

Roper
TECHNOLOGIES

2025 Benefits



2025 Benefit Guide

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This Guide
Is Clickable.

Benefits Overview

We are delighted to present a comprehensive range of benefits designed to support your well-being—physically, emotionally, and financially. Your dedication and contributions are highly valued, and we are pleased to offer a rich benefits package to show our appreciation.

You have access to an array of health plans, wellness programs, counseling services, income protection, financial support, and much more. We encourage you to explore the information in this guide thoroughly to understand the benefits available to you and your family. By taking the time to review your options, you can select the plans that best meet your needs now and in the future.



This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or official summary plan descriptions for these programs. If there is a conflict between this guide and the official plan documents, the plan documents will govern. Roper Technologies reserves the right to modify or terminate any of the described benefits at any time and for any reason. The descriptions of these benefits are not a guarantee of current or future employment or benefits. For information about the specific plans available to you, please contact Human Resources.

Health & Wellness Resources

Employee Assistance Program (EAP) with TELUS

Mental health includes emotional, psychological, and social well-being. Leverage EAP services when life throws challenges your way. TELUS EAP can help you and members of your household navigate professional, health, and personal issues. This includes elder care, illness, work-life balance, grief, stress, depression, financial counseling, family challenges, legal matters, and much more.

				
No cost to you	24/7 support	Up to 5 counseling sessions per occurrence	Resources for work, family, and health	Financial and legal services

CONTACT THE EAP 24/7/365

TELUS

- Call: **866-695-6327**
- Visit: **one.telushealth.com**
- Download: **TELUS Health One** app
- Scan the QR code: 






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Note: *Unregistered individuals will receive an invitation email from TELUS with a unique web registration code. Look for monthly reminders in your email.*



Teladoc Virtual Visits*

Skip the waiting rooms and scheduling hassles. Available with Blue Cross Blue Shield of Florida (BCBS FL) plans, Teladoc puts you in control of when and where you access care. You have access to:

Program Features	Teladoc Services		
	 General Medical	 Mental Health	 Dermatology
Hours Available	24/7/365	Daily (7 am – 9 pm your local time)	24/7/365
Type of Care	Speak to a licensed physician for: <ul style="list-style-type: none"> Diagnosis & treatment of common medical conditions Referrals to specialists Prescriptions (some limitations may apply) 	Speak to a license therapist or psychiatrist to navigate: <ul style="list-style-type: none"> Stress Depression Marital issues And more 	Obtain treatment plans for skin issues such as: <ul style="list-style-type: none"> Infections Acne Eczema Simply take a picture of your skin, upload it to your account online or via the app, and receive a treatment plan within two days!

*Copay required for services; refer to roperbenefits.info/medical-prescription for amounts by service.

HELP IS JUST A CALL AWAY

Teladoc






















Be prepared and register now!

- Call: **866-789-8155**
- Visit: myhealthtoolkitfl.com or teladoc.com/go
- Download: **Teladoc** mobile app
- Scan the QR code: 



Where to Go for Care

Multiple options exist outside of going to the Emergency Room or your primary care doctor based on your medical needs. Review the guide below to understand your varying options for where to go for care. You could possibly save hundreds of dollars and avoid long waits utilizing these other available resources.

 TELUS EAP Professional support on various topics in person and virtually		 Teladoc Virtual Care Speak to a board-certified physician anytime, anywhere.		 Primary Care Provider (PCP) Talk to the person who knows you and your medical history.		 Urgent Care Obtain non-emergency care that needs immediate attention.		 Emergency Room Receive treatment for life and limb-threatening symptom.	
Hours Available: 24/7		Hours Available: 24/7		Hours Available: Varies		Hours Available: Varies		Hours Available: 24/7	
	FREE*				 		  	 	   
Types of care: <ul style="list-style-type: none"> Mental health services Work-life balance resources Mental, physical, and financial support and programs 		Types of care: <ul style="list-style-type: none"> Treatment, injuries, skin conditions, or illnesses Seasonal allergies, cold, or flu Mental health services 		Types of care: <ul style="list-style-type: none"> Preventive care Fevers, cold, flu, or sore throat Treatment of chronic illness Follow-up visits and referrals 		Types of care: <ul style="list-style-type: none"> Treatment of minor injuries or illnesses Headaches, back pain, sprains, or rashes May offer lab tests and x-rays 		Types of care: <ul style="list-style-type: none"> Treatment of severe medical conditions Treatment of severe injuries and illnesses Treatment after an accident 	

*You can receive up to five (5) counseling sessions per person, per occurrence.

My Health Toolkit

Make the most of your medical plans through the BCBS FL secure online health care site, **My Health Toolkit**. Access all your health benefits quickly and easily. Sign up today to stay connected anytime, anywhere.

