



Benefits



“CORE” Benefits



What are core benefits, you ask? The “Core” includes medical, prescription, dental and vision coverage. And to help pay for those expenses, you can enroll in one of the two pretax medical spending accounts programs (FSA or HSA) – more information on page 4.

“Rollins Benefits – The Mystery Unveiled!” – NOW available on Tempo

Your Rollins plans are explained in an easy-to-understand, no-nonsense way, starting with basic terminology and taking you through an overview of all Rollins benefits. This video takes the mystery out of how healthcare insurance works! Don’t watch alone – invite your spouse and make it a date night! Just type “benefits” in the search bar!

RollinsBenefits.com

The RollinsBenefits website is your **GO-TO** place for benefits information, including retirement and financial assistance for educational needs. Anyone can access the site without having to login!

On the site you will find:

- New Hire Enrollment information, including enrollment timelines and the Benefits Decision Guide
- Information about your benefits if you separate from Rollins, including COBRA rates
- Commonly used forms, such as the Address Change and Dependent Verification Forms
- 401(k) information including an explanation of the company match and vesting requirements
- Information about the tuition assistance program and the O. Wayne Rollins Scholarship
- Benefits contact information (*bookmark this page for quick access to all the plan phone numbers and websites!*)
- App Center page of all the benefits’ plan apps (*use code **RNIATL** to download the MercerMarketplace app*)
- From the home page, click on ‘Mercer Marketplace 365 Login’ to access your account and review your elections

Enrolling in Coverage/Changing Elections

There are three instances in which you can enroll and/or change your benefit elections. When you’re ready, go to www.MercerMarketplace.com/Rollins and login (*or just click on the link from RollinsBenefits.com!*).

CRITICAL TIME PERIODS FOR BENEFITS ENROLLMENT/CHANGES

WITHIN
45
DAYS

Newly Eligible?

You have 45 days from your date of hire (or change to full-time employment status) to elect benefits. Coverage will be effective the 1st day of the month following 60 days. Dependent documentation must be submitted within 45 days of your hire (or status change) date.

WITHIN
30
DAYS

Life Happens (getting married, divorced, having a baby)?

You have 30 days from the date of the event to change your benefit elections. Per the IRS, only changes consistent with the event are permitted (*e.g., marriage allows you to add a spouse and children*). Supporting documentation providing proof of the “life” event must be submitted within 31 days of the event.

WITHIN
15
DAYS

Time to Change!

You may make any change to your current benefit elections during the annual fall open enrollment period. This is your one time each year to add or drop dependents, change plans, enroll or decline coverage, etc. Evidence of insurability will be required if increasing or adding voluntary employee or spouse term life or when adding disability coverage. **If adding dependents to your coverage, verification documentation** must be submitted within 10 days of the closing of the annual enrollment period.

Mercer Marketplace: The Mercer Marketplace is the benefits administrator for Rollins employees and houses your benefit elections. To review or change your elections, download the Mercer Marketplace mobile app (*use code **RNIATL** to download*) or login to your online account. The Mercer Marketplace can help you to make changes and can provide answers to your benefits questions. Call **844-851-5419**.

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Adding Dependent Coverage

If you are adding a dependent spouse or child (*up to age 26*), you will be required to provide proof of the dependent's relationship to you. A birth certificate for dependent children and a marriage certificate for a spouse will be required, along with a completed Dependent Verification Form (*available on RollinsBenefits.com under 'Forms'*). **All documentation must be submitted within the required timeframe** (*indicated in the "Enrolling in Coverage/Changing Elections" section on the previous page*).

Special note regarding newborn coverage – make sure to call the Mercer Marketplace as soon as practical after your baby is born. A hospital birth certificate signed by the physician indicating your name as one of the parents is sufficient documentation to add the baby. *Do not wait until you receive the SSN card to add the newborn.*

Stay In-Network: No matter which benefit you are using, whether it's medical, dental, vision or pharmacy, all of the plans have a network you must stay in to receive the best financial benefit. Be sure to check the plans' website to ensure you are using a network provider before scheduling your appointment. Please note that no benefit will be paid if you use an out-of-network pharmacy for prescriptions.

ID Cards: Contact your benefit plan to request replacement ID cards. You can either call the plan directly or login to the plan's website to order or print a replacement ID card. Rollins Benefits' staff does not have access to your membership information or ID cards. Please note, Cigna only issues ID cards to participants enrolled in the Dental HMO plan and employees who reside in Georgia (*pursuant to state law*).

Your Mailing and Email Addresses: Be sure to update your address at MyRollins.com if you move to ensure you receive plan ID cards, your FSA or HSA debit card, tax forms, as well as Open Enrollment and other benefits-related information. It's also important to maintain an updated email address through your MyRollins.com account. Remember, your MyRollins User Name and Password are the same as your network computer login.

Terminology

Before we dig into the "core" medical, dental and vision plans, let's start with the basics - insurance terminology. Like your car and home insurance, the terminology is pretty much the same.

- **Premium:** The amount you pay for your insurance coverage, deducted from your paycheck each pay period.
- **Deductible:** The amount you pay for covered services before your plan begins to pay.
- **Copayment:** A fixed dollar amount you pay for a covered service.
- **Coinsurance:** The cost share of a healthcare visit split between you and the insurance company after the deductible has been met.
- **Out-of-Pocket Maximum:** Once you meet your deductible and continue to have services, the charges (*deductible plus coinsurance*) are tallied by the insurance company. When the amount reaches your plan's out-of-pocket maximum, the insurance company will pay 100% of the eligible charges for the rest of the plan year.
- **Plan Year:** The Rollins plan year is January 1 – December 31. The deductible and out-of-pocket maximum starts over with the beginning of each new plan year.

