Roper
TECHNOLOGIES



2027 Benefits Guide

What's Inside

2 Benefits Overview
3 Medical Plans
4 Which Medical Plan Is Right for You?
5 Prescription Drug Coverage
6 Lifestyle Examples
7 Health & Wellness Resources
11 Dental Coverage
12 Vision Coverage
13 Your Cost for Coverage
14 How the Health Savings Account (HSA) Works
15 How the Flexible Spending Accounts (FSAs) Work
16 Commuter Benefit Plan
17 Basic Life and AD&D Insurance
19 Disability Coverage
20 Voluntary Benefits
21 Pet Insurance
22 401(k) Retirement Plan
23 Employee Stock Purchase Plan (ESPP)
24 Eligibility
25 Enrolling & Making Changes
26 How to Enroll
27 Perks & Discounts
28 Vendor Contacts

This Guide Is Clickable.

Benefits Overview

We're excited to share a wide range of benefits designed to support your physical, emotional, and financial well-being. Your hard work and dedication are deeply appreciated, and we're proud to offer a benefits package that reflects our commitment to you.

Within this guide, you'll find health plans, counseling and well-being resources, income protection, wealth-building opportunities, and more. We encourage you to review this guidebook carefully and choose the benefits that best support your needs and goals.



This guide provides an overview of the benefits program. It is not intended to be 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.

Medical Plans

Both plans cover the same services and use Anthem providers. To find in-network providers, visit **anthem.com/find-care > Find Care**.

Plan Features	Anthem HDHP	Anthem PPO
	In-Network	In-Network
Employer HSA Contribution Individual/Family *(prorated based on pay frequency and funded each pay period)*	$800 per year / $1,400 per year	N/A
	You pay:	**You pay:**
Annual Deductible Individual/Family	$3,500 / $7,000*	$1,250 / $2,500*
Annual Out-of-Pocket Maximum (OOPM) Individual/Family	$5,500 / $11,000*	$4,000 / $8,000*
Preventive Care Visit	Covered in full	Covered in full
Virtual Primary Care, Mental Health and Dermatology through LiveHealth Online	$10 copay	$10 copay
Primary Care Visit	20%	$25 copay
Specialist Visit	20%	$40 copay
Lab & X-ray	20%	$40 copay (freestanding facilities) 20% (hospital)
Urgent Care	20%	$50 copay
Emergency Room	20%	$200 copay (waived if admitted)
Outpatient & Inpatient Hospital	20%	20%
Outpatient Mental Health	20%	20%

**Family deductible and out-of-pocket maximum are embedded (see definitions on this page).*

QUESTIONS?

If you have questions regarding the provider network, call Anthem at **844-614-3181**.

Helpful Key Terms

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 or when there is a copay.

Embedded Deductible/OOPM: Each person has their own deductible and out-of-pocket maximum within the family plan. The plan shares costs after a person meets their deductible, and it pays 100% of their covered, in-network costs once they reach their OOPM—even if the family limits haven't been met.

Coinsurance: The percentage of a covered service you pay after meeting your deductible. Coinsurance applies until you reach your out-of-pocket maximum.

Copay: A fixed dollar amount you pay the provider at the time of service in lieu of a deductible and coinsurance.

In-Network: Care provided by contracted doctors and facilities within the plan's network. You will pay less receiving care from in-network providers.

Annual OOPM: The maximum amount you will pay for health care services, through deductibles, copays, and coinsurance. Once you reach this limit, the plan pays 100% of your covered, in-network services for the rest of the plan year.

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 out-of-pocket maximums.

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

KEY TAKEAWAYS

- HDHP + HSA is an attractive plan for healthy employees with no dependents or for families who don't frequently use care. But even with large claims, the lower premiums and employer HSA dollars often make the HDHP competitive with the PPO.
- HSA Advantage: Contributions roll over year to year, so savings accumulate in plan years when the cost for care is light.
- PPO offers more predictable costs at time of service (lower upfront deductible, many copayment options), but premiums are more expensive.



