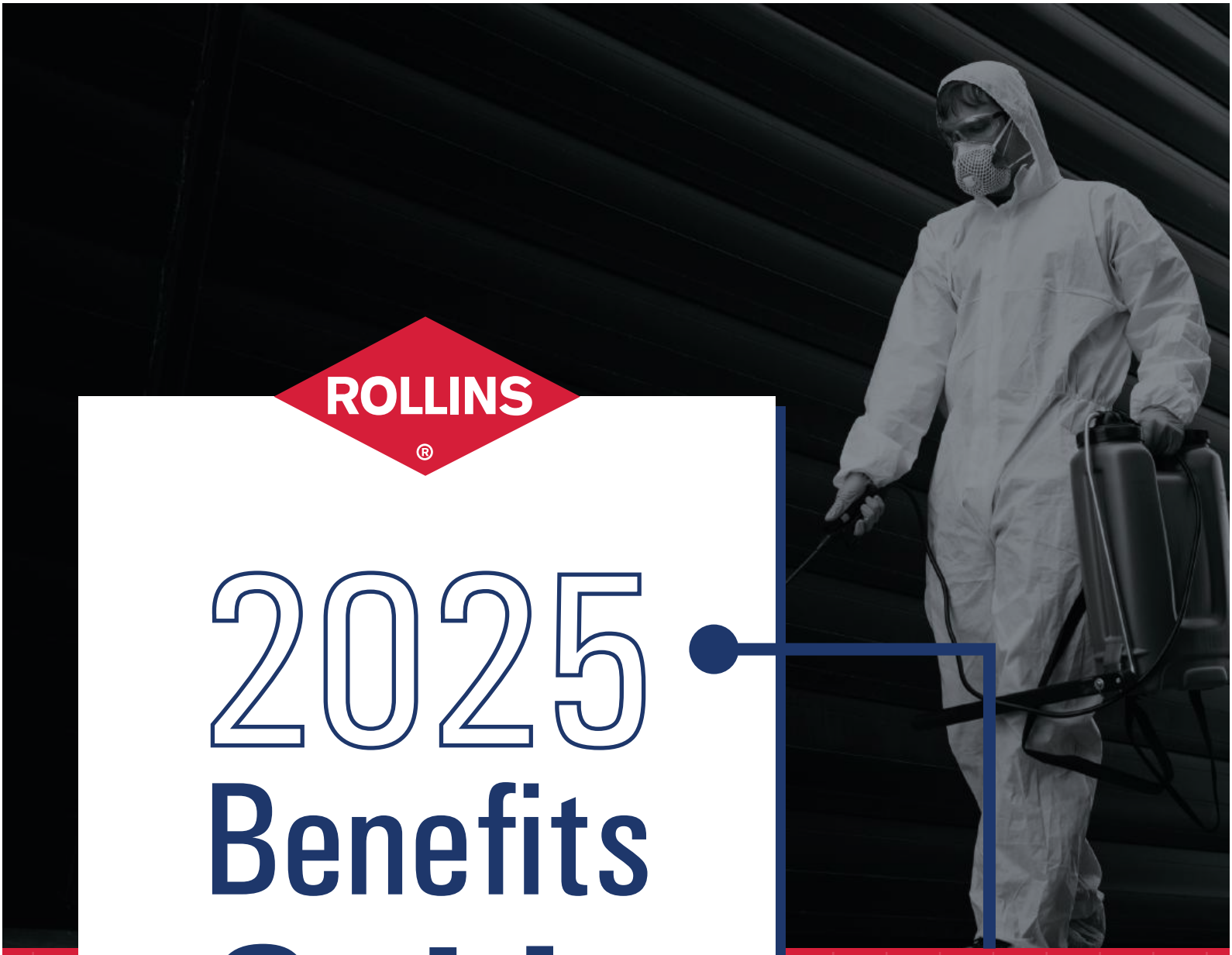


ROLLINS®

2025 Benefits Guide

WELCOME TO ROLLINS!

In this guide, you'll find instructions on how to enroll in your 2025 benefits, what benefits are available to you and useful tools and resources to help you choose the plans that are right for you and your family.


ROLLINS
®

What's Inside

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the legal notices in the back of this guide for more details.

This guide is for informational purposes. In the event of unintentional conflict between the guide and plan documents, the plan documents will govern.

Enrollment and **Eligibility**

HOW TO ENROLL IN BENEFITS

If you choose to enroll in Rollins benefits, you will have **45 days from your date of hire to enroll**. Your new benefits will begin based on the Hawaii state-mandated effective date of coverage, on the 28th day following your date of hire.

Enroll online
Log into **myrollinsusbenefits.com**.

Within the Rollins benefits enrollment portal, click, “MyProfile” to make sure your address is correct. Then, review plan features and costs under the Resource tab and make your elections.

Enroll by phone with a benefits counselor
Call **1-888-659-2586** to speak with a benefits counselor. If you'd like to schedule an appointment to speak with a benefits counselor, log into **myrollinsusbenefits.com** and select the “Help" question mark in the upper right hand corner, then click “Schedule a Callback." Call backs will be available between 8 a.m. and 5 p.m. CST. Once your appointment is scheduled, you will receive a confirmation email.

Enrollment and **Eligibility**

WHO CAN YOU COVER?

Teammates must be enrolled to cover their dependents, and dependent verification is required when you add a new dependent. Once you have completed open enrollment, you will have 30 days from that date to provide verification. Upload documents to **myrollinsusbenefits.com**, or mail to Rollins Benefits Enrollment Center, PO Box 2727, Bellaire, TX 77402.

Dependents eligible for coverage under the Rollins benefit plans:

- Your legal spouse or ***domestic partner***
- Your natural, adopted, foster, stepchild(ren), child in guardianship, and domestic partner's child(ren), up to age 26
- Your disabled child(ren) over the age of 26, with proof of disability

If your spouse or domestic partner has medical coverage available through their employer and you still choose to add them to your Rollins medical plan coverage, a $150 per month spousal surcharge will apply to your medical plan premium.

What counts as a domestic partnership?

A domestic partner, as defined by the Rollins benefit plan, is a relationship that can affirm **ALL** the following items:

- You are each other's sole domestic partner with the intent to remain so indefinitely.
- Neither of you are married to or legally separated from anyone else.
- Neither of you has had another domestic partner within the prior twelve months.
- You both are at least eighteen (18) years of age and mentally competent to enter into a legal contract.
- You are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which you legally reside.
- You cohabit and reside together in the same residence and have done so for at least six months, with the intent to do so indefinitely.
- You are not in the relationship solely for the purpose of providing benefits coverage.
- You are engaged in a committed relationship of mutual caring and support and jointly responsible for common welfare and living expenses, such as the sharing of property, bank accounts and vehicles.

If you add a domestic partner and/or your domestic partner's children to medical, dental, and/or vision coverage, you will be responsible for paying imputed income. This means these benefits cannot be paid with pretax contributions, based on IRS regulations, so you are taxed as though you received cash in an amount equal to the taxable value of the coverage. You will see this reflected on your payroll statement.