A Note about Deductibles

If you are enrolled in a coverage tier other than "employee-only," your deductible and out-of-pocket maximums are double the individual amount (*i.e., \$1,800, \$3,000, \$5,700, \$9,000 and \$13,100*). Once the "individual" deductible has been met for any one family member, that family member's claims are subject only to coinsurance. When, and if, the entire family's medical expenses (and pharmacy in the HDHP plans) meet the "family" deductible, the entire family unit is subject to only the plan coinsurance. The same rule applies to the family out-of-pocket maximum.

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Dental

Rollins offers three dental plan options, the **Dental HMO (DHMO) plan, Basic plan and the Enhanced plan**. Under all three options, plan members can receive two preventive "cleaning" visits at no charge each calendar year. The DHMO and Enhanced dental plans offer orthodontia benefits; whereas the Basic plan does not. Before enrolling in the DHMO, check the provider directory (www.Cigna.com) to make sure there is a dentist in the DHMO network you wish to use. You may only enroll in the DHMO if you have at least two DHMO dentists within 25 miles of your home address. No benefits are paid if you use an out-of-network provider when enrolled in the DHMO plan. ID cards are **not** required for most dental visits; therefore, Cigna only issues ID cards to employees enrolled in the DHMO dental plan and employees residing in the state of Georgia (*pursuant to state law*). The DHMO network is **Dental Care Access**; The Basic and Enhanced network is **Total Cigna DPPO**.

Vision

Rollins offers two vision plan options, **Standard and Enhanced**. Both options provide eye exams every 12 months for \$10. Various other products are provided (*e.g., frames, lenses, contacts*), most requiring only a copayment. Discounts are applied to amounts that exceed the allowance for frames and contact lenses. EyeMed issues ID cards to new enrollees only. Be sure to use a network provider when seeking care (www.EyemedVisionCare.com).

Medical and Prescription Coverage

All Rollins medical plans have a deductible that must be met before the insurance company will pay anything toward your medical expenses. No matter which deductible plan option or carrier you choose, emergencies are covered as though you received services at a network facility. **No matter where you are in the world – just go to the nearest emergency facility.**

Medical Plans

- **\$900 and \$1,500 Deductible Plans:**
 - Consider enrolling in one of these plans if you or a covered family member has expensive and/or specialty medications and/or chronic health conditions
 - Your monthly premium will be more on these plans, but...the
 - Deductible is less on these plans... and
 - You do not need to meet the deductible for prescriptions
- **High-Deductible Health Plans (i.e., \$2,850, \$4,500 and \$6,550):**
 - Deductible applies to medical visits and prescriptions under these plans
 - Consider one of these plans if you and your covered family members rarely go to the doctor for visits other than wellness/preventive services, also a good option if ...
 - You do not use expensive (or any) medication, OR you use preventive medications that are listed on the **OptumRx HDHP \$0 Copay Formulary** list – the medications on this list are **FREE!**

\$0 Preventive Medications

There are two Preventive Medication lists that have a \$0 copayment and are not subject to the deductible. One list applies to all five medical plans (Affordable Care Act (ACA) List) and the other is only for HDHP members (*excludes Kaiser plan members*). Both lists are located at www.RollinsBenefits.com under the menu option, 'Forms and Plan Summaries,' and then scroll down to 'Prescription Drug.'

Does the Plan Deductible apply to....?	\$900	\$1500	High Deductible Health Plans
Medical Visits	Yes	Yes	Yes
Preventive/Wellness Visits and Exams	No	No	No
Rx – \$0 Preventive ACA Medications	No	No	No
Rx – \$0 HDHP Preventive Medications	n/a	n/a	No
Rx – All other medications	No	No	Yes

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How Am I Going to Pay for THIS... (doctor's visit, prescription, service, glasses)??

Each medical plan has a deductible that you must meet before insurance will pay its portion of the coinsurance (*except for preventive services - those are covered at 100% - deductible does not apply*). The Basic and Enhanced Dental plans also have a deductible that must be met for nonpreventive services. After the dental deductible has been met, coinsurance will apply. The Standard and Enhanced vision plans do not have a deductible; however, they do have copayments required for each service that must be paid out-of-pocket. Additionally, vision charges that exceed the benefit "allowance," such as when the frames you picked out cost \$400 and the allowance was \$175, that difference must be paid out-of-pocket!

You can pay these deductibles, copayments and coinsurance amounts with your personal funds (check, debit card or credit card) **OR** better yet, you can elect one of the two available PRETAX medical spending account plans to help pay your out-of-pocket costs. What are those, you ask? Read on!

