higher premiums, but lower deductibles.
- Allow you to participate in a traditional FSA, which allows you to pay for eligible medical, dental, and vision care expenses.
- Do not allow employee or employer contributions to an HSA.

Employees who previously had an HMO option based on home zip code, such as BCBS AL, Kaiser or SIMNSA, will continue to have that option.

You can learn more about the medical plans you're eligible for by visiting your new benefits portal starting November 2.



Is your provider in-network?

Your out-of-pocket costs are lower if you use an in-network provider. Starting November 2, visit your new benefits portal to search for a list of participating providers in any of the medical plans available to you or call the Benefits Service Center at **888.850.1767**.



Depending on your ZIP code, you may have additional medical plan options. Refer to your new benefits portal for details.

Benefit Plan Options for 2023

	EPO750	EPO900	PPO1200	HDHP2000	HDHP4000
Plan Description	Plans with higher payroll deductions but include copays when you go to the doctor. These plans do not provide out-of-network coverage. They allow you to put money into an FSA.		Plan that offers all the same features of the EPO plans and includes out-of-network coverage.	Plans with lower payroll deductions, but you are responsible for the full cost of services until you hit your deductible. These plans allow you to put money into an HSA. Republic Services will also contribute to your HSA.	
Company HSA Contribution	n/a	n/a	n/a	\$400/\$800	\$400/\$800
Deductible Individual/Family	\$750/ \$2,250	\$900/ \$2,700	\$1,200/ \$3,600	\$2,000/ \$4,000	\$4,000/ \$8,000
OOPM Individual/Family	\$4,500/ \$9,000	\$6,500/ \$13,000	\$6,500/ \$13,000	\$6,000/ \$12,000	\$6,500/ \$13,000
Preventive	100%	100%	100%	100%	100%
Copay PCP/ Specialist	\$30/\$40	\$30/\$40	\$50/\$60	20%	30%
Copay Rx Tier 1/2/3	\$20/\$60/\$80	\$35/\$75/\$95	\$35/\$75/\$95		
Coinsurance	10%	20%	20%	20%	30%

Plan design features are listed for in-network services only. Out-of-Network coverage is available for the PPO1200, HDHP2000, and HDHP4000 plans.



Your Dental Choices

Depending on where you live, you may have the choice of two dental options: the dental **Preferred Provider Organization (PPO)** plan and the dental **Health Maintenance Organization (HMO)** plan. Please refer to your new benefits portal for your dental plan options.

Summary of Covered Dental Services		
Service	Dental PPO Coverage	Dental HMO Coverage
Preventive Services (cleanings, X-rays)	100% in-network; 100% out-of-network, subject to Usual and Customary limits	100% covered in-network only; copayment may apply
Annual Deductible for Basic and Major Services (combined)	\$75 individual / \$175 family, in- and out-of-network combined	\$0 individual / \$0 family
Basic Services (fillings, extractions, endodontics, periodontics)	80% in-network after deductible; 80% out-of-network after deductible, subject to Usual and Customary limits	Covered in-network only; check with plan for coverage schedule*
Major Services (inlays, onlays, crowns, dentures, bridges)	50% in-network after deductible; 50% out-of-network after deductible, subject to Usual and Customary limits	Covered in-network only; check with plan for coverage schedule*
Dental Implants	Not covered	Covered in-network only; check with plan for coverage schedule*
Annual Maximum Benefit (per person)	\$2,000 in- and out-of-network combined	Maximum does not apply
Orthodontic Services	Covered for child under age 19 and must be clinically necessary. 50% in-network after deductible; 50% out-of-network after deductible. Limited to \$1,000 per lifetime.	Covered in-network only for child and adult. Limited to 24 months. Check with plan for coverage schedule.*

Your Vision Plan

To help meet the eye care needs of you and your family, the Company provides vision coverage through UnitedHealthcare (UHC) vision.

Summary of Covered Vision Services		
Service	UHC Vision Network Provider	Out-of-Network Provider
What You Need to Know	You receive a greater benefit (which means you pay less out of pocket) by going in network, and you don't need to submit receipts for reimbursement.	Typically, you pay more out of pocket, and you will need to submit itemized receipts for reimbursement and fill out claim forms to receive a benefit.
Exams	\$0 copayment	\$45 maximum benefit
Lenses		
Single Vision	\$0 copayment	\$30 maximum benefit
Lined Multi-focal	\$0 copayment	\$50 maximum benefit
Frames	\$150 maximum benefit	\$70 maximum benefit
Lenses		
Medically necessary	\$0 copayment	\$210 maximum benefit
Elective	Up to \$60 copayment (fitting and evaluation); \$150 maximum benefit for contact lenses	\$105 maximum benefit
Plan Limits (in- and out-of-network)	<ul style="list-style-type: none"> • Exams and lenses are available once every 12 months • Frames are available once every 24 months • Contact lenses are available once every 12 months in lieu of lenses and frames • 30% savings on additional glasses and sunglasses, including lens enhancements, available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider. 	



Safety Glasses Program

To be eligible for safety glasses through UHC, you must enroll in vision coverage through Republic. Refer to your new benefits portal for more information.