ADDITIONAL HDHP BENEFITS

There are a variety of drugs and services that are covered 100% as preventive care through the HDHP. This preventive pharmacy 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%.

WHICH PLAN IS RIGHT FOR YOU CONTINUED >

Prescription Drug Coverage

Spend Less with Generics

Generic medications have the same active ingredients as brand-name drugs but typically cost much less. Choosing a generic drug when available is an easy way to save.

Keep in mind: If you or your doctor requests a brand-name drug when a generic equivalent is available, you'll pay the brand copay or coinsurance, plus the difference in cost. You'll never pay more than the brand-name drug's actual cost.

Save More with Mail Order

Take maintenance medications regularly? Consider mail order. You can get a 90-day supply delivered right to your home, for less than the cost of three monthly refills.

Plan Features	Anthem HDHP	Anthem PPO
	In-Network	In-Network
	You pay:	You pay:
Prescription Drugs: Retail (up to a 31-day supply)		
Generic	20%* (Certain prescriptions for chronic conditions are covered in full.)**	$10 copay
Preferred Brand		$35 copay
Non-Preferred Brand		$60 copay
Specialty		20% up to $300 / prescription
Prescription Drugs: Mail Order or Retail (up to a 90-day supply)		
Generic	20%* (Certain prescriptions for chronic conditions are covered in full.)**	$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.*
***Refer to the Preventive Drug List at **roperbenefits.info/medical-prescription** for more information.*

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 provider's rates and type of care.



Jordan - Plan Usage: Low

Jordan covers one young child. They mainly use preventive care but may have an occasional urgent care visit or prescription.

Plan Feature	HDHP + HSA	PPO
Annual Premium	$2,268	$4,464
Annual Deductible	$3,500 individual / $7,000 family (embedded)	$1,250 individual / $2,500 family
Employer HSA Contribution	$1,400	N/A
Coinsurance	20% after deductible	20% after deductible
Scenario Costs		
Child: Urgent Care & Follow-up with Specialist	$300 + $225 met towards deductible	$50 copay + $40 copay
Employee: Preventive List Generic Rx	$0 (no cost preventive list for HDHP)	$80 ($20 copay mail-order 4 x per year)
Total Medical OOP	$525	$170
Total Annual Cost (premiums + cost of care – employer HSA contributions)	$1,393	$4,634
Savings	**HDHP saves $3,241**	

Jordan chooses the Anthem HDHP. Here's why:

- Much lower total annual cost with low health care usage
- Employer HSA contribution makes out-of-pocket expenses more manageable
- Preventive care maintenance medications covered at no cost with the HDHP



Alex - Plan Usage: High

Alex is married with two children. His spouse needs knee surgery and one child regularly sees a specialist, so the family expects high medical costs this year.

Plan Feature	HDHP + HSA	PPO
Annual Premium	$5,172	$8,712
Annual Deductible	$3,500 individual / $7,000 family (embedded)	$1,250 individual / $2,500 family (embedded)
Employer HSA Contribution	$1,400	N/A
Coinsurance	20% after deductible	20% after deductible
Scenario Costs		
Spouse: $20,000 Knee Surgery	$5,500 (capped at individual out-of-pocket maximum)	$4,000 (capped at individual out-of-pocket maximum)
Child: $2,000 Specialist Care	$2,100 towards deductible (4 x $225 specialist visits + 4 x $300 each Rx fill)	$440 (4 x $40 specialist copay + 4 x $70 each 90-day Rx fill)
Total Medical OOP	$7,600	$4,440
Total Annual Cost (premiums + cost of care – employer HSA contributions)	$11,372	$13,152
Savings	**HDHP saves $1,780**	

Alex chooses the Anthem PPO. Here's why:

- More comfortable paying higher monthly premiums with lower costs at time of service
- Prefers more copay options for prescriptions
- Wants to enroll in a Health Care Flexible Spending Account (FSA), which isn't available with the HDHP

Health & Wellness Resources

Sydney Health

Make the most of your medical plans through Anthem's secure portal, Sydney Health. Access all your health benefits quickly and easily. Sign up today to stay connected anytime, anywhere.

