



REPUBLIC
SERVICES



2024 Employee Benefits Summary

- 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.



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

[Ver en Español](#)

Visit Your Benefits Portal Today!
mybenefits.RepublicServices.com



Republic Services is committed to providing you with quality benefit choices and the flexibility you need to make informed coverage decisions.

The benefit plan year is from January 1 through December 31. The benefits you elect will remain in effect until the next Open Enrollment, unless you have a Qualified Life Event.

You are eligible for benefit coverage effective the first of the month following, or coinciding with, 60 days of employment.

- If you are a rehire, and you have been rehired within 365 days from your previous termination date, your benefits are effective as of your rehire date.

You must enroll in, or waive, benefit coverage prior to the effective date of your coverage, you can enroll immediately.

- Rehires will have 30 days from your date of rehire to enroll in benefits.

If you do not take action during the enrollment window, you will not be eligible for benefit coverage (excluding Company-paid benefits) until either, the next Open Enrollment period or you experience a qualified change in status (such as a birth, marriage, divorce, etc.) and report it within 31 days of the event.



Want to speak to a live person?

Call the Benefits Service Center at **888.850.1767**, Monday through Friday, 8:00 a.m. to 5:00 p.m. CT.

Important Note: This Benefits Summary applies to non-union employees and to 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 union contract, call the Benefits Service Center or visit your benefits portal, as benefit options, rates, and enrollment rules may differ.

Please note: Additional plan materials (i.e., a Benefits Enrollment Guide, Summary of Benefits and Coverage, Health Plan Comparisons and more) are available online at your benefits portal mybenefits.RepublicServices.com. Account registration and login instructions are found on [Page 4](#).

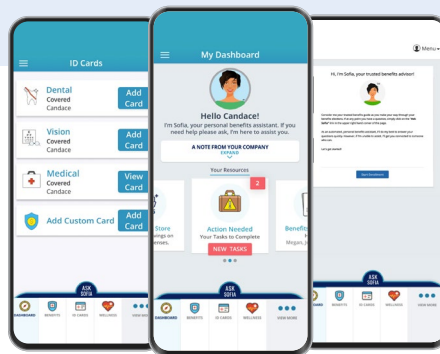
Tools You Can Use

Visit your benefits portal, mybenefits.RepublicServices.com, 24/7 to enroll, make changes to your benefits, or review your coverage. The benefits portal provides everything you need to take charge of your benefits, including these tools.

1 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



Hello. I'm Sofia.
What can I help
you with today?

Sofia

Meet Sofia

2 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.

3 Not sure which benefits you want to elect? MyChoice Recommendation Engine can help!

mychoice
Recommendation
Engine

It can be hard to know which set of benefits is right for you, which is why you now 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 may be 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 these recommendations carefully to ensure these options are best for you and your family.

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 Summary and visit your benefits portal for help 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.

Visit: mybenefits.RepublicServices.com

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. 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, 8 a.m. to 5 p.m. CT

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

Two High Deductible Health Plans (HDHP):

- 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.
 - 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.

**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.

The Surest Copay Plan:

With the Surest plan, you have access to the broad, national UnitedHealthcare and Optum Behavioral Health networks. Get quality medical coverage for everything from preventive to emergency care, colds to cancer treatment — without having to hit a deductible.

With no deductible, you get the full benefit from your first visit. Simply search within the app or website, see prices (copays) in advance, compare care options, and find opportunities to save.

- Quality medical coverage
- Upfront pricing (know what you'll owe in advance, so you can plan ahead)
- Lower prices (copays) assigned to higher-value care options
- Access to the broad, national UnitedHealthcare provider network
- No deductible
- No Coinsurance



See how powerful simple can be.

[▶ Click here](#) or scan the QR code for more details.

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	\$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** and see **page 11**.



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 mybenefits.RepublicServices.com 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; Refer to the Patient Charge Schedule found on your benefits portal.
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; Refer to the Patient Charge Schedule found on your benefits portal.
Dental Implants	Not covered	Covered in-network only; Refer to the Patient Charge Schedule found on your benefits portal.
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. Refer to the Patient Charge Schedule found on your benefits portal.

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



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.

Is your provider in-network?

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

Your Vision Plan

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

	When You Visit a UHC Vision Network Provider	When You Visit an Out-of-Network Provider
Service		
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
Single Vision Lenses	\$0 copayment	\$30 maximum benefit
Lined Multi-focal Lenses	\$0 copayment	\$50 maximum benefit
Frames	\$150 maximum benefit	\$70 maximum benefit
Medically Necessary Contact Lenses	\$0 copayment	\$210 maximum benefit
Elective Contact Lenses	Up to \$60 copayment (fitting and evaluation); \$150 maximum benefit for contact lenses	\$105 maximum 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)	<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. 	

