



2021 Open Enrollment

November 2, 2020 – November 16, 2020

Your benefit needs may change. Open Enrollment is your opportunity to review and make updates.

During Open Enrollment, login to UltiPro (e41.ultipro.com) > Menu > Myself > Manage My Benefits to:

- Enroll or confirm your benefit choices
- Re-enroll in FSA and HSA saving plans
- Verify your covered family members' information
- Confirm or update your Life and AD&D beneficiary designations

Learn More!

Go to UltiPro (e41.ultipro.com) and navigate to:

- Menu > Myself > Company Benefit Info, and
- Menu > Myself > Manage My Benefits > Documents > Benefit Documents

Use ALEX (myalex.com/ropertech/home/benefits) to learn more about your benefit options and for help deciding what plans are right for you and your family.

Missed Open Enrollment?

You cannot make benefit changes or corrections until Open Enrollment in Fall 2021 or within 30 days of a qualifying life event.



ROPER



Change your 2021
benefits between Nov. 2
and Nov. 16, 2020

2021 Benefit Guide



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Going... Going...

There's limited time to make your benefit choices for 2021.

Enroll or change your coverage in these plans:

- Medical/Prescription
- Health Savings Account (HSA)
- Dental
- Vision
- Voluntary Life Insurance
- Voluntary Accidental Death & Dismemberment (AD&D)
- Health Care Flexible Spending Account (FSA)
- Dependent Day Care Flexible Spending Account (FSA)
- Commuter Benefits

You are automatically enrolled in these company-paid benefits:

- Basic Life and AD&D Insurance
- Short-Term Disability
- Long-Term Disability
- LifeWorks (EAP)

Learn more about these plans from this guide and on **UltiPro > Menu > Myself > Manage My Benefits** and **Menu > Myself > Company Benefit Info.**

Open Enrollment
November 2 – November 16, 2020

You're Eligible for Benefits If...

You are a regular full-time employee scheduled to work 30 or more hours each week. Temporary full-time employees or Regular part-time (variable hour) employees that average 30+ hours per week in the ACA measurement period (11/1 prior year to 10/31 current year) are eligible for medical coverage only.

What's Changing in 2021

All changes are effective January 1, 2021.

While most of your benefit options and coverage costs will be the same in 2021, here are a few changes you'll want to keep in mind:

Health Care Insurance

- We're introducing a new generic incentive program to the BCBS FL PPO and HDHP medical plans:
 - » This means when a generic equivalent is available, you will pay the brand copayment 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.
- You will see minor increases to the monthly cost of coverage for the PPO and HDHP medical plans.
- We are pleased to announce that contribution rates for the dental and vision plans are not changing.

Pre-Tax Savings

- You can contribute more to your Health Care Flexible Savings Account (FSA) — the limit increased to \$2,750. Carefully assess your annual contribution, because of the “use it or lose it” regulation.
- The IRS has increased Health Savings Account (HSA) limits to \$7,200 family and \$3,600 single. You can save more pre-tax money and grow your HSA more rapidly for now or in future.

Take Action

between Nov 2 – Nov 16!

Get ready for a smoother benefit enrollment shopping experience in UltiPro! Add, change, or drop benefits from your cart and be sure “Checkout” by Nov 16!



Review and Plan Your Benefit Changes

- After reviewing the Benefit Guide and ALEX to learn about your 2021 benefit choices, think about your and your family’s needs in 2021 and if you need to make some changes.
 - » **Consider:**
 - potential health care needs in 2021 and if you need to enroll in pre-tax savings plans to help save money
 - you / your family’s needs to add or drop dependent coverage based on eligibility guidelines
 - Life and AD&D insurance coverage to ensure it still meets your needs
- Remember: You **must** enroll in FSAs and/or HSAs if you want to participate in 2021.



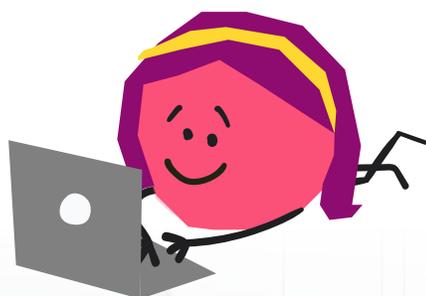
Confirm and Verify your information is correct in UltiPro > Menu > Myself > Manage My Benefits

- Confirm or update your 2021 benefit coverage elections
 - » Remember: You must enroll in FSAs and/or HSAs if you want to participate in 2021.
 - » Verify your dependent’s information is correct including name, date of birth, and social security number (required for benefit coverage and 1095 forms)
 - » Verify your beneficiary information is up to date



Finalize and “Checkout”

- Be sure to finalize and “Checkout” your benefit elections in UltiPro by November 16 so your benefit coverage is in place for 2021.
- Save your Confirmation page as your benefit election receipt.



Go Ask ALEX – Your Benefits BFF

ALEX helps you learn about your benefits so you can make the best choices for you and your family. You could also save money by choosing a new health plan — talk to ALEX to see how much an HDHP with HSA could save you. Get to know him at myalex.com/roperotech/home/benefits. You do not need to log in to UltiPro to access ALEX. See page 8 for more details.

Reviewed ALEX and still have questions about the BCBS PPO and HDHP plans before enrolling? Talk to BCBS on the BCBS Pre-Enrollment line at 877-705-5429 8am-8pm ET Mon-Fri.

Medical Plans Comparison – Key Differences¹

Both plans cover the same services and offer savings by using BCBS FL contracted providers, who have agreed to charge lower, contracted rates (known as in-network rates) to members for services.

