

**SUMMARY ANNUAL REPORT
FOR**

Group Benefit Plan of Roper St. Francis Healthcare

This is the summary of the annual report for the **Group Benefit Plan of Roper St. Francis Healthcare**, EIN 57-0831165, for **January 1, 2021** through **December 31, 2021**. The annual report has been filed with the **Employee Benefits Security Administration**, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

SELF-INSURED COMPONENTS

Roper St. Francis Healthcare, Inc. has committed itself to pay health and dental benefits out of its general assets.

COMPONENTS INSURED BY AN OUTSIDE PROVIDER

The plan has contracts with **Hartford Life and Accident** to pay covered **long-term disability, life insurance, accidental death and dismemberment, and critical illness** claims incurred under the terms of the plan. The total premiums paid for the year ending **December 31, 2021** were **\$2,970,477**.

The plan has a contract with **Physicians Eyecare Plan, Inc.** to pay covered **vision** claims incurred under the terms of the plan. The total premiums paid for the year ending **December 31, 2021** were **\$612,086**.

The plan has a contract with **Transamerica Life Insurance Company** to pay covered **life insurance** claims incurred under the terms of the plan. The total premiums paid for the year ending **December 31, 2021** were **\$574,388**.

The plan has a contract with **ManhattanLife** to pay covered **short-term disability** claims incurred under the terms of the plan. The total premiums paid for the year ending **December 31, 2021** were **\$983,254**.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The item listed below is included in that report:

1. insurance information including sales commissions paid by insurance carriers

To obtain a copy of the full annual report, or any part thereof, write or call the office of **Roper St. Francis Healthcare, Inc.** who is the Plan Administrator, **8536 Palmetto Commerce Parkway, Suite 402, Ladson, SC 29456, (843) 720-8400**. The charge to cover copying costs will be \$1.50 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at **8536 Palmetto Commerce Parkway, Suite 402, Ladson, SC 29456** and at the U.S. Department of Labor in Washington, D.C., or obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N5638, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.