REPUBLIC SERVICES

OPEN ENROLLMENT IS HERE!

NOVEMBER 1-17

2024 Employee Benefits Guide

Para español, escanea esto Código QR para ver el español digital 2024 Inscripción de Beneficios Guia.

What's Inside

Open Enrollment November 1 - 17, 2023

It's time to enroll in your 2024 Republic Services benefits. We are committed to providing you with the quality benefit choices and the flexibility you need to make informed enrollment decisions.

This guide will help you:

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

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

This is your chance to enroll in or change your benefits coverage for 2024. Your coverage will remain the same unless you make changes by November 17.

If you are currently enrolled in a Spending Account in 2023 and you would like to continue participating in 2024, you must take action during Open Enrollment and elect a 2024 contribution amount.

To get started, visit your benefits portal **mybenefits.RepublicServices.com** and view your Benefits Summary to review your 2023 coverage elections. This will help you assess what you'd like to keep the same or change in 2024.

Questions?

Log in to your benefits portal and chat with Sofia, your personal benefits assistant, available 24/7 to answer benefits questions.

Want to speak to a live person?

Call the Benefits Service Center at **888.850.1767**, Monday through Friday, 7:00 a.m. to 7:00 p.m. CT during Open Enrollment.

Open Enrollment is **Nov. 1-17, 2023**

Selecting Your Benefits

This section gives you all the information you need to know before, during, and after enrollment. Take time to review this section carefully before learning more about your benefit options and choices.

Getting Started

Open Enrollment is **Nov. 1-17, 2023**

If this is your first time visiting the benefits portal and have not yet registered your account, follow these steps to get access:

STEP 1

Visit **mybenefits.RepublicServices.com** to register your account.

STEP 2

Set up your username and password (the Company key is republic) and answer your security questions.

STEP 3

Log in using your new credentials.

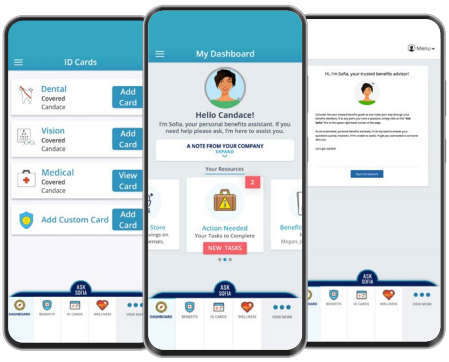
STEP 4

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

Manage your benefits on-the-go

The free MyChoice Mobile App lets you:

- View benefits details
- View dependents and beneficiaries
- Be reminded of important deadlines
- Upload and submit documentation
- Upload and store ID cards for use on the go
- Easily chat with Sofia or contact a member advocate for more complex questions



Download on the App Store

GET IT ON Google Play

Have questions about your benefits?

Ask Sofia, your personal benefits assistant!

Sofia is available in multiple languages, day or night, every day of the year! She can help you answer any question you have about your benefits and even provide helpful resources.

Eligibility

You can participate in the Republic Services benefits program if you're an active employee who is regularly scheduled to work at least 30 hours per week. (Part-time employees who work less than 30 hours per week, as well as temporary employees, are not eligible to participate in the benefits program.)

You are eligible for benefit coverage effective the first of the month following, or coinciding with, 60 days of employment. You must enroll in, or waive, benefit coverage prior to the effective date of coverage. If you do not take action during the enrollment window, then you will not receive benefit coverage (excluding Company-paid benefits) until the next calendar year. You will elect those benefits during Open Enrollment.

In addition, generally you can elect coverage for your eligible dependents, including:

- Your legal spouse or Domestic Partner where applicable *Refer to page 29 for more details.
- Your eligible children, up until the end of the month in which your child turns age 26.
- Your eligible children age 26 and older who are physically or mentally disabled and incapable of self-support.

Eligible children include your biological children, stepchildren who live with you, a child placed for adoption, legally adopted children, foster children, and children for whom you have permanent legal guardianship. The definition of dependents applies to all coverages, including Spouse and Dependent Child Life Insurance. For more information, please contact the Benefits Service Center.

See page 8 for enrollment instructions.

Coverage Categories

You decide who you want to cover for each benefit. You may choose from the following four coverage categories:

	**You only**
	**You and your spouse**
	**You and your child(ren)** (employee and one or more children, no spouse coverage)
	**You and your family** (employee, spouse and one or more children)

If you decide that you don't need coverage through the Company's benefits, you can waive coverage.

Remember...

The benefit plan year is from January 1 through December 31. The benefits you elect will remain in effect through December 31, 2024. You can't make changes to your elections until the next Open Enrollment period, unless you have a Qualified Life Event (see page 28).

Covering Dependents

You may not enroll dependents who are not eligible. You will be required to submit documentation showing proof of dependent eligibility. If you add a new dependent, please be on the lookout for future communications on how to provide proof of dependent eligibility. Examples of documents required to prove eligibility may include a copy of a marriage certificate or birth certificate. Any misrepresentation regarding your dependent(s) will result in disciplinary action, up to and including termination of your employment. If you have a question about whether a dependent is eligible, log in to your benefits portal and chat with Sofia, your personal benefits assistant, available 24/7 to answer your benefits questions. Or call **888.850.1767** Monday through Friday, 7 a.m. to 7 p.m. CT during Open Enrollment.

If Both You and Your Spouse Work for the Company

If both you and your spouse work for the Company, you may enroll separately or as a family (where one of you enrolls as the employee and the other as a dependent). Both you and your spouse can cover your dependent children under the Republic Services benefits program; however, you may not receive double coverage for your children for health insurance or Dependent Child Life Insurance, even if both you and your spouse enroll them for coverage.

Additionally, you or your spouse may not receive double coverage for health insurance or life insurance if both of you work for the Company. For example, you or your spouse may not be covered under Basic Employee and/or Supplemental Employee Life Insurance and Spouse Life Insurance (as both an employee and a dependent).

Paying for Your Benefits

You and Republic Services share in the monthly cost for health care coverage (with the Company paying the majority of the cost). Each pay period, you contribute toward the cost of your benefits coverage — this is known as your "per-pay-period contribution." The amount you pay depends on the coverage category you choose.

- Your contributions for medical, dental, vision, Health Savings Account, Health Care Spending Account and Dependent Care Spending Account coverage are taken out of your paycheck on a before-tax basis. This lowers your taxable income because your contributions for these benefits are deducted from your pay before taxes are withheld.
- Supplemental Employee Life, Supplemental Accidental Death and Dismemberment (AD&D), Spouse and Dependent Child Life, Supplemental Short-Term Disability (STD), Supplemental Long-Term Disability (LTD) insurance as well as MetLife Legal Plan and Allstate Identity Protection plan deductions are made on an after-tax basis.

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.

Benefits Termination Date

Your benefits coverage ends at midnight on the last day you are employed by the Company.

ID Cards

Will I receive a new ID Card in 2024?

- If you enroll in a medical plan for the first time, enroll in a different medical plan, or if there are changes to your coverage you will receive a new ID card in the mail from the carrier. Medical ID cards will be mailed to your home and can be used for both medical and prescription drug coverage.
- If you enroll in a dental plan for the first time or change your dental plan, you will receive an ID card in the mail from the dental carrier.
- If you elect vision plan benefits, you will not receive an ID card in the mail. If you would like a card you can log in to **myuhcvision.com** and print one.