	PPO	HDHP
Your Deductible The amount you pay out of pocket for services (doctor's office visits, prescriptions, etc.) before insurance starts to help out.	Doctor's office visits and most prescriptions are covered by a copay. For most other services, you pay the full cost until you meet the plan's deductible. Your copays don't count toward meeting the deductible.	When you go to the doctor or get a prescription, you pay the full cost until you meet the plan's deductible. You can use your HSA (see below) or pay another way.
Coinsurance The percentage you pay for the cost of covered health care services after you meet your deductible.	For services that aren't covered by a copay, such as hospital stays, once you meet the deductible, your insurance kicks in. You pay 20% of the cost of services, and the plan pays 80% until you reach the out-of-pocket maximum (see below).	Once you meet your deductible, your insurance kicks in. You pay 20% of the cost of services and the plan pays 80% until you reach the out-of-pocket maximum (see below).
Out-of-Pocket Maximum This is a "cap" on your costs for the year; it's the most you'll pay for services. In a worst-case scenario year in which you need a lot of care, your plan will pay for all your eligible health care after you hit this cap.	Lower out-of-pocket maximum in exchange for higher paycheck deductions. Your copays, deductibles, and coinsurance count toward the out-of-pocket maximum.	Higher out-of-pocket maximum in exchange for lower paycheck deductions. Everything you pay counts toward meeting your deductible and out-of-pocket maximum.
Company Contribution Toward Out-of-Pocket Expenses	No company contribution. You cover 100% of your out-of-pocket expenses.	Your company helps pay your health care expenses by contributing to your HSA (\$500 employee-only coverage or \$1,000 family). ² You can use this money to cover current or future expenses.
Your Monthly Contributions The amount you pay out of your paycheck for coverage.	You'll pay more each paycheck in exchange for copays for doctor's office visits and most prescription coverage, a lower deductible, and a lower out-of-pocket maximum.	You'll pay less each paycheck in exchange for a higher deductible and a higher out-of-pocket maximum.

¹ These assume you are using in-network providers that charge lower negotiated rates than out-of-network providers. If you use out-of-network providers, you'll pay more for care and prescription drugs. For more information about out-of-network coverage, see the Summary of Benefits Coverage in [UltiPro > Menu > Myself > Manage My Benefits](#).

² If you are hired or enroll in the HDHP on or before September 30, the company contribution will occur within the month following the approved enrollment date or as soon as administratively feasible. If you are hired or enroll in the HDHP on Oct. 1 - Dec. 31, you will not receive a company HSA contribution, but you can open an account and make your own. If you experience a qualifying life event and change from HDHP employee-only coverage to HDHP family coverage, or vice versa, your company contribution will not increase or decrease until the next calendar year.

Under the HDHP Only!

Services and treatments for certain chronic conditions are covered 100% as preventive care under the HDHP:

- Diabetes: Glucometer, hemoglobin A1c testing, insulin and other glucose-lowering agents, retinopathy screening, statins, and angiotensin-converting enzyme (ACE) inhibitors.
- Heart disease: Statins and low-density lipoprotein (LDL) testing.
- Congestive heart failure and/or coronary artery disease: Beta blockers and angiotensin.
- Asthma: Inhaled corticosteroids and peak flow meter.
- Depression: Selective serotonin reuptake inhibitors (SSRIs).
- Hypertension: Blood pressure monitor.
- Liver disease and/or bleeding disorders: International normalized ratio (INR) testing.
- Osteoporosis and/or osteopenia: Anti-resorptive therapy.

Save Five Ways With an HSA

How a Health Savings Account (HSA) Works



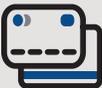
When you enroll in the HDHP, you get an HSA. The company will open and deposit \$500 (employee-only coverage)/\$1,000 (if you cover others) into your HSA in one lump sum by the beginning of February 2021. You always own 100% of the company's HSA contributions, even if you change medical plans or jobs. Add your own money to your HSA up to the IRS maximum—up to \$3,600 (if you cover yourself only) or \$7,200 (if you cover additional family members), plus an extra \$1,000 if you are or will be age 55 or older in 2021. (IRS limits include company contribution).



It works for savers and spenders. “Savings” is the Health Savings Account's middle name. There's no use-it-or-lose-it rule, so the money will be available whenever you need it—next month or next year. But if you need the money for health care expenses today, your HSA has you covered.



You can invest your balance. Every dollar you invest in mutual funds and other investments has the potential to earn more. Even better, any investment earnings are tax-free.¹



It's like a 401(k) for health care and helps you prepare for retirement. Some research says health care costs in retirement could top \$300,000. Use your HSA savings to cover these costs with your pre-tax dollars, and use our 401(k) for other expenses. After age 65, in addition to health care expenses, you also have the flexibility to use your HSA funds for other expenses and simply pay income taxes at that time—similar to a 401(k)!



Triple tax advantage. With an HSA, you pay no taxes¹ on:

- The money you and the company put into your account
- The money your account earns from interest or investments
- The money you withdraw to pay for eligible health care expenses

The Fine Print About HSAs²

- If you're not eligible for the HSA, you can still enroll in the HDHP, but you will not receive the company HSA contribution.
- You cannot have a health care FSA and an HSA at the same time. Note: If your spouse is enrolled in a general purpose health care FSA through his/her employer, you are automatically eligible to benefit from that FSA, which makes you NOT eligible for the HSA.
- You cannot be enrolled in or receiving Medicare (Part A or B), TRICARE, or VA benefits.³
- You cannot be claimed as a dependent on another person's tax return (except your spouse's).
- You must have a valid Social Security or tax ID number and physical U.S. address to establish your HSA in UltiPro.

¹ Not exempt from California or New Jersey state income tax. Certain states tax investment earnings. Check with your tax advisor.