What You Can Do with Sydney Health

KNOW YOUR PLAN	FIND CARE	MANAGE CARE	STAY HEALTHY
Access your digital ID card; verify medical and prescription benefits	Find in-network providers, compare costs, and access virtual care	View your health information, get help with appointments and prescriptions	Research health topics and use personalized preventive care tools

Total Health Total You

Need more personalized guidance? Anthem's **Total Health Total You** is your single point of contact for health advocacy and support. Through the Sydney Health app, you can access a dedicated health guide who can:

- Answer benefits and health questions
- Help you manage conditions such as diabetes, asthma, and muscle or joint concerns
- Connect you to specialized providers and programs
- Help you navigate care

DID YOU KNOW?

Covered dependents age 18+ can create their own account at **Anthem.com** or in the Sydney Health app to manage their care independently. They can view benefits, access ID cards, and update their preferred mailing address for prescription deliveries.

GET STARTED

- Visit: **sydneyhealth.com**
- Download: **Sydney Health mobile app**
- Scan the QR code:

SCAN ME



RESOURCES CONTINUED >

Lyra Health

Lyra connects you and your family with best-in-class providers for therapy, coaching, medication management, and extraordinary digital tools to help manage a host of mental and behavioral health needs, as well as resources to navigate life's challenges, with solid clinical outcomes that improve overall well-being.

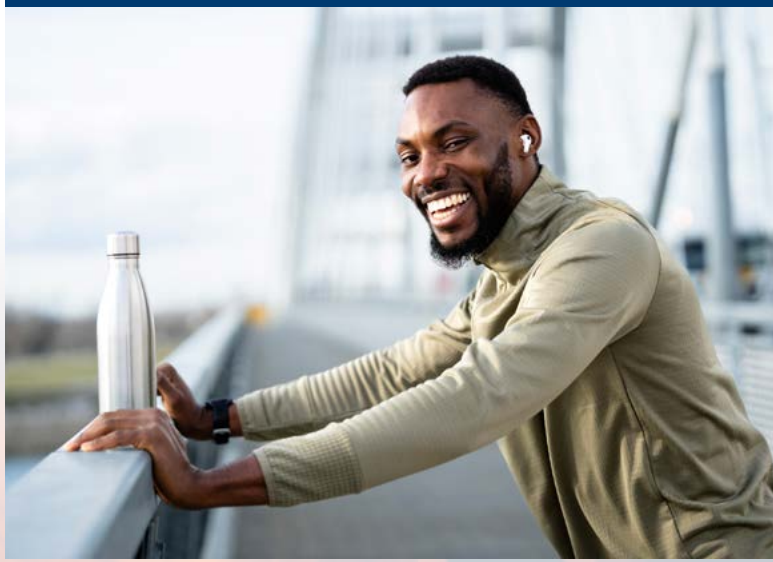
Your Personalized Mental and Behavioral Health Specialist

No cost to you	**24/7** support	Up to **6 sessions** per year	Includes online **resources** that support your work, family, finances, and health

CONTACT LYRA HEALTH 24/7/365

Visit: **ropertech.lyrahealth.com**

After January 1, 2027, members can download and register on the Lyra Health mobile app. Once registered, members who are also enrolled in a Roper medical plan through Anthem BCBS can access Lyra Health anytime through their Sydney Health app, via single-sign on for a streamlined experience.



RESOURCES CONTINUED >

LiveHealth Online Virtual Care

Skip the waiting rooms and scheduling hassles. Available with Anthem plans, LiveHealth Online puts you in control of when and where you access care. You have access to:

Program Features	Virtual Care Services		
	General Medical	Mental Health	Dermatology
Hours Available	24/7/365	24/7/365	24/7/365
Cost	$10 copay	$10 copay	$10 copay
Type of Care	Speak to a licensed physician for: ▪ Diagnosis & treatment of common medical conditions ▪ Referrals to specialists ▪ Prescriptions (some limitations may apply)	Following exhaustion of Lyra Health's services, speak to a licensed therapist or psychiatrist to navigate: ▪ Stress ▪ Depression ▪ Family issues ▪ And more	Obtain treatment plans for skin issues such as: ▪ 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!

