

2019 ROLLINS BENEFITS DECISION GUIDE

“
**Everything you need
to know about your
Rollins benefits –
all in one place!**
”



**Know your benefits: Keep this book
and reference it all year long.**

Let's Walk Through Your Rollins Benefits – Together!

Welcome to your Rollins Benefits!

I'm "Pam," your "benefits assistant" for all things Rollins Benefits.

I'm here to help you and your family understand your benefits and where to go for help.



1 Review this guide.

Read up on your benefits now so that you can make good choices during enrollment.

2 Enroll at RollinsBenefits.com.

You will find interactive tools, like my friend ALEX®, that will guide you through your benefit choices. You won't need a password until you click the enrollment link.

3 Get help anytime.

Throughout the year, use RollinsBenefits.com whenever you have questions or need to change your benefits. Visit often for news and tips on using your benefits well.

4 Talk to a real person.

Licensed benefits counselors are available by phone at 1-844-851-5419 from 7 am to 9 pm ET.

Ready to review your options? Let's go!

Look out for these icons for helpful tips on choosing and using your benefits.



Helpful Terms



Tools & Resources



Important Information



Costs & Savings

In this Guide

Choosing Your Benefits

Everything you need to know to make the best decisions, before you enroll.

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See what you'll pay for coverage for most benefits on page 20.



Know who to call when you need help. See page 28.

CHOOSING YOUR BENEFITS



Meet Alex!



ALEX is an online interactive tool that will help you select the best benefit plan for you and your family. When you talk to ALEX, he'll ask you a few questions about your healthcare needs, crunch some numbers, and point out what makes the most sense for you. Anything you tell ALEX remains anonymous. And, ALEX works on any device you've got.

How Alex Works

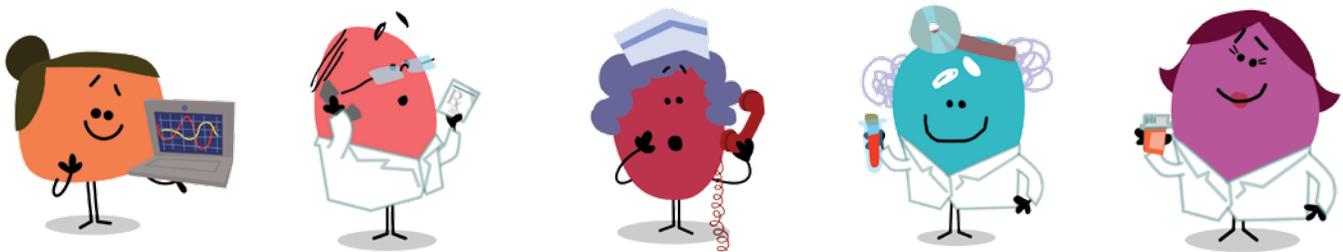
ALEX will ask you to estimate what type of medical care you might need this year (doctors visits, surgeries, ER visits, prescriptions, etc.). You may want to tally those up and talk to your family about their needs, but ALEX can also help you come up with some estimates.

ALEX takes the amount each plan would cost you out of your paycheck (your premium) and adds that to the amount it would cost for the services you said you might use. Then he'll recommend the least expensive plan for your needs.

You'll probably spend about seven minutes with ALEX, but it really just depends on how much guidance you'd like. ALEX can even save your place, so you can come back and then pick up right where you left off.

Get Started!

You can access this great and awesome tool at RollinsBenefits.com!



Getting Started

Enrolling in Benefits

Log in

When you're ready to enroll, go to the Mercer Marketplace 365 enrollment site (link to it from [RollinsBenefits.com](https://rollinsbenefits.com)) and use your current username and password to log on. If you're enrolling for the first time, you'll need to click "Create an account" and follow the prompts to create your username and password. Please note that you must use your full formal name, including Jr, Sr, II, or III at the end, or you won't be able to get into the system to register.

Enroll in benefits

Click on the "Get started" button, and follow these three simple steps. It's easy as 1, 2, 3!



1 Profile

- Carefully review your personal information – especially your mailing address, as this is where your ID cards will be mailed.
 - If you need to update your address, complete the Change of Address form available on [RollinsBenefits.com](https://rollinsbenefits.com), or contact the Payroll Department at **1-888-818-2409**.
- Enter information for any dependents you wish to cover, if needed.

2 Enrollment

- Answer some questions to help identify the best coverage for your needs.
- Compare plan features and costs.
- Use the educational resources to learn more about your plan options.
- Select the benefits you want to enroll in.

3 Confirmation

- Review the benefits summary and confirm your enrollment selections.
- Print a copy of your enrollment confirmation for your personal records.



Need help? Call the Mercer Marketplace 365 Benefits Call Center at 1-844-851-5419. They also have Spanish-speaking representatives available. Si prefieres hablar sobre esto en español, seleccione la opción 5.

Need Health Benefits Information in Another Language?

No need to worry – your plan offers translation assistance

We know it can be confusing and even intimidating trying to understand health benefits information when English isn't your primary language. That's why our plans offer translation assistance for our members who speak and read English as a second language.

Translation assistance is just a phone call away. Simply call the number on your ID card and ask your plan's representative for translation assistance.

Making Changes to Your Benefits During the Plan Year

Benefit changes occurring as a result of a life event require the following actions, per IRS 125 guidelines:

- Process your enrollment or election change(s) on the Mercer Marketplace 365 enrollment site (access from [RollinsBenefits.com](https://rollinsbenefits.com)), or call the Benefits Call Center at **1-844-851-5419**.
- Provide proof of your life event. For example, depending on the event, you will need to provide a marriage certificate, birth certificate, most recent income tax return or a certificate of coverage from a previous employer.

Note: Coverage changes due to a life event must be requested within **30 days** of the event.



Most common life events:

- Birth or adoption of a child (including stepchildren and legally placed foster children)
- Death of a covered dependent
- Marriage or divorce (legal separation or ending a partnership)
- A change in employment status of a covered member, his/her spouse or his/her covered dependent(s), that affects eligibility for coverage under a cafeteria or other qualified healthcare plan
- Loss of eligibility status by a covered dependent

Complete information is available online at [RollinsBenefits.com](https://rollinsbenefits.com) – under the menu, click “Change in Status Events” for more details.

Protect those who matter

Your Rollins benefits also cover your eligible dependents:

The Medical Plan, Dental, Vision, Flexible Spending Account (FSA) and Employee Assistance Program (EAP) can cover: your legal spouse; your natural, adopted or stepchild(ren), up to age 26; your disabled child(ren) over the age of 26, with proof of disability.

Documentation is required to add dependents to your coverage as proof of your relationship and/or your child's age. Examples include a marriage certificate, birth certificate, adoption certificate, and income tax returns.



If both you and your spouse are benefits-eligible Rollins employees, you cannot be covered as a dependent and as an employee on any plan.

2019 Medical Plan

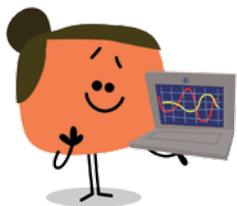
Rollins offers a bundled medical plan option – a PPO medical plan that includes prescription drug, dental and vision coverage.

