

2026 Employee Benefits Guide

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Introducing Benefits. Simplified.

Benefits can be complicated. That's why we refreshed our benefits to make them easier to understand and easier to use — so you can focus on everything else. We also realize that benefits aren't just for you. They're for family members too, and family members often help make these decisions. Our simplified benefits experience makes information about your benefits accessible to all of you. Now it's easier to pick the plans that are the best fit for you and your family, and it's easier to access information throughout the year.

Explore this Benefits Guide for an overview of your benefit options, and then visit your Republic Services benefits website at **republicservicesbenefits.com** for all the details.

Take Note!

This Benefits Guide applies to non-union employees and to those who are covered by a collective bargaining agreement that provides coverage in the Company's benefit plans. If you're covered by a collective bargaining agreement, refer to your union contract or visit the Benefits Portal, as benefit options, rates and enrollment rules may differ.



Let's Get Started

Choosing your benefits is an important decision. Follow these steps to make the best choices for you and your family.

- 1) Review your options. Check out this guide, then visit the benefits website at republicservicesbenefits.com to learn more about all your options.
- 2) Enroll in your benefits by the deadline.

You can enroll three different ways:

- Online: Go to the Benefits Service Center website at mybenefits.RepublicServices.com.
- Phone: Call the Benefits Service Center at **888.850.1767**, Monday through Friday, 7 a.m. to 7 p.m. CT.
- Mobile: Use the MyChoice® benefits app.

Having Trouble?

- If you do not have a registered account, set up your username and password, and use the Company Key "republic" when prompted.
- If you forgot your password, select Trouble Logging In? and follow the prompts to reset your password.

Take Note!

- If you enroll in a new medical plan, you'll receive a new ID card from the carrier. This ID card will be used for both medical and prescription drug coverage.
- If you enroll in dental coverage for the first time or change your dental plan, you will receive an ID card for dental benefits.
- You won't receive an ID card for vision coverage. If you would like a card, you can log in to myuhcvision.com and print one.
- If you need to request a new ID card, contact the carrier directly. You can also use the MyChoice® benefits app to store your ID cards on your phone.



IMPORTANT DATES

Benefits Enrollment Window

To be eligible for benefits, you must complete your benefits enrollment within the first 60 days of employment. If you do not take action during the 60-day enrollment window, you will not be eligible for benefits coverage (excluding Companypaid benefits) until the next Open Enrollment window or if you experience a qualifying life event such as marriage, divorce, or the birth or adoption of a child, and you report it within 31 days of the event.

Benefits Effective Date

Your benefits coverage begins on the first day of the month after, or on the same day as, 60 days of employment.

Benefits Termination Date

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

Benefit Plan Year

The benefit plan year is from January 1 through December 31. The benefits you elect will remain in effect through December 31, 2026.



Who's Eligible for Benefits?

If you are a full-time employee and regularly scheduled to work at least 30 hours a week, you can enroll in Republic Services benefits.

You can also enroll your eligible family members, including your:

- Legal spouse or domestic partner.
- Children through the end of the month they turn 26.
- Children age 26 and older who are physically or mentally disabled and can't support themselves.

Eligible children include your biological children, stepchildren who live with you, children placed with you for adoption, legally adopted children, foster children, and children for whom you have permanent legal guardianship.

Proof of Dependent Eligibility

When enrolling family members, you'll need to submit paperwork to prove their eligibility. Examples of required paperwork might include a copy of a marriage certificate, a domestic partner affidavit, or a birth certificate. Keep an eye out for communications on how to provide this paperwork after you enroll. Don't forget: You must provide the supporting documentation; otherwise, your covered dependents will not have coverage.

If Both You and Your Spouse Work for **Republic Services**

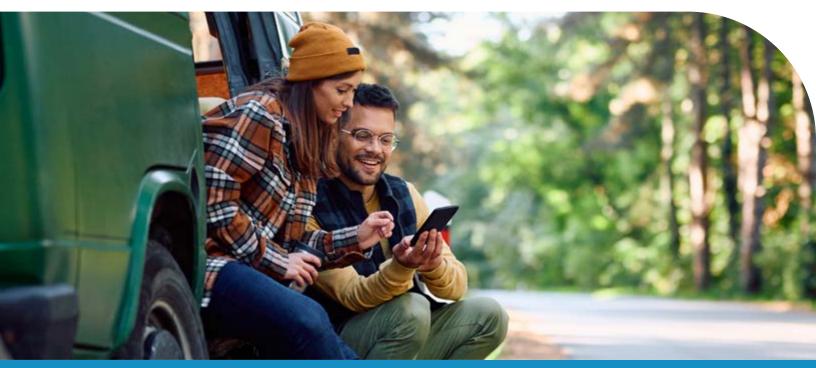
If both you and your spouse work for the Company, you can either enroll separately or as a family (with one of you as the employee and the other as a dependent). You and your spouse can't get double coverage for health insurance or life insurance. You also can't get double coverage for your covered children. The same plan rules apply to employees who are children of employees.



ACCESS YOUR BENEFITS ANYWHERE AT ANY TIME

Your benefits website republicservicesbenefits.com — is the perfect place to learn about all the programs and resources available to you. Here are the highlights of the website:

- No password needed
- Accessible by your spouse/ domestic partner
- · Optimized for smartphones, tablets and desktop computers
- Available 24/7
- Includes web pages for each benefit to help you and your loved ones fully understand the programs available to you





Medical

Most employees will select from three medical plans through UnitedHealthcare (UHC): two are Preferred Provider Organization (PPO) Plans and one is a High-Deductible Health Plan (HDHP):

- Plan One PPO Plan
- Plan Two PPO Plan
- Plan Three HDHP with a Health Savings Account (HSA)

FIND AN IN-NETWORK UHC PROVIDER

To find a network provider in your area or to get details about your plan:

Before you enroll

Visit whyuhc.com/republicservices

After you enroll

Call 800.980.7507 or visit mycigna.com

Local Medical Plans

Depending on where you live, you may be eligible to enroll in a local medical plan through Kaiser Permanente, Blue Cross Blue Shield of Alabama, or SIMNSA. If you're eligible, these medical plans will show as options when you enroll. Visit the Plan Documents and Forms page on mybenefits.republicservices.com to review your options and learn more about the local medical plans.