² Per IRS Publication 969.

³ If you or your spouse has a disability rating and is receiving VA hospital care and medical services, you are eligible to make HSA contributions.



Using Your Health Savings Account

You can use your HSA balance to pay for you and your family members' health care expenses.

They don't have to be enrolled in the HDHP, but you do need to be able to claim them as tax dependents. The money you use for eligible expenses is tax-free.¹

When you enroll in the HDHP for the first time, HSA Bank (the account administrator) will send you a debit card. Use it to pay eligible expenses anywhere that accepts Visa credit cards. You can also make online transfers or buy checks to pay health care bills or reimburse yourself from your HSA. (If you're already enrolled in the HDHP, you can use your current debit card.)

What You Can Use It For

Eligible expenses typically include medical, dental, and vision deductibles, copays, coinsurance, and other out-of-pocket costs.

If you can afford to pay some or all of these expenses out of pocket—and let the money in your HSA grow—you'll have it to use for future medical expenses, even in retirement. By some estimates, couples will need close to \$300,000 just to cover medical expenses during retirement.

For a detailed description of all HSA-eligible expenses, visit the IRS website at [irs.gov](https://www.irs.gov), and see Publication 502.

One Go-To for Account Info

View your account balance, transaction history, and statement, and track your expenses online or with the HSA Bank mobile app. Shortly after enrollment, new HDHP members will get all the details from HSA Bank about using and managing your account.

¹ Not exempt from California or New Jersey state income tax. Certain states tax investment earnings. Check with your tax advisor.

Select the Right Plan – Ask ALEX

ALEX is an interactive online tool that makes learning about and choosing your benefits easy and fun. Get a medical plan recommendation just by answering a few (not-too-personal) questions about your needs and preferences!



A Tale of Three Employees

Does your favorite plan still fit? Consider your and your family’s needs when selecting a medical plan. **ALEX can help.** You can also consider the following scenarios. Everyone’s different, so review your options carefully. Visit ALEX at myalex.com/ropertech/home/benefits.

Jared, Age 27

Recently married; no kids

Goals: Saving to buy a home, taking evening classes to earn a college degree

Plan choice: HDHP

My wife and I are on the same page...

We’re all about saving enough to buy a house and having a financial cushion before we start a family. She’s got coverage through her employer, so it’s more cost effective for her to keep that coverage. I’m pretty healthy, so covering only myself under the HDHP medical plan looks really good right now. To be sure, I asked ALEX, and he agreed that the HDHP is the right plan for me.

I’ll be saving \$65 a month in paycheck contributions, which I’ll add to the \$500 contribution my company will make to my Health Savings Account (HSA). With that, I’ll be able to cover any doctor visits I expect besides my annual checkup (which is free) and pay for the generic allergy medication I take. I’ll leave whatever money I don’t use in my HSA to earn interest and cover any future medical costs. Did I mention twins run in my family?

Thomas, Age 55

Married; covers his wife

Goals: Saving for retirement

Plan choice: PPO

Our three kids are grown and on their own now...

So it’s just me and my wife. Finally, it’s all about us. I don’t want to work forever, so we need to save where we can and sock it away for retirement.

We do our best to stay healthy, but my wife has a chronic condition and sees the doctor about once a month. She takes at least three regular medications, and a couple of them don’t come in a generic form. They’re pricey, but we take advantage of the price break we get for buying 90-day supplies through the mail service. And we learned recently that my wife will need to have surgery in a couple of months.

The HDHP seemed like it might work for us, but to be sure, I decided to ask ALEX. I’m so happy I did! Although the HDHP now covers certain chronic conditions 100% under preventive care, my wife’s condition isn’t one of them. So, we’re better off sticking with the PPO. Things could be different for us next year, but this is the right choice for us now.

Veronica, Age 38

Single mom; two kids, daughter 14 and son 9

Goals: Making ends meet, college for the kids

Plan choice: HDHP

It’s just me and my kids...

and I’d do anything for them. They’re in school most of the day, then in after care until I pick them up.

I’m realistic and consider the facts before making decisions. Last year I enrolled in the HDHP plan.

But it’s a new year, and things change, so I turned to ALEX again—to see if the HDHP is still the best choice for my family. I’m so happy I did! The HDHP is the right pick for us; since diabetes and insulin are among the chronic conditions as enhanced preventive care covered by the HDHP and each paycheck I’m continuing to save in my HSA. My savings rollover every year so I know my HSA can pay for my health care expenses in future - while also saving on taxes!

YEAR 1 EXAMPLE

The Company deposits \$1,000 in Veronica’s HSA

She contributes \$6,100 for a total of \$7,100

She uses her HSA to pay \$2,800 of eligible expenses

She has \$4,300 in her HSA to roll over to next year

YEAR 2 EXAMPLE

The Company deposits \$1,000 in Veronica’s HSA

She contributes \$6,200 for a total of \$7,200

\$4,300 rolls over from last year for a total of \$11,500

She uses her HSA to pay \$4,500 of eligible expenses

She has \$7,000 in her HSA to roll over to next year

Medical Care and Prescriptions

Administered by BCBS for medical and OptumRx for pharmacy. Find more information in [UltiPro > Menu > Myself > Manage My Benefits](#) and [Menu > Myself > Company Benefit Info](#).