ID Card Reminders

- You can use the MyChoice Mobile App to store your ID cards on your phone. Download the app here, select ID Cards and follow the prompts to take a photo of your ID cards to use when you're on the go.
- Present your doctors and pharmacist with your new ID card(s) starting January 1, 2024, to avoid delays or billing issues with your benefit claims.
- If you need to request a new medical plan/ prescription drug or dental plan ID card, contact the carrier directly. See page 34 for carrier contact information.

Open Enrollment is **Nov. 1-17, 2023**

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 benefits portal, **mybenefits.RepublicServices.com** to:

- 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 New Hire Enrollment, 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 the information in this Benefits Enrollment Guide.

Visit your benefits portal, **mybenefits.RepublicServices.com** for help in choosing the right benefits.

Open Enrollment is November 1-17

STEP 3

Enroll once you determine your needs and understand your options.

When you're ready to enroll in your benefits, access the benefits portal by following these steps:

- 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. If you're on your mobile device, click here to download the app. Otherwise, go to your benefits portal, click on "Access the App" and scan the QR code to download the app. 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.

Did You Forget Your Password?

Go to **mybenefits.RepublicServices.com** and click "Forgot your user name or password?" and follow the prompts to reset your password.

When is the deadline to Enroll?

You are eligible for benefit coverage effective the first of the month following, or coinciding with, 60 days of employment. You must enroll in, or waive, benefit coverage prior to the effective date of coverage. If you do not take action during the enrollment window, then you will not receive benefit coverage (excluding Company-paid benefits) until the next calendar year. You will elect those benefits during Open Enrollment which typically occurs in November.

Your Benefits

This section details your benefit options, including medical, prescription drug, dental, vision and your spending account options. For more information on short-term disability, long-term disability, 401(k) and the employee assistance program, see Other Benefits starting on page 26.

Medical

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 six medical plans, two of which are High-Deductible Health Plans (HDHPs).

Two High Deductible Health Plans (HDHP):

- Includes 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.
  - You must open an HSA to receive the employer HSA contributions. The contributions are prorated based on the number of remaining pay periods in the calendar year from when the HSA is opened.
  - Company contributions are made throughout the year at the close of each pay cycle.
- Allow you to make additional tax-deferred contributions to the HSA (up to IRS limits).
- HSAs can be combined with a Limited Purpose Flexible Spending Account (LPFSA), which can only be used to pay for eligible dental and vision care expenses. LPFSAs cannot be used to pay for medical expenses.
- Employee is responsible for the cost of the contracted amount per visit/service until the deductible is met.
- After deductible is met then coinsurance is applied until Out-of-Pocket maximum is reached.

For more information about Spending Accounts **review the chart here**.

*Employees who reside in certain zip codes may have an HMO option such as United Healthcare Out of Area plan, UHC Global, UHA, Blue Cross Blue Shield Alabama, Kaiser or SIMNSA.

Three traditional plans, or non-HDHPs:

- Two EPO plans that offer in-network only coverage and one PPO plan that offers in-and-out-of-network coverage.
- Includes copays for doctor's visits and prescriptions.
- Allow you to participate in the Health Care Flexible Spending Account (HCFSA), which allows you to pay for eligible medical, dental, and vision care expenses.
- Lower deductibles compared to HDHPs.

The Surest Copay Plan:

The Surest medical plan provides you with upfront pricing that allows you to see costs in advance of any medical visit. The plan has no deductibles or coinsurance. Get medical coverage for everything from preventive to emergency care, colds to cancer treatment – without having to meet a deductible.

Through the Surest app and website, you can compare treatment options through the broad, national UnitedHealthcare and Optum Behavioral Health networks and receive copay costs in advance of any medical visit.

- Upfront pricing (know what you'll owe in advance, so you can plan ahead)
- Lower prices (copays) assigned to higher-value care options
- Bundled services with one price (office visit + lab work)
- Access to same OptumRx pharmacy programs
- No deductibles
- No coinsurance

See how powerful simple can be.

Click here or scan the QR code for more details.

Get a Second Opinion with 2nd.MD

With 2nd.MD, you have direct access to top medical experts for second opinions, treatment reviews and other guidance on medical decisions without the wait, travel or hassle of traditional doctor's appointments.

Plus, the program is available to you at no cost! For more information visit **2nd.MD/rsi** or call **866.269.3534** seven days a week from 7 a.m. to 7 p.m. CT (on-call nurses are available 24/7 for urgent cases).

Medical Plan Comparison Chart

View the Full Comparison Chart

	UHC EPO750	UHC EPO900	UHC PPO1200	UHC HDHP2000	UHC HDHP4000	UHC Out of Area
Eligibility	All	All	All	All	All	Live in an area with limited access to providers
Coverage	In-Network Only	In-Network Only	In-and-Out of Network	In-and-Out of Network	In-and-Out of Network	In-and-Out of Network
Network	UHC Choice	UHC Choice	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus
Copays (PCP/Specialist)						
In-Network	$30 / $40	$30 / $40	$50 / $60	80% Covered after deductible	70% Covered after deductible	$50 / $60
Out-of-Network	Not Covered	Not Covered	60% Covered after deductible	60% Covered after deductible	50% Covered after deductible	$50 / $60
What to know about Copays	Count towards OOPM but does not count towards annual deductible			None	None	Count towards OOPM but does not count towards annual deductible
Deductible (Individual/Family)						
In Network	$750/$2,250	$900/$2,700	$1,200/$3,600	$2,000/$4,000	$4,000/$8,000	$1,200/$3,600
Out-of-Network	Not Covered	Not Covered	$2,400/$7,200	$4,000/$8,000	$8,000/$16,000	$1,200/$3,600
Embedded Deductible	Yes	Yes	Yes	No	Yes	Yes
What to know about Deductibles	Only covered In-Network services apply towards deductible		Out-of-Network expenses apply towards In-Network individual and family deductibles; and In-Network expenses apply towards Out-of-Network individual and family deductible			
Coinsurance						
In-Network	90% Covered after deductible	80% Covered after deductible	80% Covered after deductible	80% Covered after deductible	70% Covered after deductible	80% Covered after deductible
Out-of-Network	Not Covered	Not Covered	60% Covered after deductible	60% Covered after deductible	50% Covered after deductible	80% Covered after deductible
Out-Of-Pocket Maximum OOPM (Individual/Family)						
In Network	$4,500/$9,000	$6,500/$13,000	$6,500/$13,000	$6,000/$12,000	$6,500/$13,000	$6,500/$13,000
Out-of-Network	Not Covered	Not Covered	$13,000/$26,000	$12,000/$24,000	$13,000/$26,000	$6,500/$13,000
What to know about OOPM	Copays, Deductibles and coinsurance payments applies towards OOPM.		Copays, Deductibles and coinsurance payments applies towards OOPM. Out-of-Network expenses apply towards In-Network individual and family OOPM			
Rx Copay (In-Network)						
Tier 1 Copay	$20	$35	$35	80% Covered after deductible	70% Covered after deductible	$35
Tier 2 Copay	$60	$75	$75			$75
Tier 3 Copay	$80	$95	$95			$95
Mail Order (90-day fill)	$40/$120/$160	$70/$150/$190	$70/$150/$190			$70/$150/$190
Emergency Room	$400 Copay + coinsurance	$400 Copay + coinsurance	$400 Copay + coinsurance	80% Covered after deductible	70% Covered after deductible	$400 Copay + coinsurance
Urgent Care						
In-Network	$30 Copay	$30 Copay	$50 Copay	80% Covered after deductible	70% Covered after deductible	$50 Copay
Out-of-Network	Not Covered	Not Covered	60% Covered after deductible	60% Covered after deductible	50% Covered after deductible	$50 Copay