WHAT'S THE DIFFERENCE **BETWEEN A PPO AND AN** HDHP?

A **PPO** plan has lower deductibles and copays. It offers flexibility to see any doctor, including out-of-network providers.

An **HDHP** has higher deductibles and no copays, meaning you pay the full amount for the cost of service until the deductible is met. An HDHP also provides access to a Health Savings Account (HSA) that allows you to contribute and withdraw funds from the account tax free for eligible health expenses. The Company also contributes to your HSA to help you pay for out-of-pocket medical costs.



UHC In-Network Benefits at a Glance

These charts show the cost for in-network coverage for the UHC medical plans. The plans are designed with varying deductibles, coinsurance and copays to offer meaningful choices. There is no "best plan," so choose a plan that best fits your health care needs.

All three plans offer out-of-network coverage, but keep in mind that receiving out-of-network care will be more expensive. Out-of-network coverage details can be found in your Summary of Benefits and Coverage (SBC) on mybenefits.republicservices.com.

BIG PICTURE

Feature	Plan One	Plan Two	Plan Three	
Deductible (individual / family)	\$1,000 / \$2,000	\$1,250 / \$2,500	\$3,000 / \$6,000	
Coinsurance	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	
Primary care / Specialty visit	\$25 / \$40	\$25 / \$40	Plan pays 70% after deductible	
Inpatient / Emergency room (ER)	\$400 + coinsurance	\$400 + coinsurance	Plan pays 70% after deductible	
Out-of-pocket maximum for medical + pharmacy (individual / family)	\$5,000 / \$10,000	\$5,500 / \$11,000	\$6,500 / \$13,000	
Prescription drug (retail / mail)				
Tier 1 Generic	\$20 / \$40	\$20 / \$40		
Tier 2 Brand formulary	\$55 / \$110	\$55 / \$110	Plan pays 70% after deductible (combined	
Tier 3 Brand non-formulary	\$85 / \$170	\$85 / \$170	with medical deductible)	

THE DETAILS FOR UHC PLANS

Feature	Plan One	Plan Two	Plan Three	
Preventive care	Plan pays 100%	Plan pays 100%	Plan pays 100%	
Office visit (primary / specialist)	\$25 / \$40	\$25 / \$40	Plan pays 70% after deductible	
Mental health visit	\$40	\$40	Plan pays 70% after deductible	
Inpatient mental health treatment	\$400; plan pays 90% after deductible	\$400; plan pays 80% after deductible	Plan pays 70% after deductible	
Virtual visits	\$15	\$15	Plan pays 70% after deductible	
Diagnostic and X-ray, MRI, CAT scan	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	
Urgent care	\$25	\$25	Plan pays 70% after deductible	
Emergency room	\$400 + coinsurance	\$400 + coinsurance	Plan pays 70% after deductible	
Physical and occupational therapy (limit 60 visits per benefits plan year)	\$40	\$40	Plan pays 70% after deductible	
Speech therapy	\$40	\$40	Plan pays 70% after deductible	
Outpatient surgery	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	
Hospitalization	\$400 + coinsurance	\$400 + coinsurance	Plan pays 70% after deductible	
Prescription drug (retail / mail)				
Tier 1 Generic	\$20 / \$40	\$20 / \$40	Plan pays 70% after	
Tier 2 Brand formulary	\$55 / \$110	\$55 / \$110	deductible (combine with medical deductible)	
Tier 3 Brand non-formulary	\$85 / \$170	\$85 / \$170		

Which Plan Is Right for Me?

All plans cover the same types of health care services and supplies, including prescription drug coverage, preventive care and 24/7 virtual visits.

The differences come down to how you pay for expenses, including the amount of copays, coinsurance and your deductible. There's also a difference in how much you pay for coverage through your contributions that are deducted from each paycheck.

Plan One or Two (PPO plans) may be a better fit for you and your family if you:

- · Want to pay less when you receive care, even if it means you pay more each paycheck
- Want more predictability of out-of-pocket expenses
- Are frequent users of medical care

Plan Three (HDHP with HSA) may be a better fit for you and your family if you:

- Want to pay less each paycheck, even if it means you may have to pay more out of pocket for care before you meet your deductible
- · Want to take advantage of the tax benefits by contributing to your HSA and receiving Company contributions to your HSA
- Are generally healthy and interested in using an HSA to save or invest money
- Aren't frequent users of medical care an annual checkup and a few other visits are usually it for the year

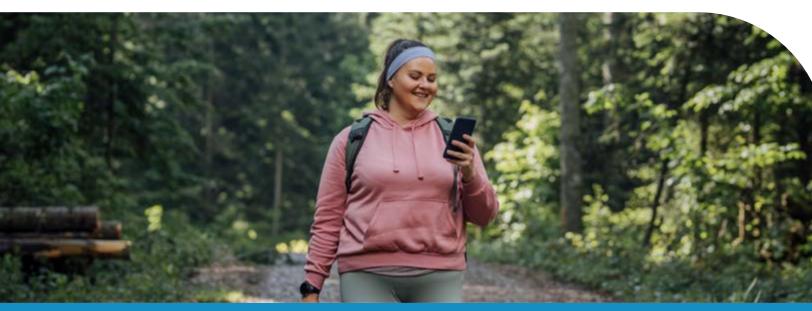
You can use the decision support tool on mybenefits.republicservices.com if you need help deciding which plan is right for you.



NEED A SECOND OPINION?

Let 2nd.MD help. You have direct access to top medical experts for second opinions, treatment reviews, and guidance on medical decisions without the wait, travel or hassle of traditional doctor's appointments. Plus, the program is available to you at no cost!

For more information, visit 2nd.md/activate/rsi or call 866.269.3534. Care team members are available seven days a week from 7 a.m. to 7 p.m. CT. On-call nurses are available 24/7 for urgent cases.