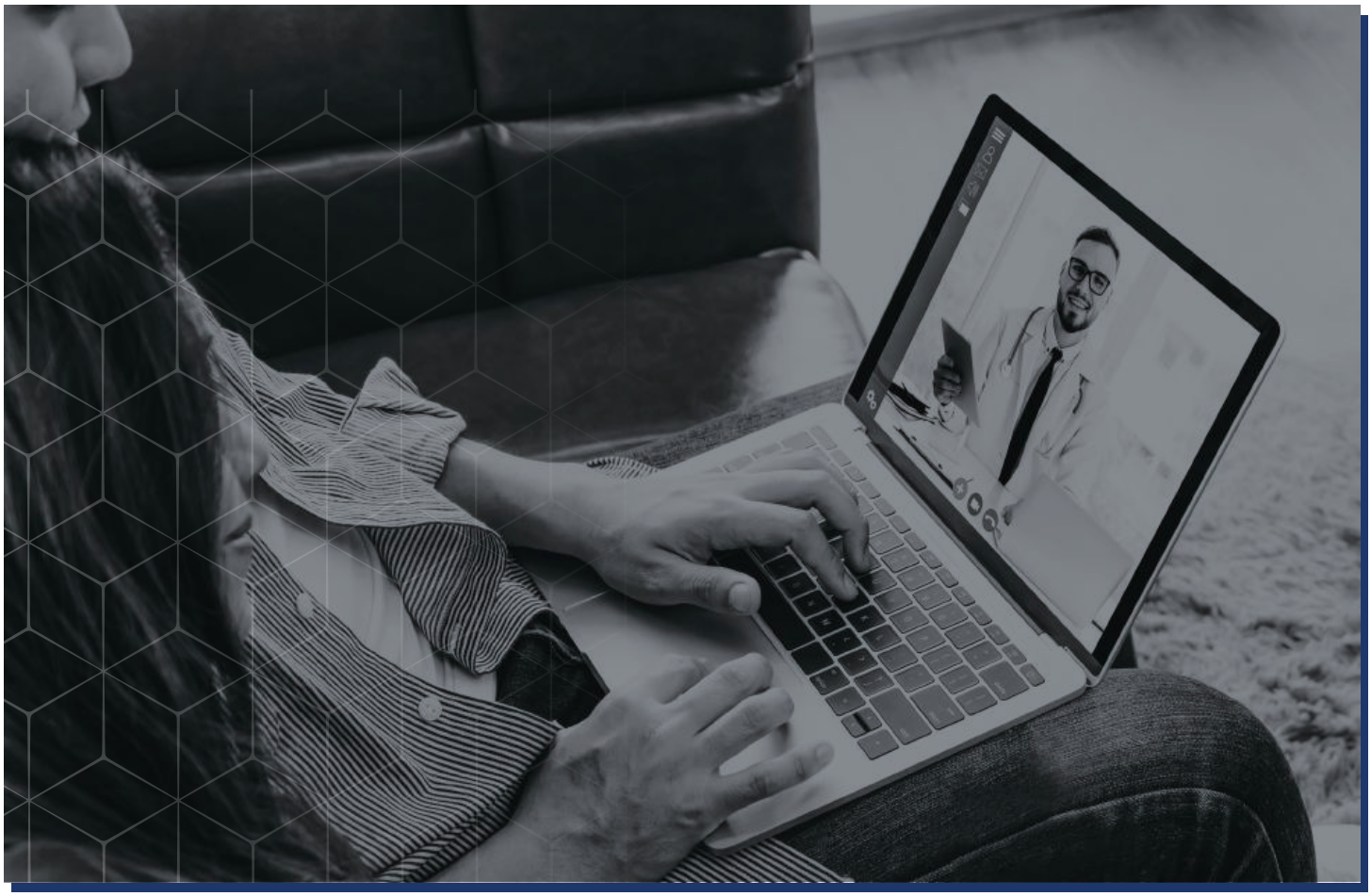
Enrollment and **Eligibility**

Special enrollment circumstances

If you and your spouse both work at Rollins: Both of you can have individual medical coverage, but you can't have double coverage (i.e., covering yourself individually and having your spouse cover you as their spouse) on any plan, including voluntary life insurance. You should compare costs to see if it's better for you to be together on a family plan. Only one of you can enroll your dependent(s) in benefits, including child life insurance.

If you want to make changes mid-year: If you experience a qualifying life event (QLE) during the year, you may change your benefit elections if the requested coverage change is consistent with the event. The change must be requested within 30 days of the event. Common QLEs include marriage, divorce, birth or adoption of a child, death of a covered dependent, to name a few. Here's how to submit your QLE:

- Call the Rollins Benefits Enrollment Center at **888-659-2586** or go online at **myrollinsusbenefits.com**.
- Collect documentation to prove your life event.
- Submit your documentation by uploading to **myrollinsusbenefits.com**, or mail to Rollins Benefits Enrollment Center, PO Box 2727, Bellaire, TX 77402.



Medical and Prescription Benefits

FREE OR LOW-COST PRIMARY CARE SERVICES FOR ELIGIBLE ROLLINS TEAMMATES: MARATHON HEALTH

If you need to see a health provider, Marathon Health is here for you. Marathon Health offers virtual and in-person primary care services for everything from preventive care to chronic disease management to urgent care.

"Thank you so much Jennifer Hanlon and Dr. Cooper.You guys have helped me take steps in the right direction to get ahold of my chronic conditions and are very understanding and caring." — Feedback from anonymous Rollins employee after Georgia onsite visit

"This was my first experience with Marathon Health and I love the fact that I was able to spend quality time with the physician over the phone." — Feedback from anonymous Rollins employee after virtual visit

WHO CAN USE MARATHON?

- Eligible Rollins teammates, even if you're not enrolled on a Rollins medical plan
- Spouses and children over the age of 18 if they are enrolled in your Rollins medical plan

HOW MUCH DOES MARATHON COST?

- ***Free*** for Rollins teammates and dependents enrolled in a Rollins-sponsored medical plan
- $30 for teammates who are not enrolled

With Marathon Health, you can:

- Receive care from primary care physicians at low or no cost
- Get your annual wellness exam onsite or virtually
- Schedule same-day and next-day appointments online or over the phone
- Reach your care team 24/7 for urgent needs

Spend as much time as you need with a provider who will get to know you

If you visit Marathon Health in person, you can also get lab draws and immunizations. Rollins teammates or dependents who do not live near a Marathon Health center can access Marathon Health providers virtually at your convenience. For a list of areas where in-person visits are available, visit **my.marathon.health**.

Visit my.marathon.health to make an appointment today! Click "Register Now" if you haven't yet enrolled. You can also call **866-808-6005** or download the Marathon Health app, **Marathon Health**.

Medical and Prescription Benefits

YOU HAVE TWO DECISIONS TO MAKE WHEN ENROLLING IN A ROLLINS MEDICAL PLAN

Decision 1: Choose your carrier

Rollins offers you the option of two different medical plan carriers, each with prescription drug coverage. HMSA and Kaiser HI have different physician networks. If seeing a certain physician is important to you, check the plan's network.

Read on to learn the difference between the two options in the upcoming pages.

Decision 2: Choose your deductible

This decision impacts how much you pay out-of-pocket for medical and prescription expenses when you or a family member use the plan. Regardless of the plan you choose, you will need to pay the full deductible before Rollins' cost share kicks in.