Refer to **roperbenefits.info/medical-prescription** *for more information.*

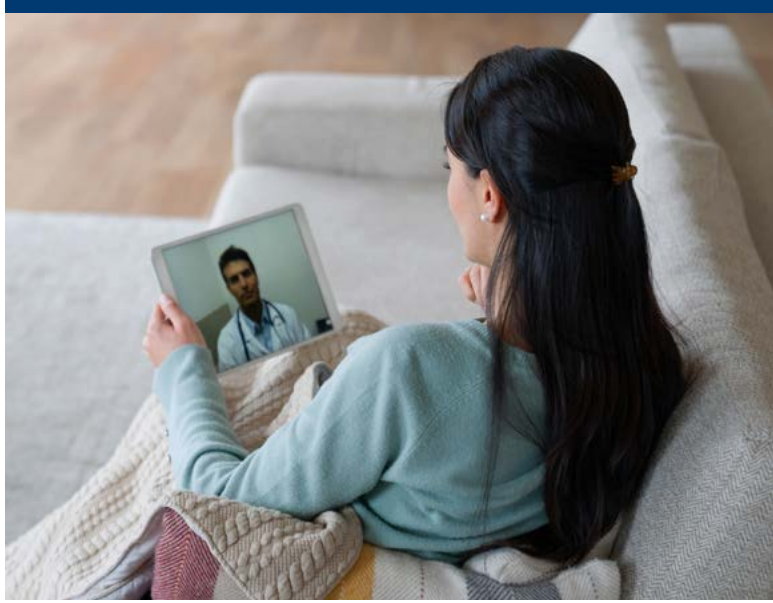
WHEN NON-EMERGENCY CARE IS NEEDED

LiveHealth Online

Be prepared and register now!

- Call: **888-548-3432**
- Download: **Anthem's Sydney Mobile App**
- Scan the QR code:

SCAN ME



RESOURCES CONTINUED >

Where to Go for Care

Multiple options exist based on your medical needs. Save time and money utilizing the most appropriate resource. Being cost-conscious doesn't mean skipping care — it means choosing the right care, at the right place, for the best price!

Lyra Health EAP Personalized coaching and therapy for many mental and behavioral health needs	**LiveHealth Online Virtual Care** Speak to a 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 symptoms
Hours Available: 24/7	**Hours Available:** 24/7	**Hours Available:** Varies	**Hours Available:** Varies	**Hours Available:** 24/7
FREE	$	$$	$$$	$$$$
Types of care: ▪ Mental health coaching, therapy and medication management assistance, up to 6 free sessions each year ▪ Work-life balance resources ▪ Digital resources and programs that support mental, physical, and financial wellbeing	**Types of care:** ▪ Non-emergency medical needs that don't require in-person care ▪ Dermatology concerns, such as acne, rashes or other skin conditions ▪ Mental health care following the exhaustion of Lyra Health's 6 free sessions	**Types of care:** ▪ Preventive care ▪ Non-emergency medical conditions that require in-person care ▪ Chronic condition management ▪ Follow-up visits and referrals	**Types of care:** ▪ Non life-threatening conditions that need in-person care quickly ▪ Conditions such as sprains, minor fractures, cuts that require stitches, and allergic reactions ▪ May offer lab tests and x-rays, with office hours in the evenings, weekends and holidays	**Types of care:** ▪ Potentially life-threatening conditions that need immediate care ▪ Conditions such as chest pain, breathing difficulty, stroke symptoms, large wounds, severe bleeding, burns, and poisoning ▪ Access to advanced clinical tools and resources

Dental Coverage

We've partnered with Delta Dental to help you maintain a healthy smile through regular preventive dental care and coverage for needed services. 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.