2026 WEEKLY MEDICAL RATES

	You	You + Spouse	You + Children	Family
UHC Plan One	\$37.78	\$105.72	\$75.56	\$141.04
UHC Plan Two	\$26.12	\$73.09	\$52.24	\$97.51
UHC Plan Three	\$15.78	\$44.16	\$31.56	\$58.91
Kaiser*	\$48.69	\$143.36	\$117.05	\$206.55
BCBS AL*	\$52.04	\$155.54	\$127.24	\$224.16
SIMNSA*	\$34.04	\$67.64	\$77.00	\$100.25

^{*}Available only in certain locations

Take Note!

When you and your covered spouse participate in the medical premium reduction program by December 31, you'll receive up to \$250 off your medical plan premiums for the following plan year. It will appear as a "wellness incentive" credit on your paychecks.

To receive the medical premium reduction in the following plan year, you must be enrolled in a Republic Services medical plan.

To learn more about the medical premium reduction program, visit the Medical Premium Reduction Program page on republicservicesbenefits.com.

Tobacco Surcharge

Each year during Open Enrollment, you must attest to your tobacco use status. If you are a tobacco user, you'll be charged a tobacco surcharge of \$40 per month on your medical plan contributions. To avoid the tobacco surcharge, you can choose to complete a tobacco cessation program, which will help you reduce or eliminate tobacco use. Contact your health care plan provider for more information.

Prescription Drugs

All medical plans include prescription drug coverage. If you enroll in a UnitedHealthcare (UHC) medical plan, your prescription drug benefits are administered through Optum Rx.

MAINTENANCE MEDICATIONS

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

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

STEP THERAPY FOR CERTAIN MEDICATIONS

You may be able to keep your prescription costs down by using lower-cost drugs. Optum Rx will do all the legwork for you by:

- Identifying a lower-cost alternative medication if available
- Contacting you and your doctor to determine whether switching medications may be right for you
- Getting a new prescription from your doctor for you if it's determined that a lower-cost drug is an option for you

Take Note!

You can continue to use your original (non-preferred) medication, but it may not be covered under your plan.





ENROLLED IN A LOCAL MEDICAL PLAN?

Contact your medical plan carrier for more details on prescription drug coverage.

PRIOR AUTHORIZATION AND WHY IT'S NEEDED

There are certain medications that require prior authorization. Prior authorization requires you to get the plan's approval before filling your prescription. Your doctor will need to provide the required prior authorization information to Optum Rx before the prescription is covered under the plan. Prior authorization helps:

- **Ensure safety:** This process confirms that the medication is safe and effective for your condition. It helps prevent potential harm by identifying negative interactions with medications you're already taking.
- Save money: Insurance companies want to make sure there's not a less expensive option that works just as well.
- **Prevent misuse:** It helps prevent the misuse or overuse of certain medications, making sure they're used properly and only when needed.

TIPS FOR SAVING ON PRESCRIPTIONS

Here are a few ways you can save on future prescription medications:

- Whenever possible, ask for a generic equivalent to save money, and use in-network pharmacies to avoid paying more.
- If there isn't a generic drug option to treat your condition, ask about using a drug that's preferred on the formulary, as these will come at a lower cost for you.
- When possible, ask your doctor for a 90-day mail order prescription. It's the equivalent of paying for two months and receiving one month free.
- Certain preventive care drugs may bypass the deductible or may even be covered at 100% when you fill them in-network.

You can view the prescription drug list, the price for your medication, and find in-network pharmacies by visiting welcome.optumrx.com/rsicoreplus.



WHAT'S A FORMULARY?

Prescription drug coverage includes a formulary list, which includes generic and brand-name prescription drugs covered by your plan. The formulary determines the amount you pay for prescriptions. In most cases, choosing a tier 1 generic drug will be cheaper than choosing a tier 2 brand-name drug. Drugs that are not on the formulary list — otherwise known as tier 3 nonformulary drugs — are the most expensive. These drugs usually have cheaper alternatives on the formulary that you can consider. If you currently take a tier 3 nonformulary drug, ask your physician if there's a cheaper alternative to consider.



Supplemental Health Care

To help you pay for unexpected health care costs, you can enroll in supplemental health care coverage through MetLife, which includes protection for critical illnesses, accidents, and hospital stays.

Supplemental health care benefits provide lump-sum cash payments directly to you if you are in a serious accident or become seriously ill. You can use the money you receive to pay for your health care expenses or everyday needs like groceries.

Each plan offers two levels of coverage: You can cover only yourself or yourself and your eligible family members. Each year during Open Enrollment (or when you are newly eligible), you can select the plans that fit your family's needs.

COVERAGE OVERVIEW

Hospital Indemnity

Cash payment if you have a hospital stay, such as maternity. There are two plans for you to choose from:

- Low plan
- High plan

Critical Illness

Cash payment if diagnosed with a critical illness, such as cancer. There are two plans for you to choose from:

- \$10,000 Plan
- \$20,000 Plan

Accident

Cash payment if an accident occurs, such as a broken arm. There are two plans for you to choose from:

- Low plan
- High plan

EXAMPLE OF HOW COVERAGE WORKS

Your child's sports injury results in a broken arm. You take them to urgent care and receive the following services. After your claim is submitted to MetLife and approved, you're eligible for the total cash payment amount below.

Activity	Benefit Payout
Urgent care	\$250
X-ray	\$200
Broken arm	\$1,000
3 follow-up doctor visits	\$375
Physical therapy	\$450
Sports accident rider (additional 25% of total)	\$568
Total cash payment to you	\$2,843

For more information on what critical illness insurance, accident insurance, and hospital indemnity insurance cover and the costs per paycheck, visit republicservicesbenefits.com.



Dental

Depending on where you live, you can choose from one of two Cigna dental plan options: the Preferred Provider Organization (PPO) Plan and the Health Maintenance Organization (HMO) Plan.

- Cigna Dental PPO Plan: This plan pays for services provided by any dentist, but you'll save more if you go to a Cigna network dental provider. You can still get benefits if you go outside the network, but you'll end up paying more out of pocket.
- Cigna Dental HMO Plan: With this plan, you can only receive care from a specific group of in-network HMO providers. There is no out-of-network coverage. To receive coverage, you must select a dental office within the HMO network, and all your dental care (including referrals to specialists in the network) will be coordinated by your chosen dental office. Each family member can choose their own dental office. With the Dental HMO, you don't have to worry about deductibles, annual and lifetime dollar maximums, or claim forms.