Medical Plan Comparison Chart *(continued)*

View the Full Comparison Chart

	Surest Copay	Kaiser California	Kaiser Washington	Kaiser Northwest	BCBS AL	SIMNSA
Eligibility	All	Live in California	Live in Washington	Live in Oregon or Southwest Washington	Live or work in state of Alabama	Work in San Diego/ Imperial Valley location
Coverage	In-and-Out of Network	In-Network Only	In-Network Only	In-Network Only	In-and-Out of Network	In-Network Only
Network	UHC Choice Plus	Kaiser HMO	Kaiser HMO	Kaiser HMO	Alabama Blue PPO	Mexico
Copays (PCP/Specialist)						
In-Network	$15 - $100	$30 / $50 after deductible	$30 / $50 after deductible	$30 / $50 after deductible	$30 / $40	$5 / $5
Out-of-Network	$300	Not Covered	Not Covered	Not Covered	70% Covered after deductible	Not Covered
What to know about Copays	Count towards OOPM but does not count towards annual deductible	Must meet annual deductible before copay applies			Count towards OOPM but does not count towards annual deductible	Count towards OOPM
Deductible (Individual/Family)						
In Network	$0	$1,000/$3,000	$1,000/$3,000	$1,000/$3,000	$600/$1,800	$0
Out-of-Network	$0	Not Covered	Not Covered	Not Covered	$1,200/$3,600	Not Covered
Embedded Deductible	Not Applicable	Yes	Yes	Yes	No	Not Applicable
What to know about Deductibles	None	Only covered in-network services apply towards deductible			In-network does not apply towards out-of-network deductible	None
Coinsurance						
In-Network	100% covered	80% Covered after deductible	80% Covered after deductible	80% Covered after deductible	90% Covered after deductible	100% covered
Out-of-Network	100% covered	Not Covered	Not Covered	Not Covered	70% Covered after deductible	Not Covered
Out-Of-Pocket Maximum OOPM (Individual/Family)						
In Network	$6,000/$12,000	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$6,350/$12,700
Out-of-Network	$12,000/$24,000	Not Covered	Not Covered	Not Covered	No Limit	Not Covered
What to know about OOPM	Copays, Deductibles and coinsurance payments applies towards OOPM	Deductible applies towards OOPM			Copays, Deductibles and coinsurance payments applies towards OOPM	Non-covered service costs do not count towards OOPM
Rx Copay (In-Network)						
Tier 1 Copay	$10	$15	$20	$20	$15	$5
Tier 2 Copay	$60	$40	$40	$40	$55	$5
Tier 3 Copay	$90	$40	$40	$40	$65	$5
Mail Order (90-day fill)	$25/$150/$225	$30/$80/$80	$40/$80/$80	$40/$80/$80	$30/$110/$130	Not applicable
Emergency Room	$500 Copay	$250 Copay after deductible	$200 + Coinsurance after deductible	$250 Copay after deductible	$400 Copay	$250 Copay
Urgent Care						
In-Network	$50 Copay	$30 after deductible	$30 after deductible	$50 after deductible	90% Covered after deductible	$25 Copay
Out-of-Network	$150 Copay	Not Covered	$200 + Coinsurance after deductible	Not Covered	70% Covered after deductible	Not Covered

Your Medical Plan Options

Medical 2024 Weekly Rates

	Single	EE & Spouse	EE & Children	Family
EPO750	$52.03	$154.24	$115.93	$206.00
EPO900	$22.82	$63.87	$45.64	$85.20
PPO1200 & Out of Area	$31.95	$91.01	$64.81	$121.11
HDHP2000	$26.72	$74.99	$56.48	$101.24
HDHP4000	$9.74	$25.97	$18.63	$33.86
Surest Copay	$31.92	$71.82	$57.46	$95.76
Kaiser*	$46.37	$136.53	$111.47	$196.72
BCBS AL*	$49.56	$148.14	$121.18	$213.49
SIMNSA*	$32.42	$64.42	$73.33	$95.48

***Available to employees living in certain locations**

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 until the next Open Enrollment window.***

Is your provider in-network?

Visit **whyuhc.com/republicservices** to learn more about available UHC plans and search for in-network providers.

Republic Services offers Spending Accounts and a Health Savings Account to pay for eligible healthcare expenses on a tax-free basis.

For detailed information about these accounts, **review the chart here**.

Things to Consider When Choosing a Medical Plan

Questions to Ask Before You Enroll

What are my preferences for managing money? Should I pay less each paycheck and save for unexpected expenses in a Health Savings Account? Or pay more each paycheck so my out-of-pocket costs are lower?

Are my doctors and other providers in network?

Who do I need to cover?

What health care needs do I expect to have?

What plan is right for me and my family?

It can be hard to know which set of benefits is right for you, which is why you have access to the MyChoice Recommendation Engine. When you start your enrollment process, choose the MyChoice option to answer a few simple questions, and you'll be presented with a benefits package that's right for you. You can choose all the recommended benefits, some of them or pick them on your own. All your answers are completely confidential and not shared with Republic Services. Please review the recommendations carefully to ensure these options are best for you and your family.

Health Savings Account (HSA)

If you enroll in a HDHP, you can open an HSA to pay your deductible, coinsurance and other qualified health care expenses.

Using the HSA Is Easy

1

You decide if, when and how much to contribute to your HSA, up to the limit set by the IRS. You can choose to make pre-tax contributions during your enrollment period. You may start, stop or change contributions at any time.

To be eligible to make HSA contributions:

- You must be enrolled in an HSA-eligible medical plan, such as an HDHP.
- You can't be covered by a medical plan that is not HSA-eligible, including Medicare, TRICARE, TRICARE for Life or possibly one offered by your spouse's employer.
- You must not have received Veterans Administration or Indian Health Services benefits within the past three months (dental, vision and preventive medical services are permitted).
- You (or your spouse) can't be covered by a general-purpose Health Care FSA. If you enroll in both, your general-purpose Health Care FSA becomes a Limited Purpose FSA.
- No one else can claim you as a dependent on a tax return.

2

Use HSA funds to pay for eligible expenses, like coinsurance and deductibles, tax-free. You decide when to use your debit card, HSA checks or the free online bill payment service to pay for expenses with HSA funds. You can also reimburse yourself for expenses you paid out of your pocket. Plus, if you leave the Company, the funds are yours to keep.

3

Save HSA funds and earn interest, tax-free. You decide whether to invest some of your HSA for greater potential long-term growth and use it toward future expenses or in retirement. After age 65, you can withdraw funds for any purpose and without penalty. Withdrawals for ineligible expenses are treated as retirement income and are subject to income tax.