Health Savings Account (HSA) or the Healthcare Flexible Spending Account (FSA)

Your payroll contributions into these accounts are tax-free, saving you money on federal and state income taxes and Social Security taxes. Contributions are divided over the course of the plan year and may be used to pay any eligible *healthcare expense including medical, dental, vision and pharmacy!*

- **Healthcare Flexible Spending Account (HC FSA):**
 - You are eligible **if you are enrolled in the \$900 or \$1,500 deductible plan** through Rollins, or if you are covered by a spouse's medical plan that is not a high-deductible health plan
 - Maximum annual amount you can elect is \$2,700 (*in 2019*)
 - Plan must be re-elected each year during open enrollment for the upcoming year
 - Total amount you elect is **available the first day of the plan year**
 - Expenses must be incurred between January 1 and December 31 to be eligible for reimbursement
 - **FSA contributions remaining in the account after the "run-out period" ends (i.e., 3/31) are forfeited**
- **Healthcare Savings Account (HSA):**
 - **You are eligible if you are enrolled in one of the high-deductible health plans (\$2,850, \$4,500 or \$6,550)**
 - Maximum annual amount for individual coverage is \$3,500; family coverage is \$7,000
 - Plan must be re-elected each year during open enrollment for the upcoming year
 - Payroll deductions and the company contribution (*if you qualified by getting a wellness exam*) continue to accrue every year and are never forfeited
 - **You must get a wellness/preventive exam** during the plan year (*10/1/18 - 7/31/19 for plan year 2020*), to receive the company contribution, currently \$250 (*exam not required the first year for new hire/newly-eligible employees*); *Verify your wellness exam credit at www.HealthAdvocate.com/Rollins*
 - If you ever leave Rollins or move to a non-HDHP medical plan, you take the HSA with you – you can even roll it over into a different employer's HSA
 - **The funds never expire** and are not subject to forfeit - this account remains yours and the funds are available to use toward eligible out-of-pocket healthcare expenses anytime
 - An additional benefit of an HSA is the funds can be invested when your balance reaches \$1,000, and when you reach the age of 65, funds may be used as supplemental income and will be taxed but not subject to a penalty

Save \$\$ on Medications

No matter which medical plan you enroll in, you may be able to save money on your prescriptions by researching different pharmacies for cost savings. Some pharmacies, such as Target, Walmart and Walgreens offer certain medications for \$4 or \$10. Also, use the cost comparison tool on www.OptumRx.com. And remember to always use generics when you can! Kaiser members must use a Kaiser facility pharmacy when using their regular prescription plan benefit, but may use Target or Walmart for the \$4 and \$10 prescriptions that do not require a prescription plan.

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Where Should You Go For Medical Care to **Save** the Most Money?

The **24/7 Nurse Line** can help you find a provider for medical care, answer health and wellness questions and answer questions about medications. This service is provided at **no charge**. The number is on the back of your ID card.

Not an Emergency!??? Consider this Option First!

Virtual Visits are 24/7 and are a great way to see a doctor without leaving your home!

- ✓ Video chat, you talk face-to-face with a doctor through your mobile device or a computer’s webcam!
- ✓ Faster, easier and more convenient than a visit to an urgent care (*and you’re less likely to catch something!*)
- ✓ Yes - the doctor **can** prescribe a medication – you just pick it up!
- ✓ Your condition can’t be diagnosed through the chat? You won’t be charged! Just to be clear, you may be diagnosed without receiving a prescription, in which case there would be a charge.

When to use: Cold, flu, allergies, fever, sinus infections, diarrhea, pinkeye and other eye infections, skin infection or rash

Anthem: LiveHealthOnline.com - \$49 – go to LiveHealthOnline.com

UnitedHealthcare: UHC.com - \$49 – go to [UHC.com/virtual visits](http://UHC.com/virtual-visits)

Kaiser: KP.org - \$0

No appointments, no driving and no waiting at an urgent care center.

Register today **BEFORE** you need care!

Retail Health Clinics are another resource besides your doctor’s office for certain symptoms. These Retail “Convenience” Clinics (*e.g., Walgreens and CVS*) charge less than your physician’s office or an urgent care center.

Average cost is \$65.

When to use: Rash, minor burns, cough, sore throat, shots, ear or sinus pain, burning with urination, minor fever, common cold, minor allergic reactions, bumps, cuts and scrapes, eye pain or irritation

Your Doctor’s Office is a great place for scheduled care and check-ups, and you should try them first during office hours in a non-life-threatening emergency. **Average cost is \$120.**

When to use: Preventive and wellness exams, mild asthma, rash, minor burns, minor fever or cold, nausea, diarrhea, back pain, minor headache, ear or sinus pain, cough, sore throat, bumps, cuts, scrapes, minor allergic reactions, burning with urination, shots, eye pain or irritation

Urgent Care Centers are accessible in many communities at all hours of the day and night. Doctors and nurses can help with non-life-threatening, but urgently-needed care. **Average cost is \$190.**

When to use: Sprains and strains, nausea or diarrhea, ear or sinus pain, minor allergic reactions, animal bites, back pain, cough, sore throat, mild asthma, burning with urination, rash, minor burns, X-rays, minor fever or cold, **cuts needing stitches**, eye pain or irritation, minor headache, shots, bumps, cuts and scrapes

Hospital Emergency Rooms should be used if you think you are having a real emergency or if you think you could put your health at serious risk by delaying care. **Average cost is \$1,700.**

When to use: Use the ER when you believe your life or health is in danger, including chest pain, shortness of breath, severe asthma attack, major burns, severe injuries, kidney stones. However, for less severe injuries or illnesses, the ER can be expensive and wait times can average over 4 hours. See the options above for non-life threatening illnesses and injuries.