DENTAL BENEFITS AT A GLANCE

Service	PPO I	Plan	HMO Plan
	In-Network	Out-of-Network	In-Network Only
Preventive services (e.g., cleanings, X rays)	Plan pays 100%	Plan pays 100%; subject to usual and customary limits	Plan pays 100%; copay may apply
Annual deductible for basic and major services	Individual: \$75 Family: \$175	Individual: \$75 Family: \$175	No deductible
Basic services (e.g., fillings, extractions, endodontics, periodontics)	Plan pays 20% after deductible	Plan pays 20% after deductible; subject to usual and customary limits	Refer to the Patient Charge Schedule on republicservicesbenefits.com.
Major services (inlays, onlays, crowns, dentures, bridges)	Plan pays 50% after deductible	Plan pays 20% after deductible; subject to usual and customary limits	Refer to the Patient Charge Schedule on republicservicesbenefits.com.
Dental implants	Not covered under plan		Refer to the Patient Charge Schedule on republicservicesbenefits.com.
Orthodontia services (covered for children under age 19 as clinically necessary)	\$1,000 lifetime maximum benefit per person for both in- and out-of-network services Plan pays 50% after deductible	50% coinsurance after deductible	Covers adults and children. Limited to 24 months. Refer to the Patient Charge Schedule on republicservicesbenefits.com.
Annual maximum benefit	\$2,000 combined annual maximum benefit per person for both in- and out-of-network services		No maximum

FIND AN IN-NETWORK DENTIST

To find a network dentist in your area or to get details about your plan:

Before you enroll

Visit cigna.com

After you enroll

Call 800.244.6224 or visit mycigna.com and select Find a Doctor, followed by one of these options when prompted:

- To search for a provider in the PPO network, select **Total network**.
- To search for a provider in the HMO network, select **Access Plus network**.

2026 WEEKLY DENTAL RATES

	You	You + Spouse	You + Children	Family
Cigna PPO	\$4.86	\$10.33	\$10.60	\$15.13
Cigna HMO	\$2.96	\$6.29	\$6.44	\$9.21
SIMNSA*	\$2.17	\$3.62	\$4.83	\$5.79

^{*}Available only in certain locations



IF YOU WORK IN SAN DIEGO OR IMPERIAL VALLEY, CALIFORNIA

If you live in certain zip codes in San Diego or Imperial Valley, California, you may be eligible to enroll in the SIMNSA dental plan. The providers covered under this plan are only available in Mexico.

For more details on the SIMNSA dental plan, review the Summary of Benefits Coverage (SBC) online through mybenefits. republicservices.com.



Vision

Your eyes are your windows to the world. Take care of yours with vision coverage through UnitedHealthcare (UHC) Vision. You can see any provider, but you'll pay less if you see an in-network provider.

HOW THE PLAN WORKS

- In-network: If you see an in-network UHC Vision provider, you will pay less out of pocket. You will not have to submit any claims or itemized receipts for reimbursement.
- Out-of-network: While you can see any out-of-network vision provider, you will pay more out of pocket. You will also need to submit a claim form with itemized receipts for reimbursement.

VISION BENEFITS AT A GLANCE

	In-Network Providers	Out-of-Network Providers
Exams	\$0	\$45 maximum reimbursement benefit
Lenses		
Single vision	\$0	\$30 maximum reimbursement benefit
Lined multifocal	\$0	\$50 maximum reimbursement benefit
Frames	\$150 maximum benefit	\$70 maximum reimbursement benefit
Contact lenses (medically necessary)	\$0	\$210 maximum reimbursement benefit
Contact lenses (elective)	Up to \$60 for fitting and evaluation \$150 maximum benefit for contact lenses	\$105 maximum reimbursement benefit
Retinal screenings	\$39 for specific additional services if you have type 1 or type 2 diabetes	No coverage
Plan limits	 Exams and lenses are available once every 12 months. Frames are available once every 24 months. Contact lenses are available once every 12 months in lieu of lenses and frames. 30% savings on additional glasses and sunglasses, including lens enhancements, available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider. 	

Need Safety Glasses?

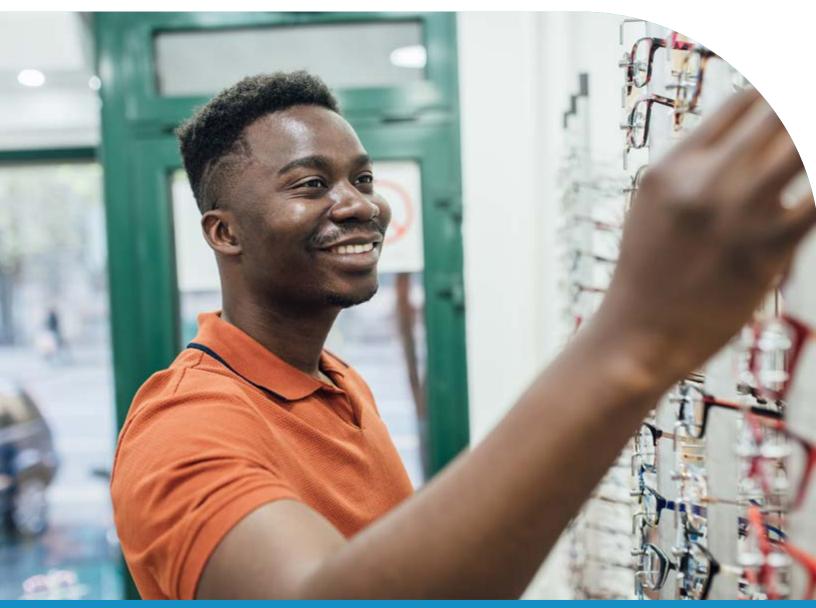
To be eligible for safety glasses through UHC Vision, you must enroll in vision coverage through Republic Services. Once enrolled, you'll receive an annual \$60 retail frame allowance for the purchase of safety glasses from participating network providers. This benefit is in addition to the regular frames allowance.

Find an In-Network Provider

Visit myuhcvision.com to find a network physician in your area or to get details about your plan. To search for innetwork physicians, select UnitedHealthcare Vision Plans when prompted.

