

# WELCOME to 2025 Annual Enrollment

We recognize how important benefits are to you. That's why we're committed to helping you and your family enjoy the best possible physical, financial, and emotional well-being. It's also why we provide you with a comprehensive, highly competitive benefits package, with the flexibility to make the choices that best meet your needs.

Use this guide to better understand your 2025 benefits options. Your current benefit elections will not carry over into 2025 and will require an active election for those currently enrolled. Be sure to make your choices by the enrollment deadlines to enroll in your benefits.



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## Virtual Benefits Fair

You have access to a fun and interactive virtual benefits fair! Click the link below to explore virtual booths for each line of coverage where you will find benefit summaries, educational videos, and information on how to enrol!

https://www.virtualfairhub.com/TruRewards1/public/welcome

## **Summary of Benefits and Coverage**

The Health section of this guide provides an overview of your medical plan options. You can find detailed information about each plan, including a breakdown of costs, in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. The SBCs are available online.

## Important reminders

If you want to keep your current benefits in 2025, you must take action and complete enrollment. Your current benefits will not carry forward. This includes any spending accounts you may have selected.

- New employees: Enroll within 90 days from your date of hire. If you don't enroll within this time period, you will not have benefits coverage, except for plans and programs that are fully paid for by TruGreen, such as Basic Life and the Employee Assistance Program.
- Annual Enrollment: The enrollment will be active. Active Enrollment will be held from November 1 November 17 2024. What this means is that all current coverages, including your FSA, will not roll over to the 2025 plan year. We encourage you to review all of your current benefits to enroll and to ensure you're getting the most out of your coverage during Annual Enrollment!

#### Who can enroll?

- Full-time employees (30+ hrs./wk.) Eligible upon hire; must choose benefits within 90 days of hire date.
- Eligible dependents Includes your legal spouse (or domestic partner in the state of California) and children to age 26, plus disabled dependent children of any age who meet plan criteria.



## Effective date of coverage

For new employees, the effective date of coverage for most plans is effective on the 90th day of employment. For existing employees enrolling during Annual Enrollment, the effective date of most plans is 1/1/2025.

# **HEALTH**

Quality health coverage is one of the most valuable benefits you enjoy as a TruGreen employee. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

#### Limited Medical Plan

You have a choice of affordable limited medical plans with a range of coverage levels and costs. These programs cover in-network preventive care (only) in full, and provide reimbursement benefits (per schedule) for many common health care needs. These programs give you the flexibility to choose what's best for your needs and budget.

## 2025 Limited Medical plan options through Reliance BasicCare Program

- These plans feature preventive care without any copay, telehealth consultations at a \$0 copay, benefits for prescription medications (with more covered drugs than before), a \$50 benefit for urgent care and a \$70-\$100 benefit for doctor visits, all without needing to meet a deductible.
- In addition, both plans feature affordable premiums as well as benefits for up to six diagnostic procedures per year, like a colonoscopy, biopsy, CT, X-ray and more. Included with each plan is a schedule of benefits for more serious care like surgery, emergency room or hospital admissions.

#### **Key features**

All of your medical plan options offer:

- Flexibility to see any in-network provider you want using the Multi-plan network
- Free in-network preventive care, with services such as annual physicals, recommended immunizations, well- woman and well-child exams, flu shots, and routine cancer screenings covered at 100%.
- Prescription drug benefits through Express Scripts
- Choice of two coverage levels: Reliance Care Plan (lower premium), and Reliance Care Plus Plan (higher premium).

NOTICE: Massachusetts requires most residents to have major medical coverage, referred to as "Massachusetts Creditable Coverage" (MCC) or risk a tax penalty imposed by the Commonwealth. The RSL BasicCare options offered to you by TruGreen are not MCC, that is, they do not satisfy the Commonwealth's medical insurance coverage requirement. While employers like TruGreen have no obligation to offer you coverage satisfying the MCC requirements, if you enroll in a TruGreen BasicCare plan and do not have coverage that meets the MCC requirements, you might be subject to a tax penalty when you file your Commonwealth tax return.



## **Compare RSL BasicCare plans**

The chart below provides a comparison of key coverage features and costs of TruGreen's 2025 RSL BasicCare plan options. Medical coverage includes drug coverage.

|                                    | Reliance Care  | Reliance Care Plus  |  |
|------------------------------------|--|---|--|
| INPATIENT BENEFITS                 |  |   |  |
| Daily Hospital Room Benefit        | \$700<br>(max 90 days per year)  | \$1000<br>(max 90 days per year)  |  |
| Inpatient Surgery                  | \$1,500<br>(max 1 day per year)  | \$2,000<br>(max 1 day per year)   |  |
| Anesthesia Benefit                 | Up to \$300  | Up to \$400   |  |
| OUTPATIENT BENEFITS*               |  |   |  |
| Outpatient Surgery                 | Up to \$1,000<br>(max 1 day per year)  | Up to \$2,000<br>(max 1 day per year)   |  |
| Outpatient Lab                     | \$50<br>(max 6 days per year)  | \$50<br>(max 6 days per year)   |  |
| Anesthesia Benefit                 | Up to \$300  | Up to \$400   |  |
| Diagnostic Tests                   | Up to \$200<br>(max 1 day per year)  | Up to \$400<br>(max 1 day per year)   |  |
| Physician Office Visit             | \$100 for new patient office visit,<br>\$75 for established patient visit<br>(max 8 days per year) | \$100 for new patient office visit,<br>\$90 for established patient visit<br>(max 10 days per year) |  |
| Emergency Room — Illness           | •  | 50<br>ys per year)  |  |
| Emergency Room — Injury            | \$5  | 500<br>ys per year)   |  |
| PREVENTIVE SERVICES COVERAGI       |  |   |  |
| In-Network Preventive Services     | Covered at 10  | 0% In-Network   |  |
| Out-of-Network Preventive Services | Not C  | overed  |  |
| <br>  Telemedicine                 | •  | onsult fee  |  |
|                                    | \$28 Teletho   | erapy copay   |  |
| DIRECT PRIMARY CARE                |  |   |  |
| Consultation Doctor's Office Visit | Up to \$150 (1 visit per year)   |   |  |
| Urgent Care Visits                 | \$50 per visit - 1 visit per year  |   |  |
| PRESCRIPTION DRUG COVERAGE         |  |   |  |
| Generic                            | \$25 daily benefit<br>(40 days max/year)   | \$25 daily benefit<br>(48 days max/year)  |  |
| Brand                              | \$50 daily benefit<br>(12 days max/year)   | \$75 daily benefit<br>(12 days max/year)  |  |

<sup>\*</sup> Benefit amount and number of days allowed varies based on condition

## Money-saving tips

To stretch your health care dollars, remember to:

- See in-network providers They've agreed to the plan's negotiated rates. Visit your plan website to search for in-network providers near you.
- Access a pharmacy in the Express Scripts Network so your benefit can automatically be applied at time of service.