Here's what you can do with My Health Toolkit:

- Verify medical and prescription benefits
- Research health issues with trusted resources
- Find doctors, hospitals, pharmacies, and estimate costs
- Access your digital ID card whenever you need it
- Take advantage of free maternity, behavioral health, and care management programs
- Enjoy member-exclusive discounts and perks

Shopping For Care

Before making important health decisions, like choosing a doctor or a surgery location, use Shopping for Care through My Health Toolkit.


Shopping For Care can assist you with:

- Finding in-network providers and services
- Checking costs to ensure you get the best price
- Reading reviews from other patients
- Identifying high-quality providers with special designations like Total Care and Blue Distinction Specialty Care
- A detailed map to find your provider's location

How to access Shopping for Care:

- **Visit:** myhealthtoolkitfl.com, log in, go to *Providers and Services*, and select *Find Care*.
- **On the App:** Log in to the My Health Toolkit app and tap *Find Care*.

MY HEALTH TOOLKIT

- Visit: myhealthtoolkitfl.com
- Download: **My Health Toolkit** mobile app
- Scan the QR code: 



SCAN ME



Health > [Health & Wellness Resources](#) | [Which Plan Is Right for You](#) | [Medical Plans](#) | [Prescriptions](#) | [Lifestyle Examples](#) | [Dental](#) | [Vision](#)

My Health Novel — \$0 cost to you!

We want to make reaching your wellness goals easy and attainable. **When you enroll in a BCBS FL plan, you have access to My Health Novel programs, at no cost to you!**

To get started, visit myhealthtoolkitfl.com > **Benefits** > **My Health Novel**. Complete the assessment and get matched with resources and the best program for you.



Weight Management Program

Looking to start healthy habits or lose weight? This program is perfect for you! Gain access to top-notch nutrition, fitness, and weight management tools, plus group support and programs designed to reduce the risk of heart disease and Type 2 diabetes.



Musculoskeletal Health Program (MSK)

If you have mobility issues, this program will help match you with a mobility solution that fits your physical and emotional needs and gets you on the fastest path to recovery. Programs available range from general mobility solutions to a clinical team with technology for MSK care.



Behavioral Health Program

Discover My Health Novel's premium mental health network, offering mindfulness and cognitive behavioral therapy to reduce stress, improve sleep, boost happiness, and cut down on clinical visits. This program that is tailored to your needs, from self-care tools to therapy and psychiatry.



Which Medical Plan Is Right for You?

HDHP or PPO

There is no “best” plan. When deciding which medical plan is right for you and your family, it is important to consider the total cost of coverage. While each medical plan includes free preventive screenings, the medical plans vary on annual deductibles, copays, and levels of coinsurance. This means you may pay more out-of-pocket costs with one plan versus another.

Plan Features	HDHP	PPO
Cost per paycheck	lower	higher
Free preventive care	✓	✓
Must select a Primary Care Physician (PCP)	x	x
Referrals needed for specialists	x	x
Annual deductible to satisfy	higher	lower
Copayment for most services	x	✓
Coinsurance for most services	✓	x
In-network coverage	✓	✓
Out-of-network coverage	✓	✓
Eligible to enroll in HSA with Roper contribution	✓	x

Helpful Key Terms

Coinsurance: The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan’s out-of-pocket maximum.

Copay: A fixed dollar amount you pay the provider at the time of service.

Deductible: The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services.

In-Network Care: Care provided by contracted doctors within the plan’s network of providers. Participants will pay less receiving care from in-network providers.

Out-of-Network Care: Care provided by a doctor or at a facility outside of the plan’s network. Participants will pay more receiving care from out-of-network providers

ADDITIONAL HDHP BENEFITS

There are a variety of drugs and services that are covered 100% as preventive care through the HDHP. This coverage extends to many conditions, including heart disease, asthma, depression, liver disease, and more. To view an inclusive list, go to roperbenefits.info/medical-prescription.

Example: If you are diabetic and require A1c testing and insulin medication, you can be covered for certain drugs and services at 100%.



Medical Plans

Both plans cover the same services and use BCBS FL providers. To find in-network providers, visit myhealthtoolkitfl.com

> **Find Care > Enter network:** Georgia (RTK - Blue Open Access POS), Florida (RTL - Network Blue),

Other states (RTC - BlueChoice PPO).

QUESTIONS?

If you have questions when planning your enrollment, call BCBS Pre-Enrollment at **877-705-5429**.