Decision 1: Choose your carrier

	hmsa	KAISER PERMANENTE
How do I check if my doctor is in-network?	HMSA.com Coverage only includes HMSA's preferred network	kp.org Coverage only includes Kaiser providers
Premiums	$$$	$$
What are my options for…		
PCPs and specialists?	HMSA network	Kaiser Permanente physicians only
Imaging like an MRI or CT scan?		Kaiser Permanente physicians only
Hospitalization, either inpatient or outpatient?		Kaiser Permanente physicians only
Prescriptions?		Kaiser Permanente: Pick up at Kaiser facility or through Kaiser mail order

Medical and Prescription Benefits

Making that first decision: HMSA health plans

Our medical plan features a network of providers who have agreed to participate in HMSA's preferred network. As with all of our plans, you will pay more if you see an out-of-network provider.

Here are some key features:

- You'll save the most money if you see a provider within the network versus an out-of-network provider.
- You won't have to get a referral from a primary care physician before you see a specialist.

Think about Prescriptions, Too
Prescription drug coverage is provided automatically when you enroll in the HMSA medical plan.

It is really important to understand how prescription drugs are covered in your plan. In the HMSA plan, you do not need to meet the deductible for medications — you only pay your copayment.

You are encouraged to ask your doctor if a generic equivalent is available when receiving a prescription; this will save you money. You will also save money if you take a preventive medication covered under the Affordable Care Act (ACA) as these medications are $0 cost to you. See the ACA $0 Copay List of eligible medications at **RollinsBenefits.com**.

Save More on your Prescriptions
The HMSA plan uses the HMSA Essential Prescription Drug Formulary list. To locate a network pharmacy, go to HMSA.com, then select "Find a Doctor," then select "Drug (PPO)".

How do I know where to go?

Marathon Health: Visit my.marathon.health or call **866-808-6005** for PCP visits and urgent care needs at no cost if you or your dependents are enrolled in an HMSA health plan!

For all care, from doctors to lab work to hospitals: HMSA.com

Monthly Rates: HMSA

Coverage level	HMSA PLAN
Teammate Only	$0.00
Teammate + Spouse	$735.44
Teammate + Children	$517.75
Teammate + Family	$1,243.89

Medical and Prescription Benefits

Making that first decision: Kaiser health plan

Our Kaiser HMO plan gives you access to certain doctors and hospitals within the Kaiser network. Unlike PPO plans, care under a Kaiser plan is covered only if you see a provider within the Kaiser network. Emergency services are the only services covered outside of the Kaiser network.

Here are some key features:

- A primary care physician will need to refer you for specialist care or tests.
- Except for emergency care, if you opt to see a doctor outside of the Kaiser network, there is no coverage — you will have to pay the entire cost of services.

How do I know where to go?

Marathon Health: Visit my.marathon.health or call **866-808-6005** for PCP visits and urgent care needs at no cost if you or your dependents are enrolled in your plan!

Other virtual visits or telemedicine: kp.org. Costs vary across regions, so visit kp.org/costestimates for an idea of how much you'll pay.

For all care, from doctors to lab work to non-emergent hospitals: kp.org for Kaiser network providers

Monthly Rates: Kaiser

Coverage level	KAISER HI PLAN
Teammate Only	$0.00
Teammate + Spouse	$627.57
Teammate + Children	$513.49
Teammate + Family	$1,064.97

Medical and Prescription Benefits

DECISION 2: CHOOSE YOUR PLAN

HMSA $0 DEDUCTIBLE PLAN

	IN-NETWORK	OUT-OF-NETWORK
Deductible	$0	$100 individual / $300 family
Out-of-Pocket Maximum This is the most you will pay in the plan year for medical expenses	$2,500 individual / $7,500 family	$2,500 individual / $7,500 family
Prescription Drug Out-of-Pocket Maximum This is the most you will pay in the plan year for prescription expenses	$3,600 individual / $4,200 family	

Services Coverage

Wellness / Preventive Care	$0	30%
Physician Visit	$12 copay	30% after deductible
Lab Services (X-ray, bloodwork), Pathology, Radiology	Inpatient: 10% Outpatient: 20%	30% after deductible
Maternity Care	10%	30% after deductible
Allergy Testing and Allergy Shots	20%	30% after deductible
Surgery	10% (cutting) 20% (non-cutting)	30% after deductible
Hospital Facility Fee	10%	30% after deductible
Rehabilitation Service	20%	30% after deductible
Skilled Nursing	10%	30% after deductible
Hospice	No charge	Not covered
Anesthesia Services	10%	30% after deductible
Diagnostic Testing	20%	30% after deductible
Hospital and Facility Services	10%	30% after deductible
Emergency Room	20%	20%
Urgent Care Services	$12 copay	30% after deductible
Ambulance Services (land/air ambulance for medically necessary emergency transportation only)	20%	30% after deductible

HMSA Rx

RETAIL (30-DAY SUPPLY)	IN-NETWORK	OUT-OF-NETWORK
Generic (Tier 1)	$7 copay	$7 copay and 20% coinsurance
Preferred Brand Name (Tier 2)	$30 copay	$30 copay and 20% coinsurance
Non-preferred Brand Name (Tier 3)	$30 copay plus $45 Tier 3 cost share	$30 copay and 20% coinsurance
Preferred Specialty (Tier 4)	$100 copay	Not covered
Non-preferred Specialty (Tier 5)	$200 copay	Not covered

MAIL ORDER (90-DAY SUPPLY)	IN-NETWORK ONLY
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) & Non-preferred Specialty (Tier 5)	Not covered

Medical and Prescription Benefits

DECISION 2: CHOOSE YOUR PLAN

KAISER HI PLAN

	IN-NETWORK
Deductible	$0
Out-of-Pocket Maximum This is the most you will pay in the plan year for medical expenses	$2,500 individual / $7,500 family
Services Coverage	
Wellness / Preventive Care	$0
Physician Visit	$15 copay
Lab Services (X-ray, bloodwork), Pathology, Radiology	Basic: $15 per day Specialty: 20%
Maternity Care	$0
Allergy Testing and Allergy Shots	20%
Surgery	10%
Rehabilitation Service	$15 per visit
Skilled Nursing	10% up to 120 days per accumulation period
Hospice	No charge
Diagnostic Testing	20%
Hospital and Facility Services	10%
Emergency Room	$100
Urgent Care Services	$15 copay
Ambulance Services (land/air ambulance for medically necessary emergency transportation only)	20%
Kaiser HI Rx	
RETAIL	**IN-NETWORK ONLY**
Skilled Administered Drugs	20%
Self-Administered Drugs • Generic Maintenance Drugs • Other Generic Drugs • Brand-Name Drugs • Specialty drugs • Prescription drug mail-order incentive	 $3 per prescription $10 per prescription $45 per prescription $200 Two drug copayments for a 90-consecutive-day supply
Chemotherapy Drugs	20%
Contraceptive Drugs and Devices	50%
Diabetic Supplies	50%
Tobacco Cessation Drugs and Products	No charge (up to 30-day supply)

Spending Accounts

Our medical plans come with — or can be supplemented with — pre-tax savings accounts, administered by HSA Bank, that you can use to pay eligible expenses. Review the chart below to see which accounts fit with your medical plan election.