## Supplemental Critical Illness Benefits (bundled with RSL BasicCare)

#### Critical Illness

If you enroll in an RSL BasicCare plan, TruGreen will provide \$30,000 of Critical Illness coverage at no cost to you to supplement your medical coverage. It pays a lump-sum benefit if you have a serious medical event, like a heart attack, stroke or cancer diagnosis. You can use these benefit payments however you choose!

You can also purchase Critical Illness coverage if you are not enrolled in an RSL BasicCare plan or would like to buy up additional coverage at \$10,000, \$20,000 or \$30,000 (see page 18-19 for details)

#### Plan Highlights

- Coverage is effective on day one
- No pre-existing conditions
- Guaranteed Issue
- Perpetual access at every open enrollment
- No benefit reduction after age 70
- Reoccurrence and additional occurrence benefits
- Blindness Portable coverage

## **Commonly Covered Illnesses**

- Cancer
- Coma
- Blindness
- Parkinson's
- Cancer
- ALS
- Multiple Sclerosis

- Heart attack or stroke
   Major organ failure
  - Coronary bypass
  - Paralysis
  - Muscular Dystrophy
  - Cerebral Palsy
  - Poliomyelitis



## Example

- 1. John has a \$30,000 Critical Illness policy effective Jan. 1.
- 2. John is diagnosed with cancer on April 1.
- 3. John receives a check for \$30,000 to help him pay any associated medical expenses and/or living expenses.

Your Critical Illness insurance also includes a \$50 annual Health Screening Test benefit. This benefit is paid for each covered person who completes a health screening test, like a glucose or cholesterol blood test. Visit www.mycigna.com for more information.

Note: This is a high-level summary only, please refer to the Summary Plan Description (SPD) to confirm plan details.

#### How do the RSL BasicCare benefits work?

| 1<br>Free preventive<br>care             | You pay nothing for in-network preventive care.  |
|--|--|
| 2 Other Medical Benefits                 | Benefits for services pay per schedule. You or your provider may file a claim for reimbursement through Reliance.      |
| 3 Pharmacy Benefits                      | Visit a pharmacy in the network to have your pharmacy benefit automatically applied.                                   |
| <b>4</b><br>Supplemental<br>Health Plans | Use the Critical Illness plan through CIGNA to access lump sum benefits if you are diagnosed with a covered condition. |

- Both Plans include a vision discount card through VSP
- Medical plan network: Multi-plan / Prescription benefit network through Express Scripts
- 24/7 access to Telemedicine is included

## **Need Help Deciding?**

If these plans are not right for you, you may choose a plan through your state's healthcare marketplace instead. Call Brian Patten Associates for benefits support and plan navigation.

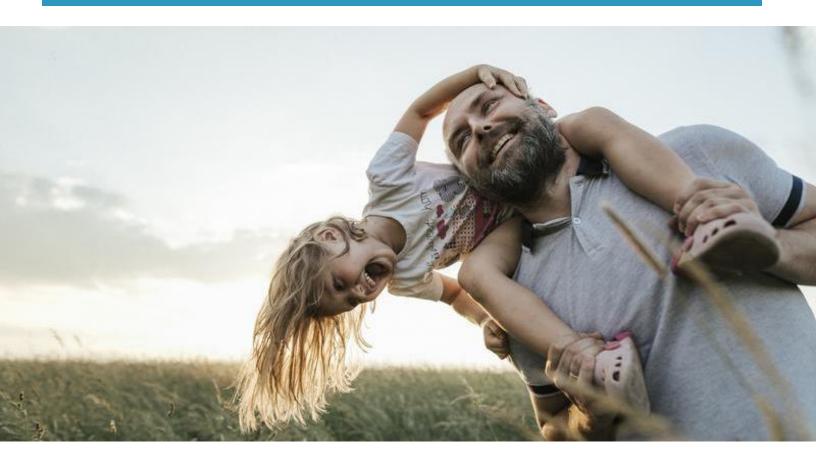


## 2025 paycheck deductions per pay period (before tax)

| Plan  | Covered Person(s)                        | Weekly  | Semi-Monthly |
|---|--|---------|--------------|
| Reliance Care   | Associate Only                           | \$10.02 | \$21.71      |
| Plan  | Associate + Spouse                       | \$26.89 | \$58.27      |
|   | Associate + Child(ren)                   | \$31.78 | \$68.85      |
|   | Family (Associate + Child(ren) + Spouse) | \$45.61 | \$98.83      |
| Reliance Care   | Associate Only                           | \$15.55 | \$33.69      |
| Plus Plan   | Associate + Spouse                       | \$38.59 | \$83.62      |
|   | Associate + Child(ren)                   | \$44.28 | \$95.94      |
|   | Family (Associate + Child(ren) + Spouse) | \$64.23 | \$139.16     |
| If you or a covered dependent uses tobacco, you will pay a total surcharge of \$75 per month. |  |         |              |
| All Plans   | Tobacco User Surcharge                   | \$17.31 | \$37.50      |

**Medical plan costs** You and TruGreen share the cost of your medical benefits. TruGreen pays a generous portion of the total cost and you pay the remainder. The amount you pay is deducted from your paycheck. Your specific cost is determined by the plan you choose and the coverage level you select.

Rates may be assessed on an after-tax basis for domestic partner coverage in California.



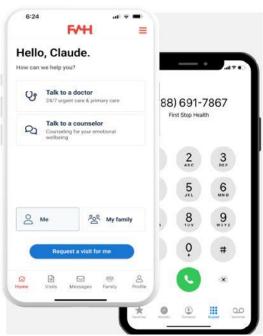
## First Stop Health Virtual Primary Care

Beginning January 1, TruGreen provides First Stop Health Virtual Care to Reliance Care Enrolled employees and their covered dependents! You have 24/7 access to doctors via phone or video for urgent issues and can also schedule a primary care appointment at a time that's convenient for you. First Stop Health is available to you and your eligible family members for **FREE**!

#### **Virtual Primary Care:**

Save time and money by getting ongoing care from a personal doctor from the comfort of home. Adults 18 and over\* can schedule a primary care visit with our doctors via phone or video to discuss:

- Prevention & Wellness: Check in on your current health and make a personalized plan to stay healthy and strong.
- Health Management: Support managing asthma, diabetes, hypertension, obesity, high cholesterol, smoking, COPD and more.
- Mental Healthcare: Diagnosis and prescriptions^ for depression, anxiety and more.
- Referrals, Tests & More: Just like at an in-person visit, First Stop Health doctors can provide referrals, test orders, documentation and more.^



#### **Virtual Urgent Care:**

You can also **speak with a doctor 24/7** to receive in-the-moment care for urgent issues (including for minors <18). Common conditions treated via virtual urgent care include:

- Infections (e.g., urinary, ear, upper respiratory, eye)
- Sinus or allergy-related problems
- Sore throat & cough, as well as Colds and flu
- Swelling and/or soreness
- Rashes; and other minor illness & injuries

#### Virtual Mental Health:

Take care of your mind with short-term virtual counseling. With Virtual Mental Health, you will have access to counselors who are U.S.-based and licensed to practice in the state from which you are calling. Reasons to speak with a counselor:

- Stress, anxiety, depression and grief
- Marital/relationship issues
- Drug/alcohol use and more

#### 3 ways to get in touch:

**Download our mobile app** from the App Store or Google Play store. Log in to request a visit, update your profile, and add your invite your covered dependents to the benefit!