Plan Features	BCBS HDHP	BCBS PPO
	In-Network	In-Network
Company HSA Contribution Individual/Family (<i>prorated based on pay frequency and funded each pay period.</i>)	\$700 per year / \$1,200 per year	N/A
	You pay:	You pay:
Annual Deductible Individual/Family	\$2,500 / \$5,000	\$1,000 / \$2,000
Annual Out-of-Pocket Maximum (OOPM) Individual/Family	\$5,500 / \$11,000	\$4,000 / \$8,000
Preventive Care Visit	Covered in full (includes certain chronic condition services, see page 8)	Covered in full
Teladoc Medical Teladoc Dermatology Teladoc Mental Health	\$55 copay (or 20%*) \$85 copay (or 20%*) \$90 copay (therapist), \$220 copay (initial psych) or 20% after deductible	\$10 copay \$40 copay \$25 copay
Primary Care Visit	20%*	\$25 copay
Specialist Visit	20%*	\$40 copay
Lab & X-ray	20%*	20%*
Urgent Care	20%*	\$50 copay
Emergency Room	20%*	\$200 copay (waived if admitted)
Outpatient & Inpatient Hospital	20%*	20%*
Outpatient Mental Health	20%*	20%*

*After deductible, up to the out-of-pocket maximum, OOPM.

Prescription Drug Coverage

Save Money and Go Generic

Save money by using generic prescriptions over brand name medications. Generic drugs contain the same active ingredients as brand name drugs, but typically cost much less. If you or your doctor requests a brand-name drug when a generic equivalent is available, you will pay the brand copay or coinsurance (depending on your plan), plus the difference in cost between the generic drug and the brand drug. You will never pay more than the actual cost of the brand drug.

Utilize Mail Order for Additional Savings

Consider using Mail Order for your maintenance medications to save extra money. Mail Order prescriptions provide a 90-day supply, generally for less than you would pay for three 31-day refills.

Plan Features	BCBS HDHP	BCBS PPO
	In-Network	In-Network
	You pay:	You pay:
Prescription Drugs: Retail (up to a 31-day supply)		
Generic	20%* (certain chronic conditions prescriptions are covered in full. See page 8)	\$10 copay
Preferred Brand		\$35 copay
Non-Preferred Brand		\$60 copay
Specialty		20% up to \$300 copay/prescription
Prescription Drugs: Mail Order or Retail (up to a 90-day supply)		
Generic	20%* (certain chronic conditions prescriptions are covered in full. See page 8)	\$20 copay
Preferred Brand		\$70 copay
Non-Preferred Brand		\$120 copay
Specialty	N/A	N/A

*After deductible, up to the out-of-pocket maximum, OOPM.

Lifestyle Examples

Below are two examples of fictional health care users. You may find some similarities to your own situation, and they may help you decide which plan to enroll in. Actual prices and savings will vary based on services and discounted rates at the time of service.



Olivia

Olivia is a healthy, single female. She visits the doctor for her preventive visit, and she takes an ongoing maintenance medication for her allergies.



Plan Usage: Low

Estimated Treatments	BCBS HDHP	BCBS PPO
Preventive Visits	\$0	\$0
Monthly Maintenance Medication – Preferred Brand (\$84/prescription)	\$1,008 Member pays the full medication cost until the deductible is met (12 prescriptions x \$84 copay)	\$420 (12 prescriptions x \$35 copay)
Total Olivia Spends at Time of Care	\$1,008	\$420
Annual Roper HSA Contribution	\$700	\$0
Employee Only Coverage (plan premium)	\$1,200 (\$100 x 12)	\$2,448 (\$204 x 12)
Total Employee Cost	\$1,508	\$2,868

Olivia chooses the BCBS HDHP. Here's why:

- Savings per paycheck
- Company HSA contribution to help offset costs
- Continued access to unused HSA funds



James

James has two children who often visit the doctor and Urgent Care. He orders a 90-day mail prescription for his daughter's monthly generic medication.



Plan Usage: High

Estimated Treatments	BCBS HDHP	BCBS PPO
Urgent Care (4 visits at \$800/visit)	\$3,200 (4 x \$800)	\$200 (4 x \$50 copay)
Primary Care Visits (6 visits at \$200/office visit)	\$1,200 (6 x \$200)	\$150 (6 x \$25 copay)
Mail-Order Medication – Generic (\$30/prescription)	\$120 (4 x \$30)	\$80 (4 x \$20 copay)
Total James Spends at Time of Care	\$4,520	\$430
Annual Roper HSA Contribution	\$700	\$0
Employee + Children Coverage (plan premium)	\$2,172 (\$181 x 12)	\$4,308 (\$359 x 12)
Total Employee Cost	\$5,992	\$4,738

James chooses the BCBS PPO. Here's why:

- Predictable costs
- Lower deductibles and copays
- Lower mail-order prescription costs

Dental Coverage

We've partnered with Delta Dental to help you maintain a healthy smile through regular preventive dental care and coverage for any services you need. You may visit any dentist, but you'll receive the highest level of coverage when you visit in-network providers. If you visit an out-of-network provider, you will not benefit from discounted rates and will pay more for services.