WHAT YOU PAY FOR CARE	PPO ¹	HDHP ¹
Health Savings Account company contribution ³	N/A	<ul style="list-style-type: none"> \$500 employee only³ \$1,000 if you cover others, too³
Deductible (amount you pay before the plan begins to pay)	<ul style="list-style-type: none"> \$600 individual \$1,200 if you cover others, too (does not include copays) 	<ul style="list-style-type: none"> \$1,900 employee only \$3,800 if you cover others, too
Coinsurance (the cost you share with the plan after you meet the deductible)	You pay 20% / Plan pays 80%	You pay 20% / Plan pays 80%
PROFESSIONAL SERVICES		
Preventive care (annual physicals)	\$0	\$0 (includes certain chronic conditions; see IRS Notice 2019-45)
Teladoc	\$10 copay	\$45. After deductible, pay 20% coinsurance (\$9) up to the out-of-pocket max
Primary care doctor (office)	\$30 copay	After you meet the deductible, you pay 20% coinsurance up to the out-of-pocket maximum
Specialist (office)	\$60 copay	
OTHER SERVICES		
Urgent care center	\$50 copay	After you meet the deductible, you pay 20% coinsurance up to the out-of-pocket maximum
Emergency room (facility only)	\$200 copay	
Diagnostic tests and imaging	After you meet the deductible, you pay 20% coinsurance up to the out-of-pocket maximum	
In- and outpatient hospital and physician services		
Maternity services		
PRESCRIPTION DRUGS		
Generic	<ul style="list-style-type: none"> 31-day supply: \$15 copay retail 90-day supply: \$30 copay retail or mail service² 	After you meet the deductible, you pay 20% coinsurance up to the out-of-pocket maximum
Preferred brand	<ul style="list-style-type: none"> 31-day supply: \$60 copay retail 90-day supply: \$120 copay retail or mail service² 	
Non-preferred brand	<ul style="list-style-type: none"> 31-day supply: \$80 copay retail 90-day supply: \$160 copay retail or mail service² 	
Specialty	20% up to \$300 maximum per prescription	
ANNUAL OUT-OF-POCKET MAXIMUM		
Includes your out-of-pocket costs for medical services, prescription drugs, copays, deductible, and coinsurance	<ul style="list-style-type: none"> \$4,000 individual \$8,000 if you cover others, too 	<ul style="list-style-type: none"> \$5,500 individual \$11,000 if you cover others, too

¹ In-network rates. If you use out-of-network providers, you'll pay more for care and prescription drugs. Please refer to the Summary of Benefits Coverage in [UltiPro > Menu > Myself > Manage My Benefits](#) for more information on out-of-network coverage.

² 90-day supply is available at in-network retail pharmacies and through OptumRx Home Delivery for two times the cost of a 30-day supply.

³ If you are hired or enroll in the HDHP on or before September 30, the company contribution will occur within the month following the approved enrollment date or as soon as administratively feasible. If you're hired or enroll in the HDHP on or after Oct. 1 - Dec. 31, you will not receive a company HSA contribution, but you can open an account and make your own.

If you experience a qualifying life event and change from HDHP employee-only coverage to HDHP family coverage, or vice versa, your company contribution will not increase or decrease until the next calendar year.



Generic Incentive Program

Save more on prescription drug costs by using generics, with the generic incentive program in the BCBS PPO and HDHP plans.

If you or your doctor request 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.

MONTHLY CONTRIBUTION	PPO	HDHP
Employee only	\$160	\$95
Employee + spouse/ domestic partner ¹	\$485	\$320
Employee + children	\$275	\$155
Employee + family ¹	\$575	\$360

¹ 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.

[MyHealthToolkitFL.com](https://www.myhealthtoolkitfl.com)

Your BCBS secure, online health care site.

Sign up today to have access on the go!

- Verify medical and prescription eligibility and benefits.
- Research specific health issues.
- Find doctors, hospitals, and pharmacies.
- Estimate medical and prescription costs.
- Find additional discounts and perks available to members only!

Reviewed UltiPro and ALEX and still have questions about the BCBS PPO and HDHP plans before enrolling?

Talk to BCBS on the **BCBS Pre-Enrollment line** at 877-705-5429 available 8am-8pm ET Mon-Fri

Teladoc™

Included in the PPO and HDHP plans, Teladoc™ is a great alternative to urgent care and emergency room visits because it provides you 24/7/365 access to U.S. board-certified doctors — receive the treatment you need in an easy and timely manner. In addition, you have the ability to send your visit results to your primary care physician.

 <p>24/7/365</p>	 <p>Quality Doctors</p>	 <p>No ER Wait</p>	 <p>Low Cost</p>
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Remote Health Care Can Treat Many Common Health Issues

Teladoc doctors can diagnose many health issues like cold and flu symptoms, allergies, rash, skin problems and so much more! If medically necessary, a prescription will be sent to the pharmacy of your choice.

Your cost for Teladoc visits is based on your medical plan. See the table on page 9.

Here is a small sample of things Teladoc doctors have treated:		
Abdominal Pain/Cramps	Bronchitis	Poison Ivy/Oak Rash
Allergies	Cold and Flu Symptoms	Respiratory infection
Animal/Insect Bites	Dizziness	Sinusitis
Asthma	Eye Infection/Irritation	Sore Throat
Backache	Headaches/Migraines	Sprains and Strains
Blood Pressure Issues	Laryngitis	Strep

Access Teladoc in any of the following ways:

- 866-789-8155
- MyHealthToolKitFL.com
- Teladoc mobile app
- Teladoc.com/go

Tip:

Register now, before you or a family member needs care. It'll result in a quicker experience if you need to see a provider!

Dental

Administered by Delta Dental

You can save money by seeing a dentist in the Delta Dental PPO network. You can also see a dentist in the Delta Dental Premier network, but you may pay more. The plan pays a maximum of \$2,500 in benefits each year. ID cards are not issued for this plan.