**Visit our online dashboard** to access information on your past visits (including recordings). You can also update your profile or add family members online!

#### Just call!

Call 888-691-7867 to request a visit today.

<sup>\*</sup>Dependents under 18 are welcome to use FSH for urgent care issues. Adults can use FSH for urgent and primary care.

^Prescriptions are available if appropriate. First Stop Health doctors do not prescribe controlled substances. Costs according to your medical plan may apply for prescriptions, lab orders, specialist appointments and other non-FSH services

## Flexible Spending Accounts (FSAs)

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

TIP: Look for the calculator at the top of the myTGBenefits webpage for help estimating amounts to deduct.

TruGreen offers you the following FSAs:

#### Health Care FSA

- Pay for eligible health care expenses, such as plan deductibles, copayments, and coinsurance, but not insurance premiums.
- Contribute up to \$3,200\* in 2024.

## **Limited Purpose FSA**

- Use it to pay for dental and vision expenses.
- Contribute up to \$3,200\* in 2024.

### **Dependent Care FSA**

- Pay for eligible dependent care expenses, such as daycare for a child so you can work, look for work, or attend school full time.
- Contribute up to \$5,000\* in 2024, or \$2,500 per person\* if you are married and filing separate tax returns.

\*Current IRS limits may not have been available when this guide was printed.



### **Estimate carefully**

Keep in mind, FSAs are "use-it-or-lose-it" accounts, so please budget appropriately.

TruGreen offers a "grace period" of up to  $2\frac{1}{2}$  extra months to use the money in your FSA. At the end of the year or grace period, you lose any money left over in your FSA.

## **Health Care FSA**

|   | Health Care FSA |
|---|-----------------|
| Eligible for company contributions  | No              |
| Change your contribution amount anytime   | No              |
| Access your entire annual contribution amount from the beginning of the plan year | Yes             |
| Access only funds that have been deposited  | No              |
| "Use it or lose it" at year-end   | Yes*            |
| Money is always yours to keep   | No              |

<sup>\*</sup>After the grace period.

## Managing your FSA(s)

When you enroll in a Health Care FSA, you will receive a debit card, which you can use to pay for eligible expenses. Depending on the transaction, you may need to submit receipts or other documentation to MyChoice.

## What's an eligible expense?

- Health Care FSA Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at www.irs.gov.
- Dependent Care FSA Child day care, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at <a href="https://www.irs.gov">www.irs.gov</a>.

## **Dental plans**

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health.

|  | DMO                 | Base PPO  | Buy-Up PPO  |
|--|---------------------|---|---|
| Annual deductible (employee only/family) | None                | \$50 per individual<br>\$150 per family                 | \$50 per individual<br>\$150 per family                 |
| Calendar-year maximum                    | None                | \$1,500 max. per<br>covered person<br>per calendar year | \$2,000 max. per<br>covered person per<br>calendar year |
| Preventive/diagnostic services           | Covered at 100%     |   |   |
| Basic services                           |                     | 85%   | 85%   |
| Major services                           | Set fee for covered | 50%   | 50%   |
| Orthodontia*                             | services            | Not Covered   | 50% (No<br>Deductible) \$2,000<br>lifetime maximum      |

<sup>\*</sup>Orthodontia is only covered for children up to age 19.

Benefits shown are for in-network providers and are based on negotiated fees. Out-of-network coverage is based on reasonable and customary (R&C) charges.

## Dental 2025 paycheck deductions per pay period (before tax)

| Plan       | Covered Person(s)                        | Weekly  | Semi-Monthly |
|------------|--|---------|--------------|
| DMO        | Associate Only                           | \$5.25  | \$11.39      |
|            | Associate + Spouse                       | \$9.75  | \$21.13      |
|            | Associate + Child(ren)                   | \$13.23 | \$28.68      |
|            | Family (Associate + Child(ren) + Spouse) | \$15.04 | \$32.60      |
|            |  |         |              |
| Base PPO   | Associate Only                           | \$5.80  | \$12.57      |
|            | Associate + Spouse                       | \$13.34 | \$28.91      |
|            | Associate + Child(ren)                   | \$15.78 | \$34.18      |
|            | Family (Associate + Child(ren) + Spouse) | \$22.62 | \$49.01      |
|            |  |         |              |
| Buy-Up PPO | Associate Only                           | \$7.60  | \$16.48      |
|            | Associate + Spouse                       | \$17.87 | \$38.72      |
|            | Associate + Child(ren)                   | \$22.05 | \$47.77      |
|            | Family (Associate + Child(ren) + Spouse) | \$33.30 | \$72.15      |

## Vision plans

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents.

For a complete list of in-network providers near you, visit www.eyemedvisioncare.com.

|   | Basic Plan  | Premium Plan   |
|---|---|--|
| Exam (once per calendar year)   | Covered   | at 100%  |
| Materials copay   | \$130 allowance; 20% discount thereafter  | \$170 allowance; 20% discount thereafter                     |
| Eyeglass Lenses (once per 12 months) Single, Bifocal or Trifocal Standard Progressive | \$10 copayment (single,<br>bifocal, trifocal)<br>\$75 copayment (standard<br>progressive) | Covered in full  |
| Contact Lenses (once per 12 months in lieu of glasses) If medically necessary         | \$130 allowance;<br>15% discount thereafter<br>\$0 copayment                              | \$170 allowance;<br>15% discount thereafter<br>\$0 copayment |

## Vision 2025 paycheck deductions per pay period (before tax)

| Plan         | Covered Person(s)                        | Weekly | Semi-Monthly |
|--------------|--|--------|--------------|
| Basic Plan   | Associate Only                           | \$1.36 | \$2.94       |
|              | Associate + Spouse                       | \$2.71 | \$5.88       |
|              | Associate + Child(ren)                   | \$3.39 | \$7.36       |
|              | Family (Associate + Child(ren) + Spouse) | \$3.74 | \$8.10       |
|              |  |        |              |
| Premium Plan | Associate Only                           | \$3.38 | \$7.32       |
|              | Associate + Spouse                       | \$6.76 | \$14.65      |
|              | Associate + Child(ren)                   | \$8.45 | \$18.31      |
|              | Family (Associate + Child(ren) + Spouse) | \$9.30 | \$20.15      |

## Money-saving tip

Remember, you can use your FSA for qualified out-of-pocket dental and vision expenses.

#### Wellness

Our wellness program is designed to help you maintain or move toward a healthy lifestyle through preventive care and other assistance when you need it. You also have access to tools and resources you can use to learn more about your personal health and monitor your progress toward your health goals.

#### **Employee assistance program**

The TruGreen Employee Assistance Program (EAP) is available throughout the year to assist with your everyday needs, at no cost to you. It's all part of our commitment to supporting your total well-being. Get help with work-life issues; referrals for clinical, legal, and financial services; and more. To begin taking advantage of this valuable benefit, visit www.magellanascend.com or call 800-327-3986.