How does the plan work?

1. **Preventive care** – in-network preventive care is covered at 100%.
2. **Deductible** – for out-of-network care, you pay 100% of the cost for medical services until you meet the medical plan deductible.
3. **Copayments** – you only pay a fixed dollar amount for certain services.
4. **Coinsurance** – you and Rollins share in the cost of care up to the out-of-pocket maximum.
5. **Out-of-Pocket Maximum** – after you reach the out-of-pocket maximum, Rollins pays 100% of your eligible expenses for the rest of the year.
6. **Prescription drug coverage** – you pay only a copayment for prescription drug coverage.

Choosing the Best Plan for You

Tools that can help you choose



Get ready to talk to Alex – an interactive tool designed to walk you through your benefit choices. You can access ALEX on Rollinsbenefits.com. See page 3 to learn more about how it works.

- **Mercer Marketplace 365 Plan Shopping App** – models scenarios based on the type of care you might need in the coming year. The Plan Shopping App can be found at the top of the medical benefits page on the Mercer Marketplace 365 enrollment site. Look for the “Compare plans & customize your cost” tab which will link to the tool.
- **Health Plan Benefit Chart** – allows you to review key points of the medical, dental and vision plans. See page 7 for medical, page 13 for dental and page 14 for vision.
- **Provider Directory** – allows you to search for physicians/health providers and hospitals/facilities in the plans’ networks, including medical, dental and vision providers and facilities. You can access the directory from the HMSA website.

How to Find a Network Provider

1. Go to www.hmsa.com.
2. Click “Find a Doctor” in the upper right corner.
3. Enter the search criteria.
4. Select the “Preferred Provider Plan” option under “Medical.”



Medical Plan Benefit Chart

The medical charts below show what you pay for covered services.

	HMSA	
	In-network	Out-of-network
Deductible – All services are subject to the deductible unless otherwise indicated		
Individual – Single coverage	\$0	\$100
Family	\$0	\$300
Maximum Annual Out-of-Pocket Limit (includes deductible)		
Individual	\$2,500	\$2,500
Family	\$7,500	\$7,500
Prescription Drug Out-of-Pocket Maximum	Individual \$3,600, Family \$4,200	
Physician Services Provided in an Office Setting		
■ Wellness/Preventive Care	\$0	30% after deductible
■ Primary Care Provider/Office Visit ■ Specialist Office Visit ■ Surgery	\$12 copay	30% after deductible
■ Lab Services	Inpatient 10%, Outpatient 20%	30% after deductible
■ Maternity Care	10% after deductible	30% after deductible
■ Allergy Testing and Allergy Shots	10% after deductible	30% after deductible
Inpatient Hospital Services		
■ Physician Services (may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery)	10% after deductible	30% after deductible
■ Hospital Facility Services inpatient care (includes inpatient short-term rehabilitation services)	10% after deductible	30% after deductible
■ Labs Services, Skilled Nursing and Hospice	10% after deductible	30% after deductible
Outpatient Hospital/Facility Services		
■ Physician Services (may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery)	10% after deductible (cutting) 20% after deductible (non-cutting)	40% after deductible
■ Hospital Facility Services Outpatient Care (including outpatient surgery and diagnostic testing)	10% after deductible (cutting) 20% after deductible (non-cutting)	40% after deductible
■ Emergency Room ■ Urgent Care Services	20% after deductible	20% after deductible
■ Ambulance Services (land or air ambulance for medically necessary emergency transportation only)	20% after deductible	30% after deductible
Other Services		
■ Home Health ■ Home Nursing Care* ■ Durable Medical Equipment	No charge 10% after deductible 20% after deductible	30% after deductible
■ Physical Therapy; Speech Therapy; Occupational Therapy	30% after deductible	30% after deductible
■ Hearing Aids – Children (18 years of age and under)	30% after deductible	30% after deductible
Behavioral Health & Substance Abuse		
■ Inpatient ■ Partial Hospitalization ■ Office Visit	10% after deductible 20% after deductible \$10 office visit	30% after deductible
■ Outpatient Facility ■ Intensive Outpatient	10% after deductible	40% after deductible

* Limited to one hearing aid per ear every 60 months.

Pharmacy Benefits Summary

Your medical plan includes prescription drug coverage through HMSA.

The chart below shows what you will pay for prescription drugs. You can use any pharmacies in the HMSA and CVS Pharmacy network. Participating pharmacies can be found using the “Find a Doctor” tool on www.hmsa.com. Formulary lists of covered drugs can be found on RollinsBenefits.com.

HMSA Rx

	HMSA RX
Retail (30–Day Supply)	
Generic (Tier 1)	\$7 copay
Preferred Brand Name (Tier 2)	\$30 copay
Non-Preferred Brand Name (Tier 3)	\$30 copay plus \$45 Tier 3 cost share
Preferred Specialty (Tier 4)	\$100 copay
Non-Preferred Specialty (Tier 5)	\$200 copay
Mail-order or Participating Pharmacy (84-90 Day Supply)	
Generic (Tier 1)	\$11 copay
Preferred Brand Name (Tier 2)	\$65 copay
Non-Preferred Brand Name (Tier 3)	\$65 copay plus \$135 Tier 3 cost share
Preferred Specialty (Tier 4)	Not covered
Non-Preferred Specialty (Tier 5)	Not covered



Take advantage of mail order

Mail order pharmacies are a convenient and cost-effective way to order long-term medications such as medication for high blood pressure or diabetes. You can get up to a 90-day supply of maintenance medications delivered to your home.

The Mail Order program is not mandatory. If you take a maintenance drug – like high blood pressure medications or birth control – you can choose whether to use a retail pharmacy or use the Mail Order program.

Mercer Marketplace 365 HUB

Imagine you've been told you need a medical procedure to treat a recently diagnosed condition. It's hard to know where to start. How will you find the best doctor, and what will it cost? Where can you get a second opinion? What if you need help resolving a complicated bill or claim issues?

If you enrolled in a Rollins medical plan for 2019, you may also enroll in the Mercer Marketplace 365 HUBSM, a benefit that provides one-on-one support—online and by phone—to help you improve the quality and cost of your care.

By enrolling in the 365 HUB, you will have year-round access to personal health advocacy services, price comparison tools, physician performance ratings, expert medical opinions and more.

Learn more about the 365 HUB, see costs and enroll when you visit RollinsBenefits.com.

Find an Advocate

The 365 HUB has a team of registered nurses, medical directors, and benefits and claims specialists who work together to help you. When you enroll, the 365 HUB is available to you and your covered family members.

A personal health advocate with expert knowledge about your benefits will help you:

- Find the right doctor
- Schedule appointments quickly
- Resolve healthcare billing and insurance claims disputes
- Secure elder care with confidence, including answering Medicare questions
- Work seamlessly with insurance providers
- Transfer medical records promptly and securely
- Get an expert medical opinion

Compare Prices: Health Cost Estimator+

Health Cost Estimator+ is an easy-to-use online tool offered through the 365 HUB. You'll see what you can expect to pay for a medical procedure at different locations (based on the medical plan you're enrolled in), and you can easily compare prices to help make the right choice for your needs and budget.