Other Benefits to Review During Enrollment

Benefit	What You'll Pay
Health Care & Dependent Care Spending Accounts	
You can elect a Health Care Spending Account to pay your out-of-pocket medical, dental, vision and prescription drug expenses; and/or a Dependent Care Spending Account to help pay your out-of-pocket dependent care expenses.	You decide how much you want to contribute (up to IRS limits).
Life & AD&D Insurance	
You receive basic life and accidental death and dismemberment insurance in the amount of 1x your base salary, up to a maximum of \$700,000.	You pay nothing for your basic coverage (100% Company-paid).
You may purchase additional coverage for yourself. Optional life coverage is also available to purchase for your spouse and/or dependent children.*	You pay for your additional coverage and spouse and/or child coverage with after-tax dollars.
Short-Term Disability (STD)	
The STD benefit provides 50% of your base salary (including overtime), up to a maximum weekly benefit of \$6,000, up to 180 days.	You pay nothing for your basic coverage (100% Company-paid).
You may purchase ("buy up") an additional 10% of STD coverage for yourself, for a total benefit of 60% of your base pay.*	You pay for your additional coverage with after-tax dollars.
Long-Term Disability (LTD)	
If you are on disability leave for more than 180 days, the LTD benefit provides 50% of your base salary, up to a maximum monthly benefit of \$25,000.	You pay nothing for your basic coverage (100% Company-paid).
You may purchase ("buy up") an additional 10% of LTD coverage for yourself, for a total benefit of 60% of your base pay.*	You pay for your additional coverage with after-tax dollars.
Other Benefit Programs Offered	
<ul style="list-style-type: none"> • Legal Plan – Provides you, your spouse and dependents with covered legal services from attorneys. 	You pay for your coverage with after-tax dollars.
<ul style="list-style-type: none"> • Identity Protection – Provides you and your family identity theft protection services. 	You pay for your coverage with after-tax dollars.

* Evidence of Insurability (EOI) may be required for increases in life insurance, STD and/or LTD coverage.

For additional information on these benefits, refer to the Employee Benefits Guide available on your new benefits portal.

Terms to Know

Coinsurance

The percentage of the cost your health plan pays for services after you have met the plan year deductible.

Copayment

A flat dollar amount you pay to receive health care, such as a doctor's office visit.

Deductible

An amount you pay out of your pocket each plan year for your health care before your plan pays any benefits.

In-Network

Doctors or medical facilities in your carrier network. You do not have to select a Primary Care Physician (PCP), but you save money when you use in-network providers.

Out-of-Pocket Maximum

The maximum amount you'll pay in a plan year. Depending on the medical plan you elect, there may be separate out-of-pocket maximums for medical and prescription drug expenses. In the HDHPs, there is only one combined out-of-pocket amount for both medical and prescription drug expenses. After you meet your out-of-pocket maximum, your plan will pay 100% of your eligible medical and prescription expenses for the remainder of the plan year.

Prescription Drug Tier

Drug tiers are how medications are classified by UHC. Tier 1 drugs meet the same standards for safety, purity, strength and quality as Tier 2 or Tier 3 drugs. If you choose a Tier 1 drug, you will pay the lowest copayment amount, while Tier 3 prescriptions usually have the highest copayment amount. In the HDHPs, the deductible is for medical and prescription drugs combined.

Once you meet your deductible, you only pay the coinsurance amount for your prescriptions. You will generally find that Tier 1 drugs are the least expensive, while Tier 3 drugs are the most expensive options.

Benefits Resources

Benefits Service Center

for 2022 Benefits Questions
(Republic Services Employees Only)

yourbenefitsresources.com/rsibenefits

or call 800.811.0689

Benefits Service Center

for 2023 Benefits Questions
(starting November 2)

mybenefits.RepublicServices.com

or call 888.850.1767, Monday through Friday, 7 a.m. to 7 p.m. CT during Open Enrollment

Dental – Cigna

mycigna.com | 800.244.6224

(Before your benefits effective date, go to cigna.com.)

Disability (Short-Term and Long-Term Disability) – The Hartford

abilityadvantage.thehartford.com

Policy Number: 681039

877.237.1633

Employee Assistance Program (EAP)

guidanceresources.com

(first time users: use Web ID REPUBLIC to create your username and password)

800.331.3684

Employee Stock Purchase Plan (ESPP) – Merrill Lynch

benefits.ml.com | 855.560.5093

Identity Protection – Allstate

myAIP.com/republicservices

Legal Plans – MetLife

info.legalplans.com

(code: 9901382)

800.821.6400 (Monday through Friday from 8 a.m. to 8 p.m. ET)

Life and AD&D Insurance

abilityadvantage.thehartford.com

877.237.1633

Medical – UnitedHealthcare / OptumRx

myuhc.com | 800.980.7507

(Before benefits effective date, go to whyuhc.com/republicservices.)

Medical – Local HMO Plan Carriers

Blue Cross Blue Shield of Alabama

bcbsal.org | 800.292.8868

Kaiser Permanente

kaiserpermanente.org

- California: 800.464.4000
- Oregon /South Washington: 800.813.2000
- Washington: 888.901.4636

Medical – SIMNSA

simnsa.com | 800.424.4652

Medical – 2nd.MD

2nd.md/rsi | 866.269.3534

(7 a.m. to 7 p.m. CT; on-call nurse available 24/7 for urgent cases)

Quit for Life

For employees who are tobacco users but want to quit and get the tobacco surcharge removed.

myquitforlife.com/republicservices

Rally

werally.com | 844.334.4944

Vanguard 401(k)

retirementplans.vanguard.com

800.523.1188

Vision – UnitedHealthcare

myuhcvision.com | 800.638.3120

Important Note: This Benefits Enrollment Summary applies to employees whose employment is not covered by a collective bargaining agreement and to employees whose employment is covered by a collective bargaining agreement that provides coverage in the Company's benefit plans. If your employment is covered by a collective bargaining agreement, please refer to your union contract, call the Benefits Service Center (on or after November 2), or visit your new benefits portal (on or after November 2), as benefits and enrollment rules may differ.



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**Your 2023
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Enrollment
Summary
is here.**