If you enroll in a HDHP, you can also make additional tax-free contributions for eligible dental and vision expenses by enrolling in a Limited Purpose Flexible Spending Account (LPFSA). See page 21 for more details on Flexible Spending Accounts.

Contribution Limits

The IRS sets annual HSA contribution limits. The current contribution limits are:

- $4,150 for individual coverage
- $8,300 for family coverage
- If you are age 55 or older, you can make "catch-up" contributions of up to $1,000.

For more information about your Health Savings Account **review the chart here**.

Benefits of an HSA

An HSA offers some unique features you won't find elsewhere. Review the chart below to learn how an HSA can benefit you today and into retirement.

Pre-Tax Contributions	As long as you're enrolled in a HDHP and contribute to an HSA, you can fund your account through pre-tax contributions from your paychecks.
Interest and Investment Growth	Your HSA balance earns interest. In addition, once your balance reaches a certain amount, you can place your funds in a variety of investment vehicles. Information about your investment options is sent to your home after your account is opened.
Long-Term Security	Unused HSA funds roll over at the end of each benefit plan year, and there's no limit on how large your balance can grow over time. Whatever you save in your account is yours to keep and use, even if you leave the HDHP, leave Republic Services or retire. As long as your account is open, the available balance and investments still earn interest.
Personal Control	Because your funds roll over from year to year, you decide when to spend your HSA funds. You can choose to use your HSA to pay for out-of-pocket health care costs now (as long as those expenses were incurred after your HSA was originally opened), or save and invest your HSA money to grow for future health care costs.
Eligible Health Care Expenses	You can use your HSA to pay for acupuncture, ambulance fees, artificial limbs, chiropractic care, dental visits, health insurance premiums for long-term care or post-65 retiree coverage, medical equipment, deductibles and coinsurance, mental health care, nursing services, prescription vision and hearing expenses, rehab (alcoholism) and transportation for essential medical care. For a complete list, visit **irs.gov** – Publication 502.

Prescription Drugs

If you enroll in a UHC or Surest medical plan, your prescription drug benefits are administered by OptumRx (offered by UnitedHealthcare). With over 68,000 network pharmacies, the OptumRx network includes all national pharmacy chains and many independent pharmacies.

Maintenance Medications

If you take maintenance or long-term medication, you're **required to fill your prescription in a 90-day supply** — either through OptumRx mail order or one of the 90-day network pharmacies, including many chain and local independent pharmacies.

After two 30-day fills, if you don't refill your prescription for a 90-day supply with OptumRx mail order or at a participating network pharmacy, your medication won't be covered under the plan.

Step Therapy for Certain Medications

In some cases, you can keep your prescription costs down by using lower-cost drugs — and OptumRx will do all the legwork, including:

- Identifying if a lower-cost alternative is available for the medication you're taking
- Contacting you and your doctor to determine if switching medications may be right for you
- Getting a new prescription from your doctor for you.

If it's determined that a lower-cost drug is an option but you continue to use your original (non-preferred) medication, your prescription may not be covered under your plan.

Understanding How Your Prescriptions Are Categorized

Choosing a Tier 1 drug over Tier 2 or Tier 3 can save you on the cost of your prescription drug. Before your benefits effective date, visit **whyuhc.com/republicservices** to review the UHC Prescription Drug List (formulary and tiers). After your benefits effective date, you can log on to **myuhc.com** to review your prescription drug plan information.

Note: The UHC Prescription Drug List is updated throughout the year.

Prior Authorization for Certain Medications

There are certain medications (e.g., stimulants, compounded medications) that require Prior Authorization — meaning you need to work with your doctor to get the plan's approval before filling your prescription. Your doctor needs to provide the required Prior Authorization information to OptumRx before the prescription is covered under the plan.

More Information

For more information about your OptumRx prescription drug benefits, call **800.980.7507** or go to **myuhc.com**.

Dental

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 benefits portal for your dental plan options.

Dental Preferred Provider Organization (PPO)

The Cigna Dental PPO provides you with a benefit when you receive care from any licensed dentist. However, you will pay less if you visit a Cigna network dental provider. You can still receive benefits when you go outside the network, but you'll pay more out of your pocket. (Check with Cigna to learn about covered services and the Usual and Customary limits.)

Dental Health Maintenance Organization (HMO)

The Cigna Dental HMO permits you to receive care within a restricted group of in-network HMO providers only. To receive coverage, you must select a dental office within the HMO network, and all of your dental care (including referrals to specialists in the network) must be coordinated by your chosen dental office. Each member of your family may select his or her own dental office. With the Dental HMO, you don't have to worry about deductibles, annual and lifetime dollar maximums or claim forms.

Did You Know?

Some dental expenses not covered under the Dental Program, such as copayments and deductibles, are considered eligible expenses under the Health Care Flexible Spending Account (HCFSA), as well as the Health Savings Account (HSA). It's a great way to take advantage of tax-free money to cover expenses you have to pay for anyway.

For more information about the HCFSA, see page 21.

Find a Dentist

To find a network dentist in your area or get details about your plan, contact Cigna directly. See page 34.

SIMNSA Dental is for employees who work in select zip codes in San Diego or Imperial Valley California. The providers covered under this plan are only available in Mexico.

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)	In Network $75 individual / $175 family; Out of Network $75 individual / $175 family	In Network $0 individual / $0 family; Out of Network Not Covered
Major Services (inlays, onlays, crowns, dentures, bridges)	In Network 50% coinsurance after deductible; Out of Network 50% coinsurance after deductible subject to Usual and Customary limits	In Network refer to the Patient Charge Schedule for rates; Out of Network Not Covered
Basic Services (fillings, extractions, endodontics, periodontics)	In-Network 20% coinsurance after deductible; Out of Network 20% coinsurance after deductible subject to Usual and Customary limits	In Network refer to the Patient Charge Schedule for rates; Out of Network Not Covered
Dental Implants	Not covered under plan	In Network refer to the Patient Charge Schedule for rates; Out of Network Not Covered
Annual Maximum Benefit (per person)	$2,000 combined annual maximum benefit for both In and Out of Network	No Maximum
Dental Preventive Services (cleanings, X-rays)	In Network 100% Covered, deductible does not apply; Out of Network 100% covered, deductible does not apply	In Network 100% covered, copayment may apply; Out of Network Not Covered
Orthodontic Services	Covered for child under age 19 and must be clinically necessary. Maximum lifetime benefit of $1,000. In Network 50% coinsurance after deductible; Out of Network 50% coinsurance after deductible	In Network covers adults and children. Limited to 24 months. Refer to the Patient Charge Schedule for rates; Out of Network Not Covered

Dental 2024 Weekly Rates

	Single	EE & Spouse	EE & Children	Family
Cigna Dental PPO	$4.86	$10.33	$10.60	$15.13
Cigna Dental HMO	$2.96	$6.29	$6.44	$9.21
SIMNSA Dental*	$2.17	$3.62	$4.83	$5.79

*See page 34 for dental provider contact information.

Is your provider in-network?

Visit **mycigna.com** to search for in-network providers.