The cost of healthcare services can vary significantly, even within the same geographic area and health plan.

Here are just a few examples:

- Knee replacement surgery: \$18,887 – \$57,194
- MRI: \$450 – \$2,450
- Colonoscopy: \$1,314 – \$3,007

Compare Quality

With the Mercer Marketplace 365 HUB, you can review the quality scores of doctors in your area, based on your condition and need. Scorecards include:

- Physician performance scores
- Quality analysis
- Experience and outcomes ranking
- Evaluations based on billions of doctor-patient interactions

Get Expert Medical Opinions

Don't hesitate to get another opinion, especially if it's a concerning or serious condition. The 365 HUB gives you and your covered family members access to world-class specialists who will review your case and give you an expert opinion on your diagnosis and treatment plan. It's peace of mind at a time when you may need it most. 365 HUB accepts all cases and sticks with you every step of the way.



Supplemental Medical Plans

Being diagnosed with a critical illness, getting into an accident or having an unexpected hospital stay can impact your finances in a huge way. Supplemental medical benefits can help bridge the gap between your medical plan's coverage by providing a lump sum cash benefit that you decide how to spend.

Critical Illness Plan

The Critical Illness Plan offered by Aflac provides **\$ cash \$** benefits when an insured person is diagnosed with or treated for a covered critical illness—and these benefits are paid directly to you (unless you choose otherwise). The plan provides a lump sum benefit to help cover the out-of-pocket medical expenses and living expenses that can accompany a critical illness.

Plan benefits

You may elect a lump sum benefit of \$10,000 for your coverage. The benefit amount for a covered spouse and covered children is 50% of your benefit amount. In order to elect spouse coverage, you must first elect the coverage for yourself. You can cover your children at no additional cost.

COVERED CRITICAL ILLNESS	BENEFIT AMOUNT (PERCENTAGE OF \$10,000 LUMP SUM)
Cancer (Internal or Invasive)	100%
Heart Attack (Myocardial Infarction)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Major Organ Transplant	100%
Kidney Failure (End-Stage Renal Failure)	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Cancer	25%
Coronary Artery Bypass Surgery	25%
Severe Burns*	100%
Paralysis**	100%
Coma**	100%
Loss of Speech/Sight/Hearing**	100%

* This benefit is only payable for burns due to, caused by and attributed to a covered accident.

** These benefits are payable for loss due to a covered underlying disease or a covered accident.

Initial diagnosis

An insured member may receive up to 100% of the coverage amount upon being diagnosed with a covered critical illness.

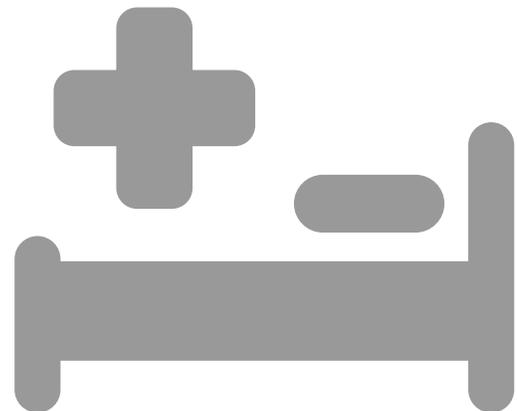
Additional diagnosis

Once benefits have been paid for a covered critical illness, Aflac will pay benefits for each different critical illness or the same illness when the date of diagnosis is separated by at least six consecutive months, and the new critical illness is not caused or contributed to by a critical illness for which benefits have been paid. Cancer diagnoses are subject to the cancer diagnosis limitation.

The Critical Illness coverage described here is subject to plan limitations, exclusions, definitions and provisions. For detailed information, please see the plan brochures on RollinsBenefits.com, as this material is intended to provide general summaries of the coverage. These overviews are subject to the terms, conditions and limitations of the plans.



Make sure you're covered for an unexpected medical expense. Consider your options and see what you'll pay for supplemental medical coverage on page 20.



Accident Insurance*

Accident insurance offered by Aflac pays you **\$ cash \$** for specific injuries and events resulting from a covered accident. The amounts paid depend on the type of injury and care received.

How can Accident insurance help?

You can use the benefit however you would like. Below are a few examples:

- Medical deductibles and copays
- Child care
- House cleaning
- Everyday expenses like utilities and groceries

Who is eligible for Accident insurance?

- You (all active, benefits-eligible employees)
- Your legal spouse
- Your child(ren) up to age 26

What benefits may I qualify for?

You may qualify to receive benefits for items listed below, as long as they are the result of a covered accident:

- Accident hospital care
- Common injuries
- Follow-up care
- Emergency care benefits

Do I need to provide health information in order to apply?

No, there are no medical questions or tests required for coverage.

COVERAGE	BENEFITS PER INSURED
Hospital Admission <i>Paid when, because of a covered accident, you are injured, require hospital confinement and are confined to a hospital for at least 24 hours within six months after the accident date. We will pay this benefit once per calendar year.</i>	\$750
Daily Hospital Confinement <i>Paid when, because of a covered accident, you are injured and those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date. The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days.</i>	\$150/day, up to 365 days
Hospital ICU	\$300/day, up to 30 days
ER Care	\$125/per 24 hours period, per covered accident
Ambulance	\$150/accident (\$750 for air)
Fractures – Open	Up to \$5,000
Physical Therapy	\$20/visit, up to six visits

Are there any exclusions or limitations?***

Benefits are not payable for any loss caused or contributed to by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated, as defined by the jurisdiction where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for or participating in any semiprofessional or professional competitive athletic contest for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by sickness.

* 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.

** Exclusions and limitations may vary by state. Consult with your certificate of insurance for exact language.



Hospital Indemnity Plan*

What is Hospital Indemnity insurance?

Hospital Indemnity insurance pays **\$ cash \$** 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.

How can Hospital Indemnity insurance help?

You can use the benefit however you would like. While coverage amounts may vary, below are a few examples:

- Medical expenses, such as deductibles and coinsurance
- Travel, food and lodging expenses for family members
- Child care
- Everyday expenses like utilities and groceries

Who is eligible for Hospital Indemnity?

- You (all active, benefits-eligible employees)
- Your legal spouse
- Your child(ren) up to age 26

What Hospital Indemnity insurance benefits are available?

The following list includes the benefits provided by hospital indemnity insurance.

- Hospital – \$500 per admission and \$100 per day, up to 180 days per confinement
- Intensive Care Unit – \$100 per day, up to 30 days per confinement



* 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.

** A hospital is not: a nursing home; an extended care facility; a convalescent home; a rest home or a home for the aged; a place for alcoholics or drug addicts; or a mental institution.

*** Exclusions and limitations may vary by state. Consult your certificate of insurance for exact language.

Do I need to provide health information in order to apply?

No, there are no medical questions or tests required for coverage.