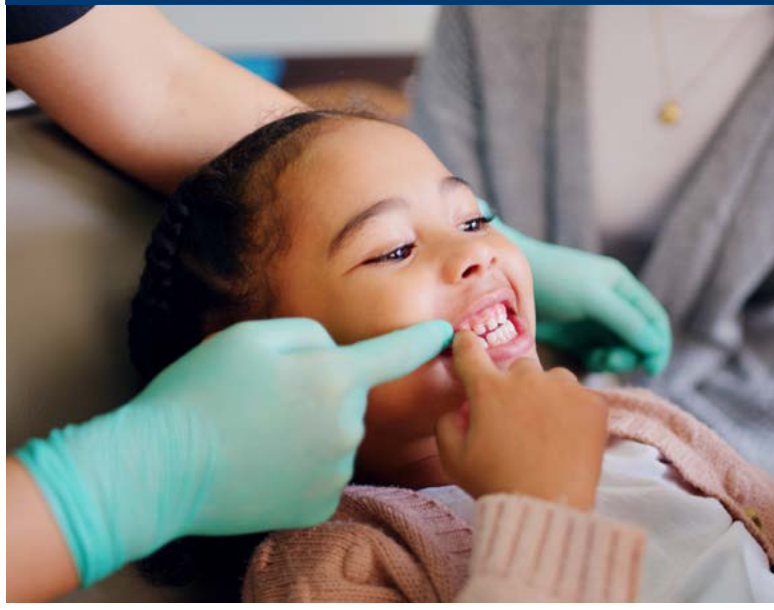
Plan Features	Delta Dental High PPO Plan	Delta Dental Low PPO Plan
	In-Network*	
Calendar Year Benefit Maximum	$2,500 per enrolled member	$1,000 per enrolled member
Orthodontia Lifetime Maximum	$2,500 per enrolled member	No coverage
	You pay:	**You pay:**
Annual Deductible (Individual/Family)	$50 / $150	$75 / $225
Diagnostic & Preventive Services (e.g., X-rays, cleanings, exams)	$0, no deductible	$0, no deductible
Basic & Restorative Services (e.g., fillings, extractions, root canals)	20%, after deductible	40%, after deductible
Major Services (e.g., dentures, crowns, bridges)	50%, after deductible	60%, after deductible
Orthodontia (adults & children)	50%, no deductible	No coverage

**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. VSP 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 progressive 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, vision, accident, and hospital indemnity are shown below.

Benefit Plan	Employee Only	Employee + Spouse / Domestic Partner*	Employee + Child(ren)	Employee + Family*
Medical				
Anthem HDHP	$73	$348	$189	$431
Anthem PPO	$168	$594	$372	$726
Dental				
Delta Dental Low Plan	$15	$30	$26	$48
Delta Dental High Plan	$23	$47	$40	$75
Vision				
VSP	$10.22	$14.01	$14.35	$20.65
Accident Coverage				
Lincoln Financial	$9.43	$15.94	$17.80	$24.13
Hospital Indemnity				
Lincoln Financial	$12.44	$26.57	$18.92	$34.43

**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.*



How the Health Savings Account (HSA) Works

When you enroll in the Anthem 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	Save the funds
▪ **Annual Minimum:** $100 ▪ **Individual:** $4,500 IRS maximum ▪ **Family:** $9,000 IRS maximum ▪ **Catch-Up:**** $1,000 IRS maximum	▪ **Individual:** $800 per year ▪ **Family:** $1,400 per year ▪ Employer contributes each pay period, as long as you are enrolled in the HDHP medical plan, and maintain an active HSA account	**Use your HSA Bank debit card to:** ▪ Pay your deductibles ▪ Pay for qualified medical, dental, and vision expenses ▪ After age 65, use your HSA to pay for Medicare premiums and other qualified health expenses in retirement	▪ Unused funds remain in your account and roll over to the next calendar year; no "use-it-or-lose-it" rule ▪ Invest any part of your balance that exceeds $1,000 to earn more ▪ Take the funds with you when your employment ends

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.*

UNDERSTAND THE LIMITATIONS!

- 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.
- Your HSA will be opened on the first of the month following your enrollment in the HDHP.