2026 WEEKLY VISION RATES

	You	You + Spouse	You + Children	Family
UHC Vision	\$1.47	\$2.64	\$2.69	\$3.95



Savings and Spending Accounts

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in medical Plan Three through UnitedHealthcare, you can open a Health Savings Account (HSA). An HSA is a savings and spending account that lets you save pre-tax dollars to pay for health care expenses.

What Makes an HSA So Great?

For starters, you can use the money in your account to pay for eligible health care expenses now or save the money for future expenses, even when you retire. Check out more benefits of having an HSA!

Contributions

- Company: Republic Services helps you save by contributing \$400 per year if you cover only yourself, or \$800 a year if you cover dependents.
- You: You can contribute up to \$4,400 per year if you cover only yourself, or \$8,750 per year if you cover dependents. If you are age 55 or older, you can contribute an additional \$1,000 in catch-up contributions. This annual limit includes the Company contribution.

Timing of Contributions

- Company: The contribution is spread out evenly throughout the year and deposited at the start of each quarter. For example, if you are enrolled for the full year and eligible for an \$800 Company contribution, you will receive \$200 at the beginning of each quarter. If you join Republic Services midyear, you'll receive the quarterly contribution the next time it is made.
- You: You can start and stop your contributions at any time.

Triple Tax Advantage

- When you contribute to an HSA, you pay less in taxes from your paycheck.
- You don't pay any taxes on HSA investment earnings.
- You don't pay taxes on HSA money when you use it to pay eligible health care expenses.

Potential Investment Earnings

Once your HSA reaches \$1,000, you can choose to invest some of the money for potential long-term growth and use it for future expenses or when you retire.

Eligible Expenses

The IRS decides what expenses can be reimbursed. Eligible expenses include dental treatment, diagnostic tests and devices, doctor visits, prescriptions, eyeglasses, contact lenses, and hearing aids. You can also use your HSA for personal protection equipment (PPE) like face masks, hand sanitizer and sanitizing wipes.

Get a detailed list of eligible expenses at irs.gov/publications/p502.

Take Note!

When you enroll, you'll receive a debit card to pay your doctors, pharmacies and other providers directly from your HSA account. And although you don't need to submit receipts when you're reimbursing yourself with your HSA dollars, you should save your receipts for tax purposes.



LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (FSA)

If you enroll in the UHC medical Plan Three and the Health Care FSA, it will automatically convert to a Limited Purpose FSA (Learn more on page 24.) You can use your pre-tax money to pay for eligible out-of-pocket dental and vision costs — like cleanings, braces, glasses, and contacts. Keep in mind: An FSA is a use-it-or-loseit account. Any money left in your account after the deadline will be lost if it is not used, other than the carryover amount.



FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) let you set aside pre-tax dollars to use on qualified expenses. You have two FSA options: the Health Care FSA (or Limited Purpose FSA if you're enrolled in medical Plan Three through UnitedHealthcare) and the Dependent Care FSA. You can enroll in one or both, depending on your needs. If you want to participate, you must enroll (or reenroll) in the FSAs every year during the Open Enrollment window.



TAKE NOTE!

Make sure to keep your receipts that include dates, type of service or product, and amount. If this information is requested and you do not submit it, your FSA debit card could be suspended.

Health Care FSA

Contributions

- You can contribute up to the maximum amount of \$3,400, per IRS limits, on a pre-tax basis from your paycheck to help cover eligible out-ofpocket health care costs.
- It's important to spend some time estimating your out-of-pocket costs. You can carry over a portion of your unused balance into the next year, based on the approved IRS limits for that calendar year. Any funds over that amount are forfeited.

Eligible expenses

• Eligible expenses include medical, dental, vision, and prescription expenses, copays and deductibles. For a full list of eligible expenses, go to irs.gov/publications/p502.

Eligibility

- You do not need to be enrolled in a Republic Services medical plan to enroll in the Health Care FSA.
- If you enroll in medical Plan Three through UnitedHealthcare (UHC), your Health Care FSA will automatically convert to a Limited Purpose FSA, which can be used for eligible out-of-pocket dental and vision expenses only.

Advantages

- · Your contributions come out of your paycheck before taxes, lowering the amount of tax you pay.
- You receive a debit card to make your Health Care FSA purchases.

DEPENDENT CARE FSA

- In 2026, the maximum amount you can contribute to a Dependent Care FSA per household is \$7,500 if you're a single parent or if you're married and file a joint tax return, and it's \$3,750 per parent if you're married and file separate tax returns.
- You can use your Dependent Care FSA to cover eligible expenses like child daycare, after-school care, preschool tuition, and adult daycare for adults unable to care for themselves. For a full list of eligible expenses, go to irs.gov/publications/p503.
- To cover eligible dependent care expenses with your Dependent Care FSA, simply submit a claim for reimbursement. For reimbursement, you'll need the tax ID number of your dependent's daycare provider.
- The Dependent Care FSA plan year runs from January 1 through December 31, or your benefits effective date, if you are a new hire or just became eligible for benefits.
- This is a use-it-or-lose-it account, so you need to use up your balance by the end of the year or you'll lose the remaining funds. There is no carryover balance.
- To participate every year, you need to enroll (or reenroll) in the Dependent Care FSA during Open Enrollment.