Are there any exclusions or limitations***?

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of any such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care as a result of the covered person's injury or sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.

Dental

We offer dental benefits through HMSA. Remember, you'll pay less when you use an in-network dentist. To find a network dentist, go to www.hmsa.com. Both adults and children are eligible for orthodontia benefits.

Visit your dentist regularly

The HMSA dental plan covers two free cleanings and required X-rays per year. Regular preventive care visits to your dentist can help protect your overall health. Studies have linked gum disease to problems in other areas of the body. In fact, studies by the Centers for Disease Control and Prevention show there may be a link between oral infections and diabetes, heart disease, stroke and preterm, low-weight births.

Your dental options

The chart below shows what **you pay** for covered services.

	HMSA DENTAL PLAN
Network	HMSA Network
Annual maximum benefit	\$1,500*
Individual/family deductible	\$0
Preventive services	\$0
Basic services	30%
Major services**	50%
Orthodontia coinsurance/ lifetime maximum	50%/\$1,000

*Up to \$500 of your annual maximum benefit may be carried over to the next calendar year. Contact HMSA for more information.

**There is a 12-month waiting period for new members for major services.



Vision

The HMSA vision plan saves you money on routine eye exams and eye care items. To find a network provider near you, visit www.hmsa.com.

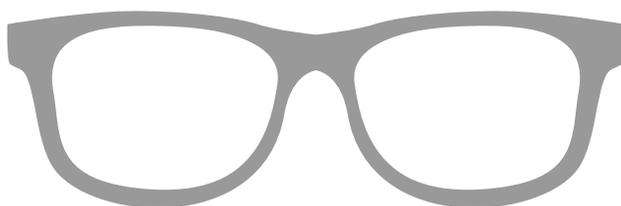
Vision doctors can also treat and manage:

- Cataracts
- Corneal diseases
- Diabetic retinopathy (damage to the blood vessels of the retina due to diabetes)
- Glaucoma
- Macular degeneration (damage to the center of the retina, usually due to old age)

Your vision options

The chart below shows what **you pay** for covered services.

In-network	ADULT		CHILD	
	Copay	Frequency	Copay	Frequency
Exam	\$10	1 per 12 months	\$10	1 per 12 months
Lenses	\$10	1 per 12 months	\$10	1 per 12 months
Frames	\$15 copay (from a select group)	1 per 24 months	\$15 copay (from a select group)	1 per 24 months
Contact Lenses (in lieu of glasses)	\$25 copay up to \$130 allowance	1 per 12 months	50% of eligible charge	1 per 12 months
Contact Lenses (fit and follow-up)	Up to \$45	1 per 12 months	50% of eligible charge	1 per 12 months



Life Insurance

Life insurance benefits can help protect your family's financial future when the unexpected occurs.

Life Insurance

Protect your family's income in the event of a death due to illness or accident with life insurance and accidental death and dismemberment insurance provided by Voya.

What coverage is available to you and your family?

Basic Life with Accidental Death and Dismemberment (AD&D)*

- Automatically enrolled for 1x your annual earnings (including commissions), up to \$150,000 (no cost to you)
- Coverage guaranteed
- Matching amount of AD&D insurance

* Under current tax laws, you are required to pay income taxes on the "value" of any company-provided Basic Life insurance coverage that exceeds \$50,000. The "value" is determined by your age and the schedule established by the IRS. You will see this tax liability, called "imputed income," reflected on your paycheck stub.

Voluntary Term Life (VTL) and AD&D Insurance*

- You can purchase additional term life and AD&D insurance in \$25,000 increments, up to a maximum of \$1,000,000.
- You have a one-time opportunity when you are first eligible to elect coverage with no questions asked. If you are electing coverage greater than \$500,000 when first eligible, you will be subject to Evidence of Insurability (EOI). However, at each Open Enrollment, you will have an opportunity to increase \$25,000 and not provide EOI.
- Elections above the guaranteed issue amount require EOI.

Spouse Voluntary Term Life*

- You can purchase coverage for your spouse in \$25,000 increments, up to a \$250,000 maximum.
- If you and your spouse both work for Rollins, you may be covered as an employee or a spouse, but not both.
- You have a one-time opportunity when you are first eligible to elect coverage of up to \$25,000 with no questions asked. If you are electing coverage greater than \$25,000, your spouse will be subject to EOI.

* At age 65, coverage reduces to 65% of original amount; at age 70, coverage reduces to 50%.

Child Voluntary Term Life

- You can purchase coverage for your child(ren) in \$5,000 increments, up to a \$20,000 maximum. All children are covered under one premium.
- Children are eligible from live birth up to 26 years of age.
- A child may be covered by only one Rollins parent.
- No EOI is required.



Rollins basic life coverage may not be enough to take care of your and your family's expenses if something happens. You might need more coverage. See what you'll pay for Life coverage on page 20.



No Evidence of Insurability (EOI) means no health questions.

Disability Insurance

Did you know that at least 51 million working adults in the United States are without disability insurance other than the basic coverage available through Social Security¹? It is also true that only 48 percent of American adults indicate they have enough savings to cover three months of living expenses in the event they're not earning any income². We insure our health, home and even our cars. But, it's also important to insure your paycheck with benefits like Short-Term and Long-Term Disability coverage. Rollins offers Short-Term and Long-Term Disability coverage through Voya, which can pay a percentage of your pay if you become injured or are unable to work.

SHORT-TERM DISABILITY (STD)*	LONG-TERM DISABILITY (LTD)*
<ul style="list-style-type: none"> Provides a weekly benefit of 50% of your weekly earnings to a maximum of \$2,500 per week. Seven-day waiting period before illness and injury coverage begins. You must use sick time or other paid time off during the waiting period. If you enroll in STD and you live in a state that provides state disability insurance (SDI), you may only receive a limited benefit from the Rollins STD plan. The plan administrator for the Rollins STD benefit will offset any SDI benefit up to the maximum benefit provided through the Rollins' plan. Be sure to research whether or not this benefit would pay you in the event of a short-term disability before you enroll in the Rollins' STD plan. 	<ul style="list-style-type: none"> Provides a benefit of 60% of your salary up to a maximum of \$15,000 per month. Benefits begin on the 91st day after your event. Benefits continue as long as you meet the definition of disabled under the policy, subject to the later of the schedule in the policy or your normal Social Security retirement age.

* The Rollins long-term disability benefit is divided into classes based on earnings of (a) under \$100,000 or (b) \$100,000 or greater. Eligibility for benefit payment is based on an employee's inability to perform either their "own occupation" or "any occupation" based on the class definition of disabled. For this reason, when an employee's earnings cross the \$100,000 threshold, different eligibility rules apply. Sales Inspectors have a separate LTD policy, which includes an additional disability definition of "own job."



For STD and LTD, Evidence of Insurability (EOI) is required unless you are enrolling as a newly hired employee within 45 days of employment.



See what you'll pay for coverage on page 20.



¹American Council of Life Insurers

²Federal Reserve, Report on the Economic Well-Being of U.S. Households in 2016

How can I calculate my disability rate?