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

How the Flexible Spending Accounts (FSAs) Work

FSAs offer a smart way to budget your dollars by setting aside pre-tax money to pay for eligible health care and dependent child and elder care expenses. Each year, you must elect an annual amount to contribute. Your contributions will be deducted pre-tax from your pay, divided by each paycheck in the calendar year, which helps reduce your taxable income. Health and Dependent Care FSAs are administered by WEX.

	Health Care FSA	Dependent Care FSA
Annual Minimum	$100	$100
Annual Limit	$3,500	$7,500* ($3,750 if single or married and filing separately)
Eligible Expenses	Health care expenses, such as deductibles, copays, & prescriptions**	Dependent care, such as childcare and after-school care for children under age 13, as well as overage disabled children and elder care
Funds Available Date	Full annual election available upon benefits effective date (i.e. front-loaded)	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 12/31/2027	Services must be incurred by 12/31/2027
Deadline for Submission for Reimbursement	You must submit for reimbursement by 3/31/2028	You must submit for reimbursement by 3/31/2028

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.
- Employees enrolled in the HDHP are ineligible for a Health Care FSA. 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. Eligible expenses include childcare, before- and after-school programs, preschool, and summer day camp for children under age 13. You can also use the account for care for a spouse or adult tax dependent who is unable to care for themselves. You'll need to provide the care provider's tax ID or Social Security number when submitting a claim.

**The plan is subject to annual non-discrimination compliance testing, which may result in lower annual limits for highly compensated employees.*
***View an interactive list of eligible expenses at **WEX**, or for a complete list, refer to IRS Publication **502** and **503**.*

Commuter Benefit Plan

The WEX Commuter Benefits allow you to 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 **UKG Pro > Myself > Benefits > Manage My Benefits**.

	Minimum Limit	Maximum Limit
Monthly Contribution	$10	$340



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 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.



LIFE AND AD&D CONTINUED >

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 or your covered spouse turn age 65, the elected amount of Voluntary or Spouse Life and AD&D benefits will reduce. See the 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 lesser 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 at the time of your enrollment. Your questionnaire will be reviewed by the carrier, and you will be notified of their decision directly.

Disability Coverage

For your financial protection, 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 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. Beginning January 1, 2027, call **844-614-3411** or visit **ropertech.lyrahealth.com**.

CONTACT LINCOLN FINANCIAL GROUP

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



Voluntary Benefits

These benefits are paid directly to you so you can use them however you need most.

Accident Insurance

- Provides cash benefits for unexpected injuries such as broken bones, ER visits, or ambulance services

Hospital Indemnity Insurance

- Provides fixed cash payments for hospital admission and confinement

Why Consider this Coverage?

Even with a Health Savings Account (HSA) and Roper's contribution, the High Deductible Health Plan (HDHP) means you may face large out-of-pocket costs when an accident or hospitalization occurs. Accident Insurance and Hospital Indemnity help close that gap by paying cash benefits directly to you.

Monthly Rates	Employee Only	Employee + Spouse / Domestic Partner*	Employee + Child(ren)	Employee + Family*
Accident Coverage				
Lincoln Financial	$9.43	$15.94	$17.80	$24.13
Hospital Indemnity				
Lincoln Financial	$12.44	$26.57	$18.92	$34.43

**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.*



THE VALUE OF VOLUNTARY BENEFITS

- Coverage is affordable and offered to you at group rates.
- You own the policy and take it with you if you leave Roper or retire.
- Premiums are conveniently deducted from your paycheck.
- Coverage is effective once payroll deductions begin.
- You can insure yourself, your spouse, and your child(ren).
- You don't have to answer any health questions.

Pet Insurance

Prepare for the cost of unexpected veterinary care with pet insurance through Wishbone, powered by Pet Benefit Solutions. Accident & Illness coverage includes exam fees, tests, and treatment for eligible incidents at any veterinary facility, plus 24/7 access to veterinary telehealth. Choose a Wellness Plan for coverage of routine checkups, 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**.