#### Take advantage of preventive care benefits

Good preventive care can help you stay healthy and detect any "silent" problems early, when they're most likely to be treatable. Most in-network preventive services are covered in full, so there's no excuse to skip them.

- Have a routine physical exam each year. You'll build a relationship with your doctor and can reduce your risk for many serious conditions.
- Get regular dental cleanings. Numerous studies show a link between regular dental cleanings and disease prevention including lower risks of heart disease, diabetes, and stroke.
- See your eye doctor at least once every two years. If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams.

#### Don't have a personal doctor? You should. Here's why:

- Better health. Getting the right health screenings each year can reduce your risk for many serious conditions. And remember, preventive care doesn't cost you anything.
- A healthier wallet. A PCP can help you avoid costly trips to the emergency room. Your doctor will also help you decide when you really need to see a specialist and can help coordinate care.
- Peace of mind. Advice from someone you trust it means a lot when you're healthy, but it's even more important when you're sick.

Access a Virtual Primary Care Doctor through First Stop Health!



## Other Programs available to you

## Discounts through Beneplace

All TruGreen associates are eligible for discounts through the Beneplace marketplace. You can take advantage of special offers and discounts on everything from dining to electronics and much more. Check out what's available at beneplace.com/trugreen.

#### **Paid Leave**

TruGreen provides a variety of paid leave through a combination of holidays and other paid leave options, depending on your role and/or years of service. Ask your manager about your benefit.

## **Adoption Assistance**

TruGreen will provide up to \$10,000 per lifetime to assist with expenses related to the adoption of a child. Contact benefits@trugreenmail.com to learn more.



# **FINANCIAL**

TruGreen offers programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental insurance coverage.

#### Basic life and AD&D insurance

You automatically receive basic life insurance so that you can protect those you love from the unexpected. There is no cost to you for this coverage. You can also choose supplemental coverage, including accidental death and dismemberment (AD&D).

#### Company provided\*

• 1.5 times your base annual salary (up to \$500,000).

\*Federal tax law requires TruGreen to report the cost of company-paid life insurance in excess of \$50,000 as imputed income.

#### **Employee** paid

- Employee basic AD&D\*\* equal to the employee basic life benefit
- Employee supplemental life You may purchase up to five times your annual frozen earnings (rounded to the nearest \$1,000) up to a \$2,000,000 max for basic life and supplemental coverage combined.
- Spouse/domestic partner supplemental life You may purchase life insurance for your spouse in the following increments: \$15,000, \$25,000, \$50,000, \$75,000, \$100,000
- Child Supplemental life: You may purchase life insurance for you children from age 14 days to 19 years (
  or 26 years if your child is a full-time student) in the following increments: \$2,000, \$5,000, \$15,000,
  \$25,000
- Spouse/domestic partner and Child Supplemental Life must be equal to or less than your associate coverage amount (basic and supplemental coverage combined).

**Note:** Any life coverage enrolled in over the guaranteed issue amount will require Evidence of Insurability (EOI). Guaranteed issue amounts are \$1,000,000 for you and \$50,000 for your spouse. If you don't enroll in any of TruGreen's life or disability insurance plans when first eligible, you will have to provide EOI to receive coverage at a later date.



## **Supplemental Life Insurance Rates**

|          | Weekly per \$1,000 of Coverage |                     | Semi-Monthly per \$1,000 of Coverage |              |
|----------|--------------------------------|---------------------|--------------------------------------|--------------|
|          | Weekly p                       | er \$1,000 Coverage | Semi-Monthly per \$1,000 of Coverage |              |
|          | Non-Tobacco User               | Tobacco User        | Non-Tobacco User                     | Tobacco User |
| Under 25 | \$0.011                        | \$0.017             | \$0.023                              | \$0.036      |
| 25-29    | \$0.013                        | \$0.020             | \$0.028                              | \$0.043      |
| 30-34    | \$0.017                        | \$0.026             | \$0.038                              | \$0.057      |
| 35-39    | \$0.020                        | \$0.030             | \$0.043                              | \$0.065      |
| 40-44    | \$0.022                        | \$0.033             | \$0.047                              | \$0.072      |
| 45-49    | \$0.032                        | \$0.050             | \$0.070                              | \$0.108      |
| 50-54    | \$0.051                        | \$0.076             | \$0.110                              | \$0.165      |
| 55-59    | \$0.094                        | \$0.142             | \$0.204                              | \$0.308      |
| 60-64    | \$0.142                        | \$0.218             | \$0.308                              | \$0.473      |
| 65-69    | \$0.274                        | \$0.419             | \$0.594                              | \$0.908      |
| 70+      | \$0.444                        | \$0.703             | \$0.963                              | \$1.524      |

You may enroll up to the maximum coverage amount when you are first eligible. You may increase one level during each annual enrollment period.

## **Child(ren) Life insurance rates**

|          | Weekly  | Semi-Monthly |
|----------|---------|--------------|
| \$2,000  | \$0.097 | \$0.210      |
| \$5,000  | \$0.242 | \$0.525      |
| \$10,000 | \$0.485 | \$1.050      |
| \$1,500  | \$0.727 | \$1.575      |
| \$25,000 | \$1.212 | \$2.625      |

## **Spouse Life insurance rates**

|           | Weekly  | Semi-Monthly |
|-----------|---------|--------------|
| \$15,000  | \$0.727 | \$1.575      |
| \$25,000  | \$1.212 | \$2.625      |
| \$50,000  | \$2.423 | \$5.250      |
| \$75,000  | \$3.635 | \$7.875      |
| \$100,000 | \$4.846 | \$10.500     |

## Have you named a beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up-to-date. Visit myTruGreen.com to add or change a beneficiary.

## Accidental Death and Dismemberment (AD&D) insurance

AD&D insurance pays a benefit to you or your beneficiary if you or a covered dependent suffers certain accidental injuries or dies from an accident.

|                                      | AD&D Insurance   |  |  |
|--------------------------------------|--|--|--|
| I I OVERSOL AMOUNT FOR VOIL          | You may purchase increments of \$10,000 starting at \$20,000 to a maximum of \$750,000 |  |  |
| Maximum Coverage<br>Amount           | 10 times your frozen annual earnings or \$750,000                                      |  |  |
| Coverage Amount for Your Spouse      | 60% of your insurance amount (rounded to the nearest \$1,000); maximum of \$450,000    |  |  |
| Coverage Amount for Your<br>Children | 30% of your insurance amount (rounded to the nearest \$1,000); maximum of \$250,000    |  |  |

## **Disability Insurance**

When an illness or injury prevents you from working for an extended period of time, disability coverage replaces a portion of your income. You become eligible for the following disability insurance after 180 days of service.