WHAT YOU PAY FOR CARE	
Deductible	<ul style="list-style-type: none"> • \$50 employee only • \$150 if you cover others, too
Diagnostic and preventive services	\$0; no deductible
Basic services	20% after deductible
Major services	50% after deductible
Orthodontic services	50% up to \$2,500 lifetime maximum; no deductible
Annual maximum benefit	\$2,500

Note: In Texas, Delta Dental offers a dental provider organization (DPO) plan.

Log into deltadentalins.com to:

- Find a dentist and view plan details
- Check claim status
- View pre-treatment estimates, cost estimators, and more
- Access your ID card if you want one for your wallet

MONTHLY CONTRIBUTION

Employee only	\$23
Employee + spouse/domestic partner¹	\$47
Employee + children	\$40
Employee + family¹	\$75

¹ 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.



Cut the Glare

With VSP coverage, pay just \$30 for an anti-reflective coating (blue light standard) on eyeglass lenses.

Vision

Administered by VSP

Keep your eyesight sharp with vision care coverage. ID cards are not issued for this plan.

WHAT YOU PAY FOR CARE	VSP PROVIDERS ¹
Exams (annual)	\$15 copay
Single-vision lenses ²	\$25 copay
Bifocal lenses ²	\$25 copay
Anti-reflective eyeglass lens coating ²	\$30 copay
Trifocal lenses ²	\$25 copay
Contact lenses ³	\$130 allowance
Frames (every 24 months)	\$150 allowance

¹ Out-of-network coverage is available, but you'll pay more for it. Visit [UltiPro](#) to see the vision benefit summary.

² Participants may get lenses annually. Includes anti-reflective lens protection.

³ Contacts evaluation and fitting: \$60 copay.

Visit [vsp.com](#) to:

- Find a doctor in the VSP Signature network
- View benefit information
- Explore exclusive VSP member extras
- Get eye care information and more
- Access your member vision card if you want one for your wallet

MONTHLY CONTRIBUTION

Employee only	\$8
Employee + spouse/ domestic partner ¹	\$13
Employee + children	\$13
Employee + family ¹	\$19

¹ 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.

Saving Money

Flexible Spending Accounts (FSA)

Administered by Discovery Benefits, a WEX Company

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. **There are two types of FSAs – the Health Care FSA and the Dependent Day Care FSA:**

HEALTH CARE FSA	VS	DEPENDENT DAY CARE FSA
<p>Contribute up to \$2,750 per year, pretax to pay for services not covered by your medical, dental, and vision plan such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.</p>		<p>Contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns to pay for day care expenses associated with childcare for child age 12 and under, disabled dependent care, or elder care that are necessary for you and your spouse (if married) to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.</p>
<p>Receive a debit card pre-loaded with the full amount you elected to contribute for the year to pay for eligible health care expenses and begin using it immediately.</p>		<p>Submit claims for reimbursement or use the FSA debit card (funds must be available in your account).</p>
<p>Eligible expenses include medical, dental, vision copays, coinsurance, deductibles, eyeglasses, some over-the-counter medications (per IRS Publication 502). View an interactive list at discoverybenefits.com/employees/eligible-expenses.</p>		<p>Can only be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs (per IRS Publication 503). View an interactive list at discoverybenefits.com/employees/eligible-expenses.</p>
<p>Submit claims up until March 31 of the following year for expenses from January 1 to December 31. Keep copies of all receipts in case of an IRS audit. Estimate carefully: Any money not used by December 31 (and claimed by March 31) will be forfeit, per IRS regulations.</p>		<p>Submit claims up until March 31 of the following year for expenses from January 1 to December 31. Keep copies of all receipts in case of an IRS audit. Estimate carefully: Any money not used by December 31 (and claimed by March 31) will be forfeit, per IRS regulations.</p>

IMPORTANT: If you enroll in the HDHP or your spouse is enrolled in an HDHP and contributions are made to the Health Savings Account (HSA), you cannot enroll in our Health Care FSA.

The Fine Print

Expenses for dependent day care must be incurred and paid to a vendor, and the vendor's tax ID or Social Security Number must be provided on the claim you submit.

Commuter Benefits

Administered by Discovery Benefits, a WEX Company

Use pretax dollars to pay for your parking or public transportation commuting expenses. This program is voluntary and you may participate on a month-to-month basis. Both payroll contributions and reimbursements cannot exceed the monthly statutory limits. Any unused funds in any month are rolled over to the next month's contribution. The contribution limits are subject to change by the IRS. If the cost of your transit or parking changes, update your contribution at any time in **UltiPro > Menu > Myself > Manage My Benefits**.

Learn more at DiscoveryBenefits.com/commuter.

ACCOUNT	USE FOR
Transit or Public Transportation	Monthly passes, tokens, fare cards/vouchers (transit and vanpool expenses) to get to work
Parking	Fees associated with parking at or near your place of employment or parking at or near public transportation to get to work (e.g. parking at a bus or subway station)





Protecting You and Your Family

Life and Accidental Death & Dismemberment (AD&D) Insurance

Administered by Lincoln Financial Group

At no cost to you, eligible employees are automatically enrolled in company-paid basic Life and Accidental Death and Dismemberment (AD&D) insurance.

What's the difference between Life and AD&D insurance?

Life and AD&D insurance both serve important but separate needs. Knowing the difference is crucial to buying the right type of coverage and amount for your needs.

Life insurance protects your family by paying a benefit if you die from an illness, accident, or any other cause.

AD&D insurance pays a benefit only if you are killed or injured due to an accident. If a covered accident¹ causes your death, your beneficiary receives a benefit from the plan. If a covered accident¹ causes you to lose a body part or the ability to hear, see, or speak, you receive a benefit from the plan.