Vision

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

Service	When You Visit a UHC Vision Network Provider	When You Visit an 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 reimbursement benefit
Single Vision Lenses	$0 copayment	$30 maximum reimbursement benefit
Lined Multi-focal Lenses	$0 copayment	$50 maximum reimbursement benefit
Frames	$150 maximum benefit	$70 maximum reimbursement benefit
Medically Necessary Contact Lenses	$0 copayment	$210 maximum reimbursement benefit
Elective Contact Lenses	Up to $60 copayment (fitting and evaluation); $150 maximum benefit for contact lenses	$105 maximum reimbursement benefit
Retinal Screenings	$39 copayment for specific additional services for members with type 1 or type 2 diabetes	No coverage
Plan Limits (in- and out-of-network)	• 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.	

Vision 2024 Weekly Rates

	Single	EE & Spouse	EE & Children	Family
UHC Vision Plan	$1.47	$2.64	$2.69	$3.95

Safety Glasses through UnitedHealthcare Vision Program

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

Click here for more details on your Vision plan.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) offer you a way to save money by allowing you to pay for certain health and dependent care expenses on a tax-free basis.

Health Care Flexible Spending Account (HCFSA)

The contribution limit for 2024 will be based on the approved IRS limits for the calendar year.* The 2023 contribution limit is $3,050.

- If you enroll in one of the HDHPs and enroll in the HSA with pre-tax contributions, per IRS rules, if you also enroll in the HCFSA, your account will automatically become a Limited Purpose FSA (LPFSA). You can use your LPFSA funds ONLY for eligible out-of-pocket vision and dental expenses. In addition, if you have an HSA, you can't "double dip" and use your HCFSA and your HSA for the same expense item.
- If you don't enroll in one of the HDHPs, you can use your HCFSA funds for eligible out-of-pocket medical costs, such as copayments, deductibles and prescription drugs in addition to certain vision and dental expenses.

Eligible Expenses

For a detailed list of eligible expenses, visit your benefits portal or **irs.gov** – Publication 502.

*If the IRS has not approved the 2024 limits prior to Open Enrollment, you may only elect up to the 2023 approved IRS limit.

For more information about Spending Accounts **review the chart here**.

Dependent Care Flexible Spending Account (DCFSA)

Regardless of whether you elect medical coverage, you may elect a DCFSA. 2024 contribution limits have not yet been released. In 2023, you may contribute up to $5,000 ($2,500 if married and filing separate tax returns) for reimbursement for care of some dependent children and other disabled or elderly legal dependents while you work (e.g., child day care expenses).

When you have an eligible dependent care expense, you can submit a claim for reimbursement. To be reimbursed, you'll need the tax ID number of your dependent's day care provider. Then you're paid back with tax-free dollars for your claims, up to the current total amount deducted from your paycheck. For more information on eligible dependents and eligible expenses, go to **irs.gov** – Publication 503.

Important Notes About FSAs

- If you contribute to more than one spending account, you cannot use money from one to pay for eligible expenses from the other account. For example, you cannot pay for dental expenses using your DCFSA.
- The Spending Account plan year is January 1* through December 31. If you enroll in one or both Spending Accounts, your contributions are deducted from your paychecks in equal amounts throughout the plan year, beginning with your first paycheck following your benefits-effective date.
- Keep in mind, you must enroll (or re-enroll) in the Spending Accounts each year you want to participate.
- If you waive medical coverage or you aren't an HSA-eligible individual, you may elect a general-purpose HCFSA and/or DCFSA.

** Or your benefits effective date, if later due to being a new hire or becoming newly eligible for benefits.*

Using the Money in Your Spending Account(s)

You have until the end of the plan year to use the money in your HCFSA and DCFSA. In 2024, with the HCFSA, you're allowed to carry over up to $610* of your unused balance into 2025. The amount carried over is automatically added to your new plan year balance and is immediately available to pay for eligible expenses. This amount doesn't count toward the annual contribution limit. Here's the timeline for the 2024 benefit plan year:

<table>
<tr><th colspan="12">2024</th><th colspan="3">2025</th></tr>
<tr><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr>
<tr><td colspan="12">January 1, 2024 - December 31, 2024:
Make contributions and incur eligible expenses to your HCFSA and DCFSA (use the money)</td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td></tr>
<tr><td colspan="15">January 1, 2024 - March 31, 2025:
Submit claims for reimbursement ("pay yourself back")</td></tr>
</table>

Plan Carefully

IRS regulations that govern before-tax deductions specify that any money over $610* left in your HCFSA as of the end of the plan year must be forfeited. These dollars are forfeited and used to offset the plan's administrative expenses.

The tax savings allow you to reduce your out-of-pocket costs. With careful planning, you should be able to use all of the dollars you set aside in the Spending Accounts. Look at your out-of-pocket expenses for the previous year to help you decide how much money to set aside for the 2024 plan year.

*2024 carry over amount not released.

Life Insurance

The Company offers valuable life and accident benefits to protect you and your eligible family members financially.

Basic Life Insurance	Employees are automatically enrolled in 1x your base salary, up to a maximum of $700,000.
Supplemental Life Insurance	You may purchase additional life insurance coverage for yourself in $25,000 increments, up to the greater of $400,000 or 7x your annual base salary (up to $2 million). If you're a new employee, Evidence of Insurability is required for insurance of 3x your base salary or $500,000, whichever is less. If you're a current employee, Evidence of Insurability is required to enroll in or increase coverage.
Spousal Life Insurance	You may purchase life insurance for your spouse in $25,000 increments, up to $200,000. If both you and your spouse work for the company, your spouse is not eligible for Spousal Life Insurance. If you're a new employee, Evidence of Insurability is required for insurance greater than $25,000. If you're a current employee, Evidence of Insurability is required to enroll in or increase coverage.
Dependent Child Life Insurance	You may purchase Dependent Child Life Insurance coverage for each of your dependent children in the amount of $10,000, $15,000 or $25,000.

Evidence of Insurability Requirements

Evidence of Insurability (EOI) is an application process through which you provide medical information about your health to the insurance carrier.

EOI is required for your initial enrollment when you enroll in either:

- Supplemental Employee Life greater than either 3x your based salary rounded to nearest $25,000 or $500,000, whichever is lesser.
- Spouse life greater than $25,000.

Any increase in coverage after your initial enrollment period will require EOI.

If EOI is required, your new coverage will become effective on or after your benefits effective date, once the insurance carrier approves your EOI. For more information on EOI, go to your benefits portal or call the Benefits Service Center.

Imputed Income

Federal tax law requires you to pay income taxes on the combined value of Company-paid Basic Life and your elected Supplemental Employee Life insurance that is greater than $50,000 and on Dependent Life coverage when applicable. This is called imputed income.

Accidental Death and Dismemberment (AD&D) Insurance

AD&D insurance pays a benefit to your beneficiary if you die as a result of an accident or pays a benefit to you if you suffer certain losses or injuries because of an accident.

Basic AD&D	Employees are automatically enrolled in coverage equal to 1x their annual base salary, up to a maximum of $700,000.
Supplemental AD&D	You may purchase additional AD&D coverage for yourself in $25,000 increments, up to the greater of $400,000 or 7x your annual base salary (up to $2 million). The cost of Supplemental AD&D Insurance varies by the amount of coverage you elect. *(Note: EOI is not required to elect Supplemental AD&D Insurance in any amount.)*

If You Leave the Company

If you leave the Company, you can take your Basic Employee and Supplemental Employee Life Insurance, your Spousal and Dependent Child Life Insurance, and your Basic AD&D and Supplemental AD&D Insurance with you by converting these coverages to individual policies. You must apply for the policies and pay premiums within 31 days of your benefits termination date. For more information, please contact the Benefits Service Center.