Convenient payment methods are available for remitting premiums directly to Wishbone. Premiums are not paid through payroll deduction.



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 Fidelity, offers a variety of saving and investment options to reach long-term financial goals. You can contribute up to $24,500 and if you are 50+ you can contribute an additional $8,000 "catch-up" contribution. Those age 60-63 can contribute even more, up to $11,250.

Eligibility

All active U.S. employees age 18 and older are eligible for the 401(k) Plan. New hires are automatically enrolled at 5% after 35 days.

Learn more about plan eligibility and features in the Fidelity 401(k) enrollment brochure provided to you at the time of hire. You can also view the summary plan description on Fidelity's website, **NetBenefits**.

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.

NEW WITH FIDELITY!

Beginning January 1, 2027, employees who receive the once annual performance/merit bonus, typically paid in March, will now make a separate bonus deferral election.

What does that mean for you?

If you're a bonus-eligible employee, you will make a separate deferral election that is unique to your annual bonus payment. **If you do not elect a deferral for your bonus payment, then no contribution will be made to your 401(k) from your bonus pay.** This new feature does not include commission pay or other bonus types.

ACCESS FIDELITY

Log in to your account at **netbenefits.com** to:

- Elect/change your per pay period or annual bonus 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 **15% discount** through payroll deductions. Explore the details and review the plan document at **roperbenefits.info/employee-stock-purchase-plan-espp**.

Eligibility

1. You are immediately eligible but must work at least five (5) months during any calendar year to maintain your eligible status.
2. You must work more than 20 hours per week.
3. You must regularly have payroll taxes withheld.

Election	Purchase	Discount Basis	Contribution Limit
During the enrollment window, you elect between 1%-15% of your salary to be deducted each pay cycle after taxes.	On the purchase date, accumulated funds are used to buy company stock at a 15% discount.	The discount will be applied to the lower of the closing price on the first or last day of the offering period.	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.

How it Works

Enrollment Periods

Enroll or make changes to your contribution percentage during the two enrollment periods published by Roper Equity each year.

TAKE ACTION!

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

- Enroll or update your elections during an eligible enrollment window.
- 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 (through Lyra Health), Commuter Benefits, and 401(k) Retirement Plan.	Working at least 30 hours per week are eligible for all company health & welfare benefits and automatically receive employer-paid basic 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.	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.

Dependent Eligibility Checklist

- Your legal spouse or domestic partner.*
- Your child, your spouse's/domestic partner's child, adopted child, or stepchild up to age 26.
- Your eligible child(ren) over age 26, if they are solely dependent on you for financial and physical support as the result of a total disability that occurred prior to attaining age 26. Documentation will be required by the medical carrier.

The Fine Print:

- If your child(ren) or spouse is also employed by a Roper company and enrolled in the medical, dental or vision insurance, they cannot be covered by you. Your dependent cannot be double-covered as both employee on their own plan and dependent on your plan.
- 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 is at least 18 years old with whom you've shared a primary residence for the preceding 12 consecutive months in a committed, intimate relationship without a marriage certificate, and you have plans to indefinitely continue the relationship, OR, with whom you have registered the relationship with any state or local government domestic partner registry.*

REQUIRED DOCUMENTATION

When you enroll dependents, you'll need to confirm they meet the eligibility requirements. The company may perform random audits and ask for documentation to verify dependent eligibility or a qualifying life event. If asked, you'll have 30 days to provide supporting documents such as a marriage license, birth certificate, tax return, offer letter, affidavit, or 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?