Not sure how much to contribute to a spending account? Go through the guided health questionnaire at **myrollinsusbenefits.com** as you enroll online.

	HEALTH CARE FSA	DEPENDENT CARE FSA
Which plans does it work with?	Any non-high deductible health plan — or waived coverage	Any plan — or waived coverage
How does it work?	A tax-advantaged account that helps you set aside money to pay for healthcare expenses that occur during the plan year	A tax-advantaged account that helps you set aside money to pay for dependent care expenses (like babysitters, summer day camp, or elder care) that occur during the plan year
I want to use my money on my dependents. Who is eligible?	Any tax dependent	Tax dependents who are children under the age of 13 or adults who are physically or mentally unable to care for themselves.
Who can contribute?	You only	
What are my annual maximum contribution limits?	Up to $3,200	Up to $5,000 per household
Do unused funds in my account carry over to the next year?	No, use it or lose it. You'll need to spend your funds within the plan year and submit any outstanding receipts no later than March 31, 2026.	
Can I invest funds or earn interest on them?	No	
What are the tax advantages?	Pre-tax contributions and tax-free withdrawals for qualified expenses.	

**If you are enrolled in any part of Medicare, you are not eligible to contribute to an HSA, even if you are enrolled in an HSA-qualifying medical plan. You cannot open an HSA with a P.O. Box. You must provide a physical street address.*

Dental

Getting the right preventive dental care can help keep your teeth sparkling and clean, but did you know that proper preventive dental care can save you 31% on future dental costs? That's money in your pocket! Getting routine dental exams could also detect signs of serious conditions such as diabetes, leukemia, heart disease and kidney disease.

The HMSA dental plan covers two free cleanings and required X-rays per year. Additionally, with the HMSA dental plan:

- Up to $500 of your annual maximum benefit may be carried over to the next calendar year
- New members have a 12-month waiting period for major services
- Both adults and children are eligible for orthodontia benefits

HMSA dental coverage is bundled with HMSA medical and vision coverage. Therefore, if you elect dental coverage through HMSA, you will be automatically enrolled in medical and vision coverage, and vice versa.

	HMSA DENTAL PLAN — DENTAL PPO NETWORK*
Network	**PPO Network**
Annual Maximum Benefit	$1,500
Individual / Family Deductible	$0
Preventive Services	$0
Basic Services	30%
Major Services	50%
Orthodontia Coverage and Lifetime Maximum	$1,000 maximum 25% paid initially, remaining 75% paid in equal monthly payments, not to exceed 36 months

** This coverage is bundled with HMSA medical and vision coverage.*

Kaiser HI dental coverage is bundled with Kaiser HI medical and vision coverage. Therefore, if you elect dental coverage through Kaiser HI, you will be automatically enrolled in medical and vision coverage, and vice versa.

	KAISER HI PLAN — KAISER NETWORK*
Network	**Kaiser Network**
Annual Maximum Benefit	$1,200
Individual / Family Deductible	$0
Preventive Services	$0
Basic Services	30%
Major Services	50%
Orthodontia Coverage and Lifetime Maximum	50% For dependent children through age 25. $1000 lifetime maximum amount paid (eight quarterly payments)

** This coverage is bundled with Kaiser HI medical and vision coverage.*

Vision

Did you know that serious health problems show early signs through your eyes — signs you don't want to miss? In fact, diabetes is the number one cause of blindness in adults. The good news is those signs can be spotted early during an eye exam.

The HMSA vision plan includes a routine eye exam once every calendar year for $10.00, *and* save you money on eye care items. HMSA vision coverage is bundled with HMSA medical and dental coverage. Therefore, if you elect vision coverage through HMSA, you will be automatically enrolled in medical and dental coverage, and vice versa.

HMSA Vision Plan — Vision PPO Network*

	ADULT		CHILD	
In-Network Benefits	**Copay**	**Frequency**	**Copay**	**Frequency**
Exam	$10	1 per 12 months	$10	1 per 12 months
Lenses	$25	1 per 12 months	$25	1 per 12 months
Frames	$15 (up to $110 allowance)	1 per 24 months	$15 (up to $110 allowance)	1 per 24 months
Contact Lenses *In lieu of lenses*	$25 copay up to $110 allowance	1 per 12 months	$25 copay up to $110 allowance	1 per 12 months
Contact lens fit and follow up exams	The plan pays up to $55	1 per 12 months	The plan pays up to $55	1 per 12 months

** This coverage is bundled with HMSA medical and dental coverage.*

Kaiser HI vision coverage is bundled with Kaiser HI medical and dental coverage. Therefore, if you elect vision coverage through Kaiser HI, you will be automatically enrolled in medical and dental coverage, and vice versa.

Kaiser HI Vision Plan — Kaiser Network*

	ADULT		CHILD	
In-Network Benefits	**Copay**	**Frequency**	**Copay**	**Frequency**
Exam	N / A	1 per 12 months	$0	1 per 12 months
Lenses**	Up to $150 allowance	1 per 12 months	$0	1 per 12 months
Frames**	Up to $150 allowance	1 per 12 months	$0 (from Kaiser value collection)	1 per 12 months
Contact Lenses *In lieu of lenses*	Up to $150 allowance	1 per 12 months	$0	1 per 12 months
Contact lens fit and follow up exams	Up to $150 allowance	1 per 12 months	The plan pays up to $55	1 per 12 months

** This coverage is bundled with Kaiser HI medical and dental coverage.*
*** Members can get a 40% discount on a second pair of eyeglasses, all year round.*

Taking Care of You: Free Extra Perks

THE EMPLOYEE ASSISTANCE PROGRAM: FREE COUNSELING

AVAILABLE ON DAY 1

The obstacle of cost shouldn't get in your way on the road to improving your mental health. Rollins offers ***short-term mental health benefits*** at no cost to you through our employee assistance program (EAP) with SupportLinc (formerly Corpcare). You and your family members do not need to be covered on the medical plan to use this benefit.

The EAP is a confidential program that can connect you and your family members with helpful resources and experienced counselors for anxiety, depression, relationship issues, decision making, substance misuse and more. You can also use the EAP for help finding child or elder care and to ask about financial or legal issues.

You have unlimited, 24/7 telephonic support. An experienced mental health professional can evaluate your needs, initiate treatment, and provide referrals for five free face-to-face visits or online counseling, such as individual, couples and family counseling.

Call SupportLinc (formerly Corpcare) at **800-728-9444** for immediate support and to initiate your confidential EAP Counseling. For additional resources, visit **supportlinc.com** and enter company username **Rollins**.

If, after your five free visits, you would like to continue with mental health support, your SupportLinc (formerly Corpcare) counselor will assist with finding an in-person provider to continue care. You may also contact Marathon Health at **866-808-6005** for further assistance.

ALLIANT MEDICARE SOLUTIONS PREMIER

AVAILABLE ON DAY 1

Are you or a family member approaching Medicare eligibility? Being eligible for Medicare provides more options to you, and your family and your friends and we understand it can be confusing. We are partnering with Alliant Medicare Solutions to help you – and your family – to understand how Medicare works by offering support and resources in the decision making process. Best of all, there is no cost for this service. Call **855-224-6280** or visit **AMSpremier.com** for more info.