HOW THE SPENDING ACCOUNTS AND HEALTH SAVINGS ACCOUNTS DIFFER

	Health Care FSA	Limited Purpose FSA	Dependent Care FSA	Health Savings Account (HSA)
Eligible expenses	Eligible medical, dental, vision and Rx expenses, including copays and deductibles	Eligible dental and vision expenses	Eligible child daycare costs and dependent care costs	Eligible medical, dental and vision expenses, COBRA premiums, long-term care premiums, copays and deductibles
Things to consider	Use it or lose it — funds do not roll over from year to year beyond the carryover limit (see carryover rules below).	 You must be enrolled in a High-Deductible Health Plan (HDHP) and Health Savings Account (HSA). Can only be used for dental and vision expenses. Use it or lose it — funds do not roll over from year to year beyond the carryover rules below. 	Dependents include children under age 13 and/or a spouse or adult dependent who is unable to care for themselves.	Must be enrolled in an HDHP
Funded by	Your pre-tax contributions	Your pre-tax contributions	Your pre-tax contributions	Your pre-tax contributions and Republic Services' contributions
Funds are available	Your entire annual elected amount will be available to you on day one of your plan effective date.	Your entire annual elected amount will be available to you on day one of your plan effective date.	Available funds accrue with each pay period, up to the amount you choose to contribute from your paycheck.	Up to the amount withheld from your paycheck, plus any funds already in your account. Republic Services' contributions are prorated and deposited into your account or a quarterly basis.
Carryover rules	You are allowed to carry over a portion (to be determined by the IRS) of your unused balance into the next year. The remainder of your unused balance will be lost if it is not used by the deadline.	You are allowed to carry over a portion (to be determined by the IRS) of your unused balance into the next year. The remainder of your unused balance will be lost if it is not used by the deadline.	No carryover allowed — any unused balance will be lost if it is not used by the deadline.	Unused funds carry over from year to year.
Debit card	Yes	No	Yes	Yes
If your benefits coverage ends	Remaining balance is forfeited unless you elect to continue the Health Care FSA through COBRA until the end of the plan year.	Remaining balance is forfeited unless you elect to continue the Limited Purpose FSA through COBRA until the end of the plan year.	Remaining balance is forfeited.	Employee owns all balances in the account, regardless of employment status.

401(k) Savings Plan

Your 401(k), available through Fidelity, is the primary way you'll support yourself in retirement — it's like your one-way ticket to the future. Looking forward to a comfortable lifestyle once you're done working? Contribute to the Republic Services 401(k) Savings Plan today. Your future self will thank you.

OVERVIEW

Enrolling or Making Changes

- · Visit netbenefits.com.
- If enrolling for the first time, select Register as a new user to create your username and password.*

Your Contributions

- Put in as little as 1% of your pay or up to 75% of your pay (within the annual IRS limits).
- You can contribute on a pre-tax or after-tax (Roth) basis.
- You can change the amount you save as often as you want.

Company Match

- · Republic Services will match your contributions dollar for dollar on the first 3% of pay you contribute, and 50 cents on the dollar for the next 2% of pay you contribute.
- To get the maximum match of 4% from Republic Services, you need to contribute at least 5% of your pay to the 401(k) Savings Plan. That's free money for your golden years!

Investment Funds

- The Fidelity website shows you your investment fund options.
- Choose the individual investment funds you want, or pick Target Date Retirement Funds that take the confusion and worry out of investing.

^{*}If you were recently hired and take no action, after 90 days of employment you'll automatically be enrolled in the 401(k) Savings Plan at a 3% pre-tax contribution rate in the Target Date Retirement Fund that is closest to your estimated date of retirement, based on your date of birth. Each year for the next two years, your election will automatically increase by 1%, up to a 5% maximum.

Employee Stock Purchase Program (ESPP)

Also offered through Fidelity, the ESPP allows you to buy shares of Republic Services Company stock at a discounted price. You can enroll after 90 days of employment. Enroll or stop participating anytime during the year. When you enroll, your election will start with the first paycheck of the next calendar quarter.

- Choose the percentage of your paycheck you want to contribute, from 1% to 15%, up to the plan limits of \$25,000 worth of stock or 2,500 shares per offering period.
- The amount you elect is accumulated until the end of the quarter for the stock purchase.
- Purchased shares will automatically be deposited into the personal brokerage account you set up with Fidelity.
- Your shares are bought at a 5% discount from the fair market value. Only whole shares can be purchased. Any leftover funds that cannot be purchased as a full share are refunded back to you shortly after the Stock Purchase Dates.



Life and Accident Insurance

Life and Accidental Death and Dismemberment (AD&D) Insurance is just-incase insurance. Because life happens and it's better to be prepared.

LIFE INSURANCE

You're automatically enrolled in Basic Life Insurance at 1x your base salary, up to a maximum of \$700,000. This is 100% Company paid. You can also purchase:

- Supplemental Life Insurance for yourself in multiples of 1x to 8x your annual base salary, up to a \$2 million maximum. If you're a new employee, you'll need to provide evidence of insurability (EOI) for coverage greater than 3x your base salary or \$500,000, whichever is less. For current employees, EOI is required to enroll in or increase coverage.
- **Spouse Life Insurance** in \$25,000 increments, up to a \$200,000 maximum. If both you and your spouse work for the Company, your spouse isn't eligible for Spouse Life Insurance. If you're a new employee, you'll need to provide EOI for coverage greater than \$50,000. For current employees, EOI is required to enroll in or increase coverage.
- **Child Life Insurance** for each of your children in the amount of \$10,000, \$15,000 or \$25,000.

Accelerated Death Benefit

Your policy includes an accelerated death benefit should you become terminally ill while covered. You may be eligible to receive an accelerated payment of 80% of your Life Insurance before you pass away, up to a maximum of \$500,000. This benefit is only payable once in your lifetime and will reduce the Life Insurance benefits that go to your beneficiary.



WHAT IS EVIDENCE OF **INSURABILITY (EOI)?**

EOI is where you provide medical information about your health to the insurance carrier. You'll need EOI for your initial enrollment if you're signing up for:

- Supplemental Employee Life Insurance greater than either 3x your base salary or \$500,000, whichever is less.
- Spouse Life Insurance greater than \$50,000.

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

If EOI is needed, your new coverage will begin once your EOI is approved.



ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

AD&D Insurance pays a benefit if you pass away in an accident or suffer certain losses or injuries because of an accident. You're automatically enrolled in Basic AD&D at 1x your base salary, up to a maximum of \$700,000.

You can purchase additional Supplemental AD&D coverage for yourself in increments of 1x to 8x your salary, up to a \$2 million maximum. The cost of Supplemental AD&D Insurance varies by the amount of coverage you elect.

EOI is not required to elect Supplemental AD&D Insurance in any amount.





TAKE NOTE!

Federal law requires you to pay imputed income (income taxes) on the combined value of Company-paid Basic Life Insurance and your elected Supplemental Life Insurance, if greater than \$50,000, and on Dependent Life Insurance coverage, if applicable.