What Happens to Your Benefits at Age 65

Basic Employee Life, Supplemental Employee Life, Basic AD&D and Supplemental AD&D Insurance benefits decrease by 35% at age 65, and by 50% at age 70. The same reductions apply to Spouse Life Insurance when your spouse reaches age 65 and 70. For more information, please refer to the Summary Plan Description located on your benefits portal.

Accelerated Death Benefit

If you become terminally ill while covered under a life insurance plan, you may be eligible to receive an accelerated payment of 80% of your life insurance coverage before you die, up to a maximum of $500,000.

This benefit is payable only once per lifetime, and it will reduce the life insurance benefits payable to your beneficiary.

Don't Forget to Choose a Beneficiary

Life and AD&D insurance plans provide valuable protection — so it's important to keep your beneficiary designations up to date. You are automatically designated as the beneficiary for any Spousal or Dependent Child Life Insurance benefits. To designate or update your beneficiaries, log on to your benefits portal or call the Benefits Service Center.

Short-Term Disability and Long-Term Disability

In the event that you can't work due to an injury or illness, the Company's disability program provides income replacement payments to you.

	Short-Term Disability	Long-Term Disability
Eligibility	Six months (180 days) after your date of hire.	Six months (180 days) after your date of hire.
Enrollment	Eligible employees automatically receive Company-paid STD insurance.	Eligible employees automatically receive Company-paid LTD insurance.
Coverage	Benefits are payable while you're disabled, for up to 180 days beginning on the first day of an accident or the eighth day of an illness.	Benefit payments begin after 180 days of disability and may continue for as long as you're disabled (as defined by the plan), up to age 65.
Basic Coverage Amount	50% of your base salary (including overtime), up to a maximum weekly benefit of $6,000, if approved.	50% of your base salary, up to a maximum monthly benefit of $25,000, if approved.
Supplemental Coverage	You may purchase ("buy up") an additional 10% of STD coverage, for a total benefit of 60% of your base pay (including overtime). If you purchase Supplemental STD, the maximum weekly benefit of $6,000 still applies. Because you pay the full cost of Supplemental STD coverage with after-tax dollars, if you become disabled, your Supplemental STD benefit payments are not subject to income taxes.	If you are eligible for Company-paid Basic LTD coverage, you may purchase ("buy up") an additional 10% of LTD coverage, for a total benefit of 60% of your base pay. If you purchase Supplemental LTD, the maximum monthly benefit of $25,000 still applies. As with Supplemental STD, you pay the full cost of Supplemental LTD coverage with after-tax dollars. As a result, if you become disabled, your Supplemental LTD benefit payments are not subject to income taxes.

Other Sources of Income

There may be certain circumstances when your STD and LTD benefits may be reduced if you receive income from other sources, such as earnings received while working for the Company (or any other employer) while disabled, Social Security Benefits, workers' compensation benefits, payments from or on behalf of a third party who is responsible for your disability or state disability benefits.

EOI is required to add supplemental disability coverage after your initial enrollment period.

Rules for Coverage to Be Effective

For coverage to be effective under Life Insurance, AD&D, and Short- and Long-Term Disability, you must be actively at work on your benefits effective date.

For Spouse and Dependent Child Life Insurance coverage to be effective, your spouse and child(ren) must not be hospitalized or confined at home under the care of a doctor. They must be released from the hospital or confinement, and be able to perform the activities of a person of the same age and gender without human supervision or assistance for 15 consecutive days before coverage begins.

Other Benefits

Republic Services 401(k) Plan

The Republic Services 401(k) Plan is a great way to save for your future. The Plan offers you a number of saving advantages, including:

- **Automatic enrollment** — If you are a new hire and you are eligible for the 401(k) Plan, you will automatically be enrolled in the Plan with a pre-tax contribution rate of 3% of your eligible pay. If you do not wish to participate in the 401(k) Plan, you must opt out of the Plan within the first 90 days of employment.
- **Contributions to the plan** — You have the ability to contribute either on a pre-tax or after-tax basis (Roth) to the 401(k) Plan. You can contribute as little as 1% of your pay or up to 100% of your pay, up to the annual IRS limits. You can change the amount you save as often as you like. Be sure to review your personal situation to determine which option is best for you.
- **Company matching contributions** — Republic Services will match your contributions. The match is dollar-for-dollar on the first 3% of pay you contribute and 50 cents on the dollar for the next 2% of pay. That's "free money" from the Company!
- **A number of investment options** — You can choose from individual investment funds available within the Plan, or choose a Target Date Retirement Fund.

More Information

You can join the 401(k) Plan at any time. As a new hire, additional information will be mailed to your home address. To learn more about the Plan or to enroll, log on to **ownyourfuture.vanguard.com** or call **800.523.1188**.

Important Note: *The Republic Services, Inc. 401(k) Plan information described above applies to non-union employees and employees who are covered by a collective bargaining agreement that provides for participation in the Company's Plan. If you are covered by a collective bargaining agreement, please refer to your union contract, as eligibility and benefits may differ.*

Employee Stock Purchase Plan (ESPP)

Your hard work drives the success of Republic Services — and the Employee Stock Purchase Plan (ESPP) gives you an opportunity to share in that success. Through the ESPP, you can buy shares of Republic Services company stock at a discounted price. Here's how it works:

- **Eligibility** — You can participate after 90 days of service.
- **Enrolling** — You can enroll or stop participation at any time during the year. For enrollment, your election will begin on the first paycheck of the next calendar quarter.
- **Buying stock** — You elect the percentage of your paycheck (1% – 15%) you want to contribute, up to the plan limits of $25,000 in any calendar year or 2,500 shares during each offering period, and that amount is automatically invested on your behalf.
- **You receive a discount** — Your shares are purchased at a 5% discount from the fair market value.

To learn more about the ESPP or to enroll, log on to **benefits.ml.com** or call Merrill Lynch at **855.560.5093**.

Other Benefits *(continued)*

Legal Plans

MetLife Legal Plans provides you, your spouse and dependents with fully covered legal services from attorneys experienced in estate-planning documents, civil suits, adoption, identity-theft issues and much more. Sign up and save hundreds over typical attorneys' fees — with no deductibles, no copays, no claim forms or usage limits when using a Network Attorney. For more information, visit **info.legalplans.com** and enter access code 9901382 or call **800.821.6400** Monday through Friday from 8 a.m. to 8 p.m. Eastern Time.

Identity Protection

Identity theft occurs when your personal information is stolen in order to take over or open new accounts, file fake tax returns, rent or buy properties, or do other criminal activities in your name. By providing some basic information, such as your birth date and Social Security number, Allstate Identity Protection can start protecting you. This includes looking for use of your personal information and identifying potential threats. If they see suspicious activity, they alert you and immediately begin to contain the problem. If you're a victim of identity theft, they work with you to restore your ID and reimburse you for qualified expenses such as lost wages, legal fees, notary services, mailing costs, document replacement, and more.

For more information, visit **MyAIP.com/RepublicServices**.