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How your Medical Coverage Works

<p>Preventive Services</p>	<p>✓ Preventive services are covered at 100% - you pay nothing!</p>
<p>Billing Process</p>	<ol style="list-style-type: none"> 1. Your Provider (doctor, hospital) sends the charges for your visit to the insurance company 2. The insurance company processes the charges and pays the Provider an amount based on whether the provider is "in" or "out" of their network: <ol style="list-style-type: none"> a. In-Network: The Provider is paid based on the rate they negotiated with the insurance company; the Provider cannot charge you more than the negotiated rate for the visit b. Out-of-Network: The insurance company pays the Provider an amount based on a "maximum allowable charge" formula; this amount is typically lower than the Provider's original charges; YOU are responsible to pay the difference between what the insurance company paid the Provider and the Provider's charges which means a much higher out-of-pocket cost for you! 3. The insurance company will send you an Explanation of Benefits (EOB) explaining the charges for which you are responsible and what they paid the Provider – this is not a bill for you to pay 4. Your Provider will then bill you based on the insurance company's calculation of the amount owed – THIS is the bill you pay
<p>Deductible and Coinsurance</p>	<p>✓ Satisfying your deductible:</p> <ul style="list-style-type: none"> ○ In-Network Charges: The negotiated rate you were charged is applied toward your deductible ○ Out-of-Network: ONLY the "maximum allowable charge" is applied toward your deductible – you will be balance billed for the difference between the Provider's charges and the insurance company's payment. The amount you are BALANCE BILLED will NOT be APPLIED TOWARD YOUR DEDUCTIBLE! <p>✓ Once your deductible has been met – your Provider will bill you for your share of the coinsurance and the insurance company will pay their share</p>
<p>Paying for your Services</p>	<p>✓ You can pay your healthcare services with:</p> <ul style="list-style-type: none"> ○ personal funds (<i>check, credit card, debit card</i>), and/or ○ pretax \$\$ from a medical savings plan – the type of medical savings plan you can elect is based on the medical plan you are enrolled: <ul style="list-style-type: none"> ▪ Flexible Spending Account (FSA) - The full annual election amount you elected is available on your effective date (<i>\$900 and \$1,500 plans</i>) ▪ Healthcare Savings Account (HSA) - Only funds in the HSA account at the time you make a payment using the HSA are available for use; Rollins will contribute \$250 into your HSA account when you open it during your new hire enrollment window (<i>high deductible health plans</i>)
<p>Out-of-Pocket Maximum</p>	<p>✓ Once your Deductible + Coinsurance = Out-of-Pocket Maximum amount, the insurance company will pay 100% of your medical and prescription charges for the remainder of the plan year (plan year ends December 31st)</p>

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\$900 & \$1,500* Deductible Plans

(*in-network, individual deductible)

		\$900 Deductible (individual) \$1,800 Deductible (family) **		\$1,500 Deductible (individual) \$3,000 Deductible (family) **	
Deductible	In these plans, the MEDICAL deductible is your responsibility before the plan (insurance) pays for services (except preventive services which are not subject to the deductible); the plan pays less when you use out-of-network providers:				
	<ul style="list-style-type: none"> ✓ In-Network: \$900 (individual) \$1,800 (family) 	<ul style="list-style-type: none"> ✓ Out-of-Network: \$3,000 (individual) \$6,000 (family) 	<ul style="list-style-type: none"> ✓ In-Network: \$1,500 (individual) \$3,000 (family) 	<ul style="list-style-type: none"> ✓ Out-of-Network: \$3,000 (individual) \$6,000 (family) 	
Coinsurance	Coinsurance is the portion of the charge you are responsible to pay for medical services after you have met the deductible in these plans (in the \$900 and \$1,500 plans, the deductible only includes amounts you paid for medical services, not prescriptions):				
	<ul style="list-style-type: none"> ✓ In-Network Provider: <ul style="list-style-type: none"> ○ You pay 20% after deductible ✓ Out-of-Network Provider: <ul style="list-style-type: none"> ○ You pay 40% after deductible <i>(for most services)</i> 		<ul style="list-style-type: none"> ✓ In-Network Provider: <ul style="list-style-type: none"> ○ You pay 20% after deductible ✓ Out-of-Network Provider: <ul style="list-style-type: none"> ○ You pay 40% after deductible <i>(for most services)</i> 		
Out-of-Pocket Maximum	The Out-of-Pocket Maximum (OOP Max) is met when your paid Deductible plus Coinsurance equals the OOP Max for the plan – at that point, all eligible medical and prescription expenses are covered at 100% for the remainder of the plan year:				
	<ul style="list-style-type: none"> ✓ In-Network: \$4,800 (individual) \$9,600 (family) 	<ul style="list-style-type: none"> ✓ Out-of-Network: \$9,600 (individual) \$19,200 (family) 	<ul style="list-style-type: none"> ✓ In-Network: \$5,200 (individual) \$10,400 (family) 	<ul style="list-style-type: none"> ✓ Out-of-Network: \$10,400 (individual) \$20,800 (family) 	
Prescription Drug Coverage					
<i>(No benefit is paid for prescriptions obtained at an out-of-network pharmacy)</i>					
Retail Pharmacy (30-day supply)	YOUR prescription cost is based on the coinsurance of your plan; you do not need to meet the deductible for prescription coverage in the \$900 and \$1,500 plans:				
	<ul style="list-style-type: none"> ✓ Generic: 30% <i>(maximum cost \$20)</i> ✓ Preferred Brand: 30% <i>(maximum cost \$50)</i> ✓ Nonpreferred Brand: 45% <i>(maximum cost \$80)</i> 		<ul style="list-style-type: none"> ✓ Generic: 20% ✓ Preferred Brand: 20% ✓ Nonpreferred Brand: 20% 		
Mail Order (90-day supply)	<ul style="list-style-type: none"> ✓ Generic: 30% <i>(maximum cost \$50)</i> ✓ Preferred Brand: 30% <i>(maximum cost \$125)</i> ✓ Nonpreferred Brand: 45% <i>(maximum cost \$200)</i> 		<ul style="list-style-type: none"> ✓ Generic/Preferred Brand/NonPreferred Brand: 2.5 times the 30-day coinsurance amount when you obtain a 90-day supply 		