Basic and Supplemental Employee Life and AD&D Insurance benefits decrease by 35% at age 65 and by 50% at age 70. The same reductions apply to Spouse Life Insurance.

If you leave the Company, you can take your Basic and Supplemental Employee Life and AD&D Insurance with you by converting them to individual policies. Just make sure to apply for the policies and pay the premiums to the carrier within 31 days of your benefits termination date.

Keep your beneficiary designations up to date. You're automatically designated as the beneficiary for any Spouse or Dependent Life Insurance. You need to choose the beneficiaries for your Life Insurance.

Short- and Long-Term Disability

If you cannot work because of an injury or illness, our disability program can help with loss of pay during an approved leave.

SHORT-TERM DISABILITY

You're automatically enrolled in Short-Term Disability coverage when you join Republic Services. If you become unable to work due to illness or injury, you're eligible to use your Short-Term Disability benefits beginning six months after your date of hire.

- Length of coverage: If you're disabled, you will have a seven-day waiting period. On your eighth day of disability, you'll receive benefits for up to 180 days.
- Coverage amount: You'll receive 60% of your base pay, including overtime, with a maximum weekly benefit of \$6,000, if approved. Overtime is determined by the average overtime earned during t he six months prior to your disability date.

Your Benefits and Pay While on Short-Term Disability

Your Short-Term Disability payments will be paid on your regularly scheduled pay dates. These payments will be made by Republic Services in the same manner as your regular pay.

During your disability leave, you'll still be covered under your Republic Services benefits. Your per-paycheck deductions will continue to be withheld from your disability pay.

LONG-TERM DISABILITY

You're automatically enrolled in Long-Term Disability coverage when you join Republic Services. Beginning six months after your date of hire, you're eligible to use the program if you become unable to work due to illness or injury.

- Length of coverage: Benefit payments begin after 180 days of disability and continue through your approved disability period (as defined by the plan), up to age 65.
- Coverage amount: You'll receive 50% of your base pay, with a maximum monthly benefit of \$25,000, if approved.

Supplemental Long-Term Disability: You can buy an extra 10% of Supplemental Long-Term Disability coverage when you're hired, when you experience a qualifying life event, or during Open Enrollment each fall, bringing your total benefit to 60% of your base pay. EOI is required to add Supplemental Long-Term Disability after your initial enrollment.

The maximum monthly benefit of \$25,000 still applies. You pay the full cost of Supplemental Long-Term Disability coverage with after-tax dollars. If you become disabled, income taxes will not apply to those benefit payments.



TAKE NOTE!

Within 20 days of when your leave begins, you'll need to provide Sedgwick with proof of disability from your medical provider.

If possible, consider planning for Short-Term Disability leave prior to planned surgeries to ensure that all your paperwork is processed and there is no disruption to your benefits or pay.

Once you've exhausted your Short-Term Disability benefits and you're still not cleared to return to work, Sedgwick will coordinate with New York Life to begin the Long-Term Disability approval process. New York Life will reach out to you to coordinate the next steps.

Your Republic Services Short-Term and Long-Term Disability benefits will be reduced if you receive other income. Other income could include earnings from working for another employer while you're disabled, state disability benefits, Social Security benefits, workers' compensation benefits, or payments from a third party who is responsible for your disability.

Paid Parental Leave

Whether you're having a baby, adopting, or fostering a child, Republic Services offers Paid Parental Leave so you can bond with your growing family.

OVERVIEW

Length of Leave

- 6 weeks for all employees, whether you are a primary or secondary caregiver
- STD for birthing mothers, followed by Paid Parental Leave

Leave Start

 Must be within 8 weeks of birth

Pay During Leave

- You'll receive 100% of your pay on your regularly scheduled pay dates, and your benefits contributions will be deducted from your paycheck as if you are working.
- If you're a part-time employee, you'll be paid based on the average number of hours worked over the previous 90 days before your leave.

Benefits During Leave

- · You're still covered under your Republic Services benefits while on Paid Parental Leave.
- No action is required by you.



Other Benefits

LEGAL PLAN

MetLife Legal Plans, Inc. provides you, your spouse and your dependents with covered legal services from attorneys experienced in estate planning, civil suits, adoption, identity theft issues, and more. Sign up and save hundreds of dollars compared with typical attorneys' fees. When using a network attorney, there are no deductibles, no copays, no claim forms, and no usage limits.

You can only enroll in the Legal Plan as a new hire or annually during Open Enrollment, and you enroll through the Benefits Service Center.

For more information about the plan, visit info.legalplans.com and enter access code 9901382, or call 800.821.6400 Monday through Friday between 8 a.m. and 8 p.m. ET.

IDENTITY PROTECTION

There is only one of you, so don't let someone pretending to be you live it up on your dime. When someone steals your personal info to take over or open new accounts, file fake tax returns, rent or buy properties, or do other shady stuff in your name, that's identity theft.

Allstate Identity Protection keeps you and your family safe from identity thieves by watching out for suspicious internet behavior, public records, and financial and credit activity. If a fraudster manages to slip through, Allstate works with you to restore your identity and reimburse you for qualified expenses like lost wages, legal fees, notary services, mailing costs, document replacement, and more.

You can only enroll in the Identity Protection Plan as a new hire or annually during Open Enrollment, and you enroll through the Benefits Service Center.

Get the details by visiting myaip.com/republicservices or by calling 800.789.2720.



AUTO AND HOME INSURANCE

Have a car? Purchasing a home? Then you'll want to protect your big-ticket purchases with insurance. But that can be costly. You can insure your home and vehicle with group discounted rates and save even more when you bundle your policies. Renters insurance is also available, and if you have a motor home, vacation home, or boat, you can cover those too.

As a Republic Services employee, you can get discounted insurance coverage for your auto and home. Plus, you have the option to pay for your coverage through payroll deductions when you enroll in one or both of their insurance programs. You can enroll in or cancel your coverage anytime during the year.

Compare Farmers Insurance with your current policy, learn about the employee discounts, and enroll at any time by calling 844.300.7062 and mentioning code B9W.

PET INSURANCE

Pet insurance helps cover your pet's health care expenses — from annual vaccinations and preventive care to injuries and prescriptions. It generally works by reimbursing you for certain veterinary care after you've taken your pet to see a vet and submitted a claim.