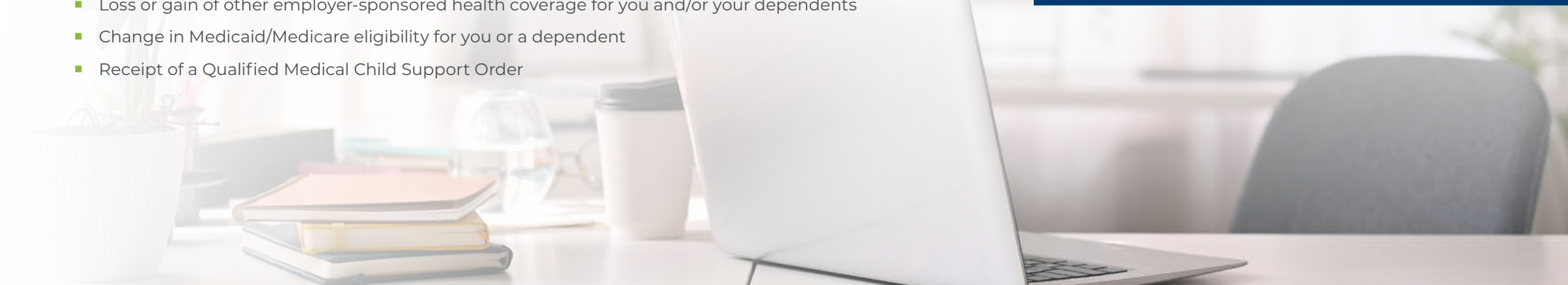
1. **Initial Eligibility Date**
   Enroll within 30 days of your eligibility date; otherwise you'll have to wait until the next Open Enrollment period.

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 employer-sponsored health coverage for you and/or your dependents
   - Change in Medicaid/Medicare eligibility for you or a dependent
   - Receipt of a Qualified Medical Child Support Order

IF YOUR EMPLOYMENT ENDS

- Medical, dental, vision and all other voluntary coverage ends on the last day of the month. Cobra rights exist for certain plans. WEX, Roper's Cobra vendor, will mail paperwork to your address on file following the coverage termination date.
- Life and disability coverage ends immediately. Lincoln Financial Group will mail conversion instructions to your address on file following the coverage termination date.
- Some plans, such as Accident, Hospital Indemnity and Pet Insurance offer portability.
- The ability to participate in the Employee Assistance Program ends 90 days after your termination date.



How to Enroll

1

Evaluate Your Needs

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

2

Review Your Options

- Explore your benefit resource site at **roperbenefits.info**.
- Review this benefit guide to compare your options.

3

Enroll Online Through UKG

- Use your assigned username and password to log in.
- 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 AND DECEMBER

If you are a new hire or if you experience a qualifying event on or after the start of Open Enrollment, 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 2027. Your new hire or life event elections made after the start of Open Enrollment will not carry forward to the new year automatically.



Perks & Discounts

As a Roper employee, you have access to perks and discounts through many of our vendor partners.
Find details at roperbenefits.info > Resources.

Benefit Hub

Benefit Hub provides exciting deals on travel, tickets, auto, electronics, food, and more! Go to **roper.benefithub.com**, use referral code **Y8WSEM**.

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

Delta Dental

Navigate to **deltadentalins.com > Members > Member perks**, to view discounts on toothbrushes, Lasik, hearing aids, a 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!

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*** to find prices and coupons, 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).*



Vendor Contacts

Coverage	Provider	Phone	Website/Email
Roper Employee Benefits Service Center	Roper Benefits Support	**888-481-3284**	**roper.benefits@assuredpartners.com**
Medical & Prescription	Anthem and Carelon Rx	**844-614-3181**	**anthem.com**
Virtual Care	Anthem LiveHealth Online	**888-548-3432**	**anthem.com**
HSA	HSA Bank	**800-357-6246**	**hsabank.com**
Dental	Delta Dental	**800-521-2651**	**deltadentalins.com**
Vision	VSP	**800-877-7195**	**vsp.com**
EAP (Beginning January 1, 2027)	Lyra	**844-614-3411**	**ropertech.lyrahealth.com**
FSAs, Commuter & COBRA	WEX	**866-451-3399**	**wexinc.com/login/benefits-login**
Life, AD&D, Disability, Leave of Absence, Accident, & Hospital Indemnity	Lincoln Financial Group	**855-286-1351**	**lincolnfinancial.com** Company code: ROPER
401(k)	Fidelity	**800-835-5095**	**netbenefits.com**
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 key details, including plan summaries, legal notices, and more!

SCAN ME