ALLIANT INDIVIDUAL HEALTH SOLUTIONS

AVAILABLE ON DAY 1

Get the health insurance you and your family need and can afford with the guidance of Alliant Individual Health Solutions (AIHS). Find coverage for you and your dependents when an individual plan may be right for you, such as when a dependent is losing coverage due to turning 26. Friendly, knowledgeable licensed insurance agents at AIHS can **see if you or your dependents qualify for subsidies in the Affordable Care Act Marketplace**, and they'll search for plans that fit your needs and budget. This resource can be used for you and any family members who would benefit from an individual plan.

AIHS SERVICES:

- Educate you and your family on your options
- Conduct a needs analysis to determine the most suitable fit and potential subsidies
- Offer a choice of products and carriers, where available, based on your needs and budget
- Support you in the enrollment process

With AIHS, affordable health insurance is within reach. To learn more, visit **alliantindividualhealthsolutions.com** to schedule an appointment or call **877-328-1195** to speak with a licensed insurance agent.

Life and AD&D Insurance

Life and accidental death & dismemberment (AD&D) insurance are through Unum.

COMPANY-PAID LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE*

At no cost to you, Rollins provides benefit-eligible teammates with life insurance equal to your annual earnings (including commissions), and a matching amount of AD&D insurance up to $150,000.

The IRS states that the value of coverage exceeding $50,000 is taxable as imputed income, which you'll see on your paycheck.

At age 65, basic life and AD&D coverage reduces to 65% of its original amount; at age 70, coverage reduces to 50%. This reduction will become effective the first day of the plan year following your birthday.

VOLUNTARY EMPLOYEE TERM LIFE INSURANCE*

You can purchase additional term life insurance from Unum in $25,000 increments, up to a maximum of $1,000,000. If you enroll when first eligible, you may elect up to $500,000 without providing Evidence of Insurability (proof of good health). If you elect at least $25,000 when first eligible, Unum will allow you to increase by $25,000 (not to exceed $500,000) during subsequent open enrollments without providing EOI.

VOLUNTARY SPOUSE LIFE INSURANCE*

You can purchase spouse life coverage from Unum in $25,000 increments, up to a $250,000 maximum. If you enroll when first eligible, you may elect up to $50,000 without submitting Evidence of Insurability (proof of good health).

VOLUNTARY EMPLOYEE AND SPOUSE LIFE MONTHLY PREMIUM

AGE AS OF EFFECTIVE DATE OF COVERAGE	PER $1,000 OF COVERAGE
<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 and over	$11.330

Note: Couples who work at Rollins cannot be double covered.

** At age 65, all life insurance coverage reduces to 65% of its original amount; at age 70, coverage reduces to 50%. This reduction will become effective the first day of the plan year following your birthday.*

VOLUNTARY AD&D (EMPLOYEE, SPOUSE OR CHILDREN) INSURANCE

AD&D insurance pays a benefit if you or a covered family member are severely injured or die in an accident. You can purchase Voluntary AD&D coverage for yourself, and your spouse in $10,000 increments, up to a maximum of $500,000. You may elect coverage for your child in increments of $5,000 up to a maximum of $75,000.You must purchase coverage for yourself in order to elect family coverage.

VOLUNTARY AD&D MONTHLY PREMIUM

Coverage Level	MONTHLY RATE PER $1,000
Teammate	$0.025
Spouse	$0.025
Child(ren)	$0.025

VOLUNTARY CHILD LIFE INSURANCE

You can purchase child life coverage from Unum in $5,000 increments to a $20,000 maximum. All children are covered under one premium, and children are eligible from live birth up to 26 years of age. A child may be covered by only one Rollins Teammate. Evidence of insurability is not required.

VOLUNTARY CHILD LIFE MONTHLY PREMIUM

Coverage Level	MONTHLY RATE PER $1,000
$5,000	$0.50
$10,000	$1.00
$15,000	$1.50
$20,000	$2.00

VOLUNTARY WHOLE LIFE INSURANCE THROUGH UNUM

Whole life insurance offers lifelong coverage with fixed costs and a guaranteed cash value growth of 3.75%. You can choose coverage for yourself and your dependents.

- No Medical Questions: Teammates can add or increase coverage without medical questions.
- Spouse Coverage: Spouses need to answer one qualifying question for new or increased coverage.

Teammates can enroll in whole life only during open enrollment which occurs in October. To enroll, call Unum at **866-752-7432**, Monday through Friday, 8 a.m. to 8 p.m. ET.

Disability Coverage

Short and Long Term Disability Benefits are offered through Unum.

EVIDENCE OF INSURABILITY FOR VOLUNTARY LIFE AND DISABILITY

Voluntary Life: As a new hire, you may elect up to $500,000 for yourself and up to $50,000 for your spouse without any medical questions asked. If you choose to enroll after your initial eligibility as a new hire, or if you elect more than the guaranteed issue amount, you will be required to submit Evidence of Insurability (EOI) to Unum.

Voluntary Disability: As a new hire, you may elect disability coverage for yourself without providing evidence of insurability (EOI). If you choose to enroll after your initial eligibility as a new hire, you will be required to submit evidence of insurability (EOI) to Unum.

How to submit evidence of insurability (EOI), if applicable: Once you have completed your enrollment online, you will be prompted to complete the Unum application. Please click on the link and complete the questionnaire. Any coverage that requires EOI to be approved will not be effective until Unum has approved your EOI application. Reach out to Unum at **1-888-673-9940** if you have questions.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

You can purchase short-term disability insurance through Unum, which will pay 50% of your weekly earnings up to a maximum of $2,500 per week if you become injured, ill or unable to work. Benefits are paid for up to 12 weeks after a 7-day benefit waiting period.

Note: If you enroll in short-term disability and you live in a state that provides state disability insurance (SDI), such as Hawaii, you may only receive a limited benefit from the Rollins short-term disability plan. Unum will reduce the STD benefit amount by the amount of the state benefit. If you work in Hawaii, research whether or not this benefit would pay you in the event of a short-term disability before you enroll.

VOLUNTARY LONG-TERM DISABILITY INSURANCE

Rollins pays half the cost if you choose to purchase long-term disability insurance through Unum. Coverage pays 60% of your monthly salary up to a maximum of $15,000 per month if you are disabled longer than 90 days. Benefits continue as long as you meet the definition of disabled under the policy or your normal Social Security retirement age.

EMPLOYEE AGE AS OF EFFECTIVE DATE OF COVERAGE	STD COST PER $10 OF WEEKLY BENEFIT	LTD COST PER $100 OF MONTHLY EARNINGS*
24 and under	$0.238	$0.213
25-29	$0.255	$0.213
30-34	$0.247	$0.213
35-39	$0.230	$0.213
40-49	$0.281	$0.506
50-54	$0.349	$0.706
55-59	$0.468	$0.706
60-64	$0.578	$0.706
65 and above	$0.612	$0.706

** Rollins contributes 50% of the total monthly LTD rate.*

Financial Benefits

401(K) RETIREMENT PLAN

Saving for retirement may be the most important financial decision you can make today to be prepared for tomorrow. Teammates are automatically enrolled into the Rollins 401(k) plan on the first day of the quarter (Jan. 1, April 1, July 1, or Oct. 1) following three months of service and set up to contribute 4% of your pay. Rollins makes a matching contribution, dollar for dollar, up to 3% of your pay and $0.50 for every dollar on the next 3%.

