

Roper Corporation Benefit Changes for 2007 Highlights

2006 Medical HRA Participation Prices

\$10.00 Employee only
\$20.00 Employee + one dependent
\$30.00 Family (two or more dependents)

Medical- Weekly amounts for Non-Participating in the HRA

\$20.00 Employee only
\$40.00 Employee + one dependent
\$60.00 Family (two or more dependents)

LONG-TERM DISABILITY-

Premium went up to \$0.84/\$100) of basic earnings. (Approximately \$0.77 more per week for entry-level; job, on top pay)

Dental - No premium increase. Root canals and Gum Disease classified, as “Major Dental Procedure” benefits are 50%. All new enrollee’s for the first year coverage is limited to exams, cleanings and fluoride treatments. Six-month “missing tooth” clause enforced.

Vision – No premium increase. Benefits are with Spectera. To check for participation providers log on to www.spectera.com

**** ALL EMPLOYEES COVERING DEPENDENTS MUST COMPLETE
THE OTHER INSURANCE INFORMATION****

VOLUNTARY COVERAGES. EMPLOYEE'S OPTIONS	CALENDAR YEAR 2007 COSTS		HIGHLIGHTS OF BENEFIT COVERAGES								
<u>Dental Plan Rates</u> <i>Employee only</i> <i>Employee plus Dependents</i> <i>Employee plus Family</i>	<u>Weekly</u> \$4.58 \$7.80 \$11.93		\$50 deductible;\$1000 benefit/enrollee/yr; Up to \$250 (\$1000 Max.) carry over/year; \$1000 lifetime for orthodontia Root canals & Gum disease paid at 50% 1st year limited to exams, cleanings and fluoride treatment								
<u>Medical Plan Rates</u> <i>Employee only</i> <i>Employee plus one dependent</i> <i>Employee plus Family</i>	<table border="0"> <tr> <td>HRA</td> <td>Non-HRA</td> </tr> <tr> <td>\$10</td> <td>\$20</td> </tr> <tr> <td>\$20</td> <td>\$40</td> </tr> <tr> <td>\$30</td> <td>\$60</td> </tr> </table>		HRA	Non-HRA	\$10	\$20	\$20	\$40	\$30	\$60	Pre-tax deductions; Premier provider network; CoreSource administers claims; \$2.5 million lifetime max.
HRA	Non-HRA										
\$10	\$20										
\$20	\$40										
\$30	\$60										
<u>Medical Plan Deductibles</u> <i>Employee only</i> <i>Employee plus 1 or Family</i>	\$300 In-Network \$1500 Out of Network		These are the amounts before co-insurance applies. In/Out deductibles cannot be combined. Each family member must meet separate deductible								
<u>Medical Plan Co-Insurance</u> <i>After meeting deductibles</i>	80% In-Network 50% Out of Network		After meeting annual deductible								
<u>Medical Plan Out of Pocket</u> <i>Employee only maximum</i> <i>Employee plus family maximum</i>	\$2000 In Network (No Change) N/A Out of Network		The maximum member annual cost before plan pays 100%. No out of Packet maximum for Out – of-Network services.								
<u>Special Medical Plan Co-Pays</u> <i>Emergency Room-Each visit</i> <i>Ambulance-each trip</i> <i>Outpatient Visit-Each Time</i> <i>MRI / CT scans-each test</i>	\$100 In/\$150 Out of Network \$100 In/Out of Network \$50 In/\$100 out of Network		Plus annual deductible and co-insurance <u>Non-emergencies NOT COVERED.</u> No Co-ay on In-Network x-rays								
<u>MEDCO Prescription Drug Plan</u> <i>Retail: up to 21 day supply-</i> <i>Mail: up to 90 day supply-MedcoHealth</i>	\$25 deductible/member plus \$10 Generic \$25 Brand \$50 non-preferred Brand drugs No deductible \$20 Generic \$50 Brand \$90 non-preferred Brand drugs		Short term and long term prescriptions through extensive network; pre-authorization to doctor for some drugs; www.medcohealth.com website. Use Generics & Mail Order When Possible								
<u>SPECTERA Vision Plan Rates</u> <i>Employee Only</i> <i>Employee plus One</i> <i>Employee plus Family</i>	<u>Weekly</u> \$1.35 \$2.43 \$4.13		One exam/year after \$10 co-pay; Contacts or standard lenses every yr. Frames every two years after \$25 copay Employee pay amount above \$105 for contacts and \$50 wholesale/\$130 retail on frames								
<u>Life Insurance-Voluntary</u> <i>Children</i> <i>Employee & Spouse</i>	\$.20/week/rate schedule \$.07 to \$1.98/\$1000/rate schedule		Child age 15 days but less than 6 months \$250; Child age 16 days through age 25 years (full time student) @ \$5000; employee up to \$200,000 with spouse up to half that amount; employee up to \$100,000 without physical.								
<u>Lone Term Disability</u> <i>Employee only</i>	\$.84/\$100 of benefit		Up to 50% basic monthly pay; \$5,000 maximum/\$100 minimum monthly benefit; benefits start after 6 months of disability.								
<u>Flexible Spending Account</u> <i>Healthcare Account</i> <i>Dependent Care Account</i>	Roper pays ADP admin. costs Roper pays ADP admin. costs		Pre-tax payroll deductions; \$250 minimum/\$3000 maximum/year; reimbursed for eligible expenses such as edical/dental/medicine deductibles and co-pays; must use money each year.								
<u>REVSOP-401(k)</u> <i>Before-Tax Employee Deductions</i> <i>AfterTax Employee Deductions</i>	Roper pays BISYS admin. Costs		1% to 14% payroll deductions before and/or after tax; Roper matches \$1.50 per \$1.00 on first 2% and \$1.00 per \$1.00 next 5%. <i>on pre-tax contributions.Options from nine funds.</i>								