Plan Features	Delta Dental PPO Plan
	In-Network*
Calendar Year Benefit Maximum	\$2,500 per enrolled member
Orthodontia Lifetime Maximum	\$2,500 per enrolled member
You pay:	
Annual Deductible (Individual/Family)	\$50 / \$150
Diagnostic & Preventive Services (e.g., x-rays, cleanings, exams)	\$0, no deductible
Basic & Restorative Services (e.g., fillings, extractions, root canals)	20% after deductible
Major Services (e.g., dentures, crowns, bridges)	50% after deductible
Orthodontia (adults & children)	50%, no deductible

*For out-of-network services, members pay applicable coinsurance plus any amount that exceeds the usual, customary, and reasonable charge.

TOOLS & RESOURCES

Visit deltadentalins.com to:

- Find an in-network dentist. Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees.
- View benefit details and claims.
- Plan ahead and estimate costs.
- Access ID cards (physical cards are not issued).



Vision Coverage

Keep your vision clear and your eyes in good health with regular eye exams. The VSP vision plan offers an extensive network of optometrists and vision care specialists. Don't forget, you'll save money by visiting in-network providers.

Plan Features	VSP PPO
	In-Network
	You pay:
Exam every 12 months	\$15 copay
Prescription Glasses	\$25 copay
Frames every 24 months	Amount over \$150 allowance
Lenses every 12 months	
Single, Bifocal & Trifocal	\$25 copay
Standard Progressives lens enhancement	Covered in full
Anti-glare coating lens enhancement	\$30 copay
Contact Lenses every 12 months	
Contact lenses	Amount over \$130 allowance
Exam & fitting	Up to \$60 copay

TOOLS & RESOURCES

Visit vsp.com to:

- Find a provider in the **VSP Signature** network near you.
- View benefit details.
- Explore exclusive VSP member extras and special offers.



Your Cost for Coverage

Your monthly payroll deductions for medical, dental, and vision are shown below.

Benefit Plan	Employee Only	Employee + Spouse / Domestic Partner*	Employee + Child(ren)	Employee + Family*
Medical				
BCBS HDHP	\$100	\$368	\$181	\$427
BCBS PPO	\$204	\$617	\$359	\$743
Dental				
Delta Dental	\$23	\$47	\$40	\$75
Vision				
VSP	\$8	\$13	\$13	\$19

*When covering a domestic partner, the employee/dependent child portion of the premium is deducted pre-tax, the domestic partner portion is deducted post-tax, and the domestic partner portion paid by the company is included in the gross income of the employee for tax purposes. This may increase your federal and state taxes.

Working Spouse Medical Coverage Surcharge





If your spouse or domestic partner is offered medical coverage through their employer and you choose to insure them through your medical plan, you will be subject to a working spouse surcharge of \$100 per month, pre-tax. Certain exceptions apply. See roperbenefits.info for details.



How the Health Savings Account (HSA) Works

When you enroll in the BCBS FL HDHP, you are eligible for an HSA through HSA Bank to help pay for your annual deductible and eligible health care expenses not covered by your medical, dental, or vision plan, tax-free.*

That means no tax on the money you or the company contributes, on the cost of eligible expenses, or on the interest you earn.

			
Contribute funds	Get free money	Use the funds	Let it grow
<ul style="list-style-type: none"> ■ Individual: \$4,300 IRS maximum ■ Family: \$8,550 IRS maximum ■ Catch-Up**: \$1,000 IRS maximum 	<ul style="list-style-type: none"> ■ Individual: \$700 per year ■ Family: \$1,200 per year ■ Deposited each pay period, as long as you are enrolled in the HDHP medical plan, and maintain an active HSA account 	<p>Use your HSA Bank debit card to:</p> <ul style="list-style-type: none"> ■ Pay your deductibles ■ Pay for qualified medical, dental, and expenses ■ After age 65, use your HSA for any expenses and only pay taxes, just like a 401(k) 	<ul style="list-style-type: none"> ■ Unused funds remain in your account, no “use-it-or-lose-it” rule ■ Invest your balance to potentially earn more ■ Funds portable if you leave the company

*State taxes may still apply in CA and NJ. For detailed tax implications of an HSA, please contact your professional tax advisor.

**Eligible participants that are 55 years old at the beginning of the plan year or reach 55 years of age during the plan year.



WHAT ABOUT THE FINE PRINT?

- You cannot be covered under another non-qualified health plan, including your spouse’s Health Care Flexible Spending Account.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else’s tax return.
- You must have a valid Social Security or tax ID number and physical U.S. address to establish your HSA.

Questions? Refer to **IRS Publication 969** for a complete list of eligible expenses and HSA rules.

How the Flexible Spending Accounts (FSAs) Work

The WEX FSAs offer a smart way to stretch your dollars by setting aside pre-tax money to pay for eligible health care and dependent day care expenses. Each year, you must elect an annual amount to contribute. Your contributions will be deducted pre-tax from your pay, which helps reduce your taxable income.