Example: Mary is 52 years old and earns an annual salary of \$48,000.

STD CALCULATION EXAMPLE	LTD CALCULATION EXAMPLE
WEEKLY BENEFIT (UNITS OF \$10 OF WEEKLY BENEFIT)	MONTHLY EARNINGS (UNITS OF \$100 OF MONTHLY EARNINGS)
<p>The monthly premium is calculated based on the weekly benefit, age and rate:</p> <ul style="list-style-type: none"> Weekly earnings: $\\$48,000 / 52 \text{ weeks} = \\$923.08/\text{week}$ Benefit is 50% of weekly earnings: $\\$923.08 / 2 = \\$461.54/\text{weekly benefit}$ Weekly benefit/\$10 (unit rate) = 46.15 units 46.15 units x \$0.349 (age rate) = \$16.11 premium per month 	<p>The monthly premium is calculated based on the monthly earnings, age and rate:</p> <ul style="list-style-type: none"> Monthly earnings: $\\$48,000 / 12 \text{ months} = \\$4,000/\text{month}$ $\\$4,000 / \\100 (unit rate) = 40 units 40 units x \$0.742 (age rate) = \$29.68 monthly premium Rollins pays 50% of the monthly premium: $\\$29.68 \div 2 = \\14.84 employee premium per month

Flexible Spending Accounts (FSAs)

Healthcare FSA

A Healthcare FSA allows you to pay for eligible healthcare, prescription drug, dental or vision expenses. Your contributions to these accounts are tax-free, saving you money on federal and state income taxes and Social Security taxes.

Features of the FSA

- Contribute up to \$2,650 annually.
- Choose your contribution amount once a year (if your personal situation changes, such as getting married or having a baby, you may be able to change your election during the year).
- Your entire contribution is available at the beginning of the plan year that you can use to pay for expenses right away.
- Use a debit card to pay for your eligible expenses.
- Unused money does not carry over at the end of each year — use it or lose it.

Key things to know

- Your plan year begins January 1 and ends December 31.
- Each pay period, your account contributions will be automatically deducted from your paycheck (tax-free) and deposited into your Healthcare FSA.
- Expenses incurred prior to the effective date of your participation in the FSA are not eligible for reimbursement.
- You will forfeit your remaining balance in the FSA if you do not submit reimbursement request by March 31.
- You are eligible to participate in the FSA the first of the month after two months of employment. Only part-time employees considered eligible by the Affordable Care Act (ACA) working an average of 30 hours per week or more over the prior twelve months are eligible to participate in the plan.
- You can submit expenses for yourself and your dependents, including adult children (up until the end of the calendar year in which they turn 26).

For a full list of eligible expenses, go to irs.gov/pub/irs-pdf/p502.pdf.



If you terminate your employment with Rollins and have an FSA, your date of service on any claims you submit for reimbursement must have a date of service prior to the end of the month in which you terminate.

Dependent Day Care Flexible Spending Account (FSA)

The Dependent Day Care FSA, administered by Discovery Benefits, allows you to use tax-free dollars to pay for the care of eligible dependent children under age 13, as well as elder dependents that need care while you work.

- You can set aside up to \$5,000 annually for dependent care. You decide how much you should contribute for the year.
- Dependent Day Care FSAs do NOT cover the healthcare expenses of your dependents. For a full list of eligible expenses, go to irs.gov/pub/irs-pdf/p503.pdf.
- Claims can only be reimbursed when the funds have been deducted from your paycheck.

FSAs must be elected during your new hire eligibility period and re-elected each year during annual Open Enrollment for the next year. You are not automatically re-enrolled each year.

Plan carefully! Money left in your FSA does not roll over from year to year. You will forfeit your remaining balance in the FSA after March 31. The money comes out of your paycheck in equal amounts throughout the year, January through December.

MetLife[®] Hyatt Legal Assistance Plan

The Legal Assistance plan can ease the biggest stresses of finding and paying for the right lawyer.

This plan is an insurance plan, underwritten by MetLife Hyatt Legal Insurance, that provides support and protection from unexpected personal legal issues including divorce and ID theft.

What you get with the Legal Assistance plan:

- You can choose an attorney in your area
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In- and out-of-network coverage
- Concierge help navigating common individual or family legal issues

The value of the Legal Assistance Plan

Being a Legal Assistance Plan member saves on costly legal fees and provides coverage* for:

HOME & RESIDENTIAL	AUTO & TRAFFIC
Purchase/sale/refinancing or primary residence or vacation/ investment home, Tenant dispute, Tenant security deposit dispute, Landlord dispute with tenant, Construction defect dispute, Neighbor dispute, Noise reduction dispute, Foreclosure	First-time vehicle buyer, Vehicle repair/lemon law litigation, Traffic ticket, Serious traffic matters (resulting in suspension or revocation of license), License Suspension (Administrative proceeding)
FINANCIAL & CONSUMER	FAMILY
Debt Collection, Bankruptcy (chapter 7 or 13), Tax audit, Document preparation, Consumer dispute, Small claims court, Mail order/ Internet purchase dispute, Bank fee dispute, Cell phone contract dispute, Warranty dispute, Healthcare Coverage disputes & records, Student loans, Financial advisor	Separation, Divorce (up to 20 hours), Name change, Guardianship/ Conservatorship, Adoptions, Juvenile Court Proceedings, Prenuptial agreement
ESTATE PLANNING & WILLS	GENERAL
Will or codicil, Living will, Healthcare Power of Attorney, Living Trust Document, Probate of small estate	Identity theft defense, Civil litigation defense, Incompetency defense, Misdemeanor defense, Initial consultation, Review of simple documents

* For more details about these benefits, go to RollinsBenefits.com, and under the menu, click "Additional Benefits," then "Voluntary Benefits," then "Legal Plan."

To learn more, call MetLife Hyatt Legal 1-800-438-6388.



Plan cost: \$17.50 monthly, via payroll deduction

Who's covered: Plan member, spouse, dependent children (up to the end of the month of their 26th birthday)

Additional Benefits

Products and services at incredible discounts

We're excited to offer you benefit options that support different aspects of your life and help you save money on important coverage for you and your family. Below is a summary of what's available. You pay for Identity Theft Protection and Pet Insurance through payroll deductions. You pay for Auto and Home insurance through direct pay to MetLife.

Identity Theft Protection

Services from InfoArmor® that monitor your identity, detect fraud and restore your identity in the event of theft.

- Get peace of mind by protecting yourself against the damage of identity theft.
- Certified privacy advocates act on your behalf to resolve identity theft issues.
- The plan offers proactive fraud detection and prevention to protect your privacy and finances including credit monitoring, annual credit reporting and monthly credit scores.
- You must enroll during your enrollment period.



Auto and Home Insurance

MetLife gives you access to personal insurance policies including home*, landlord's rental dwelling, condo, recreational vehicle, and boat insurance.

- Save up to 15% by purchasing this coverage through Mercer Marketplace 365.
- You receive no-obligation quotes and cost comparisons.
- You can enroll at any time during the year by calling Mercer Marketplace 365.