- Short-Term Disability (STD): If you're unable to work, STD can replace a portion of your income. You do not need to enroll to receive this benefit. STD is provided at no cost to you. Payments last for up to 13 weeks with a 7 day elimination period.
- Long-Term Disability (LTD): You can elect LTD coverage for income protection in the event you are disabled beyond the 13 weeks covered by STD. If you enroll in LTD, you can choose from 50 percent or 60 percent income replacement coverage, and you pay the cost for coverage.

|                         | Short Term Disability (STD)  |  |  |
|-------------------------|--|--|--|
|                         | TruGreen provides 60% of frozen earnings (your annualized base pay as of Oct. 1, 2024, and commissions earned during the 12 months preceding 9/30/2024 for participants with at least one, but less than five years of completed service; 80% of frozen earnings for participants after the fifth completed year of service. |  |  |
| When Benefits Start     | After seven days of disability   |  |  |
| When Benefits End       | Benefits are payable for up to 12 weeks per disability per year  |  |  |
| Maximum Monthly Benefit | \$15,000   |  |  |

|                                  | Long Term Disability (LTD)  |
|----------------------------------|---|
| Coverage Amount                  | You can purchase LTD coverage of 50% or 60% of frozen earnings, offset by other sources   |
| When Benefits Start              | After 14 weeks (or 98 days) of disability   |
| When Benefits End                | If disabled before age 60, the maximum duration is to age 65. If disabled after age 60, the maximum duration is a specific number of months based on age as of the date of disability |
| Maximum Monthly Benefit          | \$15,000  |
| LTD Rate (Per \$100 of Coverage) | 50% Option: \$0.40 per month<br>60% Option: \$1.00 per month  |

## **Accidental Death & Dismemberment Rates**

|           | Weekly per \$1,000 of Coverage |              | Semi-Monthly per \$1,000 of Coverage |              |
|-----------|--------------------------------|--------------|--------------------------------------|--------------|
|           | Weekly per \$1,000 Coverage    |              | Semi-Monthly per \$1,000 of Coverage |              |
|           | You                            | You + Family | You                                  | You + Family |
| \$20,000  | \$0.07                         | \$0.11       | \$0.15                               | \$0.23       |
| \$30,000  | \$0.10                         | \$0.16       | \$0.23                               | \$0.35       |
| \$40,000  | \$0.14                         | \$0.21       | \$0.30                               | \$0.46       |
| \$50,000  | \$0.17                         | \$0.27       | \$0.38                               | \$0.58       |
| \$60,000  | \$0.21                         | \$0.32       | \$0.45                               | \$0.69       |
| \$70,000  | \$0.24                         | \$0.37       | \$0.53                               | \$0.81       |
| \$80,000  | \$0.28                         | \$0.42       | \$0.60                               | \$0.92       |
| \$90,000  | \$0.31                         | \$0.48       | \$0.68                               | \$1.04       |
| \$100,000 | \$0.35                         | \$0.53       | \$0.75                               | \$1.15       |
| \$150,000 | \$0.52                         | \$0.80       | \$1.13                               | \$1.73       |
| \$200,000 | \$0.69                         | \$1.06       | \$1.50                               | \$2.30       |
| \$250,000 | \$0.87                         | \$1.33       | \$1.88                               | \$2.88       |
| \$300,000 | \$1.04                         | \$1.59       | \$2.25                               | \$3.45       |
| \$350,000 | \$1.21                         | \$1.86       | \$2.63                               | \$4.03       |
| \$400,000 | \$1.38                         | \$2.12       | \$3.00                               | \$4.60       |
| \$450,000 | \$1.56                         | \$2.39       | \$3.38                               | \$5.18       |
| \$500,000 | \$1.73                         | \$2.65       | \$3.75                               | \$5.75       |
| \$550,000 | \$1.90                         | \$2.92       | \$4.13                               | \$6.33       |
| \$600,000 | \$2.08                         | \$3.18       | \$4.50                               | \$6.90       |
| \$650,000 | \$2.25                         | \$3.45       | \$4.88                               | \$7.48       |
| \$700,000 | \$2.42                         | \$3.72       | \$5.25                               | \$8.05       |
| \$750,000 | \$2.60                         | \$3.98       | \$5.63                               | \$8.63       |

## What is AD&D insurance?

Should you lose your life, sight, hearing, speech, or use of your limb(s) in an accident, AD&D provides additional benefits to help keep your family financially secure. AD&D benefits are paid as a percentage of your coverage amount — from 50% to 100% — depending on the type of loss.

## **Voluntary Benefits**

Should you choose to enroll, accident, critical illness, and hospital indemnity insurance are effective day one.

#### Accident insurance

Accident insurance supplements your primary medical plan and disability programs by providing cash benefits directly to you in cases of accidental injuries. You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent.

|          | Covered Person(s)                        | Weekly | Semi-Monthly |
|----------|--|--------|--------------|
| Accident | Associate Only                           | \$1.44 | \$3.13       |
|          | Associate + Spouse                       | \$2.88 | \$6.25       |
|          | Associate + Child(ren)                   | \$3.90 | \$8.46       |
|          | Family (Associate + Child(ren) + Spouse) | \$5.19 | \$11.25      |

### **Hospital Indemnity**

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs. A hospital indemnity plan provides supplemental payments directly to you for expenses that your medical plan doesn't cover for hospital stays.

|           | Covered Person(s)                        | Weekly | Semi-Monthly |
|-----------|--|--------|--------------|
| Hospital  | Associate Only                           | \$2.13 | \$4.63       |
| Indemnity | Associate + Spouse                       | \$6.70 | \$14.52      |
|           | Associate + Child(ren)                   | \$4.47 | \$9.68       |
|           | Family (Associate + Child(ren) + Spouse) | \$8.90 | \$19.28      |

## Legal Plan

The legal services plan through Hyatt Legal offers participants and their eligible dependents access to legal advice and services from a nationwide network of attorneys with coverage for many personal legal issues. Services include telephone advice and office consultations on an unlimited number of legal matters, in addition to full representation for covered matters.

|                | Covered Person(s) | Weekly | Semi-Monthly |
|----------------|-------------------|--------|--------------|
| Legal Services | Associate Only    | \$3.63 | \$7.88       |

#### Critical illness insurance

When a serious illness strikes, such as a heart attack, stroke, or cancer, critical illness insurance can provide a lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services, and daycare. Benefits are paid directly to you, unless assigned to someone else.

Critical illness rates are included on the following page.