**** Family Deductible and Family Out-of-Pocket Maximum:** When any one member of your family meets the individual deductible during the plan year, that person is considered to have satisfied their deductible and will only pay coinsurance for the rest of the plan year. When the remaining family members **as a unit** meet the remaining family deductible, the entire family is considered to have met the plan's family deductible and will only pay coinsurance. The family out-of-pocket maximum works the same way.

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\$2,850 & \$4,500* Deductible Plans

(*in-network, individual deductible)

\$2,850 Deductible (individual) \$5,700 Deductible (family) **		\$4,500 Deductible (individual) \$9,000 Deductible (family) **		
Deductible	In these plans, both MEDICAL Services and PRESCRIPTION Drugs are subject to the deductible and are your responsibility before the plan (insurance) pays for services or prescriptions (except preventive); the plan pays less when you use out-of-network providers:			
Deductible	✓ In-Network: \$2,850 (individual) \$5,700 (family)	✓ Out-of-Network: \$5,700 (individual) \$11,400 (family)	✓ In-Network: \$4,500 (individual) \$9,000 (family)	✓ Out-of-Network: \$9,000 (individual) \$18,000 (family)
Coinsurance	Coinsurance is the portion of the charge you are responsible to pay for medical services and prescription drugs AFTER you meet the deductible:			
Coinsurance	✓ In-Network Provider: ○ You pay 30% after deductible ✓ Out-of-Network Provider: ○ You pay 50% after deductible <i>(for most services)</i>	✓ In-Network Provider: ○ You pay 30% after deductible ✓ Out-of-Network Provider: ○ You pay 50% after deductible <i>(for most services)</i>		
Out-of-Pocket Maximum	The Out-of-Pocket Maximum (OOP Max) is met when the amounts you paid toward the Deductible plus Coinsurance equals the OOP Max for the plan – at that point, all eligible medical and prescription drug costs are covered at 100% for the remainder of the plan year:			
Out-of-Pocket Maximum	✓ In-Network: \$6,550 (individual) \$13,100 (family)	✓ Out-of-Network: \$13,100 (individual) \$26,200 (family)	✓ In-Network: \$6,550 (individual) \$13,100 (family)	✓ Out-of-Network: \$13,100 (individual) \$26,200 (family)
Prescription Drug Coverage				
<i>(No benefit is paid for prescriptions obtained at an out-of-network pharmacy)</i>				
Retail Pharmacy (30-day supply)	YOUR prescription drug cost is based on the plan's coinsurance AFTER you have met the deductible <i>(deductible includes medical and prescription charges in these high-deductible plans):</i>			
Retail Pharmacy (30-day supply)	✓ Generic/Preferred Brand/NonPreferred Brand: You pay 30%, after the plan deductible is satisfied			
Mail Order (90-day supply)	✓ Generic/Preferred Brand/NonPreferred Brand: 2.5 times the 30-day coinsurance amount when you obtain a 90-day supply, after the plan deductible is satisfied			
Key Icon	✓ FREE Prescriptions! If you take a preventive or maintenance medication that is on the OptumRx HDHP \$0 Copay Formulary list [†] , those medications are FREE and are not subject to the deductible or coinsurance! ✓ FREE Lifescan OneTouch diabetic test strips! This brand of test strips is covered at 100%, and are not subject to the deductible or coinsurance in these high-deductible health plans. [†] <i>list on RollinsBenefits.com under 'Guides and Plan Summaries,' then scroll down to 'Prescription Drug.'</i>			

**** Family Deductible and Family Out-of-Pocket Maximum:** When any one member of your family meets the individual deductible during the plan year, that person is considered to have satisfied their deductible and will only pay coinsurance for the rest of the plan year. When the remaining family members **as a unit** meet the remaining family deductible, the entire family is considered to have met the plan's family deductible and will only pay coinsurance. The family out-of-pocket maximum works the same way.

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\$6,550* Deductible Plan

(*in-network, individual deductible)

\$6,550 Deductible (individual)