What else do I need to know?

You can purchase additional coverage for you, your spouse/domestic partner, and your children during Open Enrollment. To enroll your spouse/domestic partner or child, you must also buy coverage for yourself.

If you elect or increase Voluntary Life coverage, you will need to complete an Evidence of Insurability (EOI) questionnaire within 30 days. During your enrollment experience in UltiPro, you will find two options to complete the EOI: (1) EOI form or (2) log in to the [MyLincolnPortal.com](https://mylincolnportal.com) (company code: ROPER) to complete the five- to six-question online EOI form and receive immediate notification from Lincoln Financial as to whether or not your coverage has been approved.

¹ See the summary plan description for more details.

VOLUNTARY LIFE AND AD&D OPTIONS	
For you	\$10,000 increments up to the lesser of 5x salary or \$750,000 Any increase in coverage is subject to Evidence of Insurability.
For your spouse or domestic partner¹	\$5,000 increments up to 100% of your benefit, not to exceed \$250,000 Any increase in coverage is subject to Evidence of Insurability.
For your dependent children¹	\$10,000 for each dependent child

¹ An individual can be covered as an employee and as a dependent. Dependent children can be covered by both insured parents.

Note: On January 1 after you turn age 65, the elected amount of the basic and Voluntary Life and AD&D benefits will be reduced by 25%.

Log in to UltiPro for more details about these plans and to verify or update your beneficiary information.

MONTHLY VOLUNTARY LIFE AND AD&D RATES¹

Employee/Spouse Age on 1/1/2021	Life Rate/\$1,000 of Coverage ²	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	Life Rate/\$10,000 of Coverage ²	AD&D Rate/\$10,000 of Coverage
Child Monthly Rate	\$0.90	\$0.20

¹ AD&D is not subject to Evidence of Insurability (EOI).

² Contributions on UltiPro will be reflected as a per-pay amount and may change if your salary/eligible earnings change throughout the year.

³ If you elect voluntary child life and AD&D coverage for your child(ren), you'll pay only the amount listed, regardless of the number of children you're covering.

Disability

Administered by Lincoln Financial Group

At no cost to you, you are automatically enrolled in Short- and Long-Term Disability coverage.

Short-Term Disability

You are automatically enrolled in Short-Term Disability (STD) coverage that replaces 60% of your income for up to 180 days if you can't work because of illness or injury.

If you are unable to work due to illness or injury, contact Lincoln Financial Group. If they approve your claim, your disability benefits begin on the day you are injured or after a seven-day waiting period for illness.

Long-Term Disability

Long-Term Disability (LTD) coverage replaces 60% of your eligible pay (up to \$11,000 per month) if illness or injury keeps you from working for an extended period. LTD benefits begin after a 180-day waiting period. The benefit you receive is considered taxable income.



LifeWorks (Employee Assistance Program)

By Morneau Shepell

You're automatically enrolled in LifeWorks Employee Assistance Program (EAP) available on an upgraded online platform starting November 1, 2020. LifeWorks offers confidential, 24/7 support with mental, financial, physical, and emotional well-being.

Whether you have questions about handling stress at work and home, parenting and child care, managing money, or health issues, you can turn to LifeWorks for a confidential service that you can trust by phone, web, or mobile app.

Counseling Services

Five face-to-face sessions^{1,2} and 24/7 telephone assistance with:

- Marital/family
- Personal
- Alcohol/drug abuse
- Stress/anger
- Death and dying

LifeWorks EAP 24/7 Confidential Support:

Call: 866-695-6327

Text: "EAPMS" to 53342

Web: login.lifeworks.com

Mobile App: LifeWorks

NOTE: You must register first via the invitation email from LifeWorks with your unique code for web and mobile app support.

Contact LifeWorks Any Time You Need Help

Life	Family	Health	Work	Money
<ul style="list-style-type: none"> • Retirement • Midlife • Student life • Legal • Relationships • Disabilities • Crisis • Personal issues 	<ul style="list-style-type: none"> • Parenting • Couples • Separation/divorce • Older relatives • Adoption • Death/loss • Child care • Education 	<ul style="list-style-type: none"> • Mental health • Addictions • Fitness • Managing stress • Nutrition • Sleep • Smoking cessation • Alternative health 	<ul style="list-style-type: none"> • Time management • Career development • Work relationships • Work stress • Managing people • Shift work • Coping with change • Communication 	<ul style="list-style-type: none"> • Saving • Investing • Budgeting • Managing debt • Home buying • Renting • Estate planning • Bankruptcy

¹ In California, sessions are limited to three (3) in a six-month period, not to exceed a total of five (5) sessions per year.

² Individual face-to-face sessions are available for covered individuals 16 years and older. Family/group face-to-face sessions are available for covered individuals 12 years and older and their parents. Services are not available to children under the age of 12.

Enrolling in Benefits

Open Enrollment
November 2 – November 16, 2020

It all starts with UltiPro.

UltiPro Access Made Simple

Log in to e41.ultipro.com.

User name: Typically, last name followed by the first initial of first name (for example, Robert Smith = SmithR), but may be followed by a number in some cases.

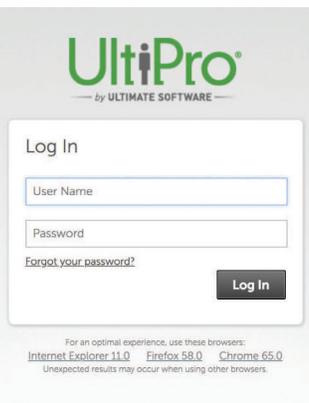
Password: If defaulted, will be your 8-digit date of birth (mmddyyyy), and you will be prompted to change this password.