## **Voluntary Critical Illness Rates (monthly)**

| Leve  Variable   Leve  Variable   Leve  Variable   Leve  Variable   Variabl  |           | Voluntary Critical liness Rates (monthly) |                                       |                  |                 |             |
|---|-----------|---|---------------------------------------|------------------|-----------------|-------------|
| Under 29   \$3.15   \$2.76   \$1.81   \$10.62   | Coverage  | Age                                       | Associate                             | Spouse at 50% of | Child at 50% of | Associate & |
| \$10,000   40-49   \$8.36   \$6.68   \$1.81   \$10.62   \$10.000   \$10.000   \$10.000   \$10.000   \$10.000   \$10.000   \$10.000   \$11.81   \$10.82   \$10.000   \$10.000   \$11.81   \$10.82   \$10.000   \$10.000   \$10.000   \$11.81   \$10.000  | Level     |   | •                                     |                  |                 |             |
| \$10,000 (non-fobacco) (non-fob   |           |   | ·                                     |                  |                 | ·           |
| (non-Tobacco)   |           |   | · · · · · · · · · · · · · · · · · · · |                  |                 |             |
| Tobacco)  | \$10,000  | 40–49                                     | ·                                     |                  |                 |             |
| TO-79   |           |   | · ·                                   | ·                |                 | ·           |
| S0+   \$86.14   \$39.11   \$1.81   \$127.06   | Tobacco)  | 60–69                                     | \$30.19                               | \$16.90          | \$1.81          | \$48.90     |
| Under 29  |           | 70–79                                     | · ·                                   | ·                |                 |             |
| \$10,000 (Tobacco)    \$10,000 (Tobacco)    \$10,000 (Tobacco)    \$20,000 (  |           | 80+                                       | \$86.14                               | \$39.11          | \$1.81          | \$127.06    |
| \$10,000 (Tobacco)  (To   |           | Under 29                                  | \$3.94                                | \$3.21           | \$1.81          | \$8.96      |
| (Tobacco)   |           | 30–39                                     | \$7.24                                | \$5.83           | \$1.81          | \$14.88     |
| Color   | \$10,000  | 40–49                                     | \$15.34                               | \$11.21          | \$1.81          | \$28.36     |
| Topacco   | (Tobacco) | 50–59                                     | \$34.50                               | \$20.44          | \$1.81          | \$56.75     |
| \$20,000 (non-Tobacco)  |           | 60–69                                     | \$52.26                               | \$29.15          | \$1.81          | \$83.22     |
| \$20,000 (non-Tobacco)  \$20,000 (non-Tobacco)  Tobacco)  \$20,000 (non-Tobacco)  \$36,000 (non-Tobacco)  \$40-49 \$15.65 \$11.83 \$3.55 \$13.03 \$10.35                              |           | 70–79                                     | \$75.39                               | \$44.48          | \$1.81          | \$121.68    |
| \$20,000 (non-Tobacco) Tobacco)  \$20,000 (non-Tobacco) Tobacco)  \$30-39   |           | 80+                                       | \$114.24                              | \$61.78          | \$1.81          | \$177.83    |
| \$20,000 (non-Tobacco) Tobacco)  \$20,000 (non-Tobacco) Tobacco)  \$30-39   |           |   |                                       |                  |                 |             |
| \$20,000 (non-Tobacco)  A0-49 \$15.65 \$11.83 \$3.55 \$31.03  B0-59 \$36.29 \$21.31 \$3.55 \$61.15  B0-69 \$59.31 \$32.27 \$3.55 \$95.13  B0-69 \$59.31 \$32.27 \$3.55 \$95.13  B0-79 \$96.53 \$54.11 \$3.55 \$154.19  B0+ \$171.21 \$76.69 \$3.55 \$251.45  Under 29 \$6.81 \$4.89 \$3.55 \$15.25  \$30-39 \$13.41 \$10.13 \$3.55 \$27.09  \$40-49 \$29.61 \$20.89 \$3.55 \$54.05  B0-69 \$103.45 \$56.77 \$3.55 \$110.83  B0-69 \$103.45 \$56.77 \$3.55 \$163.77  B0-79 \$149.71 \$87.43 \$3.55 \$240.69  B0+ \$227.41 \$122.03 \$3.55 \$352.99  Under 29 \$7.31 \$5.22 \$5.29 \$17.82  \$30-39 \$11.93 \$9.30 \$5.29 \$26.52  \$30,000 (non-Tobacco)  Condense \$10.90 \$1.9  |           | Under 29                                  | \$5.23                                | \$3.99           | \$3.55          | \$12.77     |
| (non-Tobacco)  Tobacco)  T  |           | 30–39                                     | \$8.31                                | \$6.71           | \$3.55          | \$18.57     |
| Tobacco)  |           | 40–49                                     | \$15.65                               | \$11.83          | \$3.55          | \$31.03     |
| 60-69 \$99.31 \$32.27 \$3.55 \$95.13<br>70-79 \$96.53 \$54.11 \$3.55 \$154.19<br>80+ \$171.21 \$76.69 \$3.55 \$251.45<br>Under 29 \$6.81 \$4.89 \$3.55 \$15.25<br>30-39 \$13.41 \$10.13 \$3.55 \$27.09<br>40-49 \$29.61 \$20.89 \$3.55 \$54.05<br>50-59 \$67.93 \$39.35 \$3.55 \$110.83<br>60-69 \$103.45 \$56.77 \$3.55 \$110.83<br>60-69 \$103.45 \$56.77 \$3.55 \$163.77<br>70-79 \$149.71 \$87.43 \$3.55 \$240.69<br>80+ \$227.41 \$122.03 \$3.55 \$352.99<br>Under 29 \$7.31 \$5.22 \$5.29 \$17.82<br>30-39 \$11.93 \$9.30 \$5.29 \$26.52<br>40-49 \$22.94 \$16.98 \$5.29 \$45.21<br>50-59 \$53.90 \$31.20 \$5.29 \$90.39<br>Tobacco) 60-69 \$88.43 \$47.64 \$5.29 \$141.36<br>70-79 \$144.26 \$80.40 \$5.29 \$229.95<br>80+ \$256.28 \$114.27 \$5.29 \$375.84<br>Under 29 \$9.68 \$6.57 \$5.29 \$375.84<br>Under 29 \$9.68 \$6.57 \$5.29 \$39.30<br>\$30,000 (Tobacco) 60-69 \$144.26 \$80.40 \$5.29 \$229.95<br>80+ \$256.28 \$114.27 \$5.29 \$375.84<br>Under 29 \$9.68 \$6.57 \$5.29 \$375.84<br>Under 29 \$9.68 \$6.57 \$5.29 \$39.30<br>\$40-49 \$43.88 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.29 \$30.57 \$5.2 |           | 50–59                                     | \$36.29                               | \$21.31          | \$3.55          | \$61.15     |
| Sumble   S  | Tobacco)  | 60–69                                     | \$59.31                               | \$32.27          | \$3.55          | \$95.13     |
| Sumble   S  |           | 70–79                                     | \$96.53                               | \$54.11          | \$3.55          | \$154.19    |
| \$20,000 (Tobacco)  \$20,000 (Toba  |           |   | \$171.21                              | \$76.69          |                 | \$251.45    |
| \$20,000 (Tobacco)  \$20,000 (Tobacco)  (Tobacco)  \$20,000 (Tobacco)  \$29,61 \$20.89 \$3.55 \$54.05 \$54.05 \$50.59 \$67.93 \$39.35 \$3.55 \$110.83 \$60.69 \$103.45 \$56.77 \$3.55 \$163.77 \$70.79 \$149.71 \$87.43 \$3.55 \$240.69 \$80.4 \$227.41 \$122.03 \$3.55 \$352.99 \$17.82 \$30.300 (non-Tobacco)  \$30,000 (non-Tobacco)  \$30,000 (Tobacco)   |           | Under 29                                  | \$6.81                                | \$4.89           | \$3.55          | \$15.25     |