Visit **empower.com/rollins** or call **1-877-778-2100**, Monday through Friday, 8 a.m. to 10 p.m. ET and Saturdays, 9 a.m. to 5 p.m. ET.

Contribute at least 6% of your salary each year to get the full match! You may make changes to your 401(k) anytime throughout the year.

EMPLOYEE STOCK PURCHASE PLAN (ESPP)

The ESPP gives you the opportunity to invest and share in the success of Rollins, Inc. Contribute a dollar amount of your pay to purchase Rollins, Inc. common stock (ticker symbol ROL) at a discount. You are eligible if you are on U.S. payroll as an active teammate at least 10 business days prior to the beginning of an enrollment period, which are at the beginning of June and December each year.

If you elect, Rollins will automatically deduct your elected dollar contribution amount through payroll deduction during the next offering period. On the last trading day of the offering period, Rollins uses your accumulated contributions to purchase Rollins, Inc. common stock at a 10% discount using the lower of the closing price per share on the first day of the offering period or the closing price per share on the last day of the offering period. You will see the shares deposited to your stock account 2-3 weeks after the purchase date.

Please visit **rollinsbenefits.com** for the plan prospectus, FAQs and more.

More Financial Protection

These voluntary benefits can provide you with cash on top of the coverage you have from your health, disability or life insurance. Unless otherwise specified, you can enroll yourself, your spouse or your children in these benefits.

VOLUNTARY CRITICAL ILLNESS (UNUM)

This benefit pays a lump sum benefit on top of any medical coverage you carry if you receive a diagnosis for a covered critical illness, such as heart attack, stroke, major organ failure, coronary artery disease, cancer, or coma. This plan also covers progressive diseases (such as ALS, dementia, Alzheimer's, multiple sclerosis, and Parkinson's) at 100% of the benefit amount.

- **Employee:** Elect coverage of $10,000, $20,000 or $30,000.
- **Spouse:** 100% of employee benefit amount available if you elect employee coverage. This has been increased from 50% last year.
- **Children:** Automatically covered at 50% of employee benefit amount.

This plan pays a benefit only for a new diagnosis after the effective date of coverage. **Diagnoses occurring prior to the effective date will not be covered.** The diagnosis of a new covered illness must occur at least 180 days after the most recent diagnosis or be medically unrelated to the first covered condition. Each condition also has a 100% recurrence benefit as long as the diagnosis is separated by 180 days. Therefore you may receive the benefit more than once as long as you meet the separation requirement. Rates and costs are based on the insured's age each year on Jan. 1 and increase as you age and move into new age bands.

Monthly Critical Illness Premium, Based on Employee Age

Employee age as of Coverage Effective Date	$10,000 BENEFIT		$20,000 BENEFIT		$30,000 BENEFIT	
	EMPLOYEE	SPOUSE	EMPLOYEE	SPOUSE	EMPLOYEE	SPOUSE
>25	$0.90	$0.80	$1.80	$1.60	$2.70	$2.40
25-29	$1.30	$1.20	$2.60	$2.40	$3.90	$3.60
30 - 34	$2.80	$2.30	$5.60	$4.60	$8.40	$6.90
35 - 39	$3.40	$2.60	$6.80	$5.20	$10.20	$7.80
40 - 44	$5.10	$3.60	$10.20	$7.20	$15.30	$10.80
45 - 49	$8.90	$5.70	$17.80	$11.40	$26.70	$17.10
50 - 54	$11.60	$7.00	$23.20	$14.00	$34.80	$21.00
55 - 59	$21.00	$11.90	$42.00	$23.80	$63.00	$35.70
60 - 64	$22.70	$12.80	$45.40	$25.60	$68.10	$38.40
65 - 69	$44.10	$25.40	$88.20	$50.80	$132.30	$76.20
70+	$47.10	$25.80	$94.20	$51.60	$141.30	$77.40

VOLUNTARY ACCIDENT INSURANCE (UNUM)

This coverage pays you cash on top of any medical coverage you carry for injuries resulting from covered accidents, such as a child's sports injuries or falls from the ladder while doing home projects.

Coverage Level	MONTHLY PREMIUM
Employee	$7.33
Employee + Spouse	$13.50
Employee + Child(ren)	$14.74
Family	$20.91

HOSPITAL INDEMNITY INSURANCE (UNUM)

This benefit pays out cash on top of any medical coverage you carry if you are hospitalized. Benefits are payable once per year, per covered family member.

	MONTHLY PREMIUM	
Coverage Level	$500 BENEFIT	$1,000 BENEFIT
Employee	$6.46	$7.83
Employee + Spouse	$16.33	$20.82
Employee + Child(ren)	$11.11	$16.57
Family	$20.98	$29.56

See policy documents on rollinsbenefits.com.

Additional Benefits

COMMUTER BENEFITS

Mandated offering available in San Francisco Bay Area, New York City, Washington D.C., New Jersey, Philadelphia, Seattle and Chicago

Set aside up to $315 per month in pre-tax dollars for your work-related commuter transit expenses. Expenses may not include gas or parking. Members will receive an HSA Bank debit card to use when purchasing transit passes.

PAY LESS WITH PERKSPOT

AVAILABLE ON DAY 1

Visit the online discount mall with deals on hundreds of local and national merchants to save up to 40% on things like home office equipment, home gym equipment, online entertainment and food delivery. Visit **rollins.perkspot.com** to shop!