Auto & Home Insurance

Republic Services employees have access to discounted insurance coverage for auto and home. In addition to discounted insurance, you have the option to pay for your coverage through payroll deductions, when enrolling in one or both of their auto and homeowners insurance programs. You can enroll or cancel your coverage any time during the year. To compare your current policy or learn about the employee discounts, contact Farmers (formerly MetLife) at 1-844-300-7062 and mention code B9W.

Employee Assistance Program (EAP)

The EAP offers you 24-hour telephone access to confidential counseling services that can help you with a variety of everyday life issues and challenges. Professional advisors are available to help you and your family with:

- Stress management
- Family and relationship concerns
- Alcohol and substance abuse
- Personal, emotional and work-related difficulties
- Child and day care resources
- Financial information and resources
- Legal information and resources
- Will preparation services

Coverage includes up to three one-on-one counseling sessions (per family member, per issue, per year) at no cost to you. To speak to a professional advisor, call **800.331.3684**. There are also multiple tools and resources available to you online at **guidanceresources.com**.

Employee Discount Program

Perks at Work offers discounts and exclusive offers from top merchants — saving you money on everyday purchases. In addition to receiving discounts, earn rewards points that can be used for future purchases. All Republic Services employees are eligible, plus you can invite up to five friends or family members to join the program. Start saving now at **perksatwork.com/login**.

- Login with your work email and password.
- For first time users click "Register for Free" and follow the on-screen instructions to set up your account.
- If your email is not recognized or you do not have a Republic Services email, select "Republic Services" as Your Company and verify using your Employee ID and name.

Important Notices

When Can I Make Changes to My Benefits?

Outside of your initial (new hire) enrollment period and the annual Open Enrollment period for all employees, you may make changes to your benefit elections only when you have a Qualified Life Event.*

A Qualified Life Event includes events such as:

- Marriage or divorce
- Birth or adoption of a child
- Death of your spouse or a dependent child
- Termination of employment for your spouse or his or her obtainment of new employment (when either results in a loss or gain of benefits)
- A change in employment status from full-time to part-time (or vice versa) by you or your spouse or dependents (when either results in a loss or gain of benefits)
- A significant change in health coverage by your spouse's employer
- Disqualification of a child as an eligible dependent (loss of dependent eligibility)

Only benefit changes that are consistent with the Qualified Life Event are permitted, and **they must be made within 31 days after the life event has occurred**. You are responsible for updating this information by calling the Benefits Service Center or visiting your benefits portal within 31 days of the life event. Keep in mind, you will be required to provide documentation to support your Life Event. Documentation may include a copy of a marriage certificate, birth certificate or divorce decree. If you do not submit your Life Event documentation within the required time period, your next opportunity to make a change will be the next Open Enrollment period.

**For a complete list of events that permit a mid-year change of elections, go to your benefits portal or call the Benefits Service Center.*

HIPAA Privacy

Federal law protects the privacy of your personal health information. For details about how your personal health information may be used and disclosed, see the Privacy Notice available at your benefits portal.

Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, the medical plan options offered to you by the Company provide benefits for mastectomy- related services. These services include reconstruction of the breast involved in the mastectomy; surgery and reconstruction of the remaining breast to produce a symmetrical appearance; prostheses, and treatment of physical complications at all stages of mastectomy (including lymphedemas).

Summary of Benefits and Coverage (SBC)

The SBC provides a summary of the key provisions of each health plan option. Log on to your benefits portal to review these documents.

Benefits Termination Date

Your benefits coverage ends at midnight on the last day you work for the Company.

Important Notices *(continued)*

Domestic Partners

Your domestic partner may be covered as an eligible dependent under the Company's benefit plans if you reside in a jurisdiction where the Company is required, by law or contract, to provide health coverage to domestic partners, and where you and the domestic partner satisfy the following criteria:

- You and the domestic partner have lived in a committed relationship for at least 12 consecutive months and intend to remain each other's domestic partner indefinitely;
- You and the domestic partner reside together in the same permanent residence;
- You and the domestic partner are financially interdependent and jointly responsible for the common welfare and financial obligations of the household or your domestic partner is chiefly dependent upon you for care and financial assistance;
- You and the domestic partner are at least 18 years of age;
- You and the domestic partner are not married to anyone else and are not the domestic partner or common law spouse of anyone else;
- You and the domestic partner are not related by blood to an extent that would prohibit marriage under applicable law of the state in which you reside; and
- You and the domestic partner are not in the relationship solely for the purpose of obtaining benefit coverage.

To qualify for domestic partner coverage, you and the domestic partner will be required to submit an affidavit to certify that the domestic partnership is eligible for coverage.

Open Enrollment is **Nov. 1-17, 2023**

Understanding Your COBRA Benefits & Rights

COBRA provides the opportunity to continue certain benefits coverage, including medical, dental and vision benefits as well as your participation in the Health Care Flexible Spending Account (HCFSA).

Your COBRA Benefits & Rights *(continued)*

Who's Eligible

In accordance with the Consolidated Omnibus Budget Reconciliation Act (COBRA), you and/or your covered dependents have a right to continue your medical, dental and vision coverage for a specified period of time in the event you (or your dependents) are no longer eligible for coverage through the Company benefits program. In addition, if you were enrolled in the Health Care Spending Account on the day before you became ineligible for coverage, you can elect to continue contributing to your account for the remainder of the plan year. See page 21 for details on how the Health Care Flexible Spending Account works for COBRA participants.

Note: Deadlines for incurring expenses vary depending on whether you continue your contributions.

You can elect coverage for your **eligible dependents** if they were also covered by the Company plan in which you were enrolled immediately prior to your employment ending. In general, your eligible dependents include your:

- Your legal spouse or Domestic Partner where applicable.
- Your eligible children, up until the end of the month in which your child turns age 26.
- Eligible children age 26 and older who are physically or mentally disabled and incapable of self-support.

Eligible children include your biological children, stepchildren who live with you, a child placed for adoption, legally adopted children, foster children, and children for whom you have permanent legal guardianship. The definition of dependents applies to all coverages. For more information, log in to your new benefits portal at **mybenefits.RepublicServices.com** and chat with Sofia℠, your new personal benefits assistant, available 24/7 to answer your benefits questions. Or call 888.850.1767 Monday through Friday, 7 a.m. to 7 p.m. CT during Open Enrollment.

When You Become Eligible for Benefits

There are several instances — called qualifying events — in which COBRA continuation coverage will be available.

Examples of qualifying events are:

- You end your employment with the Company
- You're no longer eligible for benefits due to a reduction in work hours
- You and your spouse divorce or become legally separated
- Your dependent child reaches the maximum age for coverage

Generally, COBRA coverage is available to you for up to 18 months (additional coverage up to 36 months may be available in certain circumstances, such as divorce). **To receive this coverage, you and/or your eligible family members must:**

- Have been covered by the Company plan immediately prior to the qualifying event
- Enroll for COBRA coverage
- Pay the required premium. The premium you pay for COBRA coverage is equal to the full cost of coverage plus a 2% administration fee.

Covering Dependents

You may not enroll dependents who are not eligible. You'll be required to submit documentation showing proof of dependent eligibility. If you add a new dependent, please watch your mail for instructions on how to provide proof of dependent eligibility. Any misrepresentation regarding your dependent(s) will result in disciplinary action, up to and including termination of your employment (if applicable). If you have a question about whether a dependent is eligible, log in to **mybenefits.RepublicServices.com** and chat with Sofia, your new personal benefits assistant, available 24/7 to answer your benefits questions. Or call **888.850.1767** Monday through Friday, 7 a.m. to 7 p.m. CT during Open Enrollment.