| \$20,000 (Tobacco)  (To   |           |   | \$13.41                               | \$10.13          | \$3.55          | \$27.09     |
| (Tobacco)   | \$20,000  |   | \$29.61                               | \$20.89          | \$3.55          | \$54.05     |
| 60-69 \$103.45 \$56.77 \$3.55 \$163.77 70-79 \$149.71 \$87.43 \$3.55 \$240.69 80+ \$227.41 \$122.03 \$3.55 \$352.99  Under 29 \$7.31 \$5.22 \$5.29 \$17.82 30-39 \$11.93 \$9.30 \$5.29 \$26.52 40-49 \$22.94 \$16.98 \$5.29 \$45.21 50-59 \$53.90 \$31.20 \$5.29 \$90.39  Tobacco) 60-69 \$88.43 \$47.64 \$5.29 \$141.36 70-79 \$144.26 \$80.40 \$5.29 \$229.95 80+ \$256.28 \$114.27 \$5.29 \$375.84  Under 29 \$9.68 \$6.57 \$5.29 \$21.54 30-39 \$19.58 \$14.43 \$5.29 \$39.30  (Tobacco) (Tobacc  |           |   | \$67.93                               | \$39.35          | \$3.55          |             |
| 70-79         \$149.71         \$87.43         \$3.55         \$240.69           80+         \$227.41         \$122.03         \$3.55         \$352.99           \$30,000 (non-Tobacco)         Under 29         \$7.31         \$5.22         \$5.29         \$17.82           \$30,000 (non-Tobacco)         \$0-59         \$53.90         \$31.20         \$5.29         \$90.39           \$0-69         \$88.43         \$47.64         \$5.29         \$141.36           \$70-79         \$144.26         \$80.40         \$5.29         \$229.95           80+         \$256.28         \$114.27         \$5.29         \$375.84           Under 29         \$9.68         \$6.57         \$5.29         \$39.30           \$40-49         \$43.88         \$30.57         \$5.29         \$39.30           \$0-59         \$101.36         \$58.26         \$5.29         \$79.74           \$0-69         \$154.64         \$84.39         \$5.29         \$244.32           \$0-69         \$154.64         \$84.39         \$5.29         \$359.70  | ,         |   | \$103.45                              | \$56.77          | \$3.55          |             |
| \$30,000 (non-Tobacco)  \$30,000 (Tobacco)  \$30,000 (  |           |   |                                       |                  |                 |             |
| \$30,000 (non-Tobacco)  \$30,000 (Tobacco)  \$30,000 (  |           |   | <u> </u>                              |                  |                 |             |
| \$30,000 (non-Tobacco)  \$30,000 (non-Tobacco)  \$30,000 (non-Tobacco)  \$30,000 (Tobacco)  \$  |           |   |                                       |                  |                 |             |
| \$30,000 (non-Tobacco)  \$30,000 (non-Tobacco)  \$30,000 (non-Tobacco)  \$30,000 (Tobacco)  \$  |           | Under 29                                  | \$7.31                                | \$5.22           | \$5.29          | \$17.82     |
| \$30,000 (non-Tobacco)   |           |   |                                       |                  |                 |             |
| (non-Tobacco)         50–59         \$53.90         \$31.20         \$5.29         \$90.39           Tobacco)         60–69         \$88.43         \$47.64         \$5.29         \$141.36           70–79         \$144.26         \$80.40         \$5.29         \$229.95           80+         \$256.28         \$114.27         \$5.29         \$375.84           Under 29         \$9.68         \$6.57         \$5.29         \$21.54           30–39         \$19.58         \$14.43         \$5.29         \$39.30           40–49         \$43.88         \$30.57         \$5.29         \$79.74           50–59         \$101.36         \$58.26         \$5.29         \$164.91           60–69         \$154.64         \$84.39         \$5.29         \$244.32           70–79         \$224.03         \$130.38         \$5.29         \$359.70  | \$30,000  |   | · · · · · · · · · · · · · · · · · · · | ·                |                 | ·           |
| Tobacco) 60–69 \$88.43 \$47.64 \$5.29 \$141.36 70–79 \$144.26 \$80.40 \$5.29 \$229.95 80+ \$256.28 \$114.27 \$5.29 \$375.84 Under 29 \$9.68 \$6.57 \$5.29 \$21.54 30–39 \$19.58 \$14.43 \$5.29 \$39.30 \$40–49 \$43.88 \$30.57 \$5.29 \$79.74 50–59 \$101.36 \$58.26 \$5.29 \$164.91 60–69 \$154.64 \$84.39 \$5.29 \$244.32 70–79 \$224.03 \$130.38 \$5.29 \$359.70   |           |   | '                                     |                  |                 |             |
| \$30,000 (Tobacco)  \$30,000 (Toba  | ,         |   | · ·                                   |                  |                 | ·           |
| \$30,000 (Tobacco)  80+ \$256.28 \$114.27 \$5.29 \$375.84  Under 29 \$9.68 \$6.57 \$5.29 \$21.54  30-39 \$19.58 \$14.43 \$5.29 \$39.30  40-49 \$43.88 \$30.57 \$5.29 \$79.74  50-59 \$101.36 \$58.26 \$5.29 \$164.91  60-69 \$154.64 \$84.39 \$5.29 \$244.32  70-79 \$224.03 \$130.38 \$5.29 \$359.70   |           |   |                                       | ·                | •               |             |
| \$30,000 (Tobacco) \$9.68 \$6.57 \$5.29 \$21.54 \$30–39 \$19.58 \$14.43 \$5.29 \$39.30 \$40–49 \$43.88 \$30.57 \$5.29 \$79.74 \$50–59 \$101.36 \$58.26 \$5.29 \$164.91 \$60–69 \$154.64 \$84.39 \$5.29 \$244.32 \$70–79 \$224.03 \$130.38 \$5.29 \$359.70   |           |   | <u> </u>                              |                  |                 |             |
| \$30,000 (Tobacco) \$19.58 \$14.43 \$5.29 \$39.30<br>(Tobacco) \$40-49 \$43.88 \$30.57 \$5.29 \$79.74<br>50-59 \$101.36 \$58.26 \$5.29 \$164.91<br>60-69 \$154.64 \$84.39 \$5.29 \$244.32<br>70-79 \$224.03 \$130.38 \$5.29 \$359.70  |           | 1   | ·                                     |                  |                 |             |
| \$30,000 (Tobacco) 40-49 \$43.88 \$30.57 \$5.29 \$79.74<br>50-59 \$101.36 \$58.26 \$5.29 \$164.91<br>60-69 \$154.64 \$84.39 \$5.29 \$244.32<br>70-79 \$224.03 \$130.38 \$5.29 \$359.70  |           |   | · ·                                   | ·                |                 |             |
| \$30,000 (Tobacco) 50–59 \$101.36 \$58.26 \$5.29 \$164.91<br>60–69 \$154.64 \$84.39 \$5.29 \$244.32<br>70–79 \$224.03 \$130.38 \$5.29 \$359.70  |           |   | '                                     | ·                |                 |             |
| (10bacco) \$154.64 \$84.39 \$5.29 \$244.32 70–79 \$224.03 \$130.38 \$5.29 \$359.70  |           |   | · ·                                   | ·                | ·               |             |
| 70–79 \$224.03 \$130.38 \$5.29 \$359.70   | (Tobacco) |   |                                       |                  |                 |             |
|   |           |   | · ·                                   |                  |                 |             |
|   |           | 80+                                       | \$340.58                              | \$182.28         | \$5.29          | \$528.15    |