\$13,100 Deductible (family) **

Deductible	In this plan, both MEDICAL Services and PRESCRIPTION Drugs are subject to the deductible and are your responsibility before the plan (insurance) pays for services or prescriptions (except preventive); the plan pays less when you use out-of-network providers:	
	<ul style="list-style-type: none"> ✓ In-Network Provider: \$6,550 (individual) \$13,100 (family) 	<ul style="list-style-type: none"> ✓ Out-of-Network Provider: \$13,100 (individual) \$26,200 (family)
Coinsurance	Coinsurance is the portion of the charge you are responsible to pay for medical services and prescription drugs AFTER you meet the deductible; for this plan, there is no coinsurance after the deductible has been satisfied:	
	<ul style="list-style-type: none"> ✓ In-Network and Out-of-Network Provider: <ul style="list-style-type: none"> ○ You pay \$0 after the deductible has been met – you do not have any coinsurance 	
Out-of-Pocket Maximum	The Out-of-Pocket Maximum (OOP Max) is met when the amounts you paid toward the Deductible plus Coinsurance equals the OOP Max for the plan – at that point, all eligible medical and prescription drug costs are covered at 100% for the remainder of the plan year; for this plan, the OOP Max is met at the same time the plan deductible is satisfied:	
	<ul style="list-style-type: none"> ✓ In-Network Provider: \$6,550 (individual) \$13,100 (family) 	<ul style="list-style-type: none"> ✓ Out-of-Network Provider: \$13,100 (individual) \$26,200 (family)
Prescription Drug Coverage		
<i>(No benefit is paid for prescriptions obtained at an out-of-network pharmacy)</i>		
Retail Pharmacy (30-day supply)	YOUR prescription drug cost is \$0 AFTER you have met the plan deductible <i>(deductible includes medical and prescription charges in this high-deductible plan):</i>	
	<ul style="list-style-type: none"> ✓ Generic/Preferred Brand/NonPreferred Brand: You pay \$0, after the plan deductible is satisfied 	
Mail Order (90-day supply)	<ul style="list-style-type: none"> ✓ Generic/Preferred Brand/NonPreferred Brand: You pay \$0, after the plan deductible is satisfied 	
	<ul style="list-style-type: none"> ✓ FREE Prescriptions! If you take a preventive or maintenance medication that is on the OptumRx HDHP \$0 Copay Formulary list[†], those medications are FREE and are not subject to the deductible! ✓ FREE Lifescan OneTouch diabetic test strips! This brand of test strips is covered at 100%, and are not subject to the deductible in this high-deductible health plan. 	
	[†] list on RollinsBenefits.com under 'Guides and Plan Summaries,' then scroll down to 'Prescription Drug.'	

**** Family Deductible and Family Out-of-Pocket Maximum:** When any one member of your family meets the individual deductible during the plan year, that person is considered to have satisfied their deductible and will only pay coinsurance for the rest of the plan year. When the remaining family members **as a unit** meet the remaining family deductible, the entire family is considered to have met the plan's family deductible and will only pay coinsurance. The family out-of-pocket maximum works the same way.

More than “CORE” Benefits



Everyone knows healthcare coverage is an important benefit, but did you know Rollins offers much MORE than just the “CORE” medical, prescription, dental and vision coverage?

Many of the extra benefits Rollins provides are offered pretax, lowering your taxable income, or better yet, are provided **FREE** to you and your family!

Basic Term Life and AD&D - FREE

Rollins provides each employee with 1 times their annual salary in Basic Term Life and Accidental Death and Dismemberment (AD&D) coverage. If you do nothing else with your benefits, **make sure to add a beneficiary** to your benefits account on the Mercer Marketplace for your life insurance benefit. It’s also a good idea to review your beneficiary selections each year during open enrollment and whenever you have a life event, such as getting married or divorced.

Preventive Services - FREE

Under the Rollins medical plans, preventive services for annual wellness check-ups, mammograms, colonoscopies and all other preventive services described under the Affordable Care Act are **free to you and your covered dependents**. Two preventive dental cleanings are also covered under the dental plan each calendar year.

Tobacco Cessation Program - FREE

Rollins continues to partner with the Quit 4 Life program to help **you and your covered dependents** achieve your goal to stop smoking or using other tobacco products. Because we understand that getting started and staying motivated can be a challenge, Rollins provides the Quit 4 Life program **free**. By simply making a phone call, you are provided with the extra support you need to quit. You don’t need to be enrolled in the Rollins medical plan to use this program. And best of all (*second only to kicking the habit of course!*), if you complete the program by the end of November, any tobacco surcharges you paid during the current plan year will be refunded back to you! Partner with a Quit 4 Life coach today at www.QuitNow.net, or by calling **1-866-784-8454**.

PerkSpot Online Discount Mall - FREE

You and your family can take advantage of the savings offered through PerkSpot! PerkSpot is designed to help you find “perks” that matter to you, from employee discounts and programs to saving on your favorite brands, including mobile phone plans, gym memberships and entertainment! Employees who have used this **free** discount program rave about it! Create an account today at rollins.perkspot.com or call **1-866-606-6057**.

Paid Maternity Leave!

As a company that values our women employees, Rollins understands that the weeks following the delivery of a newborn are a special time for getting to know your newest family member, yet also one of physical recovery and recuperation. During the six to eight weeks following delivery, **Rollins provides benefit-eligible female employees 100% paid leave**. The duration of the benefit is determined by the type of delivery and begins when the bundle of joy arrives!

Rollins’ working mothers will receive a 40-hour pay continuation based on their sick-time rate. As with all leaves of absence, employees must call the Leave of Absence Specialist at Rollins Benefits to notify us of the anticipated leave. Our specialist will answer your questions, provide the necessary leave of absence paperwork and set up the paid maternity benefit. Call (404) 888-2714 at least 30 days before you expect your leave to begin.

Dependent Care (daycare) Reimbursement Program

The Dependent Care (daycare) FSA program reimburses you for your eligible **daycare expenses**. This program allows you to elect up to \$5,000 annually, per family, through pretax payroll contributions. Once funds accumulate in your dependent care account, you can submit reimbursement requests to Discovery Benefits for your daycare expenses. You can be reimbursed up the balance in your account at the time Discovery Benefits receives your request. Funds remaining in your account after the run-out period (i.e., March 31 following the end of the plan year) will be **forfeited**. Enrollment in this program must be elected during the annual open enrollment period for the upcoming plan year - you are not automatically reenrolled each year.