Your COBRA Benefits *(continued)*

How to Enroll

To enroll, follow the steps on page 8.* The benefits you elect will remain in effect until December 31, 2024, or the end of your COBRA continuation period, whichever is earlier. You cannot make changes to your elections until the next Open Enrollment period, unless you have a Qualified Life Event.

Paying for Your Benefits

The amount you pay for COBRA coverage is equal to the full cost of coverage plus a 2% administration fee. You can pay for your coverage:

- **Online** - provide you preferred payment method and account information. You can set up automatic monthly payments and avoid the usual $2.00 monthly convenience fee.
- **Pay by Check** - Make your check payable to Businessolver, Inc. and send to:

  Republic Services (c/o Businessolver.com, Inc)
  PO Box 850512
  Minneapolis, MN 55485-0512

What Happens If You Don't Enroll

If this is your initial enrollment for COBRA benefits (instead of an annual Open Enrollment period) and you don't enroll during your enrollment period, you'll no longer have access to Company-sponsored benefits.

If you're currently enrolled in COBRA benefits and you don't enroll during the Open Enrollment period, your current benefits coverage for medical (including prescription drugs), dental and vision will continue at the new plan year costs.

Note about your Spending Accounts: You are not eligible to re-enroll in the Health Care Spending Account (HCSA). You may continue your HCSA participation only during the plan year in which you first become eligible for COBRA benefits.

Comparing Your Medical Plans

The medical plan you choose can have the greatest effect on your health care costs because this is where you have the potential to spend the most money. Generally, your choice of plan options depends on your home ZIP code.

If you're eligible for more than one medical plan option, we encourage you to use the MyChoice® Recommendation Engine at **mybenefits.RepublicServices.com** which will provide you with a recommended benefits package that most closely matches your preferences. See page 10 for more details.

If you don't have online access or need help comparing plans, call the Benefits Service Centert at 888.850.1767. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. CT during Open Enrollment.

Prescription Drug Benefits

If you enroll in a UHC or Surest medical plan, your prescription drug benefits are administered by OptumRx (offered by UnitedHealthcare). With over 68,000 network pharmacies, the OptumRx network includes all national pharmacy chains and many independent pharmacies.

For more information about your OptumRx prescription drug benefits, including information on maintenance medications, step therapy for certain medications, prior authorization details and more, call **800.980.7507** or go to **myuhc.com**. See page 17 for more details.

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 **mybenefits.RepublicServices.com** for your dental plan options. See page 18 for more details.

Your Vision Plan

To help meet the eye care needs of you and your family, the Company provides vision coverage through UnitedHealthcare (UHC) vision. See page 20 for more details.

* If you are a dependent enrolling in COBRA, please call the Benefits Service Center to make your COBRA elections.

Terms to Know

Benefit Plan Year

The benefit plan year runs from January 1 through December 31. If you are a new hire, the plan year begins on your benefits effective date and runs through December 31. The annual deductibles and out-of-pocket maximums for the UHC medical plans are based on a calendar year (January 1 through December 31).

Coinsurance

This is the percentage of the cost your health plan pays for services after you have met the deductible. For example, a plan may pay 80% of your costs, and you would be responsible for the remaining 20%.

Copayment

This is a flat dollar amount you pay when you receive certain care, such as when you visit the doctor or get a prescription filled. An office visit copayment is cheaper than an emergency room copayment.

Deductible

An amount you pay out of your pocket each plan year for your health care before your plan pays any benefits. In the HDHPs, the deductible is for medical and prescription drugs combined. Once you meet your deductible in the HDHPs, you only pay the coinsurance amount for your prescriptions.

Maintenance Medication

Medications used to treat chronic conditions and long-term conditions. For example, medications taken to lower blood pressure or cholesterol are considered maintenance medications.

Out-of-Pocket Costs

Health insurance provides valuable financial protection, but does not cover all of your expenses (for example, copayments, deductibles and coinsurance). It's helpful to be familiar with these costs so that you can make an educated decision when you choose a health plan.

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 expenses for the remainder of the plan year.

Prescription Drug Tiers

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.

Prior Authorization

This is a requirement that your doctor or pharmacist get approval for certain tests, procedures or medications. Without this approval, your plan may not pay for your medical service or medication.

Step Therapy

When prescription drugs are needed to treat a medical condition, step therapy requires you to start with the most cost-effective and safest drug therapy first. Then, if necessary, other medications will be tried.

Usual and Customary (U&C) Limit

The U&C limit is the maximum amount certain medical plan options and the dental program pay for all services. U&C limits are based on commonly charged fees — "the going rate" — for medical or dental services in a geographic area. Amounts over U&C are the responsibility of the employee and do not count toward a plan's out-of-pocket maximum.

Benefits Resources

The information below will help you quickly access the resources available to you. You can access this guide any time on your benefits portal or download and save a copy on your computer to reference throughout the year.

Resource	Contact Information
Benefits Service Center	**mybenefits.RepublicServices.com** 888.850.1767, Monday through Friday from 7 a.m. to 7 p.m. CT.
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
Health Savings Account (HSA) – Optum Bank	**optumbank.com** | 866.234.8913
Flexible Spending Accounts	**myuhc.com** | 866.755.2648 (Before benefits effective date, go to **whyuhc.com/republicservices**)
Identity Protection – Allstate	**myAIP.com/republicservices** | 800-789-2720
Legal Plan – 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	**mybenefits.RepublicServices.com** Benefits Service Center 888-850-1767
Medical – UnitedHealthcare / OptumRx	**myuhc.com** | 800.980.7507 (Before benefits effective date, go to **whyuhc.com/republicservices**)
Medical - Surest	**benefits.surest.com** 866-683-6440 M-F, 6AM - 9PM CST (Before benefits effective date, go to **join.surest.com/RSI** Code: RSI2024)
Medical – Local 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 **UHC Global** **myuhc.com** | 877.844.0280 **UHA** **uhahealth.com** | 800.458.4600
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	**Quitnow.net/republicservices** or **werally.com** 1.844.924.7325
Rally	**werally.com** | 844.334.4944 (to create a new account, **rallyhealth.com/republic**)
Vanguard 401(k)	**ownyourfuture.vanguard.com** | 800.523.1188
Vision – UnitedHealthcare	**myuhcvision.com** | 800.638.3120

This Benefits Guide provides a summary of the Company benefits program. It applies to non-union employees and employees who are covered by a collective bargaining agreement that provides coverage in the Company's benefit plans. If you are covered by a collective bargaining agreement, please refer to your contract or **mybenefits.RepublicServices.com**, *contact your Benefits Point of Contact (BPOC), or call the Benefits Service Center for specific plan details, as benefits may differ. This guide is not a Summary Plan Description. Complete details about the plans are in the legal plan documents that govern plan operation and administration. If there is any discrepancy between the information provided in this guide and the provisions of the plan documents, the plan documents govern. The Company reserves the right to terminate, suspend, withdraw, amend or modify the program at any time without advance notice.*

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