

**SUMMARY ANNUAL REPORT FOR
GROUP BENEFIT PLAN OF ROPER ST. FRANCIS HEALTHCARE**

This is a summary of the annual report of the GROUP BENEFIT PLAN OF ROPER ST. FRANCIS HEALTHCARE, a health, life insurance, dental, vision, temporary disability and long-term disability plan (Employer Identification Number 57-0831165, Plan Number 501), for the plan year 01/01/2023 through 12/31/2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has insurance contracts with HARTFORD LIFE AND ACCIDENT, MANHATTANLIFE, PHYSICIANS EYECARE PLAN, DELTA DENTAL OF OHIO and TRANSAMERICA LIFE INSURANCE COMPANY to pay certain Accidental Death & Dismemberment, Life Insurance, Long-Term Disability, Temporary Disability, Vision, Dental, Accident And Critical Illness claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2023 were \$8,040,157.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2023, the premiums paid under such "experience-rated" contracts were \$2,364,590 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$3,050,856.

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 items listed below are 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 plan administrator, at 8536 PALMETTO COMMERCE PARKWAY SUITE 402, LADSON, SC 29456 and phone number, 843-720-8400. The charge to cover copying costs will be \$0.25 per page.

You also have the legally protected right to examine the annual report at the main office of the plan: 8536 PALMETTO COMMERCE PARKWAY SUITE 402, LADSON, SC 29456, and at the U.S. Department of Labor in Washington, D.C., or to 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, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.