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Employee Assistance Program (EAP) - FREE

Rollins provides an Employee Assistance Program through EAP Works to help you and your family handle life and work challenges. EAP is **free**, professional help when you need it in your **work or personal life**. EAP Works' trained and knowledgeable resources provide advice for the life issues we all face. The program provides four free and confidential telephonic or in-person sessions, per problem for **you and your family members** (*i.e., each family member may receive four free visits per problem*). You do not need to be enrolled in a Rollins medical plan in order to use this benefit. Examples vary widely and include dealing with alcohol or substance abuse, the illness of a family member, grief support, relationship issues, work issues, assistance locating daycare or eldercare services and much more. Call **1-888-882-1985**.

Health Advocate - FREE

Health Advocate is a **free** service provided to **Rollins employees and their family members**. This service is designed to **help you navigate the healthcare and health insurance systems** more easily by providing your own Personal Health Advocate. Your Personal Advocate can assist with nearly any medical question and issue, including providing assistance to find primary care and specialist physicians and medical institutions, resolving claim, billing and related administrative problems, as well as Medicare questions as they relate to retirement or turning 65. Health Advocate can also help you access community resources, including senior care services that fall outside traditional healthcare coverage. Rollins employees do not need to be enrolled in a Rollins medical plan in order to use this **free** service. Health Advocate's goal is to maximize each person's healthcare experience without the hassles and frustrations they so often typically experience. You can also login to the Health Advocate portal at www.HealthAdvocate.com/Rollins to see if your wellness exam qualifies you to receive the annual HSA company contribution. Call **1-866-695-8622**.

Flu Shots - FREE

Protect yourself and everyone around you. Get your flu shot! Getting your flu shot is important for your good health and the ability to function at work and at home. Flu shots for **employees and covered dependents** are **free** when received at a network pharmacy like Walgreens and CVS, your doctor's office or an in-network clinic.

Mercer Marketplace 365 HUB

Rollins offers the 365 HUB to employees for a small monthly fee. You must be enrolled in one of the Rollins medical plans in order to be eligible for this benefit. The 365 HUB helps you to make cost-effective healthcare decisions, find the right doctors and hospitals, resolve time-consuming billing and claims issues and provides cost estimates for a wide variety of treatments and procedures so you can price compare. You must enroll during the annual enrollment period.

Disability – The Long and the Short of it!

Do you know what you would do if you suddenly did not have a paycheck due to an illness or injury you sustained?

Short-Term and Long-Term disability benefits are available if you elect them during the annual open enrollment period.

Evidence of Insurability (EOI) will be required if you enroll outside your initial (new hire/newly eligible) enrollment window.

Short-Term Disability

Short-Term Disability* insurance provides a weekly benefit amount of 50% of your basic weekly earnings, up to a maximum of \$2,500 per week, for a maximum duration of 13 weeks. There is a waiting period of 7 days for illness and injury before your short-term disability benefits begin. You can use your Rollins sick time or paid time off to receive pay during the waiting period.

Important Note for employees in NY, NJ, CA, RI and HI: Residents of these states are provided disability insurance through their state. If eligible for the state disability payment, your Rollins STD benefit will be offset by Voya, the disability plan administrator; therefore, before you enroll in Rollins STD, research whether or not you would receive a financial benefit from the coverage.

* HomeTeam employees who were acquired by Rollins in 2008 were grandfathered into the company-paid STD benefit. The grandfathered STD benefit pays 100% of your weekly salary for up to 13 weeks (including the waiting week). The 7-day waiting period is not applied if you are hospitalized.

Long-Term Disability

Long-Term Disability coverage, when enrolled, pays a benefit of 60% of your salary up to a maximum monthly benefit of \$15,000 (*if you earn \$100,000 or more*). Rollins pays ½ the LTD premium.

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Critical Illness Plan

The Critical Illness plan offered by Aflac provides **cash** benefits when you or your insured spouse are diagnosed with, or are treated for a covered critical illness. These benefits are paid directly to you (unless you choose otherwise). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. This benefit is offered to the employee and their spouse and provides a \$50 health screen benefit.

Accident Plan

Accident Insurance pays you **cash** benefits for specific injuries and events resulting from a covered accident. The amounts paid depend on the type of injury and care received. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. This benefit is offered to all members of your immediate family. The plan also provides an accidental death benefit, as well as a \$25 wellness benefit paid each 12-month period if you or a covered family member has preventive testing during the year.

Hospital Indemnity Plan

Hospital Indemnity insurance pays a daily **cash** benefit if you have a covered stay in a hospital*, critical care unit or rehabilitation facility. The benefit amount is determined based on the type of facility and the number of days you stay. This is a limited benefit policy. Hospital Indemnity Insurance is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. This benefit is offered to all members of your immediate family and provides a \$25 well-baby care benefit.

**A hospital does not include an institution or part of an institution used as: a hospice unit; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.*

Legal Plan

The Legal Assistance plan can ease the biggest stresses - finding and paying for the right lawyer! The Hyatt Legal Assistance plan is an insurance plan, underwritten by MetLife® that provides support and protection from unexpected personal legal issues. With the Hyatt Legal plan you will have access to an attorney with expertise specific to your personal legal matter. The Hyatt Legal plan provides access to a national network of attorneys with exceptional experience matched to meet your needs, as well as both in- and out-of-network coverage and concierge services to help you navigate common individual or family legal issues.