* Not available in MA or FL



Pet Insurance

Nationwide provides coverage to help you cover the costs of veterinary care.

- Protect against the financial impact of veterinary care while using any veterinarian worldwide.
- You are eligible to receive a discount of 5% or more on your payroll contributions.
- Covers surgeries, lab fees, X-rays, prescriptions and with the choice of two different plan options – for wellness and wellness/injury.
- Offers access to 24-hour vet helpline for care anytime, anywhere.
- You can enroll at any time during the year by calling Mercer Marketplace 365.



PerkSpot Online Discount Mall

PerkSpot gives you access to exclusive prices, discounts and offers from hundreds of local and national merchants.

- Provided by Rollins.
- You pay nothing to use this service.
- Save up to 40% through offers that interest you, including health clubs, movie theaters, restaurants, retailers, and cellphone providers.



Learn More

You'll find more details about these options when you enroll. Premiums for Auto & Home and Pet Insurance will be provided by the plan once you complete the enrollment process. Learn more at RollinsBenefits.com.

2019 Monthly Rates

HMSA Bundled Plan

(includes medical, dental and vision)

COVERAGE LEVEL	RATES
Employee Only	\$0
Employee + Spouse	\$504.27
Employee + Children	\$352.41
Employee + Family	\$857.04

Accident Insurance Plan

COVERAGE LEVEL	RATES
Employee	\$10.35
Employee + Spouse	\$16.42
Employee + Child(ren)	\$21.44
Family	\$27.51

Hospital Indemnity Plan

COVERAGE LEVEL	RATES
Employee	\$11.19
Employee + Spouse	\$22.01
Employee + Child(ren)	\$15.70
Family	\$26.52

Critical Illness Plan

AGE	EMPLOYEE COVERAGE LEVEL: \$10,000 (NON-TOBACCO USER)	EMPLOYEE COVERAGE LEVEL: \$10,000 (TOBACCO USER)	SPOUSE COVERAGE LEVEL: \$5,000 (NON-TOBACCO USER)	SPOUSE COVERAGE LEVEL: \$5,000 (TOBACCO USER)
18-29	\$5.33	\$7.10	\$3.43	\$4.31
30-39	\$8.05	\$12.01	\$4.78	\$6.77
40-49	\$14.70	\$22.60	\$8.11	\$12.06
50-59	\$27.58	\$44.12	\$14.55	\$22.82
60+	\$51.93	\$80.85	\$26.73	\$41.18

Voluntary Term Life (VTL)

AGE	EMPLOYEE AND SPOUSE RATE/ \$1,000/ MONTH
< 24-29	\$0.065
30-39	\$0.095
40-44	\$0.150
45-49	\$0.245
50-54	\$0.440
55-59	\$0.530
60-64	\$1.060
65-69	\$1.700
70-74	\$3.670
75>	\$11.330

Disability

AGE	STD UNITS OF \$10 OF WEEKLY BENEFIT	LTD UNITS OF \$100 OF MONTHLY EARNINGS
< 24	\$0.238	\$0.224
25-29	\$0.255	\$0.224
30-34	\$0.247	\$0.224
35-39	\$0.230	\$0.224
40-49	\$0.281	\$0.532
50-54	\$0.349	\$0.742
55-59	\$0.468	\$0.742
60-64	\$0.578	\$0.742
65>	\$0.612	\$0.742

Child Voluntary Term Life

COVERAGE LEVEL	RATES
\$5,000	\$0.50
\$10,000	\$1.00
\$15,000	\$1.50
\$20,000	\$2.00

Voluntary AD&D

COVERAGE LEVEL	RATES
Employee	\$0.025 per \$1,000
Family	\$0.035 per \$1,000

USING YOUR BENEFITS



Our Journey. Our Well-Being.

Your health and well-being is important to Rollins. And, we want you to take a proactive approach and maximize your benefits' value. Use this section of the guide to help you learn about preventive care and programs that can support you as you take steps to get healthy, or consider treatment options to manage a condition. Knowing how to use your benefits is just as important as knowing the different options available to you.

Note: Some of these programs are offered directly through your health plan. To learn more about the specific programs available, contact your plan.

Save Money, Get Healthy

Get FREE preventive care. To help prevent illness and detect health problems early on, Rollins strongly urges you to receive all recommended preventive care each year. In-network preventive care services are covered in full at no cost to you.

Preventive care includes:

- **Well child visits, from birth through age 18**—exams and all recommended screenings and immunizations
- **Well adult care**—annual physicals and all recommended screenings, testing, and immunizations
- **Dental services** including cleanings and required X-rays

Use Your Benefits Well

Get your FREE flu shot. HMSA plan members have CVS/Caremark for their pharmacy benefits. CVS/Caremark contracts with a variety of national pharmacy chains to provide members with easy access to flu shots and other routine vaccines. Many vaccines can be obtained on a walk-in basis.

Show your HMSA card before getting your flu shot or vaccine. The HMSA plan covers routine vaccines at 100% when you use CVS/Caremark network pharmacies or at your doctor's office.

Know your health numbers. When you complete a wellness checkup with your physician, you'll get your health numbers. With the right information, you can be better prepared to address any health risks, which could potentially affect the quality of your life. Because some risk factors may have no symptoms, you could be at risk without knowing it. It's important to understand key numbers that impact your risks for health issues, including your blood pressure, cholesterol, waist size, body mass index (BMI), and blood sugar.

Take a health assessment through your plan. Identify your health risks (and see how your health compares to other members), then learn what steps you can take to improve your lifestyle and your health.

Quit For Life®

Show your heart some love—and quit smoking. When you do, the benefits start right away. Just one day after you quit, your risk for heart attack begins to drop. One year later, it's cut in half.

The Quit For Life® Program will give you a trained Quit Coach®. The coach understands why you smoke. More importantly, they know why you want to quit—for yourself and the people you love. A coach will work with you one-on-one by phone. Every coaching session gives you the know-how and positive encouragement you need to quit for good. Together, you'll map out a personalized quit plan that's right for you. Plus, your coach will give you tried-and-true strategies to fend off cravings, handle social situations, and avoid triggers that make you want to smoke.

Along with phone coaching, you'll have access to other tools to help you stay strong 24/7, including:

- Up to eight weeks of nicotine patches or gum at no additional cost to you
- Access to Web Coach®, an exclusive online community where you can track your progress and connect with others trying to quit
- A copy of the step-by-step Quit Guide to help you throughout your quit
- Text2QuitSM, a service that sends you personalized text message reminders, tips and encouragement tailored to your quit

Rollins will pay for you and/or your dependents to go through the Quit For Life® Program. Call **1-866-784-8454** or go to www.quitnow.net to start quitting today.



Using Tobacco Costs You Big \$\$\$!

We are not talking small amounts here – someone smoking a pack a day spends about \$177 a week on cigarettes, which is over \$9,200 each year.

Source: <https://www.smokefree.org.nz/smoking-its-effects/cost-of-smoking>



Benefits for Rollins Moms!