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## 401(k) savings plan

The TruGreen 401(k) savings plan provides advantages you may not get with other types of savings plans and helps you meet one of life's important goals — saving for a financially secure retirement.

## Eligibility

You are eligible to participate if you are at least 18 years of age and are a full-time employee.

#### Your contributions

You can contribute to your 401(k) with before-tax money or Roth after-tax money, or both. The type of contributions you make will depend on your financial goals and circumstances.

Both before-tax and Roth after-tax contributions count toward the IRS maximum of \$23,000\* in 2024. If you are age 50 or older, you may make additional catch-up contributions — up to \$7,500\* in 2024.

## Company matching contributions

To support your retirement saving efforts, TruGreen matches 100% of your contributions to the plan, up to 1% of your eligible pay and 50% of your contributions from 2%-6% of your pay. Compensation is defined as your total compensation that is subject to income tax and paid to you by the employer, which includes bonuses.

#### Investment elections

The plan offers you a variety of investment options to choose from. It's important to carefully consider your investment goals, retirement time frame, and risk tolerance when deciding how to invest your plan contributions. Visit myTGHR from the mytrugreen.com homepage and then click on Financial Health in the TruRewards section to learn more about your investment options.

## Vesting

Vesting refers to your ownership of the money in your account. You are always 100% vested in your own contributions. You become fully vested in TruGreen's contributions after 2 years.

## **Enrolling in the plan**

You should receive notification, along with an enrollment kit, once you become eligible to enroll in the 401(k) savings plan through <u>Principal</u>. If you don't receive notification within 30 days of your hire day, please contact your HR Department. You will be auto enrolled in a 3% contribution which will begin on your 90<sup>th</sup> day of employment, and you may choose to increase or decrease this amount.

Investing involves risk, including the risk of loss. Before investing, carefully consider the funds' or investment options' objectives, risks, charges, and expenses. Call 800-547-7754 for a prospectus and, if available, a summary prospectus, or an offering circular containing this and other information. Please read them carefully.

\*Current IRS limits may not have been available when this guide was printed.

## It's always the right time

Saving for retirement is important for your financial future, whether you are retiring soon or years from now. Your 401(k) savings plan is designed to assist you in meeting your retirement goals.

# **ENROLL**

#### Online: TruGreen Benefits Are Now Located in Workday!

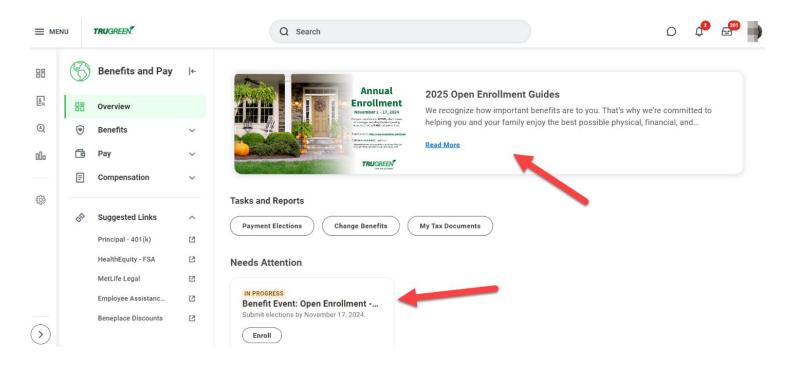
Please visit Workday at <a href="https://www.myworkday.com/trugreen">www.myworkday.com/trugreen</a> with your current Microsoft credentials.

**Example email:** 10066592@trugreenmail.com or tsmith12@trugreenmail.com

Password: Personal Password

**Note:** If you need to reset your Microsoft password, please use the "Forgot Password" functionality or Please contact IT via the Online Support site at <a href="https://atosnam.service-now.com/">https://atosnam.service-now.com/</a> or by calling them at 1-800-456-5296.

To access Workday Benefits, visit Workday and click the 'Menu' button at the top left corner. In the navigation panel, you will see a 'Benefits and Pay' section, which you navigate to "Benefit Event: Open Enrollment" to begin.



## By phone

Call 844-313-8447, and select option 1

Representatives are available to assist you Monday through Friday between 7 a.m. and 7 p.m. CST.

## Changes during the year

After your enrollment opportunity ends, you won't be able to change your benefits coverage during the year unless you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your spouse/domestic partner's employment status that affects your benefits eligibility.

## Effective date of coverage

For new employees, the effective date of coverage for most plans is effective on the 90th day of employment.

For existing employees enrolling during Annual Enrollment, the effective date of most plans is 1/1/2025.

## Contacts

| Benefit Plan   | Provider                         | Website  | Phone Number       |
|--|----------------------------------|--|--------------------|
| RSL BasicCare Plans  | Reliance Standard                | www.reliancestandard.com                         | 1-866-375-0775     |
| Additional Call Center<br>Support  | Brian Patten Associates<br>(BPA) | Calendly - BPA Call Center                       | 855-677-3962       |
| Cobra/Direct Bill  | WageWorks, Inc.                  | https://mybenefits.wagework<br>s.com/            | 866-450-5634 (fax) |
| Supplemental<br>Coverage   | Cigna                            | www.cigna.com                                    | 800-244-6224       |
| Dental   | Cigna                            | <u>www.cigna.com</u>                             | 800-244-6224       |
| Vision   | EyeMed Vision Care               | www.eyemedvisioncare.com                         | 866-723-0514       |
| Virtual Primary Care   | First Stop Health                | First Stop Health<br>(fshealth.com)              | (888) 691-7867     |
| Flexible Spending<br>Accounts<br>(Health Care and<br>Dependent Day Care) | HealthEquity                     | www.healthequity.com                             | 877-722-2667       |
| Life Insurance & AD&D  | Reliance Standard                | www.matrixabsence.com                            | 800-351-7500       |
| Disability – STD<br>and LTD  | Reliance Standard                | www.legalplans.com                               | 800-866-2301       |
| Legal Services   | Hyatt Legal Services             | www.legalplans.com                               | 800-821-6400       |
| TruGreen LifeManagement<br>Program (EAP)                                 | Magellan Health<br>Services      | http://member.magellanhealt<br><u>hcare.com/</u> | 800-327-3986       |
| 401(k) Plan  | Principal                        | www.principal.com                                | 800-547-7754       |





This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights, and coverage effective dates for the benefits offered by TruGreen. It is not a legal plan document and does not imply a guarantee of employment or continuation of benefits. While this guide is a tool to answer many of your benefit questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern the plan's operation. The noted plan changes in this guide may serve as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.