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.

[Click here](#) for more details on your Vision plan.

Other Benefits to Review During Enrollment



Benefit

What You'll Pay

Health Care & Dependent Care 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. Republic Services offers the following Spending Accounts:

- Health Care Flexible Spending Account (HCFSA)
- Limited Purpose Flexible Spending Account (LPFSA)*
- Dependent Care Spending Account (DCFSA)

For detailed information about each of these accounts, [review the chart here](#).

** You must enroll in a HDHP medical plan to participate in the LPFSA. Funds in the LPFSA can only be used for eligible out-of-pocket dental and vision expenses.*

You decide how much you want to contribute (up to IRS limits).

Health Savings Account (HSA)

If you enroll in an HDHP, you can also save money on a tax-free basis with a HSA (use toward eligible medical, dental, vision and prescription drug expenses and receive employer contributions) and an LPFSA (eligible dental and vision expenses).

For detailed information about each of these accounts, [review the chart here](#).

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 may purchase additional coverage for yourself. Optional life coverage is also available to purchase for your spouse and/or dependent children.*

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

You pay nothing for your basic coverage (100% Company-paid).

You pay for your additional coverage and spouse and/or child coverage with after-tax dollars.

Other Benefits to Review During Enrollment *(continued)*

Benefit

What You'll Pay

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 (including overtime).*

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.

Legal Plan

The legal plan provides employees access to more than 18,000+ experienced network attorneys and tools to help navigate a broad range of personal legal needs, such as buying or selling a home, starting a family, caring for aging parents and many other covered services. For non-covered matters that are not otherwise excluded, you get 4 hours of network attorney time and services per year.

You pay for coverage with after-tax dollars.

Identity Protection

Allstate Identity Theft Protection delivers comprehensive financial and identity monitoring designed to help you protect yourself, your family, and your finances from emerging threats. View your personal data and monitor it with rapid alerts. Monitor your financial transactions, social media, student loans, retirement accounts, and more. If fraud occurs, you can get full-service restoration, plus you may be eligible for reimbursement for stolen funds and associated out-of-pocket costs.

You pay for coverage with after-tax dollars.

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

Other Benefits to Review

Benefit

Eligibility

What You'll Pay

401(k) Plan

Republic Services will match your contributions. The match is dollar-for-dollar on the first 3% of eligible pay you contribute and 50 cents on the dollar for the next 2% of eligible pay. That's "free money" from the Company!

Note: Automatic enrollment in the 401(k) Plan is effective on your 91st day of employment. You will be enrolled with a pre-tax contribution rate of 3% of your eligible pay unless you opt out prior to your 91 days of employment.

Roth 401(k) contributions are also available and grow tax-free, with no tax on withdrawals in your retirement.

You are eligible to enroll and participate upon your date of hire. If you don't enroll or opt out of automatic enrollment by your 91st day of employment, you will automatically be enrolled in the Plan with a pre-tax contribution rate of 3% of your eligible pay.

You can contribute up to 100% of your eligible pay; allows pre-tax or after-tax (Roth) contributions (up to IRS limits).

Employee Stock Purchase Plan (ESPP)

You may purchase shares of Republic Services stock at a 5% discount from the fair market value. Your contributions are automatically invested in shares of Company stock at the end of each quarter.

You are eligible to enroll and participate after 90 days of employment.

You may contribute 1% to 15% of your pay (up to plan limits).



Other Benefits to Review *(continued)*

Benefit

What You'll Pay

Auto & Home Insurance

Purchase discounted insurance coverage for auto and home. You also have the option to pay for your coverage through payroll deduction.

You pay for coverage with after-tax dollars.

2nd.MD

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.

You pay nothing when enrolled in a RSI Medical Plan (100% Company-paid).

Wellness Program

Employees and their spouses can earn medical premium reductions for the following plan year while participating in our Wellness Program.

You pay nothing when enrolled in a RSI Medical Plan (100% Company-paid).

OnePass Gym Membership Program

Multiple plan options to choose from with access to any gym in your chosen network tier, 28,000+ online fitness classes, grocery delivery and more.

You pay between \$3-\$139 per month based on selected plan.

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.

You pay nothing for basic coverage (100% Company-paid).

Coverage begins immediately upon hire.

Employee Discount Program

Receive discounts and exclusive offers from top merchants, and earn reward points that can be used for future purchases. You can also invite up to five friends or family members to join the program.

You pay nothing for this discount program.



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, once you meet your deductible, you 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. In the HDHPs, the deductible is for medical and prescription drugs combined.

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 8 a.m. to 5 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