Did you know that Rollins has a paid maternity leave benefit for female employees once that bundle of joy arrives? As of January 1, 2017, female employees who give birth will receive six or eight weeks of 100% paid maternity leave effective with the date of the delivery! Simply contact the Leave of Absence Specialist in the Rollins Benefits Department at 404-888-2714 at least 60 days prior to the delivery due date to ensure you receive your paid leave benefit timely.

Don't forget about the Employee Assistance Program (EAP)!

Rollins supports all types of growing families through the EAP. You can use the EAP to find childcare and more. See page 23.

Your health plan also has maternity programs that provide moms-to-be with telephone access to nurses to discuss pregnancy-related concerns. These programs offer education and tools to help track the pregnancy week-by-week and prepare for the baby. Call your health plan to get started.

Employee Assistance Program (EAP)

Your mental and emotional well-being is extremely important to Rollins. We want all of our employees to live a happy and healthy life, and mental fitness is an important part of achieving this goal. With this in mind, Rollins offers a comprehensive Employee Assistance Program (EAP) through EAP Works to help you with some of life's challenges.

Individual, couples and family counseling may be helpful for a variety of concerns such as: stress, parenting issues, grief over the loss of a loved one, anxiety, depression, substance abuse and other personal concerns.

EAP Works also provides work/life resources for childcare, eldercare, financial and legal issues. **All employees and dependents have access to the following free, confidential counseling and referral services.**

BENEFITS	ACCESS TO SERVICES (PER YEAR)
24/7 support for personal concerns	Unlimited
Face-to-face or telephone counseling	4 free sessions per issue per year
Childcare and eldercare resources available in 3 days	Unlimited
Financial and legal consultation	30-minute consultation per issue

Key things to know about EAP Counseling Benefits

- **Ease of access:** You do not need to be enrolled in a Rollins medical plan to participate in the EAP. Employees and dependents may use the toll-free line (1-888-882-1985) as the single access point for EAP services. The experienced staff will explain the EAP service, arrange an "in-person" or "telephone" assessment and approve you to begin work with your EAP counselor. The assessment can help identify issues and appropriate courses of action.
- **In-network care:** In most cases, your EAP Counselor will be in your insurance network, allowing you to continue to see the same counselor if you need more than the four free EAP sessions. If your counseling continues after four sessions, you will need to pay your deductible and coinsurance to continue with your sessions.
- **Contact information:** Whether you're looking for information, work/life resources or confidential counseling, EAP Works can help with a simple call to **1-888-882-1985** or online at www.eapworklife.com (username: pest; password: control).



Struggling with the day-to-day challenges of life? Having a little trouble staying focused on getting through each day? Call EAP Works!

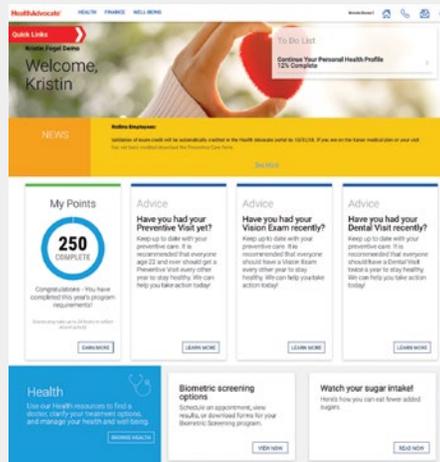
NEW Wellness Portal for 2019, brought to you by Health Advocate!

Get Healthcare Help and Improve Your Well-Being

If you're enrolled in a Rollins medical plan, better health is at your fingertips. Whether you want to eat better, get fit, stop smoking, stress less, the Health Advocate wellness website can help. Just log on through your computer or mobile device to access a wide variety of helpful resources and improve your health at your own pace.

On the Health Advocate wellness website, www.healthadvocate.com/rollins, you can:

- **Complete your confidential Personal Health Profile** to get a snapshot of your current health status and risk for certain diseases and conditions.
- **Use Progress trackers** with the ability to sync your fitness device.
- **Start a Health Challenge** for yourself or with others.
- **Access MedChoice Support™** for help making health decisions.



Log in to the Health Advocate Portal. If you're already registered, sign in with your username and password. If you haven't registered yet, click "Register Now" and continue with the steps.

Rollins offers the following Health Advocate services to all employees and their families

Unlimited, confidential access to a Personal Health Advocate, typically a registered nurse supported by medical directors and benefits and claims specialists, who can get to the bottom of a wide variety of healthcare and insurance-related issues, no matter how long it takes.

Your Personal Health Advocate can help:

- Find the right doctors and hospitals
- Explain benefits coverage and health conditions; research the latest treatments
- Schedule tests, appointments; secure second opinions
- Resolve billing and claims issues; locate eldercare services

Any employee eligible for Rollins benefits, their spouses, dependent children, parents, and parents-in-law can take advantage of Health Advocate's services – at no cost to you, and it's completely confidential. You don't have to be covered by a Rollins medical plan.



Health Advocate is available at 1-866-695-8622, from 8 am to Midnight Eastern Time, Monday through Friday.

Your Member ID Card

Using your benefits starts with your member ID card. Your card has your name and your member ID number. You'll need this ID number when you visit a healthcare provider or pharmacy or when you call your plan.

Need to print a temporary ID card?

Did you misplace your member medical ID card, or have you enrolled but not received your card yet? There's no need to worry—you can request a replacement card and print a temporary ID card on HMSA's website. Be sure you are first registered to use the site. **You must contact your plan to request a new ID card.**

Coverage While Traveling Outside of the U.S.

Have peace of mind knowing that HMSA is with you while you're traveling. You'll have access to Blue Cross and Blue Shield doctors in more than 200 countries and territories around the world.

- For non-emergency medical care that requires a hospital stay, call the Blue Cross Blue Shield Global Core Service Center at 1 (800) 810-BLUE (2583). To obtain approval for the hospital stay, call HMSA. In most cases, you should only need to pay upfront for your normal out-of-pocket costs and non-covered services. The hospital should submit the claim for you.
- For emergencies, go to the nearest emergency room.
- All medical care not related to a hospital stay will require full payment upfront. To obtain reimbursement, send a claim along with the bill listing services and charges within 90 days to:

HMSA – BlueCard Claims
P.O. Box 2970
Honolulu, HI 96802-2970

Download the Blue Cross Blue Shield Global Core mobile app from the Apple Store or Google Play for Apple or Android devices. The app offers added convenience when you travel. Visit bcbsglobalcore.com for more information.



Financial Security

Regardless of what your retirement dreams are, you're going to need to start saving! You work and save now to improve your quality of life later. It's part of Rollins' goal to help you live well.

401(k) Plan Participation

With the Rollins 401(k) Plan, regular full-time employees are automatically enrolled on the first day of the quarter (January 1, April 1, July 1 or October 1) after having worked for three months. Part-time employees are automatically enrolled on the first day of the quarter (January 1, April 1, July 1 or October 1) after having worked for one year and at least 1,000 hours.