Identity Theft Protection

Enjoy peace of mind with InfoArmor’s proactive identity and credit monitoring for the most damaging types of fraud. Uncover and resolve issues early to help minimize damages. Take control of your privacy and reputation. InfoArmor’s deep internet search creates a snapshot of your exposed information online. An expert is on your side to guide you through the identity restoration process and fight back against identity thieves. If you are a victim of fraud, InfoArmor will reimburse your out-of-pocket costs to reinforce your financial security.

Veterinary Pet Insurance (VPI)

VPI through Nationwide provides pet insurance to help you cover the cost of veterinary medical services. There are two plans available through VPI, “My Pet Protection” and “My Pet Protection with Wellness.” Both have a \$250 deductible, a maximum annual benefit of \$7,500 and provide 90% reimbursement of your eligible veterinary expenses. “My Pet Protection” covers expenses resulting from accidents, injuries, illnesses, and includes prescription medications. When you add the “Wellness” option, services such as vaccinations, spay/neuter, dental cleanings, etc. are also covered. You can enroll anytime of the year. Existing conditions are not covered.

Auto and Home Insurance

MetLife gives you access to personal insurance policies including coverage for the home, for a landlord-rental dwelling, condo, recreational vehicle and/or boat. Save up to 15% by purchasing through the Mercer Marketplace. You can enroll anytime of the year.

More than “CORE” Benefits



401(k) Plan

Rollins provides employees the opportunity to contribute on a pretax basis, or after-tax through Roth contributions from their paycheck into a 401(k) plan administered by Prudential. You can contribute up to 75% (8.5% for highly-compensated employees) into your 401(k) up to an annual maximum set the by IRS (employees age 50 and over can contribute an additional amount in catch-up contributions). The best part is **Rollins will match dollar for dollar on the first 3% you contribute, then 50 cents on the dollar for the next 3%, matching up to 6% of eligible earnings.** The company match is fully vested after 5 years of service (*working at least 1,000 hours each year*).

What does “vested” mean? Simply put, vesting determines how much of your 401(k) company match you can take with you if you leave the company. While all the money that *you personally* contribute to your 401(k) is yours and will go with you if you ever leave the company, the “match” dollars *vest* in your plan at a rate of 20% each year. Therefore, you will be fully vested (*i.e. the employer-matching funds will belong to you*) at the end of five years. Here’s an example, if someone leaves the company after three years, they would be 60% vested, meaning they would be entitled to 60% of the amount Rollins contributed to their 401(k) plan.

Employee Stock Purchase Plan

The Employee Stock Purchase Plan (ESPP) is designed to help you realize your long-term financial goals. It is an easy, convenient way for you to supplement your current investment strategy with a systematic investment plan. Simply decide how much money you want to set aside each pay period (*minimum of \$5*), and start accumulating partial and whole shares of Company stock. You may begin payroll deductions to purchase stock on your date of hire.

Thinking about Retirement?

Certain things come to mind when considering retirement – healthcare and finances, to name just a couple (*for many, add golf to that list!*). To help you make those healthcare decisions, call the Health Advocate at (866) 695-8622. They can guide you through the myriad of confusion concerning Medicare enrollment and supplemental plan options (*the alphabet soup of healthcare!*). For those not yet Medicare age who would like to continue Rollins benefits, COBRA rates can be found on **RollinsBenefits.com** under the Menu option “Participation,” then “Separating from Rollins.” Regarding your finances, hopefully you have been squirreling away all you can in your 401(k) to help you pay for those golf trips! In addition, if you were an employee on or before December 31, 2001, you may be entitled to a pension benefit through the closed Rollins pension plan. If you met the employment criteria, you can register for an account at www.marcweb.com/plannerRol. Once logged into the site, you may view your retirement/vested benefits, as well as run “what if” scenarios for estimates.

Educational Assistance

Rollins believes in the power of education and wants to help you and your family to have all the tools needed to succeed!

The Rollins family believes strongly in supporting education and educational programs. The O. Wayne Rollins scholarship assists employees’ children with post-secondary educational expenses; the tuition reimbursement program helps Rollins employees further their education and pursue professional goals. Forms are available on www.RollinsBenefits.com.

O. Wayne Rollins Scholarship

Are you a full-time employee with at least one year of service? Do you have a child who is a senior planning to continue school after high school? If you answered “YES” to both questions, your child may be eligible to apply for the O. Wayne Rollins Scholarship to help pay for college or trade school costs. Each spring, 15 scholarships are awarded for **\$3,000 per year** (\$1,500 per semester). The scholarships can be used for four years of college or two years of trade school. Criteria used to determine the awards include SAT/ACT scores, grade point average, financial need and involvement in civic or extracurricular activities. Students must maintain a 2.0 GPA to retain the scholarship.

Tuition Reimbursement

Do you need help paying for college or community college expenses? Well, good news! If you have worked for the company at least three months, you may be eligible for tuition assistance from Rollins. Courses must be job related and approved by Rollins Benefits before they commence. **The company will reimburse up to \$500 per course, up to a maximum of \$3,000 per year (undergraduate) or \$3,500 (graduate).** Eligible employees will be reimbursed according to their grades. *HomeTeam and IFC employees can view their company tuition reimbursement policy on their company intranet.*