	Health Care FSA	Dependent Care FSA
Annual Limit	\$3,200	\$5,000 (\$2,500 if married and filing separately)
Eligible Expenses	Health care expenses, such as deductibles, copays, & prescriptions*	Dependent care, such as daycare (children age 12 and under), disabled children, and elder care*
Funds Available Date	Full annual election available upon benefits effective date	You can be reimbursed up to the amount available in your account
Payment Method	Debit card, direct deposit, or check	Debit card, direct deposit, or check
Deadline for Services	Services must be incurred by 12/31/2025	Services must be incurred by 12/31/2025
Deadline for Submission for Reimbursement	You must submit for reimbursement by 3/31/2026	You must submit for reimbursement by 3/31/2026

*View an interactive list of eligible expenses at [WEX](#) or a complete list refer to IRS Publication [502](#) and [503](#).

Important FSA Rules



- Strict “use it or lose it” rule. Unused funds at the end of the plan year (December 31) will be forfeited, per IRS regulations.
- You cannot have a Health Care FSA and an HSA at the same time.
- If your spouse is enrolled in a Health Care FSA through their employer, you are automatically eligible for that FSA, making you ineligible for an HSA.
- The Dependent Care FSA is available if you and your spouse work or attend school full-time. Expenses must be incurred and paid to a vendor, and vendor’s tax ID or SSN must be provided on the claim. Eligible expenses include childcare, before and after school care programs, preschool, and summer day camp for children under 13. The account can also be used for day care for a spouse or other adult dependent and is physically or mentally incapable of self-care.

Commuter Benefit Plan

Set aside tax-free funds for your commute to and from work. Eligible expenses include transit passes, tokens, fare cards, ticket books, vanpool costs, and parking costs near your place of work or near public transportation.

The maximum monthly contribution limit is set by the IRS for transit and parking expenses. If funds are not used during one month, they are rolled over to the next month. You can change your contribution level on a month-to-month basis in roperbenefits.info.



Life and AD&D Insurance

Basic Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance through Lincoln Financial Group, provides financial security for you and your family if you pass away or become seriously injured. As an eligible employee, you receive Basic Life and AD&D insurance at **no cost to you**.

Keep in mind, on January 1, after you turn age 65, the elected amount of Basic Life and AD&D benefits will reduce. See Summary Plan Description for additional plan details.

- **Life insurance** is designed to provide your family with financial protection if you die from an illness, accident, or any other cause.
- **AD&D insurance** pays you or your family a benefit if you are killed or injured due to an accident. If a covered accident causes your death, your beneficiary receives a benefit from the plan. If a covered accident causes you to lose a body part or the ability to hear, see, or speak, you receive a benefit from the plan.

CHOOSING A BENEFICIARY

You may choose anyone to be the beneficiary of your Life and AD&D policy. Review your beneficiary designation periodically to ensure it reflects your current wishes. You may change your beneficiary at any time.



Voluntary Life and AD&D Insurance

In addition to Basic Life and AD&D, you may buy Voluntary Life and AD&D coverage at discounted rates. The chart below describes the amounts of coverage you can buy for yourself, your spouse, and your child(ren).

Keep in mind, on January 1, after you turn age 65, the elected amount of Voluntary Life and AD&D benefits will reduce. See summary plan description for additional plan details.

Benefit Features	Voluntary Life and AD&D Options		
	Employee	Spouse/Domestic Partner	Dependent Child(ren)
Coverage Options	Increments of \$10,000	Increments of \$5,000	\$1,000
Maximum	Up to lessor of 5x salary or \$750,000*	\$250,000* (cannot exceed employee coverage)	\$10,000 (cannot exceed employee coverage)
Guaranteed Issue Amount	\$300,000	\$50,000	
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualifying life event		

*Evidence of Insurability (EOI) will be required within 30 days of enrollment.

How Much Voluntary Life and AD&D Insurance Should I Buy?

When deciding how much Voluntary Life and AD&D coverage to buy, consider the following:

1. How much will your dependents need to pay debts, such as a mortgage, car loan, or credit card balances?
2. How much do your dependents need to maintain their current standard of living?
3. What kind of future would you like to provide for your dependents or others who depend on you for financial support?

Voluntary Life and AD&D Insurance Premiums

Employee/Spouse Age	Life Rate/\$1,000 of Coverage	AD&D Rate/\$1,000 of Coverage
<25	\$0.05	\$0.02
25 -29	\$0.06	\$0.02
30-34	\$0.08	\$0.02
35-39	\$0.09	\$0.02
40-44	\$0.110	\$0.02
45-49	\$0.173	\$0.02
50-54	\$0.310	\$0.02
55-59	\$0.495	\$0.02
60-64	\$0.775	\$0.02
65-69	\$1.375	\$0.02
70-74	\$2.210	\$0.02
75+	\$2.648	\$0.02
Child	\$0.09	\$0.02

WHAT IS EOI?