Automatic Enrollment

When you are automatically enrolled in the Plan, you will be set up to contribute 3% of your pay into a 401(k) account. Your contributions will be invested in the Moderate GoalMaker portfolio; however, you can change your contribution and investment choices to match your goals anytime!

Matching Contribution

Rollins makes a matching contribution to your 401(k) account each quarter that you participate in the Plan, matching **dollar for dollar up to 3%** of your pay AND **50 cents for every dollar on the next 3%**. If you are not contributing at least 6% into your 401(k), you are not receiving the full match – that means you're leaving money on the table!

Additional Contribution Opportunities

Once enrolled in the 401(k) Plan, you may:

- Contribute 1% to 75%¹ of your annual pay before taxes are deducted.²
- Make after-tax Roth contributions to the Plan.²
- Make additional catch-up contributions if you will be at least 50 years old in 2019.

¹ If you are a highly compensated employee, you are subject to an 8.5% contribution limit.

² In 2018, federal tax law allows you to make a combined contribution of before-tax and Roth contributions to your retirement plan up to \$18,500.

Accelerate Your Contributions!

Simply access your Prudential account and sign up for the "Contribution Accelerator." This option is an easy way to raise your contribution amount over time by entering future, **automatic** contribution increases to the Plan. It's easy! Just specify the percentage of your pay you want to contribute and the date you want the increase to take effect. And, if you schedule the accelerator to coincide with an annual pay increase, you won't even notice the increased contribution out of your paycheck! If needed, you can opt out of this feature at any time.

Declining Enrollment in the 401(k)

Although we don't recommend not participating in the 401(k), we understand that everyone's situation is different. Therefore, if you decide that you do not want to participate in the Plan, you **must** decline enrollment. Visit www.prudential.com/online/retirement or call 1-877-778-2100 for help with managing your account and answering questions, Monday through Friday, 8 a.m. to 9 p.m. ET.

Employee Stock Purchase Plan (ESPP)

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 plan with a systematic investment plan. Simply decide how much money you want to set aside each pay period (minimum of \$5), and you will begin to accumulate partial and whole shares of Company stock. You are eligible to have payroll deductions taken to purchase stock out of your very first paycheck!



For more information on the 401(k) and ESPP, go to RollinsBenefits.com and under the menu, click "Retirement/Stock."

Planning your Retirement?

Here's what you need to know

To continue your Rollins medical, dental and/or vision coverage through COBRA, you and any eligible dependents must be enrolled in these plans at the time you retire. If you are not currently enrolled in these plans and wish to carry coverage as a retiree, you will need to enroll in these during Open Enrollment the year prior to your retirement date.

Remember to Plan for Future Healthcare Expenses

Health Advocate can help you transition to Medicaid or Medicare.

Get help completing your application for individual medical coverage options, including Medicaid and Medicare. Health Advocate can also help with the transition of insurance coverage and benefits, from Rollins' insurance to Medicare. Call Health Advocate at 1-866-695-8622.

I'm turning 65 this year and still actively working. What do I need to do?

- 
- If you're turning 65 this year, you'll be getting a Medicare Enrollment kit giving you the option to enroll in Medicare Parts A and B, as well as Medicare Part D. You'll be getting the kit 60 to 90 days before your birthday. Please read the Medicare materials carefully, as it helps to know all you can when you make a decision about enrolling in Medicare.
 - If you are an active Rollins employee, and you get your health insurance through Rollins, your Rollins coverage will be your primary insurance, and Medicare will be your secondary coverage as long as you are actively employed.
 - Please remember your Rollins healthcare coverage as an active employee is **Creditable Coverage** for Medicare Parts A, B and D. If you are enrolled in healthcare coverage through Rollins as an active employee, you will not be penalized if you put off enrolling in Medicare Parts A, B and D until your retirement.

For more information, visit the Medicare website at <http://medicare.gov>, or call Health Advocate at 1-866-695-8622.

Benefit Contacts

BENEFIT	TELEPHONE	WEBSITE	GROUP NUMBERS
MERCER MARKETPLACE 365			
Benefits Call Center Monday–Friday 7 a.m.–9 p.m. Eastern Time	1-844-851-5419	www.mercermarketplace.com/rollins	
MEDICAL, DENTAL AND VISION			
HMSA	1-808-948-6111 Neighboring Islands: 1-800-776-4672	www.hmsa.com	26268-1
HEALTH ADVOCATE			
Health Advocate	1-866-695-8622	www.healthadvocate.com/rollins	
SAVINGS/SPENDING ACCOUNTS			
Discovery Benefits FSAs	1-877-248-0510	accounts.mercermarketplace.com/rollins	
LIFE/DISABILITY			
Voya	Customer Service: 1-866-448-7351 Disability Claims: 1-866-228-8742	https://presents.voya.com/EBRC/RollinsInc	00707392
EMPLOYEE ASSISTANCE PROGRAM (EAP)			
EAP Works	1-888-882-1985	www.eapworklife.com (Username: Pest; Password: Control)	
SUPPLEMENTAL BENEFITS			
Aflac Accident, Critical Illness, Hospital Indemnity	1-800-433-3036	www.aflac.com/rollins	22002
365 HUB	1-866-385-8032		
VOLUNTARY BENEFITS			
Nationwide Pet Insurance	1-877-738-7874	www.petinsurance.com	4518
MetLife Hyatt Legal Plan	1-800-438-6388	www.legalplans.com	609-Plan; 1154-Local
InfoArmor ID Theft	1-800-789-2720	www.infoarmor.com/exchange	
MetLife Auto and Home	1-800-438-6388	www.metlife.com/us-grpautohome/mercerc-marketplace-eligible/#auto	9140942
PerkSpot Discount Mall	1-866-606-6057	rollins.perkspot.com	
401(K) SAVINGS PLAN			
Prudential	1-877-778-2100	www.prudential.com/online/retirement	

Federally Required Notices

Important Notice from Rollins About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Rollins medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2019. This is known as “creditable coverage.”

Why this is important: If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2019 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records. **If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.**

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

Notice of Creditable Coverage

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

If you are covered by one of the Rollins prescription drug plans listed below, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2019. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- HMSA Plan - \$2,500/\$7,500 Out-of-Pocket Maximum

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

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

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

Visit www.medicare.gov for personalized help. Call your state Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number). Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA).

For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember. Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

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

Benefits Department
2170 Piedmont Rd., NE
Atlanta, GA 30324
1-404-888-2093

This Decision Guide shows only highlights of your Rollins benefits. This is not a complete, detailed description, nor is it a contract of employment or guarantee of benefits. More detailed information is contained in the relevant Summary Plan Descriptions (SPDs). Great care has been taken to ensure that this overview is accurate. However, oversights can occur, and condensed summaries can be misinterpreted. If there is a difference between this overview or the SPD and the official plan documents or contracts that govern the plan, the plan documents or contracts will be followed.



Mercer Marketplace
PO Box 14562
Des Moines, IA 50306

REVIEW YOUR BENEFITS!

Don't miss your opportunity to enroll
or make changes to your benefits
before your enrollment deadline.