MetLife offers pet insurance that provides coverage for wellness visits, illnesses and accidents/surgeries. You have the option to create your own plan by choosing your deductible, coinsurance and out-of-pocket maximum. The cost of your plan, and the level of coverage you receive, will depend on the design you select, plus the age of your pet(s).

To compare plan costs, see how services are reimbursed, and enroll, visit quote.metlifepetinsurance.com/pet or call 844.796.2080. Enrollment can be completed at any time during the year.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Stress. Anxiety. Finances. Life can be challenging. The Employee Assistance Program (EAP) is here to help — at **no cost** to you or your family.

The EAP is here for you 24/7 with confidential services to help guide you through everything from small life issues to bigger challenges.

Whether it's you or a family member, ComPsych GuidanceResources professional advisors are ready to assist with:

- Stress management
- · Family and relationship concerns
- · Alcohol and substance abuse
- Personal, emotional and work-related difficulties
- Childcare and daycare resources
- Financial information and resources
- Legal information and resources
- Will preparation services
- And more!

You receive up to three one-on-one counseling sessions per family member, per issue, per year at no cost to you. To speak to a professional advisor, call 800.331.3684. You can also access online tools and resources through guidanceresources.com.

GYM MEMBERSHIPS

No matter your current fitness level, with the Republic Services gym membership program, available through One Pass Select, you have several discounted fitness class options to help you challenge yourself and stay active.

From strength training and swimming to yoga and spin classes, you can try new things while improving yourself physically and mentally. Not up for inperson classes? No problem. Through the One Pass Select program, you also have access to digital fitness apps to use at your convenience.

You can choose from five different membership packages. Learn more by visiting onepassselect.com.



VIRTUAL PHYSICAL THERAPY

Whether it's a stiff neck, aching shoulders or more severe back issues, it can be hard to enjoy life when pain shows up. If you're enrolled in a UHC medical plan, virtual physical therapy through Kaia is available — an app to show you how pain relief is possible. All at no extra cost to you.

When you connect to Kaia, you get:

- On-demand pain relief care without leaving your home or office
- Workouts tailored to you some in just 15 minutes
- Bite-sized lessons to help you recognize where pain is coming from
- 1-on-1 health coaching with certified professionals
- Strengthening exercises plus relaxation techniques for pain management

Visit **startkaia.com/uhc**, then download the app to sign up and get started.

EMPLOYEE DISCOUNT PROGRAM

Perks at Work is a shopping platform that lets you save online and in-store with a variety of popular brands, entertainment, travel and much more. Best of all, it's **free** for you and your family!

- Exclusive discounts: Enjoy special offers and discounts from thousands of popular retailers and brands, including dining, shopping, entertainment and wellness services.
- Convenient access: Access the Perks at Work platform easily through the Perks at Works website or mobile app, allowing you to explore deals and savings anytime, anywhere.
- Savings on everyday expenses: Save money on everyday expenses, such as groceries, utilities and transportation, helping you make the most of your hard-earned dollars.

To get started, visit **perksatwork.com** and select **First time here?** Enter your work email address or personal email address. If using a personal email address, be ready to verify your identity with your Republic Services Employee ID number found on Workday. In the Company field, enter Republic Services and that's it!



ENROLLED IN A LOCAL MEDICAL PLAN?

Check with your insurance provider to see what physical therapy services they offer.



Benefits Resources

BENEFITS SERVICE CENTER

888.850.1767

Call center hours are: Monday through Friday, 7 a.m. to 7 p.m.

mybenefits.republicservices.com

(First-time users: Use Company Key "republic" to create your username and password.)

Program	Vendor	Contact Information
Medical	UnitedHealthcare (UHC)	800.980.7507 Preenrollment: whyuhc.com/republicservices Members: myuhc.com
Medical — Local Plan Carriers	Kaiser Permanente	California: 800.464.4000 Washington: 888.901.4636 Oregon: 800.324.8010 kp.org
	Blue Cross Blue Shield of Alabama	800.517.6425 alabamablue.com
	SIMNSA	619.407.4082 simnsa.com
Medical Premium Reduction Program	Rally Engage	844.334.4944 rallyengage.com/welcome
Prescription Drugs	Optum Rx (for UHC medical plan participants)	844.368.0696 myuhc.com
	Local medical plans	Log in to your medical plan website.
Second Opinion Services	2nd.MD	866.269.3534 2nd.md/rsi
Supplemental Health Care	MetLife	866.626.3705 mybenefits.metlife.com
Virtual Physical Therapy	Kaia	startkaia.com/uhc

Program	Vendor	Contact Information
Dental	Cigna	800.244.6224 mycigna.com
Vision	UHC Vision	800.638.3120 myuhcvision.com
Health Savings Account (HSA)	Optum Bank	866.234.8913 optumbank.com
Flexible Spending Accounts (FSAs)	UHC	866.755.2648 myuhc.com
401(k) Savings Plan	Fidelity	800.835.5094 netbenefits.com
Employee Stock Purchase Plan (ESPP)	Fidelity	800.544.9354 netbenefits.com
Short-Term Disability	Sedgwick	855.550.6327
Long-Term Disability	New York Life	888.842.4462 newyorklife.com/group-benefit- solutions/employees
Paid Parental Leave	Sedgwick	855.550.6327
Life and AD&D Insurance	Benefits Service Center	888.850.1767 mybenefits.republicservices.com
Legal Plan	MetLife	800.821.6400 <u>info.legalplans.com</u> (use code 9901382)
Identity Theft Insurance	Allstate	800.789.2720 myaip.com/republicservices
Auto and Home Insurance	Farmers	844.300.7062 (use code B9W)
Pet Insurance	MetLife	800.438.6388 metlife.com/getpetquote

Program	Vendor	Contact Information
Employee Assistance Program (EAP)	ComPsych GuidanceResources	800.331.3684 guidanceresources.com (First-time users: Use web ID "republic" to create your username and password.)
Employee Discount Program	Perks at Work	perksatwork.com
Gym Memberships	One Pass Select	877.515.9364 onepassselect.com

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