EOI is the process of providing health information to qualify for certain types of insurance coverage. If you elect or increase Voluntary Life coverage, you may be required to submit a health questionnaire within 30 days. Your questionnaire will be reviewed by the carrier, and you will be notified of their decision directly. Visit mylincolnportal.com (company code: ROPER) to complete the online EOI form.



Disability Coverage

To assist you financially, you are automatically enrolled in disability coverage through Lincoln Financial Group which provides partial income replacement if an approved non-work related illness or injury prevents you from working.

Short-Term Disability (STD)

STD coverage provides you with a portion of your earnings if you are unable to work due to a non-work-related illness or injury. You are automatically enrolled in STD coverage at **no cost to you**. If you're unable to work, contact Lincoln Financial Group. Once the claim is approved, your disability benefits begin the day you are injured or after a 7-day waiting period for illness.

STD	
Percent of Earnings	60%
Elimination Period	0 days injury, or 7 days illness
Maximum Duration	180 days

Long-Term Disability (LTD)

LTD pays you a portion of your earnings if you cannot work for an extended period due to a disabling non-work-related illness or injury. You are automatically enrolled in LTD coverage at **no cost to you**. The benefit you receive is considered taxable income.

LTD	
Percent of Earnings	60%
Monthly Maximum	\$11,000
Elimination Period	180 days
Maximum Duration	Up to Social Security Normal Retirement Age

Note: Benefits may be reduced by other sources of disability income you may qualify for such as state disability programs, Social Security, Workers' Compensation, etc.

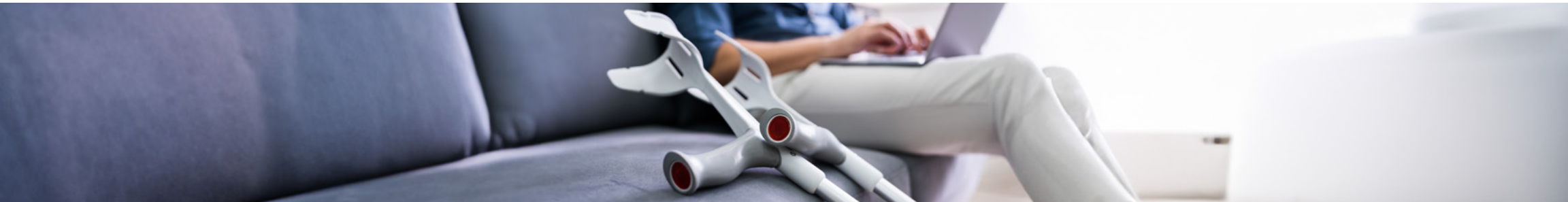


CONFIDENTIAL SUPPORT

If you're facing challenges, the EAP offers confidential counseling and resources for you and your household members. Call **866-695-6327** or visit one.telushealth.com.

CONTACT LINCOLN FINANCIAL GROUP

- Call: **855-286-1351**
- Visit: mylincolnportal.com
(company code: ROPER)



Pet Insurance

Roper is excited to offer pet insurance through Wishbone, powered by Pet Benefit Solutions. You can have peace of mind when it comes to your pet's health with two coverage options that fit various budgets. Wishbone offers comprehensive Accident & Illness coverage that includes exam fees, diagnostics, and treatment for eligible incidents at any veterinary facility, including specialty and emergency clinics. 24/7 telehealth services for convenient access to veterinary advice is included. Additionally, the Wellness Plans are perfect for routine check-ups, preventive care, vaccinations, and more.

Plan Type	Monthly Cost	Coverage Amount	Deductible	Annual Limit
Accident & Illness	Rates are based on age, breed, and zip code	90% reimbursement	\$250	\$25,000
Wellness Plans				
Essential Plan	\$14	See flyer for scheduled coverage amount	N/A	Up to \$300
Premium Plan	\$25	See flyer for scheduled coverage amount	N/A	Up to \$300

Get Started Today!

For more information on coverage limits and waiting periods, visit wishboneinsurance.com/ropertech.



401(k) Retirement Plan

A 401(k) is a retirement savings vehicle that allows you to defer pre-tax income up to the IRS limit per year. The 401(k) Plan, administered by Vanguard, offers a variety of saving and investment options to reach long-term financial goals. In 2025, you can contribute up to \$23,000 and if you are 50+ you can contribute an additional \$7,500 “catch-up” contribution.

Eligibility

All active, full-time U.S. employees age 18 and older are eligible for the 401(k) Plan.

Learn more about Plan eligibility and features in the Vanguard 401(k) enrollment brochure provided to you at the time of hire. You can also view the summary plan description on the [Vanguard website](#) (under **Explore > Plan Details > Plan Communication**) or at ropербenefits.info/401k-retirement-plan.

Helpful Tips on Saving for Retirement

- Start saving as soon as possible to grow your retirement account.
- Begin with what you can afford and increase contributions over time.
- Make setting aside money for retirement a habit.
- Understand investment returns may fluctuate.
- If you change jobs, you can roll over your retirement account.