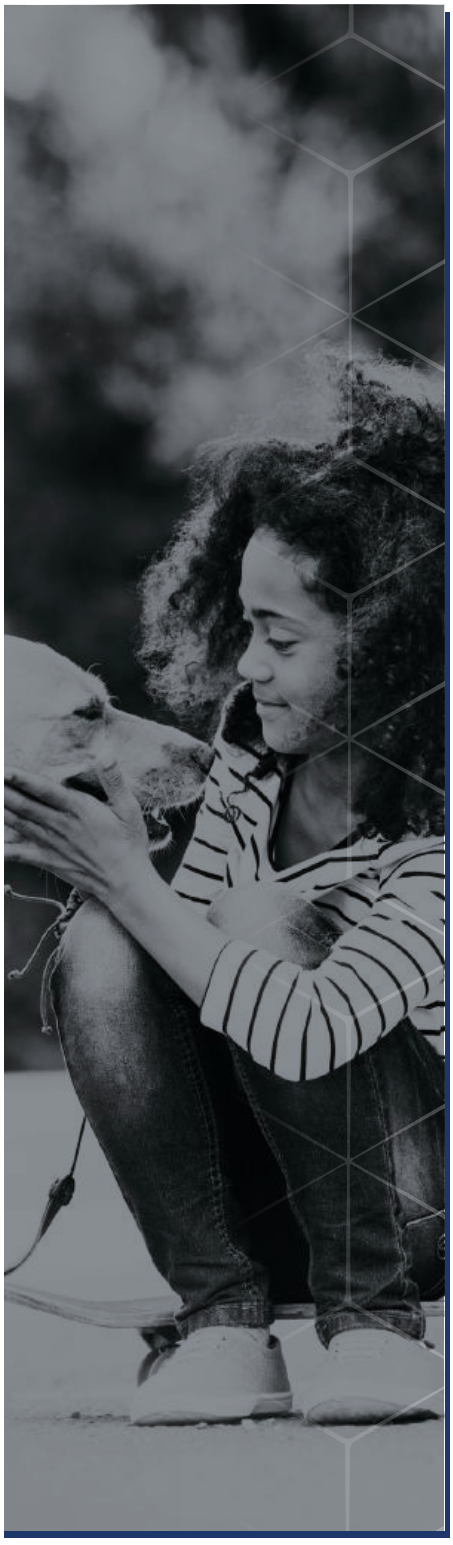
PET INSURANCE THROUGH NATIONWIDE

Nationwide® offers two plans for you to choose from: My Pet Protection® and My Pet Protection® with Wellness500.[1] My Pet Protection is a medical plan that offers an annual benefit of $7,500 for eligible veterinary bills related to accidents, injuries and illnesses, including emergency clinics and specialists. My Pet Protection with Wellness500 offers the same protection as the medical plan, but includes coverage for preventive care. With this plan, up to $500 of the annual $7,500 benefit can be used for wellness, including checkups, flea and heartworm preventives, vaccinations, spay and neuter and more. Both plans are guaranteed issuance,[2] have a $250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.[3] Enroll at **petinsurance.com/rollinsinc**. Your rate is based on your state and pet. You may enroll in or cancel coverage at any time, and premiums are deducted from your payroll post-tax.

[1] Existing members can enroll in My Pet Protection® with Wellness500 during their respective renewal period only. Products and discounts not available to all persons in all states.
[2] Guaranteed issuance means any new pets enrolling into a My Pet Protection plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply.
[3] These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and annual limits.

LEGAL ASSISTANCE THROUGH METLIFE

MetLife provides support and protection for personal legal issues, including divorce, ID theft, estate planning, document preparation, court appearances, immigration assistance, financial matters and real estate issues. Benefits cover all family members, including dependent children under age 26 for just $17.50 per month.



Additional **Benefits**

IDENTITY THEFT PROTECTION THROUGH ALLSTATE IDENTITY PROTECTION

Rollins offers two voluntary options for comprehensive financial and identity monitoring and protection against theft.

Benefit	PRO+	PRO+ CYBER
Protection for the whole family	✔	✔
Family digital safety tools	✔	✔
Senior family coverage, including elder fraud	✔	✔
Allstate Digital footprint with robocall and ad blocker	✔	✔
Identity, financial, dark web and credit monitoring	✔	✔
24/7 customer care for remediation support	✔	✔
Financial reimbursement for ID theft, deceased family member fraud, home title fraud and professional fraud	Up to $1M	Up to $2M
Up to $500 in stolen wallet emergency cash	✔	✔
Webcam protection, firewalls, antivirus protection, safe browsing		✔
Password management		✔
Mobile device security		✔
Family mobile and desktop device protection for 10 mobile and desktop devices		✔
Monthly Premium Cost		
Teammate	$7.95	$9.95
Teammate + Family	$13.95	$17.95

Important Contacts

Service	PHONE AND HOURS	WEBSITE	GROUP NUMBER
Enrollment	**1-888-659-2586** **Submit Documents:** *Online Upload:* **myrollinsusbenefits.com** *Mail:* Rollins Benefits Enrollment Center PO Box 2727 Bellaire, TX 77402	**myrollinsusbenefits.com**	
Medical			
HMSA	**1-808-948-6111** **Neighboring Islands:** **1-800-776-4672**	**hmsa.com**	26268-1
Kaiser HI	**1-800-966-5955**	**kp.org**	18538
Marathon	**866-808-6005**	**my.marathon.health**	
Alliant Medicare Solutions Premier	**855-224-6280**	**www.amspremier.com**	
Alliant Individual Health Solutions	**877-328-1195**	**alliantindividualhealthsolutions.com**	
Spending/Savings Accounts			
HSA Bank FSA	**855-731-5219** 24/7 availability	**Myaccounts.hsabank.com**	
Employee Assistance Program (EAP)			
EAP SupportLinc (formerly Corpcare)	**1-800-728-9444**	**supportlinc.com** Company username: Rollins	
Life/Disability			
Unum	**800-445-0402** Customer Service Mon. – Fri., 9 a.m. to 8 p.m. ET **888-673-9940** Disability Claims Mon. – Fri., 8 a.m. to 6 p.m. ET	**unum.com**	**STD:** 970083 **LTD:** 970083 **Life and AD&D:** 970087
401(k) Savings Plan			
Empower	**1-877-778-2100** or **1-800-422-7910** Mon. – Fri., 8 a.m. to 10 p.m. ET and Sat., 9 a.m. to 5 p.m. ET	**empower.com/rollins**	

Important Contacts

Service	PHONE AND HOURS	WEBSITE	GROUP NUMBER
Voluntary Benefits			
Allstate Identity Protection	**1-800-789-2720**	myaip.com	
Funeral Planning Services	**1-800-913-8318** Available 24/7	everestfuneral.com/Unum	
MetLife Legal Plan	**1-800-821-6400** (Mon. – Fri., 7 a.m. to 7 p.m. CST)	info.legalplans.com	
Nationwide Pet Insurance	**1-877-738-7874**	petinsurance.com/rollinsinc	4518
PerkSpot Discount Mall	**1-866-606-6057**	rollins.perkspot.com	
Unum Accident Hospital Indemnity Critical Illness	**1-800-635-5597** (8 a.m. until 8 p.m. ET)	unum.com	**Accident:** 917221 **Hospital:** 917223 **Critical Illness:** 926558 **Whole Life:** R0823286
Unum Whole life	**866-752-7432** (8 a.m. until 8 p.m. ET during open enrollment)		
Employee Stock Purchase Plan (ESPP)			
E*Trade	**1-800-838-0908**	etrade.com	
Rollins Benefits	RollinsBenefits@Rollins.com		

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PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com
855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program: http://myakhipp.com
866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
http://myarhipp.com
855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program: http://dhcs.ca.gov/hipp
916-445-8322
Fax: 916-440-5676
hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado: https://www.healthfirstcolorado.com
800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
800-359-1991/State Relay 711
HIBI: https://www.mycohibi.com
855-692-6442

FLORIDA – Medicaid
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
877-357-3268

GEORGIA – Medicaid
HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
678-564-1162, Press 1
CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program All other Medicaid: https://www.in.gov/medicaid
http://www.in.gov/fssa/dfr
Family and Social Services Administration: 800-403-0864
Member Services: 800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
800-338-8366
Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
800-257-8563
HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
888-346-9562

KANSAS – Medicaid
https://www.kancare.ks.gov
800-792-4884
HIPP Phone: 800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
855-459-6328
KIHIPP.PROGRAM@ky.gov
KCHIP: https://kynect.ky.gov
877-524-4718
Medicaid: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp
888-342-6207 (Medicaid hotline) or 855-618-5488 (LaHIPP)