Electing Benefits

1. Once logged in, click **Menu > Myself > Manage My Benefits**.
2. Select the Open Enrollment event to begin the session.
3. After electing benefits, click “Checkout” and print the Confirmation page as a receipt. (You know you are done when you see the message **“Congratulations! You successfully submitted your benefit elections!”** on the Confirmation page.)

Your One-Stop Benefits Shop:

- Benefits information and monthly costs
- Ask ALEX
- Benefit and Retirement Overview videos



Need Help?

Contact the Roper Employee Benefits Service Center

Call: 855-755-3192

Monday–Friday, 8:30 a.m.–5:30 p.m. ET.

Fax: 770-919-3257

Email: Roper.Benefits@ultimatesoftware.com

Welcome jenna, you have **25 days left to enroll**.

Shop and Enroll in Benefits

Step 1: Shop New Hire Enrollment

You need to shop for benefits for the remaining year before you are able to begin Open Enrollment for the upcoming year.

[Shop New Hire Enrollment](#)

Step 2: Shop Open Enrollment

After enrolling in this year's benefits, you will be able to shop for benefits for the upcoming year.

[Shop Open Enrollment](#)

Important

If you are a new hire or experience a qualifying life event from Nov. 2 – Dec. 31, you must complete two enrollments within 30 days:

1. Enroll in New Hire benefits or make qualifying Life Event benefits changes for benefits for the current year. AND
2. Complete Open Enrollment elections for benefits in the 2021 year.

NOTE: If step 2 is not completed, you will not have any of your elected benefits for 2021 year.

Who You Can Enroll

When enrolling a dependent, you will be asked to certify that your dependent meets the dependent eligibility requirements. The company may perform random audits to verify qualifying life events and dependent eligibility. If requested, you will have 30 days to provide the documentation verifying your dependent's eligibility.

Eligible Dependents

- Your legal or common-law spouse (in states where recognized) or your domestic partner.¹
- Your dependent child(ren) who are:
 - » Under 26 years old, including your child, your spouse's or domestic partner's child, adopted children, and stepchildren.
 - » Age 26 and older only if they are dependent on you for financial support and maintenance as the result of total disability.

¹ A domestic partner is defined as someone who has shared a primary residence with you for the preceding consecutive 12 months and is at least 18 years of age, or with whom you have registered the relationship with any state or local government domestic partner registry.

Important Exceptions to Dependent Coverage

- Dependents cannot be enrolled if they live outside the United States.
- Employees whose spouse, domestic partner, or dependent child also works for any Roper company and is eligible for coverage may cover their eligible dependents; however, they may not be covered under the medical, dental, or vision plans as both an employee and a dependent (i.e., they cannot be covered twice under the medical, dental, and vision plans).
- Dependent children—If both parents work for a company under the Roper umbrella, only one parent (even if those parents are divorced) may claim a child as his/her dependent for health care benefits enrollment purposes.

Working Spouse Medical Coverage Surcharge

You can cover your working spouse or domestic partner (DP) on your medical, dental, and vision plans, even if they have coverage through their employer. If they do have medical coverage through their employer and you add them to your medical plan, you will pay a Working Spouse Medical Surcharge of \$100 per month, pre-tax. It does not apply to the dental or vision plans.

Does the Working Spouse Medical Surcharge Apply to You?

If your spouse's/DP's employer offers medical coverage and you choose to cover him/her on your medical plan, you will pay the Working Spouse Medical Surcharge unless your spouse/DP:

- Is not employed
- Works under the Roper umbrella of companies
- Is covered by Medicare, Medicaid, TRICARE, Tribal health insurance, or other state assistance programs
- Is covered under COBRA
- Works but is not eligible for medical coverage through his/her employer
- Is self-employed
- Loses job-related medical coverage

During benefits enrollment in UltiPro, you will be asked to indicate if the Working Spouse Medical Surcharge applies.

Verifying Dependent Eligibility

Whether you are enrolling for the first time or making changes to your benefits due to a qualifying life event (see next page for details), you are responsible for certifying the dependent and/or life event in UltiPro and providing verification documents within 30 days of a request.

DEPENDENT	VERIFICATION DOCUMENTS
Spouse/marriage	Marriage license AND first page of jointly filed federal tax return AND (if applicable) proof of spouse/domestic partner employment and medical benefit status
Common-law spouse (only in states where recognized)	Spouse/domestic partner affidavit AND proof of joint residency AND (if applicable) proof of spouse/domestic partner employment and medical benefit status
Domestic partner (same sex or opposite sex)	Domestic partner registry or spouse/domestic partner affidavit AND proof of joint residency for at least the preceding consecutive 12 months AND (if applicable) proof of spouse/domestic partner employment and medical benefit status
Child, stepchild, adopted child, or by court order	<ul style="list-style-type: none"> • Child: Birth certificate naming you or your domestic partner as parent OR hospital documentation reflecting a newborn's birth (children under 6 months only) • Stepchild: Birth certificate naming your spouse as parent AND marriage certificate showing your marriage to the child's parent • Adopted child: Adoption certificate OR court papers affirming adoption • By court order: Official court order requiring your responsibility for the child's health care coverage • If child is over 26 years and incapacitated or disabled: Proof of Social Security disability approval naming the child, OR letter from doctor indicating your dependent is disabled and incapable of financial self-sufficiency as a result of disability, and is dependent upon the employee for support and maintenance
DEPENDENT	VERIFICATION DOCUMENTS
Divorce	Divorce decree from court signed by the judge
Termination of domestic partner relationship	Document from local government domestic partner registry showing date of termination, or domestic partner relationship termination affidavit
Gain in health care coverage Your spouse/domestic partner/child gains coverage through their employer or a state health care plan	<ul style="list-style-type: none"> • Offer letter from dependent's employer stating the dependent's name and date of hire or change in benefits-eligible status • Notice from the state showing the effective date of coverage for your dependent
Loss of health care coverage Your spouse/domestic partner/child loses coverage through their employer or no longer qualifies for coverage through a state health care plan	<ul style="list-style-type: none"> • Letter from dependent's employer stating the dependent's name and date of termination or change in benefits-eligible status, or a resignation notice • Notice from state health care plan showing termination of coverage
Death of a spouse, domestic partner, or child	Certified death certificate