VANGUARD ACCOUNT

Log in to your account at

vanguard.com/retirementplans to:

- Elect/change traditional 401(k), Roth 401(k), and/or catch-up contributions
- Review plan features, benefits, and the summary plan description
- View/change investments
- View/change communication preferences
- Start a rollover from a former employer’s plan or IRA
- Designate beneficiaries



Employee Stock Purchase Plan (ESPP)

Eligible employees can purchase Roper Technologies common stock at a **10% discount*** through payroll deductions. Explore the details and review the plan document at roperbenefits.info.

Eligibility

1. You must have worked at least five (5) months during any calendar year.
2. You must work more than 20 hours per week.
3. You must regularly have payroll taxes withheld.

How it Works

			
Election	Purchase	Discount Basis	Contribution Limit
<p>During the enrollment window you elect between 1-10% of your salary to be deducted each pay cycle after taxes.</p>	<p>On the purchase date, accumulated funds are used to buy company stock at a 10% discount.</p>	<p>The discount will be applied to the lower of the closing price on the first or last day of the offering period.</p>	<p>An employee can purchase up to \$25,000 worth of stock in a calendar year through the ESPP program based on fair market value at the beginning of the offering period.</p>

Enrollment Periods

Enroll or make changes to your contribution percentage during the four enrollment periods below.

2025 ESPP Enrollment Window Opens	2025 ESPP Enrollment Window Closes
02/24/2025	03/14/2025
05/26/2025	6/13/2025
08/25/2025	09/12/2025
11/24/2025	12/12/2025

**Subject to Plan restrictions and limitations.*

TAKE ACTION TODAY!

Log in to netbenefits.com or call **800-544-9354** to:

- Enroll or update your elections
- Review your account and track shares purchased
- Plan to sell or transfer shares after the 15-month restriction period

Eligibility

Employee Eligibility Categories

All Active Employees	Regular Full-Time Employees	Regular Part-Time Employees	Temporary Full-Time Employees
All employees are eligible to participate in the EAP and Commuter benefits.	Working at least 30 hours per week are eligible for all company health & welfare benefits and automatically receive company sponsored life and disability coverage, plus other perks and discount programs.	Working an average of 30 hours per week during the ACA measurement period (11/1 prior year to 10/31 current year) are eligible for medical coverage only.	Working an average of 30 hours per week during the ACA measurement period (11/1 prior year to 10/31 current year) are eligible for medical coverage only.

Dependents Eligibility Information

Eligible dependents include:

- Your legal spouse or domestic partner.*
- Your child, your spouse's/domestic partner's child, adopted child, or stepchild up to age 26.
- Child(ren) over age 26 if they are dependent upon you for financial and physical support as the result of a total disability.

Exceptions include:

- Dependents must live in the U.S.
- Dependents that are also employed by a Roper company and receive employer-sponsored medical, dental, or vision insurance cannot be covered by you. Your dependent cannot be insured twice by being added as a dependent on your insurance.
- If both parents of a dependent child are employed by a Roper company, only one can claim the child as a dependent for health care benefits.

*A domestic partner is defined as someone who has shared a primary residence with you for the preceding 12 consecutive months, is at least 18 years of age, and plans to continue the relationship indefinitely, or with whom you have registered the relationship with any state or local government domestic partner registry.



REQUIRED DOCUMENTATION

When enrolling dependents, you will be asked to certify that they meet the dependent eligibility requirements. The company may perform random audits to verify qualifying life events and dependent eligibility. If requested, you must provide supporting documents within 30 days to prove their eligibility. Documents may include a marriage license, birth certificates, tax return, offer letters, affidavits, or a coverage termination notice.

Enrolling & Making Changes

The choices you make when you first become eligible are in effect for the remainder of the plan year. It's important to review your benefit options and choose the best coverage for you and your family.

When Do You Enroll?

1. Initial Eligibility Date

Enroll within 30 days of your eligibility date; otherwise you'll have to wait until the next Open Enrollment period.

2. Open Enrollment

Each year, you can make changes to your benefits during Open Enrollment in the fall. The choices you make become effective on January 1 of the next year.

3. Qualified Change in Family Status

You have 30 days to make changes after a qualifying life event, such as:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other health coverage for you and/or your dependents
- Change in employment status
- Change in Medicaid/Medicare eligibility for you or a dependent
- Receipt of a Qualified Medical Child Support Order

IF YOUR EMPLOYMENT ENDS

If your employment with a Roper company ends, your medical, dental, and vision benefits will end the last day of the month in which your employment ends. You may have options to extend your coverage through COBRA. You will receive more information to your home address after your coverage ends.

Life and disability benefits end immediately. Lincoln Financial Group will send a mailing to your home address on file with instructions to port or convert life insurance.