MAINE – Medicaid
https://www.mymaineconnection.gov/benefits/s/?language=en_US
800-442-6003 (TTY: Maine relay 711)
Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms
800-977-6740 (TTY: Maine relay 711)

MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa
800-862-4840 (TTY: 711)
masspremassistance@accenture.com

MINNESOTA – Medicaid
https://mn.gov/dhs/health-care-coverage
800-657-3672

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
573-751-2005

MONTANA – Medicaid
http://dphhs.mt.gov MontanaHealthcarePrograms/HIPP
800-694-3084
HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov
855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
http://dhcfp.nv.gov
800-992-0900

NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
603-271-5218
Toll free number for the HIPP program: 800-852-3345, ext. 15218
DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid
800-356-1561
CHIP Premium Assistance: 609-631-2392
CHIP: http://www.njfamilycare.org/index.html
800-701-0710 (TTY: 711)

NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid
800-541-2831

NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov
919-855-4100

NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare
844-854-4825

OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org
888-365-3742

OREGON – Medicaid and CHIP
http://healthcare.oregon.gov/Pages/index.aspx
800-699-9075

PENNSYLVANIA – Medicaid and CHIP
https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
800-692-7462
CHIP: https://www.pa.gov/en/agencies/dhs/resources/chip.html
800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov
855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
https://www.scdhhs.gov
888-549-0820

SOUTH DAKOTA - Medicaid
http://dss.sd.gov
888-828-0059

TEXAS – Medicaid
https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) : https://medicaid.utah.gov/upp
upp@utah.gov
888-222-2542
Adult Expansion: https://medicaid.utah.gov/expansion
Utah Medicaid Buyout Program: https://medicaid.utah.gov/buyout-program
CHIP: https://chip.utah.gov

VERMONT– Medicaid
https://dvha.vermont.gov/members/medicaid/hipp-program
800-250-8427

VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
800-432-5924

WASHINGTON – Medicaid
https://www.hca.wa.gov
800-562-3022

WEST VIRGINIA – Medicaid and CHIP
https://dhhr.wv.gov/bms
http://mywvhipp.com
304-558-1700
CHIP Toll-free phone: 855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
800-362-3002

WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact:

U.S. Department of Labor Employee Benefits Security Administration
dol.gov/agencies/ebsa
866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

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WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan. For further details on WHCRA benefits, please refer to the Plan's Summary Plan Description.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in your employer's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in your employer's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in your employer's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

HIPAA: NOTICE OF PRIVACY PRACTICES

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. This notice is available to you by contacting Human Resources.

WHAT YOU NEED TO KNOW ABOUT THE "NO SURPRISES" RULES

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

View a sample notice and consent form at **https://www.cms.gov/files/document/notice-and-consent-form-example.pdf**.

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

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COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

DEADLINE FOR FILING LAWSUIT UNDER ERISA AFTER EXHAUSTION OF ALL CLAIMS PROCEDURES

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

DETERMINING ELIGIBILITY

Look-Back Measurement Method

The information below explains how your eligibility for healthcare coverage is determined, in accordance with the rules of the Affordable Care Act (ACA).

Under the ACA, employers are required to report specific benefits information to IRS on “full-time” employees as defined by the ACA. A “full-time” employee is generally an employee whose works on average 130 hours per month. ACA full-time status can affect or determine major medical benefits eligibility but is not a guarantee of benefits eligibility. Rollins uses the look-back measurement method to determine group health plan eligibility.

NEW EMPLOYEES HIRED TO WORK FULL-TIME: If you are hired as a new full-time employee (work on average 130 or more hours a month), you and your dependents are generally eligible for group health plan coverage as of first of the month following 60 days.

NEW EMPLOYEES HIRED TO WORK A PART-TIME, VARIABLE HOUR OR SEASONAL SCHEDULE: If you are hired into a part-time position, a position where your hours vary and Rollins is unable to determine — as of your date of hire — whether you will be a full-time employee, or you are hired as a seasonal employee who will work for six (6) consecutive months or less (regardless of monthly hours worked), you will be placed in an initial measurement period (IMP) of 12 months. Your IMP will begin on November 1. If, during your IMP, you average 130 or more hours a month, you will become full-time and, if otherwise eligible for benefits, you will be offered coverage January 1st. Your full-time status will remain in effect during an associated stability period that will last 12 months. If your employment is terminated during that stability period, and you were enrolled in benefits, you will be offered coverage under COBRA.

ONGOING EMPLOYEES: An ongoing employee is an individual who has been employed for an entire standard measurement period. A standard measurement period is the 12 months period during which Rollins counts employee hours to determine which employees work full-time. Those employees who average 130 or more hours a month over the standard measurement period will be deemed full time and, if otherwise eligible for benefits, offered coverage as of the first day of the stability period associated with the standard measurement period. Full-time status will be in effect during an associated stability period for 12 months. If your employment is terminated during a stability period, and you were enrolled in benefits, you will be offered continued coverage under COBRA.

Rollins uses the standard measurement period and associated stability period annual cycle set forth below:

MEASUREMENT PERIOD:

- STARTS: November 1
- DURATION: 12 months. Time to determine if you work 130+ hours per month on average – used to establish if you are “full-time” or “part-time” for medical eligibility.

STABILITY PERIOD:

- STARTS: January 1.
- DURATION: 12 months. Time during which you will be considered “full-time” or “part-time” for medical plan eligibility - based on hours worked during preceding Measurement Period.

ACA DISCLAIMER

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 8.39% in 2024 of your modified adjusted household income.

Annual Notices

NOTICE REGARDING WELLNESS PROGRAM

Our wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which would include a blood test for glucose, HDL, LDL, triglycerides and total cholesterol. You are not required to complete an HRA or to participate in any blood tests or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of $300 for receiving an wellness exam. Although you are not required to complete an HRA or participate in any biometric screenings, only employees who do so will receive $300.

Additional incentives of up to $100 may be available for employees who engage with Marathon Health. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Kelly Keith at **rollinsbenefits@rollins.com**.

The information from your HRA and/or the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual that may receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Kelly Keith at **404-888-2093**.

Annual Notices

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Rollins, Inc. medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2025. 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 2025 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, Inc. 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, Inc. prescription drug plans listed below, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2025. 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.

- $1,000 Deductible Plan
- $1,750 Deductible Plan
- $3,300 Deductible Plan with HSA
- $4,500 Deductible Plan with HSA
- $6,550 Deductible Plan with HSA

If you decide to enroll in a Medicare prescription drug plan and you are an active Teammate or family member of an active Teammate, you may also continue your employer coverage. In this case, the Rollins, Inc. 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, Inc. 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, Inc. plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Rollins, Inc. 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, Inc. coverage changes, or upon your request.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit **www.medicare.gov** for personalized help
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit the Social Security Administration (SSA) on the web at **www.socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

For more information about this notice or your prescription drug coverage, contact:
Kelly Keith
Managing Director, Total Rewards
2170 Piedmont Rd NE
Atlanta, GA 30324
404-888-2093
www.rollins.com

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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