Changes After Enrollment

Qualifying Life Events¹

Once Open Enrollment ends, you won't be able to make any changes to your benefits until the next Open Enrollment in the fall of 2021, UNLESS you have a **qualifying life event** such as:

- Marriage, divorce, or domestic partner relationship termination
- Birth or adoption of a child
- Death of a spouse, domestic partner, or child
- Child no longer qualifies for plan (e.g., turns 26 years old)
- Change in your employment status (full-time to part-time or part-time to full-time)
- Change in spouse's or domestic partner's employment status that results in gaining/losing health care coverage

If you have a qualifying life event, you must submit benefit election changes in UltiPro **within 30 days** of the event. Otherwise, you'll have to wait until the next Open Enrollment period.

Dependent Children at 26

When a covered dependent child reaches age 26, their coverage will automatically end at the end of their birth month. They will be offered the opportunity to continue their benefits through COBRA. A COBRA notice and enrollment information (from Discovery Benefits, a WEX Company) will be mailed to the home address shortly after the coverage ends.

¹ You are responsible for submitting any qualifying life event changes in UltiPro (> Menu > Myself > Manage My Benefits) within the 30 days immediately following the event. You will know you have successfully changed your elections when you see the message "Congratulations! You have successfully submitted your benefit elections!" Print this page for your records. If you don't see the "Congratulations" message, then your changes have not been submitted. See prior page for the description of eligible dependents and the documentation required upon request.

If Your Employment Ends

If your employment with a Roper company ends, your health care benefits will end the last day of the month in which your employment ends. You may continue your benefits through COBRA. A COBRA notice and enrollment information (from Discovery Benefits, a WEX Company) will be mailed to your home address shortly after your coverage ends.

You may find more affordable options for you and your covered dependents through:

- The Health Insurance Marketplace (visit [HealthCare.gov](https://www.healthcare.gov))
- Medicaid
- Other group health plans (such as a spouse's plan)

Job loss is a qualifying life event that allows you to enroll in these plans outside Open Enrollment.

Life and disability benefits end immediately and Lincoln Financial Group will send portability and conversion paperwork.

Useful Contacts and Resources

Ask ALEX – Your Benefits BFF

ALEX helps you learn about your benefits so you can make the best choices for you and your family. You could also save money by choosing a new health plan — talk to ALEX to see how much an HDHP with HSA could save you. Get to know him at myalex.com/ropertech/home/benefits.

Reviewed ALEX and still have questions about the BCBS PPO and HDHP plans before enrolling? Talk to BCBS on the BCBS Pre-Enrollment line at 877-705-5429 8am-8pm ET Mon-Fri.

PROVIDER	WEB ADDRESS OR OTHER RESOURCES	PHONE	MOBILE APP
MEDICAL/PRESCRIPTION			
Blue Cross and Blue Shield of Florida and OptumRx	MyHealthToolkitFL.com Find a doctor: On right side under Find Care, click “Find a Provider.” On the next screen, type the 3-letter code: RTK (Georgia); RTL (Florida); or RTC (all other states). Find a pharmacy and formulary: Select Education Center and then Enrollment Tools.	Pre-Enroll help line: 877-705-5429 Customer Service: 855-212-4674	My Health Toolkit
HSA Bank	hsabank.com Check account balances, review and verify IRS-qualified medical expenses, enter and track expenses, and more.	800-357-6246	HSA Bank Mobile
Teladoc	MyHealthToolkitFL.com or teladoc.com/go	866-789-8155	Teladoc
DENTAL			
Delta Dental	deltadentalins.com	800-521-2651	Delta Dental
VISION			
VSP	vsp.com	800-877-7195	VSP Vision Care
FSA's, COMMUTER BENEFIT, AND COBRA			
Discovery Benefits (a WEX Company)	discoverybenefits.com	866-451-3399	iOS: Benefits By Discovery Benefits Android: Discovery Benefits Mobile
SHORT- AND LONG-TERM DISABILITY, VOLUNTARY LIFE AND AD&D, AND FMLA			
Lincoln Financial Group	Find a summary of Life and AD&D coverage in UltiPro. Report a disability claim and/or a Family Medical Leave of Absence (FMLA) at MyLincolnPortal.com and use company code: ROPER.	Report a Leave: 855-286-1351	N/A
LIFEWORKS EAP			
Morneau Shepell	login.lifeworks.com	866-695-6327	LifeWorks

Log in to UltiPro: e41.ultipro.com

- Make benefit elections and beneficiary changes: **Menu > Myself > Manage My Benefits**
- View Benefit Info: **Menu > Myself > Manage My Benefits > Benefit Documents** and **Menu > Myself > Company Benefit Info**

Get Help Here

Roper Employee Benefits Service Center
Monday–Friday, 8:30 a.m.–5:30 p.m. ET
Phone: 855-755-3192
Fax: 770-919-3257

Roper.Benefits@ultimatesoftware.com



This brochure highlights the main features of the Roper Employee Benefits Program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Roper reserves the right to change or discontinue its employee benefits plans at any time.