How to Enroll

1

Evaluate Your Needs

- Who should I cover?
- How much did I spend on health care last year?
- Will I need more, or less health coverage?
- If enrolling mid-year, have I met all or a portion of the annual HSA or Dependent Day Care IRS limits that may reduce the amount I'm able to contribute for rest of the year?

2

Review Your Options

- Explore your benefit resource site roperbenefits.info.
- Review this benefit guide to compare your options.
- Find more benefit details, summary plan descriptions, certificate booklets, and more.

3

Enroll Online Through UKG

- Visit e41.ultipro.com.
- Enter your username, typically last name followed by the first initial of first name. (E.g., The username for "Robert Smith" is "SmithR". In some cases, the username may be followed by a number.)
- Enter your password. (If defaulted, it will be your 8-digit date of birth (mm/dd/yyyy).
- Once logged in, click **Myself > Benefits > Manage My Benefits**.

4

Confirm Your Elections

- Choose and review your choices carefully, then click *Check Out*. Print or download your confirmation page.
- You will see the following message when enrollment is complete: **"Congratulations! You successfully submitted your benefit elections!"** If you do not get this message you have not completed enrollment.

DUAL ENROLLMENT IN NOVEMBER OR DECEMBER

If you are a new hire or if you will experience a qualifying event in November or December, you **MUST** complete two steps to receive benefits.

1. Enroll in New Hire benefits or make qualifying life event changes for the current year.
2. Complete Open Enrollment elections for benefits for 2025.



Perks & Discounts

Did you know that you may have access to additional resources and discounts via related sites and even your insurance coverage? Review the perks and discounts for more information. **Find details at roperbenefits.info > Resources.**

Blue365

Explore myhealthtoolkitfl.com > **See Plan Perks** to view discounts on allergy relief, hearing aids, vision services, and more through Blue365.

Benefit Hub

The Roper Benefit Hub provides exciting deals on travel, tickets, auto, electronics, food, and more! Go to roper.benefithub.com, use referral code **Y8WSEM**, enter email address, and create an account.

Questions? Call **866-664-4621** or email customercare@benefithub.com.

My Benefit Advisor

My Benefit Advisor can help you sort through the complexities and tough **Medicare** decisions to find the solution that is right for you. Go to roperbenefits.info > **Resources** for more information.

Roper Employee Benefit Services

Contact the Roper Employee Benefit Service team at **888-481-3284** or roper.benefits@assuredpartners.com. They can assist you with any health and welfare questions, and with enrolling in the portal.

Note: The above are associated perks and discounts available and do not represent insurance plans nor any coverage guarantees.





Delta Dental

Navigate to deltadentalins.com > **Members** > **Member perks**, to view discounts on toothbrushes, Lasik, hearing aids, variety of discounts via LifePerks, and more!



VSP

Explore discounts at vsp.com > **Members** > **Offers**, to view savings on Lasik, contacts, hearing aids, travel and entertainment, and more additional special offers!



EAP

Login to one.telushealth.com > **Exclusive Offers**, to view discounts on entertainment, various retailers, auto insurance, technology, fitness, and more!



Prescription Savings

The medical plans cover prescription drugs, but may not cover every medication or the cost could still be outside your budget. You can leverage sites like [GoodRx.com](https://goodrx.com)* to find prices and coupons, prices, and compare costs under the medical plan to help you save money and become a better health care consumer.

**Medications purchased through GoodRx will not apply to your medical/prescription plan (deductibles or out-of-pocket maximums).*



Benefit Contacts

Coverage	Provider	Phone	Website/Email
Roper Employee Benefit Services	Health & Welfare Benefit Support	888-481-3284	roper.benefits@assuredpartners.com
Medical & Prescription	Blue Cross and Blue Shield of Florida and OptumRx	Pre-Enroll Help Line: 877-705-5429 Customer Service 855-212-4674	myhealthtoolkitfl.com To find a provider, enter network: Georgia (RTK - Blue Open Access POS), Florida (RTL - Network Blue), Other states (RTC - BlueChoice PPO)
Telemedicine	Teladoc	866-789-8155	myhealthtoolkitfl.com teladoc.com/go
HSA	HSA Bank	800-357-6246	hsabank.com
Dental	Delta Dental	800-521-2651	deltadentalins.com
Vision	VSP	800-877-7195	vsp.com
EAP	TELUS Health	866-695-6327	one.telushealth.com
FSAs, Commuter & COBRA	WEX	866-451-3399	wexinc.com/login/benefits-login
Life, AD&D, STD, LTD & FMLA	Lincoln Financial Group	855-286-1351	mylincolnportal.com Company code: ROPER
401(k)	Vanguard	800-523-1188	vanguard.com/retirementplans
ESPP	Fidelity	800-544-9354	netbenefits.com

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FIND OUT MORE!

Reading this guide is just the beginning. Scan the QR code or go to roperbenefits.info to access more information, including plan summaries, legal notices, and more!



SCAN ME